Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Text Fill Logic	Input mask	Routing
	BOX HFBEG	routing	GO TO HFA1 - GENHELTH				
GENHELTH	HFA1	code one	Now, I would like to ask you about [your/(SP's)] health. In general, compared to other people [your/(SP's)] age, would you say that (your/his/her) health is . . .	(01) excellent, (02) very good, (03) good, (04) fair, or (05) poor? (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		HFA2 - COMPHLTH
COMPHLTH	HFA2	code one	SHOW CARD HFX HF1 Compared to one year ago, how would you rate [your/(SP's)] health in general now? Would you say [your/(SP's)] health is . . .	(01) much better now than one year ago, (02) somewhat better now than one year ago, (03) about the same, (04) somewhat worse now than one year ago, or (05) much worse now than one year ago? (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy		HFA3 - HELMTACT HFA2B- FUTRHLTH
FUTRHLTH	HFA2B	code one	SHOW CARD HFX HF2 In the next 6 months, what do you think will happen to [your/(SP's)] overall health?	(01) it will get much better (02) it will get somewhat better (03) it will not change (04) it will get somewhat worse (05) it will get much worse (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy		DIS1
DISHEAR	DIS1	yes/no	Now, I would like to ask you about [your/(SP's)] health. [Are you/is (SP)] deaf or [do you/does (SP)] have serious difficulty hearing?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Are you] respondent is SP [is (SP)] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy		DIS2
DISSEE	DIS2	yes/no	[Are you/is (SP)] blind or [do you/does (SP)] have serious difficulty seeing, even when wearing glasses?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Are you] respondent is SP [is (SP)] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy		DIS3
DISDECISION	DIS3	yes/no	Because of a physical, mental, or emotional condition, [do you/does (SP)] have serious difficulty concentrating, remembering, or making decisions?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[do you] respondent is SP [does (SP)] respondent is proxy		DIS4
DISWALK	DIS4	yes/no	[Do you/Does (SP)] have serious difficulty walking or climbing stairs?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Do you] respondent is SP [Does (SP)] respondent is proxy		DIS5
DISBATH	DIS5	yes/no	[Do you/Does (SP)] have difficulty dressing or bathing?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Do you] respondent is SP [Does (SP)] respondent is proxy		DIS6
DISERRANDS	DIS6	yes/no	Because of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone such as visiting a doctor's office or shopping?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[do you] respondent is SP [does (SP)] respondent is proxy		HFA3 - HELMTACT
HELMTACT	HFA3	code one	How much of the time during the past month has [your/(SP's)] health limited [your/(SP's)] social activities, like visiting with friends or close relatives? Would you say . . .	(01) none of the time, (02) some of the time, (03) most of the time, or (04) all of the time? (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy		HFB1 ECHELP BOX HFA1
	BOX HFA1	routing	IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO BOX HFF1. ELSE GO TO HFB1 - ECHELP.				
ECHELP	HFB1	yes/no	[Do you/Does (SP)] wear eyeglasses or contact lenses?	(01) YES (02) NO (03) SP IS BLIND (-8) DON'T KNOW (-9) REFUSED	[Do you] respondent is SP [Does (SP)] respondent is proxy		(01) HFB2 - ECTROUB (02) HFB2 - ECTROUB (03) HFB6 - EDOCEXAM (-8) HFB6 - EDOCEXAM (-9) HFB6 - EDOCEXAM
ECTROUB	HFB2	code one	Which statement best describes [your/(SP's)] vision [while wearing glasses or contact lenses]... no trouble seeing, a little trouble, a lot of trouble, or no usable vision?	(01) NO TROUBLE SEEING (02) A LITTLE TROUBLE SEEING (03) A LOT OF TROUBLE SEEING (04) NO USABLE VISION (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy [while wearing glasses or contact lenses] SP wears glasses or contact lenses		(01) HFB6 - EDOCEXAM (02) HFB6 - EDOCEXAM (03) HFB2A - ECLEGBLI (04) HFB6 - EDOCEXAM (-8) HFB6 - EDOCEXAM (-9) HFB6 - EDOCEXAM
ECLEGBLI	HFB2A	yes/no	[Have you/Has (SP)] been told that (you are/he is/she is) legally blind? [EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot see well enough to drive.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female		HFB6 - EDOCEXAM
EDOCEXAM	HFB6	yes/no	[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)? INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy		(01) HFB7A - EDOCTYPE (02) HFB7 - EDOCLAST (-8) BOX HFB1 (-9) BOX HFB1

Variable	ID	Type	Question Text	Response Codes	Fill Instructions		Skip Instructions
EDOCLAST	HFB7	code one	How long has it been since [your/(SP's)] last eye examination by an eye doctor?	(01) NEVER HAD EYE EXAM BY EYE DOCTOR (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 5 YEARS (04) 5 YEARS OR MORE (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy		(01) BOX HFB1 (02) HFB7A - EDOCTYPE (03) HFB7A - EDOCTYPE (04) HFB7A - EDOCTYPE (-8) BOX HFB1 (-9) BOX HFB1
EDOCTYPE	HFB7A	code one	I have a couple of questions about [your/(SP's)] last eye examination. Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care professional? [EXPLAIN IF NECESSARY: An optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.]	(01) OPTOMETRIST (02) OPTHAMOLOGIST (91) OTHER DOCTOR SPECIALTY (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy		(01) H7B7B - EDOCDLAT (02) H7B7B - EDOCDLAT (91) HFB7 - EDOCTYOS (-8) BOX HFB1 (-9) BOX HFB1
EDOCTYOS	HFB7A	verbatim text	OTHER (SPECIFY)				H7B7B - EDOCDLAT
EDOCDLAT	HFB7B	yes/no	Again, thinking about [your/(SP)'s] last eye examination, were dilating drops used in [your/(SP)'s] eyes? [EXPLAIN IF NECESSARY: Dilating drops are used to enlarge the pupil for eye examinations. The drops often make your eyes more sensitive to bright light and may cause temporary blurry vision.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy		HFB7C - ECATARAC
ECATARAC	HFB7C	yes/no	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of these conditions. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) had...Cataracts?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		HFB7C - EGLAUCOM
EGLAUCOM	HFB7C	yes/no	Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED			HFB7C - ERETINOP
ERETINOP	HFB7C	yes/no	Diabetic retinopathy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED			HFB7C - EMACULAR
EMACULAR	HFB7C	yes/no	Macular degeneration or age-related macular degeneration, also called AMD?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED			~~HFB10 - ECCATOP~~ BOX HFB1A
BOX HFB1A		routing	IF ECATARAC=02/NO, GO TO BOX HFB1. ELSE GO TO HFB10 - ECCATOP.				
ECCATOP	HFB10	yes/no	[Have you/Has (SP)] ever had an operation for cataracts?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy		BOX HFB1
	BOX HFB1	routing	IF HFB7C - ERETINOP = 1/Yes OR HFB7C - EMACULAR = 1/Yes, GO TO HFB11 - ELASRSUR. ELSE GO TO HFC1 - HCHELP.				
ELASRSUR	HFB11	yes/no	Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration. ~~Have [you/(SP)]~~ [Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions? [EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct vision.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	~~[you] respondent is SP~~ ~~[(SP)] respondent is proxy~~ [Have you] respondent is SP [Has (SP)] respondent is proxy		HFC1 - HCHELP
HCHELP	HFC1	yes/no	[Do you/Does (SP)] use a hearing aid?	(01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED	[Do you] respondent is SP [Does (SP)] respondent is proxy		(01) HFC2 - HCTROUB (02) HFC2 - HCTROUB (03) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL
HCTROUB	HFC2	code one	Which statement best describes [your/(SP's)] hearing (with a hearing aid): no trouble hearing, a little trouble, a lot of trouble, or deaf?	(01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (03) A LOT OF TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy		(01) HFD1A - FOODTRBL (02) HFC3 - HCKNOWMC (03) HFC3 - HCKNOWMC (04) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL

