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Plan and Operation of the NHANES I Epidemiologic Followup Study, 1992

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Background

The NHANES I Epidemiologic Followup Study (NHEFS) is a longitudinal study that uses as its baseline those adult persons 25–74 years of age who were examined in the first National Health and Nutrition Examination Survey (NHANES I) (1–3). As shown in figure 1, NHEFS comprises a series of followup surveys, four of which have been conducted to date. The first wave of data collection, the 1982–84 NHEFS, included all persons who were 25–74 years of age at their NHANES I examination (n = 14,407). The second data collection wave, the 1986 NHEFS, was conducted for the members of the cohort who were 55–74 years of age at their baseline examination and not known to be deceased at the time of the 1982–84 NHEFS (n = 3,980). The third wave, the 1987 NHEFS, was conducted for the entire nondeceased NHEFS cohort (n = 11,750). This series report focuses on the tracing and data collection of the fourth wave, the 1992 Followup. During this fourth data collection wave, attempts were made to recontact the entire nondeceased NHEFS cohort (n = 11,195).

In NHANES I data were collected from a national probability sample of the U.S. civilian noninstitutionalized population 1–74 years of age (1–3). The survey, which included a standardized medical examination and questionnaires that covered various health-related topics, took place from 1971 through 1974 and was augmented by an additional national sample in 1974–75. NHANES I included 20,729 adult persons 25–74 years of age who were examined in the first NHANES (n = 14,407).

The 1992 data collection wave of the NHANES I Epidemiologic Followup Study (NHEFS) could not have been accomplished without the valuable contribution and assistance from many individuals and groups. Space does not permit the authors to recognize all the persons who participated in the planning, development, and conduct of the 1992 data collection wave; nonetheless, the authors are grateful for the support they received, and apologize to those they have omitted.

Dr. Joan Cornoni-Huntley, Ph.D., M.P.H., of the National Institute on Aging deserves special recognition for the important role she has played in the development and continuation of the study. Without her persistence as advocate for this study and her dedication in seeking financial support, NHEFS would not have been conducted. NHEFS was initiated jointly by the National Institute on Aging and the National Center for Health Statistics, and has been developed and funded by the following Federal agencies: National Center for Health Statistics; National Institute on Aging; National Center for Chronic Disease Prevention and Health Promotion; National Cancer Institute; National Institute of Child Health and Human Development; National Heart, Lung, and Blood Institute; National Institute on Alcohol Abuse and Alcoholism; National Institute of Mental Health; National Institute of Diabetes and Digestive and Kidney Diseases; National Institute of Arthritis and Musculoskeletal and Skin Diseases; National Institute of Allergy and Infectious Diseases; National Institute of Neurological and Communicative Disorders and Stroke; and United States Department of Agriculture.

The 1992 survey was conducted by Westat, Inc., of Rockville, Maryland, under a contract with the U.S. Department of Health and Human Services (Contract No. 200-91-7003) and was directed by Thomas McKenna and Diane Cadell.
persons 25–74 years of age, of whom 14,407 (70 percent) completed a medical examination.

Although NHANES I provided a wealth of information on the prevalence of health conditions and risk factors, the cross-sectional nature of the original survey limits its usefulness for studying the effects of clinical, environmental, and behavioral factors and in tracing the natural history of disease. Therefore, NHEFS was designed to investigate the association between factors measured at baseline and the development of specific health conditions. Specifically, the three major objectives of NHEFS are to study the following:

- Morbidity and mortality associated with suspected risk factors
- Changes over time in participants’ characteristics, such as blood pressure and weight
- The natural history of chronic disease and functional impairments

Although information in NHANES I was gathered from physical examinations, laboratory tests, and interviews, NHEFS is primarily a series of interview surveys that rely on self-reporting of medical conditions. Attempts were made, however, to supplement the followup interview information in NHEFS with health care facility medical records and death certificates.

NHEFS originated as a joint project between the National Center for Health Statistics (NCHS) and the National Institute on Aging (NIA). It has been funded primarily by the NIA, with additional financial support from the following components of the National Institutes of Health and other Public Health Service agencies:

- The National Center for Chronic Disease Prevention and Health Promotion
- The National Cancer Institute
- The National Institute of Child Health and Human Development
- The National Heart, Lung, and Blood Institute
- The National Institute on Alcohol Abuse and Alcoholism
- The National Institute of Mental Health
- The National Institute of Diabetes and Digestive and Kidney Diseases
- The National Institute of Arthritis and Musculoskeletal and Skin Diseases
- The National Institute of Allergy and Infectious Diseases
- The National Institute of Neurological and Communicative Disorders and Stroke

All of these agencies were involved in developing topics important to their specialty areas and designing procedures to collect data that would address these issues.

The NHEFS cohort, as shown in figure 2, includes the 3,212 subjects who were deceased at the time of the 1982–84, 1986, or 1987 NHANES and the 11,195 subjects who were not known to be deceased. Tracing and data collection in the 1992 Followup were undertaken only for the 11,195 subjects in the latter group, regardless of their prior tracing or interview status. Hereinafter, they will be referred to as the “1992 Followup cohort.” The remaining 3,212 subjects who were deceased at the time of the 1982–84, 1986, or 1987 NHEFS were excluded from additional data collection in 1992 and, thus, were not included as part of the 1992 Followup cohort. For analytic purposes, though, information collected for this group is used with the information collected previously on subjects who were part of the 1992 Followup cohort.

Tracing of subjects in the 1992 Followup began in July 1991. As of
July 19, 1993, the end of the 1992 NHEFS survey period, 10,079 (90.0 percent) of the 11,195 members of the 1992 Followup cohort had been successfully traced. Interviews were conducted for 9,281 subjects (92.1 percent of those successfully traced). In addition, 10,535 facility stay records were collected for 4,162 subjects using information obtained from the interview, death certificate, or some other source. Death certificates were obtained for 1,374 (98.7 percent) of the 1,392 subjects who were known to have died since the last contact.

To use the 1992 Followup study data most effectively, it is necessary to understand the study design and procedures of NHANES I and the three previous Followups of NHEFS. A brief overview of each of these surveys is provided. More detailed information on these surveys is presented in other publications (1–6).

**NHANES I (1971–75)**

NHANES I was designed to collect extensive demographic, medical history, nutritional, clinical, and laboratory data on a probability sample of the civilian noninstitutionalized population of the United States (1–3). The survey was a multistage, stratified probability sample of clusters of persons 1–74 years of age. It was conducted in 1971–74 and was extended in 1974–75 by an additional sample of adult persons, called the “Augmentation Survey” (3). The NHANES I survey design included oversampling of certain population subgroups, including persons living in poverty areas, women of childbearing age (25–44 years of age), and elderly persons (65 years of age and over). A subsample of 6,913 adult NHANES I participants 25–74 years of age, called the “detailed sample,” consisted of a subsample of subjects examined in 1971–74 and all subjects in the Augmentation Survey. Persons included in the detailed sample were examined in greater depth and administered additional questionnaire items. The Augmentation Survey did not include oversampling of any population subgroups. More information on the sampling frame and survey instruments used for the detailed sample may be found in the plan and operation series reports for the NHANES I survey (1–3).

As a result of these varied design features of NHANES I, not all of the members of the NHEFS cohort received the same questions or examinations at baseline. For example, while all 14,407 adults in the NHEFS cohort received the general medical examination, only those 11,348 adults who were not in the Augmentation Survey were administered nutrition questionnaires at NHANES I. Similarly, the 6,913 participants included in the detailed sample may have been administered supplementary questionnaires (for example, arthritis, cardiovascular, or respiratory questionnaires), depending on their responses to screening questions.

**1982–84 Followup**

The 1982–84 Followup was the first data collection wave of the NHEFS series (4). It included 14,407 persons 25–74 years of age when they were examined in NHANES I (1971–75). Tracing of subjects began in 1981, and data collection was conducted from 1982 to 1984. At the close of data collection in August 1984, 93 percent

![Figure 2: Summary of data collection in the NHANES I Epidemiologic Followup Study, 1992](image-url)
(\(n = 13,383\)) of the study population had been successfully traced. The basic design of the 1982–84 NHEFS consisted of the following components:

- Tracing subjects or their proxies to a current address
- Acquiring death certificates for deceased subjects
- Performing in-depth interviews with subjects or with their proxies including, for surviving subjects, taking pulse, blood pressure, and weight measurements
- Obtaining hospital and nursing home records, including pathology reports and electrocardiograms

No attempt was made to recontact any of the NHANES I examinees until the inception of the 1982–84 Followup. Thus, the first step of the Followup was to trace and locate all subjects in the NHEFS cohort and determine their vital status. A subject in the NHEFS cohort was considered successfully traced if he or she (or another informant, if the subject was deceased or was incapacitated and thus unable to be contacted) responded correctly to a set of verification questions establishing the subject’s identity. All subjects whose vital status could not be determined were considered lost to followup. A subject’s death had to be confirmed by means of either a death certificate or proxy interview.

The information collected during tracing relating to the death of a subject was used to request a copy of the death certificate from the appropriate State vital statistics office. Death certificates were obtained for 1,935 (95.7 percent) of the 2,022 decedents by the end of the 1982–84 survey period. (An additional 33 death certificates for 1982–84 NHEFS decedents were received after the closeout of the 1982–84 data collection period. These death certificates are included on the Mortality Data Public Use Tapes for followup waves subsequent to the 1982–84 NHEFS. For more information, see the 1992 NHEFS Mortality Data Public Use Tape Documentation.) Efforts continue to locate all missing death certificates.

An attempt was made to interview all subjects (or their proxies) identified during tracing. The 1982–84 NHEFS interview was designed to gather information on selected aspects of the subject’s health history since the time of the NHANES I examination. This information included a history of the occurrence or recurrence of selected medical conditions; an assessment of behavioral, social, nutritional, and medical risk factors believed to be associated with these conditions; and an assessment of various aspects of functional status. Whenever possible, the questionnaire was designed to retain item comparability between NHANES I and the 1982–84 NHEFS to measure changes over time. However, questionnaire items were modified, added, or deleted when necessary to take advantage of current improvements in questionnaire methodology. Physical measurements (blood pressure, pulse rate, and weight) were obtained from surviving subjects near the end of the interview.

Interviews with the subject or a proxy were collected for 84.8 percent (\(n = 12,220\)) of the original NHEFS cohort or 91.3 percent of those successfully traced. Interviews were conducted for 10,523 (92.6 percent) of the 11,361 surviving subjects, of which 256 were administered to a proxy respondent because the subject was incapacitated. Proxy interviews were obtained for 1,697 (83.9 percent) of the 2,022 deceased subjects.

Information on overnight stays in hospitals and nursing homes was elicited during the interview for the period from 1970 to the time of the 1982–84 NHEFS. Interviewers recorded the full name and address of the health care facility and the approximate date of the stay. At the conclusion of the interview, respondents were asked to sign a medical authorization form that would be used to request the release of information from the subject’s medical records. These authorization forms were retained on file, and a photocopy was sent to each health care facility that the respondent had identified during the interview.

The health care facility data collection took place from April 1983 through August 1984. Hospitals and nursing homes in which stays had been reported (through interviews, death certificates, and other sources) were contacted and asked to abstract information from their records for all stays occurring between January 1 of the year of the person’s NHANES I examination up to the date of the followup interview. The major items requested were the dates of admission and discharge, the discharge diagnoses (if requesting from a hospital) or admitting diagnoses (if requesting from a nursing home), and information on any procedures that may have been performed.

**1986 Followup**

The 1986 Followup was the second data collection wave of the NHEFS series (5). The 1986 NHEFS collected information on changes in health and functional status since the study’s last contact with the older members of the NHEFS cohort. It was restricted to those subjects who were at least 55 years of age at their NHANES I examination (\(n = 5,677\)). They represent almost 40 percent of the entire NHEFS cohort. Tracing and data collection in the 1986 Followup were undertaken only for the 3,980 subjects who were not known to be deceased at the time of the 1982–84 NHEFS. Tracing of subjects began in 1984, and data collection was conducted from 1985 through 1986. At the close of data collection in July 1986, 94.6 percent (\(n = 3,767\)) of the study population had been successfully traced.

The basic design and data collection procedures of the 1986 NHEFS were very similar to those developed in the 1982–84 study: Subjects (or their proxies) were traced, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. A major difference between the 1982–84 and 1986 Followups, however, was the manner in which the interviews were conducted. In the 1986 NHEFS, the interviews were administered primarily by telephone rather than via in-person interviews. In addition, because the questionnaire was not administered in person, no physical measurements were made in the 1986 NHEFS.

The first step of the 1986 Followup was to trace and locate all subjects in
the 1986 NHEFS Followup cohort and determine their vital status. A subject in the NHEFS cohort was considered successfully traced if he or she (or another informant, if the subject was deceased or was incapacitated and thus unable to be contacted) responded correctly to a set of verification questions establishing the subject’s identity. All subjects whose vital status could not be determined were considered lost to followup. A subject’s death had to be confirmed by means of either a death certificate or proxy interview.

The information collected during tracing relating to the death of a subject was used to request a copy of the death certificate from the appropriate State vital statistics office. Death certificates were obtained for 616 of the 635 decedents by the end of the 1986 survey period. Efforts continue to locate all missing death certificates.

Subject and proxy interviews were conducted over the telephone using a computer-assisted telephone interviewing system. The interview was designed to gather information on events that occurred since last contact regarding the subject’s living arrangement, occurrence and recurrence of chronic diseases, functional limitations, hospital and nursing home experience, and utilization of community services. To retain item comparability among NHANES I, the 1982–84 NHEFS, and the 1986 NHEFS, a majority of the questions included on the 1986 questionnaire were the same as those used in the 1982–84 NHEFS. Questions on coronary bypass surgery, pacemaker procedures, and the utilization of community services were new to the 1986 NHEFS.

Interviews with the subject or a proxy were collected for 90.7 percent \((n = 3,608)\) of the 1986 NHEFS cohort, or 95.8 percent of those successfully traced. Interviews were conducted for 3,027 (96.6 percent) of the 3,132 surviving subjects, of which 469 were administered to a proxy respondent because the subject was incapacitated. Proxy interviews were obtained for 581 (91.5 percent) of the 635 deceased subjects.

Information on overnight stays in hospitals and nursing homes was elicited for any of the medical conditions reported in the interview. If the subject was interviewed in the 1982–84 NHEFS, the respondent in the 1986 NHEFS was asked to recall any overnight hospitalizations since 1980 for the medical conditions of interest. If the subject had not been interviewed in the 1982–84 NHEFS, the interviewer asked the respondent to recall any overnight stays since 1970. Interviewers recorded the full name and address of the health care facility and the approximate date of the stay. At the conclusion of the interview, respondents were asked to sign a medical authorization form that would be used to request the release of information from the subject’s medical records. These authorization forms were retained on file, and a photocopy was sent to each health care facility that the respondent had identified during the interview.

All health care facilities in which overnight stays were reported (through interviews, death certificates, and other sources) were contacted by mail between September 1985 and June 1987 and were asked to abstract information from their records for all stays occurring since the date of last NHEFS contact. Facilities were asked to abstract information on exact dates of admission, discharge, and diagnoses, and to include photocopies of selected sections of the subject’s inpatient record.

1987 Followup

The 1987 Followup was the third data collection wave of the NHEFS series (6). The 1987 NHEFS collected information on changes in health and functional status since last contact with NHEFS cohort members. Tracing and data collection efforts were undertaken only for the 11,750 subjects who were not identified as deceased in 1982–84 or 1986 NHEFS. Tracing began in 1986, and data collection was conducted from mid-May 1987 through January 1988. At the close of data collection, 93.8 percent \((n = 11,018)\) of the study population had been successfully traced.

The basic design and data collection procedures of the 1987 NHEFS were identical to those developed in the 1986 study: Subjects (or their proxies) were traced, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected.

The first step of the 1987 Followup was to trace and locate all subjects in the 1987 NHEFS Followup cohort and determine their vital status. A subject in the NHEFS cohort was considered successfully traced if he or she (or another informant, if the subject was deceased or was incapacitated and thus unable to be contacted) responded correctly to a set of verification questions establishing the subject’s identity. All subjects whose vital status could not be determined were considered lost to followup. As was the case in previous NHEFS studies, a subject’s death had to be confirmed by means of either a death certificate or proxy interview.

The information collected during tracing relating to the death of a subject was used to request a copy of the death certificate from the appropriate State vital statistics office. Death certificates were obtained for 524 (94.4 percent) of the 555 decedents by the end of the 1987 survey period. (An additional 15 death certificates were obtained for 1987 NHEFS decedents after the closeout of the 1987 data collection period. These certificates are included on the 1992 NHEFS Mortality Data Public Use data tape.) Efforts continue to locate all missing death certificates.

Subject and proxy interviews were conducted over the telephone using a computer-assisted telephone interviewing system. The interview was designed to gather information on events that occurred since last contact regarding the subject’s living arrangement, occurrence and recurrence of chronic diseases, functional limitations, hospital and nursing home experience, and utilization of community services. To retain item comparability among NHANES I, and subsequent NHEFS studies, a majority of the questions included on the 1987 questionnaire were the same as those used in the previous NHEFS studies. Data on functional limitation, exercise and weight, and vision and hearing were
collected for surviving subjects only. The questions asked in the 1986 NHEFS concerning community services utilization were not reasked in the 1987 NHEFS. However, the 1987 NHEFS interview included several new questions on such topics as breast examination, male sterilization, and high blood cholesterol.

Interviews with the subject or a proxy were collected for 85.1 percent \( n = 9,998 \) of the 1987 NHEFS cohort, or 90.7 percent of those successfully traced. Interviews were conducted for 9,526 (91.0 percent) of the 10,463 surviving subjects, of which 630 were administered to a proxy respondent because the subject was incapacitated. A proxy interview was conducted for 472 (85.0 percent) of the 555 decedents identified in the 1987 NHEFS.

Information on overnight stays in hospitals and nursing homes was elicited for any of the medical conditions reported in the interview. If the subject was last interviewed in the 1986 NHEFS, the respondent was asked to recall any overnight stays since 1985. If the subject was last interviewed in the 1982–84 NHEFS, the interviewer asked the respondent to recall any overnight stays since 1980. If the subject had not been interviewed since the NHANES I examination, Tracing and data collection in the 1992 Followup were undertaken for only a portion of the NHEFS cohort, who are referred to as the 1992 Followup cohort. The 1992 Followup cohort consisted of the 11,195 subjects who were not known to be deceased in the 1982–84, 1986, or 1987 NHEFS, regardless of whether they had been previously successfully traced or interviewed in any other survey period. No additional interview or health care facility stay information was collected in the 1992 NHEFS for the 3,212 subjects who were known to be deceased before the 1992 NHEFS data collection period, even if a proxy interview had not been conducted or collection of health care facility records had not been undertaken for the decedent in a previous survey wave.

Study Design and Tracing Activities

The 1992 Followup was conducted to extend the followup period for the entire surviving NHEFS population. The main objectives of the 1992 Followup were as follows:

- To continue to monitor changes over time in health, functional status, and utilization of hospitals and nursing homes
- To track the incidence of various medical conditions

The NHEFS cohort consists of the 14,407 persons 25–74 years of age at the time of their NHANES I examination. Tracing and data collection in the 1992 Followup were undertaken for only a portion of the NHEFS cohort, who are referred to as the 1992 Followup cohort. The 1992 Followup cohort consisted of the 11,195 subjects who were not known to be deceased in the 1982–84, 1986, or 1987 NHEFS, regardless of whether they had been previously successfully traced or interviewed in any other survey period. No additional interview or health care facility stay information was collected in the 1992 NHEFS for the 3,212 subjects who were known to be deceased before the 1992 NHEFS data collection period, even if a proxy interview had not been conducted or collection of health care facility records had not been undertaken for the decedent in a previous survey wave.

Study Design

The design and data collection procedures adopted in the 1992 Followup were very similar to the ones developed in the previous NHEFS waves: Subjects (or their proxies) were traced, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. A major difference between the 1982–84 and subsequent NHEFS data collection waves, however, was the manner in which the interviews were conducted. In the 1982–84 NHEFS, the 2-hour subject interview usually was conducted in person; in the 1986, 1987, and 1992 followups, each interview averaged 30 minutes and was conducted primarily by telephone. In addition, because the questionnaire was not administered in person, no physical measurements were made in any of the three later followups. Copies of all pertinent study materials for the 1992 NHEFS (tracing materials, a brochure, letters, questionnaires, authorization forms, and health facility data collection forms) can be found in appendix I.

Each survey component (tracing, interviewing, collecting hospital and nursing home records, and obtaining death certificates) conducted in the 1992 NHEFS represents a separate survey activity with its own set of procedures for data collection, processing, and reporting. However, the information gathered for any one survey component was used to direct activities in other components. Thus, data from different survey components were intended to be used together when appropriate. Figure 2 summarizes the results from the data collection procedures for the 1992 NHEFS. The flowchart shows the relationship between each of the data collection activities (except for the health care facility record collection) and provides information on the number of subjects in each component.

Tracing

Tracing began in July 1992 and was conducted on all 11,195 subjects 25–74 years at their NHANES I examination who were not known to be previously deceased at the start of the 1992 NHEFS data collection period. Because the validity of longitudinal studies depends on the completeness of followup, a variety of tracing sources were used to trace subjects in the 1992 Followup. Different tracing strategies were developed depending on the subject’s prior tracing status. Standard tracing procedures were used for subjects who had been successfully traced alive in a prior NHEFS data collection period \( n = 10,584 \); with slightly different procedures used for subjects who had not been successfully
traced in the 1982–84, 1986, or 1987
NHEFS (n = 611). The tracing
procedures used for each group are
discussed in the following paragraphs.
Subjects and proxy respondents who
were located and verified through these
tracing procedures were then contacted
by telephone or mail (if a telephone
number was not available) and asked to
participate in an interview.

Standard Tracing Procedures

All subjects regardless of their prior
tracing status were traced using the
following prescribed tracing procedures:
Postal service address correction forms
were sent to postmasters for all subjects
with complete address information.
Simultaneously, matches of all 11,195
1992 NHEFS participants were made to
the National Death Index (7), the Social
Security Administration mortality file,
and the enrollment file of the Health
Care Financing Administration (HCFA).
Only subjects for whom NCHS had
previously collected a valid Social
Security Number were included in the
Social Security mortality tape match.
Location information received from
HCFA was used only if no other tracing
information was successful in locating
the subject. If any of these tracing
sources identified a subject as possibly
deceased, the tracing procedures were
modified to include contacting State
vital statistics offices for death certificate
acquisition and locating potential proxy
respondents to complete the proxy
deceased interview. For additional
information, see section entitled
“Death certificate collection.” A subject
is not identified as deceased unless a
death certificate is received or a proxy
deceased interview is completed.

The next step in locating each
subject was to conduct an automated
tracing procedure using Telematch, a
service that provides computerized
matching with a biweekly updated
nationwide white pages telephone
directory listing. Subjects were
considered successfully identified if the
last name, mailing address, and ZIP
Code matched either the subject’s last
known address or the updated address
information provided by the U.S. Postal
Service. If the information provided by
Telematch did not result in a conclusive
match or was later found to be
inaccurate, a variety of other tracing
sources were used. They included calls
to the subject’s last confirmed telephone
number, calls to directory assistance,
calls to the tracing references provided
in previous NHEFS interviews
(typically, persons not living in the
subject’s household at the time of the
previous interview), and contacts with
state motor vehicles offices.
Furthermore, crisscross directory
searching was undertaken to locate
residents living on the block where the
subject was last known to have resided.
When found, these persons were
contacted to determine whether they
were familiar with the subject and, if so,
whether they knew the whereabouts of
the subject. If at any time a tracing
action resulted in contact with the
subject or with a person who was
knowledgeable about the subject, a set
of vital status verification questions was
administered. Vital status verification
questions are discussed later in this
report.

The 611 subjects who had not been
successfully traced since the baseline
examination were included in almost all
the aforementioned standard tracing
procedures. However, they were not
included in submissions to State motor
vehicle searches or crisscross directory
searches. These tracing sources were not
utilized in the 1992 NHEFS, because
they had already been attempted in each
previous followup tracing period with
the address provided at the baseline
examination. It was determined that
these tracing sources were unlikely to
provide any new leads with address
information that was approximately 20
years old. Despite the difficulties in
attempting to locate subjects who have
been “lost-to-followup” since the
baseline examination, 65 subjects not
previously traced were confirmed found
and administered some form of vital
status verification in the 1992 NHEFS.

Vital Status Verification

Two types of vital status verification
procedures were utilized in the conduct
of the 1992 NHEFS: Location
verification and vital status verification.
Location verification procedures were
utilized from the beginning of tracing in
this period, when a tracing call was
made to the subject’s last confirmed
telephone number, location verification
was conducted with the person who
answered the call. The tracer attempted
to verify that the subject’s name and
current address matched the information
contained in previous tracing records.
The tracer was also instructed to record
whether the person to whom he or she
was speaking with was the subject, a
previously identified tracing contact, or
someone else in the household. If the
information supplied during location
verification matched the previous
address information, the subject was
considered located and was scheduled
for a telephone interview. All subjects
considered located during location
verification were administered a set of
vital status verification questions during
the telephone interview. If the subject
did not complete a telephone interview
the location verification form was
reviewed to determine the vital status
of the subject and the subject’s date last
known alive. A sample location
verification form is included in
appendix I.

Vital status verification procedures
were developed and implemented from
April 1992 through June 1993. During
this period, if any tracing action resulted
in contact with the subject or with a
person who was knowledgeable about
the subject, a set of vital status
verification questions was administered.
Vital status verification could be
conducted during a tracing contact or at
the beginning of the telephone interview.
A sample of the vital status verification
questions is included in appendix I. A
subject’s vital status was considered
verified if he or she or a proxy
respondent (if the subject was deceased
or incapacitated and unable to be
interviewed) correctly responded to a set
of verification questions used to
establish the subject’s identity. (If the
respondent did not have a telephone, he
or she was sent a mail update form to
complete.) Once the name of the subject
was verified, the respondent had to
correctly supply at least two of these
three items.

Subject’s date of birth—Date of
birth was considered verified if the
subject’s month, day, and year of birth matched exactly the information obtained at either NHEFS I or the 1982–84 NHEFS, depending on whether the subject had been successfully traced in the 1982–84 NHEFS. If only the month and day matched, the birth year had to be within 2 years of the year listed in the tracing records for the date of birth to be considered verified. In some cases, a proxy respondent was administered the questions and did not know the subject’s date of birth. This item, however, was considered verified if the age provided by the proxy for the subject was within two years of the deceased subject’s age at death or of the surviving subject’s current age, as determined from the subject’s tracing file. If the proxy did not know the subject’s age, the interviewer requested the name of another proxy respondent.

Subject’s date of time at the last NHEFS contact—The address was considered verified if the street, city, and state reported at last contact matched the information on record. Street number did not need to match.

Household composition at last contact—Questions on household composition were asked only if the subject’s date of birth or address at the time of last contact did not match information listed in the subject’s tracing records. The household composition at the time of last contact was considered verified if the respondent recalled the name and relationship of at least one household member. If the respondent reported that the subject lived alone and this agreed with the information in the tracing records, this also was considered a match.

Subjects Lost to Followup

All subjects who could not be located through the tracing procedures were considered lost to followup in the 1992 NHEFS. In 12 cases, even though information about the death of a subject was obtained from a former neighbor, a relative, or another tracing source, that subject was considered lost to followup because the information was not verified by means of a proxy interview or a death certificate. A subject’s death had to be confirmed by either a death certificate or proxy interview.

Two groups of subjects were considered alive for analytic purposes in the 1992 Followup but were assigned a special 1992 Followup vital status code. The first group consists of 63 subjects who were initially traced alive in the 1992 NHEFS but were subsequently lost before the 1992 interviewing period. While the vital status verification questions were completed, these questions were not completed by the subject but rather by another person (a relative, neighbor, or tracing contact). These subjects are identified by a 1992 NHEFS vital status code of “6.” The date when they were last known alive is the date the vital status verification questions were completed. The second group includes 252 subjects for whom confirmation of vital status was not obtained but the tracing record indicates that the subject was directly contacted and refused to complete the verification questions. These subjects are identified by a 1992 NHEFS vital status code of “5.” The date when they were last known alive is the date the subject was contacted. Analysts may want to consider these 315 subjects lost to followup. However, the authors feel that the available data indicate that there is a high probability that these subjects were alive at the time of tracing in the 1992 NHEFS.

As of July 19, 1993, the end of the 1992 survey period, 90.0 percent (n = 10,079) of the 11,195 subjects in the 1992 Followup cohort had been successfully traced (see figure 2). Only 510 (4.9 percent) of the 10,463 subjects who had last been traced alive in the 1987 NHEFS were not successfully traced in the 1992 NHEFS. However, 546 (89.4 percent) of the 611 subjects who had last been traced alive in the 1987 NHEFS were not successfully traced in any previous NHEFS wave were again not successfully traced in the 1992 NHEFS.

The success of the tracing efforts in the 1992 Followup according to age at baseline examination, race, and sex, with the proportion of subjects who were lost to followup representing the dependent variable. The analysis was limited to black and white respondents, because there were few subjects of other races (n = 148). Age at baseline examination was categorized into five 10-year age groups (25–34 through 65–74 years). Interaction terms were deleted from the saturated model to develop the simplest model that would fit the data. The smallest p value (probability) for a deleted term was 0.47. The final model included an interaction term for race and sex (p = 0.0290). Black men were more than 3 times as likely to be lost to followup as white men and black women were 2.5 times more likely to be lost as white women. Odds ratio relative to white men were 1.08, 2.59, 3.44 for white women, black women, and black men, respectively. Rates of loss to followup were highest for subjects under 35 years of age at the time of the NHEFS I examination and continued to decrease with each 10-year increase in age for all race-sex groups until age 55. There were no significant differences in loss to followup rates for subjects over age 55 at NHEFS I examination.

Analysis using a multiple logistic regression was conducted to determine whether those persons lost to followup were at relatively high risk of death. The regression model included six health characteristics measured during NHEFS I (in addition to age at baseline examination, race, and sex) that have been established as risk factors for mortality: High blood pressure (systolic blood pressure of 140 millimeters of mercury or higher); high cholesterol (260 milligrams per 100 milliliters or higher); self-reported history of heart attack; self-reported history of diabetes; smoking status at baseline examination (current smoker, current nonsmoker, or unknown); and overweight (for men, a body mass index greater than or equal to 27.8 kilograms per meter squared; for women, a body mass index greater than or equal to 27.3 kilograms per meter squared). The thresholds for overweight represent the sex-specific 85th percentiles for persons 20–29 years of age (excluding pregnant women) in the classification of age at baseline examination, race, and sex, with the proportion of subjects who were lost to followup representing the dependent variable. The analysis was limited to black and white respondents, because there were few subjects of other races (n = 148). Age at baseline examination was categorized into five 10-year age groups (25–34 through 65–74 years). Interaction terms were deleted from the saturated model to develop the simplest model that would fit the data. The smallest p value (probability) for a deleted term was 0.47. The final model included an interaction term for race and sex (p = 0.0290). Black men were more than 3 times as likely to be lost to followup as white men and black women were 2.5 times more likely to be lost as white women. Odds ratio relative to white men were 1.08, 2.59, 3.44 for white women, black women, and black men, respectively. Rates of loss to followup were highest for subjects under 35 years of age at the time of the NHEFS I examination and continued to decrease with each 10-year increase in age for all race-sex groups until age 55. There were no significant differences in loss to followup rates for subjects over age 55 at NHEFS I examination.

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Table A. Number of subjects and percent distribution of respondents by status at followup in the first NHANES I Epidemiologic Followup Study, 1992 Followup cohort, according to race, sex, and age at NHANES I

<table>
<thead>
<tr>
<th>Race, sex, and age</th>
<th>All respondents</th>
<th>Status at followup</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Surviving</td>
<td>Deceased</td>
<td>Lost to followup</td>
<td>Total</td>
</tr>
<tr>
<td>All races2</td>
<td>11,195</td>
<td>8,687</td>
<td>1,392</td>
<td>1,116</td>
<td>100.0</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>1,102</td>
<td>906</td>
<td>25</td>
<td>171</td>
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<tr>
<td>35–44 years</td>
<td>851</td>
<td>720</td>
<td>37</td>
<td>94</td>
<td>100.0</td>
</tr>
<tr>
<td>45–54 years</td>
<td>854</td>
<td>708</td>
<td>98</td>
<td>48</td>
<td>100.0</td>
</tr>
<tr>
<td>55–64 years</td>
<td>559</td>
<td>373</td>
<td>161</td>
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<td>100.0</td>
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<tr>
<td>65–74 years</td>
<td>621</td>
<td>262</td>
<td>325</td>
<td>34</td>
<td>100.0</td>
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<tr>
<td>25–34 years</td>
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<td>606</td>
<td>135</td>
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<td></td>
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<tr>
<td>Male:</td>
<td></td>
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<td></td>
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<tr>
<td>25–34 years</td>
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<td>490</td>
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<td>136</td>
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<td>65–74 years</td>
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<td>Female:</td>
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<td>529</td>
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<td>499</td>
<td>383</td>
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<tr>
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<tr>
<td>Male:</td>
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<tr>
<td>25–34 years</td>
<td>138</td>
<td>87</td>
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<td>44</td>
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<tr>
<td>35–44 years</td>
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<td>67</td>
<td>5</td>
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<tr>
<td>45–54 years</td>
<td>103</td>
<td>81</td>
<td>11</td>
<td>11</td>
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<tr>
<td>55–64 years</td>
<td>59</td>
<td>31</td>
<td>20</td>
<td>8</td>
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<tr>
<td>65–74 years</td>
<td>98</td>
<td>31</td>
<td>49</td>
<td>18</td>
<td>100.0</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
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<td></td>
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<tr>
<td>25–34 years</td>
<td>353</td>
<td>246</td>
<td>8</td>
<td>99</td>
<td>100.0</td>
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<tr>
<td>35–44 years</td>
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<td>249</td>
<td>22</td>
<td>58</td>
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<tr>
<td>45–54 years</td>
<td>131</td>
<td>95</td>
<td>18</td>
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<tr>
<td>55–64 years</td>
<td>111</td>
<td>75</td>
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<tr>
<td>65–74 years</td>
<td>143</td>
<td>71</td>
<td>58</td>
<td>14</td>
<td>100.0</td>
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<td>Male:</td>
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<tr>
<td>25–34 years</td>
<td>18</td>
<td>12</td>
<td></td>
<td>6</td>
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<td>35–44 years</td>
<td>19</td>
<td>14</td>
<td>1</td>
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<tr>
<td>45–54 years</td>
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<td>9</td>
<td>1</td>
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<tr>
<td>55–64 years</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>–</td>
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<tr>
<td>65–74 years</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>–</td>
<td>100.0</td>
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<tr>
<td>Female:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>33</td>
<td>19</td>
<td></td>
<td>14</td>
<td>100.0</td>
</tr>
<tr>
<td>35–44 years</td>
<td>39</td>
<td>29</td>
<td>3</td>
<td>7</td>
<td>100.0</td>
</tr>
<tr>
<td>45–54 years</td>
<td>6</td>
<td>5</td>
<td></td>
<td>1</td>
<td>100.0</td>
</tr>
<tr>
<td>55–64 years</td>
<td>3</td>
<td>2</td>
<td></td>
<td>1</td>
<td>100.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>–</td>
<td>100.0</td>
</tr>
</tbody>
</table>

1 See appendix II for a discussion of revised race, corrected sex, and recalculated age at NHANES I.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25 years and over at NHANES I, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Survey.
Table B. Odds ratios, confidence intervals, and statistical significance for selected health characteristics on loss to followup for NHANES I Epidemiologic Followup Study, 1992 Followup cohort

<table>
<thead>
<tr>
<th>Baseline characteristic</th>
<th>Odds ratio</th>
<th>Lower bound</th>
<th>Upper bound</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>0.97</td>
<td>0.81</td>
<td>1.16</td>
<td>0.7493</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>0.93</td>
<td>0.75</td>
<td>1.14</td>
<td>0.4635</td>
</tr>
<tr>
<td>Overweight</td>
<td>1.13</td>
<td>0.97</td>
<td>1.32</td>
<td>0.1120</td>
</tr>
<tr>
<td>History of heart attack</td>
<td>1.25</td>
<td>0.73</td>
<td>2.11</td>
<td>0.4148</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.80</td>
<td>1.22</td>
<td>2.65</td>
<td>0.0029</td>
</tr>
<tr>
<td>Smoking</td>
<td>2.11</td>
<td>1.73</td>
<td>2.58</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I examination, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study. Data are based on multiple logistic regression with race, sex, race-sex interaction and age at NHANES I examination included.

The 1992 NHEFS interviews were conducted over the telephone using a computer-assisted telephone interviewing (CATI) system. CATI allows the telephone interviewer to enter the answers supplied by the respondent directly into the computer. Thus, editing and coding time is reduced, and keypunching from a hard-copy questionnaire is eliminated. A computer program drives the questionnaire so that the correct skip patterns are followed and the appropriate questions are displayed on the computer monitor. The skip patterns are based on information gathered either from previous data collection waves or from responses provided during the interview. For example, the several questions on pregnancy and menstrual history in the 1992 interview were programmed to be skipped automatically when the subject was male or if the female subject had a previous interview. Edit and logic checks are incorporated into the data collection system itself, thus improving the quality of the data.

The data collection period for the 1992 Followup began in June 1992 and ended in July 1993. Fieldwork was conducted by dividing the sample into three regions, with the first region having the largest sample size and the third region having the smallest sample size. Each region contained States from each time zone. Interviews were collected for 9,281 subjects, of which 9,238 (99.5 percent) were conducted by telephone and 43 (0.5 percent) were conducted by mail.

**Questionnaire Types**

The 1992 NHEFS questionnaire was designed to gather information on events that occurred since last contact regarding the subject’s living arrangement, occurrence and recurrence of selected chronic diseases, functional limitations, and hospital and nursing home experiences. To retain item comparability with NHANES I, the 1982–84, 1986, and the 1987 NHEFS surveys, a majority of the questions included on the 1992 NHEFS

### Interview Data Collection

**Interview Procedures**

An attempt was made to obtain an interview for all subjects who were successfully traced in the 1992 NHEFS. The procedures used to obtain interviews in the 1992 NHEFS were similar to those adopted in the previous waves of the NHEFS:

- An advance letter describing the Followup Study was sent to a surviving subject or a knowledgeable proxy respondent (for a deceased subject or for a subject who was incapacitated and unable to participate in the interview), once that person was traced and located.
- The interviewer then called the subject or proxy to schedule an appointment for the interview.
- In contrast to the 1982–84 interview procedures, the 1992, 1987, and 1986 interviews were administered by telephone. (In 1982–84, the majority of the interviews were conducted in person.) When a telephone number was not available, the respondent was sent a mail questionnaire to complete. Any overnight health care facility stays reported during the interview were recorded on a hospital and health care facility chart.
- At the end of the interview, the respondent’s address was confirmed. This was done for tracing purposes as well as to ensure that a medical authorization form would be sent to the proper address to be signed and returned. This form was used to request health care facilities to release information from the subject’s medical records to the study. It was mailed to the respondent for his or her signature (or to a blood relative if the proxy respondent was not related to the subject) when at least one health care facility stay was reported during the interview and was listed on the subject’s hospital and health care facility chart. Subjects and proxies were remunerated $5 for agreeing to complete and return the medical authorization form.

The 1992 NHEFS interviews were conducted over the telephone using a computer-assisted telephone interviewing (CATI) system. CATI allows the telephone interviewer to enter the answers supplied by the respondent directly into the computer. Thus, editing and coding time is reduced, and keypunching from a hard-copy questionnaire is eliminated. A computer program drives the questionnaire so that the correct skip patterns are followed and the appropriate questions are displayed on the computer monitor. The skip patterns are based on information gathered either from previous data collection waves or from responses provided during the interview. For example, the several questions on pregnancy and menstrual history in the 1992 interview were programmed to be skipped automatically if the subject was male or if the female subject had a previous interview. Edit and logic checks are incorporated into the data collection system itself, thus improving the quality of the data.

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**Questionnaire Types**

The 1992 NHEFS questionnaire was designed to gather information on events that occurred since last contact regarding the subject’s living arrangement, occurrence and recurrence of selected chronic diseases, functional limitations, and hospital and nursing home experiences. To retain item comparability with NHANES I, the 1982–84, 1986, and the 1987 NHEFS surveys, a majority of the questions included on the 1992 NHEFS
questionnaire were the same as those used in the previous NHEFS surveys. New questions concerning skin cancer, outpatient cancer surgery, blood relative cancer history, hernia, health insurance and income, as well as an expanded section on female hormone use, were added to the 1992 NHEFS.

As in the previously conducted followups, two versions of the questionnaire were used in the 1992 NHEFS: The subject questionnaire and the proxy questionnaire (see appendix I). Surviving subjects were always administered the subject questionnaire. If the subject was alive but incapacitated, a slightly modified version of the subject questionnaire was used only when the subject was deceased. It consisted of a subset of the questions from the subject questionnaire, with the addition of several questions related to the subject’s death.

Note the distinction between a proxy respondent and the proxy questionnaire. A proxy respondent was the informant who answered questions when the subject was unable to participate in an interview, either because the subject was alive and incapacitated or because the subject was deceased. The proxy questionnaire, however, was the type of questionnaire administered only to the person who responded for a deceased subject. A total of 1,681 proxy respondents were interviewed in the 1992 NHEFS. Of these, 551 responded for an incapacitated subject and were administered a modified version of the subject questionnaire and 1,130 responded for a deceased subject and thus were administered the proxy questionnaire.

Nearly all 9,281 interviews collected in the 1992 NHEFS were conducted by telephone. However, during the main survey, when a subject or proxy could not be contacted by telephone, the respondent was mailed an abbreviated questionnaire (see appendix I). The mail questionnaire for surviving subjects was designed to collect information on (a) tracing for future recontacts, (b) subject’s current living arrangements and medical history since last contact, (c) name and address of hospitals and nursing homes in which the subject had stayed since last contact and the admission date for each stay, and (d) if the subject was female, reproductive and hormone use history. The mail questionnaire sent to the proxy respondent when the subject was deceased was designed to obtain the necessary information on (a) the subject’s identity, (b) the name and address of hospitals and nursing homes in which the subject had stayed since last contact and the admission date for each stay, and (c) the locality of the subject’s death.

A total of 43 mail questionnaires were received in the 1992 Followup, 41 were collected from surviving subjects, and 2 were collected from proxies for deceased subjects. Unlike the 1982–84 NHEFS, a returned mail questionnaire in the 1992 (and the 1986 and 1987) NHEFS constitutes an interview, and data from the mail questionnaires are included on the 1992 NHEFS Interview Tape.

### Questionnaire Content

The subject and proxy telephone questionnaires were divided into sections according to topic area. The major topics are summarized in figure 3. Where appropriate, entire sections or specific questions in some sections were omitted from the proxy questionnaire. In addition, certain sections of the questionnaire were included or omitted depending on whether the subject had completed an interview in a previous followup period.

Part A of the subject and proxy questionnaires included questions on the subject’s household composition, marital status, future plans to work and health related reasons for reducing hours of work. The subject’s race was ascertained only if the subject had not completed a previous interview.

Part B of the subject and proxy questionnaires contained a self-reported history of selected medical conditions. Specific questions were asked about

| Demographic | Living arrangement, household composition, and marital status |
| Arthritis, heart conditions, stroke, diabetes, hypertension, cancer, male sterilization, bone fractures, cataracts, blood relative cancer history, and other chronic conditions |
| History of overnight hospital and nursing home stays since last contact |
| Activities of daily living |
| History of use and current use |
| Use in past year |
| Corrective lenses and hearing acuity |
| Activity level, history, current weight, and calcium supplementation |
| Hormone use, pregnancies, births, breast examination and Pap smear test, and female sterilization |
| Place of death |

1 Information collected only if the subject had not been previously interviewed in a prior NHEFS survey period.
2 Information collected only if the subject had not had an interview in a previous survey period or was under age 46 at the 1982–84 NHEFS interview.

NOTES: N HANES I is defined as the first National Health and Nutrition Examination Survey, NHEFS is defined as the N HANES I Epidemiologic Followup Study.

Figure 3. Questionnaire topics in the N HANES I Epidemiologic Followup Study, 1992
arthritis, gout, heart attack, coronary bypass surgery, pacemaker procedures, stroke, cancer, hypertension, diabetes, kidney disorders, urinary tract infections, hip and wrist fractures, pneumonia, flu, vasectomy, and other types of surgeries. The proxy questionnaire also included several questions in part B that pertain to the subject’s place of death.

The wording of the medical condition questions in part B generally depended on whether the subject had been previously interviewed in 1982–84, 1986, or 1987 and, if so, whether a specific medical condition had been reported for the subject during that interview. If a certain medical condition had been reported in a previous NHEFS interview, the respondent in the 1992 interview was asked to recall any recurrences of that medical condition since the date of that interview. The respondent was asked to recall whether a doctor had ever told the subject that he or she had the medical condition in question if the condition had not been reported in a previous NHEFS interview, the condition was never asked about in a previous NHEFS interview, or an interview had not been conducted for the subject in 1982–84, 1986, and 1987.

Respondents also were asked to provide information on all overnight hospital, nursing home, or other nonhospital health care facility stays. Generally, respondents were asked to report all overnight facility stays since 1987 if the subject was last interviewed in the 1987 NHEFS, since 1985 if the subject was last interviewed in the 1986 NHEFS, since 1980 if the subject was last interviewed in the 1982–84 NHEFS, or since 1970 if the subject was last interviewed at the NHANES I examination. In the case where the respondent reported that the subject was first told about having the medical condition of interest before 1980, 1985, or 1987 and that information contradicted information obtained in the 1982–84, 1986, or 1987 NHEFS interview, he or she was asked to provide information on all hospital stays since 1970 for that condition.

The beginning of the recall period was defined as either 1970, 1980, 1985, or 1987 rather than the date of the subject’s most recent interview (that is, baseline examination, 1982–84 NHEFS, 1986 NHEFS, or 1987 NHEFS) for two main reasons. First, the beginning or midpoint of a decade may be an easier reference point for recalling events rather than the date of the subject’s most recent interview. Second, given that respondents might have difficulty recalling the exact dates of facility stays, increasing the length of the recall period maximizes the probability of collecting information on health care facility stays that occurred since the date of the subject’s most recent interview.

All overnight stays in health care facilities reported during the interview were recorded on the hospital and health care facility chart. The full name and address of the health care facility, date of admission, and reason(s) for the admission were obtained from the respondent for each stay and transcribed onto the chart.

Part C of the subject questionnaire concerned functional impairment. First, several questions were asked on paralysis, amputation, and severe arthritis of the limbs. The battery of functional limitation questions consisted of a modified subset of items from the Fries Functional Disability Scale for arthritis (9), the Rosow-Breslau Scale (10), and the Katz Activities of Daily Living Scale (11). The questions were designed to measure the subject’s level of difficulty in doing a set of everyday activities without the help of another person or mechanical device. Information was also collected on whether help had been received and how this help affected the subject’s ability to perform the activity. Thus, this information could be used to measure the impact of disease on functional ability as well as the actual functional level as affected by the receipt of help or use of devices. Subjects who were either bedridden, had loss of lower limb functions, or who were under 55 years of age at the time of the 1992 interview and had never reported arthritis in a previous interview were asked a subset of the functional limitation questions. Part C was omitted from the proxy questionnaire.

Part D consisted of questions pertaining to the subject’s smoking and drinking habits. The questions were designed to obtain a brief history of the subject’s lifetime cigarette smoking behavior and overview of the subject’s smoking and alcohol consumption in the past year. Smoking history questions were asked of the respondent only when a subject interview had not been previously conducted.

Part E contained questions on physical activity and current body weight for surviving subjects. A series of questions regarding the subject’s weight history also was included in Part E for those subjects not previously interviewed. Part E was not included in the proxy questionnaire.

Part F consisted of questions designed to measure the subject’s visual and auditory abilities. Part F was omitted from the proxy questionnaire.

Part G contained questions on female medical history, including pregnancy and menstrual history, use of birth control pills and post-menopausal hormones, and frequency of breast examination and Pap smear tests. The questions concerning pregnancy were asked only of female subjects (or their proxies) if the subject was under 45 years of age at the 1982–84 interview or had not been previously interviewed. Several new questions regarding calcium supplementation were added to the 1992 interview.

Part H in the subject questionnaire included questions pertaining to health insurance and income as well as questions designed to obtain the subject’s Social Security and Medicare Numbers, if they had not been obtained previously. Part H was also used to confirm, for future tracing purposes, the name and address of all persons who participated in the interview (for example, subject, proxy, or assistant). Confirmation of name and address was also done so that a medical authorization form could be sent to the proper address to be signed and returned. The form was used to request health care facilities to release information from the subject’s medical records to the study. It was sent to the subject or proxy (if the proxy was related to the subject and the subject was too ill to sign the form) to obtain his or her signature when at least one health care facility stay was reported and had been listed on the subject’s
hospital and health care facility chart. When the proxy respondent was not related to the incapacitated subject who was unable to sign the medical authorization form, an attempt then was made in Part H to identify a relative who could sign it. Part H in the proxy questionnaire included questions designed to facilitate the acquisition of a subject’s death certificate if it had not yet been received.

