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## **SECOND LONGITUDINAL STUDY OF AGING**

### **WAVE 2**

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

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

**Version SF 1.1**

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**INTRODUCTION**  
**AND SCREENING QUESTIONS**

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

**SECTION A**  
**HOUSING, MIGRATION, AND LONG-TERM CARE**

---

These first questions are about the place where you live.

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

- 1 Yes
- 2 No (Skip to 4)
- 97 Refused (Skip to 4)
- 99 Don't know

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

Month: \_\_\_\_\_ Year 199 \_\_\_\_

- 9997 Refused
- 9999 Don't know

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

*Code (X) all that apply.*

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

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

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

\_\_\_\_\_

97 Refused

99 Don't know

*If SP is institutionalized, skip to question 6.*

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

*Refer to question 1 in Introductory Script. If categories 1 or 3 marked, skip to question 8. If categories 4 or 5 marked, skip to question 7. Otherwise continue with question 6.*

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

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

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

a. Group meals for residents?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

b. Nursing or medical care?

c. Help with shopping?

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

a. A separate bathroom for each room or apartment?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

c. Kitchen facilities in each room or apartment?

*Ask 9a-f immediately following each "yes" in 8a-b. If R is currently in any of these facilities, skip question 8 for that facility and ask 9a-f as appropriate (omitting question on discharge date for current stay).*

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

a. A nursing home?

- 1 Yes (Go to 9a)
- 2 No
- 3 Yes response changed to "no" when asked question 8b
- 97 Refused
- 99 Don't know

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

*(Make sure to record if answer in "a" is changed in response to question b.)*

- 1 Yes
- 2 No (Skip to Section B)
- 97 Refused (Skip to Section B)
- 99 Don't know (Skip to Section B)

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

\_\_\_\_\_ number of times

997 Refused

999 Don't know

- b. In what month and year were you admitted (the FIRST time)?

\_\_\_ mo / \_\_\_ yr

9997 Refused

9999 Don't know

- c. In what month and year were you discharged (the LAST time)?

\_\_\_ mo / \_\_\_ yr

9997 Refused

9999 Don't know

*If more than one stay during interval, ask d. Otherwise, skip to e.*

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

\_\_\_\_\_ months

97 Refused

99 Don't know



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

*Code (X) all that apply.*

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

*Ask f if more than one source given in e.*

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

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

## SECTION B

### FAMILY STRUCTURE, RELATIONSHIPS AND LIVING ARRANGEMENTS

---

*If R was married at baseline, ask question 1. Otherwise, skip to 2.*

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

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

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

1 Yes (Skip to 3)  
2 No  
97 Refused (Skip to 3)  
99 Don't know (Skip to 3)

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

1 Spouse died  
2 Divorced  
3 Separated  
4 Other  
97 Refused  
99 Don't know (Skip to 3)

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

\_\_\_ mo/ \_\_\_ yr

9997 Refused  
9999 Don't know

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

e. In what month and year were you remarried?

\_\_\_\_ mo/ \_\_\_\_ yr

9997 Refused

9999 Don't know

*If R was married at baseline, skip to question 3. Otherwise, continue with 2.*

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

1 Yes

2 No (Skip to 3)

97 Refused

99 Don't know (Skip to 3)

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

\_\_\_\_ mo/ \_\_\_\_ yr

9997 Refused

9999 Don't know

c. Are you still married?

1 Yes (Skip to 3)

2 No

97 Refused (Skip to 3)

99 Don't know (Skip to 3)

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

1 Spouse died

2 Divorced

3 Separated

4 Other

97 Refused

99 Don't know

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

\_\_\_\_ mo/ \_\_\_\_ yr

9997 Refused

9999 Don't know

*If SP is institutionalized, skip to question 4.*

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

00 SP only (Skip to instruction before question 4)

\_\_ Number of household members

97 Refused (Skip to instruction before question 4)

99 Don't know (Skip to instruction before question 4)

- b. What are the names of all persons living in your household? (*Enter SP on line 1, all others on subsequent lines.*) *If SP responds Don't know or Refused, skip to instruction before question 4.*

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

- |                                 |  |
|---------------------------------|--|
| 1 (Husband)                     | 32 (Grandfather)                                 |
| 2 (Wife)                        | 33 (Grandmother)                                 |
| 3 (Biological Father)           | 34 (Grandson)                                    |
| 4 (Stepfather)                  | 35 (Granddaughter)                               |
| 5 (Adoptive Father)             | 36 (Uncle)                                       |
| 6 (Foster Father)               | 37 (Aunt)  |
| 7 (Biological Mother)           | 38 (Nephew)                                      |
| 8 (Stepmother)                  | 39 (Niece)                                       |
| 9 (Adoptive Mother)             | 40 (Father-in-Law)                               |
| 10 (Foster Mother)              | 41 (Mother-in-Law)                               |
| 11 (Unknown Male Parent Type)   | 42 (Son-in-Law)                                  |
| 12 (Unknown Female Parent Type) | 43 (Daughter-in-Law)                             |
| 13 (Biological Son)             | 44 (Brother-in-Law)                              |
| 14 (Stepson)                    | 45 (Sister-in Law)                               |
| 15 (Adopted Son)                | 46 (Cousin)                                      |
| 16 (Foster Son)                 | 47 (Not Related)                                 |
| 17 (Biological Daughter)        | 48 (Sample Person)                               |
| 18 (Stepdaughter)               | 49 (Father Not Elsewhere Specified)              |
| 19 (Adopted Daughter)           | 50 (Mother Not Elsewhere Specified)              |
| 20 (Foster Daughter)            | 51 (Unknown Parent Type Not Elsewhere Specified) |
| 21 (Unknown Male Child Type)    | 52 (Son Not Elsewhere Specified)                 |
| 22 (Unknown Female Child Type)  | 53 (Daughter Not Elsewhere Specified)            |
| 23 (Full Brother)               | 54 (Unknown Child Type Not Elsewhere Specified)  |
| 24 (Half Brother)               | 55 (Brother Not Elsewhere Specified)             |
| 25 (Stepbrother)                | 56 (Sister Not Elsewhere Specified)              |
| 26 Adopted Brother)             | 57 (Inlaw Not Elsewhere Specified)               |
| 27 (Full Sister)                | 58 (Other Relative)                              |
| 28 (Half Sister)                |  |
| 29 (Stepsister)                 |  |
| 30 (Adopted Sister)             |  |
| 31 (Unknown Sibling Type)       |  |

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

e. What is (name's) age?

