

VITAL & HEALTH STATISTICS

Plan and Operation of the NHANES I Epidemiologic Followup Study 1982–84

This report describes the Epidemiologic Followup Study to the first National Health and Nutrition Examination Survey cohort, 25–74 years of age.

**Programs and Collection Procedures
Series 1, No. 22**

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Symbols

- Data not available
 - ... Category not applicable
 - Quantity zero
 - 0.0 Quantity more than zero but less than 0.05
 - Z Quantity more than zero but less than 500
 - * Figure does not meet standard of reliability or precision
 - # Figure suppressed to comply with confidentiality requirements
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Plan and Operation of the NHANES I Epidemiologic Followup Study: 1982-84

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Background

In the first National Health and Nutrition Examination Survey (NHANES I) data were collected from a national probability sample of the civilian noninstitutionalized population. Participants of the survey were between the ages of 1 and 74 years. The survey, which included a standardized medical examination and questionnaires that covered various topics, took place from 1971 through 1974 and was augmented by an additional national sample in 1974-75. The NHANES I sample included 20,729 persons 25 to 74 years of age, of whom 14,407 (70 percent) were medically examined.¹⁻³

Although NHANES I provides a wealth of information on the prevalence of health conditions and risk factors, the cross-sectional nature of the original survey limits its usefulness in studying the effects of clinical, environmental, and behavioral factors and in tracing the natural history of disease. Therefore, the NHANES I Epidemiologic Followup Study (NHEFS) was designed to investigate the association between factors measured at the baseline with the development of specific health conditions.⁴

The followup study originated as a joint project between the National Center for Health Statistics (NCHS) and the National Institute on Aging (NIA). The 1982-84 initial followup of the cohort was funded primarily by NIA, with additional financial support from the following components of the National Institutes of Health (NIH) and Public Health Service agencies: National Cancer Institute; National Institute of Mental Health; National Institute on Alcohol Abuse and Alcoholism; National Heart, Lung, and Blood Institute; National Institute of Neurological and Communicative Disorders and Stroke; National Institute of Arthritis, Diabetes, Digestive, and Kidney Diseases; National Institute of Allergy and Infectious Diseases; and the National Institute of Child Health and Human Development. All of these agencies were involved in both developing topics important to their specialty areas and designing procedures to collect data that would address these issues.

The size and scope of the population in NHEFS provides a unique opportunity to examine causal relationships in a large, heterogeneous, nationally distributed population. The followup study population included the 14,407 participants who were 25 to 74 years of age when first examined in NHANES I (1971-75). Data collection for the followup was conducted from 1982 to 1984, and included personal interviews with those traced (or with proxies for those who were incapaci-

tated or deceased); pulse rate, weight and blood pressure measurements for surviving participants; hospital and nursing home records; and death certificates for decedents.

Whereas NHANES I contains information gathered from physical exams, laboratory tests, and interviews, NHEFS is primarily an interview survey that relies on self-reporting of conditions. Attempts were made, however, to supplement the interview information by obtaining hospital records and death certificates.

Furthermore, a continued followup (consisting of telephone reinterviews and hospital record checks, as well as annual death clearance using the National Death Index) of the NHEFS population is planned to supplement the information already collected. The plan and operations for ongoing data collection efforts will be described in future NCHS reports.

NHANES I sample design

To use the followup study data most effectively, it is necessary to understand the design, content, and procedures of the original NHANES I survey. NHANES I was a multi-stage, stratified, probability sample of clusters of persons. The successive sampling elements included a primary sampling unit (PSU), an enumeration district, a segment (or cluster of households), a household, an eligible person, and finally, a sample person. A randomly selected subset of the sample persons was examined in more detail and provided with additional questionnaire items. The design was further complicated by the oversampling of certain population subgroups, including persons living in poverty areas, women of childbearing age (25-44 years of age), and elderly persons (65 years of age and over). Oversampling of poverty areas was most pronounced for PSU's 1 through 35.

The first-stage sample consisted of 65 PSU's selected from approximately 1,900 PSU's into which the coterminous United States had been divided. Each PSU represented a county or a small group of contiguous counties. The 65 PSU's consisted of 15 self-representing large metropolitan areas with populations greater than 2,000,000 persons, plus 2 PSU's from each of 25 other strata into which the 1,900 PSU's were grouped. The grouping was based on geographic region and population density.

In 1973 NCHS decided to extend the survey time period

and double the number of participants receiving the detailed examination during the 15-month time period, July 1974 through September 1975. This 15-month sample, known as the "Augmentation Survey," involved the selection of a national probability sample of 35 PSU's (sampling locations 66 through 100) so that the total sample locations 1 through 100 would constitute a national probability sample. The Augmentation Survey was similar to the first part of NHANES I except for some changes in the sample design and content. This second-stage sample of NHANES I included 3,059 persons 25-74 years of age and did not involve oversampling of any special subgroups.

NHANES I questionnaire and examination content (1971-75)

NHANES I included interview, medical examination, and laboratory components. (Appendix I contains a summary of the content for adults 25-74 years of age.) The study focused on a number of index conditions that could be identified by examination and could also be associated with complaints and symptoms reported by the respondents selected for study. The symptoms included shortness of breath, chronic cough and phlegm production, joint pain, chest pain, skin problems, dental difficulties, and hearing and visual problems. The examination included aspects of pulmonary disease; cardiovascular disease; chronic disabling arthritis; dermatological disease; dental, oral, and ocular conditions; thyroid abnormality; auditory impairments; and visual impairments. (Appendix II provides a detailed list of data items collected for NHANES I adult subjects.)

The medical examination began with a general physical exam that had a nutritional emphasis and was conducted by a physician. After monitoring blood pressure and pulse, the physician examined the head and neck, looking particularly for lesions associated with nutritional deficiencies, especially the lack of vitamins A, B complex, C, and minerals. The chest, abdomen, and neurological and musculoskeletal systems were then evaluated for other vitamin and mineral deficiencies. Venipuncture was performed on all examinees. Persons in the detailed subsample received a comprehensive cardiovascular and musculoskeletal examination and the appropriate supplemental Medical History Questionnaire. Persons in sample locations 1 through 35 were given a thorough ophthalmologic examination. Next, dermatological and dental examinations were administered.

Laboratory and health technicians conducted the remainder of the examination, which included the following tests: hematology and urinalysis, measurements of height and weight, and body and skinfold measurements. In the detailed subsample, examinees received an electrocardiogram; audiometric, spirometric, single breath diffusion capacity, and goniometric tests; and x rays of the chest, hand, wrist, hips, and knees.

Several methods were used to collect nutrition information. The first was an assessment of food intake that consisted of a 24-hour recall and food frequency questions. Second, a clinical appraisal by a trained physician was incorporated

into the examination to survey any nutritional deficiencies or malnutrition. Third, the nutritional biochemistry section of the exam consisted of determinations of blood serum levels for vitamins A and C, magnesium, serum iron, iron binding capacity, serum folate, total protein and albumin, and cholesterol (see appendix III for detail). Fourth, a Food Programs Questionnaire was used to obtain information about family participation in food stamp and commodity programs. Next, the relationship of body build and composition to nutritional status was evaluated. Relevant measurements included height, weight, triceps, and subscapular skinfolds (measures of obesity); elbow and bitrochanteric breadth (measures of bone structure); and sitting height (measure of trunk length). The final component of NHANES I was the dental examination, in which gums were examined for signs of malnutrition and related diseases. Participants were also asked questions about chewing foods to determine the relationship between dietary intake and dental conditions.

The content of the Augmentation Survey was revised in several respects.⁵ The dietary questionnaires and the dental, dermatologic, and ophthalmologic examinations were eliminated. Three new procedures, however, were added—a hearing test for speech comprehension, a visual acuity test, and a water sample collaborative study (in conjunction with NIH and the Environmental Protection Agency). In addition, several new sets of questions were provided. Questions from the 1971 National Health Interview Survey (NHIS) on vision and hearing were used to evaluate the relationship between survey response and clinical findings. Questions from the 1974 NHIS on hypertension were added to compare with blood pressure measurements. Also, a 20-question depression scale developed at the National Institute of Mental Health was administered to participants.⁶ Serological tests for syphilis were added to the survey to monitor the prevalence of venereal disease.

As a result of these varied design features of NHANES I, not all of the followup study subjects received the same questions or examinations at baseline. All 14,407 respondents received the general medical examination, but only 6,913 respondents (3,172 men and 3,741 women) received the detailed medical examination. Those respondents who were given the detailed examination also may have received the arthritis, cardiovascular, or respiratory supplementary questionnaire, depending on their responses to screening questions. Moreover, only 11,348 persons in the NHEFS cohort (those in sampling locations 1 through 65) received the nutritional questionnaires described previously.

Nonresponse in NHANES I

Nonresponse rates for the household interview and the examination in the mobile exam center are given in table A. The home interview nonresponse rate for those contacted initially was less than 2 percent and varied little by demographic characteristics. The examination nonresponse rate was considerably more, approximately 30 percent. Nonresponse rates for the examination are presented by sociodemographic characteristics in table B. Substantial differences in nonresponse rates were observed by age, race, and sex. Overall,

Table A. Number and percent of nonresponse to the first National Health and Nutrition Examination Survey household interview and examination of subjects 25–74 years of age, by sample location

Sample location ¹	Number of all sample persons	Interview nonresponse		Examination nonresponse	
		Number	Percent	Number	Percent
Locations 1–65, nutrition sample	16,441	221	1.3	5,093	31.0
Locations 1–65, detail sample	5,593	71	1.3	1,739	31.1
Locations 66–100, detail sample	4,288	68	1.6	1,229	28.7
Locations 1–100, detail sample	9,881	139	1.4	2,968	30.0
Locations 1–100, all persons	26,322	360	1.4	8,061	30.6

¹Sample locations have been referred to as "stands" in previous NCHS publications.

Table B. Percent of nonresponse to the first National Health and Nutrition Examination Survey examination, by sex, race, and selected characteristics

Characteristic	All persons ¹	White			Black		
		Both sexes	Male	Female	Both sexes	Male	Female
Total	30.5	30.6	30.0	31.1	29.8	29.6	29.8
Residence							
SMSA, central	37.5	38.6	36.0	40.3	35.0	35.6	34.7
SMSA, noncentral	33.3	33.5	32.4	34.2	29.8	30.7	29.3
Not SMSA	21.1	22.3	23.2	20.9	14.9	14.6	15.2
Region							
East	38.4	38.5	36.5	39.8	37.4	40.0	35.9
Midwest	29.0	28.1	27.9	28.3	34.3	36.2	33.2
South	26.6	28.0	28.1	28.0	21.9	20.9	22.5
West	24.1	23.3	22.1	24.1	30.3	25.3	33.1
Income							
Less than \$7,000	28.6	29.2	28.4	29.7	26.9	26.0	27.4
\$7,000–\$14,999	27.6	27.3	26.2	28.0	29.8	30.1	29.5
\$15,000 or more	25.8	25.6	25.8	25.4	28.0	32.0	24.3
Age							
25–34 years	26.7	26.1	29.7	24.3	29.4	32.1	28.2
35–44 years	27.4	27.0	27.6	26.7	28.4	35.3	26.1
45–54 years	29.6	28.9	27.5	30.0	33.6	31.2	35.2
55–64 years	32.5	33.2	31.0	35.1	28.2	29.5	27.2
65 years and over	35.3	36.4	32.0	39.8	29.5	24.9	33.6
Education							
Less than 12 years	31.9	33.0	32.4	33.5	27.6	27.6	27.6
12 years	28.8	28.3	26.7	29.1	33.2	34.0	32.9
More than 12 years	25.0	24.6	24.7	24.5	29.1	29.5	28.9

¹Includes races other than white or black.

examination nonresponse rates increased according to age, with 27 percent recorded for persons aged 25–34 years and 35 percent recorded for persons aged 65 and over. This trend was most evident for white female respondents. A notable exception occurs in the black male category, where persons aged 65 and over had the lowest examination nonresponse rates (25 percent).

The pattern of examination nonresponse rates according to place of residence is consistent across all race-sex groups with the highest rates recorded in the central cities of SMSA's having populations of more than 1,000,000 persons (38 percent). As urbanization decreases, the rates also decrease, with the lowest occurring in areas not in SMSA's (21 percent).

However, the pattern of nonresponse for the examination differs across the groups according to region and race. Among white persons, the highest nonresponse rates occurred in the

East (39 percent), with the Midwest and South having intermediate rates (28 percent), and the West having the lowest rates (23 percent). Among black respondents, the highest nonresponse rates also occurred in the East (37 percent) but the lowest rates occurred in the South (22 percent), not the West (30 percent). The Midwest also showed high nonresponse rates for black persons (34 percent).

The nonresponse rates were also examined according to the education of respondents. Among white persons, the examination nonresponse rates decreased with education (33 percent for those with less than 12 years of education compared with 25 percent for those with more than 12 years). By contrast, black persons with less than 12 years education had the lowest examination nonresponse rates (28 percent) and those with exactly 12 years had the highest rates (33 percent).

To examine how health variables may have affected nonresponses to the examination, a log linear model was fit to the cross-classification of age, sex, race, and selected self-reported health status measures. After steps were taken to adjust for age, race, and sex, no statistically significant differences in response rates were found when odds ratios (OR's) were computed for those individuals with or without a history of

heart disease (OR = 0.97), respiratory illness (OR = 0.87), diabetes (OR = 1.09), high blood pressure (OR = 0.89), or lack of exercise (OR = 1.09). However, persons who had arthritis or trouble with their vision were less likely to be nonparticipants in the examination than those not so impaired (OR's of 0.69 and 0.61, respectively, $P < 0.001$).

Objectives and design

The primary purpose of NHEFS is to investigate the relationships of clinical, nutritional, and behavioral factors assessed in NHANES I to subsequent morbidity and mortality. More precisely, there are three major objectives of NHEFS:

- *Morbidity and mortality associated with suspected risk factors.* The study of the relationships between risk factors measured in NHANES I and subsequent morbidity and mortality is the major objective of NHEFS. Information is available from the baseline on blood pressure, smoking, cholesterol levels, alcohol consumption, nutritional deficiencies, estrogen use, impaired pulmonary function, weight, and psychological characteristics. Morbidity and mortality data are available from the interview, from hospital and nursing home records, and from death certificates.
- *Changes in participants' characteristics.* The followup questionnaire was also designed to evaluate changes in risk factors that occurred during the period between NHANES I and NHEFS. For example, changes in blood pressure attributed to respondents' advancing age can be studied in association with moderating variables.
- *Natural history of chronic disease and functional impairments.* Because a large proportion of the subjects over 60 years of age in the NHANES I interview reported having a chronic disabling condition and/or loss of visual acuity or hearing, the progression or remission over time of these conditions can be studied by comparing responses at followup with the original questions used in NHANES I. It is important to attempt to understand, for example, why certain individuals with radiological evidence of osteoarthritis (as determined in the baseline NHANES I exam) develop functional impairment and others with the same severity of disease do not. Extensive arthritis data were collected in both NHANES I and NHEFS. Furthermore, a performance scale on activities of daily living was developed specifically for NHEFS to measure functional status.

To address these objectives most effectively, NHANES I adult respondents were traced and interviewed during 1982–84. Hospital and nursing home records were also collected for any episode that occurred since the respondent's NHANES I examination, and death certificates were collected for those who had died. This sample will continue to be followed annually with the use of the National Death Index to obtain death certificates for respondents who have died after their followup interview. Moreover, as mentioned earlier, a continued tele-

phone followup of the elderly (those who were at least 55 years of age at the NHANES I examination) is currently in operation, and plans are being made for additional telephone followups of the entire cohort. These efforts will be described in future NCHS reports.

Feasibility study

In January 1979, representatives from all participating institutes of NIH, NCHS, and consultants in nutrition, environmental health, behavioral sciences, and health services began planning for the followup study. The initial step was to design a feasibility study to address several fundamental survey design issues. For example, could NHANES I participants be located after the lengthy time interval that had already elapsed? Would subjects consent to be reinterviewed? Would they sign authorizations to allow for hospital record data collection efforts? Would hospitals participate? Could deaths in the cohort be identified? Could death certificates be obtained?

To answer these questions, a feasibility study was conducted in Baltimore, Md., beginning in January 1980. This 5-week study included 191 subjects who had been 25–74 years of age at the time of the 1971 NHANES I pretest.

NCHS conducted the preliminary tracing for the feasibility study. The use of crisscross directories, U.S. Post Office change-of-address services, files of licensed drivers from the Maryland Department of Motor Vehicles, and the death certificate files from the Maryland Office of Health Statistics provided addresses for 134 (70 percent) of the cohort. An additional 33 (17 percent) were located by field tracing.

Figure 1 illustrates the results of the tracing efforts. Only 15 (8 percent) of the 191 persons in the study were lost to followup. Black male participants and persons in the youngest age group (25–34 years old at the 1971 pretest) tended to be the most difficult to trace.

Among the group of 176 traced subjects, 33 individuals had died. Almost one-half of these decedents were from the age cohort of 65–74 years at the time of NHANES I. Twenty-three persons agreed to act as proxies for the decedents and to participate in an interview. Twenty-one (79 percent) of these proxy respondents signed authorization forms to permit the retrieval and use of medical and death records. Death certificates were obtained for 24 (80 percent of 30 in-State deaths) of the decedents.

Of the 143 traced survivors, 74 (52 percent) were living at the same address as during the 1971 pretest, 56 (39 percent) had moved locally (within a 50-mile radius of the survey

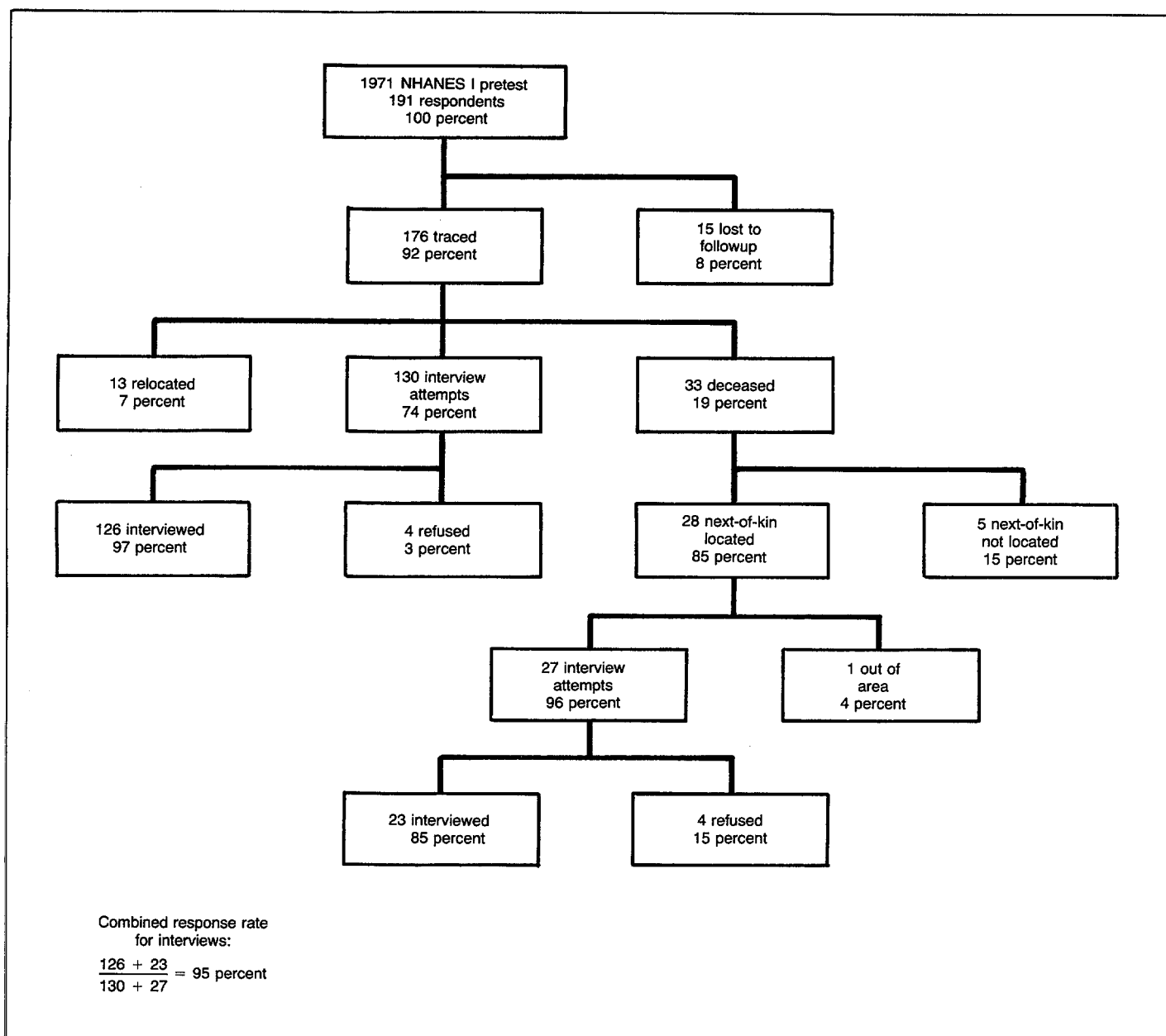


Figure 1. Summary of tracing and interviewing success in Baltimore, Md., Feasibility Study, 1980

location), and 13 (9 percent) had moved outside of the Baltimore area. About 97 percent of the 130 subjects who lived in the survey area completed a 10- to 15-minute survey questionnaire. Ninety-one percent of the subjects who completed a questionnaire also signed medical records authorization forms.

Overall, vital status was determined for 92 percent of the 191 subjects in the cohort. Interviews were conducted with 78 percent of the original cohort with 95 percent of the attempted interviews completed. Thus, the results of the feasibility study indicated that sufficient numbers of subjects and proxy respondents for decedents could be located and interviewed, and that health facility and death records could be obtained for the NHANES I examinees.

Study design

Data collection for NHEFS began in 1981 and concluded in August 1984. A detailed account of the training schedule is provided in appendix IV, and the time and location of the actual data collection are given in appendix V.

The design of NHEFS consisted of five steps:

- Tracing the subjects or their proxies to a current address.
- Performing in-depth interviews with the subjects or with their proxies.
- Taking pulse, blood pressure, and weight measurements of subjects.

- Obtaining hospital and nursing home records, including pathology reports and electrocardiograms.
- Acquiring death certificates.

Copies of all pertinent study materials (tracing materials, questionnaires, authorization forms, and health facility data collection forms) can be found in appendix VI.

Although each component of NHEFS represents a separate survey activity with its own set of procedures for data collection, processing, and reporting, the information gathered for any one part of the survey was used to field other components. Data from the different components were thus intended to be used together when appropriate. In addition, the information respondents provided directly enabled certain items that were obtained by observation or through proxy response in the NHANES I to be updated or modified (for example, race and age. Appendix VII contains a complete listing of those changes.)

A summary of the NHEFS design and the results of the data collection procedures for the cohort are presented in figure 2. The flow chart shows the relationship between each of the data collection activities and provides information on the number of subjects included in each component. The information summarized in figure 2 will be explained in detail in the following sections.

Tracing

The first phase of the project was to trace and locate each subject. The NHANES I examinees had not been contacted in any way before the inception of NHEFS. Because the validity of longitudinal studies depends on the completeness of followup, a large variety of sources were used to trace subjects, including crisscross and city directories, telephone contacts, direct mail, U.S. Post Office address information requests, State Department of Motor Vehicle listings, State Vital Statistics files, and field visits to neighbors at last known address.

Attempts were made to trace all subjects in the cohort and to determine their vital status. Date and place of death were obtained for subjects who had died. This information was used to obtain a copy of the death certificate from the appropriate State Vital Statistics office. The tracing process was also used to obtain the current address of surviving subjects as well as to identify a knowledgeable proxy respondent for deceased subjects. (Throughout this report, the term "subject" refers to the individual examined as part of NHANES I and the term "respondent" refers to the person who provides the information at followup.)

Respondents who were identified and located through the tracing procedure were then contacted and asked to participate in a personal interview. In a few cases, respondents who had been traced successfully could not be relocated for the interview. Only vital status as of tracing was available for those subjects.

A subject was considered successfully traced if the person or a proxy (in the case of those deceased or incapacitated) correctly responded to a set of verification questions that established the subject's identity. First, the name of the subject

had to be verified. Then the respondent was asked to correctly supply at least two of the following three items:

- Date of birth—The date of birth was considered verified if the year of birth obtained in the NHEFS tracing was the same year reported at NHANES I, or if the month and day were the same, and the birth year was within 2 years of the year reported in NHANES I.
- Address at date of NHANES I exam—The address of the subject was considered verified if the respondent correctly reported the street name, city, and State of the address at the time of the NHANES I exam. It was not necessary that the house number match.
- Household membership at the time of the NHANES I exam—The household composition was considered verified if the subject or proxy recalled the name and relationship of at least one household member correctly. The household composition was asked only if the birthdate or address had not been supplied correctly.

Lost to followup

All persons who could not be traced were considered lost to followup. The fact of death had to be confirmed by a death certificate or a proxy interview. In some cases, information about the death of a subject was obtained from neighbors or other tracing contacts. Although this information was noted in the record, these persons were considered lost to followup unless the information was verified by a proxy interview or a death certificate.

As of August 1984, 93 percent of the study population was located successfully. However, the success of the tracing efforts varied by age, race, and sex (tables C and D). To summarize how demographic factors were related to tracing success, a multiple logistic model was fitted to the crossclassification of age, race, and sex, with the proportion of subjects who were lost to followup representing the dependent variable. Because there were few participants of "other" races (172), this analysis was limited to black respondents and white respondents. Terms were deleted from the saturated model to develop the simplest model that would fit the data. The smallest P value (probability) for a deleted term was 0.10. The final model included a main effect for age ($P < 0.001$) and an interaction between sex and race ($P < 0.001$). The number of persons lost to followup was highest for those under 35 years of age at the time of NHANES I, and then generally decreased with each 10-year increase in age for all sex-race groups (odds ratios were 4.43, 1.97, 1.25, 0.91, relative to those 65 years of age and over).

Within each age group, the effect of sex on lost-to-followup rates depended on the race of the individual. Among white respondents slightly more women were reported lost to followup, but among black respondents, men had the higher rates in this category. Odds ratios relative to white men were 1.27 for white women, 3.17 for black men, and 2.27 for black women. Thus, the lowest lost-to-followup rates were found among white men 55 years of age and over, and the highest rates were reported for black men under 35 years of age.

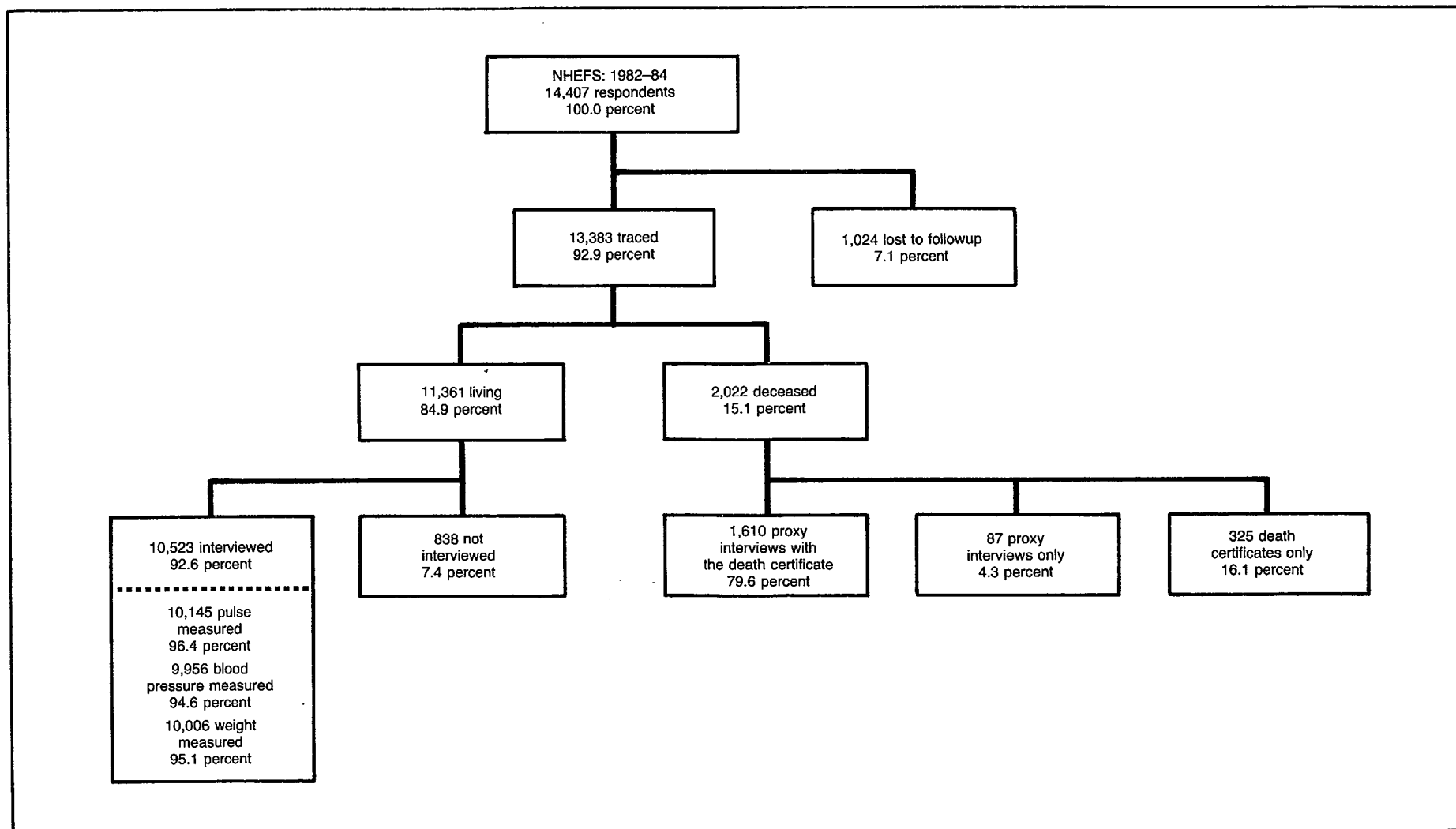


Figure 2. Summary of data collection used in the NHANES I Epidemiologic Followup Study, 1982-84

Table C. Number of respondents and percent distribution by status in the Epidemiologic Followup Study, according to sex and age at the first Health and Nutrition Examination Survey

Sex and age ¹	All respondents	Status at followup			Total	Status at followup		
		Surviving	Deceased	Lost to followup		Surviving	Deceased	Lost to followup
		Number				Percent distribution		
All respondents	14,407	11,361	2,022	1,024	100.0	78.9	14.0	7.1
Male								
Under 35 years	1,127	969	16	142	100.0	86.0	1.4	12.6
35-44 years	928	816	44	68	100.0	87.9	4.7	7.3
45-54 years	1,060	887	124	49	100.0	83.7	11.7	4.6
55-64 years	860	652	183	25	100.0	75.8	21.3	2.9
65-74 years	1,836	934	835	67	100.0	50.9	45.5	3.6
Female								
Under 35 years	2,382	1,985	26	371	100.0	83.3	1.1	15.6
35-44 years	2,013	1,822	54	137	100.0	90.5	2.7	6.8
45-54 years	1,220	1,104	61	55	100.0	90.5	5.0	4.5
55-64 years	964	830	100	34	100.0	86.1	10.4	3.5
65-74 years	2,017	1,362	579	76	100.0	67.5	28.7	3.8

¹The sampling frame for the first Health and Nutrition Examination Survey included persons aged 1-74 years at the time of the interview. Several subjects reached their 75th birthday between the interview and the examination. In addition, date of birth was incorrectly coded for several subjects. This was corrected in the followup, and, as a result, one subject is over 75 years of age but has been retained in the analysis.

Table D. Number of respondents and percent distribution by status in the Epidemiologic Followup Study, according to race, sex, and age at the first Health and Nutrition Examination Survey

Race, sex, and age ¹	All respondents	Status at followup			Total	Status at followup		
		Surviving	Deceased	Lost to followup		Surviving	Deceased	Lost to followup
		Number				Percent distribution		
WHITE								
Both sexes	12,036	9,706	1,599	731	100.0	80.7	13.3	6.0
Male								
Under 35 years	964	855	13	96	100.0	88.7	1.3	10.0
35-44 years	802	716	37	49	100.0	89.3	4.6	6.1
45-54 years	895	772	88	35	100.0	86.3	9.8	3.9
55-64 years	741	573	149	19	100.0	77.3	20.1	2.6
65-74 years	1,501	790	675	36	100.0	52.6	45.0	2.4
Female								
Under 35 years	1,980	1,686	15	279	100.0	85.2	0.8	14.1
35-44 years	1,609	1,478	33	98	100.0	91.9	2.1	6.1
45-54 years	1,047	968	38	41	100.0	92.5	3.6	3.9
55-64 years	819	712	85	22	100.0	86.9	10.4	2.7
65-74 years	1,678	1,159	466	53	100.0	69.1	27.8	3.2
BLACK								
Both sexes	2,199	1,532	403	264	100.0	69.7	18.3	12.0
Male								
Under 35 years	144	104	3	37	100.0	72.2	2.1	25.7
35-44 years	107	82	7	18	100.0	76.6	6.5	16.8
45-54 years	154	106	35	13	100.0	68.8	22.7	8.4
55-64 years	105	67	32	6	100.0	63.8	30.5	5.7
65-74 years	313	138	145	30	100.0	44.1	46.3	9.6
Female								
Under 35 years	369	279	11	79	100.0	75.6	3.0	21.4
35-44 years	365	309	21	35	100.0	84.7	5.8	9.6
45-54 years	167	132	23	12	100.0	79.0	13.8	7.2
55-64 years	142	116	15	11	100.0	81.7	10.6	7.7
65-74 years	333	199	111	23	100.0	59.8	33.3	6.9

See footnote at end of table.

Table D. Number of respondents and percent distribution by status in the Epidemiologic Followup Study, according to race, sex, and age at the first Health and Nutrition Examination Survey—Con.

Race, sex, and age ¹	All respondents	Status at followup			Total	Status at followup		
		Surviving	Deceased	Lost to followup		Surviving	Deceased	Lost to followup
OTHER		Number			Percent distribution			
Both sexes	172	120	20	32	100.0	69.8	11.6	18.6
Male								
Under 35 years	19	10	-	9	100.0	52.6	-	47.4
35-44 years	19	18	-	1	100.0	94.7	-	5.3
45-54 years	11	9	1	1	100.0	81.8	9.1	9.1
55-64 years	14	12	2	-	100.0	85.7	14.3	-
65-74 years	22	6	15	1	100.0	27.3	68.2	4.5
Female								
Under 35 years	33	20	-	13	100.0	60.6	-	39.4
35-44 years	39	35	-	4	100.0	89.7	-	10.3
45-54 years	6	4	-	2	100.0	66.7	-	33.3
55-64 years	3	2	-	1	100.0	66.7	-	33.3
65-74 years	6	4	2	-	100.0	66.7	33.3	

¹The sampling frame for the first Health and Nutrition Examination Survey included persons aged 1-74 years at the time of the interview. Several subjects reached their 75th birthday between the interview and the examination. In addition, date of birth was incorrectly coded for several subjects. This was corrected in the followup, and, as a result, one subject is over 75 years of age but has been retained in the analysis.

Table E. Odds ratios, confidence intervals, and statistical significance for health characteristics on loss to followup based on multiple logistic regression with age, sex, and race included

Characteristic	Odds ratio	95-percent confidence interval		Statistical significance (P-value)
		Lower bound	Upper bound	
High blood pressure	0.81	0.68	0.97	0.024
High cholesterol	1.03	0.86	1.23	0.754
Overweight	0.94	0.80	1.10	0.450
Heart attack	1.18	0.79	1.77	0.408
Diabetes	1.21	0.84	1.74	0.310
Smoker	1.86	1.52	2.28	0.001

Analysis using a multiple logistic regression was conducted to determine whether those persons lost to followup were at relatively high risk of death. Six health characteristics (in addition to age, race, and sex) that have been established as risk factors for mortality were considered: high blood pressure (systolic blood pressure of 140 millimeters of mercury or more), high cholesterol (260 milligrams per 100 milliliters or more), overweight (body mass index above the 85th percentile), history of heart attack, history of diabetes, and smoking status (smoker, nonsmoker, or unknown).

The results of this multiple logistic regression are presented in table E. Two risk factors were inversely associated with loss to followup: NHANES I examinees with high blood pressure were 19 percent less likely (P = 0.024) and overweight examinees were 6 percent less likely to be lost to followup (P = 0.450). High cholesterol had virtually no effect on tracing,

and persons with a history of heart attack or diabetes were approximately 20 percent more likely to be lost to followup (none of these differences were statistically significant). Smoking had the strongest effect on loss to followup—smokers were 86 percent more likely than nonsmokers to be untraced (P < 0.001).

These results suggest that those subjects who were lost to followup were somewhat more likely to have died than those who were successfully traced. The strong association between smoking and lost-to-followup rates indicates that the effects of smoking on mortality, especially at younger ages, should be interpreted with caution. It should be noted, however, that among those aged 55 years and over the proportion lost to followup is quite small relative to the proportion deceased. Thus, in these age groups, there should be relatively little bias in mortality findings as a result of loss to followup.

Interview data collection

Interview procedures

An attempt was made to interview all subjects identified during tracing. Subjects and proxies were sent a letter in advance describing the followup study about 2 weeks before interviews were to begin in an area. Interviewers then called the subject or proxy to schedule an appointment for the interview. If the person could not be reached by telephone, the interviewer made an in-person attempt to interview or to schedule a future appointment.

Interviews were conducted wherever the subject resided, including in nursing homes, prisons, mental health facilities, or occasionally at some other convenient location (for example, a parent's home). After physical measurements were completed, the subjects were given written reports of the measurements. At the close of the interview, the respondent was asked to sign a form authorizing NCHS to obtain information from medical records. Subjects were remunerated \$10 for their participation in this approximately 2-hour interview.

Thorough quality control procedures were instituted, with the interviewer and the field office conducting field edits. Respondents were recontacted if there were discrepancies or missing sections in key items. Fifteen percent of the questionnaires were randomly selected for validation. This was done primarily by telephone and, if necessary, by mail. Additional questionnaires were selected for verification if the data were believed to be false. Ten percent of the telephone interviews were also validated.

Followup interviews first occurred in a pilot phase, referred to as phase 1. Twelve interviewers and three office support staff members were hired to conduct phase 1 using the NHANES I Philadelphia area sample (sample locations 1, 51, 86, and 97). A 3-day program of physical measurements training and a 5-day interviewer training program were held. (The schedule and locations of the training are given in appendix IV.) In-field tracing was conducted in conjunction with interviewing when necessary. Field tracing was performed to locate subjects or proxies not found through office tracing methods.

After phase 1, the questionnaires and field procedures were evaluated, and it was decided that, in most instances, proxy interviews for deceased subjects could be conducted most efficiently by telephone. The exceptions to this rule would occur when the proxy had no telephone or when the proxy was also a subject in the study. In the latter case, a personal interview was conducted with the subject, and then a proxy interview was conducted for the decedent.

Main data collection began in October 1982, 3 months after the pilot study interviews were completed. The field work for NHEFS was conducted regionally. Because the original NHANES I sample was clustered by sample location, most of the followup respondents were similarly clustered. Although some subjects had moved during the survey period and some proxy respondents did not necessarily live in the original clusters, the number of subjects located within the original set of clusters was sufficient to organize the field work around the original sample locations. Procedures were developed to secure interviews with those not living in the original areas. The 100 PSU's in the NHANES I national sample, excluding the phase 1 locations, were grouped into four approximately equal workload regions representing the North (Northeast), South, Midwest, and West. To ensure close contact with interviewers in the area, each region had a central field supervisor and three field offices with a supervisor and assistant in each office. The sample locations included for each region are listed in appendix V, along with the locations for the pilot study and the respective interviewing periods.

NHEFS interviews occurred first in the North in October 1982. Work began in the South in February 1983, followed by the Midwest in May and the West in August. The final interviews were completed in the West in December 1983.

Procedures were instituted to ensure that the necessary information was collected from respondents in a consistent manner. In each of the four regions, 50 to 60 interviewers, who were indigenous to the sample locations, were trained to meet the precise standards of the study. Interviewer candidates had to successfully complete the 3-day physical measurements training session and be certified to take blood pressure measurements before they were accepted for the intensive 8-day interview training session. Interviewers were trained and certified to take blood pressure measurements according to the guidelines of the American Heart Association and the National Heart, Lung, and Blood Institute. The field supervisors in each region remained in close contact with the interviewers by telephone, and personal visits were made to observe each interviewer in the field. Interviewers were retested on the physical measurements procedures early in the interviewing phase.

Nonetheless, some NHEFS respondents were located in remote regions of the country, and the costs of securing these dispersed interviews were very high. Furthermore, although tracing occurred continually throughout the survey period and

field work was conducted regionally, some subjects would be located only after field work was completed in that region. A small cadre of traveling interviewers continued to handle these kinds of cases; however, it was impossible to field all cases that were traced, particularly those at the end of the field period. Thus, these subjects were interviewed by telephone to gain as much information as possible without incurring extreme costs. Certain sections of the questionnaire were omitted to ensure that the telephone questionnaire was of an acceptable length. Telephone interviews were completed for 131 subjects. This process was called the U.S. Sweep and was conducted early in 1984.

When one of these subjects could not be contacted by telephone, a mail form was sent. This form was designed to obtain the information necessary to verify the subject's identity, to obtain information for future tracing, and to collect the names of hospitals in which the subject had stayed and the dates of each stay. Mail forms were also sent to proxies for deceased subjects in cases when the proxy could not be reached by telephone and the costs associated with the personal interview would be too high. Forty-seven mail forms were received. The receipt of a mail form did not constitute an interview; however, the information was important for other survey components, for example, in verifying vital status and collecting hospital records and death certificates.

The initial followup interview consisted of two sections: a detailed questionnaire that was provided to all subjects and proxy respondents, and a physical measurement section in which selected physical measurements were taken on subjects only. Additional survey procedures that provided information and materials required by other survey components were performed at the time of the interview.

The personal interview was designed to gather information on selected aspects of the subject's health history since the time of the NHANES I exam. This information included a history of the occurrence or recurrence of selected medical conditions; an assessment of behavioral, social, nutritional, and medical risk factors believed to be associated with these conditions; and an assessment of various aspects of functional status. Whenever possible, the questionnaire was designed to retain item comparability between NHANES I and NHEFS as a measure of change over time. However, questionnaire items were modified, added, or deleted when necessary to take advantage of current improvements in questionnaire methodology. The revised questionnaire also included a complete history of hospital and nursing home use.

Two versions of the interview questionnaire were developed—the subject questionnaire and the proxy questionnaire. The subject questionnaire was used when the subject was alive at the time of interview. Although the questionnaires were administered by trained interviewers, certain sections of the subject questionnaire were included in a special booklet to be self-administered.

If a subject was incapacitated or otherwise unable to take part in the interview, selected portions of the subject questionnaire were given to a proxy respondent. This version of the subject questionnaire is referred to as the "boxed" questionnaire (appendix VI). Questions on the subject questionnaire that were also included in the boxed questionnaire

were designated by the shaded boxes in which the question numbers were enclosed. In general, only objective questions were included in the boxed questionnaire. Questions that related to feelings, opinions, or perceptions were omitted.

The proxy questionnaire (appendix VI) was provided only when the subject was deceased. In most cases, proxy questionnaires were administered by telephone, whereas subject questionnaires were administered in person.

The distinction between a proxy respondent and the proxy questionnaire is important. To reiterate, a *proxy respondent* was asked to answer the proxy questionnaire when the subject was deceased or to assist with a subject questionnaire when the subject was unable to participate in the interview for other reasons. A *proxy questionnaire*, however, was given to a proxy respondent only when the subject was deceased. Proxy respondents completed 1,697 proxy questionnaires for decedents. In addition, proxy respondents completed 256 of the 10,523 subject questionnaires.

Questionnaire content

Both the subject and the proxy questionnaires were divided into sections based on general topics. Where appropriate, entire sections and specific questions in other sections were omitted from the proxy questionnaire. General topics as well as specific question batteries were developed collaboratively by the participating agencies.

Part A of the subject and proxy questionnaires includes questions on the subject's household composition. The first part of the Mental Status Questionnaire (MSQ) was administered to subjects 60 years of age and over.⁷ The MSQ was used to identify dementia and also to determine if the subject was capable of responding to the questionnaire. If the subject received a score of less than 3, the interviewer immediately administered the second part of the battery, located in section H. If the subject scored less than 8 on both parts of the MSQ, the subject was asked to respond to parts I, J, and P, but the interviewer was instructed to enlist the aid of a proxy respondent, usually a relative or close friend, to assist the subject with the rest of the questionnaire. Potential proxy respondents answered a series of verification questions to determine whether they were knowledgeable enough about the subject to complete the questionnaire. However, if the interviewer felt that the subject could provide valid responses or if a proxy respondent could not be located, the subject was asked to complete the questionnaire. Among those surveyed, 173 subjects scored less than 8 on the MSQ. In 81 of these cases, another person assisted the subject with the interview.

Part B of the NHEFS questionnaire contains information on the composition and vital status of the subject's family of origin and on the family's history of cancer. Questions on the vital status of the parents were omitted from the subject telephone interview.

Part C contains questions on the female medical history, including menstrual and pregnancy history, exposure to estrogens, and status of reproductive organs. Some questions on status of reproductive organs found in section C of the subject

questionnaire are also found in section G of the proxy questionnaire.

Part D of the questionnaire contains a self-reported history of selected conditions. The conditions, which were selected on the basis of prevalence and severity, include hypertension, angina, myocardial infarction, claudication, stroke, gallbladder disease, cancer, and respiratory problems. The coronary heart disease questions were developed by Dr. Geoffrey Rose of the University of London.⁸ A diagram was included in the self-administration booklet to enable the subject to identify the location of the anginal pain. The respiratory scale was adapted from the questionnaire developed by the American Thoracic Society and the Division of Lung Disease of the National Heart, Lung, and Blood Institute.⁹ Each set of questions on a particular condition also included a question to ascertain whether or not the subject had been hospitalized for that condition since 1970. If there was a hospitalization, information on the name and address of the facility, the year of the stay, and the reason for the stay was recorded on a special chart in the questionnaire booklet. In addition, part D included a battery of questions on exposure to sunlight and the occurrence of bedsores attributed to bed confinement. Symptom questions were omitted from the boxed questionnaire and the proxy questionnaire.

Part E of the subject questionnaire relates to arthritis. The battery of questions is adapted from the Arthritis Supplement used in NHANES I. The symptom questions meet the American Rheumatism Association diagnostic criteria for rheumatoid and osteoarthritis.¹⁰ The battery includes a scale found in the self-administration booklet and is designed to measure the amount of joint pain the subject experienced. The battery was not included in the proxy questionnaire, but a global question on arthritis was added to part G in the questionnaire. The questions in part E of the subject questionnaire relating to the experience of pain or other symptoms were omitted from the boxed questionnaire.

Part F of the questionnaire concerns functional impairment. The battery consists of modified, selected items from the Fries Functional Disability Scale for arthritis,¹¹ the Rosow-Breslau Scale,¹² and the Katz Activities of Daily Living Scale.¹³ The questions are designed to measure the difficulty the subject has doing a set of everyday activities without the help of another person or mechanical aid. Information was also collected on whether or not help had been received and how this help affected the subject's ability to perform the activity. Thus, this information could be used to measure the impact of disease on functioning ability as well as the actual functioning level as affected by the receipt of help or use of aids. The items could thus be grouped in different ways to investigate different aspects of functional status. Part F was omitted from the proxy questionnaire and a shorter version was used for the subject telephone questionnaire.

Part G is a checklist designed to provide information on diseases and conditions not identified in other parts of the questionnaire. Conditions that were identified in the original NHANES I as having a high probability of being reported or conditions proposed for analysis were included in the list. Information was collected to determine if the subject was

diagnosed by a doctor as having the condition, the year of initial diagnosis, and whether or not the subject had been hospitalized since 1970 for that condition. Information was also gathered on any hospitalizations or stays in other health facilities that were not obtained previously. Questions on the subject's use of selected prescription medicines, aspirin, antacids, vitamins, minerals, and other nutritional supplements are also included in part G. The subject's social security number was also obtained in part G of the subject questionnaire.

Part H of the NHEFS questionnaire contains the second portion of the Mental Status Questionnaire, described in the previous explanation of Part A. Part I includes the CES-D Depression Scale⁶ and selected items from the General Well Being Scale¹⁴ that correspond to the following variables: negative affect, positive affect, and health concern. Both scales are designed to be self-administered and, therefore, are included in the self-administration booklet. Social support questions are also included in this section.

Part J consists of questions regarding the bowel and bladder. This section is included in the self-administration booklet to reduce the possible sensitivity of this topic. The next section, part K, contains questions on changes in the subject's weight over a period of time.

Part L is designed to obtain a smoking history that identifies periods of smoking commencement and cessation, the average number of cigarettes smoked, the current amount smoked, and the use of cigars, pipes, snuff, and chewing tobacco. Because such smoking information was obtained only for subjects in the detailed NHANES I examination, these followup questions could be used to construct smoking status at baseline for the subjects who were not in the detailed sample.

Part M concerns consumption of alcoholic beverages. The questions are designed to obtain the subject's lifetime pattern of usual drinking. In addition, information was collected on binge drinking during the past year as well as the period of heaviest lifetime drinking.

Part N of the questionnaire contains an extensive battery of questions designed to identify aspects of the subject's usual diet. The section includes an expanded food frequency inventory covering the major food groups—meat, fish, poultry, grains, fruits, vegetables, dairy products, sweets, and snacks. The main criteria for inclusion of individual food items in this expanded food frequency was whether or not the food was high in fat, fiber, vitamin A, or vitamin C. The food frequency inventory also includes items on condiments, coffee, tea, soda, and alcohol. Questions on food preparation, use of prepared foods, special diets, frequency of meal eating and snacking, use of salt and eating problems are also included in this section. Part N was not a part of the proxy questionnaire or the subject telephone questionnaire.

In part O, information was gathered on sleeping problems and changes in sleep patterns. The questions were adapted from those used in the Stanford Sleep Study.¹⁵ These questions were not included in either the boxed or proxy questionnaires.

Part P includes two scales designed to measure the traits

of extroversion and openness to experience.¹⁶ Measures of Type A personality are also included in this section. Part P was excluded from the boxed and proxy questionnaires.

Part Q contains a limited number of questions on physical activity. Physical activity items were taken from the second National Health and Nutrition Examination Survey, performed from 1976 through 1980. In addition, questions on jogging were added. Again, these items were excluded from both the boxed and proxy questionnaires.

Part R was used to identify the extent of tooth loss, the use of dental plates, and the use of fluoridated toothpaste. These items were repeated from the original NHANES I. The proxy questionnaire did not contain this section.

Part S includes questions to measure the subject's auditory abilities, and part T contains questions to measure visual abilities. The scales in both sections are repeated from NHANES I. Only selected questions from parts S and T were included in the boxed questionnaire.

Part U was provided to obtain background information on race; marital status; primary place of residence during the subject's lifetime; usual occupation; current activity; exposure to dust, fumes, or vapors when working or engaged in hobbies; sources of income; and maiden name for female subjects.

A final section, part V of the proxy questionnaire, pertains only to deceased subjects and includes questions on the circumstances surrounding the subject's death. Items include information on whether the subject was confined to home or an institution prior to death, cause of death, who was present at the time of death, the experience of pain at death, and place of death.

Interview nonresponse

Interviews with the participant or a proxy were completed for 85 percent of the original cohort or 91 percent (12,220 persons) of those successfully traced. Of the 1,697 proxy interviews, 1,206 were completed by telephone. In 131 cases, interviews with surviving NHANES I participants were conducted by telephone rather than in person. Telephone interviews were used if the respondent lived in a remote area or if the respondent was traced too late in the field period to conduct a personal interview.

Nonresponse rates for the interview by age, race, sex, and vital status are given in table F. Among traced, surviving participants, 7 percent were not interviewed, and proxy interviews could not be obtained for 16 percent of the deceased. The lower interview success rate for decedents compared with surviving NHANES I participants was apparent for all age-sex-race groups. This difference is attributed in part to the fact that many of the deceased were located from vital statistics files, and no proxy could be identified.