Part I was used by the interviewer to give his or her impressions regarding the quality of the interview and responses provided by the informant.

Interview Nonresponse

By the end of the 1992 NHEFS survey period (July 19, 1993), interviews had been conducted for 82.9 percent (n = 9,281) of the 11,195 subjects aged 25–74 years at NHANES I and not found to be deceased in the 1982–84, 1986, or 1987 NHEFS (92.1 percent of those successfully traced).

As shown in figure 2, an interview was conducted for 8,151 (93.8 percent) of the 8,687 surviving subjects; 551 interviews were administered to a proxy respondent because the subject was incapacitated. A proxy interview was conducted for 1,130 (91.2 percent) of the 1,392 decedents identified in the 1992 NHEFS. In the 1992 NHEFS, only 6.2 percent (n = 536) of the traced surviving subjects were not interviewed. Proxy interviews were not conducted for 18.8 percent of decedents in the 1992 NHEFS.

Table C shows the interview nonresponse rates for the 1992 Followup by age at baseline examination, race, sex, and vital status. In the 1992 Followup the interview success rate was lower for decedents than for surviving subjects; this trend is observed across almost all age-sex-race groups. This difference occurs partly because many of the decedents were located from vital statistics files and no proxy could be identified.

To summarize how demographic factors relate to interview status, multiple logistic models were fitted to the cross-classification of age at baseline examination, race, and sex, with the proportion of 1992 Followup subjects without an interview as the dependent variable. The analysis was limited to black and white respondents, because there were few subjects of other races (n = 148). Age at baseline examination was categorized into five 10-year age groups (25–34 years through 65–74 years). The final model for surviving subjects includes an interaction term between sex and race (p = 0.0252).

Thus, among survivors, black men were 3 times more likely not to be interviewed than white men, and black

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<th>Deceased</th>
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1The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I examination, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study (NHEFS). Percentages are based on 8,697 surviving subjects and 1,392 deceased subjects at the time of the 1992 NHEFS.

2See appendix II for a discussion of revised race, corrected sex, and recalculated age at NHANES I.

3Includes races other than white or black.

NOTE: NHANES I is defined as the first National Health and Nutrition Examination Survey.
women were slightly more than twice as likely not to have a completed subject interview than white women. Odds ratios relative to white men were 1.01 for white women, 2.29 for black women, and 3.16 for black men. Noninterview rates were highest among those 25–34 and 65–74 years of age at baseline and lowest for those 55–64 years of age. Odds ratios compared to subjects aged 55–64 years were 2.23 for 25–34 years, 1.75 for 65–74 years, 1.51 for 35–44 years, and 1.18 for 45–54 years.

The final model for decedents includes interactions between age at baseline examination and sex (\( p = 0.0573 \)) and race and sex (\( p = 0.0456 \)). Black female decedents were 2.5 times more likely not to have a proxy interview than white female decedents, but black male decedents were only 78 percent more likely not to have a proxy interview than white male decedents. Male decedents under the age of 55 at baseline examination were twice as likely to not have a proxy interview as those over the age of 55. Female decedents age 45–54 were the least likely to be missing a proxy interview and those age 25–34 were most likely not to have a completed proxy interview.

**Health Care Facilities Data Collection**

A major objective of the 1992 NHEFS is the collection of information on all overnight stays in health care facilities for members of the 1992 Followup cohort. The 1992 Followup cohort consisted of the 11,195 subjects who were not known to be deceased in the 1982–84, 1986, or 1987 NHEFS. Followup cohort members who have either an interview or a death certificate on the 1992 NHEFS data files were eligible for the health care facility records component. The aim of this component was to develop a complete set of health care facility (that is, hospital and nursing home) records for each 1992 Followup cohort member. This was accomplished by identifying all overnight stays in health care facilities through a series of reporting mechanisms. Facilities were then contacted to obtain copies of medical records. Reports and medical records were then linked, and the 1992 NHEFS Health Care Facility Stay file was constructed. Critical periods for the collection of facility records in the 1992 NHEFS are illustrated in figure 4. The time line at the top of the figure identifies the events or dates used to define reference periods. Each panel below the time line defines the reference period for an individual aspect of the facility data collection. Within a panel, each line shows how that period is defined for subjects with different interview histories.

The 1992 NHEFS Health Care Facility Stay file contains all information on overnight stays that are in-scope for the 1992 NHEFS period. This in-scope period covers the time between the most recent interview before the 1992 NHEFS and the date of the 1992 NHEFS interview. The four possible in-scope periods are illustrated in the first panel of figure 4. The in-scope period for surviving subjects last interviewed in the 1987 NHEFS begins on the date of the 1987 interview and ends on the date of the 1992 interview. For deceased subjects last interviewed in 1987, the in-scope period runs from the date of the 1987 interview to the date of the subject’s death. For subjects whose last interview was conducted during the 1986 Followup, the in-scope period begins on the date of the 1986 interview and ends on the date of the 1992 interview for survivors or on the date of death for decedents. The in-scope period for surviving subjects last interviewed in the 1982–84 Followup begins on the date of the 1982–84 interview and ends on the date of the 1992 interview. For deceased subjects last interviewed in 1982–84, the in-scope period runs from the date of the 1982–84 interview to the date of the subject’s death. Subjects last contacted at the NHANES I examination have an in-scope period from the date of the NHANES I examination until the date of the 1992 interview or the date of death. Stays that were determined to have occurred before the in-scope period were defined as out of scope. When information on stays that occurred before the 1992 in-scope period that had not been obtained in previous waves was collected during the 1992 wave, it was placed on the Supplemental Health Care Facility Stay file.

**Identification of Stay Reports**

Reports of overnight hospital or nursing home facility stays were obtained from various sources. Most reports were elicited through a series of detailed questions in part B of the interview, which includes questions about specific medical conditions. If a respondent reported that the subject had experienced a given condition, questions were then asked to determine whether the subject had ever been admitted to a health care facility because of the condition. If the condition had been reported in a previous interview, the respondent was asked to report all overnight facility stays for that condition that had occurred since 1987 if the subject was last interviewed in 1987, since 1985 if the subject was last interviewed in the 1986 NHEFS, since 1980 if the subject was last interviewed in the 1982–84 NHEFS, or since 1970 if the subject was last interviewed at the time of the NHANES I examination. If the condition had not been previously reported, respondents were asked to recall facility stays since 1970 if the condition first occurred before 1980, since 1980 if the condition first occurred between 1980 and 1985, or since 1985 if the condition first occurred after 1985. For respondents who provided inconsistent information during the 1992 interview (that is, information that contradicted the previous interview), the respondent recall period was extended back to 1970.

The respondent recall periods were defined to include reports of facility stays that were technically out of scope for the 1992 NHEFS (that is, facility stays that occurred before the date of last NHEFS interview). This was done for two reasons. First, the years 1970, 1980, and 1985 may be more meaningful reference points for respondents than the date of the last interview. Second, to the extent that subjects misreport the dates of hospital or nursing home stays, increasing the
period of reporting will maximize the probability of collecting information on all facility stays that are truly in scope for 1992. The relationship between in-scope and respondent recall periods is illustrated in figure 4. In addition to interview information, data on facility stays were gathered from other reporting sources: Death certificates, tracing sources, and other facility abstracts. At the conclusion of the interview, authorization was obtained to contact facilities.

**Facility Data Collection**

For each stay reported during the interview, the name and address of the facility, the reported dates of the stay, and the reason for the stay were recorded on the hospital and health care facility chart. (See appendix I.) A separate log book was kept containing similar data for reports gathered from the death certificates, tracing sources, and other facility abstracts. All reports of facility stays were compiled and entered into a computerized tracking system. For each subject, the list of reported stays was checked against the list of facilities that were contacted for the subject in previous NHEFS interviews. To avoid duplication with previous NHEFS Health Care Facility Stay files, reports were deleted from the tracking system if the reported dates of admission on the 1992 NHEFS were more than 1 year before the previous NHEFS interview (that is, out of scope for the 1992 NHEFS), unless the facility named in the report had not been contacted during the followup corresponding to the previous interview. For example, if a respondent reported being hospitalized since the beginning of 1986 for a given condition and the reported date of admission was more than 1 year before the 1987 interview, the facility mentioned would not normally be asked for information about the stay. However, if the facility had not been contacted in 1987, information about the stay would be requested from the facility.

All facilities in which stays were reported were contacted by mail during the period October 1992–September 1993.

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**Survey periods**

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- Interviewed in 1987
- Last previous contact in 1986
- Last previous contact in 1982-84
- Last previous contact at baseline examination

**In-scope periods**

**Respondent recall periods for hospitalizations**

- Last contact in 1987
- Last contact in 1986
- Last contact in 1982-84
- Last contact at baseline examination

- Condition first occurred in 1987 or later
- Condition first occurred in 1985-86
- Condition first occurred in 1980-84
- Condition first occurred before 1980

**Abstract request periods**

- Last contact in 1987
- Last contact in 1986
- Last contact in 1982-84
- Last contact at baseline examination

- Stay reported in 1986 or later
- Stay reported in 1982 or later
- Stay reported between 1970-81

**Figure 4. Survey period, respondent recall period, and facility abstract request period, by previous interview status: NHANES I Epidemiologic Followup Study, 1992**
Because many respondents may not have remembered correctly the dates of hospitalizations, the requests to the facilities did not specify the reported dates of admission. Rather, facilities were asked to complete abstract forms for all stays since the date of last NHEFS contact. In some cases, an out-of-scope report was obtained for a facility that had not been contacted in a previous NHEFS. When this occurred, the facility was directed either to send all abstracts since 1970 or 1980, depending on the time of the last contact with the subject. The different facility abstract request periods are illustrated in figure 4. These procedures sometimes resulted in the receipt of previously unobtained abstracts that were out of scope for the 1992 survey but in scope for other NHEFS Followup periods. The NHEFS Supplemental Health Care Facility Stay file includes these records. In addition to completing abstract forms, health care facilities were requested to submit photocopies of selected sections of the subject’s inpatient record: The facesheet, the discharge summary, and pathology reports (for any admission where a new malignancy was diagnosed).

Matching Records

As the abstracts were received, each was checked against report information in the tracking system to determine whether the abstract “matched” any of the reported stays. Date of admission and diagnosis were used as matching criteria, but exact matches on date or diagnosis were not required for a stay to be considered matched. Abstracts were matched to reports if the reported date of admission was within a year before or after the actual date of admission and if one reported reason for admission involved the same body system as one of the diagnoses present on the abstract. Because the matching rules allowed for an admission date of up to 1 year before or after the reported date of admission, some abstracts are present on the file with a match record status and an out-of-scope report date. These records are identified by a type C flag in position 199 of the file. Cases that did not meet these matching criteria were reviewed by National Center for Health Statistics (NCHS) staff and matched when appropriate using supplemental information available from the facility record.

Each record on the file represents an overnight facility stay. Therefore, one or more records will exist for some 1992 Followup cohort subjects, whereas other subjects will have no records on the file. The structure of the data file reflects the system used to obtain and process stay information. The record is divided into four major sections: The report section, the record status section, the abstract section, and the related stay section. An example of the record layout is provided in figure 5.

The first section of the record is the report section, which contains information from the reporting source as well as stay identification numbers assigned by NCHS. The record status section contains a code for the result of the abstract request, that is, match or nonmatch status. The abstract section contains the information obtained from the facility records, including actual admission and discharge dates and diagnoses. The diagnoses on the abstracts were coded using the International Classification of Diseases, 9th Revision, Clinical Modification (12) according to the medical coding specifications detailed in the 1992 NHEFS Health Care Facility Stay file documentation. Discharge diagnoses were coded for hospitals, but admitting diagnoses were coded for nursing homes. The final section of the record, the related stay section, is used to identify stays that are contained within other stays. This occurred most often when nursing home residents had a brief hospital stay but then returned to the nursing home. A detailed example of the related stay section is contained in the introduction to the Health Care Facility Stay file documentation.

Information will be present in one section or more of the record depending on whether a report was obtained, whether an abstract was received, and how the stay relates to other stays on the file. The presence or absence of information in the first three sections results in three different record profiles. Figure 6 illustrates these three profiles. The first is the successfully matched stay record; that is, where an abstract was received that matched a report. Abstract information was added to the record for that report and the code of “MAT” (match) was entered into the record status section. Complete information is available for these stays. The second type occurs when an abstract was not matched to a report, and, therefore no data are contained in the abstract section. The appropriate

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<td>Codes assigned by the National Center for Health Statistics to identify stays contained within other stays</td>
</tr>
<tr>
<td>Reported date of admission</td>
<td></td>
<td>Diagnoses</td>
<td></td>
</tr>
<tr>
<td>Reported cause of admission</td>
<td></td>
<td>Discharge status from hospitals and nursing homes</td>
<td></td>
</tr>
<tr>
<td>Source of report</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 5. Health care facility record layout: NHANES I Epidemiologic Followup Study, 1992
nonmatch code was entered in the record status section. The third type of record is one generated solely by the receipt of a facility abstract. This type of record resulted when the facility returned an in-scope abstract that did not match any report on the tracking system. When this occurred, the abstract was entered on the file, stay identifiers were assigned in the report section of the record, but no other information was given in the report section. A code of “ASF” (additional stay found) was entered in the record status section.

Because of the procedures instituted for maximizing the collection of reports of hospital or nursing home stays (that is, deliberately requesting out-of-scope report information), it was necessary to devise rules for removing the “correctly reported” out-of-scope reports from the final version of the file. This was only possible after the facilities submitted the abstract information. As was previously mentioned, reports of stays with a reported date of admission more than 1 year before the last interview were eliminated from the tracking system before contacting the facilities by mail if the facility had been contacted in the previous interview period. However, if the facility had not been contacted previously, the report was kept on the tracking system and flagged with a “D” in position 199. If an in-scope abstract was received from the facility, it was added onto the file with a record status code of “ASF,” and the type D report was deleted from the final version of the file. If the facility responded to the request but no in-scope abstracts were received from the facility, the type D report was deleted from the file based on the presumption that the date was correctly reported and the stay was out of scope. In one instance, it was impossible to contact the facility and the type D report remains on the final version of the file. This record for an unconfirmed report of an out-of-scope stay can be eliminated from analysis at the analyst’s discretion. A type C flag was assigned in position 199 when a reported date of admission was within 1 year of the previous interview. If an in-scope abstract was returned that matched the type C report, it was assigned a record status code of “MAT.” (The matching rules permitted an admission date of up to 1 year before or after the reported date of admission.) If the facility responded to the request but no in-scope abstracts were received from the facility, the type C reports were removed from the file, the assumption being that the correct date was reported and that the stay was truly out of scope. When the facility could not be contacted, refused to participate, or did not respond or when the subject did not provide the necessary authorization to obtain the records, type C reports were retained on the file. These unconfirmed reports of out-of-scope stays are identified by a nonmatch status in positions 60–62 and a type C flag in position 199.

### Results of the Health Care Facility Data Collection

The file contains a total of 10,535 records: 9,337 (88.6 percent) records are for hospital stays, 1,108 (10.5 percent) for nursing home stays, and 90 (0.9 percent) for stays in facilities of unknown types. The distribution of stays is given in table D. Of the traced followup cohort, 41.3 percent (n = 4,162) have at least one stay on the file; 4,007 subjects have at least one hospital stay, 805 subjects have at least one nursing home stay, and 69 subjects have at least one stay in a facility of unknown type. Among the 4,162 subjects with at least one stay on the file, 702 have a stay in more than one type of facility and 17 have at least one stay in each of the three classifications of facility.

The completeness of the data file can be assessed by examining the codes in the record status section of the file. Of the 10,535 records on the file, 5,814 (55.2 percent) are matches, 2,182 (20.7 percent) are additional stays found, and 2,539 (24.1 percent) are nonmatch codes (table E). The match rate varies little by sex, with 54.2 percent of the stays reported by men and 55.8 percent of the stays reported by women being matched to a facility abstract. Stays reported by black subjects had a lower match rate (45.1 percent) compared to a match rate of 56.8 percent for white subjects. There was no consistent trend in match rates by age group. The lowest rate was found for stays reported by those who were 55–64 years old at examination (52.9 percent). Stays reported by those under 55 years of age at examination were matched in about 57 percent of the records, and for those 65 years and over at examination the match rate was 53.3 percent. There are 2,539 records potentially missing from the file (that is, no abstract was received from the facility which matches a report on the tracking system). The most common cause of failure to obtain an abstract (63.6 percent, n = 1,616) occurred because the facility did not return an abstract that matched the report. In these cases, the facility may have responded that the subject was never in that facility (code of “XNH” in positions 60–62) or the facility responded to the survey but returned no abstract matching the specifically reported stay (XNS). The next most
common reason was because the facility did not respond in any way to requests for abstracts (10.3 percent, \( n = 261 \)). These records are coded "ONR" in positions 60–62. Other reasons for nonmatch include (9.8 percent, \( n = 248 \)) a facility refusal to send abstracts (designated REF), 8.5 percent because the participant refused to authorize data collection (\( n = 216 \), coded ANO) and 4.4 percent (\( n = 111 \)) because the facility could not be contacted (FNC). For 77 stays the facility reported that the records were lost or destroyed (XRD), and for 10 stays an administrative code of "CRX" was assigned to indicate a missing abstract for a stay that was in progress at the time of the last interview. (These data are not shown in the tables.)

### NHEFS Supplemental Health Care Facility Stay File

The NHEFS Supplemental Health Care Facility Stay file was created as a result of the substantial number of
out-of-scope abstracts received from facilities during the 1992 NHEFS. These abstracts should have been received in an earlier NHEFS wave. The large number of abstracts was partly due to the procedures instituted for maximizing the collection of reports of hospital or nursing home stays, i.e., deliberately requesting out-of-scope report information. A total of 70 abstracts were collected for 52 subjects. Thirty-nine of these abstract records replace nonmatch records on the 1982–84, 1986, or 1987 NHEFS. For data analysis, the Supplemental file should be used with one or more of the previous NHEFS Health Care Facility Stay (HCFS) files and not as the sole data source. The Supplemental HCFS file records contain data from the first three NHEFS waves.

### Death Certificate Collection

Deaths identified by the National Death Index (7), Health Care Financing Administration, or other tracing sources

---

**Table E. Number and percent distribution of record status codes for the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by type of record status code, according to race, sex, and age at NHANES I**

<table>
<thead>
<tr>
<th>Race, sex, and age</th>
<th>Match</th>
<th>Additional stay found</th>
<th>Nonmatch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>All races</td>
<td>10,535</td>
<td>100.0</td>
<td>5,814</td>
</tr>
<tr>
<td>Male</td>
<td>4,157</td>
<td>100.0</td>
<td>2,255</td>
</tr>
<tr>
<td>25–34 years</td>
<td>403</td>
<td>100.0</td>
<td>249</td>
</tr>
<tr>
<td>35–44 years</td>
<td>539</td>
<td>100.0</td>
<td>309</td>
</tr>
<tr>
<td>45–54 years</td>
<td>883</td>
<td>100.0</td>
<td>490</td>
</tr>
<tr>
<td>55–64 years</td>
<td>1,054</td>
<td>100.0</td>
<td>539</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,278</td>
<td>100.0</td>
<td>668</td>
</tr>
<tr>
<td>Female</td>
<td>6,378</td>
<td>100.0</td>
<td>3,559</td>
</tr>
<tr>
<td>25–34 years</td>
<td>1,013</td>
<td>100.0</td>
<td>575</td>
</tr>
<tr>
<td>35–44 years</td>
<td>1,078</td>
<td>100.0</td>
<td>636</td>
</tr>
<tr>
<td>45–54 years</td>
<td>1,028</td>
<td>100.0</td>
<td>585</td>
</tr>
<tr>
<td>55–64 years</td>
<td>1,072</td>
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<td>585</td>
</tr>
<tr>
<td>65–74 years</td>
<td>2,187</td>
<td>100.0</td>
<td>1,178</td>
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<td>White</td>
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<td>100.0</td>
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<td>Male</td>
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<td>25–34 years</td>
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<td>230</td>
</tr>
<tr>
<td>35–44 years</td>
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<td>100.0</td>
<td>272</td>
</tr>
<tr>
<td>45–54 years</td>
<td>785</td>
<td>100.0</td>
<td>446</td>
</tr>
<tr>
<td>55–64 years</td>
<td>943</td>
<td>100.0</td>
<td>485</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,075</td>
<td>100.0</td>
<td>585</td>
</tr>
<tr>
<td>Female</td>
<td>5,443</td>
<td>100.0</td>
<td>3,129</td>
</tr>
<tr>
<td>25–34 years</td>
<td>839</td>
<td>100.0</td>
<td>487</td>
</tr>
<tr>
<td>35–44 years</td>
<td>866</td>
<td>100.0</td>
<td>542</td>
</tr>
<tr>
<td>45–54 years</td>
<td>912</td>
<td>100.0</td>
<td>529</td>
</tr>
<tr>
<td>55–64 years</td>
<td>885</td>
<td>100.0</td>
<td>501</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,941</td>
<td>100.0</td>
<td>1,070</td>
</tr>
<tr>
<td>Black</td>
<td>1,393</td>
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<td>628</td>
</tr>
<tr>
<td>Male</td>
<td>488</td>
<td>100.0</td>
<td>213</td>
</tr>
<tr>
<td>25–34 years</td>
<td>50</td>
<td>100.0</td>
<td>19</td>
</tr>
<tr>
<td>35–44 years</td>
<td>65</td>
<td>100.0</td>
<td>34</td>
</tr>
<tr>
<td>45–54 years</td>
<td>82</td>
<td>100.0</td>
<td>38</td>
</tr>
<tr>
<td>55–64 years</td>
<td>98</td>
<td>100.0</td>
<td>46</td>
</tr>
<tr>
<td>65–74 years</td>
<td>193</td>
<td>100.0</td>
<td>76</td>
</tr>
<tr>
<td>Female</td>
<td>905</td>
<td>100.0</td>
<td>415</td>
</tr>
<tr>
<td>25–34 years</td>
<td>169</td>
<td>100.0</td>
<td>85</td>
</tr>
<tr>
<td>35–44 years</td>
<td>190</td>
<td>100.0</td>
<td>83</td>
</tr>
<tr>
<td>45–54 years</td>
<td>115</td>
<td>100.0</td>
<td>56</td>
</tr>
<tr>
<td>55–64 years</td>
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</tr>
<tr>
<td>65–74 years</td>
<td>245</td>
<td>100.0</td>
<td>107</td>
</tr>
</tbody>
</table>

1 See appendix II for a discussion of revised race, corrected sex, and recalculated age at the NHANES I examination.

2 Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I examination, who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study.
Table F. Number of deaths and percent of decedents without an available death certificate among the NHANES I Epidemiologic Followup Study, 1992 Followup cohort, by race, sex, and age at NHANES I

<table>
<thead>
<tr>
<th>Race, sex, and age¹</th>
<th>Number of deaths</th>
<th>Percent without a death certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All races²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>1,392</td>
<td>1.3</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>25</td>
<td>–</td>
</tr>
<tr>
<td>35–44 years</td>
<td>37</td>
<td>–</td>
</tr>
<tr>
<td>45–54 years</td>
<td>98</td>
<td>–</td>
</tr>
<tr>
<td>55–64 years</td>
<td>161</td>
<td>0.6</td>
</tr>
<tr>
<td>65–74 years</td>
<td>325</td>
<td>0.3</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>27</td>
<td>7.4</td>
</tr>
<tr>
<td>35–44 years</td>
<td>59</td>
<td>5.1</td>
</tr>
<tr>
<td>45–54 years</td>
<td>83</td>
<td>2.4</td>
</tr>
<tr>
<td>55–64 years</td>
<td>135</td>
<td>3.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>442</td>
<td>1.1</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>1,154</td>
<td>1.2</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>18</td>
<td>–</td>
</tr>
<tr>
<td>35–44 years</td>
<td>31</td>
<td>–</td>
</tr>
<tr>
<td>45–54 years</td>
<td>86</td>
<td>–</td>
</tr>
<tr>
<td>55–64 years</td>
<td>136</td>
<td>0.7</td>
</tr>
<tr>
<td>65–74 years</td>
<td>273</td>
<td>0.4</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>19</td>
<td>10.5</td>
</tr>
<tr>
<td>35–44 years</td>
<td>34</td>
<td>2.9</td>
</tr>
<tr>
<td>45–54 years</td>
<td>65</td>
<td>3.1</td>
</tr>
<tr>
<td>55–64 years</td>
<td>109</td>
<td>2.8</td>
</tr>
<tr>
<td>65–74 years</td>
<td>383</td>
<td>1.0</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>224</td>
<td>1.3</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>7</td>
<td>–</td>
</tr>
<tr>
<td>35–44 years</td>
<td>5</td>
<td>–</td>
</tr>
<tr>
<td>45–54 years</td>
<td>11</td>
<td>–</td>
</tr>
<tr>
<td>55–64 years</td>
<td>20</td>
<td>–</td>
</tr>
<tr>
<td>65–74 years</td>
<td>49</td>
<td>–</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>8</td>
<td>–</td>
</tr>
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<td>22</td>
<td>4.5</td>
</tr>
<tr>
<td>45–54 years</td>
<td>18</td>
<td>–</td>
</tr>
<tr>
<td>55–64 years</td>
<td>26</td>
<td>3.8</td>
</tr>
<tr>
<td>65–74 years</td>
<td>58</td>
<td>1.7</td>
</tr>
</tbody>
</table>

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

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 Followup cohort consists of 11,195 subjects, ages 25–74 years at NHANES I who were not known to be deceased in the 1982–84, 1986, or 1987 NHANES I Epidemiologic Followup Study (NHANES I). Percentages are based on the 1,392 deceased subjects in the 1992 NHEFS.

1992 analytic cohort

This document has focused on the tracing and data collection results for those subjects 25–74 years of age at NHANES I who were not known to be deceased in the 1982–84, 1986, or 1987 NHEFS. In this section the discussion is expanded to examine the “1992 analytic cohort,” the entire cohort of subjects who were 25–74 years of age at their NHANES I examination (n = 14,407), regardless of their previous vital status or interview status.

As shown in figure 7, definitive information on vital status at followup, obtained from the 1982–84, 1986, 1987, or 1992 NHEFS, is available for the vast majority of the 14,407 subjects in the 1992 analytic cohort. Only 3.8 percent (n = 546) of the members in the 1992 analytic cohort were lost to followup in all four NHEFS waves. In 1992, 65 subjects who had been lost to followup in all previous NHEFS waves were traced; however, an additional 570 subjects who had been traced and found to be alive in previous waves were lost in 1992. Approximately 32 percent (n = 4,604) of the 1992 analytic cohort was deceased; 3,212 subjects were identified as deceased in the 1982–84, 1986, or 1987 NHEFS, and an additional 1,392
subjects identified as deceased in the 1992 NHEFS. A death certificate is available for 4,497 (97.7 percent) of the decedents.

The success of the tracing efforts for the 1992 analytic cohort according to age at baseline examination, race, and sex is shown in table G. To summarize how these demographic factors were related to tracing success, a multiple logistic model was fitted to the cross-classification of age, race, and sex, with the proportion of subjects who were lost to followup as the dependent variable. The analysis was limited to black and white subjects, because there were few subjects of other races ($n = 172$). Additional analytic definitions and parameters used for this analysis of subjects lost to followup have been described previously in the section of this report entitled “Study design and tracing activities.” The results of this multiple logistic regression are presented in table H. The baseline risk factors of high cholesterol, overweight, and history of heart attack or diabetes did not have a statistically significant effect on loss to followup. Of the six baseline risk factors, only high blood pressure and smoking status had a significant effect on loss to followup.

Subjects with high blood pressure were 25 percent less likely to be lost to followup ($p = 0.0333$) than were subjects with normal systolic readings. Current smokers were twice as likely as nonsmokers to be lost to followup ($p < 0.0001$). These results for smoking suggest that those subjects who were lost to followup in the 1992 NHEFS may be somewhat more likely to have died compared with those who were successfully traced. However, because the proportion lost to followup is relatively small compared with the proportion deceased in the 1992 analytic cohort (0.04 versus 0.32), there should be relatively little bias in mortality findings as a result of loss to followup.

Table J gives the results for death certificate data collection for the analytic cohort by age at NHANES I examination as well as for race and sex. Death certificates were obtained for a high percent of decedents among the age-sex-race groups (from 89.7 to 100.0 percent). Black decedents were 2.4 times more likely than white decedents to not have a death certificate, and women were 66 percent more likely than men to not have a death certificate.

### Ongoing Activities

Five public use data tapes containing vital and tracing status, interview, health care facility stay, and mortality data from the 1992 NHEFS are available from the National Technical Information Service (NTIS). The Vital and Tracing Status Data Tape contains summary information from all waves of followup for all 14,407 members of the NHEFS cohort. The Interview Data Tape contains information from 9,281 interviews (7,600 subject and 1,681 proxy interviews) collected during the 1992 NHEFS interview data collection period. The Health Care Facility Stay Data Tape contains 10,535 stay records. It has the same format as the Revised 1982–84 NHEFS and the 1986 and the 1987 NHEFS Health Care Facility Stay Data Tapes. A Supplemental Health Care Facility Stay data tape has been created to provide information on overnight
Table G. Number and percent distribution of subjects by status at followup in the NHANES I Epidemiologic Followup Study, 1992 analytic cohort, by race, sex, and age at NHANES I examination.

<table>
<thead>
<tr>
<th>Race, sex, and age</th>
<th>All respondents</th>
<th>Status at followup</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent distribution</td>
<td>Surviving</td>
<td>Deceased</td>
<td>Lost to followup</td>
</tr>
<tr>
<td>All races&lt;sup&gt;2&lt;/sup&gt;</td>
<td>14,407</td>
<td>100.0</td>
<td>64.3</td>
<td>32.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>1,127</td>
<td>996</td>
<td>50</td>
<td>81</td>
<td>100.0</td>
</tr>
<tr>
<td>35–44 years</td>
<td>928</td>
<td>773</td>
<td>114</td>
<td>41</td>
<td>100.0</td>
</tr>
<tr>
<td>45–54 years</td>
<td>1,060</td>
<td>739</td>
<td>304</td>
<td>17</td>
<td>100.0</td>
</tr>
<tr>
<td>55–64 years</td>
<td>860</td>
<td>388</td>
<td>462</td>
<td>10</td>
<td>100.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,836</td>
<td>1,540</td>
<td>275</td>
<td>21</td>
<td>100.0</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>2,382</td>
<td>2,070</td>
<td>68</td>
<td>244</td>
<td>100.0</td>
</tr>
<tr>
<td>35–44 years</td>
<td>2,013</td>
<td>1,771</td>
<td>163</td>
<td>79</td>
<td>100.0</td>
</tr>
<tr>
<td>45–54 years</td>
<td>741</td>
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<td>387</td>
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<td>100.0</td>
</tr>
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<td>55–64 years</td>
<td>964</td>
<td>634</td>
<td>321</td>
<td>9</td>
<td>100.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>2,017</td>
<td>606</td>
<td>1,395</td>
<td>16</td>
<td>100.0</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>12,036</td>
<td>7,945</td>
<td>3,702</td>
<td>389</td>
<td>100.0</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>25–34 years</td>
<td>964</td>
<td>871</td>
<td>36</td>
<td>57</td>
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</tr>
<tr>
<td>35–44 years</td>
<td>802</td>
<td>679</td>
<td>95</td>
<td>28</td>
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<tr>
<td>45–54 years</td>
<td>895</td>
<td>643</td>
<td>240</td>
<td>12</td>
<td>100.0</td>
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<tr>
<td>55–64 years</td>
<td>741</td>
<td>348</td>
<td>387</td>
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<td>100.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,501</td>
<td>235</td>
<td>1,257</td>
<td>9</td>
<td>100.0</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>1,980</td>
<td>1,752</td>
<td>44</td>
<td>184</td>
<td>100.0</td>
</tr>
<tr>
<td>35–44 years</td>
<td>1,809</td>
<td>1,452</td>
<td>102</td>
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</tr>
<tr>
<td>45–54 years</td>
<td>1,047</td>
<td>893</td>
<td>133</td>
<td>21</td>
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<td>55–64 years</td>
<td>714</td>
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<td>387</td>
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<tr>
<td>65–74 years</td>
<td>1,678</td>
<td>524</td>
<td>1,144</td>
<td>10</td>
<td>100.0</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>2,199</td>
<td>1,197</td>
<td>864</td>
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</tr>
<tr>
<td>Male:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
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</tr>
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<td>35–44 years</td>
<td>107</td>
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<td>18</td>
<td>12</td>
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</tr>
<tr>
<td>45–54 years</td>
<td>154</td>
<td>87</td>
<td>62</td>
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<td>105</td>
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<td>66</td>
<td>4</td>
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</tr>
<tr>
<td>65–74 years</td>
<td>313</td>
<td>37</td>
<td>264</td>
<td>12</td>
<td>100.0</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>369</td>
<td>294</td>
<td>24</td>
<td>51</td>
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</tr>
<tr>
<td>35–44 years</td>
<td>365</td>
<td>286</td>
<td>78</td>
<td>21</td>
<td>100.0</td>
</tr>
<tr>
<td>45–54 years</td>
<td>167</td>
<td>107</td>
<td>54</td>
<td>6</td>
<td>100.0</td>
</tr>
<tr>
<td>55–64 years</td>
<td>142</td>
<td>83</td>
<td>57</td>
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<tr>
<td>65–74 years</td>
<td>333</td>
<td>79</td>
<td>248</td>
<td>6</td>
<td>100.0</td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>172</td>
<td>115</td>
<td>38</td>
<td>19</td>
<td>100.0</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>19</td>
<td>13</td>
<td>1</td>
<td>5</td>
<td>100.0</td>
</tr>
<tr>
<td>35–44 years</td>
<td>19</td>
<td>17</td>
<td>1</td>
<td>1</td>
<td>100.0</td>
</tr>
<tr>
<td>45–54 years</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>–</td>
<td>100.0</td>
</tr>
<tr>
<td>55–64 years</td>
<td>14</td>
<td>5</td>
<td>9</td>
<td>–</td>
<td>100.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>22</td>
<td>3</td>
<td>19</td>
<td>–</td>
<td>100.0</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>33</td>
<td>24</td>
<td>–</td>
<td>9</td>
<td>100.0</td>
</tr>
<tr>
<td>35–44 years</td>
<td>39</td>
<td>33</td>
<td>3</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>45–54 years</td>
<td>6</td>
<td>5</td>
<td>–</td>
<td>1</td>
<td>100.0</td>
</tr>
<tr>
<td>55–64 years</td>
<td>3</td>
<td>3</td>
<td>–</td>
<td>–</td>
<td>100.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>–</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<sup>1</sup>See appendix II for a discussion of revised race, corrected sex, and recalculated age at the NHANES I examination.

<sup>2</sup>Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 analytic cohort consists of 14,407 subjects, ages 25–74 years and over at NHANES I examination.

<sup>3</sup>Quantity zero.
facility stays that occurred outside the reported followup period. For example, an abstract collected in 1992 that should have been received and placed on a Health Care Facility Stay data tape in an earlier wave (1982–84, 1986, or 1987) would be placed on the Supplemental HCFS file.

Thirty-nine of the seventy records on the Supplemental HCFS file replace records from previous survey periods that contained only reported overnight stay information. These records now contain the reported stay and a matched facility abstract. The remaining 31 records contain information on previously uncollected facility stay reports.

The Mortality Data Tape includes information abstracted from the death certificates from the four NHEFS survey periods for all deceased subjects for whom a death certificate is available. Of the 4,497 death certificates on the 1992 Mortality Data File, 1,935 are for subjects who died and for whom death certificates were obtained during the 1992 NHEFS. The 1992 data tapes should be used with the data tapes from the NHANES I survey and the 1982–84, 1986, and 1987 NHEFS’s tapes to investigate the effects of baseline measures on subsequent health status. All NHEFS Public Use data tapes are available through NTIS. The study identification number (the sample sequence number) can be used to link the files from any of the followup surveys to all NHANES I files.

Additional information on the NHEFS cohort will be available in future years. While no interview recontacts are currently planned for this cohort, mortality data collection is scheduled to continue indefinitely. Current plans are to continue passive tracing and collecting cause-of-death information for the NHEFS cohort by matching records to the National Death Index. NCHS will produce an updated mortality file through 1997 that will extend the followup period to 25 years.

References


Table H. Odds ratios, confidence intervals, and statistical significance for selected health characteristics on loss to followup for the NHANES I Epidemiologic Followup Study, 1992 analytic cohort

<table>
<thead>
<tr>
<th>Baseline characteristic</th>
<th>Odds ratio</th>
<th>Lower bound</th>
<th>Upper bound</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>0.75</td>
<td>0.57</td>
<td>0.98</td>
<td>0.0333</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>0.95</td>
<td>0.70</td>
<td>1.28</td>
<td>0.7208</td>
</tr>
<tr>
<td>Overweight</td>
<td>1.11</td>
<td>0.89</td>
<td>1.37</td>
<td>0.3519</td>
</tr>
<tr>
<td>History of heart attack</td>
<td>0.91</td>
<td>0.42</td>
<td>1.97</td>
<td>0.8027</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.21</td>
<td>0.68</td>
<td>2.15</td>
<td>0.5238</td>
</tr>
<tr>
<td>Smoking</td>
<td>2.04</td>
<td>1.53</td>
<td>2.70</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 analytic cohort consists of 14,407 subjects, ages 25–74 years at NHANES I examination. Data are based on multiple logistic regression with race, sex, age at NHANES I examination and race-sex and age-sex interaction terms included.
Table J. Number of deaths and percent of decedents without an available death certificate among the NHANES I Epidemiologic Followup Study, 1992 analytic cohort, by race, sex, and age at NHANES I

<table>
<thead>
<tr>
<th>Race, sex, and age</th>
<th>Number of deaths</th>
<th>Percent without a death certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All races²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>4,604</td>
<td>2.3</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>50</td>
<td>2.0</td>
</tr>
<tr>
<td>35–44 years</td>
<td>114</td>
<td>0.9</td>
</tr>
<tr>
<td>45–54 years</td>
<td>304</td>
<td>0.7</td>
</tr>
<tr>
<td>55–64 years</td>
<td>462</td>
<td>2.2</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,540</td>
<td>1.9</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>68</td>
<td>2.9</td>
</tr>
<tr>
<td>35–44 years</td>
<td>163</td>
<td>6.1</td>
</tr>
<tr>
<td>45–54 years</td>
<td>187</td>
<td>3.2</td>
</tr>
<tr>
<td>55–64 years</td>
<td>321</td>
<td>2.8</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,395</td>
<td>2.6</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>3,702</td>
<td>1.8</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>36</td>
<td>–</td>
</tr>
<tr>
<td>35–44 years</td>
<td>95</td>
<td>1.1</td>
</tr>
<tr>
<td>45–54 years</td>
<td>240</td>
<td>0.8</td>
</tr>
<tr>
<td>55–64 years</td>
<td>387</td>
<td>1.8</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,257</td>
<td>1.5</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>44</td>
<td>4.5</td>
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<td>35–44 years</td>
<td>102</td>
<td>2.9</td>
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<tr>
<td>45–54 years</td>
<td>133</td>
<td>2.3</td>
</tr>
<tr>
<td>55–64 years</td>
<td>264</td>
<td>1.9</td>
</tr>
<tr>
<td>65–74 years</td>
<td>1,144</td>
<td>2.3</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>864</td>
<td>4.4</td>
</tr>
<tr>
<td>Male:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>13</td>
<td>7.7</td>
</tr>
<tr>
<td>35–44 years</td>
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<td>62</td>
<td>–</td>
</tr>
<tr>
<td>55–64 years</td>
<td>66</td>
<td>4.5</td>
</tr>
<tr>
<td>65–74 years</td>
<td>264</td>
<td>4.2</td>
</tr>
<tr>
<td>Female:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34 years</td>
<td>24</td>
<td>–</td>
</tr>
<tr>
<td>35–44 years</td>
<td>58</td>
<td>10.3</td>
</tr>
<tr>
<td>45–54 years</td>
<td>54</td>
<td>5.6</td>
</tr>
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<td>57</td>
<td>7.0</td>
</tr>
<tr>
<td>65–74 years</td>
<td>248</td>
<td>4.0</td>
</tr>
</tbody>
</table>

¹ See appendix II for a discussion of revised race, corrected sex, and recalculated age at the NHANES I examination.
² Includes races other than white or black.

NOTES: NHANES I is defined as the first National Health and Nutrition Examination Survey. The 1992 analytic cohort consists of all 14,407 subjects ages 25–74 years and over at NHANES I examination. Percents are based on the 4,604 deceased subjects in the 1992 analytic cohort.
Appendix I

Study Materials

Tracing

Vital Status Verification Subject

ID NUMBER: 9000-0000
EXPIRES: DECEMBER 31, 1999

SUBJECT
1992 NHANES 1 EPIDEMIOLOGIC FOLLOWUP STUDY - WAVE IV
VITAL STATUS VERIFICATION SHEET (VSS)

Tracer's Initials: __________

Date: _/__/__

INTRODUCTION:

Hello, may I please speak to (SUBJECT)?

SPEAKING WITH SUBJECT: ________________ 1 (READ INTRO)
SPEAKING WITH OTHER H.H. MEMBER: ____________ 2 (GO TO VSS FOR NEW PROXIES/HH MEMBER)

□ OFFICE USE ONLY:

My name is (YOUR NAME) and I am calling from Washington, D.C., on behalf of the National Center for Health Statistics, a part of the U.S. Public Health Service. In (YEAR OF LAST INTERVIEW/EXAM), you participated in (a followup study of persons who were examined in) the first National Health and Nutrition Examination Survey. We are planning to reinterview participants, so I would like to ask you now just a few questions to verify that you are the person who we interviewed previously. The information you give will be kept strictly confidential and will be used only to update our records.

1. Is your full name (READ NAME AND VERIFY SPELLING)?

   YES: ________________ 1 (Q3)
   NO: ________________ 2 (Q2)

2. What is your first name? What is your middle name? And how do you spell your last name? (EXPLAIN REASON FOR NAME CHANGE)

   (FIRST) ____________ (MIDDLE) ____________ (LAST) ____________

   REASON FOR NAME CHANGE: ____________________________

□ OFFICE USE ONLY

NOTICE: Information contained on this form which would permit identification of an individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 309(d) of the Public Health Service Act (42 U.S.C. 242m).
3. And your date of birth is (READ BIRTHDATE). Is that correct?

YES................................1 (Q5)
NO..................................2 (Q4)
DK....................................8 (Q5)

4. What is your date of birth?

Birthday: ____________ - ____________ - ____________

MO DA YR

☐ OFFICE USE ONLY

5. Were you living at (READ ADDRESS) in (MONTH AND YEAR OF LAST CONTACT)?

YES................................1 (BOX 1)
NO..................................2 (Q5a)
DK....................................8 (BOX 1)

5a. Did you ever live at that address?

YES....................................1 In What Years:___________ (BOX 1)
NO....................................2 (Q6)

6. At what address were you living in (MONTH AND YEAR OF LAST CONTACT)?

ADDRESS: _____________________________________________

STREET NAME AND NUMBER APT #

_____________________________________________________

CITY STATE ZIP

BOX 1

Q3 AND Q5/Q5a VERIFY____________________________________ 1 (Q8)
Q3 AND Q5/Q5a DO NOT VERIFY_____________________________ 2 (TERMINATE)
Thank you very much, I don't believe you are the person we are looking for.
OTHER_______________________________________________ 3 (Q7)
7. Can you give me the first names of the people you were living with in (MONTH AND YEAR OF LAST INTERVIEW/EXAM)? And how was (NAME) related to you? (PROBE FOR FIRST NAME AND RELATIONSHIP.)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

OR | Lived Alone

AFTER ASKING Q7, SAY: Thank you very much, but there seems to be a problem with some of our information. I will check our records and someone may call you back at a later time. Goodbye. (TERMINATE)

8. Let me give you a little more information. We will be recontacting people in the future to interview them about their health status and hospital care. I hope you will participate in this followup interview because the information from this research, combined with the data from the earlier surveys, will provide important information on the factors that influence health and well-being. I would like to (verify/have) your current mailing address so that we can mail you a letter about the survey prior to conducting the interview.

☐ OFFICE USE ONLY

What is your current mailing address? (VERIFY THE ADDRESS IF AVAILABLE.)

ADDRESS: __________________________________________

<table>
<thead>
<tr>
<th>STREET NAME AND NUMBER</th>
<th>APT #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>
9. Do you have any plans to move within the next 12 months?

YES...........................................1 (Q10)
NO...........................................2 (Q11)
DK.............................................8 (Q11)

10. What will be your new address? (PROBE FOR WHERE THE SUBJECT IS MOVING TO, CITY/STATE.) (PROBE FOR APPROXIMATE DATE.)

AS OF DATE: ______________________

ADDRESS: _____________________________________________________________

STREET NAME AND NUMBER APT #

________________________________________________

CITY STATE ZIP DATE

☐ OFFICE USE ONLY

11. In case we can't reach you, can you give me the name, address and telephone number of a relative, friend or neighbor who could help us get in touch with you? (PROBE FOR NAME, ADDRESS, AND TELEPHONE NUMBER.)

Under what name is that telephone number likely to be listed? (RECORD TELEPHONE LISTING NAME IN PARENTHESES NEXT TO TELEPHONE NUMBER.)

REFERENCE NAME: ______________________________________

ADDRESS: _______________________________________________________

STREET NAME AND NUMBER APT #

_______________________________________________________

CITY STATE ZIP

TELEPHONE: ( ) | | | | | |- | | | | | | (__________)

LISTING NAME
12. And what is that person's relationship to you?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOUSE</td>
<td>1</td>
</tr>
<tr>
<td>PARENT (NATURAL, STEP, ADOPTIVE)</td>
<td>2</td>
</tr>
<tr>
<td>PARENT (IN-LAW)</td>
<td>3</td>
</tr>
<tr>
<td>GRANDPARENT</td>
<td>4</td>
</tr>
<tr>
<td>CHILD (NATURAL, STEP, ADOPTIVE)</td>
<td>5</td>
</tr>
<tr>
<td>CHILD (IN-LAW)</td>
<td>6</td>
</tr>
<tr>
<td>GRANDCHILD</td>
<td>7</td>
</tr>
<tr>
<td>SIBLING (NATURAL, STEP, ADOPTIVE)</td>
<td>8</td>
</tr>
<tr>
<td>SIBLING (IN-LAW)</td>
<td>9</td>
</tr>
<tr>
<td>AUNT/UNCLE/COUSIN</td>
<td>10</td>
</tr>
<tr>
<td>NIECE/NEPHEW</td>
<td>11</td>
</tr>
<tr>
<td>OTHER RELATIVE (SPECIFY)</td>
<td>12</td>
</tr>
<tr>
<td>ROOMMATE, FRIEND, NEIGHBOR</td>
<td></td>
</tr>
<tr>
<td>OTHER NON-RELATIVE (SPECIFY)</td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for your time. You will be receiving a letter containing information about the survey and when our interviewer will contact you in the near future. Good bye.

(TERMINATE)

Comments:
Vital Status Verification - Proxy Previously Interviewed

ID NUMBER: ________________

PREVIOUS PROXY

1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY - WAVE IV
VITAL STATUS VERIFICATION SHEET (VSS)

Tracer's Initials: __________
Date: MO __ DA __ YR __

INTRODUCTION:

Hello, may I speak with (PROXY)?

SPEAKING WITH PREVIOUS PROXY............. 1 (READ INTRODUCTION)
PROXY NO LONGER AVAILABLE ................. 2 (GO TO VSS FOR NEW
PROXIES/HH MEMBER)

My name is (YOUR NAME) and I am calling from Washington, D.C., on behalf of the National Center for Health Statistics, a part of the U.S. Public Health Service. You may recall that in (YEAR OF LAST INTERVIEW) you participated in an interview on behalf of (SUBJECT), who was examined in the first National Health and Nutrition Examination Survey (NHANES). We are now planning to reinterview persons who participated in that study. The information you give will be kept strictly confidential and will be used only to update our records.

1. Do you think that (SUBJECT) is well enough to be interviewed?

   YES, WELL......................................................... 1 (Q2)
   NO, INCAPACITATED............................................ 2 (Q12)
   NO, DECEASED.................................................. 3 (Q6)
   DON'T KNOW.................................................... 8 (Q2)

2. I would like to verify (SUBJECT'S) current telephone number and mailing address so that we can contact (him/her). What is (his/her) phone number?

   TELEPHONE: ( ) __________ - __________

   OFFICE USE ONLY

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 in 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 U.S.C. 242m).
3. What is (SUBJECT's) current mailing address?