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

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

3b. Name (first/middle/initial/last)	3c. Relationship to SP	3d. Sex	3e. Age	3f. Year Began Living Together
1.	Sample person	----	----	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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

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

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

- 1 Yes --->
- 2 No
- 97 Refused
- 99 Don't know

b. How long has your spouse been a resident of this facility?

- 01 \_\_ Number
- 02 \_\_ Weeks
- 03 \_\_ Months
- 04 \_\_ Years
- 97 Refused
- 99 Don't know

*If SP is institutionalized, skip to question 7.*

*If SP is currently married, ask question 5a. If SP's spouse is proxy, ask question 5a directly of proxy. Otherwise, skip to instruction before 6.*

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

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

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

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

- 1 Better
- 2 About the same
- 3 Worse
- 97 Refused
- 99 Don't know

*If SP married his/her current spouse since baseline, ask 5c.*

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

1 Better  
2 About the same  
3 Worse  
97 Refused  
99 Don't know

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

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know



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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

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

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

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

*If SP has no children, skip to question 10.*

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

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

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

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

000 Less than once a year/never

\_\_\_ Times per

1 Day

2 Week

3 Month

4 Year

997 Refused

999 Don't know

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

000 Less than once a year/never

\_\_\_ Times per

1 Day

2 Week

3 Month

4 Year

997 Refused

999 Don't know

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

1 Yes

2 No

97 Refused

99 Don't know

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

1 Yes

2 No

97 Refused

99 Don't know

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

- 00 None
- \_\_ Number
- 97 Refused
- 99 Don't know

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

- 00 None
- \_\_ Number
- 97 Refused
- 99 Don't know

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

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

a. Gardening or yard work?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

b. Shop for or assist someone in shopping?

c. Provide transportation?

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

e. Provide child care, including care for grandchildren?

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

**SECTION C**  
**SOCIAL ACTIVITY**

---

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

1. DURING THE PAST 2 WEEKS, did you --
  - a. Get together socially with friends or neighbors?
    - 1 Yes
    - 2 No
    - 97 Refused
    - 99 Don't know
  - b. Talk with friends or neighbors on the telephone?
  - c. Get together with ANY relatives not including those living with you?
  - d. Talk with ANY relatives on the telephone not including those living with you?
  - e. Go to church, temple, or another place of worship for services or other activities?
  - f. Go to a show or movie, sports event, club meeting, class, or other group event?
  - g. Go out to eat at a restaurant?
2. How many days in the past 2 weeks did you leave your home for any reason?
  - 00 None
  - \_\_\_\_\_ Days  
(Number)
  - 14 Every day
  - 97 Refused
  - 99 Don't know

*If proxy respondent, skip to question 4.*

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

- 1 About enough
- 2 Too much
- 3 Would like to be doing more
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

*If proxy respondent, skip to Section D.*

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

- 1 Able to leave as often as would like (Skip to Section D)
- 2 Able to leave as often as would like, but dependent on others for transportation (Skip to Section D)
- 3 Something prevents SP from getting out as often as would like
- 97 Refused (Skip to Section D)
- 99 Don't know (Skip to Section D)

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

*Code (X) all that apply.*

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

## SECTION D

### ASSISTANCE WITH KEY ACTIVITIES

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

*Ask 1 a-g before asking 2.*

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

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

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

Nagi Activity	1. Any difficulty	2. How much difficulty
a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	1 Yes 2 No 97 Refused 99 NA/Don't know	1 Some 2 A lot 3 Unable 97 Refused 99 Don't know
b. Walking up 10 steps without resting?	1 Yes 2 No 97 Refused 99 NA/Don't know	1 Some 2 A lot 3 Unable 97 Refused 99 Don't know
c. Stooping, crouching or kneeling?	1 Yes 2 No 97 Refused 99 NA/Don't know	1 Some 2 A lot 3 Unable 97 Refused 99 Don't know
By yourself and not using aids, do you have any difficulty-- d. Reaching up over your head?	1 Yes 2 No 97 Refused 99 NA/Don't know	1 Some 2 A lot 3 Unable 97 Refused 99 Don't know

e. Reaching out (as if to shake someone's hand)?	1 Yes 2 No 97 Refused 99 NA/Don't know	1 Some 2 A lot 3 Unable 97 Refused 99 Don't know
f. Using your fingers to grasp or handle?	1 Yes 2 No 97 Refused 99 NA/Don't know	1 Some 2 A lot 3 Unable 97 Refused 99 Don't know
g. Lifting or carrying something as heavy as 10 pounds?	1 Yes 2 No 97 Refused 99 NA/Don't know	1 Some 2 A lot 3 Unable 97 Refused 99 Don't know

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

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

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

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

A. Bathing or showering?

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

B. Dressing?

C. Eating?

D. Getting in and out of bed or chairs?

E. Walking?

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

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



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

- 1 Some
- 2 A lot
- 3 Unable
- 97 Refused
- 99 Don't know

*If proxy respondent and SP "unable" on all ADLs, skip to 7.*

5. Are you often troubled with pain?

- 1 Yes
- 2 No (Skip to 6)
- 97 Refused (Skip to 6)
- 99 Don't know (Skip to 6)

6. Do you have difficulty controlling urination?

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

*If SP is institutionalized, skip to question 10.*

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

*Ask questions 7 G-M before continuing with question 8.*

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

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

G. Preparing your own meals?

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

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

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

J. Using the telephone?

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

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

M. Managing your medication?

*Ask question 8 for each activity G-M recorded "yes" in 7. If all "no" in 7, skip to ITEM D8.*

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

- 1 Some
- 2 A lot
- 3 Unable
- 97 Refused
- 99 Don't know

*If proxy respondent and SP "unable" on all IADLs, skip to 10.*

ITEM D8     *Refer to question 7 for each activity.*  
1 Box 3 marked (Go to D8 for next activity)  
2 All other (Go to 9)

*Ask question 9 as appropriate for each activity before continuing to D8 for next activity.*

9.            Do you receive help from another person in (activity)?  
  
                  1 Yes  
                  2 No  
                  97 Refused  
                  99 Don't know

*(Go to D8 for next activity)*

*If proxy respondent and SP "unable" on all activities listed below, skip to 11.*

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

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

a. Walk for a quarter of a mile

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

b. Walk up 10 steps without resting?

c. Bathe or shower?

d. Get in and out of bed or chairs?

