Appendix III
Bradenton, Florida, Supplement on Aging Pretest Questionnaire

OMB No. 0937-0H2 Approval Expires September 30, 1983

FORM HIS-1(SA)X (1983)
(3 10 83)

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

SUPPLEMENT ON AGING

NATIONAL HEALTH INTERVIEW SURVEY

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. Book ___ of ___ books

2. R.O. Number

3. Sample

4. Control number — PSU | Segment | Serial

5. Sample Person — Name | Age | Person No.

6. Interviewer identification — Name | Code

7. Type of interview
1 ☐ Self-personal
2 ☐ Self-telephone
} (9)
3 ☐ Proxy-personal
4 ☐ Proxy-telephone

8. Proxy information — *Fill for all proxy interviews*
a. Name/relationship to sample person
b. Reason for proxy interview

9. Length of interview — Time began | Time ended | Number of minutes
a.m. p.m. | a.m. p.m.

10. Reason for supplement noninterview — *Mark box, describe situation below*
1 ☐ Refused
2 ☐ Sample person temporarily absent and no proxy available
3 ☐ Sample person incapable and no proxy available
4 ☐ Other *(Specify)* _____
Describe situation —

SUPPLEMENT ON AGING SAMPLE SELECTION

1 ☐ Sample selection completed on previous booklet

11. Are there any nondeleted persons 65 years old or older in the family?
1 ☐ Yes *(Mark "SP" box on HIS-1 for each, THEN 12)*
2 ☐ No

12. Are there any nondeleted persons 55–64 years old in the family?
1 ☐ Yes *(13)*
2 ☐ No *(Begin supplement interview(s) if any family members 65 or older, otherwise end interview.)*

13. *List by age (youngest to oldest) each nondeleted family member 55–64 years of age. Then mark the "SP" box on the HIS-1 for each listed person with an "X" in the sample person column and begin supplement interview(s).*

Age	Name	Person number	Sample person
			X
			X
			X
			X
			X
			X

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

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 ask you some (additional) questions about your family, social activities, any health problems you may have and how you deal with them. First I'd like to ask about your family.**

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
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

M1 *Refer to marital status (page 46) on HIS-1*

1 ☐ Sample person is now married *(2a)*
2 ☐ Sample person is now widowed, divorced, separated *(2b)*
3 ☐ Sample person has never been married *(4)*

2a. Earlier [you told me/I was told] that you are now married. How long have you been married (to *(neme of spouse)***)?**

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

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

1 ☐ Less than one year
_____ Number of years

Mark box if S.P. has children 18+ in HH.

3a. Do you have any living children 18 years old or older? Include stepchildren and adopted children.

1 ☐ Sample person has children 18+ in HH
2 ☐ Yes
3 ☐ No *(4)*

b. How many of your children 18 years old or older are sons and how many are daughters? (Include stepchildren and adopted children.)

_____ Number of sons 18+
_____ Number of daughters 18+
☐ Total number of children 18+
Verify total with respondent

Skip to 3e if no sons 18+, otherwise mark box or ask

c. [How many of your sons are/Is your son] now married?

☐ All sons 18+ live in HH *(3e)*
_____ Number of married sons

d. [How many of your sons/Does your son] live close enough to get here within one hour, by the usual way? (Include *(names of sons 18+ living in HH)* **as well as sons not living here.)**

_____ Number of close sons

Skip to 4 if no daughters 18+, otherwise mark box or ask

e. [How many of your daughters are/Is your daughter] now married?

☐ All daughters 18+ live in HH *(4)*
_____ Number of married daughters

f. [How many of your daughters/Does your daughter] live close enough to get here within one hour, by the usual way? (Include *(names of daughters 18+ living in the HH)* **as well as daughters not living here.)**

_____ Number of close daughters

FOOTNOTES

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

Mark box if S.P. has brother(s) in HH

4a. Do you have any living brothers, including step brothers?

1 ☐ Sample person has brother(s) in HH
2 ☐ Yes
3 ☐ No *(4d)*

b. How many living brothers do you have altogether? (Include step brothers.)

_____ Number of brothers

c. Mark box if all brothers live in HH

[How many/Does he] live close enough to get here within one hour, by the usual way? (Include *(names of brothers living in HH)* as well as brothers not living here.)

☐ All brothers live in HH

_____ Number of close brothers

Mark box if S.P. has sister(s) in HH

d. Do you have any living sisters, including step sisters?

1 ☐ Sample person has sister(s) in HH
2 ☐ Yes
3 ☐ No *(M2)*

e. How many living sisters do you have altogether? (Include step sisters.)

_____ Number of sisters

f. Mark box if all sisters live in HH

[How many/Does she] live close enough to get here within one hour, by the usual way? (Include *(names of sisters living in HH)* as well as sisters not living here.)

☐ All sisters live in HH

_____ Number of close sisters

M2 *Refer to age*

1 ☐ Sample person is 75 or older *(M3)*
2 ☐ All other *(5)*

Mark box if S.P. has mother in HH

5a. Is your mother still living?

1 ☐ Sample person's mother in HH *(5c)*
2 ☐ Yes
3 ☐ No *(5c)*

b. Does your mother live close enough to get here within one hour, by the usual way?

1 ☐ Yes
2 ☐ No

Mark box if S.P. has father in HH

c. Is your father still living?

1 ☐ Sample person's father in HH *(M3)*
2 ☐ Yes
3 ☐ No *(M3)*

d. Does your father live close enough to get here within one hour, by the usual way?

1 ☐ Yes
2 ☐ No

M3 *Refer to 3–5*

1 ☐ Any relatives in 3–5 *(M4)*
2 ☐ No relatives in 3–5 *(Next page)*

M4 *Refer to relationship roster in 1 and 3–5*

1 ☐ All relatives in 3–5 are HH members *(Next page)*
2 ☐ Other *(6)*

6a. (NOT including anyone living here) About how often do you see any of the relatives you just told me about?

1 ☐ Every day
2 ☐ 2–6 times a week
3 ☐ Once a week
4 ☐ 2 or 3 times a month
5 ☐ Once a month
6 ☐ Less than once a month
7 ☐ Never
8 ☐ DK

b. (NOT including anyone living here) About how often do you talk on the telephone with any of the relatives you just told me about?

1 ☐ Every day
2 ☐ 2–6 times a week
3 ☐ Once a week
4 ☐ 2 or 3 times a month
5 ☐ Once a month
6 ☐ Less than once a month
7 ☐ Never
8 ☐ DK

FOOTNOTES

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

Note — Ask 8 immediately after receiving a "yes" in 7. Repeat question 7 when resuming the list.