To summarize how demographic factors related to interview status, multiple logistic models were fitted to the cross-classification of age, race, and sex, with the proportion of subjects who did not complete the interview representing the dependent variable. Separate models were fitted for surviving and deceased persons. When nonsignificant terms were deleted from the saturated model (the smallest P value for a deleted

term was 0.18), the final model for deceased persons included only a main effect for race ($P < 0.001$). Nonresponse rates for the proxies of black decedents were substantially higher than those for whites (odds ratio of 2.40). The final model for surviving NHANES I participants included a main effect for age ($P = 0.003$) and a marginally significant interaction between sex and race ($P = 0.11$).

All other terms deleted from the model had P values greater than 0.26. Noninterview rates were lowest for those subjects 55–64 years of age, but similar for all other age groups (odds ratios of 1.68 for those aged 25–34 years, 1.46 for those aged 35–44 years, 1.47 for those aged 45–54 years, and 1.63 for those aged 65–74 years). Black men had the poorest interview completion rates, whereas the rates for the other race-sex groups were similar to each other. The odds ratios relative to white women were 1.08, 1.52, and 1.02 for white men, black men, and black women, respectively.

Physical measurements

In part X of the questionnaire, at the end of the subject interview, the subject's pulse rate, three consecutive blood pressure readings, and a weight measurement were attempted. Measurements were obtained according to a specific protocol. Arm cuffs were available in child, adult, and large sizes and the interviewer selected the correct size. Blood pressure measurement procedures were adapted from Kirkendall¹⁷ and the Hypertension Detection and Follow-up Program.¹⁸

Physical measurements were not attempted for 131 subjects interviewed by telephone or for 161 subjects who were incapacitated and could not take part in the interview. (An additional 85 incapacitated subjects did not act as respondents to the interview but did participate in the physical measurement section.) Another 11 subjects ended the interview before the physical measurement section. Thus, physical measurements were not attempted for 303 of the 10,523 subjects who completed an interview. The percent of subjects not measured successfully for pulse, blood pressure, and weight are shown by race and age at the baseline in table G.

In addition to those 303 subjects without physical measurements, 75 subjects did not have their pulse measured. The measurement was not attempted on 65 of these subjects because of refusals (8 cases), medical contraindications (32 cases), or other reasons (25 cases). A valid measure was not obtained for the remaining 10 subjects.

Three blood pressure measurements were attempted for each subject interviewed. Failure to obtain a reading was considered an attempt and could not be repeated. Either the second or third of the three blood pressure measurements attempted had to be successful for the procedure to be considered complete. During the followup, blood pressure could not be measured for 264 subjects (in addition to the previously mentioned 303 subjects without measurements). The blood pressure procedure was not attempted on 184 of these subjects (15 refusals, 117 medical contraindications, and 52 for other reasons) and the procedure was attempted, but not completed successfully, for the remaining 80 subjects.

Therefore, 5.4 percent of the NHEFS subjects with a completed interview had no blood pressure measurements.

Table F. Number and percent of traced NHANES I Epidemiologic Followup Study cohort without completed interview, by race, sex, and age at baseline examination, and subject status

Race, sex, and age ²	Subjects without completed interview ¹			
	Surviving		Deceased	
	Number	Percent	Number	Percent
ALL RACES³				
Both sexes	838	7.4	325	16.1
Male				
Under 35 years	90	9.3	2	12.5
35-44 years	66	8.1	9	20.5
45-54 years	67	7.6	18	14.5
55-64 years	28	4.3	34	18.6
65-74 years	82	8.8	122	14.6
Female				
Under 35 years	151	7.6	9	34.6
35-44 years	124	6.8	9	16.7
45-54 years	80	7.2	14	23.0
55-64 years	48	5.8	12	12.0
65-74 years	102	7.5	96	16.6
WHITE				
Both sexes	697	7.2	212	13.3
Male				
Under 35 years	76	8.9	2	15.4
35-44 years	53	7.4	8	21.6
45-54 years	58	7.5	10	11.4
55-64 years	21	3.7	23	15.4
65-74 years	67	8.5	86	12.7
Female				
Under 35 years	123	7.3	2	13.3
35-44 years	99	6.7	4	12.1
45-54 years	70	7.2	8	21.1
55-64 years	43	6.0	6	7.1
65-74 years	87	7.5	63	13.5
BLACK				
Both sexes	125	8.2	108	26.8
Male				
Under 35 years	14	13.5	-	
35-44 years	10	12.2	1	14.3
45-54 years	7	6.6	8	22.9
55-64 years	5	7.5	11	34.4
65-74 years	15	10.9	33	22.8
Female				
Under 35 years	24	8.6	7	63.6
35-44 years	22	7.1	5	23.8
45-54 years	9	6.8	6	26.1
55-64 years	5	4.3	6	40.0
65-74 years	14	7.0	31	27.9

¹Percents are based on subjects who were successfully traced.

²See appendix VII for a discussion of revised race, corrected sex, and recalculated age.

³Includes races other than white or black.

Although no significant interactions occurred that involved age, race, or sex, the failure rate was associated with all of these variables. The odds ratios for no blood pressure measurement relative to those under 55 years of age were 1.66 for those aged 55-64 years and 3.32 for those 65 years of age and over. Women were 20 percent more likely than men to have no blood pressure measurement available, and black persons were 46 percent more likely than white persons to be without this measurement.

A total of 214 subjects did not have their weight measured, in addition to the 303 subjects noted previously. Weight was not measured in 203 cases as a result of 34 refusals, 134 medical contraindications, and 35 cases in which other reasons were noted. Measures were determined invalid in 11 other instances. Although the failure rate for weight was slightly higher than for pulse (4.9 percent compared with 3.6 percent), the patterns were similar. There was a significant age-sex interaction ($P=0.025$) as well as a significant race effect

Table G. Number and percent of interviewed NHANES I Epidemiologic Followup Study cohort without successful completion of physical measurements, by race, sex, and age at baseline examination

Race, sex, and age ¹	Incomplete physical measurements					
	Pulse		Blood pressure ³		Weight ⁴	
	Number	Percent ²	Number	Percent ²	Number	Percent ²
ALL RACES⁵						
Both sexes	378	3.6	567	5.4	517	4.9
Male						
Under 35 years	24	2.7	29	3.3	31	3.5
35-44 years	17	2.3	22	2.9	22	2.9
45-54 years	15	1.8	27	3.3	24	2.9
55-64 years	31	5.0	38	6.1	36	5.8
65-74 years	55	6.5	79	9.3	75	8.8
Female						
Under 35 years	53	2.9	77	4.2	57	3.1
35-44 years	30	1.8	61	3.6	38	2.2
45-54 years	18	1.8	37	3.6	35	3.4
55-64 years	22	2.8	43	5.5	35	4.5
65-74 years	113	9.0	154	12.2	164	13.0
WHITE						
Both sexes	312	3.5	461	5.1	418	4.6
Male						
Under 35 years	20	2.6	24	3.1	24	3.1
35-44 years	15	2.3	19	2.9	17	2.6
45-54 years	13	1.8	24	3.4	19	2.7
55-64 years	28	5.1	34	6.2	34	6.2
65-74 years	44	6.1	60	8.3	56	7.7
Female						
Under 35 years	46	2.9	68	4.4	50	3.2
35-44 years	24	1.7	44	3.2	31	2.2
45-54 years	16	1.8	31	3.5	29	3.2
55-64 years	17	2.5	36	5.4	27	4.0
65-74 years	89	8.3	121	11.3	131	12.2
BLACK						
Both sexes	65	4.6	105	7.5	96	6.8
Male						
Under 35 years	4	4.4	5	5.6	7	7.8
35-44 years	2	2.8	3	4.2	4	5.6
45-54 years	1	1.0	2	2.0	4	4.0
55-64 years	3	4.8	4	6.5	2	3.2
65-74 years	11	8.9	19	15.4	19	15.4
Female						
Under 35 years	7	2.7	9	3.5	7	2.7
35-44 years	6	2.1	17	5.9	6	2.1
45-54 years	2	1.6	6	4.9	6	4.9
55-64 years	5	4.5	7	6.3	8	7.2
65-74 years	24	13.0	33	17.8	33	17.8

¹See appendix VII for a discussion of revised race, corrected sex, and recalculated age.

²Percents are based on the total number of traced, living subjects with a completed subject interview. This includes 131 cases who were interviewed by telephone and on whom no measurements were attempted.

³Completed blood pressure measurement is defined as the successful completion of either the second or the third attempt to get a reading.

⁴Completed weight measurement is defined as a successful measurement taken on either of two attempts.

⁵Includes races other than white or black.

($P < 0.001$). As compared with women under 65 years of age, the odds ratios were 1.21 for men under 65 years of age, 4.70 for women 65 years of age and over, and 3.04 for men 65 years of age and over. Black subjects were 48 percent more likely than white subjects to have no weight measurement.

Health facilities and death certificate data collection

For the NHEFS, attempts were made to obtain a complete history of overnight stays in health care facilities (hospitals and nursing homes) and to collect death certificates for all subjects who were deceased. This information can be used to provide two crucial endpoints for epidemiologic study: a clinical measure of morbidity based on hospital discharge diagnosis and cause-specific mortality coded from the death certificate.

Health facilities record collection

Parts D, E, and G of the subject, boxed, and proxy questionnaires all contain items to determine whether or not the subject had an overnight stay in a health care facility after 1970. If a stay was reported, information on the name and address of the facility, the date of the stay, and the reason for the stay was recorded on a special chart on the back cover of the self-administration booklet.

The hospital and nursing home survey portion of NHEFS was conducted from April 1983 through August 1984. As field interviewing in a region neared completion, all area hospitals and nursing homes in which stays were reported by study subjects were sent a medical records survey packet.

Consequently, eight hospital and nursing home survey mailings were necessary: two in both the Northeast and the South, one in both the Midwest and the West, and two for the U.S. Sweep. The first U.S. Sweep mailing included previously unidentified hospital stays that were reported by hospitals on the returned abstract forms. The second mailing included hospital or nursing home stays that subjects reported during the U.S. Sweep data collection.

As mentioned previously, information on hospital stays was elicited for the period from 1970 to the time of followup. Interviewers recorded the full name of the hospital, the hospital address, and the approximate dates of hospitalization. (Because respondents may not have remembered exact dates, the request to the hospital did not include the dates of hospitalization, but asked for all admissions from January 1 of the year of the NHANES I examination.) At the conclusion of the interview, respondents were asked to sign a Medical Authorization Form that would be used to request hospitals to release hospital record information to the study. These forms were retained on file and a photocopy was made for each hospital that the respondent had identified during the interview.

A list of all subjects who used a particular hospital was aggregated in each region. The hospitals and nursing homes in which study subjects reported stays were then contacted

and asked to provide information from their records on all subjects for all stays occurring from January 1 of the year of the NHANES I exam until the date of the followup interview. At the same time, a letter was mailed to the hospital administrator advising that information was being requested from the hospital's medical records department. A similar letter was sent to each nursing home identified during the interview. Abstract forms were mailed to the nursing home administrators requesting information on the dates and reasons for admission for each nursing home stay.

Some hospitals did not have the staff to answer these requests. In those cases an abstractor, usually someone at the hospital, was hired to collect the data. In only two cases did the NCHS contractor have to provide an abstractor to collect the data.

Limited data were requested on the hospital and nursing home abstract forms. The major data items requested were the dates of admission and discharge and the diagnoses. Additionally, a photocopy of the "face sheet" and "discharge summary" was requested for each hospital episode occurring in the relevant time period. For myocardial infarction diagnoses 410 codes in the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*,¹⁹ a photocopy of the third day electrocardiogram was requested. For an admission where a malignancy was diagnosed, a photocopy of the pathology report was requested. All medical records were recoded by trained medical coders using ICD-9-CM.

Seventeen thousand, six hundred ninety-five hospital records and 433 nursing home records were received for 6,477 subjects. Table H shows the results of the facility record collection. Among males, both the proportion of respondents with at least one facility report and the average number of facility reports received per person increased with age. Among females, the pattern of association is J-shaped because the age group under 35 years has a high hospitalization rate, primarily attributed to childbearing. These patterns correspond with those expected, based on national hospital discharge rates.²⁰

Although these patterns are encouraging there are several indications that the hospital file is not complete. First, 190 of the 2,557 hospitals and 59 of the 409 nursing homes contacted for records refused to participate. Second, because several hospitals had closed and no information about the disposition of their records was obtained, these facilities could not be contacted. Third, some facilities did not return records either because the records were inaccessible or because the search for records was unsuccessful. Finally, authorization

Table H. Receipt of medical facility episode reports for the NHANES I Epidemiologic Followup Study cohort, by race, sex, and age at baseline examination

Race, sex, and age ¹	Subjects with at least one report received		Number of reports received	Average number of reports received—	
	Number	Percent		For traced subjects	For subjects with at least one report
ALL RACES²					
Both sexes	6,477	48.4	18,128	1.35	2.8
Male					
Under 35 years	264	26.8	518	.53	2.0
35-44 years	330	38.4	800	.93	2.4
45-54 years	486	48.1	1,247	1.23	2.6
55-64 years	456	54.6	1,417	1.70	3.1
65-74 years	1,059	59.9	3,460	1.96	3.3
Female					
Under 35 years	984	48.9	2,299	1.14	2.3
35-44 years	844	45.0	1,935	1.03	2.3
45-54 years	499	42.8	1,337	1.15	2.7
55-64 years	444	47.7	1,231	1.32	2.8
65-74 years	1,111	57.2	3,884	2.00	3.5
WHITE					
Both sexes	5,572	49.3	15,686	1.39	2.8
Male					
Under 35 years	226	26.0	446	.51	2.0
35-44 years	293	38.9	720	.96	2.5
45-54 years	413	48.0	1,054	1.23	2.6
55-64 years	402	55.7	1,268	1.76	3.2
65-74 years	892	60.9	2,971	2.03	3.3
Female					
Under 35 years	853	50.1	1,986	1.17	2.3
35-44 years	693	45.9	1,575	1.04	2.3
45-54 years	434	43.1	1,146	1.14	2.6
55-64 years	393	49.3	1,095	1.37	2.8
65-74 years	973	59.9	3,425	2.11	3.5
BLACK					
Both sexes	859	44.4	2,332	1.21	2.7
Male					
Under 35 years	38	35.5	72	.67	1.9
35-44 years	33	37.1	75	.84	2.3
45-54 years	71	50.4	191	1.35	2.7
55-64 years	48	48.5	138	1.39	2.9
65-74 years	158	55.8	473	1.67	3.0
Female					
Under 35 years	122	42.1	292	1.01	2.4
35-44 years	136	41.2	306	.93	2.3
45-54 years	65	41.9	191	1.23	2.9
55-64 years	51	38.9	136	1.04	2.7
65-74 years	137	44.2	458	1.48	3.3

¹See appendix VII for a discussion of revised race, corrected sex, and recalculated age.

²Includes races other than white or black.

forms were not obtained for 3 percent of surviving participants and 13 percent of decedents.

It is difficult to measure precisely the extent to which the NHEFS facility record file is complete. To do so requires that reported stays and facility records be matched based on admission date and reason for stay. The accuracy of such a search depends on the respondent's ability to recall these events for the average followup period of 10 years. As this

kind of recall can be prone to error, this kind of match was not attempted.

It is possible, however, to identify one group of missing records. No hospital records were obtained for 1,825 surviving and deceased subjects who reported at least one hospitalization. In 48 percent of these cases, the hospital refused to supply the information, or was not contacted for other reasons. In another 9 percent of these cases, respondents refused to sign

the authorization forms. In the remaining cases, the hospitals were unable to locate the records. This latter failure may be a result of respondent's reporting errors. The name of the facility, for example, could have been misreported; or the date of a hospitalization might have been reported as occurring after the NHANES I examination when in fact it occurred prior to it. Therefore, the stay would have been excluded from consideration. A more extensive analysis is currently under way to evaluate the completeness of the record collection.

Death certificate collection

Deaths identified by the National Death Index (NDI) or other tracing methods were verified by obtaining the death certificate from the State of death. These death certificates were coded by NCHS using the *Ninth Revision of the International Classification of Diseases* multiple cause-of-death codes.

Through inquiries, tracers were able to identify 2,022 deaths in the cohort. An NHANES I participant was considered deceased only if a death certificate was received or a proxy interview was completed to verify the death. Death certificates were obtained for almost 96 percent (1,935) of all decedents by the end of the initial followup. Currently, efforts are being continued to locate the missing death records.

Both a death certificate and a proxy interview were available for 1,610 (80 percent) of the 2,022 decedents. A proxy interview only was available for 87 decedents (4 percent) and a death certificate only was available for the remaining 325 decedents (16 percent).

The percent by age, sex, and race for whom death certificates were not available are presented in table J. Death certificates were obtained for a high percent of decedents in most age and race groups (from 85.7 percent to 100 percent among cells with more than 10 deaths). The difference in age among the percent of decedents for whom no death certificate was obtained was slight. However, black decedents were 77 percent more likely than white decedents and females were 66 percent more likely than males to have no death certificate available.

Ongoing activities

In addition to the analyses and data cleanup currently in progress for this study, public use data tapes are being produced. Four data tapes containing vital status, interview, health care facility, and mortality data from NHEFS will be available from the National Technical Information Service (NTIS) in 1988. These data tapes must be combined with the tape from the NHANES I survey (also available from NTIS) in order to investigate the effects of baseline measures on subsequent health status. The study identification number can be used to link the Epidemiologic Followup Study files to all NHANES I files.

Additional information will be available in future years. Periodically, the survivors of this cohort will be reinterviewed and additional data on functional status and morbidity will be ascertained. Searches using the National Death Index will add death certificate information to the data set.

Table J. Number of deaths among NHANES I Epidemiologic Followup Study cohort members and percent of decedents without an available death certificate, by race, sex, and age at baseline examination

<i>Race, sex, and age</i> ¹	<i>Number of deaths</i>	<i>Percent without a death certificate</i>
ALL RACES²		
Both sexes	2,022	4.3
Male		
Under 35 years	16	6.3
35-44 years	44	2.3
45-54 years	124	1.6
55-64 years	183	2.2
65-74 years	835	3.8
Female		
Under 35 years	26	-
35-44 years	54	5.6
45-54 years	61	8.2
55-64 years	100	6.0
65-74 years	579	5.7
WHITE		
Both sexes	1,599	3.8
Male		
Under 35 years	13	-
35-44 years	37	2.7
45-54 years	88	1.1
55-64 years	149	2.0
65-74 years	675	3.3
Female		
Under 35 years	15	-
35-44 years	33	-
45-54 years	38	5.3
55-64 years	85	4.7
65-74 years	466	5.8
BLACK		
Both sexes	403	6.7
Male		
Under 35 years	3	33.3
35-44 years	7	-
45-54 years	35	2.9
55-64 years	32	3.1
65-74 years	145	6.9
Female		
Under 35 years	11	-
35-44 years	21	14.3
45-54 years	23	13.0
55-64 years	15	13.3
65-74 years	111	5.4

¹See appendix VII for a discussion of revised race, corrected sex, and recalculated age.
²Includes races other than white or black.

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Appendix I

Content of NHANES I for subjects 25–74 years of age, 1971–75

<i>Recipients</i>	<i>Questionnaires</i>
All households in the sample	Household Questionnaire
All households containing one or more sample persons	Food Programs Questionnaire ¹
All sample persons	General Medical History ¹
	Dietary Intake, 24-Hour Recall ¹
	Dietary Intake, Food Frequency ¹
Additional for all sample persons in the detailed component	General Medical History Supplement
	Supplement A, Arthritis; Supplement B, Respiratory; Supplement C, Cardiovascular. (Supplements A, B, and C depend on certain positive responses in other history questionnaires.)
	Health Care Needs Questionnaire
	General Well-Being Questionnaire
	Depression Scale ²
	Water Usage Supplement ²
	1975 NHIS Questionnaire items on hearing, visual acuity, reading, and hypertension ²
	Examination procedures and measurements
All sample persons	General medical examination
	Dental examination ³
	Dermatological examination ¹
	Ophthalmic examination
	Anthropometric measurements
	Laboratory determinations:
	Hemoglobin
	Hematocrit
	Red cell count
	White cell count
	Sedimentation rate
	MCV
	MCH
	MCHC
	Vitamin A
	Vitamin C
	Magnesium
	Total protein
	Albumin
	Serum iron
	Iron binding capacity
	Serum folates
	Cholesterol
	Glucose qualitative (urine)
	Albumin qualitative (urine)
	Occult blood qualitative (urine)
	Creatinine (urine)
	Thiamine (urine)
	Riboflavin (urine)
	Iodine (urine)
Additional for all sample persons in the detailed component	Extended medical examination
	X rays of chest and major joints (hand-wrist, knee, hip)
	Audiometry (air and bone)
	Electrocardiography
	Goniometry
	Spirometry
	Pulmonary diffusion
	Tuberculin test ³
	Speech test ²
	Vision test ²
	Laboratory determinations:
	Bilirubin
	SGOT
	Alkaline phosphatase
	Uric acid
	Calcium
	Thyroid (T-3, T-4)
	Serology for syphilis ²
	Phosphorus
	W.B.C. differential count
	Serological tests for amebiasis, measles, tetanus, diphtheria, rubella, polio
	Blood urea nitrogen ²

¹Locations 1–65 only.

²Locations 66–100 only.

³Locations 1–35 only.

Appendix II

Data items available from NHANES I subjects 25–74 years of age

Detailed information is available on all of the data items collected in the baseline NHANES I examination. The complete list of information is organized according to four areas: (1) by source type, which refers to the method used to obtain the particular data item—P=physical exam, H=history, L=laboratory, T=test, R=record, and O=other; (2) by survey year, referring to the years during the 1971–75 period in which that information was collected; (3) by “contents of this data field,” which refers to a brief description of the specific data item; and (4) by data category, which refers to the general category of information. Provided below is a list of the data categories used, followed by the complete listing of all four types of NHANES I data items. Both listings are in alphabetical order according to data category.

Data categories

Abdomen	Ears	Mouth
Allergy	Endocrine	Musculoskeletal
Back	Extremities	Nasal
Behavior	Eyes	Neck
Body measurement	Gastroenterology	Neoplasm
Bone	Gynecology	Neurology
Breast	Head	Nutrition
Cardiovascular	Health (general)	Oropharynx
Chest	Hearing	Pregnancy
Demography	Hematology	Psychology
Dental	Infection	Respiratory
Dental care	Joints	Speech
Dermatology	Medical care	Urinary
Drugs	Metabolic	Vision

Source Type	Survey Year	Contents of this Data Field	Data Category
P	71-75	Abdomen,other findings	ABDOMEN
P	71-75	Abdominal evaluation	ABDOMEN
P	71-75	Hernia,umbilical	ABDOMEN
P	71-75	Mass,abdominal	ABDOMEN
H	71-75	Allergy,food	ALLERGY
H	71-75	Allergy,other	ALLERGY
H	71-75	Asthma	ALLERGY
H	71-75	Asthma	ALLERGY
H	71-75	Hayfever	ALLERGY
H	71-75	Hayfever	ALLERGY
H	71-75	Hives	ALLERGY
P	71-75	Back findings	BACK
H	71-75	Back,injury	BACK
P	71-75	Back,limitation of motion	BACK
P	71-75	Back,other findings	BACK
P	71-75	Back,pain on motion	BACK
T	74-75	Kyphosis	BACK
P	71-75	Kyphosis	BACK
T	74-75	Kyphosis	BACK
T	74-75	Kyphosis	BACK
P	71-75	Lordosis	BACK
P	71-75	Sacroiliac tenderness	BACK
P	71-75	Sciatic notch tenderness	BACK
T	74-75	Scoliosis	BACK
P	71-75	Scoliosis	BACK
T	71-75	Scoliosis	BACK
T	71-75	Scoliosis	BACK
P	71-75	Straight leg raising test	BACK
H	71-75	Activity,physical	BEHAVIOR
H	71-75	Exercise	BEHAVIOR
H	71-75	Smoking history	BEHAVIOR
H	71-73	Tobacco usage,other forms tobacco	BEHAVIOR
H	71-73	Tobacco usage,snuff,chewing,other	BEHAVIOR
L	71-73	Albumin,serum	BIOCHEMISTRY
L	71-75	Alkaline phosphatase,serum	BIOCHEMISTRY
L	71-75	Bilirubin,total,serum	BIOCHEMISTRY
O	71-75	Blood specimen,time day collected	BIOCHEMISTRY
L	74-75	BUN (blood urea nitrogen)	BIOCHEMISTRY
L	71-75	Calcium,serum	BIOCHEMISTRY
L	71-75	Cholesterol,serum	BIOCHEMISTRY
L	74-75	Creatinine,serum	BIOCHEMISTRY
H	71-75	Food,hours since last meal	BIOCHEMISTRY
H	71-75	Food,type of last meal	BIOCHEMISTRY
L	71-75	Magnesium,serum	BIOCHEMISTRY
L	71-75	Phosphate,serum	BIOCHEMISTRY
H	71-75	Physical activity,last 24 hours	BIOCHEMISTRY
L	74-75	Potassium,serum	BIOCHEMISTRY
L	71-73	Protein,serum	BIOCHEMISTRY
L	74-75	Sodium,serum	BIOCHEMISTRY
L	71-75	SGOT	BIOCHEMISTRY
L	71-75	Uric acid,serum	BIOCHEMISTRY
P	71-75	Arm girth,upper	BODY MEASUREMENT
P	71-75	Bitrochanteric breadth	BODY MEASUREMENT
P	71-75	Chest circumference,inspir,expiration	BODY MEASUREMENT
P	71-75	Elbow breadth	BODY MEASUREMENT
P	71-75	Height	BODY MEASUREMENT
P	71-75	Height	BODY MEASUREMENT
P	71-75	Skinfold,subscapular	BODY MEASUREMENT
P	71-75	Skinfold,triceps	BODY MEASUREMENT
P	71-75	Weight	BODY MEASUREMENT
P	71-75	Weight	BODY MEASUREMENT
T	71-75	Bone density,phalanx,x ray	BONE
T	71-75	Bone density,radius,x ray	BONE
T	71-75	Cortical thickness,phalanx	BONE
H	71-75	Fracture,hip	BONE
H	71-75	Fracture,spine	BONE
H	71-75	Fracture,wrist	BONE

Source Type	Survey Year	Contents of this Data Field	Data Category
H	71-73	Fractures	BONE
H	74-75	Fractures,other	BONE
T	74-75	Fractures,rib	BONE
T	71-75	Fractures,rib	BONE
T	71-75	Fractures,rib	BONE
P	71-73	Gynecomastia	BREAST
P	71-73	Gynecomastia,etiology	BREAST
P	71-73	Supernumerary areolae,glandular tissue	BREAST
P	71-73	Supernumerary areolae,no glandular tissue	BREAST
T	71-75	Alveolar fluid,lung	CARDIOVASCULAR
T	74-75	Alveolar fluid,lung	CARDIOVASCULAR
T	71-75	Alveolar fluid,lung	CARDIOVASCULAR
P	71-75	Arterial pulses,peripheral	CARDIOVASCULAR
T	74-75	Azygous vein enlargement	CARDIOVASCULAR
T	71-75	Azygous vein enlargement	CARDIOVASCULAR
T	71-75	Azygous vein enlargement	CARDIOVASCULAR
P	71-75	Blood pressure (systolic & diastolic)	CARDIOVASCULAR
H	71-73	Blood pressure,high	CARDIOVASCULAR
H	74-75	Blood pressure,information on problem	CARDIOVASCULAR
H	71-75	Blood pressure,low	CARDIOVASCULAR
P	71-75	Blood pressure,recumbent	CARDIOVASCULAR
H	74-75	Blood pressure,results of last reading	CARDIOVASCULAR
P	71-75	Blood pressure,sitting	CARDIOVASCULAR
H	74-75	Blood pressure,subjective symptoms	CARDIOVASCULAR
P	71-75	Blood pressure,time	CARDIOVASCULAR
H	74-75	Blood pressure,time since last reading	CARDIOVASCULAR
H	74-75	Blood pressure,times taken last year	CARDIOVASCULAR
H	71-75	Cardiovascular conditions,status	CARDIOVASCULAR
P	71-75	Cardiovascular evaluation	CARDIOVASCULAR
P	71-75	Cardiovascular findings,other	CARDIOVASCULAR
H	71-75	Cardiovascular,disability	CARDIOVASCULAR
H	71-75	Cardiovascular,hospitalization	CARDIOVASCULAR
H	71-75	Cardiovascular,job status,work loss	CARDIOVASCULAR
H	71-75	Cardiovascular,medical care	CARDIOVASCULAR
P	71-73	Cardiovascular,other findings	CARDIOVASCULAR
H	71-75	Chest pain	CARDIOVASCULAR
H	71-75	Chest pain,angina	CARDIOVASCULAR
H	71-75	Chest pain,severe	CARDIOVASCULAR
P	71-75	Cyanosis	CARDIOVASCULAR
T	71-75	Ecg diagnosis,interpretation code	CARDIOVASCULAR
T	71-75	Ecg,axis,P-wave	CARDIOVASCULAR
T	71-75	Ecg,axis,QRS	CARDIOVASCULAR
T	71-75	Ecg,axis,T-wave	CARDIOVASCULAR
T	71-75	Ecg,calibration	CARDIOVASCULAR
T	71-75	Ecg,complex measured	CARDIOVASCULAR
T	71-75	Ecg,lead quality codes	CARDIOVASCULAR
T	71-75	Ecg,mean rate	CARDIOVASCULAR
T	71-75	Ecg,noise level	CARDIOVASCULAR
T	71-75	Ecg,P-wave amplitude	CARDIOVASCULAR
T	71-75	Ecg,P-wave duration	CARDIOVASCULAR
T	71-75	Ecg,P-R wave duration	CARDIOVASCULAR
T	71-75	Ecg,Q-wave amplitude	CARDIOVASCULAR
T	71-75	Ecg,Q-wave duration	CARDIOVASCULAR
T	71-75	Ecg,Q-S amplitude	CARDIOVASCULAR
T	71-75	Ecg,Q-S duration	CARDIOVASCULAR
T	71-75	Ecg,QT interval	CARDIOVASCULAR
T	71-75	Ecg,R-wave amplitude	CARDIOVASCULAR
T	71-75	Ecg,R-wave duration	CARDIOVASCULAR
T	71-75	Ecg,R-P amplitude	CARDIOVASCULAR
T	71-75	Ecg,R-P duration	CARDIOVASCULAR
T	71-75	Ecg,S-wave amplitude	CARDIOVASCULAR
T	71-75	Ecg,S-wave duration	CARDIOVASCULAR
T	71-75	Ecg,ST1	CARDIOVASCULAR
T	71-75	Ecg,ST2	CARDIOVASCULAR
T	71-75	Ecg,ST3	CARDIOVASCULAR
T	71-75	Ecg,ST4 (ST2-ST1)/(ST3-ST2)	CARDIOVASCULAR
T	71-75	Ecg,T-wave amplitude	CARDIOVASCULAR

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
T	71-75	Ecg,T-wave duration	CARDIOVASCULAR
T	71-75	Ecg,T-P amplitude	CARDIOVASCULAR
T	71-75	Ecg,T-P duration	CARDIOVASCULAR
P	71-75	Edema	CARDIOVASCULAR
H	74-75	Electrocardiogram,last	CARDIOVASCULAR
H	71-75	Heart attack	CARDIOVASCULAR
T	71-75	Heart enlargement,left	CARDIOVASCULAR
T	74-75	Heart enlargement,left	CARDIOVASCULAR
T	71-75	Heart enlargement,left	CARDIOVASCULAR
T	74-75	Heart enlargement,right	CARDIOVASCULAR
T	71-75	Heart enlargement,right	CARDIOVASCULAR
T	71-75	Heart enlargement,right	CARDIOVASCULAR
H	71-75	Heart failure	CARDIOVASCULAR
H	71-75	Heart failure	CARDIOVASCULAR
P	71-73	Heart murmur	CARDIOVASCULAR
H	71-75	Heart murmur	CARDIOVASCULAR
P	71-75	Heart murmur,location,grade,syst.,dia.	CARDIOVASCULAR
P	71-75	Heart murmur,origin,systolic,diastolic	CARDIOVASCULAR
P	71-75	Heart murmur,type,systolic,diastolic	CARDIOVASCULAR
T	71-75	Heart rate,ecg	CARDIOVASCULAR
T	71-75	Heart size measurements	CARDIOVASCULAR
P	71-75	Heart sounds,first,second	CARDIOVASCULAR
H	74-75	Hypertension,at present time	CARDIOVASCULAR
H	74-75	Hypertension,bed days	CARDIOVASCULAR
H	74-75	Hypertension,cured,under control	CARDIOVASCULAR
H	74-75	Hypertension,doctors diagnosis	CARDIOVASCULAR
H	74-75	Hypertension,medicine	CARDIOVASCULAR
H	74-75	Hypertension,salt use	CARDIOVASCULAR
H	74-75	Hypertension,symptom severity	CARDIOVASCULAR
H	74-75	Hypertension,weight reduction	CARDIOVASCULAR
T	71-75	Interstitial fluid,lung	CARDIOVASCULAR
T	74-75	Interstitial fluid,lung	CARDIOVASCULAR
T	71-75	Interstitial fluid,lungs	CARDIOVASCULAR
T	71-75	Kerley lines,lung	CARDIOVASCULAR
T	74-75	Kerley lines,lung	CARDIOVASCULAR
T	71-75	Kerley lines,lung	CARDIOVASCULAR
H	71-75	Leg pain while walking	CARDIOVASCULAR
H	71-75	Leg pain while walking	CARDIOVASCULAR
T	74-75	Pulmonary artery enlargement	CARDIOVASCULAR
T	71-75	Pulmonary artery enlargement	CARDIOVASCULAR
T	71-75	Pulmonary artery enlargement	CARDIOVASCULAR
T	71-75	Pulmonary vessels,cephalization	CARDIOVASCULAR
T	74-75	Pulmonary vessels,cephalization	CARDIOVASCULAR
T	71-75	Pulmonary vessels,cephalization	CARDIOVASCULAR
P	71-75	Pulse rate	CARDIOVASCULAR
P	71-75	Pulse,irregular	CARDIOVASCULAR
P	71-75	PMI,heart	CARDIOVASCULAR
H	71-75	Rheumatic fever	CARDIOVASCULAR
T	71-75	Rosettes,lung	CARDIOVASCULAR
T	74-75	Rosettes,lung	CARDIOVASCULAR
T	71-75	Rosettes,lung	CARDIOVASCULAR
H	71-75	Shortness of breath	CARDIOVASCULAR
H	71-75	Stroke	CARDIOVASCULAR
P	71-75	Thrills,heart	CARDIOVASCULAR
P	71-73	Varicosities,extremities	CARDIOVASCULAR
P	71-75	Vein distension,neck	CARDIOVASCULAR
P	71-73	Chest evaluation	CHEST
H	71-75	Chest pain	CHEST
H	74-75	Chest x ray,last	CHEST
P	71-75	Chest,other findings	CHEST
P	71-73	Chest,other findings	CHEST
H	71-75	Age,at examination	DEMOGRAPHY
H	71-75	Age,at interview	DEMOGRAPHY
H	71-73	Age,head of household	DEMOGRAPHY
H	71-73	Alimony,child support,etc.	DEMOGRAPHY
H	71-75	Ancestry or national origin	DEMOGRAPHY
H	71-75	Birth,date and place of	DEMOGRAPHY

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
H	71-75	Business or industry code	DEMOGRAPHY
O	71-75	Catalog number	DEMOGRAPHY
H	71-75	Date of examination	DEMOGRAPHY
H	71-73	Dividends,interest or rent	DEMOGRAPHY
H	71-75	Education	DEMOGRAPHY
H	71-73	Education,head of household	DEMOGRAPHY
H	71-75	Family unit code	DEMOGRAPHY
H	71-75	Farm,residence	DEMOGRAPHY
H	71-73	Government employee pensions,other	DEMOGRAPHY
H	71-75	Head of household,relationship	DEMOGRAPHY
H	71-75	House,kitchen facilities,use of	DEMOGRAPHY
H	71-75	House,number of rooms	DEMOGRAPHY
H	71-75	House, piped water	DEMOGRAPHY
H	71-75	House, piped water, hot and cold	DEMOGRAPHY
H	71-75	House, range or cook stove	DEMOGRAPHY
H	71-75	House, refrigerator	DEMOGRAPHY
H	71-75	House, sink with piped water	DEMOGRAPHY
H	71-75	Income, family	DEMOGRAPHY
H	71-73	Income, other	DEMOGRAPHY
H	71-73	Income, total amount	DEMOGRAPHY
H	71-75	Land usage	DEMOGRAPHY
H	71-75	Language, other than English	DEMOGRAPHY
H	71-75	Marital status	DEMOGRAPHY
H	71-73	Net income from farm	DEMOGRAPHY
H	71-73	Net income from non-farm business	DEMOGRAPHY
H	71-75	Occupation code	DEMOGRAPHY
H	71-75	Persons in household, total number	DEMOGRAPHY
H	71-75	Persons in household, total sample	DEMOGRAPHY
H	71-73	Poverty index	DEMOGRAPHY
O	71-75	Primary sampling units	DEMOGRAPHY
H	71-75	Race, examined person	DEMOGRAPHY
H	71-73	Race, head of household	DEMOGRAPHY
O	71-75	Region	DEMOGRAPHY
O	71-75	Residence, SMSA, central city	DEMOGRAPHY
H	71-75	Rural, number of acres	DEMOGRAPHY
H	71-75	Sale of crops	DEMOGRAPHY
O	71-75	Sample sequence number	DEMOGRAPHY
O	71-72	Sample weights, all, locations 1-35	DEMOGRAPHY
O	71-73	Sample weights, all, locations 1-65	DEMOGRAPHY
O	71-72	Sample weights, detail, locations 1-35	DEMOGRAPHY
O	71-73	Sample weights, detail, locations 1-65	DEMOGRAPHY
O	74-75	Sample weights, detail, locations 66-100	DEMOGRAPHY
O	71-75	Sample weights, detail, locations 1-100	DEMOGRAPHY
H	71-75	Sex, examined person	DEMOGRAPHY
H	71-73	Sex, head of household	DEMOGRAPHY
O	71-75	Size of place	DEMOGRAPHY
H	71-73	Social security or railroad retirement	DEMOGRAPHY
O	71-75	Strata	DEMOGRAPHY
H	71-75	Type of living quarters	DEMOGRAPHY
H	71-73	Unemployment or workmen's compensation	DEMOGRAPHY
H	71-73	Veteran's payments	DEMOGRAPHY
H	71-73	Wages	DEMOGRAPHY
H	71-73	Welfare or public assistance payments	DEMOGRAPHY
H	71-75	Working status, recent	DEMOGRAPHY
P	71-73	Bridge, fixed, teeth replaced	DENTAL
P	71-73	Calculus index	DENTAL
H	71-73	Chewing or biting trouble	DENTAL
P	71-73	Debris index	DENTAL
H	71-75	Dental plate	DENTAL
P	71-73	Denture status	DENTAL
H	71-73	Denture utilization, eating	DENTAL
P	71-73	Denture, partial, removable, teeth replace	DENTAL
L	71-73	Flouride content, enamel biopsy	DENTAL
H	71-75	Gum status	DENTAL
P	71-73	Gums, bleeding	DENTAL
P	71-73	Inflammation, marginal diffuse	DENTAL
H	71-75	Oral hygiene	DENTAL

Source Type	Survey Year	Contents of this Data Field	Data Category
P	71-73	Oral hygiene index	DENTAL
P	71-73	Orthodontic appliances	DENTAL
P	71-73	Papillae,swollen red	DENTAL
P	71-73	Periodontal disease	DENTAL
P	71-73	Recession	DENTAL
H	71-75	Teeth cleaned	DENTAL
P	71-73	Teeth posterior,four or more pairs oppos	DENTAL
H	71-75	Teeth,extraction,need for	DENTAL
H	71-75	Teeth,need for filling	DENTAL
P	71-73	Teeth,permanent	DENTAL
P	71-73	Teeth,permanent,decayed	DENTAL
P	71-73	Teeth,permanent,erupted	DENTAL
P	71-73	Teeth,permanent,filled	DENTAL
P	71-73	Teeth,permanent,missing,reason	DENTAL
P	71-73	Teeth,permanent,nonfunctional,carious	DENTAL
P	71-73	Teeth,permanent,normal	DENTAL
P	71-73	Teeth,permanent,DMF	DENTAL
P	71-73	Teeth,primary	DENTAL
P	71-73	Teeth,primary,carious,nonfunctional	DENTAL
P	71-73	Teeth,primary,decayed	DENTAL
P	71-73	Teeth,primary,decayed,nonfunct.,filled	DENTAL
P	71-73	Teeth,primary,filled	DENTAL
P	71-73	Teeth,primary,normal	DENTAL
P	71-73	Teeth,primary,unerupted	DENTAL
H	71-75	Tooth status	DENTAL
P	71-73	Treatment need	DENTAL
P	71-73	Treatment need,bridges,dentures	DENTAL
P	71-73	Treatment need,gingivitus	DENTAL
P	71-73	Treatment need,malocclusion	DENTAL
P	71-73	Treatment need,periodontal disease	DENTAL
P	71-73	Treatment need,removal debris,calculus	DENTAL
P	71-73	Treatment need,teeth permanent,fillings	DENTAL
P	71-73	Treatment need,teeth primary,extractions	DENTAL
P	71-73	Treatment need,teeth primary,fillings	DENTAL
P	71-73	Treatment need,teeth permanent,extract	DENTAL
P	71-73	Treatment need,teeth primary,extractions	DENTAL
P	71-73	Treatment need,teeth primary,fillings	DENTAL
H	71-75	Dental appointment	DENTAL CARE
H	71-75	Dental checkup,need for,self perceived	DENTAL CARE
H	71-75	Dental problem,no dental visit,reason	DENTAL CARE
H	74-75	Dental visit,last,frequency	DENTAL CARE
H	71-75	Dental visit,reminder	DENTAL CARE
H	71-75	Dentist consultation,time last	DENTAL CARE
H	71-75	Dentist visit,last,appointment	DENTAL CARE
H	71-75	Dentist visit,last,reason for	DENTAL CARE
H	71-75	Dentist visit,last,satisfaction	DENTAL CARE
H	71-75	Dentist visit,last,transportation	DENTAL CARE
H	71-75	Dentist visit,last,waiting time	DENTAL CARE
H	74-75	Dentist,personal	DENTAL CARE
H	71-75	Dentist,personal	DENTAL CARE
P	71-73	Acanthosis nigricans	DERMATOLOGY
H	71-73	Acne	DERMATOLOGY
P	71-73	Acne cysts	DERMATOLOGY
P	71-73	Acne rosacea	DERMATOLOGY
P	71-73	Acne vulgaris	DERMATOLOGY
P	71-73	Acne vulgaris,activity	DERMATOLOGY
P	71-73	Acne vulgaris,severity	DERMATOLOGY
P	71-73	Acne,cystic scarring	DERMATOLOGY
P	71-73	Acne,location	DERMATOLOGY
P	71-73	Acne,pit scarring	DERMATOLOGY
P	71-73	Acne,secondary	DERMATOLOGY
P	71-73	Actinic damage	DERMATOLOGY
P	71-73	Actinic domedones	DERMATOLOGY
P	71-73	Actinic keratosis	DERMATOLOGY
P	71-73	Addisons disease	DERMATOLOGY
P	71-73	Albinism	DERMATOLOGY
P	71-73	Alopecia,anti-metabolites	DERMATOLOGY

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-73	Alopecia,areata	DERMATOLOGY
P	71-73	Alopecia,diffuse	DERMATOLOGY
P	71-73	Alopecia,familial	DERMATOLOGY
P	71-73	Alopecia,infection	DERMATOLOGY
P	71-73	Alopecia,localized	DERMATOLOGY
P	71-73	Alopecia,male pattern	DERMATOLOGY
P	71-73	Alopecia,postclimacteric	DERMATOLOGY
P	71-73	Alopecia,trauma	DERMATOLOGY
P	71-73	Anhydrotic	DERMATOLOGY
P	71-73	Araneus,location	DERMATOLOGY
P	71-73	Araneus,number	DERMATOLOGY
P	71-73	Atopic dermatitis,distribution	DERMATOLOGY
P	71-73	Atopic dermatitis,eczema	DERMATOLOGY
P	71-73	Atopic dermatitis,severity	DERMATOLOGY
H	71-73	Atopy,family history	DERMATOLOGY
P	71-73	Basal cell epith,superficial,location	DERMATOLOGY
P	71-73	Basal cell epithelioma,location	DERMATOLOGY
L	71-73	Biopsy,skin,diagnosis	DERMATOLOGY
P	71-73	Blue nevus,location	DERMATOLOGY
P	71-73	Blue nevus,number	DERMATOLOGY
P	71-73	Blue nevus,size of largest	DERMATOLOGY
P	71-73	Bowens disease,location	DERMATOLOGY
P	71-73	Cafe au lait,location	DERMATOLOGY
P	71-73	Cafe au lait,number	DERMATOLOGY
P	71-73	Cafe au lait,size of largest	DERMATOLOGY
P	71-73	Cancer,skin,metastatic,location	DERMATOLOGY
P	71-73	Cancer,skin,other,location	DERMATOLOGY
P	71-73	Cavernous,location	DERMATOLOGY
P	71-73	Cavernous,number	DERMATOLOGY
P	71-73	Cavernous,size of largest	DERMATOLOGY
P	71-73	Clavus	DERMATOLOGY
P	71-73	Clubbing,acquired	DERMATOLOGY
P	71-73	Clubbing,acquired,disfiguring	DERMATOLOGY
P	71-73	Clubbing,familial	DERMATOLOGY
P	71-73	Clubbing,familial,disfiguring	DERMATOLOGY
P	71-73	Coldness	DERMATOLOGY
P	71-73	Complexion,erythematous,sallow	DERMATOLOGY
P	71-73	Complexion,florid,pallid	DERMATOLOGY
P	71-73	Contact dermatitis,chemical	DERMATOLOGY
P	71-73	Contact dermatitis,cosmetics	DERMATOLOGY
P	71-73	Contact dermatitis,fabrics	DERMATOLOGY
P	71-73	Contact dermatitis,leather	DERMATOLOGY
P	71-73	Contact dermatitis,medication	DERMATOLOGY
P	71-73	Contact dermatitis,metal	DERMATOLOGY
P	71-73	Contact dermatitis,obscure cause	DERMATOLOGY
P	71-73	Contact dermatitis,plant	DERMATOLOGY
P	71-73	Contact dermatitis,rubber	DERMATOLOGY
P	71-73	Cutis marmorata	DERMATOLOGY
P	71-73	Cyanosis	DERMATOLOGY
P	71-73	Dermatofibromata	DERMATOLOGY
H	71-73	Dermatological treatment	DERMATOLOGY
P	71-73	Dermatophytoses	DERMATOLOGY
P	71-73	Diagnosis,dermatological,current	DERMATOLOGY
P	71-73	Diagnosis,dermatological,in remission	DERMATOLOGY
P	71-73	Dishydrotic,feet	DERMATOLOGY
P	71-73	Dishydrotic,hands	DERMATOLOGY
P	71-73	Ears,deformed	DERMATOLOGY
P	71-73	Ears,deformed,chondodermatitis	DERMATOLOGY
P	71-75	Ecchymoses	DERMATOLOGY
P	71-73	Eccrine activity,feet	DERMATOLOGY
P	71-73	Eccrine activity,forehead	DERMATOLOGY
P	71-73	Eccrine activity,hands	DERMATOLOGY
H	71-73	Eczema	DERMATOLOGY
P	71-73	Edema	DERMATOLOGY
P	71-73	Edema,chronic	DERMATOLOGY
P	71-73	Ephilides	DERMATOLOGY
P	71-73	Epidermal nevi	DERMATOLOGY

Source Type	Survey Year	Contents of this Data Field	Data Category
P	71-73	Epithelial tags	DERMATOLOGY
P	71-73	Eye color	DERMATOLOGY
P	71-73	Eyebrows,sparse,absent	DERMATOLOGY
P	71-73	Eyelashes,sparse,absent	DERMATOLOGY
P	71-73	Fibromata,other	DERMATOLOGY
P	71-73	Fine telangiectasia	DERMATOLOGY
P	71-73	Fingernails,absent,non traumatic	DERMATOLOGY
P	71-73	Fingernails,alopecia areata	DERMATOLOGY
P	71-73	Fingernails,bands,pigmented,long	DERMATOLOGY
P	71-73	Fingernails,bands,white,cross	DERMATOLOGY
P	71-73	Fingernails,brittle	DERMATOLOGY
P	71-73	Fingernails,clubbed	DERMATOLOGY
P	71-73	Fingernails,fungus	DERMATOLOGY
P	71-73	Fingernails,green,browm or black	DERMATOLOGY
P	71-73	Fingernails,lichen planus	DERMATOLOGY
P	71-73	Fingernails,nevus	DERMATOLOGY
P	71-73	Fingernails,other abnormalities	DERMATOLOGY
P	71-73	Fingernails,pitted surface	DERMATOLOGY
P	71-73	Fingernails,psoriasis	DERMATOLOGY
P	71-73	Fingernails,raised contour	DERMATOLOGY
P	71-73	Fingernails,ridged surface	DERMATOLOGY
P	71-73	Fingernails,soft	DERMATOLOGY
P	71-73	Fingernails,spooned contour	DERMATOLOGY
P	71-73	Fingernails,thickened	DERMATOLOGY
P	71-73	Fingernails,trauma	DERMATOLOGY
P	71-73	Fingernails,white	DERMATOLOGY
P	71-73	Fingernails,yellow	DERMATOLOGY
P	71-73	Flag sign(hair)	DERMATOLOGY
P	71-73	Flameus,location	DERMATOLOGY
P	71-73	Flameus,number	DERMATOLOGY
P	71-73	Flameus,size of largest	DERMATOLOGY
P	71-73	Follicular hyperkeratosis,arms	DERMATOLOGY
P	71-73	Follicular hyperkeratosis,location	DERMATOLOGY
P	71-73	Folliculitis	DERMATOLOGY
P	71-73	Folliculitis,location	DERMATOLOGY
P	71-73	Fox Fordyce disease,location	DERMATOLOGY
P	71-73	Fungal infections,location,Koh,Woods	DERMATOLOGY
L	71-73	Fungus culture reports	DERMATOLOGY
P	71-73	Furuncles,location	DERMATOLOGY
P	71-73	Ganglioma	DERMATOLOGY
P	71-73	Genitalia,candida,parisites	DERMATOLOGY
P	71-73	Genitalia,chancere,other VD	DERMATOLOGY
P	71-73	Genitalia,psoriasis,seborrhic dermat	DERMATOLOGY
P	71-73	Genitalia,ulcers	DERMATOLOGY
H	71-73	Hair color,age at first graying	DERMATOLOGY
P	71-73	Hair color,natural	DERMATOLOGY
H	71-73	Hair color,previous(if grey or white)	DERMATOLOGY
H	71-73	Hair loss,unusual	DERMATOLOGY
P	71-73	Hair,axillary,sparse,absent	DERMATOLOGY
P	71-73	Hair,body,quantity,location	DERMATOLOGY
H	71-73	Hair,dyed,tinted or bleached	DERMATOLOGY
P	71-73	Hair,facial,alopecia areata	DERMATOLOGY
P	71-73	Hair,facial,endocrine	DERMATOLOGY
P	71-73	Hair,facial,female,excessive	DERMATOLOGY
P	71-73	Hair,facial,genetically determined	DERMATOLOGY
P	71-73	Hair,facial,males,sparse,absent	DERMATOLOGY
P	71-73	Hair,facial,other causes	DERMATOLOGY
P	71-73	Hair,facial,post infection	DERMATOLOGY
P	71-73	Hair,facial,post trauma	DERMATOLOGY
P	71-73	Hair,pubic,inappropriate escutcheon	DERMATOLOGY
P	71-73	Hair,pubic,sparse,absent	DERMATOLOGY
P	71-73	Hair,texture	DERMATOLOGY
P	71-73	Herpes simplex	DERMATOLOGY
H	71-73	Hives	DERMATOLOGY
P	71-73	Hyperpigmentation,hands and face	DERMATOLOGY
P	71-73	Ichthyosis,keratosis	DERMATOLOGY
P	71-73	Icterus	DERMATOLOGY