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

- 1 Yes
- 2 No (Skip to 12a)
- 97 Refused (Skip to 12a)
- 99 Don't know (Skip to 12a)

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No (Skip to 11e)
- 97 Refused (Skip to 11e)
- 99 Don't know (Skip to 11e)

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

*Code (X) all that apply.*

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

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

*If SP is institutionalized, skip to Section E.*

*If proxy respondent and SP incapacitated, all “unable” on ADLs and/or IADLs, go to 12a. Otherwise, skip to ITEM D15.*

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

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

ITEM D15 *Refer to questions 9, and 12a.  
(Receives help)  
Code (X) all that apply.*

- “Yes” in 12a for Bathing
- “Yes” in 12a for Dressing
- “Yes” in 12a for Eating
- “Yes” in 12a for Getting in/out of bed/chairs
- “Yes” in 12a for Walking
- “Yes” in 12a for Using the toilet
- “Yes” in 9 or 12a for Preparing your own meals
- “Yes” in 9 or 12a for Shopping
- “Yes” in 9 or 12a for Managing your money
- “Yes” in 9 or 12a for Using the telephone
- “Yes” in 9 or 12a for Doing heavy housework
- “Yes” in 9 or 12a for Doing light housework
- “Yes” in 9 or 12a for Managing your medication
- All others (Skip to Section E)

*Insert marked activities when asking question 12b.*

b. Who usually helps you with (activities marked in D15)? Anyone else? *Enter the name or description of each helper up to four helpers in a separate column.*

*If Refused, Don't know, or no helper named, skip to Section E.*

*Ask 13-17 for each helper in 12.*

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

*Code (X) all that apply.*

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

14. *Ask or verify.*

a. Which of these best describes (Helper)?

*Read categories as necessary.*

*Code (X) only one.*

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

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

- 1 Male
- 2 Female
- 97 Refused
- 99 Don't know

*If parent, child, spouse, or unpaid volunteer in 14a, skip to 16; otherwise ask:*

15. Is (Helper) paid?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know



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

00 None in past 2 weeks

\_\_ (number of days)

97 Refused

99 Don't know

*If more than one helper reported, ask 17. Otherwise, skip to Section E.*

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

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

Helper Number \_\_\_\_\_

## SECTION E

### CONDITIONS AND IMPAIRMENTS

---

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

1. Do you NOW have:

a. Cataracts in one or both eyes?

1 Yes ---> Is that in one or both eyes?	1 One
2 No	2 Both
97 Refused	97 Refused
99 Don't know	99 Don't know

b. Glaucoma?

1 Yes  
2 No  
97 Refused  
99 Don't know

c. Blindness in one or both eyes?

1 Yes --- >Is that in one or both eyes?	1 One
2 No	2 Both (Skip to 5)
97 Refused	97 Refused
99 Don't know	99 Don't know

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

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

- 1 Better
- 2 Worse
- 3 About the same
- 97 Refused
- 99 Don't know

5. Do you NOW have:

Deafness in one or both ears?

- |   |                    |
|---|--------------------|
| 1 Yes --- >Is that in one or both ears? | 1 One              |
| 2 No                                    | 2 Both (Skip to 7) |
| 97 Refused                              | 97 Refused         |
| 99 Don't know                           | 99 Don't know      |

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

7. Do you use a hearing aid?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

- 1 Better
- 2 Worse
- 3 About the same
- 97 Refused
- 99 Don't know

9. Do you NOW have tooth or mouth problems that make it hard for you to eat EVEN when wearing your dentures or partial plates?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

11. a. Do you NOW have osteoporosis?

- 1 Yes
- 2 No (Skip to 12)
- 97 Refused (Skip to 12)
- 99 Don't know (Skip to 12)

*If “ever had” osteoporosis at baseline and “yes” in 11a, ask b. Otherwise, skip to 12.*

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

1 Better  
2 Worse  
3 About the same  
5 Discrepancy-no osteoporosis at baseline  
97 Refused  
99 Don't know

12. a. Do you NOW have diabetes?

1 Yes  
2 No (Skip to 13)  
97 Refused (Skip to 13)  
99 Don't know (Skip to 13)

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

1 Yes  
2 No  
97 Refused  
99 Don't know

*If “still had” diabetes at baseline and “yes” in 12a, ask c. Otherwise, skip to 13.*

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

1 Better  
2 Worse  
3 About the same  
5 Discrepancy-no diabetes at baseline  
97 Refused  
99 Don't know

13. a. Do you NOW have arthritis?

- 1 Yes
- 2 No (Skip to 14)
- 97 Refused (Skip to 14)
- 99 Don't know (Skip to 14)

*If "ever had" arthritis at baseline and "yes" in 13a, ask b. Otherwise, skip to 14.*

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

- 1 Better
- 2 Worse
- 3 About the same
- 5 Discrepancy-no arthritis at baseline
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No (Skip to 15)
- 97 Refused (Skip to 15)
- 99 Don't know (Skip to 15)

*If "still had" chronic bronchitis/emphysema at baseline and "yes" in 14a, ask b. Otherwise, skip to 15.*

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

- 1 Better
- 2 Worse
- 3 About the same
- 5 Discrepancy-no chronic bronchitis/emphysema at baseline
- 97 Refused
- 99 Don't know

15. a. Do you NOW have asthma?