Read to respondent — **I'm going to read a list of things that people sometimes get help with.**

	7. Do you usually receive —	**8. Who usually gives this help, a (spouse), relative, friend, neighbor or some other person? Anyone else?**
a. Help with fixing things around the house, such as home repairs or yard work?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
b. Help with housekeeping or housework, such as mending, sewing, or laundry?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
c. Help with cooking or preparing your meals?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
d. Help when you are ill?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
e. Help taking your medication?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
f. Help with your personal care, such as washing hair or clipping toe nails?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
g. REGULAR financial assistance or financial contributions?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
h. Money GIFTS?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
i. Other gifts, such as clothing or food?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
j. Regular vacations, excursions or holiday trips provided by someone else?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
k. Transportation, that is, does anyone regularly drive you to the doctor, grocery, or send a taxi?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
l. Help with managing money?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
m. Help in any other way?	1 ☐ Yes → **What ways?** **Anything else?** *(Specify)* _____ _____ _____ 2 ☐ No	

FORM HIS-1(SA)X (1983) (3-10-83)

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

Read to respondent — **Now I'm going to ask some questions about your living arrangements.**

9. How long have you been living here, in this [house/apartment]?

Number
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

M5 *Mark first appropriate box*

1 ☐ Sample person lives alone
2 ☐ Sample person lives ONLY with spouse and/or any children under 18 years old } *(11)*
3 ☐ All other *(M6)*

M6 *Refer to 9*

1 ☐ Sample person has lived here less than 5 years *(10a)*
2 ☐ Sample person has lived here 5 years or more *(10e)*

10a. Did you move in with other HOUSEHOLD members who were already living here?

1 ☐ Yes
2 ☐ No *(10c)*

b. Did you move in because of health, finances, or for some other reason?

Any other reason?

If unclear ask — **Whose [health/finances] — yours or someone else's?**

Health
1 ☐ Sample person
2 ☐ Other person
Finances
3 ☐ Sample person
4 ☐ Other person
5 ☐ Other *(Specify)* _____

c. Did any other HOUSEHOLD members move in with you after you were already living here?

1 ☐ Yes
2 ☐ No *(10e)*

d. Did the other household members move in because of health, finances, or for some other reason?

Any other reason?

If unclear ask — **Whose [health/finances] — yours or someone else's?**

Health
1 ☐ Sample person
2 ☐ Other person
Finances
3 ☐ Sample person
4 ☐ Other person
5 ☐ Other *(Specify)* _____

e. What is the MAIN reason you are NOW living together? Is it for health, finances, or some other reason?

If unclear ask — **Whose [health/finances] — yours or someone else's?**

Health
1 ☐ Sample person
2 ☐ Other person
Finances
3 ☐ Sample person
4 ☐ Other person
5 ☐ Other *(Specify)* _____

Read to respondent — **Many things influence a person's choice of a place to live. I'm going to read you a list of reasons that people have said are important in deciding whether or not to live in a particular home.**

11a. Which of these statements are reasons why you are NOW living in THIS [house/apartment] —

(1) It is close to needed services	1 ☐ Yes	2 ☐ No
(2) It has features I need for health reasons	1 ☐ Yes	2 ☐ No
(3) It has features ANOTHER household member needs for health reasons	1 ☐ Yes	2 ☐ No
(4) It is close to friends or relatives	1 ☐ Yes	2 ☐ No
(5) It is the only place I can afford	1 ☐ Yes	2 ☐ No
(6) Some other reason	1 ☐ Yes *(Specify)*	2 ☐ No

_____

Mark box if only one "Yes" in 11a

0 ☐ Only one "Yes" in 11a

b. If you had to choose, which of those reasons would you say is the MAIN reason you are NOW living in THIS [house/apartment]? *Circle main reason.*

1 2 3 4 5 6 *(Specify)*

_____

FOOTNOTES

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

12a. Is this [house/apartment] now —

(1) Owned or being bought by you (or someone in the household)? ..... 1 ☐ Yes *(12b)* 2 ☐ No

(2) Rented for cash? ..... 1 ☐ Yes *(12f)* 2 ☐ No

(3) Occupied without payment of cash rent? ..... 1 ☐ Yes *(Section N)*

b. Who owns or is buying it?

1 ☐ Sample person and/or spouse
2 ☐ Sample person and/or spouse with other HH members
3 ☐ Others in HH *(Specify)*_____

c. Is this place fully paid for or is there a mortgage being paid?

1 ☐ Fully paid for *(12e)*
2 ☐ Mortgage being paid
3 ☐ DK *(12e)*

d. How much principal is still owed on the mortgage?

$ _____
Amount

0 ☐ DK

Hand card SM12

e. What is the present value of this place, that is, about how much would it bring if you sold it on today's market?

1 ☐ Under $20,000
2 ☐ $20,000 – 34,999
3 ☐ 35,000 – 49,999
4 ☐ 50,000 – 74,999
5 ☐ 75,000 – 99,999
6 ☐ 100,000 and over
7 ☐ DK

(Section N)

f. Who is paying rent for it?

1 ☐ Sample person and/or spouse
2 ☐ Sample person and/or spouse with other HH members
3 ☐ Others in HH *(Specify)*_____

FOOTNOTES

Section N. COMMUNITY AND SOCIAL SUPPORT

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

Note — Ask 2–5 immediately after receiving a "Yes" in 1. Then resume reading list.	**1. Which of the following services are available in this area?** *When resuming list —* **Is (service) available in this area?**	**2. Have you ever used it?**	**3. When did you last use (service)?**
a. A senior center?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
b. Transportation for the elderly?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
c. Meals on wheels or meals brought into the home?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
d. Group meals or meals outside the home?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
e. Advice about nutrition?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
f. Homemaker service to help with household chores like cleaning, shopping, and cooking?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
g. Routine telephone call service to check on your health or well-being?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
h. Visiting nurse service?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
i. A health aide who comes into the home?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
j. Adult day care or day care for the elderly?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
k. Geriatric Day Rehabilitation Center, that is, a place for physical therapy?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
l. Legal services for the elderly?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
m. A hospice for the terminally ill or an in-home hospice service?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(6)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(6)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago* } *(5)*

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Section N. COMMUNITY AND SOCIAL SUPPORT, Continued

Hand card SN5

	4. How often do you use it — every day, at least once a week, at least once a month, or less than once a month?	**5. Who is the sponsor of the program — the local health department, some other State or local government agency, a religious group, or some other organization? Anyone else?**
a.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
b.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
c.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
d.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
e.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
f.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
g.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
h.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
i.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
j.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
k.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
l.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
m.		1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group 4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK

Section N. COMMUNITY AND SOCIAL SUPPORT, Continued

Read to respondent — **We are interested in learning how often people participate in certain activities.**

