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FORM **DFS-3** (7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY

(NHIS PHASE II)
SUPPLEMENT ON AGING 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 for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. 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; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 01
3-7
8

RT 06
3-4

Part I – CALL RECORD

Mode	Date Month	Date Day	Beginning time	Results	Ending time	Comments
5	6-7	8-9	10-14		15-19	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Part II – STATUS

A. Final Status

Interview — 20-21
01 ☐ Complete
02 ☐ Partial *(Explain in Notes)*

Noninterview
03 ☐ SP refused
04 ☐ Proxy refused
05 ☐ Unable to contact
06 ☐ Unable to locate
07 ☐ Deceased
08 ☐ Institutionalized, no proxy
09 ☐ Incapable, no proxy
10 ☐ Moved o/s PSU, unable to phone
11 ☐ Other noninterview
(Explain in Notes)

B. Mode — 22
1 ☐ Telephone
2 ☐ Personal visit

C. Respondent — 64
1 ☐ Self
2 ☐ Proxy ↙

Reason for proxy — 65
1 ☐ SP incapable
2 ☐ SP institutionalized
3 ☐ SP unavailable
4 ☐ Other – *Specify* ↙ *(Fill II.D)*

D. Proxy
Name — 23-63

E. Field Representative's Name — Code 66-68

Part III – NEW ADDRESS

RT 07
3-4

A. Address *(Different from label)*
Number and street — 5-29
City — 30-49 | State — 50-51 | ZIP Code — 52-60

B. Telephone *(Different from label)*
Area code ( ) — 61-63 | Number — 64-70 | 1 ☐ None 7 ☐ Refused 9 ☐ DK number — 71

Notes

RT 08

INITIAL SCREENING

3-4

1. May I please speak with *(sample person)*?

5

1 ☐ Yes *(Skip to A below)*
2 ☐ No *(Go to 2)*

2. Why is *(sample person)* **not available to be interviewed?**

6

1 ☐ SP deceased *(Skip to 6)*
2 ☐ SP moved *(Skip to 4)*
3 ☐ SP temporarily absent/unavailable *(Go to 3)*
4 ☐ SP incapable } *(Skip to 5)*
5 ☐ Other }

3. Will *(sample person)* **[return/be available] before** *(closeout date)*?

7

1 ☐ Yes *(Schedule appointment)*
2 ☐ No } *(Go to 4)*
9 ☐ DK }

4a. Has *(sample person)* **moved to a new residence or is [he/she] in a health facility, group home, or some other place?**

8

1 ☐ SP moved *(Record new address and telephone no.)*
2 ☐ SP in health facility/group home *(Go to 4b)*
3 ☐ SP in jail *(Skip to 5)*
4 ☐ SP in prison *(END interview – noninterview)*
5 ☐ SP on vacation/visiting/temporarily absent *(Skip to 4d)*

b. What type of facility or group home is this?

Mark (X) first appropriate box.

9-10

01 ☐ Hospital } *(Go to 4c)*
02 ☐ Nursing/convalescent home }
03 ☐ Retirement home
04 ☐ Group home
05 ☐ Supervised apartment
06 ☐ Halfway house
07 ☐ Board and Care home
08 ☐ Developmental Center
09 ☐ Other supervised group residence or facililty
10 ☐ Other
(Record new address and telephone no.)

c. *Refer to age on label.*

11

1 ☐ Under 69 *(Skip to 5)*
2 ☐ 69+ *(Go to 4d)*

d. Is it possible to interview *(sample person)* **at the [facility/present location]?**

12

1 ☐ Yes *(Record address and telephone no.)*
2 ☐ No *(Go to 5)*

5. Since I won't be able to interview *(sample person)*, **I need to talk to the person who knows the most about** *(sample person's)* **health. Who would that be?**

13

1 ☐ Respondent *(Skip to A below)*
2 ☐ Other person *(Record person's name, address, and telephone no.)*
3 ☐ No one } *(END interview – noninterview)*
9 ☐ DK/Ref }

6. On what date did *(sample person)* **die?**

14-19

Month	Day	Year

(Go to 7)

999999 ☐ DK

7. Did *(sample person)* **die at home, in a hospital, in a nursing or convalescent home, or some other place?**

20

1 ☐ At home
2 ☐ In hospital
3 ☐ In nursing/convalescent home } *(END interview – noninterview)*
4 ☐ Other place
9 ☐ DK

A

Begin interview by asking: **When we conducted the interview several months ago, we recorded** *(sample person's)* **age as** *(age from label)*. **Is this still correct?**

21

1 ☐ Yes *(Skip to Section A on page 4)*
2 ☐ No *(Correct age on label, then skip to Section A on page 4)*

Notes

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INITIAL SCREENING – Continued

NEW ADDRESS *(First or only)* — RT 09, 3-4

Name of place *(If appropriate)* — 5-40

Number and street — 41-64

City — 65-84 | State — 85-86 | ZIP Code — 87-95

Telephone

Area code — 96-98 | Number — 99-105 | 1 ☐ None 9 ☐ DK number 7 ☐ Refused — 106

Second *(If appropriate)* — RT 10, 3-4

Name of place *(If appropriate)* — 5-40

Number and street — 41-64

City — 65-84 | State — 85-86 | ZIP Code — 87-95

Telephone

Area code — 96-98 | Number — 99-105 | 1 ☐ None 9 ☐ DK number 7 ☐ Refused — 106

PROXY RESPONDENT — RT 11, 3-4

Name — 5-40

1 ☐ *Mark box if same address/phone as SP (Skip to A1 on page 4)* — 41

Number and street — 42-65

City — 66-85 | State — 86-87 | ZIP Code — 88-96

Telephone

Area code — 97-99 | Number — 100-106 | 1 ☐ None 9 ☐ DK number 7 ☐ Refused — 107

GENERAL INSTRUCTIONS

1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.
2. After appropriate introductions, begin all interviews with A on page 2.
3. If the sample person (or proxy) is not within your normal assignment area, call your office for instructions.
4. Make minor corrections to the sample person's address or phone number on the LABEL. Record new addresses and/or phone numbers above.
5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.
6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:
   - **Long dash (—)** – Insert the appropriate words or names from the list.
   - **Underlined italics in parentheses** – Insert the specified words, name, date, etc.
   - **Regular type in parentheses** – Either read or do not read the parenthetical, depending on the situation and the context of the question.
   - **Brackets with a slash ([/])** – Choose the appropriate words or phrase for the particular interview.
   - **Bold capitals** – Emphasize the word(s) when reading the question.
7. If interviewing a proxy, substitute the sample person's name (or appropriate pronoun) for the word "You" in the questions.

Notes

RT 12
3-4

Section A – HOUSING AND LONG-TERM CARE SERVICES

ITEM A1 Status of Sample Person (SP). — 5

1 ☐ Institutionalized *(Skip to 6 on page 5)*
2 ☐ All others *(Go to 1)*

These first questions are about the place you live.

1. How long have you been living here? — 6-7

00 ☐ Less than 1 year
_____ Years (Number)
99 ☐ DK

2a. Is it NECESSARY to use any steps or stairs to get into this home from the outside? — 8

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. Counting basements and step down living areas as separate levels, does this home have more than one floor or level? — 9

1 ☐ Yes *(Go to 2c)*
2 ☐ No } *(Skip to 3)*
9 ☐ DK }

c. Does this home have a bathroom, bedroom, and kitchen ALL on the SAME floor or level? — 10

1 ☐ Yes
2 ☐ No
9 ☐ DK

3. Because of a physical impairment or health problem, do you have any difficulty —

	Yes	No	DK	
a. Entering or leaving your home?	a. 1 ☐	2 ☐	9 ☐	11
b. Opening or closing any of the doors in your home?	b. 1 ☐	2 ☐	9 ☐	12
c. Reaching or opening cabinets in your home?	c. 1 ☐	2 ☐	9 ☐	13
d. Using the bathroom in your home?	d. 1 ☐	2 ☐	9 ☐	14

If all "Yes" in 4, skip to 6 on page 5; otherwise, ask 5 only for those features NOT marked "Yes" in 4.

4. Some residences have special features to assist persons who have physical impairments or health problems. Whether you use them or not, does your residence have any of these features?

5. Which special features do you NEED to get around this home, but do not have?

	4 Yes	4 No	4 DK		5 Yes	5 No	5 DK	
a. Widened doorways or hallways?	a. 1 ☐	2 ☐	9 ☐	15	a. 1 ☐	2 ☐	9 ☐	16
b. Ramps or street level entrances?	b. 1 ☐	2 ☐	9 ☐	17	b. 1 ☐	2 ☐	9 ☐	18
c. Railings?	c. 1 ☐	2 ☐	9 ☐	19	c. 1 ☐	2 ☐	9 ☐	20
d. Automatic or easy to open doors?	d. 1 ☐	2 ☐	9 ☐	21	d. 1 ☐	2 ☐	9 ☐	22
e. Accessible parking or drop-off site?	e. 1 ☐	2 ☐	9 ☐	23	e. 1 ☐	2 ☐	9 ☐	24
f. Bathroom modifications ?	f. 1 ☐	2 ☐	9 ☐	25	f. 1 ☐	2 ☐	9 ☐	26
g. Kitchen modifications?	g. 1 ☐	2 ☐	9 ☐	27	g. 1 ☐	2 ☐	9 ☐	28
h. Elevator, chair lift, or stair glide?	h. 1 ☐	2 ☐	9 ☐	29	h. 1 ☐	2 ☐	9 ☐	30
i. Alerting devices?	i. 1 ☐	2 ☐	9 ☐	31	i. 1 ☐	2 ☐	9 ☐	32
j. Any other special features?	j. 1 ☐	2 ☐	9 ☐	33	j. 1 ☐	2 ☐	9 ☐	34

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

ASK OR VERIFY:

6a. Is this place a — *(Read all categories)*

Mark (X) only one.

35-36

01 ☐ **Single family house or townhouse that is not part of a retirement community,** *(Skip to 9 on page 6)*
02 ☐ **Single family house, townhouse, or apartment that is part of a retirement community,** *(Skip to 7)*
03 ☐ **Regular apartment,** *(Skip to 9 on page 6)*
04 ☐ **Supervised apartment,**
05 ☐ **Group home,**
06 ☐ **Halfway house,**
07 ☐ **Personal care or board and care home,**
08 ☐ **Developmental center,**
09 ☐ **Some other type of supervised group residence or facility,**
10 ☐ **Assisted living facility,**
11 ☐ **Nursing or convalescent home,**
12 ☐ **Retirement home,**
13 ☐ **Center for Independent Living, or**
14 ☐ **Something else?**
(Go to 6b)
99 ☐ DK

ASK OR VERIFY:

b. Does this place primarily or exclusively serve people who are elderly?

37

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM A2 Status of SP.

38

1 ☐ Institutionalized *(Skip to 10 on page 6)*
2 ☐ All others *(Go to 7)*

7. Whether you use them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation?

39

1 ☐ Yes *(Go to 8 on page 6)*
2 ☐ No
9 ☐ DK
(Skip to 9 on page 6)

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

8. Whether you use them or not, does this place routinely provide —

	Yes	No	DK	
a. Group meals for residents?	a. 1☐	2☐	9☐	40
b. Housekeeping or maid service?	b. 1☐	2☐	9☐	41
c. Nursing or medical care?	c. 1☐	2☐	9☐	42
d. Supervision of residents who give themselves their own medication?	d. 1☐	2☐	9☐	43
e. Help with bathing, eating, or dressing?	e. 1☐	2☐	9☐	44
f. Help with walking or getting about?	f. 1☐	2☐	9☐	45
g. Help with shopping?	g. 1☐	2☐	9☐	46
h. Planned social activities or trips?	h. 1☐	2☐	9☐	47
i. Educational or training programs?	i. 1☐	2☐	9☐	48
j. Help with laundry?	j. 1☐	2☐	9☐	49
k. Help with money management?	k. 1☐	2☐	9☐	50
l. Transportation?	l. 1☐	2☐	9☐	51
m. Protective oversight?	m. 1☐	2☐	9☐	52

9. Are you planning a move in order to receive any (additional) personal help, assistance or services? — 53

1☐ Yes
2☐ No
9☐ DK

Mark "Yes" if SP is currently living in a nursing home; otherwise ask: — 54

10a. Have you EVER been a resident or patient in a nursing home?

1☐ Yes *(Go to 10b)*
2☐ No } *(Skip to 12 on page 7)*
9☐ DK }

b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)? — 55-56

_____ Times
(Number)

99☐ DK

c. On what date were you admitted (the FIRST time)? — 57-60

If date not known, ask: **Was it within the past 12 months?**

_____/19 _____
Month Year

0001☐ In past 12 months
0002☐ Not in past 12 months
9999☐ DK

Mark box if "Now in nursing home"; otherwise ask: — 61-64

0000☐ Now in nursing home

d. On what date were you discharged (the LAST time)?

If date not known, ask: **Was it within the past 12 months?**

_____/19 _____
Month Year

0001☐ In past 12 months
0002☐ Not in past 12 months
9999☐ DK

e. How long [were you/have you been] in the nursing home (the LAST time/THIS time)? — 65-66

00☐ Less than 1 month

_____ Months
(Number)

99☐ DK

Ask if date in 10d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 12 on page 7. — 67-68

00☐ Less than 1 week

f. How many weeks in the past 12 months [were you/have you been] in a nursing home?

_____Weeks
(Number)

99☐ DK

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Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

HAND CARD A1. Read categories if telephone interview.

11a. Who paid or will pay for your nursing home stays in the past 12 months?

(Anyone else?)

Mark (X) all that apply.

01 ☐	Self or family in household	69-70
02 ☐	Family NOT in household	71-72
03 ☐	Private health insurance	73-74
04 ☐	Medicare	75-76
05 ☐	Medicaid	77-78
06 ☐	Rehabilitation program	79-80
07 ☐	Employer	81-82
08 ☐	School system	83-84
09 ☐	VA program	85-86
10 ☐	Other military	87-88
11 ☐	Other private source	89-90
12 ☐	Other public source	91-92
13 ☐	No one/Free	93-94
99 ☐	DK	95-96

(Skip to 12)

97-98

Ask if more than one source in 11a. If only one source in 11a, transcribe the number of the box marked without asking.

b. Who paid or will pay the most for your nursing home stays in the past 12 months?

Record number of the main source.

☐☐ Paid most
(Number)

99 ☐ DK

99-104

Ask only if box 01 marked in 11a; otherwise, skip to 12.

c. During the past 12 months, about how much did you or your family pay for your nursing home stays? Do not count any money that has been or will be reimbursed by insurance or any other source.

000000 ☐ None

$ _____ . 00

999999 ☐ DK

105

If "Now in nursing home" marked in 10d, skip to Section D on page 10; otherwise, ask:

12. Are you currently on a waiting list to go into a nursing home?

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

RT 13 3-4

Section B – TRANSPORTATION

ITEM B1 Status of SP. — 5

1 ☐ Institutionalized *(Skip to Section D on page 10)*
2 ☐ All others *(Go to 1)*

These next questions are about getting around outside your home. — 6

1. How frequently do you drive a car or other motor vehicle? Would you say — *(Read all categories)*

Mark (X) only one.

1 ☐ **Everyday or almost everyday,**
2 ☐ **Occasionally,**
3 ☐ **Seldom, or** } *(Skip to 3)*
4 ☐ **Never?** *(Go to 2)*
9 ☐ DK *(Skip to 3)*

2. Is this because of an impairment or health problem? — 7

1 ☐ Yes
2 ☐ No
9 ☐ DK

3a. During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway, or street car? — 8

Mark (X) only one.

0 ☐ No public system available *(Skip to Section C on page 9)*
1 ☐ Yes *(Skip to 3c)*
2 ☐ No *(Go to 3b)*
9 ☐ DK *(Go to 3b)*

b. Does an impairment or health problem prevent or limit your use of the public transportation service? — 9

Mark (X) only one.

0 ☐ No public system available
1 ☐ Yes
2 ☐ No } *(Skip to Section C on page 9)*
9 ☐ DK

c. During the past 12 months, how often did you use the local public transportation service? Would you say — *(Read all categories)* — 10

Mark (X) only one.

1 ☐ **Everyday or almost everyday,**
2 ☐ **Occasionally, or**
3 ☐ **Seldom?**
9 ☐ DK

d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service? — 11

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

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Section C – SOCIAL ACTIVITY

Reminder – If SP is institutionalized, skip to Section D on page 10.

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

1. DURING THE PAST 2 WEEKS, did you —

	Yes	No	DK	
a. Get together socially with friends or neighbors?	a. 1☐	2☐	9☐	12
b. Talk with friends or neighbors on the telephone?	b. 1☐	2☐	9☐	13
c. Get together with ANY relatives not including those living with you?	c. 1☐	2☐	9☐	14
d. Talk with ANY relatives on the telephone not including those living with you?	d. 1☐	2☐	9☐	15
e. Go to church, temple, or another place of worship for services or other activities?	e. 1☐	2☐	9☐	16
f. Go to a show or movie, sports event, club meeting, class, or other group event?	f. 1☐	2☐	9☐	17
g. Go out to eat at a restaurant?	g. 1☐	2☐	9☐	18

2. How many days in the past two weeks did you leave your home for any reason? — 19-20

14☐ Every day
00☐ None

_____ Days
(Number)

99☐ DK

If proxy respondent, skip to Section D on page 10; otherwise ask: — 21

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

Mark (X) only one.

1☐ About enough
2☐ Too much
3☐ Would like to be doing more
9☐ DK

Notes

Section D – WORK HISTORY/EMPLOYMENT

These next questions are about working for pay or profit, and about unpaid volunteer work.

1. Have you EVER worked at a job or business? — 22

1 ☐ Yes *(Go to 2)*
2 ☐ No } *(Skip to 7)*
9 ☐ DK }

2. Do you NOW work at a job or business? — 23

1 ☐ Yes *(Go to 3)*
2 ☐ No } *(Skip to 4)*
9 ☐ DK }

3. About how many hours a week do you usually work at your current job?

(Note: *If more than one job, include all jobs.***)** — 24-25

_____ Hours per week (Number) } *(Skip to 5)*
99 ☐ DK

4. In what year did you stop working at your last job? — 26-27

19 _____ Year
99 ☐ DK

5a. Have you retired from a job or business? — 28

1 ☐ Yes *(Go to 5b)*
2 ☐ No } *(Skip to 7)*
9 ☐ DK }

b. How old were you when you retired the last time? — 29-30

_____ Age
99 ☐ DK

6. Did you retire because of an ongoing health problem, impairment, or disability? — 31

1 ☐ Yes
2 ☐ No
9 ☐ DK

7. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care? — 32

1 ☐ Yes *(Go to 8)*
2 ☐ No } *(Skip to Section E on page 11)*
9 ☐ DK }

8. How many days did you do volunteer work in the past 12 months? — 33-36

_____ (Days) { 1 ☐ Per week, 2 ☐ Per month, 3 ☐ Per year }
9999 ☐ DK

Notes

RT-14
3-4

Section E – ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask all of 1a–o before going to 2.

Ask for each "Yes" in 1.

