Appendix II
1984 Supplement on Aging Questionnaire

OMB No. 0937-0021: Approval Expires March 31, 1985

FORM **HIS-1(SB) (1984)** (3.13.84)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

SUPPLEMENT BOOKLET

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 the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. RT 60 — Book ____ of ____ books
2. R.O. Number 3–4
3. Sample 5–7
4. Control number PSU 8–10; Segment 11–14; Serial 15–16
5. Person number 17–18
6. Sex 19 — 1 ☐ Male, 2 ☐ Female
7. Sample Person name 20–39 — Last; First 40–54; Middle initial 55
8. Final status of supplement 56
   - 0 ☐ No SP selected

   Interview
   - 1 ☐ Complete interview (all appropriate pages completed)
   - 2 ☐ Partial interview (some but not all appropriate pages completed) *(Explain in notes)*

   Noninterview
   - 3 ☐ Refused *(Explain in notes)*
   - 4 ☐ SP temporarily absent, no proxy available
   - 5 ☐ SP mentally or physically incapable, no proxy available
   - 8 ☐ Other *(Explain in notes)*
9. Date supplement completed 57–60 — Month | Date
10. Interviewer identification 61–62 — Name; Code

NOTES

CONTACT PERSON INFORMATION

☐ Contact information for this family unit already obtained, transcribe when editing. *Fill item 15 below, THEN go to HIS-1 Household Page or next SOA.*

Read to SOA respondent at end of interview — **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a close relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.)** *Please print items 11, 12, 14.* RT 62, 3–4

11. Contact Person name RT 61 3–4 5–24 — Last; First 25–39; Middle initial 40
12a. Address *(Number and street)* 41–65
b. City 66–85; State 86–87; Zip Code 88–96
13. Area code/telephone number 5–14 — 1 ☐ None, 2 ☐ Refused, 9 ☐ DK; 15
14. Relationship to Sample Person 16–17
15. Supplement ending time 18–21; 22 — Hour | Minutes; 1 ☐ a.m., 2 ☐ p.m. *Go to HIS-1 Household Page or next SOA*

RT 63

TRANSCRIPTION FROM HIS-1

3–4

16. Area code/telephone number from HIS-1, item 11 23–32 — 1 ☐ None, 2 ☐ Refused; 33
17a. Exact address from HIS-1, item 6a *(Please print items 17a – c)* 34–58 — Number and street/description; City 59–78; State 79–80; Zip Code 81–89
17b. Mailing address from HIS-1, item 6b — 1 ☐ Same as 6a on HIS-1; 5; 6–30 — Number and street; City 31–50; State 51–52; Zip Code 53–61
c. Special Place name *(Fill if applicable)* 62–97

SUPPLEMENT ON AGING SAMPLE SELECTION

Use Table A or B as indicated on HIS-1 Household Composition Page. Circle that letter and enter number below to indicate the order of interview (1 = down from the top of the listing, 2 = up from the bottom). Follow this order whenever two or more sample persons are at home at the same time. RT 64, 3–4

18. Are there any nondeleted persons 65 years old or older in the family? 5
   - 1 ☐ Yes *(List by age (oldest to youngest) in upper portion of appropriate table, mark "SP" box on HIS-1 for each, THEN 19)*
   - 2 ☐ No *(19)*
19. Are there any nondeleted persons 55–64 years old in the family? 6
   - 1 ☐ Yes *(List by age (oldest to youngest) in lower portion of appropriate table, mark "SP" box on HIS-1 for each "X" person, and begin supplement using the appropriate "order of interview")*
   - 2 ☐ No *(Begin interview(s) using the appropriate "order of interview")*

TABLE A ____

Age	Name	Person number	Sample person
7–8		9–10	X
11–12		13–14	X
15–16		17–18	X
19–20		21–22	X
23–24		25–26	X
27–28		29–30	
31–32		33–34	X
35–36		37–38	

TABLE B ____

Age	Name	Person number	Sample person
39–40		41–42	X
43–44		45–46	X
47–48		49–50	X
51–52		53–54	X
55–56		57–58	
59–60		61–62	X
63–64		65–66	
67–68		69–70	X

RT 65
3–4

SUPPLEMENT ON AGING

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS

N1

a. *Initial status of sample person* — 5

1 ☐ Available *(N1b)*
2 ☐ Callback required *(Next SP)*

b. *Supplement beginning time* — 6–9, 10

Hour | Minutes

1 ☐ a.m.
2 ☐ p.m.

Read to respondent — **We are interested in obtaining further information about the health of people 55 years of age and older in the United States. I will also ask you some questions about your family and social activities.**

Ask or verify for each HH member

1. How is *(name on HIS-1)* **related to you?**

Enter "Sample Person" on appropriate line.

Enter "Unrelated" for persons not related to the sample person.

Enter "Deleted" for any deleted persons, except AF members living at home and babies born during interview week.

Enter ages from HIS-1.

Person No. on HIS-1	Age on HIS-1	Relationship to Sample Person	
11–12 / 01	13–14		15–16
17–18 / 02	19–20		21–22
23–24 / 03	25–26		27–28
29–30 / 04	31–32		33–34
35–36 / 05	37–38		39–40
41–42 / 06	43–44		45–46
47–48 / 07	49–50		51–52
53–54 / 08	55–56		57–58
59–60 / 09	61–62		63–64
65–66 / 10	67–68		69–70

N2 *Refer to marital status (page 46 or 47) on HIS-1* — 71

1 ☐ Sample person is now married *(N3)*
2 ☐ Sample person is now widowed, divorced, separated *(2b)*
3 ☐ Sample person has never been married *(6)*

N3 *Spouse of Sample Person previously interviewed on SOA* — 72

1 ☐ Yes *(6)*
2 ☐ No *(2)*

2a. How long have you been married (to *(name of spouse)***)?** — 73–74

00 ☐ Less than one year } *(3)*
_____ Number of years }

b. Earlier [you told me/I was told] that you are now [widowed/divorced/separated]. How long have you been [widowed/divorced/separated]? — 75–76