- 1 Yes
- 2 No (Skip to 16)
- 97 Refused (Skip to 16)
- 99 Don't know (Skip to 16)

*If "still had" asthma at baseline and "yes" in 15a, ask b. Otherwise, skip to 16.*

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

- 1 Better
- 2 Worse
- 3 About the same
- 5 Discrepancy-no asthma at baseline
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No (Skip to 17)
- 97 Refused (Skip to 17)
- 99 Don't know (Skip to 17)

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

*If "still had" hypertension at baseline and "yes" in 16a, ask c. Otherwise, skip to 17.*

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

1 Better  
2 Worse  
3 About the same  
5 Discrepancy-no hypertension at baseline  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

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

1 Yes  
2 No  
97 Refused  
99 Don't know

*If "ever had" any heart disease at baseline and "yes" in 17a, ask d. Otherwise, skip to 18.*



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

1 Better  
2 Worse  
3 About the same  
5 Discrepancy-no heart disease at baseline  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

1 Yes  
2 No (Skip to 20)  
97 Refused (Skip to 20)  
99 Don't know (Skip to 20)

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

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

\*NOTE: These cancer types were not included at baseline.

*If "still had" cancer at baseline and "yes" in 19a, ask c. Otherwise, skip to 20.*

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

1 Better  
2 Worse  
3 About the same  
5 Discrepancy-no (type of cancer) at baseline  
97 Refused  
99 Don't know

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

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

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

1 Yes

2 No

97 Refused

99 Don't know

b. persistent swelling in your feet or ankles?

c. shortness of breath while awake?

d. persistent dizziness or lightheadedness?

e. problems with balance?

f. back pain or problems?

g. corns, bunions or ingrown toenails?

## SECTION F

### HEALTH OPINIONS, BEHAVIORS AND NUTRITION

---

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

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

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

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

1 Better  
2 About same (Skip to 3)  
3 Worse (Skip to 3)  
97 Refused (Skip to 3)  
99 Don't know (Skip to 3)

b. Why has your health improved?

*Code (X) all that apply.*

- 1 Surgery/medical procedure
- 2 Physical therapy
- 3 Medication/vitamins/supplements
- 4 Exercise
- 5 Diet
- 6 Regular or additional medical care / change in provider / move to facility
- 7 Spouse moved to facility or died allowing SP relief from stress and caregiving
- 8 Move / Move to better climate
- 9 Attitude change / Stress management / More rest/ Stays active
- 10 Family member(s) now caring for SP or providing support to SP
- 11 Condition cured / previous health problem improved
- 12 Other (Specify:) \_\_\_\_\_
- 97 Refused
- 99 Don't know

*If proxy respondent, skip to question 4.*

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

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

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

*Code (X) only one.*

- 1 More active
- 2 Less active
- 3 About the same
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

*If proxy respondent, skip to question 7.*

6. About how much do you weigh without shoes?

\_\_\_\_\_ Pounds

- 997 Refused
- 999 Don't know

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

- 1 Yes
- 2 No (Skip to 10)
- 97 Refused (Skip to 10)
- 99 Don't know (Skip to 10)

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

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

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No (Skip to 13)
- 97 Refused (Skip to 13)
- 99 Don't know (Skip to 13)

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

Number of days: \_\_\_\_\_

Per week, month or year:

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

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

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

\_\_\_\_\_(number) Drinks  
97 Refused  
99 Don't know

13. During the past 12 months, did you have an illness or condition that made you change the kind or amount of food you eat ?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

14. a. How many servings of fruit do you usually eat or drink on an average day, including fresh, frozen, canned and juices?
- 1 None
  - 2 1-2 servings
  - 3 3-4 servings
  - 4 5 or more
  - 97 Refused
  - 99 Don't know
- b. How many servings of vegetables do you usually eat or drink on an average day, including fresh, frozen, canned, and juices? Do not include french fries.
- 1 None
  - 2 1-2 servings
  - 3 3-4 servings
  - 4 5 or more
  - 97 Refused
  - 99 Don't know

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

- a. Multi-vitamins and minerals

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

- b. Aspirin, not including aspirin substitutes

*If SP is currently institutionalized and was also institutionalized at baseline, skip to 17.*

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know



- b. [In the past 12 months/In the 12 months prior to coming to this (type of institution)], did you eat meals in a senior center or in some place with a special meal program for the elderly?

1 Yes  
2 No  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know

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

1 Yes  
2 No  
97 Refused  
99 Don't know

*(If male skip to question 19; if female ask question 18.)*

18. a. About how long has it been since you had a mammogram? Was it within the past year, between 1 and 2 years ago, or over 2 years ago?

*(Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.)*

1 Within the past year (Skip to Section G)  
2 1 to 2 years ago (Skip to Section G)  
3 Over 2 years ago  
4 Never had a mammogram  
97 Refused (Skip to Section G)  
99 Don't know (Skip to Section G)

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

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

(Skip to Section G)

*Ask question 19 of males only.*

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

- 0 Never had prostate exam
- 1 Within the past year
- 2 1 to 2 years ago
- 3 Over 2 years ago
- 97 Refused
- 99 Don't know

## SECTION G.1

### COGNITIVE FUNCTIONING (Self Respondents)

---

*If SP is institutionalized, skip to question 4 in Section H.*

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

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

1 Excellent  
2 Very good  
3 Good  
4 Fair  
5 Poor  
97 Refused  
99 Don't Know

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

*Probe as needed for understanding of task.*

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

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

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

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

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

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

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

Score of 10 word memory test:

0-10 Number of words correct

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

*Do not probe DK/RF in Section G.1.*

Please tell me today's date.