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-73	Impetigo,location	DERMATOLOGY
P	71-73	Inclusion cysts,location	DERMATOLOGY
P	71-73	Inclusion cysts,number	DERMATOLOGY
P	71-73	Inclusion cysts,size of largest	DERMATOLOGY
P	71-73	Inter-gluteal fissure	DERMATOLOGY
P	71-73	Keloids	DERMATOLOGY
P	71-73	Lichen striatus	DERMATOLOGY
P	71-73	Lipoma	DERMATOLOGY
P	71-73	Lymphoma,leukemia,location	DERMATOLOGY
P	71-73	Mammary gland development	DERMATOLOGY
P	71-73	Mites	DERMATOLOGY
H	71-73	Moles or birthmarks	DERMATOLOGY
P	71-73	Mongolian spot,location	DERMATOLOGY
P	71-73	Mongolian spot,number	DERMATOLOGY
P	71-73	Mongolian spot,size of largest	DERMATOLOGY
P	71-73	Mosaic skin	DERMATOLOGY
P	71-73	Mycosis Fungoides,location	DERMATOLOGY
P	71-73	Neoplasm,sweat glands and ducts,benign	DERMATOLOGY
P	71-73	Neoplastic change,skin	DERMATOLOGY
P	71-73	Neurofibromata	DERMATOLOGY
P	71-73	Nevi,junctional,location	DERMATOLOGY
P	71-73	Nevi,junctional,number	DERMATOLOGY
P	71-73	Nevi,junctional,size of largest	DERMATOLOGY
P	71-73	Nevi,Hutchinsons,location	DERMATOLOGY
P	71-73	Nevi,Hutchinsons,size of largest	DERMATOLOGY
P	71-73	Nevus of iris	DERMATOLOGY
P	71-73	Nevus of Ota,location	DERMATOLOGY
P	71-73	Nevus of Ota,number	DERMATOLOGY
P	71-73	Nevus of Ota,size of largest	DERMATOLOGY
P	71-73	Nose,deformed	DERMATOLOGY
H	71-73	Occupational exposure	DERMATOLOGY
H	71-73	Occupational exposure,chemicals,fumes	DERMATOLOGY
H	71-73	Occupational exposure,immersion	DERMATOLOGY
H	71-73	Occupational exposure,insecticides	DERMATOLOGY
H	71-73	Occupational exposure,oils	DERMATOLOGY
H	71-73	Occupational exposure,other	DERMATOLOGY
P	71-73	Papulosa negra	DERMATOLOGY
P	71-73	Pediculosis capitis	DERMATOLOGY
P	71-73	Pediculosis corporis	DERMATOLOGY
P	71-73	Pediculosis pubis	DERMATOLOGY
P	71-73	Pellagroid pigmentation	DERMATOLOGY
P	71-73	Perifolliculosis	DERMATOLOGY
P	71-75	Petechial	DERMATOLOGY
P	71-73	Pigment aberrations	DERMATOLOGY
P	71-73	Pigment aberrations,body	DERMATOLOGY
P	71-73	Pigment aberrations,extremities	DERMATOLOGY
P	71-73	Pigment aberrations,face	DERMATOLOGY
P	71-73	Pigment aberrations,mel. gen. disfig.	DERMATOLOGY
P	71-73	Pigment aberrations,mel. local,hypo	DERMATOLOGY
P	71-73	Pigment aberrations,mel. local,disfig.	DERMATOLOGY
P	71-73	Pigment aberrations,mel. local,hyper	DERMATOLOGY
P	71-73	Pigment aberrations,melanin gen. hyper	DERMATOLOGY
P	71-73	Pigment aberrations,melanin gen. hypo	DERMATOLOGY
P	71-73	Pigmentation,chronic illness (hyper)	DERMATOLOGY
P	71-73	Pigmentation,other diagnosis	DERMATOLOGY
P	71-73	Pigmentation,post inflammatory	DERMATOLOGY
P	71-73	Pilonidal cysts	DERMATOLOGY
P	71-73	Poikiloderma vasculare atrophicans	DERMATOLOGY
P	71-73	Precancerous,skin	DERMATOLOGY
H	71-73	Psoriasis	DERMATOLOGY
P	71-73	Psoriasis	DERMATOLOGY
P	71-73	Psoriasis,activity	DERMATOLOGY
H	71-73	Psoriasis,family history	DERMATOLOGY
P	71-73	Psoriasis,joint involved	DERMATOLOGY
H	71-73	Psoriasis,joint problem precede	DERMATOLOGY
P	71-73	Psoriasis,location	DERMATOLOGY
P	71-73	Psoriasis,severity	DERMATOLOGY

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-73	Purpura,other than senile	DERMATOLOGY
P	71-73	Purpura,senile	DERMATOLOGY
P	71-73	Raynauds phenomenon,duration	DERMATOLOGY
P	71-73	Raynauds phenomenon,location	DERMATOLOGY
P	71-73	Raynauds phenomenon,source	DERMATOLOGY
P	71-73	Rectal fistula,fissure	DERMATOLOGY
H	71-73	Residence,state,country,years	DERMATOLOGY
H	71-73	Residence,state,foreign country	DERMATOLOGY
P	71-73	Scalp,other abnormalities	DERMATOLOGY
P	71-73	Scalp,psoriasis	DERMATOLOGY
P	71-73	Scalp,scaling,erythema	DERMATOLOGY
P	71-73	Scalp,seborrheic dermatitis	DERMATOLOGY
P	71-73	Scalp,trauma	DERMATOLOGY
P	71-73	Scars,atrophic	DERMATOLOGY
P	71-73	Scars,hypertrophic	DERMATOLOGY
P	71-73	Sebaceous adenoma	DERMATOLOGY
P	71-73	Sebaceous gland diseases	DERMATOLOGY
P	71-73	Seborrheic dermatitis	DERMATOLOGY
P	71-73	Seborrheic dermatitis,location	DERMATOLOGY
P	71-73	Seborrheic keratosis	DERMATOLOGY
P	71-73	Seborrheic keratosis,location	DERMATOLOGY
P	71-73	Sebum production	DERMATOLOGY
P	71-73	Senile depigmentation	DERMATOLOGY
P	71-73	Senile elastosis	DERMATOLOGY
P	71-73	Senile hemangioma,location	DERMATOLOGY
P	71-73	Senile hemangioma,number	DERMATOLOGY
P	71-73	Senile lentigens	DERMATOLOGY
P	71-73	Skin condition evaluation,codes	DERMATOLOGY
P	71-73	Skin condition,activity limitation	DERMATOLOGY
P	71-73	Skin condition,activity past year	DERMATOLOGY
P	71-73	Skin condition,care quality	DERMATOLOGY
P	71-73	Skin condition,disfigurement	DERMATOLOGY
P	71-73	Skin condition,handicap,occupational	DERMATOLOGY
P	71-73	Skin condition,handicap,severity	DERMATOLOGY
P	71-73	Skin condition,improvement obstacles	DERMATOLOGY
P	71-73	Skin condition,itching	DERMATOLOGY
P	71-73	Skin condition,limitation of motion	DERMATOLOGY
P	71-73	Skin condition,overall discomfort	DERMATOLOGY
P	71-73	Skin condition,pain or burning	DERMATOLOGY
P	71-73	Skin condition,possible improvement	DERMATOLOGY
P	71-73	Skin condition,recurrent	DERMATOLOGY
P	71-73	Skin condition,social handicap	DERMATOLOGY
P	71-73	Skin condition,source of care	DERMATOLOGY
P	71-73	Skin condition,years duration	DERMATOLOGY
P	71-75	Skin evaluation	DERMATOLOGY
P	71-73	Skin texture,atrophic,thickened	DERMATOLOGY
P	71-73	Skin texture,coarse,fine	DERMATOLOGY
P	71-73	Skin texture,dry	DERMATOLOGY
P	71-73	Skin texture,findings	DERMATOLOGY
P	71-73	Skin texture,moist	DERMATOLOGY
P	71-73	Skin texture,oily,scaling	DERMATOLOGY
P	71-73	Skin texture,other	DERMATOLOGY
P	71-73	Skin texture,wrinkled	DERMATOLOGY
P	71-73	Skin,dry and scaling	DERMATOLOGY
P	71-75	Skin,other findings	DERMATOLOGY
P	71-73	Squamous cell carcinoma,location	DERMATOLOGY
P	71-73	Striae,congenital malformation	DERMATOLOGY
P	71-73	Striae,draining fistula	DERMATOLOGY
P	71-73	Striae,pigmented	DERMATOLOGY
P	71-73	Striae,purple	DERMATOLOGY
P	71-73	Striae,white	DERMATOLOGY
H	71-73	Sunlight exposure	DERMATOLOGY
P	71-73	Swimmers itch	DERMATOLOGY
P	71-73	Tatoo,artifact	DERMATOLOGY
P	71-73	Tatoo,traumatic	DERMATOLOGY
H	71-73	Telangiectasia,family history	DERMATOLOGY
P	71-73	Telangiectasia,idiopathic familial	DERMATOLOGY

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-73	Telangiectasia,other diagnosis	DERMATOLOGY
P	71-73	Telangiectasia,other,location	DERMATOLOGY
P	71-73	Telangiectasia,post irradiation	DERMATOLOGY
P	71-73	Telangiectasia,sclerodactly	DERMATOLOGY
P	71-73	Telangiectasia,Weber Osler Rondou	DERMATOLOGY
P	71-73	Tinea cruris	DERMATOLOGY
P	71-73	Tinea pedis	DERMATOLOGY
P	71-73	Tinea unguim	DERMATOLOGY
P	71-73	Tinea versicolor	DERMATOLOGY
P	71-73	Toenails,discolored	DERMATOLOGY
P	71-73	Toenails,fungus	DERMATOLOGY
P	71-73	Toenails,nevus	DERMATOLOGY
P	71-73	Toenails,other abnormalities	DERMATOLOGY
P	71-73	Toenails,pigmented bands	DERMATOLOGY
P	71-73	Toenails,psoriasis	DERMATOLOGY
P	71-73	Toenails,thickened	DERMATOLOGY
P	71-73	Toenails,trauma	DERMATOLOGY
P	71-73	Tophi	DERMATOLOGY
P	71-73	Tumours	DERMATOLOGY
P	71-73	Urticaria,angioneurotic edema	DERMATOLOGY
H	71-73	Urticaria,asthma,family history	DERMATOLOGY
H	71-73	Urticaria,asthma,personal history	DERMATOLOGY
P	71-73	Urticaria,cholinergic	DERMATOLOGY
P	71-73	Urticaria,cold	DERMATOLOGY
P	71-73	Urticaria,food	DERMATOLOGY
P	71-73	Urticaria,giant	DERMATOLOGY
P	71-73	Urticaria,inhalent	DERMATOLOGY
P	71-73	Urticaria,medication	DERMATOLOGY
P	71-73	Urticaria,ordinary	DERMATOLOGY
P	71-73	Urticaria,other cause	DERMATOLOGY
P	71-73	Vascular changes,other than nevi	DERMATOLOGY
P	71-73	Vasculosus,location	DERMATOLOGY
P	71-73	Vasculosus,number	DERMATOLOGY
P	71-73	Vasculosus,size of largest	DERMATOLOGY
P	71-73	Venous stars	DERMATOLOGY
P	71-73	Verruca vulgaris	DERMATOLOGY
P	71-73	Viral infections,herpes,varicella	DERMATOLOGY
P	71-73	Vitiligo	DERMATOLOGY
P	71-73	Vitiligo	DERMATOLOGY
H	71-73	Warts	DERMATOLOGY
P	71-73	Warts,feet	DERMATOLOGY
P	71-73	Warts,genital	DERMATOLOGY
P	71-73	Warts,hand	DERMATOLOGY
P	71-73	Warts,other	DERMATOLOGY
P	71-73	Xanthomata	DERMATOLOGY
P	71-73	Xerosis	DERMATOLOGY
H	71-75	Aspirin,recent ingestion	DRUGS
H	71-75	Diuretics,recent ingestion	DRUGS
H	71-75	Medication	DRUGS
H	71-73	Medication,high blood pressure,bowels	DRUGS
H	71-75	Medication,lack of pep,convulsions	DRUGS
H	71-75	Medication,other,recent ingestion	DRUGS
H	71-75	Medication,skin,fluid,wt. loss,infect.	DRUGS
H	71-73	Medication,thyroid trouble	DRUGS
P	71-75	Auditory canal,findings	EARS
P	71-75	Auditory canal,occlusion	EARS
H	71-75	Ear discharge	EARS
H	71-75	Ear discharge,medical care	EARS
P	71-75	Ear drum findings	EARS
P	71-75	Ear drum,calcium plaques	EARS
P	71-75	Ear drum,dull	EARS
P	71-75	Ear drum,fluid	EARS
P	71-75	Ear drum,other findings	EARS
P	71-75	Ear drum,perforation	EARS
P	71-75	Ear drum,red,other discoloration	EARS
P	71-75	Ear drum,retracted,bulging	EARS
P	71-75	Ear drum,scars	EARS

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
H	71-75	Ear operation	EARS
P	71-75	Ear,external,findings	EARS
P	71-75	Ear,external,operative scar	EARS
P	71-75	Ear,external,other findings	EARS
P	71-75	Pierced ears	EARS
H	71-75	Tinnitus	EARS
H	71-73	Diabetes	ENDOCRINE
H	71-75	Diabetes,insulin,oral medication	ENDOCRINE
H	71-73	Thyroid disease	ENDOCRINE
P	71-75	Thyroid nodule	ENDOCRINE
P	71-75	Thyroid tenderness	ENDOCRINE
H	71-75	Thyroid trouble,goiter,treatment	ENDOCRINE
P	71-75	Thyroid,enlargement (goiter)	ENDOCRINE
P	71-75	Thyroid,isthmus	ENDOCRINE
P	71-75	Thyroid,other findings	ENDOCRINE
P	71-75	Thyroid,other findings	ENDOCRINE
L	71-75	T3	ENDOCRINE
L	71-75	T4	ENDOCRINE
L	71-75	T4,Murphy Pattee test	ENDOCRINE
P	71-73	Bowed legs	EXTREMITIES
P	71-73	Deformity,extremities,acquired,severity	EXTREMITIES
P	71-73	Deformity,extremities,acquired,disfig	EXTREMITIES
P	71-73	Deformity,extremities,familial,severity	EXTREMITIES
P	71-73	Deformity,extremities,familial,disfig	EXTREMITIES
P	71-73	Knock knees	EXTREMITIES
P	71-72	Amblyopia	EYES
P	71-72	Amblyopia,condition decreases vision	EYES
P	71-72	Amblyopia,eye affected	EYES
P	71-72	Amblyopia,treatment	EYES
P	71-72	Angioid streaks,retina	EYES
P	71-72	Anterior chamber,cells	EYES
P	71-72	Anterior chamber,flare	EYES
P	71-72	Anterior chamber,no abnormality	EYES
P	71-72	Anterior chamber,other findings	EYES
P	71-73	Arcus senilis	EYES
H	71-73	Arcus senilis,age of onset	EYES
H	71-73	Arcus senilis,family history	EYES
P	74-75	Arterioles,narrow,retina	EYES
P	74-75	Arterioles,tortuous,retina	EYES
P	74-75	AV compression,retina	EYES
P	71-72	Bitot's spot,conjunctiva	EYES
P	71-73	Blepharitis,angular	EYES
H	71-73	Blepharitis,angular,age of onset	EYES
H	71-73	Blepharitis,angular,family history	EYES
P	71-72	Blepharitis,lids	EYES
P	71-73	Blepharitis,not angular	EYES
H	71-73	Blepharitis,not angular,age onset	EYES
H	71-73	Blepharitis,not angular,family history	EYES
H	74-75	Cataracts	EYES
P	71-73	Chalazion	EYES
H	71-73	Chalazion,age onset	EYES
H	71-73	Chalazion,family history	EYES
P	71-72	Chalazion,lids	EYES
P	71-72	Concretions,lids	EYES
P	71-72	Conjunctiva,no abnormality	EYES
P	71-72	Conjunctiva,other findings	EYES
P	71-72	Conjunctivitis	EYES
P	71-72	Cornea,arcus senilis	EYES
P	71-72	Cornea,band keratopathy	EYES
P	71-72	Cornea,degeneration	EYES
P	71-72	Cornea,dystrophy	EYES
P	71-72	Cornea,edema epithelial	EYES
P	71-72	Cornea,edema stromal	EYES
P	71-72	Cornea,endothelial KP's	EYES
P	71-72	Cornea,guttata	EYES
P	71-72	Cornea,keratitis	EYES
P	71-72	Cornea,keratomalacia	EYES

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-72	Cornea,no abnormality	EYES
P	71-72	Cornea,opacity	EYES
P	71-72	Cornea,other findings	EYES
P	71-72	Cornea,pterygium	EYES
P	71-72	Cornea,superficial stromal	EYES
P	71-72	Cornea,vessels	EYES
P	71-72	Cornea,Krukenberg spindle	EYES
P	71-72	Diagnosis,eye,treatment needs	EYES
P	71-72	Dilation,eyes	EYES
P	71-72	Ectasia,sclera	EYES
P	71-72	Ectropion,lids	EYES
P	71-72	Entropion,lids	EYES
P	71-72	Enucleation	EYES
P	71-72	Episcleritis,sclera	EYES
P	71-72	Exophthalmos,globe	EYES
P	71-72	Eyelids,no abnormality	EYES
P	71-72	Eyelids,other findings	EYES
P	71-75	Eyes,conjunctival injection	EYES
P	74-75	Eyes,fundus not visualized	EYES
P	74-75	Eyes,globe absent	EYES
P	74-75	Eyes,ocular fundi	EYES
P	71-72	Follicles,conjunctiva	EYES
H	74-75	Glaucoma	EYES
P	71-72	Globe,no abnormality	EYES
P	71-72	Globe,other findings	EYES
P	71-73	Hordeolum	EYES
H	71-73	Hordeolum,age onset	EYES
H	71-73	Hordeolum,family history	EYES
P	71-72	Hordeolum,lids	EYES
P	71-72	Inclusions,conjunctiva	EYES
P	71-72	Iris,atrophy	EYES
P	71-72	Iris,coloboma	EYES
P	71-72	Iris,neovascularization	EYES
P	71-72	Iris,no abnormality	EYES
P	71-72	Iris,other findings	EYES
P	71-72	Iris,synechia	EYES
P	71-72	Iritis	EYES
P	74-75	Iritis	EYES
P	74-75	Lens opacities	EYES
P	71-72	Lens opacity	EYES
P	71-72	Lens,aphakia	EYES
P	71-72	Lens,cataract	EYES
P	71-72	Lens,no abnormality	EYES
P	71-72	Lens,other findings	EYES
P	71-72	Lens,pigment on surface	EYES
P	71-72	Macula,degeneration	EYES
P	71-72	Macula,diabetic involvement	EYES
P	71-72	Macula,edema	EYES
P	71-72	Macula,hypertensive involvement	EYES
P	71-72	Macula,other findings	EYES
P	71-72	Macula,pigment epith detachment	EYES
P	71-72	Microphthalmos,globe	EYES
P	71-72	Nystagmus,motility	EYES
H	71-72	Ocular history,other	EYES
H	71-72	Ocular history,other,injury,infection	EYES
H	71-72	Ocular history,significant	EYES
P	71-72	Ophthalmic abnormalities	EYES
P	74-75	Papilledema	EYES
P	71-72	Phoria	EYES
P	71-72	Pingueculum,conjunctiva	EYES
P	71-73	Pterygium	EYES
H	71-73	Pterygium,age onset	EYES
H	71-73	Pterygium,family history	EYES
P	71-72	Ptosis,lids	EYES
P	71-72	Pupils,absent light reflex	EYES
P	71-72	Pupils,anisocoria	EYES
P	71-72	Pupils,no abnormality	EYES

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-72	Pupils,other findings	EYES
T	71-72	Refraction(acuity less than 20/40)	EYES
T	71-72	Refraction,present glasses	EYES
P	71-72	Retina,chorioretinitis	EYES
H	74-75	Retina,detached	EYES
P	74-75	Retina,disc abnormal	EYES
P	71-72	Retina,disc,other findings	EYES
P	71-72	Retina,drusen	EYES
P	71-72	Retina,drusen	EYES
P	71-72	Retina,epithelial changes	EYES
P	74-75	Retina,exudate	EYES
P	71-72	Retina,glaucomatous cup	EYES
P	74-75	Retina,hemorrhage	EYES
P	74-75	Retina,increased light reflex	EYES
P	71-72	Retina,neovascularization	EYES
P	71-72	Retina,no abnormality	EYES
P	71-72	Retina,not visualized	EYES
P	71-72	Retina,optic atrophy	EYES
H	74-75	Retina,other conditions	EYES
P	71-72	Retina,other findings	EYES
P	74-75	Retina,other findings	EYES
P	71-72	Retina,papilledema	EYES
P	71-72	Retina,papillitis	EYES
P	74-75	Retina,venous engorgement	EYES
P	71-72	Retinal arteries,general narrowing	EYES
P	71-72	Retinal arteries,occlusion	EYES
P	71-72	Retinal arteries,sclerosis	EYES
P	71-72	Retinal capillaries,microaneurysms	EYES
P	71-72	Retinal capillaries,neovascularization	EYES
P	71-72	Retinal detachment	EYES
P	71-72	Retinal exudates	EYES
P	71-72	Retinal hemorrhages	EYES
P	71-72	Retinal pigment changes	EYES
P	71-72	Retinal veins,dilation	EYES
P	71-72	Retinal veins,occlusion	EYES
P	71-72	Retinal veins,sausaging	EYES
P	71-72	Retinal veins,sheathing	EYES
P	71-72	Retinal veins,tortuosity	EYES
P	71-72	Retinal vessels,other findings	EYES
P	71-72	Retrolental fibroplasia	EYES
P	71-72	Sclera,no abnormality	EYES
P	71-72	Sclera,other findings	EYES
P	71-72	Scleritis	EYES
H	71-72	Surgery,strabismus,cataract	EYES
T	71-72	Tonometry	EYES
P	71-72	Tropia	EYES
P	71-73	Tumour,eyes	EYES
H	71-73	Tumour,eyes,age onset	EYES
H	71-73	Tumour,eyes,family history	EYES
P	71-72	Vitreous,detachment	EYES
P	71-72	Vitreous,hemorrhage	EYES
P	71-72	Vitreous,no abnormality	EYES
P	71-72	Vitreous,opacity	EYES
P	71-72	Vitreous,other findings	EYES
P	71-73	Xanthelasma	EYES
H	71-73	Xanthelasma,age of onset	EYES
H	71-73	Xanthelasma,family history	EYES
P	71-72	Xerosis,conjunctiva	EYES
H	71-75	Abdominal pain	GASTROENTEROLOGY
H	71-75	Blood loss,stomach or bowels	GASTROENTEROLOGY
H	71-75	Bowel movement,black	GASTROENTEROLOGY
H	71-75	Bowel movement,blood streaked	GASTROENTEROLOGY
H	71-75	Bowel movement,frequency	GASTROENTEROLOGY
H	71-75	Bowel movement,grey	GASTROENTEROLOGY
H	71-75	Bowel movement,white	GASTROENTEROLOGY
H	71-75	Bowel movements,color	GASTROENTEROLOGY
H	71-75	Bowel trouble,diarrhea,constipation	GASTROENTEROLOGY

Source Type	Survey Year	Contents of this Data Field	Data Category
H	71-75	Colitis	GASTROENTEROLOGY
H	71-75	Enteritis	GASTROENTEROLOGY
H	71-75	Gallstones	GASTROENTEROLOGY
H	71-75	Hepatitis	GASTROENTEROLOGY
P	71-75	Hepatomegaly	GASTROENTEROLOGY
H	71-75	Hiatus hernia	GASTROENTEROLOGY
H	71-75	Jaundice	GASTROENTEROLOGY
H	71-75	Operation,gallstone	GASTROENTEROLOGY
H	71-75	Operation,hiatus hernia	GASTROENTEROLOGY
H	71-75	Operation,ulcer	GASTROENTEROLOGY
H	71-75	Parasites or worms in stool	GASTROENTEROLOGY
H	71-75	Swallowing,difficulty	GASTROENTEROLOGY
H	71-75	Tumour,gastrointestinal operation	GASTROENTEROLOGY
H	71-75	Ulcer,peptic,stomach,duodenal	GASTROENTEROLOGY
H	71-75	Vomiting	GASTROENTEROLOGY
H	71-75	Birth control medication	GYNECOLOGY
H	71-75	Menstrual periods	GYNECOLOGY
H	71-75	Operation,tumour,uterus or ovaries	GYNECOLOGY
P	71-75	Head,eyes,ears,nose,throat,findings	HEAD
P	71-75	Heent,other findings	HEAD
P	71-72	Sinus,maxillary,transillumination	HEAD
P	71-73	Diagnostic findings(ICD codes)	HEALTH GENERAL
P	71-75	Diagnostic impressions (ICD codes)	HEALTH GENERAL
P	71-73	Evaluation,general	HEALTH GENERAL
H	71-75	Health problems,want to talk to doctor	HEALTH GENERAL
H	71-75	Health status	HEALTH GENERAL
P	71-75	Systems,body,other	HEALTH GENERAL
T	71-75	Audiometry,air conduct,1000hz,rt. ear	HEARING
T	71-75	Audiometry,air conduct,1000hz,left ear	HEARING
T	71-75	Audiometry,air conduct,1000hz,left ear	HEARING
T	71-75	Audiometry,air conduct,2000hz,left ear	HEARING
T	71-75	Audiometry,air conduct,4000hz,rt. ear	HEARING
T	71-75	Audiometry,air conduct,4000hz,left ear	HEARING
T	71-75	Audiometry,air conduct,500hz,left ear	HEARING
T	71-75	Audiometry,air conduct,500hz,rt. ear	HEARING
T	71-75	Audiometry,air conduction,1000hz,rt ear	HEARING
T	71-75	Audiometry,air conduction,2000hz,rt ear	HEARING
T	71-73	Audiometry,bone conduct,1000hz,left ear	HEARING
T	71-73	Audiometry,bone conduct,1000hz,left ear	HEARING
T	71-73	Audiometry,bone conduct,1000hz,rt. ear	HEARING
T	71-73	Audiometry,bone conduct,1000hz,rt. ear	HEARING
T	71-73	Audiometry,bone conduct,2000hz,left ear	HEARING
T	71-73	Audiometry,bone conduct,2000hz,rt. ear	HEARING
T	71-73	Audiometry,bone conduct,4000hz,left ear	HEARING
T	71-73	Audiometry,bone conduct,4000hz,rt. ear	HEARING
T	71-73	Audiometry,bone conduct,500hz,left ear	HEARING
T	71-73	Audiometry,bone conduct,500hz,rt.ear	HEARING
H	71-75	Audiometry,conditions affecting test	HEARING
H	71-75	Hearing aid usage,history	HEARING
H	74-75	Hearing aid,current usage	HEARING
H	74-75	Hearing aid,satisfaction	HEARING
H	74-75	Hearing scale	HEARING
H	71-75	Hearing status	HEARING
H	71-75	Hearing test	HEARING
H	71-75	Hearing trouble	HEARING
H	71-75	Hearing trouble,cause	HEARING
H	71-73	Hearing,improvement with hearing aid	HEARING
H	71-75	Hearing,poor,rehabilitation	HEARING
H	71-75	Anemia	HEMATOLOGY
L	71-75	Anisocytosis	HEMATOLOGY
L	71-75	Basophils,wbc differential	HEMATOLOGY
H	71-75	Clotting defect	HEMATOLOGY
L	71-75	Eosinophils,wbc differential	HEMATOLOGY
L	71-75	Hematocrit	HEMATOLOGY
L	71-75	Hematological findings,miscellaneous	HEMATOLOGY
L	71-75	Hematology morphological interpretations	HEMATOLOGY
L	71-75	Hematology,quality of slide	HEMATOLOGY

Source Type	Survey Year	Contents of this Data Field	Data Category
L	71-75	Hematology,slide reading results	HEMATOLOGY
O	71-75	Hematology,technician (reader) number	HEMATOLOGY
L	71-75	Hemoglobin	HEMATOLOGY
L	71-75	Hemoglobin phenotype	HEMATOLOGY
L	71-75	Hemoglobin,percent A2	HEMATOLOGY
L	71-75	Hemoglobin,percent F	HEMATOLOGY
L	71-75	Hypochromia	HEMATOLOGY
L	71-73	Iron binding capacity,total	HEMATOLOGY
L	71-73	Iron,serum	HEMATOLOGY
L	71-75	Leukoblasts,wbc differential	HEMATOLOGY
L	71-75	Lymphocytes,wbc differential	HEMATOLOGY
L	71-75	Macrocytosis	HEMATOLOGY
L	71-75	Metamyelocytes,wbc differential	HEMATOLOGY
L	71-75	Microcytosis	HEMATOLOGY
L	71-75	Monocytes,wbc differential	HEMATOLOGY
L	71-75	Myelocytes,wbc differential	HEMATOLOGY
L	71-75	Neutrophils,band,wbc differential	HEMATOLOGY
L	71-75	Neutrophils,segmented,wbc differential	HEMATOLOGY
L	71-75	Nucleated redcells	HEMATOLOGY
L	71-75	Platelet estimate	HEMATOLOGY
L	71-75	Poikilocytosis	HEMATOLOGY
L	71-75	Promyelocytes,wbc differential	HEMATOLOGY
L	71-75	Red blood cell count	HEMATOLOGY
L	71-73	Sedimentation rate	HEMATOLOGY
P	71-75	Splenomegaly	HEMATOLOGY
L	71-73	Transferrin saturation	HEMATOLOGY
L	71-75	White blood cell count	HEMATOLOGY
L	71-75	Amebiasis serology	INFECTION
H	71-75	Cold,flu,virus,last month	INFECTION
L	71-75	Diphtheria serology	INFECTION
L	71-75	Measles serology	INFECTION
L	71-75	Polio,serology	INFECTION
L	71-75	Rubella,serology	INFECTION
L	74-75	Syphilis serology	INFECTION
L	71-75	Tetanus serology	INFECTION
T	71-72	Tuberculin test (PPD-S and PPD-B)	INFECTION
H	71-75	Tuberculosis	INFECTION
H	71-75	Tuberculosis,test for	INFECTION
P	71-75	Ankle,tender,swelling,deform,lim,pom	JOINTS
H	71-75	Arthritis	JOINTS
H	71-75	Arthritis diagnosis,broad categories	JOINTS
H	71-75	Back or neck pain	JOINTS
H	71-75	Back sprain	JOINTS
T	71-75	Chondrocalcinosis,hip,x ray	JOINTS
T	71-75	Chondrocalcinosis,hip,x ray	JOINTS
T	71-75	Chondrocalcinosis,hip,x ray	JOINTS
T	71-75	Chondrocalcinosis,knee,x ray	JOINTS
T	71-75	Chondrocalcinosis,knee,x ray	JOINTS
T	71-75	Chondrocalcinosis,knee,x ray	JOINTS
H	71-75	Disability,joints	JOINTS
P	71-75	Elbow,tender,swelling,deform,lim,pom	JOINTS
P	71-75	Feet,tender,swelling,deform,lim,pom	JOINTS
P	71-75	Fingers,tender,swell,deform,lim,pom,hebr	JOINTS
P	71-75	Genu recurvatum	JOINTS
P	71-75	Genu valgum	JOINTS
P	71-75	Genu varum	JOINTS
H	71-75	Gout	JOINTS
P	71-75	Groin tenderness	JOINTS
T	71-75	Head deformity,hip joint,x ray	JOINTS
T	71-75	Head deformity,hip joint,x ray	JOINTS
T	71-75	Head deformity,hip joint,x ray	JOINTS
H	71-73	Hip or knee pain	JOINTS
H	74-75	Hip pain,buttock,groin,thigh	JOINTS
T	71-75	Hip,abnormal data,film reader number	JOINTS
H	71-75	Hip,dislocated	JOINTS
H	71-75	Hip,fracture	JOINTS
P	71-72	Hip,knee range of motion,goniometry	JOINTS

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-75	Hips,findings	JOINTS
T	71-75	Hips,general abnormal,x ray	JOINTS
P	71-75	Hips,other findings	JOINTS
P	71-75	Hips,pain on motion	JOINTS
H	71-75	Hospitalization,back or neck pain	JOINTS
H	71-75	Joint injury,symptoms	JOINTS
H	74-75	Joint pain	JOINTS
H	71-75	Joint stiffness	JOINTS
H	71-75	Joint swelling and pain	JOINTS
P	71-75	Joints,findings	JOINTS
H	74-75	Kneepain	JOINTS
H	71-75	Knee instability	JOINTS
H	71-75	Knee,fracture	JOINTS
T	71-75	Knee,loose calcified bodies	JOINTS
T	71-75	Knee,loose calcified bodies,knee,x ray	JOINTS
T	71-75	Knee,loose calcified bodies,knee,x ray	JOINTS
H	71-75	Knee,other injury	JOINTS
H	71-75	Knee,sprain	JOINTS
T	71-75	Knees,film reader number 1	JOINTS
P	71-75	Knees,findings	JOINTS
P	71-75	Knees,fixed flexion	JOINTS
P	71-75	Knees,fluid	JOINTS
T	71-75	Knees,general abnormal	JOINTS
P	71-75	Knees,other bony irregularities	JOINTS
P	71-75	Knees,other findings	JOINTS
P	71-75	Knees,pain on motion	JOINTS
T	71-75	Knees,quality of film	JOINTS
P	71-75	Knees,soft tissue proliferation	JOINTS
P	71-75	Knees,subpatellar crepitus	JOINTS
P	71-75	Knees,swelling	JOINTS
P	71-75	Knees,tenderness	JOINTS
T	71-75	Leg length differences,x ray	JOINTS
H	71-75	Medical care,joints	JOINTS
H	71-75	Medical treatment,joints,type of doctor	JOINTS
H	71-75	Morning stiffness,assorted joints	JOINTS
T	71-75	Osteoarthritis components,knee,x ray	JOINTS
T	71-75	Osteoarthritis components,knee,x ray	JOINTS
T	71-75	Osteoarthritis components,knee,x ray	JOINTS
T	71-75	Osteoarthritis,hip,components,x ray	JOINTS
T	71-75	Osteoarthritis,hip,components,x ray	JOINTS
T	71-75	Osteoarthritis,hip,components,x ray	JOINTS
T	71-75	Osteoarthritis,hips,x ray	JOINTS
T	71-75	Osteoarthritis,knees,x ray	JOINTS
T	71-75	Osteoarthritis,sacro-iliac,x ray	JOINTS
H	71-75	Pain,ankle	JOINTS
H	71-75	Pain,back or neck	JOINTS
H	71-75	Pain,elbow	JOINTS
H	71-75	Pain,fingers	JOINTS
H	71-75	Pain,foot	JOINTS
H	71-75	Pain,hip	JOINTS
H	71-75	Pain,knee	JOINTS
H	71-75	Pain,knee,last,longest	JOINTS
H	71-75	Pain,other joints	JOINTS
H	71-75	Pain,shoulder	JOINTS
H	71-75	Pain,wrist	JOINTS
T	71-75	Pelvis,quality of film	JOINTS
H	71-75	Ruptured disc	JOINTS
T	71-75	Sacro-iliac,general,abnormal x ray	JOINTS
T	71-75	Sacroiliitis,components,hip,x ray	JOINTS
P	71-75	Shoulder, tender,swelling,deform,lim,pom	JOINTS
H	71-75	Surgery hip,knee,back	JOINTS
H	71-75	Swelling and tenderness,assorted joints	JOINTS
H	71-75	Treatment modalities,joints	JOINTS
P	71-75	Trochanter tenderness	JOINTS
H	71-75	Whiplash injury	JOINTS
P	71-75	Wrist,tender,swelling,deform,lim,pom	JOINTS
H	71-75	Checkup exam,last	MEDICAL CARE

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>	
H	74-75	Checkup,medical,source	medical care	MEDICAL CARE
H	71-75	Dentist fees,insurance		MEDICAL CARE
H	71-75	Doctor consultation,last		MEDICAL CARE
H	71-75	Doctor fees,insurance		MEDICAL CARE
H	71-75	Doctor visit,last,appointment		MEDICAL CARE
H	71-75	Doctor visit,last,delay		MEDICAL CARE
H	71-75	Doctor visit,last,satisfaction		MEDICAL CARE
H	71-75	Doctor visit,last,transportation		MEDICAL CARE
H	71-75	Doctor visit,last,waiting time		MEDICAL CARE
H	71-75	Doctor visit,reason for last visit		MEDICAL CARE
H	71-75	Doctor-patient communication		MEDICAL CARE
H	71-75	Drug expenses,insurance		MEDICAL CARE
H	71-75	Health problem,reason for no dr. visit		MEDICAL CARE
H	71-75	Hospitalization,last stay		MEDICAL CARE
H	71-75	Hospitalization,last,delay		MEDICAL CARE
H	71-75	Hospitalization,last,reason for		MEDICAL CARE
H	71-75	Hospitalization,condition,length stay		MEDICAL CARE
H	71-75	Hospitalization,last expenses,insurance		MEDICAL CARE
H	71-75	Immunizations,last		MEDICAL CARE
H	71-75	Insurance,medical coverage,amount		MEDICAL CARE
H	71-75	Insurance,medical,type of coverage		MEDICAL CARE
H	71-75	Operation,abdominal		MEDICAL CARE
H	71-75	Operations,abdominal,other		MEDICAL CARE
H	71-75	Physician visit,appointment required		MEDICAL CARE
H	71-75	Physician,personal		MEDICAL CARE
H	71-75	Respiratory conditions,medical care		MEDICAL CARE
H	71-75	Self medication		MEDICAL CARE
P	71-75	Surgical scars,abdomen		MEDICAL CARE
T	71-75	Temperature		METABOLIC
P	71-73	Buccal mucosa,fissuring		MOUTH
P	71-73	Buccal mucosa,pigmented lesion		MOUTH
P	71-73	Cheilosis		MOUTH
P	71-73	Gingiva,fissuring		MOUTH
P	71-73	Gingiva,pigmented lesion		MOUTH
P	71-73	Leukoplakia,buccal mucosa		MOUTH
P	71-73	Leukoplakia,gingiva		MOUTH
P	71-73	Leukoplakia,lips		MOUTH
P	71-73	Leukoplakia,tongue		MOUTH
P	71-73	Lichen planus,buccal mucosa		MOUTH
P	71-73	Lichen planus,gingiva		MOUTH
P	71-73	Lichen planus,lips		MOUTH
P	71-73	Lichen planus,tongue		MOUTH
P	71-73	Lips,angular lesions or scars		MOUTH
P	71-73	Lips,fissuring		MOUTH
P	71-73	Lips,pigmented lesion		MOUTH
P	71-73	Palate,arched,cleft		MOUTH
P	71-73	Palate,smokers,glandular hypertrophy		MOUTH
P	71-73	Tongue,atrophy		MOUTH
P	71-73	Tongue,beefy red,magenta		MOUTH
P	71-73	Tongue,fissures		MOUTH
P	71-73	Tongue,forked		MOUTH
P	71-73	Tongue,geograph,hairy,pyramid,scrotal		MOUTH
P	71-73	Tongue,papillae,atrophic		MOUTH
P	71-73	Tongue,pigmented lesion		MOUTH
P	71-73	Tongue,serrations,swelling		MOUTH
P	71-73	Tumour,buccal mucosa		MOUTH
P	71-73	Tumour,gingiva		MOUTH
P	71-73	Tumour,lips		MOUTH
P	71-73	Tumour,tongue		MOUTH
P	71-75	Muscle wasting (gluteal)		MUSCULOSKELETAL
P	71-75	Muscle wasting,thigh		MUSCULOSKELETAL
P	71-75	Musculoskeletal evaluation		MUSCULOSKELETAL
P	71-75	Musculoskeletal,other findings		MUSCULOSKELETAL
P	71-75	Deviated nasal septum		NASAL
P	71-75	Nares,chronic inflammation		NASAL
P	71-75	Nares,findings		NASAL
P	71-75	Nares,obstruction		NASAL

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
P	71-75	Nares,other findings	NASAL
P	71-75	Nasal turbinates,swollen	NASAL
P	71-75	Adenopathy,cervical	NECK
P	71-75	Neck,findings	NECK
P	71-75	Neck,other findings	NECK
P	71-75	Tracheal deviation	NECK
H	71-75	Tumour,benign	NEOPLASM
H	71-75	Tumour,malignant	NEOPLASM
P	71-75	Ankle jerk,absent	NEUROLOGY
P	71-73	Apathy	NEUROLOGY
P	71-73	Chvostek sign,positive	NEUROLOGY
H	71-75	Handedness	NEUROLOGY
H	71-75	Head injury	NEUROLOGY
P	71-73	Hyperirritability,marked	NEUROLOGY
P	71-75	Knee jerk,absent	NEUROLOGY
P	71-75	Neurological evaluation	NEUROLOGY
P	71-75	Neurological,other findings	NEUROLOGY
H	71-75	Numbness,tingling or loss of sensation	NEUROLOGY
H	71-75	Paralysis or weakness	NEUROLOGY
H	71-75	Polio or paralysis	NEUROLOGY
H	71-75	Speech,difficulty,slurred	NEUROLOGY
H	71-75	Vision loss,temporary	NEUROLOGY
H	71-75	Alcohol consumption	NUTRITION
H	71-75	Appetite,reduction	NUTRITION
H	71-73	Bean and peas,dry,consumption frequency	NUTRITION
H	71-73	Beverages,sweetened,frequency	NUTRITION
P	71-73	Bitot's spots	NUTRITION
H	71-73	Bread consumption,frequency	NUTRITION
H	71-75	Breast feeding,now	NUTRITION
H	71-73	Butter,margarine,consumption frequency	NUTRITION
H	71-73	Calcium,per cent standard	NUTRITION
H	71-73	Calcium,24 hour recall,consumption	NUTRITION
H	71-73	Calcium,24 hour recall,consumption	NUTRITION
H	71-73	Calories,per cent standard	NUTRITION
H	71-73	Calories,24 hour recall,consumption	NUTRITION
H	71-73	Calories,24 hour recall,consumption	NUTRITION
H	71-73	Candy consumption frequency	NUTRITION
H	71-73	Carbohydrate,24 hour recall,consumption	NUTRITION
H	71-73	Carbohydrates,fiber,24 hour recall	NUTRITION
H	71-73	Carbohydrates,total,24 hour recall	NUTRITION
H	71-73	Cereals,consumption frequency	NUTRITION
H	71-73	Cheese and cheese dish consumption,freq	NUTRITION
P	71-73	Cheilosis	NUTRITION
H	71-73	Cholesterol,24 hour recall	NUTRITION
H	71-73	Coffee or tea,consumption frequency	NUTRITION
H	71-73	Completion code	NUTRITION
H	71-73	Completion code, 24 hour recall	NUTRITION
L	71-73	Creatinine,urinary	NUTRITION
H	71-73	Day of recall,24 hour recall	NUTRITION
H	71-73	Desserts,sweets,consumption,frequency	NUTRITION
H	71-73	Diet habits,24 hour recall	NUTRITION
H	71-73	Diet,recent,change in	NUTRITION
H	71-75	Diet,special	NUTRITION
H	71-73	Dietary recall,day of	NUTRITION
H	71-73	Drinks,cold,diet,consumption frequency	NUTRITION
H	71-73	Eating,condition interfering with	NUTRITION
H	71-73	Egg consumption,frequency	NUTRITION
P	71-73	Epiphysial enlargement,wrists	NUTRITION
P	71-73	Eyes,angular blepharitis	NUTRITION
P	71-73	Eyes,circumcorneal injection	NUTRITION
P	71-73	Eyes,xerosis	NUTRITION
H	71-73	Fat,24 hour recall,consumption	NUTRITION
H	71-73	Fat,24 hour recall,consumption	NUTRITION
H	71-73	Fats,avoidance	NUTRITION
H	71-73	Fish or shellfish,consumption frequency	NUTRITION
L	74-75	Folate,serum	NUTRITION
P	71-73	Follicular hyperkeratosis,upper back	NUTRITION

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
H	71-73	Food avoidance,disagreement	NUTRITION
H	71-73	Food code,24 hour recall	NUTRITION
H	71-73	Food group,24 hour recall	NUTRITION
H	71-73	Food ingestion time period	NUTRITION
H	71-73	Food items description,model grams	NUTRITION
H	71-73	Food programs	NUTRITION
H	71-73	Food source,24 hour recall	NUTRITION
H	71-73	Foods,avoidance,other	NUTRITION
H	71-73	Fruits,vegetables,consumption frequency	NUTRITION
H	71-73	Grams food,24 hour recall	NUTRITION
H	71-73	Greens,avoidance	NUTRITION
P	71-73	Hair,abnormal texture,curl loss	NUTRITION
P	71-73	Hair,dry staring	NUTRITION
P	71-73	Hair,dyspigmented	NUTRITION
P	71-73	Hair,easily pluckable	NUTRITION
H	71-73	Height	NUTRITION
O	71-73	Interviewer code	NUTRITION
H	71-73	Interviewer code,24 hour recall	NUTRITION
L	71-73	Iodine/Creatinine (urine)	NUTRITION
L	71-73	Iodine,urine	NUTRITION
H	71-75	Iodized salt	NUTRITION
H	71-73	Iron,per cent standard	NUTRITION
H	71-73	Iron,24 hour recall,consumption	NUTRITION
H	71-73	Iron,24 hour recall,consumption	NUTRITION
P	71-73	Keratomalacia	NUTRITION
H	71-73	Line number,24 hour recall	NUTRITION
H	71-73	Linoleic acid,24 hour recall	NUTRITION
P	71-73	Lips,angular lesions	NUTRITION
P	71-73	Lips,angular scars	NUTRITION
H	71-73	Mastication,trouble with	NUTRITION
H	71-73	Meat and poultry,consumption frequency	NUTRITION
H	71-73	Milk,avoidance	NUTRITION
H	71-73	Milk,skim,consumption frequency	NUTRITION
H	71-73	Milk,whole,consumption frequency	NUTRITION
H	71-75	Minerals,recent ingestion	NUTRITION
P	71-73	Naso-labial seborrhea	NUTRITION
H	71-73	Niacin,24 hour recall,consumption	NUTRITION
H	71-73	Niacin,24 hour recall,consumption	NUTRITION
H	71-73	Nutrient composition,descriptive foods	NUTRITION
P	71-73	Nutrition status,examiner impression	NUTRITION
P	71-75	Obesity	NUTRITION
H	71-73	Oleic acid,24 hour recall	NUTRITION
P	71-73	Pellagrous dermatitis	NUTRITION
H	71-73	Phosphorus,24 hour recall,consumption	NUTRITION
H	71-73	Phosphorus,24 hour recall,consumption	NUTRITION
H	71-73	Pica	NUTRITION
P	71-73	Pot belly	NUTRITION
H	71-73	Potassium,24 hour recall,consumption	NUTRITION
H	71-73	Potassium,24 hour recall,consumption	NUTRITION
H	71-73	Protein,per cent standard	NUTRITION
H	71-73	Protein,24 hour recall,consumption	NUTRITION
H	71-73	Protein,24 hour recall,consumption	NUTRITION
H	71-73	Respondent,food frequency	NUTRITION
H	71-73	Respondent,24 hour recall	NUTRITION
H	71-73	Respondent,24 hour recall	NUTRITION
H	71-73	Restaurants,frequency patronised	NUTRITION
L	71-73	Riboflavin/Creatinine (urine)	NUTRITION
L	71-73	Riboflavin,urine	NUTRITION
H	71-73	Riboflavin,24 hour recall,consumption	NUTRITION
H	71-73	Riboflavin,24 hour recall,consumption	NUTRITION
P	71-73	Ribs,beading of	NUTRITION
H	71-73	Salt use	NUTRITION
H	71-73	Saturated fatty acids,24 hour recall	NUTRITION
H	71-73	Seafood,avoidance	NUTRITION
P	71-73	Skull,bossing of	NUTRITION
H	71-73	Snack food,consumption frequency	NUTRITION
H	71-73	Sodium,24 hour recall,consumption	NUTRITION

Source Type	Survey Year	Contents of this Data Field	Data Category
H	71-73	Sodium,24 hour recall,consumption	NUTRITION
L	71-73	Thiamine/Creatinine (urine)	NUTRITION
L	71-73	Thiamine,urine	NUTRITION
H	71-73	Thiamine,24 hour recall,consumption	NUTRITION
H	71-73	Thiamine,24 hour recall,consumption	NUTRITION
H	71-73	Time of day,24 hour recall	NUTRITION
P	71-75	Tongue,fissures	NUTRITION
P	71-73	Tongue,magenta	NUTRITION
P	71-75	Tongue,papillary atrophy	NUTRITION
P	71-75	Tongue,papillary hypertrophy	NUTRITION
P	71-75	Tongue,scarlet beefy	NUTRITION
P	71-75	Tongue,serrations,swelling	NUTRITION
H	71-73	Vitamin and mineral consumption,pills	NUTRITION
H	71-73	Vitamin A(per cent standard)	NUTRITION
H	71-73	Vitamin A,24 hour recall,consumption	NUTRITION
H	71-73	Vitamin A,24 hour recall,consumption	NUTRITION
H	71-73	Vitamin C(per cent standard)	NUTRITION
H	71-73	Vitamin C,24 hour recall,consumption	NUTRITION
H	71-73	Vitamin C,24 hour recall,consumption	NUTRITION
H	71-75	Vitamins,recent ingestion	NUTRITION
H	71-73	Weight	NUTRITION
H	71-73	Weight,maximum	NUTRITION
H	71-73	Weight,minimum since age 18	NUTRITION
P	71-73	Xerophthalmia	NUTRITION
P	71-73	Parotids,enlarged visibly	OROPHARYNX
P	71-73	Tongue,geographic	OROPHARYNX
H	71-75	Pregnancy history	PREGNANCY
P	71-75	Uterine enlargement	PREGNANCY
H	71-75	Anxiety	PSYCHOLOGY
H	71-75	Anxiety	PSYCHOLOGY
H	71-75	Depression	PSYCHOLOGY
H	74-75	Depression scale, NIMH CES-D	PSYCHOLOGY
H	71-75	Emotional behavioral control	PSYCHOLOGY
H	71-75	Energy, pep,feeling of	PSYCHOLOGY
O	71-75	GWB filled out by	PSYCHOLOGY
H	71-75	Health,bothered by illness,pain	PSYCHOLOGY
H	71-75	Health,concern about ill health	PSYCHOLOGY
H	71-75	Help,felt need for	PSYCHOLOGY
H	71-75	Imputations for GWB	PSYCHOLOGY
H	71-75	Life satisfaction,personal	PSYCHOLOGY
H	71-75	Life,daily,interest in	PSYCHOLOGY
H	71-75	Mental health counseling	PSYCHOLOGY
H	71-75	Mental health patient care	PSYCHOLOGY
H	71-75	Mental strain	PSYCHOLOGY
H	71-75	Nervous breakdown	PSYCHOLOGY
H	71-75	Nervous breakdown	PSYCHOLOGY
H	71-75	Tiredness	PSYCHOLOGY
H	71-75	Well being scale and sub scale scores	PSYCHOLOGY
T	74-75	Blebs,bullae	RESPIRATORY
T	71-75	Blebs,bullae	RESPIRATORY
T	71-75	Blebs,bullae	RESPIRATORY
P	71-73	Breath sounds,decreased	RESPIRATORY
P	71-75	Breath sounds,lower lobe,left	RESPIRATORY
P	71-75	Breath sounds,lower lobe,right	RESPIRATORY
P	71-75	Breath sounds,middle lobe,right	RESPIRATORY
P	71-75	Breath sounds,upper lobe,left	RESPIRATORY
P	71-75	Breath sounds,upper lobe,right	RESPIRATORY
H	71-75	Bronchitis,emphysma,chronic	RESPIRATORY
T	71-75	Calcified nodes	RESPIRATORY
T	71-75	Calcified nodes	RESPIRATORY
T	74-75	Calcified nodes	RESPIRATORY
P	71-75	Chest auscultation	RESPIRATORY
H	71-75	Chest condition,status	RESPIRATORY
H	71-75	Cough or phlegm,increased	RESPIRATORY
H	71-75	Cough,chronic	RESPIRATORY
H	71-75	Cough,chronic	RESPIRATORY
H	71-75	Cough,early morning	RESPIRATORY