Variable	QID	Type	Question Text	Response Codes	Fills		Next
HCKNOWMC	HFC3	code one	How much trouble [do you/does (SP)] have finding out things (you need/he needs/she needs) to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED	[do you] respondent is SP [does (SP)] respondent is proxy [you need] respondent is SP [he needs] respondent is proxy, SP male [she needs] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male		HFC4 - HCCOMDOC
HCCOMDOC	HFC4	code one	How much trouble [do you/does (SP)] have communicating with (your/his/her) doctor or other medical personnel because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED	[do you] respondent is SP [does (SP)] respondent is proxy [you need] respondent is SP [he needs] respondent is proxy, SP male [she needs] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male		HFD1A - FOODTRBL
FOODTRBL	HFD1A	code one	How much trouble [do you/does (SP)] have eating solid foods because of problems with (your/his/her) mouth or teeth? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED	[do you] respondent is SP [does (SP)] respondent is proxy [you need] respondent is SP [he needs] respondent is proxy, SP male [she needs] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male		HFE1 - HEIGHTFT
HEIGHTFT	HFE1	numeric	How tall [are you/is (SP)]?	(01) continuous answer (-8) DON'T KNOW (-9) REFUSED	[are you] respondent is SP [is (SP)] respondent is proxy		HFE1 - HEIGHTIN
WEIGHT	HFE1	numeric	How much [do you/does (SP)] weigh?	(01) continuous answer (-8) DON'T KNOW (-9) REFUSED	[do you] respondent is SP [does (SP)] respondent is proxy		HFFINTRO - PREVHLTHINTRO
PREVHLTHINTRO	HFFINTRO	no entry	These next few questions are about preventive health care measures some people take.	(01) CONTINUE (-7) EMPTY			HFF1 - BPTAKEN
BPTAKEN	HFF1	code one	When was the most recent time [you/(SP)] had (your/his/her) blood pressure taken by a doctor or other health professional?	(01) LESS THAN 6 MONTHS AGO (02) 6 MONTHS TO LESS THAN 1 YEAR AGO (03) 1 YEAR TO LESS THAN 2 YEARS AGO (04) 2 YEARS AGO TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (06) NEVER HAD BLOOD PRESSURE TAKEN (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		HFF2 - BCTAKEN
BCTAKEN	HFF2	code one	When was the most recent time [you/(SP)] had (your/his/her) blood cholesterol checked?	(01) LESS THAN 6 MONTHS AGO (02) 6 MONTHS TO LESS THAN 1 YEAR AGO (03) 1 YEAR TO LESS THAN 2 YEARS AGO (04) 2 YEARS AGO TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (06) NEVER HAD CHOLESTEROL CHECKED (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		BOX HFF1
	BOX HFF1	routing	IF SP IS FEMALE, GO TO HFF3 - MAMMOGRM. ELSE GO TO BOX HFF3.				
MAMMOGRM	HFF3	yes/no	{These next few questions are about preventive health care measures some people take}. [Have you/Has (SP)] had a mammogram or a breast X-ray since (LAST HF MONTH YEAR)?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy		(01) HFF6 - PAPSMEAR (02) BOX HFF1A HFF5 - MAMCODE (-8) HFF6 - PAPSMEAR (-9) HFF6 - PAPSMEAR
	BOX HFF1A	routing	IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO HFF6 - PAPSMEAR. ELSE GO TO HFF5 - MAMCODE.				