00 ☐ Less than one year
_____ Number of years

3a. Including step and adopted children, how many LIVING children do you have? — 77–78

00 ☐ None *(6)*
_____ Number

b. How many of your children are sons and how many are daughters? — 79–80, 81–82, 83–84

_____ Number of sons
_____ Number of daughters
☐ Total number of children
Compare with 3a, reconcile differences

N4 *Refer to relationship roster in 1* — 85

1 ☐ Any of SP's children live in household *(6)*
8 ☐ Other *(4)*

FOOTNOTES

FORM HIS-1 SB 1984 3-13-84

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

4a. How quickly can [any one of your children/your son/your daughter] get here? — 86–88

_____ Number
1 ☐ Minutes
2 ☐ Hours
3 ☐ Days

b. How often do you see [any one of your children/your son/your daughter]? — 89–91

000 ☐ Less than once a year/never
_____ Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year

c. How often do you talk on the telephone with [any one of your children/your son/your daughter]? — 92–94

000 ☐ Less than once a year/never
_____ Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year

d. How often do you get mail from [any one of your children/ your son/your daughter]? — 95–97

000 ☐ Less than once a year/never
_____ Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year

5. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills? — 98

1 ☐ Yes
2 ☐ No

6a. Including step and adopted brothers, how many LIVING brothers do you have? — 99–100

00 ☐ None
_____ Number of brothers

b. Including step and adopted sisters, how many LIVING sisters do you have? — 101–102

00 ☐ None
_____ Number of sisters

7. How long have you been living here, in this [house/apartment]? — 103–104

00 ☐ Less than 1 year
_____ Number of years

N5 *Other family member previously interviewed on SOA* — 105

1 ☐ Yes *(12)*
2 ☐ No *(8)*

Mark if known

8. Is this [house/apartment] in a RETIREMENT [community/building or complex]? — 106

1 ☐ Yes
2 ☐ No *(10)*

9. Whether you use them or not, are the following services available in THIS retirement [community/building or complex]? — 107

a. Group meals for residents?

1 ☐ Yes
2 ☐ No

b. Housekeeping or maid service? — 108

1 ☐ Yes
2 ☐ No

c. Medical services? — 109

1 ☐ Yes
2 ☐ No

d. Telephone call service to check on your well-being? — 110

1 ☐ Yes
2 ☐ No

e. Recreational services? — 111

1 ☐ Yes
2 ☐ No

10a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside? — 112

1 ☐ No
Yes — *If not mentioned, ask:* **Is it one or more than one?**
2 ☐ 1 step
3 ☐ More than 1 step

b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level? — 113

1 ☐ Yes
2 ☐ No *(11b)*

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RT 66

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

3–4

11a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the SAME floor or level? — 5
1 ☐ Yes
2 ☐ No

b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower? — 6
1 ☐ Yes
2 ☐ No

12a. Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor or level? — 7
1 ☐ Yes
2 ☐ No

b. Because of a health or physical problem, do YOU NEED a walk-in shower? — 8
1 ☐ Yes
2 ☐ No

N6 *Mark first appropriate box* — 9
1 ☐ Sample person lives alone *(14)*
2 ☐ Sample person lives with spouse only
3 ☐ Sample person lives only with persons under 18 years old (and spouse)
} *(N7)*
8 ☐ All other *(13a)*

13a. Do you and *(read names of all other household members)* **live together NOW because YOU need to share living expenses?** — 10
1 ☐ Yes
2 ☐ No

b. Do you and *(read names of all other household members)* **live together NOW because of a health or physical problem YOU have?** — 11
1 ☐ Yes
2 ☐ No

N7 *Spouse of SP previously interviewed on SOA* — 12
1 ☐ Yes *(Section O)*
2 ☐ No *(14)*

14a. Is this [house/apartment] now —

(1) Owned or being bought by you (OR someone in the household)? — 13
1 ☐ Yes *(14b)* ☐ No

(2) Rented for money? — 14
1 ☐ Yes *(14h)* ☐ No

(3) Occupied without payment of money rent? — 15
1 ☐ Yes *(Section O)*

b. Who owns or is buying it? — 16
1 ☐ Sample person } *(14c)*

Anyone else? — 17–21
2 ☐ Spouse
3 ☐ Child
4 ☐ Grandchild
5 ☐ Other relative
} *(Section O)*
6 ☐ Nonrelative

Follow skip instructions for lowest numbered box marked.

c. Is this place fully paid for or is there a mortgage being paid? — 22
1 ☐ Fully paid for *(14f)*
2 ☐ Mortgage being paid
9 ☐ DK *(14f)*

d. Do you know about how much principal is still owed on the mortgage? — 23
1 ☐ Yes
2 ☐ No/DK *(14f)*

e. How much principal is still owed? — 24–29
$_____
Amount

f. Do you know the present value of this place, that is, about how much it would bring if you sold it on today's market? — 30
1 ☐ Yes
2 ☐ No/DK *(Section O)*

g. What is the present value? — 31–36
$_____ *(Section O)*
Amount

h. Who is paying rent for it? — 37
1 ☐ Sample person

Anyone else? — 38–42
2 ☐ Spouse
3 ☐ Child
4 ☐ Grandchild
5 ☐ Other relative
6 ☐ Nonrelative

FOOTNOTES

FORM HIS 1 (SBI (1984) (3-13-84)