6. In the past week, (that would be from last *(day)* through today,) did you —	
a. Get together with neighbors at each other's residence or outside the home?	1☐ Yes 2☐ No
b. Talk with any neighbors on the telephone?	1☐ Yes 2☐ No
c. Get together with friends, OTHER THAN NEIGHBORS, at each other's residence or outside the home?	1☐ Yes 2☐ No
d. Talk with friends, OTHER THAN NEIGHBORS, on the telephone?	1☐ Yes 2☐ No
e. Get together with ANY relatives at each other's residence or outside the home?	1☐ Yes 2☐ No
f. Talk with ANY relatives on the telephone?	1☐ Yes 2☐ No
g. Watch television with another person?	1☐ Yes 2☐ No
h. Go to church or temple for services?	1☐ Yes 2☐ No
i. Go to church or temple for other activities?	1☐ Yes 2☐ No
j. Go to the grocery store?	1☐ Yes 2☐ No
k. Go to a show or movie, sports event, club meeting, classes or other group event?	1☐ Yes 2☐ No
l. Exercise or participate in sports?	1☐ Yes 2☐ No
m. Take an overnight trip away from home?	1☐ Yes 2☐ No
7a. At the present time, do you do any volunteer work such as helping in charity work, working in a shop for a nonprofit organization, working in a hospital or nursing home without pay, or doing community work without pay?	1☐ Yes 2☐ No *(8)*
b. About how often do you do any volunteer work — every day, at least once a week, at least once a month or less than once a month?	1☐ Every day 2☐ At least once a week 3☐ At least once a month 4☐ Less than once a month *(8)*
c. About how many hours [per day/each week/each month] do you do volunteer work?	_____ Hours
8. At the present time do you ever participate in any ORGANIZED senior citizen activities?	1☐ Yes 2☐ No
N1 *Respondent*	1☐ Self *(9)* 2☐ Proxy *(Section O)*
9. 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

FOOTNOTES

Section O. OCCUPATION AND RETIREMENT

Read to respondent — **Now I would like to ask you some questions about your work background. This includes work for pay or profit, unpaid work in a family farm or business, or military service.**

1a. Have you EVER worked at a job or business full or part time?
1 ☐ Yes
2 ☐ No *(3)*

b. Did you work at all at a job or business in the past 12 months, that is, since *(12 month date)* a year ago?
1 ☐ Yes
2 ☐ No *(2)*

c. 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?
52 ☐ All year — 52 weeks
_____ Weeks

d. In the weeks that you worked, how many hours a week did you USUALLY work at ALL jobs?
_____ Hours

2a. Now, think about ALL of your work experience, including work for pay or profit, unpaid work in a family farm or business, or military service. What KIND of work did you do for the LONGEST period of time? (What was your occupation?)
For example, electrical engineer, stock clerk.
_____ Occupation

b. What were your most important activities or duties as a *(occupation)*?
For example, typed, kept account books, filed, sold cars, operated a printing press, finished concrete.
_____ Activities/Duties

c. Altogether, for how many years did you work as a *(occupation)*?
0 ☐ Less than one month
_____ Number { 1 ☐ Months / 2 ☐ Years

d. For WHOM did you work as a *(occupation)* the LONGEST?
Enter name of company, business, organization, or other employer.
If military service, enter "Armed Forces," THEN skip to 3.
_____ Name of longest employer

e. What kind of business or industry is this?
For example, TV and radio manufacturing, retail shoe store, state labor department, etc.
_____ Industry

f. Were you —

An employee of a PRIVATE company, business or individual for wages or commission? 1 ☐ P
A FEDERAL government employee? 2 ☐ F
A STATE government employee? 3 ☐ S
A LOCAL government employee? 4 ☐ L
Self-employed in OWN business, professional practice, or farm?
Ask: **Is this business incorporated?**
Yes 5 ☐ I
No 6 ☐ SE
Working without pay in family business or farm? 7 ☐ WP

3a. At this time, do you consider yourself completely retired, partly retired or not retired at all?
1 ☐ Completely retired
2 ☐ Partly retired
3 ☐ Not retired at all
4 ☐ Never worked } *(4)*

b. About how long ago did you retire?
0 ☐ Less than one month ago
_____ Number { 1 ☐ Months ago / 2 ☐ Years ago

Hand card SO3
Read categories if telephone interview

c. Why did you retire?
Any other reason?
1 ☐ Because of your health
2 ☐ Because of a family member's health
3 ☐ Forced to retire because of age (compulsory retirement)
4 ☐ Company moved away
5 ☐ Job was eliminated
6 ☐ Wanted to retire
7 ☐ Other *(Specify)*
_____

Mark box if only one reason in 3c.
0 ☐ Only one reason

d. If you had to choose, which of those reasons would you say was the MAIN reason you retired? *Circle main reason.*
1 2 3 4 5 6 7 *(Specify)*
_____

FORM HIS-1(SA)X (1983) (3-10-83)

Section O. OCCUPATION AND RETIREMENT, Continued

NOTE — Ask 4a–j before asking 5–8

NOTE — Ask 5–8, as appropriate, for each "Yes" in 4a–j

4. During the past 12 months, did you receive any payments or benefits from—	5. How long have you been receiving *(source in 4)*?	6. Did you receive it because you qualified for the payment, or because you are a dependent or survivor of someone else?	7. Is the *(source in 4)* received because of a disability YOU may have?	8. What was the main condition or health problem for which you received benefits or payments from *(source in 4)*?
a. A private union or employer pension? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
b. A (Federal, state, or local) government employee pension? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
c. Military Retirement? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
d. Railroad Retirement? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
e. Social Security? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
f. Workman's compensation? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own *(8)* 2 ☐ Someone else *(Next source)* 3 ☐ Both *(8)*		
g. Supplemental Security Income, known as SSI (from Federal, state, or local government)? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
h. The Veterans Administration? *Use when asking 5 and 7:* **Payment or benefit from the VA?** 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
i. State public welfare or assistance? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
j. During the past 12 months, did you receive any payments or benefits from any (other) source because of a DISABILITY to you or someone else? *If "Yes," ask:* **What was the source?** *Specify all types, fill 5–8 for first one mentioned.* 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own *(8)* 2 ☐ Someone else *(Next page)* 3 ☐ Both *(8)*		

FORM HIS 1(SA)X (1983) (3 10 83)

Section O. OCCUPATION AND RETIREMENT, Continued

Read to respondent — **The next questions deal with your ability to do certain things that some people have difficulty with when they work at a job or business, or do chores around the house.**

Hand card S09

Please tell me how much difficulty, if any, you have doing EACH activity, by yourself, and not using any aids.