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
H	71-75	Cough,persistent	RESPIRATORY
H	71-75	Cough,seasonal	RESPIRATORY
H	71-75	Disability,chest	RESPIRATORY
H	71-75	Disability,chest or lung	RESPIRATORY
T	74-75	Emphysema	RESPIRATORY
T	71-75	Emphysema	RESPIRATORY
T	71-75	Emphysema	RESPIRATORY
H	71-75	Hospitalization,chest condition	RESPIRATORY
T	74-75	Infiltrates,diffuse,homogeneous	RESPIRATORY
T	71-75	Infiltrates,diffuse,homogeneous	RESPIRATORY
T	71-75	Infiltrates,diffuse,homogeneous	RESPIRATORY
T	74-75	Infiltrates,diffuse,nonhomogeneous	RESPIRATORY
T	74-75	Infiltrates,diffuse,nonhomogeneous	RESPIRATORY
T	74-75	Infiltrates,diffuse,nonhomogeneous	RESPIRATORY
T	74-75	Infiltrates,localized,segmental	RESPIRATORY
T	74-75	Infiltrates,localized,segmental	RESPIRATORY
T	74-75	Infiltrates,localized,segmental	RESPIRATORY
T	74-75	Infiltrates,other	RESPIRATORY
T	71-75	Infiltrates,other	RESPIRATORY
T	71-75	Infiltrates,other	RESPIRATORY
T	71-75	Lung surface area	RESPIRATORY
T	74-75	Nipple shadows,x-ray	RESPIRATORY
T	71-75	Nipple shadows,x-ray	RESPIRATORY
T	71-75	Nipple shadows,x-ray	RESPIRATORY
T	71-75	Nodes,enlarged,lung	RESPIRATORY
T	71-75	Nodes,enlarged,lung	RESPIRATORY
T	74-75	Nodes,enlarged,lung	RESPIRATORY
T	74-75	Nodules,extrapulmonary,other	RESPIRATORY
T	71-75	Nodules,extrapulmonary,other	RESPIRATORY
T	71-75	Nodules,extrapulmonary,other	RESPIRATORY
T	74-75	Nodules,intrapulmonary	RESPIRATORY
T	71-75	Nodules,intrapulmonary	RESPIRATORY
T	71-75	Nodules,intrapulmonary	RESPIRATORY
T	74-75	Pectus	RESPIRATORY
T	71-75	Pectus	RESPIRATORY
T	71-75	Pectus	RESPIRATORY
H	71-75	Phlegm	RESPIRATORY
H	71-75	Phlegm	RESPIRATORY
T	71-75	Pleural disease	RESPIRATORY
T	71-75	Pleural disease	RESPIRATORY
T	74-75	Pleural disease	RESPIRATORY
H	71-75	Pleurisy	RESPIRATORY
T	71-75	Pulmonary diffusion (Dlco)	RESPIRATORY
P	71-75	Rales,lower lobe,left	RESPIRATORY
P	71-75	Rales,lower lobe,right	RESPIRATORY
P	71-75	Rales,middle lobe	RESPIRATORY
P	71-75	Rales,upper lobe,left	RESPIRATORY
P	71-75	Rales,upper lobe,right	RESPIRATORY
P	71-75	Rhonchi,lower lobe right	RESPIRATORY
P	71-75	Rhonchi,lower lobe,left	RESPIRATORY
P	71-75	Rhonchi,middle lobe	RESPIRATORY
P	71-75	Rhonchi,upper lobe,left	RESPIRATORY
P	71-75	Rhonchi,upper lobe,right	RESPIRATORY
H	71-75	Shortness of breath	RESPIRATORY
H	71-75	Shortness of breath,wheezing,faintness	RESPIRATORY
T	71-75	Spirometry,best trial	RESPIRATORY
T	71-75	Spirometry,calibration factor	RESPIRATORY
T	71-75	Spirometry,diagnosis code	RESPIRATORY
T	71-75	Spirometry,flow at .2 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at .25 seconds	RESPIRATORY
T	71-75	Spirometry,flow at .5 seconds	RESPIRATORY
T	71-75	Spirometry,flow at .75 seconds	RESPIRATORY
T	71-75	Spirometry,flow at peak flow + 4 seconds	RESPIRATORY
T	71-75	Spirometry,flow at peak flow + 3 seconds	RESPIRATORY
T	71-75	Spirometry,flow at peak flow + 2 seconds	RESPIRATORY
T	71-75	Spirometry,flow at peak flow + 1 seconds	RESPIRATORY
T	71-75	Spirometry,flow at peak flow + .5 second	RESPIRATORY

Source Type	Survey Year	Contents of this Data Field	Data Category
T	71-75	Spirometry,flow at peak flow +.1 second	RESPIRATORY
T	71-75	Spirometry,flow at 1 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at 1 second	RESPIRATORY
T	71-75	Spirometry,flow at 1.2 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at 2 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at 2 seconds	RESPIRATORY
T	71-75	Spirometry,flow at 25%FVC	RESPIRATORY
T	71-75	Spirometry,flow at 3 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at 3 seconds	RESPIRATORY
T	71-75	Spirometry,flow at 4 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at 4 seconds	RESPIRATORY
T	71-75	Spirometry,flow at 5 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at 50% FVC	RESPIRATORY
T	71-75	Spirometry,flow at 6 liters volume	RESPIRATORY
T	71-75	Spirometry,flow at 75% FVC	RESPIRATORY
T	71-75	Spirometry,forced vital capacity	RESPIRATORY
T	71-75	Spirometry,maximum mid expiratory flow	RESPIRATORY
T	71-75	Spirometry,mid expiratory flow rate	RESPIRATORY
T	71-75	Spirometry,peak flow	RESPIRATORY
T	71-75	Spirometry,peak flow volume	RESPIRATORY
T	71-75	Spirometry,reliability of test	RESPIRATORY
T	71-75	Spirometry,reproducibility	RESPIRATORY
T	71-75	Spirometry,time at 1 liters volume	RESPIRATORY
T	71-75	Spirometry,time at 1.2 liters volume	RESPIRATORY
T	71-75	Spirometry,time at 2 liters volume	RESPIRATORY
T	71-75	Spirometry,time at 25%FVC	RESPIRATORY
T	71-75	Spirometry,time at 3 liters volume	RESPIRATORY
T	71-75	Spirometry,time at 4 liters volume	RESPIRATORY
T	71-75	Spirometry,time at 5 liters volume	RESPIRATORY
T	71-75	Spirometry,time at 50% FVC	RESPIRATORY
T	71-75	Spirometry,time at 6 liters volume	RESPIRATORY
T	71-75	Spirometry,time at 75% FVC	RESPIRATORY
T	71-75	Spirometry,time of peak flow	RESPIRATORY
T	71-75	Spirometry,time of FVC	RESPIRATORY
T	71-75	Spirometry,time,.2 liters volume	RESPIRATORY
T	71-75	Spirometry,trial number	RESPIRATORY
T	71-75	Spirometry,volume at .25 seconds	RESPIRATORY
T	71-75	Spirometry,volume at .5 seconds	RESPIRATORY
T	71-75	Spirometry,volume at .75 seconds	RESPIRATORY
T	71-75	Spirometry,volume at peak flow + 4 sec.	RESPIRATORY
T	71-75	Spirometry,volume at peak flow + 3 sec.	RESPIRATORY
T	71-75	Spirometry,volume at peak flow + 2 sec.	RESPIRATORY
T	71-75	Spirometry,volume at peak flow + 1 sec.	RESPIRATORY
T	71-75	Spirometry,volume at peak flow +.5 sec.	RESPIRATORY
T	71-75	Spirometry,volume at peak flow +.1 sec.	RESPIRATORY
T	71-75	Spirometry,volume at 1 second	RESPIRATORY
T	71-75	Spirometry,volume at 2 seconds	RESPIRATORY
T	71-75	Spirometry,volume at 3 seconds	RESPIRATORY
T	71-75	Spirometry,volume at 4 seconds	RESPIRATORY
T	71-75	Spirometry,BTPS factor	RESPIRATORY
T	71-73	Thoracic diameter	RESPIRATORY
T	71-73	Tracheal diameter	RESPIRATORY
P	71-75	Wheezes,lower lobe,left	RESPIRATORY
P	71-75	Wheezes,lower lobe,right	RESPIRATORY
P	71-75	Wheezes,middle lobe	RESPIRATORY
P	71-75	Wheezes,upper lobe,left	RESPIRATORY
P	71-75	Wheezes,upper lobe,right	RESPIRATORY
H	71-75	Wheezing	RESPIRATORY
H	71-75	Wheezing	RESPIRATORY
P	71-73	Wheezing,chest (diffuse & focal)	RESPIRATORY
T	74-75	Audiometry,sentence repetition,speech	SPEECH
L	71-75	Acidity(pH),urine dipstick	URINARY
L	71-75	Albumin,urine,dipstick	URINARY
H	71-75	Albuminuria	URINARY
L	74-75	Bilirubin,urine,dipstick	URINARY
H	71-73	Dysuria	URINARY
L	71-75	Glucose,urine,dipstick	URINARY

<i>Source Type</i>	<i>Survey Year</i>	<i>Contents of this Data Field</i>	<i>Data Category</i>
L	71-75	Hematest,urine,dipstick	URINARY
H	71-75	Hematuria	URINARY
H	71-73	Hematuria	URINARY
L	74-75	Ketones,urine,dipstick	URINARY
H	71-75	Kidney disease or stones	URINARY
H	71-75	Kidney,bladder,infection	URINARY
H	71-75	Proteinuria	URINARY
H	71-75	Sugar,in urine	URINARY
L	74-75	Urobilinogen,urine dipstick	URINARY
H	74-75	Blind,either or both eyes	VISION
T	74-75	Distance vision,binocular,corrected	VISION
T	74-75	Distance vision,binocular,uncorrected	VISION
T	74-75	Distance vision,monocular,corrected	VISION
H	74-75	Light recognition	VISION
T	74-75	Near vision,illiterate,Keeney,binocular	VISION
T	74-75	Near vision,illiterate,Sloan,binocular	VISION
T	74-75	Near vision,Keeney reading cards,binoc	VISION
T	74-75	Near vision,Sloan reading cards,binoc	VISION
H	74-75	Vision difficulties,with eyeglasses	VISION
H	74-75	Vision,distance	VISION
T	74-75	Vision,distance,correction usage	VISION
H	74-75	Vision,near	VISION
T	74-75	Vision,near,correction usage	VISION
H	74-75	Vision,using glasses or contact lenses	VISION
H	71-73	Visual acuity	VISION
T	71-72	Visual acuity	VISION
T	74-75	Visual acuity angle,near	VISION
H	74-75	Visual difficulty,duration	VISION
T	74-75	Visual acuity angle,near	VISION
H	74-75	Visual difficulty,duration	VISION

Appendix III

Serological, urological, and blood chemical tests conducted on selected NHANES I sample subjects, 1971–75

Test	Sample		
	Locations 1–65	Locations 66–100	Detailed sample
Serum biochemistry			
Serum protein	X		
Serum albumin	X		
Serum cholesterol	X	X	
Serum magnesium	X	X	
Serum sodium		X	
Serum potassium		X	
Serum folate		X	
Sedimentation rate	X		
Total bilirubin			X
SGOT			X
Alkaline phosphatase			X
Uric acid			X
Calcium			X
Phosphate			X
BUN		X	
Creatinine		X	
T-4 test			X
T-3 test			X
T-4 Murphy-Pattee (if T-4 > 7.5)			X
White blood cell count			
Leukoblasts			X
Promyelocytes			X
Myelocytes			X
Metamyelocytes			X
Band neutrophils			X
Segmented neutrophils			X
Eosinophils			X
Basophils			X
Lymphocytes			X
Monocytes			X
Red blood cell indexes			
Hemoglobin	X	X	
Hemoglobin phenotype ¹			
Percent A2 hemoglobin (when A2 hemoglobin present)			
Percent F hemoglobin (when F hemoglobin present)			
Hematocrit	X	X	
Number of nucleated red cells per 100 white cells			X
Serum iron	X		
Total iron binding capacity	X		
Percent transferrin saturation	X		
Red blood cell morphology			
Anisocytosis			X
Poikilocytosis			X
Macrocytosis			X
Microcytosis			X
Hypochromia			X
Platelets			
Platelets			X

See footnote at end of table.

Appendix III

Serological, urological, and blood chemical tests conducted on selected NHANES I sample subjects, 1971–75—Con.

Test	Sample		Detailed sample
	Locations 1–65	Locations 66–100	
Serology			
Polio I			X
Polio II			X
Polio III			X
Measles			X
Rubella			X
Diphtheria			X
Tetanus			X
Amebiasis			X
Syphilis		X	
Urinalysis			
Albumin	X	X	
Glucose	X	X	
pH X	X		
Hematest (blood)	X	X	
Urobilinogen		X	
Ketones		X	
Red blood cells		X	
White blood cells	X	X	
Urinary iodine	X		
Urinary riboflavin	X		
Urinary thiamine	X		
Urinary creatinine	X		
Urinary iodine or creatinine	X		
Urinary riboflavin or creatinine	X		
Urinary thiamine or creatinine	X		

¹Hemoglobin phenotyping was performed as a special study during NHANES I on 12,282 sample subjects, sample locations 37–100. These subjects do not represent a scientific subsample of the NHANES I sample.

Appendix IV

NHANES I Epidemiologic Followup Study Schedule

Planning for NHEFS began in February 1979. As a result, a feasibility study was conducted from January 1980 through February 1980. OMB granted clearance for the study on February 12, 1982. The actual training schedule for the initial followup study is presented below.

Training schedule for the followup

<i>Type of training and region</i>	<i>Time of training</i>	<i>Location of training</i>
Phase 1		
Blood pressure training	4/27/82-4/29/82	Philadelphia, Pa.
Interviewer training	5/3/82-5/6/82	Philadelphia, Pa.
Field period	5/7/82-7/31/82	
North region		
Blood pressure training	10/5/82-10/7/82	Rockville, Md.
Blood pressure training	10/5/82-10/7/82	Danvers, Mass.
Blood pressure training	10/12/82-10/14/82	Lyndhurst, N.J.
Blood pressure training	10/12/82-10/14/82	Pittsburgh, Pa.
Interviewer training	10/17/82-10/24/82	Rockville, Md.
Field period	10/25/82-2/28/83	
South region		
Blood pressure training	1/24/83-1/26/83	Savannah, Ga.
Blood pressure training	1/24/83-1/26/83	Tampa, Fla.
Blood pressure training	1/31/83-2/3/83	Knoxville, Tenn.
Blood pressure training	1/31/83-2/3/83	New Orleans, La.
Interviewer training	2/8/83-2/15/83	Gaithersburg, Md.
Field period	2/16/83-6/30/83	
Midwest region		
Blood pressure training	4/26/83-4/28/83	Chicago, Ill.
Blood pressure training	4/26/83-4/28/83	Columbus, Ohio
Blood pressure training	5/2/83-5/5/83	Detroit, Mich.
Interviewer training	5/9/83-5/17/83	Schaumburg, Ill.
Field period	5/18/83-9/30/83	
West region		
Blood pressure training	7/25/83-7/28/83	Dallas, Tex.
Blood pressure training	7/27/83-7/29/83	San Francisco, Calif.
Blood pressure training	8/1/83-8/3/83	Los Angeles, Calif.
Interviewer training	8/8/83-8/15/83	Los Angeles, Calif.
Field period	8/16/83-12/31/83	

Appendix V

Sample locations by region of data collection

<i>Sample location number</i>	<i>Sample location name</i>	<i>Sample location number</i>	<i>Sample location name</i>
Phase 1 field region		77	Los Angeles, Calif.
01	Philadelphia, Pa.	79	Sacramento, Calif.
51	Philadelphia, Pa.	81	San Francisco, Calif.
86	New Castle, Del.	83	Olympia, Wash.
97	Philadelphia, Pa.	85	Denver, Colo.
North field region		87	Oklahoma City, Okla.
02	Pittsburgh, Pa.	91	Leavenworth, Kans.
03	Albany, N.Y.	South field region	
04	Mercer, Pa.	14	Albermarle, N.C.
05	Boston, Mass.	16	Savannah, Ga.
07	Livingston, N.J.	17	West Palm Beach, Fla.
08	Springfield, Mass.	20	Eufaula, Ala.
11	Garden City, N.Y.	22	Marksville, La.
26	Bronx, N.Y.	25	Columbia, Miss.
29	Manchester, Conn.	40	Natchitoches, La.
32	Georgetown, Del.	42	Knoxville, Tenn.
34	Washington, D.C.	43	New Orleans, La.
36	Elmira, N.Y.	45	Tampa, Fla.
39	Oak Hill, W.Va.	46	Morristown, Tenn.
54	Providence, R.I.	48	Statesboro, Ga.
57	Scranton, Pa.	74	Morristown, Tenn.
60	Brooklyn, N.Y.	76	Greenville, S.C.
61	Bedford, Pa.	78	Birmingham, Ala.
63	Orangeburg, N.Y.	80	Daytona Beach, Fla.
64	Roanoke, Va.	82	New Orleans, La.
66	Glens Falls, N.Y.	84	Saluda, S.C.
68	Middletown, Conn.	Midwest field region	
70	Boston, Mass.	06	Detroit, Mich.
72	Union, N.J.	09	Cleveland, Ohio
88	Pittsburgh, Pa.	10	Bay City, Mich.
90	Altoona, Pa.	12	LaPorte, Ind.
92	Rochester, N.Y.	13	Angola, Ind.
98	Garden City, N.Y.	23	Columbia, S.C.
99	Spencer, W.Va.	31	Chicago, Ill.
100	Bronx, N.Y.	33	Boone, Iowa
West field region		35	Wauwatosa, Wis.
15	Los Angeles, Calif.	37	Chillicothe, Ohio
18	Tucson, Ariz.	38	Omaha, Nebr.
19	San Antonio, Tex.	52	Cresco, Iowa
21	Fresno, Calif.	55	Chicago, Ill.
24	San Francisco, Calif.	56	Fargo, N. Dak.
27	Port Angeles, Wash.	58	Columbus, Ohio
28	St. Joseph, Mo.	59	Fergus Falls, Minn.
30	Moses Lake, Wash.	62	Minneapolis/St. Paul, Minn.
41	Dallas, Tex.	65	Three Rivers, Mich.
44	Globe, Ariz.	67	Dayton, Ohio
47	San Diego, Calif.	69	Ladysmith, Wis.
49	St. Louis, Mo.	71	Indianapolis, Ind.
50	Los Angeles, Calif.	89	Fullerton, Nebr.
53	Monterey, Calif.	93	Jackson, Mich.
73	Kansas City, Mo.	94	Wilmington, Ohio
75	Greenville, Tex.	95	Chicago, Ill.
		96	Detroit, Mich.

NOTE: Sample locations have been referred to as "stands" in previous NCHS publications.

Appendix VI

Study materials

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Tracing

OMB No. 0925-0161
Approval Expires 12-31-83

ID #: - -

SUBJECT NAME: _____

Date _____

U.S. Department of Health and Human Services
National Center for Health Statistics
National Institute on Aging
NHANES I Epidemiologic Followup Survey

VERIFICATION QUESTIONS (TO BE ASKED OF SUBJECTS)

- In (EXAM YEAR) you took part in a medical examination survey conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. I'd like to ask a few questions to verify that you are the person who participated in that survey. I want to mention that the information you give will be kept strictly confidential and will be used for statistical purposes only. The interview is completely voluntary and is authorized by the Public Health Service Act.

What is your full name including your middle initial? (PROBE FOR MAIDEN NAME IF FEMALE.)
(IF S CHANGED NAME, EXPLAIN.)

NAME: _____

- And your date of birth is (REPEAT BIRTHDATE). Is that correct?

YES 1 (Q.4)
NO 2 (Q.3)
DON'T KNOW 8 (Q.4)

- What is your date of birth? BIRTHDATE: _____/_____/_____
MONTH DAY YEAR

- Were you living at (LABEL ADDRESS) in (MONTH AND YEAR OF EXAM)?

YES 1 (BOX A)
NO 2 (Q.5)
DON'T KNOW 8 (BOX A)

- At what address were you living in (MONTH AND YEAR OF EXAM)?

ADDRESS: _____
STREET APT. #
CITY STATE

<p>BOX A</p> <p>INTERVIEWER REVIEW Q.2 AND Q.4 AND CIRCLE ONE:</p> <p>Q.2 AND Q.4 VERIFY. 1 (SET UP INTERVIEW)</p> <p>Q.2 AND Q.4 DO NOT VERIFY 2 (Thank you very much, I don't believe you are the person we are looking for.) (TERMINATE)</p> <p>OTHER 3 (Q.6)</p>

- Can you give me the names of the people you were living with in (MONTH AND YEAR OF EXAM)?
[And how was (NAME) related to you?] (PROBE FOR FULL NAME AND RELATIONSHIP.)

NAME	RELATIONSHIP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

OR
LIVED ALONE 0

Thank you very much but I am not sure whether you are the person we are looking for. I will check the information you have given me against our records and will call you back if you are the correct person. (TERMINATE)

Interview—Subject

During the next several years, a very important followup study will be conducted with approximately 14,000 persons who took part in the first National Health and Nutrition Examination Survey (NHANES I) in the early 1970's.

WHAT IS THE NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY?

The NHANES I Epidemiologic Followup Survey is a nationwide survey being conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service, with the assistance of Westat, a national survey organization. The survey is being funded by the National Institute on Aging and other Institutes of the National Institutes of Health.

We are interviewing persons who took part in the NHANES I survey to ask about their health status and hospital care since the earlier survey. If the original participant cannot be interviewed because of illness or death, we will be talking to relatives or close friends who know about the participant's health status since the earlier survey.

The interview will be conducted in person by specially trained interviewers who will ask questions about illnesses, dietary habits, and activities that might be related to health, such as work, smoking, and exercise.

The interviewer who calls on you will be a Westat employee representing the National Center for Health Statistics. When our interviewer arrives, be sure he or she presents a Westat identification card.

There will be no physical examination associated with the followup interview. However, blood pressure and weight will be measured.

WHY SHOULD I PARTICIPATE?

The persons who took part in the first survey made up a group that represented all types of people in all areas of the United States. This is the first nationwide survey that will provide information on changes in health over time for people from all different backgrounds and regions. Each participant represents thousands of others with similar characteristics. Although participation in this survey is voluntary, it is important that you participate so that the results will represent a true scientific sample of the U.S. population.

HOW DO I KNOW MY ANSWERS WILL BE KEPT CONFIDENTIAL?

All the information you give will be protected by the confidentiality requirements of the U.S. Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a). Your answers will be used only by research staff working on the survey. Each of them must sign a statement pledging to keep confidential all information provided by respondents. No information that would permit the identification of any individual will be released or published. Survey results will be published only as statistical summaries. Your responses to the survey are entirely voluntary. There are no penalties for refusing to answer any questions.

WHAT WILL BE DONE WITH THE INFORMATION?

The data from the NHANES I Epidemiologic Followup Survey, combined with the data from the earlier survey, will show how the health of the U.S. population changes over a period of time. In addition, the data will help to identify some of the factors that contribute to good health as well as illness. Health planners and medical experts will translate these findings into ways to improve the prevention and treatment of disease and delivery of health care.

HOW CAN I HELP?

By voluntarily participating in the survey, you are helping us gather information in the best possible way. Your cooperation is the key to the success of this followup survey.

Any queries or correspondence should be directed to the following address:

NHANES I Epidemiologic Followup Survey
1650 Research Boulevard
Rockville, Maryland 20850
(301) 251-1500



National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Participant:

As you may recall we have been in touch with you this past year concerning a national survey that the National Center for Health Statistics is conducting. You participated in the first National Health and Nutrition Examination Survey in 1971-1975. The results of that survey have provided much needed information about the health needs and characteristics of the American people. We would like to express our appreciation to you for your part in making that survey a success, and, as we have indicated to you, we would like to have your help again.

To further use the findings from the original survey, the National Center for Health Statistics is planning another interview of all the adults who took part in that study. We have contracted with Westat, a national research firm, to conduct the survey for us. Within the next two weeks a Westat interviewer will contact you to set a time to visit you for the interview. When the interviewer arrives, be sure to ask him or her to show you a Westat identification card.

The interview will include questions about your health status and any hospital care you may have had. In addition, your blood pressure will be taken and you will be weighed. There will be no other physical examination. You will also receive \$10.00 for your participation in the study.

This survey is authorized by Title 42, United States Code 242k. Your participation in this survey is completely voluntary. There are no penalties for refusing to answer any question.

As in the previous survey, any information you give will be kept confidential. No information that could be used to identify you or any individual will be released or published. Results of this study will be published only as statistical summaries.

Your participation is vital to the success of this survey, and your cooperation will be appreciated greatly.

Sincerely yours,

A handwritten signature in cursive script that reads "Robert A. Israel".

Robert A. Israel
Acting Director

ID NUMBER

□ □ □ □ — □ □ □ □ — □ □

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS
NATIONAL INSTITUTE ON AGING
NATIONAL INSTITUTES OF HEALTH

NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY

SUBJECT QUESTIONNAIRE

ASSURANCE OF CONFIDENTIALITY

All information which would provide identification of the individual will be held in strict confidence, will be used only for purposes of and by persons engaged in the survey, and will not be disclosed or released to others for any purposes in accordance with Section 308(d) of the Public Health Service Act (42 USC 242 m).

PART A.

TIME BEGAN: _____ AM
_____ PM

BOX A

INTERVIEWER: REVIEW LABEL AND CIRCLE ONE:

5 IS UNDER 60 1 (Q.A-6)
5 IS 60 OR OLDER 2 (Q.A-1)
 BOXED QUESTIONNAIRE 3 (Q.A-6)

Begin A0

First I'd like to verify a few facts.

MSQ I		
What is your complete address?	RESPONSE vs. ACTUAL	SCORE ANSWERS
A-1. Number and street	A-1 _____ (R) _____ (NO.) _____ (STREET)	_____
	(RECORD NUMBER AND STREET NAME FROM LABEL)	_____ (A) _____ (A)
A-2. City and State	A-2 _____ (R) _____ (CITY) _____ (STATE)	_____
	(RECORD CITY AND STATE FROM LABEL)	_____ (A) _____ (A)
A-3. How old are you now?	A-3 _____ (R) _____ (AGE)	_____
	(AGE AT LAST BIRTHDAY, RESPONSE SHOULD BE WITHIN ONE YEAR OF ACTUAL AGE.)	_____ (A) (RECORD AGE FROM LABEL)
When were you born?		
A-4. Month? (DO NOT SCORE "DAY")	A-4 _____ (R) _____ (A) (RECORD MONTH)	_____
A-5. Year?	A-5 _____ (R) _____ (A) (RECORD YEAR)	_____

BOX B

INTERVIEWER: REVIEW BOX 1 AND CIRCLE ONE:

BOX 1 IS LESS THAN 3 1 (MSQ II P. 43)
 BOX 1 IS 3 OR MORE 2 (Q.A-6)

Box 1

INTERVIEWER:

A-6 INTERVIEWER OBSERVE TYPE OF LIVING QUARTERS AND CIRCLE ONE

PRIVATE RESIDENCE OR APARTMENT BUILDING 1 (Q.A-7)
 SHELTERED HOUSING 2 (Q.A-7)
 NURSING HOME 3 (Q.A-16)
 PERSONAL CARE HOME 4 (Q.A-16)
 OTHER INSTITUTION (SPECIFY) _____ 5 (Q.A-16)

This (next) series of questions is about your household.

ENTER NAME OF S ON LINE a OF QUESTION A-12 BELOW.

A-7. How many people live in your household including yourself?	A-7	ONE.....01 # PEOPLE: __ __ (Q.A-9)	22-23
A-8. About how long have you lived alone?	A-8	LESS THAN ONE YEAR..... 00 (Q.A-25) # YEARS: __ __ (Q.A-25) DK..... 98 (Q.A-25)	24-25
A-9. What is the name of the head of your household? (IF <u>S</u> IS NOT HEAD OF HOUSEHOLD ENTER HH ON LINE 12b AND CIRCLE.)			26
A-10. What (is/are) the name(s) of the other person(s) who live(s) in your household? (RECORD NAMES IN Q.A-12).			
A-11. Have I missed anyone who usually lives here but is now away from home?	A-11	YES..... 1 (RECORD IN Q.A-12) NO..... 2	

A-12. AFTER LISTING HOUSEHOLD ASK Q.A-13 THROUGH A-15 FOR EACH PERSON, AS APPROPRIATE. NAME (FIRST, MIDDLE INITIAL, LAST).	A-13. How old was (PERSON) on (his/her) last birthday?	A-14. (ASK SEX IF QUESTIONABLE.) Is (PERSON) male or female?		A-15. How is (PERSON) related to you?	
NAME	YEARS OF AGE	M	F	RELATIONSHIP	
a.				(SUBJECT)	27-31
b.	YRS: __ __	1	2		32-36
c.	YRS: __ __	1	2		37-41
d.	YRS: __ __	1	2		42-46
e.	YRS: __ __	1	2		47-51
f.	YRS: __ __	1	2		52-56
g.	YRS: __ __	1	2		57-61
h.	YRS: __ __	1	2		62-66
i.	YRS: __ __	1	2		67-71
j.	YRS: __ __	1	2		72-76
k.	YRS: __ __	1	2		77-81
l.	YRS: __ __	1	2		82-86

INTERVIEWER: GO TO Q.A-25

This (next) series of questions is about the last household in which you lived.

ENTER NAME OF S ON LINE a OF QUESTION A-21 BELOW.

A-16. How many people lived in your household including yourself?	A-16	ONE.....01 # PEOPLE: __ __ (Q.A-18)	22-23
A-17. About how long did you live alone?	A-17	LESS THAN ONE YEAR..... 00 (Q.A-25) # YEARS: __ __ (Q.A-25) DK..... 98 (Q.A-25)	24-25
A-18. What was the name of the head of your household? (IF <u>S</u> IS NOT HEAD OF HOUSEHOLD ENTER HH ON LINE 21b AND CIRCLE.)			26
A-19. What (was/were) the name(s) of the other person(s) who lived in your household? (RECORD NAMES IN Q.A-21).			
A-20. Have I missed anyone who usually lived there?	A-20	YES..... 1 (RECORD IN Q.A-21) NO..... 2	

A-21. AFTER LISTING HOUSEHOLD ASK Q.A-22 THROUGH A-24 FOR EACH PERSON, AS APPROPRIATE. NAME (FIRST, MIDDLE INITIAL, LAST).	A-22. How old was (PERSON) just prior to your leaving the household?	A-23. (ASK SEX IF QUESTIONABLE.) Is (PERSON) male or female?		A-24. How is (PERSON) related to you?	
NAME	YEARS OF AGE	M	F	RELATIONSHIP	
a.				(SUBJECT)	27-31
b.	YRS: __ __	1	2		32-36
c.	YRS: __ __	1	2		37-41
d.	YRS: __ __	1	2		42-46
e.	YRS: __ __	1	2		47-51
f.	YRS: __ __	1	2		52-56
g.	YRS: __ __	1	2		57-61
h.	YRS: __ __	1	2		62-66
i.	YRS: __ __	1	2		67-71
j.	YRS: __ __	1	2		72-76
k.	YRS: __ __	1	2		77-81
l.	YRS: __ __	1	2		82-86

A-25. What is the highest grade or year of school that (HEAD OF HOUSEHOLD) ever completed? Include trade or vocational school.	A-25	NONE.....	10	
		GRADE 1.....	21	
		GRADE 2.....	22	
		GRADE 3.....	23	
		GRADE 4.....	24	
		GRADE 5.....	25	
		GRADE 6.....	26	
		GRADE 7.....	27	
		GRADE 8.....	28	
		GRADE 9.....	31	
		GRADE 10.....	32	
		GRADE 11.....	33	
		GRADE 12.....	34	
		VOCATIONAL		
		1 YEAR.....	01	
		2 YEARS.....	02	
		3 YEARS OR MORE....	03	
COLLEGE				
1 YEAR.....	41			
2 YEARS.....	42			
3 YEARS.....	43			
4 YEARS.....	44			
GRADUATE SCHOOL....	45			
DK.....	98	102-103		
A-26. (In the last household in which you lived) how many children (did/do) you have who live(d) away from home?	A-26	NONE.....00 (PART B)		
		# OF CHILDREN: [] [] []		104-105
A-27. (At that time) How many of your children live(d)...	A-27	# OF CHILDREN:		
		a. less than 1/2 hour away?	a [] [] []	106-107
		b. about 1/2 hour away?	b [] [] []	108-109
		c. about an hour away?	c [] [] []	110-111
		d. about two hours away?	d [] [] []	112-113
		e. more than two hours away?	e [] [] []	114-115

OFFICE USE ONLY:

[] [] [] [] [] [] [] [] [] []

116-117

PART B: FAMILY HISTORY

In this part of the questionnaire, I would like to ask you about your relatives. This includes your natural parents, your sisters and brothers and your children. Do not include adopted or step relatives, but do include half relatives.

Begin B0

B-1. How many brothers and sisters living or deceased do you have?	B-1	NONE..... 00 (Q.B-3) #: [] [] [] DK..... 98 (Q.B-3)	11-12
B-2. How many of these brothers and sisters were born before you?	B-2	S OLDEST..... 00 # OLDER:..... [] [] [] DK..... 98	13-14
B-3. How many children living or deceased have you had? Remember not to include adopted or step children.	B-3	NONE..... 00 # CHILDREN: [] [] []	15-16
B-4. Is your mother still living?	B-4	YES..... 1 (Q.B-7) NO..... 2 DK..... 8 (Q.B-7)	17
B-5. In what year did she die?	B-5	YR: [] [] [] [] [] [] DK..... 9998	18-21
B-6. Was your mother's death due to an injury or an accident?	B-6	YES..... 1 NO..... 2 DK..... 8	22
B-7. In what year was your mother born?	B-7	YR: [] [] [] [] [] [] DK..... 9998	23-26
B-8. Is your father still living?	B-8	YES..... 1 (Q.B-11) NO..... 2 DK..... 8 (Q.B-11)	27
B-9. In what year did he die?	B-9	YR: [] [] [] [] [] [] DK..... 9998	28-31
B-10. Was your father's death due to an injury or an accident?	B-10	YES..... 1 NO..... 2 DK..... 8	32
B-11. In what year was your father born?	B-11	YR: [] [] [] [] [] [] DK..... 9998	33-36
B-12. Think about the relatives that you have included in the previous questions, your parents, brothers, sisters, and children. Did a doctor ever say that any of these relatives had cancer?	B-12	YES..... 1 NO..... 2 (BOX C) DK..... 8 (BOX C)	37

B-13 Could you tell me which relatives have had cancer?
 [CIRCLE RELATIONSHIP TO S IN COLUMN A.]

COLUMN A	COLUMN B
CIRCLE RELATIONSHIP TO SUBJECT	Could you tell me the site or type of the cancer which your (RELATIVE) had?
a. MOTHER..... 1	SITE: _____
FATHER..... 2	_____
SISTER..... 3	OR
BROTHER..... 4	TYPE: _____
SON..... 5	_____
DAUGHTER..... 6	_____
38	38-41
	42-44
b. MOTHER..... 1	SITE: _____
FATHER..... 2	_____
SISTER..... 3	OR
BROTHER..... 4	TYPE: _____
SON..... 5	_____
DAUGHTER..... 6	_____
	46-48
	49-51
c. MOTHER..... 1	SITE: _____
FATHER..... 2	_____
SISTER..... 3	OR
BROTHER..... 4	TYPE: _____
SON..... 5	_____
DAUGHTER..... 6	_____
52	53-55
	56-58
d. MOTHER..... 1	SITE: _____
FATHER..... 2	_____
SISTER..... 3	OR
BROTHER..... 4	TYPE: _____
SON..... 5	_____
DAUGHTER..... 6	_____
59	60-62
	63-65
e. MOTHER..... 1	SITE: _____
FATHER..... 2	_____
SISTER..... 3	OR
BROTHER..... 4	TYPE: _____
SON..... 5	_____
DAUGHTER..... 6	_____
66	67-69
	70-72

BOX C

INTERVIEWER: CIRCLE ONE:
S IS FEMALE.....1 (PART C - SELF ADMINISTRATION BOOKLET)
S IS MALE.....2 (PART D)

PART D: HEALTH/DISEASES AND OPERATIONS

The questions I'm going to ask you now concern your health as well as diseases and operations you might have had.

Begin D1

D-1. Would you say that your health in general is excellent, very good, good, fair, or poor?	D-1	EXCELLENT..... 1 VERY GOOD..... 2 GOOD..... 3 FAIR..... 4 POOR..... 5	11															
D-2. Have you ever been told by a doctor that you had hypertension or high blood pressure?	D-2	YES..... 1 NO..... 2 (Q.D-6) DK..... 8 (Q.D-6)	12															
D-3. In what year were you first told that you had this condition?	D-3	YR: 1 9 (Q.D-5) DK..... 9998	13-16															
D-4. Can you remember if it was less than a year ago, between 1 and 5 years ago, between 5 and 10 years ago, or 10 or more years ago?	D-4	LESS THAN ONE YEAR..... 1 1 BUT LESS THAN 5 YEARS.. 2 5 BUT LESS THAN 10 YEARS. 3 10 OR MORE..... 4 DK..... 8	17															
D-5. Since 1970, have you been hospitalized overnight for problems related to your hypertension or high blood pressure?	D-5	YES..... 1 (CHART) NO..... 2	18															
D-6. Have you ever had any pain or discomfort in your chest?	D-6	YES..... 1 (Q.D-B) NO..... 2	19															
D-7. Have you ever had any pressure or heaviness in your chest?	D-7	YES..... 1 NO..... 2 (Q.D-27)	20															
D-8. Do you get this (pain or discomfort/pressure or heaviness) when you walk uphill or hurry?	D-8	YES..... 1 NO..... 2 (Q.D-19) NEVER WALKS UPHILL OR HURRIES..... 3	21															
D-9. Do you get this (pain or discomfort/pressure or heaviness) when you walk at an ordinary pace on level ground?	D-9	YES..... 1 NO..... 2	22															
D-10. What do you do if you get this pain while you are walking, stop or slow down, take a nitroglycerin, or continue at the same pace? (CIRCLE YES OR NO FOR EACH.)	D-10	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>YES</u></td> <td style="text-align: center;"><u>NO</u></td> <td></td> </tr> <tr> <td>a</td> <td>STOP OR SLOW DOWN. 1</td> <td>2</td> <td>23</td> </tr> <tr> <td>b</td> <td>TAKE A NITROGLYCERIN... 1</td> <td>2</td> <td>24</td> </tr> <tr> <td>c</td> <td>CONTINUE AT THE SAME PACE..... 1(Q.D-19)</td> <td>2</td> <td>25</td> </tr> </table>		<u>YES</u>	<u>NO</u>		a	STOP OR SLOW DOWN. 1	2	23	b	TAKE A NITROGLYCERIN... 1	2	24	c	CONTINUE AT THE SAME PACE..... 1(Q.D-19)	2	25
	<u>YES</u>	<u>NO</u>																
a	STOP OR SLOW DOWN. 1	2	23															
b	TAKE A NITROGLYCERIN... 1	2	24															
c	CONTINUE AT THE SAME PACE..... 1(Q.D-19)	2	25															

D-11. If you do stop or slow down, is the pain relieved or not?	D-11	RELIEVED..... 1 NOT RELIEVED..... 2 (Q.D-19)	26
D-12. How soon is the pain relieved?	D-12	TEN MINUTES OR LESS.. 1 MORE THAN 10 MINUTES. 2 (Q.D-19)	27
D-13. Have you ever had this (pain or discomfort/pressure or heaviness) more than three times?	D-13	YES..... 1 NO..... 2	28
D-14. About how old were you when you first had it? (READ AGE CATEGORIES IF NECESSARY.)	D-14	LESS THAN 15 YEARS OLD. 01 15 LESS THAN 20 YEARS.. 02 20 LESS THAN 30 YEARS.. 03 30 LESS THAN 40 YEARS.. 04 40 LESS THAN 50 YEARS.. 05 50 LESS THAN 60 YEARS.. 06 60 LESS THAN 70 YEARS.. 07 70 LESS THAN 80 YEARS.. 08 80 YEARS OR OLDER..... 09	29-30
D-15. Have you been bothered by this (pain or discomfort/pressure or heaviness) in the past 12 months?	D-15	YES..... 1 (Q.D-17) NO..... 2	31
D-16. In what year did you last experience the (pain or discomfort/pressure or heaviness)?	D-16	YR: 1 9 DK..... 9998	32-35
D-17. Please look at this diagram. Do you get this (pain or discomfort/pressure or heaviness) (SHOW DIAGRAM IN SELF-ADMINISTRATION BOOKLET, PAGE 6)	D-17	YES NO DK a. in region A -- ? a 1 2 8 b. in region B -- ? b 1 2 8 c. in region C -- ? c 1 2 8 d. in region D -- ? d 1 2 8	36 37 36 39
D-18. Do you feel it anywhere else?	D-18	YES..... 1 (MARK ON DIAGRAM) NO..... 2	40 41 42
Have you ever had a severe pain across the front of your chest lasting half an hour or more?	D-19	YES..... 1 NO..... 2 (Q.D-27) DK..... 8 (Q.D-27)	43
Did you see a doctor because of this pain?	D-20	YES..... 1 NO..... 2 (Q.D-22)	44
What did the doctor say it was?	D-21	SPECIFY: _____ _____ _____ _____ DK..... 8	45

D-22. How many of these attacks have you had?	D-22	# ATTACKS: DK..... 98	46-47
D-23. In what year was your (first) attack?	D-23	YR: 1 9 DK..... 9998	48-51
D-24. How long was the episode of pain?	D-24	1/2 TO ONE HOUR... 00 # HRS:	52-53

BOX D
INTERVIEWER: CHECK THE NUMBER OF ATTACKS REPORTED (Q.D-22) AND CIRCLE ONE:
Q.D-22 = 01. 1 (Q.D-26b)
OTHERWISE. 2 (Q.D-25)

D-25. In what year was your last attack?	D-25	YR: 1 9 DK..... 9998	54-57
D-26a. How long was the episode of pain?	D-26a	1/2 TO ONE HOUR... 00 # HRS:	58-59
D-26b. Since 1970, have you been hospitalized overnight for (this/these) attack(s)?	D-26b	YES..... 1 (CHART) NO..... 2	60
D-27. Do you get pain in either leg when walking?	D-27	YES..... 1 NO..... 2 (Q.D-39a) UNABLE TO WALK..... 3 (Q.D-39a)	61
D-28. Does this pain ever begin when you are standing still or sitting?	D-28	YES..... 1 (Q.D-39a) NO..... 2	62
D-29. In what part of your leg do you feel it? (IF CALVES NOT MENTIONED, ASK, "Anywhere else?" IF STILL NOT MENTIONED, CIRCLE 2.)	D-29	PAIN INCLUDES CALF/CALVES..... 1 PAIN DOES NOT INCLUDE CALF..... 2 (Q.D-39a)	63
D-30. Do you get this pain when you walk uphill or hurry?	D-30	YES..... 1 NO..... 2 (Q.D-39a) NEVER WALKS UP-HILL OR HURRIES. 3	64
D-31. Do you get this pain when you walk at an ordinary pace on level ground?	D-31	YES..... 1 NO..... 2	65
D-32. Does this pain ever disappear while you are still walking?	D-32	YES..... 1 (Q.D-39a) NO..... 2	66
D-33. What do you do if you get this pain while walking, stop or slacken your pace or continue at the same pace?	D-33	STOP OR SLACKEN PACE..... 1 CONTINUE AT SAME PACE..... 2 (Q.D-39a)	67

D-34. If you do stop, is the pain relieved or not?	D-34	RELIEVED..... 1 NOT RELIEVED..... 2 (Q.D-39a)	68
D-35. How soon after stopping is the pain relieved?	D-35	TEN MINUTES OR LESS..... 1 MORE THAN 10 MINUTES..... 2	69
D-36. How old were you when you first had it? (READ CATEGORIES IF NECESSARY.)	D-36	LESS THAN 15 YEARS OLD. 01 15 LESS THAN 20 YEARS.. 02 20 LESS THAN 30 YEARS.. 03 30 LESS THAN 40 YEARS.. 04 40 LESS THAN 50 YEARS.. 05 50 LESS THAN 60 YEARS.. 06 60 LESS THAN 70 YEARS.. 07 70 LESS THAN 80 YEARS.. 08 80 YEARS OR OLDER.....09	70-71
D-37. Have you been bothered by this condition in the past 12 months?	D-37	YES..... 1 (Q.D-39a) NO..... 2	72
D-38. In what year did you last experience this problem?	D-38	YR: 1 9 DK..... 9998	73-76

READ COLUMN a TO S. IF THE ANSWER TO COLUMN a IS "YES," ASK COLUMN b FOR THE CONDITION. IF "NO," ASK COLUMN a FOR THE NEXT CONDITION.

COLUMN a	COLUMN b	
Have you ever had (CONDITION):	Did this condition last longer than 24 hours?	
D-39a. A sudden loss of vision?	D-39b.	
YES..... 1	YES..... 1	
NO..... 2 (Q.D-40a)	NO..... 2	
	DK..... 8	77-78
D-40a. A sudden loss of speech, difficulty in speaking, or slurred speech?	D-40b.	
YES..... 1	YES..... 1	
NO..... 2 (Q.D-41a)	NO..... 2	
	DK..... 8	79-80
D-41a. A sudden paralysis or weakness of an arm and/or leg on the same side of the body?	D-41b.	
YES..... 1	YES..... 1	
NO..... 2 (Q.D-42a)	NO..... 2	
	DK..... 8	81-82
D-42a. A sudden numbness on one side of the body?	D-42b.	
YES..... 1	YES..... 1	
NO..... 2 (Q.D-43)	NO..... 2	
	DK..... 8	83-84

D-43. Did a doctor ever tell you that you had gall bladder disease?	D-43	YES..... 1 NO..... 2 (BOX E)	85
D-44. In what year were you first told that you had this condition?	D-44	YR: 1 9	86-89
D-45. Did you have surgery or a surgical procedure for this condition?	D-45	YES..... 1 NO..... 2 (Q.D-47)	90
D-46. In what year did you first have surgery for this condition?	D-46	YR: 1 9	91-94
D-47. Since 1970, have you been hospitalized overnight for this condition?	D-47	YES..... 1 (CHART) NO..... 2	95

BOX E:
INTERVIEWER: CIRCLE ONE:
S IS FEMALE.....1 (Q.D-48)
S IS MALE.....2 (Q.D-55)

D-48. Did a doctor ever tell you that you had a lump or cyst in your breast?	D-48	YES..... 1 NO..... 2 (Q.D-54)	96
D-49. Did you ever have a biopsy or aspiration for this condition?	D-49	YES..... 1 NO..... 2 (Q.D-52)	97
D-50. What is the total number of breast biopsies that you have had? Do not include aspiration where fluid was removed.	D-50	NO BIOPSIES..... 00 (Q.D-54) # BIOPSIES: DK..... 98	98-99
D-51. In what year did you (first) have a biopsy for a cyst or lump?	D-51	YR: 1 9 DK..... 9998	100-103
D-52. Did the doctor ever tell you that a lump or cyst in your breast was cancerous or malignant?	D-52	YES..... 1 NO..... 2	104
D-53. Have you had one or both of your breasts removed?	D-53	YES, ONE BREAST... 1 YES, BOTH BREASTS. 2 NEITHER..... 3	105
D-54. Since 1970 have you been hospitalized overnight for any type of breast condition, female problem or a pregnancy?	D-54	YES..... 1 (CHART) NO..... 2	106

These next questions are about skin problems you may have had.

D-55. Have you ever had a skin tumor, growth on your skin, skin ulcer or other skin lesions for which you received medical treatment by a doctor? (Do not include bedsores.)	D-55	YES..... 1 NO..... 2 (Q.D-62)	177
D-56. Since 1970, for how many skin conditions have you received treatment by a doctor?	D-56	NONE..... 00 (Q.D-62) # OF CONDITIONS: DK..... 98	108-109

Now I'd like to ask you about (this/these) (NUMBER) condition(s).

READ D-57 TO D-61 FOR EACH CONDITION.	1st SKIN CONDITION	2nd SKIN CONDITION	3rd SKIN CONDITION	
D-57. Was the (#SKIN CONDITION) a tumor or growth, a skin ulcer or something else?	TUMOR OR GROWTH.... 01 SKIN ULCER.. 02 MOLE..... 03 CYST..... 04 WART..... 05 OTHER (SPECIFY) ____ 06 DK..... 08 11-12	TUMOR OR GROWTH.... 01 SKIN ULCER.. 02 MOLE..... 03 CYST..... 04 WART..... 05 OTHER (SPECIFY) ____ 06 DK..... 08 27-28	TUMOR OR GROWTH.... 01 SKIN ULCER.. 02 MOLE..... 03 CYST..... 04 WART..... 05 OTHER (SPECIFY) ____ 06 DK..... 08 43-44	Begin D2 59-60
D-58. Did the doctor tell you that this condition was cancerous or malignant?	YES..... 1 NO..... 2 13	YES..... 1 NO..... 2 29	YES..... 1 NO..... 2 45	61
D-59. How many times has this condition recurred which required treatment by a doctor, including surgical removal?	# TIMES: CONTINUOUS.. 96 DK..... 98 14-15	# TIMES: CONTINUOUS.. 96 DK..... 98 30-31	# TIMES: CONTINUOUS.. 96 DK..... 98 46-47	62-63
D-60. On what parts of the body was this condition located? (CIRCLE YES OR NO FOR EACH.)	Y N a. HEAD OR FACE.... 1 2 b. ARMS.... 1 2 c. HANDS.... 1 2 d. LEGS.... 1 2 e. FEET.... 1 2 f. OTHER (SPEC.) ____ 1 2 16-25	Y N a. HEAD OR FACE.... 1 2 b. ARMS.... 1 2 c. HANDS.... 1 2 d. LEGS.... 1 2 e. FEET.... 1 2 f. OTHER (SPEC.) ____ 1 2 32-41	Y N a. HEAD OR FACE.... 1 2 b. ARMS.... 1 2 c. HANDS.... 1 2 d. LEGS.... 1 2 e. FEET.... 1 2 f. OTHER (SPEC.) ____ 1 2 48-57	64-73
D-61. Since 1970, have you ever stayed in a hospital overnight for treatment of this condition?	YES.... 1 (CHART) NO..... 2 (IF ANOTHER CONDITION GO TO D-57) 26	YES.... 1 (CHART) NO..... 2 (IF ANOTHER CONDITION GO TO D-57) 42	YES.... 1 (CHART) NO..... 2 (IF ANOTHER CONDITION GO TO D-57) 58	74

D-62. Did a doctor ever tell you that you had any cancer (other than the cancer we talked about)? (DON'T INCLUDE SKIN CANCER UNLESS MELANOMA.)	D-62	YES..... 1 NO..... 2 (Q.D-66)	75
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ASK D-63 AND RECORD EACH SEPARATE DIAGNOSIS OF CANCER, THEN ASK D-64 AND D-65 FOR EACH DIAGNOSIS.	1st DIAGNOSIS	2nd DIAGNOSIS	3rd DIAGNOSIS
D-63. Where was the cancer or what type of cancer was it? (Have you had any other cancer diagnosed?)	SITE: _____ OR TYPE: _____ 76-78	SITE: _____ OR TYPE: _____ 84-86	SITE: _____ OR TYPE: _____ 92-94
D-64. In what year were you first told that you had (SITE/TYPE)?	YR: 9 DK..... 9998 79-82	YR: 9 DK..... 9998 87-90	YR: 9 DK..... 9998 95-98
D-65. Since 1970, have you been hospitalized overnight for this condition?	YES.... 1 (CHART) NO..... 2 83	YES.... 1 (CHART) NO..... 2 91	YES.... 1 (CHART) NO..... 2 99

These next questions are about respiratory problems.

D-66. Do you usually have a cough? Exclude clearing your throat. (Include a cough when getting up, a cough when going out of doors, a cough with the first smoke, or coughing at all during the rest of the day or night.)	D-66	YES..... 1 NO..... 2 (Q.D-68)	100
D-67. Do you usually cough like this on most days for three consecutive months or more during the year?	D-67	YES..... 1 NO..... 2	101
D-68. Do you usually bring up phlegm from your chest? Exclude phlegm from your nose. (Include bringing up phlegm at all when getting up in the morning, when first going out of doors, with the first smoke or bringing up phlegm at all the rest of the day.)	D-68	YES..... 1 NO..... 2 (Q.D-70)	102
D-69. Do you bring up phlegm like this on most days for three consecutive months or more during the year?	D-69	YES..... 1 NO..... 2	103

(IF S IS UNABLE TO WALK, CODE 3.)																
D-70.	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	D-70	YES..... 1 NO..... 2 (Q.D-75) UNABLE TO WALK.... 3 (Q.D-74)	104												
D-71.	Do you have to walk slower than people of your age on level ground because of breathlessness?	D-71	YES..... 1 NO..... 2	105												
D-72.	Do you ever have to stop for breath when walking at your own pace on level ground?	D-72	YES..... 1 NO..... 2	106												
D-73.	Do you ever have to stop for breath after walking about 100 yards or after a few minutes, on level ground?	D-73	YES..... 1 NO..... 2	107												
D-74.	Are you too breathless to leave the house or breathless on dressing or undressing?	D-74	YES..... 1 NO..... 2	108												
D-75.	Does your chest ever sound wheezy or whistling... a. on most days or nights? b. when you have a cold? c. occasionally when you don't have a cold?	D-75	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a.</td> <td>1 (Q.D-76)</td> <td>2</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a.	1 (Q.D-76)	2	b.	1	2	c.	1	2	109 110 111
	YES	NO														
a.	1 (Q.D-76)	2														
b.	1	2														
c.	1	2														

The next few questions are about ways in which the environment may affect your skin.