Variable	HF#	Type	Question Text	Response Options	Respondent	Routing
MAMCODE	HFF5	code all	What is the reason that [you have/(SP) has] not had a mammogram since (LAST HF MONTH YEAR)? CHECK ALL THAT APPLY.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR BREAST CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS (13) NEVER HEARD OF MAMMOGRAM (14) APPOINTMENT SCHEDULED FOR FUTURE DATE (15) MASTECTOMY/BREASTS REMOVED (16) TOO ILL, PHYSICALLY/MENTALLY (91) OTHER (-8) DON'T KNOW (-9) REFUSED	[you have] respondent is SP [(SP) has] respondent is proxy	(01) HFF6 - PAPSMEAR (02) HFF6 - PAPSMEAR (03) HFF6 - PAPSMEAR (04) HFF6 - PAPSMEAR (05) HFF6 - PAPSMEAR (06) HFF6 - PAPSMEAR (07) HFF6 - PAPSMEAR (08) HFF6 - PAPSMEAR (09) HFF6 - PAPSMEAR (10) HFF6 - PAPSMEAR (11) HFF6 - PAPSMEAR (12) HFF6 - PAPSMEAR (13) HFF6 - PAPSMEAR (14) HFF6 - PAPSMEAR (15) HFF6 - PAPSMEAR (16) HFF6 - PAPSMEAR (91) HFF5 - MAMNOTHS (-8) HFF6 - PAPSMEAR (-9) HFF6 - PAPSMEAR
MAMNOTHS	HFF5	verbatim text	OTHER (SPECIFY)			HFF6 - PAPSMEAR
PAPSMEAR	HFF6	yes/no	[Have you/Has (SP)] had a Pap smear test since (LAST HF MONTH YEAR)?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy	(01) BOX HFF2 (02) BOX HFF1B HFF8 – PAPCODE (-8) BOX HFF2 (-9) BOX HFF2
BOX HFF1B		routing	IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO BOX HFF2. ELSE GO TO HFF8 - PAPCODE.			
PAPCODE	HFF8	code all	What is the reason that [you have/(SP) has] not had a Pap smear test since (LAST HF MONTH YEAR)? CHECK ALL THAT APPLY.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) NEVER HEARD OF PAP SMEAR (13) APPOINTMENT SCHEDULED FOR FUTURE DATE (14) HAD HYSTERECTOMY/NO UTERUS, OVARIES (15) TOO ILL, PHYSICALLY/MENTALLY (91) OTHER (-8) DON'T KNOW (-9) REFUSED	[you have] respondent is SP [(SP) has] respondent is proxy	(01) BOX HFF2 (02) BOX HFF2 (03) BOX HFF2 (04) BOX HFF2 (05) BOX HFF2 (06) BOX HFF2 (07) BOX HFF2 (08) BOX HFF2 (09) BOX HFF2 (10) BOX HFF2 (11) BOX HFF2 (12) BOX HFF2 (13) BOX HFF2 (14) BOX HFF2 (15) BOX HFF2 (91) HFF8 - PAPNOTHS (-8) BOX HFF2 (-9) BOX HFF2
PAPNOTHS	HFF8	verbatim text	OTHER (SPECIFY)			BOX HFF2
BOX HFF2		routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE AND RESPONSE TO HHF8 – PAPCODE DOES NOT INCLUDE 14/HadHysterectomy, GO TO HFF9 - HYSTEREC. ELSE GO TO BOX HFF3.			
HYSTEREC	HFF9	yes/no	[Have you/Has (SP)] ever had a hysterectomy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy	HFF15 - FLUSHOT
BOX HFF3		routing	IF SP HAS EVER REPORTED HAVING PROSTATE SURGERY IN A PREVIOUS ROUND, GO TO HFF11 - DIGTEXAM. ELSE GO TO HFF10 - PROSSURG.			

Variable	HFF	Type	Question Text	Response Options	Fills/Conditions	Routing
PROSSURG	HFF10	yes/no	[Since (LAST HF MONTH YEAR), [have you/has (SP)/[Have you/has (SP)] ever] had surgery on (your/his) prostate? [EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surgery can include complete or partial removal of the prostate.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	~~[Since (LAST HF MONTH YEAR)] second or more time through loop~~ ~~[have you] respondent is SP, second or more time through loop~~ ~~[has (SP)] respondent is proxy, second or more time through loop~~ ~~[Have you ever] respondent is SP, first time through loop~~ ~~[Has (SP) ever] respondent is proxy, first time through loop~~ ~~[your] respondent is SP~~ ~~[his] respondent is proxy~~ [Since (LAST HF MONTH YEAR), have you] HFQ has been completed before in a previous round and the respondent is SP [Since (LAST HF MONTH YEAR), has (SP)] HFQ has been completed before in a previous round and the respondent is proxy [Have you ever] respondent is SP, first time through the HFQ section ever [Has (SP) ever] respondent is proxy, first time through the HFQ section ever [your] respondent is SP [his] respondent is proxy	HFF11 - DIGTEXAM
DIGTEXAM	HFF11	yes/no	These next few questions are about [preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery]. [Have you/Has (SP)] had a digital rectal examination (of the prostate) since (LAST HF MONTH YEAR)? [EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[preventive health care measures some people take] PROSSURG in(02,-8,-9) [follow-up care sometimes prescribed after prostate surgery] PROSSURG = 01 or P_PROSSURG=1 [Have you] respondent is SP [Has (SP)] respondent is proxy	HFF12 - BLOODTST
BLOODTST	HFF12	yes/no	[Have you/Has (SP)] had a blood test for detection of prostate cancer, known as a PSA, since (LAST HF MONTH YEAR)? PSA = PROSTATE-SPECIFIC ANTIGEN [EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy	(01) HFF15 - FLUSHOT (02) BOX HFF3B ~~HFF14 - PRONCODE~~ (-8) HFF15 - FLUSHOT (-9) HFF15 - FLUSHOT
BOX HFF3B		routing	IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO HFF15 - FLUSHOT. ELSE GO TO HFF14 - PRONCODE.			
PRONCODE	HFF14	code all	What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (LAST HF MONTH YEAR)? CHECK ALL THAT APPLY.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF TEST/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) NEVER HEARD OF PSA (13) APPOINTMENT SCHEDULED FOR FUTURE DATE (14) PROSTATECTOMY/PROSTATE REMOVED (91) OTHER (-8) DON'T KNOW (-9) REFUSED	[you have] respondent is SP [(SP) has] respondent is proxy	(01) HFF15 - FLUSHOT (02) HFF15 - FLUSHOT (03) HFF15 - FLUSHOT (04) HFF15 - FLUSHOT (05) HFF15 - FLUSHOT (06) HFF15 - FLUSHOT (07) HFF15 - FLUSHOT (08) HFF15 - FLUSHOT (09) HFF15 - FLUSHOT (10) HFF15 - FLUSHOT (11) HFF15 - FLUSHOT (12) HFF15 - FLUSHOT (13) HFF15 - FLUSHOT (14) HFF15 - FLUSHOT (91) HFF14 - PRONOTHS (-8) HFF15 - FLUSHOT (-9) HFF15 - FLUSHOT
PRONOTHS	HFF14	verbatim text	OTHER (SPECIFY)			HFF15 - FLUSHOT
FLUSHOT	HFF15	yes/no	Did [you/(SP)] have a seasonal flu shot for last winter? [EXPLAIN IF NECESSARY: Did [you/(SP)] have a seasonal flu shot any time during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy	(01) HFF18 - FLUSITE (02) HFF17 - FLUCODE (-8) BOX HFF5 (-9) BOX HFF5