	(1)	(2)	(3)	(4)
9. Do you have no difficulty, some difficulty, much difficulty or are you unable at all to —	**Walk for a quarter of a mile, (which is about 2 or 3 city blocks,) without resting?** 1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	**Walk up and down one flight of stairs without resting?** 1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	**Stand for long periods, (about 2 hours)?** 1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	**Sit for long periods, (about 2 hours)?** 1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable
Ask 10a–e for each activity marked "much" or "unable" in 9. **10a. For how long have you [had much difficulty /been unable to] (activity)?**	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	____ Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years
b. What (other) condition causes you to [have much difficulty/be unable to] (activity)? *Ask if injury or operation:* **When did [the (injury) occur?/you have the operation]?** *Enter injury if over 3 months ago.* *Ask or reask 10c, if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	1 ☐ Old age *(10d)* 1. 2. 3. 4. 5.	1 ☐ Old age *(10d)* 1. 2. 3. 4. 5.	1 ☐ Old age *(10d)* 1. 2. 3. 4. 5.	1 ☐ Old age *(10d)* 1. 2. 3. 4. 5.
c. Besides (condition) is there any other condition which causes this?	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*
d. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 10b. Otherwise, mark appropriate box or transcribe the only listed condition. **e. Which of these conditions, that is (read conditions) would you say is the MAIN cause of the trouble?**	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* ____ *Condition — Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* ____ *Condition — Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* ____ *Condition — Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* ____ *Condition — Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*

FOOTNOTES

FORM HIS-1(SA)X (1983) (3 10-83)

Section O. OCCUPATION AND RETIREMENT, Continued

(5)	(6)	(7)	(8)	(9)	(10)
Reask 9 **Stoop, crouch, or kneel?**	**Reach up (as if to get something from a shelf)?**	**Reach out (as if to shake someone's hand)?**	**Use fingers to grasp or handle?**	*Reask 9* **Lift or carry something as heavy as 25 lbs., (such as two full bags of groceries)?**	**Lift or carry something as heavy as 10 lbs., (such as a 10 lb. sack of potatoes)?**
1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty *(10)* 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable
Number: 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number: 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number: 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number: 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number: 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number: 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years
1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.
1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*
1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No
1 ☐ 0–3 Inj/Op. ONLY 2 ☐ Old age → *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/Op. ONLY 2 ☐ Old age → *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/Op. ONLY 2 ☐ Old age → *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/Op. ONLY 2 ☐ Old age → *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/Op. ONLY 2 ☐ Old age → *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/Op. ONLY 2 ☐ Old age → *(Next page)*
Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN next page.*

FOOTNOTES

Section O. OCCUPATION AND RETIREMENT, Continued

Read to respondent — **We would like to know how health practices and conditions are related to how long people live. The following information will only be used to check against the vital statistics records maintained by the National Center for Health Statistics of the U.S. Public Health Service. The results will only be used for statistical purposes and no individual will be identified.**

11a. To make sure that our records are complete, what is your full name, including middle name?

First

Middle

Last

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

Month	Day	Year

Verify/transfer from HIS-1

c. In what State were you born?

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

1 ☐ Puerto Rico
2 ☐ Virgin Islands
3 ☐ Guam
4 ☐ Canada
5 ☐ Cuba
6 ☐ Mexico
7 ☐ All other

d. What is your father's last name?

Verify spelling. DO NOT write "Same."

Father's last name

Read to respondent — **We would like to have your Social Security Number. This will have no effect in any way on your benefits. It will not be given to anyone in any other government or nongovernment agency. This information is voluntary and is collected under the authority of the Public Health Service Act and Title 42, United States Code, section 242k.**

e. What is your Social Security Number?

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number

1 ☐ DK

FOOTNOTES

Section P. CONDITIONS AND IMPAIRMENTS

Read to respondent — **Now I am going to read a list of eye conditions. Tell me if you have any of these conditions, even if you have mentioned them before.**

1. Do you NOW have —	
a. Blindness in one or both eyes?	1 ☐ Yes 2 ☐ No
b. Cataracts?	1 ☐ Yes 2 ☐ No
c. Glaucoma?	1 ☐ Yes 2 ☐ No
d. Color blindness?	1 ☐ Yes 2 ☐ No
e. A detached retina?	1 ☐ Yes 2 ☐ No
f. Any other condition of the retina?	1 ☐ Yes 2 ☐ No
g. Trouble with close vision EVEN when wearing glasses?	1 ☐ Yes 2 ☐ No
h. Trouble with distance vision EVEN when wearing glasses?	1 ☐ Yes 2 ☐ No
i. Any other trouble seeing with one or both eyes EVEN when wearing glasses?	1 ☐ Yes 2 ☐ No
P1 *Refer to answers in 1a—i*	1 ☐ All "No" in 1a—i *(2)* 2 ☐ Other — *Enter "Yes" responses in Condition Summary Chart, THEN 2*
2a. Do you use prescription eyeglasses, including bifocals?	1 ☐ Yes 2 ☐ No *(3)*
b. Did you get or replace your eyeglasses in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No *(3)*
c. Was this because of a new or changed prescription?	1 ☐ Yes 2 ☐ No
3a. Do you use contact lenses?	1 ☐ Yes 2 ☐ No *(4)*
b. Did you get or replace your contact lenses in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No *(4)*
c. Was this because of a new or changed prescription?	1 ☐ Yes 2 ☐ No
4a. Do you have intraocular lenses?	1 ☐ Yes 2 ☐ No *(5)*
b. Did you get your intraocular lenses in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No
5. Do you use a magnifying glass to read or to do other close work?	1 ☐ Yes 2 ☐ No

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section P. CONDITIONS AND IMPAIRMENTS, Continued

Read to respondent — **The next few questions are about how well you can see (using your [glasses/(or) contacts] when you have to).**

6a. Can you see well enough to see ordinary newsprint?	1 ☐ Yes 2 ☐ No
b. Can you see well enough to recognize the features of people you know if they are two or three feet away?	1 ☐ Yes 2 ☐ No
c. Can you see moving objects, such as cars moving or people walking?	1 ☐ Yes 2 ☐ No
d. Can you see well enough to step off a curb or down a step?	1 ☐ Yes 2 ☐ No
e. Can you see well enough to recognize a friend walking on the other side of the street?	1 ☐ Yes 2 ☐ No
P2 *Refer to answers in 6a—e*	1 ☐ All "No" in 6a—e *(7a)* 2 ☐ Other *(7b)*
7a. Can you see well enough to tell if a light is on?	1 ☐ Yes 2 ☐ No
b. Which statement best describes your vision, (wearing [glasses/(or) contact lenses] when you have to), — good, a little trouble seeing, a lot of trouble seeing, or blind?	1 ☐ Good 2 ☐ Little trouble 3 ☐ Lot of trouble 4 ☐ Blind
Read to respondent — **These next questions are about hearing.**	
8. Do you NOW have —	
a. Deafness in one or both ears?	1 ☐ Yes — *Enter on Condition Summary Chart, THEN 9* 2 ☐ No
b. Any other trouble hearing?	1 ☐ Yes — *Enter on Condition Summary Chart, THEN 9* 2 ☐ No
9a. Do you use a hearing aid?	1 ☐ Yes 2 ☐ No *(9d)*
b. Did you get or replace your hearing aid in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No *(9d)*
c. Was this because of a new or changed prescription?	1 ☐ Yes 2 ☐ No
d. (With your hearing aid) Can you hear well enough to hear MOST of the things a person says without seeing his or her face?	1 ☐ Yes *(9f)* 2 ☐ No
e. (With your hearing aid) Can you hear ONLY A FEW WORDS a person says or only LOUD noises?	1 ☐ Yes 2 ☐ No
f. Which statement best describes your hearing (when wearing a hearing aid) — good, a little trouble hearing, a lot of trouble hearing, or deaf?	1 ☐ Good 2 ☐ Little trouble 3 ☐ Lot of trouble 4 ☐ Deaf