*Probe month, day, year, day of week.*

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

*The day is (current day text).*

- 4a. Month:

1 Month OK  
5 Month not OK  
97 Refused  
99 Don't know

- 4b. Day:

1 Date OK  
5 Date not OK  
97 Refused  
99 Don't know

- 4c. Year:

1 Year OK  
5 Year not OK  
97 Refused  
99 Don't know

- 4d. Day of Week:

1 Day OK  
5 Day not OK  
97 Refused  
99 Don't know

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

*As soon as SP starts to count backward, press:*

Enter (BEGIN TIME STAMP)  
Don't know  
Refused

*As soon as SP stops counting backward, press:*

Enter (END TIME STAMP)  
Don't know  
Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

*Code Correct if SP counted backward without error.*

*Code 'SP wants to try again' if applicable.*

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

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

*As soon as SP starts to count backward, press:*

Enter (BEGIN TIME STAMP)

Don't know

Refused

*As soon as SP stops counting backward, press:*

Enter (END TIME STAMP)

Don't know

Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

*Code Correct if SP counted backward without error.*

1 Correct

5 Incorrect

97 Refused

99 Don't know

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

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

Enter (BEGIN TIME STAMP)  
Don't know  
Refused

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

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

Enter (END TIME STAMP)  
Don't know  
Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

*Code Correct if SP counted backward without error.*

*Code 'SP wants to try again' if applicable.*

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



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

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

Enter (BEGIN TIME STAMP)  
Don't know  
Refused

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

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

Enter (END TIME STAMP)  
Don't know  
Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

*Code Correct if SP counted backward without error.*

1 Correct  
5 Incorrect  
97 Refused  
99 Don't know

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

What do people usually use to cut paper?

- 1 Scissors or shears only
- 5 Not correct
- 97 Refused
- 99 Don't know

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

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

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

*Answer is Clinton.  
Probe for last name.*

- 1 Last name correct
- 5 Not correct
- 97 Refused
- 99 Don't know

9. Who is the Vice President?

*Answer is Gore.  
Probe for last name.*

- 1 Last name correct
- 5 Not correct
- 97 Refused
- 99 Don't know

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

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

*Self-respondents skip to Section H.*

## SECTION G.2

### COGNITIVE FUNCTIONING (Proxy Respondents)

---

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

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

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

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know

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

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

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

- 1 Much improved
- 2 A bit improved
- 97 Refused
- 99 Don't know

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

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

- 4 A bit worse
- 5 Much worse
- 97 Refused
- 99 Don't know



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

1 Yes  
5 No  
97 Refused  
99 Don't know

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

1 Yes  
5 No  
97 Refused  
99 Don't know

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

1 Yes  
5 No  
97 Refused  
99 Don't know

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

1 Yes  
5 No  
97 Refused  
99 Don't know

**SECTION H**  
**HEALTH CARE UTILIZATION**

---

*Reminder: If SP is institutionalized, skip to question 4.*

These next questions are about your sources of medical care.

1.    a.    Do you have a general practitioner, internist, or family doctor whom you see regularly?
  - 1 Yes
  - 2 No (Skip to 2)
  - 97 Refused (Skip to 2)
  - 99 Don't know (Skip to 2)
  
- b.    Have you seen this doctor in the past 12 months?
  - 1 Yes
  - 2 No (Skip to 3)
  - 97 Refused (Skip to 3)
  - 99 Don't know (Skip to 3)
  
- c.    In the past 3 months, how many times have you seen this doctor?
  - 00 none
  - \_\_\_\_\_ number of times
  - 97 Refused
  - 99 Don't know

*(Skip to question 3)*
  
2.    a.    Is there a particular clinic, health center, doctor's office, hospital or other place that you usually go to when you are sick or need advice about your health?
  - 1 Yes
  - 2 No (Skip to 3)
  - 97 Refused (Skip to 3)
  - 99 Don't know (Skip to 3)

- b. Have you seen a doctor or other medical professional at this place in the past 12 months?

1 Yes  
2 No (Skip to 3)  
97 Refused (Skip to 3)  
99 Don't know (Skip to 3)

- c. In the past 3 months, how many times have you seen a doctor or other medical professional at this place?

00 None  
  
\_\_\_\_ number of times  
  
97 Refused  
99 Don't know

3. a. Have you seen any medical specialists during the past 12 months?

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

1 Yes  
2 No (Skip to 4)  
97 Refused (Skip to 4)  
99 Don't know (Skip to 4)

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

0 None  
1 1  
2 2  
3 3-4  
4 5 or more  
97 Refused  
99 Don't know

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

1 Yes  
2 No (Skip to 5)  
97 Refused (Skip to 5)  
99 Don't know (Skip to 5)

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

Number of times \_\_\_\_\_

97 Refused  
99 Don't know

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

Number of nights \_\_\_\_\_

997 Refused  
999 Don't know

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

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

1 Yes  
2 No (Skip to 6)  
97 Refused (Skip to 6)  
99 Don't know (Skip to 6)

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

1 Skilled nursing care

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

2 Physical therapy

3 Occupational therapy

4 Speech therapy

5 Dialysis

6 Tube feeding

7 Personal assistant services

8 Homemaker/companion services

9 Oxygen / respiratory therapy

10 Hospice care

11 Other (Specify:) \_\_\_\_\_

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

- 1 Yes
- 2 No (Skip to e)
- 97 Refused (Skip to e)
- 99 Don't know (Skip to e)

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

\_\_\_\_\_ number of times

- 997 Refused
- 999 Don't know

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

*Code (X) all that apply.*

(Anyone else?)

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 VA program, or other military
- 07 Administration on Aging
- 08 Other private source
- 09 Other public source
- 10 No one/Free (Skip to 5h)
- 97 Refused
- 99 Don't know

*If more than one source in 5e, ask f. Otherwise, skip to 5g.*

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

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

*Ask 5g only if Medicare was not mentioned in 5e. Otherwise, skip to 5h.*

g. Did Medicare pay for all or part of these services?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

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

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

*Code (X) all that apply.*

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

*Ask 6a-b only if R did not receive home health services during interval. Otherwise skip to 7.*

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

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

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

*Code (X) all that apply.*

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

The next questions are about different types of surgeries and examinations that you may have had at some time during your life. Please tell me if you have EVER had the following surgeries or tests, even if you have mentioned them before.

7. Have you EVER had:

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

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

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

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



Ask i-p of all sample persons:

- i. Hip replacement surgery?
- j. Knee replacement surgery?
- k. Foot surgery?
- l. A hernia operation?
- m. Kidney dialysis?
- n. A kidney transplant?
- o. A stress test?
- p. Cataract surgery? --- > Is that in one or both eyes?
  - 1 One eye
  - 2 Both eyes
  - 97 Refused
  - 99 Don't know

Ask q for females only:

- q. A hysterectomy?