ADDRESS: ___________________________________________ APT #

STREET NAME AND NUMBER

CITY __________________________ STATE ______ ZIP ______

☐ OFFICE USE ONLY

4. Does (SUBJECT) have any plans to move within the next 12 months?

   YES........................................ 1 (Q5)
   NO........................................ 2 (END 1)
   DK........................................ 8 (END 1)

5. What will be his/her new address? (PROBE FOR WHERE SUBJECT MOVING TO, I.E., CITY/STATE.) (PROBE FOR APPROXIMATE DATE.)

AS OF DATE: __________________________

ADDRESS: ___________________________________________ APT #

STREET NAME AND NUMBER

CITY __________________________ STATE ______ ZIP ______

☐ OFFICE USE ONLY

(END 1) Thank you for your time. (SUBJECT) will be receiving a letter containing information about the survey and when our interviewer will be contacting (him/her). May I verify your name and address in case I need any additional information? Good bye. (RECORD ON TSW.)

(TERMINATE CALL)
TO BE ASKED IF THE SUBJECT IS DECEASED:

6. Can you tell me when (SUBJECT) died? (GET FULL DATE)

    DATE: | | | - | | | - | | |
    MO   DA   YR

☐ OFFICE USE ONLY

7. In what city (county/parish) and state did (SUBJECT) die?

    CITY
    COUNTY/PARISH
    STATE

☐ OFFICE USE ONLY

8. Was (he/she) buried in the same city?

    YES.......................... 1
    NO............................ 2
    DK............................ 8

9. Was (he/she) in a hospital or nursing home at the time of (his/her) death?

    YES.......................... 1 (Q10)
    NO............................ 3 (Q12)
    DK............................ 8 (Q12)

10. What is the name of the institution?

    NAME

11. Is this a hospital or a nursing home?

    Circle one:

    HOSPITAL ..................... 1
    NURSING HOME ............... 2
PROXY VERIFICATION:

12. Would you be able to participate again by answering questions about (SUBJECT’S) hospital care and other health related information since (YEAR OF LAST INTERVIEW)?

   YES..........................1 (Q13)
   NO............................2 (Q19)
   DK............................8 (Q19)

13. Our interviewer will be recontacting you in the future. I would like to verify your name, current mailing address and telephone number so that we can recontact you. (PROBE FOR NAME, ADDRESS AND TELEPHONE NUMBER.)

   NAME:______________________________
   ADDRESS:__________________________________________
   STREET NAME AND NUMBER APT #
   CITY __________________________ STATE _______ ZIP ______
   TELEPHONE: (___)_______-_______

☐ OFFICE USE ONLY

14. What is your relationship to (SUBJECT)?

   SPOUSE...........................................1
   PARENT (NATURAL, STEP, ADOPTIVE)........2
   PARENT (IN-LAW)..............................3
   GRANDPARENT..................................4
   CHILD (NATURAL, STEP, ADOPTIVE)........5
   CHILD (IN-LAW)..............................6
   GRANDCHILD..................................7
   SIBLING (NATURAL, STEP, ADOPTIVE).......8
   SIBLING (IN-LAW)............................9
   AUNT/UNCLE/COUSIN.........................10
   NIECE/NEPHEW...............................11
   OTHER RELATIVE (SPECIFY)...............91
   ROOMMATE, FRIEND, NEIGHBOR.............12
   OTHER NON-RELATIVE (SPECIFY).........92

☐ OFFICE USE ONLY

15. Do you have any plans to move within the next 12 months?

   YES.................................1 (Q16)
   NO.................................2 (Q17)

16. What will be your new address? (PROBE FOR WHERE PROXY IS MOVING TO, I.E., CITY/STATE, AND APPROXIMATE DATE.)

   AS OF DATE: ______________________
   ADDRESS: _________________________
   STREET NAME AND NUMBER APT #
   CITY __________________________ STATE _______ ZIP ______
PROXY'S TRACING REFERENCE:

17. In case we can't reach you, can you give me the name, address and telephone number of a relative, friend or neighbor who could help get in touch with you? (PROBE FOR NAME, ADDRESS AND TELEPHONE NUMBER.)

Under what name is that telephone number likely to be listed? (RECORD TELEPHONE LISTING NAME IN PARENTHESES NEXT TO TELEPHONE NUMBER.)

REFERENCE NAME: ____________________________

ADDRESS: ____________________________________

STREET NAME AND NUMBER _______________________

APT # __________________________

CITY __________________ STATE ______ ZIP ______

TELEPHONE: ( ___ ) ___-___ ___-___ ___ __________________

LISTING NAME __________________________

18. And what is that person's relationship to you?

SPouse ___________________________1
Parent (Natural, Step, Adoptive) ________2
Parent (In-Law) _____________________3
Grandparent _________________________4
Child (Natural, Step, Adoptive) ________5
Child (In-Law) ______________________6
Grandchild _________________________7
Sibling (Natural, Step, Adoptive) ______8
Sibling (In-Law) ____________________9
Aunt/Uncle/Cousin _________________10
Niece/Nephew ____________________11
Other Relative (Specify) __________12
Roommate, Friend, Neighbor ________12
Other Non-Relative (Specify) ________

Thank you very much for your time. You will be receiving a letter containing information about the survey and when our interviewer will contact you in the near future. Good bye.

(TERMINATE CALL)
LEAD FOR NEW PROXY:

19. Do you know who can answer these questions?

YES........................................1 (Q20)
NO..........................................2 (END 2)
DK...........................................8 (END 2)

20. Who would be the best person to answer these questions? (PROBE FOR NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP TO SUBJECT).

Under what name is the telephone number likely to be listed? (RECORD TELEPHONE LISTING NAME IN PARENTHESES NEXT TO TELEPHONE NUMBER.)

NAME:____________________________________

ADDRESS:____________________________________

STREET NAME AND NUMBER APT #

CITY STATE ZIP

TELEPHONE: ( )|___|___|___ -|___|___|___|___|___ (_______________)
LISTING NAME

21. What is (his/her) relationship to (SUBJECT)?

SPOUSE..................................................1
PARENT (NATURAL, STEP, ADOPTIVE).............2
PARENT (IN-LAW)...................................3
GRANDPARENT.........................................4
CHILD (NATURAL, STEP, ADOPTIVE)...............5
CHILD (IN-LAW).....................................6
GRANDCHILD.........................................7
SIBLING (NATURAL, STEP, ADOPTIVE)............8
SIBLING (IN-LAW)...................................9
AUNT/UNCLE/COUSIN...............................10
NIECE/NEPHEW.....................................11
OTHER RELATIVE (SPECIFY).......................91
ROOMMATE, FRIEND, NEIGHBOR..................12
OTHER NON-RELATIVE (SPECIFY)

(END 2) Thank you for your time. May I verify your name and address in case I need any additional information? (RECORD CHANGES ON TSW.)

(TERMINATE CALL)
Comments:____________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C:\91211\VSS-PREV.DOC 7/28/92
CDC 64.89
Vital Status Verification - Proxy Not Previously Interviewed

NEW PROXY/HH MEMBER

1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY - WAVE IV
VITAL STATUS VERIFICATION SHEET (VSS)

Tracer's Initials: ________ Date: [ ] [ ] [-] [ ] [ ] [19] [ ]

INTRODUCTION:

My name is (YOUR NAME) and I am calling from Washington, D.C., on behalf of the National Center for Health Statistics, a part of the U.S. Public Health Service. In (YEAR OF LAST INTERVIEW/EXAM) (SUBJECT) participated in (a followup study of persons who were examined in) the first National Health and Nutrition Examination Survey. We are planning to reinterview participants, so I would like to ask you just a few questions to verify that (SUBJECT) is the person who we interviewed previously. The information you give will be kept strictly confidential and will be used only to update our records.

1. (Is/Was) (his/her) full name (READ NAME)?
   
   YES...................................1 (Q3)
   NO....................................2 (Q2)
   DK.....................................8 (Q3)

2. What (is/was) (his/her) first name? What (is/was) (his/her) middle name? And how do you spell (his/her) last name? (EXPLAIN REASON FOR CHANGE IN COMMENTS.)

   (FIRST) (MIDDLE) (LAST)

   REASON FOR NAME CHANGE:

   □ OFFICE USE ONLY

3. And (his/her) date of birth (is/was) (READ BIRTHDATE). Is that correct?

   YES...................................1 (Q5)
   NO....................................2 (Q4)
   DK.....................................8 (Q5)

4. What (is/was) (his/her) date of birth?

   Birthdate: [ ] [ ] [-] [ ] [ ] [ ]

   □ OFFICE USE ONLY

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 in 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 U.S.C. 242m).
5. (Was he/she) living at (READ ADDRESS) in (MONTH AND YEAR OF LAST CONTACT)?

YES......................1 (BOX 1)
NO......................2 (Q5a)
DK......................8 (BOX 1)

5a. Did (he/she) ever live at that address?

YES......................1 In What Years: _________ (BOX 1)
NO......................2 (Q6)

6. At what address was (he/she) living in (MONTH AND YEAR OF LAST CONTACT)?

ADDRESS:

<table>
<thead>
<tr>
<th>STREET NAME AND NUMBER</th>
<th>APT #</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

BOX 1

Q3 AND Q5/Q5a VERIFY ____________________________ 1 (Box 2)
Q3 AND Q5/Q5a DO NOT VERIFY ______________________ 2 (TERMINATE)
Thank you very much. I don't think (SUBJECT) is the person we are looking for.
OTHER ____________________________ 3 (Q7)

7. Can you give me the first names of the people (he/she was) living with in (MONTH AND YEAR OF INTERVIEW/EXAM)? And how was (NAME) related to (SUBJECT NAME)? (PROBE FOR FIRST NAME AND RELATIONSHIP.)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>RELATIONSHIP</th>
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<td>1.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

OR |___| Lived Alone

AFTER ASKING Q7, SAY: Thank you very much, but there seems to be a problem with some of our information. I will check our records and someone may call you back at a later time. Could I verify your name and address in case I need any additional information? (RECORD ANY CHANGED INFORMATION ON TSW AND TERMINATE CALL).
8. I would like to verify (SUBJECT'S) current telephone number and mailing address so that we can contact (him/her). What is (his/her) phone number?

TELEPHONE: ( ) _______ _______ - _______ _______ _______ _______

☐ OFFICE USE ONLY

9. What is (SUBJECT'S) current mailing address?

ADDRESS:

STREET NAME AND NUMBER

APT #

CITY STATE ZIP

☐ OFFICE USE ONLY

10. Does (SUBJECT) have any plans to move within the next 12 months?

YES........................... 1 (Q11)
NO............................. 2 (END 1)
DK.............................. 8 (END 1)

11. What will be his/her new address? (PROBE FOR WHERE SUBJECT MOVING TO, I.E., CITY/STATE.) (PROBE FOR APPROXIMATE DATE.)

AS OF DATE: _______________________

ADDRESS:

STREET NAME AND NUMBER

APT #

CITY STATE ZIP

☐ OFFICE USE ONLY

(END 1) Thank you for your time. (SUBJECT) will be receiving a letter containing information about the survey and when our interviewer will be contacting (him/her). May I verify your name and address in case I need any additional information? Good bye. (RECORD ON TSW.) (TERMINATE CALL)
TO BE ASKED IF THE SUBJECT IS DECEASED:

12. Can you tell me when (SUBJECT) died? (GET FULL DATE)

   DATE: |___| |___| - |___| |___| |___| |___| |___|
   MO   DA   YR

   [ ] OFFICE USE ONLY

13. In what city (county/parish) and state did (SUBJECT) die?

   CITY  COUNTY/PARISH  STATE

   [ ] OFFICE USE ONLY

14. Was (he/she) buried in the same city?

   YES........................1
   NO...........................2
   DK............................8

15. Was (he/she) in a hospital or nursing home at the time of (his/her) death?

   YES............................1 (Q16)
   NO...............................3 (Q18)
   DK...............................8 (Q18)

16. What is the name of the institution?

   ________________________________
   NAME

17. Is this a hospital or a nursing home?

   Circle one:

   HOSPITAL .......................1
   NURSING HOME ...............2
TO IDENTIFY A NEW PROXY:

18. We would like to arrange an interview with someone who (knows/knew) (SUBJECT) well enough to answer questions about (his/her) hospital care and other health related information since (YEAR OF LAST INTERVIEW/EXAM). Would you be able to answer these questions?

    YES............................ 1 (Q19)
    NO............................. 2 (Q25)
    DK.............................. 8 (Q25)

19. Our interviewer will be recontacting you in the future. I would like to (verify/have) your name, current mailing address and telephone number so that we can recontact you. (PROBE FOR NAME, ADDRESS AND TELEPHONE NUMBER.)

    NAME:__________________________________________

    ADDRESS:__________________________________________

       STREET NAME AND NUMBER            APT #

       CITY                        STATE                ZIP

    TELEPHONE: ( )__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

    ☐ OFFICE USE ONLY

20. What is your relationship to (SUBJECT)?

    SPOUSE......................................................... 1
    PARENT (NATURAL, STEP, ADOPTIVE).............. 2
    PARENT (IN-LAW)............................................. 3
    GRANDPARENT............................................... 4
    CHILD (NATURAL, STEP, ADOPTIVE)................. 5
    CHILD (IN-LAW).............................................. 6
    GRANDCHILD............................................... 7
    SIBLING (NATURAL, STEP, ADOPTIVE)............... 8
    SIBLING (IN-LAW).......................................... 9
    AUNT/UNCLE/COUSIN...................................... 10
    NIECE/NEPHEW.............................................. 11
    OTHER RELATIVE (SPECIFY)............................ 91
    ROOMMATE, FRIEND, NEIGHBOR........................ 12
    OTHER NON-RELATIVE (SPECIFY)

    ☐ OFFICE USE ONLY

21. Do you have any plans to move within the next 12 months?

    YES............................. 1 (Q22)
    NO............................. 2 (Q23)

22. What will be your new address? (PROBE FOR WHERE PROXY IS MOVING TO, I.E., CITY/STATE, AND APPROXIMATE DATE.)

    AS OF DATE: ________________________________

    ADDRESS:__________________________________________

       STREET NAME AND NUMBER            APT #

       CITY                        STATE                ZIP
PROXY TRACING REFERENCE:

23. In case we can't reach you, can you give me the name, address and telephone number of a relative, friend or neighbor who could help get in touch with you? (PROBE FOR NAME, ADDRESS AND TELEPHONE NUMBER.)

Under what name is that telephone number likely to be listed? (RECORD TELEPHONE LISTING NAME IN PARENTHESES NEXT TO TELEPHONE NUMBER.)

REFERENCE NAME: ____________________________

ADDRESS: ____________________________________________ APT #

________________________________________________________________________

________________________________________________________________________

CITY STATE ZIP

TELEPHONE: ( ) __ | __ | __ - | __ | __ | __ | ( ____________________________ ) LISTING NAME

24. And what is that person's relationship to you?

SPOUSE ...................................................... 1
PARENT (NATURAL, STEP, ADOPTIVE) ............ 2
PARENT (IN-LAW) ........................................... 3
GRANDPARENT ............................................. 4
CHILD (NATURAL, STEP, ADOPTIVE)) .......... 5
CHILD (IN-LAW) .......................................... 6
GRANDCHILD ............................................. 7
SIBLING (NATURAL, STEP, ADOPTIVE) ........... 8
SIBLING (IN-LAW) ........................................... 9
AUNT/UNCLE/COUSIN ................................. 10
NIECE/NEPHEW .......................................... 11
OTHER RELATIVE (SPECIFY) ......................... 91
ROOMMATE, FRIEND, NEIGHBOR ................. 12
OTHER NON-RELATIVE (SPECIFY) ..................

Thank you very much for your time. You will be receiving a letter containing information about the survey and when our interviewer will contact you in the near future. Good bye.

(TERMINATE CALL)
LEAD FOR NEW PROXY:

25. Do you know who can answer these questions?

YES______________________ 1 (Q26)
NO______________________ 2 (END 2)
DK______________________ 8 (END 2)

26. Who would be the best person to answer these questions? (PROBE FOR NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP TO SUBJECT).

Under what name is the telephone number likely to be listed? (RECORD TELEPHONE LISTING NAME IN PARENTHESES NEXT TO TELEPHONE NUMBER.)

NAME:__________________________________________________________
ADDRESS:_______________________________________________________

STREET NAME AND NUMBER  APT #

CITY  STATE  ZIP

TELEPHONE: (_____)_______-_______ (_______)listing name

27. What is (his/her) relationship to (SUBJECT)?

SPOUSE______________________ 1
PARENT (NATURAL, STEP, ADOPTIVE)______________________ 2
PARENT (IN-LAW)______________________ 3
GRANDPARENT______________________ 4
CHILD (NATURAL, STEP, ADOPTIVE)______________________ 5
CHILD (IN-LAW)______________________ 6
GRANDCHILD______________________ 7
SIBLING (NATURAL, STEP, ADOPTIVE)______________________ 8
SIBLING (IN-LAW)______________________ 9
AUNT/UNCLE/COUSIN______________________ 10
NIECE/NEPHEW______________________ 11
OTHER RELATIVE (SPECIFY)______________________ 91
ROOMMATE, FRIEND, NEIGHBOR______________________ 12
OTHER NON-RELATIVE (SPECIFY)

(END 2) Thank you for your time. May I have your name and address in case I need any additional information? (RECORD CHANGES ON TSW.)

(TERMINATE CALL)

Comments:______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

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<td>IF VOLUNTEERED, DATE OF DEATH:</td>
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Baseline Survey:
First National Health and Nutrition Examination Survey (1971-75).
1982-84 Followup:
Personal interviews, Blood Pressure
and weight measures
Continued Telephone Followups:
1986 Followup
1987 Followup
1992 Followup

National Center for Health Statistics
National Institute on Aging
National Cancer Institute
National Center for Chronic Disease
Prevention and Health Promotion
National Heart, Lung, and Blood Institute
National Institute on Alcohol Abuse and
Alcoholism
National Institute of Allergy and Infectious
Diseases
National Institute of Arthritis and
Musculoskeletal and Skin Diseases
National Institute of Child Health and Human
Development
National Institute of Diabetes and Digestive
and Kidney Diseases
National Institute of Mental Health
National Institute of Neurological Disorders
and Stroke
The first National Health and Nutrition Examination Survey (NHANES I) was conducted in 1971-75. The NHANES I Epidemiologic Followup Study is designed to collect information periodically about persons who participated in the original study in order to track the natural history of chronic diseases and functional disabilities in an aging population. Information collected includes:

- Illnesses that have occurred.
- Habits and personal characteristics that may affect health, such as physical exercise, smoking, and vision or hearing problems.
- The ability to carry on routine activities of daily living such as dressing oneself or climbing stairs.

The information will allow scientists to study many of the factors that cause disease and disability. Data from this study will be used by health planners, educators, and medical experts to improve present programs and to initiate future programs for prevention and treatment of disease.

The NHANES I Epidemiologic Followup Study is the first U.S. investigation of its size and scope to follow the same group of people over a period of many years. Because it is also the first study to have collected information on blood pressure, heart rate, and nutrition in a national sample of adults, the Followup Study is a unique opportunity for health researchers to study changes in health status as well as the factors that contribute to good health or to illness.

Persons who participated in the NHANES I survey in 1971-75 and in later followups are being interviewed again about their health status and hospital and nursing home stays since they were last contacted. If the original participant cannot be interviewed because of illness or death, relatives or close friends will be contacted.

An interview will be conducted by telephone by specially trained interviewers who will ask questions about illness and any disability the study participant may be experiencing.

Hospitals and nursing homes will be contacted to obtain technical information from the medical record. It is essential that data be collected about all participants. No other data can be substituted for the information desired.

The persons who took part in the first survey (in 1971-75) made up a group that represented all types of people in all areas of the United States. The Followup Study is the first nationwide survey to provide information on the changes in health for people from different backgrounds and regions.

Each person represents thousands of others with similar characteristics. Although voluntary, participation is important so that the results will continue to represent a true scientific sample of the U.S. population.

All information obtained in the survey will be protected by the confidentiality requirements of the U.S. Public Health Service Act and the Privacy Act of 1974.

Answers will be used only by research staff working on the survey. Each of them must sign a statement pledging to keep confidential all information provided by respondents. No information that would permit identification of an individual will be released or published. Survey results will be published only as statistical summaries.

The survey is a joint effort of the National Center for Health Statistics and agencies of the Public Health Service, U.S. Department of Health and Human Services.

All queries or correspondence should be directed to:
Advance Letter to Subject Previously Interviewed

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with the National Institutes of Health and other Public Health Service agencies, is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). As you may recall, you voluntarily participated in the NHANES I in the early 1970’s and in its followup(s) during the 1980’s. The results of previously conducted interviews with you and other participants have provided much needed information about the health of the American people. We thank you for your past participation, which has contributed to the success of this important national study, and we would like to request your help again.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next few weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about your past and present health, and any hospital and nursing home stays you may have had since our last contact. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays since your last interview.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

Your participation is vital to the success of this Followup Study, and your continued cooperation is greatly appreciated.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director
Advance Letter to Subject Not Previously Interviewed

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). As you may recall, you voluntarily participated in the NHANES I in the early 1970’s. The results of that study have provided much needed information about the health of the American people. We would like to request your help again. Although we were unable to reinterview you during the 1980’s, we hope you will assist us at this time.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next few weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about your past and present health and any hospital and nursing home stays you may have had since 1970. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

We thank you again for your part in making the NHANES I a success. Your continued participation is vital to the success of this Followup Study, and it is greatly appreciated.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director
Advance Letter to Proxy Previously Interviewed

DEPARTMENT OF HEALTH & HUMAN SERVICES

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). Mr./M voluntarily participated in the NHANES I in the early 1970’s and in subsequent Followup Studies during the 1980’s. The results of these studies have provided much needed information about the health of the American people. We would like to request your help at this time.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next two weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about Mr./M’s past health status and hospital and nursing home stays since our last interview. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

Your participation is vital to the success of this Followup Study and is greatly appreciated.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director
Advance Letter to Proxy Not Previously Interviewed

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Participant:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a Followup Study of persons who participated in the First National Health and Nutrition Examination Survey (NHANES I). Mr./M __________ voluntarily participated in that survey in the early 1970’s. The results of that survey have provided much needed information about the health of the American people. We would like to request your help at this time.

We are planning to reinterview persons who participated in the NHANES I to update information about their health status since our last contact. NCHS has contracted with Westat, a national research organization, to conduct the data collection operations of the study. Within the next two weeks, a Westat interviewer will contact you to conduct a telephone interview that should take approximately 30 minutes. The interview will include questions about Mr./M __________’s past health status and any hospital and nursing home stays since 1970. In order to take as little of your time as possible, we would appreciate your having available when we call information on place and date of hospital and nursing home stays.

The NHANES I Epidemiologic Followup Study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. Any information you provide will be kept strictly confidential and will be used only for statistical purposes. No information that could be used to identify participants or facilities will be released; results will be published only as statistical summaries.

Your participation is vital to the success of this Followup Study and is greatly appreciated.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director
Introduction for Subject and Proxy Telephone Questionnaire

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

INTRODUCTION FOR
SUBJECT QUESTIONNAIRE (INCLUDES PROXY FOR INCAPACITATED SUBJECT)
AND PROXY DECEASED QUESTIONNAIRE

NOTICE: Information contained on this form which could 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 in this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 304(i) of the Public Health Service Act (42 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 30 minutes per response for a subject interview and 30 minutes per response for a proxy deceased interview, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, ATTN: PRA, Hubert H. Humphrey Bldg.; Room 724-E; 200 Independence Ave., SW; Washington, D.C. 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-3002); Washington, D.C. 20503.

TIME BEGAN: ____________ AM / PM

Q1. [Hello], may I please speak to (RESPONDENT’S NAME)?

  CONTINUE WITH INTERVIEW........................................... 1
  [NEW] PROXY NEEDED.................................................. 2
  RESPONDENT IS NO LONGER AT
  THIS PHONE NUMBER........................................... 3 (Q16)
  RECORDING [NUMBER CHANGED, DISCONNECTED, OR NOT IN SERVICE]........ 4 (COLLECT NEW NUMBER IF GIVEN, THEN TERMINATE)
  GO TO RESULT CODE............................................... 5 (END1)

Q2. My name is (INTERVIEWER’S NAME) and I am calling from Washington, D.C. on behalf of the United States Public Health Service with regard to the Epidemiologic Followup of the first National Health and Nutrition Examination Survey. Recently (RESPONDENT’S NAME was/you were) sent a letter from the U.S. Public Health Service explaining that someone would be calling. Have you seen our letter?

  YES.............................................................. 1 (Q6)
  NO, READ LETTER.................................................. 2 (BOX Q-1)
  NO, SEND LETTER............................................... 3
Q3. So that I can send out another copy of the letter, I'd like to make sure that I have the correct mailing address. [INFORMATION ON NAME AND ADDRESS WILL BE DISPLAYED. CHECK INFORMATION AND MAKE CORRECTIONS IF NEEDED.]

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GO TO END

BOX Q-1

CHECK VITAL STATUS:
IF WELL OR INCAPACITATED...................................................... CONTINUE
IF DECEASED................................................................. GO TO Q6

Q4. Let me tell you what it says. Persons who participated in the First National Health and Nutrition Examination Survey and its followups are being recontacted at this time. This interview will be conducted by telephone. In the interview, questions will be asked about illnesses, disabilities, and hospitalizations. This study is authorized by Section 306 of the Public Health Service Act [42U.S.C.242K]. The information given will be kept strictly confidential and will be used for statistical purposes only. Also the interview is completely voluntary and there are no penalties for refusing to answer any questions.

GO TO Q6

Q5. Let me tell you what it says. In [YEAR], [SUBJECT’S NAME] participated in the First National Health and Nutrition Examination Survey. At this time we are contacting relatives [or friends] of persons who participated and who are now deceased. The interview will be conducted by telephone. In the interview, questions will be asked about illnesses, disabilities, and hospitalizations. This study is authorized by Section 306 of the Public Health Service Act [42U.S.C.242K]. The information given will be kept strictly confidential and will be used for statistical purposes only. Also the interview is completely voluntary and there are no penalties for refusing to answer any questions.
Q6. THE CURRENT VITAL STATUS FOR (SUBJECT'S NAME) LISTED IN OUR RECORDS IS (MOST RECENT VITAL STATUS INFORMATION FROM TRACING OR NEW INFORMATION FROM EARLIER CATI CONTACT DURING THIS FOLLOW-UP PERIOD).

VERIFY THE SUBJECT'S CURRENT VITAL STATUS.

[Do you think (SUBJECT NAME) would be able to answer our questions about (his/her) hospital care and other health-related information since (YEAR)?]

YES, SUBJECT IS CURRENTLY WELL .......................... 1
NO, SUBJECT IS CURRENTLY INCAPACITATED .......... 2
NO, SUBJECT IS DECEASED ............................... 3

BOX Q-2

CHECK PREVIOUS AND CURRENT VITAL STATUS:
IF DURING THIS CALL IT IS DISCOVERED THE VITAL STATUS HAS
   CHANGED FROM INCAPACITATED TO WELL (I → W) ....................... GO BACK TO Q1
IF DURING THIS CALL THE VITAL STATUS HAS REMAINED THE
   SAME (*W → W, I → I, OR D → D), OR THE VITAL STATUS
   IS CHANGED FROM WELL TO INCAPACITATED OR FROM
   WELL TO DECEASED (W → I, OR W → D), OR IS CHANGED
   FROM INCAPACITATED TO DECEASED (I → D) ......................... GO TO BOX Q-3
OTHERWISE (D → W OR D → I) ...................................... CONTINUE

*NOTE: IF VITAL STATUS IS W → W AND Q1 = 2 (PROXY NEEDED), A CAUTION MESSAGE WILL BE DISPLAYED FOR THE INTERVIEWER. IF VITAL STATUS IS W → D OR W → I AND Q1 = 1 (SUBJECT SPEAKING), A CAUTION MESSAGE WILL BE DISPLAYED FOR THE INTERVIEWER.

Q7. Thank you for your time. Could I have your name in case I need any additional information?

   TITLE  FIRST NAME  LAST NAME

   (THIS CASE WILL GO BACK TO TRACING WHERE THE INFORMATION WILL BE CHECKED.)

GO TO END1
Q8. We would like to arrange an interview with someone who would be able to answer questions about (SUBJECT'S NAME)'s hospital care and other health-related information since (YEAR).

Would you be able to answer these questions?

YES.......................................................... 1
NO........................................................... 2 (Q12)

Q9. What is your name?

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Q10. I'd like to make sure that I have your correct address and telephone number. [INFORMATION ON ADDRESS AND TELEPHONE NUMBER CALLED WILL BE DISPLAYED. CHECK INFORMATION AND MAKE CORRECTIONS IF NEEDED.]

NUMBER, STREET NAME, AND APT. NUMBER

CITY
STATE
ZIP

AREA CODE EXCHANGE LOCAL NUMBER

Q11. How are you related to (SUBJECT'S NAME)?

HUSBAND/WIFE............................................ 1
FATHER/MOTHER.......................................... 2
FATHER-IN-LAW/MOTHER-IN-LAW........................... 3
GRANDPARENT............................................. 4
SON/DAUGHTER............................................ 5
SON-IN-LAW/DAUGHTER-IN-LAW.......................... 6
GRANDCHILD.............................................. 7
BROTHER/SISTER.......................................... 8
BROTHER-IN-LAW/SISTER-IN-LAW....................... 9
AUNT/UNCLE/COUSIN..................................... 10
NIECE/NEPHEW........................................... 11
ROOMMATE, FRIEND, NEIGHBOR......................... 12
OTHER RELATIVE (SPECIFY)............................ 91
OTHER NON-RELATIVE (SPECIFY)....................... 92

(THE CASE WILL CONTINUE WITH THE NEW RESPONDENT.)

GO TO BOX Q-4
Q12. Do you know the name of someone who could answer these questions?

YES................................................................. 1
NO................................................................. 2 (Q15)

Q13. Who would be the best person to answer these questions?

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Q14. How is (NEW PROXY'S NAME) related to (SUBJECT'S NAME)?

HUSBAND/WIFE.............................................. 1
FATHER/MOTHER............................................. 2
FATHER-IN-LAW/MOTHER-IN-LAW........................ 3
GRANDPARENT.............................................. 4
SON/DAUGHTER.............................................. 5
SON-IN-LAW/DAUGHTER-IN-LAW......................... 6
GRANDCHILD.............................................. 7
BROTHER/SISTER.......................................... 8
BROTHER-IN-LAW/SISTER-IN-LAW....................... 9
AUNT/UNCLE/COUSIN...................................... 10
NIECE/NEPHEW............................................ 11
ROOMMATE, FRIEND, NEIGHBOR.......................... 12
OTHER RELATIVE (SPECIFY).............................. 91
OTHER NON-RELATIVE (SPECIFY)....................... 92

Q15. Thank you for your time. Could I have your name in case I need any additional information?

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(THIS CASE WILL BE SENT BACK TO TRACING SO THAT THE NEW RESPONDENT CAN BE REVIEWED AND AN ADVANCE LETTER CAN BE SENT OUT.)

GO TO END1
Q16. Do you know (RESPONDENT NAME)'s current address or telephone number?

YES.............................................................. 1
NO..................................................................... 2 (Q18)

Q17. What is (his/her/RESPONDENT'S NAME)'s address and telephone number?

NUMBER, STREET NAME, AND APT. NUMBER

CITY...................................................... STATE...................................... ZIP

AREA CODE EXCHANGE LOCAL NUMBER

Q18. Thank you for your time. Could I have your name in case I need any additional information?

TITLE................................ FIRST NAME................................ LAST NAME

(THESE ARE WHERE THE RESPONDENT WHO WAS "ASKED FOR" IN Q1 IS NO LONGER AT
THIS PHONE NUMBER. THIS CASE WILL BE SENT BACK TO TRACING.)

GO TO END1
BOX Q-4

CHECK VITAL STATUS:
IF WELL OR INCAPACITATED.............................................. CONTINUE
IF DECEASED........................................................................ GO TO Q27

(QUESTIONS Q19-Q24 VERIFY THAT WE ARE ASKING ABOUT THE CORRECT SUBJECT FOR SUBJECTS WHO ARE ALIVE.)

Q19. In (YEAR), (you/SUBJECT'S NAME) participated in a health survey conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. I'm calling now so that we can update our information (on SUBJECT). First I will ask you just a few questions in order to verify that I am (speaking to/asking about) the correct person.

Is (your/his/her) full name (SUBJECT'S FIRST NAME), (SUBJECT'S MIDDLE NAME), (SUBJECT'S LAST NAME)? [ENTER ANY CORRECTIONS.]

Q20. And (your/his/her) date of birth is (SUBJECT'S DATE OF BIRTH). Is that correct?

YES......................................................................................... 1 (BOX Q-5)
NO......................................................................................... 2

Q21. What is (your/his/her) date of birth?

| ___ | ___ | ___ | ___ |
MONTH       DAY       YEAR

BOX Q-5

CHECK TRACING VERIFICATION:
IF SUBJECT ALREADY VERIFIED IN TRACING (VS/NTRAC = 1)............... GO TO BOX Q-7
OTHERWISE........................................................................ CONTINUE

Q22. (Were you/Was he/she) living at (ADDRESS) in (MONTH AND YEAR)?

YES......................................................................................... 1 (BOX Q-6)
NO......................................................................................... 2

Q23. What was (your/his/her) address in (MONTH AND YEAR)?

________________________________________
NUMBER, STREET NAME, AND APT. NUMBER

________________________________________
CITY STATE ZIP

7
Q24. What relationship to (you/Subject) were the other people who lived in (your/his/her) household in (MONTH AND YEAR)? [DISPLAY LAST INTERVIEW HH MEMBER INFORMATION. DOES THE PREVIOUS HH MATCH?]

YES, SAME HH................................. 1
NO, DIFFERENT HH.......................... 2 (BOX Q-11)

Q25. [IF NOT ALREADY ASKED ON THIS CALL, ASK:] How are you related to (SUBJECT NAME)?

HUSBAND/WIFE.................................. 1
FATHER/MOTHER................................ 2
FATHER-IN-LAW/MOTHER-IN-LAW............. 3
GRANDPARENT.................................. 4
SON/DAUGHTER.................................. 5
SON-IN-LAW/DAUGHTER-IN-LAW............... 6
GRANDCHILD.................................... 7
BROTHER/SISTER................................ 8
BROTHER-IN-LAW/SISTER-IN-LAW.............. 9
AUNT/UNCLE/COUSIN............................ 10
NIECE/NEPHEW.................................. 11
ROOMMATE, FRIEND, NEIGHBOR............... 12
OTHER RELATIVE (SPECIFY).................... 91
OTHER NON-RELATIVE (SPECIFY)................ 92

Q26. We are recontacting NHANES I participants (to ask/so that we can update our information) about their health status and hospital and nursing home stays. The information from this research, combined with the data from earlier surveys, will provide important information on the factors that influence health and well-being.

I would like to conduct the interview now if it is convenient.  [It will take approximately 30 minutes. In order to evaluate my performance, my supervisor may monitor this interview.] [OK TO CONTINUE?]

YES, CONTINUE ................................ 1 (BEGIN SECTION A OF SUBJECT QUESTIONNAIRE)

NO, GO TO RESULT CODE..................... 2 (ASK FOR A CALL-BACK APPOINTMENT, THEN GO TO END1)
(QUESTIONS Q27 - Q32 VERIFY THAT WE ARE ASKING ABOUT THE CORRECT SUBJECT FOR SUBJECTS WHO ARE DECEASED.)

Q27. In (YEAR), (SUBJECT'S NAME) participated in a health survey conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. I'm calling now so that we can update our information on (SUBJECT'S NAME). First I will ask you just a few questions in order to verify that I am asking about the correct person.

Is (his/her) full name (SUBJECT'S FIRST NAME), (SUBJECT'S MIDDLE NAME), (SUBJECT'S LAST NAME)? [ENTER ANY CORRECTIONS.]

Q28. And (his/her) date of birth was (SUBJECT'S DATE OF BIRTH). Is that correct?

YES.............................................................................. 1 (BOX Q-8)
NO............................................................................... 2

Q29. What was (his/her) date of birth?

______  ______  ______
MONTH  DAY  YEAR

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<tr>
<th>BOX Q-8</th>
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<td>CHECK TRACING VERIFICATION:</td>
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<td>IF SUBJECT ALREADY VERIFIED IN TRACING (VSINTRAC = 1)................. GO TO BOX Q-10</td>
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<td>OTHERWISE.......................................................... CONTINUE</td>
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Q30. Was (he/she) living at (ADDRESS) in (MONTH AND YEAR)?

YES.............................................................................. 1 (BOX Q-9)
NO............................................................................... 2

Q31. What was (his/her) address in (MONTH AND YEAR)?

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<th>NUMBER, STREET NAME, AND APT. NUMBER</th>
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Q32. What relationship to (SUBJECT) were the other people who lived in (his/her) household in (MONTH AND YEAR)? [DISPLAY LAST INTERVIEW HH MEMBER INFORMATION. DOES THE PREVIOUS HH MATCH?]

YES, SAME HH.......................................................... 1
NO, DIFFERENT HH.................................................. 2 (END3)

Q33. When did (SUBJECT) die?

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MONTH DAY YEAR

Q34. In what city, county, and state did (he/she) die? (IF LOUISIANA, PROBE FOR PARISH.)

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Q35. [IF NOT ALREADY ASKED ON THIS CALL, ASK:] How are you related to (SUBJECT NAME)?

HUSBAND/WIFE...................................................... 1
FATHER/MOTHER................................................... 2
FATHER-IN-LAW/MOTHER-IN-LAW................................. 3
GRANDPARENT....................................................... 4
SON/DAUGHTER...................................................... 5
SON-IN-LAW/DAUGHTER-IN-LAW................................. 6
GRANDCHILD........................................................ 7
BROTHER/SISTER................................................... 8
BROTHER-IN-LAW/SISTER-IN-LAW................................. 9
AUNT/UNCLE/COUSIN............................................... 10
NIECE/NEPHEW..................................................... 11
ROOMMATE, FRIEND, NEIGHBOR................................. 12
OTHER RELATIVE (SPECIFY)........................................ 91
OTHER NON-RELATIVE (SPECIFY)............................... 92
Q36. We are recontacting NHANES I participants so that we can update our information about their health status and hospital and nursing home stays. The information from this research, combined with the data from earlier surveys, will provide important information on the factors that influence health and well-being.

I would like to conduct the interview now if it is convenient. [It will take approximately 20 minutes. In order to evaluate my performance, my supervisor may monitor this interview.]
[OK TO CONTINUE?]

YES, CONTINUE ........................................ 1  (BEGIN SECTION A OF PROXY DECEASED QUESTIONNAIRE)
NO, GO TO RESULT CODE ............................. 2  (ASK FOR A CALL-BACK APPOINTMENT, THEN GO TO END1)

BOX Q-11

CHECK VITAL STATUS:
  IF WELL .......................................................... GO TO END2
  IF INCAPACITATED OR DECEASED ......................... GO TO END3

END1. Thank you for your time. Goodbye. (TERMINATE)

END2. Thank you very much but you may not be the person we are looking for. I will check the information you have given me against our records and someone may call you back at a later time. (TERMINATE)

(END 2 IS READ TO THE RESPONDENT WHEN THERE IS ANY DOUBT ABOUT WHETHER WE ARE SPEAKING TO THE APPROPRIATE PERSON. A PROBLEM WOULD BE INDICATED WHEN THERE IS A "NO" RESPONSE TO Q20 OR Q22 AND Q24. THIS CASE WILL BE SENT BACK TO TRACING.)

END3. Thank you very much but there seems to be a problem with some of our information. I will check our records and someone may call you back at a later time. (TERMINATE)

(END 3 IS READ TO THE RESPONDENT WHEN THERE IS ANY DOUBT ABOUT WHETHER WE ARE SPEAKING TO THE APPROPRIATE PERSON. A PROBLEM WOULD BE INDICATED WHEN (FOR A LIVE SUBJECT) THERE IS A "NO" RESPONSE TO Q20 OR Q22 AND Q24; A PROBLEM WOULD BE INDICATED (FOR A DECEASED SUBJECT) WHEN THERE IS A "NO" RESPONSE TO Q28 OR Q30 AND Q32. THIS CASE WILL BE SENT BACK TO TRACING.)
Subject Telephone Questionnaire

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

SUBJECT QUESTIONNAIRE
(INCLUDES PROXY FOR INCAPACITATED SUBJECT)

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 in 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 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg.; Room 3620; 200 Independence Ave., SW; Washington, D.C. 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0002); Washington, D.C. 20503.
PART A: BACKGROUND INFORMATION

First, I would like to ask you a few questions about (your/SUBJECT’S) household.

A1. (Do you/Does SUBJECT) currently live in a house or apartment, a nursing home or rest home, retirement home, or (do you/does he/she) have some other arrangement?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIVATE HOUSE OR APARTMENT</td>
<td>1 (A4)</td>
</tr>
<tr>
<td>NURSING OR CONVALESCENT OR REST HOME</td>
<td>2 (BOX A-1)</td>
</tr>
<tr>
<td>RETIREMENT HOME</td>
<td>3 (A4)</td>
</tr>
<tr>
<td>BOARDING HOUSE, ROOMING HOUSE</td>
<td>4 (A4)</td>
</tr>
<tr>
<td>OR RENTED ROOM</td>
<td>5 (A4)</td>
</tr>
<tr>
<td>FAMILY OR FOSTER CARE HOME</td>
<td>6 (A7)</td>
</tr>
<tr>
<td>MENTAL HEALTH FACILITY</td>
<td>7 (A7)</td>
</tr>
<tr>
<td>ANOTHER HEALTH FACILITY</td>
<td>81 (A4)</td>
</tr>
<tr>
<td>OTHER ARRANGEMENT (SPECIFY)</td>
<td>91 (A4)</td>
</tr>
<tr>
<td>OTHER INSTITUTION (SPECIFY)</td>
<td>92 (A7)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (A4)</td>
</tr>
</tbody>
</table>

**BOX A-1**

NURSING HOME RESIDENCE:
IN NURSING HOME IN MOST RECENT INTERVIEW
(LNURSING = 1) AND CURRENTLY IN
NURSING HOME (A1 = 2) .................................................. CONTINUE
ALL OTHERS ................................................................. GO TO A7

A2. Since (MONTH/YEAR) (have you/has he/she) continuously lived in a nursing home?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (A7)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (A10)</td>
</tr>
</tbody>
</table>

A3. Is this the same nursing home (you were/he/she was) living in in (MONTH/YEAR)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 (A10)</td>
</tr>
<tr>
<td>NO</td>
<td>2 (A10)</td>
</tr>
</tbody>
</table>
A4. How many people live in (your/his/her) household including (yourself/SUBJECT)?

| ONE | 01 (A6) |
|-------------------------------|
| NUMBER OF PEOPLE: | 1 |
| DK | -8 |
| REFUSED | -7 (A10) |

A5. What relationship to (you/SUBJECT) (is/are) the other person(s) who live(s) in (your/his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: is (PERSON) male or female?]

<table>
<thead>
<tr>
<th>PERSON #</th>
<th>RELATIONSHIP</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<td>5</td>
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<td>6</td>
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<td>7</td>
<td></td>
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<td>8</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RELATIONSHIP: 1 = HUSBAND/WIFE
2 = FATHER/MOTHER
3 = FATHER-IN-LAW/MOTHER-IN-LAW
4 = GRANDPARENT
5 = SON/DAUGHTER
6 = SON-IN-LAW/DAUGHTER-IN-LAW
7 = GRANDCHILD
8 = BROTHER/SISTER
9 = BROTHER-IN-LAW/SISTER-IN-LAW
10 = AUNT/UNCLE/COUSIN
11 = NIECE/NEPHEW
12 = ROOMMATE/FRIEND/NEIGHBOR
13 = OTHER RELATIVE
14 = OTHER NON-RELATIVE

SEX: 1 = MALE
2 = FEMALE

GO TO A10

A6. How long (have you/has he/she) lived alone?

| MONTHS | 1 (A10) |
|-------------------------------|
| YEARS | 2 (A10) |
| LESS THAN ONE MONTH | 95 (A10) |
A7. These next questions are about the last household in which (you/he/she) lived. How many people lived in (your/his/her) household including (yourself/SUBJECT)?

ONE .............................................................. 01 (A9)

NUMBER OF PEOPLE: [___ | ___]

DK .............................................................. -8

REFUSED .......................................................... -7 (A10)

A8. What relationship to (you/SUBJECT) (was/were) the other person(s) who lived in (your/his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: is (PERSON) male or female?]

<table>
<thead>
<tr>
<th>PERSON #</th>
<th>RELATIONSHIP</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>2</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>3</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>4</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>5</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>6</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>7</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>8</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>9</td>
<td>[___</td>
<td>___]</td>
</tr>
<tr>
<td>10</td>
<td>[___</td>
<td>___]</td>
</tr>
</tbody>
</table>

RELATIONSHIP: 1 = HUSBAND/WIFE  
2 = FATHER/MOTHER  
3 = FATHER-IN-LAW/MOTHER-IN-LAW  
4 = GRANDPARENT  
5 = SON/DAUGHTER  
6 = SON-IN-LAW/DAUGHTER-IN-LAW  
7 = GRANDCHILD  
8 = BROTHER/SISTER  
9 = BROTHER-IN-LAW/SISTER-IN-LAW  
10 = AUNT/UNCLE/COUSIN  
11 = NIECE/NEPHEW  
12 = ROOMMATE/FRIEND/NEIGHBOR  
13 = OTHER RELATIVE  
14 = OTHER NON-RELATIVE

SEX: 1 = MALE  
2 = FEMALE
A9. How long had (you/he/she) lived alone?

| __ | __ | MONTHS: .............................................. 1
|     |     | YEARS: .................................................. 2
|     |     | LESS THAN ONE MONTH: .......................... 95

A10. [VERIFY IF ALREADY KNOWN:]

(Are you/is SUBJECT) currently married, widowed, divorced, separated, or (have you/has he/she) never been married?

MARRIED .............................................. 1
WIDOWED ............................................. 2
DIVORCED ............................................. 3
SEPARATED .......................................... 4
NEVER MARRIED ..................................... 5

NOTE: IF PREVIOUS MARITAL STATUS WAS MARRIED, WIDOWED, DIVORCED, OR SEPARATED (LMARITAL = 1, 2, 3, OR 4) AND CURRENT MARITAL STATUS IS NEVER MARRIED (A10 = 5) THE CATI PROGRAM WILL RECODE A10 TO "96."

BOX A-2

PREVIOUS INTERVIEW STATUS:
NEVER INTERVIEWED (LINTSTAT = BLANK) .................................. CONTINUE
ALL OTHERS ............................................. GO TO A13

A11. Which of these categories best describes (you/SUBJECT) – Aleut, Eskimo, American Indian, Asian, Pacific Islander, Black or White?

ALEUT, ESKIMO OR AMERICAN INDIAN .................. 1
ASIAN/PACIFIC ISLANDER ................................ 2
BLACK .................................................. 3
WHITE .................................................. 4
OTHER (SPECIFY) ..................................... 91

A12. (Are you/is he/she) of Hispanic origin?

YES ..................................................... 1
NO .................................................... 2
A13. During the last three months what (have you/has SUBJECT) been doing most? That is, (have you/has he/she) been working, keeping house, going to school, looking for work, or (are you/is he/she) retired?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working</td>
<td>1</td>
</tr>
<tr>
<td>Retired</td>
<td>2</td>
</tr>
<tr>
<td>Keeping House</td>
<td>3</td>
</tr>
<tr>
<td>Going to School</td>
<td>4</td>
</tr>
<tr>
<td>Looking for Work</td>
<td>5</td>
</tr>
<tr>
<td>Long Term Illness/Disability</td>
<td>6</td>
</tr>
<tr>
<td>Leisure Activities</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

A14. On the average, how many hours a week (do you/does he/she) work?

NUMBER OF HOURS: | | (A19)

A15. [VERIFY IF ALREADY KNOWN.]
During the last three months, (have you/has he/she) worked at all at a job or business?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

A16. On the average, how many hours a week did (you/he/she) work?

NUMBER OF HOURS: | | (A19)

A17. (Do you/Does SUBJECT) expect to work at a job or business at some future time?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>DK</td>
<td>-6</td>
</tr>
</tbody>
</table>

A18. (Do you/Does he/she) expect to work full-time or part-time?

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>1</td>
</tr>
<tr>
<td>Part-time</td>
<td>2</td>
</tr>
</tbody>
</table>

5
A19. Has a doctor ever suggested that (you/subject) cut back on the number of hours (you work/he/she works) because of health reasons?

YES................................................................. 1  
NO...............................................................  2 (BOX A-4)  
DK...............................................................  -8 (BOX A-4)  

A20. In what year (were you/was he/she) most recently told by a doctor to cut back on (your/his/her) working hours?

YEAR: 19 [___] [___] (BOX A-4)  

A21. Did (you/subject) stop working at the job (you were/he/she was) working at in (MONTH/YEAR LAST WORKED) because of reasons related to (your/his/her) health?

YES................................................................. 1  
NO...............................................................  2  
DISCREPANCY...................................................  96 (BOX A-4)  

A22. In what month and year did (you/he/she) last work?