1. During the past 12 months, did you use any of the following medical devices or supplies?	Yes	No	DK		**2. Did you use *(device)* in the past two weeks?**	Yes	No	DK	
a. A tracheotomy tube?	a. 1☐	2☐	9☐	5	a.	1☐	2☐	9☐	6
b. A respirator?	b. 1☐	2☐	9☐	7	b.	1☐	2☐	9☐	8
c. An ostomy bag?	c. 1☐	2☐	9☐	9	c.	1☐	2☐	9☐	10
d. Catheterization equipment?	d. 1☐	2☐	9☐	11	d.	1☐	2☐	9☐	12
e. A glucose monitor?	e. 1☐	2☐	9☐	13	e.	1☐	2☐	9☐	14
f. Diabetic equipment or supplies?	f. 1☐	2☐	9☐	15	f.	1☐	2☐	9☐	16
g. An inhaler?	g. 1☐	2☐	9☐	17	g.	1☐	2☐	9☐	18
h. A nebulizer?	h. 1☐	2☐	9☐	19	h.	1☐	2☐	9☐	20
i. A hearing aid?	i. 1☐	2☐	9☐	21	i.	1☐	2☐	9☐	22
j. Crutches?	j. 1☐	2☐	9☐	23	j.	1☐	2☐	9☐	24
k. A cane?	k. 1☐	2☐	9☐	25	k.	1☐	2☐	9☐	26
l. A walker?	l. 1☐	2☐	9☐	27	l.	1☐	2☐	9☐	28
m. A wheelchair?	m. 1☐	2☐	9☐	29	m.	1☐	2☐	9☐	30
n. A scooter?	n. 1☐	2☐	9☐	31	n.	1☐	2☐	9☐	32
o. A feeding tube?	o. 1☐	2☐	9☐	33	o.	1☐	2☐	9☐	34

3. Do you now have any of the following implants?	Yes	No	DK	
a. Any shunt that drains away fluid?	a. 1☐	2☐	9☐	35
b. An artificial joint?	b. 1☐	2☐	9☐	36
c. Implanted lens?	c. 1☐	2☐	9☐	37
d. Implanted pin, screw, nail, wire, rod, or plate?	d. 1☐	2☐	9☐	38
e. An artificial heart valve?	e. 1☐	2☐	9☐	39
f. A pacemaker?	f. 1☐	2☐	9☐	40
g. Silicone implant?	g. 1☐	2☐	9☐	41
h. Infusion pump?	h. 1☐	2☐	9☐	42
i. Implanted catheter?	i. 1☐	2☐	9☐	43
j. An organ implant?	j. 1☐	2☐	9☐	44
k. A cochlear (kŏk′lē-ər) implant?	k. 1☐	2☐	9☐	45

Notes

Section F – HEALTH INSURANCE

The next questions are about health insurance coverage.

There are several government programs that provide medical care or help pay medical bills.

People covered by Medicare have a card that looks like this.

SHOW MEDICARE CARD.

1a. **In *(month)*, were you covered by Medicare?** — 46

1 ☐ Yes *(Go to 1b)*
2 ☐ No } *(Skip to 2)*
9 ☐ DK }

b. **How long have you been covered by Medicare?** — 47

Read categories if necessary.

Mark (X) only one.

1 ☐ Less than 6 months
2 ☐ 6 months, but less than 1 year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years or more
9 ☐ DK

There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called *(state name)*. — 48

2a. **In *(month)*, were you covered by MEDICAID or *(state name)*?**

1 ☐ Yes *(Go to 2b)*
2 ☐ No } *(Skip to 3)*
9 ☐ DK }

b. **How long have you had MEDICAID or *(state name)* coverage?** — 49

Read categories if necessary.

Mark (X) only one.

1 ☐ Less than 6 months
2 ☐ 6 months, but less than 1 year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

3. **In *(month)*, were you covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is your ONLY source of care.** — 50

1 ☐ Yes
2 ☐ No
9 ☐ DK

4a. **In *(month)*, were you covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?** — 51

1 ☐ Yes *(Go to 4b)*
2 ☐ No } *(Skip to 5)*
9 ☐ DK }

b. **Was this CHAMPUS, or CHAMP-VA?** — 52

Read if necessary: **CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. **In *(month)*, were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?** — 53

1 ☐ Yes
2 ☐ No
9 ☐ DK

5. **In *(month)*, were you covered by the Indian Health Service?** — 54

1 ☐ Yes
2 ☐ No
9 ☐ DK

6a. **(Not counting the government health programs we just mentioned), in *(month)*, were you covered by a private health insurance plan?** — 55

Read if necessary: **Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.**

1 ☐ Yes *(Go to 6b)*
2 ☐ No } *(Skip to Section G on page 13)*
9 ☐ DK }

b. **Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union?** — 56

Mark (X) only one

1 ☐ Employer
2 ☐ Union
3 ☐ Through workplace, DK which
4 ☐ No
9 ☐ DK

RT 15
3-4

Section G – ASSISTANCE WITH KEY ACTIVITIES

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

Ask 1a–j before asking 2 and 3.

Ask 2 and 3 for each "Yes" in 1a–j.

1. By yourself and not using aids, do you have any difficulty —		**2. How much difficulty do you have *(activity)*, some, a lot, or are you unable to do it?**	**3. For how long have you [had some difficulty/had a lot of difficulty/been unable to] *(activity)*?**
a. Walking for a quarter of a mile, (that is about 2 or 3 blocks)?	5 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	7-8 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
b. Walking up 10 steps without resting?	9 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	10 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	11-12 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
c. Standing or being on your feet for about 2 hours?	13 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	14 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	15-16 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
d. Sitting for about 2 hours?	17 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	18 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	19-20 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
By yourself and not using aids, do you have any difficulty — **e. Stooping, crouching, or kneeling?**	21 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	22 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	23-24 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
f. Reaching up over your head?	25 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	26 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	27-28 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
g. Reaching out (as if to shake someone's hand)?	29 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	30 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	31-32 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
h. Using your fingers to grasp or handle?	33 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	34 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	35-36 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
By yourself and not using aids, do you have any difficulty — **i. Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?**	37 1 ☐ Yes *(Go to j)* 2 ☐ No *(Skip to 2)* 9 ☐ NA/DK *(Go to j)*	38 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	39-40 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	41 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	42 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	43-44 00 ☐ Less than 1 year 99 ☐ DK _____ Number of years

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

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

Ask questions 4A–G before continuing to Item G1.

	(A) RT 16 3-4 Bathing or showering?	(B) RT 17 3-4 Dressing?	(C) RT 18 3-4 Eating?
4. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark box 3.*	4. 5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason 9☐ DK	4. 5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason 9☐ DK	4. 5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason 9☐ DK

	(A) Bathing or showering	(B) Dressing	(C) Eating
ITEM G1	G1 6 *Refer to question 4.* 1☐ "Yes" marked *(Go to 5)* 2☐ All other *(Go to G1 for next activity)*	G1 6 *Refer to question 4.* 1☐ "Yes" marked *(Go to 5)* 2☐ All other *(Go to G1 for next activity)*	G1 6 *Refer to question 4.* 1☐ "Yes" marked *(Go to 5)* 2☐ All other *(Go to G1 for next activity)*
5. By yourself and without using special equipment, how much difficulty do you have *(activity)*, some, a lot, or are you unable to do it?	5. 7 1☐ Some 2☐ A lot } *(Go to 6)* 3☐ Unable *(G1 for next activity)* 9☐ DK *(Go to 6)*	5. 7 1☐ Some 2☐ A lot } *(Go to 6)* 3☐ Unable *(G1 for next activity)* 9☐ DK *(Go to 6)*	5. 7 1☐ Some 2☐ A lot } *(Go to 6)* 3☐ Unable *(G1 for next activity)* 9☐ DK *(Go to 6)*
6. When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is *(activity)* by yourself —	6. 8 0☐ Never do without help or special equipment *(Go to G1 for next activity)*	6. 8 0☐ Never do without help or special equipment *(Go to G1 for next activity)*	6. 8 0☐ Never do without help or special equipment *(Go to G1 for next activity)*
(1) Very tiring?	(1) 1☐ Yes 2☐ No 9☐ DK 9	(1) 1☐ Yes 2☐ No 9☐ DK 9	(1) 1☐ Yes 2☐ No 9☐ DK 9
(2) Does *(activity)* take a long time?	(2) 1☐ Yes 2☐ No 9☐ DK 10	(2) 1☐ Yes 2☐ No 9☐ DK 10	(2) 1☐ Yes 2☐ No 9☐ DK 10
(3) Is it very painful?	(3) 1☐ Yes 2☐ No 9☐ DK 11	(3) 1☐ Yes 2☐ No 9☐ DK 11	(3) 1☐ Yes 2☐ No 9☐ DK 11
	(Go to G1 for next activity)	*(Go to G1 for next activity)*	*(Go to G1 for next activity)*

	(A) Bathing or showering	(B) Dressing	(C) Eating
ITEM G2	G2 12 *Refer to question 4.* 1☐ Box 3 marked *(Go to G2 for next activity)* 2☐ All other *(Go to 7)*	G2 12 *Refer to question 4.* 1☐ Box 3 marked *(Go to G2 for next activity)* 2☐ All other *(Go to 7)*	G2 12 *Refer to question 4.* 1☐ Box 3 marked *(Go to G2 for next activity)* 2☐ All other *(Go to 7)*
7a. Do you use any special equipment or aids in *(activity)*?	7a. 13 1☐ Yes *(Go to 7b)* 2☐ No *(Go to G2 for next activity)*	7a. 13 1☐ Yes *(Go to 7b)* 2☐ No *(Go to G2 for next activity)*	7a. 13 1☐ Yes *(Go to 7b)* 2☐ No *(Go to G2 for next activity)*
b. What special equipment or aids do you use? *Anything else?* *Mark (X) all that apply.*	b. 1☐ Stool, seat or chair 14 2☐ Handbar or rail 15 3☐ Other 16 9☐ DK 17	b. 1☐ Special clothes 14 2☐ Special fasteners 15 3☐ Cord, string, zipper pull 16 4☐ Orthopedic shoes 17 5☐ Other 18 9☐ DK 19	b. 1☐ Oversized eating equipment 14 2☐ Bed or lap tray 15 3☐ Covered cup/ modified bowl 16 4☐ Other 17 9☐ DK 18
c. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is *(activity)* —	c. 18 0☐ Never do without help *(Go to G2 for next activity)*	c. 20 0☐ Never do without help *(Go to G2 for next activity)*	c. 19 0☐ Never do without help *(Go to G2 for next activity)*
(1) Very tiring?	(1) 1☐ Yes 2☐ No 9☐ DK 19	(1) 1☐ Yes 2☐ No 9☐ DK 21	(1) 1☐ Yes 2☐ No 9☐ DK 20
(2) Does *(activity)* take a long time?	(2) 1☐ Yes 2☐ No 9☐ DK 20	(2) 1☐ Yes 2☐ No 9☐ DK 22	(2) 1☐ Yes 2☐ No 9☐ DK 21
(3) Is it very painful?	(3) 1☐ Yes 2☐ No 9☐ DK 21	(3) 1☐ Yes 2☐ No 9☐ DK 23	(3) 1☐ Yes 2☐ No 9☐ DK 22
	(Go to G2 for next activity)	*(Go to G2 for next activity)*	*(Go to G2 for next activity)*

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

(D) RT 19 3-4 Getting in and out of bed or chairs?

4. 5
1☐ Yes
2☐ No
3☐ Doesn't do for other reason
9☐ DK

(E) RT 20 3-4 Walking?

4. 5
1☐ Yes
2☐ No
3☐ Doesn't do for other reason
9☐ DK

(F) RT 21 3-4 Getting outside?

4. 5
1☐ Yes
2☐ No
3☐ Doesn't do for other reason
9☐ DK

(G) RT 22 3-4 Using the toilet, including getting to the toilet?

4. 5
1☐ Yes
2☐ No
3☐ Doesn't do for other reason
9☐ DK

(D) Getting in and out of bed or chairs

G1 6
Refer to question 4.
1☐ "Yes" marked *(Go to 5)*
2☐ All other *(Go to G1 for next activity)*

5. 7
1☐ Some, 2☐ A lot *(Go to 6)*
3☐ Unable *(Go to G1 for next activity)*
9☐ DK *(Go to 6)*

6. 8
0☐ Never do without help or special equipment *(Go to G1 for next activity)*
(1) 1☐ Yes 2☐ No 9☐ DK 9
(2) 1☐ Yes 2☐ No 9☐ DK 10
(3) 1☐ Yes 2☐ No 9☐ DK 11
(Go to G1 for next activity)

(E) Walking

G1 6
Refer to question 4.
1☐ "Yes" marked *(Go to 5)*
2☐ All other *(Go to G1 for next activity)*

5. 7
1☐ Some, 2☐ A lot *(Go to 6)*
3☐ Unable *(Go to G1 for next activity)*
9☐ DK *(Go to 6)*

6. 8
0☐ Never do without help or special equipment *(Go to G1 for next activity)*
(1) 1☐ Yes 2☐ No 9☐ DK 9
(2) 1☐ Yes 2☐ No 9☐ DK 10
(3) 1☐ Yes 2☐ No 9☐ DK 11
(Go to G1 for next activity)

(F) Getting outside

G1 6
Refer to question 4.
1☐ "Yes" marked *(Go to 5)*
2☐ All other *(Go to G1 for next activity)*

5. 7
1☐ Some, 2☐ A lot *(Go to 6)*
3☐ Unable *(Go to G1 for next activity)*
9☐ DK *(Go to 6)*

6. 8
0☐ Never do without help or special equipment *(Go to G1 for next activity)*
(1) 1☐ Yes 2☐ No 9☐ DK 9
(2) 1☐ Yes 2☐ No 9☐ DK 10
(3) 1☐ Yes 2☐ No 9☐ DK 11
(Go to G1 for next activity)

(G) Using the toilet, including getting to the toilet

G1 6
Refer to question 4.
1☐ "Yes" marked *(Go to 5)*
2☐ All other *(Skip to G2 for activity (A))*

5. 7
1☐ Some, 2☐ A lot *(Go to 6)*
3☐ Unable *(Go to G2 for activity (A))*
9☐ DK *(Go to 6)*

6. 8
0☐ Never do without help or special equipment *(Go to G2 for activity (A))*
(1) 1☐ Yes 2☐ No 9☐ DK 9
(2) 1☐ Yes 2☐ No 9☐ DK 10
(3) 1☐ Yes 2☐ No 9☐ DK 11
(Go to G2 for activity (A))

(D) Getting in and out of bed or chairs

G2 12
Refer to question 4.
1☐ Box 3 marked *(Go to G2 for next activity)*
2☐ All other *(Go to 7)*

7a. 13
1☐ Yes *(Go to 7b)*
2☐ No *(Go to G2 for next activity)*

b.
1☐ Cane or walking stick 14
2☐ Walker 15
3☐ Extra/special cushions 16
4☐ Special "raising seat" chair/lift chair 17
5☐ Hospital bed 18
6☐ Trapeze/sling 19
7☐ Ramp 20
8☐ Other 21
9☐ DK 22

c. 23
0☐ Never do without help *(Go to G2 for next activity)*
(1) 1☐ Yes 2☐ No 9☐ DK 24
(2) 1☐ Yes 2☐ No 9☐ DK 25
(3) 1☐ Yes 2☐ No 9☐ DK 26
(Go to G2 for next activity)

(E) Walking

G2 12
Refer to question 4.
1☐ Box 3 marked *(Go to G2 for next activity)*
2☐ All other *(Go to 7)*

7a. 13
1☐ Yes *(Go to 7b)*
2☐ No *(Go to G2 for next activity)*

b.
01☐ Cane or walking stick 14-15
02☐ Walker 16-17
03☐ Crutch or crutches 18-19
04☐ Wheelchair 20-21
05☐ Artificial leg 22-23
06☐ Brace 24-25
07☐ Guide dog 26-27
08☐ Oxygen/special breathing equipment 28-29
09☐ Other 30-31
99☐ DK 32-33

c. 34
0☐ Never do without help *(Go to G2 for next activity)*
(1) 1☐ Yes 2☐ No 9☐ DK 35
(2) 1☐ Yes 2☐ No 9☐ DK 36
(3) 1☐ Yes 2☐ No 9☐ DK 37
(Go to G2 for next activity)

(F) Getting outside

G2 12
Refer to question 4.
1☐ Box 3 marked *(Go to G2 for next activity)*
2☐ All other *(Go to 7)*

7a. 13
1☐ Yes *(Go to 7b)*
2☐ No *(Go to G2 for next activity)*

b.
01☐ Cane or walking stick 14-15
02☐ Walker 16-17
03☐ Crutch or crutches 18-19
04☐ Wheelchair 20-21
05☐ Artificial leg 22-23
06☐ Brace 24-25
07☐ Guide dog 26-27
08☐ Oxygen/special breathing equipment 28-29
09☐ Other 30-31
99☐ DK 32-33

c. 34
0☐ Never do without help *(Go to G2 for next activity)*
(1) 1☐ Yes 2☐ No 9☐ DK 35
(2) 1☐ Yes 2☐ No 9☐ DK 36
(3) 1☐ Yes 2☐ No 9☐ DK 37
(Go to G2 for next activity)

(G) Using the toilet, including getting to the toilet

G2 12
Refer to question 4.
1☐ Box 3 marked *(Skip to G3 on page 16)*
2☐ All other *(Go to 7)*

7a. 13
1☐ Yes *(Go to 7b)*
2☐ No *(Skip to G3 on page 16)*

b.
01☐ Cane or walking stick 14-15
02☐ Walker 16-17
03☐ Crutch or crutches 18-19
04☐ Wheelchair 20-21
05☐ Artificial leg 22-23
06☐ Brace 24-25
07☐ Guide dog 26-27
08☐ Bed pan 28-29
09☐ Raised toilet seat 30-31
10☐ Special toilet/portable toilet 32-33
11☐ Hand holds/rails near toilet 34-35
12☐ Other 36-37
99☐ DK 38-39

c. 40
0☐ Never do without help *(Go to G3 on page 16)*
(1) 1☐ Yes 2☐ No 9☐ DK 41
(2) 1☐ Yes 2☐ No 9☐ DK 42
(3) 1☐ Yes 2☐ No 9☐ DK 43
(Go to G3 on page 16)

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM G3	(A) Bathing or showering — RT 16	(B) Dressing — RT 17	(C) Eating — RT 18
	G3 — 22 — *Refer to question 4 on page 14.* 1 ☐ Box 3 marked *(Go to G3 for next activity)* 2 ☐ All other *(Go to 8)*	G3 — 24 — *Refer to question 4 on page 14.* 1 ☐ Box 3 marked *(Go to G3 for next activity)* 2 ☐ All other *(Go to 8)*	G3 — 23 — *Refer to question 4 on page 14.* 1 ☐ Box 3 marked *(Go to G3 for next activity)* 2 ☐ All other *(Go to 8)*
8a. Do you receive help from another person in *(activity)*?	8a. — 23 — 1 ☐ Yes *(Go to 8b)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	8a. — 25 — 1 ☐ Yes *(Go to 8b)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	8a. — 24 — 1 ☐ Yes *(Go to 8b)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*
b. Is this hands-on help?	b. — 24 — 1 ☐ Yes *(Go to 8c)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	b. — 26 — 1 ☐ Yes *(Go to 8c)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	b. — 25 — 1 ☐ Yes *(Go to 8c)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is *(activity)* —	c. — 25 — 0 ☐ Never does activity *(Skip to 8e)*	c. — 27 — 0 ☐ Never does activity *(Skip to 8e)*	c. — 26 — 0 ☐ Never does activity *(Skip to 8e)*
(1) Very tiring?	(1) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 26	(1) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 28	(1) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 27
(2) Does *(activity)* take a long time?	(2) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 27	(2) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 29	(2) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 28
(3) Is it very painful?	(3) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 28	(3) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 30	(3) — 1 ☐ Yes 2 ☐ No 9 ☐ DK — 29
d. How often do you have hands-on help with *(activity)*? Would you say always, sometimes, or rarely?	d. — 29 — 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	d. — 31 — 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	d. — 30 — 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
e. Do you need (more) hands-on help with *(activity)*?	e. — 30 — 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G3 for next activity)*	e. — 32 — 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G3 for next activity)*	e. — 31 — 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G3 for next activity)*