For each "Yes" in 7a-p above, ask question 8. Do not ask for item q. If all "No," skip to 10.

- 8. a. Have you had (a/an) (fill in type of operation/procedure/test) since the last time we talked with you, that is since (month/year)?
  - 1 Yes
  - 2 No
  - 97 Refused
  - 99 Don't know

If "yes" 7a, 7b, 7i, 7j, or 7p, continue with question 9 as appropriate. Otherwise, skip to 10.

- 9. a. (If "yes" in 7a or 7b:) As a result of the (heart surgery/angioplasty) did the pain or discomfort in your chest improve, stay the same, or did it get worse?
  - 1 Improved
  - 2 Stayed the same
  - 3 Got worse
  - 97 Refused
  - 99 Don't know

- b. (If “yes” in 7a or 7b:) As a result of the (heart surgery/angioplasty) did your ability to do physical activities, such as walking, improve, stay the same, or get worse?

1 Improved  
2 Stayed the same  
3 Got worse  
97 Refused  
99 Don’t know

- c. (If “yes” in 7i or 7j:) As a result of the (knee/hip replacement) did your ability to perform activities such as walking and getting in and out of bed or chairs improve, stay the same, or get worse?

1 Improved  
2 Stayed the same  
3 Got worse  
97 Refused  
99 Don’t know

- d. (If “yes” in 7p:) As a result of the cataract surgery, did your vision (in that eye) improve, stay the same or get worse?

1 Improved  
2 Stayed the same  
3 Got worse  
97 Refused  
99 Don’t know

*If subject is female, ask question 10. Otherwise, skip to question 11.*

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

1 Yes  
2 No (Skip to 11)  
97 Refused (Skip to 11)  
99 Don’t know (Skip to 11)

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

\_\_\_\_ Number of  
    \_\_\_\_ Months  
    \_\_\_\_ Years

997 Refused  
999 Don't know

- c. Are you currently taking hormone pills?

1 Yes  
2 No  
97 Refused  
99 Don't know

Sometimes people have difficulty getting medical care when they need it. These next questions are about whether you have been able to get the medical care you need, when you need it.

11. Since (month/year of last interview), was there a time when you needed or wanted any of the following types of medical care, but could not get it at that time?

- a. Dental care

*(Read if asked: Dental care would include routine cleaning, dental work such as fillings and extractions, and obtaining dentures or partial plates.)*

1 Yes  
2 No  
97 Refused  
99 Don't know

- b. Eyeglasses or eye exams  
c. Hearing aids or hearing exams  
d. Prescription medications  
e. Other medical care or surgery, including tests and x-rays

- f. Any type of medical equipment or supplies?

*(Read if asked: This would include things such as a walker, wheelchair, or crutches, ramps for your home, a seat or grab bar for your bathtub or shower, and oxygen or special breathing equipment.)*

*For each yes in 11a-f, ask 12.*

12. Thinking about the LAST TIME you did not get the (service from above) you needed or wanted, what was the MAIN reason you didn't get care?

- 01 Could not afford it
- 02 Not covered by Medicare/Medicaid/other insurance
- 03 Doctor would not accept Medicare/Medicaid/other insurance
- 04 Problem was not serious enough
- 05 Wait too long / Wait too long in clinic or office
- 06 Difficulty in getting appointment
- 07 Does not like/trust/believe in doctors
- 08 No doctor available
- 09 Did not know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 14 Other reason (Specify:) \_\_\_\_\_
- 97 Refused
- 99 Don't know

*If proxy respondent, skip to Section I.*

13. In general, how satisfied are you with the health care services you receive? Would you say -- *(Read all categories)*

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied, or
- 4 Very dissatisfied?
- 97 Refused
- 99 Don't know

**SECTION I**  
**HEALTH INSURANCE**

---

These next questions are about health insurance.

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

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

1 Yes  
2 No (Go to 3)  
97 Refused (Go to 3)  
99 Don't know (Go to 3)

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

\_\_\_\_\_ Month/ \_\_\_\_\_ Year

9997 Refused  
9999 Don't know

- ITEM II 1 Medicare number obtained at baseline (Skip to introduction before 3)  
2 Medicare number not obtained at baseline (Continue with 2)

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

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

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

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

H.I.C. number            \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

99999999997 Refused

99999999999 Don't know

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

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

- a. Medicaid

1 Yes

2 No

7 Refused

9 Don't know

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

- c. Any other public assistance program

If "no" in 3a, skip to Item I2.

d. In what month and year did your Medicaid coverage start?

\_\_\_\_\_ Month/ \_\_\_\_\_ Year

9997 Refused

9999 Don't know

ITEM I2 1 Currently covered by Medicare or Medicaid (Skip to question 5)  
2 All others (Continue with question 4)

4. a. Not counting the government health programs we just mentioned, do you have any private health insurance? This could include insurance for dental care, but does not include long-term care insurance.

1 Yes

2 No (Go ITEM I3)

97 Refused (Go ITEM I3)

99 Don't know (Go ITEM I3)

b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of (each of these/this) plan(s)?

ENTER NAME(S):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Etc.

97 Refused (Skip to 5)

99 Don't know (Skip to 5)

*Read intro only if currently covered by Medicare or Medicaid:* This next question is about how your Medicare and/or Medicaid works for non-emergency care.

5. a. Are you signed up with an HMO, that is a Health Maintenance Organization, or other type of managed care plan?

*(Read if SP hesitates or is uncertain:* With an HMO or other managed care plan you generally receive care through the plan's own doctors and other health professionals and their own network of hospitals. Plans usually charge enrollees a monthly premium and may charge a small copayment for each appointment or drug prescription. Usually there are no additional charges by the plan no matter how many times you visit the doctor, go to the hospital or use other covered services.)

- 1 Yes (Go to 5c)
- 2 No
- 97 Refused
- 99 Don't know

- b. Are you required to sign up with a certain primary care doctor, group of doctors, or with a certain clinic that you must go to for all of your routine care? Do not include emergency care or care from a specialist.