MONTH: [___] [___]  
AND  
YEAR: 19 [___] [___]  

A23. Is (your/subject's) natural mother still living?

YES................................................................. 1 (BOX A-5)  
NO...............................................................  2  
DK...............................................................  -8 (BOX A-5)  

A24. How old was (your/subject's) mother when she died?

AGE IN YEARS: [___] [___] [___]
BOX A-5

FATHER'S VITAL STATUS:
FATHER REPORTED DECEASED IN PREVIOUS INTERVIEW (LOADDEAD = 1) ........................................... GO TO PART B
ALL OTHERS .............................................................................................................. CONTINUE

A25. Is (your/SUBJECT'S) natural father still living?

YES ...................................................................................................................... 1 (PART B)
NO ....................................................................................................................... 2
DK ......................................................................................................................... -8 (PART B)

A26. How old was (your/SUBJECT'S) father when he died?

AGE IN YEARS: ___ ___ ___ ___

TIME ENDED: _________ AM / PM
PART B: MEDICAL CONDITIONS

B1. Would you say that your health in general is excellent, very good, good, fair or poor?

EXCELLENT....................................................... 1
VERY GOOD.................................................... 2
GOOD........................................................... 3
FAIR............................................................. 4
POOR........................................................... 5

B2. Within the past year (have you/has SUBJECT) had pain, swelling or stiffness in (your/his/her) joints on most days for at least one month?

YES .............................................................. 1
NO .............................................................. 2

B3. Did a doctor ever tell (you/SUBJECT) that (you have/he/she has) arthritis?

YES .............................................................. 1
NO .............................................................. 2 (BOX B-6)
DK .............................................................. 8 (BOX B-6)

NOTE: IF ARTHRITIS REPORTED IN PREVIOUS INTERVIEW (LARTH = 1) AND CURRENT ARTHRITIS IS NO (B3 = 2) THE CATI PROGRAM WILL RECODE B3 TO "96" AND THEN GO TO BOX B-6.
BOX B-3

YEAR OF FIRST ARTHRITIS CHECK:
YEAR FIRST TOLD OF ARTHRITIS IS KNOWN (LARTHyr = 1) .............. GO TO BOX B-4
ALL OTHERS ........................................................................... CONTINUE

B4. Concerning (your/subject's) arthritis, in what year (were you/was he/she) first told (you/he/she) had arthritis?

YEAR: 19 | ___ | ___
DISCREPANCY ........................................................................ 95 (BOX B-6)
DK ......................................................................................... 96 (BOX B-6)

BOX B-4

ARTHRTIS TYPE:
TYPE OF ARTHRITIS IS KNOWN (LARTHtYp = 1) ...................... GO TO BOX B-5
ALL OTHERS ........................................................................... CONTINUE

B5. There are different kinds of arthritis. Did a doctor ever tell (you/him/her) which kind (you have/he/she has)?

YES ..................................................................................... 1
NO ..................................................................................... 2 (BOX B-5)
DK ...................................................................................... 8 (BOX B-5)
DISCREPANCY ................................................................. 95 (BOX B-6)

B6. Concerning (your/his/her) arthritis, (do you/does he/she) have osteoarthritis, degenerative, rheumatoid or some other type?
[PROBE WITH CATEGORIES IF NECESSARY.]

YES NO
a. OSTEO/DEGENERATIVE ARTHRITIS ........................................ 1 2
b. RHEUMATOID ..................................................................... 1 2
c. SOME OTHER TYPE (SPECIFY) ............................................ 1 2

BOX B-5

X-RAYS FOR ARTHRITIS:
X-RAYS FOR ARTHRITIS IS KNOWN (LARTHrXY = 1)
AND RESPONDENT IS THE SUBJECT ........................................ GO TO B9
ALL OTHERS ........................................................................... CONTINUE
B7. (Have you/Has he/she) ever had an x-ray for arthritis, that is, an x-ray of (your/has) joints?

YES ................................................................. 1
NO ..................................................................... 2 (BOX B-6)
DK ..................................................................... -8 (BOX B-6)

NOTE: IF ARTHRITIS X-RAY WAS KNOWN IN PREVIOUS INTERVIEW (LARTHXR = 1) AND CURRENT RESPONSE TO B7 IS NO (B7 = 2) THE CATI PROGRAM WILL RECODE B7 TO "96" AND THEN GO TO BOX B-6.

B8. How long ago did (you/he/she) first have an x-ray for arthritis? [PROBE WITH CATEGORIES IF NECESSARY.]

LESS THAN ONE YEAR AGO ................................. 1
1 BUT LESS THAN 5 YEARS AGO ....................... 2
5 BUT LESS THAN 10 YEARS AGO .................. 3
10 OR MORE YEARS AGO ................................. 4

B9. How long ago did (you/he/she) last have an x-ray for arthritis? [PROBE WITH CATEGORIES IF NECESSARY.]

LESS THAN ONE YEAR AGO ................................. 1
1 BUT LESS THAN 5 YEARS AGO ....................... 2
5 BUT LESS THAN 10 YEARS AGO .................. 3
10 OR MORE YEARS AGO ................................. 4
ONLY ONE X-RAY EVER .................................... 95
DISCREPANCY .................................................... 96

BOX B-6

GOUT CHECK:
GOUT REPORTED IN PREVIOUS INTERVIEW (LGOUT = 1) ......................... GO TO B11
ALL OTHERS .................................................. CONTINUE

B10. Did a doctor ever tell (you/SUBJECT) that (you have/he/she has) gout?

YES ................................................................. 1 (B12)
NO ..................................................................... 2 (BOX B-8)
DK ..................................................................... -8 (BOX B-8)
BORDERLINE .................................................. 95 (BOX B-8)

B11. Since (MONTH/YEAR), (have you/has SUBJECT) had an episode of gout?

YES ................................................................. 1 (B14)
NO ..................................................................... 2 (BOX B-7)
DK ..................................................................... -8 (BOX B-7)
B12. What year (were you/was he/she) first told that (you/he/she) had gout? [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

YEAR: 19 | ___ | ___ | (B14)
DK ............................................. -6
REFUSED .................................... -7 (B14)

B13. Can you remember if it was less than a year ago, between 1 and 5 years ago, between 5 and 10 years ago, or 10 or more years ago?

LESS THAN ONE YEAR AGO ..................... 1
1 BUT LESS THAN 5 YEARS AGO ............. 2
5 BUT LESS THAN 10 YEARS AGO .......... 3
10 OR MORE YEARS AGO .................... 4

B14. What year did (you/he/she) have (your/his/her) last episode of gout? [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

YEAR: 19 | ___ | ___ | (BOX B-7)
$ HAD ONLY ONE EPISODE OF GOUT ........... 95 (BOX B-7)
DK ............................................. -6
REFUSED .................................... -7 (BOX B-7)

B15. Can you remember if it was less than a year ago, between 1 and 5 years ago, between 5 and 10 years ago, or 10 or more years ago?

LESS THAN ONE YEAR AGO ..................... 1
1 BUT LESS THAN 5 YEARS AGO ............. 2
5 BUT LESS THAN 10 YEARS AGO .......... 3
10 OR MORE YEARS AGO .................... 4
ONLY ONE EPISODE OF GOUT EVER .......... 95

BOX B-7

ARHTHRITIS CAUSED BY GOUT CHECK:

ARBHRITIS CAUSED BY GOUT REPORTED IN PREVIOUS
INTERVIEW (LARTGOUT = 1) OR NEVER HAD ARHTHRITIS
((LARTH = 2 OR B3 = 96 OR B4 = 96 OR B5 = 96 OR B7 = 96 OR B9 = 96) AND B3 $= 1) ........................................... GO TO BOX B-8
ALL OTHERS ..................................... CONTINUE

B16. (Have you/Has he/she) ever had an attack of arthritis that the doctor said was caused by gout?

YES .............................................. 1
NO .............................................. 2
B17. Since (1967/1965/1960/1970), (were you/was he/she) hospitalized for (arthritis/gout/arthritis or gout)? [PROBE: (Were you/Was he/she) there for more than a day?)

YES ........................................................................... 1 (CHART)
NO ........................................................................... 2

B18. Since (MONTH/YEAR) (have you/has SUBJECT) had a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES ........................................................................... 1 (B22)
NO ........................................................................... 2 (B24)
DK ........................................................................... -6 (B24)

B19. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES ........................................................................... 1
NO ........................................................................... 2 (B24)
DK ........................................................................... -6 (B24)

B20. In what year (were you/was he/she) first told that (you/he/she) had a heart attack, (coronary thrombosis or myocardial infarction)?

YEAR: 19 | ___ | ___ |

B21. (Have you/Has he/she) had an additional heart attack since then?

YES ........................................................................... 1
NO ........................................................................... 2 (B23)
DK ........................................................................... -6 (B23)
B22. In what year was that heart attack? [PROBE: Did (you/SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

YEAR: 19 |   |   |
YEAR: 19 |   |   |
YEAR: 19 |   |   |
YEAR: 19 |   |   |

B23. Since (1967/1965/1980/1970), (were you/was he/she) hospitalized for a heart attack? [PROBE: (Were you/Was he/she) there for more than a day?]

YES ......................................................... 1 (CHART)
NO ......................................................... 2

B24. Since (1967/1965/1980/1970), (were you/was he/she) hospitalized for any type of heart condition (other than a heart attack)? [PROBE: (Were you/Was he/she) there for more than a day?]

YES ......................................................... 1 (CHART)
NO ......................................................... 2

BOX B-10

CORONARY BYPASS CHECK:
CORONARY BYPASS REPORTED IN PREVIOUS INTERVIEW (LCBPSURG = 1) ........................................... CONTINUE
HEART ATTACK OR OTHER HEART CONDITION REPORTED IN PREVIOUS INTERVIEW (LHEART = 1 OR LHRCOND = 1) AND NO CORONARY BYPASS REPORTED (LCBPSURG = 2) ........... GO TO B26
ALL OTHERS ................................................... GO TO BOX B-11

B25. Since (MONTH/YEAR) (have you/has SUBJECT) had coronary bypass surgery?

YES ......................................................... 1 (B27)
NO ......................................................... 2 (BOX B-12)
DK ......................................................... -8 (BOX B-12)

BOX B-11

CURRENT HEART ATTACK/HEART CONDITION STATUS:
HEART ATTACK (B19 = 1) OR HEART CONDITION (B24 = 1) REPORTED IN THIS INTERVIEW ................................................... CONTINUE
ALL OTHERS ................................................... GO TO BOX B-13
B26. (Have you/Has SUBJECT) ever had coronary bypass surgery?

YES ......................................................... 1
NO ......................................................... 2 (BOX B-12)
DK ......................................................... -8 (BOX B-12)

B27. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for coronary bypass surgery? [PROBE: (Were you/Was he/she) there for more than a day?]

YES ......................................................... 1 (CHART)
NO ......................................................... 2

---

BOX B-12

PACEMAKER CHECK:
PACEMAKER REPORTED IN PREVIOUS INTERVIEW (LPACEMAK = 1) ......................................................... GO TO B29
ALL OTHERS ......................................................... CONTINUE

---

B28. Some people with heart rhythm problems have a pacemaker inserted to control the heartbeat. (Have you/Has SUBJECT) ever had a pacemaker inserted?

YES ......................................................... 1
NO ......................................................... 2 (BOX B-13)
DK ......................................................... -8 (BOX B-13)

B29. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for pacemaker insertion, repair, or replacement? [PROBE: (Were you/Was he/she) there for more than a day?]

YES ......................................................... 1 (CHART)
NO ......................................................... 2

---

BOX B-13

STROKE CHECK:
STROKE REPORTED IN PREVIOUS INTERVIEW (LSTROKE = 1) ......... CONTINUE
ALL OTHERS ......................................................... GO TO B31

---

B30. Since (MONTH/YEAR) (have you/has SUBJECT) had a stroke (sometimes called a CVA)?

YES ......................................................... 1 (B34)
NO ......................................................... 2 (BOX B-14)
VOLUNTEERS SMALL STROKE ......................................................... 3 (B34)
VOLUNTEERS POSSIBLE STROKE ......................................................... 4 (B34)
VOLUNTEERS TIA ......................................................... 5 (B34)
DK ......................................................... -8 (BOX B-14)
B31. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had a stroke (sometimes called a CVA)?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2 (BOX B-15)</td>
</tr>
<tr>
<td>VOLUNTEERS SMALL STROKE</td>
<td>3</td>
</tr>
<tr>
<td>VOLUNTEERS POSSIBLE STROKE</td>
<td>4</td>
</tr>
<tr>
<td>VOLUNTEERS TIA</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (BOX B-15)</td>
</tr>
</tbody>
</table>

B32. In what year (were you/was he/she) first told that (you/he/she) had a (stroke/small stroke/possible stroke/TIA)?

YEAR: 19 |___|___|___|

B33. (Have you/Has he/she) had an additional (stroke/small stroke or stroke/possible stroke or stroke/TIA or stroke) since then?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2 (B35)</td>
</tr>
<tr>
<td>VOLUNTEERS SMALL STROKE</td>
<td>3</td>
</tr>
<tr>
<td>VOLUNTEERS POSSIBLE STROKE</td>
<td>4</td>
</tr>
<tr>
<td>VOLUNTEERS TIA</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (B35)</td>
</tr>
</tbody>
</table>

B34. In what year was that (stroke/small stroke/possible stroke/TIA)? [PROBE: Did (you/SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

| YEAR: 19 |___|___|___|
| YEAR: 19 |___|___|___|

B35. Since (1967/1965/1960/1970), (were you/was he/she) hospitalized for a (stroke/small stroke/possible stroke/TIA)? [PROBE: (Were you/Was he/she) there for more than a day?]

<table>
<thead>
<tr>
<th>YES</th>
<th>1 (CHART)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

BOX B-14

STROKE CHECK:
STROKE IN PREVIOUS INTERVIEW ($LSTROKE = 1$) AND NO REPORT OF STROKE IN THIS INTERVIEW ($B30 = 2$) AND RESPONDENT IS A PROXY
GO TO BOX B-15
ALL OTHERS CONTINUE
B36. (Concerning the stroke you told us about last time we talked,) (Do you/Does SUBJECT) now have any problems as a result of (your/his/her) (strokes/stroke/small stroke/possible stroke/TIA)? That is, (do you/does he/she) have...?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DISC</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with (your/his/her) arm and leg being weak or hard to use?.........................................................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble walking due to (your/his/her) stroke?..........................................................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble with speech?..........................................................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some other trouble as a result of (your/his/her) stroke? (SPECIFY).........................................................</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**BOX B-15**

**DIABETES CHECK:**

DIABETES REPORTED IN PREVIOUS INTERVIEW (LDIABETE = 1)

AND RESPONDENT IS THE SUBJECT ................................... CONTINUE

ALL OTHERS ........................................................................ GO TO B38

B37. Are you now taking medication for diabetes?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>DISCREPANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>96 (B43)</td>
</tr>
</tbody>
</table>

B38. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had diabetes or sugar diabetes?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>BORDERLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>95 (B43)</td>
</tr>
</tbody>
</table>

**NOTE:** IF DIABETES REPORTED IN PREVIOUS INTERVIEW (LDIABETE = 1) AND CURRENT RESPONSE TO B38 IS NO (B38 = 2) THE CATI PROGRAM WILL RECODE B38 TO "96" AND THEN GO TO B43.

B39. In what year (were you/was he/she) first told that (you/he/she) had diabetes or sugar diabetes?

YEAR: 19 ___ ___
B40. (Are you/is he/she) now taking insulin injections for (your/his/her) diabetes?

YES .................................................................................. 1
NO .................................................................................. 2

B41. (Are you/is he/she) now taking pills for (your/his/her) diabetes?

YES .................................................................................. 1
NO .................................................................................. 2

B42. Since (1967/1965/1960/1970), (were you/was he/she) hospitalized for diabetes? [PROBE: (Were you/Was he/she) there for more than a day?]

YES .................................................................................. 1 (CHART)
NO .................................................................................. 2

B43. (Have you/Has SUBJECT) ever been told by a doctor or health professional that (your/his/her) blood cholesterol is high?

YES .................................................................................. 1
NO .................................................................................. 2 (BOX B-16)
DK .................................................................................. -8 (BOX B-16)
BORDERLINE ................................................................. 95 (BOX B-16)

NOTE: IF HIGH BLOOD CHOLESTEROL REPORTED IN PREVIOUS INTERVIEW (LHICHOL = 1) AND CURRENT RESPONSE TO B43 IS NO (B43 = 2) THE CATI PROGRAM WILL RECODE B43 TO "96" AND THEN GO TO BOX B-16.

B44. (Do you/Does SUBJECT) currently have high blood cholesterol?

YES .................................................................................. 1
NO .................................................................................. 2
BORDERLINE ................................................................. 95

B45. In what year (were you/was he/she) first told that (you/he/she) had high blood cholesterol?

YEAR: 19 | ___ | ___ 

B46. Has a doctor ever prescribed medicine for (your/his/her) high blood cholesterol?

YES .................................................................................. 1
NO .................................................................................. 2 (BOX B-16)
DK .................................................................................. -8 (BOX B-16)

B47. (Are you/is SUBJECT) now taking medication for high blood cholesterol?

YES .................................................................................. 1
NO .................................................................................. 2
BOX B-16

HIGH BLOOD PRESSURE CHECK:
HIGH BLOOD PRESSURE REPORTED IN PREVIOUS INTERVIEW
(LHIGHBP = 1) AND RESPONDENT IS THE SUBJECT ................. GO TO BOX B-17
ALL OTHERS ........................................................................ CONTINUE

B48. (Have you/Has SUBJECT) ever been told by the doctor that (you/he/she) had high blood pressure or hypertension?

YES .................................................................................. 1
NO .................................................................................... 2 (B53)
DK .................................................................................. -8 (B53)
BORDERLINE ................................................................. 95 (B53)

NOTE: IF HIGH BLOOD PRESSURE REPORTED IN PREVIOUS INTERVIEW (LHIGHBP = 1) AND THE RESPONSE TO B48 IS NO (B48 = 2) THE CATI PROGRAM WILL RECODE B48 TO "96" AND THEN GO TO B53.

B49. In what year (were you/was he/she) first told that (you/he/she) had high blood pressure or hypertension?

YEAR: 19 | | |

BOX B-17

HIGH BLOOD PRESSURE MEDICATION CHECK:
HIGH BLOOD PRESSURE MEDICATION REPORTED IN
PREVIOUS INTERVIEW (LHIPMED = 1) AND
RESPONDENT IS THE SUBJECT ........................................... GO TO B51
ALL OTHERS ........................................................................ CONTINUE

B50. Has the doctor ever prescribed medicine for (your/his/her) high blood pressure?

YES .................................................................................. 1
NO .................................................................................... 2 (B52)
DK .................................................................................. -8 (B52)
DISCREPANCY ................................................................. 96 (B53)

B51. (Are you/is SUBJECT) now taking medication for high blood pressure?

YES .................................................................................. 1
NO .................................................................................... 2
DISCREPANCY ................................................................. 96 (B53)

B52. Since (1967/1985/1980/1970), (were you/was he/she) hospitalized for high blood pressure? [PROBE: (Were you/Was he/she) there for more than a day?]

YES .................................................................................. 1 (CHART)
NO .................................................................................... 2
BS3. (Are you/is SUBJECT) currently doing anything to control (your/his/her) weight?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

(BOX B-18)

BS4. Is this for health reasons?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

(BOX B-18)

BOX B-18

BREAST CANCER CHECK:
BREAST CANCER REPORTED IN PREVIOUS INTERVIEW
(LBRSTCAN = 1) ............................................................. CONTINUE
ALL OTHERS ............................................................... GO TO B57

BOX B-19

YEAR OF FIRST BREAST CANCER:
YEAR OF FIRST BREAST CANCER IS NOT KNOWN (LBCANCYR = 2)
AND RESPONDENT IS THE SUBJECT ........................................... GO TO B55
YEAR OF FIRST BREAST CANCER IS NOT KNOWN (LBCANCYR = 2)
AND RESPONDENT IS A PROXY .................................................. CONTINUE
ALL OTHERS ............................................................... GO TO B57

B55. Has (SUBJECT) ever been told by a doctor that (he/she) had breast cancer?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

(B57)

NOTE: IF BREAST CANCER REPORTED IN PREVIOUS INTERVIEW (LBRSTCAN = 1) AND THE RESPONSE TO B55 IS NO (B55 = 2) THE CATI PROGRAM WILL RECODE B55 TO "96" AND THEN GO TO B57.

B56. In what year (were you/was he/she) first told by a doctor that (you/he/she) had breast cancer?

YEAR: 19 __1__
DISCREPANCY ............................................................ 96
B57. Did a doctor ever tell (you/subject) that (you/he/she) had skin cancer?

YES ................................................................. 1
NO ................................................................. 2 (BOX B-22)
DK ................................................................. -8 (BOX B-22)

NOTE: IF SKIN CANCER REPORTED IN PREVIOUS INTERVIEW (LSKNCANC = 1) AND THE RESPONSE TO B57 IS NO (B57 = 2) THE CATI PROGRAM WILL RECODE B57 TO "96" AND THEN GO TO BOX B-22.

B58. Concerning (your/his/her) skin cancer, was it malignant melanoma or some other type?

YES NO DK
a. MALIGNANT MELANOMA ........................................... 1 2 -8
b. SOME OTHER TYPE ................................................. 1 2 -8

BOX B-20
MALIGNANT MELANOMA CHECK:
MALIGNANT MELANOMA REPORTED IN CURRENT
INTERVIEW (B58a = 1) ................................................. CONTINUE
ALL OTHERS ............................................................ GO TO BOX B-21

B59. In what year (were you/was he/she) first told that (you/he/she) had malignant melanoma?

YEAR: 19 [___] [___]

B60. Since (1967/1985/1980/1970), (were you/was he/she) hospitalized for malignant melanoma? [PROBE: (Were you/Was he/she) there for more than a day?]

YES ................................................................. 1 (CHART)
NO ................................................................. 2

BOX B-21
OTHER TYPE OF SKIN CANCER CHECK:
SOME OTHER TYPE OF SKIN CANCER REPORTED IN CURRENT
INTERVIEW (B58b = 1) OR SKIN CANCER TYPE IS UNKNOWN
(B58a = -8 OR B58b = -8) ........................................... CONTINUE
ALL OTHERS ............................................................ GO TO BOX B-22
B61. In what year (were you/was he/she) first told that (you/he/she) had skin cancer (other than malignant melanoma)?

YEAR: 19 | |  |

B62. How many times (have you/has he/she) been told by a doctor that (you/he/she) had skin cancer (other than malignant melanoma)?

NUMBER OF TIMES: | |  |

B63. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for skin cancer (other than malignant melanoma)? [PROBE: (Were you/Was he/she there for more than a day?)]

YES .............................................................. 1 (CHART)
NO .............................................................. 2

BOX B-22

OTHER CANCER CHECK:
CANCER REPORTED IN PREVIOUS INTERVIEW (LCANCER = 1
OR LB3TCAN = 1) .......................................................... CONTINUE
ALL OTHERS .................................................................. GO TO B65

B64. Since (MONTH/YEAR), (have you/has SUBJECT) had any type of cancer diagnosed, (other than skin cancer/other than the cancer we talked about)?

YES .............................................................. 1 (B67)
NO .............................................................. 2 (B68)
REFUSED .......................................................... 7 (BOX B-22a)
DK .............................................................. 8 (B68)

B65. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had cancer of any sort (other than skin cancer/other than the cancer we talked about)?

YES .............................................................. 1 (B67)
NO .............................................................. 2 (BOX B-22a)
DK .............................................................. 6 (BOX B-22a)

B66. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for any cancer condition (other than skin cancer)? [PROBE: (Were you/Was he/she there for more than a day?)]

YES .............................................................. 1 (CHART, THEN
GO TO BOX B-22a)
NO .............................................................. 2 (BOX B-22a)
<table>
<thead>
<tr>
<th>ASK B67 - B69 FOR EACH DIAGNOSIS</th>
<th>1ST DIAGNOSIS</th>
<th>2ND DIAGNOSIS</th>
<th>3RD DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>B67. Where was the cancer or what type of cancer was it? [PROBE: (Have you/Has he/she had any other cancer diagnosed] [since (MONTH/YEAR)]?</td>
<td>LUNG__________ 1</td>
<td>LUNG__________ 1</td>
<td>LUNG__________ 1</td>
</tr>
<tr>
<td></td>
<td>BREAST__________ 2</td>
<td>BREAST__________ 2</td>
<td>BREAST__________ 2</td>
</tr>
<tr>
<td></td>
<td>LARGE BOWEL__________ 3</td>
<td>LARGE BOWEL__________ 3</td>
<td>LARGE BOWEL__________ 3</td>
</tr>
<tr>
<td></td>
<td>COLON__________ 4</td>
<td>COLON__________ 4</td>
<td>COLON__________ 4</td>
</tr>
<tr>
<td></td>
<td>RECTUM__________ 5</td>
<td>RECTUM__________ 5</td>
<td>RECTUM__________ 5</td>
</tr>
<tr>
<td></td>
<td>PANCREAS__________ 6</td>
<td>PANCREAS__________ 6</td>
<td>PANCREAS__________ 6</td>
</tr>
<tr>
<td></td>
<td>BLADDER__________ 7</td>
<td>BLADDER__________ 7</td>
<td>BLADDER__________ 7</td>
</tr>
<tr>
<td></td>
<td>PROSTATE__________ 8</td>
<td>PROSTATE__________ 8</td>
<td>PROSTATE__________ 8</td>
</tr>
<tr>
<td></td>
<td>UTERUS__________ 9</td>
<td>UTERUS__________ 9</td>
<td>UTERUS__________ 9</td>
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<tr>
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<td>CERVIX__________ 10</td>
<td>CERVIX__________ 10</td>
<td>CERVIX__________ 10</td>
</tr>
<tr>
<td></td>
<td>ENDOMETRIUM OR CORPUS__________ 11</td>
<td>ENDOMETRIUM OR CORPUS__________ 11</td>
<td>ENDOMETRIUM OR CORPUS__________ 11</td>
</tr>
<tr>
<td></td>
<td>LEUKEMIA__________ 12</td>
<td>LEUKEMIA__________ 12</td>
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</tr>
<tr>
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<td>NON-HODGKIN'S LYMPHOMA__________ 13</td>
<td>NON-HODGKIN'S LYMPHOMA__________ 13</td>
<td>NON-HODGKIN'S LYMPHOMA__________ 13</td>
</tr>
<tr>
<td></td>
<td>STOMACH__________ 14</td>
<td>STOMACH__________ 14</td>
<td>STOMACH__________ 14</td>
</tr>
<tr>
<td></td>
<td>OVARY__________ 15</td>
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</tr>
<tr>
<td></td>
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<td>KIDNEY__________ 16</td>
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</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY)__________ 17</td>
<td>OTHER (SPECIFY)__________ 17</td>
<td>OTHER (SPECIFY)__________ 17</td>
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<td>SITE:__________ 18</td>
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<tr>
<td></td>
<td>OR:__________ 19</td>
<td>OR:__________ 19</td>
<td>OR:__________ 19</td>
</tr>
<tr>
<td></td>
<td>TYPE:__________ 20</td>
<td>TYPE:__________ 20</td>
<td>TYPE:__________ 20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B68. In what year (were you/has he/she) first told that (you/he/she) had (CANCER)?</th>
<th>YEAR: 19</th>
<th>YEAR: 19</th>
<th>YEAR: 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B69. Since (1987/1985/1980/1970), (were you/has he/she) hospitalized for (CANCER)? [PROBE: (Were you/Has he/she) there for more than a day?)</th>
<th>YES__________ 1 (CHART)</th>
<th>YES__________ 1 (CHART)</th>
<th>YES__________ 1 (CHART)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO__________ 2</td>
<td>NO__________ 2</td>
<td>NO__________ 2</td>
</tr>
</tbody>
</table>
**BOX B-22a**

**CANCER CHECK:**

ANY CANCER REPORTED IN THIS INTERVIEW (B55 = 1 OR 
B57 = 1 OR B64 = 1 OR B65 = 1) 
OR
CANCER REPORTED IN PREVIOUS INTERVIEW (LCANCER = 1) 
OR (LBRTSCAN = 1) AND RESPONDENT IS THE SUBJECT ............... CONTINUE
ALL OTHERS ........................................................................... GO TO B70

---

B69a. (Have you/Has SUBJECT) ever had out-patient surgery for any type of cancer?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ASK B69b - B69c FOR EACH CANCER</th>
<th>1ST CANCER</th>
<th>2ND CANCER</th>
<th>3RD CANCER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B69b.</strong> For what type of cancer (have you/has he/she) had out-patient surgery? [PROBE: (Have you/Has he/she) had out-patient surgery for any other cancer?]</td>
<td><strong>LUNG</strong></td>
<td><strong>BREAST</strong></td>
<td><strong>LUNG</strong></td>
</tr>
<tr>
<td></td>
<td><strong>LARGE BOWEL</strong></td>
<td><strong>LARGE BOWEL</strong></td>
<td><strong>LARGE BOWEL</strong></td>
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<td><strong>COLON</strong></td>
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<td><strong>OTHER SPECIFY</strong></td>
<td><strong>OTHER SPECIFY</strong></td>
</tr>
</tbody>
</table>

---

**B69c.** In what year was (your/his/her) most recent out-patient surgery for (CANCER)?

YEAR: 19 | | | YEAR: 19 | | | YEAR: 19 | | |
B70. Now I have a few questions about the health of some of (your/SUBJECT'S) blood relatives. I am only interested in (your/his/her) relatives who are related by blood. Do not include adopted or foster relatives. I will be asking about (your/his/her) mother, (your/his/her) father, any sisters and brothers (you have/he/she has), and any children.

In the last 10 years, have any of these relatives been told by a doctor that they have cancer?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (BOX B-23)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (BOX B-23)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASK B71 - B73 FOR EACH RELATIVE</th>
<th>1ST RELATIVE</th>
<th>2ND RELATIVE</th>
<th>3RD RELATIVE</th>
</tr>
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<tbody>
<tr>
<td><strong>RELATIONSHIP</strong></td>
<td><strong>RELATIONSHIP</strong></td>
<td><strong>RELATIONSHIP</strong></td>
<td></td>
</tr>
<tr>
<td>FATHER</td>
<td>FATHER</td>
<td>FATHER</td>
<td>ME</td>
</tr>
<tr>
<td>MOTHER</td>
<td>MOTHER</td>
<td>MOTHER</td>
<td></td>
</tr>
<tr>
<td>BROTHER</td>
<td>BROTHER</td>
<td>BROTHER</td>
<td></td>
</tr>
<tr>
<td>SISTER</td>
<td>SISTER</td>
<td>SISTER</td>
<td></td>
</tr>
<tr>
<td>SON</td>
<td>SON</td>
<td>SON</td>
<td></td>
</tr>
<tr>
<td>DAUGHTER</td>
<td>DAUGHTER</td>
<td>DAUGHTER</td>
<td></td>
</tr>
</tbody>
</table>

B71. What relation to (you/SUBJECT) are any blood relatives who had cancer during the last 10 years?

B72. What is (his/her) first name?

B73. Where was the cancer or what type of cancer was it?

[PROBE: Has (he/she) had any other cancer diagnosed?] [ENTER ALL THAT APPLY]
Now I have some more questions concerning (your/SUBJECT'S) health.

BOX B-23

BROKEN/FRACTURED HIP CHECK:
BROKEN OR FRACTURED HIP REPORTED IN PREVIOUS INTERVIEW
(LBROKHIP = 1) AND RESPONDENT IS THE SUBJECT .................. CONTINUE
ALL OTHERS .............................................................................. GO TO B76

BOX B-24

YEAR OF FIRST BROKEN HIP:
YEAR OF FIRST BROKEN HIP IS KNOWN (LBKHIPYR = 1) ................. GO TO B75
ALL OTHERS ............................................................................. CONTINUE

B74. In what year were you first told that you had a broken or fractured hip?

YEAR: 19 |___|___
DISCREPANCY ................................................................. 96 (BOX B-25)

B75. Since (MONTH/YEAR) have you had a broken or fractured hip?

YES ......................................................................................... 1 (B79)
NO ......................................................................................... 2 (BOX B-25)
DK ......................................................................................... -8 (BOX B-25)

B76. (Have you/Has SUBJECT) ever been told by the doctor that (you/he/she) had a broken or fractured hip?

YES ......................................................................................... 1
NO ......................................................................................... 2 (BOX B-25)
DK ......................................................................................... -8 (BOX B-25)

NOTE: IF BROKEN HIP REPORTED IN PREVIOUS INTERVIEW (LBROKHIP = 1) AND THE RESPONSE TO B76 IS NO (B76 = 2) THE CATI PROGRAM WILL RECODE B76 TO "96" AND THEN GO TO BOX B-25.

B77. In what year (were you/was he/she) first told that (you/he/she) had a broken or fractured hip?

YEAR: 19 |___|___

B78. (Have you/Has he/she) had an additional fractured hip since then?

YES ......................................................................................... 1
NO ......................................................................................... 2 (B80)
DK ......................................................................................... -8 (B80)
B79. In what year did (you/he/she) have that break or fracture of (your/his/her) hip? [PROBE: (Have you/Has he/she) had another fractured hip since then? PROBE FOR ALL YEARS.]

YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |

B80. Since (1987/1985/1980/1970), (were you/was he/she) hospitalized for a broken or fractured hip? [PROBE: (Were you/Was he/she) there for more than a day?]

YES ......................................................... 1 (CHART)
NO ......................................................... 2

BOX B-25

OSTEOPOROSIS CHECK:
OSTEOPOROSIS REPORTED IN PREVIOUS
INTERVIEW (LOSTEO = 1) .................................................. GO TO BOX B-26
ALL OTHERS .................................................. CONTINUE

B81. Did a doctor ever tell (you/SUBJECT) that (you/he/she) had osteoporosis?

YES ......................................................... 1
NO ......................................................... 2 (BOX B-26)
DK ......................................................... -8 (BOX B-26)

B82. In what year (were you/was he/she) first told that (you/he/she) had osteoporosis?

YEAR: 19 | ___ | ___ |

BOX B-26

BROKEN WRIST CHECK:
BROKEN WRIST REPORTED IN PREVIOUS INTERVIEW
(LEFKWRT = 1) .................................................. CONTINUE
ALL OTHERS .................................................. GO TO B84

B83. Since (MONTH/YEAR) (have you/has SUBJECT) broken or fractured (your/his/her) wrist?

YES ......................................................... 1 (B85)
NO ......................................................... 2 (B86)
DK ......................................................... -8 (B88)

26
B84. (Have you/Has SUBJECT) ever been told by a doctor that (you/he/she) had broken or fractured (your/his/her) wrist?

YES ................................................................. 1
NO ..................................................................... 2 (B85)
DK ................................................................. -6 (B86)

B85. In what year was that wrist broken or fractured? (PROBE: [(Since 1970/Since (MONTH/YEAR)], did (you/SUBJECT) have any other wrist breaks or fractures of your wrist?)

YEAR: 19 |___|___|
YEAR: 19 |___|___|
YEAR: 19 |___|___|
YEAR: 19 |___|___|

B86. The next few questions are about falls. I'm interested in falls where (you have/SUBJECT has) fallen and landed on the floor or ground or hit an object like a table or stair. During the past 12 months, (have you/has SUBJECT) had this kind of fall?

YES ......................................................................... 1
NO ..................................................................... 2 (B90)
DK .................................................................... -6 (B90)

B87. How many times (have you/has he/she) fallen like this during the past 12 months?

NUMBER OF TIMES: |___|___|

B88. (Did this fall/Did any of these falls) . . .

YES NO
a. cause a broken bone? ...................................................... 1 2
b. cause (you/him/her) to hit or injure (your/his/her) head? ...................................................... 1 2
c. cause (you/him/her) to seek medical care? ......... 1 2

B89. During the past 12 months, (were you/was he/she) hospitalized for (this fall/any of these falls)? [PROBE: (Were you/Was he/she) there for more than a day?]?

YES ......................................................................... 1 (CHART)
NO ..................................................................... 2

B90. Since (1987/1985/1980/1970), (have you/has SUBJECT) been hospitalized for pneumonia, bronchitis, or the flu? [PROBE: (Were you/Was he/she) there for more than a day?]?

YES ......................................................................... 1 (CHART)
NO ..................................................................... 2
BOX B-27

KIDNEY DISORDER CHECK:

KIDNEY DISEASE OR KIDNEY STONES REPORTED IN

PREVIOUS INTERVIEW (KIDNEY = 1)........................................ CONTINUE

ALL OTHERS............................................................................ GO TO B92

B91. Since (MONTH/YEAR) (have you/has SUBJECT) had a kidney disorder or kidney stone(s)? Please do not include kidney infections.

YES ................................................................. 1 (BOX B-28)

NO ................................................................. 2 (BOX B-28)

B92. (Have you/Has SUBJECT) ever been told by the doctor that (you/he/she) had a kidney disorder or kidney stone(s)? Please do not include kidney infections.

YES ................................................................. 1

NO ................................................................. 2 (BOX B-28)

DK ................................................................. -8 (BOX B-28)

B93. What year (were you/was he/she) first told (you/he/she) had a kidney disorder or kidney stones?

YEAR: 19 | _ | _ |

BOX B-28

URINARY TRACT/KIDNEY INFECTION STATUS:

URINARY TRACT/KIDNEY INFECTION REPORTED IN

PREVIOUS INTERVIEW (LUTI = 1)........................................ CONTINUE

ALL OTHERS............................................................................ GO TO B95

B94. Since (MONTH/YEAR) (have you/has SUBJECT) had a urinary tract or kidney infection?

YES ................................................................. 1 (BOX B-29)

NO ................................................................. 2 (BOX B-29)

B95. (Have you/Has he/she) ever been told by a doctor that (you/he/she) had a urinary tract or kidney infection more than three times?

YES ................................................................. 1

NO ................................................................. 2 (BOX B-29)

DK ................................................................. -8 (BOX B-29)

B96. What year (were you/was he/she) first told that (you/he/she) had a urinary tract or kidney infection?

YEAR: 19 | _ | _ |
BOX B-29

KIDNEY DISORDER/URINARY TRACT INFECTION CHECK:
CURRENT REPORT OF KIDNEY DISORDER/KIDNEY STONES
(B91 = 1 OR B92 = 1) OR URINARY TRACT INFECTION/
KIDNEY INFECTION (B94 = 1 OR B95 = 1) .................. CONTINUE
ALL OTHERS .................................................. GO TO B98

B97. Since (1987/1985/1980/1970), (have you/has SUBJECT) been hospitalized for a kidney condition or urinary tract infection? [PROBE: (Were you/Was he/she) there for more than one day?]

YES ......................................................... 1 (CHART)
NO ......................................................... 2

B98. (Have you/Has SUBJECT) ever been told by a doctor that (you/he/she) had a hernia or rupture?

YES ......................................................... 1
NO ......................................................... 2 (BOX B-32)
DK ......................................................... -8 (BOX B-32)

B99. Concerning (your/his/her) hernia, was this a hiatal hernia of the diaphragm, a hernia or rupture of the groin, or some other type of hernia or rupture? [PROBE WITH CATEGORIES IF NECESSARY.]

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. HIATAL HERNA ..................................</td>
<td>1</td>
<td>2</td>
<td>-8</td>
</tr>
<tr>
<td>b. HERNIA OR RUPTURE OF THE GROIN [INGUINAL HERNA]</td>
<td>1</td>
<td>2</td>
<td>-8</td>
</tr>
<tr>
<td>c. SOME OTHER TYPE OF HERNIA OR RUPTURE [SPECIFY]</td>
<td>1</td>
<td>2</td>
<td>-8</td>
</tr>
</tbody>
</table>

BOX B-30

HERNIA TYPE:
GROIN HERNA (B990 = 1) .................................. CONTINUE
ALL OTHERS .................................................. GO TO BOX B-31

B100. In what year (were you/was he/she) first told that (you/he/she) had a hernia or rupture of the groin?

YEAR: 19 | ___ |

B101. (Have you/Has SUBJECT) ever had surgery for a hernia of the groin?

YES ......................................................... 1
NO ......................................................... 2 (BOX B-31)
DK ......................................................... -8 (BOX B-31)
B102. In what year did any surgery for a hernia of the groin occur? [PROBE FOR ALL YEARS]

YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |

BOX B-31

HERNIA TYPE:
OTHER HERNIA (B99c = 1) OR ALL DON'T KNOW
(B99e-c = -8) ............................................................... CONTINUE
ALL OTHERS................................................................... GO TO BOX B-32

B103. In what year (were you/was he/she) first told that (you/he/she) had (some other type of/a) hernia or rupture?

YEAR: 19 | ___ | ___ |

BOX B-32

CATARACTS CHECK:
CATARACTS REPORTED IN PREVIOUS INTERVIEW (LCATRACT = 1) .... CONTINUE
ALL OTHERS................................................................... GO TO B105

BOX B-33

CATARACT SURGERY CHECK:
CATARACT SURGERY REPORTED IN PREVIOUS INTERVIEW
(LCATSURG = 1)............................................................... CONTINUE
ALL OTHERS................................................................... GO TO B106

B104. Since (MONTH/YEAR) (have you/has he/she) had cataract surgery?

YES ................................................................. 1 (B107)
NO ................................................................. 2 (BOX B-34)
DK ................................................................. -8 (BOX B-34)

B105. Has a doctor ever told (you/subject) that (you/he/she) had cataracts?

YES ................................................................. 1
NO ................................................................. 2 (BOX B-34)
DK ................................................................. -8 (BOX B-34)
B106. (Have you/Has he/she) ever had surgery for cataracts?

  YES ................................................................. 1
  NO ................................................................. 2 (BOX B-34)
  DK ................................................................. -8 (BOX B-34)

B107. What year did (you/he/she) have (your/his/her) cataract surgery? [PROBE: Did (you/he/she) have any other cataract surgery? RECORD ALL YEARS.]

  YEAR: 19 | ___ | ___ |
  YEAR: 19 | ___ | ___ |

B108. Since (1967/1985/1980/1970), (were you/was he/she) hospitalized for more than one day for cataract surgery?

  YES ................................................................. 1 (CHART)
  NO ................................................................. 2

BOX B-34

SEX AND PREVIOUS STERILIZATION:
$ IS MALE (LSSEX = 1) AND NOT PREVIOUSLY
STERILIZED (LVASECT = 2) ............................................................... CONTINUE
ALL OTHERS ............................................................................. GO TO B111

B109. (Have you/Has SUBJECT) ever had an operation in order to be sterilized, also known as a vasectomy?

  YES ................................................................. 1
  NO ................................................................. 2 (B111)
  DK ................................................................. -8 (B111)

B110. How old (were you/was he) when (you/he) had this vasectomy?

  AGE IN YEARS: | ___ | ___ |

B111. (I have recorded that (you were/SUBJECT was) hospitalized (READ DATES, CONDITIONS AND FACILITY NAMES FROM CHART).)

Now, I would like you to think back over the time between (1967/1985/1980/1970) and the present. (You/He/She) would have been about (AGE) in (1967/1985/1980/1970). (Have you/Has he/she) stayed in a hospital for any other reason including surgery, tests or for observation since (you were/he/she was) (AGE)? [PROBE: (Were you/Was he/she) there for more than a day?]

  YES ................................................................. 1
  NO ................................................................. 2 (BOX B-35)
  DK ................................................................. -8 (BOX B-35)
ASK B112 AND THEN B113 FOR EACH CONDITION

<table>
<thead>
<tr>
<th>Condition 1</th>
<th>Condition 2</th>
<th>Condition 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>TESTS AND/OR OBSERVATION .......... 1</td>
<td>TESTS AND/OR OBSERVATION .......... 1</td>
<td>TESTS AND/OR OBSERVATION .......... 1</td>
</tr>
<tr>
<td>DIGESTIVE/ULCERS PROBLEMS .......... 2</td>
<td>DIGESTIVE/ULCERS PROBLEMS .......... 2</td>
<td>DIGESTIVE/ULCERS PROBLEMS .......... 2</td>
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<td>RESPIRATORY/ BREATHING PROBLEMS .......... 3</td>
<td>RESPIRATORY/ BREATHING PROBLEMS .......... 3</td>
<td>RESPIRATORY/ BREATHING PROBLEMS .......... 3</td>
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<tr>
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<td>INFECTIONS .......... 4</td>
<td>INFECTIONS .......... 4</td>
</tr>
<tr>
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<td>SURGERY FOR OTHER CONDITIONS .......... 5</td>
<td>SURGERY FOR OTHER CONDITIONS .......... 5</td>
</tr>
<tr>
<td>OTHER (SPECIFY) .......... 91</td>
<td>OTHER (SPECIFY) .......... 91</td>
<td>OTHER (SPECIFY) .......... 91</td>
</tr>
<tr>
<td>(CHART)</td>
<td>(CHART)</td>
<td>(CHART)</td>
</tr>
</tbody>
</table>

B113. [INTERVIEWER FILL IN THE YEAR OF THIS ADMISSION FROM HOSPITAL CHART.]

| Month: | | |
| Day: | | |
| Year: | | |

BOX B-35
CURRENT RESIDENCE:
RESIDING IN NURSING HOME (A1 = 2) .................................................. GO TO B116
ALL OTHERS .......................................................... CONTINUE

B114. Since (1967/1965/1980/1970), (have you/has SUBJECT) ever stayed in a rest home, a nursing home, a mental health facility, or anything like that? [PROBE: (Were you/Was he/she) there for more than a day?]

YES .......................................................... 1 (B116)
NO .......................................................... 2
REFUSED ................................................... -7 (BOX B-39)
DK .......................................................... -8 (BOX B-39)

BOX B-36
PREVIOUS RESIDENCE:
IN NURSING HOME IN MOST RECENT INTERVIEW
(LNURSING = 1) .......................................................... CONTINUE
ALL OTHERS .......................................................... GO TO BOX B-39

B115. (Were you/Was he/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW)?

YES .......................................................... 1
NO .......................................................... 2 (BOX B-39)
DK .......................................................... -8 (BOX B-39)
<table>
<thead>
<tr>
<th>B116.</th>
<th>FOR FIRST Admision: IF CURRENTLY IN A NURSING HOME (A1 = 2), CODE AS <em>1</em> AND GO TO B117 WITHOUT ASKING B116. To what type of place was (the most recent/this) admission?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMISSION 1</td>
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</tr>
<tr>
<td>NURSING HOME/</td>
<td>NURSING HOME/</td>
</tr>
<tr>
<td>REST HOME............</td>
<td>REST HOME............</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>MENTAL HEALTH</td>
</tr>
<tr>
<td>FACILITY............</td>
<td>FACILITY............</td>
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<td>HEALTH CARE</td>
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<td>HOSPITAL............</td>
<td>HOSPITAL............</td>
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<tr>
<td>NURSING HOME/ REST HOME............</td>
<td>NURSING HOME/ REST HOME............</td>
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<td>OTHER (SPECIFY) ............</td>
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<tr>
<td>YEAR: 19</td>
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</tr>
</tbody>
</table>

**BOX B-37**

MENTAL HEALTH FACILITY:

MENTAL HEALTH FACILITY STAY REPORTED IN THIS INTERVIEW (B116 = 2) GO TO B121

ALL OTHERS CONTINUE

---

<table>
<thead>
<tr>
<th>B119.</th>
<th>There are many reasons why people enter a (TYPE OF FACILITY). Please tell me if (you/subject) entered the (TYPE OF FACILITY) for any of the following reasons. (ENTER YES OR NO FOR EACH.)</th>
</tr>
</thead>
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<tr>
<td>YES</td>
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</tr>
<tr>
<td>Required skilled nursing care? ............</td>
<td>1</td>
</tr>
<tr>
<td>Recuperation from surgery? ............</td>
<td>1</td>
</tr>
<tr>
<td>Needed help with bathing, eating, or dressing? ............</td>
<td>1</td>
</tr>
<tr>
<td>Required special medical or physical therapy? ............</td>
<td>1</td>
</tr>
<tr>
<td>Too confused to live independently? ............</td>
<td>1</td>
</tr>
<tr>
<td>B120.</td>
<td>Please tell me the name of the disease or medical condition that (you/he/she) had at the time of admission that affected (your/his/her) ability to live independently. (ENTER ALL THAT APPLY)</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>ALZHEIMER'S DISEASE... 1  CANCER... 2  DEPRESSION... 3  FRAIL/OLD AGE... 4  HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS... 5  INCONTINENCE... 6  NO MEDICAL CONDITION... 7  SENILITY... 8  STROKE... 9  OTHER DISEASE OR CONDITION (SPECIFY) 91</td>
</tr>
<tr>
<td></td>
<td>ALZHEIMER'S DISEASE... 1  CANCER... 2  DEPRESSION... 3  FRAIL/OLD AGE... 4  HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS... 5  INCONTINENCE... 6  NO MEDICAL CONDITION... 7  SENILITY... 8  STROKE... 9  OTHER DISEASE OR CONDITION (SPECIFY) 91</td>
</tr>
<tr>
<td></td>
<td>ALZHEIMER'S DISEASE... 1  CANCER... 2  DEPRESSION... 3  FRAIL/OLD AGE... 4  HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS... 5  INCONTINENCE... 6  NO MEDICAL CONDITION... 7  SENILITY... 8  STROKE... 9  OTHER DISEASE OR CONDITION (SPECIFY) 91</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B121.</th>
<th>[FOR FIRST ADMISSION, IF CURRENTLY IN A NURSING HOME (A1 = 2) CODE 94 WITHOUT ASKING] How long did (you/he/she) stay? (GO TO CHART AFTER CODING LENGTH OF STAY.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># OF WEEKS... 1  MONTHS... 2  YEARS... 3  STILL THERE... 94  LESS THAN ONE WEEK... 95 (CHART)</td>
</tr>
<tr>
<td></td>
<td># OF WEEKS... 1  MONTHS... 2  YEARS... 3  LESS THAN ONE WEEK... 95 (CHART)</td>
</tr>
<tr>
<td></td>
<td># OF WEEKS... 1  MONTHS... 2  YEARS... 3  LESS THAN ONE WEEK... 95 (CHART)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B122.</th>
<th>Since (1987/1985/1980/1970) did (you/he/she) stay in another facility such as a rest home, a nursing home, a mental health facility, a rehabilitation center or any place like that?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES... 1 (B116)  NO... 2  DK... -8</td>
</tr>
<tr>
<td></td>
<td>YES... 1 (B116)  NO... 2  DK... -8</td>
</tr>
<tr>
<td></td>
<td>YES... 1 (B116)  NO... 2  DK... -8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOX B-38 (FOR &quot;ADMISSION 1&quot; COLUMN ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS RESIDENCE:</td>
</tr>
<tr>
<td>IN NURSING HOME IN MOST RECENT INTERVIEW (L1NURSING = 1) AND NOT NOW IN SAME NURSING HOME (A2 = 2) AND PROBE NOT ALREADY ASKED (B115 = 1) CONTINUE</td>
</tr>
<tr>
<td>ALL OTHERS... GO TO BOX B-39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B123.</th>
<th>(Were you/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW) (other than the one you just told me about?)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES... 1 (B116)  NO... 2  DK... -8</td>
</tr>
<tr>
<td></td>
<td>YES... 1 (B116)  NO... 2  DK... -8</td>
</tr>
<tr>
<td></td>
<td>YES... 1 (B116)  NO... 2  DK... -8</td>
</tr>
</tbody>
</table>
BOX B-30

CURRENT RESIDENCE:
§ NOT LIVING IN NURSING HOME CONTINUOUSLY SINCE
LAST INTERVIEW (A1 = 2 AND A2 = 1) .............................................. GO TO B125
ALL OTHERS .................................................................................. CONTINUE

B124. What has been happening to (your/his/her) health during the past 12 months? Has it improved, remained the same, gradually worsened, or suddenly worsened?