Section O. COMMUNITY AND SOCIAL SUPPORT

O1 *Refer to age* — 43

1 ☐ Sample person is 55–59 *(3)*
2 ☐ Sample person is 60 or older *(1)*

NOTE *— Ask 2 immediately after receiving a "Yes" in 1.*

Read to respondent — **The next questions are about community services.**

1. In the past 12 months, did YOU —		2. How often did you use it — frequently, sometimes, or rarely?	
a. Use a senior center?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 44	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 45
b. Use special transportation for the elderly?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 46	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 47
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 48	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 49
d. Eat meals in a senior center or in some place with a special meal program for the elderly?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 50	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 51
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 52	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 53
f. Use a service which makes routine telephone calls to check on the health of elderly people?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 54	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 55
g. Use a visiting nurse service?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 56	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 57
h. Use a health aide who comes into the home?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* — 58	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* — 59
i. Use adult day care or day care for the elderly?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(3)* — 60	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely — 61

3a. In the past 12 months, did you do any volunteer work for any organized group?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(4)* — 62
b. How often did you do volunteer work — frequently, sometimes, or rarely?	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely — 63

Hand Calendar

Read to respondent — **The next questions refer to the 2 weeks (outlined in red on that calendar), beginning Monday** *(date)* **and ending this past Sunday** *(date)*.

4. During those 2 weeks did you —			
a. Get together socially with friends or neighbors?	1 ☐ Yes	2 ☐ No	64
b. Talk with friends or neighbors on the telephone?	1 ☐ Yes	2 ☐ No	65
c. Get together with ANY relatives (not including household members)?	1 ☐ Yes	2 ☐ No	66
d. Talk with ANY relatives on the telephone (not including household members)?	1 ☐ Yes	2 ☐ No	67
e. Go to church or temple for services or other activities?	1 ☐ Yes	2 ☐ No	68
f. Go to a show or movie, sports event, club meeting, classes or other group event?	1 ☐ Yes	2 ☐ No	69

O2 *Respondent* — 70

1 ☐ Self *(5)*
2 ☐ Proxy *(Section P)*

5. 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 do more — 71

FORM HIS 1 SB -1984 3 13 84

RT 67 3–4

Section P. OCCUPATION AND RETIREMENT

P1 *Refer to Wa/Wb boxes for SP in C1 on the HIS-1, Household Composition Page* — 5

1 ☐ Wa or Wb marked *(1d)*
8 ☐ Other *(1a)*

1a. Have you EVER worked at a job or business? — 6

1 ☐ Yes
2 ☐ No *(2)*

b. Have you worked at a job or business, at any time since you were 45 years old? — 7

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(2)*

c. Did you work at all at a job or business in the past 12 months, that is, since *(12 month date)* **a year ago?** — 8

1 ☐ Yes
2 ☐ No *(2)*

d. Since *(12 month date)* **a year ago, in how many weeks did you work, either full or part time, not counting work around the house? Include paid vacations and paid sick leave.** — 9–10

52 ☐ All year — 52 weeks

_____ Weeks

e. In the weeks that you worked, how many hours a week did you USUALLY work at ALL jobs? — 11–12

_____ Hours

2a. At this time, do you consider yourself completely retired, partly retired, or not retired at all? — 13

1 ☐ Completely retired
2 ☐ Partly retired
3 ☐ Not retired at all
4 ☐ Never worked
} *(3)*

P2 *Refer to SP's work status in 1a and 1b* — 14

1 ☐ "No" in 1a or 1b *(3)*
8 ☐ All other *(2b)*

2b. Have you retired more than once? — 15

1 ☐ Yes
2 ☐ No

c. How long has it been since you retired (the last time)? — 16–17

00 ☐ Less than 1 year

_____ Number of years

d. (The last time you retired) Did you retire mainly because of a health or physical problem you had? — 18

1 ☐ Yes *(3)*
2 ☐ No

e. (That time) Did you retire mainly because you thought your work would cause a health problem? — 19

1 ☐ Yes
2 ☐ No

Hand card SOA 1 or read sources for a telephone interview — 20

3a. (Even though you do not consider yourself retired) Are you NOW receiving RETIREMENT income from any of these sources? Do NOT include any disability income.

1 ☐ Yes
2 ☐ No *(6)*

b. Which ones? *Mark all sources given*

Note *— Ask 4 and 5 for each source marked in 3b*

Any other source?		**4. How long have you been receiving** *(source in 3b)*?		**5. Do you NOW receive it because of your OWN work experience or because you are a dependent or survivor of someone else?**	
1 ☐ Social Security	21	00 ☐ Less than 1 year _____ Number of years	22–23	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	24
2 ☐ Railroad retirement	25	00 ☐ Less than 1 year _____ Number of years	26–27	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	28
3 ☐ A private employer or union pension	29	00 ☐ Less than 1 year _____ Number of years	30–31	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	32
4 ☐ A government employee pension (Federal, State, or local)	33	00 ☐ Less than 1 year _____ Number of years	34–35	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	36
5 ☐ Military retirement	37	00 ☐ Less than 1 year _____ Number of years	38–39	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	40
6 ☐ Some other source — *Specify*	41	FOOTNOTES			
	42–43				

Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source? — 44

1 ☐ Yes
2 ☐ No *(9)*

7. Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else? — 45

1 ☐ Own
2 ☐ Someone else *(9)*
3 ☐ Both

8. How long have you been receiving disability payments? — 46–47

If more than one, record the longest one.