			Why didn't [you/(SP)] get a seasonal flu shot last winter? [PROBE: Any other reason?]	(01) DIDN'T KNOW IT WAS NEEDED (02) SHOT COULD CAUSE FLU (03) SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE (04) DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY (05) FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK (06) DOCTOR DID NOT RECOMMEND THE SHOT (07) DOCTOR RECOMMENDED AGAINST GETTING SHOT/ALLERGIC TO SHOT/MEDICAL REASONS (08) DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS (09) INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION (10) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT (11) COST OF SHOT/NOT WORTH THE MONEY (12) HAD SHOT BEFORE/DIDN'T NEED IT AGAIN (13) VACCINE UNAVAILABLE/VACCINE SHORTAGE (91) OTHER (-8) DON'T KNOW	[you] respondent is SP [(SP)] respondent is proxy	(01) BOX HFF4 (02) BOX HFF4 (03) BOX HFF4 (04) BOX HFF4 (05) BOX HFF4 (06) BOX HFF4 (07) BOX HFF4 (08) BOX HFF4 (09) BOX HFF4 (10) BOX HFF4 (11) BOX HFF4 (12) BOX HFF4 (13) BOX HFF4 (91) HFF17 - FLUOTHOS (-8) BOX HFF4
FLUCODE	HFF17	code all	CHECK ALL THAT APPLY.	(-9) REFUSED		(-9) BOX HFF4
FLUOTHOS	HFF17	verbatim text	OTHER (SPECIFY)			BOX HFF4
	BOX HFF4	routing	IF RESPONSE TO HFF17 – FLUCODE DOES NOT INCLUDE 13/VaccineUnavailable, GO TO HFF21 - NOVACINE. ELSE GO TO BOX HFF5.			
			Where did [you/(SP)] go for (your/his/her) most recent seasonal flu shot, was that a managed care plan or HMO center, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place? [IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic?	(01) DOCTORS OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC (08) OTHER CLINIC (09) WALK-IN URGENT CENTER (10) HOSPITAL EMERGENCY ROOM (11) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (12) VA FACILITY (13) HEALTH FAIR (14) SHOPPING MALL/OTHER STORE (15) SENIOR CENTER (16) AT HOME (17) CHURCH/SCHOOL (18) LIBRARY (19) HOSPITAL INPATIENT (91) OTHER (-8) DON'T KNOW	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFF18A - VACPAID (02) HFF18A - VACPAID (03) HFF18A - VACPAID (04) HFF18A - VACPAID (05) HFF18A - VACPAID (06) HFF18A - VACPAID (07) HFF18A - VACPAID (08) HFF18A - VACPAID (09) HFF18A - VACPAID (10) HFF18A - VACPAID (11) HFF18A - VACPAID (12) HFF18A - VACPAID (13) HFF18A - VACPAID (14) HFF18A - VACPAID (15) HFF18A - VACPAID (16) HFF18A - VACPAID (17) HFF18A - VACPAID (18) HFF18A - VACPAID (19) HFF18A - VACPAID (91) HFF18 - FLUSITOS (-8) HFF18A - VACPAID
FLUSITE	HFF18	code all	IF SOME OTHER PLACE, ASK: Where was this?]	(-9) REFUSED		(-9) HFF18A - VACPAID
FLUSITOS	HFF18	verbatim text	OTHER (SPECIFY)			HFF18A - VACPAID
VACPAID	HFF18A	yes/no	Did [you/(SP)] pay some or all of the cost of the flu shot? Please include any monetary donations that you may have made to cover the cost of the flu shot.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy	HFF20 - VACSUPLY
VACSUPLY	HFF20	yes/no	Did [you/(SP)] have any trouble getting a seasonal flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	BOX HFF5
NOVACINE	HFF21	yes/no	Was one reason that [you/(SP)] did not get a seasonal flu shot last winter because the vaccine was in short supply or unavailable?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy	BOX HFF5
	BOX HFF5	routing	IF SP HAS EVER REPORTED HAVING A PNEUMONIA SHOT IN A PREVIOUS ROUND, GO TO BOX HFG1. ELSE GO TO HFF22 - PNEUSHOT.			
PNEUSHOT	HFF22	yes/no	[Have you/Has (SP)] ever had a shot for pneumonia?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy	(01) BOX HFG1 (02) BOX HFF5B ~~HFF23 PNUCODE~~ (-8) BOX HFG1 (-9) BOX HFG1
	BOX HFF5B	routing	IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO BOX HFG1. ELSE GO TO HFF23 - PNUCODE.			

Variable	Item	Type	Question text	Response options	Fill instructions	Routing
PNUCODE	HFF23	code all	Why [haven't you/hasn't (SP)] ever had a shot for pneumonia? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) DIDN'T KNOW IT WAS NEEDED (02) SHOT COULD CAUSE PNEUMONIA (03) SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE (04) DIDN'T THINK IT WOULD PREVENT PNEUMONIA/COULD GET PNEUMONIA ANYWAY (05) PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK (06) DOCTOR DID NOT RECOMMEND THE SHOT (07) DOCTOR RECOMMENDED AGAINST GETTING SHOT/ALLERGIC TO SHOT/MEDICAL REASONS (08) DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS (09) INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION (10) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT (11) COST OF SHOT/NOT WORTH THE MONEY (91) OTHER (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy [haven't you] respondent is SP [hasn't (SP)] respondent is proxy	(01) BOX HFG1 (02) BOX HFG1 (03) BOX HFG1 (04) BOX HFG1 (05) BOX HFG1 (06) BOX HFG1 (07) BOX HFG1 (08) BOX HFG1 (09) IBOX HFG1 (10) BOX HFG1 (11) BOX HFG1 (91) HFF23 - PNUOTHOS (-8) BOX HFG1 (-9) BOX HFG1
PNUOTHOS	HFF23	verbatim text	OTHER (SPECIFY)			
	BOX HFG1	routing	IF SP WAS ASKED IF HE/SHE NOW SMOKES CIGARETTES, CIGARS, OR PIPE TOBACCO IN A PREVIOUS ROUND, GO TO HFG2 - SMOKNOW. ELSE GO TO HFG1 - EVERSMOK.			
EVERSMOK	HFG1	yes/no	[Have you/Has (SP)] ever smoked cigarettes, cigars, or pipe tobacco?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Have you] respondent is SP [Has (SP)] respondent is proxy	(01) HFG2 - SMOKNOW (02) BOX HFG1C (-8) BOX HFG1C (-9) BOX HFG1C
SMOKNOW	HFG2	yes/no	[Do you/Does (SP)] smoke cigarettes, cigars, or pipe tobacco now?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	[Do you] respondent is SP [Does (SP)] respondent is proxy	(01) BOX HFG1A (02) BOX HFG1A (02) BOX HFG1C (-8) BOX HFG1C (-9) BOX HFG1C