ITEM G4	(A) Bathing or showering	(B) Dressing	(C) Eating
	G4 — 31 — *Refer to G3 and 8b above.* 1 ☐ Box 1 marked in G3 *(Go to G4 for next activity)* 2 ☐ "Yes" in 8b *(Go to G4 for next activity)* 3 ☐ All other *(Go to 9)*	G4 — 33 — *Refer to G3 and 8b above.* 1 ☐ Box 1 marked in G3 *(Go to G4 for next activity)* 2 ☐ "Yes" in 8b *(Go to G4 for next activity)* 3 ☐ All other *(Go to 9)*	G4 — 32 — *Refer to G3 and 8b above.* 1 ☐ Box 1 marked in G3 *(Go to G4 for next activity)* 2 ☐ "Yes" in 8b *(Go to G4 for next activity)* 3 ☐ All other *(Go to 9)*
READ ONCE – **Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.**	32	34	33
9a. Do you have someone who supervises you or stays nearby when you are *(activity)*?	9a. — 1 ☐ Yes *(Go to 9b)* 2 ☐ No 9 ☐ DK *(Skip to 11)*	9a. — 1 ☐ Yes *(Go to 9b)* 2 ☐ No 9 ☐ DK *(Skip to 11)*	9a. — 1 ☐ Yes *(Go to 9b)* 2 ☐ No 9 ☐ DK *(Skip to 11)*
b. Does this person provide —	b. — 33	b. — 35	b. — 34
(1) Supervisory help, such as making sure the activity is performed correctly when you are *(activity)*?	(1) — 1 ☐ Yes 2 ☐ No 9 ☐ DK	(1) — 1 ☐ Yes 2 ☐ No 9 ☐ DK	(1) — 1 ☐ Yes 2 ☐ No 9 ☐ DK
(2) Standby help, such as observing to see if any help is needed when you are *(activity)*?	(2) — 34 — 1 ☐ Yes 2 ☐ No 9 ☐ DK	(2) — 36 — 1 ☐ Yes 2 ☐ No 9 ☐ DK	(2) — 35 — 1 ☐ Yes 2 ☐ No 9 ☐ DK
10. How often do you have supervision or standby help when you are *(activity)*? Would you say always, sometimes, or rarely?	10. — 35 — 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	10. — 37 — 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	10. — 36 — 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
11. Do you need (more) supervision or standby help with *(activity)*?	11. — 36 — 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G4 for next activity)*	11. — 38 — 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G4 for next activity)*	11. — 37 — 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G4 for next activity)*

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(D) Getting in and out of bed or chairs RT 19	(E) Walking RT 20	(F) Getting outside RT 21	(G) Using the toilet, including getting to the toilet RT 22
G3	27 *Refer to question 4 on page 15.* 1 ☐ Box 3 marked *(Go to G3 for next activity)* 2 ☐ All other *(Go to 8)*	38 *Refer to question 4 on page 15.* 1 ☐ Box 3 marked *(Go to G3 for next activity)* 2 ☐ All other *(Go to 8)*	38 *Refer to question 4 on page 15.* 1 ☐ Box 3 marked *(Go to G3 for next activity)* 2 ☐ All other *(Go to 8)*	44 *Refer to question 4 on page 15.* 1 ☐ Box 3 marked *(Skip to G4 for activity (A))* 2 ☐ All other *(Go to 8)*
8a.	28 1 ☐ Yes *(Go to 8b)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	39 1 ☐ Yes *(Go to 8b)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	39 1 ☐ Yes *(Go to 8b)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	45 1 ☐ Yes *(Go to 8b)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*
b.	29 1 ☐ Yes *(Go to 8c)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	40 1 ☐ Yes *(Go to 8c)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	40 1 ☐ Yes *(Go to 8c)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*	46 1 ☐ Yes *(Go to 8c)* 2 ☐ No 9 ☐ DK *(Skip to 8e)*
c.	30 0 ☐ Never does activity *(Skip to 8e)*	41 0 ☐ Never does activity *(Go to 8e)*	41 0 ☐ Never does activity *(Skip to 8e)*	47 0 ☐ Never does activity *(Skip to 8e)*
(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK 31	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 42	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 42	(1) 1 ☐ Yes 2 ☐ No 9 ☐ DK 48
(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK 32	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 43	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 43	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK 49
(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK 33	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 44	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 44	(3) 1 ☐ Yes 2 ☐ No 9 ☐ DK 50
d.	34 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	45 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	45 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	51 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
e.	35 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G3 for next activity)*	46 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G3 for next activity)*	46 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G3 for next activity)*	52 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G4 for activity (A))*

	(D) Getting in and out of bed or chairs	(E) Walking	(F) Getting outside	(G) Using the toilet, including getting to the toilet
G4	36 *Refer to G3 and 8b above.* 1 ☐ Box 1 marked in G3 *(Go to G4 for next activity)* 2 ☐ "Yes" in 8b *(Go to G4 for next activity)* 3 ☐ All other *(Go to 9)*	47 *Refer to G3 and 8b above.* 1 ☐ Box 1 marked in G3 *(Go to G4 for next activity)* 2 ☐ "Yes" in 8b *(Go to G4 for next activity)* 3 ☐ All other *(Go to 9)*	47 *Refer to G3 and 8b above.* 1 ☐ Box 1 marked in G3 *(Go to G4 for next activity)* 2 ☐ "Yes" in 8b *(Go to G4 for next activity)* 3 ☐ All other *(Go to 9)*	53 *Refer to G3 and 8b above.* 1 ☐ Box 1 marked in G3 *(Skip to G5 on page 18)* 2 ☐ "Yes" in 8b *(Skip to G5 on page 18)* 3 ☐ All other *(Go to 9)*
9a.	37 1 ☐ Yes *(Go to 9b)* 2 ☐ No 9 ☐ DK *(Skip to 11)*	48 1 ☐ Yes *(Go to 9b)* 2 ☐ No 9 ☐ DK *(Skip to 11)*	48 1 ☐ Yes *(Go to 9b)* 2 ☐ No 9 ☐ DK *(Skip to 11)*	54 1 ☐ Yes *(Go to 9b)* 2 ☐ No 9 ☐ DK *(Skip to 11)*
b. **(1)**	38 1 ☐ Yes 2 ☐ No 9 ☐ DK	b. (1) 49 1 ☐ Yes 2 ☐ No 9 ☐ DK	b. (1) 49 1 ☐ Yes 2 ☐ No 9 ☐ DK	b. (1) 55 1 ☐ Yes 2 ☐ No 9 ☐ DK
(2)	39 1 ☐ Yes 2 ☐ No 9 ☐ DK	(2) 50 1 ☐ Yes 2 ☐ No 9 ☐ DK	(2) 50 1 ☐ Yes 2 ☐ No 9 ☐ DK	(2) 56 1 ☐ Yes 2 ☐ No 9 ☐ DK
10.	40 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	51 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	51 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	57 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
11.	41 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G4 for next activity)*	52 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G4 for next activity)*	52 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G4 for next activity)*	58 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G5 on page 18)*

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM G5	(A) Bathing or showering — RT 16	(B) Dressing — RT 17	(C) Eating — RT 18
G5	*Refer to 8a, 8e, 9a and 11 on page 16.* — 37 1 ☐ Any "Yes" *(Go to 12)* 2 ☐ All other *(Go to G5 for activity (B))*	*Refer to 8a, 8e, 9a and 11 on page 16.* — 39 1 ☐ Any "Yes" *(Go to 12)* 2 ☐ All other *(Go to G5 for activity (C))*	*Refer to 8a, 8e, 9a and 11 on page 16.* — 38 1 ☐ Any "Yes" *(Go to 12)* 2 ☐ All other *(Go to G5 for activity (D))*
12a.	**How often do you have a complete bath? This could be a tub bath, shower, sink bath or bed bath. Would you say —** *(Read categories)* 1 ☐ **Everyday,** — 38 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Less than once a week?** 9 ☐ DK	**Do you get dressed for the day —** *(Read categories)* — 40 1 ☐ **Everyday,** *(Skip to 13)* 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Do you stay in night clothes?** *(Go to 12b)* 9 ☐ DK	**During the past month, were there times you were unable to eat when you were hungry because no one was available to help you eat?** 1 ☐ Yes — 39 2 ☐ No 9 ☐ DK
b.	**How often do you have a partial bath? Would you say —** *(Read categories)* 1 ☐ **Everyday,** — 39 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Less than once a week?** 9 ☐ DK	**How often do you change your night clothes? Would you say —** *(Read categories)* 1 ☐ **Everyday,** — 41 2 ☐ **2–3 times per week,** 3 ☐ **Once a week, or** 4 ☐ **Less than once a week?** 9 ☐ DK	**During the past month, have you —** **(1) Lost any weight because you were on a diet?** 1 ☐ Yes — 40 2 ☐ No 9 ☐ DK
13a.	**During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked?** *If necessary:* **That can be either physical or emotional discomfort.** 1 ☐ Yes — 40 2 ☐ No 9 ☐ DK	**13. During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked because you did not have help?** 1 ☐ Yes *(Go to G5 for activity (C))* — 42 2 ☐ No 9 ☐ DK	**(2) Lost weight even though you were not on a diet?** 1 ☐ Yes — 41 2 ☐ No 9 ☐ DK
b.	**During the past month, did you experience a burn or scald caused by bathing with water that was too hot?** 1 ☐ Yes *(Go to G5 for activity (B))* — 41 2 ☐ No 9 ☐ DK		**(3) Been dehydrated, that is not had enough liquid in your diet?** 1 ☐ Yes *(Go to G5 for activity (D))* — 42 2 ☐ No 9 ☐ DK *If necessary:* **If you were dehydrated, you might have been thirsty or lost body fluids.**

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

(D) Getting in and out of bed or chairs — RT 19

G5 *Refer to 8a, 8e, 9a and 11 on page 17.* — 42

1 ☐ Any "Yes" *(Go to 12)*
2 ☐ All other *(Go to G5 for activity (E))*

12a. **Because of a health or physical problem, do you usually stay in bed all or most of the time?**

1 ☐ Yes *(Skip to G5 for activity (E))* — 43
2 ☐ No
9 ☐ DK
(Go to 12b)

b. **Because of a health or physical problem, do you usually stay in a chair all or most of the time?**

1 ☐ Yes — 44
2 ☐ No
9 ☐ DK

c. **How often do you get out of bed? Would you say —** *(Read categories)*

1 ☐ **Everyday,** — 45
2 ☐ **2–3 times per week,**
3 ☐ **Once a week, or**
4 ☐ **Less than once a week?**
9 ☐ DK

(Go to G5 for activity (E))

(E) Walking — RT 20

G5 *Refer to 8a, 8e, 9a and 11 on page 17.* — 53

1 ☐ Any "Yes" *(Go to 12)*
2 ☐ All other *(Go to G5 for activity (G))*

12a. **How often do you move around your [house/apartment/room]? Would you say —** *(Read categories)*

1 ☐ **Whenever you want,** — 54
2 ☐ **Often enough to stretch and have a change of scenery now and then,**
3 ☐ **Often enough to take care of toileting needs but not much more than that, or**
4 ☐ **Not often enough even to use the bathroom?**
9 ☐ DK

(Go to G5 for activity (G))

(G) Using the toilet, including getting to the toilet — RT 22

G5 *Refer to 8a, 8e, 9a and 11 on page 17.* — 59

1 ☐ Any "Yes" *(Go to 12)*
2 ☐ All other *(Skip to G6 on page 20)*

12a. **During the past month, did you experience discomfort because you did not have help getting to the bathroom or changing soiled clothing as often as you needed to?**

If necessary: **That can be either physical or emotional discomfort.**

1 ☐ Yes — 60
2 ☐ No
9 ☐ DK

b. **During the past month, did you wet or soil yourself because you did not have help getting to the bathroom, using a bed pan or using a commode?**

1 ☐ Yes *(Go to 12c)* — 61
2 ☐ No
9 ☐ DK
(Skip to 12d)

c. **During the past month, did you experience skin problems such as a rash or irritation because of this?**

1 ☐ Yes — 62
2 ☐ No
9 ☐ DK

d. **During the past month, did you use a commode or bed pan because no help was available?**

1 ☐ Yes — 63
2 ☐ No
9 ☐ DK

(Go to G6 on page 20)

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM G6

Refer to question 4 for activities A–G on pages 14 and 15. Indicate the activities marked "Yes".

Insert these marked activities when asking 14.

- ☐ **A.** Bathing or showering
- ☐ **B.** Dressing
- ☐ **C.** Eating
- ☐ **D.** Getting in and out of bed or chairs
- ☐ **E.** Walking
- ☐ **F.** Getting outside
- ☐ **G.** Using the toilet, including getting to the toilet
- ☐ No activities marked *(Skip to 15)*

Insert activities marked in G6.

14a. What (other) condition causes the trouble in *(activities)*?

Record conditions and ask 14b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

5-6
7-8

00 ☐ No condition *(Skip to 15)*
01 ☐ Old age *(Go to 14c)*

9-10 **(a)** _____

11-12 **(b)** _____

13-14 **(c)** _____

15-16 **(d)** _____

17-18 **(e)** _____

b. Besides *(condition)*, **is there any other condition which causes this trouble in** *(activities)*?

19

1 ☐ Yes *(Reask 14a and 14b)*
2 ☐ No } *(Go to 15)*
9 ☐ DK }

c. Is this trouble in *(activities)* **caused by any specific condition?**

20

1 ☐ Yes *(Reask 14a and 14b)*
2 ☐ No } *(Go to 15)*
9 ☐ DK }

15a. Do you have difficulty controlling your bowels?

21

1 ☐ Yes *(Go to 15b)*
2 ☐ No } *(Skip to 15c)*
9 ☐ DK }

b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?

Mark (X) only one.

22

1 ☐ Daily
2 ☐ Several times a week
3 ☐ Once a week
4 ☐ Less than once a week
9 ☐ DK

c. Do you have a colostomy or a device to help control bowel movements?

23

1 ☐ Yes *(Go to 15d)*
2 ☐ No } *(Skip to 16a on page 21)*
9 ☐ DK }

d. Do you need help from another person in taking care of this device?

24

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

16a. Do you have difficulty controlling urination? — 25

1 ☐ Yes *(Go to 16b)*
2 ☐ No } *(Skip to 16c)*
9 ☐ DK }

b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? — 26

Mark (X) only one.

1 ☐ Daily
2 ☐ Several times a week
3 ☐ Once a week
4 ☐ Less than once a week
9 ☐ DK

c. Do you have a urinary catheter or a device to help control urination? — 27

1 ☐ Yes *(Go to 16d)*
2 ☐ No } *(Skip to Item G7)*
9 ☐ DK }

d. Do you need help from another person in taking care of this device? — 28

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM G7 Status of SP. — 29

1 ☐ Institutionalized *(Skip to 27 on page 28)*
2 ☐ All others *(Go to 17 on page 22)*

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

READ TO RESPONDENT: **These questions are about some other activities. Please tell me about doing them by yourself.**

Ask questions 17(H)–(O) before continuing to Item G8.

	(H) RT 24 3-4 **Preparing your own meals?**	(I) RT 25 3-4 **Shopping for groceries and personal items, such as toilet items or medicines?**	(J) RT 26 3-4 **Managing your money, such as keeping track of expenses or paying bills?**
17. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?* *If "Yes", mark box 1; if "No" mark box 3.*	17. 1 ☐ Yes 5 2 ☐ No 3 ☐ Doesn't do for other reason ↙ **Does someone else regularly do this for you?** 4 ☐ Yes 6 5 ☐ No	1 ☐ Yes 5 2 ☐ No 3 ☐ Doesn't do for other reason ↙ **Does someone else regularly do this for you?** 4 ☐ Yes 6 5 ☐ No	1 ☐ Yes 5 2 ☐ No 3 ☐ Doesn't do for other reason ↙ **Does someone else regularly do this for you?** 4 ☐ Yes 6 5 ☐ No
ITEM G8	**G8**		
	(H) **Preparing your own meals**	(I) **Shopping for groceries and personal items**	(J) **Managing your money**
	7 *Refer to question 17.* 1 ☐ Box 1 "Yes" marked *(Go to 18)* 2 ☐ All other *(Go to G8 for next activity)*	7 *Refer to question 17.* 1 ☐ Box 1 "Yes" marked *(Go to 18)* 2 ☐ All other *(Go to G8 for next activity)*	7 *Refer to question 17.* 1 ☐ Box 1 "Yes" marked *(Go to 18)* 2 ☐ All other *(Go to G8 for next activity)*
18. By yourself, how much difficulty do you have *(activity)*, — some, a lot, or are you unable to do it?	18. 8 1 ☐ Some } *(Go to 19)* 2 ☐ A lot } 3 ☐ Unable *(Go to G8 for next activity)* 9 ☐ DK *(Go to 19)*	8 1 ☐ Some } *(Go to 19)* 2 ☐ A lot } 3 ☐ Unable *(Go to G8 for next activity)* 9 ☐ DK *(Go to 19)*	8 1 ☐ Some } *(Go to 19)* 2 ☐ A lot } 3 ☐ Unable *(Go to G8 for next activity)* 9 ☐ DK *(Go to 19)*
19. When you DO NOT HAVE HELP, is *(activity)* by yourself —	9 0 ☐ Never do without help *(Go to G8 for next activity)*	9 0 ☐ Never do without help *(Go to G8 for next activity)*	9 0 ☐ Never do without help *(Go to G8 for next activity)*
	Yes No DK	Yes No DK	Yes No DK
a. Very tiring?	19a. 1 ☐ 2 ☐ 9 ☐ 10	1 ☐ 2 ☐ 9 ☐ 10	1 ☐ 2 ☐ 9 ☐ 10
b. Does *(activity)* take a long time?	b. 1 ☐ 2 ☐ 9 ☐ 11	1 ☐ 2 ☐ 9 ☐ 11	1 ☐ 2 ☐ 9 ☐ 11
c. Is it very painful?	c. 1 ☐ 2 ☐ 9 ☐ 12	1 ☐ 2 ☐ 9 ☐ 12	1 ☐ 2 ☐ 9 ☐ 12
	(Go to G8 for next activity)	*(Go to G8 for next activity)*	*(Go to G8 for next activity)*

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(K) RT 27 3-4 Using the telephone?	(L) RT 28 3-4 Doing heavy housework, like scrubbing floors, or washing windows?	(M) RT 29 3-4 Doing light housework, like doing dishes, straightening up, or light cleaning?	(N) RT 30 3-4 Getting to places outside of walking distance?	(O) RT 31 3-4 Managing your medication?
17.	5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason **Does someone else regularly do this for you?** 4☐ Yes 6 5☐ No	5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason **Does someone else regularly do this for you?** 4☐ Yes 6 5☐ No	5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason **Does someone else regularly do this for you?** 4☐ Yes 6 5☐ No	5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason **Does someone else regularly do this for you?** 4☐ Yes 6 5☐ No	5 1☐ Yes 2☐ No 3☐ Doesn't do for other reason **Does someone else regularly do this for you?** 4☐ Yes 6 5☐ No