00 ☐ Less than 1 year
_____ Number of years

9. Have you EVER received any disability payments from Social Security? — 48

1 ☐ Yes
2 ☐ No
9 ☐ DK

Note *– Ask 10a–j before asking 11 and 12.*

Note *– Ask 11 and 12 for each "Yes" in 10a–j.*

Read to respondent –

Please tell me if you have ANY difficulty when you do the following activities –

		11. How much difficulty do you have *(activity in 10)*, some, a lot, or are you unable to do it?	12. For how long have you [had some difficulty/had a lot of difficulty/been unable to] *(activity in 10)*?
10. By yourself and not using aids, do you have any difficulty –	49	50	51–52
a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
b. Walking up 10 steps without resting?	53	54	55–56
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
c. Standing or being on your feet for about 2 hours?	57	58	59–60
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
d. Sitting for about 2 hours?	61	62	63–64
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
Reask 10	65	66	67–68
e. Stooping, crouching, or kneeling?	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
f. Reaching up over your head?	69	70	71–72
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
g. Reaching out (as if to shake someone's hand)?	73	74	75–76
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
h. Using your fingers to grasp or handle?	77	78	79–80
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
Reask 10	81	82	83–84
i. Lifting or carrying something as heavy as 25 pounds (such as two full bags of groceries)?	1 ☐ Yes 2 ☐ No *(11)* 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	85	86	87–88
	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year _____ Number of years

FORM HIS-1 (SSI) (1984) (3-13-84)

Section P. OCCUPATION AND RETIREMENT, Continued

P3	*Refer to Wa/Wb boxes for SP in C1 on the HIS-1 Household Composition Page*	1 ☐ Wa or Wb box marked *(Section Q)* 8 ☐ Other *(P4)*	89
P4	*Mark first appropriate box*	1 ☐ SP is 75+ } *(Section Q)* 2 ☐ Proxy 3 ☐ Self response *(13)*	90
13a. Do you think there are some kinds of work you could do now if jobs were available?		1 ☐ Yes 2 ☐ No 9 ☐ DK/maybe } *(Section Q)*	91
b. Do you WANT to work at a job or business?		1 ☐ Yes 2 ☐ No	92

FOOTNOTES

RT 68

Section Q. CONDITIONS AND IMPAIRMENTS

3–4

Read to respondent — **Now tell me if you have any of these eye conditions, even if you have mentioned them before.**

1. Do you NOW have — 5

a. Cataracts? 1☐ Yes 2☐ No 9☐ DK

b. Glaucoma? 6
1☐ Yes 2☐ No 9☐ DK

c. Color blindness? 7
1☐ Yes 2☐ No 9☐ DK

d. A detached retina or any other condition of the retina? 8
Circle appropriate condition
1☐ Yes 2☐ No 9☐ DK

e. Blindness in one or both eyes? 9
If "Yes," ask: **Which — one or both?**
Yes
0☐ One 2☐ No 9☐ DK
1☐ Both *(Q1)*

f. Any other trouble seeing with one or both eyes EVEN when wearing glasses? 10
1☐ Yes 2☐ No 9☐ DK

Q1 *Refer to answers in 1a–f* 11
1☐ All "No" or "DK" in 1a–f *(2)*
8☐ Other — *Enter "Yes" responses in EYE LTR box on Condition Summary Chart, THEN Q2*

Q2 *Blindness in BOTH eyes reported in 1e* 12
1☐ Yes *(4a THEN 9)*
2☐ No *(2)*

2a. Do you use eyeglasses? Include eyeglasses that just magnify. 13
1☐ Yes
2☐ No *(3)*

b. Were these eyeglasses prescribed for you? 14
1☐ Yes
2☐ No

3. Do you use contact lenses? 15
1☐ Yes
2☐ No

4a. Have you ever had an operation for cataracts? 16
1☐ Yes
2☐ No *(5)*

b. Do you have a lens implant? 17
1☐ Yes
2☐ No

5. Do you use a magnifying glass to read or to do other close work? 18
1☐ Yes
2☐ No

Read to respondent — **The next few questions are about how well you can see (wearing your [glasses/(or) contact lenses] if that's how you see best).**

6a. Can you see well enough to recognize the features of people if they are within two or three feet? 19
1☐ Yes
2☐ No

b. Can you see well enough to watch T.V. 8 to 12 feet away? 20
1☐ Yes
2☐ No

c. Can you see well enough to read newspaper print? 21
1☐ Yes
2☐ No

7a. Can you see well enough to step off a curb or down a step? 22
1☐ Yes
2☐ No

b. Can you see well enough to recognize a friend walking on the other side of the street? 23
1☐ Yes
2☐ No

8. Which statement best describes your vision (wearing [glasses/(or) contact lenses]) — no trouble seeing, a little trouble, or a lot of trouble? 24
1☐ No trouble
2☐ Little trouble
3☐ Lot of trouble

FORM HIS-1 (SEP) (1984) (3-13-84)

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

Read to respondent — **These next questions are about hearing.** 25

9. Do you NOW have —

a. Tinnitus or ringing in the ears? *Circle appropriate condition.*
1 ☐ Yes 2 ☐ No 9 ☐ DK

b. Deafness in one or both ears? 26
Yes
0 ☐ One 2 ☐ No 9 ☐ DK
1 ☐ Both *(Q3)*

If "Yes," ask: **Which — one or both?**

c. Any other trouble hearing with one or both ears? 27
1 ☐ Yes 2 ☐ No 9 ☐ DK

Q3 *Refer to answers in 9a—c* 28
1 ☐ All "No" or "DK" in 9a—c *(10)*
8 ☐ Other — *Enter "Yes" responses in EAR LTR box on Condition Summary Chart, THEN 10*

10a. Do you use a hearing aid? 29
1 ☐ Yes
2 ☐ No

b. (With your hearing aid) Can you hear MOST of the things people say? 30
1 ☐ Yes *(11)*
2 ☐ No

c. (With your hearing aid) Can you hear ONLY A FEW WORDS people say or LOUD noises? 31
1 ☐ Yes
2 ☐ No

11. Which statement best describes your hearing (with your hearing aid) — no trouble hearing, a little trouble, or a lot of trouble? 32
1 ☐ No trouble
2 ☐ Little trouble
3 ☐ Lot of trouble

Read to respondent — **Please tell me if you have EVER had any of the following conditions, even if you have mentioned them before.**