- 1 Yes
- 2 No (Go to I3)
- 97 Refused (Go to I3)
- 99 Don't know (Go to I3)

- c. What is the name of this (managed care organization/HMO/health insurance plan)?

- 
- 97 Refused
  - 99 Don't know



d. Why did you decide to join this plan?

*Code (X) all that apply.*

- 01 Less expensive/no premium
- 02 Better benefits or coverage
- 03 Prescriptions are paid for
- 04 Doctor joined/was in the plan
- 05 Doctor/s wanted were/was in plan
- 06 Doctors/staff had good reputation
- 07 Convenient location
- 08 Recommended by friends/relatives/physician(s)
- 09 Liked information received from salesperson/mail
- 10 Plan offered by employer/union
- 11 Other (Specify:) \_\_\_\_\_
- 97 Refused
- 99 Don't know

e. Would you recommend this plan to family members or friends?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

ITEM I3      1 Not currently covered by Medicare or Medicaid (Skip to question 7)  
                  2 Currently covered by Medicare or Medicaid (Continue with question 6)

6. a. Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company.

Not counting (your Medicare/Medicaid/military/other public coverage and/or the HMO mentioned in 5c), do you have any private health insurance? This could include insurance for dental care, Medicare supplements or medi-gap plans, but does not include long-term care insurance.

*Read if necessary:*

Medigap insurance is private insurance that pays for Medicare's deductibles and copayments or services such as prescription drugs that Medicare does not cover.

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

- b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of (each of these/this) plan(s)?

ENTER NAME(S):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- Etc.

- 97 Refused (skip to 7)
- 99 Don't know (skip to 7)

*Ask c for each plan mentioned in 6b.*

- c. Was your (name of plan) insurance obtained in order to supplement your Medicare coverage?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

8. Thinking about ALL of your health insurance plans together (including Medicare), please tell me if any of these plans pay for all, some, or none of the following services. Does your health insurance cover all, some or none of the cost for --

1 regular check-ups?

- 1 All
- 2 Some
- 3 None
- 97 Refused
- 99 Don't know

2 preventive care (immunizations, cancer screenings, wellness classes, etc.)?

3 hospitalizations?

4 prescription medicines?

5 dental care?

*If R reported using any of the following types of devices or equipment at any point during the interview, continue with question 9. Otherwise, skip to question 10.*

Wheelchair, walker, special bed, oxygen/other respiratory equipment.

9. a. Earlier you mentioned that you use (read all types of equipment and devices). Who pays for your (type of device)? *(Ask for each device separately.)*

*Code all that apply.*

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

- b. Have you had any problems with obtaining or maintaining (list all types of equipment and devices) because of the cost?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

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

## SECTION J

### INCOME AND ASSETS

---

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

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

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

2. a. Altogether, about how much income in total before taxes and other deductions did you (and your husband/wife/partner) receive from (list all “yes” response categories from 1a-k/all sources) last year, (1996/1997)?

\$ \_\_\_\_\_ (Skip to 3)

0 No income (Skip to 3)

97 Refused

99 Don't know

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

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

2 Less than \$25,000

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

97 Refused (Skip to 3)

99 Don't know (Skip to 3)

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

1 Yes (Skip to 3)

2 No

97 Refused (Skip to 3)

99 Don't know (Skip to 3)

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

1 Yes

2 No

97 Refused

99 Don't know

*(Skip to 3)*

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

1 Yes

2 No (Skip to 3)

97 Refused (Skip to 3)

99 Don't know (Skip to 3)

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

*If SP is institutionalized, skip to question 4.*

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

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

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

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

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

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

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

b. Has your income increased or decreased?

- 1 Increased
- 2 Decreased
- 97 Refused
- 99 Don't know

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

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

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



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

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

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

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

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

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

9. What is your Social Security Number?

\_\_\_ - \_\_ - \_\_\_\_

- 999999997 Refused
- 999999999 Don't know

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

**MODULE**

**CHILDHOOD HEALTH AND FAMILY LONGEVITY QUESTIONS FROM HRS-3**

---

(Asked only of self-respondents randomly assigned to receive the Childhood Module.)

*Read:* Although we have finished the interview, we would like to ask you a few additional experimental questions. The first questions are about your health during the period when you were growing up, through age 16.

- 1 DO MODULE
- 97 REFUSED (Skip to Contact Person Update.)

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

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

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

- 1 Yes
- 2 No (Skip to 3)
- 97 Refused (Skip to 3)
- 99 Don't know (Skip to 3)

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

RECORD CONDITION: \_\_\_\_\_

- 97 Refused
- 99 Don't know

These last questions are about your parents' and siblings' health.

*If father was dead at baseline: Go to 3b.*

3. a. Is your father still living?

- 1 Yes (Skip to 3d)
- 2 No
- 97 Refused (Skip to 4a)
- 99 Don't know (Skip to 4a)

b. When we last talked with you, you mentioned that your father had died. How old was your father when he died?

\_\_ Years

- 97 Refused
- 99 Don't know

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

*Code (X) all that apply.*

- 1 Heart attack, stroke, cardiovascular disease
- 2 Cancer
- 3 Infectious disease (not including pneumonia)
- 4 Accident, violence, war casualty
- 5 Pneumonia
- 6 Emphysema/asthma/unspecified respiratory disease
- 7 Diabetes or complications due to diabetes
- 8 Old age
- 9 Other (Specify:) \_\_\_\_\_
- 97 Refused
- 99 Don't know

*(Skip to 4)*

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

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

*If mother was dead at baseline: Go to 4b.*

4. a. Is your mother still living?

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

b. When we last talked with you, you mentioned that your mother had died. How old was your mother when she died?

\_\_ Years

- 97 Refused
- 99 Don't know

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

*Code (X) all that apply.*

- 1 Heart attack, stroke, cardiovascular disease
- 2 Cancer
- 3 Infectious disease (not including pneumonia)
- 4 Accident, violence, war casualty
- 5 Pneumonia
- 6 Complications due to or during childbirth
- 7 Emphysema/asthma/unspecified respiratory disease
- 8 Diabetes or complications due to diabetes
- 9 Old age
- 10 Other (Specify:) \_\_\_\_\_
- 97 Refused
- 99 Don't know

*(Skip to 5)*

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

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

5. Are all your brothers or sisters living?

DO NOT INCLUDE STEP-BROTHERS, STEP-SISTERS, ADOPTED BROTHERS,  
OR ADOPTED SISTERS.