IMPROVED ................................................................. 1
REMAINED THE SAME .................................................. 2
GRADUALLY WORSENED .............................................. 3
SUDDENLY WORSENED ............................................... 4

(PART C)

B125. During the month before (your/SUBJECT'S) admission to the nursing home, was there a significant change in (your/his/her) health?

YES ................................................................................. 1
NO ................................................................................. 2

B126. During the 12 months prior to that, what was happening to (your/his/her) health? Had it improved, remained the same, gradually worsened, or suddenly worsened?

IMPROVED ................................................................. 1
REMAINED THE SAME .................................................. 2
GRADUALLY WORSENED .............................................. 3
SUDDENLY WORSENED ............................................... 4

TIME ENDED: ___________ AM / PM

35
PART C: ACTIVITIES OF DAILY LIVING

TIME BEGAN: __________ AM / PM

BOX C-1

NURSING HOME CHECK:
$ CURRENTLY IN NURSING HOME (A1 = 2) ........................................ 1 CONTINUE
ALL OTHERS .................................................................................. 2 GO TO C1

BOX C-2

RESPONDENT TYPE:
RESPONDENT IS PROXY ............................................................... 1 CONTINUE
ALL OTHERS .................................................................................. 2 GO TO C1

BOX C-3

ASK THE RESPONDENT: Do you think you can answer questions about physical problems
(SUBJECT) may or may not have and also questions about (his/her) daily activities?

R CAN ANSWER THIS SECTION .................................................. 1 (GO TO C1)
R CANNOT ANSWER THIS SECTION, ASK OF
NURSING HOME STAFF ............................................................ 2 (RECORD INFORMATION
BELOW, THEN GO TO PART D)

NURSING HOME INFORMATION:
NAME: ____________________________________________________________
ADDRESS: __________________________________________________________________
_____________________________________________________________________
TELEPHONE NUMBER: ( ______ )

These next questions ask about physical problems (you/SUBJECT) may or may not have. First . . .

C1. (Do you/Does SUBJECT) usually have to stay in bed for most of the day?

YES .................................................................................................. 1
NO.................................................................................................. 2 (C3)
DK .................................................................................................. 3 (C3)

C2. How long (have you/has he/she) had to stay in bed for most of the day?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF MONTHS</td>
<td>1</td>
</tr>
<tr>
<td>NUMBER OF YEARS</td>
<td>2</td>
</tr>
<tr>
<td>LESS THAN ONE MONTH</td>
<td>95</td>
</tr>
</tbody>
</table>
C3. (Do you/Does he/she) have any problems that prevent the use of one or more of (your/his/her) arms or legs?

YES ........................................................................................................ 1
NO ........................................................................................................ 2 (BOX C-7)
DK ........................................................................................................ -6 (BOX C-7)

C4. Is this due to...

a. Paralysis? ................................................................. 1 2
b. Amputation? ............................................................... 1 2
c. Severe arthritis? .............................................................. 1 2
d. Some other reason? (SPECIFY) .................. 1 2

BOX C-4

PARALYSIS CHECK:
PROBLEM WITH LIMBS DUE TO PARALYSIS (C4a = 1) .................. CONTINUE
ALL OTHERS ................................................................. GO TO BOX C-5

C5. Which limbs are paralyzed?

a. RIGHT HAND/ARM .................................................. 1 2
b. LEFT HAND/ARM ...................................................... 1 2
c. RIGHT FOOT/LEG ..................................................... 1 2
d. LEFT FOOT/LEG ....................................................... 1 2

BOX C-5

AMPUTATION CHECK:
PROBLEM WITH LIMBS DUE TO AMPUTATION (C4b = 1) .................. CONTINUE
ALL OTHERS ................................................................. GO TO BOX C-6

C6. Which limbs have been amputated?

a. RIGHT HAND/ARM .................................................. 1 2
b. LEFT HAND/ARM ...................................................... 1 2
c. RIGHT FOOT/LEG ..................................................... 1 2
d. LEFT FOOT/LEG ....................................................... 1 2
C7. Which limbs have problems due to (severe arthritis/some other reason/severe arthritis or some other reason)?:

YES  NO
a. RIGHT HAND/ARM………………… 1  2
b. LEFT HAND/ARM………………… 1  2
c. RIGHT FOOT/LEG………………… 1  2
d. LEFT FOOT/LEG………………… 1  2

C8. (Do you/Does SUBJECT) usually use any special equipment to get around, bathe, walk, dress or eat such as canes, artificial limbs or grab bars?

YES …………………………………………………………………………… 1
NO………………………………………………………………………… 2  (BOX C-8)
DK………………………………………………………………………… -8 (BOX C-8)

C9. (Do you/Does he/she) usually use:

YES  NO
a. Special devices in the bathroom such as hand rails or grab bars? …………………………………… 1  2
b. Canes? ………………………………………………… 1  2
c. [IF ANY LIMBS AMPUTATED, ASK:] Artificial limb? …………………………………… 1  2
d. Walker or crutches? ……………………………… 1  2
e. Wheelchair? …………………………………………… 1  2
f. Devices used for dressing such as button hooks, zipper pulls, etc.? ………………………… 1  2
g. Special or built-up chair or toilet? ………………………………………… 1  2
h. Special eating devices? …………………………………… 1  2
C10. (Do you/Does he/she) usually use any of the following special equipment to help (you/him/her) get around, bathe, walk, dress or eat?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Special devices in the bathroom such as hand rails or grab bars?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Cane?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. [IF ANY LIMBS AMPUTATED, ASK:] Artificial limb?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Walker or crutches?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Wheelchair?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Devices used for dressing such as button hooks, zipper pulls, etc.?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Special or built-up chair or toilet?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Special eating devices?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

BOX C-8

LIMBS CHECK:

§ CANNOT USE ANY LIMBS (AT LEAST ONE "a", ONE "b", ONE "c"
AND ONE "d" IS CODED 1 IN C5, C6, OR C7) ........................................ GO TO PART D
ALL OTHERS .................................................................................. CONTINUE

BOX C-9

BEDRIDDEN CHECK:

§ IS BEDRIDDEN (C1 = 1) ................................................................ Go TO C11a AND ASK * QUESTIONS ONLY
ALL OTHERS .................................................................................. CONTINUE

BOX C-10

LOWER LIMBS CHECK:

§ CANNOT USE BOTH LOWER LIMBS (AT LEAST ONE "c"
AND ONE "d" IS CODED 1 IN C5, C6, OR C7) ........................................ Go TO C11a AND ASK * AND ↓ QUESTIONS ONLY
ALL OTHERS .................................................................................. CONTINUE

BOX C-11

AGE AND ARTHRITIS CHECK:

§ IS UNDER 55 (NAGE < 055) AND DOES NOT CURRENTLY HAVE ARTHRITIS (B3 ≠ 1) AND NO ARTHRITIS IN PREVIOUS INTERVIEW (LARTH ≠ 1) ........................................ Go TO C11a AND ASK ◊ QUESTIONS ONLY
ALL OTHERS .................................................................................. Go TO C11a AND ASK ALL QUESTIONS

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### Interviewer Instructions

**ASK C11 THROUGH C33.** IF ANY RESPONSE TO b = 3 OR 4 OR ANY RESPONSE TO a = 3, ASK C11c AND C11d THROUGH C33c AND C33d WHERE INDICATED. IF c OR d = YES (USES HELP EITHER FROM ANOTHER PERSON OR AN AID) ASK C11e THROUGH C33e WHERE INDICATED.

---

I am going to read a list of activities. Please tell me if (you have/subject has) any difficulty doing these things when you are/he/she is by (yourself/himself/herself) and not using special equipment. [PROBE, IF NECESSARY: (Do you/Does he/she) have any difficulty when (you/he/she) (activity)??]

[ENTER ONE CODE FOR EACH ACTIVITY]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES DIFFICULTY (ASK b)</td>
</tr>
<tr>
<td>2</td>
<td>NO DIFFICULTY</td>
</tr>
<tr>
<td>3</td>
<td>NEVER DOES WITHOUT HELP</td>
</tr>
<tr>
<td>4</td>
<td>NEVER DOES ACTIVITY</td>
</tr>
<tr>
<td>5</td>
<td>INAPPROPRIATE ACTIVITY</td>
</tr>
</tbody>
</table>

---

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>†C11.</td>
<td>Dress(es) (yourself/himself/herself), including tying shoes, working zippers and doing buttons?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C12.</td>
<td>Stand(s) up from an armless straight chair (such as a dining room chair)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†C13.</td>
<td>Get(s) into and out of bed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†C14.</td>
<td>Prepare(s) meals?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*C15.</td>
<td>Cut(s) (your/his/her) meat?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*C16.</td>
<td>Lift(s) a full cup or glass to (your/his/her) mouth?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*C17.</td>
<td>Open(s) a new milk carton?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>‡C18.</td>
<td>Walk(s) a quarter mile (that is, two or three blocks)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C19.</td>
<td>Walk(s) from one room to another (on the same floor)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>‡C20.</td>
<td>Walk(s) up and down at least two steps?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†C21.</td>
<td>Get(s) in and out of the bathtub?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†, ‡C22.</td>
<td>Wash(es) and dry(ies) (your/his/her) whole body?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†C23.</td>
<td>Get(s) on and off the toilet?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*C24.</td>
<td>Comb(s) (your/his/her) hair?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†, ‡C25.</td>
<td>Reach(es) and get(s) down a 5 lb. object (bag of sugar) from just above (your/his/her) head?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>‡C26.</td>
<td>Bend(s) down and pick(s) up clothing from the floor?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†C27.</td>
<td>Open(s) jars which have been previously opened?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*C28.</td>
<td>Use(s) a pen or pencil to write with?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>†C29.</td>
<td>Get(s) in and out of a car?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>‡C30.</td>
<td>Run(s) errands and shop(s)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>‡C31.</td>
<td>(Do/Does) light chores (such as dusting or taking out the garbage)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>‡C32.</td>
<td>Lift(s) and carry(ies) a full bag of groceries?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>‡C33.</td>
<td>(Do/Does) heavy chores around the house or yard (such as washing windows, walls or floors)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
**BOX C-12**

**DIFFICULTY CHECK:**

ANY ACTIVITY CODED "NEVER DOES WITHOUT HELP" (ANY C11e-C33a = 3) OR ANY ACTIVITY CODED "MUCH DIFFICULTY" OR "UNABLE TO DO" (ANY C11b-C33b = 3, 4) ........................................ GO TO C11c

ALL OTHERS ................................................................................................................. GO TO PART D

<table>
<thead>
<tr>
<th>c.</th>
<th>d.</th>
<th>e.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Do you/Does he/she) use special equipment, such as a) (DISPLAY APPROPRIATE WORD CHOICE)</td>
<td>(Button hooks or zipper extender)</td>
<td>YES NO</td>
</tr>
<tr>
<td>C11.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C12.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C13.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C14.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C15.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C16.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C17.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C18.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C19.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C20.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C21.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C22.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C23.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C24.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C25.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C26.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C27.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C28.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C29.</td>
<td>1 2</td>
<td>1 2</td>
</tr>
<tr>
<td>C30.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C31.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C32.</td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td>C33.</td>
<td>1 2</td>
<td></td>
</tr>
</tbody>
</table>
PART D: SMOKING AND ALCOHOLIC BEVERAGES

BOX D-1

SMOKING STATUS:
SMOKING REPORTED IN PREVIOUS INTERVIEW (LSMOKER = 1)
AND RESPONDENT IS THE SUBJECT  GO TO D8
ALL OTHERS  CONTINUE

D1. These next few questions are about (your/subject's) smoking and drinking habits. Did (you/subject) ever smoke at least 100 cigarettes in (your/his/her) lifetime?

YES .................................................. 1
NO .................................................. 2 (D11)
DK .................................................. -8 (D11)

NOTE: IF SMOKING REPORTED IN PREVIOUS INTERVIEW (LSMOKER = 1) AND THE RESPONSE TO D1
IS NO (D1 = 2), THE CATI PROGRAM WILL RECODE D1 TO "96" AND THEN GO TO D11.

D2. (Do you/does he/she) smoke cigarettes now?

YES .................................................. 1
NO .................................................. 2 (D5)
REFUSED ........................................ -7 (D11)
DK .................................................. -8 (D11)

D3. About how many cigarettes a day (do you/does he/she) now smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES:  |__|__|__|
LESS THAN ONE A DAY ......................... 995

D4. For how many years (have you/has he/she) smoked cigarettes?

NUMBER OF YEARS:  |__|__|  (D11)

D5. When did (you/he/she) stop smoking cigarettes?

MONTH:  |__|__|
AND
YEAR:  19 |__|__|

D6. During the years when (you were/he/she was) smoking, about how many cigarettes a day (you/he/she) smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES:  |__|__|__|
LESS THAN ONE A DAY ......................... 995

42
D7. For how many years did (you/he/she) smoke cigarettes?

   NUMBER OF YEARS: |___| (D11)

D8. These next few questions are about your smoking and drinking habits. Do you smoke cigarettes now?

   YES ........................................................................... 1
   NO ........................................................................... 2 (D10)
   REFUSED .................................................................... -7 (D11)
   DK ........................................................................... -8 (D11)

D9. About how many cigarettes a day do you now smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

   NUMBER OF CIGARETTES: |___| |___| (D11)
   LESS THAN ONE A DAY .................................................. 995 (D11)

D10. When did you last stop smoking cigarettes?

   MONTH: |___| |___|
   AND
   YEAR: 19 |___| |___|
   DISCREPANCY (NEVER SMOKED) ..................................... 96

D11. Now I would like to talk to you about drinking beer, or wine, or liquor. (Have you/Has SUBJECT) had at least one drink of beer, or wine, or liquor during the past year?

   YES ........................................................................... 1
   NO ........................................................................... 2 (PART E)
   DK ........................................................................... -8 (PART E)

D12. During the past year, how often did (you/he/she) drink beer?

   NUMBER OF DAYS: |___| |___|
   PER: WEEK ......................................................... 1
   MONTH .............................................................. 2
   4-11 DAYS PER YEAR ............................................. 94
   1-3 DAYS PER YEAR ............................................. 95
   NONE ........................................................................ 00 (D14)
   REFUSED .................................................................... -7 (D14)
   DK ........................................................................... -8
D13. On the days (you/he/she) drank beer, how many cans, bottles or glasses did (you/he/she) drink?

NUMBER OF DRINKS: |__|__|
LESS THAN ONE DRINK............................................. 95

D14. During the past year, how often did (you/subject) drink wine?

NUMBER OF DAYS: |__|__| PER: WEEK................. 1
MONTH....................... 2
4-11 DAYS PER YEAR.................................................. 94
1-3 DAYS PER YEAR.................................................. 95
NONE................................................................. 00 (D16)
REFUSED............................................................. -7 (D16)
DK................................................................. -8

D15. On the days (you/he/she) drank wine, how many glasses did (you/he/she) drink?

NUMBER OF DRINKS: |__|__|
LESS THAN ONE DRINK............................................. 95

D16. During the past year, how often did (you/subject) drink liquor?

NUMBER OF DAYS: |__|__| PER: WEEK................. 1
MONTH....................... 2
4-11 DAYS PER YEAR.................................................. 94
1-3 DAYS PER YEAR.................................................. 95
NONE................................................................. 00 (PART E)
REFUSED............................................................. -7 (PART E)
DK................................................................. -8

D17. On the days (you/he/she) drank liquor, how many drinks did (you/he/she) have?

NUMBER OF DRINKS: |__|__|
LESS THAN ONE DRINK............................................. 95

TIME ENDED: ________ AM / PM

44
PART E: HEALTH HABITS AND WEIGHT

TIME BEGAN: __________ AM / PM

BOX E-1

CURRENT MOBILITY STATUS:

$ CURRENTLY BEDRIDDEN (C1 = 1)

OR

$ UNABLE TO WALK FROM ONE ROOM TO

ANOTHER (C19b = 4)

OR

$ UNABLE TO USE LOWER LIMBS

((C5c OR C6c OR C7c = 1) AND

(C5d OR C6d OR C7d = 1))

ALL OTHERS

GO TO E7

CONTINUE

The next few questions are about physical activity.

E1. (Do you/Does SUBJECT) exercise or play sports on a regular basis?

YES

NO

DK

1

2 (BOX E-2)

-8 (BOX E-2)

E2. For how many months or years (have you/has he/she) exercised or played sports regularly?

|__|__| MONTHS

|__|__| YEARS

LESS THAN 1 MONTH

1

2

95

BOX E-2

AGE CHECK:

$ CURRENTLY 55 OR OVER (NAGE > = 055)

ALL OTHERS

GO TO E5

CONTINUE

E3. How often (do you/does SUBJECT) participate in active physical exercise or sports (such as aerobics, running, swimming, bicycling, etc.)?

|__|__| TIMES/WEEK

|__|__| TIMES/MONTH

NEVER

LESS THAN 1 TIME/MONTH

DK

1

2

00 (E5)

95 (E5)

-8 (E5)
E4. When (you/he/she) exercise(s) or participate(s) in an active physical sport, about how many minutes (do you/does he/she) spend each time [on average]?

<table>
<thead>
<tr>
<th>Time Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 15 MINUTES</td>
<td>1</td>
</tr>
<tr>
<td>15 BUT LESS THAN 30</td>
<td>2</td>
</tr>
<tr>
<td>30 BUT LESS THAN 45</td>
<td>3</td>
</tr>
<tr>
<td>45 BUT LESS THAN 60</td>
<td>4</td>
</tr>
<tr>
<td>60 OR MORE</td>
<td>5</td>
</tr>
</tbody>
</table>

E5. How often (do you/does SUBJECT) participate in light physical activity [such as walking, dancing, gardening, golfing, bowling, etc.]?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIMES/WEEK</td>
<td>1</td>
</tr>
<tr>
<td>TIMES/MONTH</td>
<td>2</td>
</tr>
<tr>
<td>NEVER</td>
<td>00</td>
</tr>
<tr>
<td>LESS THAN 1 TIME/MONTH</td>
<td>95</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

E6. When (you/he/she) exercise(s) or participate(s) in light physical activity, about how many minutes (do you/does he/she) spend each time [on average]?

<table>
<thead>
<tr>
<th>Time Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 15 MINUTES</td>
<td>1</td>
</tr>
<tr>
<td>15 BUT LESS THAN 30</td>
<td>2</td>
</tr>
<tr>
<td>30 BUT LESS THAN 45</td>
<td>3</td>
</tr>
<tr>
<td>45 BUT LESS THAN 60</td>
<td>4</td>
</tr>
<tr>
<td>60 OR MORE</td>
<td>5</td>
</tr>
</tbody>
</table>

E7. These next questions are about (your/SUBJECT's) (weight/weight and height). How does (your/SUBJECT's) weight now compare to (your/his/her) weight 12 months ago? Is it at least 10 pounds more, at least 10 pounds less, or about the same?

<table>
<thead>
<tr>
<th>Weight Change</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT LEAST 10 POUNDS MORE</td>
<td>1</td>
</tr>
<tr>
<td>AT LEAST 10 POUNDS LESS</td>
<td>2</td>
</tr>
<tr>
<td>ABOUT THE SAME</td>
<td>3</td>
</tr>
</tbody>
</table>

E8. About how much (do you/does he/she) weigh now?

NUMBER OF POUNDS: |   |   | 1  |
BOX E-3

RESPONDENT TYPE:
RESPONDENT IS SUBJECT............................................................... CONTINUE
ALL OTHERS.................................................................................. GO TO BOX E-6

BOX E-4

COMPARABLE WEIGHT AT AGE 12-13:
COMPARABLE WEIGHT AT AGE 12-13 IS KNOWN (LWTAGE12 = 1)......... GO TO BOX E-5
ALL OTHERS.................................................................................. CONTINUE

E9. When you were about 12 to 13 years old, compared to other (boys/girls) of the same age, were you considered to be...

Skinny................................................................. 1
Somewhat slender.............................................. 2
Average............................................................... 3
Chubby, or........................................................... 4
Very heavy?......................................................... 5

BOX E-5

COMPARABLE HEIGHT AT AGE 12-13:
COMPARABLE HEIGHT AT AGE 12-13 IS KNOWN (LHTAGE12 = 1)...... GO TO BOX E-6
ALL OTHERS.................................................................................. CONTINUE

E10. When you were about 12 to 13 years old, compared to other (boys/girls) of the same age, were you considered to be...

Very tall............................................................... 1
Somewhat taller than average.......................... 2
About average.................................................... 3
Somewhat shorter than average, or............... 4
Very short?......................................................... 5

BOX E-6

WEIGHT AT AGE 25:
WEIGHT AT AGE 25 IS KNOWN (LWTAGE25 = 1)............................... GO TO BOX E-7
ALL OTHERS.................................................................................. CONTINUE
E11. What was (your/subject's) usual weight at the age of 25?

NUMBER OF POUNDS:  |     |     |     |

BOX E-7

WEIGHT AT AGE 40:

WEIGHT AT AGE 40 IS KNOWN (LWTAGE40 = 1) ............................... GO TO BOX E-8
ALL OTHERS ............................................................................. CONTINUE

E12. What was (your/his/her) usual weight at the age of 40?

NUMBER OF POUNDS:  |     |     |     |

BOX E-8

WEIGHT AT AGE 65:

WEIGHT AT AGE 65 IS KNOWN (LWTAGE65 = 1) ............................... GO TO E14
ALL OTHERS ............................................................................. CONTINUE

BOX E-9

AGE CHECK:

§ CURRENTLY 65 OR UNDER (NAGE < = 65) ........................................... GO TO E14
ALL OTHERS ............................................................................. CONTINUE

E13. What was (your/his/her) usual weight at the age of 65?

NUMBER OF POUNDS:  |     |     |     |

E14. (Have you/Has subject) ever regularly taken calcium pills or calcium rich antacids such as Tums for the purpose of calcium supplementation?

YES .................................................................................. 1
NO .................................................................................. 2 (PART F)
DK .................................................................................. -8 (PART F)

NOTE: IF CALCIUM REPORTED IN PREVIOUS INTERVIEW (LCALCIUM = 1) AND THE RESPONSE TO E14 IS NO (E14 = 2) THE CATI PROGRAM WILL RECODE E14 TO "X" AND THEN GO TO PART F.
E15. For how many years (have you/has he/she) taken calcium regularly?

NUMBER OF YEARS: ___ | ___
LESS THAN ONE YEAR: 95

E16. For how many of the last five years (have you/has he/she) taken calcium regularly?

NUMBER OF YEARS: ___ | ___
NONE: 00 (PART F)
LESS THAN ONE YEAR: 95
DK: -8

E17. (Are you/is he/she) currently taking calcium regularly?

YES: 1
NO: 2

TIME ENDED: _________ AM / PM
PART F: VISION AND HEARING

TIMEBegan: ______ AM / PM

These next few questions concern (your/subject’s) vision and hearing.

F1. (Do you/Does subject) wear eyeglasses or contact lenses? [PROBE YES RESPONSE]

- EYEGGLASSES ................................................. 1
- CONTACT LENSES .......................................... 2
- BOTH .......................................................... 3
- NEITHER ....................................................... 4
- § IS BLIND ...................................................... 5 (BOX F-1)
- DK ............................................................. -8

F2. (When wearing eyeglasses/contact lenses/eyeglasses or contact lenses,) Can (you/he/she) see well enough to recognize a friend across the street?

- YES ........................................................................ 1
- NO ........................................................................ 2

F3. (When wearing eyeglasses/contact lenses/eyeglasses or contact lenses,) Can (you/he/she) see well enough to recognize the letters in ordinary newspaper print?

- YES ........................................................................ 1
- NO ........................................................................ 2

F4. (Have you/Has subject) ever worn a hearing aid?

- YES ........................................................................ 1 (F6)
- NO ........................................................................ 2
- DK ........................................................................ -8

F5. Can (you/he/she) usually hear and understand what a person says if that person talks to (you/him/her) in a normal voice from across a quiet room?

- YES ........................................................................ 1 (PART G)
- NO ........................................................................ 2 (PART G)

50
F6. Without a hearing aid, can (you/SUBJECT) usually hear and understand what a person says if that person talks to (you/him/her) in a normal voice from across a quiet room?

YES................................................................. 1
NO................................................................. 2

TIME ENDED: ___________ AM / PM
PART G: FEMALE MEDICAL HISTORY

The next few questions are about (your/SUBJECT's) reproductive and menstrual history.

BOX G-2

AGE OF SUBJECT AT LAST INTERVIEW:
NEVER INTERVIEWED (LINTSTAT = BLANK) ......................................................... GO TO G1
PREVIOUSLY INTERVIEWED (LINTSTAT # BLANK) AND
UNDER AGE 45 AT LAST INTERVIEW (LNAGE < 045) ........................................... CONTINUE
ALL OTHERS ........................................................................................................... GO TO BOX G-5

BOX G-3

PREGNANCY AND UTERUS STATUS AT LAST INTERVIEW:
NEVER PREGNANT (LPREG = 2) AND UTERUS INTACT
(LUTERUS = 2) ........................................................................................................ CONTINUE
PREVIOUSLY PREGNANT (LPREG = 1) AND UTERUS
INTACT (LUTERUS = 2) .......................................................................................... GO TO G4
ALL OTHERS ........................................................................................................... GO TO BOX G-5

G1. (Have you/Has SUBJECT) ever been pregnant? Include live births, stillbirths, miscarriages or abortions.

YES ..................................................................................................................... 1
NO ....................................................................................................................... 2 (BOX G-5)
DK ......................................................................................................................... -6 (BOX G-5)

BOX G-4

AGE OF SUBJECT CURRENTLY:
45 OR OVER (NAGE > 045) ................................................................................ GO TO G3
ALL OTHERS ......................................................................................................... CONTINUE

G2. (Are you/she) pregnant now?

YES ..................................................................................................................... 1
NO ....................................................................................................................... 2
G3. How old (were you/was she) when (your/her) first child was born? This means the first child born alive or stillborn.

AGE IN YEARS: |___|___ (G6)
HAD NO BIRTHS ................................................. 00 (G8)
DK ................................................................. -8 (G6)

G4. Since (MONTH/YEAR) (have you/has SUBJECT) been pregnant?

YES ............................................................... 1
NO ................................................................. 2 (BOX G-5)
DK ................................................................. -8 (BOX G-5)

G5. (Are you/is she) pregnant now?

YES ............................................................... 1
NO ................................................................. 2

G6. How old (were you/was she) when (your/her) last child was born? Include stillbirths.

AGE IN YEARS: |___|___
ONLY ONE BIRTH ................................................ 95
HAD NO BIRTHS ............................................... 00 (G8)
DK ................................................................. -8

G7. How many live births (have you/has SUBJECT) ever had?

NUMBER OF LIVE BIRTHS: |___|___

G8. (Have you/Has she) ever had a miscarriage?

YES ............................................................... 1
NO ................................................................. 2 (BOX G-5)
DK ................................................................. -8 (BOX G-5)

G9. How many miscarriages (have you/has she) had?

NUMBER OF MISCARRIAGES: |___|___

BOX G-5

UTERUS STATUS AT LAST INTERVIEW:
UTERUS REMOVED (LUTERUS = 1) AND AGE WHEN REMOVED
IS NOT KNOWN (LUTERAGE = 2) AND RESPONDENT
IS THE SUBJECT.................................................. GO TO G11
UTERUS REMOVED (LUTERUS = 1) AND AGE WHEN REMOVED
IS KNOWN (LUTERAGE = 1).................................... GO TO BOX G-7
ALL OTHERS..................................................... CONTINUE
G10. (Do you/Does SUBJECT) still have (your/her) uterus or womb?

YES.................................................. 1 (BOX G-7)
NO.................................................... 2 (BOX G-7)
DK................................................... 8 (BOX G-7)

NOTE: IF WOMB REPORTED REMOVED IN PREVIOUS INTERVIEW (LUTERUS = 1) AND THE RESPONSE TO G10 IS YES (G10 = 1) THE CATI PROGRAM WILL RECODE G10 TO "96" AND THEN GO TO BOX G-7.

G11. How old (were you/was she) when (your/her) uterus or womb was removed?

AGE: ________
DISCREPANCY........................................ 96

BOX G-7

OVARIES STATUS AT LAST INTERVIEW:
BOTH OVARIAS REMOVED (LOVARIAS = 1) AND RESPONDENT IS THE SUBJECT.................................................. GO TO BOX G-10
ONE OVARY REMOVED (LONEOVAR = 1) AND RESPONDENT IS THE SUBJECT.................................................. GO TO BOX G-8
ALL OTHERS.......................................................... CONTINUE

G12. (Do you/Does SUBJECT) still have both (your/her) ovaries?

YES.................................................. 1 (BOX G-11)
NO.................................................... 2 (BOX G-11)
DK................................................... 8 (BOX G-11)

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIAS WERE REMOVED (LOVARIAS = 1) OR ONE OVARY WAS REMOVED (LONEOVAR = 1) AND THE RESPONSE TO G12 IS YES (G12 = 1) THE CATI PROGRAM WILL RECODE G12 TO "96" AND THEN GO TO BOX G-11.
G13. (Do you/Does she) still have one ovary?

YES ................................................................. 1
NO................................................................. 2

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIES WERE REMOVED (LOVARI = 1) AND THE RESPONSE TO G13 IS YES (G13 = 1) THE CATI PROGRAM WILL RECODE G13 TO "96."

G14. How old (were you/was she) when (your/her) (ovary/last ovary) was removed?

AGE: |____|____|
DISCREPANCY................................................. 96
G15. (Are you/she SUBJECT) still having periods?

YES ................................................................. 1 (G17)
NO ................................................................. 2
DK ................................................................. -6 (BOX G-13)

**NOTE:** IF IN PREVIOUS INTERVIEW BOTH OVARIES WERE REMOVED (LOVARIES = 1) OR UTERUS WAS REMOVED (LUTERUS = 1) AND THE RESPONSE TO G15 IS YES (G15 = 1) THE CATI PROGRAM WILL RECODE G15 TO "0" AND THEN GO TO G17.

G16. At what age did (you/she) have (your/her) last period?

AGE: | |  (BOX G-13)
NEVER HAD PERIODS ........................................ 95 (BOX G-13)

G17. Are (your/her) periods regular or irregular? By regular we mean (your/her) periods come about once a month. (You/She) can usually predict when they will come and they usually last about the same number of days.

- REGULAR ................................................................. 1
- IRREGULAR ............................................................. 2 (G18)
DK ................................................................. -8 (BOX G-13)

**BOX G-12**

AGE CHECK:

SUBJECT IS 55 OR OVER (NAGE >= 055) ..................................... GO TO BOX G-13
ALL OTHERS ............................................................. GO TO BOX G-16

G18. Are they irregular because (you are/she is) going through the change of life or for some other reason?

CHANGE OF LIFE ............................................................. 1
OTHER REASON ............................................................ 2

**BOX G-13**

HORMONE STATUS:

HORMONE USE REPORTED IN PREVIOUS INTERVIEW
(LHORMONE = 1) AND RESPONDENT IS THE SUBJECT ..................... GO TO BOX G-14
ALL OTHERS ............................................................. CONTINUE
G19. Did (you/subject) ever take female hormone pills such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

YES ......................................................... 1
NO .......................................................... 2 (G27)
DON'T KNOW TYPE OF PILL ......................... 3
DK ........................................................... 8 (G27)

NOTE: IF HORMONE USE REPORTED IN PREVIOUS INTERVIEW (LHORMONE = 1) AND THE RESPONSE TO G19 IS NO (G19 = 2) THE CATTI PROGRAM WILL RECODE G19 TO "96" AND THEN GO TO G27.

BOX G-14

FIRST HORMONE USE STATUS:
AGE WHEN HORMONES FIRST USED IS KNOWN (LHORMAGE = 1) .......... GO TO G21
ALL OTHERS .............................................. CONTINUE

G20. How old (were you/was she) when (you/she) first took hormone pills?

AGE IN YEARS: |___|___|
DK ........................................................... 8
DISCREPANCY .............................................. 96 (G27)

G21. (Are you/is she) currently taking hormone pills such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

YES .......................................................... 1 (G23)
NO .......................................................... 2
DON'T KNOW TYPE OF PILL ............................. 3 (G23)
DK ........................................................... 8 (G23)

G22. How old (were you/was she) when (you/she) last took hormone pills?

AGE IN YEARS: |___|___|
DISCREPANCY .............................................. 96 (G27)
G23. Thinking about (your/subject's) past use of (hormone pills/these pills), what is the longest period of time that (you have/she has) continuously taken them? That is, without stopping for at least one month.

|   |   | [AND |   |   ]:
|---|---|---|---|---|
YEARS AND MONTHS ................................................. 1
MONTHS ............................................................... 2
YEARS ................................................................. 3
LESS THAN ONE MONTH .............................................. 95
DK ....................................................................... -8

G24. Now thinking about the total amount of time (you have/she has) taken these pills, how many months or years (have you/has she) actually used them? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

|   |   | [AND |   |   ]:
|---|---|---|---|---|
YEARS AND MONTHS ................................................. 1
MONTHS ............................................................... 2
YEARS ................................................................. 3
LESS THAN ONE MONTH .............................................. 95
DK ....................................................................... -8

BOX G-15

CURRENT HORMONE USER:
CURRENTLY USING HORMONES (G21 = 1, 3) .................. CONTINUE
ALL OTHERS ............................................................. GO TO G27

G25. What is the color of the (hormone) pill (you are/subject is) taking?

PURPLE/BLUE .......................................................... 1
YELLOW/ORANGE ....................................................... 2
WHITE ..................................................................... 3
MAROON/BROWN/RED ............................................... 4
GREEN .................................................................. 5

G26. How long (have you/has she) been taking this same color pill?

NUMBER OF MONTHS: |   |   |
OR
NUMBER OF YEARS: |   |   |
LESS THAN ONE MONTH .............................................. 95

G27. (Have you/has subject) ever used an estrogen or hormone skin patch?

YES ........................................................................ 1
NO ....................................................................... 2
DK ....................................................................... -8

58
G28. How old (were you/was she) when (you/she) first used an estrogen or hormone skin patch?

AGE IN YEARS: | ___ | ___ |

G29. (Are you/is she) currently using one?

YES ........................................................................ 1 (BOX G-15)
NO ........................................................................ 2
DK ........................................................................ -6

G30. How old (were you/was she) when (you/she) last used an estrogen or hormone skin patch?

AGE IN YEARS: | ___ | ___ |

BOX G-16

HORMONE USAGE CHECK:
HORMONE USE REPORTED IN PREVIOUS INTERVIEW
(LHORMONE = 1) OR IN CURRENT INTERVIEW
(G19 = 1 OR G27 = 1). ........................................................................ CONTINUE
ALL OTHERS ........................................................................ GO TO BOX G-18

BOX G-17

PROVERA CHECK:
PROVERA USE REPORTED IN PREVIOUS INTERVIEW
(LPROVERA = 1) AND RESPONDENT IS THE
SUBJECT ........................................................................ GO TO G34
ALL OTHERS ........................................................................ CONTINUE

G31. In addition to estrogen, sometimes women also use the female hormone progestin sometimes called Provera at the change of life or after a hysterectomy. These pills are often taken along with an estrogen pill for only part of the month. (Have you/has SUBJECT) ever taken progestin or Provera?

YES ........................................................................ 1
NO ........................................................................ 2 (BOX G-16)
DONT KNOW TYPE OF PILL ........................................... 3
DK ........................................................................ -6 (BOX G-16)

NOTE: IF PROVERA REPORTED IN PREVIOUS INTERVIEW (LPROVERA = 1) AND THE RESPONSE TO G31 IS NO (G31 = 2) THE CATI PROGRAM WILL RECODE G31 TO "W" AND THEN GO TO BOX G-18.

59
G32. (Are you/is she) currently taking these pills?

YES .................................................. 1
NO .................................................. 2

G33. How long (have you/has she/had you/had she) been taking these pills?

NUMBER OF MONTHS: [__  ____] (BOX G-18)
OR
NUMBER OF YEARS: [__  ____] (BOX G-18)
LESS THAN ONE MONTH .............................................. 95 (BOX G-18)

G34. Are you currently taking progestin or Provera?

YES .................................................. 1
NO .................................................. 2
DK .................................................. 8

G35. Now thinking about the total amount of time you have taken these pills, how many months or years have you actually used them? Please do not include the times when you might have stopped taking the pill for at least one month.

[____  ____] (AND [____  ____]):
YEARS AND MONTHS .............................................. 1
MONTHS .................................................. 2
YEARS .................................................. 3
LESS THAN ONE MONTH .............................................. 95
DK .................................................. 8

BOX G-18

BIRTH CONTROL USAGE AT LAST INTERVIEW:
POST-MENOPAUSAL AT LAST COMPLETE INTERVIEW
(LMENSTAT = 1) .................................................. GO TO BOX G-25
USED BIRTH CONTROL PILLS FOR ANY REASON (LORALCON = 1)
AND NOT POST-MENOPAUSAL AT LAST COMPLETE INTER-
VIEW (LMENSTAT = 2) AND RESPONDENT IS THE SUBJECT............. GO TO BOX G-19
ALL OTHERS.................................................................. CONTINUE

G36. Did (you/SUBJECT) ever take birth control pills for any reason?

YES .................................................. 1
NO .................................................. 2 (BOX G-25)
DK .................................................. 8 (BOX G-25)

NOTE: IF ORAL CONTRACEPTIVE USE REPORTED IN PREVIOUS INTERVIEW (LORALCON = 1) AND
THE RESPONSE TO G36 IS NO (G36 = 2) THE CATI PROGRAM WILL RECODE G36 TO "96" AND
THEN GO TO BOX G-25.
G37. How old (were you/was she) when (you/she) first took birth control pills?

AGE: |   |   |

BOX G-19

CURRENT PREGNANCY STATUS:
NOW PREGNANT (G2 = 1 OR G5 = 1) ...................................................... GO TO G39
ALL OTHERS ................................................................. CONTINUE

BOX G-20

CURRENT MENSTRUAL STATUS:
CURRENTLY POST-MENOPAUSAL (G15 = 2) OR SUBJECT HAS NO UTERUS
(G10 = 2) OR SUBJECT HAS NO OVARIAS (G13 = 2) .............................. GO TO G39
ALL OTHERS ................................................................. CONTINUE

G38. (Are you/is SUBJECT) currently taking birth control pills?

YES ................................................................. 1 (G40)
NO ................................................................. 2
DK ................................................................. 8 (G40)

G39. How old (were you/was she) when (you/she) last took birth control pills?

AGE: |   |   |
DK ................................................................. 8
DISCREPANCY ................................................................. 96 (BOX G-25)

G40. What is the longest period of time that (you have/she has) continuously taken birth control pills? That is, without stopping for at least one month.

|   |   | [AND |   |   |]:
YEARS AND MONTHS ................................................................. 1
MONTHS ................................................................. 2
YEARS ................................................................. 3
LESS THAN ONE MONTH ................................................................. 95

G41. Now thinking about the total amount of time (you have/she has) taken these pills, how many months or years (have you/has she) actually used them? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

|   |   | [AND |   |   |]:
YEARS AND MONTHS ................................................................. 1
MONTHS ................................................................. 2
YEARS ................................................................. 3
LESS THAN ONE MONTH ................................................................. 95
G42. How many months or years did (you/she) use birth control pills prior to the age of 25? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

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<th></th>
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<td></td>
<td></td>
</tr>
<tr>
<td>MONTHS</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YEARS</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESS THAN ONE MONTH</td>
<td>95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISCREPANCY</td>
<td>96</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BOX G-23

BIRTH CONTROL USAGE AND LIVE BIRTH:
USED ORAL CONTRACEPTIVES (LORALCON = 1 OR G36 = 1) AND
HAD AT LEAST ONE LIVE BIRTH (LLIVEBTH = 1 OR G7 ≥ 1).............. CONTINUE
ALL OTHERS.......................................................................... GO TO BOX G-25

BOX G-24

BIRTH CONTROL USAGE BEFORE LIVE BIRTH:
USED ORAL CONTRACEPTIVES BEFORE THE BIRTH OF
FIRST CHILD (LOCBFBTH = 1).................................................. GO TO BOX G-25
ALL OTHERS........................................................................... CONTINUE
G43. Did (you/subject) use birth control pills before (your/her) first child was born?

YES ......................................................... 1
NO ........................................................................ 2 (BOX G-25)
DK ................................................................. 8 (BOX G-25)
DISCREPANCY .................................................. 96 (BOX G-25)

G44. How many months or years before (your/her) first child was born did (you/she) use birth control pills? Please do not include the times when (you/she) might have stopped taking the pill for at least one month.

____ | ____ [AND | ____ | ____]:
YEARS AND MONTHS ......................................... 1
MONTHS .......................................................... 2
YEARS ................................................................... 3
LESS THAN ONE MONTH .................................... 95

BOX G-25

CURRENT PREGNANCY/STERILIZATION STATUS:
PREVIOUSLY STERILIZED (LFEMSTER = 1) OR
NOW PREGNANT (G2 = 1 OR G5 = 1) .......................... GO TO BOX G-26
ALL OTHERS ....................................................... CONTINUE

G45. (Have you/has subject) ever had an operation to be sterilized also known as a tubal ligation or having your tubes tied?

YES ............................................................... 1
NO ....................................................................... 2 (BOX G-25)
DK ....................................................................... 8 (BOX G-25)

G46. How old (were you/was she) when (you/she) had this procedure?

AGE: | ____ | ____ |

BOX G-26

PAP SMEAR STATUS:
PAP SMEAR REPORTED IN PREVIOUS INTERVIEW (LPAPSMER = 1)
AND RESPONDENT IS THE SUBJECT .................................. GO TO G48
ALL OTHERS .................................................................. CONTINUE
G47. (Have you/Has SUBJECT) ever had a Pap smear test? [This is a special test that a doctor or other health professional conducts as part of a pelvic exam that looks for abnormal cells.]

YES .......................................................... 1
NO ............................................................ 2 (PART H)
DK .............................................................. 8 (PART H)

NOTE: IF PAP SMEAR REPORTED IN PREVIOUS INTERVIEW (LPAPSME = 1) AND THE RESPONSE TO G47 IS NO (G47 = 2) THE CATI PROGRAM WILL RECODE G47 TO "X" AND THEN GO TO PART H.

G48. About how long has it been since (you/she) had a Pap smear test?

NUMBER OF YEARS: |__|__|
LESS THAN 1 YEAR ............................................. 95
DISCREPANCY .................................................. 96 (PART H)

BOX G-27

TIME SINCE LAST PAP SMEAR:
MORE THAN 5 YEARS AGO (G48 > 5) ........................................... GO TO PART H
ALL OTHERS .......................................................... CONTINUE

G49. On about how many occasions (have you/has she) had a Pap smear test in the past 5 years?

NUMBER OF OCCASIONS: |__|__|

TIME ENDED: ___________ AM / PM
PART H: SOCIAL SECURITY/MEDICARE NUMBER
AND CLOSING STATEMENTS

TIME BEGAN: _______ AM / PM

QUESTIONS WHICH WERE ALREADY ASKED AT THE BEGINNING OF THE INTERVIEW WILL NOT BE ASKED AGAIN.

Before finishing the interview, I have a few questions about (your/SUBJECT'S) background (and health insurance status).

BOX H-1

AGE CHECK:

$ IS UNDER 62 (NAGE < 062).................................................. GO TO BOX H-3
ALL OTHERS............................................................... CONTINUE

BOX H-1a

MEDICARE NUMBER AND SOCIAL SECURITY NUMBER CHECK:

$'S MEDICARE NUMBER IS NOT VALID (LMEDICAR ≠ 1) AND
$'S SOCIAL SECURITY NUMBER IS NOT VALID (LSSN ≠ 1) ........... CONTINUE
ALL OTHERS............................................................... GO TO BOX H-2

H1ALT. Medicare is a social security health insurance program for persons 65 years old or older and for certain disabled persons. People who are covered by Medicare have a red, white and blue Medicare card. (Are you/Is SUBJECT) covered by Medicare?

YES ................................................................. 1
NO ................................................................. 2 (BOX H-3)
DN ................................................................. 8 (BOX H-3)

H2ALT. As part of this survey, I'd like to have (your/SUBJECT'S) Medicare and Social Security numbers. This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not (you/he/she) decide(s) to provide the numbers. This information will be used in conducting future followup studies. It will also be used to obtain health care facility data from Medicare records and location and vital status data from state vital statistics, Medicare and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (your/SUBJECT'S) health insurance claim number on (your/his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (your/his/her) Medicare Card.]

MEDICARE NUMBER: _____________ _____________ _____________ _____________ _____________ _____________ _____________ _____________ _____________

H3ALT. What is (your/SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (your/his/her) Social Security number.]

SOCIAL SECURITY NUMBER: _____________ _____________ _____________ _____________ _____________ _____________ _____________ _____________ _____________
H1. Medicare is a social security health insurance program primarily for persons 65 years old or older. People who are covered by Medicare have a red, white and blue Medicare card. (Are you/ise SUBJECT) covered by Medicare?

YES .............................................................................. 1
NO .............................................................................. 2 (BOX H-3)
DK .............................................................................. 8 (BOX H-3)

H2. As part of this survey, I'd like to have (your/SUBJECT'S) Medicare number. This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not (you/he/she) decide(s) to provide the number. This information will be used in conducting future followup studies and to obtain current location, vital status, and health care facility data from Medicare records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (your/SUBJECT'S) health insurance claim number on (your/his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (your/his/her) Medicare Card.]

MEDICARE NUMBER: _______ _______ - _______ _______ _______

BOX H-3

SOCIAL SECURITY NUMBER CHECK:
S'S SOCIAL SECURITY NUMBER IS VALID (LSSN = 1) .................................. GO TO H3a
ALL OTHERS ................................................................. CONTINUE

H3. As part of this survey, I would (also) like to have (your/SUBJECT'S) Social Security number. (Again,) This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not (you/he/she) decide(s) to provide the number. This information will be used in conducting future followup studies and to obtain location and vital status data from state vital statistics and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (your/SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (your/his/her) Social Security number.]

SOCIAL SECURITY NUMBER: _______ _______ - _______ _______ _______
H3a. The next questions are about health insurance coverage and the kinds and amounts of income that people receive. [READ IF NECESSARY: The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and in finding ways to lower costs of care.]

Medicaid or (LOCAL NAME) is a public assistance program that pays for medical care. (Do you/Does SUBJECT) have coverage for medical care under Medicaid or (LOCAL NAME)?