	(K) Using the telephone	(L) Doing heavy housework	(M) Doing light housework	(N) Getting to places outside of walking distance	(O) Managing your medication
G8	7 *Refer to question 17.* 1☐ Box 1 "Yes" marked *(Go to 18)* 2☐ All other *(Go to G8 for next activity)*	7 *Refer to question 17.* 1☐ Box 1 "Yes" marked *(Go to 18)* 2☐ All other *(Go to G8 for next activity)*	7 *Refer to question 17.* 1☐ Box 1 "Yes" marked *(Go to 18)* 2☐ All other *(Go to G8 for next activity)*	7 *Refer to question 17.* 1☐ Box 1 "Yes" marked *(Go to 18)* 2☐ All other *(Go to G8 for next activity)*	7 *Refer to question 17.* 1☐ Box 1 "Yes" marked *(Go to 18)* 2☐ All other *(Skip to G9 on page 24)*
18.	8 1☐ Some, 2☐ A lot *(Go to 19)* 3☐ Unable *(Go to G8 for next activity)* 9☐ DK *(Go to 19)*	8 1☐ Some, 2☐ A lot *(Go to 19)* 3☐ Unable *(Go to G8 for next activity)* 9☐ DK *(Go to 19)*	8 1☐ Some, 2☐ A lot *(Go to 19)* 3☐ Unable *(Go to G8 for next activity)* 9☐ DK *(Go to 19)*	8 1☐ Some, 2☐ A lot *(Go to 19)* 3☐ Unable *(Go to G8 for next activity)* 9☐ DK *(Go to 19)*	8 1☐ Some, 2☐ A lot *(Go to 19)* 3☐ Unable *(Skip to G9 on page 24)* 9☐ DK *(Go to 19)*
	9 0☐ Never do without help *(Go to G8 for next activity)* Yes No DK	9 0☐ Never do without help *(Go to G8 for next activity)* Yes No DK	9 0☐ Never do without help *(Go to G8 for next activity)* Yes No DK	9 0☐ Never do without help *(Go to G8 for next activity)* Yes No DK	9 0☐ Never do without help *(Skip to G9 for activity (H))* Yes No DK
19a.	1☐ 2☐ 9☐ 10	1☐ 2☐ 9☐ 10	1☐ 2☐ 9☐ 10	1☐ 2☐ 9☐ 10	1☐ 2☐ 9☐ 10
b.	1☐ 2☐ 9☐ 11	1☐ 2☐ 9☐ 11	1☐ 2☐ 9☐ 11	1☐ 2☐ 9☐ 11	1☐ 2☐ 9☐ 11
c.	1☐ 2☐ 9☐ 12	1☐ 2☐ 9☐ 12	1☐ 2☐ 9☐ 12	1☐ 2☐ 9☐ 12	1☐ 2☐ 9☐ 12
	(Go to G8 for next activity)	*(Go to G8 for next activity)*	*(Go to G8 for next activity)*	*(Go to G8 for next activity)*	*(Go to G9 on page 24)*

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

		(H) RT 24 Preparing your own meals	(I) RT 25 Shopping for groceries and personal items	(J) RT 26 Managing your money
ITEM G9	G9	13 *Refer to question 17 on page 22.* 1 ☐ Box 3 marked *(Go to G9 for next activity)* 2 ☐ All others *(Go to 20)*	13 *Refer to question 17 on page 22.* 1 ☐ Box 3 marked *(Go to G9 for next activity)* 2 ☐ All others *(Go to 20)*	13 *Refer to question 17 on page 22.* 1 ☐ Box 3 marked *(Go to G9 for next activity)* 2 ☐ All others *(Go to 20)*
20a. Do you receive help from another person in _(activity)_?	20a.	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No, 9 ☐ DK *(Skip to 20e)*	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No, 9 ☐ DK *(Skip to 20e)*	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No, 9 ☐ DK *(Skip to 20e)*
b. Is this hands-on help?	b.	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No, 9 ☐ DK *(Skip to 20e)*	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No, 9 ☐ DK *(Skip to 20e)*	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No, 9 ☐ DK *(Skip to 20e)*
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is _(activity)_:	c.	16 0 ☐ Never does activity *(Skip to 20e)* Yes / No / DK	16 0 ☐ Never does activity *(Skip to 20e)* Yes / No / DK	16 0 ☐ Never does activity *(Skip to 20e)* Yes / No / DK
(1) Very tiring?	(1)	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17
(2) Does _(activity)_ take a long time?	(2)	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18
(3) Is it very painful?	(3)	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19
d. How often do you have hands-on help with _(activity)_? Would you say always, sometimes, or rarely?	d.	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
e. Do you need (more) hands-on help with _(activity)_?	e.	21 1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Go to G9 for next activity)*	21 1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Go to G9 for next activity)*	21 1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Go to G9 for next activity)*

		(H) RT 24 Preparing your own meals	(I) RT 25 Shopping for groceries and personal items	(J) RT 26 Managing your money
ITEM G10	G10	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Go to G10 for next activity)* 2 ☐ "Yes" marked in 20b *(Go to G10 for next activity)* 3 ☐ Other *(Go to 21)*	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Go to G10 for next activity)* 2 ☐ "Yes" marked in 20b *(Go to G10 for next activity)* 3 ☐ Other *(Go to 21)*	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Go to G10 for next activity)* 2 ☐ "Yes" marked in 20b *(Go to G10 for next activity)* 3 ☐ Other *(Go to 21)*
READ ONCE: **Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.** **21a. Do you have someone who supervises you or stays nearby when you are _(activity)_?**	21a.	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No, 9 ☐ DK *(Skip to 23)*	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No, 9 ☐ DK *(Skip to 23)*	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No, 9 ☐ DK *(Skip to 23)*
b. Does this person provide — **(1) Supervisory help, such as making sure the activity is performed correctly when you are _(activity)_?**	b. (1)	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK
(2) Stand-by help, such as observing to see if any help is needed when you are _(activity)_?	(2)	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK
22. How often do you have supervision or standby help when you are _(activity)_? Would you say always, sometimes, or rarely?	22.	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
23. Do you need (more) supervision or standby help with _(activity)_?	23.	27 1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Go to G10 for next activity)*	27 1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Go to G10 for next activity)*	27 1 ☐ Yes, 2 ☐ No, 9 ☐ DK *(Go to G10 for next activity)*

Notes

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Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(K) RT 27 **Using the telephone**	(L) RT 28 **Doing heavy housework**	(M) RT 29 **Doing light housework**	(N) RT 30 **Getting to places outside of walking distance**	(O) RT 31 **Managing your medication**
G9	13 *Refer to question 17 on page 23.* 1 ☐ Box 3 marked *(Go to G9 for next activity)* 2 ☐ All others *(Go to 20)*	13 *Refer to question 17 on page 23.* 1 ☐ Box 3 marked *(Go to G9 for next activity)* 2 ☐ All others *(Go to 20)*	13 *Refer to question 17 on page 23.* 1 ☐ Box 3 marked *(Go to G9 for next activity)* 2 ☐ All others *(Go to 20)*	13 *Refer to question 17 on page 23.* 1 ☐ Box 3 marked *(Go to G9 for next activity)* 2 ☐ All others *(Go to 20)*	13 *Refer to question 17 on page 23.* 1 ☐ Box 3 marked *(Go to G10 for activity (H))* 2 ☐ All others *(Go to 20)*
20a.	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	14 1 ☐ Yes *(Go to 20b)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*
b.	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*	15 1 ☐ Yes *(Go to 20c)* 2 ☐ No } 9 ☐ DK } *(Skip to 20e)*
c.	16 0 ☐ Never does activity *(Skip to 20e)* Yes No DK	16 0 ☐ Never does activity *(Skip to 20e)* Yes No DK	16 0 ☐ Never does activity *(Skip to 20e)* Yes No DK	16 0 ☐ Never does activity *(Skip to 20e)* Yes No DK	16 0 ☐ Never does activity *(Skip to 20e)* Yes No DK
(1)	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17	1 ☐ 2 ☐ 9 ☐ 17
(2)	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18	1 ☐ 2 ☐ 9 ☐ 18
(3)	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19	1 ☐ 2 ☐ 9 ☐ 19
d.	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	20 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
e.	21 1 ☐ Yes } 2 ☐ No } *(Go to G9 for next activity)* 9 ☐ DK }	21 1 ☐ Yes } 2 ☐ No } *(Go to G9 for next activity)* 9 ☐ DK }	21 1 ☐ Yes } 2 ☐ No } *(Go to G9 for next activity)* 9 ☐ DK }	21 1 ☐ Yes } 2 ☐ No } *(Go to G9 for next activity)* 9 ☐ DK }	21 1 ☐ Yes } 2 ☐ No } *(Go to G10 for activity (H))* 9 ☐ DK }

	(K) RT 27 **Using the telephone**	(L) RT 28 **Doing heavy housework**	(M) RT 29 **Doing light housework**	(N) RT 30 **Getting to places outside of walking distance**	(O) RT 31 **Managing your medication**
G10	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Go to G10 for next activity)* 2 ☐ "Yes" marked in 20b *(Go to G10 for next activity)* 3 ☐ Other *(Go to 21)*	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Go to G10 for next activity)* 2 ☐ "Yes" marked in 20b *(Go to G10 for next activity)* 3 ☐ Other *(Go to 21)*	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Go to G10 for next activity)* 2 ☐ "Yes" marked in 20b *(Go to G10 for next activity)* 3 ☐ Other *(Go to 21)*	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Go to G10 for next activity)* 2 ☐ "Yes" marked in 20b *(Go to G10 for next activity)* 3 ☐ Other *(Go to 21)*	22 *Refer to G9 and 20b:* 1 ☐ Box 1 marked in G9 *(Skip to G11 on page 26)* 2 ☐ "Yes" marked in 20b *(Skip to G11 on page 26)* 3 ☐ Other *(Go to 21)*
21a.	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No } 9 ☐ DK } *(Skip to 23)*	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No } 9 ☐ DK } *(Skip to 23)*	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No } 9 ☐ DK } *(Skip to 23)*	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No } 9 ☐ DK } *(Skip to 23)*	23 1 ☐ Yes *(Go to 21b)* 2 ☐ No } 9 ☐ DK } *(Skip to 23)*
b.	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK	24 1 ☐ Yes 2 ☐ No 9 ☐ DK
c.	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK
22.	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK
23.	27 1 ☐ Yes } 2 ☐ No } *(Go to G10 for next activity)* 9 ☐ DK }	27 1 ☐ Yes } 2 ☐ No } *(Go to G10 for next activity)* 9 ☐ DK }	27 1 ☐ Yes } 2 ☐ No } *(Go to G10 for next activity)* 9 ☐ DK }	27 1 ☐ Yes } 2 ☐ No } *(Go to G10 for next activity)* 9 ☐ DK }	27 1 ☐ Yes } 2 ☐ No } *(Skip to G11 on page 26 for activity (H))* 9 ☐ DK }

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(H) Preparing your own meals — RT 24	(I) Shopping for groceries and personal items — RT 25
ITEM G11	G11 — *Refer to 20a, 20e, 21a, and 23 on page 24.* — 28 1 ☐ Any "Yes" *(Go to 24)* 2 ☐ All other *(Go to G11 for activity (I))*	G11 — *Refer to 20a, 20e, 21a, and 23 on page 24.* — 28 1 ☐ Any "Yes" *(Go to 24)* 2 ☐ All other *(Go to G11 for activity (L))*
	24a. During the past month, did you experience discomfort because you were unable to eat when you were hungry because no one was available to prepare food? 1 ☐ Yes 2 ☐ No 9 ☐ DK — 29	**24a.** During the past month, were you unable to follow a special diet because you needed help shopping? 1 ☐ Yes 2 ☐ No 9 ☐ DK — 29
	b. During the past month, were you unable to follow a special diet because you needed help cooking? 1 ☐ Yes 2 ☐ No 9 ☐ DK — 30	**b.** During the past month, did you miss a meal because you were unable to shop? 1 ☐ Yes 2 ☐ No 9 ☐ DK — 30 *(Go to G11 for activity (L))*
	c. During the past month, were you unable to eat the kind of food you are used to and you prefer because you needed help cooking? 1 ☐ Yes 2 ☐ No 9 ☐ DK — 31 *(Go to G11 for activity (I))*	

	(H) Prepare your own meals — RT 24	(I) Shop for groceries and personal items — RT 25	(J) Manage your money — RT 26
ITEM G12	G12 — 32 *Refer to 17 on page 22.* 1 ☐ Box 3 marked *(Go to G12 for next activity)* 2 ☐ All other *(Go to 25)*	G12 — 31 *Refer to 17 on page 22.* 1 ☐ Box 3 marked *(Go to G12 for next activity)* 2 ☐ All other *(Go to 25)*	G12 — 28 *Refer to 17 on page 22.* 1 ☐ Box 3 marked *(Go to G12 for activity (L))* 2 ☐ All other *(Go to 25)*
25. In your household, how often do YOU *(activity)*? Would you say always, sometimes, rarely, or never?	**25.** — 33 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK *(Go to G12 for next activity)*	**25.** — 32 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK *(Go to G12 for next activity)*	**25.** — 29 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK *(Go to G12 for activity (L))*

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(L) Doing heavy housework — RT 28	(M) Doing light housework — RT 29	(N) Getting to places outside of walking distance — RT 30
G11	*Refer to 20a, 20e, 21a, and 23 on page 25.* — 28 1 ☐ Any "Yes" *(Go to 24)* 2 ☐ All other *(Go to G11 for activity (M))*	*Refer to 20a, 20e, 21a, and 23 on page 25.* — 28 1 ☐ Any "Yes" *(Go to 24)* 2 ☐ All other *(Go to G11 for activity (N))*	*Refer to 20a, 20e, 21a, and 23 on page 25.* — 28 1 ☐ Any "Yes" *(Go to 24)* 2 ☐ All other *(Skip to G12 for activity (H))*
24. / 24a.	**During the past month, did you experience distress because you were not able to wash clothes or clean up around the house?** 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G11 for activity (M))* — 29	**During the past month, did you experience distress because you were not able to do dishes or straighten up around the house?** 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G11 for activity (N))* — 29	**During the past month, did you miss a doctor's or other medical appointment because you were unable to get there?** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 29
b.			**During the past month, were you unable to go places you wanted to for fun or recreation because you did not have transportation?** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 30
c.			**During the past month, did you run out of food because you were unable to get to the store?** 1 ☐ Yes 2 ☐ No 9 ☐ DK *(Go to G12 for activity (H))* — 31

	(L) Do heavy housework	(M) Do light housework
G12	*Refer to 17 on page 23.* — 30 1 ☐ Box 3 marked *(Go to G12 for next activity)* 2 ☐ All other *(Go to 25)*	*Refer to 17 on page 23.* — 30 1 ☐ Box 3 marked *(Skip to G13 on page 28)* 2 ☐ All other *(Go to 25)*
25.	31 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK *(Go to G12 for next activity)*	31 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK *(Skip to G13 on page 28)*

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM G13

Refer to question 17 for activities H–O on pages 22 and 23. Indicate the activities marked "Yes".

Insert these marked activities when asking 26.

- ☐ **H.** Preparing your own meals
- ☐ **I.** Shopping for groceries and personal items
- ☐ **J.** Managing your money
- ☐ **K.** Using the telephone
- ☐ **L.** Doing heavy housework
- ☐ **M.** Doing light housework
- ☐ **N.** Getting to places outside of walking distance
- ☐ **O.** Managing your medication
- ☐ No activities marked *(Skip to 27)*

Insert activities marked in G13.

26a. What (other) condition causes the trouble in *(activities)*?

Record conditions and ask 26b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

00 ☐ No condition *(Skip to 27)* — 5-6
01 ☐ Old age *(Skip to 26c)* — 7-8

(a) _____ 9-10

(b) _____ 11-12

(c) _____ 13-14

(d) _____ 15-16

(e) _____ 17-18

b. Besides *(condition)*, **is there any other condition which causes this trouble in** *(activities)*? — 19

1 ☐ Yes *(Reask 26a and b)*
2 ☐ No } *(Skip to 27)*
9 ☐ DK }

c. Is this trouble in *(activities)* **caused by any specific condition?** — 20

1 ☐ Yes *(Reask 26a and b)*
2 ☐ No } *(Go to 27)*
9 ☐ DK }

27a. During the past 12 months, that is, since *(today's date)* **a year ago, have you fallen?** — 21

1 ☐ Yes *(Go to 27b)*
2 ☐ No } *(Skip to Item G14 on page 29)*
9 ☐ DK }

b. Have you fallen more than once during the past 12 months? — 22

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. Were you injured as a result of the fall(s)? — 23

1 ☐ Yes *(Go to 27d)*
2 ☐ No } *(Skip to 27e)*
9 ☐ DK }

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

Mark (X) all that apply.

1 ☐ Fracture — 24
2 ☐ Bruise, cut, or scrape — 25
3 ☐ Lost consciousness — 26
4 ☐ Other — 27
9 ☐ DK — 28

e. [Did you fall/Were any of these falls] because you did not have help getting around or because your helper could not prevent you from falling? — 29

1 ☐ Yes
2 ☐ No
9 ☐ DK

f. [Did you fall/Were any of these falls] because you felt dizzy? — 30

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM G14 — Status of SP. — 31

1 ☐ Institutionalized *(Skip to 40 on page 33)*
2 ☐ All others *(Go to Item G15)*

ITEM G15 — *Refer to questions 8a, columns A, D, and G on pages 16–17.* [Receives help]
Mark (X) all that apply. — 32

☐ "Yes" in 8a for A. Bathing
☐ "Yes" in 8a for D. Getting in/out of bed/chairs
☐ "Yes" in 8a for G. Using the toilet
} *(Go to 28)*
☐ All others *(Skip to 29)*

28. You said that you receive help with [bathing/(and) getting in or out of a bed or chair/(and) using the toilet]. Is the person who helps you most with [this/these activities] strong enough to give you the help you need or is helping physically difficult for him or her? — 33

1 ☐ Yes, strong enough
2 ☐ No, physically difficult
9 ☐ DK

If proxy respondent, ask; otherwise, skip to Item G16. — 34

29. Does *(sample person)* **need supervision to ensure [his/her] personal safety or the safety of others?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM G16 — *Refer to questions 8a and 9a on pages 16–17 and questions 20a and 21a on pages 24–25.*
(Receives help and/or supervision)
Mark (X) all that apply.

☐ "Yes" in 8a or 9a for A. Bathing
☐ "Yes" in 8a or 9a for B. Dressing
☐ "Yes" in 8a or 9a for C. Eating
☐ "Yes" in 8a or 9a for D. Getting in/out of bed/chairs
☐ "Yes" in 8a or 9a for E. Walking
☐ "Yes" in 8a or 9a for F. Getting outside
☐ "Yes" in 8a or 9a for G. Using the toilet
☐ "Yes" in 20a or 21a for H. Preparing your own meals
☐ "Yes" in 20a or 21a for I. Shopping
☐ "Yes" in 20a or 21a for J. Managing your money
☐ "Yes" in 20a or 21a for K. Using the telephone
☐ "Yes" in 20a or 21a for L. Doing heavy housework
☐ "Yes" in 20a or 21a for M. Doing light housework
☐ "Yes" in 20a or 21a for N. Getting places
☐ "Yes" in 20a or 21a for O. Managing your medication
☐ All others *(Skip to 38 on page 32)*

} *(Insert marked activities when asking question 30 on page 30)*

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

30. Who usually helps you with *(activities marked in G16)*?

Anyone else? *Enter the name or description of each helper in separate column.*

30. RT 33 3-4 5-6

(01)_____ First helper

Ask 31–35 for each helper in 30.

ASK OR VERIFY:

31. Which activities does *(Helper)* **help you with?**

Mark (X) all that apply.

31.

01 ☐	Bathing or showering	7-8
02 ☐	Dressing	9-10
03 ☐	Eating	11-12
04 ☐	Getting in or out of bed/chairs	13-14
05 ☐	Walking	15-16
06 ☐	Getting outside	17-18
07 ☐	Using or getting to the toilet	19-20
08 ☐	Preparing your own meals	21-22
09 ☐	Shopping for groceries	23-24
10 ☐	Managing your money	25-26
11 ☐	Using the telephone	27-28
12 ☐	Doing heavy housework	29-30
13 ☐	Doing light housework	31-32
14 ☐	Getting to places outside	33-34
15 ☐	Managing your medications	35-36
99 ☐	DK	37-38

ASK OR VERIFY:

HAND CARD A5. Read answers if telephone interview.

32a. Which of these best describes *(Helper)*?