D-76.	During your adult life, as part of your usual job, were you outdoors in the sun frequently, occasionally, rarely or never?	D-76	FREQUENTLY..... 1 OCCASIONALLY..... 2 RARELY..... 3 NEVER..... 4 DK..... 8	112
D-77.	During your adult life, in your leisure time, including hobbies and sports, were you outdoors in the sun frequently, occasionally, rarely or never?	D-77	FREQUENTLY..... 1 OCCASIONALLY..... 2 RARELY..... 3 NEVER..... 4 DK..... 8	113
D-78.	When you were a child or teenager, were you ever sunburned so badly that your skin blistered?	D-78	YES..... 1 NO..... 2 DK..... 8	114

D-79.	In the summer, once you have already been in the sun several times, what reaction will your skin have the next time you go out in the sun for two or more hours on a bright day? Would you say you would get no reaction, some redness only, a burn, or a painful burn?	D-79	NO REACTION/TAN... 1 SOME REDNESS..... 2 BURN..... 3 PAINFUL BURN..... 4 DK..... 8	115
D-80.	After repeated sun exposures, for example, a two-week vacation outdoors, would your skin become slightly darker, somewhat darker, very dark, or would there be no change?	D-80	SLIGHTLY DARKER... 1 SOMEWHAT DARKER... 2 VERY DARK..... 3 NO CHANGE..... 4 DK..... 8	116
D-81.	In the past ten years, have you ever been confined to bed for most of the day for at least a two-week period?	D-81	YES..... 1 NO..... 2 (PART E)	117
D-82.	Have you ever had a bedsore, an open sore caused by being confined to bed for a long time or unable to move about as usual?	D-82	YES..... 1 NO..... 2 (PART E)	118
D-83.	When this bedsore occurred, were you at home, in a hospital, in a nursing home or somewhere else?	D-83	HOME (OWN)..... 1 HOSPITAL..... 2 NURSING HOME..... 3 OTHER (SPECIFY)... 4 _____ _____	119

TIME ENDED: _____ AM
PM

TIME BEGAN: _____ AM
 _____ PM

PART E: MUSCULOSKELETAL PROBLEMS

These next questions are about some other health problems you might experience from time to time.

Begin E1

E-1. Have you had pain in your neck on most days for <u>at least one month</u> ?	E-1	YES..... 1 (Q.E-10) NO..... 2	11
E-2. Have you had pain in your back on most days for <u>at least one month</u> ?	E-2	YES..... 1 (Q.E-29) NO..... 2	12
E-3. Have you had pain in or around either hip joint, including the buttock, groin and side of upper thigh, on most days for <u>at least one month</u> ?	E-3	YES..... 1 (Q.E-50) NO..... 2	13
E-4a. Have you had pain in or around the knee, including back of knee, on most days for <u>at least one month</u> ?	E-4a	YES..... 1 NO..... 2 (Q.E-5)	14
E-4b. Which knee?	E-4b	LEFT..... 1 (Q.E-61) RIGHT..... 2 (Q.E-61) BOTH..... 3 (Q.E-61)	15
E-5. Have you had pain or aching in any joint <u>other</u> than the hip, back or knee on most days for <u>at least six weeks</u> ?	E-5	YES..... 1 (Q.E-72) NO..... 2	16
E-6. Have you had any swollen joints which were painful when touched on most days for <u>at least one month</u> ?	E-6	YES..... 1 (Q.E-74) NO..... 2	17
E-7. Have you had stiffness in your joints when first getting out of bed on most mornings for <u>at least one month</u> ?	E-7	YES..... 1 (Q.E-83) NO..... 2	18
E-8. Have you ever been <u>told by a doctor</u> that you fractured a hip?	E-8	YES..... 1 (Q.E-91) NO..... 2	19
E-9. Have you ever been <u>told by a doctor</u> that you had a dislocated hip?	E-9	YES..... 1 (Q.E-96) NO..... 2 (PART F)	20
E-10. What was the longest episode of neck pain you ever had? [IF 5 INDICATES LESS THAN 1 MONTH, REASK Q.E-1.]	E-10	1 MONTH..... 1 MORE THAN 1 BUT LESS THAN 6 MONTHS..... 2 6-12 MONTHS..... 3 MORE THAN 1 YEAR.. 4	21

E-11. How old were you when you <u>first</u> experienced this recurring neck pain? (READ CATEGORIES IF NECESSARY.)	E-11	LESS THAN 15 YEARS OLD..... 01 15 LESS THAN 20 YEARS. 02 20 LESS THAN 30 YEARS. 03 30 LESS THAN 40 YEARS. 04 40 LESS THAN 50 YEARS. 05 50 LESS THAN 60 YEARS. 06 60 LESS THAN 70 YEARS. 07 70 LESS THAN 80 YEARS. 08 80 AND OLDER..... 09	22-23																								
E-12. Are you still having this neck pain?	E-12	YES..... 1 (Q.E-14) NO..... 2	24																								
E-13. When was the last time you had this pain? (READ CATEGORIES IF NECESSARY.)	E-13	LESS THAN 1 YEAR AGO.. 1 (Q.E-15) 1 BUT LESS THAN 3..... 2 (Q.E-15) 3 BUT LESS THAN 5..... 3 (Q.E-15) 5 OR MORE YEARS AGO... 4 (Q.E-15) DK..... 5 (Q.E-15)	25																								
E-14. Does this neck pain occur more frequently than it used to?	E-14	YES..... 1 NO..... 2	26																								
E-15. (Is/was) the pain present when you (are/were) resting at night?	E-15	YES..... 1 NO..... 2 (Q.E-17)	27																								
E-16. (Does/did) it awaken you from sleep at night?	E-16	YES..... 1 NO..... 2	28																								
E-17. (Does/did) the pain seem to spread?	E-17	YES..... 1 NO..... 2 (Q.E-19)	29																								
E-18. (Does/did) the pain spread to:	E-18	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. the top and back of the head?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b. either shoulder?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c. the arms or hands?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a. the top and back of the head?	1	2	8	b. either shoulder?	1	2	8	c. the arms or hands?	1	2	8	30 31 32								
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E-19. (Is/was) your neck pain made worse...	E-19	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. by coughing, sneezing or deep breathing?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b. with bending or twisting motion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c. after prolonged sitting?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d. after prolonged standing?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e. with other motion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a. by coughing, sneezing or deep breathing?	1	2	8	b. with bending or twisting motion?	1	2	8	c. after prolonged sitting?	1	2	8	d. after prolonged standing?	1	2	8	e. with other motion?	1	2	8	33 34 35 36 37
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d. after prolonged standing?	1	2	8																								
e. with other motion?	1	2	8																								
E-20. Have you ever had neck pain due to an injury?	E-20	YES..... 1 NO..... 2 (Q.E-23)	38																								
E-21. Was the neck pain caused by playing a sport, doing your job at work, or some other activity?	E-21	PLAYING A SPORT..... 1 DOING YOUR JOB AT WORK.. 2 ANOTHER ACTIVITY..... 3 DK..... 8	39																								

E-22. Have you ever been told by a doctor that you had a "whiplash" injury of the neck?	E-22	YES..... 1 NO..... 2	40
E-23. Have you ever been told by a doctor that you had a slipped or ruptured disc in your neck?	E-23	YES..... 1 NO..... 2 (Q.E-25)	41
E-24. Were you in traction to treat this slipped or ruptured disc?	E-24	YES..... 1 NO..... 2	42
E-25. Have you ever stayed in a hospital overnight for neck pain?	E-25	YES..... 1 NO..... 2 (Q.E-28)	43
E-26. Was this hospitalization since 1970?	E-26	YES..... 1 (CHART) NO..... 2	44
E-27a. Did you have any surgery for neck pain?	E-27a	YES..... 1 NO..... 2 (Q.E-28)	45
E-27b. How many times?	E-27b	# OF TIMES: __ __	46-47
E-28. Have you had pain in your back on most days for at least one month?	E-28	YES..... 1 NO..... 2 (Q.E-49)	48
E-29. What was the longest episode of back pain you have ever had? (IF S INDICATES LESS THAN ONE MONTH, REASK Q.E-28)	E-29	1 MONTH..... 1 MORE THAN 1 BUT LESS THAN 6 MONTHS..... 2 6-12 MONTHS..... 3 MORE THAN 1 YEAR..... 4	49
E-30. How old were you when you first experienced this recurring back pain? (READ CATEGORIES IF NECESSARY.)	E-30	LESS THAN 15 YEARS OLD..... 01 15 LESS THAN 20 YEARS. 02 20 LESS THAN 30 YEARS. 03 30 LESS THAN 40 YEARS. 04 40 LESS THAN 50 YEARS. 05 50 LESS THAN 60 YEARS. 06 60 LESS THAN 70 YEARS. 07 70 LESS THAN 80 YEARS. 08 80 AND OLDER..... 09	50-51
E-31. Are you still having this pain?	E-31	YES..... 1 (Q.E-33) NO..... 2	52

E-32. When was the last time you had this pain? (READ CATEGORIES IF NECESSARY.)	E-32	LESS THAN 1 YEAR AGO.. 1 (Q.E-34) 1 BUT LESS THAN 3..... 2 (Q.E-34) 3 BUT LESS THAN 5..... 3 (Q.E-34) 5 OR MORE YEARS AGO... 4 (Q.E-34) DK..... 8 (Q.E-34)	53												
E-33. Does this pain occur more frequently than it used to?	E-33	YES..... 1 NO..... 2	54												
E-34. (Is/was) the pain located in your...	E-34	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a. upper back?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. mid-back?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. lower back?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a. upper back?	1	2	b. mid-back?	1	2	c. lower back?	1	2	55 56 57
	YES	NO													
a. upper back?	1	2													
b. mid-back?	1	2													
c. lower back?	1	2													

BOX F
INTERVIEWER: CHECK E-34a-c AND CIRCLE ONE:
Q.E-34a-c, 2 or more = YES(1). . . . 1 (Q.E-35)
OTHERWISE. 2 (Q.E-36)

E-35. When you (have/had) this pain, where (is/was) it most intense, in your (upper back/mid/or lower back)?	E-35	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a. UPPER BACK....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. MID-BACK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. LOWER BACK....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a. UPPER BACK....	1	2	b. MID-BACK.....	1	2	c. LOWER BACK....	1	2	58 59 60								
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c. LOWER BACK....	1	2																					
E-36. (Was/is) the pain present when you (are/were) resting at night?	E-36	YES..... 1 NO..... 2 (Q.E-38)	61																				
E-37. (Does/did) it awaken you from sleep at night?	E-37	YES..... 1 NO..... 2	62																				
E-38. (Does/did) the pain seem to spread?	E-38	YES..... 1 NO..... 2 (Q.E-40)	63																				
E-39. (Does/did) the pain spread to:	E-39	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. the back of the right leg?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b. the back of the left leg?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c. the top of the head?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d. the sides of the body?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a. the back of the right leg?	1	2	8	b. the back of the left leg?	1	2	8	c. the top of the head?	1	2	8	d. the sides of the body?	1	2	8	64 65 66 67
	YES	NO	DK																				
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b. the back of the left leg?	1	2	8																				
c. the top of the head?	1	2	8																				
d. the sides of the body?	1	2	8																				

E-40. (Is/was) your back pain made worse...	E-40	<u>YES</u> <u>NO</u> <u>DK</u>	
a. by coughing, sneezing or deep breathing?	a	1 2 8	65
b. with bending or twisting motion?	b	1 2 8	69
c. after prolonged sitting?	c	1 2 8	70
d. after prolonged standing?	d	1 2 8	71
e. with other motion?	e	1 2 8	72
E-41. Have you ever had back pain due to an injury?	E-41	YES..... 1 NO..... 2 (Q.E-43)	73
E-42. Was the back pain caused by playing a sport, doing your job at work or some other activity?	E-42	PLAYING A SPORT..... 1 DOING YOUR JOB AT WORK..... 2 ANOTHER ACTIVITY..... 3 DK..... 8	74
E-43. Have you ever been told by a doctor that you had a slipped or ruptured disc in your back?	E-43	YES..... 1 NO..... 2 (Q.E-45)	75
E-44. Were you in traction to treat this slipped or ruptured disc?	E-44	YES..... 1 NO..... 2	76
E-45. Have you ever stayed in a hospital overnight for back pain?	E-45	YES..... 1 NO..... 2 (Q.E-49)	77
E-46. Was this hospitalization since 1970?	E-46	YES..... 1 (CHART) NO..... 2	78
E-47. Did you have any surgery?	E-47	YES..... 1 NO..... 2 (Q.E-49)	79
E-48. How many times?	E-48	# OF TIMES: __ __	80-81
E-49. Have you had pain in or around either hip joint, including the buttock, groin, and side of the upper thigh on most days for at least one month?	E-49	YES..... 1 NO..... 2 (Q.E-60)	82
E-50. What is the longest episode of hip pain you have ever had? [IF 5 INDICATES LESS THAN ONE MONTH, REASK Q.E-49]	E-50	1 MONTH..... 1 MORE THAN 1 BUT LESS THAN 6 MONTHS..... 2 6-12 MONTHS..... 3 MORE THAN 1 YEAR..... 4	83

E-51. How old were you when you first experienced this recurring pain in the hip? (READ CATEGORIES IF NECESSARY.)	E-51	LESS THAN 15 YEARS..... 01 15 BUT LESS THAN 20 YEARS. 02 20 BUT LESS THAN 30 YEARS. 03 30 BUT LESS THAN 40 YEARS. 04 40 BUT LESS THAN 50 YEARS. 05 50 BUT LESS THAN 60 YEARS. 06 60 BUT LESS THAN 70 YEARS. 07 70 BUT LESS THAN 80 YEARS. 08 80 AND OLDER..... 09	84-85
E-52. Are you still having this hip pain?	E-52	YES..... 1 (Q.E-54) NO..... 2	86
E-53. When was the last time you had the hip pain?	E-53	LESS THAN 1 YEAR AGO..... 1 1 BUT LESS THAN 3..... 2 3 BUT LESS THAN 5..... 3 5 OR MORE YEARS AGO..... 4 DK..... 8	87
E-54. In which of these areas of the body (is/was) the hip pain usually most intense:	E-54	<u>YES</u> <u>NO</u> <u>DK</u> a. right buttock? a 1 2 8 88 b. left buttock? b 1 2 8 89 c. right groin? c 1 2 8 90 d. left groin? d 1 2 8 91 e. side of right upper thigh? e 1 2 8 92 f. side of left upper thigh? f 1 2 8 93 g. somewhere else? g 1 2 8 94 ↓ (SPECIFY) _____	95-96
E-55. From the hip (does/did) the pain tend to spread?	E-55	YES..... 1 NO..... 2 (Q.E-57)	97
E-56. (Does/did) the pain tend to spread to:	E-56	<u>YES</u> <u>NO</u> <u>DK</u> a. the inside of your leg? a 1 2 8 98 b. the front of your leg? b 1 2 8 99 c. the outside of your leg? c 1 2 8 100 d. the back of your leg? d 1 2 8 101 e. somewhere else? e 1 2 8 102 ↓ (SPECIFY) _____	103-104
E-57. (Do/did) you have pain in or around the hip when either coughing or sneezing?	E-57	YES..... 1 NO..... 2	105
E-58. When this pain (is/was) present, (does/did) it hurt when resting as well as when moving?	E-58	YES..... 1 NO..... 2	106

E-59. Since 1970, have you stayed in a hospital overnight for problems related to your hip pain?	E-59	YES..... 1 (CHART) NO..... 2	197
E-60a. Have you had pain in or around the knee, including the back of the knee, on most days for at least one month?	E-60a	YES..... 1 NO..... 2 (Q.E-71)	100
E-60b. Which knee?	E-60b	LEFT..... 1 RIGHT..... 2 BOTH..... 3	193
E-61. What was the longest episode of knee pain you have ever had? [IF 5 INDICATES LESS THAN ONE MONTH, REASK Q.E-60a]	E-61	1 MONTH..... 1 MORE THAN 4 WEEKS BUT LESS THAN 6 WEEKS..... 2 MORE THAN 6 WEEKS BUT LESS THAN 6 MONTHS..... 3 6-12 MONTHS..... 4 MORE THAN 1 YEAR..... 5	110
E-62. How old were you when you first experienced recurring pain in the knee? (READ CATEGORIES IF NECESSARY.)	E-62	LESS THAN 15 YEARS OLD..... 01 15 BUT LESS THAN 20 YEARS. 02 20 BUT LESS THAN 30 YEARS. 03 30 BUT LESS THAN 40 YEARS. 04 40 BUT LESS THAN 50 YEARS. 05 50 BUT LESS THAN 60 YEARS. 06 60 BUT LESS THAN 70 YEARS. 07 70 BUT LESS THAN 80 YEARS. 08 80 AND OLDER..... 09	111-112
E-63. Are you still having this knee pain?	E-63	YES..... 1 (Q.E-65) NO..... 2	113
E-64. When was the last time you had this knee pain? (READ CATEGORIES IF NECESSARY.)	E-64	LESS THAN 1 YEAR AGO.... 1 1 BUT LESS THAN 3..... 2 3 BUT LESS THAN 5..... 3 5 OR MORE YEARS AGO..... 4 DK..... 8	114
E-65. When this pain (is/was) present, (does/did) it hurt when resting as well as when moving?	E-65	YES..... 1 NO..... 2	115
E-66. When this knee pain (is/was) present:	E-66	YES NO	
a. (Is/was) there also swelling of the knee joint?	a	1 2	116
b. (Is/was) the joint warm to the touch?	b	1 2	117
c. (Does/did) the joint appear red?	c	1 2	118

E-67a. Have you ever had "locking" of the knee?	E-67a	YES..... 1 NO..... 2 (Q.E-68a)	119
E-67b. Which knee?	E-67b	LEFT..... 1 RIGHT..... 2 BOTH..... 3	120
E-68a. Has either knee ever "given way" under you?	E-68a	YES..... 1 NO..... 2 (Q.E-69)	121
E-68b. Which knee?	E-68b	LEFT..... 1 RIGHT..... 2 BOTH..... 3	122
E-69. Have you ever had a severe twisting of either knee resulting in a sprain or swelling lasting more than two weeks?	E-69	YES..... 1 NO..... 2 (Q.E-71)	123
E-70. Which knee?	E-70	RIGHT..... 1 LEFT..... 2 BOTH..... 3	124
E-71. Have you had pain or aching in any joint other than the hip, back, neck or knee on most days for at least six weeks?	E-71	YES..... 1 NO..... 2 (Q.E-73)	125 Begin E2
E-72. Which joints were painful. . .	E-72	IF "YES" → ...Was it the right or the left? YES NO RIGHT LEFT BOTH	
a. Finger(s)?	a	1 2 a 1 2 3	11-12
b. Wrists?	b	1 2 b 1 2 3	13-14
c. Elbows?	c	1 2 c 1 2 3	15-16
d. Shoulders?	d	1 2 d 1 2 3	17-18
e. Ankles?	e	1 2 e 1 2 3	19-20
f. Toes?	f	1 2 f 1 2 3	21-22
E-73. Have you ever had any swollen joints which were painful when touched on most days for at least one month?	E-73	YES..... 1 NO..... 2 (Q.E-78)	23
E-74. How old were you when you first experienced swelling of your joints? (READ CATEGORIES IF NECESSARY.)	E-74	LESS THAN 15 YEARS OLD..... 01 15 BUT LESS THAN 20 YEARS. 02 20 BUT LESS THAN 30 YEARS. 03 30 BUT LESS THAN 40 YEARS. 04 40 BUT LESS THAN 50 YEARS. 05 50 BUT LESS THAN 60 YEARS. 06 60 BUT LESS THAN 70 YEARS. 07 70 BUT LESS THAN 80 YEARS. 08 80 AND OLDER..... 09	24-25

E-75. Are you still having this swelling of your joints?	E-75	YES..... 1 (Q.E-77) NO..... 2	26
E-76. When was the last time you had this swelling? (READ CATEGORIES IF NECESSARY.)	E-76	LESS THAN 1 YEAR AGO.... 1 1 BUT LESS THAN 3..... 2 3 BUT LESS THAN 5..... 3 5 OR MORE YEARS AGO..... 4 DK..... 8	27
E-77. Which joints (are/were) usually involved whenever you (have/had) this swelling with tenderness on touching..	E-77	IF "YES" → ...Was it the right or the left? YES NO RIGHT LEFT BOTH	28-29
a. Finger(s)?	a	1 2 a 1 2 3	28-29
b. Wrists?	b	1 2 b 1 2 3	30-31
c. Elbows?	c	1 2 c 1 2 3	32-33
d. Shoulders?	d	1 2 d 1 2 3	34-35
e. Hips?	e	1 2 e 1 2 3	36-37
f. Knees?	f	1 2 f 1 2 3	38-39
g. Ankles?	g	1 2 g 1 2 3	40-41
h. Toes?	h	1 2 h 1 2 3	42-43
E-78. Did you ever have a surgical procedure on any of your joints?	E-78	YES..... 1 NO..... 2 (Q.E-82)	44
E-79. Which joints were operated upon...	E-79	IF "YES" → ...Was it the right or the left? YES NO RIGHT LEFT BOTH	45-46
a. Finger(s)?	a	1 2 a 1 2 3	45-46
b. Wrist?	b	1 2 b 1 2 3	47-48
c. Elbow?	c	1 2 c 1 2 3	49-50
d. Shoulder?	d	1 2 d 1 2 3	51-52
e. Hip?	e	1 2 e 1 2 3	53-54
f. Knee?	f	1 2 f 1 2 3	55-56
g. Ankle?	g	1 2 g 1 2 3	57-58
h. Toes?	h	1 2 h 1 2 3	59-60
E-80. Did you have the joints replaced?	E-80	YES..... 1 NO..... 2 (Q.E-82)	61

E-81. Which joints were replaced...	E-81	IF "YES" → ...How many replacements? YES NO	62-64
a. Finger(s) on right hand?	a	1 2 a	62-64
b. Finger(s) on left hand?	b	1 2 b	65-67
c. Left hip?	c	1 2 c	68-70
d. Right hip?	d	1 2 d	71-73
e. Left knee?	e	1 2 e	74-76
f. Right knee?	f	1 2 f	77-79
g. Any other joints?	g	1 2 g	80
		↓ (SPECIFY) 	81-83 84-86
E-82. Have you had stiffness in your joints when first getting out of bed on most mornings for at least one month?	E-82	YES..... 1 NO..... 2 (Q.E-88)	87
E-83. How old were you when you first experienced this morning stiffness of your joints? (READ CATEGORIES IF NECESSARY.)	E-83	LESS THAN 15 YEARS OLD.... 01 15 BUT LESS THAN 20 YEARS. 02 20 BUT LESS THAN 30 YEARS. 03 30 BUT LESS THAN 40 YEARS. 04 40 BUT LESS THAN 50 YEARS. 05 50 BUT LESS THAN 60 YEARS. 06 60 BUT LESS THAN 70 YEARS. 07 70 BUT LESS THAN 80 YEARS. 08 80 AND OLDER..... 09	88-89
E-84. Are you still having this morning stiffness?	E-84	YES..... 1 (Q.E-86) NO..... 2	90
E-85. When was the last time you had this morning stiffness? (READ CATEGORIES IF NECESSARY.)	E-85	LESS THAN 1 YEAR AGO..... 1 1 BUT LESS THAN 4 YEARS AGO. 2 4 BUT LESS THAN 10 YEARS AGO..... 3 10 OR MORE YEARS AGO..... 4 DK..... 8	91
E-86. Which joints (are/were) usually involved whenever you (have/had) this morning stiffness...	E-86	IF "YES" → ...Was it the right or the left? YES NO RIGHT LEFT BOTH	92-93
a. Finger(s)?	a	1 2 a 1 2 3	92-93
b. Wrists?	b	1 2 b 1 2 3	
c. Elbows?	c	1 2 c 1 2 3	
d. Shoulders?	d	1 2 d 1 2 3	
e. Hips?	e	1 2 e 1 2 3	
f. Knees?	f	1 2 f 1 2 3	
g. Ankles?	g	1 2 g 1 2 3	
h. Toes?	h	1 2 h 1 2 3	
i. Back?	i	1 2	

E-87. After getting up and moving around (did/does) this morning stiffness usually last... a. all day? b. longer than 1/2 hour? c. longer than 15 minutes?	E-87	YES	NO	
	a	1 (Q.E-88)	2	119
	b	1 (Q.E-88)	2	110
	c	1	2	111
E-88. Have you ever stayed overnight in a hospital because of joint problems?	E-88	YES..... 1	NO..... 2 (Q.E-90)	112
E-89. Since 1970, have you stayed overnight in a hospital because of joint problems?	E-89	YES..... 1 (CHART)	NO..... 2	113
E-90. Have you ever been told by a doctor that you had a fractured hip?	E-90	YES..... 1	NO..... 2 (Q.E-95)	114
E-91. Which hip was broken?	E-91	RIGHT..... 1	LEFT..... 2	
		BOTH..... 3		115
E-92. How old were you when it happened?	E-92	AGE:	DK..... 98	116-117
E-93. Did you have surgery?	E-93	YES..... 1	NO..... 2	118
E-94. Since 1970, have you stayed in a hospital overnight for a fractured hip?	E-94	YES..... 1 (CHART)	NO..... 2	119
E-95. Have you ever been told by a doctor that you had a dislocated hip?	E-95	YES..... 1	NO..... 2 (Q.E-100)	120
E-96. Which hip was dislocated?	E-96	RIGHT..... 1	LEFT..... 2	
		BOTH..... 3		121
E-97. How old were you when it happened?	E-97	AGE:	DK..... 98	122-123
E-98. Did you have surgery?	E-98	YES..... 1	NO..... 2	124

E-99. Since 1970, have you stayed in the hospital overnight for problems related to your dislocation?	E-99	YES..... 1 (CHART)	NO..... 2
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125

E-100. Now, I'd like you to look at this line in this booklet.

In the past week, how much pain have you had from your joint condition? (GO TO SELF-ADMINISTRATION BOOKLET, PAGE 6.)

126-127

NURSING HOME INSTRUCTIONS: CIRCLE ONE:
 RESPONDENT CAN ANSWER THIS SECTION. 1
 RESPONDENT CANNOT ANSWER THIS SECTION
 ASK OF NURSING HOME STAFF. 2 (PART G)

If 5 IS BEDRIDDEN, ASK:

F1. Are you usually confined to bed for most of the day? YES 1
 NO. 2 (F-3a) 11

F2. How long have you been confined to bed? # OF MONTHS: | | | | (ASK * QUESTIONS ONLY) 13-14
 OR
 # OF YEARS: | | | | (ASK * QUESTIONS ONLY) | 15

INTERVIEWER INSTRUCTIONS: ASK F-3a THROUGH F-28a. IF ANY RESPONSE = 3 OR 4, ASK F-3b THROUGH F-28b.
 IF b = YES (USES HELP EITHER FROM ANOTHER PERSON OR AN AID) ASK F-3c THROUGH F-24c WHERE INDICATED.

Now I am going to read a list of activities with which some people have difficulty. Using the categories on this card, please tell me if:

You have no difficulty, some difficulty, much difficulty or are unable to do these activities at all when you are by yourself and without the use of aids.

HAND
S
CARD
A

	No difficulty	Some difficulty	Much difficulty	Unable to do	DK
F-3. Dress yourself, including tying shoes, working zippers and doing buttons?	1	2	3	4	8
F-4. Shampoo your hair?	1	2	3	4	8
F-5. Stand up from an armless straight chair?	1	2	3	4	8
F-6. Get into and out of bed?	1	2	3	4	8
F-7. Prepare your own food?	1	2	3	4	8
F-8. Cut your meat?	1	2	3	4	8
F-9. Lift a full cup or glass to your mouth?	1	2	3	4	8
F-10. Open a new milk carton?	1	2	3	4	8
F-11. Walk a quarter mile (two or three blocks)?	1 (Q,F-13)	2 (Q,F-13)	3	4	8
F-12. Walk from one room to another on the same level?	1	2	3	4	8
F-13. Walk up and down at least two steps?	1	2	3	4	8
F-14. Turn faucets on or off?	1	2	3	4	8
F-15. Get in and out of the bathtub?	1	2	3	4	8
F-16. Wash and dry your whole body?	1	2	3	4	8
F-17. Get on and off the toilet?	1	2	3	4	8
F-18. Comb your hair?	1	2	3	4	8
F-19. Reach and get down a 5 lb. object (bag of sugar) from just above your head?	1	2	3	4	8
F-20. Bend down and pick up clothing from the floor?	1	2	3	4	8
F-21. Open push button car doors?	1	2	3	4	8
F-22. Open jars which have been previously opened?	1	2	3	4	8
F-23. Use a pen or pencil to write with?	1	2	3	4	8
F-24. Get in and out of a car?	1	2	3	4	8
F-25. Run errands and shop?	1	2	3	4	8
F-26. Do light chores such as vacuuming?	1	2	3	4	8
F-27. Lift and carry a full bag of groceries?	1	2	3	4	8
F-28. Do heavy chores around the house or yard, or washing windows, walls or floors?	1	2	3	4	8

INTERVIEWER: REVIEW F-3a through F-28a AND CIRCLE ONE:
 ALL RESPONSES, F-3a THROUGH F-28a = 1 OR 2 1 (PART C)
 FOR ANY RESPONSE IN F-3a THROUGH F-28a = 3 OR 4 . . . 2 (Q,F-3b)

	b. You said that you (have difficulty/are unable to) (ACTIVITY) by yourself. . . Do you have help from. . .				c. (ASK ONLY IF HAVE HELP) With help how difficult is it for you to do?			
	another person?		a mechanical aid or device i.e., cane?		With no difficulty	Some difficulty	Much difficulty	Unable to do
	Yes	No	Yes	No				
F-3	1	2	1	2	1	2	3	4
F-4	1	2						
F-5	1	2	1	2	1	2	3	4
F-6	1	2	1	2	1	2	3	4
F-7	1	2						
F-8	1	2						
F-9	1	2						
F-10	1	2						
F-11	1	2	1	2	1	2	3	4
F-12	1	2	1	2	1	2	3	4
F-13	1	2	1	2	1	2	3	4
F-14	1	2						
F-15	1	2	1	2	1	2	3	4
F-16	1	2						
F-17	1	2	1	2	1	2	3	4
F-18	1	2						
F-19	1	2	1	2	1	2	3	4
F-20	1	2	1	2	1	2	3	4
F-21	1	2						
F-22	1	2	1	2	1	2	3	4
F-23	1	2						
F-24	1	2	1	2	1	2	3	4
F-25	1	2						
F-26	1	2						
F-27	1	2						
F-28	1	2						

16-19

90-91

PART G: MEDICAL CONDITIONS

INTERVIEWER INSTRUCTIONS: READ G-1a THROUGH G-23a FIRST. IF RESPONSE = YES (1) ASK b AND c.

Did a doctor ever tell you that you had any of the following conditions?	In what year were you first told that you had (CONDITION)?	Since 1970, have you stayed overnight in a hospital for (CONDITION)?	
G-1a. Asthma YES..... 1 NO..... 2	G-1b. YR: 1 9 DK..... 9998	G-1c. YES..... 1 (CHART) NO..... 2	Begin G1 11-16
G-2a. Chronic bronchitis, emphysema YES..... 1 NO..... 2	G-2b. YR: 1 9 DK..... 9998	G-2c. YES..... 1 (CHART) NO..... 2	17-22
G-3a. Migraine YES..... 1 NO..... 2	G-3b. YR: 1 9 DK..... 9998	G-3c. YES..... 1 (CHART) NO..... 2	23-28
G-4a. Psoriasis YES..... 1 NO..... 2	G-4b. YR: 1 9 DK..... 9998	G-4c. YES..... 1 (CHART) NO..... 2	29-34
G-5a. Ulcers: Peptic, stomach or duodenal YES..... 1 NO..... 2	G-5b. YR: 1 9 DK..... 9998	G-5c. YES..... 1 (CHART) NO..... 2	35-40
G-6a. Kidney disorder or kidney stones YES..... 1 NO..... 2	G-6b. YR: 1 9 DK..... 9998	G-6c. YES..... 1 (CHART) NO..... 2	41-46
G-7a. Urinary tract or kidney infection more than 3 times YES..... 1 NO..... 2	G-7b. YR: 1 9 DK..... 9998	G-7c. YES..... 1 (CHART) NO..... 2	47-52

Did a doctor ever tell you that you had any of the following conditions?	In what year were you first told that you had (CONDITION)?	Since 1970, have you stayed overnight in a hospital for (CONDITION)?	
G-8a. Polyps or tumor of the colon YES..... 1 NO..... 2	G-8b. YR: 1 9 DK..... 9998	G-8c. YES..... 1 (CHART) NO..... 2	53-55
G-9a. Cirrhosis of the liver Yes..... 1 No..... 2	G-9b. YR: 1 9 DK..... 9998	G-9c. YES..... 1 (CHART) NO..... 2	59-64
G-10a. Parkinson's disease YES..... 1 NO..... 2	G-10b. YR: 1 9 DK..... 9998	G-10c. YES..... 1 (CHART) NO..... 2	65-70
G-11a. Multiple Sclerosis YES..... 1 NO..... 2	G-11b. YR: 1 9 DK..... 9998	G-11c. YES..... 1 (CHART) NO..... 2	71-76
G-12a. Nervous breakdown YES..... 1 NO..... 2	G-12b. YR: 1 9 DK..... 9998	G-12c. YES..... 1 (CHART) NO..... 2	77-82
G-13a. Diverticulitis YES..... 1 NO..... 2	G-13b. YR: 1 9 DK..... 9998	G-13c. YES..... 1 (CHART) NO..... 2	83-88
G-14a. Colitis, enteritis YES..... 1 NO..... 2	G-14b. YR: 1 9 DK..... 9998	G-14c. YES..... 1 (CHART) NO..... 2	89-94
G-15a. Heart condition or heart trouble YES..... 1 NO..... 2	G-15b. YR: 1 9 DK..... 9998	G-15c. YES..... 1 (CHART) NO..... 2	95-100

Did a doctor ever tell you that you had any of the following conditions?	In what year were you first told that you had (CONDITION)?	Since 1970, have you stayed overnight in a hospital for (CONDITION)?	
G-16a. Angina YES..... 1 NO..... 2	G-16b. YR: 1 9 DK..... 9998	G-16c. YES..... 1 (CHART) NO..... 2	101-106
G-17a. Heart attack YES..... 1 NO..... 2	G-17b. YR: 1 9 DK..... 9998	G-17c. YES..... 1 (CHART) NO..... 2	107-112
G-18a. Cataracts YES..... 1 NO..... 2	G-18b. YR: 1 9 DK..... 9998	G-18c. YES..... 1 (CHART) NO..... 2	113-118
G-19a. Glaucoma YES..... 1 NO..... 2	G-19b. YR: 1 9 DK..... 9998	G-19c. YES..... 1 (CHART) NO..... 2	119-124
G-20a. Detached retina YES..... 1 NO..... 2	G-20b. YR: 1 9 DK..... 9998	G-20c. YES..... 1 (CHART) NO..... 2	125-130
G-21a. Small stroke sometimes known as TIA (transient ischemic attack) YES..... 1 NO..... 2	G-21b. YR: 1 9 DK..... 9998	G-21c. YES..... 1 (CHART) NO..... 2	Begin G2 11-16
G-22a. Stroke (sometimes called a CVA) YES..... 1 NO..... 2	G-22b. YR: 1 9 DK..... 9998	G-22c. YES..... 1 (CHART) NO..... 2	17-22

BOX H

5 IS FEMALE. 1 (ASK b AND c FOR ANY YES IN Q.G-1a - Q.G-22a, THEN GO TO Q.G-24)

5 IS MALE. 2 (Q.G-23a)

Did a doctor ever tell you that you had any of the following conditions?	In what year were you first told that you had (CONDITION)?	Since 1970, have you stayed overnight in a hospital for (CONDITION)?
G-23a. Prostate trouble YES..... 1 NO..... 2	G-23b. YR: 1 9 DK..... 9998	G-23c. YES..... 1 (CHART) NO..... 2

[FOR Q.G-1a-Q.G-23a, IF YES, ASK b and c.]

These next questions will be about medications that you have taken or are now taking.

READ Q.G-24 TO Q.G-28 FOR ANTACIDS, THEN READ Q.G-24 TO Q.G-27 FOR ASPIRIN	a. Antacids such as Roloids, Tums, Digel, Maalox	b. Aspirin, not including aspirin substitutes
G-24. Have you ever taken (MEDICATION) regularly, that is at least once every week?	YES..... 1 NO..... 2(Q.G-24b) 29	YES.... 1 NO..... 2(Q.G-29)
G-25. For how many years have you regularly taken (MEDICATION)?	# YEARS: DK..... 98 30-31	# YEARS: DK..... 98
G-26. Do you still take (MEDICATION) regularly?	YES..... 1 NO..... 2 32	YES.... 1 NO..... 2
G-27. (When you took (MEDICATION) regularly) On the average, how many times a day or week (do/did) you take it?	# TIMES/DAY: OR # TIMES/WEEK: 33-34 35	# TIMES/DAY: OR # TIMES/WEEK: 35
G-28. What is the brand name of the antacid you (used/use) most frequently?	MAALOX..... 1 DIGEL..... 2 MYLANTA..... 3 ROLAIDS..... 4 TUMS..... 5 OTHER (SPECIFY).. 6 _____ _____	

G-29. Has a doctor ever prescribed digitalis, also called digoxin or lanoxin for you?	G-29	YES..... 1 NO..... 2 (Q.G-33) DK..... 8 (Q.G-33)	44
G-30. How old were you when this medication was first prescribed?	G-30	AGE: <input type="text"/> <input type="text"/> <input type="text"/>	45-46
G-31. Is this medication prescribed for you now?	G-31	YES..... 1 NO..... 2 (Q.G-33)	47
G-32. How often do you take this medication?	G-32	#TIMES/DAY: <input type="text"/> <input type="text"/> <input type="text"/> OR #TIMES/WK: <input type="text"/> <input type="text"/> <input type="text"/> DK..... 98	48-49 50
G-33. Has a doctor ever prescribed medication for you for hypertension or high blood pressure?	G-33	YES..... 1 NO..... 2 (Q.G-36) DK..... 8 (Q.G-36)	51
G-34. Are you now taking medication for this condition?	G-34	YES..... 1 NO..... 2 (Q.G-36)	52
G-35. What is the name of this medication? (CIRCLE ALL THAT APPLY)	G-35	a ALDACTAZIDE..... 1 b ALDOMET..... 1 c DIURIL..... 1 d DYAZIDE..... 1 e HYDROCHLORO-THIAZIDE..... 1 f HYDRODIURIL..... 1 g HYGROTON..... 1 h INDERAL..... 1 i LASIX..... 1 j LOPRESSOR..... 1 k OTHER (SPECIFY).. 1 _____ <input type="checkbox"/> 64-65 _____ <input type="checkbox"/> 66-67 _____ <input type="checkbox"/> 68-69	53 54 55 56 57 58 59 60 61 62 63 64-65 66-67 68-69
G-36. Did a doctor ever tell you that you had diabetes or sugar diabetes?	G-36	YES..... 1 NO..... 2 (Q.G-41) DK..... 8 (Q.G-41)	70
G-37. In what year were you first told that you had it?	G-37	YR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK..... 9998	71-74
G-38. Are you now taking medication for this condition?	G-38	YES..... 1 NO..... 2 (Q.G-40)	75

G-39. What is the name of this medication? (CIRCLE ALL THAT APPLY)	G-39	a DIABINESE..... 1 b INSULIN..... 1 c OTHER (SPECIFY).. 1 _____ _____ <input type="checkbox"/> 79-80	76 77 78
G-40. Since 1970, have you been hospitalized overnight for diabetes?	G-40	YES..... 1 (CHART) NO..... 2	81
G-41. Did a doctor ever tell you that you had thyroid disease or goiter?	G-41	YES..... 1 NO..... 2 (Q.G-46) DK..... 8 (Q.G-46)	82
G-42. In what year were you first told that you had it?	G-42	YR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK..... 9998	83-86
G-43. Are you now taking medication for this condition?	G-43	YES..... 1 NO..... 2 (Q.G-45)	87
G-44. What is the name of this medication? (CIRCLE ALL THAT APPLY)	G-44	a SYNTHROID..... 1 b THYROID..... 1 c THYROID STRONG... 1 d OTHER (SPECIFY).. 1 _____ <input type="checkbox"/> 92-93	88 89 90 91
G-45. Since 1970, have you been hospitalized overnight for this condition?	G-45	YES..... 1 (CHART) NO..... 2	94
G-46. Did a doctor ever tell you that you had epilepsy?	G-46	YES..... 1 NO..... 2 (Q.G-51) DK..... 8 (Q.G-51)	95
G-47. In what year were you first told that you had it?	G-47	YR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK..... 9998	96-99
G-48. Are you now taking medication for this condition?	G-48	YES..... 1 NO..... 2 (Q.G-50)	100
G-49. What is the name of this medication? (CIRCLE ALL THAT APPLY)	G-49	a DILANTIN..... 1 b PHENOBARBITAL.... 1 c OTHER (SPECIFY).. 1 _____ _____ <input type="checkbox"/> 104	101 102 103

G-50. Since 1970, have you been hospitalized overnight for this condition?	G-50	YES..... 1 (CHART) NO..... 2
G-51. Do you currently take any tranquilizers that have been ordered by a doctor such as Valium, Tranxene, Mellaril or Compazine?	G-51	YES..... 1 NO..... 2
G-52. Do you currently take any anti-depressants that have been ordered by a doctor such as Elavil, Sinequan, Limbitrol, or Tofranil?	G-52	YES..... 1 NO..... 2

105
106
107
108

We have been talking about specific medications you may have taken. Now I'd like you to think about vitamins you may be taking.

INTERVIEWER INSTRUCTIONS: READ G-53a - G-59a FIRST. FOR EACH "YES" RESPONSE, ASK b-d.

Are you now taking...	What is the exact name of the multi-vitamin you are taking?	How many pills or spoonfuls do you take?	For how many years of the last 10 years have you taken (VITAMIN) on a regular basis?
G-53a Multivitamin pills including therapeutic and geriatric multivitamins and Ceritol? YES.....1 NO.....2 108	G-53b NAME: _____ NAME: _____	G-53c (How often?) # D W M _ _ 1 2 3 _ _ 1 2 3	G-53d YEARS: _ _ YEARS: _ _ 109-115 116-122
G-54a Vitamin C tablets? YES.....1 NO.....2	G-54b # OF TABLETS: _ _ A DAY.....1 A WEEK.....2 A MONTH.....3	G-54c DOSAGE: _ _ _ mg.	G-54d YEARS: _ _ 123-132
G-55a Vitamin A capsules? YES.....1 NO.....2	G-55b # OF CAPSULES: _ _ A DAY.....1 A WEEK.....2 A MONTH.....3	G-55c DOSAGE: _ _ _ I.U.	G-55d YEARS: _ _ Begin G3 11-21
G-56a Vitamin E capsules? YES.....1 NO.....2	G-56b # OF CAPSULES: _ _ A DAY.....1 A WEEK.....2 A MONTH.....3	G-56c DOSAGE: _ _ _ I.U.	G-56d YEARS: _ _ 22-31
G-57a Cod liver oil or other fish liver oils? YES.....1 NO.....2	G-57b # OF SPOONFULS OR TABLETS: _ _ A DAY.....1 A WEEK.....2 A MONTH.....3	G-57c	G-57d YEARS: _ _ 32-37

Are you <u>now</u> taking.....	What is the exact name of the other (vitamin or mineral/nutritional supplements) you are taking?	How many pills or spoonfuls do you take?	For how many <u>years</u> of the last <u>10 years</u> have you taken (<u>VITAMIN</u>) on a regular basis?
G-58a	G-58b	G-58c	G-58d
Any <u>other vitamins</u> or <u>minerals</u> ? YES.....1 NO.....2	NAME: _____ NAME: _____ NAME: _____ NAME: _____	(How often?) # D W M _ _ 1 2 3 _ _ 1 2 3 _ _ 1 2 3 _ _ 1 2 3	YEARS: _ _ 39-45 YEARS: _ _ 46-52 YEARS: _ _ 53-59 YEARS: _ _ 60-66
G-59a	G-59b		G-59d
Any <u>other nutritional supplements</u> such as lecithin, protein powders, nutritional yeast or selenium? YES.....1 NO.....2 67	NAME: _____ NAME: _____ NAME: _____		YEARS: _ _ 68-71 YEARS: _ _ 72-75 YEARS: _ _ 76-79
G-60. For how many <u>years</u> of the last <u>10 years</u> have you taken any <u>multivitamins</u> on a regular basis?	G-60	# YEARS..... _ _	80-81

G-61. I have asked you about various illnesses and whether or not you have been hospitalized for them. Now, I would like you to think back over the time between 1970 and the present, that is the last (<u>NUMBER</u>) years. You would have been about (<u>AGE</u>) in 1970. Have you stayed in a hospital <u>overnight</u> for any other reason (including pregnancies) since you were (<u>AGE</u>)?	G-61	YES..... 1 (CHART) NO..... 2 (Q.G-62)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------	------------------------------------------

BOX I

HOSPITAL AND HEALTH CARE FACILITY QUESTIONS
(SEE CHART ON BACK COVER OF SELF-ADMINISTRATION BOOKLET).

INTERVIEWER: ASK A-E FOR EACH OVERNIGHT STAY. RECORD ON CHART.

A. What year were you in the (INSTITUTION)? (RECORD YEAR)

B. Why were you in the (INSTITUTION)? (RECORD CONDITION/ILLNESS)

C. What is the name of the (INSTITUTION)? (PROBE FOR FULL NAME AND RECORD TYPE OF INSTITUTION)

D. What is the address of that (INSTITUTION)? (RECORD STREET, CITY AND STATE)

E. Have you stayed in (INSTITUTION) for any other reason? (IF YES, RECORD ON CHART.)
(IF NO, GO TO Q.G-62 IF NOT YET ASKED; OTHERWISE GO TO Q.G-64)

G-62. Since 1970 when you were (<u>AGE</u>), have you ever <u>stayed overnight</u> in any <u>other health care facility</u> such as a rest home, a nursing home, a mental health facility or a health care rehabilitation center of any kind?	G-62	YES..... 1 NO..... 2 (Q.G-64)
G-63. What type of facility was that? (RECORD TYPE OF FACILITY ON CHART AND ASK A-D IN BOX I FOR EACH STAY)	G-63	

G-64. As part of this survey, I'd like to have your social security number. Provision of this number is voluntary and not providing the number will not have any effect on your receipt of benefits from the Federal Government. This number will be useful in conducting future followup studies. It will be used to match against future mortality records. This information is collected under the authority of Section 306 of the Public Health Service Act. What is your social security number?

SOCIAL SECURITY #: |_|_|_|_| - |_|_| - |_|_|_|_|_|

MSQ II

BOX J

INTERVIEWER: CHECK S'S AGE ON THE LABEL AND CIRCLE ONE:
S IS UNDER 60 YEARS OLD. . . . 1 (SELF-ADMINISTRATION BOOKLET, PART I AND PART J)
S IS 60 OR OLDER 2 (Q.H-1)
 BOXED QUESTIONNAIRE. 3 (PART K)

These next questions ask about particular bits of information that many people seem to forget from time to time. They are routine questions that we ask everyone and may or may not apply to you directly.

Begin H0

MSQ II			Score
H-1. Who is the President of the United States?	H-1	_____ (R)	__
H-2. Who was the President before him?	H-2	_____ (R)	__
H-3. What is today's date?			
a. Month?	H-3a	____ (R) _____ (A) . MO	__
b. Day? (within one day)	b	____ (R) _____ (A) DAY	__
c. Year?	c	____ (R) _____ (A) YR	__

SCORE |__|

SCORE FROM PAGE 1 |__|

TOTAL SCORE |__|

16

SELF-ADMINISTRATION BOOKLET INSTRUCTIONS

(1) IF S IS YOUNGER THAN 60 OR MSQ SCORE IS 8 OR MORE:
 HAND S THE SELF-ADMINISTRATION BOOKLET AND TELL HIM/HER TO START WITH PART I AND TO COMPLETE THE BOOKLET.
 WHEN S HAS COMPLETED BOOKLET, CONTINUE WITH INTERVIEW.

(2) IF S MSQ SCORE IS LESS THAN 8:
 HAND S THE SELF-ADMINISTRATION BOOKLET AND ASK S TO COMPLETE PART I, J AND THEN ADMINISTER PART P. THEN BRING A CLOSE FRIEND OR RELATIVE TO ASSIST WITH THE INTERVIEW STARTING WITH PART A.

These questions are about your weight and height.

Begin K0

K-1. When you were about 12-13 years old, compared to other (girls/boys) of the same age, were you considered to be skinny, somewhat slender, average, chubby, or very heavy?	K-1	SKINNY..... 1 SOMEWHAT SLENDER.. 2 AVERAGE..... 3 CHUBBY..... 4 VERY HEAVY..... 5 DK..... 8	11
K-2. When you were about 12-13 years old, compared to other (girls/boys) of the same age, were you considered to be very tall, somewhat taller than average, about average, somewhat shorter than average, or very short?	K-2	VERY TALL..... 1 SOMEWHAT TALLER... 2 AVERAGE..... 3 SOMEWHAT SHORTER.. 4 VERY SHORT..... 5 DK..... 8	12
K-3. How does your weight now compare to your weight 6 months ago? Is it at least 10 pounds more, at least 10 pounds less or about the same?	K-3	AT LEAST 10 POUNDS MORE. 1 AT LEAST 10 POUNDS LESS. 2 ABOUT THE SAME..... 3 DK..... 8	13
K-4. About how much do you weigh now?	K-4	# LBS: __ __ __ DK..... 998	14-16
K-5. What was your usual weight at the age of 25?	K-5	# LBS: __ __ __ DK..... 998	17-19
(IF <u>S</u> IS 41 OR OLDER, ASK:)			
K-6. What was your usual weight at the age of 40?	K-6	# LBS: __ __ __ DK..... 998	20-22
(IF <u>S</u> IS 66 OR OLDER, ASK:)			
K-7. What was your usual weight at the age of 65?	K-7	# LBS: __ __ __ DK..... 998	23-25

PART L: SMOKING HISTORY

This section of the questionnaire deals with your smoking history.

Begin L0

L-1. Did you ever smoke at least 100 cigarettes or more in your lifetime?	L-1	YES..... 1 NO..... 2 (Q.L-11)	11
L-2a. Do you smoke cigarettes now?	L-2a	YES..... 1 (Q.L-3) NO..... 2	12
L-2b. Did you stop smoking cigarettes in the past year?	L-2b	YES..... 1 NO..... 2	13

READ L-3 TO L-6 FOR EACH SMOKING PERIOD	Smoking period # 1	Smoking period # 2	Smoking period #3
L-3. About how old were you when you (first/next) began to smoke cigarettes regularly?	AGE: DK..... 98 DID NOT SMOKE REGULARLY..... 00 14-15 → (BOX K)	AGE: DK..... 98 DID NOT SMOKE REGULARLY..... 00 20-21 → (BOX K)	AGE: DK..... 98 DID NOT SMOKE REGULARLY..... 00 26-27 → (BOX K)
L-4. Did you ever stop smoking cigarettes for at least a year (again)?	YES..... 1 NO..... 2 (BOX K) 16	YES..... 1 NO..... 2 (BOX K) 22	YES..... 1 NO..... 2 (BOX K) 28
L-5. How old were you when you (first/next) stopped for at least a year?	AGE: DK..... 98 17-18	AGE: DK..... 98 23-24	AGE: DK..... 98 29-30
L-6. Did you ever start smoking cigarettes again?	YES..... 1 (Q.L-3) NO..... 2 (Q.L-9) 19	YES..... 1 (Q.L-3) NO..... 2 (Q.L-9) 25	YES..... 1 (Q.L-3) NO..... 2 (Q.L-9) 31

BOX K

INTERVIEWER: CHECK IF S SMOKES NOW (L-2a) AND CIRCLE ONE:
L-2a = 1 (YES) . . . 1 (Q.L-7)
L-2a = 2 (NO) . . . 2 (Q.L-9)

L-7. About how many cigarettes a day do you now smoke?	L-7	LESS THAN ONE A DAY..... 000 # CIGARETTES:	32-34
L-8. For how long have you been smoking this amount?	L-8	# YEARS: OR # MONTHS:	35-36 37

L-9. During all the years when you were smoking, about how many cigarettes a day did you usually smoke?	L-9	LESS THAN ONE A DAY..... 000 # CIGARETTES: DK..... 998	38-40
L-10. (Are/Were) the cigarettes which you have smoked for the longest period of time filtered or nonfiltered?	L-10	FILTER..... 1 NONFILTER..... 2	41
L-11. Did you ever smoke cigars or a pipe?	L-11	YES..... 1 NO..... 2 (Q.L-13)	42
L-12. Do you now smoke cigars or a pipe?	L-12	YES..... 1 NO..... 2	43
L-13. Did you ever use . . . a. snuff? b. chewing tobacco?	L-13	YES NO a 1 2 b 1 2	44 45
L-14. Have you ever been married to someone who smoked cigarettes?	L-14	YES..... 1 NO..... 2	46

PART M: ALCOHOLIC BEVERAGES

Now I would like to talk with you about drinking alcoholic beverages. Alcoholic beverages include liquor, such as whiskey, rum, gin or vodka, and beer and wine.