YES ................................................................. 1
NO ................................................................. 2

H3b. (Are you/Is he/she) covered by CHAMPUS, CHAMPA, the VA or military health care? [These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.]

YES ................................................................. 1
NO ................................................................. 2

H3c. Health insurance can also be obtained through a current or former employer, a union, an association, or on an individual basis. (Are you/Is he/she) covered by any of these types of private health insurance? Include membership in a health maintenance organization.

YES ................................................................. 1
NO ................................................................. 2 (H3e)
DK ................................................................. 8 (H3e)

H3d. Is this health insurance obtained through a current or former employer or union?

YES ................................................................. 1
NO ................................................................. 2

H3e. (Do you/Does SUBJECT) have insurance or coverage for medical care under some other program that I haven’t mentioned?

YES ................................................................. 1
NO ................................................................. 2 (H3g)
DK ................................................................. 8 (H3g)

H3f. What is the name of that program?
H3g. In the past 12 months, did (you/subject) receive any personal income from any of the following sources? Some of these may not apply to (you/him/her), but I need to ask about each one. Did (you/subject) receive income from...

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages and salaries [including tips, bonuses and overtime] or net income from self-employment?</td>
<td>1</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social security or railroad retirement?</td>
<td>1</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supplemental security income?</td>
<td>1</td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unemployment compensation?</td>
<td>1</td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aid to families with dependent children [sometimes called AFDC or ADC] or any other public assistance or welfare payments?</td>
<td>1</td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interest earnings from savings or other bank accounts?</td>
<td>1</td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dividends received from stocks or mutual funds or net rental income from property, royalties, estates or trusts?</td>
<td>1</td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child support?</td>
<td>1</td>
</tr>
<tr>
<td>i.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any other source such as alimony, contributions from family or others, Veterans Administration payments, worker's compensation, disability or retirement programs other than Social Security or Railroad Retirement or Supplemental Security Income?</td>
<td>1</td>
</tr>
</tbody>
</table>

H3h. Over the last 12 months, what was (your/subject's) personal income from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?

$

H3i. Over the last 12 months, what was the total combined income of (your/his/her) family from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?

$

**BOX H-4**

FATHER'S SURNAME CHECK:

|$ IS FEMALE (LSEX = 2) AND FATHER'S LAST NAME IS NOT KNOWN (LADNAME = 2) | CONTINUE

ALL OTHERS | GO TO BOX H-5

H4. Please tell me (your/subject's) father's last name.

**FATHER'S LAST NAME:** ____________________
BOX H-5

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1)
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED)........................................................................ CONTINUE
ALL OTHERS........................................................................ GO TO BOX H-7

BOX H-6

(DISPLAY HOSPITALIZATION CONDITIONS)
INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE SCREEN THAT DO NOT APPEAR ON THE
CHART?
YES ................................................................................. 1 FILL IN CHART,
THEN CONTINUE
NO .................................................................................. 2 CONTINUE

BOX H-7

(DISPLAY HOSPITALIZATION CONDITIONS)
INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE CHART THAT DO NOT APPEAR ON THE
SCREEN?
YES ................................................................................. 1 CONDITION SECTION,
THEN BOX H-9
NO .................................................................................. 2 CONTINUE

BOX H-8

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1)
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED)........................................................................ CONTINUE
ALL OTHERS........................................................................ GO TO H13
SUBJECT ADDRESS
(ASKED OF SUBJECTS WHO HAVE REPORTED HOSPITALIZATIONS)

As part of this survey, I would like to send you a form that authorizes the United States Public Health Service to obtain information from hospital or nursing home records.

[To do this, I need to confirm your address. VERIFY SPELLING.]

*NAME: ________________________________
  FIRST  MIDDLE  LAST

ADDRESS: ________________________________
  STREET NUMBER AND NAME  APT. NUMBER

  ________________________________  ________________________________  ________________________________
  CITY  STATE  ZIP CODE

And I need to confirm your telephone number.

TELEPHONE NUMBER: ________________________________

When you receive this form please sign your name and return the form in the postage paid envelope. You will receive a $5.00 check for participating in the survey about two weeks after you sign and mail back this form. I would like to put my initials on a statement indicating we have your permission to collect this information. Is this all right?

$ GIVES PERMISSION  1 (H13)
$ DOES NOT GIVE PERMISSION  2 (GO TO COMMENTS IF
S REFUSES TO SIGN,
THEN H13)

*NOTE: NAME WILL NEVER BE ASKED HERE BECAUSE IT WILL ALWAYS HAVE BEEN CONFIRMED IN THE INTRODUCTION.
H6. As part of this survey, I would like to send you a form that authorizes the United States Public Health Service to obtain information from hospital or nursing home records.

[To do this, I need to confirm your name, address, and telephone number.]

*NAME: ____________________________________________

  TITLE   FIRST    LAST

ADDRESS: _____________________________________________

  STREET NUMBER AND NAME    APT. NUMBER

  ___________________________   _______________________

  CITY     STATE    ZIP CODE

And I need to confirm your telephone number.

TELEPHONE NUMBER: ________________________________

*NOTE: IF THIS IS A NEWLY ADDED PROXY IN CATI, THIS INFORMATION WILL BE SKIPPED BECAUSE IT WAS ALREADY ASKED IN THE INTRODUCTION.

Will (SUBJECT) be able to sign this form?

YES .................................................. 1
NO (EXPLAIN) ..................................... 2 (BOX H-11)

DK .................................................. -8 (BOX H-11)

H7. When you receive the form, please have (SUBJECT) sign his/her name and return the form in the postage paid envelope. You and (SUBJECT) will each receive a $5.00 check for returning the form about two weeks after we receive the signed authorization form. I would like to put my initials on a statement indicating that we have permission to collect this information. Is this all right?

P GIVES PERMISSION .................................. 1
P DOES NOT GIVE PERMISSION ....................... 2 (GO TO COMMENTS IF P REFUSES TO HAVE S SIGN)

BOX H-10

INTERVIEWER: INDICATE WHERE FORM SHOULD BE SENT:

MAIL FORM TO PROXY .................................. 1 (GO TO H13)
*MAIL FORM TO SUBJECT .................................. 2 (GO TO H13)
*ALL OTHERS (SPECIFY) .................................. 3 (GO TO H13)

*NOTE: ADDRESS WHERE FORM SHOULD BE SENT WILL BE ENTERED IN "COMMENTS."
Box H-11

Respondent's relationship to subject:

P is relative .............................................................. continue
P is non-relative ........................................................... go to H9

H8. When you receive the form please sign your name and return the form in the postage paid envelope. You will receive a $5.00 check for returning the form about two weeks after we receive the signed authorization form. I would like to put my initials on a statement indicating that we have permission to collect this information. Is this all right?

P gives permission .................................................... 1 (H13)
P does not give permission ........................................... 2 (go to comments if P refuses to sign, then H13)

Note: Form will be mailed to proxy.
H9. Do you know a relative of (SUBJECT) who could sign this authorization?

YES .......................................................... 1
NO .......................................................... 2 (H11)
DK .......................................................... 8 (H11)

RELATIVE OF SUBJECT
(ASKED WHEN SUBJECT IS INCAPACITATED, PROXY IS NOT A RELATIVE AND CANNOT
SIGN MAF, AND PROXY KNOWS OF RELATIVE WHO WILL SIGN)

H10. I need to have the name, address and telephone number of a relative of (SUBJECT) who could sign this authorization. [VERIFY ALL SPELLING.]

NAME: ____________________________________________

ADDRESS: ________________________________________
   STREET NUMBER AND NAME         APT. NUMBER
   ____________________________________________
   CITY   STATE   ZIP CODE

TELEPHONE NUMBER: (_______) __________________________ 

What is (RELATIVE'S) relationship to (SUBJECT)?

HUSBAND/WIFE .............................................. 1
FATHER/MOTHER .......................................... 2
GRANDPARENT ............................................ 3
SON/DAUGHTER ........................................... 4
GRANDCHILD ............................................. 5
BROTHER/SISTER ......................................... 6
AUNT/UNCLE/COUSIN .................................... 7
NIECE/NEPHEW ........................................... 8
OTHER RELATIVE (SPECIFY) ............................ 91

NOTE: FORM WILL BE MAILED TO RELATIVE.
H11. Do you know someone else who has the power of attorney and could sign this authorization form?

YES ................................................................. 1
NO ................................................................. 2 (H13)
DK ................................................................. 6 (H13)

POWER OF ATTORNEY FOR SUBJECT
(ASKED WHEN SUBJECT IS INCAPACITATED, PROXY IS NOT A RELATIVE AND CANNOT
SIGN MAF AND PROXY DOES NOT KNOW OF A RELATIVE OF SUBJECT)

H12. I need to have the name, address and telephone number of this person. [VERIFY ALL SPELLING.]

NAME: __________________________________________

ADDRESS: ________________________________________

STREET NUMBER AND NAME APT. NUMBER

CITY STATE ZIP CODE

TELEPHONE NUMBER: (_____) ______________________

What is (ATTORNEY NAME) relationship to (SUBJECT)?

ATTORNEY .................................................... 1
FRIEND ....................................................... 2
OTHER (SPECIFY) ......................................... 91

NOTE: FORM WILL BE MAILED TO PERSON IN H12.
TRACING REFERENCE
(ASKED FOR SUBJECT AND SUBJECT INCAPACITATED. PERSON MUST NOT
BE THE SUBJECT OR PROXY FOR INCAPACITATED SUBJECT.)

H13. Please give me the name, address, and telephone number of a relative or friend of (yours/SUBJECT'S) who would know how to get
in touch with (you/him/her) in case we need to contact (you/him/her) again and have a hard time getting in touch with (you/him/ her)? [PROBE FOR APT. NUMBER AND ZIP CODE. VERIFY ALL SPELLING.]

NAME: ____________________________________________

ADDRESS: __________________________________________

STREET NUMBER AND NAME ____________________________

APT. NUMBER ____________________________

CITY ____________________________ STATE ____________________________ ZIP CODE ____________________________

TELEPHONE NUMBER: ____________________________

H14. Under what name is that telephone number likely to be listed?

SAME AS REFERENCE NAME.......................... 1

UNLISTED........................................... 2

NEW TELEPHONE LISTING NAME (SPECIFY)....... 3

H15. How is (REFERENCE NAME) related to (SUBJECT)?

HUSBAND/WIFE ........................................... 1

FATHER/MOTHER ........................................... 2

FATHER-IN-LAW/MOTHER-IN-LAW ..................... 3

GRANDPARENT ........................................... 4

SON/DAUGHTER ........................................... 5

SON-IN-LAW/DAUGHTER-IN-LAW ....................... 6

GRANDCHILD ........................................... 7

BROTHER/SISTER ........................................... 8

BROTHER-IN-LAW/SISTER-IN-LAW ..................... 9

AUNT/UNCLE/COUSIN ..................................... 10

NIECE/NEPHEW ........................................... 11

ROOMMATE/FRIEND/NEIGHBOR ........................... 12

OTHER RELATIVE (SPECIFY) ............................. 91

OTHER NON-RELATIVE (SPECIFY) ......................... 92
Thank you very much for taking the time to participate in this interview. Goodbye. (TERMINATE.)

SUBJECT ADDRESS
(ASKED WHEN NO HOSPITALIZATIONS REPORTED)

H16. Finally, I would like to confirm your address and telephone number.

*NAME: ____________________________________________

FIRST       MIDDLE       LAST

ADDRESS: ________________________________

STREET NUMBER AND NAME   APT. NUMBER

CITY       STATE       ZIP CODE

And I need to confirm your telephone number.

TELEPHONE NUMBER: (_________)

*NOTE: NAME WILL NEVER BE ASKED HERE BECAUSE IT WILL ALWAYS HAVE BEEN CONFIRMED IN THE INTRODUCTION.
Finally, I would like to confirm your name, address and telephone number.

*NAME: ____________________________

<table>
<thead>
<tr>
<th>TITLE</th>
<th>FIRST</th>
<th>LAST</th>
</tr>
</thead>
</table>

ADDRESS: __________________________________________________________

<table>
<thead>
<tr>
<th>STREET NUMBER AND NAME</th>
<th>APT. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TELEPHONE NUMBER: (____) ____________________________

*NOTE: IF THIS IS A NEWLY ADDED PROXY IN CATI, THIS INFORMATION WILL BE SKIPPED BECAUSE IT WAS ALREADY ASKED IN THE INTRODUCTION.

Thank you very much for taking the time to participate in this interview. Goodbye. (TERMINATE)
H18. DID THE SUBJECT RECEIVE ASSISTANCE?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
</table>

CONCLUSION

H19. HOW MANY ASSISTANTS?

<table>
<thead>
<tr>
<th>ONE</th>
<th>MORE THAN ONE</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
</table>

H20. RECORD NAME AND TELEPHONE NUMBER OF (EACH) ASSISTANT AND ASK RELATIONSHIP.

ASSISTANT #1

<table>
<thead>
<tr>
<th>NAME:</th>
<th>FIRST</th>
<th>LAST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE NUMBER:</th>
<th></th>
</tr>
</thead>
</table>

HOW IS (ASSISTANT) RELATED TO (SUBJECT)?

<table>
<thead>
<tr>
<th>HUSBAND/WIFE</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER/MOTHER</td>
<td>2</td>
</tr>
<tr>
<td>FATHER-IN-LAW/MOTHER-IN-LAW</td>
<td>3</td>
</tr>
<tr>
<td>GRANDPARENT</td>
<td>4</td>
</tr>
<tr>
<td>SON/DAUGHTER</td>
<td>5</td>
</tr>
<tr>
<td>SON-IN-LAW/DAUGHTER-IN-LAW</td>
<td>6</td>
</tr>
<tr>
<td>GRANDCHILD</td>
<td>7</td>
</tr>
<tr>
<td>BROTHER/SISTER</td>
<td>8</td>
</tr>
<tr>
<td>BROTHER-IN-LAW/SISTER-IN-LAW</td>
<td>9</td>
</tr>
<tr>
<td>AUNT/UNCLE/COUSIN</td>
<td>10</td>
</tr>
<tr>
<td>NIECE/NEPHEW</td>
<td>11</td>
</tr>
<tr>
<td>ROOMMATE/FRIEND/NEIGHBOR</td>
<td>12</td>
</tr>
<tr>
<td>OTHER RELATIVE (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td>OTHER NON-RELATIVE (SPECIFY)</td>
<td>92</td>
</tr>
</tbody>
</table>
ASSISTANT #2

NAME: __________________________  __________________________

FIRST                                      LAST

TELEPHONE NUMBER: (_____)______________________________

HOW IS (ASSISTANT) RELATED TO (SUBJECT)?

HUSBAND/WIFE ............................................. 1
FATHER/MOTHER ............................................ 2
FATHER-IN-LAW/MOTHER-IN-LAW ................. 3
GRANDPARENT ............................................. 4
SON/DAUGHTER ........................................... 5
SON-IN-LAW/DAUGHTER-IN-LAW .................. 6
GRANDCHILD ............................................. 7
BROTHER/SISTER .......................................... 8
BROTHER-IN-LAW/SISTER-IN-LAW ............... 9
AUNT/UNCLE/COUSIN ................................. 10
NIECE/NEPHEW ......................................... 11
ROOMMATE/FRIEND/NEIGHBOR ................... 12
OTHER RELATIVE (SPECIFY) ....................... 91

OTHER NON-RELATIVE (SPECIFY) ................. 92

CONCLUSION: Thank you very much for taking the time to participate in this interview. Goodbye. [TERMINATE.]
## PART I: OBSERVATION SHEET

(To be completed at conclusion of interview)

### BOX I-1

**RESPONDENT TYPE:**

- Subject with assistance ............................................ CONTINUE
- Proxy ............................................................................. GO TO I2 INTRO
- All others ........................................................................ GO TO I3

### I1. WHO WAS THE PRIMARY RESPONDENT?

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject</td>
<td>1</td>
</tr>
<tr>
<td>Assistant #1</td>
<td>2</td>
</tr>
<tr>
<td>Assistant #2</td>
<td>3</td>
</tr>
<tr>
<td>Uncertain</td>
<td>4</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>91</td>
</tr>
</tbody>
</table>

### I2 INTRO. DO YOU KNOW THE REASON WHY (PROXY/ASSISTANT) WAS NEEDED?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2 (13)</td>
</tr>
</tbody>
</table>

### I2. WHY WAS (PROXY/ASSISTANT) NEEDED? [Code YES or NO for each category]

<table>
<thead>
<tr>
<th>Category</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hearing problem</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Speech problem</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Language problem (interpreter)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Poor memory, senility, or confusion</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Institutionalized</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Alzheimer's disease</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Other mental condition (Specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Other physical illness and/or disability (Specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Other non-health (Specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>j. Other (Specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
13. DO YOU FEEL THAT THE INFORMATION PROVIDED BY THE RESPONDENT WAS SATISFACTORY?

YES ..................................................................................................................... 1 (BOX I-2)
NO ...................................................................................................................... 2

14. WHY NOT?


15. PLEASE CODE THE NUMBER THAT BEST DESCRIBES THE SUBJECT'S AWARENESS LEVEL DURING THE INTERVIEW.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY ALERT</td>
<td>VERY CONFUSED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. IN REGARD TO THE QUESTIONNAIRE, DO YOU FEEL IT ... 

| a. HELD THE RESPONDENT'S ATTENTION THROUGHOUT THE INTERVIEW? ................................................................. 1 2 3 |
| b. WAS UPSETTING OR DEPRESSING TO THE RESPONDENT? ............................................................................. 1 2 3 |
| c. WAS BORING OR UNINTERESTING TO THE RESPONDENT? ............................................................................. 1 2 3 |

17. WITH REGARD TO THE RESPONDENT, DO YOU FEEL THE ...

| a. RESPONDENT WAS INTELLECTUALLY CAPABLE OF RESPONDING? ................................................................. 1 2 3 |
| b. RESPONDENT'S ANSWERS WERE REASONABLY ACCURATE? ............................................................................. 1 2 3 |
| c. RESPONDENT UNDERSTOOD THE QUESTIONS? ................................................................................................. 1 2 3 |
I8. WAS THERE A SECTION THAT SEEMED TO BE PARTICULARLY UPSETTING OR PROBLEMATIC FOR THE RESPONDENT?

YES .................................................................................. 1

NO .................................................................................. 2 (I9)

WHICH SECTION AND WHY? ________________________________

________________________________________________________________________________________

I9. WAS THE RESPONDENT HARD OF HEARING?

YES .................................................................................. 1

NO .................................................................................. 2

I10. WAS THE INTERVIEW CONDUCTED IN SPANISH?

YES .................................................................................. 1

NO .................................................................................. 2

I11. RECORD ANY RELEVANT COMMENTS OR IMPRESSIONS YOU MAY HAVE HAD ABOUT THIS INTERVIEW.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

82
112. DID YOU HAVE ANY COMMENTS OR PROBLEMS WHEN RECORDING THE RESPONSES?

YES ................................................................. 1 (GO TO "COMMENTS")
NO ................................................................. 2

BOX I-4

HOSPITALIZATION CHECK:

HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B69 = 1 OR B80 = 1 OR
B91 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED) .................................................................. CONTINUE
ALL OTHERS ................................................................ TERMINATE

113. DID YOU RECORD THE ID NUMBER [(ID NUMBER)] AND THE NAME [(SUBJECT'S NAME)] ON THE HOSPITAL CHART?

YES ................................................................. 1
NO ................................................................. 2
Proxy Telephone Questionnaire

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

PROXY DECEASED QUESTIONNAIRE

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 in 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 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg.; Room 721-S; 200 Independence Ave., SW; Washington, D.C. 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0000); Washington, D.C. 20503.
PART A: BACKGROUND INFORMATION

First, I would like to ask you a few questions about (SUBJECT'S) household.

A1. In the year prior to (SUBJECT'S) death, where did (he/she) live most of the time – in a house or apartment, a nursing home or rest home, retirement home, or did (he/she) have some other arrangement?

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIVATE HOUSE OR APARTMENT</td>
<td>1</td>
</tr>
<tr>
<td>NURSING OR CONVALESCENT OR</td>
<td>2 (A1c)</td>
</tr>
<tr>
<td>REST HOME</td>
<td>3</td>
</tr>
<tr>
<td>RETIREMENT HOME</td>
<td>4</td>
</tr>
<tr>
<td>BOARDING HOUSE, ROOMING HOUSE</td>
<td>5</td>
</tr>
<tr>
<td>OR RENTED ROOM</td>
<td>6 (A1c)</td>
</tr>
<tr>
<td>FAMILY OR FOSTER CARE HOME</td>
<td>7 (A1c)</td>
</tr>
<tr>
<td>MENTAL HEALTH FACILITY</td>
<td>8</td>
</tr>
<tr>
<td>ANOTHER HEALTH FACILITY</td>
<td>9</td>
</tr>
<tr>
<td>OTHER ARRANGEMENT (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td>OTHER INSTITUTION (SPECIFY)</td>
<td>92 (A1c)</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

A1a. Was (SUBJECT) living in a nursing home or other health care facility at the time of (his/her) death?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

A1b. In the year prior to (SUBJECT'S) death, did you live in the same household with (him/her)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 (BOX A-1)</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DK</td>
<td>-6 (BOX A-1)</td>
</tr>
</tbody>
</table>

A1c. In the year prior to (SUBJECT'S) death, about how frequently did you visit or talk to (him/her)? [PROBE WITH CATEGORIES IF NECESSARY.]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERYDAY</td>
<td>1</td>
</tr>
<tr>
<td>LESS THAN DAILY BUT AT LEAST ONCE A WEEK</td>
<td>2</td>
</tr>
<tr>
<td>LESS THAN WEEKLY BUT MORE THAN ONCE A MONTH</td>
<td>3</td>
</tr>
<tr>
<td>LESS THAN ONCE A MONTH</td>
<td>4</td>
</tr>
</tbody>
</table>
BOX A-1

MOST RECENT RESIDENCE:
NOT IN NURSING HOME AT DEATH (A1e = 2) AND
NOT IN NURSING HOME, HEALTH FACILITY, OR
OTHER INSTITUTION IN YEAR PRIOR TO DEATH
(A1 = 2, 6, 7, 92) .......................................................................................... GO TO A4
ALL OTHERS ........................................................................................................ CONTINUE

BOX A-2

PREVIOUS AND MOST RECENT RESIDENCES:
IN NURSING HOME IN MOST RECENT INTERVIEW
(LNURSING = 1) AND (IN NURSING HOME AT
DEATH (A1e = 1) OR IN NURSING HOME IN
YEAR PRIOR TO DEATH (A1 = 2)) ................................................................. CONTINUE
ALL OTHERS ....................................................................................................... GO TO A7

A2. Since (MONTH/YEAR) did (SUBJECT) continuously live in a nursing home?

YES ................................................................................................................... 1
NO .................................................................................................................... 2 (A7)
DK ...................................................................................................................... -8 (BOX A-3)

A3. Is this the same nursing home (he/she) was living in in (MONTH/YEAR)?

YES .................................................................................................................... 1 (BOX A3)
NO .................................................................................................................... 2 (BOX A3)
A4. At the time of (his/her) death, how many people lived in (his/her) household including (SUBJECT)?

ONE ........................................................................... 01 (A6)
NUMBER OF PEOPLE: |   |   |
DK ........................................................................... -8
REFUSED...................................................................... -7 (BOX A-3)

A5. What relationship to (SUBJECT) (was/were) the other person(s) who lived in (his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: Is (PERSON) male or female?]

<table>
<thead>
<tr>
<th>PERSON #</th>
<th>RELATIONSHIP</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
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<td>6</td>
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<td>8</td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RELATIONSHIP:
1 = HUSBAND/WIFE
2 = FATHER/MOTHER
3 = FATHER-IN-LAW/MOTHER-IN-LAW
4 = GRANDPARENT
5 = SON/DAUGHTER
6 = SON-IN-LAW/DAUGHTER-IN-LAW
7 = GRANDCHILD
8 = BROTHER/SISTER
9 = BROTHER-IN-LAW/SISTER-IN-LAW
10 = AUNT/UNCLE/COUSIN
11 = NIECE/NEPHEW
12 = ROOMMATE/FRIEND/NEIGHBOR
13 = OTHER RELATIVE
14 = OTHER NON-RELATIVE

SEX:
1 = MALE
2 = FEMALE

GO TO BOX A-3

A6. How long had (he/she) lived alone?

|   |   | MONTHS ........................................... 1 (BOX A-3)
|   |   | YEARS ............................................. 2 (BOX A-3)
|   |   | LESS THAN ONE MONTH .......................... 95 (BOX A-3)
A7. At the time (he/she) entered the (nursing home or rest home/health care facility/institution), how many people lived in (his/her) household including (SUBJECT)?

ONE .................................................................................................................. 01 (A9)

NUMBER OF PEOPLE: |___|___|

DK.............................................................................................................. -6

REFUSED..................................................................................................... -7 (BOX A-3)

A8. What relationship to (SUBJECT) (was/were) the other person(s) who lived in (his/her) household? [PROBE FOR SEX IF NOT OBVIOUS: is (PERSON) male or female?]

<table>
<thead>
<tr>
<th>PERSON #</th>
<th>RELATIONSHIP</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>3</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>4</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>5</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>6</td>
<td>___</td>
<td>___</td>
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<td>7</td>
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<td>8</td>
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<td>___</td>
</tr>
<tr>
<td>9</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>10</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

RELATIONSHIP: 1 = HUSBAND/WIFE
2 = FATHER/MOTHER
3 = FATHER-IN-LAW/MOTHER-IN-LAW
4 = GRANDPARENT
5 = SON/DAUGHTER
6 = SON-IN-LAW/DAUGHTER-IN-LAW
7 = GRANDCHILD
8 = BROTHER/SISTER
9 = BROTHER-IN-LAW/SISTER-IN-LAW
10 = AUNT/UNCLE/COUSIN
11 = NIECE/NEPHEW
12 = ROOMMATE/FRIEND/NEIGHBOR
13 = OTHER RELATIVE
14 = OTHER NON-RELATIVE

SEX: 1 = MALE
2 = FEMALE

GO TO BOX A-3
A6. How long had (he/she) lived alone?

|_|_| MONTHS: ........................................... 1
YEARS ...................................................... 2
LESS THAN ONE MONTH ......................... 95

BOX A-3

TYPE OF RESPONDENT:
R IS SPOUSE OF DECEASED ................................ ENTER "1" IN A10 AND
ALL OTHERS ................................................. CONTINUE

A10. [VERIFY IF ALREADY KNOWN:]
At the time of (SUBJECT'S) death, was (he/she) married, widowed, divorced, separated, or had (he/she) never been married?

MARRIED .............................................. 1
WIDOWED ............................................... 2
DIVORCED ............................................... 3
SEPARATED .............................................. 4
NEVER MARRIED ........................................ 5

BOX A-4

PREVIOUS INTERVIEW STATUS:
NEVER INTERVIEWED (LINTSTAT = BLANK) ......................... CONTINUE
ALL OTHERS .............................................. GO TO PART B

A11. Which of these categories best describes (SUBJECT) – Aleut, Eskimo, American Indian, Asian, Pacific Islander, Black or White?

ALEUT, ESKIMO OR AMERICAN INDIAN .......... 1
ASIAN/PACIFIC ISLANDER .......................... 2
BLACK .................................................. 3
WHITE .................................................. 4
OTHER (SPECIFY) .................................... 91

A12. Was (he/she) of Hispanic origin?

YES ............................................... 1
NO ................................................. 2

A13 THROUGH A26 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

TIME ENDED: ___________ AM / PM

5
PART B: MEDICAL CONDITIONS

BOX B-1

RESPONDENT RELATIONSHIP TO SUBJECT:
RESPONDENT IS A RELATIVE .................................. GO TO B3
ALL OTHERS .................................................. CONTINUE

B0. Do you think you can answer questions about (SUBJECT'S) medical history?

YES .......................................................... 1
NO ........................................................... 2 (B130)
REFUSED ................................................... -7 (B130)
DK .............................................................. -8

B1 AND B2 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B3. Did a doctor ever tell (SUBJECT) that (he/she) had arthritis?

YES .......................................................... 1
NO ........................................................... 2 (BOX B-4)
DK .............................................................. -8 (BOX B-4)

NOTE: IF ARTHRITIS REPORTED IN PREVIOUS INTERVIEW (LARTH = 1) AND CURRENT ARTHRITIS IS NO (B3 = 2) THE CATI PROGRAM WILL RECODE B3 TO "X6" AND THEN GO TO BOX B-4.

BOX B-2

YEAR OF FIRST ARTHRITIS CHECK:
YEAR FIRST TOLD OF ARTHRITIS IS KNOWN (LARTHYR = 1) .......... GO TO BOX B-3
ALL OTHERS ................................................ CONTINUE

B4. Concerning (SUBJECT'S) arthritis, in what year was (he/she) first told (he/she) had arthritis?

YEAR: 19 | ___ | ___ |
BOX B-3

ARTHRITIS TYPE:
TYPE OF ARTHRITIS IS KNOWN (LARTHYP = 1) ........................................... GO TO B17
ALL OTHERS ................................................................. CONTINUE

B5. There are different kinds of arthritis. Did a doctor ever tell (him/her) which kind (he/she) had?

YES ................................................................. 1
NO ....................................................................... 2 (B17)
DK ................................................................. 8 (B17)

B6. Concerning (his/her) arthritis, did (he/she) have osteoarthritis, degenerative, rheumatoid or some other type? [PROBE WITH CATEGORIES IF NECESSARY.]

YES  NO

a. OSTEO/DEGENERATIVE ARTHRITIS .......................................................... 1 2
b. RHEUMATOID ................................................................. 1 2
c. SOME OTHER TYPE (SPECIFY) ....................................................... 1 2

B7 THROUGH B16 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B17. Since (1987/1985/1980/1970), was (he/she) hospitalized for arthritis? [PROBE: Was (he/she) there for more than a day?]

YES ................................................................. 1 (CHART)
NO ................................................................. 2

BOX B-4

HEART ATTACK CHECK:
HEART ATTACK REPORTED IN PREVIOUS INTERVIEW (LHATTACK = 1) ............................................. CONTINUE
ALL OTHERS ................................................................. GO TO B19

B18. Since (MONTH/YEAR) did (SUBJECT) have a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES ................................................................. 1 (B22)
NO ................................................................. 2 (B24)
DK ................................................................. 8 (B24)
B19. Did a doctor ever tell (SUBJECT) that (he/she) had a heart attack, (sometimes called coronary thrombosis or myocardial infarction)?

YES.................................................................................. 1
NO.................................................................................. 2 (B24)
DK.................................................................................. -6 (B24)

B20. In what year was (he/she) first told that (he/she) had a heart attack, (coronary thrombosis or myocardial infarction)?

YEAR: 19 |__|__|

B21. Did (he/she) have an additional heart attack since then?

YES.................................................................................. 1
NO.................................................................................. 2 (B23)
DK.................................................................................. -6 (B23)

B22. In what year was that heart attack? [PROBE: Did (SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

YEAR: 19 |__|__|
YEAR: 19 |__|__|
YEAR: 19 |__|__|
YEAR: 19 |__|__|

B23. Since (1967/1968/1980/1970), was (he/she) hospitalized for a heart attack? [PROBE: Was (he/she) there for more than a day?]?

YES.................................................................................. 1 (CHART)
NO.................................................................................. 2

B24. Since (1967/1968/1980/1970), was (he/she) hospitalized for any type of heart condition (other than a heart attack)? [PROBE: Was (he/she) there for more than a day?]

YES.................................................................................. 1 (CHART)
NO.................................................................................. 2
**BOX B-5**

**CORONARY BYPASS CHECK:**

CORONARY BYPASS REPORTED IN PREVIOUS
INTERVIEW (LCBPSURG = 1).................................................. CONTINUE

HEART ATTACK OR OTHER HEART CONDITION REPORTED IN
PREVIOUS INTERVIEW (LHATTACK = 1 OR LHRCOND = 1)
AND NO CORONARY BYPASS REPORTED (LCBPSURG = 2) .......... GO TO B26

ALL OTHERS........................................................................... GO TO BOX B-6

---

**B25.** Since (MONTH/YEAR) did (SUBJECT) have coronary bypass surgery?

YES.......................................................................................... 1 (B27)

NO......................................................................................... 2 (BOX B-7)

DK......................................................................................... 8 (BOX B-7)

---

**BOX B-6**

**CURRENT HEART ATTACK/HEART CONDITION STATUS:**

HEART ATTACK (B10 = 1) OR HEART CONDITION (B24 = 1)
REPORTED IN THIS INTERVIEW............................................... CONTINUE

ALL OTHERS.......................................................................... GO TO BOX B-8

---

**B26.** Did (SUBJECT) ever have coronary bypass surgery?

YES.......................................................................................... 1

NO......................................................................................... 2 (BOX B-7)

DK......................................................................................... 8 (BOX B-7)

---

**B27.** Since (1967/1985/1980/1970), was (he/she) hospitalized for coronary bypass surgery? [PROBE: Was (he/she) there for more than a day?]

YES.......................................................................................... 1 (CHART)

NO......................................................................................... 2
B26. Some people with heart rhythm problems have a pacemaker inserted to control the heartbeat. Did (SUBJECT) ever have a pacemaker inserted?

YES

NO

DK

B29. Since (1987/1985/1980/1970), was (he/she) hospitalized for pacemaker insertion, repair, or replacement? [PROBE: Was (he/she) there for more than a day?]

YES

NO

B30. Since (MONTH/YEAR) did (SUBJECT) have a stroke (sometimes called a CVA)?

YES

NO

VOLUNTEERS SMALL STROKE

VOLUNTEERS POSSIBLE STROKE

VOLUNTEERS TIA

DK
B31. Did a doctor ever tell (SUBJECT) that (he/she) had a stroke (sometimes called a CVA)?

YES.............................................................................. 1
NO........................................................................... 2 (BOX B-9)
VOLUNTEERS SMALL STROKE........................................... 3
VOLUNTEERS POSSIBLE STROKE........................................ 4
VOLUNTEERS TIA............................................................... 5
DK................................................................................. -8 (BOX B-9)

B32. In what year was (he/she) first told that (he/she) had a (stroke/small stroke/possible stroke/TIA)?

YEAR: 19 | ___ | ___ |

B33. Did (he/she) have an additional (stroke/small stroke or stroke/possible stroke or stroke/TIA or stroke) since then?

YES.............................................................................. 1
NO........................................................................... 2 (B33)
VOLUNTEERS SMALL STROKE........................................... 3
VOLUNTEERS POSSIBLE STROKE........................................ 4
VOLUNTEERS TIA............................................................... 5
DK................................................................................. -8 (B33)

B34. In what year was that (stroke/small stroke/possible stroke/TIA)? [PROBE: Did (SUBJECT) have any others since then? PROBE FOR ALL YEARS.]

YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |

B35. Since (1987/1985/1980/1970), was (he/she) hospitalized for a (stroke/small stroke/possible stroke/TIA)? [PROBE: Was (he/she) there for more than a day?]

YES.............................................................................. 1 (CHART)
NO............................................................................. 2

BOX B-9

CAN RESPONDENT ANSWER MORE QUESTIONS ABOUT SUBJECT'S HEALTH?
YES............................................................................ 1
NO............................................................................ 2 (B130)
B36 AND B37 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B36. Did a doctor ever say that (SUBJECT) had diabetes or sugar diabetes?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>BORDERLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

NOTE: IF DIABETES REPORTED IN PREVIOUS INTERVIEW (LDIABETE = 1) AND CURRENT RESPONSE TO B38 IS NO (B38 = 2) THE CATI PROGRAM WILL RECODE B38 TO "NO" AND THEN GO TO B46.

B39. In what year was (he/she) first told that (he/she) had diabetes or sugar diabetes?

YEAR: 19 |__|__|

B40. In the year prior to (his/her) death, was (he/she) taking insulin injections for (his/her) diabetes?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

B41. In the year prior to (his/her) death, was (he/she) taking pills for (his/her) diabetes?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

B42. Since (1967/1985/1980/1970), was (he/she) hospitalized for diabetes? [PROBE: (Were you/Was he/she) there for more than a day?]

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (CHART)</td>
<td>2</td>
</tr>
</tbody>
</table>

B43 THROUGH B47 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B48. Had (SUBJECT) ever been told by the doctor that (he/she) had high blood pressure or hypertension?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>BORDERLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

NOTE: IF HIGH BLOOD PRESSURE REPORTED IN PREVIOUS INTERVIEW (LHIGHBP = 1) AND THE RESPONSE TO B48 IS NO (B48 = 2) THE CATI PROGRAM WILL RECODE B48 TO "NO" AND THEN GO TO BOX B-10.
B42. In what year was (he/she) first told that (he/she) had high blood pressure or hypertension?

YEAR: 19  [ ] [ ]

B50. Did the doctor ever prescribe medicine(s) for (his/her) high blood pressure?

YES ................................................................. 1
NO ................................................................. 2 (B52)
DK ................................................................. -8 (B62)

B51. In the year prior to (SUBJECT'S) death, was (he/she) taking medication for high blood pressure?

YES ................................................................. 1
NO ................................................................. 2

B52. Since 1967/1965/1980/1970, was (he/she) hospitalized for high blood pressure? [PROBE: Was (he/she) there for more than a day?]

YES ................................................................. 1 (CHART)
NO ................................................................. 2

B53 AND B64 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

BOX B-10

BREAST CANCER CHECK:
BREAST CANCER REPORTED IN PREVIOUS INTERVIEW
(LBRSTCAN = 1) ................................................................. CONTINUE
ALL OTHERS ................................................................. GO TO B57

BOX B-11

YEAR OF FIRST BREAST CANCER:
YEAR OF FIRST BREAST CANCER IS NOT KNOWN
(LBCANCYR = 2) ................................................................. CONTINUE
ALL OTHERS ................................................................. GO TO B57

B55. Had (SUBJECT) ever been told by a doctor that (he/she) had breast cancer?

YES ................................................................. 1
NO ................................................................. 2 (B57)
DK ................................................................. -8 (B57)

NOTE: IF BREAST CANCER REPORTED IN PREVIOUS INTERVIEW (LBRSTCAN = 1) AND THE RESPONSE TO B55 IS NO (B55 = 2) THE CATI PROGRAM WILL RECODE B55 TO "96" AND THEN GO TO B57.
B56. In what year was (he/she) first told by a doctor that (he/she) had breast cancer?

YEAR: 19 ___ ___

B57. Did a doctor ever tell (SUBJECT) that (he/she) had skin cancer?

YES_________________________________________ 1
NO__________________________________________ 2 (BOX B-14)
DK___________________________________________ -6 (BOX B-14)

NOTE: IF SKIN CANCER REPORTED IN PREVIOUS INTERVIEW (LSKNCAN = 1) AND THE RESPONSE TO B57 IS NO (B57 = 2) THE CATI PROGRAM WILL RECODE B57 TO "96" AND THEN GO TO BOX B-14.

B58. Concerning (his/her) skin cancer, was it malignant melanoma or some other type?

a. MALIGNANT MELANOMA________________________ 1 2 -6
b. SOME OTHER TYPE____________________________ 1 2 -6

BOX B-12

MALIGNANT MELANOMA CHECK:
MALIGNANT MELANOMA REPORTED IN CURRENT INTERVIEW (B55a = 1) CONTINUE
ALL OTHERS GO TO BOX B-13

B59. In what year was (he/she) first told that (he/she) had malignant melanoma?

YEAR: 19 ___ ___

B60. Since (1987/1985/1980/1970), was (he/she) hospitalized for malignant melanoma? [PROBE: Was (he/she) there for more than a day?]

YES_________________________________________ 1 (CHART)
NO__________________________________________ 2
**BOX B-13**

OTHER TYPE OF SKIN CANCER CHECK:
SOME OTHER TYPE OF SKIN CANCER REPORTED IN CURRENT INTERVIEW (B59a = 1) OR SKIN CANCER TYPE IS UNKNOWN

(B59b = -8 OR B59b = -8) ............................... CONTINUE
ALL OTHERS ............................................ GO TO BOX B-14


**B61.** In what year was (he/she) first told that (he/she) had skin cancer (other than malignant melanoma)?

YEAR: 19 | ___ | ___ |

**B62.** How many times had (he/she) been told by a doctor that (he/she) had skin cancer (other than malignant melanoma)?

NUMBER OF TIMES: | ___ | ___ |

**B63.** Since (1967/1985/1980/1970), was (he/she) hospitalized for skin cancer (other than malignant melanoma)? [PROBE: Was (he/she) there for more than a day?]

YES .................................................. 1 (CHART)
NO ..................................................... 2

**BOX B-14**

OTHER CANCER CHECK:
CANCER REPORTED IN PREVIOUS INTERVIEW (LCANCER = 1 OR LBRTSTCN = 1) ........................................ CONTINUE
ALL OTHERS ........................................... GO TO B65

**B64.** Since (MONTH/YEAR), had (SUBJECT) had any type of cancer diagnosed, (other than skin cancer/other than the cancer we talked about)?

YES .................................................. 1 (B67)
NO ..................................................... 2 (B66)
DK ..................................................... -8 (B66)
REFUSED ............................................. -7 (BOX B-14a)

**B65.** Did a doctor ever tell (SUBJECT) that (he/she) had cancer of any sort (other than skin cancer/other than the cancer we talked about)?

YES .................................................. 1 (B67)
NO ..................................................... 2 (BOX B-14a)
DK ..................................................... -8 (BOX B-14a)

**B66.** Since (1967/1985/1980/1970), was (he/she) hospitalized for any cancer condition (other than skin cancer)? [PROBE: Was (he/she) there for more than a day?]

YES .................................................. 1 (CHART, THEN GO TO BOX B-14a)
NO ..................................................... 2 (BOX B-14a)
<table>
<thead>
<tr>
<th>ASK B67 - B69 FOR EACH DIAGNOSIS</th>
<th>1ST DIAGNOSIS</th>
<th>2ND DIAGNOSIS</th>
<th>3RD DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B67.</strong> Where was the cancer or what type of cancer was it? [PROBE: Did (he/she) have any other cancer diagnosed] [since MONTH/YEAR]?</td>
<td>LUNG ___________ 1</td>
<td>LUNG ___________ 1</td>
<td>LUNG ___________ 1</td>
</tr>
<tr>
<td>LARGE BOWEL</td>
<td>BREAT ___________ 2</td>
<td>BREAT ___________ 2</td>
<td>BREAT ___________ 2</td>
</tr>
<tr>
<td>COLON ________ 3</td>
<td>COLON ________ 3</td>
<td>COLON ________ 3</td>
<td></td>
</tr>
<tr>
<td>RECTUM ________ 4</td>
<td>RECTUM ________ 4</td>
<td>RECTUM ________ 4</td>
<td></td>
</tr>
<tr>
<td>PANCREAS ________ 5</td>
<td>PANCREAS ________ 5</td>
<td>PANCREAS ________ 5</td>
<td></td>
</tr>
<tr>
<td>BLADDER ________ 6</td>
<td>BLADDER ________ 6</td>
<td>BLADDER ________ 6</td>
<td></td>
</tr>
<tr>
<td>PROSTATE ________ 7</td>
<td>PROSTATE ________ 7</td>
<td>PROSTATE ________ 7</td>
<td></td>
</tr>
<tr>
<td>UTERUS __________</td>
<td>UTERUS __________</td>
<td>UTERUS __________</td>
<td></td>
</tr>
<tr>
<td>CERVIX __________ 8</td>
<td>CERVIX __________ 8</td>
<td>CERVIX __________ 8</td>
<td></td>
</tr>
<tr>
<td>ENDOMETRIUM OR CORPUS ________ 9</td>
<td>ENDOMETRIUM OR CORPUS ________ 9</td>
<td>ENDOMETRIUM OR CORPUS ________ 9</td>
<td></td>
</tr>
<tr>
<td>LEUKEMIA ________ 10</td>
<td>LEUKEMIA ________ 10</td>
<td>LEUKEMIA ________ 10</td>
<td></td>
</tr>
<tr>
<td>NON-HODGKIN'S Lymphoma ________ 11</td>
<td>NON-HODGKIN'S Lymphoma ________ 11</td>
<td>NON-HODGKIN'S Lymphoma ________ 11</td>
<td></td>
</tr>
<tr>
<td>STOMACH ________ 12</td>
<td>STOMACH ________ 12</td>
<td>STOMACH ________ 12</td>
<td></td>
</tr>
<tr>
<td>OVARY ________ 13</td>
<td>OVARY ________ 13</td>
<td>OVARY ________ 13</td>
<td></td>
</tr>
<tr>
<td>KIDNEY ________ 14</td>
<td>KIDNEY ________ 14</td>
<td>KIDNEY ________ 14</td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY) ________ 81</td>
<td>OTHER (SPECIFY) ________ 81</td>
<td>OTHER (SPECIFY) ________ 81</td>
<td></td>
</tr>
<tr>
<td>SITE: __________</td>
<td>SITE: __________</td>
<td>SITE: __________</td>
<td></td>
</tr>
<tr>
<td>OR: __________</td>
<td>OR: __________</td>
<td>OR: __________</td>
<td></td>
</tr>
<tr>
<td>TYPE: __________</td>
<td>TYPE: __________</td>
<td>TYPE: __________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B68.</strong> In what year was (he/she) first told that (he/she) had cancer?</th>
<th>YEAR: 19</th>
<th>YEAR: 19</th>
<th>YEAR: 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B69.</strong> Since (1967/1985/1980/1970), was (he/she) hospitalized for cancer? [PROBE: Was (he/she) there for more than a day?]</th>
<th>YES __________ 1 (CHART)</th>
<th>YES __________ 1 (CHART)</th>
<th>YES __________ 1 (CHART)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO __________ 2</td>
<td>NO __________ 2</td>
<td>NO __________ 2</td>
<td></td>
</tr>
</tbody>
</table>
**Box B-14a**

**Cancer Check:**

*Any cancer reported in this interview (B55 = 1 or B57 = 1 or B64 = 1 or B65 = 1).......................... Continue*  
*All others......................................................... Go to B70*

**B69a.** Did (subject) ever have out-patient surgery for any type of cancer?

<table>
<thead>
<tr>
<th>Answers</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2 (B70)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (B70)</td>
</tr>
</tbody>
</table>

**Ask B69b - B69c for Each Cancer**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>First Cancer</th>
<th>Second Cancer</th>
<th>Third Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Breast</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Large Bowel</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Colon</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Rectum</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Pancreas</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Bladder</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Uterus</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Cervix</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Endometrium Or Corpus</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Leukemia</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Stomach</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Ovary</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Kidney</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Skin</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Melanoma</td>
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<td>17</td>
</tr>
<tr>
<td>Non-Specific</td>
<td>91</td>
<td>91</td>
<td>91</td>
</tr>
</tbody>
</table>

**B69c.** In what year was (his/her) most recent out-patient surgery for (Cancer)?

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Year 19</th>
<th></th>
<th>Year 19</th>
<th></th>
<th>Year 19</th>
<th></th>
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<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
B70. Now I have a few questions about the health of some of (SUBJECT'S) blood relatives. I am only interested in (his/her) relatives who are related by blood. Do not include adopted or foster relatives. I will be asking about (his/her) mother, (his/her) father, any sisters and brothers (he/she) had, and any children.

In the last 10 years, have any of these relatives been told by a doctor that they have cancer?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 (BOX B-15)</td>
<td>8 (BOX B-15)</td>
</tr>
</tbody>
</table>

---

### ASK B71 - B73 FOR EACH RELATIVE

<table>
<thead>
<tr>
<th>1ST RELATIVE</th>
<th>2ND RELATIVE</th>
<th>3RD RELATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B71. What relation to (SUBJECT) were any blood relatives who had cancer during the last 10 years?</td>
<td>RELATIONSHIP</td>
<td>RELATIONSHIP</td>
</tr>
<tr>
<td>FATHER</td>
<td>1</td>
<td>FATHER</td>
</tr>
<tr>
<td>MOTHER</td>
<td>2</td>
<td>MOTHER</td>
</tr>
<tr>
<td>BROTHER</td>
<td>3</td>
<td>BROTHER</td>
</tr>
<tr>
<td>SISTER</td>
<td>4</td>
<td>SISTER</td>
</tr>
<tr>
<td>SON</td>
<td>5</td>
<td>SON</td>
</tr>
<tr>
<td>DAUGHTER</td>
<td>6</td>
<td>DAUGHTER</td>
</tr>
</tbody>
</table>

---

### B72. What is (his/her) first name?

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>FIRST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
</table>

---

### B73. Where was the cancer or what type of cancer was it? [PROBE: Has (he/she) had any other cancer diagnosed?]

<table>
<thead>
<tr>
<th>LUNG</th>
<th>BREAST</th>
<th>LARGE BOWEL</th>
<th>COLON</th>
<th>RECTUM</th>
<th>PANCREAS</th>
<th>BLADDER</th>
<th>PROSTATE</th>
<th>UTERUS</th>
<th>CERVIX</th>
<th>ENDOMETRUM OR CORPUS</th>
<th>LEUKEMIA</th>
<th>NON-HODGKIN'S LYMPHOMA</th>
<th>STOMACH</th>
<th>OVARY</th>
<th>KIDNEY</th>
<th>BONE</th>
<th>MELANOMA</th>
<th>NON-MELANOMA</th>
<th>NON-SPECIFIED</th>
<th>OTHER SPECIFY</th>
<th>SITE</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>4</td>
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<td>8</td>
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<td>10</td>
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<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>81</td>
<td>81</td>
</tr>
</tbody>
</table>
BOX B-15

CAN RESPONDENT ANSWER MORE QUESTIONS ABOUT SUBJECT'S HEALTH?
YES................................................................................. 1
NO..................................................................................... 2 (B130)

B74 AND B75 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

Now I have some more questions concerning (SUBJECT'S) health.