Mark (X) only one.

32a. 39-40

01 ☐	Spouse	In household
02 ☐	Child	
03 ☐	Parent	
04 ☐	Spouse	Not in household
05 ☐	Child	
06 ☐	Parent	
07 ☐	Other HH relative	
08 ☐	Non-HH relative	
09 ☐	HH non-relative	
10 ☐	Friend/Neighbor	
11 ☐	Unpaid volunteer from organization/business	
12 ☐	Paid employee of organization/business	
13 ☐	Paid employee of yours	
14 ☐	Other	
99 ☐	DK	

ASK OR VERIFY:

b. Is *(Helper)* **male or female?**

b. 41

1 ☐ Male
2 ☐ Female
9 ☐ DK

If parent, child, spouse, or unpaid volunteer in 32a, skip to 34; otherwise ask:

33a. Is *(Helper)* **paid?**

33a. 42

1 ☐ Yes *(Go to 33b)*
2 ☐ No *(Skip to 34)*

HAND CARD A1. Read answers if telephone interview.

b. Who pays for this help?

(Anyone else?)

Mark (X) all that apply.

b.

01 ☐	Self and family in household	43-44
02 ☐	Family NOT in household	45-46
03 ☐	Private health insurance	47-48
04 ☐	Medicare	49-50
05 ☐	Medicaid	51-52
06 ☐	Rehabilitation program	53-54
07 ☐	Employer	55-56
08 ☐	School system	57-58
09 ☐	VA program	59-60
10 ☐	Other military	61-62
11 ☐	Other private source	63-64
12 ☐	Other public source	65-66
13 ☐	No one/Free	67-68
99 ☐	DK	69-70

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

34. 71-72

00 ☐ None in past 2 weeks

_____ Days (Number)

99 ☐ DK

35. On the days you receive help from *(Helper)*, **about how many hours per day does [he/she] usually help you?**

35. 73-74

_____ Hours/day (Number) *(Go to 31 for next helper, or G17)*

99 ☐ DK

ITEM G17 *Refer to 30 above.* (Number of helpers)

G17

☐ Only one helper *(Skip to 37 on page 32)*
☐ More than one helper *(Go to 36 on page 32)*

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

5-6

36. **You said that** *(Read all helpers)* **assist you. Who helps you the most?** *If 2 or more equally, ask the respondent to specify who he/she considers the main helper.*

Helper No. _____

Name : _____

Ask 37 about only helper listed in 30 or main helper in 36.

37. How satisfied are you with —	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK	
a. *(Helper's)* **scheduled hours or availability when you need [him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?**	1☐	2☐	3☐	4☐	9☐	7
b. **The amount of assistance** *(helper)* **provides? (Would you say —** *(Read categories)***?)**	1☐	2☐	3☐	4☐	9☐	8
c. *(Helper's)* **willingness to do what you ask? (Would you say —** *Read categories)***?)**	1☐	2☐	3☐	4☐	9☐	9
d. *(Helper's)* **ability to do what you need [him/her] to do? (Would you say —** *(Read categories)***?)**	1☐	2☐	3☐	4☐	9☐	10
If helper is present or related to SP, skip to 38; otherwise, ask: **How satisfied are you with —**						11
e. *(Helper's)* **reliability? (Would you say —** *(Read categories)***?)**	1☐	2☐	3☐	4☐	9☐	12
f. *(Helper's)* **trustworthiness? (Would you say —** *(Read categories)***?)**	1☐	2☐	3☐	4☐	9☐	13
g. **How** *(helper)* **treats you? (Would you say —** *(Read categories)***?)**	1☐	2☐	3☐	4☐	9☐	

38a. **Including other persons living here, is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary?** 14

1☐ Yes *(Go to 38b)*
2☐ No } *(Skip to 40 on page 33)*
9☐ DK }

b. **Who is this person?** 15

Probe for description if necessary.

Mark (X) only one.

1☐ HH member – Related
2☐ HH member – Unrelated
3☐ Non HH member – Related
4☐ Non HH member – Unrelated
9☐ DK

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

39a. Again, including other persons living here, is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? — 16

1 ☐ Yes *(Go to 39b)*
2 ☐ No } *(Skip to 40)*
9 ☐ DK }

b. Who is this person? — 17

Probe for description if necessary.

Mark (X) only one.

1 ☐ HH member – Related
2 ☐ HH member – Unrelated
3 ☐ Non HH member – Related
4 ☐ Non HH member – Unrelated
9 ☐ DK

40a. [In the past 12 months/In the 12 months prior to moving to this *(type of institution)*], did you experience problems of any kind because you were home by yourself? — 18

1 ☐ Yes *(Go to 40b)*
2 ☐ No } *(Skip to Item H1 on page 34)*
3 ☐ DK }

b. What kind of problems did you have?

Anything else?

Read categories if necessary.

Mark (X) all that apply.

01 ☐	Fall	19-20
02 ☐	Other accident or injury	21-22
03 ☐	Incontinence – No reminders	23-24
04 ☐	Incontinence – Unable to get to toilet	25-26
05 ☐	Confinement to bed or chairs	27-28
06 ☐	Hunger or thirst	29-30
07 ☐	Fire on stove/left stove on	31-32
08 ☐	Fell asleep while smoking	33-34
09 ☐	Got lost/wandered off	35-36
10 ☐	Forgot medications	37-38
11 ☐	Took wrong dose of medication (too much/little)	39-40
12 ☐	Fear	41-42
13 ☐	Other	43-44
99 ☐	DK	45-46

Notes

RT 35

Section H – OTHER SERVICES

3-4

ITEM H1 Status of SP. — 5

1 ☐ Institutionalized *(Skip to Section I on page 39)*
2 ☐ All others *(Go to 1)*

Now I would like to ask about prescription medicines. — 6

1. How many different prescription medicines are you supposed to use? Please count ones you should use each day and those that you use regularly but not every day. Include injections, eye drops, suppositories, creams, ointments, and skin patches, but not vitamins, oxygen, or medicines you get through an IV.

Mark (X) only one.

0 ☐ None *(Skip to 9 on page 35)*
1 ☐ One or two
2 ☐ Three –five
3 ☐ Six – nine
4 ☐ Ten or more
9 ☐ DK
(Go to 2)

The next questions are about these prescription medicines. — 7

2. Would you say that you use medicine(s) as prescribed by the doctor — *(Read all categories)*

Mark (X) only one.

1 ☐ **All of the time,** *(Skip to 6)*
2 ☐ **Most of the time,**
3 ☐ **Some of the time,**
4 ☐ **Rarely, or,**
5 ☐ **Never?**
9 ☐ DK
(Go to 3)

3. Are there any prescription medicines that you are supposed to use, but —

	Yes	No	DK	
a. did not get when first prescribed because of the cost?	a. 1 ☐	2 ☐	9 ☐	8
b. did not get the entire prescription filled because of the cost?	b. 1 ☐	2 ☐	9 ☐	9
c. did not refill when you ran out because of the cost?	c. 1 ☐	2 ☐	9 ☐	10
d. use less often than prescribed in order to stretch them out because of the cost?	d. 1 ☐	2 ☐	9 ☐	11
e. sometimes forget to use?	e. 1 ☐	2 ☐	9 ☐	12
f. don't use as prescribed because of the side effects?	f. 1 ☐	2 ☐	9 ☐	13
g. cannot pick up from the drug store or get delivered?	g. 1 ☐	2 ☐	9 ☐	14
h. don't use because you think you don't need it?	h. 1 ☐	2 ☐	9 ☐	15

4. Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed? — 16

1 ☐ Yes *(Go to 5)*
2 ☐ No
9 ☐ DK
(Skip to 6)

5. What problems did you experience?

Anything else?

Mark (X) all that apply.

01 ☐ Pain/Discomfort	17-18
02 ☐ Dizziness/Fainting	19-20
03 ☐ Disorientation	21-22
04 ☐ Overdose/Withdrawal	23-24
05 ☐ Change in blood pressure, breathing, or other vital signs	25-26
06 ☐ Condition for which medicine prescribed got worse	27-28
07 ☐ Other condition(s) got worse	29-30
08 ☐ Had to be admitted to hospital	31-32
09 ☐ Had to go to doctor/emergency room	33-34
10 ☐ Drug reaction	35-36
11 ☐ Other	37-38
99 ☐ DK	39-40

6. Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use ALL of your medicine completely by yourself? — 41

Mark (X) only one.

1 ☐ Receive help
2 ☐ All by self
9 ☐ DK

7. Not counting financial help, do you NEED (more) help with your medicine? — 42

1 ☐ Yes *(Go to 8)*
2 ☐ No
9 ☐ DK
(Skip to 9 on page 35)

8. What do you NEED (more) help with?

Mark (X) all that apply.

1 ☐ Ordering/Shopping for/Getting medicines from pharmacy	43
2 ☐ Reminder/Monitoring/Measuring/ Setting up/Taking medicines	44
3 ☐ Other	45
9 ☐ DK	46

Section H – OTHER SERVICES – Continued

These next questions are about your sources of medical care.

47

9. Do you have a general practitioner, internist, or family doctor whom you see regularly?

1 ☐ Yes *(Go to 10)*
2 ☐ No } *(Skip to 14 on page 36)*
9 ☐ DK }

48

10. Which do you see most often — a general practitioner, an internist, or family doctor?

Mark (X) only one.

1 ☐ General practitioner
2 ☐ Internist
3 ☐ Family doctor
4 ☐ DK specialty/title
9 ☐ DK which seen most often

49

11. Have you seen this [*(provider in 10)*/doctor] in the past 12 months?

1 ☐ Yes *(Go to 12)*
2 ☐ No } *(Skip to 13)*
9 ☐ DK }

50-51

12. In the past 3 months, how many times have you seen this [*(provider in 10)*/doctor]?

00 ☐ None

_____ Times
(Number)

99 ☐ DK

52

13. How would you rate this [*(provider in 10)*/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor?

Mark (X) only one.

1 ☐ Excellent
2 ☐ Good
3 ☐ Fair
4 ☐ Poor
9 ☐ DK

Notes

Section H – OTHER SERVICES – Continued

	A	B
	RT 36 3-4	RT 36 3-4
The next questions are about other services you may have received.	1 **A visiting nurse** 5	2 **A personal care attendant (other than family or a friend)** 5
14a. During the past 12 months, did you receive any services from ____ ?	14a. 6 1 ☐ Yes *(Skip to 15)* 2 ☐ No } *(Go to 14b)* 9 ☐ DK }	14a. 6 1 ☐ Yes *(Skip to 15)* 2 ☐ No } *(Go to 14b)* 9 ☐ DK }
b. Did you need the services of ____ in the past 12 months?	b. 7 1 ☐ Yes *(Skip to 18)* 2 ☐ No } *(Go to 14a for next service)* 9 ☐ DK }	b. 7 1 ☐ Yes *(Skip to 18)* 2 ☐ No } *(Go to 14a for next service)* 9 ☐ DK }
15a. During the past 12 months, in how many months did you receive services from ____ ?	15a. 8-9 _____ Months (Number) 99 ☐ DK	15a. 8-9 _____ Months (Number) 99 ☐ DK
b. What was the total number of times you received services from ____ during [that/those] month(s)?	b. 10-11 _____ Times (Number) 99 ☐ DK	b. 10-11 _____ Times (Number) 99 ☐ DK
HAND CARD A1. Read categories if telephone interview. **16a. Who paid or will pay for the services received from ____ in the past 12 months?** **(Anyone else?)** *Mark (X) all that apply.*	16a. 01 ☐ Self or family in household 12-13 02 ☐ Family NOT in household 14-15 03 ☐ Private health insurance 16-17 04 ☐ Medicare 18-19 05 ☐ Medicaid 20-21 06 ☐ Rehabilitation program 22-23 07 ☐ Employer 24-25 08 ☐ School system 26-27 09 ☐ VA program 28-29 10 ☐ Other military 30-31 11 ☐ Other private source 32-33 12 ☐ Other public source 34-35 13 ☐ No one/ Free } *(Skip to 17)* 36-37 99 ☐ DK } 38-39	16a. 01 ☐ Self or family in household 12-13 02 ☐ Family NOT in household 14-15 03 ☐ Private health insurance 16-17 04 ☐ Medicare 18-19 05 ☐ Medicaid 20-21 06 ☐ Rehabilitation program 22-23 07 ☐ Employer 24-25 08 ☐ School system 26-27 09 ☐ VA program 28-29 10 ☐ Other military 30-31 11 ☐ Other private source 32-33 12 ☐ Other public source 34-35 13 ☐ No one/ Free } *(Skip to 17)* 36-37 99 ☐ DK } 38-39
Ask if more than one source in 16a. If only one, transcribe number of box marked without asking. **b. Who paid most of the cost for the services received from ____ in the past 12 months?** *Record number of main source.*	b. 40-41 ☐☐ Paid most (Number) 99 ☐ DK	b. 40-41 ☐☐ Paid most (Number) 99 ☐ DK
Ask only if box 01 marked in 16a; otherwise, skip to 17. **c. During the past 12 months, about how much did you or your family pay for the services received from ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.**	c. 42-46 00000 ☐ None $ _____ . 00 99999 ☐ DK	c. 42-46 00000 ☐ None $ _____ . 00 99999 ☐ DK
17. During *(month)* did you receive services from ____ ?	17. 47 1 ☐ Yes *(Skip to 14a for next service)* 2 ☐ No *(Go to 18)* 9 ☐ DK *(Skip to 14a for next service)*	17. 47 1 ☐ Yes *(Skip to 14a for next service)* 2 ☐ No *(Go to 18)* 9 ☐ DK *(Skip to 14a for next service)*
HAND CARD A7. Read categories if telephone interview. **18. Why didn't you receive services from ____ [in *(month)*] in the past 12 months]?** **(Anything else?)** *Mark (X) all that apply.*	18. 00 ☐ Didn't need services 48-49 01 ☐ Provider thinks no longer needed 50-51 02 ☐ Too expensive/ can't afford 52-53 03 ☐ Insurance doesn't cover 54-55 04 ☐ Insurance no longer covers 56-57 05 ☐ No longer on Medicaid 58-59 06 ☐ Provider not available 60-61 07 ☐ Didn't like provider 62-63 08 ☐ Transportation problems 64-65 09 ☐ Could not take time off from work 66-67 10 ☐ Other 68-69 99 ☐ DK 70-71	18. 00 ☐ Didn't need services 48-49 01 ☐ Provider thinks no longer needed 50-51 02 ☐ Too expensive/ can't afford 52-53 03 ☐ Insurance doesn't cover 54-55 04 ☐ Insurance no longer covers 56-57 05 ☐ No longer on Medicaid 58-59 06 ☐ Provider not available 60-61 07 ☐ Didn't like provider 62-63 08 ☐ Transportation problems 64-65 09 ☐ Could not take time off from work 66-67 10 ☐ Other 68-69 99 ☐ DK 70-71

RT 36

C 3-4

Notes

3 An adult day care center or day activity center 5

14a. 6
1 ☐ Yes *(Skip to 15)*
2 ☐ No } *(Go to 14b)*
9 ☐ DK }

b. 7
1 ☐ Yes *(Skip to 18)*
2 ☐ No } *(Skip to 19 on page 38)*
9 ☐ DK }

15a. 8-9
_____ Months
(Number)
99 ☐ DK

b. 10-11
_____ Times
(Number)
99 ☐ DK

16a.
01 ☐ Self or family in household 12-13
02 ☐ Family NOT in household 14-15
03 ☐ Private health insurance 16-17
04 ☐ Medicare 18-19
05 ☐ Medicaid 20-21
06 ☐ Rehabilitation program 22-23
07 ☐ Employer 24-25
08 ☐ School system 26-27
09 ☐ VA program 28-29
10 ☐ Other military 30-31
11 ☐ Other private source 32-33
12 ☐ Other public source 34-35
13 ☐ No one/ Free } *(Skip to 17)* 36-37
99 ☐ DK 38-39

b. 40-41
☐☐ Paid most
(Number)
99 ☐ DK

c. 42-46
00000 ☐ None
$ _____ . 00
99999 ☐ DK

17. 47
1 ☐ Yes *(Skip to 19 on page 38)*
2 ☐ No *(Go to 18)*
9 ☐ DK *(Skip to 19 on page 38)*

18.
00 ☐ Didn't need services 48-49
01 ☐ Provider thinks no longer needed 50-51
02 ☐ Too expensive/ can't afford 52-53
03 ☐ Insurance doesn't cover 54-55
04 ☐ Insurance no longer covers 56-57
05 ☐ No longer on Medicaid 58-59
06 ☐ Provider not available 60-61
07 ☐ Didn't like provider 62-63
08 ☐ Transportation problems 64-65
09 ☐ Could not take time off from work 66-67
10 ☐ Other 68-69
99 ☐ DK 70-71

Section H – OTHER SERVICES – Continued

19a. Are you currently on a waiting list for services from a visiting nurse, personal care attendant, or an adult day care or day activity center? — 72

1 ☐ Yes *(Go to 19b)*
2 ☐ No
9 ☐ DK
Skip to 20

b. For which of these services are you on a waiting list?

Read list if necessary.

Mark (X) all that apply.

01 ☐ A visiting nurse — 73-74
02 ☐ A personal care attendant, other than family or a friend — 75-76
03 ☐ An adult day care center or day activity center — 77-78
09 ☐ DK — 79-80

20a. Do you NEED help filling out insurance forms or benefit applications? — 81

Mark (X) only one.

1 ☐ Yes
2 ☐ No
(Go to 20b)
3 ☐ Never filled forms/applications *(Skip to Section I on page 39)*
9 ☐ DK *(Go to 20b)*

b. Who helps you fill out insurance forms or applications for public programs or benefits?

Mark (X) all that apply.

0 ☐ No one — 82
1 ☐ Household member — 83
2 ☐ Friend/Other relative not in household — 84
3 ☐ Paid caregiver — 85
4 ☐ Volunteer from organization — 86
5 ☐ Other — 87
9 ☐ DK — 88

Notes

RT 37

Section I – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS

3-4

1. Are you now married, widowed, divorced, separated, or have you never been married? 5

If married, probe as necessary to determine if the spouse is a current household member.

Mark (X) only one.

1 ☐ Married – spouse in HH
2 ☐ Married – spouse not in HH } *(Go to 2a)*
3 ☐ Widowed
4 ☐ Divorced } *(Go to 2b)*
5 ☐ Separated
6 ☐ Never married
9 ☐ DK } *(Skip to Item I1)*

2a. How long have you been married to your current spouse? 6-7

00 ☐ Less than 1 year
_____ Years (Number) } *(Skip to Item I1)*
99 ☐ DK

b. How long have you been [widowed/divorced/separated]? 8-9

00 ☐ Less than 1 year
_____ Years (Number)
99 ☐ DK

ITEM I1 Status of SP. 10

1 ☐ Institutionalized *(Skip to 5 on page 40)*
2 ☐ All others *(Go to 3)*

3. Including yourself, how many people altogether live in this household? 11-12

01 ☐ SP only *(Skip to 5 on page 40)*
_____ Household members *(Go to 4)* (Number)
99 ☐ DK *(Go to 4)*

4a. What are the names of all persons living in your household?

Enter SP on line 1, all others on subsequent lines.

If more than 9 household members, continue listing in the Notes space.