FOOTNOTES

Section P. CONDITIONS AND IMPAIRMENTS, Continued

Note — *Ask 11 immediately after receiving a "Yes" in 10, then reask 10 when resuming list.*

Read to respondent — **I'm going to read a list of OTHER medical conditions. Please tell me if you have EVER had any of these conditions, even if you have mentioned them before.**

	10. Have you EVER had —	11. Are you NOW prevented in any way from doing any activities because of *(condition)*?
a. Arthritis of any kind or rheumatism?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
b. Osteoporosis, sometimes called brittle or soft bones? (os tee o po ro´sis)	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
c. A broken hip?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
d. Diabetes?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
e. An aneurysm? (an´yoo rizm)	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
f. Any blood clots?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
g. Varicose veins?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
h. Hypertension, sometimes called high blood pressure?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
i. Rheumatic fever?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
j. Rheumatic heart disease?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
k. Coronary heart disease?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
l. Angina pectoris? (pek´to ris)	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
m. A myocardial infarction?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
n. Any other heart attack?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
o. Cancer of any kind?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *P3*	1 ☐ Yes 2 ☐ No

P3 *Refer to answers in 10a — o*

☐ All "No" or "DK" in 10a—o *(12)*

☐ Other — *Enter "Yes" responses in Condition Summary Chart, THEN 12*

Section P. CONDITIONS AND IMPAIRMENTS, Continued

12a. Do you sometimes feel dizzy?

1 ☐ Yes
2 ☐ No *(12c)*

b. Are you prevented in any way from doing any activities because of dizziness?

1 ☐ Yes
2 ☐ No

c. Have you fallen in the past month?

1 ☐ Yes
2 ☐ No *(13)*

d. Did you fall because you felt dizzy or for some other reason?

1 ☐ Felt dizzy
2 ☐ Other reason

13a. Do you now have all, most, only a few, or none of your own teeth?

1 ☐ All *(Section Q)*
2 ☐ Most
3 ☐ Only a few
4 ☐ None
5 ☐ DK *(Section Q)*

b. Do you now have false teeth?

1 ☐ Yes
2 ☐ No *(Section Q)*

c. Do you have an upper plate, a lower plate, or something else?

1 ☐ Upper
2 ☐ Lower
3 ☐ Both
4 ☐ Other *(Specify)*_____

d. Did you get or replace your false teeth in the past 12 months, that is, since *(12 month date)* **a year ago?**

1 ☐ Yes
2 ☐ No
3 ☐ DK

FOOTNOTES

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS

Read to respondent — **Now I will ask you some questions about housing. It is easier for people to get around in some homes than in others because of certain features.**

1a. Do you HAVE to climb ANY steps to get into this [house/apartment] from the outside?

1 ☐ No
Yes — *If not mentioned ask:* **How many?**
2 ☐ 1 step
3 ☐ More than 1 step

b. Does this [house/apartment] have more than 1 floor or level? Count basements and step down living areas as separate levels.

1 ☐ Yes
2 ☐ No

Note — Ask 2a—e before asking 3a—e.	**2. Does this [house/apartment] now have —**	**3. Because of a health or physical problem, do you NEED —**
a. A walk-in shower?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
b. Your bedroom and a bath on the same floor?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
c. A bath or half bath ON THE FLOOR where you spend most of your time?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
d. A bedroom ON THE FLOOR where you spend most of your time?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
e. A kitchen on the same floor as your bedroom?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

Read to respondent — **Some people receive or need help to do certain daily activities.**

4a. Because of a health or physical problem, do you RECEIVE help from another person when you go up or down steps?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of a health/physical problem *(5)*
4 ☐ Doesn't do for other reason *(5)*

b. Do you NEED help going up or down steps?

1 ☐ Yes
2 ☐ No

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

5a. Because of a health or physical problem, do you RECEIVE help from another person to bathe, shower, or take a sponge bath?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(5e)*
4 ☐ Doesn't do for other reason *(6)*

b. Do you NEED help from another person to bathe, shower, or take a sponge bath?

1 ☐ Yes
2 ☐ No *(5d)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. Because of a health or physical problem do you USE any special equipment to do this?

1 ☐ Yes *(5e)*
2 ☐ No

Q1 *Refer to 5b*

1 ☐ Yes in 5b *(5e)*
2 ☐ Other *(6)*

5e. What (other) condition causes you to need [help/(and) special equipment] to bathe, shower, or take a sponge bath?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 5f if 0–3 months injury or operation.

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

Enter condition.

1 ☐ Old age *(5g)*

1. _____
2. _____
3. _____
4. _____
5. _____

f. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 5e and f)*
2 ☐ No *(5h)*

g. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 5e and f)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 5e. Otherwise, mark appropriate box or transcribe the only listed condition.

h. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need [help/(and) special equipment] to bathe, shower, or take a sponge bath?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(6)*

_____ Condition

Enter on Condition Summary Chart, THEN 6.

6a. Because of a health or physical problem, do you RECEIVE help from another person to dress?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(6f)*
4 ☐ Doesn't do for other reason *(7)*

b. Do you usually dress in street clothes?

1 ☐ Yes
2 ☐ No

c. Do you NEED help from another person to dress?

1 ☐ Yes
2 ☐ No *(6e)*

d. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

e. Because of a health or physical problem do you USE any special equipment to do this?

1 ☐ Yes *(6f)*
2 ☐ No

Q2 *Refer to 6c*

1 ☐ Yes in 6c *(6f)*
2 ☐ Other *(7)*

6f. What (other) condition causes you to need [help/(and) special equipment] to dress?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 6g if 0–3 months injury or operation.

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

Enter condition.

1 ☐ Old age *(6h)*

1. _____
2. _____
3. _____
4. _____
5. _____

g. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 6f and g)*
2 ☐ No *(6i)*

h. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 6f and g)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 6f. Otherwise, mark appropriate box or transcribe the only listed condition.

i. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need [help/(and) special equipment] to dress?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(7)*

_____ Condition

Enter on Condition Summary Chart, THEN 7.

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

7a. Because of a health or physical problem, do you RECEIVE help from another person to eat?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes *(7b)*
2 ☐ No *(7c)*
3 ☐ Doesn't do because of health/physical problem *(7f)*
4 ☐ Doesn't do for other reason *(8)*

b. Are you fed totally by another person?

1 ☐ Yes *(7e)*
2 ☐ No

c. Do you NEED help from another person to eat?

1 ☐ Yes
2 ☐ No *(7e)*

d. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

e. Because of a health or physical problem do you USE any special equipment to do this?