Begin 10

<p>M-1. Have you had at least 12 drinks of any kind of alcoholic beverage in any one year?</p>	<p>M-1</p>	<p>YES..... 1 (Q.M-3) NO..... 2</p>	<p>11</p>
<p>M-2. What is your main reason for not drinking?</p>	<p>M-2</p>	<p>NO NEED/NOT NECESSARY..... 1 (PART N) DON'T CARE TO/DISLIKE IT..... 2 (PART N) MEDICAL/HEALTH REASONS..... 3 (PART N) RELIGIOUS/MORAL REASONS..... 4 (PART N) BROUGHT UP NOT TO DRINK..... 5 (PART N) OTHER (SPECIFY)..... 6 (PART N) DK..... 8 (PART N)</p>	<p>12</p>
<p>M-3. Have you had at least one drink of beer, wine or liquor during the past year?</p>	<p>M-3</p>	<p>YES..... 1 (Q.M-6) NO..... 2</p>	<p>13</p>
<p>M-4. What is your main reason for not drinking during the past year?</p>	<p>M-4</p>	<p>NO NEED/NOT NECESSARY..... 1 DON'T CARE TO/DISLIKE IT..... 2 MEDICAL/HEALTH REASONS..... 3 RELIGIOUS/MORAL REASONS..... 4 BROUGHT UP NOT TO DRINK..... 5 OTHER (SPECIFY)..... 6 DK..... 8</p>	<p>14</p>
<p>M-5. About how old were you when you quit drinking?</p>	<p>M-5</p>	<p>AGE: [] [] (Q.M-13) DIDN'T QUIT..... 00 (Q.M-13) DK..... 98 (Q.M-13)</p>	<p>15-16</p>
<p>M-6. On the average, how often do you drink alcoholic beverages, that is beer, wine or liquor?</p>	<p>M-6</p>	<p># DAYS A WEEK [] [] OR # DAYS A MONTH [] [] MORE THAN 3 BUT LESS THAN 12 TIMES A YEAR..... 95 NO MORE THAN 3 TIMES A YEAR..... 96</p>	<p>17-18 19</p>

<p>M-7. On the days that you have a drink, about how many drinks do you usually have?</p>	<p>M-7</p>	<p># OF DRINKS: [] [] []</p>	<p>20-21</p>
<p>M-8. In how many of the past 12 months did you have at least one drink of any alcoholic beverage, that is, beer, wine, or liquor?</p>	<p>M-8</p>	<p># MONTHS: [] [] []</p>	<p>22-23</p>
<p>M-9. During the past 12 months, on about how many days did you have 2 or more drinks of any alcoholic beverage, that is, beer, wine or liquor?</p>	<p>M-9</p>	<p>NONE..... 000 # DAYS: [] [] [] [] DK..... 998</p>	<p>24-26</p>
<p>M-10. During the past 12 months, on about how many days did you have at least 5 drinks of any alcoholic beverage. (Include those days already mentioned.)</p>	<p>M-10</p>	<p>NONE..... 000 # DAYS: [] [] [] [] DK..... 998</p>	<p>27-29</p>
<p>M-11. Do you now drink more, less or about the same as you did a year ago?</p>	<p>M-11</p>	<p>MORE..... 1 LESS..... 2 SAME..... 3</p>	<p>30</p>
<p>M-12. Do you now consider yourself a light, moderate or heavy drinker?</p>	<p>M-12</p>	<p>ABSTAINER..... 1 LIGHT..... 2 MODERATE..... 3 HEAVY..... 4</p>	<p>31</p>
<p>(GO TO SELF-ADMINISTRATION BOOKLET, PAGE 7; RECORD RESPONSES ON CHART.)</p>			
<p>M-13. Now I would like you to think about your drinking at several different periods in your life. I am interested in your drinking patterns at these periods. Look at this card. Tell me the letter of the category which best describes your usual drinking pattern when you were about 25 years old.</p>	<p>HAND S CARD B</p>	<p>M-13 A..... 01 B..... 02 C..... 03 D..... 04 E..... 05 F..... 06 G..... 07 DK..... 98</p>	<p>32-33</p>
<p>(IF S IS 36 OR OLDER, ASK:)</p>			
<p>M-14. How about when you were 35?</p>	<p>M-14</p>	<p>A..... 01 B..... 02 C..... 03 D..... 04 E..... 05 F..... 06 G..... 07 DK..... 98</p>	<p>34-35</p>
<p>(IF S IS 46 OR OLDER, ASK:) And when you were 45?</p>			
<p>M-15. (IF S IS 46 OR OLDER, ASK:) And when you were 45?</p>	<p>M-15</p>	<p>A..... 01 B..... 02 C..... 03 D..... 04 E..... 05 F..... 06 G..... 07 DK..... 98</p>	<p>36-37</p>

<p>M-16. (IF S 56 OR OLDER, ASK:) And when you were 55?</p>	<p>M-16 A..... 01 B..... 02 C..... 03 D..... 04 E..... 05 F..... 06 G..... 07 DK..... 98</p>	<p>38-39</p>
<p>M-17. (IF S 66 OR OLDER, ASK:) And when you were 65?</p>	<p>M-17 A..... 01 B..... 02 C..... 03 D..... 04 E..... 05 F..... 06 G..... 07 DK..... 98</p>	<p>40-41</p>
<p>M-18. (IF S 76 OR OLDER, ASK:) And when you were 75?</p>	<p>M-18 A..... 01 B..... 02 C..... 03 D..... 04 E..... 05 F..... 06 G..... 07 DK..... 98</p>	<p>42-43</p>
<p>(SHOW 5 THE HIGHEST POINT ON THE CHART AND ASK QUESTION M-19)</p> <p>M-19. Did you ever drink more than the amount you drank when you were (AGE) for 3 months or longer?</p>	<p>M-19 YES..... 1 NO..... 2 (PART N) DK..... 8 (PART N)</p>	<p>44</p>
<p>(IF HIGHEST POINT IS A, CIRCLE 97)</p> <p>M-20. Which of the categories on the chart best describes your drinking during that period?</p>	<p>M-20 A..... 01 B..... 02 C..... 03 D..... 04 E..... 05 F..... 06 G..... 07 DK..... 98 HIGHEST PT. IS A. 97</p>	<p>45-46</p>
<p>M-21. About how old were you when you started drinking that amount?</p>	<p>M-21 AGE: DK..... 98</p>	<p>47-48</p>
<p>M-22. For about how long was this typical of your drinking?</p>	<p>M-22 # YEARS: OR # MONTHS: DK..... 98</p>	<p>49-50</p>

TIME ENDED: _____ AM
PM

TIME BEGAN: _____ AM
PM

PART N: NUTRITION

In this part of the interview I'm going to ask you some questions about how often you eat certain foods and how your food is usually prepared. In answering these questions, think about your eating pattern over the past year.

You can answer by telling me the number of times per day, per week, per month or per year that you eat each food. If you haven't eaten that food in the past year the answer would be "never."

NURSING HOME INSTRUCTIONS; CIRCLE ONE:
RESPONDENT CAN ANSWER THIS SECTION. 1
RESPONDENT CANNOT ANSWER THIS SECTION
ASK OF NURSING HOME STAFF 2 (PART O)

CODING GUIDE
THESE SYMBOLS ARE USED IN THIS SECTION
D = A DAY Y = A YEAR
W = A WEEK N = NEVER
M = A MONTH DK = DON'T KNOW FREQUENCY

N-1. How often do you have the following dairy products? Begin N1

	# OF TIMES							
		D	W	M	Y	N	DK	
a. lowfat milk, skim milk, buttermilk or dry milk?	a.	1	2	3	4	5	8	11-13
b. whole milk or evaporated milk?	b.	1	2	3	4	5	8	14-16
c. any kind of yogurt?	c.	1	2	3	4	5	8	17-19
d. cottage cheese?	d.	1	2	3	4	5	8	20-22
e. hard or soft cheese including cheese dishes such as macaroni and cheese?	e.	1	2	3	4	5	8	23-25
f. ice cream?	f.	1	2	3	4	5	8	26-28
g. cream, half and half, or sour cream?	g.	1	2	3	4	5	8	29-31

N-2. About how many servings per week do you have of meat, fish or poultry? Include all meals and snacks. 32-33

N-2 # PER WEEK: | | | |
DOESN'T EAT MEAT, FISH OR POULTRY.....96 (Q.N-11)
DK.....98

N-3. How often do you eat poultry including chicken, turkey, duck, and game birds, either plain or in salads, casseroles, or stews? 34-35

N-3 # OF TIMES: | | | |
A DAY.....1
A WEEK.....2
A MONTH.....3
A YEAR.....4
NEVER.....5 (Q.N-5)
DK.....8 36

N-4. Do you usually eat poultry with or without the skin? 37

N-4 WITH SKIN.....1
WITHOUT SKIN.....2
DK.....8

N-5. How often do you eat beef of all kinds including hamburger, steak, roast beef or beef stew?

N-5 # OF TIMES: | | | |

A DAY.....1

A WEEK.....2

A MONTH.....3

A YEAR.....4

NEVER.....5 (Q.N-7)

DK.....8

N-6. When you eat ground beef do you usually buy regular, lean or extra lean?

N-6 REGULAR.....1

LEAN.....2

EXTRA LEAN.....3

DOESN'T EAT.....4

DK.....8

N-7. How often do you eat.....

	# OF TIMES	D	W	M	Y	N	DK
a. beef or chicken liver?	a.	1	2	3	4	5	8
b. liverwurst or liver sausage?	b.	1	2	3	4	5	8
c. sandwich or packaged luncheon meats, hot dogs and meat spreads?	c.	1	2	3	4	5	8
d. roast pork, pork chops, fresh ham or spare ribs?	d.	1	2	3	4	5	8
e. bacon or pork sausage?	e.	1	2	3	4	5	8

BOX 1

INTERVIEWER: CHECK N-5 AND N-7d AND CIRCLE ONE:

S NEVER EATS BEEF AND PORK (N-5 and N-7d = 5) . . . 1(Q.N-9)

OTHERWISE. 2(Q.N-8)

N-8. Do you usually eat the fat on beef or pork?

N-8 YES.....1

NO.....2

DK.....8

N-9. How often do you eat.....

	# OF TIMES	D	W	M	Y	N	DK
a. shellfish, including shrimp, clams, oysters, crab or lobster?	a.	1	2	3	4	5	8
b. fresh or frozen fish, including fish sticks?	b.	1	2	3	4	5	8
c. canned fish such as tuna fish, sardines and herring?	c.	1	2	3	4	5	8

N-10. How often do you eat.....

	# OF TIMES	D	W	M	Y	N	DK	IF ONLY CERTAIN TIMES (✓)
a. chicken, fish or meat that has been fried or deep fat fried?	a.	1	2	3	4	5	8	()
b. chicken, fish or meat that has been charcoal grilled?	b.	1	2	3	4	5	8	()
c. chicken, fish or meat that has been broiled?	c.	1	2	3	4	5	8	()

N-11. How often do you eat peanuts or peanut butter?

# OF TIMES	D	W	M	Y	N	DK
	1	2	3	4	5	8

N-12. How often do you eat other nuts of all types?

# OF TIMES	D	W	M	Y	N	DK
	1	2	3	4	5	8

N-13. Do you eat cold cereal all year round, mainly in certain seasons, or not at all?

N-13 ALL YEAR ROUND.....1

MAINLY IN CERTAIN SEASONS.....2

NOT AT ALL.....3 (Q.N-16)

(In those seasons)

N-14. How often do you eat cold cereal?

# OF TIMES	D	W	M	Y	N	DK
	1	2	3	4	5	8

N-15. What is the name of cold cereal that you eat most often? Looking at this card may help you. Please just tell me the number.

N-15 CODE #: | | | |

OTHER (SPECIFY) _____

N-16. Do you eat hot cereal or grits all year round, mainly in certain seasons, or not at all?

N-16 ALL YEAR ROUND.....1

MAINLY IN CERTAIN SEASONS.....2

NOT AT ALL.....3 (Q.N-19)

(In those seasons)

N-17. How often do you eat hot cereal?

# OF TIMES	D	W	M	Y	N	DK
	1	2	3	4	5	8

N-18. What kind of hot cereal do you usually eat? This list may make it easier to remember.

HAND S CARD D	N-18	CREAM OF WHEAT/ FARINA.....01	
		OATMEAL.....02	
		DARK FARINA/ RALSTON.....03	
		GRITS.....04	
		OTHER (SPECIFY)....05	
		DK.....98	95-96

N-19. How often do you eat.....

	# OF TIMES	# OF TIMES							
		D	W	M	Y	N	DK		
a. any kind of rice?	a.	1	2	3	4	5	8	97-99	
b. pasta such as spaghetti, noodles, macaroni?	b.	1	2	3	4	5	8	100-102	

N-20. How often do you eat.....

	# OF TIMES	# OF TIMES							
		D	W	M	Y	N	DK		
a. whole grain bread or rolls such as whole wheat, bran, rye, or pumpernickel?	a.	1	2	3	4	5	8	103-105	
b. white bread, rolls, or other yeast breads including bagels and English muffins?	b.	1	2	3	4	5	8	106-108	
c. quick breads such as muffins, or biscuits, or flour tortillas?	c.	1	2	3	4	5	8	109-111	
d. corn bread or hush puppies?	d.	1	2	3	4	5	8	112-114	
e. corn tortillas?	e.	1	2	3	4	5	8	115-117	
f. toaster tarts, breakfast bars or instant breakfast?	f.	1	2	3	4	5	8	118-120	

N-21. Now I'd like to ask you about fruits and vegetables of all kinds. This includes fresh, canned, dried, frozen, cooked, raw or juices. About how many servings of fruits and vegetables do you have per day or per week?

N-21	# PER DAY:	121-122
	OR	
	# PER WEEK:	123
	DOESN'T EAT FRUIT OR VEGETABLES..... 96 (Q.N-27)	
	DK..... 98	

N-22. Now I'm going to ask you how often you eat the following fruits. First, tell me if you eat each fruit primarily during certain parts of the year. Second, tell me how often you eat that fruit when you eat it. It may be easier if you follow along on this card.

	# OF TIMES	IF ONLY CERTAIN TIMES (✓)							
		D	W	M	Y	N	DK		
a. fresh apples?	a.	1	2	3	4	5	8	()	11-14
b. fresh pears?	b.	1	2	3	4	5	8	()	
c. bananas?	c.	1	2	3	4	5	8	()	
d. fresh oranges or tangerines?	d.	1	2	3	4	5	8	()	
e. orange juice?	e.	1	2	3	4	5	8	()	
f. powdered orange juice sub- stitutes such as Tang?	f.	1	2	3	4	5	8	()	
g. fresh grapefruit?	g.	1	2	3	4	5	8	()	
h. grapefruit juice?	h.	1	2	3	4	5	8	()	
i. Vitamin C enriched fruit drinks?	i.	1	2	3	4	5	8	()	43-46
j. fresh or canned peaches or nectarines?	j.	1	2	3	4	5	8	()	
k. cantaloupe?	k.	1	2	3	4	5	8	()	
l. watermelon?	l.	1	2	3	4	5	8	()	
m. fresh plums?	m.	1	2	3	4	5	8	()	
n. fresh or frozen strawberries?	n.	1	2	3	4	5	8	()	
o. fresh, canned or dried apricots including nectar?	o.	1	2	3	4	5	8	()	
p. cooked or dried prunes in- cluding prune juice?	p.	1	2	3	4	5	8	()	71-74
q. all canned fruit such as canned pears, pineapple, fruit cocktail or apple sauce?	q.	1	2	3	4	5	8	()	75-78

N-23. How often do you eat raw vegetables, green or mixed salads or cole slaw?

N-23	# OF TIMES:	79-80
	A DAY.....1	
	A WEEK.....2	
	A MONTH.....3	
	A YEAR.....4	
	NEVER.....5 (Q.N-26)	
	DK.....8	81

N-24. How often do you use salad dressing of any kind?

N-24	# OF TIMES:	82-83
	A DAY.....1	
	A WEEK.....2	
	A MONTH.....3	
	A YEAR.....4	
	NEVER.....5 (Q.N-26)	
	DK.....8	84

N-25. Do you usually use oil and vinegar alone as a dressing, low calorie dressing, or some other dressing?

N-25	OIL AND VINEGAR....1	
	LOW CALORIE.....2	
	SOME OTHER KIND....3	85

44. Now I'm going to ask you how often you eat the following vegetables. First, tell me if you eat each vegetable primarily during certain parts of the year. Second, tell me how often you eat that vegetable when you eat it. It may be easier if you follow along on this card.

HAND
S
CARD F

	# OF TIMES	IF ONLY CERTAIN TIMES (✓)						
		D	W	M	Y	N	DK	
a. green peas?	_ _	1	2	3	4	5	8	() 86-89
b. green beans, green lima beans or string beans?	_ _	1	2	3	4	5	8	()
c. other beans or peas such as kidney or pinto beans, and black-eyed or chick peas?	_ _	1	2	3	4	5	8	()
d. okra?	_ _	1	2	3	4	5	8	()
e. broccoli?	_ _	1	2	3	4	5	8	()
f. cauliflower?	_ _	1	2	3	4	5	8	()
g. brussel sprouts?	_ _	1	2	3	4	5	8	()
h. corn?	_ _	1	2	3	4	5	8	()
i. summer squash such as zucchini, or yellow crook-neck?	_ _	1	2	3	4	5	8	() 116-121
j. winter squash such as acorn, butternut, hubbard or pumpkin?	_ _	1	2	3	4	5	8	() Begin N3 11-14
k. raw or cooked carrots?	_ _	1	2	3	4	5	8	()
l. cucumber?	_ _	1	2	3	4	5	8	()
m. sweet red peppers?	_ _	1	2	3	4	5	8	()
n. sweet green peppers?	_ _	1	2	3	4	5	8	()
o. iceberg or head lettuce in a salad?	_ _	1	2	3	4	5	8	()
p. leaf lettuce in a salad?	_ _	1	2	3	4	5	8	()
q. cabbage including cole slaw?	_ _	1	2	3	4	5	8	()
r. raw or cooked greens, for example spinach, collards or turnip greens?	_ _	1	2	3	4	5	8	()
s. sweet potatoes or yellow yams?	_ _	1	2	3	4	5	8	()
t. instant or dehydrated potatoes?	_ _	1	2	3	4	5	8	()
u. baked, boiled or mashed white potatoes?	_ _	1	2	3	4	5	8	()
v. fried or hash brown potatoes?	_ _	1	2	3	4	5	8	()
w. fresh tomatoes?	_ _	1	2	3	4	5	8	()
x. cooked tomatoes, tomato soup, juice, sauce, or canned tomatoes?	_ _	1	2	3	4	5	8	()
y. vegetable soup?	_ _	1	2	3	4	5	8	() 71-74

How often do you eat all kinds of sweets and desserts such as cakes, donuts, cookies, pies, and candy?	# OF TIMES							
		D	W	M	Y	N	DK	
_ _	_ _	1	2	3	4	5	8	75-77

45. How often do you eat chocolate in the form of candy, cakes, ice cream, cookies or fudge?	# OF TIMES							
		D	W	M	Y	N	DK	
_ _	_ _	1	2	3	4	5	8	76-80

46. How often do you eat salty snacks such as potato chips, pretzels, crackers, salted nuts, etc.?	# OF TIMES							
		D	W	M	Y	N	DK	
_ _	_ _	1	2	3	4	5	8	81-83

47. On the average, how many eggs do you usually eat per week including dishes such as omelettes and egg salad?	# OF EGGS PER WEEK:			
		_ _	_ _	
		DOESN'T USE.....96		84-85

48. How often do you eat TV type dinners or other commercially prepared frozen dinners?	# OF TIMES							
		D	W	M	Y	N	DK	
_ _	_ _	1	2	3	4	5	8	86-88

49. On the average, about how often do you eat commercial fast food; for example, hamburgers, fried chicken, or pizza?	# OF TIMES							
		D	W	M	Y	N	DK	
_ _	_ _	1	2	3	4	5	8	89-91

50. How often do you eat any combination dishes with meat or cheese such as spaghetti and meat balls, macaroni and cheese, pizza, pork and beans, and enchiladas?	# OF TIMES							
		D	W	M	Y	N	DK	
_ _	_ _	1	2	3	4	5	8	92-94

51. How often do you use...	# OF TIMES							
		D	W	M	Y	N	DK	
a. ketchup or tomato chili sauce?	_ _	1	2	3	4	5	8	95-97
b. chili powder or hot red chili peppers?	_ _	1	2	3	4	5	8	98-100
c. soy sauce?	_ _	1	2	3	4	5	8	101-103
d. pickles or olives?	_ _	1	2	3	4	5	8	104-106

52. How often do you use cheese sauce, white sauce or other thick gravies?	# OF TIMES							
		D	W	M	Y	N	DK	
_ _	_ _	1	2	3	4	5	8	107-109

53. At how many meals per day or per week do you add butter or margarine to foods?	# OF MEALS			
		_ _	_ _	
		OR		110-111
		_ _	_ _	112
		DOESN'T USE..... 96 (Q.N-38)		

54. When you use it, do you usually use butter, margarine in a stick, margarine in a tub, or something else?	# OF MEALS			
		_ _	_ _	
		BUTTER.....1		
		MARGARINE IN A STICK.....2		
		MARGARINE IN A TUB.3		
		OTHER (SPECIFY)....4		
		DK.....8		113

N-38. Not including potatoes, how often do you eat vegetables.....

	# OF TIMES	# OF TIMES						
		D	W	M	Y	N	DK	
a. that are cooked or boiled in a little water?	a. [] []	1	2	3	4	5	8	114-116
b. steamed or blanched?	b. [] []	1	2	3	4	5	8	117-119
c. cooked or boiled in a lot of water?	c. [] []	1	2	3	4	5	8	120-122
d. stir-fried or sauteed in butter or oil?	d. [] []	1	2	3	4	5	8	123-125
e. baked in a stew, casserole, or in a soup?	e. [] []	1	2	3	4	5	8	126-128
f. fried?	f. [] []	1	2	3	4	5	8	129-131

N-39. How often do you eat.....

	# OF TIMES	# OF TIMES						
		D	W	M	Y	N	DK	
a. canned vegetables?	a. [] []	1	2	3	4	5	8	11-13
b. fresh or frozen vegetables?	b. [] []	1	2	3	4	5	8	14-16

N-40. Look at the following list of fats and oils. What type of oil or fat do you usually use when frying foods at home?

OLIVE OIL.....01		
LIQUID OIL OTHER THAN OLIVE OIL.....02		
SOLID SHORTENING03		
MARGARINE IN A STICK.....04		
MARGARINE IN A TUB.....05		
BUTTER.....06		
LARD.....07		
BACON GREASE OR PORK FAT.....08		
OTHER (SPECIFY).....09		
DON'T KNOW.....98		
NEVER FRY FOOD AT HOME....96		17-18

N-41. On the average, how many (a - e) do you drink per day, week, month or year?

	# OF DRINKS	# OF DRINKS						IF ONLY CERTAIN TIMES (✓)
		D	W	M	Y	N	DK	
a. glasses or cans of <u>cola</u> type soda, regular or diet	a. [] []	1	2	3	4	5	8	() 19-22
b. cans or bottles of beer	b. [] []	1	2	3	4	5	8	() 23-26
c. glasses of wine	c. [] []	1	2	3	4	5	8	() 27-30
d. shots or drinks of hard liquor, either straight or in a mixed drink	d. [] []	1	2	3	4	5	8	() 31-34
e. glasses or cans of <u>diet</u> soda, including cola, or any other artificially sweetened drink	e. [] []	1	2	3	4	5	8	() 35-38

HAND S CARD G

N-42. How often do you eat artificially sweetened foods or candies or add artificial sweeteners to beverages or foods?

	# OF TIMES	# OF TIMES						
		D	W	M	Y	N	DK	
	[] []	1	2	3	4	5	8	39-41

N-43. Do you drink coffee?

N-43 YES.....1
NO.....2 (Q.N-44e)

N-44. On the average how many (a - f) do you drink per day, week, month or year?

	# OF CUPS	# OF CUPS						
		D	W	M	Y	N	DK	
a. cups of instant decaffeinated coffee	a. [] []	1	2	3	4	5	8	43-45
b. cups of other instant coffee	b. [] []	1	2	3	4	5	8	46-48
c. cups of ground decaffeinated coffee	c. [] []	1	2	3	4	5	8	49-51
d. cups of other ground coffee	d. [] []	1	2	3	4	5	8	52-54
e. cups of herb tea	e. [] []	1	2	3	4	5	8	55-57
f. cups of regular tea, including iced tea	f. [] []	1	2	3	4	5	8	58-60

BOX M:
INTERVIEWER: REVIEW N-43, N-44e, AND N-44F AND CIRCLE ONE:
SUBJECT DOES NOT DRINK COFFEE OR TEA [N-43 = NO (2) AND N-44e AND N-44f = NEVER (5)]..... 1 (Q.N-46) OTHERWISE.....2 (Q.N-45)

N-45. Which of these milk products do you usually put in your coffee or tea -- whole milk, skim milk, low fat milk, half and half, cream or non dairy creamer?

WHOLE MILK.....01		
SKIM MILK.....02		
LOW FAT MILK.....03		
HALF AND HALF.....04		
CREAM.....05		
NONDAIRY CREAMER..06		
OTHER (SPECIFY)...07		
DOESN'T ADD MILK PRODUCT.....96		
DK.....98		61-62

N-46. Are you on any type of a special diet?

N-46 YES.....1
NO.....2 (Q.N-50)

N-47. Was this diet prescribed for you by a doctor, nurse or dietician?

N-47 YES.....1
NO.....2

N-48. Are you on this diet because of... a. high blood pressure? b. diabetes? c. to lose weight? d. food allergies? e. heart disease? f. something else?	N-48	<u>Y</u>	<u>N</u>	<u>DK</u>	
	a	1	2	8	65
	b	1	2	8	66
	c	1	2	8	67
	d	1	2	8	68
	e	1	2	8	69
	f	1	2	8	70
		↓ (SPECIFY)			71-72
N-49. What kind of diet is it... a. low or no salt? b. low sugar? c. low calorie? d. low fat? e. something else?	N-49	<u>Y</u>	<u>N</u>	<u>DK</u>	
	a	1	2	8	73
	b	1	2	8	74
	c	1	2	8	75
	d	1	2	8	76
	e	1	2	8	77
		↓ (SPECIFY)			78-79
N-50. Are there some foods that you are unable to eat because you have trouble chewing or biting?	N-50	YES.....1	NO.....2		80
N-51. Do any of the following problems prevent you from eating the food that you need... a. problems getting to the store? b. problems purchasing groceries? c. problems storing food?	N-51	<u>Y</u>	<u>N</u>	<u>DK</u>	
	a	1	2	8	81
	b	1	2	8	82
	c	1	2	8	83
N-52. Do you usually eat your <u>main</u> meal alone or with other people?	N-52	ALONE.....1	OTHER PEOPLE.....2		84
N-53. How often do you eat breakfast - almost everyday, sometimes, rarely or never?	N-53	ALMOST EVERYDAY....1	SOMETIMES.....2	RARELY OR NEVER....3	85
N-54. Including evening snacks, how many between meal snacks do you have per day?	N-54	# OF SNACKS: __ __			86-87
N-55. How many <u>meals</u> do you usually eat a day?	N-55	# OF MEALS: __ __			88-89

N-56. Do you use salt at the table or in cooking?	N-56	YES..... 1	NO..... 2 (PART 0)												
N-57. Is it iodized?	N-57	YES..... 1	NO..... 2												
			DK..... 8												
N-58. How frequently do you use salt at the table?	N-58	# OF TIMES __ __	<table border="1"> <tr> <td>D</td> <td>W</td> <td>M</td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> </table>	D	W	M	Y	N	DK	1	2	3	4	5	8
			D	W	M	Y	N	DK							
1	2	3	4	5	8										

TIME ENDED: _____ AM
PM

TIME BEGAN: _____ AM
 _____ PM

PART 0: SLEEP

Now I'd like some information about how you sleep.

Begin 00

<p>0-1. Please look at Column I on this card. How often do you have trouble falling asleep? Would you say it is never, rarely, sometimes, often, or almost always?</p> <p>HAND S CARD I</p>	<p>0-1 NEVER..... 1 RARELY..... 2 SOMETIMES..... 3 OFTEN..... 4 ALMOST ALWAYS..... 5 DK..... 8</p>	
<p>0-2. How often do you have trouble with waking up during the night? (Would you say it was never, rarely, sometimes, often, or almost always?)</p>	<p>0-2 NEVER..... 1 RARELY..... 2 SOMETIMES..... 3 OFTEN..... 4 ALMOST ALWAYS..... 5 DK..... 8</p>	11
<p>0-3. How often do you have trouble with waking up too early and not being able to fall asleep again? (Would you say it is never, rarely, sometimes, often, or almost always?)</p>	<p>0-3 NEVER..... 1 RARELY..... 2 SOMETIMES..... 3 OFTEN..... 4 ALMOST ALWAYS..... 5 DK..... 8</p>	12
<p>0-4. How often do you get so sleepy during the day or evening that you have to take a nap? (Is it never, rarely, sometimes, often, or almost always?)</p>	<p>0-4 NEVER..... 1 RARELY..... 2 SOMETIMES..... 3 OFTEN..... 4 ALMOST ALWAYS..... 5 DK..... 8</p>	13
<p>Now look at Column II.</p> <p>0-5. Compared to one year ago, do you have sleep problems much more now, somewhat more now, somewhat less now, much less now or is your sleeping pattern about the same?</p>	<p>0-5 MUCH MORE NOW..... 1 SOMEWHAT MORE NOW..... 2 SOMEWHAT LESS NOW..... 3 MUCH LESS NOW..... 4 ABOUT THE SAME..... 5 DK..... 8</p>	14
<p>0-6. How often do you usually take a sedative or sleeping pill that has been prescribed by a doctor to help you sleep?</p>	<p>0-6 NEVER..... 00 # TIMES: [] [] (CIRCLE ONE) WEEKLY..... 1 MONTHLY..... 2 YEARLY..... 3 DK..... 8</p>	15
<p>0-7. How many hours of sleep do you usually get a night (or when you usually sleep)?</p>	<p>0-7 # HOURS: [] []</p>	16-17

Part P: TRAITS

Begin P0

<p>P-1. Sometimes people have things they want to do but they just feel too weak, too tired or they don't have enough energy to do them. How often do you feel this way -- a lot of the time, some of the time, once in awhile, or do you never feel this way?</p>	<p>P-1 A LOT OF THE TIME.. 1 SOME OF THE TIME.. 2 ONCE IN AWHILE.... 3 NEVER..... 4</p>	11
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Now I'm going to read you some traits some people have. Using the categories on this card, please tell me how well these traits describe you. The first trait is....

<p>HAND S CARD J</p>	<table border="1"> <tr> <td></td> <td>VERY WELL</td> <td>FAIRLY WELL</td> <td>SOMEWHAT</td> <td>NOT AT ALL</td> <td>DK</td> </tr> </table>		VERY WELL	FAIRLY WELL	SOMEWHAT	NOT AT ALL	DK	
	VERY WELL	FAIRLY WELL	SOMEWHAT	NOT AT ALL	DK			
<p>P-2. Having a strong need to excel or be best in most things.</p>	<p>P-2 1 2 3 4 8</p>	12						
<p>P-3. Usually feeling pressed for time.</p>	<p>P-3 1 2 3 4 8</p>	13						
<p>P-4. Being hard driving and competitive.</p>	<p>P-4 1 2 3 4 8</p>	14						
<p>P-5. Eating too quickly.</p>	<p>P-5 1 2 3 4 8</p>	15						
<p>P-6. Getting upset when you have to wait in line?</p>	<p>P-6 1 2 3 4 8</p>	16						

Now I'm going to read some statements. Don't worry about the exact meaning of these statements, just give me your first impressions. Using the categories on this card, I'd like you to tell me if you strongly disagree, disagree, feel neutral, agree, or strongly agree with each statement.

<p>P-7. I like to have a lot of people around me.</p> <p>HAND S CARD K</p>	<p>P-7 STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5</p>	17
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

P-8. I am a cheerful, high-spirited person.	P-8	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	18
P-9. I don't get much pleasure from chatting with people.	P-9	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	19
P-10. I am a very active person.	P-10	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	20
P-11. I prefer jobs that let me work without being bothered by other people.	P-11	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	21
P-12. I have strong emotional attachments to my friends.	P-12	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	22
P-13. I am dominant, forceful, and assertive.	P-13	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	23
P-14. I have sometimes done things just for "kicks" or "thrills."	P-14	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	24
P-15. I don't like to waste my time day-dreaming.	P-15	STRONGLY DISAGREE. 1 DISAGREE..... 2 FEEL NEUTRAL..... 3 AGREE..... 4 STRONGLY AGREE.... 5	25

P-16. Poetry has little or no affect on me.	P-16	STRONGLY DISAGREE..1 DISAGREE.....2 FEEL NEUTRAL.....3 AGREE.....4 STRONGLY AGREE.....5	26
P-17. I often try new and foreign foods.	P-17	STRONGLY DISAGREE..1 DISAGREE.....2 FEEL NEUTRAL.....3 AGREE.....4 STRONGLY AGREE.....5	27
P-18. I'm pretty set in my ways.	P-18	STRONGLY DISAGREE..1 DISAGREE.....2 FEEL NEUTRAL.....3 AGREE.....4 STRONGLY AGREE.....5	28
P-19. I enjoy solving problems or puzzles.	P-19	STRONGLY DISAGREE..1 DISAGREE.....2 FEEL NEUTRAL.....3 AGREE.....4 STRONGLY AGREE.....5	29
P-20. I have a very active imagination.	P-20	STRONGLY DISAGREE..1 DISAGREE.....2 FEEL NEUTRAL.....3 AGREE.....4 STRONGLY AGREE.....5	30

PHYSICAL MEASUREMENT INTRODUCTION

I mentioned earlier that I would be measuring your pulse, blood pressure, and weight as a part of the interview. I would like to start the procedure now. As part of this procedure, you need to remain relaxed and seated for about fifteen (15) minutes. During this time, we will finish the questionnaire. If there are things you need to do before we start, such as going to the bathroom, I would like you to do that now. I would also suggest that should the phone or doorbell ring that I answer it for you. Would that be all right? [IF NECESSARY, ASK S TO MOVE TO A SUITABLE LOCATION TO TAKE THE BLOOD PRESSURE READING.]

Various factors such as smoking, drinking alcohol and drinking coffee can affect your pulse and blood pressure. Therefore, I would like to request that you do not smoke or drink coffee (or alcohol) during this time. Also, have you had any alcoholic beverages within the last 24 hours? [RECORD ON PMR.]

Now, I would like to explain what I am going to do. First, I will find the pulse in your right arm. Next, I will wrap the blood pressure cuff around your arm. At this point, we will finish the questionnaire. At the end of the interview, I will take your pulse and then inflate the cuff. You will feel a sensation of pressure on the arm when the cuff is inflated, and I will be inflating the cuff a maximum of five times. While I am measuring your blood pressure, I would like to avoid any conversation. I will be happy to answer your questions before or after measurements are taken.

Is there any medical reason you know of why this procedure should not be done?

[IF YES, RECORD ON PMR AND DISCONTINUE PROCEDURE AND CONTINUE WITH THE QUESTIONNAIRE.]

OTHERWISE, ASK S TO REMOVE ANY OUTER CLOTHING/JEWELRY AND TO ROLL UP SLEEVE. OBSERVE SUBJECT'S ARM FOR CONDITIONS PREVENTING MEASUREMENT. IF CONDITIONS ARE PRESENT, RECORD ON PMR AND DISCONTINUE PROCEDURE.]

Have you had any needles or tubes in any veins in your arms in the last week? [IF YES, RECORD ON PMR AND DISCONTINUE IF BOTH ARMS ARE AFFECTED.]

Then I will go ahead and locate your pulse and place the cuff now. [PLACE CUFF.]

PART Q: PHYSICAL ACTIVITY

Begin Q0

BOX N

INTERVIEWER:

IF S IS UNABLE TO WALK CHECK THIS BOX AND GO TO PART R; OTHERWISE CONTINUE.

11

These next few questions concern physical activity.

Q-1. In things you do for recreation, for example, sports, hiking, dancing, etc., do you get much exercise, moderate exercise, little or no exercise?	Q-1	MUCH EXERCISE..... 1 MODERATE EXERCISE..... 2 LITTLE OR NO EXERCISE.... 3	12
Q-2. In your usual day, aside from recreation, are you physically very active, moderately active, or quite inactive?	Q-2	VERY ACTIVE..... 1 MODERATELY ACTIVE..... 2 QUITE INACTIVE..... 3	13
Q-3. Do you follow a <u>regular</u> program of physical exercise?	Q-3	YES..... 1 NO..... 2 (PART R)	14
Q-4. Do you <u>regularly</u> jog as part of this program?	Q-4	YES..... 1 NO..... 2 (PART R)	15
Q-5. On the average, how many miles per week do you jog?	Q-5	# MILES/WK: <input type="text"/> <input type="text"/> <input type="text"/> DK..... 998	16-18

PART R: TEETH

These next questions are about your teeth.

Begin R0

R-1. Have you lost all your teeth from your upper jaw?	R-1	YES..... 1 NO..... 2 (Q.R-4)	11
R-2. Do you have a plate or false teeth for your upper jaw?	R-2	YES..... 1 (Q.R-4) NO..... 2	12
R-3. How long has it been since you have had any teeth to chew with, natural or false, in your upper jaw? (READ CATEGORIES IF NECESSARY.)	R-3	LESS THAN A YEAR..... 0 1 BUT LESS THAN 5 YEARS.. 1 5 BUT LESS THAN 10 YEARS..... 2 10 BUT LESS THAN 20 YEARS..... 3 20 OR MORE..... 4 DK..... 8	13
R-4. Have you lost all your teeth from your lower jaw?	R-4	YES..... 1 NO..... 2 (BOX 0)	14
R-5. Do you have a plate or false teeth for your lower jaw?	R-5	YES..... 1 (BOX 0) NO..... 2	15
R-6. How long has it been since you have had any teeth to chew with, natural or false, in your lower jaw? (READ CATEGORIES IF NECESSARY.)	R-6	LESS THAN A YEAR..... 1 1 BUT LESS THAN 5 YEARS.. 2 5 BUT LESS THAN 10 YEARS..... 3 10 BUT LESS THAN 20 YEARS..... 4 20 OR MORE..... 5 DK..... 8	16

<p>BOX 0</p> <p>INTERVIEWER: CHECK Q.R-2 AND R-5 TO SEE IF S HAS DENTAL PLATES AND CIRCLE ONE:</p> <p>R-2 OR R-5 = YES (1) 1 (Q.R-7)</p> <p>OTHERWISE. 2 (Q.R-8)</p>

R-7. Do you think that you need (a) new dental plate(s) or that the one(s) you have need(s) refitting?	R-7	YES, NEED NEW PLATE.. 1 (PART S) YES, NEED REFITTING.. 2 (PART S) NO..... 3 (PART S) DK..... 8 (PART S)	17
R-8. Do you use fluoridated toothpaste?	R-8	YES..... 1 NO..... 2	18

PART S: HEARING

Now I'm going to ask you some questions about your hearing.

Begin S0

S-1. At any time over the past few years, have you ever noticed a ringing in your ears?	S-1	YES..... 1 NO..... 2 (Q.S-4)	11																								
S-2. Do you notice this ringing all the time, every few days or less often?	S-2	ALL THE TIME..... 1 EVERY FEW DAYS.... 2 LESS OFTEN..... 3	12																								
S-3. When it does occur, does it bother you quite a bit, just a little or not at all?	S-3	QUITE A BIT..... 1 JUST A LITTLE.... 2 NOT AT ALL..... 3	13																								
S-4. Have you ever used a hearing aid?	S-4	YES..... 1 NO..... 2 (Q.S-8)	14																								
S-5. Have you ever used a hearing aid for your left ear, right ear or both ears?	S-5	LEFT EAR..... 1 RIGHT EAR..... 2 BOTH..... 3	15																								
S-6. Do you use a hearing aid now?	S-6	YES..... 1 NO..... 2	16																								
S-7. (Does/Did) it improve your hearing not very much, somewhat or very much?	S-7	NOT VERY MUCH..... 1 SOMEWHAT..... 2 VERY MUCH..... 3	17																								
S-8. In a normal conversation with several persons, are you able to hear well enough to understand what is said, without difficulty, with some difficulty, with much difficulty, or are you unable to understand at all (even using your hearing aid)?	S-8	WITH NO DIFFICULTY... 1 WITH SOME DIFFICULTY. 2 WITH MUCH DIFFICULTY. 3 UNABLE..... 4	18																								
S-9. (Without a hearing aid), can you usually hear and understand what a person says without seeing his or, her face?	S-9	<table border="1"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> <td></td> </tr> <tr> <td>a. If that person <u>whispers</u> to you from across a quiet room?</td> <td>1 (PART T)</td> <td>2</td> <td>8</td> <td>19</td> </tr> <tr> <td>b. If that person <u>talks in a normal voice</u> to you from across a quiet room?</td> <td>1 (PART T)</td> <td>2</td> <td>8</td> <td>20</td> </tr> <tr> <td>c. If that person <u>shouts</u> to you from across a quiet room?</td> <td>1 (PART T)</td> <td>2</td> <td>8</td> <td>21</td> </tr> <tr> <td>d. If that person <u>speaks loudly</u> into your better ear?</td> <td>1 (PART T)</td> <td>2</td> <td>8</td> <td>22</td> </tr> </table>		YES	NO	DK		a. If that person <u>whispers</u> to you from across a quiet room?	1 (PART T)	2	8	19	b. If that person <u>talks in a normal voice</u> to you from across a quiet room?	1 (PART T)	2	8	20	c. If that person <u>shouts</u> to you from across a quiet room?	1 (PART T)	2	8	21	d. If that person <u>speaks loudly</u> into your better ear?	1 (PART T)	2	8	22
	YES	NO	DK																								
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c. If that person <u>shouts</u> to you from across a quiet room?	1 (PART T)	2	8	21																							
d. If that person <u>speaks loudly</u> into your better ear?	1 (PART T)	2	8	22																							

S-10. (Without a hearing aid), can you usually...	S-10	YES	NO	DK	
		a. Tell the sound of speech from other sounds or noises?	a	1 (PART T)	2
b. Tell one kind of noise from another?	b	1 (PART T)	2	8	24
c. Hear loud noises?	c	1	2	8	25

PART T: VISION

Now, I am going to ask you questions concerning your vision.

Begin TO

T-1. Are you totally blind in either eye?	T-1	YES.....1 NO.....2 (Q.T-3) DK.....8 (Q.T-3)			11
T-2. Which one?	T-2	RIGHT.....1 LEFT.....2 BOTH.....3 (PART U)			12
T-3. Do you wear eyeglasses or contact lenses?	T-3	YES.....1 NO.....2 (Q.T-5)			13
T-4. How old were you when you first started wearing glasses or contact lenses?	T-4	AGE: DK.....98			14-15
T-5. Do you use a magnifying glass for reading?	T-5	YES.....1 NO.....2 (Q.T-7)			16
T-6. Do you use a magnifying glass for reading all the time, most of the time, some of the time or hardly ever?	T-6	ALL THE TIME.....1 MOST OF THE TIME...2 SOME OF THE TIME...3 HARDLY EVER.....4			17
T-7. (When wearing eyeglasses/contact lenses) can you see well enough to recognize a friend...	T-7	YES NO DK			
a. across the street?	a	1 (Q.T-8) 2 8			18
b. across the room?	b	1 2 8			19
c. at arms length?	c	1 2 8			20
T-8. (When wearing eyeglasses/contact lenses) can you see well enough...	T-8	YES NO DK			
a. to recognize the letters in ordinary newspaper print?	a	1 (PART U) 2 8			21
b. to recognize the letters in a headline?	b	1 (PART U) 2 8			22
c. to tell if a light is on or off in a room?	c	1 2 8			23

PART U: BACKGROUND INFORMATION

In this section I'm going to ask you some questions about your background.

Begin U0

<p>U-1. Most people in the United States have ancestors who came from other parts of the world. Here is a card listing some ethnic backgrounds. Which of these groups best describe your ethnic background? (RECORD ALL THAT APPLY.)</p> <p>HAND S CARD L</p>	<p>U-1 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 OTHER (SPECIFY).. 2A <input type="checkbox"/> 11-12 <input type="checkbox"/> 13-14 <input type="checkbox"/> 15-16 DK..... 9B <input type="checkbox"/> 17-18</p>
<p>U-2. Look at this card. Which of these categories best describes you?</p> <p>HAND S CARD H</p>	<p>U-2 ALEUT, ESKIMO or AMERICAN INDIAN..... 1 ASIAN/PACIFIC ISLANDER. 2 BLACK..... 3 WHITE..... 4 OTHER (SPECIFY)..... 5</p>
<p>U-3. Are you now married, widowed, divorced, separated or have you never been married?</p>	<p>U-3 MARRIED..... 1 WIDOWED..... 2 DIVORCED..... 3 SEPARATED..... 4 NEVER MARRIED..... 5</p>
<p>U-4. Would you say that you have lived most of your life in a rural area, in the city or in the city suburbs?</p>	<p>U-4 RURAL..... 1 CITY..... 2 (Q.U-6) CITY SUBURBS..... 3 (Q.U-6)</p>
<p>U-5. When you lived in a rural area did you live on a farm?</p>	<p>U-5 YES..... 1 NO..... 2</p>
<p>U-6. In the area where you lived most of your life, what was your primary source of drinking water: a community supply, a private well, a spring or some other source?</p>	<p>U-6 COMMUNITY..... 1 PRIVATE WELL..... 2 SPRING..... 3 OTHER (SPECIFY)... 4</p>
<p>U-7. In what state were you born?</p>	<p>U-7 STATE: _____</p>
<p>U-8. Have you ever worked at a job or a business full time or part time for a total of more than a year?</p>	<p>U-8 YES..... 1 NO..... 2 (Q.U-21)</p>
<p>U-9. What kind of work have you done for the longest period of time? What was your occupation or complete job title? For example, carpenter, secretary, electrical engineer.</p>	<p>U-9 OCCUPATION/JOB TITLE: _____ _____ _____</p>

25-27

<p>U-10. What were your most important activities or duties as a(n) (OCCUPATION): for example, sell cars, keep account books, sweep floors?</p>	<p>U-10 DUTIES: _____ _____ _____ _____</p>
<p>U-11. For how many years have you worked as a(n) (OCCUPATION)?</p>	<p>U-11 # YRS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>U-12. While employed as a(n) (OCCUPATION), what was the name of the employer for whom you worked the longest?</p>	<p>U-12 EMPLOYER: _____ _____ _____ SELF EMPLOYED..... <input type="checkbox"/></p>
<p>U-13. What kind of business or industry was that employer in, that is, what does the company or your part of the company do or make? For example, automobile manufacturing, state labor dept., dairy farming, retail shoe sales?</p>	<p>U-13 BUSINESS/INDUSTRY: _____ _____ _____</p>
<p>U-14. Do you still work for (EMPLOYER) as a(n) (OCCUPATION)?</p>	<p>U-14 YES..... 1 (Q.U-27) NO..... 2</p>
<p>U-15. Have you stopped working at or retired from your usual job or occupation?</p>	<p>U-15 YES..... 1 NO..... 2 (Q.U-21)</p>
<p>U-16. In what year was that?</p>	<p>U-16 YR: <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>U-17. Did you stop working because of reasons related to your health?</p>	<p>U-17 YES..... 1 NO..... 2 (Q.U-20)</p>
<p>U-18. Did you receive disability benefits from Social Security at that time?</p>	<p>U-18 YES..... 1 NO..... 2 (Q.U-20)</p>
<p>U-19. Are you still getting them?</p>	<p>U-19 YES..... 1 NO..... 2</p>
<p>U-20. Did you stop work at your usual occupation voluntarily?</p>	<p>U-20 YES..... 1 NO..... 2</p>
<p>U-21. These next questions are about your current status. During the last three months, what have you been doing most: working, retired, keeping house, going to school or looking for work?</p>	<p>U-21 WORKING..... 1 (Q.U-23) RETIRED..... 2 KEEPING HOUSE..... 3 STUDENT..... 4 LOOKING FOR WORK.. 5 OTHER (SPECIFY)... 6</p>

28-29

30-32

33

34

35-38

39

40

41

42

43

U-22. During the last three months, have you worked at all at a job or business?	U-22	YES..... 1 NO..... 2 (BOX P)	44
U-23. What kind of work are you doing? What is your occupation or complete job title? For example, carpenter, secretary, electrical engineer.	U-23	OCCUPATION/JOB TITLE: _____ _____	45-47
U-24. What are your most important activities or duties? For example, sell cars, keep account books, sweep floors.	U-24	DUTIES: _____ _____ _____ _____	
U-25. What is the name of your employer?	U-25	EMPLOYER: _____ _____ _____ SELF EMPLOYED.....	
U-26. What kind of business or industry is that employer in, that is, what does the company or your part of the company, do or make? For example, automobile manufacturing, state labor dept., dairy farming, retail shoe sales.	U-26	BUSINESS/INDUSTRY: _____ _____ _____	48-50
U-27. On the average, how many hours a week do you work as a(n) (OCCUPATION)?	U-27	HR/WK:	51-52
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>BOX P</p> <p>INTERVIEWER: CHECK Q.U-8 AND CIRCLE ONE:</p> <p>Q.U-8 = YES (1). 1 (Q.U-28)</p> <p>Q.U-8 = NO (2) 2 (Q.U-29)</p> </div>			
U-28. Have you ever worked at an occupation in which you were heavily exposed to dusts, fumes, or vapors?	U-28	YES..... 1 NO..... 2 DK..... 8	53
U-29. Have you ever had a hobby in which you were heavily exposed to dusts, fumes, or vapors?	U-29	YES..... 1 NO..... 2 DK..... 8	54

<div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;"> HAND S CARD N </div>	U-30. Please look at this card. Which of these income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property and so forth.	U-30	A... 01 H... 08 B... 02 I... 09 C... 03 J... 10 D... 04 K... 11 E... 05 L... 12 F... 06 M... 13 G... 07 N... 14 DK.. 98	55-56																																																											
	U-31. Please look at this card again. Which of these income groups represents your personal income for the past 12 months? Again include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property and so forth.	U-31	A... 01 H... 08 B... 02 I... 09 C... 03 J... 10 D... 04 K... 11 E... 05 L... 12 F... 06 M... 13 G... 07 N... 14 DK.. 98	57-58																																																											
U-32. During the past 12 months, did you receive personal income from the following sources?	U-32	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th></th> </tr> </thead> <tbody> <tr> <td>a. Wages or salary?</td> <td>1</td> <td>2</td> <td>8</td> <td>59</td> </tr> <tr> <td>b. Social security or railroad retirement?</td> <td>1</td> <td>2</td> <td>8</td> <td>60</td> </tr> <tr> <td>c. Welfare payments or other public assistance such as aid to families with dependent children, old age assistance or aid to the blind or totally disabled?</td> <td>1</td> <td>2</td> <td>8</td> <td>61</td> </tr> <tr> <td>d. Unemployment compensation or workmen's compensation?</td> <td>1</td> <td>2</td> <td>8</td> <td>62</td> </tr> <tr> <td>e. Government employee pensions or private pensions?</td> <td>1</td> <td>2</td> <td>8</td> <td>63</td> </tr> <tr> <td>f. Net income from a farm?</td> <td>1</td> <td>2</td> <td>8</td> <td>64</td> </tr> <tr> <td>g. Veterans' payments?</td> <td>1</td> <td>2</td> <td>8</td> <td>65</td> </tr> <tr> <td>h. Alimony or child support?</td> <td>1</td> <td>2</td> <td>8</td> <td>66</td> </tr> <tr> <td>i. Other money contributed from persons not living in the household?</td> <td>1</td> <td>2</td> <td>8</td> <td>67</td> </tr> <tr> <td>j. Investments?</td> <td>1</td> <td>2</td> <td>8</td> <td>68</td> </tr> <tr> <td>k. Anything else?</td> <td>1</td> <td>2</td> <td>8</td> <td>69</td> </tr> </tbody> </table>		YES	NO	DK		a. Wages or salary?	1	2	8	59	b. Social security or railroad retirement?	1	2	8	60	c. Welfare payments or other public assistance such as aid to families with dependent children, old age assistance or aid to the blind or totally disabled?	1	2	8	61	d. Unemployment compensation or workmen's compensation?	1	2	8	62	e. Government employee pensions or private pensions?	1	2	8	63	f. Net income from a farm?	1	2	8	64	g. Veterans' payments?	1	2	8	65	h. Alimony or child support?	1	2	8	66	i. Other money contributed from persons not living in the household?	1	2	8	67	j. Investments?	1	2	8	68	k. Anything else?	1	2	8	69	
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U-33. (IF S IS FEMALE, ASK:) Please tell me your father's last name?	U-33	NAME: _____	70																																																												

U-34. My supervisor, as part of a validation procedure, may be contacting you in the near future to make sure that I conducted this interview. I'd like to (confirm/have) your telephone number, starting with the area code. (IF NO PHONE, RECORD AREA CODE.)