12. Have you EVER had — 33

a. Osteoporosis, sometimes called fragile or soft bones? (os tee o po ro' sis)
1 ☐ Yes 2 ☐ No 9 ☐ DK

b. A broken hip? 34
1 ☐ Yes 2 ☐ No 9 ☐ DK

c. Hardening of the arteries or arteriosclerosis? *Circle appropriate condition* 35
1 ☐ Yes 2 ☐ No 9 ☐ DK

d. Hypertension, sometimes called high blood pressure? 36
1 ☐ Yes 2 ☐ No 9 ☐ DK

e. Rheumatic fever? 37
1 ☐ Yes 2 ☐ No 9 ☐ DK

f. Rheumatic heart disease? 38
1 ☐ Yes 2 ☐ No 9 ☐ DK

g. Coronary heart disease? 39
1 ☐ Yes 2 ☐ No 9 ☐ DK

h. Angina pectoris? (pek' to ris) 40
1 ☐ Yes 2 ☐ No 9 ☐ DK

i. A myocardial infarction? 41
1 ☐ Yes 2 ☐ No 9 ☐ DK

j. Any other heart attack? 42
1 ☐ Yes 2 ☐ No 9 ☐ DK

k. A stroke or a cerebrovascular accident? (ser' a-bro vas ku lar) 43
1 ☐ Yes 2 ☐ No 9 ☐ DK
Circle appropriate condition

l. Alzheimer's disease? (al' zi mers) 44
1 ☐ Yes 2 ☐ No 9 ☐ DK

m. Cancer of any kind? 45
1 ☐ Yes 2 ☐ No 9 ☐ DK

Q4 *Refer to answers in 12a—m* 46
1 ☐ All "No" or "DK" in 12a—m *(13)*
8 ☐ Other — *Enter "Yes" responses in EVER LTR box on Condition Summary Chart, THEN 13*

FORM HIS 1(SBI)(1984) (3-13-84)

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

13. During the PAST 12 MONTHS, did you have —

47

a. Arthritis of any kind or rheumatism?
Circle appropriate condition
1 ☐ Yes 2 ☐ No 9 ☐ DK

48

b. Diabetes?
1 ☐ Yes 2 ☐ No 9 ☐ DK

49

c. An aneurysm?
(an' yoo rizm)
1 ☐ Yes 2 ☐ No 9 ☐ DK

50

d. Any blood clots?
1 ☐ Yes 2 ☐ No 9 ☐ DK

51

e. Varicose veins?
1 ☐ Yes 2 ☐ No 9 ☐ DK

52

Q5 *Refer to answers in 13a—e*
1 ☐ All "No" or "DK" in 13a—e *(14)*
8 ☐ Other — *Enter "Yes" responses in 12-MO LTR box on Condition Summary Chart, THEN 14*

53

14a. During the past 12 months, that is, since *(12-month date)* **a year ago, have you fallen?**
1 ☐ Yes
2 ☐ No *(14d)*

54

b. How many times?
1 ☐ One
2 ☐ More than one

55

c. [Did you fall/Were any of these falls] because you felt dizzy?
1 ☐ Yes *(14e)*
2 ☐ No

56

d. Do you sometimes have trouble with dizziness?
1 ☐ Yes
2 ☐ No *(15)*

57

e. Does dizziness prevent you in any way from doing things you otherwise could do?
1 ☐ Yes
2 ☐ No

58

15. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples?
If asked — includes wearing false teeth/dentures.
1 ☐ Yes
2 ☐ No

RT 69
3—4

Read to respondent — **In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.**

5—11

16a. I have your date of birth as *(birthdate from item 3 on HIS-1 Household Composition page)*. **Is that correct?**

Date of birth

Month	Date	Year

12—13

b. In what State or country were you born?
99 ☐ DK

Write in the full name of the State or mark the appropriate box if the sample person was not born in the United States.

_____ State

01 ☐ Puerto Rico
02 ☐ Virgin Islands
03 ☐ Guam
04 ☐ Canada
05 ☐ Cuba
06 ☐ Mexico
98 ☐ All other countries

14—33

c. To verify the spelling, what is your full name, including middle initial?

Last

34—48

First

49

Middle initial

50—69

Verify for males; ask for females.

d. What was your father's LAST name?
Verify spelling. DO NOT write "Same."

_____ Father's LAST name

70—78

Read to respondent — **We also need your Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on your benefits and no information will be given to any other government or nongovernment agency.**

999999999 ☐ DK

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number

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

e. What is your Social Security Number?

Mark if number obtained from → 1 ☐ Memory 2 ☐ Records

79

FORM HIS 1(SB)(1984) (3 13 84)

RT 70

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S) 3–4

Read to respondent — **The next questions are about how well you are able to do certain activities — by yourself and without using special equipment.**

	(1) 5	(2) 22	(3) 39
1. 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*	**Bathing or showering?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Dressing?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Eating?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 2–5 for each ADL marked "Yes" in 1. **2. By yourself and without using special equipment, how much difficulty do you have (ADL), some, a lot, or are you unable to do it?**	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	23 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	40 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from another person in (ADL)?	7 1 ☐ Yes 2 ☐ No *(5)*	24 1 ☐ Yes 2 ☐ No *(5)*	41 1 ☐ Yes 2 ☐ No *(5)*
4a. Who gives this help? **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents.* **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	**4a.** Source of help 8–11 / **4b.** Paid 12–15 HH member 1 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No 0 ☐ S/C/P *(5)* Non-HH member 3 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help 25–28 / **4b.** Paid 29–32 HH member 1 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No 0 ☐ S/C/P *(5)* Non-HH member 3 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help 42–45 / **4b.** Paid 46–49 HH member 1 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No 0 ☐ S/C/P *(5)* Non-HH member 3 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No
5a. Do you use any special equipment or aids in (ADL)?	16 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	33 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	50 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*
b. What special equipment or aids do you use? **Anything else?**	Special equipment or aids _____ 17–18 _____ 19–20	Special equipment or aids _____ 34–35 _____ 36–37	Special equipment or aids _____ 51–52 _____ 53–54
Ask 6 if any ADL marked "Yes" in 1. **6a. What (other) condition causes the trouble in (read ADL(s))?** *Ask if injury or operation:* **When did [the (injury) occur? / you have the operation?]** *Enter injury if over 3 months ago.* *Ask or reask 6b, if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	☐ Old age *(6c)*		
b. Besides (condition), is there any other condition which causes this trouble in (read ADL(s))?	☐ Yes *(Reask 6a and b)* ☐ No *(6d)*		
c. Is this trouble in (read ADL(s)) caused by any (other) specific condition?	☐ Yes *(Reask 6a and b)* ☐ No		
If multiple conditions, including old age, are listed in 6a, ask 6d for each ADL with a "Yes" in 1. Otherwise, mark appropriate box or transcribe the only listed condition for each ADL. **d. Which of these conditions, that is (read conditions in 6a) would you say is the MAIN cause of the trouble in (ADL)?**	(1) 21 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(2) 38 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(3) 55 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*