B76. Was (SUBJECT) ever told by the doctor that (he/she) had a broken or fractured hip?

YES................................................................................... 1
NO................................................................................... 2 (BOX B-16)
DK..................................................................................... 8 (BOX B-16)

NOTE: IF BROKEN HIP REPORTED IN PREVIOUS INTERVIEW (LBROKHIP = 1) AND THE RESPONSE TO B76 IS NO (B76 = 2) THE CATI PROGRAM WILL RECODE B76 TO "X6" AND THEN GO TO BOX B-16.

B77. In what year was (he/she) first told that (he/she) had a broken or fractured hip?

YEAR: 19 | __ | ___ |

B78. Has (he/she) had an additional fractured hip since then?

YES................................................................................... 1
NO................................................................................... 2 (B80)
DK..................................................................................... 8 (B80)

B79. In what year did (he/she) have that break or fracture of (his/her) hip? [PROBE: Did (he/she) have another fractured hip since then? PROBE FOR ALL YEARS.]

YEAR: 19 | __ | ___ |
YEAR: 19 | __ | ___ |
YEAR: 19 | __ | ___ |
YEAR: 19 | __ | ___ |

B80. Since (1967/1965/1980/1970), was (he/she) hospitalized for a broken or fractured hip? [PROBE: Was (he/she) there for more than a day?]

YES............................................................................. 1 (CHART)
NO................................................................................... 2
B81. Did a doctor ever tell (SUBJECT) that (he/she) had osteoporosis?

YES .................................................. 1
NO .................................................. 2 (B86)
DK .................................................. -8 (B86)

B82. In what year was (he/she) first told that (he/she) had osteoporosis?

YEAR: 19 [___ [___]

B83 THROUGH B85 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B86. The next few questions are about falls. I'm interested in falls where (SUBJECT) fell and landed on the floor or ground or hit an object like a table or stair. In the year prior to (SUBJECT'S) death, did (he/she) have this kind of fall?

YES .................................................. 1
NO .................................................. 2 (B90)
DK .................................................. -8 (B90)

B87 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B88. Did [this fall/any of these falls] . . .

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>cause a broken bone? ..................................</td>
<td>1</td>
</tr>
<tr>
<td>b.</td>
<td>cause (him/her) to hit or injure (his/her) head? ..........</td>
<td>1</td>
</tr>
<tr>
<td>c.</td>
<td>cause (him/her) to seek medical care? .......................</td>
<td>1</td>
</tr>
</tbody>
</table>

B89. In the year prior to (SUBJECT'S) death, was (he/she) hospitalized for [this fall/any of these falls]? [PROBE: Was (he/she) there for more than a day?]

YES .................................................. 1 (CHART)
NO .................................................. 2

B90. Since (1967/1985/1980/1970), was (SUBJECT) hospitalized for pneumonia, bronchitis, or the flu? [PROBE: Was (he/she) there for more than a day?]

YES .................................................. 1 (CHART)
NO .................................................. 2
BOX B-17

KIDNEY DISORDER CHECK:
KIDNEY DISEASE OR KIDNEY STONES REPORTED IN
PREVIOUS INTERVIEW (L_KIDNEY = 1) ........................................ CONTINUE
ALL OTHERS ............................................................................ GO TO B92

B91. Since (MONTH/YEAR) did (SUBJECT) have a kidney disorder or kidney stone(s)? Please do not include kidney infections.

YES ................................................................. 1 (BOX B-18)
NO ................................................................. 2 (BOX B-18)

B92. Had (SUBJECT) ever been told by the doctor that (he/she) had a kidney disorder or kidney stones? Please do not include kidney infections.

YES ................................................................. 1
NO ................................................................. 2 (BOX B-18)
DK ................................................................. -8 (BOX B-18)

B93. What year was (he/she) first told (he/she) had a kidney disorder or kidney stones?

YEAR: 19 |__|__|

BOX B-18

URINARY TRACT/KIDNEY INFECTION STATUS:
URINARY TRACT/KIDNEY INFECTION REPORTED IN
PREVIOUS INTERVIEW (L_UTI = 1) ........................................ CONTINUE
ALL OTHERS ............................................................................ GO TO B96

B94. Since (MONTH/YEAR) had (SUBJECT) a urinary tract or kidney infection?

YES ................................................................. 1 (BOX B-19)
NO ................................................................. 2 (BOX B-19)

B95. Had (he/she) ever been told by a doctor that (he/she) had a urinary tract or kidney infection more than three times?

YES ................................................................. 1
NO ................................................................. 2 (BOX B-19)
DK ................................................................. -8 (BOX B-19)

B96. What year was (he/she) first told that (he/she) had a urinary tract or kidney infection?

YEAR: 19 |__|__|
KIDNEY DISORDER/URINARY TRACT INFECTION CHECK:
CURRENT REPORT OF KIDNEY DISORDER/KIDNEY STONES
(B91 = 1 OR B92 = 1) OR URINARY TRACT INFECTION/
KIDNEY INFECTION (B94 = 1 OR B95 = 1).......................... CONTINUE
ALL OTHERS............................................................... GO TO B98

B97. Since (1967/1965/1990/1970), was (SUBJECT) hospitalized for a kidney condition or urinary tract infection? [PROBE: Was (he/she) there for more than one day?]

YES.............................................................. 1 (CHART)
NO............................................................... 2

B98. Had (SUBJECT) ever been told by a doctor that (he/she) had a hernia or rupture?

YES.............................................................. 1
NO............................................................... 2 (BOX B-22)
DK............................................................... -8 (BOX B-22)

B99. Concerning (his/her) hernia, was this a hiatal hernia of the diaphragm, a hernia or rupture of the groin, or some other type of hernia or rupture? [PROBE WITH CATEGORIES IF NECESSARY.]

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. HIATAL HERNIA...........................................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. HERNIA OR RUPTURE OF THE GROIN (INGUINAL HERNIA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. SOME OTHER TYPE OF HERNIA OR RUPTURE (SPECIFY)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

HERNIA TYPE:
GROIN HERNIA (B99b = 1)........................................ CONTINUE
ALL OTHERS........................................................ GO TO BOX B-21

B100. In what year was (he/she) first told that (he/she) had a hernia or rupture of the groin?

YEAR: 19 |____|____|

B101. Did (SUBJECT) ever have surgery for a hernia of the groin?

YES.............................................................. 1
NO............................................................... 2 (BOX B-21)
DK............................................................... -8 (BOX B-21)
B102. In what year did any surgery for a hernia of the groin occur? [PROBE FOR ALL YEARS]

YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |
YEAR: 19 | ___ | ___ |

BOX B-21

HERNIA TYPE:
OTHER HERNIA (B99c = 1) OR ALL DON'T KNOW
(B99c = -6) ........................................................................ CONTINUE
ALL OTHERS........................................................................ GO TO BOX B-22

B103. In what year was (he/she) first told that (he/she) had (some other type of/a) hernia or rupture?

YEAR: 19 | ___ | ___ |

BOX B-22

CATARACTS CHECK:
CATARACTS REPORTED IN PREVIOUS INTERVIEW (LCATRACT = 1)..... CONTINUE
ALL OTHERS........................................................................ GO TO B105

BOX B-23

CATARACT SURGERY CHECK:
CATARACT SURGERY REPORTED IN PREVIOUS INTERVIEW
(LCATSURG = 1)..................................................................... CONTINUE
ALL OTHERS........................................................................ GO TO B106

B104. Since (MONTH/YEAR) did (he/she) have cataract surgery?

YES............................................................................. 1 (B107)
NO.............................................................................. 2 (B111)
DK............................................................................... -8 (B111)

B105. Did a doctor ever tell (SUBJECT) that (he/she) had cataracts?

YES............................................................................. 1
NO.............................................................................. 2 (B111)
DK............................................................................... -8 (B111)
B106. Did (he/she) ever have surgery for cataracts?

- YES. ................................................. 1
- NO. .................................................... 2 (B111)
- DK. .................................................... -6 (B111)

B107. What year did (he/she) have (his/her) cataract surgery? [PROBE: Did (he/she) have any other cataract surgery? RECORD ALL YEARS.]

- YEAR: 19 | ___ | ___ |
- YEAR: 19 | ___ | ___ |

B108. Since (1987/1985/1980/1970), was (he/she) hospitalized for more than one day for cataract surgery?

- YES. ................................................. 1 (CHART)
- NO. .................................................... 2

B109 AND B110 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

B111. I have recorded that (SUBJECT) was hospitalized (READ DATES, CONDITIONS AND FACILITY NAMES FROM CHART.)

Now, I would like you to think back over the time between (1987/1985/1980/1970) and the time (SUBJECT) died. (He/She) would have been about (AGE) in (1987/1985/1980/1970). Did (he/she) stay in a hospital for any (other) reason including surgery, tests or for observation since (he/she) was (AGE)? [PROBE: Was (he/she) there for more than a day?]

- YES. ................................................. 1
- NO. .................................................... 2 (BOX B-24)
- DK. .................................................... -6 (BOX B-24)
### ASK B112 AND THEN B113 FOR EACH CONDITION

<table>
<thead>
<tr>
<th>Condition 1</th>
<th>Condition 2</th>
<th>Condition 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B112.</strong> For what condition was that? [PROBE: Did (he/she) have any other hospitalizations since (1967/1985/1980/1970)?] [GO TO CHART AFTER CODING CONDITION.]</td>
<td>TESTS AND/OR OBSERVATION ............ 1</td>
<td>TESTS AND/OR OBSERVATION ............ 1</td>
</tr>
<tr>
<td></td>
<td>DIGESTIVE/ULCERS PROBLEMS ............ 2</td>
<td>DIGESTIVE/ULCERS PROBLEMS ............ 2</td>
</tr>
<tr>
<td></td>
<td>RESPIRATORY/BREATHING PROBLEMS ............ 3</td>
<td>RESPIRATORY/BREATHING PROBLEMS ............ 3</td>
</tr>
<tr>
<td></td>
<td>INFECTIONS ............ 4</td>
<td>INFECTIONS ............ 4</td>
</tr>
<tr>
<td></td>
<td>SURGERY FOR OTHER CONDITIONS ............ 5</td>
<td>SURGERY FOR OTHER CONDITIONS ............ 5</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY) ............ 91</td>
<td>OTHER (SPECIFY) ............ 91</td>
</tr>
<tr>
<td></td>
<td>(CHART)</td>
<td>(CHART)</td>
</tr>
</tbody>
</table>

### B113. [INTERVIEWER FILL IN THE YEAR OF THIS ADMISSION FROM HOSPITAL CHART.]

<table>
<thead>
<tr>
<th>Month:</th>
<th></th>
<th>Month:</th>
<th></th>
<th>Month:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Day:</td>
<td></td>
<td>Day:</td>
<td></td>
<td>Day:</td>
<td></td>
</tr>
<tr>
<td>Year:</td>
<td></td>
<td>Year:</td>
<td></td>
<td>Year:</td>
<td></td>
</tr>
</tbody>
</table>

### BOX B-24

LAST/MOST RECENT RESIDENCE:

RESIDING IN NURSING HOME (A1 = 2) ......................................... GO TO B116

ALL OTHERS ................................................................. CONTINUE

### B114.

Since (1967/1985/1980/1970), had (SUBJECT) ever stayed in a rest home, a nursing home, a mental health facility, or anything like that? [PROBE: Was (he/she) there for more than a day?]

| YES ................................................................. 1 (B116) |
| NO ................................................................. 2 |
| DK ................................................................. -8 (B125) |

### BOX B-25

PREVIOUS RESIDENCE:

IN NURSING HOME IN MOST RECENT INTERVIEW

(LNURSING = 1) ................................................................. CONTINUE

ALL OTHERS ................................................................. GO TO B125

### B115.

Was (he/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW)?

<p>| YES ................................................................. 1 |
| NO ................................................................. 2 (B125) |
| DK ................................................................. -8 (B125) |</p>
<table>
<thead>
<tr>
<th>B116.</th>
<th>FOR FIRST ADMISSION: IF IN A NURSING HOME AT DEATH (a1 = 2), CODE AS &quot;1&quot; AND GO TO B117 WITHOUT ASKING B116</th>
<th>TO what type of place was (the most recent/this admission)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NURSING HOME/</td>
<td>NURSING HOME/</td>
</tr>
<tr>
<td></td>
<td>REST HOME...................................................................</td>
<td>REST HOME...................................................................</td>
</tr>
<tr>
<td></td>
<td>MENTAL HEALTH</td>
<td>MENTAL HEALTH</td>
</tr>
<tr>
<td></td>
<td>FACILITY........................................................................</td>
<td>FACILITY........................................................................</td>
</tr>
<tr>
<td></td>
<td>HEALTH CARE</td>
<td>HEALTH CARE</td>
</tr>
<tr>
<td></td>
<td>REHABILITATION</td>
<td>REHABILITATION</td>
</tr>
<tr>
<td></td>
<td>CENTER..........................................................................</td>
<td>CENTER..........................................................................</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY)......................................................</td>
<td>OTHER (SPECIFY)......................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B117.</th>
<th>Did (SUBJECT) enter the (TYPE OF FACILITY) that (he/she) was last in? (directly from (his/her) own home, from a hospital, or from some other place?)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OWN HOME.............................................................................</td>
</tr>
<tr>
<td></td>
<td>HOSPITAL.............................................................................</td>
</tr>
<tr>
<td></td>
<td>NURSING HOME/</td>
</tr>
<tr>
<td></td>
<td>REST HOME........................................................................</td>
</tr>
<tr>
<td></td>
<td>MENTAL HEALTH</td>
</tr>
<tr>
<td></td>
<td>FACILITY........................................................................</td>
</tr>
<tr>
<td></td>
<td>HEALTH CARE</td>
</tr>
<tr>
<td></td>
<td>REHABILITATION</td>
</tr>
<tr>
<td></td>
<td>CENTER..........................................................................</td>
</tr>
<tr>
<td></td>
<td>FREIND/RELATIVE'S HOME............................................</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY)......................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B118.</th>
<th>In what year did (he/she) enter the (TYPE OF FACILITY)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR:</td>
<td>19</td>
</tr>
</tbody>
</table>

**BOX B-25**

MENTAL HEALTH FACILITY:
MENTAL HEALTH FACILITY STAY REPORTED IN THIS INTERVIEW (B116 = 2) GO TO B121
ALL OTHERS CONTINUE

<table>
<thead>
<tr>
<th>B119.</th>
<th>There are many reasons why people enter a (TYPE OF FACILITY). Please tell me if (SUBJECT) entered the (TYPE OF FACILITY) for any of the following reasons. (ENTER YES OR NO FOR EACH.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Required skilled nursing care? ..................1 2</td>
</tr>
<tr>
<td></td>
<td>Needed help with bathing, eating, or dressing? ............1 2</td>
</tr>
<tr>
<td></td>
<td>Required special medical or physical therapy? ..........1 2</td>
</tr>
<tr>
<td></td>
<td>Too confused to live independently? ............1 2</td>
</tr>
<tr>
<td>B120. Please tell me the name of the disease or medical condition that (he/she) had at the time of admission that affected (his/her) ability to live independently. (ENTER ALL THAT APPLY)</td>
<td>ADMISSION 1</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>ALZHEIMER'S DISEASE...</td>
<td>1</td>
</tr>
<tr>
<td>CANCER</td>
<td>2</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td>3</td>
</tr>
<tr>
<td>FRAIL/OLD AGE</td>
<td>4</td>
</tr>
<tr>
<td>HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS...</td>
<td>5</td>
</tr>
<tr>
<td>INCONTINENCE</td>
<td>6</td>
</tr>
<tr>
<td>NO MEDICAL CONDITION</td>
<td>7</td>
</tr>
<tr>
<td>SENILITY</td>
<td>8</td>
</tr>
<tr>
<td>STROKE</td>
<td>9</td>
</tr>
<tr>
<td>OTHER DISEASE OR CONDITION (SPECIFY)</td>
<td>91</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B121. How long did (he/she) stay? (GO TO CHART AFTER CODING LENGTH OF STAY.)</th>
<th>1</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td># OF WEEKS</td>
<td>1</td>
<td># OF WEEKS</td>
<td>1</td>
</tr>
<tr>
<td>MONTHS</td>
<td>2</td>
<td>MONTHS</td>
<td>2</td>
</tr>
<tr>
<td>YEARS</td>
<td>3</td>
<td>YEARS</td>
<td>3</td>
</tr>
<tr>
<td>LESS THAN ONE WEEK...</td>
<td>95</td>
<td>LESS THAN ONE WEEK...</td>
<td>95</td>
</tr>
<tr>
<td>(CHART)</td>
<td></td>
<td>(CHART)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B122. Since 1967/1965/1980/1970 did (he/she) stay in another facility such as a rest home, a nursing home, a mental health facility, a rehabilitation center or any place like that?</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B116)</td>
<td>(B116)</td>
<td>(B116)</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOX B-27 (FOR &quot;ADMISSION 1&quot; COLUMN ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS RESIDENCE:</td>
</tr>
<tr>
<td>IN NURSING HOME IN MOST RECENT INTERVIEW (LNURSING = 1) AND NOT IN SAME NURSING HOME AT DEATH (A3 = 2)) AND PROBE NOT ALREADY ASKED (B115 = 1)........... CONTINUE ALL OTHERS............. GO TO B125</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B123. Was (he/she) staying in a rest home, a nursing home, a mental health facility, or anything like that in (YEAR OF LAST INTERVIEW) (other than the one you just told me about)?</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B116)</td>
<td>(B116)</td>
<td>(B116)</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>
B124 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

**B125.** During the month before (SUBJECT'S) death, was there a significant change in (his/her) health?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

**B126.** During the 12 months prior to that, what was happening to (his/her) health? Had it improved, remained the same, gradually worsened, or suddenly worsened?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPROVED</td>
<td>1</td>
</tr>
<tr>
<td>REMAINED THE SAME</td>
<td>2</td>
</tr>
<tr>
<td>GRADUALLY WORSENCED</td>
<td>3</td>
</tr>
<tr>
<td>SUDDENLY WORSENCED</td>
<td>4</td>
</tr>
</tbody>
</table>

**B127.** Did (SUBJECT) die in a hospital or nursing home?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 (CHART)</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

**B128.** What was the cause of (SUBJECT'S) death?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEART ATTACK</td>
<td>1</td>
</tr>
<tr>
<td>OTHER HEART CONDITION</td>
<td>2</td>
</tr>
<tr>
<td>STROKE, SMALL STROKE, TIA,</td>
<td>3</td>
</tr>
<tr>
<td>POSSIBLE STROKE</td>
<td>3</td>
</tr>
<tr>
<td>DIABETES</td>
<td>4</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE</td>
<td>5</td>
</tr>
<tr>
<td>CANCER</td>
<td>6</td>
</tr>
<tr>
<td>KIDNEY CONDITION</td>
<td>7</td>
</tr>
<tr>
<td>PNEUMONIA OR FLU</td>
<td>8</td>
</tr>
<tr>
<td>OLD AGE</td>
<td>9</td>
</tr>
<tr>
<td>OTHER</td>
<td>10 (PART D)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7 (PART D)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (PART D)</td>
</tr>
</tbody>
</table>

**B129.** Did a doctor say that (CONDITION) was the cause of death?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 (PART D)</td>
</tr>
<tr>
<td>NO</td>
<td>2 (PART D)</td>
</tr>
</tbody>
</table>
B130. [I have recorded that (SUBJECT) was hospitalized (READ DATES, CONDITIONS AND FACILITY NAMES FROM CHART).] Now, I would like you to think back over the time between (1987/1985/1980/1970) and the time (SUBJECT) died. (He/She) would have been about (AGE) in (1987/1985/1980/1970). Did (he/she) stay in a hospital for any (other) reason including surgery, tests, or for observation since (he/she) was (AGE)? [PROBE: Was (he/she) there for more than a day?]

YES................................................................. 1 (CHART)
NO................................................................. 2

B131. Since (1987/1985/1980/1970), had (SUBJECT) ever stayed in a rest home, a nursing home, a mental health facility, or anything like that? [PROBE: Was (he/she) there for more than a day?]

YES................................................................. 1 (CHART)
NO................................................................. 2

B132. Did (SUBJECT) die in a hospital or nursing home?

YES................................................................. 1 (CHART)
NO................................................................. 2

B133. What was the cause of (SUBJECT'S) death?

HEART ATTACK.................................................. 1
OTHER HEART CONDITION..................................... 2
STROKE, TIA, SMALL STROKE, POSSIBLE STROKE.............. 3
DIABETES.......................................................... 4
HIGH BLOOD PRESSURE......................................... 5
CANCER............................................................. 6
KIDNEY CONDITION.............................................. 7
PNEUMONIA OR FLU.............................................. 8
OLD AGE.......................................................... 9
OTHER............................................................ 10
DK................................................................. -8

TIME ENDED: ___________ AM / PM

PART C NOT ASKED THIS VERSION.
PART D: SMOKING AND ALCOHOLIC BEVERAGES

These next few questions are about (SUBJECT’S) smoking and drinking habits.

BOX D-1

RESPONDENT’S RELATIONSHIP TO SUBJECT:
RESPONDENT IS A RELATIVE................................................. GO TO D1
ALL OTHERS................................................................. CONTINUE

D0. Do you think you can answer questions about (SUBJECT’S) smoking and drinking habits?

YES................................................................. 1
NO................................................................. 2 (PART G)
REFUSED............................................................. -7 (PART G)
DK................................................................. -8

D1. Did (SUBJECT) ever smoke at least 100 cigarettes in (his/her) lifetime?

YES................................................................. 1
NO................................................................. 2 (D11)
DK................................................................. -8 (D11)

NOTE: IF SMOKING REPORTED IN PREVIOUS INTERVIEW (LSMOKER = 1) AND THE RESPONSE TO D1
IS NO (D1 = 2) THE CATI PROGRAM WILL RECODE D1 TO "96" AND THEN GO TO D11.

D2. During the year prior to (his/her) death, did (he/she) smoke cigarettes?

YES................................................................. 1
NO................................................................. 2 (D5)
DK................................................................. -8 (D11)

D3. About how many cigarettes a day did (he/she) smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES: |___|___|___|
LESS THAN ONE A DAY ....................................... 995

D4. For how many years did (he/she) smoke cigarettes?

NUMBER OF YEARS: |___|___| (D11)

D5. When did (he/she) stop smoking cigarettes?

MONTH: |___|___|
AND
YEAR: 19|___|___|

30
D6. During the years when (he/she) was smoking, about how many cigarettes a day did (he/she) smoke? [IF ANSWER IS NUMBER OF PACKS, MULTIPLY BY 20 AND VERIFY.]

NUMBER OF CIGARETTES: | | | |  
LESS THAN ONE A DAY ........................................... 965

D7. For how many years did (he/she) smoke cigarettes?

NUMBER OF YEARS: | | | (D11)

D8 THROUGH D10 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

D11. Now I would like to talk to you about drinking beer, or wine, or liquor. Did (SUBJECT) have at least one drink of beer, or wine, or liquor during the year prior to (his/her) death?

YES........................................................................ 1
NO......................................................................... 2 (PART G)
DK......................................................................... -8 (PART G)

D12. During the year prior to (SUBJECT'S) death, how often did (he/she) drink beer?

NUMBER OF DAYS: | | | PER: WEEK.......... 1
MONTH............. 2
4-11 DAYS PER YEAR................................................. 94
1-3 DAYS PER YEAR................................................. 95
NONE................................................................. 00 (D14)
REFUSED............................................................. -7 (D14)
DK................................................................. -8

D13. On the days (he/she) drank beer, how many cans, bottles or glasses did (he/she) drink?

NUMBER OF DRINKS: | | |  
LESS THAN ONE DRINK........................................... 96

D14. During the year prior to (SUBJECT'S) death, how often did (he/she) drink wine?

NUMBER OF DAYS: | | | PER: WEEK.......... 1
MONTH............. 2
4-11 DAYS PER YEAR................................................. 94
1-3 DAYS PER YEAR................................................. 95
NONE................................................................. 00 (D16)
REFUSED............................................................. -7 (D16)
DK................................................................. -8
D15. On the days (he/she) drank wine, how many glasses did (he/she) drink?

NUMBER OF DRINKS: |__|__|
LESS THAN ONE DRINK............................................. 95

D16. During the year prior to (SUBJECT'S) death, how often did (he/she) drink liquor?

NUMBER OF DAYS: |__|__| PER: WEEK................................. 1
MONTH.............................. 2
4-11 DAYS PER YEAR...................................................... 94
1-3 DAYS PER YEAR...................................................... 95
NONE........................................................................... 00 (PART G)
REFUSED...................................................................... -7 (PART G)
DK.............................................................................. -8

D17. On the days (he/she) drank liquor, how many drinks did (he/she) have?

NUMBER OF DRINKS: |__|__|
LESS THAN ONE DRINK............................................. 95

TIME ENDED: __________ AM / PM

PARTS E AND F NOT ASKED.
PART G: FEMALE MEDICAL HISTORY

TIME BEGAN: __________ AM / PM

BOX G-1

SEX OF SUBJECT:
- MALE (LSSEX = 1) .................................................... GO TO PART H
- ALL OTHERS ............................................................. CONTINUE

The next few questions are about (SUBJECT's) reproductive and menstrual history.

BOX G-2

RESPONDENT'S RELATIONSHIP TO SUBJECT:
- RESPONDENT IS A RELATIVE ....................................... GO TO BOX G-3
- ALL OTHERS ............................................................. CONTINUE

GO. Do you think you can answer questions about (SUBJECT'S) reproductive and menstrual history?

- YES ................................................................. 1
- NO ................................................................. 2 (PART H)
- REFUSED ............................................................ -7 (PART H)
- DK ................................................................. -8

BOX G-3

AGE OF SUBJECT AT LAST INTERVIEW:
- NEVER INTERVIEWED (LINTSTAT = BLANK) .................. GO TO G1
- PREVIOUSLY INTERVIEWED (LINTSTAT < > BLANK) AND
  UNDER AGE 45 AT LAST INTERVIEW (LNAGE < 045) ........... CONTINUE
- ALL OTHERS ............................................................. GO TO BOX G-4a

BOX G-4

PREGNANCY AND UTERUS STATUS AT LAST INTERVIEW:
- NEVER PREGNANT (LPREG = 2) AND UTERUS INTACT
  (LUTERUS = 2) ................................................... CONTINUE
- PREVIOUSLY PREGNANT (LPREG = 1) AND UTERUS
  INTACT (LUTERUS = 2) ........................................... GO TO G6
- ALL OTHERS ............................................................. GO TO BOX G-4a
G1. Was (SUBJECT) ever pregnant? Include live births, stillbirths, miscarriages or abortions.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (BOX G-4a)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (BOX G-4a)</td>
</tr>
</tbody>
</table>

G2 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G3. How old was she when her first child was born? This means the first child born alive or stillborn.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE IN YEARS</td>
<td>_ _ _ _ _ _ _ _</td>
</tr>
<tr>
<td>HAD NO BIRTHS</td>
<td>00 (G8)</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

G4 AND G5 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G6. How old was she when her last child was born? Include stillbirths.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE IN YEARS</td>
<td>_ _ _ _ _ _ _ _</td>
</tr>
<tr>
<td>ONLY ONE BIRTH</td>
<td>05</td>
</tr>
<tr>
<td>HAD NO BIRTHS</td>
<td>00 (G8)</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

G7. How many live births did (SUBJECT) have?

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF LIVE BIRTHS</td>
<td>_ _ _ _ _ _ _ _</td>
</tr>
</tbody>
</table>

G8. Did she ever have a miscarriage?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (BOX G-4a)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (BOX G-4a)</td>
</tr>
</tbody>
</table>

G9. How many miscarriages did she have?

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF MISCARRIAGES</td>
<td>_ _ _ _ _ _ _ _</td>
</tr>
</tbody>
</table>

---

**BOX G-4a**

UTERUS STATUS AT LAST INTERVIEW:

UTERUS REMOVED (LUTERUS = 1) AND AGE WHEN REMOVED IS KNOWN (LUTERAGE = 1)  

ALL OTHERS  

GO TO G12  

CONTINUE

34
G10. At the time of her death, did (SUBJECT) still have her uterus or womb?

YES......................................................... 1 (G12)
NO......................................................... 2
DK......................................................... 3 (G12)

NOTE: IF WOMB REPORTED REMOVED IN PREVIOUS INTERVIEW (LUTERUS = 1) AND THE RESPONSE TO G10 IS YES (G10 = 1) THE CATI PROGRAM WILL RECODE G10 TO "X6" AND THEN GO TO G12.

G11. How old was she when her uterus or womb was removed?

AGE: | | |

G12. At the time of her death, did she still have both of her ovaries?

YES......................................................... 1 (G19)
NO......................................................... 2
DK......................................................... 3 (G19)

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIAS WERE REMOVED (LOVARIES = 1) OR ONE OVARY WAS REMOVED (LONEOVAR = 1) AND THE RESPONSE TO G12 IS YES (G12 = 1) THE CATI PROGRAM WILL RECODE G12 TO "X6" AND THEN GO TO G19.

G13. Did she still have one ovary?

YES......................................................... 1
NO......................................................... 2

NOTE: IF IN PREVIOUS INTERVIEW BOTH OVARIAS WERE REMOVED (LOVARIES = 1) AND THE RESPONSE TO G13 IS YES (G13 = 1) THE CATI PROGRAM WILL RECODE G13 TO "X6."

BOX G-5

CHANGE IN OVARY STATUS:
ONE OVARY REMOVED IN PREVIOUS INTERVIEW
(LONEOVAR = 1) AND BOTH OVARIAS REMOVED CURRENTLY (G13 = 2) .............................................. GO TO G14
ALL OTHERS ................................................................................... CONTINUE
BOX G-6

AGE WHEN OVARES REMOVED STATUS:
AGE WHEN LAST OVARY REMOVED IS KNOWN (LOVARAGE = 1) ........... GO TO G19
ALL OTHERS ........................................................................ CONTINUE

G14. How old was she when her (ovary/last ovary) was removed?

AGE: __ __

G15 THROUGH G18 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G19. Did (SUBJECT) ever take female hormone pills such as estrogen or Premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

YES ................................................................. 1
NO .............................................................. 2 (G27)
DON'T KNOW TYPE OF PILL ......................... 3
DK ................................................................. 8 (G27)

NOTE: IF HORMONE USE REPORTED IN PREVIOUS INTERVIEW (LHORMONE = 1) AND THE RESPONSE TO G19 IS NO (G19 = 2) THE CATI PROGRAM WILL RECODE G19 TO "96" AND THEN GO TO G27.

G20 THROUGH G22 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G23. What is the longest period of time that she continuously took them? That is, without stopping for at least one month.

___ __ [AND ___ ___] :
YEARS AND MONTHS .................................................... 1
MONTHS .................................................................... 2
YEARS .................................................................... 3
LESS THAN ONE MONTH ........................................... 95
DK ........................................................................ 8

G24. Now thinking about the total amount of time she had taken these pills, how many months or years had she actually used them? Please do not include the times when she might have stopped taking the pill for at least one month.

___ ___ [AND ___ ___]:
YEARS AND MONTHS .................................................... 1
MONTHS .................................................................... 2
YEARS .................................................................... 3
LESS THAN ONE MONTH ........................................... 95
DK ........................................................................ 8
G25 AND G26 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G27. Did (SUBJECT) ever use an estrogen or hormone skin patch?

YES......................................................... 1
NO......................................................... 2 (BOX G-7)
DK......................................................... 6 (BOX G-7)

G28. How old was she when she first used an estrogen or hormone skin patch?

AGE IN YEARS: __ | ___

G29 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

G30. How old was she when she last used an estrogen or hormone skin patch?

AGE IN YEARS: __ | ___

G31 THROUGH G35 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

BOX G-7

BIRTH CONTROL USAGE AT LAST INTERVIEW:
POST-MENOPAUSAL AT LAST COMPLETE INTERVIEW
(LMENSTAT = 1) .................................................. GO TO BOX G-9
ALL OTHERS .................................................. CONTINUE

G36. Did (SUBJECT) ever take birth control pills for any reason?

YES......................................................... 1
NO......................................................... 2 (BOX G-9)
DK......................................................... 6 (BOX G-9)

NOTE: IF ORAL CONTRACEPTIVE USE REPORTED IN PREVIOUS INTERVIEW (LORALEON = 1) AND THE RESPONSE TO G36 IS NO (G36 = 2) THE CATI PROGRAM WILL RECODE G36 TO "96" AND THEN GO TO BOX G-9.

G37. How old was she when she first took birth control pills?

AGE: __ | ___
BOX G-8

MENSTRUAL STATUS:
AT TIME OF DEATH SUBJECT HAD NO UTERUS (G10 = 2)
OR SUBJECT HAD NO OVARIES (G13 = 2)  GO TO G39
ALL OTHERS  CONTINUE

G38. In the year prior to her death, was she taking birth control pills?

YES .......................................................................... 1 (G40)
NO ......................................................................... 2
DK ................................................................. -8 (G40)

G39. How old was she when she last took birth control pills?

AGE:  |__|__|
DK .................................................................. -8

G40. What is the longest period of time that she continuously took (birth control pills/these pills)? That is, without stopping for at least one month.

|__|__| [AND |__|__|]:
YEARS AND MONTHS ........................................ 1
MONTHS ......................................................... 2
YEARS ......................................................... 3
LESS THAN ONE MONTH ................................... 95

G41. Now thinking about the total amount of time she had taken these pills, how many months or years had she actually used them? Please do not include the times when she might have stopped taking the pill for at least one month.

|__|__| [AND |__|__|]:
YEARS AND MONTHS ........................................ 1
MONTHS ......................................................... 2
YEARS ......................................................... 3
LESS THAN ONE MONTH ................................... 95

G42 THROUGH G44 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

BOX G-9

STERILIZATION STATUS:
PREVIOUSLY STERILIZED (LFEMSTER = 1)  GO TO PART H
ALL OTHERS .................................................. CONTINUE
G45. Did (SUBJECT) ever have an operation to be sterilized also known as a tubal ligation or having your tubes tied?

YES............................................................................................................ 1
NO............................................................................................................... 2 (PART H)
DK............................................................................................................... -6 (PART H)

G46. How old was she when she had this procedure?

AGE: [__] [__]

G47 THROUGH G48 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

TIME ENDED: [_______] AM / PM
PART H: DEATH CERTIFICATE/SOCIAL SECURITY/MEDICARE NUMBER
AND CLOSING STATEMENTS

TIME BEGUN: __________ AM / PM

QUESTIONS WHICH WERE ALREADY ASKED AT THE BEGINNING OF THE INTERVIEW WILL NOT BE ASKED AGAIN.

Before finishing the interview, I have a few questions about (SUBJECT'S) background (and health insurance status).

BOX H-1

AGE CHECK:
$ WAS UNDER 62 (AGE < 65) ........................................................................... GO TO BOX H-3
ALL OTHERS ........................................................................................................ CONTINUE

BOX H-1a

MEDICARE NUMBER AND SOCIAL SECURITY NUMBER CHECK:
$'S MEDICARE NUMBER IS NOT VALID (LMEDICAR # 1) AND
$’S SOCIAL SECURITY NUMBER IS NOT VALID (LSSN # 1) ......................... CONTINUE
ALL OTHERS ........................................................................................................ GO TO BOX H-2

H1ALT. Medicare is a social security health insurance program for persons 65 years old or older and for certain disabled persons. People who are covered by Medicare have a red, white and blue Medicare card. Was (SUBJECT) covered by Medicare?

YES ...................................................................................................................... 1
NO ....................................................................................................................... 2 (BOX H-3)
DK ....................................................................................................................... 8 (BOX H-3)

H2ALT. As part of this survey, I'd like to have (SUBJECT'S) Medicare and Social Security numbers. This information is voluntary and is collected under the authority of the Public Health Service Act. (There will be no effect on any benefits that are being received whether or not you decide to provide the numbers). This information will be used in conducting future followup studies. It will also be used to obtain health care facility data from Medicare records and location and vital status data from state vital statistics, Medicare and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (SUBJECT'S) health insurance claim number on (his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (his/her) Medicare Card.]

MEDICARE NUMBER: __________ • __________ • __________ • __________ • __________ • __ _________

H3ALT. What is (SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (his/her) Social Security number.]

SOCIAL SECURITY NUMBER: __________ • __________ • __________ • __________ • __________ • __________ • __________ • __________ (H3a)
H1. Medicare is a social security health insurance program primarily for persons 65 years old or older. People who are covered by Medicare have a red, white and blue Medicare card. Was (SUBJECT) covered by Medicare?

YES ......................................................... 1
NO ......................................................... 2 (BOX H-3)
DK ......................................................... 8 (BOX H-3)

H2. As part of this survey, I'd like to have (SUBJECT'S) Medicare number. This information is voluntary and is collected under the authority of the Public Health Service Act. (There will be no effect on any benefits that are being received whether or not you decide to provide the number). This information will be used in conducting future followup studies and to obtain current location, marital status, and health care facility data from Medicare records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (SUBJECT'S) health insurance claim number on (his/her) Medicare Card? [READ IF NECESSARY: I'll wait while you get (his/her) Medicare Card.]

MEDICARE NUMBER: ___________·____·__·____·____·____·____·____·____·____·____

H3. As part of this survey, I would (also) like to have (SUBJECT'S) Social Security number. (Again.) This information is voluntary and is collected under the authority of the Public Health Service Act. (There will be no effect on any benefits that are being received whether or not you decide to provide the number). This information will be used to obtain vital status data from state vital statistics and Social Security records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is (SUBJECT'S) Social Security number? [READ IF NECESSARY: I'll wait while you get (his/her) Social Security number.]

SOCIAL SECURITY NUMBER: ___________·____·__·____·____·____·____·____·____·____·____
H3a. The next questions are about health insurance coverage and the kinds and amounts of income that people receive. [READ IF NECESSARY: The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and in finding ways to lower costs of care.]

Medicaid or (LOCAL NAME) is a public assistance program that pays for medical care. Did (SUBJECT) have coverage for medical care under Medicaid or (LOCAL NAME)?

YES .............................................................. 1
NO .............................................................. 2

H3b. Was (he/she) covered by CHAMPUS, CHAMPVA, the VA or military health care? [These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.]

YES .............................................................. 1
NO .............................................................. 2

H3c. Health insurance can also be obtained through a current or former employer, a union, an association, or on an individual basis. Was (he/she) covered by any of these types of private health insurance? Include membership in a health maintenance organization.

YES .............................................................. 1
NO .............................................................. 2 (H3e)
DK .............................................................. -8 (H3e)

H3d. Was this health insurance obtained through an employer or union?

YES .............................................................. 1
NO .............................................................. 2

H3e. Did (SUBJECT) have insurance or coverage for medical care under some other program that I haven't mentioned?

YES .............................................................. 1
NO .............................................................. 2 (H3g)
DK .............................................................. -8 (H3g)

H3f. What is the name of that program?

__________________________________________
H3g. During the 12 months prior to (SUBJECT'S) death, did (he/she) receive any personal income from any of the following sources? Some of these may not apply to (him/her), but I need to ask about each one. Did (SUBJECT) receive income from ...  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Wages and salaries (including tips, bonuses and overtime) or net income from self-employment?</td>
<td>1 2</td>
</tr>
<tr>
<td>b. Social security or railroad retirement?</td>
<td>1 2</td>
</tr>
<tr>
<td>c. Supplemental security income?</td>
<td>1 2</td>
</tr>
<tr>
<td>d. Unemployment compensation?</td>
<td>1 2</td>
</tr>
<tr>
<td>e. Aid to families with dependent children (sometimes called AFDC or ADC) or any other public assistance or welfare payments?</td>
<td>1 2</td>
</tr>
<tr>
<td>f. Interest earnings from savings or other bank accounts?</td>
<td>1 2</td>
</tr>
<tr>
<td>g. Dividends received from stocks or mutual funds or net rental income from property, royalties, estates or trusts?</td>
<td>1 2</td>
</tr>
<tr>
<td>h. Child support?</td>
<td>1 2</td>
</tr>
<tr>
<td>i. Any other source such as alimony, contributions from family or others, Veterans Administration payments, worker's compensation, disability or retirement programs other than Social Security or Railroad Retirement or Supplemental Security Income?</td>
<td>1 2</td>
</tr>
</tbody>
</table>

H3h. During the 12 months prior to (his/her) death, what was (SUBJECT'S) personal income from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?  

$ ____________________________

H3i. During the 12 months prior to (his/her) death, what was the total combined income of (his/her) family from all sources including wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth?  

$ ____________________________

BOX H-4

FATHER'S SURNAME CHECK:  
$ IS FEMALE (L33EX = 2) AND FATHER'S LAST NAME IS NOT KNOWN (LOADNAME = 2) continues  
ALL OTHERS  goes to BOX H-5

H4. Please tell me (SUBJECT'S) father's last name.  

FATHER'S LAST NAME: ____________________________
Is there anyone else who might be able to answer some of the questions about (SUBJECT) that you were unable to answer?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2 (BOX H-6)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (BOX H-6)</td>
</tr>
</tbody>
</table>

I need this person's name, address, and telephone number.

<table>
<thead>
<tr>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>ADDRESS:</td>
</tr>
<tr>
<td>STREET NUMBER AND NAME</td>
</tr>
<tr>
<td>APT. NUMBER</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>TELEPHONE NUMBER: (______)</td>
</tr>
</tbody>
</table>

What was (SECOND PROXY'S) relationship to (SUBJECT)?

<table>
<thead>
<tr>
<th>HUSBAND/WIFE</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER/MOTHER</td>
<td>2</td>
</tr>
<tr>
<td>FATHER-IN-LAW/MOTHER-IN-LAW</td>
<td>3</td>
</tr>
<tr>
<td>GRANDPARENT</td>
<td>4</td>
</tr>
<tr>
<td>SON/DAUGHTER</td>
<td>5</td>
</tr>
<tr>
<td>SON-IN-LAW/DAUGHTER-IN-LAW</td>
<td>6</td>
</tr>
<tr>
<td>GRANDCHILD</td>
<td>7</td>
</tr>
<tr>
<td>BROTHER/SISTER</td>
<td>8</td>
</tr>
<tr>
<td>BROTHER-IN-LAW/SISTER-IN-LAW</td>
<td>9</td>
</tr>
<tr>
<td>AUNT/UNCLE/COUSIN</td>
<td>10</td>
</tr>
<tr>
<td>NIECE/NEPHEW</td>
<td>11</td>
</tr>
<tr>
<td>ROOMMATE/FRIEND/NEIGHBOR</td>
<td>12</td>
</tr>
<tr>
<td>OTHER RELATIVE (SPECIFY)</td>
<td>91</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER NON-RELATIVE (SPECIFY)</th>
<th>92</th>
</tr>
</thead>
</table>
BOX H-6

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED OR B127 = 1 OR B130 = 1 OR B131 = 1
OR B132 = 1) .............................................................. CONTINUE
ALL OTHERS ............................................................... GO TO BOX H-8

BOX H-7

(DISPLAY HOSPITALIZATION CONDITIONS)
INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE SCREEN THAT DO NOT APPEAR ON THE
CHART?
YES ............................................................. 1 FILL IN CHART,
THEN CONTINUE
NO ............................................................ 2 CONTINUE

BOX H-8

INTERVIEWER: COMPARE THE SCREEN AND THE HHCF CHART:
ARE ANY HOSPITAL STAYS RECORDED ON THE CHART THAT DO NOT APPEAR ON THE
SCREEN?
YES ............................................................. 1 CONDITION SECTION,
THEN BOX H-10
NO ............................................................ 2 CONTINUE

BOX H-9

HOSPITALIZATION CHECK:
HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B66 = 1 OR B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED OR B127 = 1 OR B130 = 1 OR B131 = 1
OR B132 = 1) .............................................................. CONTINUE
ALL OTHERS ............................................................... GO TO H17

H5 FROM SUBJECT QUESTIONNAIRE NOT ASKED.
(ASKED IF PROXY IS A RELATIVE)

H5. As part of this survey, I would like to send you a form that authorizes the United States Public Health Service to obtain information from hospital or nursing home records.

[To do this, I need to confirm your name, address, and telephone number.]

**NAME: ____________________________

<table>
<thead>
<tr>
<th>TITLE</th>
<th>FIRST</th>
<th>LAST</th>
</tr>
</thead>
</table>

| ADDRESS: ____________________________
| STREET NUMBER AND NAME | APT. NUMBER |
| ______________________ | __________ |

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

And I need to confirm your telephone number.

TELEPHONE NUMBER: (_______)

NOTE: IF THIS IS A NEWLY ADDED PROXY IN CATI, THIS INFORMATION WILL BE SKIPPED BECAUSE IT WAS ALREADY ASKED IN THE INTRODUCTION.

-7 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

-46. When you receive the form please sign your name and return the form in the postage paid envelope. You will receive a $5.00 check for returning the form about two weeks after we receive the signed authorization form. I would like to put my initials on a statement indicating that we have permission to collect this information. Is this all right?

P GIVES PERMISSION................................. 1
P DOES NOT GIVE PERMISSION........................ 2 (GO TO COMMENTS IF P REFUSES TO SIGN)

NOTE: FORM WILL BE MAILED TO PROXY.

Thank you very much for taking the time to participate in this interview. Goodbye. (TERMINATE.)
(ASKED WHEN PROXY IS NOT A RELATIVE AND CANNOT SIGN MAP)

H9. Do you know a relative of (SUBJECT) who could sign this authorization?

YES.................................................................................. 1
NO................................................................................... 2 (H11)
DK..................................................................................... 8 (H11)

H10. I need to have the name, address and telephone number of a relative of (SUBJECT) who could sign this authorization. [VERIFY ALL SPELLING.]

NAME: ______________________________________________________

ADDRESS: ____________________________________________________

STREET NUMBER AND NAME .................................................. APT. NUMBER

______________________________________________________________

CITY...................................................................................... STATE

ZIP CODE..............................................................................

TELEPHONE NUMBER: (_____ ) _______________________________________

What is (RELATIVE'S) relationship to (SUBJECT)?

HUSBAND/WIFE................................................................. 1
FATHER/MOTHER.............................................................. 2
GRANDPARENT ................................................................. 3
SON/DAUGHTER.............................................................. 4
GRANDCHILD................................................................. 5 (H17)
BROTHER/SISTER............................................................ 6
AUNT/UNCLE/COUSIN................................................. 7
NIECE/NEPHEW............................................................ 8
OTHER RELATIVE (SPECIFY)........................................... 91

NOTE: FORM WILL BE MAILED TO RELATIVE.
(ASKED WHEN PROXY IS NOT A RELATIVE AND CANNOT SIGN MAF AND PROXY DOES NOT KNOW OF A RELATIVE OF SUBJECT)

H11. Do you know someone else who has the power of attorney and could sign this authorization form?

YES................................................................................. 1
NO................................................................................. 2 (H17)
DK............................................................................... 8 (H17)

H12. I need to have the name, address and telephone number of this person. [VERIFY ALL SPELLING.]

NAME: ________________________________________________

ADDRESS: ____________________________________________

STREET NUMBER AND NAME

APARTMENT NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: (_____) ____________________________

What is (ATTORNEY NAME)’s relationship to (SUBJECT)?

ATTORNEY........................................................................ 1
FRIEND............................................................................. 2
OTHER RELATIVE (SPECIFY)............................................ 91

NOTE: FORM WILL BE MAILED TO PERSON IN H12.

H13 THROUGH H16 FROM SUBJECT QUESTIONNAIRE NOT ASKED.
(ASKED IF PROXY IS A NON-RELATIVE)

H17. Finally, I would like to confirm your name, address and telephone number.

NAME: ____________________________________________

*TITLE ___ FIRST ___ LAST

ADDRESS: __________________________________________

STREET NUMBER AND NAME ___ APT. NUMBER ___ 

CITY ___ STATE ___ ZIP CODE ___

TELEPHONE NUMBER: (_____)

NOTE: IF THIS IS A NEWLY ADDED PROXY IN CATI, THIS INFORMATION WILL BE SKIPPED BECAUSE IT WAS ALREADY ASKED IN THE INTRODUCTION.