	BOX HFG1A	routing	IF THIS IS ROUND 73 THEN
			  IF HFG2-SMOKNOW = 2/No, GO TO HFG3 - DIDSMOKE.
			  ELSE GO TO HFG5 - HAVSMOKE.
			ELSE IF THIS IS NOT ROUND 73 THEN
			  IF HFG2-SMOKNOW = 2/No, GO TO BOX HFG1C.
			  ELSE GO TO HFG5A - DRQTSMOK.			

DIDSMOKE	HFG3	numeric	How many years did [you/(SP)] smoke? [EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.]	(01) continuous answer (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy	HFG3 - DIDSMOKE_LESSONE
LASTSMOK	HFG4	code 1	About how long has it been since [you/(SP)] last smoked regularly?	(01) WITHIN THE LAST MONTH (02) 1 MONTH TO LESS THAN 6 MONTHS AGO (03) 6 MONTHS TO LESS THAN 1 YEAR AGO (04) 1 YEAR TO LESS THAN 5 YEARS AGO (05) 5 YEARS TO LESS THAN 10 YEARS AGO (06) 10 OR MORE YEARS AGO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFG1C
HAVSMOKE	HFG5	numeric	How many years [have you/has (SP)] smoked? [EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.]	(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused	[have you] respondent is SP [(SP)] respondent is proxy	HFG5 - HAVSMOKE_LESSONE
HAVSMOKE_LESSONE	HFG5	numeric	How many years [have you/has (SP)] smoked? [EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.]	(01) LESS THAN ONE YEAR (-7) Empty	[have you] respondent is SP [(SP)] respondent is proxy	HFG5A - DRQTSMOK
DRQTSMOK	HFG5A	yes/no	Since (LAST HF MONTH YEAR), has a doctor or other health professional advised [you/(SP)] to quit smoking?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFG1B
	BOX HFG1B	routing	IF THIS IS ROUND 67 73, GO TO HFG6 - QUITSMOK. ELSE GO TO BOX HFG1C			
QUITSMOK	HFG6	yes/no	During the past 12 months, [have you/has (SP)] stopped smoking for one day or longer because (you were/he was/she was) trying to quit smoking?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female	BOX HFG1C HFG7 - DRINKDAY
	BOX HFG1C	routing	IF THIS IS ROUND 73, GO TO HFG7 - DRINKDAY. ELSE GO TO HFHINTRO - DIFINTRO.			
DRINKDAY	HFG7	numeric	The next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, mixed drinks, wine, beer, and any other type of alcoholic beverage. Please think about a typical month in the past year. On how many days did [you/(SP)] drink any type of alcoholic beverage? ENTER "0" FOR "NEVER DRANK" OR "NONE".	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFG2
	BOX HFG2	routing	IF HFG7 - DRINKDAY = 0, GO TO HFHINTRO - DIFINTRO. ELSE GO TO HFG8 - DRINKSPD.			

Variable	Item	Type	Question Text	Responses	Fills		Skip
DRINKSPD	HFG8	numeric	[Please think about a typical month in the past year.] On those days that [you/(SP)] drank alcohol, how many drinks did (you/he/she) have?	(01) [Continuous answer.] (-7) LESS THAN ONE (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		HFG9 - FOURDRNK
FOURDRNK	HFG9	numeric	[Please think about a typical month in the past year.] On how many days did [you/(SP)] have 4 or more drinks in a single day? ENTER "0" FOR "NEVER" OR "NONE".	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		HFHINTRO - DIFINTRO
DIFINTRO	HFHINTRO	no entry	Now, I'm going to ask about how difficult it is, on the average, for [you/(SP)] to do certain kinds of activities. Please tell me for each activity whether [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it.	(01) CONTINUE (-7) Empty	[you] respondent is SP [(SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP		HFH1 - DIFSTOOP
DIFSTOOP	HFH1	code 1	SHOW CARD HF1 HF3 How much difficulty, if any, [do you/does (SP)] have stooping, crouching, or kneeling? Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP		HFH2 - DIFLIFT
DIFLIFT	HFH2	code 1	SHOW CARD HF1 HF3 How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP		HFH3 - DIFREACH
DIFREACH	HFH3	code 1	SHOW CARD HF1 HF3 What about reaching or extending arms above shoulder level? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP		HFH4 - DIFWRITE
DIFWRITE	HFH4	code 1	SHOW CARD HF1 HF3 How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP		HFH5 - DIFWALK
DIFWALK	HFH5	code 1	SHOW CARD HF1 HF3 What about walking a quarter of a mile - that is, about 2 or 3 blocks? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP		BOX HFH1
	BOX HFH1	routing	IF THIS IS ROUND 73, GO TO HFH10INT - PHYSACTINTRO. ELSE GO TO HFJINTRO - MEDCONDINTRO.				
PHYSACTINTRO	HFH10INT	no entry	We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that [you do/(SP) does].	(01) CONTINUE (-7) Empty	[you do] respondent is SP [(SP) does] respondent is proxy		HFH10 - VIGUNIT
VIGUNIT	HFH10	quantity unit	In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFH10 - VIGNUM (02) HFH10 - VIGNUM (03) HFH10 - VIGNUM (04) HFH10 - VIGNUM (96) HFH11 - MODUNIT (-8) HFH11 - MODUNIT (-9) HFH11 - MODUNIT
VIGNUM	HFH10	quantity unit	In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		HFH11 - MODUNIT
MODUNIT	HFH11	quantity unit	In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFH11 - MODNUM (02) HFH11 - MODNUM (03) HFH11 - MODNUM (04) HFH11 - MODNUM (96) HFH12 - MUSUNIT (-8) HFH12 - MUSUNIT (-9) HFH12 - MUSUNIT
MODNUM	HFH11	numeric	In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming?	(01)continous answer			(01) HFH12 - MUSUNIT