1 ☐ Yes *(7f)*
2 ☐ No

Q3 *Refer to 7c*

1 ☐ Yes in 7c *(7f)*
2 ☐ Other *(8)*

7f. What (other) condition causes you to need [help/(and) special equipment] to eat?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 7g if 0–3 months injury or operation.

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

Enter condition.

1 ☐ Old age *(7h)*
1. _____
2. _____
3. _____
4. _____
5. _____

g. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 7f and g)*
2 ☐ No *(7i)*

h. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 7f and g)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 7f. Otherwise, mark appropriate box or transcribe the only listed condition.

i. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need [help/(and) special equipment] to eat?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(8)*

_____ Condition

Enter on Condition Summary Chart, THEN 8.

8a. Because of a health or physical problem, do you RECEIVE help from another person to use the toilet, including getting to the toilet?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(8e)*
4 ☐ Doesn't do for other reason *(9)*

b. Do you NEED help from another person to use the toilet, including getting to the toilet?

1 ☐ Yes
2 ☐ No *(8d)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. Because of a health or physical problem do you USE any special equipment to do this?

1 ☐ Yes *(8e)*
2 ☐ No

Q4 *Refer to 8b*

1 ☐ Yes in 8b *(8e)*
2 ☐ Other *(9)*

8e. What (other) condition causes you to need [help/(and) special equipment] to use the toilet, including getting to the toilet?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 8f if 0–3 months injury or operation.

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

Enter condition.

1 ☐ Old age *(8g)*
1. _____
2. _____
3. _____
4. _____
5. _____

f. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 8e and f)*
2 ☐ No *(8h)*

g. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 8e and f)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 8e. Otherwise, mark appropriate box or transcribe the only listed condition.

h. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need [help/(and) special equipment] to use the toilet, including getting to the toilet?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(9)*

_____ Condition

Enter on Condition Summary Chart, THEN 9.

FORM HIS 1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

9a. Because of a health or physical problem, do you RECEIVE help from another person to get about the [house/apartment], that is, going from one room to another on the same floor or level?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(9e)*
4 ☐ Doesn't do for other reason *(10)*

b. Do you NEED help from another person to get about the [house/apartment], (that is, going from one room to another on the same floor or level)?

1 ☐ Yes
2 ☐ No *(9d)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. Because of a health or physical problem do you USE any special equipment to do this?

1 ☐ Yes *(9e)*
2 ☐ No

Q5 *Refer to 9b*

1 ☐ Yes in 9b *(9e)*
2 ☐ Other *(10)*

9e. What (other) condition causes you to need [help/(and) special equipment] to get about the [house/apartment], (that is, going from one room to another on the same floor or level)?

1 ☐ Old age *(9g)*

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 9f if 0—3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1. _____
2. _____
3. _____
4. _____
5. _____

f. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 9e and f)*
2 ☐ No *(9h)*

g. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 9e and f)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 9e. Otherwise, mark appropriate box or transcribe the only listed condition.

1 ☐ 0—3 months injury/operation ONLY
2 ☐ Old age
} *(10)*

h. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need [help/(and) special equipment] to get about the [house/apartment], (that is, going from one room to another on the same floor or level)?

_____ Condition

Enter on Condition Summary Chart, THEN 10.

10a. Because of a health or physical problem, do you RECEIVE help from another person to get in and out of bed or chairs?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(10e)*
4 ☐ Doesn't do for other reason *(11)*

b. Do you NEED help from another person to get in and out of bed or chairs ?

1 ☐ Yes
2 ☐ No *(10d)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. Because of a health or physical problem do you USE any special equipment to do this?

1 ☐ Yes *(10e)*
2 ☐ No

Q6 *Refer to 10b*

1 ☐ Yes in 10b *(10e)*
2 ☐ Other *(11)*

10e. What (other) condition causes you to need [help/(and) special equipment] to get in and out of bed or chairs ?

1 ☐ Old age *(10g)*

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 10f if 0—3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1. _____
2. _____
3. _____
4. _____
5. _____

f. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 10e and f)*
2 ☐ No *(10h)*

g. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 10e and f)*
2 ☐ No

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

1 ☐ 0—3 months injury/operation ONLY
2 ☐ Old age
} *(11)*

h. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need [help/(and) special equipment] to get in and out of bed or chairs?

_____ Condition

Enter on Condition Summary Chart, THEN 11.

FORM HIS-1(SA)X (1983) (3-10 83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

11a. Because of a health or physical problem, do you RECEIVE help from another person to prepare your own meals?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(11d)*
4 ☐ Doesn't do for other reason *(12)*

b. Do you NEED help from another person to prepare your own meals?

1 ☐ Yes
2 ☐ No *(12)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help preparing your own meals?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 11e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1 ☐ Old age *(11f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 11d and e)*
2 ☐ No *(11g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 11d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 11d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to prepare your own meals?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(12)*

_____ Condition

Enter on Condition Summary Chart, THEN 12.

12a. Because of a health or physical problem, do you RECEIVE help from another person to shop for personal items, such as toilet items or medicines?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(12d)*
4 ☐ Doesn't do for other reason *(13)*

b. Do you NEED help from another person to shop for personal items, (such as toilet items or medicines)?

1 ☐ Yes
2 ☐ No *(13)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to shop for personal items, (such as toilet items or medicines)?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 12e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1 ☐ Old age *(12f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 12d and e)*
2 ☐ No *(12g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 12d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 12d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help from another person to shop for personal items, (such as toilet items or medicines)?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(13)*

_____ Condition

Enter on Condition Summary Chart, THEN 13.

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

13a. Because of a health or physical problem, do you RECEIVE help from another person to do light housework, like doing dishes, straightening up, or light cleaning?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(13d)*
4 ☐ Doesn't do for other reason *(14)*

b. Do you NEED help from another person to do light housework, (like doing dishes, straightening up, or light cleaning)?

1 ☐ Yes
2 ☐ No *(14)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to do light housework, (like doing dishes, straightening up, or light cleaning)?

1 ☐ Old age *(13f)*

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 13e if 0—3 months injury or operation.

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

Enter condition.

1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 13d and e)*
2 ☐ No *(13g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 13d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 13d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to do light housework, (like doing dishes, straightening up, or light cleaning)?

1 ☐ 0—3 months injury/operation ONLY
2 ☐ Old age
} *(14)*

_____ Condition

Enter on Condition Summary Chart, THEN 14.

14a. Because of a health or physical problem, do you RECEIVE help from another person to do heavy housework like vacuuming, scrubbing floors, or washing windows?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(14d)*
4 ☐ Doesn't do for other reason *(15)*

b. Do you NEED help from another person to do heavy housework (like vacuuming, scrubbing floors, or washing windows)?

1 ☐ Yes
2 ☐ No *(15)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to do heavy housework (like vacuuming, scrubbing floors, or washing windows)?