Thank you very much for taking the time to participate in this interview. Goodbye. (TERMINATE)

H18 THROUGH H20 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

TIME ENDED: _________ AM / PM
PART I: OBSERVATION SHEET
(TO BE COMPLETED AT CONCLUSION OF INTERVIEW)

11 AND 12 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

13. DO YOU FEEL THAT THE INFORMATION PROVIDED BY THE RESPONDENT WAS SATISFACTORY?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1 (16)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

14. WHY NOT?


15 FROM SUBJECT QUESTIONNAIRE NOT ASKED.

16. IN REGARD TO THE QUESTIONNAIRE, DO YOU FEEL IT ...

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>UNCERTAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. HELD THE RESPONDENT'S ATTENTION THROUGHOUT THE INTERVIEW?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. WAS UPSETTING OR DEPRESSING TO THE RESPONDENT?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. WAS BORING OR UNINTERESTING TO THE RESPONDENT?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

17. WITH REGARD TO THE RESPONDENT, DO YOU FEEL THE ...

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>UNCERTAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. RESPONDENT WAS INTELLECTUALLY CAPABLE OF RESPONDING?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. RESPONDENT'S ANSWERS WERE REASONABLY ACCURATE?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. RESPONDENT UNDERSTOOD THE QUESTIONS?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
BOX 1-1

QUESTIONNAIRE STATUS:
PROBLEM WITH QUESTIONNAIRE REPORTED (f2b = 1 OR
f2c = 1 OR f7a = 2 OR f7b = 2 OR f7c = 2).......................... CONTINUE
ALL OTHERS........................................................................ GO TO 19

18. WAS THERE A SECTION THAT SEEMED TO BE PARTICULARLY UPSETTING OR PROBLEMATIC FOR THE RESPONDENT

YES..................................................................................... 1
NO.................................................................................... 2 (19)

WHICH SECTION AND WHY? ________________________________________

19. WAS THE RESPONDENT HARD OF HEARING?

YES..................................................................................... 1
NO.................................................................................... 2

110. WAS THE INTERVIEW CONDUCTED IN SPANISH?

YES..................................................................................... 1
NO.................................................................................... 2

111. RECORD ANY RELEVANT COMMENTS OR IMPRESSIONS YOU MAY HAVE HAD ABOUT THIS INTERVIEW.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
112. DID YOU HAVE ANY COMMENTS OR PROBLEMS WHEN RECORDING THE RESPONSES?

YES ........................................................................................................... 1 (GO TO "COMMENTS")
NO .......................................................................................................... 2

BOX I-2

HOSPITALIZATION CHECK:

HOSPITALIZATION REPORTED IN CURRENT INTERVIEW (B17 = 1)
OR B23 = 1 OR B24 = 1 OR B27 = 1 OR B29 = 1 OR
B35 = 1 OR B42 = 1 OR B52 = 1 OR B60 = 1 OR
B63 = 1 OR B65 = 1 OR B69 = 1 OR B80 = 1 OR
B89 = 1 OR B90 = 1 OR B97 = 1 OR B108 = 1 OR
B111 = 1 OR B114 = 1 OR B115 = 1 OR B121 IS
ANSWERED OR B127 = 1 OR B130 = 1 OR B131 = 1
OR B132 = 1) .............................................................................................. CONTINUE
ALL OTHERS ............................................................................................... TERMINATE

113. DID YOU RECORD THE ID NUMBER [(ID NUMBER)] AND THE NAME [(SUBJECT'S NAME)] ON THE HOSPITAL CHART?

YES ........................................................................................................... 1
NO .......................................................................................................... 2
Subject Mail Questionnaire

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

QUESTIONNAIRE A

SUBJECT QUESTIONNAIRE - MAIL VERSION

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 in 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 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Room 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0218); Washington, D.C. 20503.

PLEASE READ INSTRUCTIONS FIRST

A. Please complete the following questions either by placing a check (✓) in the box next to the answer that best fits your situation or by writing your answer in the space provided.

B. Unless the instructions tell you otherwise, check only one box.

C. Some questions have instructions next to the answer telling you to skip questions which do not apply to you. First check the box, then follow the skip as directed.

D. Please follow all instructions carefully.

E. If you are filling out this questionnaire for a person who is too ill to answer for herself/himself, when reading the questions please substitute the participant's name for the word "your." For example, A-3 would read, "Does Mr. Jones currently live in a house or apartment, a nursing home or rest home, a retirement home, or does he have some other arrangement?"

F. If the person named in A-1 is deceased, do not fill out this form. Instead fill out Questionnaire B. If you are answering questions for a female participant, please fill out the Questionnaire A Supplement - Female Medical History in addition to filling out Questionnaire A.

G. If you have any questions about how to fill out the questionnaire or if you would prefer to answer the questions over the telephone, please call our toll-free number, 1-800-937-8281, and ask for Toni Harris, the NHANES I Epidemiologic Followup Study Supervisor.
A. GENERAL INFORMATION

A-1. Please review the information in the box below and correct any data that is incorrect or missing.

NAME OF PARTICIPANT: ____________________________
FIRST    MIDDLE    LAST
CURRENT ADDRESS: ____________________________
STREET
CITY    STATE    ZIP
TELEPHONE NUMBER: (______) ____________________________

CORRECTIONS: (RECORD CORRECTIONS OR MISSING DATA BELOW)

NAME OF PARTICIPANT: ____________________________
FIRST    MIDDLE    LAST
CURRENT ADDRESS: ____________________________
STREET
CITY    STATE    ZIP
TELEPHONE NUMBER: (______) ____________________________

A-2. What is your date of birth? _____/_____/_____
MONTH    DAY    YEAR

A-3. Do you currently live in a house or apartment, a nursing home or rest home, a retirement home, or do you have some other arrangement?

1 □ House or apartment

2 □ Nursing or convalescent or rest home

3 □ Retirement home

4 □ Boarding house, rooming house or rented room

5 □ Some other arrangement? (DESCRIBE) ____________________________

A-4. Do you live alone?

1 □ Yes

2 □ No (SKIP TO QUESTION A-6)
A-5. How long have you lived alone?

# OF YEARS: _____ (SKIP TO QUESTION A-7)

OR # OF MONTHS: _____ (SKIP TO QUESTION A-7)

A-6. What is the sex and relationship to you of the other people who live in your household? If you do not live in a household (for example, you live in a nursing home), tell us who you lived with before you entered the nursing home.

<table>
<thead>
<tr>
<th>RELATIONSHIP OF HOUSEHOLD MEMBERS (e.g., HUSBAND)</th>
<th>SEX (MALE OR FEMALE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

A-7. Are you currently married, widowed, divorced, separated, or have you never been married?

1   □ Married  4   □ Separated
2   □ Widowed  5   □ Never married
3   □ Divorced

A-8. As part of this survey, we would like to have your Social Security and Medicare numbers. This information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on any benefits that are being received whether or not you decide to provide the numbers. This information will be used in conducting future followup studies. It will also be used to obtain health care facility data from Medicare records and location and vital status data from state vital statistics, Social Security and Medicare records. [The Public Health Service Act is Title 42, United States Code, Section 242k.]

What is your Social Security number?

SOCIAL SECURITY NUMBER: |___|___|___| - |___|___| - |___|___|___|___|

What is your health insurance claim number on your Medicare Card (if you have one)?

MEDICARE NUMBER: |___|___|___| - |___|___| - |___|___|___|___| ( ) ( )
B. YOUR HEALTH

B-1. These next questions are about your health. Would you say that your health in general is excellent, very good, good, fair or poor?

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

B-2. Did a doctor ever tell you that you have arthritis?

1 ☐ Yes
2 ☐ No (SKIP TO QUESTION B-5)
3 ☐ Don't know (SKIP TO QUESTION B-5)

B-3. What type of arthritis do you have?

1 ☐ Rheumatoid 5 ☐ Degenerative
2 ☐ Osteoarthritis 6 ☐ Another type (DESCRIBE)
3 ☐ Lupus
4 ☐ Gout 8 ☐ Don't know

B-4. In what year were you first told you had arthritis?

YEAR: 19 | __ | __ |

B-5. Since __________ has a doctor told you that you had any of the following conditions? If you have, please also tell us the years you had the condition. (CHECK ALL THAT APPLY AND RECORD YEARS HAD CONDITION.)

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>YEARS HAD CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Heart attack</td>
<td></td>
</tr>
<tr>
<td>b. TIA</td>
<td></td>
</tr>
<tr>
<td>c. Stroke</td>
<td></td>
</tr>
<tr>
<td>d. Broken or fractured hip</td>
<td></td>
</tr>
<tr>
<td>e. Broken or fractured wrist</td>
<td></td>
</tr>
<tr>
<td>f. Kidney stones or kidney disorder other than infections</td>
<td></td>
</tr>
<tr>
<td>g. Osteoporosis</td>
<td></td>
</tr>
<tr>
<td>h. Urinary tract or kidney infection more than three times.</td>
<td></td>
</tr>
</tbody>
</table>
B-6. Have you ever had any of the following surgeries or procedures performed? If you have, please tell us the years that you had the surgery or procedure. (CHECK ALL THAT APPLY AND RECORD YEARS HAD SURGERY/PROCEDURE.)

<table>
<thead>
<tr>
<th>SURGERY</th>
<th>YEARS HAD SURGERY/PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ☐ Coronary by-pass</td>
<td>___________________________</td>
</tr>
<tr>
<td>b. ☐ Pacemaker replacement, insertion or repair</td>
<td>___________________________</td>
</tr>
<tr>
<td>c. ☐ Cataract surgery</td>
<td>___________________________</td>
</tr>
<tr>
<td>d. ☐ (MALES ONLY) vasectomy (operation to be sterilized)</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

B-7. Have you ever been told by a doctor that you had a hernia or rupture of the groin?

1 ☐ Yes
2 ☐ No (SKIP TO QUESTION B-9)
8 ☐ Don't know (SKIP TO QUESTION B-9)

B-8. In what year were you first told that you had a hernia or rupture of the groin?

YEAR: 19 | ___ | ___ |

B-9. Did a doctor ever tell you have diabetes or sugar diabetes?

1 ☐ Yes
2 ☐ No (SKIP TO QUESTION B-13)
8 ☐ Don't know (SKIP TO QUESTION B-13)

B-10. In what year were you first told that you had diabetes or sugar diabetes?

YEAR: 19 | ___ | ___ |

B-11. Are you now taking insulin injections for your diabetes?

1 ☐ Yes
2 ☐ No
8 ☐ Don't know

B-12. Are you now taking pills for your diabetes?

1 ☐ Yes
2 ☐ No
8 ☐ Don't know
B-13. Have you ever been told by the doctor that you had high blood pressure or hypertension?

1 □ Yes
2 □ No (SKIP TO QUESTION B-17)
8 □ Don't know (SKIP TO QUESTION B-17)

B-14. In what year were you first told that you had high blood pressure or hypertension?

YEAR:  19 | ___ | ___ |

B-15. Has the doctor ever prescribed medicine for your high blood pressure?

1 □ Yes
2 □ No (SKIP TO QUESTION B-17)
8 □ Don't know (SKIP TO QUESTION B-17)

B-16. Are you now taking medication for high blood pressure?

1 □ Yes
2 □ No
8 □ Don't know

B-17. Since __________ have you had any type of cancer diagnosed including skin cancer?

1 □ Yes
2 □ No (SKIP TO QUESTION B-20)
8 □ Don't know (SKIP TO QUESTION B-20)

<table>
<thead>
<tr>
<th>B-18. Where was the cancer or what type of cancer was it?</th>
<th>B-19. In what year were you first told you had this type of cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF CANCER</td>
<td>YEAR FIRST TOLD</td>
</tr>
<tr>
<td>1st type</td>
<td>YEAR: 19</td>
</tr>
<tr>
<td>2nd type</td>
<td>YEAR: 19</td>
</tr>
<tr>
<td>3rd type</td>
<td>YEAR: 19</td>
</tr>
</tbody>
</table>
B-20. Have you ever had out-patient surgery for any type of cancer?
   1 ☐ Yes
   2 ☐ No (SKIP TO QUESTION B-23)
   8 ☐ Don't know (SKIP TO QUESTION B-23)

<table>
<thead>
<tr>
<th>TYPE OF CANCER</th>
<th>B-21. For what type of cancer have you had outpatient surgery?</th>
<th>B-22. In what year was your most recent out-patient surgery for this type of cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st cancer</td>
<td></td>
<td>YEAR: 19 __ __</td>
</tr>
<tr>
<td>2nd cancer</td>
<td></td>
<td>YEAR: 19 __ __</td>
</tr>
<tr>
<td>3rd cancer</td>
<td></td>
<td>YEAR: 19 __ __</td>
</tr>
</tbody>
</table>

B-23. (IF YOU ARE AGE 64 OR OLDER, ANSWER B-23 - B-25. OTHERWISE SKIP TO B-26.) During the past 12 months, have you had a fall where you have fallen and landed on the floor or ground or hit an object like a table or stair?
   1 ☐ Yes
   2 ☐ No (SKIP TO QUESTION B-26)
   8 ☐ Don't know (SKIP TO QUESTION B-26)

B-24. How many times have you fallen like this during the past 12 months?
   # OF TIMES: __________________________

B-25. Did any of these falls:

   a. cause a broken bone?           YES ☐ NO ☐
   b. cause you to hit or injure your head? YES ☐ NO ☐
   c. cause you to seek medical care? YES ☐ NO ☐
   d. cause you to be hospitalized for more than one day? YES ☐ NO ☐
This question concerns any hospital stays you may have had since _________.

B-26. Since ________, have you stayed in a hospital overnight or longer for any reason? For each stay, please record the date you went to the hospital, the reason or reasons you went to the hospital and the name and address of the hospital.

1 □ Yes - RECORD ALL STAYS BELOW
2 □ No (SKIP TO QUESTION B-27)

STAY #1: DATE OF ADMISSION: ________ / ________ / 19____
MO DA YR
REASON FOR STAY: ________________________________
NAME OF HOSPITAL: ________________________________
ADDRESS OF HOSPITAL: ________________________________
STREET ________________________________
CITY STATE ________________________________
OTHER COMMENTS: ________________________________

STAY #2: DATE OF ADMISSION: ________ / ________ / 19____
MO DA YR
REASON FOR STAY: ________________________________
NAME OF HOSPITAL: ________________________________
ADDRESS OF HOSPITAL: ________________________________
STREET ________________________________
CITY STATE ________________________________
OTHER COMMENTS: ________________________________

STAY #3: DATE OF ADMISSION: ________ / ________ / 19____
MO DA YR
REASON FOR STAY: ________________________________
NAME OF HOSPITAL: ________________________________
ADDRESS OF HOSPITAL: ________________________________
STREET ________________________________
CITY STATE ________________________________
OTHER COMMENTS: ________________________________

STAY #4: DATE OF ADMISSION: ________ / ________ / 19____
MO DA YR
REASON FOR STAY: ________________________________
NAME OF HOSPITAL: ________________________________
ADDRESS OF HOSPITAL: ________________________________
STREET ________________________________
CITY STATE ________________________________
OTHER COMMENTS: ________________________________

STAY #5: DATE OF ADMISSION: ________ / ________ / 19____
MO DA YR
REASON FOR STAY: ________________________________
NAME OF HOSPITAL: ________________________________
ADDRESS OF HOSPITAL: ________________________________
STREET ________________________________
CITY STATE ________________________________
OTHER COMMENTS: ________________________________

(IF YOU HAVE STAYED IN A HOSPITAL OVERNIGHT OR LONGER FOR MORE THAN FIVE TIMES, PLEASE CONTINUE RECORDING INFORMATION ABOUT STAYS ON A SHEET OF PAPER AND INCLUDE IT IN THE RETURN ENVELOPE.)
This question concerns stays in a rest home, a nursing home, a mental health facility, or other facilities like those.

B-27. Since ________, have you ever stayed overnight or longer in a rest home, a nursing home, a mental health facility, or anything like that? For each stay, please record the date you went into the facility, the reason or reasons you went to the facility, the type of facility (e.g., nursing home) and the name and address of the facility.

1 ☐ Yes - RECORD ALL STAYS BELOW

2 ☐ No (SKIP TO QUESTION B-28)

**STAY #1:** DATE OF ADMISSION: | | | / | | | / 19 | |
| MO | DA | YR |

REASON FOR STAY: ____________________________

TYPE OF FACILITY: __________________________

NAME OF FACILITY: _________________________

ADDRESS OF FACILITY: ______________________

STREET ____________________________

CITY ___________________ STATE ________

OTHER COMMENTS: __________________________


**STAY #2:** DATE OF ADMISSION: | | | / | | | / 19 | |
| MO | DA | YR |

REASON FOR STAY: ____________________________

TYPE OF FACILITY: __________________________

NAME OF FACILITY: _________________________

ADDRESS OF FACILITY: ______________________

STREET ____________________________

CITY ___________________ STATE ________

OTHER COMMENTS: __________________________


**STAY #3:** DATE OF ADMISSION: | | | / | | | / 19 | |
| MO | DA | YR |

REASON FOR STAY: ____________________________

TYPE OF FACILITY: __________________________

NAME OF FACILITY: _________________________

ADDRESS OF FACILITY: ______________________

STREET ____________________________

CITY ___________________ STATE ________

OTHER COMMENTS: __________________________


**STAY #4:** DATE OF ADMISSION: | | | / | | | / 19 | |
| MO | DA | YR |

REASON FOR STAY: ____________________________

TYPE OF FACILITY: __________________________

NAME OF FACILITY: _________________________

ADDRESS OF FACILITY: ______________________

STREET ____________________________

CITY ___________________ STATE ________

OTHER COMMENTS: __________________________

(IF YOU HAVE STAYED IN ANY HEALTH CARE FACILITY (OTHER THAN A HOSPITAL) OVERNIGHT OR LONGER FOR MORE THAN FOUR TIMES, PLEASE CONTINUE RECORDING INFORMATION ABOUT STAYS ON A SHEET OF PAPER AND INCLUDE IT IN THE RETURN ENVELOPE.)
B-28.  (IF YOU ARE CURRENTLY IN A NURSING HOME, ANSWER B-28 AND B-29; OTHERWISE, SKIP TO B-30.) During the month before your admission to the nursing home, was there a significant change in your health?

1  ☐ Yes
2  ☐ No

B-29.  During the 12 months prior to that, what was happening to your health? Had it improved, remained the same, gradually worsened, or suddenly worsened?

1  ☐ Improved
2  ☐ Remained the same
3  ☐ Gradually worsened
4  ☐ Suddenly worsened

SKIP TO B-31

B-30.  (IF YOU ARE NOT CURRENTLY IN A NURSING HOME, ANSWER B-30; OTHERWISE SKIP TO B-31.) What has been happening to your health during the past 12 months? Has it improved, remained the same, gradually worsened, or suddenly worsened?

1  ☐ Improved
2  ☐ Remained the same
3  ☐ Gradually worsened
4  ☐ Suddenly worsened

B-31.  As part of this survey, it may be necessary to obtain additional information from hospital or nursing home records. The enclosed form entitled "Authorization to Obtain Information from Medical Records" authorizes the U.S. Public Health Service to obtain this information. Please read the form and record any other names under which hospital or in-patient health facility records could be listed. If the records would not be listed under any other name, check the box. Sign your name on the signature of subject line if you are answering the questionnaire for yourself. If you are answering the questionnaire on behalf of the participant because he/she is incapacitated, please have the participant fill out his/her name. Also, be sure to date the form.

Please return all forms in the postage-paid envelope. You will receive a $5.00 check for returning the questionnaire and a signed form about two weeks after you mail us these forms.

B-32.  Please give me the name, address, and telephone number of a relative or friend who would know how to get in touch with you in case we need to contact you again and have a hard time reaching you.

NAME: __________________________________________

ADDRESS: _________________________________________

STREET NAME AND NUMBER        APT. NUMBER

________________________________________________________________________

CITY        STATE        ZIP CODE

TELEPHONE: (_______) ____________________________

How is that person related to you? ____________________________________________
B-33. (IF YOU ARE ANSWERING THIS QUESTIONNAIRE FOR ANOTHER PERSON):

Please record your name, address and telephone number and your relationship to the participant.

NAME: ____________________________________________

ADDRESS: ____________________________________________

STREET NAME AND NUMBER   APT. NUMBER

CITY  STATE  ZIP CODE

TELEPHONE: (______) ______________________________________

RELATIONSHIP TO PARTICIPANT: ______________________________________

Thank you very much for taking the time to participate in this interview. Please continue with the Questionnaire A Supplement if you are answering questions about a female participant.
Subject Mail Questionnaire - Supplement

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE

QUESTIONNAIRE A - SUPPLEMENT
FEMALE MEDICAL HISTORY - MAIL VERSION
(Extension of Subject Questionnaire for Female Subjects)

C. FEMALE MEDICAL HISTORY

C-1. Have you ever been pregnant? Include live births, stillbirths, miscarriages or abortions.
   1 □ Yes
   2 □ No (SKIP TO QUESTION C-7)

C-2. How old were you when your first child was born? This means the first child born alive or stillborn. (IF NONE, RECORD NONE ON LINE BELOW.)

   AGE

C-3. How old were you when your last child was born? Include stillbirths. (IF NONE, RECORD NONE ON LINE BELOW.)

   AGE

C-4. How many live births have you ever had? (IF NONE, RECORD NONE ON LINE BELOW.)

   # OF LIVE BIRTHS

C-5. Have you ever had a miscarriage?
   1 □ Yes
   2 □ No (SKIP TO QUESTION C-7)

C-6. How many miscarriages have you had?

   # OF MISCARRIAGES

C-7. Do you still have your uterus or womb?
   1 □ Yes (SKIP TO QUESTION C-9)
   2 □ No
   8 □ Don't know (SKIP TO QUESTION C-9)
C-8. How old were you when your uterus or womb was removed?

______________________
AGE

C-9. Do you still have both your ovaries, only one ovary or no ovaries?

1 □ Both ovaries (SKIP TO QUESTION C-11)
2 □ Only one ovary
3 □ No ovaries

C-10. How old were you when your ovary or ovaries were removed?

______________________
AGE

______________________
AGE

C-11. Are you still having periods?

1 □ Yes (SKIP TO QUESTION C-13)
2 □ No

C-12. At what age did you have your last period?

______________________ (SKIP TO QUESTION C-15)
AGE

C-13. Are your periods regular or irregular? By regular we mean that your periods come about once a month. You can usually predict when they will come and they usually last about the same number of days.

1 □ Regular (SKIP TO QUESTION C-15)
2 □ Irregular

C-14. Are they irregular because you are going through the change of life or for some other reason?

1 □ Change of life
2 □ Other reason
8 □ Don't know
C-15. Did you ever take female hormone pills such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

1  □ Yes
2  □ No (SKIP TO QUESTION C-23)
3  □ Not menopausal (SKIP TO QUESTION C-23)
8  □ Don't know (SKIP TO QUESTION C-23)

C-16. How old were you when you first took hormone pills?

__________  YEARS

C-17. How old were you when you last took hormone pills?

__________  OR  □ Still taking hormone pills

__________  YEARS

C-18. What is the longest period of time that you have continuously taken hormone pills? That is, without stopping for at least one month.

__________  YEARS  AND  ____________  MONTHS

OR  □ Less than one month

C-19. Now thinking about the total amount of time you have taken these pills, how many months and years have you actually used them? Please do not include the times when you might have stopped taking the pill for at least one month.

__________  MONTHS  AND  ____________  YEARS

OR  □ Less than one month

C-20. Are you currently taking hormone pills?

1  □ Yes
2  □ No (SKIP TO QUESTION C-23)
8  □ Don't know (SKIP TO QUESTION C-23)
C-21. What is the color of the hormone pill you are taking?

1 [ ] Purple/Blue
2 [ ] Yellow/Orange
3 [ ] White
4 [ ] Maroon/Brown/Red
5 [ ] Green
8 [ ] Don't know

C-22. How long have you been taking this same color pill?

<table>
<thead>
<tr>
<th># OF YEARS</th>
<th># OF MONTHS</th>
</tr>
</thead>
<tbody>
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<td>OR</td>
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</tbody>
</table>

OR [ ] Less than one month

C-23. Have you ever used an estrogen or hormone skin patch?

1 [ ] Yes
2 [ ] No (SKIP TO QUESTION C-26)
8 [ ] Don't know (SKIP TO QUESTION C-26)

C-24. How old were you when you first used an estrogen or hormone skin patch?

___________________________
AGE

C-25. How old were you when you last used an estrogen or hormone skin patch?

___________________________ OR [ ] Still using a hormone skin patch.
AGE

C-26. In addition to estrogen, sometimes women also use the female hormone progestin sometimes called Provera at the change of life or after a hysterectomy. These pills are often taken along with an estrogen pill for only part of the month. Have you ever taken progestin or Provera?

1 [ ] Yes
2 [ ] No (SKIP TO QUESTION C-29)
8 [ ] Don't know (SKIP TO QUESTION C-29)
C-27. Are you currently taking these pills?
1  ☐ Yes
2  ☐ No

C-28. How long have you taken these pills?

# OF YEARS  OR  # OF MONTHS

☐ Less than one month

C-29. Did you ever take birth control pills for any reason?
1  ☐ Yes
2  ☐ No (SKIP TO QUESTION C-37)
8  ☐ Don't know (SKIP TO QUESTION C-37)

C-30. How old were you when you first took birth control pills?

AGE

C-31. How old were you when you last took birth control pills?

AGE  OR  ☐ Still taking birth control pills

C-32. What is the longest period of time that you have continuously taken birth control pills? That is, without stopping for at least one month.

YEARS  AND  MONTHS

☐ Less than one month

C-33. Now, thinking about the total amount of time you have taken these pills, how many months or years have you actually used them? Please do not include the times when you might have stopped taking the pill for at least one month.

MONTHS  OR  YEARS

☐ Less than one month

C-34. How many months or years did you use birth control pills prior to the age of 25? Please do not include the
times when you might have stopped taking the pill for at least one month. (IF NONE, RECORD NONE ON LINE BELOW)

        ___________    OR    ___________
MONTHS     OR     YEARS

OR □ Less than one month

C-35. Did you use birth control pills before your first child was born?

1 □ Yes
2 □ No (SKIP TO QUESTION C-37)
8 □ Don’t know (SKIP TO QUESTION C-37)

C-36. How many months or years before your first child was born did you use birth control pills? Please do not include the times when you might have stopped taking the pill for at least one month.

        ___________    OR    ___________
MONTHS     OR     YEARS

OR □ Less than one month

C-37. Have you ever had an operation to be sterilized, also known as a tubal ligation or having your tubes tied?

1 □ Yes
2 □ No (SKIP TO QUESTION C-39)
8 □ Don’t know (SKIP TO QUESTION C-39)

C-38. How old were you when you had this procedure?

        _________
AGE

C-39. Have you ever had a Pap smear test? [This is a special test that a doctor or other health professional conducts as part of a pelvic exam that looks for abnormal cells.]

1 □ Yes
2 □ No

If “Yes”, to Pap smear continue, otherwise end.
C-40. On about how many occasions have you had a Pap smear test in the past 5 years?

NUMBER OF OCCASIONS

C-41. About how long has it been since you had a Pap smear test?

NUMBER OF YEARS

OR □ Less than one year
Proxy Mail Questionnaire

Series 1, No. 35

Proxy Mail Questionnaire

(Deceased Subject)

PLEASE READ INSTRUCTIONS FIRST

A. Please complete the following questions only if the person named in the box below is deceased.

B. Please complete the following questions either by placing a check (✓) in the box next to the answer that best fits the situation or by writing your answer in the space provided.

C. Unless the instructions tell you otherwise, check only one box.

D. Some questions have instructions next to the answer telling you to skip questions which do not apply to you. First check the box, then follow the skip as directed.

E. Please follow all instructions carefully.

F. If you have any questions about how to fill out the questionnaire or if you would prefer to answer the questions over the telephone, please call our toll-free number, 1-800-937-8281, and ask for Toni Harris, the NHANES I Epidemiologic Followup Study Supervisor.

1. Please review the information in the box below and correct if incorrect or missing.

<table>
<thead>
<tr>
<th>NAME OF DECEASED PARTICIPANT:</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH:</td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
</tbody>
</table>

CORRECTIONS: (Record corrections or missing data below)

<table>
<thead>
<tr>
<th>NAME OF DECEASED PARTICIPANT:</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH:</td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR</td>
</tr>
</tbody>
</table>

CDC 64.86
This question concerns any hospital stays the participant may have had since ____________________.

MEDICAL HISTORY

2. Since ____________________, had the participant stayed in a hospital overnight or longer for any reason? For each stay, please record the date he/she went to the hospital, the reason or reasons he/she went to the hospital and the name and address of the hospital.

1. □ Yes - RECORD ALL STAYS BELOW
2. □ No (SKIP TO QUESTION 3)

<table>
<thead>
<tr>
<th>STAY #1:</th>
<th>DATE OF ADMISSION:</th>
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<td></td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
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</table>

REASON FOR STAY: __________________________________________

NAME OF HOSPITAL: _________________________________________

ADDRESS OF HOSPITAL: ________________________________________

STREET

CITY STATE

OTHER COMMENTS: __________________________________________

<table>
<thead>
<tr>
<th>STAY #2:</th>
<th>DATE OF ADMISSION:</th>
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<td>MO</td>
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REASON FOR STAY: __________________________________________

NAME OF HOSPITAL: _________________________________________

ADDRESS OF HOSPITAL: ________________________________________

STREET

CITY STATE

OTHER COMMENTS: __________________________________________

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<td></td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
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</tbody>
</table>

REASON FOR STAY: __________________________________________

NAME OF HOSPITAL: _________________________________________

ADDRESS OF HOSPITAL: ________________________________________

STREET

CITY STATE

OTHER COMMENTS: __________________________________________

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<thead>
<tr>
<th>STAY #4:</th>
<th>DATE OF ADMISSION:</th>
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<td></td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
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</table>

REASON FOR STAY: __________________________________________

NAME OF HOSPITAL: _________________________________________

ADDRESS OF HOSPITAL: ________________________________________

STREET

CITY STATE

OTHER COMMENTS: __________________________________________

<table>
<thead>
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<td></td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
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<td></td>
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</tbody>
</table>

REASON FOR STAY: __________________________________________

NAME OF HOSPITAL: _________________________________________

ADDRESS OF HOSPITAL: ________________________________________

STREET

CITY STATE

OTHER COMMENTS: __________________________________________
This question concerns stays in a rest home, a nursing home, a mental health facility, or other facilities like those.

3. Since __________, had the participant ever stayed overnight or longer in a rest home, a nursing home, a mental health facility, or anything like that? For each stay, please record the date he/she went into the facility, the reason or reasons he/she went to the facility, the type of facility (e.g., nursing home) and the name and address of the facility.

1  □ Yes - RECORD ALL STAYS BELOW

2  □ No (SKIP TO QUESTION 4)

STAY #1: DATE OF ADMISSION: [___][___]/[___][___]/19[___]

REASON FOR STAY: __________________________________________________________

TYPE OF FACILITY: __________________________________________________________

NAME OF FACILITY: __________________________________________________________

ADDRESS OF FACILITY: ______________________________________________________

STREET _________________________________________________________________

CITY __________________________________________________________ STATE ______

OTHER COMMENTS: __________________________________________________________

STAY #2: DATE OF ADMISSION: [___][___]/[___][___]/19[___]

REASON FOR STAY: __________________________________________________________

TYPE OF FACILITY: __________________________________________________________

NAME OF FACILITY: __________________________________________________________

ADDRESS OF FACILITY: ______________________________________________________

STREET _________________________________________________________________

CITY __________________________________________________________ STATE ______

OTHER COMMENTS: __________________________________________________________

STAY #3: DATE OF ADMISSION: [___][___]/[___][___]/19[___]

REASON FOR STAY: __________________________________________________________

TYPE OF FACILITY: __________________________________________________________

NAME OF FACILITY: __________________________________________________________

ADDRESS OF FACILITY: ______________________________________________________

STREET _________________________________________________________________

CITY __________________________________________________________ STATE ______

OTHER COMMENTS: __________________________________________________________

STAY #4: DATE OF ADMISSION: [___][___]/[___][___]/19[___]

REASON FOR STAY: __________________________________________________________

TYPE OF FACILITY: __________________________________________________________

NAME OF FACILITY: __________________________________________________________

ADDRESS OF FACILITY: ______________________________________________________

STREET _________________________________________________________________

CITY __________________________________________________________ STATE ______

OTHER COMMENTS: __________________________________________________________

(IF HE/SHE HAD STAYED IN ANY HEALTH CARE FACILITY OVERNIGHT OR LONGER FOR MORE THAN FOUR TIMES, PLEASE CONTINUE RECORDING INFORMATION ABOUT STAYS ON A SHEET OF PAPER AND INCLUDE IT IN THE RETURN ENVELOPE.)
4. Did the participant die in either a hospital or nursing home?
   1  ☐ Yes
   2  ☐ No (SKIP TO QUESTION 6)
   8  ☐ DON'T KNOW (SKIP TO QUESTION 6)

5. Please record the name and address of the hospital or nursing home.
   NAME: ____________________________________________________________
   ADDRESS: __________________________________________________________
   _____________________________  STREET
   _____________________________  CITY  STATE

6. What was his/her date of death?
   __________ / __________ / 19______
   MONTH  DAY  YEAR

7. In what city, county and state did he/she die?
   CITY: ____________________________________________________________
   COUNTY OR PARISH: ____________________________________________
   STATE: _________________________________________________________

8. As part of this survey, it may be necessary to obtain additional information from hospital or nursing home records. The enclosed form entitled "Authorization to Obtain Information from Medical Records" authorizes the U.S. Public Health Service to obtain this information. Please read the form and record any other names under which hospital or in-patient health facility records could be listed. If the records would not be listed under any other name, check the box. Sign your name on the signature of next-of-kin line. Also record the date you signed the form and the date, county and state of death of the participant.

   Please return all forms in the postage-paid envelope. You will receive a $5.00 check for returning the questionnaire and a signed form about two weeks after you mail us these forms.

9. Please record your name, address, and telephone number and your relationship to the participant.
   NAME: ____________________________________________________________
   ADDRESS: __________________________________________________________
   _____________________________  STREET NAME AND NUMBER
   _____________________________  APT. NUMBER
   _____________________________  CITY  STATE  ZIP CODE
   TELEPHONE: _____________________________
   RELATIONSHIP TO PARTICIPANT: ____________________________________

10. FEMALE ONLY: Please record the participant's father's last name.
    FATHER'S LAST NAME: ____________________________________________

Thank you very much for taking the time to participate in this interview.
Verbal Authorization Form to Obtain Information From Medical Records

ID No. ______ - ______ - ______ - ______

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

1992 NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY

VERBAL AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL RECORDS

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 U.S.C. 242m).

SUBJECT

This is to certify that ______ has verbally consented to authorize the release of pertinent information from hospital and other inpatient health care facility records.

_________________________  _______________________
INTERVIEWER'S SIGNATURE  DATE

NEXT-OF-KIN

This is to certify that ______, who is the ________, has verbally consented to authorize the release of pertinent information from hospital and other inpatient health care facility records.

_________________________  _______________________
INTERVIEWER'S SIGNATURE  DATE
Authorization Form to Obtain Information From Medical Records

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics
1992 NHANES I Epidemiologic Followup Study

AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL RECORDS

In connection with the health history of __________________ given as part of the 1992 Epidemiologic Followup of the First National Health and Nutrition Examination Survey, it may be necessary to obtain additional information from records and staff of hospitals or other inpatient health care facilities. I hereby authorize the release of such information as the U.S. Public Health Service may need to request from any of these sources. I understand that I may revoke this consent at any time except to the extent that action has already been taken. I also understand that this authorization expires one year from the date of signature.

I understand that all information obtained will be held strictly confidential.

My records may also be listed under the following first and last names (e.g., name change due to marriage):

________________________________________

OR

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

________________________________________

SIGNATURE OF NEXT-OF-KIN

SIGNATURE OF SUBJECT

DATE

DATE

RELATIONSHIP

SUBJECT'S DATE OF DEATH (MONTH/DAY/YEAR)

COUNTY AND STATE OF DEATH
Hospital and Health Care Facility Chart

<table>
<thead>
<tr>
<th>Stay</th>
<th>Facility Name:</th>
<th>Month</th>
<th>Day</th>
<th>Date:</th>
<th>AHA/MRI #:</th>
</tr>
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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 kept in strict confidence by the contractor and NHIS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NHIS, without the consent of the individual or establishment, in accordance with Section 306(b) of the Public Health Service Act (42 U.S.C. 242b).
Dear Administrator:

I am writing to inform you of a request that has been made to your Medical Records Department. The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a followup study of persons who voluntarily participated in the First National Health and Nutrition Examination Survey (NHANES I) from 1971-75. The NHANES I Epidemiologic Followup Study (NHEFS) is a national longitudinal study. Its primary purpose is to investigate the relationships between physiological, nutritional, behavioral, and demographic characteristics collected in the NHANES I and subsequent morbidity and mortality from specific diseases and health conditions. We very much need your assistance.

Persons who participated in the NHANES I survey were recently reinterviewed to obtain information about their current health status and functional disabilities and their history of chronic diseases. A component of this study, which is crucial to the success of the followup, is a limited collection of hospital record data which augments medical information obtained from the participants in their recent interview.

The NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this study. Westat has sent a packet to your Director of Medical Records on behalf of the study participants requesting information from their medical records. Included in the packet are signed authorization forms permitting the release of diagnostic information from participants’ hospital records.

This study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary. There are no penalties for declining to participate. All information will be kept confidential and will be used only for statistical purposes. No information that could be used to identify the participant or your facility will be released or published. Results of this study will be published only as statistical summaries.

The American Hospital Association (AHA) has endorsed this study and urges your cooperation. Mr. Peter Kralovec of the AHA may be reached at 1-312-280-6523 if you have any questions concerning this endorsement. If you have any questions concerning the data collection, please feel free to call Ms. Sylvia Hovermale, the NHEFS Health Care Facility Study Supervisor, at 1-800-937-8281.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director
Letter to Director of Medical Records

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Director of Medical Records:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a followup study of persons who voluntarily participated in the First National Health and Nutrition Examination Survey (NHANES I) from 1971-75.

Participants in the NHANES I were recently reinterviewed to obtain additional information about their current health status and functional disabilities and their history of chronic diseases. A component of this study, which is crucial to the success of the followup, is a limited collection of hospital record data which augments medical information obtained from the participants in their recent interview. Hospitals are being requested to abstract selected information from the inpatient record on admission, discharge, diagnoses, and surgical procedures and place it on the enclosed Hospital Record form. In addition, we are also requesting photocopies of the face sheet, discharge summary, and pathology report for admissions where new malignancies are diagnosed. The enclosed medical authorization form, signed by the study participant, authorizes the collection of this information.

This study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary. There are no penalties for declining to participate. All information will be kept confidential and will be used only for statistical purposes. No information that could be used to identify the participant or your facility will be released or published. Results of this study will be published only as statistical summaries.

The NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this study. The American Hospital Association (AHA) has endorsed this study and urges your cooperation. Your hospital’s participation is vital to the success of this followup. If you have any questions concerning this project, please feel free to contact Ms. Sylvia Hovermale, the Health Care Facility Study Supervisor, at 1-800-937-8281.

Sincerely yours,

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

Enclosures
Hospital Record Form

Patient Medical Record Number: ____________________________

Date of Admission: _____/_____/_____

Date of Discharge: _____/_____/_____

Was the Patient in Cardiac Intensive Care Unit: 
- Yes, _____ Days
- No

Other Intensive Care Unit: 
- Yes, _____ Days
- No

Disposition of Patient (Check One):
- Routine discharge/discharged home
- Left against medical advice
- Discharged/transferred to another facility or organization
- Discharged/referred to organized home care service
- Not discharged/still in hospital
- Died
- Not stated

Any Other Hospitals/Health Care Facilities Listed in Admission Notes or Discharge Summary

Name: ____________________________ Year: ______
City: ____________________________ State: ______

Name: ____________________________ Year: ______
City: ____________________________ State: ______

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE
HOSPITAL RECORD FORM
(TO BE COMPLETED BY MEDICAL RECORDS DEPARTMENT)

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 in 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 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 15 minutes per admission, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, ATTN: PRA, Hubert H. Humphrey Building, Room 3432, 200 Independence Ave., SW, Washington, DC 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0218), Washington, DC 20503.
6. WHAT WERE THE DIAGNOSES ESTABLISHED AT TIME OF DISCHARGE? (Principal diagnosis is the condition after study chiefly responsible for the hospital stay.) (If more space is needed for additional diagnoses, write the diagnoses and the Westat ID number on a separate sheet of paper and attach to this form.)

Principal Diagnosis:
1. 

Other Diagnoses:
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 

7. WHAT WERE THE SURGICAL PROCEDURES PERFORMED DURING THIS ADMISSION? (Include all biopsy and surgical procedures.)

SURGICAL PROCEDURES: 
1. 
2. 
3. 
4. 
5. 

8. PLEASE ATTACH A PHOTOCOPY OF THE PATHOLOGY REPORT CONFIRMING THE DIAGNOSIS OF CANCER MADE DURING THIS STAY. (Write the Westat I.D. number on each photocopied page.)

Attachment Pathology Report 
Yes No N/A (If no or N/A, SPECIFY REASON: )

9. PLEASE ATTACH A PHOTOCOPY OF THE ADMISSION FACE SHEET AND THE DISCHARGE SUMMARY FOR THIS INPATIENT STAY. (Write the Westat I.D. number on each photocopied page.)

Attachments 

a. Face Sheet 

b. Discharge Summary 

__________________________________________  ________________
COMPLETED BY DATE
Dear Administrator:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control, in collaboration with other Public Health Service agencies is conducting a followup study of persons who voluntarily participated in the First National Health and Nutrition Examination Survey (NHANES I) from 1971-1975. The NHANES I Epidemiologic Followup Study (NHEFS) is designed to collect information periodically about the persons who participated in the original study in order to track the natural history of chronic diseases and functional disabilities in an aging population. We very much need your assistance.

Participants in the NHEFS were recently reinterviewed to obtain information on their current health status. A component of this study, which is crucial to the success of the followup, is a limited collection of nursing home record data which augments medical information obtained from participants in their interview. Nursing homes are being requested to abstract selected information from the inpatient record on admission, discharge, and diagnoses and place it on the enclosed Nursing Home and Personal Care Home Record form. The enclosed medical authorization form, signed by the study participant, authorizes the collection of this information.

This study is authorized by Section 306 of the Public Health Service Act (42 U.S.C. 242k). Participation is completely voluntary, and there are no penalties for declining to participate in whole or in part. All information will be kept confidential and will be used only for statistical purposes. No information that could be used to identify the participant or your facility will be released or published. Results of this study will be published only as statistical summaries.

NCHS has contracted with Westat, a national survey organization, to conduct the data collection operations of this study. Your nursing home's participation is vital to the success of this followup. If you have any questions concerning the data collection, please feel free to call Ms. Sylvia Hovermale, the NHEFS Health Care Facility Study Supervisor, at 1-800-937-8281.

Sincerely yours,

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

Enclosures
Nursing or Personal Care Home Record Form

OMB No: 0920-0218
Expires: December 31, 1993

☐ Patient data on label agree with nursing home records
☐ Do not agree. Please provide changes:

Please return to:
NHANES I Epidemiologic Followup Study
1500 Research Boulevard
Rockville, MD 20850

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY: 1992 WAVE
NURSING HOME & PERSONAL CARE HOME RECORD
(TO BE COMPLETED BY MEDICAL RECORDS DEPARTMENT)

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 in 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 U.S.C. 242m).

Public reporting burden for this collection of information is estimated to average 15 minutes per admission, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer, ATTN: PRA: 016-HSP; 200 Independence Ave., SW, Washington, D.C. 20201, and to the Office of Management and Budget: Paperwork Reduction Project (0920-0218): Washington, D.C. 20503.

1. PATIENT MEDICAL RECORD NUMBER:

2. DATE OF ADMISSION: ___/___/___   DATE OF DISCHARGE: ___/___/___
   MO  DA  YR         MO  DA  YR

3. PATIENT ADMITTED FROM: (Check one)
   ☐ Private residence
   ☐ Chronic Disease Hospital (SPECIFY BELOW)
   ☐ Acute care hospital (SPECIFY BELOW)
   ☐ Other nursing home (SPECIFY BELOW)

   NAME OF FACILITY: ____________________________  CITY/STATE: ____________________________

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

   Name: ______________________________________  Year: _________
   City/State: ________________________________

   Name: ______________________________________  Year: _________
   City/State: ________________________________

5. DISPOSITION OF PATIENT (Check One)
   ☐ Not discharged/still inpatient
   ☐ Died
   ☐ Discharged to private residence/
   transfer to organized home care services
   ☐ Discharged to private residence/
   no referral

   Transferred to another health care facility: (SPECIFY BELOW)

   ☐ Acute care hospital
   ☐ Chronic disease hospital
   ☐ Other nursing home
   ☐ Other (Specify) ____________________________
6. WHAT WERE THE ADMISSION DIAGNOSES?

Principal Diagnosis:

1. 

Other Major Diseases or Conditions Present at Time of Admission:

2. 

3. 

4. 

5. 

6. 

7. 

8. 

9. 

10. 

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

Admission Face Sheet Included:  □  Yes  □  No

If no, please explain:______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

COMPLETED BY  ___________________________  DATE  ___________________________
Appendix II

Corrections and Revisions to the First National Health and Nutrition Examination Survey Baseline Data

Three demographic data items (date of birth, sex, and race) from the first National Health and Nutrition Examination Survey (NHANES I) baseline data tapes were corrected for a small number of subjects based on updated information received during the 1982–84 NHANES I Epidemiologic Followup Study (NHEFS). Consequently, all subsequent NHEFS Followup Public Use Data Tapes, reflect the corrections noted in this section.

Date of Birth

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

During the fieldwork for the Followup Study, the MEC record (when available) was used to update the date of birth for all lost-to-followup respondents in the hope that it would improve tracing results. In addition, the MEC record was used to update the date of birth for decedents and incapacitated subjects who had been interviewed by proxy. Date-of-birth information was also updated for all confirmed respondents who, during tracing,

supplied a date of birth that differed from the date of birth provided at baseline. As a result, date-of-birth information was corrected for 677 of the 14,407 subjects in the NHEFS cohort.

The age given at baseline examination was then recalculated based on these corrected dates of birth. The recalculations of age at baseline examination resulted in 224 age changes of 1 year or more. For 31 respondents, recalculation resulted in ages outside the designated age range of 25–74 years. (Two subjects were determined to be 24 years of age, 26 were 75 years of age, one was 76 years of age, and two were 77 years of age.) Nonetheless, these respondents will continue to be included in the cohort and are treated as 25 and 74 years of age in cases in which age is categorized. Table I is a cross-tabulation of the recalculated age at baseline examination by the original age at examination.

Additional information on date of birth was collected if the respondent was administered the tracing questionnaire in the 1986, 1987, or 1992 NHEFS. This information, though, was not used to amend the date of birth or age at NHANES I variables, which appear on the NHEFS public use data tapes. (In other words, date of birth and the age at NHANES I variables were not revised using data collected from 1986, 1987, or 1992 NHEFS. Furthermore, these variables will never be updated from any information collected from the subsequent followups of the NHEFS.) Any new information obtained on data of birth is used solely for tracing purposes.

Sex

The baseline sex code was changed from female to male for one subject. The original sex code was an error in the NHANES I data set.

Race

A revised race variable was created to resolve discrepancies between the baseline interviewer-observed race and the followup respondent-reported race. These race codes are determined on a case-by-case adjudication of baseline and followup ethnicity responses and, in the case of deceased subjects, race as coded on the death certificate. Race was changed for 186 subjects. Table II shows a cross-tabulation of revised race by the original baseline race variable. (For a number of subjects, however, although race was revised, baseline race and revised race still remain grouped in the “Other” category.)

Information on race of the subject was collected during the interview in the 1986, 1987, or 1992 NHEFS if the subject had not been previously interviewed. This information, however, was not used to amend the revised race variable, which appears on the NHEFS public use data tapes.

---

<table>
<thead>
<tr>
<th>Original age at baseline examination</th>
<th>25–34 years</th>
<th>35–44 years</th>
<th>45–54 years</th>
<th>55–64 years</th>
<th>65–74 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>25–34 years</td>
<td>3,508</td>
<td>4</td>
<td>1</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>35–44 years</td>
<td>1</td>
<td>2,937</td>
<td>8</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>45–54 years</td>
<td>–</td>
<td>–</td>
<td>2,268</td>
<td>15</td>
<td>–</td>
</tr>
<tr>
<td>55–64 years</td>
<td>–</td>
<td>–</td>
<td>3</td>
<td>1,804</td>
<td>1</td>
</tr>
<tr>
<td>65–74 years</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>5</td>
<td>3,852</td>
</tr>
</tbody>
</table>

---

Table I. Number of NHANES I Epidemiologic Followup subjects by original age at NHANES I examination and recalculated age at NHANES I examination

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<table>
<thead>
<tr>
<th>Baseline race</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>11,998</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Black</td>
<td>11</td>
<td>2,174</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
<td>–</td>
<td>132</td>
</tr>
</tbody>
</table>

---

Table II. Number of NHANES I Epidemiologic Followup subjects by interviewer observed race at NHANES I examination and revised race
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