				(01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE		(01) HFH12 - MUSNUM (02) HFH12 - MUSNUM (03) HFH12 - MUSNUM (04) HFH12 - MUSNUM (96) HFJINTRO - MEDCONDINTRO
MUSUNIT	HFH12	quantity unit	IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(-8) HFJINTRO - MEDCONDINTRO (-9) HFJINTRO - MEDCONDINTRO
MUSNUM	HFH12	numeric	IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(01) Continuous answer		HFJINTRO - MEDCONDINTRO
MEDCONDINTRO	HFJINTRO	no entry	Next, I'm going to read a list of medical conditions. [Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had any of these conditions? [INTERVIEWER: IF THE SP IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE SP HAS THE CONDITION.]	(01) CONTINUE (-7) Empty	[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	BOX HFJ1
	BOX HFJ1	routing	IF SP HAS EVER REPORTED HAVING HARDENING OF THE ARTERIES IN A PREVIOUS ROUND, GO TO HFJ2 - OCHBP. ELSE GO TO HFJ1 - OCARTERY.			
OCARTERY	HFJ1	yes/no	[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had… hardening of the arteries or arteriosclerosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ2 - OCHBP
OCHBP	HFJ2	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor [ever] told [you/(SP)] that [you/he/she] (still have/[still has/still have/had/has/have]…] hypertension, sometimes called high blood pressure?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [still has] respondent is proxy, SP is alive, P_OCHBP = 1 [still have] respondent is SP, P_OCHBP = 1 [had] respondent is proxy, SP is deceased, P_OCHBP = 1 [has] respondent is proxy, SP is alive, P_OCHBP = 0 [have] respondent is SP, P_OCHBP = 0	(01) BOX HFJ2 (02) HFJ4 - OCMYOCAR (-8) HFJ4 - OCMYOCAR (-9) HFJ4 - OCMYOCAR
	BOX HFJ2	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ3 - YRHBP. ELSE GO TO HFJ4 - OCMYOCAR.			
YRHBP	HFJ3	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) still had hypertension or high blood pressure?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ4 - OCMYOCAR
OCMYOCAR	HFJ4	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had…] a myocardial infarction or heart attack?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) BOX HFJ3 (02) HFJ6 - OCCHD (-8) HFJ6 - OCCHD (-9) HFJ6 - OCCHD
	BOX HFJ3	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ5 - YRMYOCAR. ELSE GO TO HFJ6 - OCCHD.			
YRMYOCAR	HFJ5	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a myocardial infarction or heart attack?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ6 - OCCHD

Variable	Item	Type	Question	Responses	Fills	Routing
					[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent	
					[Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
					[you] respondent is SP	
					[(SP)] respondent is proxy	
					[ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]	(01) YES	[you] respondent is SP	(01) BOX HFJ4
				(02) NO	[he] respondent is proxy, SP male	(02) HFJ8 - OCCFAIL
				(-8) Don't Know	[she] respondent is proxy, SP female	(-8) HFJ8 - OCCFAIL
OCCHD	HFJ6	yes/no	{[a new episode of]} angina pectoris or coronary heart disease?	(-9) Refused	[a new episode of] P_OCCHD = 1	(-9) HFJ8 - OCCFAIL
	BOX HFJ4	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ7 - YRCHD. ELSE GO TO HFJ8 - OCCFAIL.			
				(01) YES	[you] respondent is SP	
				(02) NO	[(SP)] respondent is proxy	
					[you] respondent is SP	
			Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had	(-8) Don't Know	[he] respondent is proxy, SP male	
YRCHD	HFJ7	yes/no	an episode of angina pectoris or coronary heart disease?	(-9) Refused	[she] respondent is proxy, SP female	HFJ8 - OCCFAIL
					[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent	
					[Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
					[you] respondent is SP	
					[(SP)] respondent is proxy	
					[ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]	(01) YES	[you] respondent is SP	(01) BOX HFJ5
				(02) NO	[he] respondent is proxy, SP male	(02) HFJ10 - OCCVALVE
				(-8) Don't Know	[she] respondent is proxy, SP female	(-8) HFJ10 - OCCVALVE
OCCFAIL	HFJ8	yes/no	{[a new episode of]} congestive heart failure?	(-9) Refused	[a new episode of] P_OCCFAIL = 1	(-9) HFJ10 - OCCVALVE
	BOX HFJ5	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ9 - YRCFAIL. ELSE GO TO HFJ10 - OCCVALVE.			
				(01) YES	[you] respondent is SP	
				(02) NO	[(SP)] respondent is proxy	
					[you] respondent is SP	
			Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had	(-8) Don't Know	[he] respondent is proxy, SP male	
YRCFAIL	HFJ9	yes/no	an episode of congestive heart failure?	(-9) Refused	[she] respondent is proxy, SP female	HFJ10 - OCCVALVE
					[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent	
					[Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
					[you] respondent is SP	
					[(SP)] respondent is proxy	
					[ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]	(01) YES	[you] respondent is SP	(01) BOX HFJ6
				(02) NO	[he] respondent is proxy, SP male	(02) HFJ12 - OCRHYTHM
			{[a new episode of]} problems with the valves of the heart, such as aortic	(-8) Don't Know	[she] respondent is proxy, SP female	(-8) HFJ12 - OCRHYTHM
OCCVALVE	HFJ10	yes/no	stenosis?	(-9) Refused	[a new episode of] P_OCCVALVE = 1	(-9) HFJ12 - OCRHYTHM
	BOX HFJ6	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ11 - YRVALVE. ELSE GO TO HFJ12 - OCRHYTHM.			
				(01) YES	[you] respondent is SP	
				(02) NO	[(SP)] respondent is proxy	
					[you] reespondent is SP	
			Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had	(-8) Don't Know	[he] respondent is proxy, SP male	
YRVALVE	HFJ11	yes/no	an episode of problems with the valves of the heart, such as aortic stenosis?	(-9) Refused	[she] respondent is proxy, SP female	HFJ12 - OCRHYTHM
					[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent	
					[Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
					[you] respondent is SP	
					[(SP)] respondent is proxy	
					[ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]	(01) YES	[you] respondent is SP	(01) BOX HFJ7
				(02) NO	[he] respondent is proxy, SP male	(02) HFJ14 - OCOTHHRT
			(a new episode of) problems with the rhythm of (your/his/her) heartbeat, such	(-8) Don't Know	[she] respondent is proxy, SP female	(-8) HFJ14 - OCOTHHRT
OCRHYTHM	HFJ12	yes/no	as atrial fibrillation?	(-9) Refused		(-9) HFJ14 - OCOTHHRT
	BOX HFJ7	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ13 - YRRHYTHM. ELSE GO TO HFJ14 - OCOTHHRT.			
				(01) YES	[you] respondent is SP	
				(02) NO	[(SP)] respondent is proxy	
			Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had		[you] reespondent is SP	
			an episode of problems with the rhythm of (your/his/her) heart, such as atrial	(-8) Don't Know	[he] respondent is proxy, SP male	
YRRHYTHM	HFJ13	yes/no	fibrillation?	(-9) Refused	[she] respondent is proxy, SP female	HFJ14 - OCOTHHRT