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

c. *If necessary, ask:* **How is** *(name)* **related TO YOU?** *Record relationships to the sample person.*

RT 38

Line No.	4a. Name *(First/Middle initial/Last)*	b. Sex	c. Relationship to Sample Person
3-4 5-6 01	7-57	58 1 ☐ M 2 ☐ F	59-60 77 ☐ **SAMPLE PERSON**
3-4 5-6 02	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 5-6 03	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 5-6 04	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 5-6 05	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 5-6 06	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 5-6 07	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 5-6 08	7-57	58 1 ☐ M 2 ☐ F	59-60
3-4 5-6 09	7-57	58 1 ☐ M 2 ☐ F	59-60

Section I – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS – Continued

3-4

5a. Including step and adopted children, how many LIVING SONS do you have? — 5-6

00 ☐ None

_____ Sons
(Number)

99 ☐ DK

b. Including step and adopted children, how many LIVING DAUGHTERS do you have? — 7-8

00 ☐ None

_____ Daughters
(Number)

99 ☐ DK

ITEM I2 — *Refer to 5a and 5b.* (Living children) — 9

1 ☐ 1+ living children *(Go to Item I3)*
2 ☐ All others *(Skip to Item I4 on page 41)*

ITEM I3 — *Refer to question 4 on page 39.* (Household composition) — 10

1 ☐ Any of SP's child(ren) in HH *(Skip to 7)*
2 ☐ All others *(Go to 6)*

6a. How quickly can [any of your children/your son/your daughter] get here? — 11-13

If asked, "Here" means where the SP resides.

_____ (Number)
1 ☐ Minutes
2 ☐ Hours
3 ☐ Days

999 ☐ DK

b. How often do you see [any of your children/your son/your daughter]? — 14-16

000 ☐ Less than once a year/never

_____ (Times)
1 ☐ Per day
2 ☐ Per week
3 ☐ Per month
4 ☐ Per year

999 ☐ DK

c. How often do you talk on the telephone with [any of your children/your son/your daughter]? — 17-19

000 ☐ Less than once a year/never

_____ (Times)
1 ☐ Per day
2 ☐ Per week
3 ☐ Per month
4 ☐ Per year

999 ☐ DK

d. How often do you get mail from [any of your children/your son/your daughter]? — 20-22

000 ☐ Less than once a year/never

_____ (Times)
1 ☐ Per day
2 ☐ Per week
3 ☐ Per month
4 ☐ Per year

999 ☐ DK

7. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills? — 23

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

Section I – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS – Continued

ITEM I4 — *Refer to question 4 on page 39.* (Household composition) *Mark (X) first appropriate box.*

24
- 1☐ SP is institutionalized
- 2☐ SP lives alone
- 3☐ SP lives w/spouse only
- 4☐ Other *(Go to 8)*

(Skip to 11)

8. (Other than your spouse) [is/are any of] the person(s) living with you 18 years of age or older? — 25
- 1☐ Yes *(Go to 9)*
- 2☐ No
- 9☐ DK

(Skip to 11)

9. Do you live with [these people/this person] NOW because YOU need to share living expenses? — 26
- 1☐ Yes
- 2☐ No
- 9☐ DK

10. Do you live with [these people/this person] NOW because of a health or physical problem YOU have? — 27
- 1☐ Yes
- 2☐ No
- 9☐ DK

11. Including step and adopted brothers, how many LIVING brothers do you have? — 28-29
- 00☐ None
- _____ Brothers (Number)
- 99☐ DK

12. Including step and adopted sisters, how many LIVING sisters do you have? — 30-31
- 00☐ None
- _____ Sisters (Number)
- 99☐ DK

ASK OR VERIFY:

13a. Is your mother still l' 'ng? — 32
- 1☐ Yes
- 2☐ No
- 9☐ DK

b. Is your father still living? — 33
- 1☐ Yes
- 2☐ No
- 9☐ DK

ITEM I5 — *Refer to Item I4.* (SP's living arrangement)

34
- 1☐ Box 1, 2, or 3 marked *(Go to 14)*
- 2☐ Box 4 marked *(Skip to 15)*

The next few questions are about contact you have with family members (other than your spouse or children).

14a. How quickly can any member of your family (other than your spouse or children) get here? — 35-37

If asked, "Here" means where the SP resides.

- 000☐ No other family *(Skip to Section J on page 42)*
- _____ (Number) 1☐ Minutes 2☐ Hours 3☐ Days
- 999☐ DK

b. How often do you see any member of your family (other than your spouse or children)? — 38-40
- 000☐ Less than once a year/Never
- _____ (Times) 1☐ Per day 2☐ Per week 3☐ Per month 4☐ Per year
- 999☐ DK

c. How often do you talk on the telephone with any member of your family (other than your spouse or children)? — 41-43
- 000☐ Less than once a year/Never
- _____ (Times) 1☐ Per day 2☐ Per week 3☐ Per month 4☐ Per year
- 999☐ DK

d. How often do you get mail from any member of your family (other than your spouse or children)? — 44-46
- 000☐ Less than once a year/Never
- _____ (Times) 1☐ Per day 2☐ Per week 3☐ Per month 4☐ Per year
- 999☐ DK

15. Do any members of your family (other than your spouse or children) routinely give you money to help with your living expenses or pay your bills? — 47
- 1☐ Yes
- 2☐ No
- 9☐ DK

RT 40
3-4

Section J – CONDITIONS AND IMPAIRMENTS

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

1. Do you NOW have —

	Yes	No	DK	
a. Cataracts?	a. 1☐	2☐	9☐	5
b. Glaucoma?	b. 1☐	2☐	9☐	6
c. Blindness in both eyes?	c. 1☐ *(Skip to 3)*	2☐	9☐	7
d. Blindness in one eye?	d. 1☐	2☐	9☐	8
e. Any other trouble seeing with one or both eyes, EVEN when wearing glasses?	e. 1☐	2☐	9☐	9

2a. Do you use eyeglasses? Include eyeglasses that just magnify. — 10

1☐ Yes *(Go to 2b)*
2☐ No } *(Skip to 2c)*
9☐ DK }

b. Were these eyeglasses prescribed for you? — 11

1☐ Yes
2☐ No
9☐ DK

c. Do you use contact lenses? — 12

1☐ Yes
2☐ No
9☐ DK

3. Have you EVER had an operation for cataracts? — 13

1☐ Yes
2☐ No
9☐ DK

ITEM J1 — *Refer to 1c above.* (Blind in both eyes) — 14

1☐ "Yes" marked in 1c *(Skip to 6)*
2☐ All others *(Go to 4)*

4. Do you have a lens implant? — 15

1☐ Yes
2☐ No
9☐ DK

5. Do you use a magnifying glass to read or to do other close work? — 16

1☐ Yes
2☐ No
9☐ DK

6. Do you NOW have —

	Yes	No	DK	
a. Deafness in both ears?	a. 1☐ *(Skip to 7)*	2☐	9☐	17
b. Deafness in one ear?	b. 1☐	2☐	9☐	18
c. Any other trouble hearing with one or both ears ?	c. 1☐	2☐	9☐	19

Notes

FORM DFS-3 (7-1-94)

Section J – CONDITIONS AND IMPAIRMENTS – Continued

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

Ask all of 7a (1)–(11) before going to 7b–d across.

Ask 7b–d as appropriate for each "Yes" in 7a.

7a. Have you EVER had —		**b. In what year [did/was] *(condition)* first [occur/noticed]?**	**c. Did a doctor ever tell you that you had *(condition)*?**	**d. Do you still have *(condition)*?**
(1) A broken hip?	20 1 ☐ Yes 2 ☐ No 9 ☐ DK	(1) 21-22 19____ Year 99 ☐ DK		
(2) Osteoporosis?	23 1 ☐ Yes 2 ☐ No 9 ☐ DK	(2) 24-25 19____ Year 99 ☐ DK	(2) 26 1 ☐ Yes 2 ☐ No 9 ☐ DK	
(3) Diabetes?	27 1 ☐ Yes 2 ☐ No 9 ☐ DK	(3) 28-29 19____ Year 99 ☐ DK	(3) 30 1 ☐ Yes 2 ☐ No 9 ☐ DK	(3) 31 1 ☐ Yes 2 ☐ No 9 ☐ DK
(4) Arthritis?	32 1 ☐ Yes 2 ☐ No 9 ☐ DK	(4) 33-34 19____ Year 99 ☐ DK	(4) 35 1 ☐ Yes 2 ☐ No 9 ☐ DK	
(5) Chronic bronchitis or emphysema?	36 1 ☐ Yes 2 ☐ No 9 ☐ DK	(5) 37-38 19____ Year 99 ☐ DK	(5) 39 1 ☐ Yes 2 ☐ No 9 ☐ DK	(5) 40 1 ☐ Yes 2 ☐ No 9 ☐ DK
(6) Asthma?	41 1 ☐ Yes 2 ☐ No 9 ☐ DK	(6) 42-43 19____ Year 99 ☐ DK	(6) 44 1 ☐ Yes 2 ☐ No 9 ☐ DK	(6) 45 1 ☐ Yes 2 ☐ No 9 ☐ DK
(7) Hypertension, sometimes called high blood pressure?	46 1 ☐ Yes 2 ☐ No 9 ☐ DK	(7) 47-48 19____ Year 99 ☐ DK	(7) 49 1 ☐ Yes 2 ☐ No 9 ☐ DK	(7) 50 1 ☐ Yes 2 ☐ No 9 ☐ DK
(8) Heart disease, including coronary heart disease, angina, heart attack or myocardial infarction?	51 1 ☐ Yes 2 ☐ No 9 ☐ DK	(8) 52-53 19____ Year 99 ☐ DK	(8) 54 1 ☐ Yes 2 ☐ No 9 ☐ DK	
(9) Any other heart disease?	55 1 ☐ Yes 2 ☐ No 9 ☐ DK	(9) 56-57 19____ Year 99 ☐ DK	(9) 58 1 ☐ Yes 2 ☐ No 9 ☐ DK	
(10) A stroke or cerebrovascular accident?	59 1 ☐ Yes 2 ☐ No 9 ☐ DK	(10) 60-61 19____ Year 99 ☐ DK	(10) 62 1 ☐ Yes 2 ☐ No 9 ☐ DK	
(11) Cancer of any kind?	63 1 ☐ Yes 2 ☐ No 9 ☐ DK	(11) 64-65 19____ Year 99 ☐ DK	(11) 66 1 ☐ Yes 2 ☐ No 9 ☐ DK	(11) 67 1 ☐ Yes 2 ☐ No 9 ☐ DK

ITEM J2 — *Refer to 7a (11).* (Cancer of any kind)

68

1 ☐ "Yes" marked in 7a (11) *(Go to 8)*
2 ☐ All others *(Skip to 9 on page 44)*

HAND CARD A19. Read categories if telephone interview.

8. What kind of cancer [is/was] it?

(Anything else?)

Mark (X) all that apply.

01 ☐ Colon/rectal/bowel	69-70
02 ☐ Skin – melanoma	71-72
03 ☐ Skin – nonmelanoma	73-74
04 ☐ Skin – unknown type	75-76
05 ☐ Uterine/ovarian	77-78
06 ☐ Prostate	79-80
07 ☐ Stomach	81-82
08 ☐ Leukemia	83-84
09 ☐ Breast	85-86
10 ☐ Cervical	87-88
11 ☐ Lung	89-90
12 ☐ Other	91-92
99 ☐ DK	93-94

Section J – CONDITIONS AND IMPAIRMENTS – Continued

9a. Do you sometimes have trouble with dizziness? — 95

1 ☐ Yes *(Go to 9b)*
2 ☐ No } *(Skip to 10)*
9 ☐ DK }

b. Does dizziness prevent you in any way from doing things you otherwise could do? — 96

1 ☐ Yes
2 ☐ No
9 ☐ DK

10. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? — 97

If asked, this includes while wearing false teeth or dentures.

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

RT 41

Section K – HEALTH OPINIONS AND BEHAVIORS

3-4

READ TO RESPONDENT – **Now I'd like to ask your personal opinions about health related matters.**

5

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

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

If proxy respondent, skip to 3; otherwise ask:

6

2. In the past 12 months, how often did you feel sad or depressed? Would you say you were sad or depressed — <u>(Read all categories)</u>

Mark (X) only one.

1 ☐ **All of the time,**
2 ☐ **Some of the time,**
3 ☐ **A little of the time, or**
4 ☐ **None of the time?**
9 ☐ DK

7

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

Mark (X) only one.

1 ☐ More active
2 ☐ Less active
3 ☐ About the same
9 ☐ DK

8

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

1 ☐ Yes
2 ☐ No
9 ☐ DK

9-11

5. About how tall are you without shoes?

_____ Feet _____ Inches

999 ☐ DK

12-14

6. About how much do you weigh without shoes?

_____ Pounds

999 ☐ DK

If proxy respondent, skip to 8; otherwise ask:

15-17

7. What was your usual weight at the age of 50?

_____ Pounds

999 ☐ DK

18

8. Have you smoked at least 100 cigarettes in your entire life?

If asked: **Approximately 5 packs.**

1 ☐ Yes *(Go to 9)*
2 ☐ No } *(Skip to 11)*
9 ☐ DK }

19

9. Do you NOW smoke cigarettes every day, some days, or not at all?

1 ☐ Every day
2 ☐ Some days
3 ☐ Not at all
9 ☐ DK

20-21

10. For how many years [have you smoked/did you smoke] cigarettes?

00 ☐ Less than 1 year

_____ Years
(Number)

99 ☐ DK

22

11. Now I would like to ask you about drinking alcoholic beverages. By alcoholic beverages I mean beer, wine, or liquor. Have you had at least one drink of beer, wine, or liquor during the past year?

1 ☐ Yes *(Go to 12)*
2 ☐ No } *(Skip to Section L on page 46)*
9 ☐ DK }

23-26

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

0000 ☐ Every day

_____ Days (Number) { 1 ☐ Per week, 2 ☐ Per month, 3 ☐ Per year }

9999 ☐ DK

27-28

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

_____ Drinks
(Number)

99 ☐ DK

Section L – COMMUNITY SERVICES

NOTE – Ask 2 immediately after a "Yes" in 1a–f.

READ TO RESPONDENT – **The next questions are about community services.**

1. [In the past 12 months/In the 12 months prior to coming to this *(type of institution)*], did you —		**2. How often did you use it — frequently, sometimes, or rarely?**
a. Use a senior center?	29 1 ☐ Yes *(Go to 2a)* 2 ☐ No 9 ☐ DK *(Go to 1b)*	**a.** 30 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1b)*
b. Use special transportation for the elderly?	31 1 ☐ Yes *(Go to 2b)* 2 ☐ No 9 ☐ DK *(Go to 1c)*	**b.** 32 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1c)*
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?	33 1 ☐ Yes *(Go to 2c)* 2 ☐ No 9 ☐ DK *(Go to 1d)*	**c.** 34 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1d)*
d. Eat meals in a senior center or in some place with a special meal program for the elderly?	35 1 ☐ Yes *(Go to 2d)* 2 ☐ No 9 ☐ DK *(Go to 1e)*	**d.** 36 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1e)*
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?	37 1 ☐ Yes *(Go to 2e)* 2 ☐ No 9 ☐ DK *(Go to 1f)*	**e.** 38 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to 1f)*
f. Use information and referral services?	39 1 ☐ Yes *(Go to 2f)* 2 ☐ No 9 ☐ DK *(Go to Section M on page 47)*	**f.** 40 1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK *(Go to Section M on page 47)*

Notes

RT 42
3-4

Section M – UPDATE CONTACT PERSON INFORMATION

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

ITEM M1 — *Refer to CP on label.* — 5

1 ☐ CP on label *(Ask 1a)*
2 ☐ No CP on label *(Ask 1b)*

1a. The last time a Census Bureau interviewer talked to you or your family, we were told that *(CP on label)* will always know how to get in touch with you if we want to contact you again. Is *(CP on label)* still the best person to contact if we are unable to reach you? — 6

1 ☐ Yes *(Verify CP's address and phone number. If incorrect, enter correct information in 2 below.)*
2 ☐ No *(Go to 1b)*

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

(Record information in 2.)

2. Contact Person current information

Last name 7-26	First name 27-41	MI 42

Number and street 43-67

City 68-87	State 88-89	ZIP Code 90-98

Telephone

Area code 99-101 | Number 102-108 | 109

1 ☐ None 9 ☐ DK
7 ☐ Refused

Notes

RT 43

Section N – INTERVIEWER OBSERVATIONS

3-4

ITEM N1 — *Mark (X) the one that best represents this interview.* — 5

1 ☐ Self response without assistance *(Skip to 3)*
2 ☐ Self response with assistance *(Go to 1a)*
3 ☐ Proxy *(Skip to 1b)*

ASK OR VERIFY:

1a. How is *(assistant)* **related to you?** — 6-7

If more than one assistant, indicate the relationship of the one you consider to be the main assistant.

00 ☐ Parent
01 ☐ Spouse
02 ☐ Son/Daughter
03 ☐ Son-in-law/Daughter-in-law
04 ☐ Grandchild/Great grandchild
05 ☐ Brother/Sister
06 ☐ Brother-in-law/Sister-in-law
07 ☐ Aunt/Uncle/Cousin
08 ☐ Niece/Nephew
09 ☐ Other relative
10 ☐ Roommate/Friend/Neighbor
11 ☐ Other non-relative

(Skip to 1c)

b. How are you related to *(sample person)*? — 8-9

If more than one proxy, direct this question to the one you consider to be the main proxy.

00 ☐ Parent
01 ☐ Spouse
02 ☐ Son/Daughter
03 ☐ Son-in-law/Daughter-in-law
04 ☐ Grandchild/Great grandchild
05 ☐ Brother/Sister
06 ☐ Brother-in-law/Sister-in-law
07 ☐ Aunt/Uncle/Cousin
08 ☐ Niece/Nephew
09 ☐ Other relative
10 ☐ Roommate/Friend/Neighbor
11 ☐ Other non-relative

ASK OR VERIFY:

c. Do(es) [you/*assistant***] live here?** — 10

1 ☐ Yes
2 ☐ No
9 ☐ DK

Mark each to indicate why a proxy/assistant was needed.

		Yes	No	
2a.	Sample person hospitalized	**a.** 1 ☐	2 ☐	11
b.	Sample person institutionalized	**b.** 1 ☐	2 ☐	12
c.	Sample person's hearing problem	**c.** 1 ☐	2 ☐	13
d.	Sample person's speech problem	**d.** 1 ☐	2 ☐	14
e.	Sample person's language problem	**e.** 1 ☐	2 ☐	15
f.	Sample person's poor memory, senility, or confusion	**f.** 1 ☐	2 ☐	16
g.	Sample person's Alzheimer's disease	**g.** 1 ☐	2 ☐	17
h.	Sample person's other mental condition	**h.** 1 ☐	2 ☐	18
i.	Sample person's other physical illness and/or disability	**i.** 1 ☐	2 ☐	19
j.	Other non-health related reason	**j.** 1 ☐	2 ☐	20

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

3. Do you feel the —		Yes	No	DK	
a.	Respondent was intellectually capable of responding?	**a.** 1 ☐	2 ☐	9 ☐	21
b.	Respondent's answers were reasonably accurate?	**b.** 1 ☐	2 ☐	9 ☐	22
c.	Respondent understood the questions?	**c.** 1 ☐	2 ☐	9 ☐	23

Notes

FORM DFS-3 (7-1-94)

Section N – INTERVIEWER OBSERVATIONS – Continued

4a. Was there a section which seemed to be particularly upsetting or problematic to the respondent? — 24

1 ☐ Yes *(Go to 4b)*
2 ☐ No *(Skip to 5)*

b. Which section(s)?

Mark (X) all that apply.