DO INCLUDE HALF-BROTHERS AND HALF-SISTERS.

- 1 Yes (Skip to 13)
- 2 No
- 3 Has no brothers and no sisters (Skip to 13)
- 97 Refused (Skip to 13)
- 99 Don't know (Skip to 13)

6. How many have died?

\_\_\_\_\_ number died

97 Refused (Skip to 9)

99 Don't know (Skip to 9)

*If number in 6 is equal to one, continue with 7. If greater than one, skip to 9.*

7. How old was (he/she) when (he/she) died?

\_\_\_\_\_ years of age

997 Refused

999 Don't know

8. What was the cause of death?

*Code (X) all that apply.*

1 Heart attack, stroke, cardiovascular disease

2 Cancer

3 Infectious disease (not including pneumonia)

4 Accident, violence, war casualty

5 Pneumonia

6 Complications due to or during childbirth

7 Emphysema/asthma/unspecified respiratory disease

8 Diabetes or complications due to diabetes

9 Old age

10 Other (Specify:) \_\_\_\_\_

97 Refused

99 Don't know

*(Skip to 13)*

9. How old was the brother or sister who died at the youngest age?

\_\_\_\_\_ years of age

997 Refused

999 Don't know

10. What was the cause of (his/her) death?

*Code (X) all that apply.*

- 1 Heart attack, stroke, cardiovascular disease
- 2 Cancer
- 3 Infectious disease (not including pneumonia)
- 4 Accident, violence, war casualty
- 5 Pneumonia
- 6 Complications due to or during childbirth
- 7 Emphysema/asthma/unspecified respiratory disease
- 8 Diabetes or complications due to diabetes
- 9 Old age
- 10 Other (Specify:) \_\_\_\_\_
- 97 Refused
- 99 Don't know

11. How old was the brother or sister who died at the next youngest age?

\_\_\_\_ years of age

- 997 Refused
- 999 Don't know

12. What was the cause of (his/her) death?

*Code (X) all that apply.*

- 1 Heart attack, stroke, cardiovascular disease
- 2 Cancer
- 3 Infectious disease (not including pneumonia)
- 4 Accident, violence, war casualty
- 5 Pneumonia
- 6 Complications due to or during childbirth
- 7 Emphysema/asthma/unspecified respiratory disease
- 8 Diabetes or complications due to diabetes
- 9 Old age
- 10 Other (Specify:) \_\_\_\_\_
- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No (Skip to 13c)
- 97 Refused (Skip to 14)
- 99 Don't know (Skip to 14)

b. In what state was your father born?

\_\_\_\_\_ name of state

- 97 Refused
- 99 Don't know

*(Skip to 14)*

c. In what country was your father born?

\_\_\_\_\_ name of country

- 97 Refused
- 99 Don't know

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

- 1 Yes
- 2 No (Skip to 14c)
- 97 Refused (Skip to 15)
- 99 Don't know (Skip to 15)

b. In what state was your mother born?

\_\_\_\_\_ name of state

- 97 Refused
- 99 Don't know

*(Skip to 15)*



c. In what country was your mother born?

\_\_\_\_\_ name of country

97 Refused

99 Don't know

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

1 Yes

2 No

97 Refused

99 Don't know

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

1 Yes

2 No

97 Refused

99 Don't know

## CONTACT PERSON UPDATE

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

*If contact person obtained at baseline, ask question 1a. Otherwise, skip to 1b.*

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

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

2 No

7 Refused

9 Don't know

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

*Record name (last, first, middle initial), address, telephone number.*

## INTERVIEWER OBSERVATIONS

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

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

1 Self response without assistance (Skip to 3)

2 Self response with assistance (Go to 1a)

3 Proxy (Skip to 1c)

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

00 Parent

01 Spouse

02 Son/daughter

03 Son-in-law/daughter-in-law

04 Grandchild/great grandchild

05 Brother/sister

06 Brother-in-law/sister-in-law

07 Aunt/uncle/cousin

08 Niece/nephew

09 Other relative

10 Roommate/friend/neighbor

11 Other non-relative

97 Refused

99 Don't know

b. Does (assistant) live here?

1 Yes

2 No

97 Refused

99 Don't know

*(Skip to 2)*

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

- 00 Parent
- 01 Spouse
- 02 Son/daughter
- 03 Son-in-law/daughter-in-law
- 04 Grandchild/great grandchild
- 05 Brother/sister
- 06 Brother-in-law/sister-in-law
- 07 Aunt/uncle/cousin
- 08 Niece/nephew
- 09 Other relative
- 10 Roommate/friend/neighbor
- 11 Other non-relative

d. Do you live with (sample person)?

- 1 Yes (Skip to 2)
- 2 No
- 97 Refused
- 99 Don't know

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

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

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

a. Sample person was hospitalized

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

b. Sample person institutionalized

c. Sample person's hearing problem

d. Sample person's speech problem

e. Sample person's language problem

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

g. Sample person's Alzheimer's disease

h. Sample person's other mental condition

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

j. Other non-health related reason

k. Sample person deceased

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

3. Do you feel the --

a. Respondent was intellectually capable of responding?

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

b. Respondent's answers were reasonably accurate?

c. Respondent understood the questions?

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

- 1 Very cooperative
- 2 Somewhat cooperative
- 3 Not cooperative
- 97 Refused
- 99 Don't know

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

- 1 Very interested
- 2 Somewhat interested
- 3 Not interested
- 97 Refused
- 99 Don't know

*If very interested, indicate sections that were of most interest: \_\_\_\_\_*

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

- 1 Very tiring
- 2 A little tiring
- 3 Not tiring
- 97 Refused
- 99 Don't know

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

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

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

- 1 Yes
- 2 No
- 97 Refused
- 99 Don't know

9. In what language was the interview conducted?

- 1 English
- 2 Spanish
- 3 Other