OCOTHHRT	HFJ14	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new episode of) any other heart condition? [DO NOT RECORD THE NAME OF THE CONDITION AT THIS QUESTION.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) BOX HFJ8 (02) HFJ16 - OCSTROKE (-8) HFJ16 - OCSTROKE (-9) HFJ16 - OCSTROKE
	BOX HFJ8	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ15 - YROTHHRT. ELSE GO TO HFJ16 - OCSTROKE.			
YROTHHRT	HFJ15	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of any other heart condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ16 - OCSTROKE
OCSTROKE	HFJ16	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] a stroke, a brain hemorrhage, or a cerebrovascular accident?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) BOX HFJ9 (02) HFJ17A - OCCHOLES (-8) HFJ17A - OCCHOLES (-9) HFJ17A - OCCHOLES
	BOX HFJ9	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ17 - YRSTROKE. ELSE GO TO HFJ17A - OCCHOLES.			
YRSTROKE	HFJ17	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ17A - OCCHOLES
OCCHOLES	HFJ17A	yes/no	Has a doctor ever told [you/(SP)] that (you/he/she) had high cholesterol?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) HFJ17B - YRCHOLES (02) HFJ18 - OCCSKIN (-8) HFJ18 - OCCSKIN (-9) HFJ18 - OCCSKIN
YRCHOLES	HFJ17B	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had high cholesterol?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ18 - OCCSKIN
OCCSKIN	HFJ18	yes/no	[I've recorded that [you/(SP)] previously reported having had skin cancer.] [[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new occurrence of) skin cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[I've recorded that [you] previously reported having had skin cancer] OCCSKIN = 1 in a previous round for SP, respondent is SP. ~~second or more time through loop~~ [I've recorded that [(SP)] previously reported having had skin cancer] OCCSKIN = 1 in a previous round for SP, respondent is proxy, ~~second or more time through loop~~ [Since (LAST HF MONTH YEAR) has] HFQ has been completed in a previous round for this respondent ~~second or more time through loop~~ [Has] HFQ has not been completed in a previous round for this respondent ~~first time through loop~~ [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [a new occurrence] second or more time through loop	(01) BOX HFJ10 (02) HFJ20 - OCCANCER (-8) HFJ20 - OCCANCER (-9) HFJ20 - OCCANCER
	BOX HFJ10	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ19 - YRCSKIN. ELSE GO TO HFJ20 - OCCANCER.			
YRCSKIN	HFJ19	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an occurrence of skin cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ20 - OCCANCER

Variable	Item	Type	Question Text	Response Options	Fill Text	Routing
OCCANCER	HFJ20	yes/no	[I've recorded that [you/(SP)] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].] [Has a doctor (ever) told [you/(SP)] that (you/he/she) had/Since (LAST HF MONTH YEAR), has a doctor told [you/(SP)] that (you/he/she) had] any (other) kind of cancer, malignancy, or tumor other than skin cancer? INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.	(01) YES (02) NO (-8) Don't Know (-9) Refused	[I've recorded that [you]] respondent is SP, second or more time throug loop, tumor, growth or cancer previously reported [I've recorded that [SP]] respondent is proxy, second or more time through loop, tumor, growth or cancer previously reported [Has a doctor ever told] first time through loop [I've recorded that [you] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].] SP has OCCANCER = 1 in a previous round, respondent is SP [I've recorded that [(SP)] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].] SP has OCCANCER =1 in a previous round, respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [Since (LAST HF MONTH YEAR)] second or mor time through loop [you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [other] SP has OCCANCER = 1 in a previous round second or more time through loop, tumor, growth or cancer reported previously	(01) BOX HFJ11 (02) BOX HFJ13 (-8) BOX HFJ13 (-9) BOX HFJ13
	BOX HFJ11	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ21 - YRCANCER. ELSE GO TO HFJ22 - OCCCODE.			
YRCANCER	HFJ21	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ22 - OCCCODE
OCCCODE	HFJ22	code all	[Since the first time a doctor told [you/(SP)] that (you/he/she) had a cancer, malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor other than skin cancer found? [PROBE: Any other part?] CHECK ALL THAT APPLY	(01) LUNG (02) COLON, RECTUM, OR BOWEL (03) BREAST (04) UTERUS (05) PROSTATE (06) BLADDER (07) OVARY (08) STOMACH (09) CERVIX (10) BRAIN (11) KIDNEY (12) THROAT (13) HEAD (14) BACK (15) OTHER FEMALE REPRODUCTIVE ORGANS (91) OTHER (-8) Don't Know (-9) Refused		(01) BOX HFJ13 (02) BOX HFJ13 (03) BOX HFJ13 (04) BOX HFJ13 (05) BOX HFJ13 (06) BOX HFJ13 (07) BOX HFJ13 (08) BOX HFJ13 (09) BOX HFJ13 (10) BOX HFJ13 (11) BOX HFJ13 (12) BOX HFJ13 (13) BOX HFJ13 (14) BOX HFJ13 (15) BOX HFJ13 (91) HFJ22 - OCCOS (-8) BOX HFJ13 (-9) BOX HFJ13
OCCOS	HFJ22	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]		BOX HFJ13
	BOX HFJ13	routing	IF SP HAS EVER REPORTED HAVING RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND, GO TO BOX HFJ14. ELSE GO TO HFJ24 - OCARTHRH.			
OCARTHRH	HFJ24	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] rheumatoid arthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	BOX HFJ14
	BOX HFJ14	routing	IF SP HAS EVER REPORTED HAVING ARTHRITIS OTHER THAN RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND, GO TO BOX HFJ16. ELSE GO TO HFJ25 - OCARTH.			