01 ☐	**A.** Housing and long-term care services	25-26
02 ☐	**B.** Transportation	27-28
03 ☐	**C.** Social activity	29-30
04 ☐	**D.** Work history/employment	31-32
05 ☐	**E.** Assistive devices and technologies	33-34
06 ☐	**F.** Health insurance	35-36
07 ☐	**G.** Assistance with key activities	37-38
08 ☐	**H.** Other services	39-40
09 ☐	**I.** Family structure, relationships, and living arrangements	41-42
10 ☐	**J.** Conditions and impairments	43-44
11 ☐	**K.** Health opinions and behaviors	45-46
12 ☐	**L.** Community services	47-48
13 ☐	**M.** Contact person	49-50

5. How tiring did the interview seem to be for the respondent? — 51

1 ☐ Very tiring
2 ☐ A little tiring
3 ☐ Not tiring

6. Did the respondent have difficulty hearing you during the interview? — 52

1 ☐ Yes *(Go to 7)*
2 ☐ No } *(END interview)*
9 ☐ DK }

7. Do you feel the respondent's hearing difficulty affected the interview? — 53

1 ☐ Yes
2 ☐ No

Notes

OMB No. 0920-0214: Approval Expires 4/30/95

FORM **DFS-4**
(7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY

(NHIS PHASE II)

POLIO SURVIVOR QUESTIONNAIRE

RT 70
3-7
8

RT 76
3-4

Part I – CALL RECORD

Mode	Date Month	Date Day	Beginning time	Results	Ending time	Comments
5	6-7	8-9	10-14		15-19	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Notes

RT 77

Part II – STATUS

3-4

A. Final Status

5-6

Interview

00 ☐ Never had polio
01 ☐ Complete
02 ☐ Partial *(Explain in notes)*

Noninterview

03 ☐ SP refused
04 ☐ Proxy refused
05 ☐ Unable to contact
06 ☐ Unable to locate
07 ☐ Deceased
08 ☐ Institutionalized, no proxy
09 ☐ Incapable, no proxy
10 ☐ Moved o/s PSU, unable to phone
11 ☐ Other noninterview

(Explain in notes)

B. Mode

7

1 ☐ Telephone
2 ☐ Personal visit

C. Respondent

8

1 ☐ Self
2 ☐ Proxy ↙

Reason for proxy

9

1 ☐ SP incapable
2 ☐ SP institutionalized
3 ☐ SP unavailable
4 ☐ Other – *Specify* ↙

_____

_____

(Fill II.D)

D. Proxy

Name

Relationship to SP 10-11

Part III – NEW ADDRESS

A. Address *(Different from label)*

Number and street 12-36

City 37-56 | State 57-58 | ZIP Code 59-67

B. Telephone *(Different from label)*

Area code 68-70 | Number 71-77 | 1 ☐ None 9 ☐ DK number 7 ☐ Refused 78

Notes

FORM DFS-4 (7-1-94)

RT 78

POLIO SURVIVORS

3-4

Earlier, we were told that you had polio. The following questions deal with the time when you were first sick with polio, that is the first week or two of the illness.

5-7

1. How old were you when you got polio?

000 ☐ Less than 1 month

____ (Age) { 1 ☐ Months / 2 ☐ Years

888 ☐ Never had polio *(End Interview)*

999 ☐ DK

2. In what year did you get polio?

8-9

1 9 ☐☐ Year

99 ☐ DK

3. In what month of the year did this illness start?

Enter number in 2-digit numerals: 01-January through 12-December.

10-11

☐☐ Month

99 ☐ DK

ITEM P1

Refer to question 1 above: (Age when respondent got polio.)

12

1 ☐ Less than 5 years old *(Read intro to question 4)*

2 ☐ Five years or more *(Ask question 4 without intro)*

9 ☐ DK *(Read intro to question 4)*

I'm going to ask some questions about the first two weeks of your illness. Because you may have been too young to remember much, just answer the best you can based on what your parents or other family members and friends told you.

4. During the first two weeks you had polio, did you experience —

	Yes	No	DK	
a. Fever?	**a.** 1 ☐	2 ☐	9 ☐	13
b. Headache?	**b.** 1 ☐	2 ☐	9 ☐	14
c. Stiff neck?	**c.** 1 ☐	2 ☐	9 ☐	15
d. Diarrhea?	**d.** 1 ☐	2 ☐	9 ☐	16
e. Muscle pains?	**e.** 1 ☐	2 ☐	9 ☐	17
f. Skin rash?	**f.** 1 ☐	2 ☐	9 ☐	18

Notes

POLIO SURVIVORS – Continued

5. During the first month you had polio, did you experience WEAKNESS in the following parts of your body —

	Yes	No	DK	
a. Right arm or hand?	a. 1☐	2☐	9☐	19
b. Left arm or hand?	b. 1☐	2☐	9☐	20
c. Right leg or foot?	c. 1☐	2☐	9☐	21
d. Left leg or foot?	d. 1☐	2☐	9☐	22
e. Swallowing muscles?	e. 1☐	2☐	9☐	23
f. Face muscles?	f. 1☐	2☐	9☐	24
g. Neck muscles?	g. 1☐	2☐	9☐	25
h. Breathing muscles?	h. 1☐	2☐	9☐	26
i. Back or stomach muscles?	i. 1☐	2☐	9☐	27

6. During the first month of your illness, did you have any difficulty passing urine? — 28

1☐ Yes
2☐ No
9☐ DK

7. Were you admitted to a hospital at the time you were first diagnosed with polio? — 29

1☐ Yes *(Go to 8)*
2☐ No } *(Skip to 9)*
9☐ DK }

8. Did you receive a spinal tap at the time you were diagnosed with polio? — 30

1☐ Yes
2☐ No
9☐ DK

9. At the time you were diagnosed with polio, did you experience problems with breathing? — 31

1☐ Yes *(Go to 10)*
2☐ No } *(Skip to 12 on page 5)*
9☐ DK }

10. Did you require help with breathing? — 32

1☐ Yes *(Go to 11)*
2☐ No } *(Skip to 12 on page 5)*
9☐ DK }

11. What kind of help did you need?

Mark (X) all that apply.

1☐ Occasional assistance with a hand held device — 33
2☐ Mechanical ventilation (iron lung or respirator) — 34
3☐ Something else – *Specify* ↙ — 35

_____

_____

9☐ DK — 36

FORM DFS-4 (7-1-94)

POLIO SURVIVORS – Continued

12a. Beginning about one month after you got polio, did you go through a period of rehabilitation? This would include a time when you might have had physical therapy, doctor's checkups, and/or surgical procedures to help you recover from polio. 37

1 ☐ Yes *(Go to 12b)*
2 ☐ No
9 ☐ DK
(Skip to 20 on page 8)

b. About how long would you say this period of rehabilitation lasted? 38-40

000 ☐ Less than 1 month
(Number) — 1 ☐ Months, 2 ☐ Years
999 ☐ DK

HAND CARD P1.

The next few questions deal with this period of REHABILITATION.

13. Beginning approximately two months after you got polio, that is, after the initial phase of your illness had passed:

	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
a. How weakened was your right hip, thigh and knee? Would you say — *(Read all categories)*?	a. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	41 9 ☐
b. How weakened was your right calf, ankle and foot? (Would you say — *(Read all categories)*?)	b. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	42 9 ☐
c. How weakened was your left hip, thigh and knee? (Would you say — *(Read all categories)*?)	c. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	43 9 ☐
d. How weakened was your left calf, ankle and foot? (Would you say — *(Read all categories)*?)	d. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	44 9 ☐
e. How weakened was your right shoulder, upper arm and elbow? (Would you say — *(Read all categories)*?)	e. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	45 9 ☐
f. How weakened was your right forearm, wrist and hand? (Would you say — *(Read all categories)*?)	f. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	46 9 ☐
g. How weakened was your left shoulder, upper arm and elbow? (Would you say — *(Read all categories)*?)	g. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	47 9 ☐
h. How weakened was your left forearm, wrist and hand? (Would you say — *(Read all categories)*?)	h. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	48 9 ☐
i. How weakened were your breathing muscles? (Would you say — *(Read all categories)*?)	i. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	49 9 ☐
j. How weakened were your swallowing muscles? (Would you say — *(Read all categories)*?)	j. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	50 9 ☐
k. How weakened were your face muscles? (Would you say — *(Read all categories)*?)	k. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	51 9 ☐
l. How weakened were your back muscles? (Would you say — *(Read all categories)*?)	l. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	52 9 ☐
m. How weakened were your stomach muscles? (Would you say — *(Read all categories)*?)	m. 1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	53 9 ☐

POLIO SURVIVORS – Continued

ITEM P2

Refer to question 1 on page 3.
(Age when respondent got polio)

54
1 ☐ Less than 12 months old *(Skip to 18 on page 7)*
2 ☐ 12 months or older *(Go to 14)*
3 ☐ DK *(Go to 14)*

HAND CARD P2.

14. Beginning approximately two months after you got polio, how well could you walk? Would you say you were — *(Read all categories)*

55
1 ☐ **Able to walk without a limp,**
2 ☐ **Able to walk WITH a limp,**
3 ☐ **Unable to walk WITHOUT leg braces or other assistive devices, or**
4 ☐ **Unable to walk at all?**
5 ☐ Can't remember
9 ☐ DK

HAND CARD P3. Read categories if telephone interview.

15. During your rehabilitation, what kind of physical therapy or exercise did you use to strengthen your muscles?

(Anything else?)

Mark (X) all that apply.

00 ☐ No excercise or physical therapy *(Skip to 20 on page 8)* — 56-57
01 ☐ Stretching exercises — 58-59
02 ☐ Massage/heat — 60-61
03 ☐ Yoga — 62-63
04 ☐ Swimming — 64-65
05 ☐ Weight lifting/medicine ball — 66-67
06 ☐ Push-ups/pull-ups — 68-69
07 ☐ Other – *Specify* ↙ _____ _____ — 70-71
(Go to 16)
08 ☐ Too young to remember — 72-73
99 ☐ DK *(Skip to 20 on page 8)* — 74-75

16. During your rehabilitation, how often did you do physical therapy or exercise to stretch or strengthen your muscles? Would you say — regularly or only occasionally, such as less than twice a month?

76
1 ☐ Regularly
2 ☐ Occasionally *(Go to 17)*
9 ☐ DK *(Skip to 20 on page 8)*

17. For how many years did you continue your physical therapy or exercise schedule?

77-78
00 ☐ Less than 1 year
_____ Years
(Number)
99 ☐ DK

Notes

POLIO SURVIVORS – Continued

18. During your rehabilitation, did you have surgery on your arms, legs, or spine which was intended to correct a limitation or weakness caused by polio? — 79

1 ☐ Yes *(Go to 19)*
2 ☐ No } *(Skip to 20 on page 8)*
9 ☐ DK }

19. Please tell me each surgical procedure you had and your age at the time of the procedure?

Any others?

Enter age in whole years. If less than 1 year old, enter "00".

Enter a description of the procedure if the exact name is not known

☐☐ Age (Years) — 99 ☐ DK age — 80-81

Surgical procedure description ↙ — 82-83

_____

_____

99 ☐ DK surgical procedure

☐☐ Age (Years) — 99 ☐ DK age — 84-85

Surgical procedure description ↙ — 86-87

_____

_____

99 ☐ DK surgical procedure

☐☐ Age (Years) — 99 ☐ DK age — 88-89

Surgical procedure description ↙ — 90-91

_____

_____

99 ☐ DK surgical procedure

Notes

POLIO SURVIVORS – Continued

20. **For the next few questions, please think about the period when you were at your PHYSICAL BEST after having polio. By physical best we mean the period when you had the greatest strength and endurance and were in the best condition to carry on the various activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth.**

After having polio, at what age, or between what ages, were you at your physical best?

Enter age(s) in whole years or mark (X) box.

92-95

☐☐ to ☐☐ Years of age } *(Go to 21)*

9977 ☐ Presently at physical best
9988 ☐ Never had a physical best } *(Skip to 41 on page 15)*
9999 ☐ DK

HAND CARD P4.

21. **During the period of your physical best AFTER THE ONSET OF POLIO, which phrase best describes the extent of your disability? Would you say — *(Read all categories)***

Mark (X) only one.

96

1 ☐ **No disability,** *(Skip to 29 on page 10)*
2 ☐ **No noticeable disability,**
3 ☐ **Mild disability,**
4 ☐ **Moderate disability, or** } *(Go to 22)*
5 ☐ **Severe disability?**
9 ☐ DK

HAND CARD P2.

22. **During the period of your physical best after the onset of polio, how well could you walk?**

If telephone interview, read: **Would you say you were — *(Read all categories)***

Mark (X) only one.

97

1 ☐ Able to walk without a limp } *(Go to 23)*
2 ☐ Able to walk WITH a limp
3 ☐ Unable to walk WITHOUT leg braces or other assistive devices *(Skip to 24)*
4 ☐ Unable to walk at all *(Skip to 26 on page 9)*
5 ☐ Can't remember } *(Go to 23)*
9 ☐ DK

HAND CARD P5.

23. **During the period of your physical best after the onset of your polio, what was the farthest you could walk WITHOUT using assistive devices and WITHOUT stopping?**

If telephone interview, read: **Would you say you — *(Read all categories)***

Mark (X) only one.

98

1 ☐ Couldn't walk at all
2 ☐ Could walk across a room
3 ☐ Could walk up and down the street } *(Go to 24)*
4 ☐ Could walk around the block
5 ☐ Could walk a mile or more *(Skip to 25 on page 9)*
9 ☐ DK *(Go to 24)*

HAND CARD P5.

24. **How about WITH a leg brace or assistive devices such as a cane or walker? What was the farthest you could walk WITHOUT stopping during the period of your physical best?**

If telephone interview, read: **Would you say that you — *(Read all categories)***

Mark (X) only one.

99

1 ☐ Couldn't walk at all *(Skip to 26)*
2 ☐ Could walk across a room
3 ☐ Could walk up and down the street
4 ☐ Could walk around the block } *(Go to 25 on page 9)*
5 ☐ Could walk a mile or more
9 ☐ DK

RT 79
3-4

POLIO SURVIVORS – Continued

25. **During the period of your physical best after the onset of your polio, how well could you climb stairs? Would you say you — *(Read all categories)***

Mark (X) only one.

5

1 ☐ **Could climb stairs easily without using a railing,**
2 ☐ **Could climb stairs using a railing, or**
3 ☐ **Could not climb stairs at all?**
9 ☐ DK

26. **During the period of your physical best after the onset of your polio, how easily would you tire while performing your usual daily activities? Would you say you — *(Read all categories)***

Mark (X) only one.

6

1 ☐ **Tired VERY easily during the day, requiring five or more rest periods,**
2 ☐ **Tired easily during the day, requiring two to four rest periods,**
3 ☐ **Tired slowly and required one rest period a day, or**
4 ☐ **Tired only after strenuous exercise or before bedtime?**
9 ☐ DK

27. **I am going to read a list of assistive devices. Please tell me if you used each device at any time during your period of physical best.**

Read list.

Mark (X) an answer for each type of device.

	Yes	No	DK	
a. A cane or canes?	a. 1 ☐	2 ☐	9 ☐	7
b. A crutch or crutches?	b. 1 ☐	2 ☐	9 ☐	8
c. Walker?	c. 1 ☐	2 ☐	9 ☐	9
d. Wheel chair or electric cart?	d. 1 ☐	2 ☐	9 ☐	10
e. Left leg brace?	e. 1 ☐	2 ☐	9 ☐	11
f. Right leg brace?	f. 1 ☐	2 ☐	9 ☐	12
g. Left arm splint or brace?	g. 1 ☐	2 ☐	9 ☐	13
h. Left hand splint or brace?	h. 1 ☐	2 ☐	9 ☐	14
i. Right arm splint or brace?	i. 1 ☐	2 ☐	9 ☐	15
j. Right hand splint or brace?	j. 1 ☐	2 ☐	9 ☐	16
k. Breathing aids?	k. 1 ☐	2 ☐	9 ☐	17
l. Back brace or corset?	l. 1 ☐	2 ☐	9 ☐	18
m. Special shoes, or shoe lifts?	m. 1 ☐	2 ☐	9 ☐	19
n. Another type of device?	n. 1 ☐	2 ☐	9 ☐	20

Specify _____

_____

POLIO SURVIVORS – Continued

HAND CARD P1.

28. At the time of your physical best:

	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
a. How weakened was your right hip, thigh and knee? Would you say — *(Read all categories)*?	a. 1☐	2☐	3☐	4☐	5☐	21 9☐
b. How weakened was your right calf, ankle and foot? (Would you say — *(Read all categories)*?)	b. 1☐	2☐	3☐	4☐	5☐	22 9☐
c. How weakened was your left hip, thigh and knee? (Would you say — *(Read all categories)*?)	c. 1☐	2☐	3☐	4☐	5☐	23 9☐
d. How weakened was your left calf, ankle and foot? (Would you say — *(Read all categories)*?)	d. 1☐	2☐	3☐	4☐	5☐	24 9☐
e. How weakened was your right shoulder, upper arm and elbow? (Would you say — *(Read all categories)*?)	e. 1☐	2☐	3☐	4☐	5☐	25 9☐
f. How weakened was your right forearm, wrist and hand? (Would you say — *(Read all categories)*?)	f. 1☐	2☐	3☐	4☐	5☐	26 9☐
g. How weakened was your left shoulder, upper arm and elbow? (Would you say — *(Read all categories)*?)	g. 1☐	2☐	3☐	4☐	5☐	27 9☐
h. How weakened is your left forearm, wrist and hand? (Would you say — *(Read all categories)*?)	h. 1☐	2☐	3☐	4☐	5☐	28 9☐
i. How weakened were your breathing muscles? (Would you say — *(Read all categories)*?)	i. 1☐	2☐	3☐	4☐	5☐	29 9☐
j. How weakened were your swallowing muscles? (Would you say — *(Read all categories)*?)	j. 1☐	2☐	3☐	4☐	5☐	30 9☐
k. How weakened were your face muscles? (Would you say — *(Read all categories)*?)	k. 1☐	2☐	3☐	4☐	5☐	31 9☐
l. How weakened were your back muscles? (Would you say — *(Read all categories)*?)	l. 1☐	2☐	3☐	4☐	5☐	32 9☐
m. How weakened were your stomach muscles? (Would you say — *(Read all categories)*?)	m. 1☐	2☐	3☐	4☐	5☐	33 9☐

29. About how much did you weigh during the time of your physical best?

Enter weight in whole pounds only.

34-36

_____ Pounds

999☐ DK

Now I am going to ask some questions about the period AFTER your physical best.

37

30. At the present time, do you feel you are STILL at your physical best?

1☐ Yes *(Skip to 41 on page 15)*

2☐ No } *(Go to 31 on page 11)*

9☐ DK }

Notes

POLIO SURVIVORS – Continued

31. Since the period when you were at your physical best have you experienced any DECREASE in your ability to carry out your routine activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth?

If "Yes," ask: **Would you say that your ability has decreased some or a lot?**

38
1 ☐ Yes, decreased some
2 ☐ Yes, decreased a lot
3 ☐ No, no decrease
9 ☐ DK

32. Since the time of your physical best, do you NOW weigh more, less, or about the same?

39
1 ☐ More } *(Go to 33)*
2 ☐ Less }
3 ☐ About the same } *(Skip to 34)*
9 ☐ DK }

33. How many pounds have you [gained/lost]?

Enter gain or loss in whole pounds only.

40-42
_____ Pounds
999 ☐ DK

34. Since the time of your physical best, have you had any severe injuries which have limited your ability to carry out your daily activities?

43
1 ☐ Yes *(Go to 35)*
2 ☐ No } *(Skip to 36)*
9 ☐ DK }

35. What were the injuries and how old were you when they occurred?

Any others?

Enter age in whole years.

Describe the injury, NOT the accident.

(Example: Enter "Broken hip" not "fell")

44-45
☐☐ Age (Years) 99 ☐ DK age
46-48
Injury ↙
_____
799 ☐ DK injury

49-50
☐☐ Age (Years) 99 ☐ DK age
51-53
Injury ↙
_____
799 ☐ DK injury

54-55
☐☐ Age (Years) 99 ☐ DK age
56-58
Injury ↙
_____
799 ☐ DK injury

59-60
☐☐ Age (Years) 99 ☐ DK age
61-63
Injury ↙
_____
799 ☐ DK injury

36. Compared with your physical best, has your ability to swallow solid food gotten better, gotten worse, or stayed about the same?