FOOTNOTES

FORM HIS-1 (SBI (1984) (3 13 84)

RT 71
3–4

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

Reask 1 (4) 56	(5) 73	(6) 90	(7) 5
Getting in and out of bed or chairs? 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Walking?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Getting outside?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Using the toilet, including getting to the toilet?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
57 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	74 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	91 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
58 1 ☐ Yes 2 ☐ No *(5)*	75 1 ☐ Yes 2 ☐ No *(5)*	92 1 ☐ Yes 2 ☐ No *(5)*	7 1 ☐ Yes 2 ☐ No *(5)*
4a. Source of help 59–62 / **4b.** Paid 63–66 HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help 76–79 / **4b.** Paid 80–83 HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help 93–96 / **4b.** Paid 97–100 HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help 8–11 / **4b.** Paid 12–15 HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No
67 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	84 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	101 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	16 1 ☐ Yes 2 ☐ No *(6)*
Special equipment or aids ______ 68–69 ______ 70–71	Special equipment or aids ______ 85–86 ______ 87–88	Special equipment or aids ______ 102–103 ______ 104–105	Special equipment or aids ______ 17–18 ______ 19–20
(4) 72 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ ______ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(5) 89 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ ______ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(6) 106 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ ______ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(7) 21 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *(Next page)* 3 ☐ ______ Condition — *Enter in ADL box on Condition Summary Chart, THEN next page.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

7a. Do you have difficulty controlling your bowels? — 22
- 1☐ Yes
- 2☐ No *(7c)*

b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? — 23
- 1☐ Daily
- 2☐ Several times a week
- 3☐ Once a week
- 4☐ Less than once a week
- 9☐ DK

c. Do you have a colostomy or a device to help control bowel movements? — 24
- 1☐ Yes
- 2☐ No *(8)*

d. Do you need help from another person in taking care of this device? — 25
- 1☐ Yes
- 2☐ No

8a. Do you have difficulty controlling urination? — 26
- 1☐ Yes
- 2☐ No *(8c)*

b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? — 27
- 1☐ Daily
- 2☐ Several times a week
- 3☐ Once a week
- 4☐ Less than once a week
- 9☐ DK

c. Do you have a urinary catheter or a device to help control urination? — 28
- 1☐ Yes
- 2☐ No *(R1)*

d. Do you need help from another person in taking care of this device? — 29
- 1☐ Yes
- 2☐ No

R1 *Mark first appropriate box* — 30
- 1☐ Respondent is a proxy
- 2☐ Sample person has only been seen in a bed or chair } *(9)*
- 3☐ Telephone interview
- 8☐ All other *(Next page)*

Mark if known

9. Because of a health or physical problem, do you usually — — 31

a. Stay in bed all or most of the time?
- 1☐ Yes *(10)*
- 2☐ No

b. Stay in a chair all or most of the time? — 32
- 1☐ Yes *(10)*
- 2☐ No *(Next page)*

10a. What (other) condition causes you to stay in [bed/a chair]?
- ☐ Old age *(10c)*

Ask if injury or operation:
When did [the *(injury)* occur? / you have the operation?]
Enter injury if over 3 months ago.

Ask or reask 10b, if 0–3 months injury or operation.

Ask if operation over 3 months ago:
For what condition did you have the operation?
Enter condition.

b. Besides *(condition)*, is there any other condition which causes this?
- ☐ Yes *(Reask 10a and b)*
- ☐ No *(10d)*

c. Is this caused by any (other) specific condition?
- ☐ Yes *(Reask 10a and b)*
- ☐ No

Ask if multiple conditions, including old age, are listed in 10a. Otherwise, mark appropriate box or transcribe the only listed condition.

d. Which of these conditions, that is *(read conditions in 10a)* would you say is the MAIN cause of your staying in [bed/a chair] all or most of the time? — 33
- 1☐ 0–3 month Inj/Op ONLY } *(Next page)*
- 2☐ Old age
- 3☐ _____

Condition — *Enter "9" in ADL box on Condition Summary Chart, THEN next page.*

FORM HIS-1 (SB) (1984) (3-13-84)

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S)

Read to respondent — **Now I will ask about some other activities. Tell me about doing them by yourself.**

	(1) 34	(2) 46
11. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3.*	**Preparing your own meals?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Shopping for personal items, (such as toilet items or medicines)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 12–14 for each IADL marked "Yes" in 11. **12. By yourself, how much difficulty do you have (IADL), some, a lot, or are you unable to do it?**	35 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	47 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
13. Do you receive help from another person in (IADL)?	36 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	48 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*

14a. Who gives this help? **Anyone else?**	Source of help 14a. 37–40	Paid 14b. 41–44	Source of help 14a. 49–52	Paid 14b. 53–56
Mark the S/C/P box without asking if ONLY help is from spouse/children/ parents. THEN 12 for next IADL with "Yes" in 11. **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