1 ☐ Old age *(14f)*

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 14e if 0—3 months injury or operation.

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

Enter condition.

1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 14d and e)*
2 ☐ No *(14g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 14d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 14d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to do heavy housework (like vacuuming, scrubbing floors, or washing windows)?

1 ☐ 0—3 months injury/operation ONLY
2 ☐ Old age
} *(15)*

_____ Condition

Enter on Condition Summary Chart, THEN 15.

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

15a. Because of a health or physical problem, do you RECEIVE help from another person to dial the telephone or to receive calls on the telephone?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(15d)*
4 ☐ Doesn't do for other reason *(16)*

b. Do you NEED help from another person to dial the telephone or to receive calls on the telephone?

1 ☐ Yes
2 ☐ No *(16)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to dial the telephone or to receive calls on the telephone?

1 ☐ Old age *(15f)*

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 15e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 15d and e)*
2 ☐ No *(15g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 15d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 15d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to dial the telephone or to receive calls on the telephone?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(16)*

_____ Condition

Enter on Condition Summary Chart, THEN 16.

16a. Because of a health or physical problem, do you RECEIVE help from another person to get outside?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(16d)*
4 ☐ Doesn't do for other reason *(Q7)*

b. Do you NEED help from another person to get outside?

1 ☐ Yes
2 ☐ No *(Q7)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to get outside?

1 ☐ Old age *(16f)*

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 16e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 16d and e)*
2 ☐ No *(16g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 16d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 16d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to get outside?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(Q7)*

_____ Condition

Enter on Condition Summary Chart, THEN Q7.

FORM HHS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

Q7 *Mark first appropriate box*

1 ☐ Respondent is a proxy
2 ☐ Sample person is or appears to be confined to a bed or chair
3 ☐ All other *(Q8)*
(17)

Mark if known

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

a. Stay in bed all or most of the time?
1 ☐ Yes *(Q8)*
2 ☐ No

b. Stay in a chair all or most of the time?
1 ☐ Yes
2 ☐ No

Q8 *Refer to age*
1 ☐ Sample person is 55–69 *(20)*
2 ☐ Sample person is 70 or older *(18)*

18a. Do you have difficulty in controlling your bowels?
1 ☐ Yes
2 ☐ No *(18d)*

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

c. Does this difficulty restrict your activity, that is, limit your getting around?
1 ☐ Yes
2 ☐ No

d. Do you have a colostomy or other device to help control bowel movements?
1 ☐ Yes
2 ☐ No *(19)*

e. Do you need help from another person in taking care of this device?
1 ☐ Yes
2 ☐ No *(19)*

f. How frequently do you RECEIVE this help — everytime you need help, most of the time, some of the time, or once in a while?
1 ☐ Everytime help is needed
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Once in a while
5 ☐ Not at all

19a. Do you have difficulty in controlling your urination?
1 ☐ Yes
2 ☐ No *(19d)*

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

c. Does this difficulty restrict your activity, that is, limit your getting around?
1 ☐ Yes
2 ☐ No

d. Do you have a urinary catheter or other device to help control urination?
1 ☐ Yes
2 ☐ No *(20)*

e. Do you need help from another person in taking care of this device?
1 ☐ Yes
2 ☐ No *(20)*

f. How frequently do you RECEIVE this help — everytime you need help, most of the time, some of the time, or once in a while?
1 ☐ Everytime help is needed
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Once in a while
5 ☐ Not at all

FOOTNOTES

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL's AND SPECIAL AIDS, Continued

20. Do you NOW use (any of the following special aids) —
If known, mark without asking

a. An artificial arm?
1 ☐ Yes
2 ☐ No

b. An artificial leg?
1 ☐ Yes
2 ☐ No

c. A brace of any kind?
If "Yes," ask: **On what part of the body is the brace worn?**
1 ☐ Yes *(Specify)*
_____ Part of body
2 ☐ No

d. Crutches?
1 ☐ Yes
2 ☐ No

e. A cane or walking stick?
1 ☐ Yes
2 ☐ No

f. Orthopedic, corrective shoes?
1 ☐ Yes
2 ☐ No

g. A wheel chair?
1 ☐ Yes
2 ☐ No

h. A walker?
1 ☐ Yes
2 ☐ No

i. A guide dog?
1 ☐ Yes
2 ☐ No

j. Any other kind of aid for getting around?
If "Yes" specify, then ask: **Anything else?**
1 ☐ Yes *(Specify)*
_____
2 ☐ No

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section R. REGULAR MEDICAL CARE AND NURSING HOME STAY

Read to respondent — **These next questions refer to where you get regular medical care.**

1a. Is there a particular clinic, health center, doctor's office or some other place outside this home where you usually go if you are sick or need advice about your health?

1 ☐ Yes *(1c)*
2 ☐ No

b. Do you usually receive medical care at home?

1 ☐ Yes *(2)*
2 ☐ No *(3)*

c. What kind of place is it — a clinic, a health center, a doctor's office or some other place?

If clinic: **Is this a hospital outpatient clinic, a company or school clinic, or some other kind of clinic?**

If hospital: **Is this an outpatient clinic or an emergency room?**

1 ☐ Doctor's office/group practice/doctor's clinic
2 ☐ Company or school clinic
3 ☐ Hospital outpatient clinic
4 ☐ Hospital emergency room
5 ☐ Health center *(Specify)*_____
6 ☐ Other *(Specify)*_____

2a. Do you [go to *(source in 1c)*/receive medical care at home] on a regular basis or only when you are sick?

1 ☐ Only when sick *(3)*
2 ☐ Regularly
3 ☐ Both

b. About how often do you usually [go to *(source in 1c)*/receive medical care at home]?

1 ☐ Daily
2 ☐ Weekly
3 ☐ Monthly
4 ☐ About every 6 months
5 ☐ Once a year
6 ☐ Less than once a year

3. About how long has it been since a doctor or medical person —

0 ☐ Less than one month ago

a. Gave you a diabetes test?

_____ Number { 1 ☐ Months ago, 2 ☐ Years ago } 3 ☐ Never, 4 ☐ DK

b. Last checked your blood pressure?

0 ☐ Less than one month ago

_____ Number { 1 ☐ Months ago, 2 ☐ Years ago } 3 ☐ Never, 4 ☐ DK

c. Gave you a general physical check-up?

0 ☐ Less than one month ago

_____ Number { 1 ☐ Months ago, 2 ☐ Years ago } 3 ☐ Never, 4 ☐ DK

4a. Since *(13 month hospital date)* a year ago, were you a resident in a nursing home overnight?

1 ☐ Yes 2 ☐ No *(5)*

b. How many different times did you stay in a nursing home overnight or longer since *(13 month hospital date)*?

_____ Number of times

Note — Ask 4c—e, as indicated for each stay, starting with the most recent.