U-34 [] [] [] - [] [] [] - [] [] [] []
REFUSE: 999999996

INTERVIEWER: COMPLETE AT CONCLUSION OF INTERVIEW

BOX Q
INTERVIEWER: CHECK PRIMARY RESPONDENT AND IF P OR S WITH ASSISTANCE, RECORD NAME, RELATIONSHIP AND TELEPHONE NUMBER AND WHY PROXY/ASSISTANCE WAS USED.

	NAME	RELATIONSHIP TO S	TELEPHONE	PRIMARY (✓)
S				()
P #1			()	()
P #2			()	()
S WITH ASSISTANCE #1			()	()
S WITH ASSISTANCE #2			()	()

IF PROXY OR ASSISTANCE: STATE REASON WHY PROXY/ASSISTANCE WAS NEEDED:

TIME ENDED _____ AM
_____ PM
[] [] [] [] 96-100

AUTHORIZATION FORM STATEMENT

"Thank you very much for taking the time to participate in this interview. In connection with the medical history that you have given us, as part of this survey, it may be necessary to obtain additional or more technical information from staff or records in hospitals or other in-patient facilities. This form authorizes the U.S. Public Health Service to obtain this information. As with all of the information you have given us, this information will be kept confidential and used only for statistical purposes." (HAVE S SIGN FORM)

[TAKE PHYSICAL MEASUREMENT READINGS]

OFFICE USE ONLY:

PR: [] [] 101

REL: [] [] [] [] 102-103

[] [] 104

05-1 Do you feel that the information provided by the Subject or Proxy was satisfactory?
YES 1 (Q.05-3)
NO 2 105

05-2 If not, why not?

05-3 Please circle the number that best describes the subject's awareness level during the interview.

1 2 3 4 5
|-----|-----|-----|-----|
Very Alert Very Confused

OR
SUBJECT NOT OBSERVED BY INTERVIEWER 0 106

COMMENTS: _____

05-4 In regard to the questionnaire do you feel the questionnaire:

	YES	NO
a. held the respondent's attention throughout the interview?	1	2
b. was upsetting or depressing to the respondent?	1	2
c. was boring or uninteresting to the respondent?	1	2

(IF YES TO b OR c):

05-5 Was there a section that seemed to be particularly upsetting or problematic for the respondent? If so, note below.

05-6 Record any relevant observations, comments or impressions you may have had about this interview.

CHECK LIST FOR PHYSICAL MEASUREMENTS

Pulse & Blood Pressure Preparation

1. Read the Physical Measurements Introduction. Ask subject if has any problems that would inhibit the reading.
2. Position the subject.
3. Locate radial and brachial pulse.
4. Select and place the cuff.
5. Continue interview for fifteen minutes.

Pulse & Blood Pressure Measurement

6. Obtain resting pulse and record.
7. Obtain MIL, deflate rapidly, disconnect the manometer tubing and record.
8. Wait thirty seconds.
9. Place stethoscope in ears, ear pieces turned forward, and diaphragm over brachial pulse point.
10. Inflate rapidly to MIL.
11. Deflate 2mm Hg per second, eyes level with midpoint of the manometer column. Read the point on the manometer when the first sound is heard (systolic) and sound disappears (diastolic).
12. Continue deflation to 10mm Hg below last sound.
13. Deflate rapidly to zero.
14. Remove stethoscope from ears.
15. Disconnect manometer tubing.
16. Record readings on PMR.
17. Wait thirty seconds.
18. Repeat steps 9-17 for two more readings.

Weight

1. Place scale on hard surfaced floor and adjust to zero if necessary.
2. Stand to one side of scale looking directly down onto face of scale.
3. Record weight on PMR.

Reporting to Subject

1. Record readings and identifying information on the Report of Physical Measurement Finding and, using the Blood Pressure Value box, determine which statement to read to the subject.
2. Ask subject to sign form and give the top copy to the subject to keep.

BLOOD PRESSURE VALUE BOX

Elevated systolic blood pressure of 230 by palpation of radial pulse only. 4					
Systolic	Diastolic				
	Under 90	90 - 94	95 - 114	115 - 129	130 or More
Under 150	1	2	3	4	5
150-159	1	2	3	4	5
160-239	3	3	3	4	5
240 or more	5	5	5	5	5

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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS
NATIONAL INSTITUTE ON AGING
NATIONAL INSTITUTES OF HEALTH

NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY

SELF-ADMINISTRATION SUBJECT INTERVIEW BOOKLET

ASSURANCE OF CONFIDENTIALITY

All information which would provide identification of the individual will be held in strict confidence, will be used only for purposes of and by persons engaged in the survey, and will not be disclosed or released to others for any purposes in accordance with Section 308(d) of the Public Health Service Act (42 USC 242 m).

INTERVIEWER: READ INSTRUCTIONS TO RESPONDENT.

These next questions are about your pregnancy and menstrual history. I can read these questions to you or you can fill them out yourself. Which would you prefer? (IF SELF ADMINISTERED): Please circle one number next to the answer that you choose or write in the correct response. A "GO TO" statement will tell you which question to go to next. If there is no "GO TO" statement just go to the next question. If you need any help ask me for assistance.

C-1. Have you ever been pregnant? Include live births, stillbirths, miscarriages and abortions.	1 Yes (GO TO C-2) 2 No (GO TO C-8)
C-2. Are you pregnant now?	1 Yes 2 No
C-3. How old were you when your first child was born? This means the first child born alive or stillborn.	Age: _____ (GO TO C-4) OR 0 I had no births (GO TO C-6)
C-4. How old were you when your last child was born? Include stillbirths.	Age: _____
C-5. How many live births have you had?	Number of Live Births: _____ OR 0 I had no live births
C-6. Have you ever had a miscarriage?	1 Yes (GO TO C-7) 2 No (GO TO C-8)
C-7. How many miscarriages have you had?	Number of Miscarriages: _____
C-8. Are you still having periods?	1 Yes (GO TO C-9) 2 I am pregnant now (GO TO C-9) 3 No (GO TO C-11)
C-9. Are your periods regular or irregular? By regular we mean your periods come about once a month. You can usually predict when they will come and they usually last about the same number of days.	1 My periods are regular (GO TO C-21) 2 My periods are irregular (GO TO C-10)
C-10. Are they irregular because you are going through the change of life or for some other reason?	1 My periods are irregular because of the change of life (GO TO C-15) 2 My periods are irregular for some other reason (GO TO C-21)
C-11. At what age did you have your last period?	Age: _____

[GO TO NEXT PAGE]

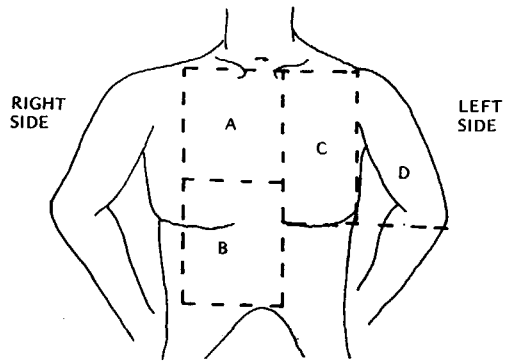
C-12. Did your periods stop naturally, because you had surgery or for some other reason?	1 My periods stopped naturally (GO TO C-14) 2 My periods stopped because of surgery (GO TO C-14) 3 My periods stopped for some other reason (GO TO C-13)
C-13. What was the reason?	REASON: _____ _____ _____
C-14. Do you still have your womb or uterus?	1 Yes 2 No
C-15. Do you still have <u>both</u> your ovaries?	1 Yes (GO TO C-17) 2 No (GO TO C-16)
C-16. Do you still have <u>one</u> ovary?	1 Yes 2 No
C-17. Did you ever take female hormone pills for reasons <u>related to menopause</u> , including hot flashes or mood changes around the time you were beginning the change of life? This would include hormone pills taken for natural change of life or because your <u>periods stopped due to an operation</u> .	1 Yes (GO TO C-18) 2 No (GO TO C-23)
C-18. How old were you when you <u>first</u> took hormone pills?	Age: _____
C-19. How old were you when you <u>last</u> took hormone pills?	Age: _____ OR 1 I am taking hormone pills now
C-20. Altogether for about how many years have you taken hormone pills?	Years: _____ (GO TO C-23) OR Months: _____ (GO TO C-23)

[GO TO NEXT PAGE]

C-21. Do you still have <u>both</u> your ovaries?	1 Yes (GO TO C-23) 2 No (GO TO C-22)
C-22. Do you still have <u>one</u> ovary?	1 Yes 2 No
C-23. Have you ever taken birth control pills for any reason?	1 Yes (GO TO C-24) 2 No (STOP. RETURN BOOKLET TO INTERVIEWER.)
C-24. How old were you when you <u>first</u> took birth control pills?	Age: _____
C-25. How old were you when you <u>last</u> took birth control pills?	Age: _____ OR 1 I am taking birth control pills now
C-26. Altogether for about how many years have you taken birth control pills?	I took birth control pills for: Years: _____ OR Months: _____
C-27. Which of these answers best describes the reason or reasons that you took birth control pills: for birth control; irregular periods; change of life or for some other reason?	1 For birth control 2 Irregular periods 3 Change of life 4 Some other reason (What?) _____ _____ _____

[STOP. RETURN BOOKLET TO INTERVIEWER]

RESPONSE TO QUESTION D-17



RESPONSE TO QUESTION E-100

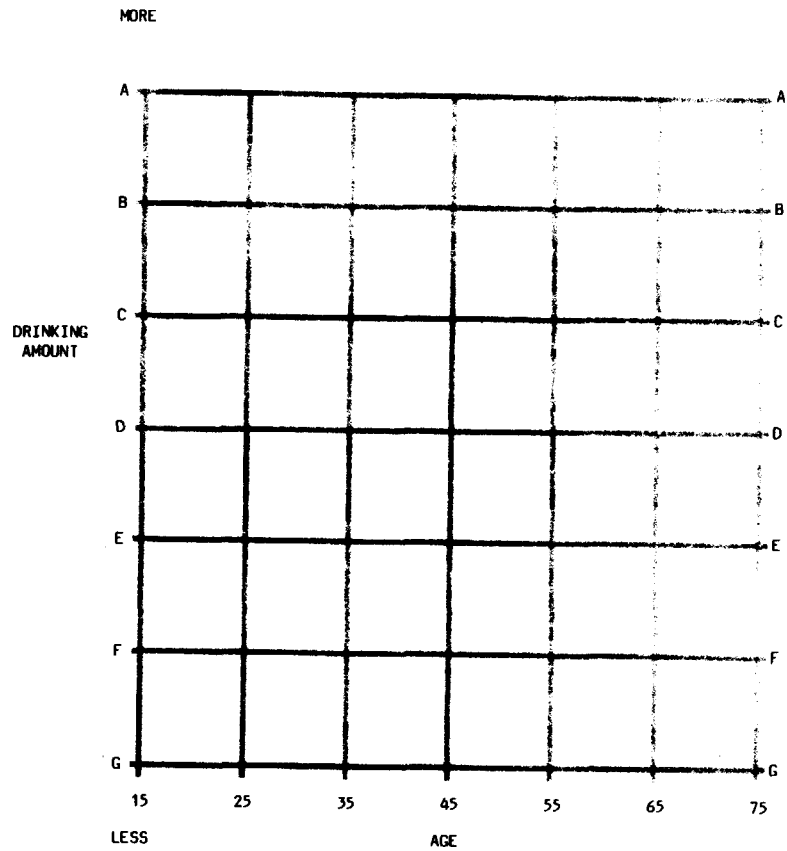
INSTRUCTIONS: Place "x" on the line to indicate the severity of pain. On the scale, the left side is no pain and the right side is very severe pain.

NO PAIN

VERY SEVERE PAIN

a b c d e f g h i j k l m n o p q r s t u v w x y z a b c d e f
a b c d e f

ALCOHOL CHART
(SUBJECT)
LIFETIME DRINKING PATTERN
RESPONSES TO QUESTIONS M-13 THROUGH M-18



PART I

INSTRUCTIONS: Please circle one number for each statement (Questions I-1 through I-20) which best describes how often you felt or behaved this way -- DURING THE PAST WEEK.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
DURING THE PAST WEEK:				
I-1. I was bothered by things that usually don't bother me.	0	1	2	3
I-2. I did not feel like eating; my appetite was poor.	0	1	2	3
I-3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
I-4. I felt that I was just as good as other people. . .	0	1	2	3
I-5. I had trouble keeping my mind on what I was doing.	0	1	2	3
I-6. I felt depressed.	0	1	2	3
I-7. I felt that everything I did was an effort. . . .	0	1	2	3
I-8. I felt hopeful about the future.	0	1	2	3
I-9. I thought my life had been a failure.	0	1	2	3
I-10. I felt fearful.	0	1	2	3
I-11. My sleep was restless. . .	0	1	2	3
I-12. I was happy.	0	1	2	3
I-13. I talked less than usual.	0	1	2	3
I-14. I felt lonely.	0	1	2	3
I-15. People were unfriendly. .	0	1	2	3
I-16. I enjoyed life.	0	1	2	3
I-17. I had crying spells. . . .	0	1	2	3
I-18. I felt sad.	0	1	2	3
I-19. I felt that people disliked me.	0	1	2	3
I-20. I could not get "going". .	0	1	2	3

[GO TO NEXT PAGE]

PART I (continued)

INSTRUCTIONS: Please circle one number for each question I-21 through I-39 which best answers or describes your feelings -- DURING THE PAST MONTH.

I-21. How have you been feeling in general, during the past month?	1 In excellent spirits 2 In very good spirits 3 In good spirits mostly 4 I have been up and down in spirits a lot 5 In low spirits mostly 6 In very low spirits
I-22. Have you been under or felt you were under any strain, stress, or pressure, during the past month?	1 Yes -- almost more than I could bear or stand 2 Yes -- quite a bit of pressure 3 Yes -- some -- more than usual 4 Yes -- some -- but about usual 5 Yes -- a little 6 Not at all
I-23. How happy, satisfied, or pleased have you been with your personal life, during the past month?	1 Extremely happy -- could not have been more satisfied or pleased 2 Very happy 3 Fairly happy 4 Satisfied -- pleased 5 Somewhat dissatisfied 6 Very dissatisfied
I-24. Have you been anxious, worried or upset, during the past month?	1 Extremely so -- to the point of being sick or almost sick 2 Very much so 3 Quite a bit 4 Some -- enough to bother me 5 A little bit 6 Not at all
I-25. Have you been bothered by any illness, bodily disorder, pains, or fears about your health, during the past month?	1 All the time 2 Most of the time 3 A good bit of the time 4 Some of the time 5 A little of the time 6 None of the time
I-26. Have you been feeling emotionally stable and sure of yourself, during the past month?	1 All the time 2 Most of the time 3 A good bit of the time 4 Some of the time 5 A little of the time 6 None of the time

INSTRUCTIONS: For questions I-27 through I-30 please circle the number which best indicates your feelings -- DURING THE PAST MONTH.

I-27. How concerned or worried about your HEALTH have you been, during the past month?										
0	1	2	3	4	5	6	7	8	9	10

Not concerned at all					Very concerned					
I-28. How RELAXED or TENSE have you been, during the past month?										
0	1	2	3	4	5	6	7	8	9	10

Very relaxed					Very tense					
I-29. How much ENERGY, PEP, VITALITY have you felt, during the past month?										
0	1	2	3	4	5	6	7	8	9	10

No energy at all, listless					Very energetic dynamic					
I-30. How DEPRESSED or CHEERFUL have you been, during the past month?										
0	1	2	3	4	5	6	7	8	9	10

Very depressed					Very cheerful					

INSTRUCTIONS: Please circle the number that is next to the answer that best describes your situation.

I-31. In general, about how many relatives and friends do you have that you feel close to? These are people with whom you feel at ease, can talk to about private matters, and can call on for help.

- 0 None
- 1 One person
- 2 Two people
- 3 Three or four people
- 4 Five to nine people
- 5 Ten to nineteen people
- 6 Twenty or more people

INSTRUCTIONS: These next questions are about bowel and bladder habits. For each question, please circle the number next to the answer that best describes your situation.

J-1. Do you have trouble with your bowels which makes you constipated or gives you diarrhea?	1 I get constipated 2 I get diarrhea 3 I do not have trouble with my bowels
J-2. How often do you usually have a bowel movement?	1 Once a week or less often 2 Two or three times a week 3 Four to six times a week 4 Once a day 5 Two or three times a day 6 Four or more times a day
J-3. Which of the following best describes your usual bowel movement; is it normal, loose or watery, or hard or very firm?	1 Normal 2 Loose or watery 3 Hard or firm
J-4. During the past few months, how often have you lost control over your bowels or had an accident; often, occasionally, or never?	1 Often 2 Occasionally 3 Never
J-5. How often do you use a laxative or stool softener?	1 Every day 2 Every other day 3 Once or twice a week 4 Once or twice a month 5 Less than once a month 6 Never
J-6. During the past few months, how often have you lost control over your urine; often, occasionally, or never?	1 Often 2 Occasionally 3 Never
J-7. How often do you dribble, leak, or lose urine when you laugh, strain, or cough; often, occasionally or never?	1 Often 2 Occasionally 3 Never (STOP. RETURN BOOKLET TO INTERVIEWER.)
J-8. Do you dribble or leak urine only when you laugh, strain, or cough?	1 Yes 2 No, I dribble or leak urine at other times

OFFICE USE ONLY

FILLED OUT BY: SUBJECT. 1
 SUBJECT WITH ASSISTANCE. 2
 INTERVIEWER. 3
 PROXY. 4

HOSPITAL AND HEALTH CARE FACILITY CHART
(SUBJECT)

1. QUES #: _____ CONDITION: _____ YEAR: _____
 FACILITY NAME: _____ TYPE: _____
 ADDRESS: _____
 STREET

 CITY STATE
 COMMENTS: _____
 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

2. QUES #: _____ CONDITION: _____ YEAR: _____
 FACILITY NAME: _____ TYPE: _____
 ADDRESS: _____
 STREET

 CITY STATE
 COMMENTS: _____
 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

3. QUES #: _____ CONDITION: _____ YEAR: _____
 FACILITY NAME: _____ TYPE: _____
 ADDRESS: _____
 STREET

 CITY STATE
 COMMENTS: _____
 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

4. QUES #: _____ CONDITION: _____ YEAR: _____
 FACILITY NAME: _____ TYPE: _____
 ADDRESS: _____
 STREET

 CITY STATE
 COMMENTS: _____
 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

5. QUES #: _____ CONDITION: _____ YEAR: _____
 FACILITY NAME: _____ TYPE: _____
 ADDRESS: _____
 STREET

 CITY STATE
 COMMENTS: _____
 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

6. QUES #: _____ CONDITION: _____ YEAR: _____
 FACILITY NAME: _____ TYPE: _____
 ADDRESS: _____
 STREET

 CITY STATE
 COMMENTS: _____
 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

NHANES I FOLLOWUP

HAND CARDS

SUBJECT QUESTIONNAIRE

CARD A

NO DIFFICULTY

SOME DIFFICULTY

MUCH DIFFICULTY

UNABLE TO DO

CARD B (DRINKING PATTERNS)

A { 9 OR MORE DRINKS A DAY
OR
60 OR MORE DRINKS A WEEK

B { ABOUT 6 TO 8 DRINKS A DAY
OR
40 TO 59 DRINKS A WEEK

C { ABOUT 4 OR 5 DRINKS A DAY
OR
25 TO 39 DRINKS A WEEK

D { ABOUT 2 OR 3 DRINKS A DAY
OR
10 TO 24 DRINKS A WEEK

E 1 TO 9 DRINKS A WEEK

F LESS THAN 1 DRINK A WEEK

G DID NOT DRINK

CARD C

01 = ALL BRAN

02 = BRAN BUDS

03 = BRAN CHEX

04 = BRAN FLAKES

05 = BUC WHEATS

06 = CHEERIOS

07 = CORN BRAN

08 = CORN CHEX

09 = CORN FLAKES

10 = CRACKLIN BRAN

11 = CRISPY WHEATS
AND RAISINS

12 = FRUIT AND FIBER

13 = GRANOLA

14 = GRAPE NUTS

15 = GRAPE NUTS FLAKES

16 = GOLDEN CHARMS

17 = HEARTLAND CEREAL

18 = LIFE

19 = MOST

20 = NUTRI-GRAIN

21 = PRODUCT 19

22 = PUFFED RICE

23 = PUFFED WHEAT

24 = QUAKER 100%
NATURAL CEREAL

25 = RAISIN BRAN

26 = RAISIN, RICE
AND RYE

27 = RICE CHEX

28 = RICE KRISPIES

29 = SHREDDED WHEAT

30 = SPECIAL K

31 = TEAM

32 = TOTAL

33 = WHEAT CHEX

34 = WHEATIES

CARD D

01 = CREAM OF WHEAT/FARINA

02 = OATMEAL

03 = DARK FARINA/RALSTON

04 = GRITS

05 = OTHER (SPECIFY)

CARD E

A. FRESH APPLES

B. FRESH PEARS

C. BANANAS

D. FRESH ORANGES OR TANGERINES

E. ORANGE JUICE

F. POWDERED ORANGE JUICE SUBSTITUTES
SUCH AS TANG

G. FRESH GRAPEFRUIT

H. GRAPEFRUIT JUICE

I. VITAMIN C ENRICHED FRUIT DRINKS

J. FRESH OR CANNED PEACHES OR NECTARINES

K. CANTALOUPE

L. WATERMELON

M. FRESH PLUMS

N. FRESH OR FROZEN STRAWBERRIES

O. FRESH, CANNED OR DRIED APRICOTS
INCLUDING NECTOR

P. COOKED OR DRIED PRUNES INCLUDING
PRUNE JUICE

Q. ALL CANNED FRUIT SUCH AS CANNED
PEARS, PINEAPPLE, FRUIT COCKTAIL
OR APPLE SAUCE

CARD F

- | | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| A. GREEN PEAS | M. SWEET RED PEPPERS |
| B. GREEN BEANS, GREEN LIMA BEANS OR
STRING BEANS | N. SWEET GREEN PEPPERS |
| C. OTHER BEANS OR PEAS, I.E., KIDNEY
OR PINTO BEANS, AND BLACKEYED
OR CHICK PEAS | O. ICEBERG OR HEAD LETTUCE IN A
SALAD |
| D. OKRA | P. LEAF LETTUCE IN A SALAD |
| E. BROCCOLI | Q. CABBAGE INCLUDING COLE SLAW |
| F. CAULIFLOWER | R. RAW OR COOKED GREENS, E.G., SPINACH,
COLLARDS OR TURNIP GREENS |
| G. BRUSSEL SPROUTS | S. SWEET POTATOES OR YELLOW YAMS |
| H. CORN | T. INSTANT OR DEHYDRATED POTATOES |
| I. SUMMER SQUASH SUCH AS ZUCCHINI,
YELLOW, OR CROOKNECK | U. BAKED, BOILED OR MASHED WHITE
POTATOES |
| J. WINTER SQUASH SUCH AS ACORN,
BUTTERNUT, HUBBARD OR PUMPKIN | V. FRIED OR HASH BROWN POTATOES |
| K. RAW OR COOKED CARROTS | W. FRESH TOMATOES |
| L. CUMCUMBER | X. COOKED TOMATOES, TOMATO SOUP,
JUICE, SAUCE OR CANNED TOMATOES |
| | Y. VEGETABLE SOUP |

CARD G

- 01 = OLIVE OIL
- 02 = LIQUID OIL OTHER THAN OLIVE OIL
- 03 = SOLID SHORTENING
- 04 = MARGARINE IN A STICK
- 05 = MARGARINE IN A TUB
- 06 = BUTTER
- 07 = LARD
- 08 = BACON GREASE OR PORK FAT
- 09 = OTHER (SPECIFY)

COFFEE CARD

CUPS OF;

- A. INSTANT DECAFFEINATED COFFEE
- B. OTHER INSTANT COFFEE
- C. GROUND DECAFFEINATED COFFEE
- D. OTHER GROUND COFFEE
- E. HERB TEA
- F. REGULAR TEA, INCLUDING ICED TEA

CARD H

- 1 = WHOLE MILK
- 2 = SKIM MILK
- 3 = LOW FAT MILK
- 4 = HALF AND HALF
- 5 = CREAM
- 6 = NONDAIRY CREAMER

CARD I

COLUMN I

NEVER

RARELY

SOMETIMES

OFTEN

ALMOST ALWAYS

COLUMN II

MUCH MORE NOW

SOMEWHAT MORE NOW

SOMEWHAT LESS NOW

MUCH LESS NOW

ABOUT THE SAME

CARD J

DESCRIBES ME VERY WELL

DESCRIBES ME FAIRLY WELL

DESCRIBES ME SOMEWHAT

DESCRIBES ME NOT AT ALL

CARD K

STRONGLY DISAGREE

DISAGREE

FEEL NEUTRAL

AGREE

STRONGLY AGREE

CARD L

- | | |
|------------------------------------------------------------|-------------------------------------------------------|
| 01 = ENGLISH, WELSH | 15 = AFRICAN |
| 02 = IRISH | 16 = MIDDLE EASTERN |
| 03 = SCOTTISH | 17 = INDIAN, PAKISTANI |
| 04 = CANADIAN | 18 = CHINESE |
| 05 = GERMAN | 19 = JAPANESE |
| 06 = FRENCH | 20 = PACIFIC ISLANDS, POLYNESIAN |
| 07 = ITALIAN | 21 = ALEUT, ESKIMO OR AMERICAN INDIAN |
| 08 = DUTCH | 22 = MEXICAN |
| 09 = GREEK | 23 = PUERTO RICAN |
| 10 = PORTUGUESE | 24 = CUBAN |
| 11 = RUSSIAN | 25 = SPAIN |
| 12 = CZECHOSLOVAKIAN | 26 = ALL OTHER SPANISH (CENTRAL OR
SOUTH AMERICAN) |
| 13 = OTHER EASTERN EUROPEAN
(POLISH, HUNGARIAN) | 27 = BLACK |
| 14 = SCANDINAVIAN (NORWEGIAN,
SWEDISH, FINNISH, DANISH) | 28 = OTHER |

CARD M

01 = ALEUT, ESKIMO OR AMERICAN INDIAN

02 = ASIAN/PACIFIC ISLANDER

03 = BLACK

04 = WHITE

CARD N
INCOME

UNDER \$3,000.	A
\$3,000 - \$3,999	B
\$4,000 - \$4,999	C
\$5,000 - \$5,999	D
\$6,000 - \$6,999	E
\$7,000 - \$9,999	F
\$10,000 - \$14,999	G
\$15,000 - \$19,999	H
\$20,000 - \$24,999	I
\$25,000 - \$34,999	J
\$35,000 - \$49,999	K
\$50,000 - \$74,999	L
\$75,000 - \$100,000	M
OVER \$100,000.	N

ID #: - -

Date: _____

Subject Name: _____

Interviewer ID:

U.S. Department of Health and Human Services
National Center for Health Statistics
National Institute on Aging
NHANES I Epidemiologic Followup Survey

PHYSICAL MEASUREMENTS RECORD (PMR)

INTERVIEWER: RECORD IN 3-5 BELOW ALL MEASUREMENTS ATTEMPTED.
IF A MEASUREMENT WAS NOT ATTEMPTED, SKIP TO THE NEXT MEASUREMENT. IF NO MEASUREMENTS WERE ATTEMPTED, EXPLAIN IN 2.

1. Pre-measurement Conditions: Yes No DK

(ASK:)

Have you had an alcoholic beverage within the past 24 hours? 1 2 8

(OBSERVE:)

Has subject been smoking/drinking coffee within 15 minutes before measurement? 1 2 8

2. Measurement Not Attempted: [If all measurements attempted, skip to 3.]

a. Which measurements? (CIRCLE ALL THAT APPLY)

Pulse . . . 1 Blood Pressure 2 Weight 3

b. Reason measurement was not attempted (CIRCLE ALL THAT APPLY)

Subject broke off interview 1 [2.c]
Subject refused measurement 2 [2.c]
Prevented by subject's physical condition 3 [2.e]
Prevented by equipment failure 4 [2.e]
Prevented by other problem 5 [2.e]

c. When did breakoff/refusal occur?

During interview 1
Just prior to physical measurements 2

d. State reason given for breakoff/refusal (RECORD VERBATIM)

Indicate measurement to which this applies.

e. Explain physical condition, equipment failure, other problem.

Indicate measurement to which this applies.

3. Radial Pulse Measurement:

a. Arm used (MUST BE SAME FOR BOTH PULSE AND BLOOD PRESSURE)

Right 1

Left 2 (EXPLAIN) _____

Attempted but could

not measure 3 (EXPLAIN) _____

(IF NOT MEASURED, TERMINATE PULSE AND BLOOD PRESSURE)

b. Pulse reading

Number of beats in 30 seconds _____ x 2 = pulse rate _____

Comments/Explain _____

ID #: - -

4. Blood Pressure Measurement:

a. Cuff size used

Child 1 Large arm 3
Adult 2 No proper fit 4 (TERMINATE BP)

b. MIL

Indicate any problem with reading:

#1 $\frac{\text{Reading}}{\text{Reading}} + 30 = \frac{\text{MIL}}{\text{MIL}}$ _____

#2 $\frac{\text{Reading}}{\text{Reading}} + 30 = \frac{\text{MIL}}{\text{MIL}}$ _____

(IF MIL 260 OR OVER, TERMINATE BP AND REPORT TO SUBJECT. IF SUBJECT HAS PAIN OR BOTH ATTEMPTS UNSATISFACTORY, TERMINATE BP.)

c. Blood pressure reading

	<u>Systolic/Diastolic</u>	<u>Comments or Special Occurrences:</u>
BP#1	_____ / _____	_____
BP#2	_____ / _____	_____
BP#3	_____ / _____	_____
Total (2+3)	_____ / _____	(USE SATISFACTORY READINGS ONLY)
Average ($\div 2$)	_____ / _____	

5. Weight Measurement:

a. Scale on:

Bare floor/hard surface 1
Rug/soft surface 2

b. Reading

Indicate any problem with reading:

#1 _____ lbs. _____

#2 _____ lbs. _____

6. Additional Comments:

IF ANY MEASUREMENT WAS NOT ATTEMPTED, BE SURE SECTION 2 IS COMPLETED.

ID #: - -

U.S. Department of Health and Human Services
National Center for Health Statistics
National Institute on Aging
NHANES I Epidemiologic Followup Survey

**AUTHORIZATION TO OBTAIN INFORMATION
FROM MEDICAL RECORDS**

In connection with the health history of _____
given as part of the National Health and Nutrition Examination Followup Survey,
it may be necessary to obtain additional information from records and staff of
hospitals or other inpatient health facilities. I hereby authorize the release
of such information as the U.S. Public Health Service may need to request from
any of these sources.

I understand that all information obtained will be held strictly confidential
and will be used for statistical purposes only.

Hospital and inpatient health facility records could also be listed under the
following names: _____

OR
Check box if records would not be listed under any other name.

In case of death or disability:

SIGNATURE OF NEXT-OF-KIN

SIGNATURE OF SUBJECT

RELATIONSHIP

DATE OF DEATH (MO/DAY/YEAR)

INTERVIEWER SIGNATURE

COUNTY AND STATE OF DEATH

DATE

Interview—Proxy



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Participant:

As you may recall we have been in touch with you this past year concerning a national survey that the National Center for Health Statistics is conducting. _____ participated in the first National Health and Nutrition Examination Survey in 1971-1975. The results of that survey have provided much needed information about the health needs and characteristics of the American people. To further use this information, the National Center for Health Statistics is following up all the adults who took part in that study.

You will remember from our first contact that we asked if you could supply health and hospital care information for this person. You will receive \$10.00 for your participation in the study.

We have contracted with Westat, a national research organization, to conduct the interviews for us. Within the next two weeks a Westat interviewer will contact you to set up a time to visit you for the interview. When the interviewer arrives, be sure to ask him or her to show you a Westat identification card.

This survey is authorized by Title 42, United States Code 242k. Your participation in this survey is completely voluntary. There are no penalties for refusing to answer any question.

As in the previous survey, any information you give will be kept confidential. No information that could be used to identify you or any other individual will be released or published. Results of this study will be published only as statistical summaries.

Your participation is vital to the success of this survey, and your cooperation will be appreciated greatly.

Sincerely yours,

A handwritten signature in cursive script that reads "Robert A. Israel".

Robert A. Israel
Acting Director

ID NUMBER

□ □ □ — □ □ □ □ — □ □

OMB No.: 0925-0161
Approval Expires 12-31-83

Begin A0

AM

TIME BEGAN: _____ PM

11-15



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS
NATIONAL INSTITUTE ON AGING
NATIONAL INSTITUTES OF HEALTH

NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY

PROXY QUESTIONNAIRE

ASSURANCE OF CONFIDENTIALITY

All information which would provide identification of the individual will be held in strict confidence, will be used only for purposes of and by persons engaged in the survey, and will not be disclosed or released to others for any purposes in accordance with Section 308(d) of the Public Health Service Act (42 USC 242 m).

PART A. HOUSEHOLD CHARACTERISTICS

A-1. How was (SUBJECT) related to you?	A-1 SPOUSE/ROOMMATE 1 MOTHER/FATHER 2 CHILD 3 BROTHER/SISTER. 4 FRIEND/NEIGHBOR 5 OTHER RELATIVE (SPECIFY). 6 _____ OTHER (SPECIFY) 7 _____
A-2. In the year prior to (SUBJECT'S) death, where did (he/she) live most of the time: at home, in a nursing home or someplace else?	A-2 AT HOME 1 (Q.A-3) SHELTERED HOUSING 2 (Q.A-3) IN A NURSING HOME 3 (Q.A-4) OTHER (SPECIFY) 5 (Q.A-4) _____
A-3. In the year prior to (SUBJECT'S) death, did you live in the same household with (him/her)?	A-3 YES 1 (Q.A-6) NO. 2
A-4. In the year before (SUBJECT) died, about how frequently did you visit or talk to (him/her)?	A-4 EVERYDAY. 1 LESS THAN DAILY BUT AT LEAST ONCE A WEEK 2 LESS THAN WEEKLY BUT MORE THAN ONCE A MONTH 3 LESS THAN ONCE A MONTH. 4
A-5. (IF R IS NOT RELATIVE, ASK:) Do you think you can answer some questions about the (SUBJECT'S) household composition prior to (his/her) (institutionalization/death)?	A-5 YES 1 NO. 2 (PART B) DK. 8

V11

21

V12

V13

V14

BOX A
 INTERVIEWER: REVIEW Q.A-2
 A-2 IS AT HOME/SHELTERED HOUSING. . . 1 (Q.A-6)
 OTHERWISE 2 (Q.A-15)

The next series of questions asks about the people living in (SUBJECT'S) household at the time of (his/her) death.

ENTER NAME OF S ON LINE a OF QUESTION A-11 BELOW.

A-6. At the time of (SUBJECT'S) death, how many people lived in (his/her) household including (SUBJECT)?	A-6	ONE. 01 # OF PEOPLE: _ _ (Q.A-8)	22-23
A-7. About how long had (SUBJECT) lived alone?	A-7	LESS THAN ONE YEAR . . 00 (Q.A-24) # YEARS: _ _ (Q.A-24) DK 98 (Q.A-24)	24-25
A-8. What was the name of the head of the household in which (he/she) lived? (IF THE S WAS NOT HH, ENTER HH ON LINE 11b AND CIRCLE.)			26
A-9. What (was/were) the name(s) of the other person(s) who lived there? (Please include yourself.) (RECORD NAMES IN Q.A-11)			
A-10. Have I missed anyone who usually lived there?	A-10	YES. 1 (RECORD NAME IN Q.A-11) NO 2	

A-11. AFTER LISTING HOUSEHOLD, ASK Q.A-12 THROUGH Q.A-14 FOR EACH PERSON AS APPROPRIATE. NAME (FIRST, MIDDLE INITIAL,	A-12. At the time of (SUBJECT'S) death, how old was (PERSON)?	A-13. (ASK SEX IF QUESTION-ABLE) Is (PERSON) male or female?	A-14. How was (PERSON) related to (SUBJECT)?	
NAME	YEARS OF AGE	M F	RELATIONSHIP	
a.			(SUBJECT)	27-31
b.	YRS: _ _	1 2		32-36
c.	YRS: _ _	1 2		37-41
d.	YRS: _ _	1 2		42-46
e.	YRS: _ _	1 2		47-51
f.	YRS: _ _	1 2		52-56
g.	YRS: _ _	1 2		57-61
h.	YRS: _ _	1 2		62-66
i.	YRS: _ _	1 2		67-71
j.	YRS: _ _	1 2		72-76
k.	YRS: _ _	1 2		77-81
l.	YRS: _ _	1 2		82-86

INTERVIEWER: GO TO Q.A-24

The next series of questions asks about the people living in (SUBJECT'S) household at the time of (his/her) institutionalization.

ENTER NAME OF S ON LINE a OF QUESTION A-20 BELOW.

A-15. At the time of (SUBJECT'S) institutionalization, how many people lived in (his/her) household including (SUBJECT)?	A-15	ONE. 01 # OF PEOPLE: _ _ (Q.A-17)	22-23
A-16. About how long had (SUBJECT) lived alone?	A-16	LESS THAN ONE YEAR . . 00 (Q.A-24) # YEARS: _ _ (Q.A-24) DK 98 (Q.A-24)	24-25
A-17. What was the name of the head of the household in which (he/she) lived? (IF THE S WAS NOT HH, ENTER HH ON LINE 20b AND CIRCLE.)			26
A-18. What (was/were) the name(s) of the other person(s) who lived there? (Please include yourself.) (RECORD NAMES IN Q.A-20)			
A-19. Have I missed anyone who usually lived there?	A-19	YES. 1 (RECORD NAME IN Q.A-20) NO 2	

A-20. AFTER LISTING HOUSEHOLD, ASK Q.A-21 THROUGH Q.A-23 FOR EACH PERSON AS APPROPRIATE. NAME (FIRST, MIDDLE INITIAL, LAST).	A-21. At the time of (SUBJECT'S) institutionalization, how old was (PERSON)?	A-22. (ASK SEX IF QUESTION-ABLE) Is (PERSON) male or female?	A-23. How was (PERSON) related to (SUBJECT)?	
NAME	YEARS OF AGE	M F	RELATIONSHIP	
a.			(SUBJECT)	27-31
b.	YRS: _ _	1 2		32-36
c.	YRS: _ _	1 2		37-41
d.	YRS: _ _	1 2		42-46
e.	YRS: _ _	1 2		47-51
f.	YRS: _ _	1 2		52-56
g.	YRS: _ _	1 2		57-61
h.	YRS: _ _	1 2		62-66
i.	YRS: _ _	1 2		67-71
j.	YRS: _ _	1 2		72-76
k.	YRS: _ _	1 2		77-81
l.	YRS: _ _	1 2		82-86

A-24. What is the highest grade or year of school that (HEAD OF HOUSEHOLD) ever completed? Include trade or vocational school.	A-24	NONE	10	
		GRADE 1	21	
		GRADE 2	22	
		GRADE 3	23	
		GRADE 4	24	
		GRADE 5	25	
		GRADE 6	26	
		GRADE 7	27	
		GRADE 8	28	
		GRADE 9	31	
		GRADE 10	32	
		GRADE 11	33	
		GRADE 12	34	
		VOCATIONAL		
		1 YEAR	01	
		2 YEARS	02	
		3 YEARS OR MORE	03	
COLLEGE				
1 YEAR	41			
2 YEARS	42			
3 YEARS	43			
4 YEARS	44			
GRADUATE SCHOOL	45			
DON'T KNOW	98	102-103		
A-25. At the time (SUBJECT) (was institutionalized/died) how many children did (he/she) have who lived away from home?	A-25	NONE	00 (PART B)	
		# OF CHILDREN: __ __		104-105
A-26. At that time, how many of (his/her) children lived...	A-26	# CHILDREN:		
a. less than 1/2 hour away?	a	__ __		106-107
b. about 1/2 hour away?	b	__ __		108-109
c. about an hour away?	c	__ __		110-111
d. about two hours away?	d	__ __		112-113
e. more than two hours away?	e	__ __		114-115

|_|_|_|_| 117-122

| 124

PART B. FAMILY HISTORY

In this part of the questionnaire, I would like to ask you about (SUBJECT'S) relatives. This includes natural parents, sisters, brothers, and children. Do not include adopted or step relatives but do include half relatives.

Begin B0

B-1. (IF R IS NOT RELATIVE, ASK:)Do you think you can answer some questions about (SUBJECT'S) family?	B-1	YES	1	
		NO.	2 (PART C)	
		DK.	8	
B-2. How many brothers and sisters living or deceased did (SUBJECT) have?	B-2	NONE	00 (Q.B-4)	
		# SIBLINGS: __ __		
		DK.	98 (Q.B-4)	11-12
B-3. How many of these brothers and sisters were born before (him/her)?	B-3	S OLDEST	00	
		# OLDER: __ __		
		DK.	98	13-14
B-4. How many children living or deceased did (SUBJECT) have? Remember not to include adopted or step children.	B-4	NONE	00	
		# CHILDREN: __ __		
		DK.	98	15-16
B-5. Is (SUBJECT'S) mother still living?	B-5	YES	1 (Q.B-8)	
		NO.	2	
		DK.	8 (Q.B-8)	17
B-6. In what year did she die? (PROBE: How old was she when she died?)	B-6	YR: _1_ 9_ _ _		
		DK.	9998	18-21
B-7. Was her death due to an injury or accident?	B-7	YES	1	
		NO.	2	
		DK.	8	22
B-8. In what year was she born? (PROBE: How old is she now? How old was she when she died?)	B-8	YR: _ _ _ _		
		DK.	9998	23-26
B-9. Is (SUBJECT'S) father still living?	B-9	YES	1 (Q.B-12)	
		NO.	2	
		DK.	8 (Q.B-12)	27
B-10. In what year did he die? (PROBE: How old was he when he died?)	B-10	YR: _1_ 9_ _ _		
		DK.	9998	28-31
B-11. Was his death due to an injury or accident?	B-11	YES	1	
		NO.	2	
		DK.	8	32
B-12. In what year was he born? (PROBE: How old is he now? How old was he when he died?)	B-12	YR: _ _ _ _		
		DK.	9998	33-36

PART C. FEMALE MEDICAL HISTORY

Begin CO

BOX B	
INTERVIEWER: CIRCLE ONE:	
<u>S</u> WAS FEMALE.	1 (Q.C-1)
<u>S</u> WAS MALE.	2 (PART D)

37

B-13. Think about the relatives that you have included in the previous questions that is, (SUBJECT'S) parents, brothers, sisters, and children. Did a doctor ever say that any of these relatives had cancer?	B-13	YES. 1
		NO 2 (PART C)
		DK 8 (PART C)

B-14. Could you tell me which relatives have had cancer? [CIRCLE RELATIONSHIP TO S IN COLUMN A.]

COLUMN A	COLUMN B
CIRCLE RELATIONSHIP TO SUBJECT	Could you tell me the site or type of cancer which this (RELATIVE) had?
a. MOTHER. 1	SITE: _____
FATHER. 2	_____
SISTER. 3	OR
BROTHER 4	TYPE: _____
SON 5	_____
DAUGHTER. 6	_____
38	[] [] 39-41 [] [] 42-44
b. MOTHER. 1	SITE: _____
FATHER. 2	_____
SISTER. 3	OR
BROTHER 4	TYPE: _____
SON 5	_____
DAUGHTER. 6	_____
45	[] [] 46-48 [] [] 49-51
c. MOTHER. 1	SITE: _____
FATHER. 2	_____
SISTER. 3	OR
BROTHER 4	TYPE: _____
SON 5	_____
DAUGHTER. 6	_____
52	[] [] 53-55 [] [] 56-58
d. MOTHER. 1	SITE: _____
FATHER. 2	_____
SISTER. 3	OR
BROTHER 4	TYPE: _____
SON 5	_____
DAUGHTER. 6	_____
59	[] [] 60-62 [] [] 63-65
e. MOTHER. 1	SITE: _____
FATHER. 2	_____
SISTER. 3	OR
BROTHER 4	TYPE: _____
SON 5	_____
DAUGHTER. 6	_____
66	[] [] 67-69 [] [] 70-72

These next questions are about (SUBJECT'S) female medical history.

C-1. (IF R IS NOT RELATIVE, ASK:) Do you think you can answer questions about this subject?	C-1	YES 1 NO. 2 (PART D) DK. 8	
C-2. Was she ever pregnant? Include live births, stillbirths, miscarriages and abortions.	C-2	YES 1 NO. 2 (Q.C-8) DK. 8 (PART D)	11
C-3. How old was she when her first child was born? This means the first child born alive or stillborn.	C-3	AGE: [] [] [] NO BIRTHS 00 (Q.C-6) DK. 98	13-14
C-4. How old was she when her last child was born, again, including stillbirths?	C-4	AGE: [] [] [] DK. 98	15-16
C-5. How many live births did she have?	C-5	# LIVE BIRTHS: [] [] [] NO LIVE BIRTHS. 00 DK. 98	17-18
C-6. Did she ever have a miscarriage?	C-6	YES 1 NO. 2 (Q.C-8) DK. 8 (Q.C-8)	19
C-7. How many miscarriages did she have?	C-7	# OF MISCARRIAGES: [] [] [] DK. 98	20-21
C-8. Did she ever take female hormone pills for reasons related to menopause, including hot flashes or mood changes around the time she was beginning the change of life? This would include hormone pills taken for natural change of life or because her periods stopped due to an operation.	C-8	YES 1 NO. 2 (Q.C-10) DK. 8 (Q.C-10)	32
C-9. Altogether for about how many years did she take hormone pills?	C-9	YEARS: [] [] [] OR MONTHS: [] [] [] DK. 98	37-38 39

C-10. Did she ever take birth control pills for any reason?	C-10	YES 1	
		NO. 2 (PART D)	
		DK. 8 (PART D)	4 2
C-11. Altogether for about how many years did she take birth control pills?	C-11	YEARS:	4 7 - 4 8
		OR	
		MONTHS:	
		DK. 98	4 9

PART D. HEALTH/DISEASES AND OPERATIONS

The questions I'm going to ask you now concern (SUBJECT'S) health as well as diseases and operations (he/she) may have had.

Begin DI

D-1. (IF R IS NOT RELATIVE, ASK:) Do you think you can answer questions about (his/her) medical history?	D-1	YES 1	
		NO. 2 (Q.G-30)	
		DK. 8	
D-2. Did a doctor ever say that (he/she) had hypertension or high blood pressure?	D-2	YES 1	
		NO. 2 (Q.D-6a)	1 2
		DK. 8 (Q.D-6a)	
D-3. In what year was (he/she) first told that (he/she) had this condition?	D-3	YEAR: 1 9 (Q.D-5)	1 3 - 1 6
		DK. 9998	
D-4. Can you tell me if it was less than a year before (his/her) death, between 1 and 5 years, between 5 and 10 years, or 10 or more years?	D-4	LESS THAN ONE YEAR. . . 1	
		1 BUT LESS THAN 5 YEARS 2	
		5 BUT LESS THAN 10 YEARS. 3	
		10 OR MORE. 4	1 7
		DK. 8	
D-5. Since 1970, was (SUBJECT) hospitalized overnight for problems related to (his/her) hypertension or high blood pressure?	D-5	YES 1 (CHART)	
		NO. 2	
		DK. 8	1 8

INTERVIEWER INSTRUCTIONS: READ COLUMN a TO R. IF THE ANSWER TO COLUMN a IS "YES," ASK COLUMN b FOR THE CONDITION. IF "NO," ASK COLUMN a FOR THE NEXT CONDITION.

COLUMN a Did (SUBJECT) ever have (CONDITION):	COLUMN b Did this condition last longer than 24 hours?	
D-6a. A sudden loss of vision? YES 1 NO 2 (Q.D-7a) DK 8 (Q.D-7a)	D-6b. YES 1 NO 2 DK 8	77-78
D-7a. A sudden loss of speech, difficulty in speaking, or slurred speech? YES 1 NO 2 (Q.D-8a) DK 8 (Q.D-8a)	D-7b. YES 1 NO 2 DK 8	79-80
D-8a. A sudden paralysis or weakness of an arm and/or leg on the same side of the body? YES 1 NO 2 (Q.D-9a) DK 8 (Q.D-9a)	D-8b. YES 1 NO 2 DK 8	81-82
D-9a. A sudden numbness on one side of the body? YES 1 NO 2 (Q.D-10) DK 8 (Q.D-10)	D-9b. YES 1 NO 2 DK 8	83-84

D-10. Did a doctor ever say that (SUBJECT) had gall bladder disease?	D-10	YES 1 NO 2 (BOX B) DK 8 (BOX B)	85
D-11. In what year was this condition first diagnosed?	D-11	YR: 1 9 DK 9998	86-89
D-12. Did (he/she) have surgery or a surgical procedure for this condition?	D-12	YES 1 NO 2 (Q.D-14) DK 8 (Q.D-14)	90
D-13. In what year did (he/she) first have surgery for this condition?	D-13	YR: 1 9 DK 9998	91-94
D-14. Since 1970, was (SUBJECT) hospitalized overnight for this condition?	D-14	YES 1 (CHART) NO 2 DK 8	95

BOX C
INTERVIEWER: CIRCLE ONE:
S WAS FEMALE. 1 (Q.D-15)
S WAS MALE. 2 (Q.D-19)

D-15. Did a doctor ever say that (SUBJECT) had a lump or cyst in her breast?	D-15	YES 1 NO 2 (Q.D-18) DK 8 (Q.D-18)	96
D-16. Did a doctor ever say that a lump or cyst in her breast was cancerous or malignant?	D-16	YES 1 NO 2 DK 8	104
D-17. Did she have one or both of her breasts removed?	D-17	YES, ONE BREAST 1 YES, BOTH BREASTS . . . 2 NEITHER 3 DK 8	105
D-18. Since 1970, was she ever hospitalized overnight for any type of breast condition, female problems, or a pregnancy?	D-18	YES 1 (CHART) NO 2 DK 8	106
D-19. Did a doctor ever say that (SUBJECT) had any cancer (other than the cancer we talked about)? (DON'T INCLUDE SKIN CANCER UNLESS MELANOMA.)	D-19	YES 1 NO 2 (PART G) DK 8 (PART G)	Begin D2 75

ASK D-20 AND RECORD EACH SEPARATE DIAGNOSIS OF CANCER, THEN ASK D-21 AND D-22 FOR EACH DIAGNOSIS.	1st DIAGNOSIS	2nd DIAGNOSIS	3rd DIAGNOSIS
D-20. Where was the cancer or what type of cancer was it? [Did (he/she) have any other cancer diagnosed?]	SITE: _____ OR TYPE: _____ DK..... 98 76-78	SITE: _____ OR TYPE: _____ DK..... 98 84-86	SITE: _____ OR TYPE: _____ DK..... 98 92-94
D-21. In what year was this (SITE/TYPE) first diagnosed?	YR: 1 9 DK..... 9998 79-82	YR: 1 9 DK..... 9998 87-90	YR: 1 9 DK..... 9998 95-98
D-22. Since 1970, was (he/she) hospitalized overnight for this condition?	YES.... 1 (CHART) NO..... 2 DK..... 8 83	YES.... 1 (CHART) NO..... 2 DK..... 8 91	YES.... 1 (CHART) NO..... 2 DK..... 8 99

PART G. MEDICAL CONDITIONS

Now I'm going to read a list of medical conditions that (SUBJECT) may have had.