		(1) 45	(2) 57
Ask 15 if any IADL marked "Yes" in 11. **15a. What (other) condition causes the trouble in (read IADL(s))?** *Ask if injury or operation:* **When did [the (injury) occur? / you have the operation?]** *Enter injury if over 3 months ago.* *Ask or reask 15b, if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	☐ Old age *(15c)*		
b. Besides (condition), is there any other condition which causes the trouble in (read IADL(s))?	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*		
c. Is the trouble in (read IADL(s)) caused by any (other) specific condition?	☐ Yes *(Reask 15a and b)* ☐ No		
If multiple conditions, including old age, are listed in 15a, ask 15d for each IADL with a "Yes" in 11. Otherwise, mark appropriate box or transcribe the only listed condition. **d. Which of these conditions, that is (read conditions in 15a) would you say is the MAIN cause of the trouble in (IADL)?**		1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition — *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition — *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S), Continued

(3) 58	(4) 70	(5) 82	(6) 94
Managing your money, (such as keeping track of expenses or paying bills)?	*Reask 11* **Using the telephone?**	**Doing heavy housework, (like scrubbing floors, or washing windows)?**	**Doing light housework, (like doing dishes, straightening up, or light cleaning)?**
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
59 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	71 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	83 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	95 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
60 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	72 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	84 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	96 1 ☐ Yes 2 ☐ No *(15)*

Source of help 14a.	Paid 14b.	Source of help 14a.	Paid 14b.	Source of help 14a.	Paid 14b.	Source of help 14a.	Paid 14b.
61–64	65–68	73–76	77–80	85–88	89–92	97–100	101–104
HH member	0 ☐ S/C/P	HH member	0 ☐ S/C/P	HH member	0 ☐ S/C/P	HH member	0 ☐ S/C/P
1 ☐ Relative	1 ☐ Yes 2 ☐ No	1 ☐ Relative	1 ☐ Yes 2 ☐ No	1 ☐ Relative	1 ☐ Yes 2 ☐ No	1 ☐ Relative	1 ☐ Yes 2 ☐ No
2 ☐ Nonrelative	1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative	1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative	1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative	1 ☐ Yes 2 ☐ No
Non-HH member		Non-HH member		Non-HH member		Non-HH member	
3 ☐ Relative	1 ☐ Yes 2 ☐ No	3 ☐ Relative	1 ☐ Yes 2 ☐ No	3 ☐ Relative	1 ☐ Yes 2 ☐ No	3 ☐ Relative	1 ☐ Yes 2 ☐ No
4 ☐ Nonrelative	1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative	1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative	1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative	1 ☐ Yes 2 ☐ No

(3) 69	(4) 81	(5) 93	(6) 105
1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11*	1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11*	1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11*	1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age } *Next page*
3 ☐ ________ Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	3 ☐ ________ Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	3 ☐ ________ Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	3 ☐ ________ Condition – *Enter in IADL box on Condition Summary Chart, THEN next page*

FOOTNOTES

FORM HIS-1-SB-1984 (3-13-84)

RT 72 3–4

Section S. NURSING HOME STAY, HELP WITH CARE, AND HOSPICE

1a. Have you ever been a resident or patient in a nursing home? — 5

1 ☐ Yes
2 ☐ No
9 ☐ DK } *(S2)*

b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home? — 6–7

_____ Number of times

c. When were you admitted (the FIRST time)? — 8–11

_____ 19____
Month Year

d. When were you discharged (the LAST time)? — 12–15

Month	Year
	19__

e. How long were you in the nursing home (the LAST time)? — 16–17

00 ☐ Less than 1 month

_____ Number of months

S1 *Refer to 1d* — 18

1 ☐ Date discharged is since the 12-month reference date *(1f)*
8 ☐ All other *(S2)*

1f. How many weeks in the past 12 months, that is, since *(12 month date)* **a year ago, were you in a nursing home?** — 19–20

00 ☐ Less than 1 week

_____ Number of weeks

S2 *Refer to age* — 21

1 ☐ Sample person is 55–64 *(2)*
2 ☐ Sample person is 65 or older *(1g)*

1g. Are you now on a waiting list to go into a nursing home? — 22

1 ☐ Yes
2 ☐ No
9 ☐ DK

2a. Is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary? (Include the people you live with.) — 23

Mark one box only.

Yes — **Who is this person?**
2 ☐ No

HH member		Non-HH member
3 ☐ Relative	OR	5 ☐ Relative
4 ☐ Nonrelative		6 ☐ Nonrelative

b. Is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? (Include the people you live with.) — 24

Mark one box only

Yes — **Who is this person?**
2 ☐ No

HH member		Non-HH member
3 ☐ Relative	OR	5 ☐ Relative
4 ☐ Nonrelative		6 ☐ Nonrelative

Skip to Section T if a proxy

3a. Are you familiar with the term "HOSPICE," that is, a service for the terminally ill? — 25

1 ☐ Yes
2 ☐ No/DK *(Section T)*

b. Is there a hospice or an in-home hospice service in the [metropolitan area/county] that you could use if you needed one? — 26

1 ☐ Yes
2 ☐ No
9 ☐ DK

FOOTNOTES

FORM HIS-1 (S8) (1984) (3-13-84)

Section T. HEALTH OPINIONS

T1 *Respondent*

27
1 ☐ Self response *(1)*
2 ☐ Proxy *(T2)*

Read to respondent — **Now I'd like to ask your personal opinions about health related matters.**

1. How good a job do you feel you are doing in TAKING CARE of your health? Would you say excellent, very good, good, fair, or poor?