	STAY 1	STAY 2	STAY 3
4c. When were you discharged ([the last time/the time before that])?	_____ Month 19_____ Year	_____ Month 19_____ Year	_____ Month 19_____ Year
d. How long were you in the nursing home (that time)?	_____ Number { 1 ☐ Nights, 2 ☐ Months }	_____ Number { 1 ☐ Nights, 2 ☐ Months }	_____ Number { 1 ☐ Nights, 2 ☐ Months }
e. What is the name and address of this nursing home?	Name Number and street City (or county) / State		

Skip to 5b if any entries in 4c—e.

5a. Have you ever been a resident in a nursing home?

1 ☐ Yes
2 ☐ No
3 ☐ DK

b. Are you now on a waiting list to go into a nursing home?

1 ☐ Yes
2 ☐ No
3 ☐ DK

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Section S. HEALTH OPINIONS AND BEHAVIOR

S1 *Respondent*

1 ☐ Self response *(1)*
2 ☐ Proxy *(9)*

Read to respondent — **The next group of questions asks 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, good, fair, or poor?

1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
4 ☐ Poor
5 ☐ Other *(Specify)* _____

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

1 ☐ Better
2 ☐ Worse
3 ☐ Same
4 ☐ Other *(Specify)* _____

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

1 ☐ A great deal of worry
2 ☐ Some worry
3 ☐ Hardly any worry
4 ☐ No worry at all
5 ☐ Other *(Specify)* _____

4. How would you rate your current level of physical activity? Would you say you are very active, active, moderately active, or rarely active?

1 ☐ Very active
2 ☐ Active
3 ☐ Moderately active
4 ☐ Rarely active (inactive)
5 ☐ Other *(Specify)* _____

5. Compared to your level of physical activity two years ago, would you say you are now more active, less active, or about the same?

1 ☐ More active
2 ☐ Less active
3 ☐ About the same
4 ☐ Other *(Specify)* _____

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

1 ☐ As much as I need
2 ☐ Less than I need
3 ☐ Other *(Specify)* _____

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

1 ☐ A great deal of control
2 ☐ Some control
3 ☐ Very little control
4 ☐ None at all
5 ☐ Other *(Specify)* _____

S2 *Interview*

1 ☐ Personal interview *(8)*
2 ☐ Telephone interview *(9)*

FOOTNOTES

Section S. HEALTH OPINIONS AND BEHAVIOR, Continued

Hand card SS8

Read to respondent — **I am going to read a list of ways you may sometimes feel. Please tell me how often you have felt this way DURING THE PAST WEEK: rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.**

8. During the past week, (that would be from last *(day)* through today,) how often —	Rarely or none of the time (less than 1 day)	Some or a little of the time (1–2 days)	Occasionally or a moderate amount of time (3–4 days)	Most or all of the time (5–7 days)	
a. Were you bothered by things that usually don't bother you?	1 ☐	2 ☐	3 ☐	4 ☐	
b. Did you not feel like eating; your appetite was poor?	1 ☐	2 ☐	3 ☐	4 ☐	
c. Did you feel that you could not shake off the blues even with help from your family or friends?	1 ☐	2 ☐	3 ☐	4 ☐	
Reask 8 d. Did you feel that you were just as good as other people?	1 ☐	2 ☐	3 ☐	4 ☐	
e. Did you have trouble keeping your mind on what you were doing?	1 ☐	2 ☐	3 ☐	4 ☐	
f. Did you feel depressed?	1 ☐	2 ☐	3 ☐	4 ☐	
Reask 8 g. Did you feel that everything you did was an effort?	1 ☐	2 ☐	3 ☐	4 ☐	
h. Did you feel hopeful about the future?	1 ☐	2 ☐	3 ☐	4 ☐	
i. Did you think your life had been a failure?	1 ☐	2 ☐	3 ☐	4 ☐	
j. Did you feel fearful?	1 ☐	2 ☐	3 ☐	4 ☐	
Reask 8 k. Was your sleep restless?	1 ☐	2 ☐	3 ☐	4 ☐	
l. Were you happy?	1 ☐	2 ☐	3 ☐	4 ☐	
m. Did you talk less than usual?	1 ☐	2 ☐	3 ☐	4 ☐	
n. Did you feel lonely?	1 ☐	2 ☐	3 ☐	4 ☐	
Reask 8 o. Were people unfriendly?	1 ☐	2 ☐	3 ☐	4 ☐	
p. Did you enjoy life?	1 ☐	2 ☐	3 ☐	4 ☐	
q. Did you have crying spells?	1 ☐	2 ☐	3 ☐	4 ☐	
r. Did you feel sad?	1 ☐	2 ☐	3 ☐	4 ☐	
s. Did you feel that people disliked you?	1 ☐	2 ☐	3 ☐	4 ☐	
t. Could you not get "going"?	1 ☐	2 ☐	3 ☐	4 ☐	

9. Now I'm going to read you a list of things people have told us they have sometimes done. In the past week, that would be from last *(day)* through today, —		
a. Did you forget any important things like taking medicine or paying bills?	1 ☐ Yes 2 ☐ No 3 ☐ DK	
b. Did you have difficulty remembering dates?	1 ☐ Yes 2 ☐ No 3 ☐ DK	
c. Did you have difficulty remembering the time, like the time for an appointment?	1 ☐ Yes 2 ☐ No 3 ☐ DK	
d. Did you lose your way or have difficulty finding your way back?	1 ☐ Yes 2 ☐ No 3 ☐ DK	
10. Are you now taking any prescription medicine for your nerves, like medicine to calm you down or to help depression?	1 ☐ Yes 2 ☐ No 3 ☐ DK	
11. (Besides the medicine) Are you now receiving treatment or counseling for a mental or emotional problem?	1 ☐ Yes 2 ☐ No 3 ☐ DK	*Go to Condition Summary Chart*

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Section T. SUPPLEMENT CONDITION PAGES

CONDITION A

1. Name of condition

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

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 } *(3b)*
9 ☐ Dr. never seen }

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

Mark box if accident or injury. 0 ☐ Accident/injury

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

1 ☐ Yes 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)*

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

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

h. 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:

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) first noticed?

b. When did you (name of injury in 3b) ?

1 ☐ 2-wk. 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?)

FOOTNOTES

Section U. CONDITION SUMMARY CHART

INSTRUCTIONS — If no entries in Summary Chart, complete cover page and any additional supplement booklets required.

All conditions in Summary Chart must be accounted for. Compare to C2 in HIS-1 for sample person.

1. If a condition page is already filled, enter the condition number in the diagonal space on the Summary Chart.
2. If a condition page is not filled, complete a lettered supplement condition page and enter the letter in the diagonal space.
3. If the condition wording on the HIS-1 and the Summary Chart are similar but not identical, probe: **Is the** *(supplement condition)* **the same condition as the** *(HIS-1 condition)* **I was told about earlier?**

   If any doubt, fill a supplement condition page.

JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)
JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)
JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)
JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)
JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)
JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)
JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)
JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)

FOOTNOTES

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