64
1 ☐ Gotten better
2 ☐ Gotten worse
3 ☐ Stayed about the same
9 ☐ DK

POLIO SURVIVORS – Continued

37. Since reaching your physical best, have you experienced any NEW polio related difficulties?

If "Yes", ask: **How many new polio-related difficulties have you experienced?**

Mark (X) only one.

65

1 ☐ Yes, one new polio-related difficulty
2 ☐ Yes, more than one new polio-related difficulty
3 ☐ New difficulties, BUT not sure they are polio-related
(Go to 38)

4 ☐ No
9 ☐ DK
(Skip to 41 on page 15)

38. How old were you when [this/your MAIN] new polio-related difficulty began?

Enter age in whole years only.

66-67

_____ Years of age

99 ☐ DK

39. About how quickly did [this/your MAIN] new polio-related difficulty develop? Was it over a period of — *(Read all categories)*

Mark (X) only one.

68

1 ☐ **Less than one month,**
2 ☐ **One month, but less than a year,**
3 ☐ **One year, but less than 5 years,**
4 ☐ **5 years, but less than 10 years, or**
5 ☐ **10 or more years?**
6 ☐ Other – *Specify* ↙

_____

9 ☐ DK

40a. Compared with your physical best, have you experienced any NEW muscle WEAKNESS?

69

1 ☐ Yes *(Go to 40b)*
2 ☐ No
9 ☐ DK
(Skip to 40c)

HAND CARD P6.

b. Which of the following muscles are involved?

	Yes	No	DK	
(1) Left arm or hand?	**(1)** 1 ☐	2 ☐	9 ☐	70
(2) Right arm or hand?	**(2)** 1 ☐	2 ☐	9 ☐	71
(3) Left leg or foot?	**(3)** 1 ☐	2 ☐	9 ☐	72
(4) Right leg or foot?	**(4)** 1 ☐	2 ☐	9 ☐	73
(5) Stomach, back or torso?	**(5)** 1 ☐	2 ☐	9 ☐	74
(6) Neck or face?	**(6)** 1 ☐	2 ☐	9 ☐	75

Notes

POLIO SURVIVORS – Continued

40c. Compared with your physical best, have you experienced any NEW muscle PAIN? — 76

1 ☐ Yes *(Go to 40d)*
2 ☐ No } *(Skip to 40e)*
9 ☐ DK

HAND CARD P6.

d. Which of the following muscles are involved?

	Yes	No	DK	
(1) Left arm or hand?	(1) 1 ☐	2 ☐	9 ☐	77
(2) Right arm or hand?	(2) 1 ☐	2 ☐	9 ☐	78
(3) Left leg or foot?	(3) 1 ☐	2 ☐	9 ☐	79
(4) Right leg or foot?	(4) 1 ☐	2 ☐	9 ☐	80
(5) Stomach, back or torso?	(5) 1 ☐	2 ☐	9 ☐	81
(6) Neck or face?	(6) 1 ☐	2 ☐	9 ☐	82

e. Compared with your physical best, have you experienced any NEW JOINT pains? — 83

1 ☐ Yes *(Go to 40f)*
2 ☐ No } *(Skip to 40g)*
9 ☐ DK

HAND CARD P7.

f. Which of the following joints are involved?

	Yes	No	DK	
(1) Left shoulder, elbow, or wrist?	(1) 1 ☐	2 ☐	9 ☐	84
(2) Right shoulder, elbow, or wrist?	(2) 1 ☐	2 ☐	9 ☐	85
(3) Left hip, knee, or ankle?	(3) 1 ☐	2 ☐	9 ☐	86
(4) Right hip, knee, or ankle?	(4) 1 ☐	2 ☐	9 ☐	87
(5) Neck or spine?	(5) 1 ☐	2 ☐	9 ☐	88

Notes

POLIO SURVIVORS – Continued

40g. Compared with your physical best, have you noticed any change in the size of muscles FORMERLY WEAKENED by polio? — 89

1 ☐ Yes *(Go to 40h)*
2 ☐ No
9 ☐ DK
(Skip to 41 on page 15)

h. Have the muscles increased or decreased in size? — 90

Mark (X) only one.

1 ☐ Increased in size
2 ☐ Decreased in size
3 ☐ Some increased/some decreased
9 ☐ DK

HAND CARD P6.

i. Which of the following muscles are involved?

	Yes	No	DK	
(1) Left arm or hand?	(1) 1 ☐	2 ☐	9 ☐	91
(2) Right arm or hand?	(2) 1 ☐	2 ☐	9 ☐	92
(3) Left leg or foot?	(3) 1 ☐	2 ☐	9 ☐	93
(4) Right leg or foot?	(4) 1 ☐	2 ☐	9 ☐	94
(5) Stomach, back or torso?	(5) 1 ☐	2 ☐	9 ☐	95
(6) Neck or face?	(6) 1 ☐	2 ☐	9 ☐	96

Notes

POLIO SURVIVORS – Continued

HAND CARD P1.

The following questions deal with the PRESENT TIME that is, over the past few weeks.

41. At the present time,	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
a. How weakened is your right hip, thigh and knee? Would you say — *(Read all categories)*?	a. 1☐	2☐	3☐	4☐	5☐	9☐
b. How weakened is your right calf, ankle and foot? (Would you say — *(Read all categories)*?)	b. 1☐	2☐	3☐	4☐	5☐	9☐
c. How weakened is your left hip, thigh and knee? (Would you say — *(Read all categories)*?)	c. 1☐	2☐	3☐	4☐	5☐	9☐
d. How weakened is your left calf, ankle and foot? (Would you say — *(Read all categories)*?)	d. 1☐	2☐	3☐	4☐	5☐	9☐
e. How weakened is your right shoulder, upper arm and elbow? (Would you say — *(Read all categories)*?)	e. 1☐	2☐	3☐	4☐	5☐	9☐
f. How weakened is your right forearm, wrist and hand? (Would you say — *(Read all categories)*?)	f. 1☐	2☐	3☐	4☐	5☐	9☐
g. How weakened is your left shoulder, upper arm and elbow? (Would you say — *(Read all categories)*?)	g. 1☐	2☐	3☐	4☐	5☐	9☐
h. How weakened is your left forearm, wrist and hand? (Would you say — *(Read all categories)*?)	h. 1☐	2☐	3☐	4☐	5☐	9☐
i. How weakened are your breathing muscles? (Would you say — *(Read all categories)*?)	i. 1☐	2☐	3☐	4☐	5☐	9☐
j. How weakened are your swallowing muscles? (Would you say — *(Read all categories)*?)	j. 1☐	2☐	3☐	4☐	5☐	9☐
k. How weakened are your face muscles? (Would you say — *(Read all categories)*?)	k. 1☐	2☐	3☐	4☐	5☐	9☐
l. How weakened are your back muscles? (Would you say — *(Read all categories)*?)	l. 1☐	2☐	3☐	4☐	5☐	9☐
m. How weakened are your stomach muscles? (Would you say — *(Read all categories)*?)	m. 1☐	2☐	3☐	4☐	5☐	9☐

HAND CARD P8.

42. At the present time, what is the farthest you can walk WITHOUT using assistive devices and WITHOUT stopping? Would you say you — *(Read all categories)*

1☐ **Cannot walk at all,**
2☐ **Can walk across a room,**
3☐ **Can walk up and down the street,**
4☐ **Can walk around the block, or**
5☐ **Can walk a mile or more?**
9☐ DK

43. At the present time, how well can you climb stairs? Would you say you — *(Read all categories)*

1☐ **Can climb stairs easily without using a railing,**
2☐ **Can climb stairs with a railing, or**
3☐ **Cannot climb stairs at all?**
9☐ DK

POLIO SURVIVORS – Continued

44. Do you NOW use any of the following assistive devices?

Mark (X) an answer for each type of device.

Read list.

	Yes	No	DK	
a. A cane or canes?	a. 1☐	2☐	9☐	20
b. A crutch or crutches?	b. 1☐	2☐	9☐	21
c. Walker?	c. 1☐	2☐	9☐	22
d. Wheel chair or electric cart?	d. 1☐	2☐	9☐	23
e. Left leg brace?	e. 1☐	2☐	9☐	24
f. Right leg brace?	f. 1☐	2☐	9☐	25
g. Left arm splint or brace?	g. 1☐	2☐	9☐	26
h. Left hand splint or brace?	h. 1☐	2☐	9☐	27
i. Right arm splint or brace?	i. 1☐	2☐	9☐	28
j. Right hand splint or brace?	j. 1☐	2☐	9☐	29
k. Breathing aids?	k. 1☐	2☐	9☐	30
l. Back brace or corset?	l. 1☐	2☐	9☐	31
m. Special shoes, or shoe lifts?	m. 1☐	2☐	9☐	32
n. Another type of device?	n. 1☐	2☐	9☐	33

Specify _____

_____

_____

45. During the past few weeks, how easily did you tire while performing your usual daily activities? Would you say you — *(Read all categories)*

Mark (X) only one.

34

1☐ **Tire VERY easily during the day, requiring five or more rest periods in the day,**
2☐ **Tire easily during the day, requiring two to four rest periods,**
3☐ **Tire slowly and require one rest period a day, or**
4☐ **Tire only after strenuous exercise or before bedtime?**
9☐ DK

Notes

POLIO SURVIVORS – Continued

46. **At present, do you feel your general health is improving, declining, or staying about the same?**

35

1 ☐ Improving *(Skip to 50 on page 18)*
2 ☐ Declining *(Go to 47)*
3 ☐ About the same } *(Skip to 50 on page 18)*
9 ☐ DK

47. **What do you think is the main cause of this decline?**

Mark (X) only one.

36

1 ☐ Aging
2 ☐ Sedentary lifestyle
3 ☐ Return of old problems/conditions } *(Skip to 50 on page 18)*
4 ☐ New chronic conditions
5 ☐ Other new illness
6 ☐ Late effects of polio *(Go to 48)*
7 ☐ Other } *(Skip to 50 on page 18)*
9 ☐ DK

Mark (X) box "0" or ask.

HAND CARD P9. Read categories if telephone interview.

48. **Which statement best describes how you feel about your physical condition?**

37

0 ☐ Proxy *(Skip to 50 on page 18)*
1 ☐ I do not feel disabled
2 ☐ I feel disabled for the first time in my life
3 ☐ Now I feel like I have a second disability
4 ☐ None of the above
9 ☐ DK

49. **To what extent do you feel that your earlier experience with polio has prepared you to deal with this decline? Would you say —** *(Read all categories)*

38

1 ☐ **Not at all,**
2 ☐ **Somewhat, or**
3 ☐ **A lot?**
9 ☐ DK

Notes

POLIO SURVIVORS – Continued

50. Now I want to ask some questions about other health problems.

Read each condition and mark (X) box. Then proceed to question 51.

Has a doctor ever told you that you had —

Ask for each condition marked "Yes" in 50.

51. Are you currently taking medication for your *(condition)*?

	Yes	No	DK	Yes	No	DK
			39			40
a. Diabetes?	**a.** 1☐	2☐	9☐ 41	**a.** 1☐	2☐	9☐ 42
b. Emphysema?	**b.** 1☐	2☐	9☐ 43	**b.** 1☐	2☐	9☐ 44
c. Chronic bronchitis?	**c.** 1☐	2☐	9☐ 45	**c.** 1☐	2☐	9☐ 46
d. Asthma?	**d.** 1☐	2☐	9☐ 47	**d.** 1☐	2☐	9☐ 48
e. Heart problems?	**e.** 1☐	2☐	9☐ 49	**e.** 1☐	2☐	9☐ 50
f. Circulation problems in your arms or legs?	**f.** 1☐	2☐	9☐ 51	**f.** 1☐	2☐	9☐ 52
g. Hypertension?	**g.** 1☐	2☐	9☐ 53	**g.** 1☐	2☐	9☐ 54
h. A stroke?	**h.** 1☐	2☐	9☐ 55	**h.** 1☐	2☐	9☐ 56
i. Stomach ulcers?	**i.** 1☐	2☐	9☐ 57	**i.** 1☐	2☐	9☐ 58
j. Gallbladder problems?	**j.** 1☐	2☐	9☐ 59	**j.** 1☐	2☐	9☐ 60
k. Urinary tract problems?	**k.** 1☐	2☐	9☐ 61	**k.** 1☐	2☐	9☐ 62
l. Kidney stones?	**l.** 1☐	2☐	9☐ 63	**l.** 1☐	2☐	9☐ 64
m. Arthritis?	**m.** 1☐	2☐	9☐ 65	**m.** 1☐	2☐	9☐ 66
n. Other joint problems?	**n.** 1☐	2☐	9☐ 67	**n.** 1☐	2☐	9☐ 68
o. Cancer or leukemia?	**o.** 1☐	2☐	9☐ 69	**o.** 1☐	2☐	9☐ 70
p. A nerve or muscle disorder other than polio?	**p.** 1☐	2☐	9☐ 71	**p.** 1☐	2☐	9☐ 72
q. A sleep disorder?	**q.** 1☐	2☐	9☐ 73	**q.** 1☐	2☐	9☐ 74
r. *(Males only)* **Prostate problems?**	**r.** 1☐	2☐	9☐	**r.** 1☐	2☐	9☐

POLIO SURVIVORS – Continued

52. **Has a doctor ever told you that you are suffering from post-polio syndrome?** 75

1 ☐ Yes
2 ☐ No
9 ☐ DK

53. **Post-polio syndrome is NEW weakness, NEW pain or NEW tiredness in people who previously had polio. Do YOU think you have post-polio syndrome?** 76

1 ☐ Yes
2 ☐ No
9 ☐ DK

If proxy interview, skip to 56, otherwise, read the appropriate statement.

If personal visit, HAND CARD P10 and read: **Please read the statements on this card.**

If telephone interview, read: **Now, I am going to read some statements.**

54. **For each one, please tell me whether it is not true, somewhat true, or very true for you.**

	Not true	Somewhat true	Very true	DK
a. I've always felt that I could make of my life pretty much what I wanted to make of it. Is that not true, somewhat true, or very true for you?	a. 1 ☐	2 ☐	3 ☐	9 ☐ (77)
b. Once I make up my mind to do something, I stay with it until the job is completely done. (Is that not true, somewhat true, or very true for you?)	b. 1 ☐	2 ☐	3 ☐	9 ☐ (78)
c. I don't let my personal feelings get in the way of getting a job done. (Is that not true, somewhat true, or very true for you?)	c. 1 ☐	2 ☐	3 ☐	9 ☐ (79)
d. It's important for me to be able to do things in the way I want to do them rather than in the way other people want me to do them. (Is that not true, somewhat true, or very true for you?)	d. 1 ☐	2 ☐	3 ☐	9 ☐ (80)
e. Sometimes I feel that if anything is going to be done right, I have to do it myself. (Is that not true, somewhat true, or very true for you?)	e. 1 ☐	2 ☐	3 ☐	9 ☐ (81)
f. I like doing things that other people thought could not be done. (Is that not true, somewhat true, or very true for you?)	f. 1 ☐	2 ☐	3 ☐	9 ☐ (82)
g. I feel like I am the kind of person who stands for what she/he believes in, regardless of the consequences. (Is that not true, somewhat true, or very true for you?)	g. 1 ☐	2 ☐	3 ☐	9 ☐ (83)
h. Hard work is the best possible way for a young person to get ahead in life. (Is that not true, somewhat true, or very true for you?)	h. 1 ☐	2 ☐	3 ☐	9 ☐ (84)
i. People have made fun of me because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	i. 1 ☐	2 ☐	3 ☐	9 ☐ (85)
j. I have been discriminated against because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	j. 1 ☐	2 ☐	3 ☐	9 ☐ (86)

55. **On a scale from 1 to 7, with 1 being VERY SATISFIED and 7 being VERY UNSATISFIED, how satisfied or unsatisfied are you with your life as a whole these days?** 87

Repeat if necessary. Mark (X) only one.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Very satisfied → Very unsatisfied

POLIO SURVIVORS – Continued

ITEM P3 — *Refer to other DFS questionnaires for this sample person.*

88

1 ☐ Any DFS 1, 2, or 3 completed *(Skip to 58a on page 21)*
2 ☐ None completed *(Go to Intro)*

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

ITEM P4 — *Refer to CP on label.*

89

1 ☐ CP on label *(Ask 56a)*
2 ☐ No CP on label *(Ask 56b)*

56a. **The last time a Census Bureau interviewer talked to you or your family, we were told that *(CP on label)* will always know how to get in touch with you if we want to contact you again. Is *(CP on label)* still the best person to contact if we are unable to reach you?**

90

1 ☐ Yes *(Verify CP's address and phone number. If incorrect, enter correct information in 57 below)*
2 ☐ No *(Go to 56b)*

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

(Record information in 57)

RT 81

57. Contact person current information

Last name	3-4 5-24	First name	25-39	Middle initial	40	
Address *(Number and street)*					41-65	
City	66-85	State	86-87	ZIP Code	88-96	
Telephone:	Area code 97-99	Number	100-106	1 ☐ None 7 ☐ Refused 9 ☐ DK	107	

Notes

POLIO SURVIVORS – Continued

5

READ: **The last few questions deal with locating medical records.**

58a. The physicians who designed this questionnaire have a special interest in post-polio syndrome and would like to review the past medical records of as many polio survivors as possible. Could we have your permission to get copies of your medical records?

1 ☐ Yes *(Go to 58b)*
2 ☐ No *(END INTERVIEW)*
9 ☐ DK *(Go to 58b)*

6

b. What is the name and address of the hospital to which you were first admitted when you got polio?

0 ☐ None *(Go to 58c)*
1 ☐ Name of hospital/facility ↙

Address *(Number and street)*
City/Town | State | ZIP Code

9 ☐ DK

7

c. What are the names and addresses of any other hospitals or medical facilities to which you were admitted for rehabilitation or surgery related to your illness?

Any other?

0 ☐ None *(Go to 59)*
1 ☐ Name of hospital/facility ↙

Address *(Number and street)*
City/Town | State | ZIP Code

9 ☐ DK

8

0 ☐ None *(Go to 59)*
1 ☐ Name of hospital/facility ↙

Address *(Number and street)*
City/Town | State | ZIP Code

9 ☐ DK

9

59a. Are there additional persons, physicians, physical therapists, and so forth, who may have records of your polio illness?

1 ☐ Yes *(Go to 59b on page 22)*
2 ☐ No } *(Skip to Item P5a on page 22)*
9 ☐ DK }

POLIO SURVIVORS – Continued

59b. What are their names and addresses?

Any other?

10

0 ☐ None
1 ☐ Name ↙

Address *(Number and street)*			
City/Town		State	ZIP Code
Telephone number	Area code ( )	Number	

11

0 ☐ None
1 ☐ Name ↙

Address *(Number and street)*			
City/Town		State	ZIP Code
Telephone number	Area code ( )	Number	

12

0 ☐ None
1 ☐ Name ↙

Address *(Number and street)*			
City/Town		State	ZIP Code
Telephone number	Area code ( )	Number	

ITEM P5a *Mode of interview*

13

1 ☐ Telephone
2 ☐ Personal visit

ITEM P5b *Respondent status*

14

1 ☐ Adult self response *(Go to 60)*
2 ☐ Adult – Proxy *(END INTERVIEW)*

60. So that we might obtain your records, will you sign a form consenting to the release of records relating to your polio illness? Your confidentiality will be carefully safeguarded and no personal information will be made available at any time.

15

1 ☐ Yes *(Provide form on page 23 for signature. If telephone interview, mail page 23 to respondent for signature)*
2 ☐ No *(END INTERVIEW)*