28
1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

2. Compared with 1 year ago, would you say that your health is now better, worse, or about the same as it was then?

29
1 ☐ Better
2 ☐ Worse
3 ☐ Same

3. During the PAST YEAR, has your overall health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?

30
1 ☐ A great deal of worry
2 ☐ Some worry
3 ☐ Hardly any worry
4 ☐ No worry at all

4a. Compared to other people your age, would you say you are physically more active, less active, or about as active?

31
1 ☐ More active
2 ☐ Less active
3 ☐ About as active *(5)*

b. Is that [a lot more or a little more active/a lot less or a little less active]?

32
1 ☐ Lot more
2 ☐ Little more
3 ☐ Lot less
4 ☐ Little less

5a. 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?

33
1 ☐ More active
2 ☐ Less active
3 ☐ About the same *(6)*

b. Is that [a lot more or a little more active/a lot less or a little less active]?

34
1 ☐ Lot more
2 ☐ Little more
3 ☐ Lot less
4 ☐ Little less

6. How much control do you think YOU have over your future health? Would you say you have a great deal of control, some, very little, or none at all?

35
1 ☐ A great deal of control
2 ☐ Some control
3 ☐ Very little control
4 ☐ None at all

7. Do you feel that you get as much exercise as you need, or less than you need?

36
1 ☐ As much as needed
2 ☐ Less than needed

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

37
1 ☐ Yes
2 ☐ No

9. How often do you walk a mile or more at a time, without resting?
(Note: One mile equals 8–12 blocks.)
Probe if necessary: **About how many days a week is that?**

38
1 ☐ Every day
2 ☐ 4–6 days a week
3 ☐ 2–3 days a week
4 ☐ 1 day a week
5 ☐ Less than 1 day a week
0 ☐ Never

10a. People find that they sometimes have more trouble remembering things as they get older. In the PAST YEAR, about how often did you have trouble remembering things — frequently, sometimes, rarely, or never?

39
1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely
0 ☐ Never *(11)*

b. Compared with a year ago, does this now happen more often, less often, or about the same?

40
1 ☐ More often
2 ☐ Less often
3 ☐ About the same

11a. People find that they sometimes get confused as they get older. In the PAST YEAR, about how often did you get confused — frequently, sometimes, rarely, or never?

41
1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely
0 ☐ Never *(T2)*

b. Compared with a year ago, does this now happen more often, less often, or about the same?

42
1 ☐ More often
2 ☐ Less often
3 ☐ About the same

T2 *Type of interview*

43
1 ☐ Self-personal
2 ☐ Self-telephone
3 ☐ Proxy personal
4 ☐ Proxy telephone
} *Go to Condition Summary Chart* / *(T3)*

T3

a. *Proxy Reason*

44
1 ☐ Sample person temporarily absent
2 ☐ Sample person mentally/physically incapable of responding *(Explain)*
8 ☐ Other *(Explain)*
_____

b. *Enter person number of proxy respondent, or mark box.*

45–46
00 ☐ Non-HH member
_____ Proxy Person No.
} *Go to Condition Summary Chart*

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION A 3–4 5–6

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your *(condition)*? 7

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen *(3b)*

3a. Did the doctor or assistant call the *(condition)* by a more technical or specific name? 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

b. What did he or she call it? *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)* 13

c. What was the cause of your *(condition in 3b)*? *(Specify)*

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

d. Did the *(condition in 3b)* result from an accident or injury?

1 ☐ Yes *(5)* 2 ☐ No

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

e. What kind of *(condition in 3b)* is it? *(Specify)*

Ask 3f only if allergy or stroke in 3b–e:

f. How does the [allergy/stroke] NOW affect you? *(Specify)*

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b–f:

Abscess	Cancer	Infection	Rupture
Ache (except head or ear)	Cramps (except menstrual)	Inflammation	Sore(ness)
		Neuralgia	Stiff(ness)
Bleeding (except menstrual)	Cyst	Neuritis	Tumor
	Damage	Pain	Ulcer
Blood clot	Growth	Palsy	Varicose veins
Boil	Hemorrhage	Paralysis	Weak(ness)

g. What part of the body is affected? *(Specify)*

Show the following detail:

Head ..... skull, scalp, face
Back/spine/vertebrae ..... upper, middle, lower
Side ..... left or right
Ear ..... inner or outer; left, right, or both
Eye ..... left, right, or both
Arm ..... shoulder, upper, elbow, lower or wrist; left, right, or both
Hand ..... entire hand or fingers only; left, right, or both
Leg ..... hip, upper, knee, lower, or ankle; left, right, or both
Foot ..... entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b–f:

Infection **Sore** **Soreness**

3h. What part of the *(part of body in 3b–g)* is affected by the [infection/sore/soreness] – the skin, muscle, bone, or some other part? *(Specify)*

Ask if there are any of the following entries in 3b–f: 15

Tumor **Cyst** **Growth**

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. When was your *(condition in 3b/3f)* first noticed? 16
b. When did you *(name of injury in 3b)*?

1 ☐ 2-week ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:
(Was it on or since *(first date of 2-week ref. period)* or was it before that date?)
(Was it less than 3 months or more than 3 months ago?)
(Was it less than 1 year or more than 1 year ago?)
(Was it less than 5 years or more than 5 years ago?)

U1 (K3) 17
1 ☐ Missing extremity or organ in 3b/*3f (U2)*
8 ☐ Other *(12)*

12a. Do you still have this condition? 18

1 ☐ Yes *(U2)* ☐ No

b. Is this condition completely cured or is it under control?

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* _____ *(U2)*

c. About how long did you have this condition before it was cured? 19–21

000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months? 22

1 ☐ Yes 2 ☐ No

U2 (K4) 23
1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*

Ask if box 3, 4, or 5 marked in item 5

17b. What part of the body is affected now?

How is your *(part of body)* affected? Same acc. as Cond. _____

Are you affected in any other way?

Part(s) of body *	Present effects **
	24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

25

U3

a. *Indicate status of this condition page.* → 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

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