INTERVIEWER INSTRUCTIONS: READ G-1a THROUGH G-29a FIRST. IF RESPONSE = YES (1), ASK b AND c.

Did a doctor ever say that (SUBJECT) had any of the following conditions?	In what year was (CONDITION) first diagnosed?	Since 1970, had (he/she) ever stayed overnight in a hospital for (CONDITION)?	
G-1a. Asthma YES. 1 NO 2 DK 8	G-1b. YR: 1 9 DK 9998	G-1c. YES 1 (CHART) NO 2 DK 8	Begin G1 11-16
G-2a. Chronic bronchitis, emphysema YES. 1 NO 2 DK 8	G-2b. YR: 1 9 DK 9998	G-2c. YES 1 (CHART) NO 2 DK 8	17-22
G-3a. Migraine YES. 1 NO 2 DK 8	G-3b. YR: 1 9 DK 9998	G-3c. YES 1 (CHART) NO 2 DK 8	23-28
G-4a. Psoriasis YES. 1 NO 2 DK 8	G-4b. YR: 1 9 DK 9998	G-4c. YES 1 (CHART) NO 2 DK 8	29-34
G-5a. Ulcers: peptic, stomach, or duodenal YES. 1 NO 2 DK 8	G-5b. YR: 1 9 DK 9998	G-5c. YES 1 (CHART) NO 2 DK 8	35-40
G-6a. Kidney disorder or kidney stones YES. 1 NO 2 DK 8	G-6b. YR: 1 9 DK 9998	G-6c. YES 1 (CHART) NO 2 DK 8	41-46

Did a doctor ever say that (SUBJECT) had any of the following conditions?	In what year was (CONDITION) first diagnosed?	Since 1970, had (he/she) ever stayed overnight in a hospital for (CONDITION)?	
G-7a. Urinary tract or kidney infection more than 3 times YES. 1 NO 2 DK 8	G-7b. YR: 1 9 DK 9998	G-7c. YES 1 (CHART) NO 2 DK 8	47-52
G-8a. Polyps or tumor of the colon YES. 1 NO 2 DK 8	G-8b. YR: 1 9 DK 9998	G-8c. YES 1 (CHART) NO 2 DK 8	53-58
G-9a. Cirrhosis of the liver YES. 1 NO 2 DK 8	G-9b. YR: 1 9 DK 9998	G-9c. YES 1 (CHART) NO 2 DK 8	59-64
G-10a. Parkinson's disease YES. 1 NO 2 DK 8	G-10b. YR: 1 9 DK 9998	G-10c. YES 1 (CHART) NO 2 DK 8	65-70
G-11a. Multiple sclerosis YES. 1 NO 2 DK 8	G-11b. YR: 1 9 DK 9998	G-11c. YES 1 (CHART) NO 2 DK 8	71-76
G-12a. Nervous breakdown YES. 1 NO 2 DK 8	G-12b. YR: 1 9 DK 9998	G-12c. YES 1 (CHART) NO 2 DK 8	77-82
G-13a. Diverticulitis YES. 1 NO 2 DK 8	G-13b. YR: 1 9 DK 9998	G-13c. YES 1 (CHART) NO 2 DK 8	83-88
G-14a. Colitis, enteritis YES. 1 NO 2 DK 8	G-14b. YR: 1 9 DK 9998	G-14c. YES 1 (CHART) NO 2 DK 8	89-94

Did a doctor ever say that (SUBJECT) had any of the following conditions?	In what year was (CONDITION) first diagnosed?	Since 1970, had (he/she) ever stayed overnight in a hospital for (CONDITION)?	
G-15a. Heart condition or heart trouble YES. 1 NO 2 DK 8	G-15b. YR: 1 9 DK 9998	G-15c. YES 1 (CHART) NO. 2 DK. 8	95-100
G-16a. Angina YES. 1 NO 2 DK 8	G-16b. YR: 1 9 DK 9998	G-16c. YES 1 (CHART) NO. 2 DK. 8	101-106
G-17a. Heart attack YES. 1 NO 2 DK 8	G-17b. YR: 1 9 DK 9998	G-17c. YES 1 (CHART) NO. 2 DK. 8	107-112
G-18a. Cataracts YES. 1 NO 2 DK 8	G-18b. YR: 1 9 DK 9998	G-18c. YES 1 (CHART) NO. 2 DK. 8	113-118
G-19a. Glaucoma YES. 1 NO 2 DK 8	G-19b. YR: 1 9 DK 9998	G-19c. YES 1 (CHART) NO. 2 DK. 8	119-124
G-20a. Detached retina YES. 1 NO 2 DK 8	G-20b. YR: 1 9 DK 9998	G-20c. YES 1 (CHART) NO. 2 DK. 8	125-130
G-21a. Small stroke sometimes known as TIA (transient ischemic attack) YES. 1 NO 2 DK 8	G-21b. YR: 1 9 DK 9998	G-21c. YES 1 (CHART) NO. 2 DK. 8	Begin G2 11-16
G-22a. Stroke (sometimes called a CVA) YES. 1 NO 2 DK 8	G-22b. YR: 1 9 DK 9998	G-22c. YES 1 (CHART) NO. 2 DK. 8	17-22

Did a doctor ever say that (SUBJECT) had any of the following conditions?	In what year was (CONDITION) first diagnosed?	Since 1970, had (he/she) ever stayed overnight in a hospital for (CONDITION)?	
G-23a. Diabetes or sugar diabetes YES. 1 NO 2 DK 8 70	G-23b. YR: 1 9 DK 9998 71-74	G-23c. YES 1 (CHART) NO. 2 DK. 8 81	
G-24a. Thyroid disease or goiter YES. 1 NO 2 DK 8 82	G-24b. YR: 1 9 DK 9998 83-86	G-24c. YES 1 (CHART) NO. 2 DK. 8 94	
G-25a. Epilepsy YES. 1 NO 2 DK 8 95	G-25b. YR: 1 9 DK 9998 96-99	G-25c. YES 1 (CHART) NO. 2 DK. 8 105	
G-26a. Arthritis YES. 1 NO 2 DK 8 v15	G-26b. YR: 1 9 DK 9998 v16-v19	G-26c. YES 1 (CHART) NO. 2 DK. 8 v20	

BOX D

INTERVIEWER: CIRCLE ONE

S WAS FEMALE. 1 (ASK b AND c FOR ANY YES IN Q.G-1a - Q.G-26a, THEN GO TO BOX E)

S WAS MALE. 2 (Q.G-27a)

G-27a. Prostate trouble YES. 1 NO 2 DK 8	G-27b. YR: 1 9 DK 9998	G-27c. YES 1 (CHART) NO. 2 DK. 8

[FOR Q.G-1a-Q.G-27a, IF YES, ASK b AND c.]

BOX E

INTERVIEWER: CIRCLE ONE:

WAS FEMALE. 1 (Q.G-28a)

WAS MALE. 2 (Q.G-30)

G-28a. Did (SUBJECT) have an oophorectomy or have her ovaries removed?	G-28a	YES 1 NO. 2 (Q.G-29a) DK. 8 (Q.G-29a)	v 2 1
G-28b. In what year was that?	G-28b	YR: 1 9 DK.9998 (Q.G-29a)	v 2 2 - 2 5

BOX F

INTERVIEWER: REVIEW Q.G-28b

G-28b IS 1970 OR LATER. 1 (CHART)

G-28b IS BEFORE 1970. 2 (Q.G-29a)

G-29a. Did (SUBJECT) have a hysterectomy or have her womb removed?	G-29a	YES 1 NO. 2 (Q.G-30) DK. 8 (Q.G-30)	v 2 6
G-29b. In what year was that?	G-29b	YR: 1 9 DK.9998 (Q.G-30)	v 2 7 - 3 0

BOX G

INTERVIEWER: REVIEW Q.G-29b

G-29b IS 1970 OR LATER. 1 (CHART)

G-29b IS BEFORE 1970. 2 (Q.G-30)

G-30. (I have asked you about various illnesses that (SUBJECT) had and whether or not (he/she) was hospitalized for them). Now I would like you to think back over the time between 1970 and the time (he/she) died, that is the last (NUMBER) years of his/her life. (He/She) would have been about (AGE) in 1970. Was (he/she) hospitalized overnight for any (other) reason (including pregnancies) since (he/she) was (AGE)?	G-30	YES 1 (BOX H) NO. 2 (Q.G-31) DK. 8 (Q.G-31)	Begin G3
Was (he/she) hospitalized before (he/she) died?			

BOX H

HOSPITAL AND HEALTH CARE FACILITY QUESTIONS
(SEE CHART)

INTERVIEWER: ASK A-E FOR EACH OVERNIGHT STAY. RECORD ON CHART.

A. What year was (he/she) in the (INSTITUTION)? (RECORD YEAR)

B. Why was (he/she) in the (INSTITUTION)? (RECORD CONDITION/ILLNESS)

C. What was the name of the (INSTITUTION)? (PROBE FOR FULL NAME AND RECORD TYPE OF INSTITUTION)

D. What is the address of that (INSTITUTION)? (RECORD STREET, CITY AND STATE)

E. Did (he/she) stay in (INSTITUTION) for any other reason? (IF YES, RECORD ON CHART)

(IF NO, GO TO Q.G-31 IF NOT YET ASKED; OTHERWISE, GO TO PART L)

G-31. Since 1970 when (he/she) was (AGE), did (he/she) ever stay overnight in any other health care facility such as a rest home, a nursing home, a mental health facility or a health care rehabilitation center of any kind?	G-31	YES 1 NO. 2 (PART L) DK. 8 (PART L)	
G-32. What type of facility was that? (RECORD TYPE OF FACILITY ON CHART AND ASK A-E IN BOX H FOR EACH STAY.)	G-32		

PART L. SMOKING HISTORY

These next questions deal with (SUBJECT'S) smoking history.

Begin L0

L-1. (IF R IS NOT RELATIVE ASK:) Do you think you can answer some questions about (his/her) smoking habits?	L-1	YES 1 NO. 2 (PART M) DK. 8
L-2. Did (SUBJECT) ever smoke at least 100 cigarettes or more in (his/her) lifetime?	L-2	YES 1 NO. 2 (Q.L-9) DK. 8 (Q.L-9)

11

READ L-3 TO L-6 FOR EACH SMOKING PERIOD	Smoking Period #1	Smoking Period #2	Smoking Period #3
L-3. About how old was (he/she) when (he/she) (first/next) began to smoke cigarettes regularly?	AGE: __ __ DK. 98 DID NOT SMOKE REGULARLY . . 00 (Q.L-7) 14-15	AGE: __ __ DK. 98 DID NOT SMOKE REGULARLY . . 00 (Q.L-7) 20-21	AGE: __ __ DK. 98 DID NOT SMOKE REGULARLY . . 00 (Q.L-7) 26-27
L-4. Did (SUBJECT) ever stop smoking cigarettes for at least a year (again)?	YES . . 1 (Q.L-5) NO. . . 2 (Q.L-7) DK. . . 8 (Q.L-7) 16	YES . . 1 (Q.L-5) NO. . . 2 (Q.L-7) DK. . . 8 (Q.L-7) 22	YES . . 1 (Q.L-5) NO. . . 2 (Q.L-7) DK. . . 8 (Q.L-7) 28
L-5. At what age did (he/she) (first/next) stop for at least a year?	AGE: __ __ DK. 98 17-18	AGE: __ __ DK. 98 23-24	AGE: __ __ DK. 98 29-30
L-6. Did (he/she) ever start smoking cigarettes again?	YES . . 1 (Q.L-3) NO. . . 2 (Q.L-7) DK. . . 8 (Q.L-7) 19	YES . . 1 (Q.L-3) NO. . . 2 (Q.L-7) DK. . . 8 (Q.L-7) 25	YES . . 1 (Q.L-3) NO. . . 2 (Q.L-7) DK. . . 8 (Q.L-7) 31

L-7. During the years when (he/she) was smoking, about how many cigarettes a day, on the average, did (he/she) smoke?	L-7	LESS THAN ONE A DAY 00 # CIGARETTES: __ __ DK. 98
L-8. Were the cigarettes which (he/she) smoked for the longest period of time filtered or nonfiltered?	L-8	FILTER. 1 NONFILTER . . . 2 DK. 8

32-34

41

L-9. Did (he/she) ever smoke cigars or a pipe?	L-9	YES 1 NO. 2 DK. 8
L-10. Did (he/she) ever use... a. snuff? b. chewing tobacco?	L-10	YES NO DK a 1 2 8 b 1 2 8
L-11. Was (he/she) ever married to someone who smoked cigarettes?	L-11	YES 1 NO. 2 DK. 8

42

44

45

46

PART M. ALCOHOLIC BEVERAGES

These next questions are about (SUBJECT'S) drinking of alcoholic beverages.

M-1. (IF R IS NOT RELATIVE ASK:) Do you think you can answer some questions about (his/her) drinking habits?	M-1	YES 1 NO 2 (PART U) DK. 8
M-2. Did (SUBJECT) have at least 12 drinks of any kind of alcoholic beverage in any one year? This includes liquor, beer or wine.	M-2	YES 1 (Q.M-4) NO 2 DK. 8 (PART U)
M-3. What was (his/her) main reason for not drinking?	M-3	NO NEED/NOT NECESSARY . 1 (PART U) DIDN'T CARE TO/ DISLIKED IT. 2 (PART U) MEDICAL/HEALTH REASONS 3 (PART U) RELIGIOUS/MORAL REASONS 4 (PART U) BROUGHT UP NOT TO DRINK 5 (PART U) OTHER (SPECIFY) 6 (PART U) DK. 8 (PART U)

Begin MO

11

12

BOX I	
INTERVIEWER: CIRCLE ONE:	
TELEPHONE INTERVIEW	1 (Q.M-4)
IN-PERSON INTERVIEW	2 (Q.M-14)

M-4. Now I would like you to think about (SUBJECT'S) drinking at several different periods in (his/her) life. When (SUBJECT) was about 25 years old, would you say (he/she) drank more than, less than, or about 2 to 3 drinks a day? (IF MORE, ASK:) Would you say (he/she) drank 9 or more drinks a day, about 6 to 8 drinks a day, or about 4 or 5 drinks a day? (IF LESS, ASK:) Would you say (he/she) drank 1 to 9 drinks a week, less than 1 drink a week, or did (he/she) not drink at all?	M-4	A. 9 or more drinks a day (60 or more drinks a week);. . 01 B. About 6-8 drinks a day (40 to 59 drinks a week);. . 02 C. About 4 or 5 drinks a day (25 to 39 drinks a week);. . 03 D. About 2 or 3 drinks a day (10 to 24 drinks a week);. . 04 E. About 1 to 9 drinks a week;. 05 F. Less than 1 drink a week; or 06 G. Did not drink at all 07 DK. 98
M-5. (IF S WAS 35 OR OLDER, ASK:) How about when (SUBJECT) was 35, would you say (he/she) drank more than, less than, or about 2 to 3 drinks a day? (IF MORE, ASK:) Would you say (he/she) drank 9 or more drinks a day, about 6 to 8 drinks a day, or about 4 or 5 drinks a day? (IF LESS, ASK:) Would you say (he/she) drank 1 to 9 drinks a week, less than 1 drink a week, or did (he/she) not drink at all?	M-5	A. 9 or more drinks a day (60 or more drinks a week);. . 01 B. About 6-8 drinks a day (40 to 59 drinks a week);. . 02 C. About 4 or 5 drinks a day (25 to 39 drinks a week);. . 03 D. About 2 or 3 drinks a day (10 to 24 drinks a week);. . 04 E. About 1 to 9 drinks a week;. 05 F. Less than 1 drink a week; or 06 G. Did not drink at all 07 DK. 98
M-6. (IF S WAS 45 OR OLDER, ASK:) And when (SUBJECT) was 45, would you say (he/she) drank more than, less than, or about 2 to 3 drinks a day? (IF MORE, ASK:) Would you say (he/she) drank 9 or more drinks a day, about 6 to 8 drinks a day, or about 4 or 5 drinks a day? (IF LESS, ASK:) Would you say (he/she) drank 1 to 9 drinks a week, less than 1 drink a week, or did (he/she) not drink at all?	M-6	A. 9 or more drinks a day (60 or more drinks a week);. . 01 B. About 6-8 drinks a day (40 to 59 drinks a week);. . 02 C. About 4 or 5 drinks a day (25 to 39 drinks a week);. . 03 D. About 2 or 3 drinks a day (10 to 24 drinks a week);. . 04 E. About 1 to 9 drinks a week;. 05 F. Less than 1 drink a week; or 06 G. Did not drink at all 07 DK. 98

2-2-3

3-4-3-5

3-6-3-7

<p>M-7. (IF S WAS 55 OR OLDER, ASK:) And when (SUBJECT) was 55, would you say (he/she) drank more than, less than, or about 2 to 3 drinks a day?</p> <p>(IF MORE, ASK:) Would you say (he/she) drank 9 or more drinks a day, about 6 to 8 drinks a day, or about 4 or 5 drinks a day?</p> <p>(IF LESS, ASK:) Would you say (he/she) drank 1 to 9 drinks a week, less than 1 drink a week, or did (he/she) not drink at all?</p>	M-7	<p>A. 9 or more drinks a day (60 or more drinks a week);. . . 01</p> <p>B. About 6-8 drinks a day (40 to 59 drinks a week);. . . 02</p> <p>C. About 4 or 5 drinks a day (25 to 39 drinks a week);. . . 03</p> <p>D. About 2 or 3 drinks a day (10 to 24 drinks a week);. . . 04</p> <p>E. About 1 to 9 drinks a week;. 05</p> <p>F. Less than 1 drink a week; or 06</p> <p>G. Did not drink at all 07</p> <p>DK. 98</p>	38-39
<p>M-8. (IF S WAS 65 OR OLDER, ASK:) And when (SUBJECT) was 65, would you say (he/she) drank more than, less than or about 2 to 3 drinks a day?</p> <p>(IF MORE, ASK:) Would you say (he/she) drank 9 or more drinks a day, about 6 to 8 drinks a day, or about 4 or 5 drinks a day?</p> <p>(IF LESS, ASK:) Would you say (he/she) drank 1 to 9 drinks a week, less than 1 drink a week, or did (he/she) not drink at all?</p>	M-8	<p>A. 9 or more drinks a day (60 or more drinks a week);. . . 01</p> <p>B. About 6-8 drinks a day (40 to 59 drinks a week);. . . 02</p> <p>C. About 4 or 5 drinks a day (25 to 39 drinks a week);. . . 03</p> <p>D. About 2 or 3 drinks a day (10 to 24 drinks a week);. . . 04</p> <p>E. About 1 to 9 drinks a week;. 05</p> <p>F. Less than 1 drink a week; or 06</p> <p>G. Did not drink at all 07</p> <p>DK. 98</p>	40-41
<p>M-9. (IF S WAS 75 OR OLDER, ASK:) And when (SUBJECT) was 75, would you say (he/she) drank more than, less than, or about 2 to 3 drinks a day?</p> <p>(IF MORE, ASK:) Would you say (he/she) drank 9 or more drinks a day, about 6 to 8 drinks a day, or about 4 or 5 drinks a day?</p> <p>(IF LESS, ASK:) Would you say (he/she) drank 1 to 9 drinks a week, less than 1 drink a week, or did (he/she) not drink at all?</p>	M-9	<p>A. 9 or more drinks a day (60 or more drinks a week);. . . 01</p> <p>B. About 6-8 drinks a day (40 to 59 drinks a week);. . . 02</p> <p>C. About 4 or 5 drinks a day (25 to 39 drinks a week);. . . 03</p> <p>D. About 2 or 3 drinks a day (10 to 24 drinks a week);. . . 04</p> <p>E. About 1 to 9 drinks a week;. 05</p> <p>F. Less than 1 drink a week; or 06</p> <p>G. Did not drink at all 07</p> <p>DK. 98</p>	42-43

BOX J

INTERVIEWER: REVIEW Q.M-4 THROUGH Q.M-9 AND CIRCLE ONE

Q.M-4 THROUGH Q.M-9 = DK (98) 1 (PART U)

OTHERWISE 2 (Q.M-10)

<p>(READ AGE AND AMOUNT AT HIGHEST POINT OF DRINKING)</p> <p>M-10. You told me when (SUBJECT) was (AGE) (he/she) drank (AMOUNT). Did (he/she) ever drink more than that amount for 3 months or longer?</p>	M-10	<p>YES 1 (Q.M-11)</p> <p>NO. 2 (PART U)</p> <p>DK. 3 (PART U)</p>	44
<p>(IF HIGHEST POINT IS A, CIRCLE 97)</p> <p>M-11. Which of these drinking categories best describes (SUBJECT'S) drinking during that period. . . (READ CATEGORIES)</p>	M-11	<p>A. 9 or more drinks a day (60 or more drinks a week);. . . 01</p> <p>B. About 6-8 drinks a day (40 to 59 drinks a week);. . . 02</p> <p>C. About 4 or 5 drinks a day (25 to 39 drinks a week);. . . 03</p> <p>D. About 2 or 3 drinks a day (10 to 24 drinks a week);. . . 04</p> <p>E. About 1 to 9 drinks a week;. 05</p> <p>F. Less than 1 drink a week; or 06</p> <p>G. Did not drink at all 07</p> <p>DK. 98</p> <p>HIGHEST POINT IS A. . . 97</p>	45-46
<p>M-12. About how old was (SUBJECT) when (he/she) started drinking that amount?</p>	M-12	<p>AGE: </p> <p>DK. 98</p>	47-48
<p>M-13. For about how long was this typical of (SUBJECT'S) drinking?</p>	M-13	<p># YEARS: (PART U)</p> <p style="text-align: center;">OR</p> <p># MONTHS: (PART U)</p> <p>DK 98 (PART U)</p>	49-50 51

HAND R CARD A	M-14. (RECORD RESPONSES ON ALCOHOL CHART) Now I would like you to think about (SUBJECT'S) drinking at several different periods in (his/her) life. Look at this card. When (SUBJECT) was about 25 years old, which category best describes (his/her) drinking pattern?	M-14	A 01 B 02 C 03 D 04 E 05 F 06 G 07 DK. 98	32-33
	(IF S WAS 35 OR OLDER, ASK:) M-15. How about when (he/she) was 35?	M-15	A 01 B 02 C 03 D 04 E 05 F 06 G 07 DK. 98	34-35
	(IF S WAS 45 OR OLDER, ASK:) M-16. And when (he/she) was 45?	M-16	A 01 B 02 C 03 D 04 E 05 F 06 G 07 DK. 98	36-37
	(IF S WAS 55 OR OLDER, ASK:) M-17. And when (he/she) was 55?	M-17	A 01 B 02 C 03 D 04 E 05 F 06 G 07 DK. 98	38-39
	(IF S WAS 65 OR OLDER, ASK:) M-18. And when (he/she) was 65?	M-18	A 01 B 02 C 03 D 04 E 05 F 06 G 07 DK. 98	40-41

(IF S WAS 75 OR OLDER, ASK:) M-19. And when (he/she) was 75?	M-19	A 01 B 02 C 03 D 04 E 05 F 06 G 07 DK. 98	42-43
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BOX K
INTERVIEWER: REVIEW Q.M-14 THROUGH Q.M-19 AND CIRCLE ONE
Q.M-14 THROUGH Q.M-19 = DK (98) . . . 1 (PART U)
OTHERWISE 2 (Q.M-20)

(SHOW R THE HIGHEST POINT ON THE CHART AND ASK Q.M-20) M-20. Did (he/she) ever drink more than the amount (he/she) drank when (he/she) was (AGE) for three months or longer?	M-20	YES 1 NO. 2 (PART U) DK. 8 (PART U)	44
(IF HIGHEST POINT IS A, CIRCLE 97) M-21. Which of the categories on the chart best describes (SUBJECT'S) drinking during that period?	M-21	A 01 B 02 C 03 D 04 E 05 F 06 G 07 DK. 98 HIGHEST POINT IS A. . . 97	45-46
M-22. About how old was (SUBJECT) when (he/she) started drinking that amount?	M-22	AGE: _ _ _ DK. 98	47-48
M-23. For about how long was this typical of (SUBJECT'S) drinking?	M-23	# YEARS: _ _ _ OR # MONTHS: _ _ _ DK. 98	49-50 51

PART U. BACKGROUND INFORMATION

These next questions are about (SUBJECT'S) background, for example, (his/her) marital status and occupation.

Begin U0

U-1. (IF R IS NOT RELATIVE ASK:) Do you think you can answer questions about (SUBJECT'S) background?	U-1	YES 1 NO. 2 (PART V) DK. 8	
U-2. Most people in the United States have ancestors who came from other parts of the world. T.I. What nationality or ethnic background were (SUBJECT'S) ancestors, for instance, Puerto Rican, English, African, Chinese, etc.? (CIRCLE ALL THAT APPLY) I.P. Look at this card. Which of these groups best describes (SUBJECT'S) ethnic background? (CIRCLE ALL THAT APPLY)	U-2	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 OTHER (SPECIFY) 28 DK. 98	<input type="checkbox"/> 11-12 <input type="checkbox"/> 13-14 <input type="checkbox"/> 15-16 <input type="checkbox"/> 17-18
HAND R CARD B U-3. T.I. Which of these categories best describes (SUBJECT): Aleut, Eskimo or American Indian, Asian, Pacific Islander, Black or White? I.P. Look at this card. Which of these categories best describes (SUBJECT)?	U-3	ALEUT, ESKIMO OR AMERICAN INDIAN . . . 1 ASIAN/PACIFIC ISLANDER. 2 BLACK 3 WHITE 4 OTHER (SPECIFY) 5	

19

U-4. (IF R IS SPOUSE, CIRCLE 1 AND GO TO U-5, OTHERWISE ASK:) At the time of (SUBJECT'S) death, was (he/she) married, widowed, divorced, separated or had (he/she) never been married?	U-4	MARRIED 1 WIDOWED 2 DIVORCED. 3 SEPARATED 4 NEVER MARRIED 5 DK. 8	20
U-5. Would you say that (he/she) lived most of (his/her) life in a rural area, in the city or in the city suburbs?	U-5	RURAL 1 CITY. 2 (Q.U-7) CITY SUBURBS. 3 (Q.U-7) DK. 8 (Q.U-7)	21
U-6. When (he/she) lived in a rural area did (he/she) live on a farm?	U-6	YES 1 NO. 2 DK. 8	22
U-7. In the area where (he/she) lived most of (his/her) life, what was the primary source of drinking water: a community supply, a private well, a spring or some other source?	U-7	COMMUNITY SUPPLY. . . . 1 PRIVATE WELL. 2 SPRING. 3 OTHER (SPECIFY) 4 DK. 8	23
U-8. In what state was (SUBJECT) born?	U-8	STATE: _____ DK. 98	
U-9. Did (he/she) ever work at a job or business full time or part time for a total of more than a year?	U-9	YES 1 NO. 2 (Q.U-21) DK. 8 (Q.U-21)	24
U-10. What kind of work did (he/she) do for the longest period of time? What was (his/her) occupation or complete job title? For example, carpenter, secretary, electrical engineer.	U-10	OCCUPATION/JOB TITLE: _____ _____ _____ _____ DK. 998	<input type="checkbox"/> 25-27
U-11. What were (SUBJECT'S) most important activities or duties as a(n) (OCCUPATION): for example, sold cars, kept account books, swept floors?	U-11	DUTIES: _____ _____ _____ _____ _____ DK. 8	
U-12. For how many years did (he/she) work as a(n) (OCCUPATION)?	U-12	# YRS: <input type="text"/> <input type="text"/> <input type="text"/> DK. 98	28-29

U-13. While employed as a(n) (OCCUPATION) what was the name of the employer for whom (he/she) worked the longest?	U-13	EMPLOYER: _____ _____ _____ SELF EMPLOYED <input type="checkbox"/>	
U-14. What kind of business or industry was that employer in, that is what did the company or (SUBJECT'S) part of the company do or make? For example, automobile manufacturing, state labor department, dairy farming, retail shoe sales?	U-14	BUSINESS/INDUSTRY: _____ _____ _____ _____ DK. 998	V 30-32
U-15. In the three months prior to (SUBJECT'S) death, was (he/she) still working for (EMPLOYER) as a(n) (OCCUPATION)?	U-15	YES 1 (Q.U-27) NO. 2 DK. 8 (Q.U-27)	V 31
U-16. At time of death had (he/she) stopped working at or was (he/she) retired from (his/her) usual job or occupation?	U-16	YES 1 NO. 2 (Q.U-21) DK. 8 (Q.U-21)	V 32
U-17. In what year was that?	U-17	YR: <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> DK. 9998	V 33-36
U-18. Did (he/she) stop working because of reasons related to (his/her) health?	U-18	YES 1 NO. 2 (Q.U-20) DK. 8 (Q.U-20)	V 37
U-19. Was (he/she) receiving disability benefits from social security at that time?	U-19	YES 1 NO. 2 DK. 8	V 38
U-20. Did (he/she) stop working at (his/her) usual occupation voluntarily?	U-20	YES 1 NO. 2 DK. 8	V 39
U-21. During the three months prior to (SUBJECT'S) death what was (he/she) doing most: working, retired, keeping house, going to school, looking for work, or something else?	U-21	WORKING 01 (Q.U-23) RETIRED 02 KEEPING HOUSE 03 STUDENT 04 LOOKING FOR WORK. 05 NOT WORKING DUE TO ILLNESS/INSITUATION-ALIZATION 06 (BOX L) OTHER (SPECIFY) _____ _____ 07 DK. 98	V 40-41

U-22. During the three months prior to (SUBJECT'S) death, was (he/she) working at all at a job or business?	U-22	YES 1 NO. 2 (BOX F) DK. 8 (BOX F)	V 42
U-23. What kind of work was (he/she) doing? What was (his/her) occupation or complete job title: for example, carpenter, secretary, electrical engineer?	U-23	OCCUPATION/JOB TITLE: _____ _____ _____ DK. 998	V 43-45
U-24. What were (SUBJECT'S) most important activities or duties: for example, sold cars, kept account books, swept floors?	U-24	DUTIES: _____ _____ _____ _____ DK. 8	
U-25. What was the name of (SUBJECT'S) employer?	U-25	EMPLOYER: _____ _____ _____ DK. 8	
U-26. What kind of business or industry was that employer in, that is what did the company or (SUBJECT'S) part of the company do or make: for example, automobile manufacturing, state labor department, dairy farming, retail shoe sales?	U-26	BUSINESS/INDUSTRY: _____ _____ _____ _____ DK. 998	V 46-48

BOX L

INTERVIEWER: CHECK Q.U-9 AND CIRCLE ONE:

Q.U-9 = YES (1) 1 (Q.U-27)

Q.U-9 = NO (2) 2 (Q.U-28)

U-27. Did (he/she) ever work at an occupation in which (he/she) was heavily exposed to dusts, fumes, or vapors?	U-27	YES 1 NO. 2 DK. 8	53
U-28. Did (he/she) ever have a hobby in which (he/she) was heavily exposed to dusts, fumes, or vapors?	U-28	YES 1 NO. 2 DK. 8	54

OFFICE USE ONLY:

PART V. CIRCUMSTANCES OF DEATH

These last few questions are about (SUBJECT'S) death.

V-1. Was (SUBJECT) confined to home or an institution due to an illness or disability at any time within the four weeks prior to (his/her) death?	V-1	YES..... 1 NO..... 2 (Q.V-3) DK..... 8	49
V-2. Was (SUBJECT) confined because of illness or disability within the 72 hours prior to death?	V-2	YES..... 1 NO..... 2 DK..... 8	50
V-3. Where did (SUBJECT) die? (CIRCLE ALL THAT APPLY)	V-3	AT HOME..... 1 AT SOMEONE ELSE'S HOME..... 1 AT WORK..... 1 ON THE STREET..... 1 IN AN AUTOMOBILE... 1 IN TRANSIT TO THE HOSPITAL..... 1 IN EMERGENCY ROOM/OUTPATIENT FACILITY..... 1 IN HOSPITAL..... 1 (CHART) IN NURSING HOME.... 1 (CHART) OTHER (SPECIFY) _____ 1 DK..... 8	51 52 53 54 55 56 57 58 59 60
V-4. Can you tell me the cause or the circumstances of (SUBJECT'S) death?	V-4	YES..... 1 NO..... 2 (BOX P)	61
V-5. What was the cause of death? (PROBE: What caused the accident/injury? Was (SUBJECT) sick before death? Was the illness chronic? Was the death sudden or unexpected? What was (SUBJECT'S) general health on day of death?)	V-5	CAUSE: _____ _____ _____ _____ _____ _____ _____	62

BOX M	
INTERVIEWER: REVIEW Q.V-5 AND CIRCLE ONE:	
DEATH WAS DUE TO AN ACCIDENT/INJURY.	1 (BOX P)
DEATH WAS DUE TO ILLNESS	2
DEATH WAS SUDDEN	3

V-6. Was anyone present at the time of death?	V-6	YES..... 1 NO..... 2 (BOX N) DK..... 8 (BOX N)	63
V-7. Who was present? (CIRCLE ALL THAT APPLY)	V-7	SPOUSE..... 1 CHILDREN..... 1 SISTER/BROTHER.... 1 OTHER RELATIVE (SPECIFY) _____ 1 FRIEND/NEIGHBOR.... 1 PHYSICIAN..... 1 NURSE..... 1 OTHER MEDICAL PERSONNEL (SPECIFY) _____ 1 DK..... 8	64 65 66 67 68 69 70 71

BOX N	
INTERVIEWER: REVIEW BOX M AND CIRCLE ONE:	
DEATH WAS DUE TO ILLNESS.	1 (Q.V-8)
DEATH WAS SUDDEN.	2 (Q.V-11)

V-8. Was (SUBJECT) receiving any medication for pain during the 24 hours preceding death?	V-8	YES..... 1 NO..... 2 DK..... 8	72
V-9. [Even though (he/she) was receiving medication] Did (he/she) complain of pain or show any evidence of pain during the 24 hours preceding death?	V-9	YES..... 1 NO..... 2 (BOX P) DK..... 8 (BOX P)	73
V-10. Within the hours prior to death, (with medication) would you say this pain was mild, moderate, or severe?	V-10	MILD..... 1 (BOX P) MODERATE..... 2 (BOX P) SEVERE..... 3 (BOX P) DK..... 8 (BOX P)	74

V-11. To your knowledge, did (SUBJECT) have any of the following symptoms within the 72 hours prior to (his/her) death? a. Shortness of breath b. Fainting c. Chest pain	V-11		YES	NO	DK	
		a	1	2	8	75
		b	1	2	8	76
		c	1 (V-12)	2 (BOX 0)	8 (BOX 0)	77
V-12. How many minutes or hours did the chest pain last?	V-12	# HRS: __ __				78-79
		OR				
		# MINS: __ __				
		DK.....	98			80
V-13. As far as you know, did (he/she) get any medication to ease the chest pain?	V-13	YES.....	1			
		NO.....	2			
		DK.....	8			81

BOX 0

INTERVIEWER: REVIEW Q.V-11 AND CIRCLE ONE:

Q.V-11a, b OR c = YES (1). 1 (Q.V-14)
OTHERWISE. 2 (Q.V-15)

V-14. Please give me your best estimate of the amount of time that elapsed between (SUBJECT'S) onset of (SYMPTOMS) and (his/her) death? (READ CATEGORIES IF NECESSARY)	V-14	INSTANTANEOUS.....	1			
		5 MIN. OR LESS BUT NOT INSTANTANEOUS...	2			
		1 HOUR OR LESS BUT MORE THAN 5 MIN.....	3			
		24 HRS. OR LESS BUT MORE THAN AN HR.....	4			
		MORE THAN 24 HRS..	5			
		DK.....	8			82

V-15. Did you see or talk to (SUBJECT) within the 24 hours prior to (his/her) death?	V-15	YES.....	1 (BOX P)			83
		NO.....	2			
V-16. We may need additional information about the circumstances of death. Can you give me the names of any people who saw (him/her) within 24 hours before (his/her) death?	V-16	YES.....	1			
		NO.....	2 (BOX P)			
		DK.....	8 (BOX P)			84

V-17. May I have the name, address and telephone number of (this person/ these persons)?

NAME: _____ INSTITUTION NAME: _____ 85

ADDRESS: _____

CITY STATE ZIP

RELATIONSHIP: _____ TELEPHONE: ()

NAME: _____ INSTITUTION NAME: _____

ADDRESS: _____

CITY STATE ZIP

RELATIONSHIP: _____ TELEPHONE: ()

NAME: _____ INSTITUTION NAME: _____

ADDRESS: _____

CITY STATE ZIP

RELATIONSHIP: _____ TELEPHONE: ()

Comments: _____

<p>BOX P</p> <p>INTERVIEWER: CIRCLE ONE:</p> <p>PROXY ANSWERED ALL QUESTIONS 1 (BOX Q)</p> <p>PROXY COULD NOT ANSWER ALL QUESTIONS . . 2 (Q.V-18)</p>

V-18. Is there anyone else who might be able to answer some of the questions about (SUBJECT) that you were unable to answer? (RECORD NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP TO (SUBJECT).)

NAME: _____

ADDRESS: _____
STREET

_____ CITY STATE ZIP

TELEPHONE: () _____

RELATIONSHIP TO SUBJECT: _____

IF NO PERSON AVAILABLE, CHECK BOX:

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<p>BOX Q</p> <p>INTERVIEWER: CHECK PROBLEM SHEET TO SEE IF DEATH CERTIFICATE WAS OBTAINED AND CIRCLE ONE:</p> <p>DEATH CERTIFICATE <u>WAS</u> OBTAINED . . . 1 (MEDICAL AUTHORIZATION FORM STATEMENTS)</p> <p>DEATH CERTIFICATE <u>WAS NOT</u> OBTAINED . 2 (V-19)</p>

<p>V-19. As part of this survey, we are contacting vital records agencies and requesting death certificates on participants who have died. At present, we have been unable to locate (SUBJECT'S) certificate. I would like to reconfirm some information with you.</p> <p>When did (SUBJECT) die?</p>	<p>V-19</p> <p>MONTH: </p> <p>DAY: </p> <p>YEAR: 1 9 </p>
<p>V-20. In what city and state did (SUBJECT) die?</p>	<p>V-20</p> <p>CITY: _____</p> <p>STATE: _____</p>
<p>V-21. Was (he/she) buried in the same city?</p>	<p>V-21</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>
<p>V-22. What was (SUBJECT'S) full name including middle initial? (VERIFY SPELLING)</p>	<p>V-22</p> <p>NAME: _____</p> <p>_____</p>

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<p>V-23 (IF S WAS FEMALE, ASK:) Please tell me (SUBJECT'S) father's last name?</p>	<p>V-23</p> <p>NAME: _____</p>
<p>V-24. Can you think of any reason why (his/her) death certificate may not be on file?</p>	<p>V-24</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

OBSERVATION SHEET

INTERVIEWER: COMPLETE AT CONCLUSION OF INTERVIEW

OS-1. Do you feel that the information provided by the Proxy was satisfactory?

- Yes 01 (Q.OS-3)
- No. 02

OS-2. If not, why not?

OS-3. In regard to the questionnaire do you feel the questionnaire:

	<u>YES</u>	<u>NO</u>
a. Held the respondent's attention throughout the interview	1	2
b. Was upsetting or depressing to the respondent	1	2
c. Was boring or uninteresting to the respondent	1	2
d. Other (SPECIFY) _____	1	2

(IF YES TO b, c, or d)

OS-4. Was there a section that seemed to be particularly upsetting or problematic for the respondent? If so, note below.

OS-5. Record any relevant observations, comments or impressions you may have had about this interview.

Hospital and Nursing Home Data Collection



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Administrator:

I am writing to inform you of a request which has been made to your Medical Records department. A new research study is being carried out by the National Center for Health Statistics (NCHS), the National Institute on Aging, and other components of the National Institutes of Health.

A selected sample of the United States population volunteered to participate in the first National Health and Nutrition Examination Survey which NCHS conducted from 1971-1975. We have recently reinterviewed these participants to provide new information about the etiology of chronic disease. A crucial component of the study is a very limited hospital record data collection to augment information obtained from these participants. Participants who have been hospitalized have signed authorization forms to permit the release of diagnostic information from their hospital record.

NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this survey. Westat has, therefore, sent a packet to your Director of Medical Records on behalf of the patients in the study. This survey is authorized by Title 42, United States Code 242k. Participation in this survey is completely voluntary. There are no penalties for refusing to answer any question.

The American Hospital Association has endorsed this study and urges your cooperation. Dr. Ross Mullner of the Association may be reached at (312) 280-6519 if you have any questions concerning this endorsement. If you have any questions concerning the data collection, don't hesitate to call Kathleen Parkes at (301) 251-1500, ext. 8603.

Sincerely yours,

A handwritten signature in cursive script that reads "M Feinleib".

Manning Feinleib, M.D., Dr.P.H.
Director



National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Director of Medical Records:

A new research study is being carried out by the National Center for Health Statistics (NCHS), National Institute on Aging and other components of the National Institutes of Health.

A selected sample of the United States population volunteered to participate in the first National Health and Nutrition Examination Survey which NCHS conducted from 1971-1975. We have recently reinterviewed these participants to provide new information about the etiology of chronic disease. A crucial component of the study is a very limited hospital record data collection to augment information obtained from these participants. Enclosed are signed authorization forms specifically permitting us to obtain diagnostic data from their medical record.

This survey is authorized by Title 42, United States Code 242k. Participation in this survey is completely voluntary. There are no penalties for refusing to answer any question. NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this survey. All information obtained will be held strictly confidential and will be used for statistical purposes only. No information that could be used to identify the participants or your hospital will be released or published. Results of this study will be published only as statistical summaries.

The American Hospital Association (AHA) has endorsed this study and urges your cooperation. Your hospital's participation is vital to the success of this study. If you have any questions concerning this project, please feel free to call Kathleen Parkes collect at (301) 251-1500, ext. 8603.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

Enclosure

ID*:

NOTICE: - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

PATIENT NAME:

INFORMATION SHOWN ON LABEL
AGREES WITH HOSPITAL RECORDS
 OTHER (SPECIFY) _____

U.S. Department of Health and Human Services
National Center for Health Statistics
National Institute on Aging
NHANES I Epidemiologic Followup Survey

HOSPITAL RECORD FORM
TO BE FILLED OUT BY MEDICAL RECORDS DEPARTMENT

1. PATIENT MEDICAL RECORD NUMBER _____

2. DATE OF ADMISSION _____ / _____ / _____ DATE OF DISCHARGE _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

3. WAS THE PATIENT IN: CARDIAC INTENSIVE CARE UNIT OTHER INTENSIVE CARE UNIT
 Yes, _____ Days Yes, _____ Days
NUMBER NUMBER
 No No

4. DISPOSITION OF PATIENT (Check One)
 Routine discharge/discharged home Discharged/referred to organized home care service
 Left against medical advice Died
 Discharged/transferred to another facility or organization Not stated

5. ANY OTHER HOSPITALS LISTED IN ADMISSION NOTES OR DISCHARGE SUMMARY
Name: _____ City/State: _____ Year: _____
Name: _____ City/State: _____ Year: _____
Name: _____ City/State: _____ Year: _____

(PLEASE TURN THE PAGE)

6. WHAT WERE THE DIAGNOSES ESTABLISHED AT TIME OF DISCHARGE? [Principal diagnosis is the condition after study chiefly responsible for the hospital stay.] (If more space is needed for additional diagnoses, write the diagnoses and the Westat ID number on a separate sheet of paper and attach to this form.)

Principal Diagnosis:

1.) _____

Other Diagnoses:

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

OFFICE USE ONLY				
1.				
2.				
3.				
4.				
5.				
6.				

7. WHAT WERE THE SURGICAL PROCEDURES PERFORMED DURING THIS ADMISSION? (Include all biopsy and surgical procedures discussed or listed in the discharge summary.)

SURGICAL PROCEDURES:

Check (✓) if none

1. _____

2. _____

3. _____

4. _____

OFFICE USE ONLY				
1.				
2.				
3.				
4.				

8. PLEASE ATTACH A PHOTOCOPY OF THE FACE SHEET AND THE DISCHARGE SUMMARY FOR THIS INPATIENT STAY. PLEASE ATTACH A PHOTOCOPY OF THE THIRD DAY EKG IF MYOCARDIAL INFARCTION DIAGNOSED DURING THIS STAY. PLEASE ATTACH A PHOTOCOPY OF THE PATHOLOGY REPORT CONFIRMING THE DIAGNOSIS OF CANCER MADE DURING THIS STAY. (Write the Westat I.D. number on each photocopied page. If you do not have photocopying capabilities, please transcribe the information from the face sheet, the discharge summary, EKG report, and pathology report onto a separate sheet, record the Westat ID Number on that sheet, and staple it to THIS form.)

	Yes	No	
a. Face Sheet	<input type="checkbox"/>	<input type="checkbox"/>	(Why not? _____)
b. Discharge Summary	<input type="checkbox"/>	<input type="checkbox"/>	(Why not? _____)
c. Pathology Report	<input type="checkbox"/>	<input type="checkbox"/>	(Why not? _____)
d. Third Day EKG	<input type="checkbox"/>	<input type="checkbox"/>	(Why not? _____)

 COMPLETED BY

 DATE



NURSING HOME ADMINISTRATOR

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Administrator:

I am writing to request your assistance in a new National Center for Health Statistics (NCHS) activity which is being supported by the National Institute on Aging and other components of the National Institutes of Health. We are conducting a followup study of the participants in the first National Health and Nutrition Examination Survey (NHANES I) to provide new information about the etiology of chronic disease.

A selected sample of the United States population volunteered to participate in the first National Health and Nutrition Examination Survey which NCHS conducted from 1971-1975. NCHS is now tracing and reinterviewing those 14,407 persons to study the relationship between physical measures (e.g., blood pressure or functional vital capacity), behavioral variables (e.g., smoking or dietary intake), and other risk factors identified in the NHANES I Survey and subsequent disease reported by the person at followup.

A crucial component of the study is a very limited nursing home record data collection. Diagnostic information from the nursing home record will be used to verify and supplement each respondent's self-reported medical history. Each person or next of kin (in cases of death) has signed a form requesting the release of his/her nursing home care records to the survey researchers. (Copies of these authorizations are enclosed.)

This survey is authorized by Title 42, United States Code 242k. Participation in this survey is completely voluntary. There are no penalties for refusing to answer any question. NCHS has contracted with Westat, a national survey organization to conduct the data collection operations of this survey. All information obtained will be held strictly confidential and will be used for statistical purposes only. No information that could be used to identify the participants or your nursing home will be released or published. Results of this study will be published only as statistical summaries.

Your participation is vital to the success of this study. If you have any questions concerning this project, please feel free to call Kathleen Parkes collect at (301) 251-1500, ext. 8603.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

Enclosures

NURSING HOME NAME:

Please complete one form for each inpatient care episode that terminated since January 1, for:

NAME:

BIRTHDATE:

SOCIAL SECURITY #:

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242a).

- INFORMATION SHOWN ON LABEL AGREES WITH NURSING HOME RECORDS
- OTHER (SPECIFY) _____

U.S. Department of Health and Human Services
National Center for Health Statistics
National Institute on Aging
NHANES I Epidemiologic Followup Survey

NURSING HOME/PERSONAL CARE HOME RECORD FORM
TO BE FILLED OUT BY MEDICAL RECORDS DEPARTMENT

1. PATIENT MEDICAL RECORD # _____

2. DATE OF ADMISSION / / DATE OF DISCHARGE / /
 MONTH DAY YEAR MONTH DAY YEAR

3. PATIENT ADMITTED FROM: (Check One)

- Private residence
- Acute care hospital (SPECIFY BELOW)
- Chronic disease hospital (SPECIFY BELOW)
- Other nursing home (SPECIFY BELOW)

NAME OF FACILITY: _____ CITY/STATE: _____

4. OTHER HOSPITALS PROVIDING CARE DURING NURSING HOME/PERSONAL CARE HOME STAY

Name: _____ City/State: _____ Year: _____

Name: _____ City/State: _____ Year: _____

Name: _____ City/State: _____ Year: _____

5. DISPOSITION OF PATIENT: (Check One)

- Not discharged/still inpatient
- Discharged to private residence/referral to organized home care services
- Died
- Discharged to private residence/no referral

Transferred to another health care facility (SPECIFY BELOW)

- Acute care hospital
- Other nursing home
- Chronic disease hospital
- Other (SPECIFY) _____

NAME OF FACILITY: _____ CITY/STATE: _____

(PLEASE TURN PAGE)

6. WHAT WERE THE DIAGNOSES ESTABLISHED AT ADMISSION?

Principal Diagnosis at Admission:

1.) _____

Other Major Diseases or Conditions Present
 at Time of Admission:

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

OFFICE USE ONLY

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. PLEASE ATTACH A PHOTOCOPY OF THE ADMISSION SHEET. (Write the Westat I.D. number on each photocopied page. If you do not have photocopying capabilities, please transcribe the information from the admission sheet onto a separate sheet, record the Westat ID Number on that sheet, and staple it to THIS form.)

Yes No

Admission Sheet

(Why not? _____)

 COMPLETED BY

 DATE

Appendix VII

Corrections and revisions to the NHANES I baseline data

Three demographic data items (date of birth, sex, and race) from the NHANES I baseline data tapes were corrected for a small number of subjects based on updated information received during the NHANES I Epidemiologic Followup Study. Consequently, the NHEFS Public Use Data Tapes will reflect the corrections noted in this section.

Date of birth

Initially, the date of birth for each NHANES I respondent was recorded during the household interview and subsequently coded on the NHANES I data tapes. The household interview was usually conducted with one (or more) members of the household providing social and demographic information for all household members. The NHANES I sample was then drawn from these household listings. On arrival at the Mobile Examination Center (MEC), the subject was asked to supply his or her date of birth, which was entered on a record and later microfilmed. The date of birth on the MEC record was provided by the subject but was not coded on the NHANES I data tape. Thus, the original NHANES I date of birth is the one obtained during the household interview.

During the field work for the followup study, the MEC record (when available) was used to update the date of birth for all lost-to-followup respondents in the hope that it would improve tracing results. In addition, the MEC record was used to update the date of birth for decedents and incapacitated subjects who had been interviewed by proxy. Date of birth was also updated for all confirmed respondents who, during tracing, supplied a date of birth that differed from the date of birth provided at baseline. As a result, date of birth was corrected for a total of 677 subjects.

The age given at a baseline examination was then recalculated based on these corrected dates of birth. The recalculations of age at baseline examination resulted in 224 age changes of 1 year or more. For five respondents, recalculation resulted in ages outside the designated age range of 25–74 years (two subjects were determined to be 24 years of age, one was

76, and two were 77). Nonetheless, these respondents will continue to be included in the cohort and are treated as 25 and 74 in cases where age is categorized. A cross-tabulation of the recalculated age at baseline examination by the original age at examination is presented below.

<i>Original age at baseline examination</i>	<i>Revised age at baseline examination</i>				
	<i>25–34 years</i>	<i>35–44 years</i>	<i>45–54 years</i>	<i>55–64 years</i>	<i>65–74 years</i>
25–34 years	3,508	4	1	-	-
35–44 years	1	2,937	8	-	-
45–54 years	-	-	2,268	15	-
55–64 years	-	-	3	1,804	1
65–74 years	-	-	-	5	3,852

Sex

One baseline sex code was changed from female to male. The original sex code was an error in the NHANES I Data Set.

Race

A revised race variable was created to resolve discrepancies between the baseline interviewer-observed race and the followup respondent-reported race. These race codes are determined by a case-by-case adjudication of baseline and followup ethnicity responses and, in the case of deceased subjects, race as coded on the death certificate. Race was revised for 186 subjects. A cross-tabulation of revised race by the original baseline race variable follows.

<i>Baseline race</i>	<i>Revised race</i>		
	<i>White</i>	<i>Black</i>	<i>Other</i>
White	11,998	25	30
Black	11	2,174	10
Other	27	-	132

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For answers to questions about this report or for a list of titles of reports published in these series, contact:

Scientific and Technical Information Branch
National Center for Health Statistics
Public Health Service
Hyattsville, Md. 20782
301-436-8500

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