OCARTH	HFJ25	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] arthritis, other than rheumatoid arthritis? [EXPLAIN IF NECESSARY: This includes osteoarthritis.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	BOX HFJ16
	BOX HFJ15	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ26 - YRARTHRD. ELSE GO TO BOX HFJ16A.			
YRARTHRD	HFJ26	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had arthritis, other than rheumatoid arthritis, in any part of (your/his/her) body?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	BOX HFJ16
	BOX HFJ16	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ28 - OCMENTAL. ELSE GO TO BOX HFJ16A.			
OCMENTAL	HFJ28	yes/no	[Has a doctor ever told [you/(SP)] that (you/he/she) had...] an intellectual disability, sometimes called mental retardation?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	BOX HFJ16A
	BOX HFJ16A	routing	IF SP HAS EVER REPORTED HAVING ALZHEIMER'S DISEASE IN A PREVIOUS ROUND, GO TO HFJ30AA - OCDEPRSS. ELSE GO TO HFJ29A - OCALZMER.			
OCALZMER	HFJ29A	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] Alzheimer's disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) HFJ30AA - OCDEPRSS (02) BOX HFJ16B (-8) BOX HFJ16B (-9) BOX HFJ16B
	BOX HFJ16B	routing	IF SP HAS EVER REPORTED HAVING DEMENTIA IN A PREVIOUS ROUND, GO TO HFJ30AA - OCDEPRSS. ELSE GO TO HFJ29B - OCDEMENT.			
OCDEMENT	HFJ29B	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] any type of dementia other than Alzheimer's disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ30AA - OCDEPRSS
OCDEPRSS	HFJ30AA	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] depression?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) BOX HFJ17A (02) HFJ30A - OCPSYCHO (-8) HFJ30A - OCPSYCHO (-9) HFJ30A - OCPSYCHO
	BOX HFJ17A	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ30BB - YRDEPRSS. ELSE GO TO HFJ30A - OCPSYCHO.			

YRDEPRSS	HFJ30BB	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had depression?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		HFJ30A - OCPSYCHO
OCPSYCHO	HFJ30A	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] a mental or psychiatric disorder other than depression? [INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		(01) BOX HFJ17B (02) BOX HFJ19 (-8) BOX HFJ19 (-9) BOX HFJ19
	BOX HFJ17B	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ31A - YRPSYCHO. ELSE GO TO BOX HFJ19.				
YRPSYCHO	HFJ31A	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a mental or psychiatric disorder other than depression? [INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		BOX HFJ19
	BOX HFJ19	routing	IF SP HAS EVER REPORTED HAVING OSTEOPOROSIS IN A PREVIOUS ROUND, GO TO HFJ33 - OCBRKHIP. ELSE GO TO HFJ32 - OCOSTEOP.				
OCOSTEOP	HFJ32	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] osteoporosis, sometimes called fragile or soft bones?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		HFJ33 - OCBRKHIP
OCBRKHIP	HFJ33	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]] a broken hip?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		(01) BOX HFJ20 (02) BOX HFJ21 (-8) BOX HFJ21 (-9) BOX HFJ21
	BOX HFJ20	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ34 - YRBRKHIP. ELSE GO TO BOX HFJ21.				
YRBRKHIP	HFJ34	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a broken hip?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		BOX HFJ21
	BOX HFJ21	routing	IF SP HAS EVER REPORTED HAVING PARKINSON'S DISEASE IN A PREVIOUS ROUND, GO TO BOX HFJ22. ELSE GO TO HFJ35 - OCPARKIN.				
OCPARKIN	HFJ35	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] Parkinson's disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		BOX HFJ22
	BOX HFJ22	routing	IF SP HAS EVER REPORTED HAVING EMPHYSEMA, ASTHMA OR COPD IN A PREVIOUS ROUND, GO TO HFJ37 - OCPPARAL. ELSE GO TO HFJ36 - OCEMPHYS.				

Variable	Item	Type	Question Text	Response	Fills	Skip
OCEMPHYS	HFJ36	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] emphysema, asthma, or COPD? COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ37 - OCPPARAL
OCPPARAL	HFJ37	yes/no	IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: [[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] complete or partial paralysis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (LAST HF MONTH YEAR) has] ~~second or more time through loop~~ HFQ has been completed in a previous round for this respondent [Has] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] ~~first time through loop~~ HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) BOX HFJ23 (02) BOX HFJ24 (-8) BOX HFJ24 (-9) BOX HFJ24
	BOX HFJ23	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ38 - YRPPARAL. ELSE GO TO BOX HFJ24.			
YRPPARAL	HFJ38	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had complete or partial paralysis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	BOX HFJ24
	BOX HFJ24	routing	IF SP HAS EVER REPORTED AN ABSENCE OR LOSS OF ARM OR LEG IN A PREVIOUS ROUND, GO TO BOX HFJ25. ELSE GO TO HFJ39 - OCAMPUTE.			
OCAMPUTE	HFJ39	yes/no	IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or a leg?	(01) YES (02) NO (-8) Don't Know (-9) Refused		BOX HFJ25
	BOX HFJ25	routing	IF SP IS FEMALE, GO TO HFJ41A - OCBETES. ELSE GO TO HFJ40 - HAVEPROS.			
HAVEPROS	HFJ40	yes/no	[[Before [you/(SP)] had prostate surgery, did a doctor ever tell/Since (LAST HF MONTH YEAR), has/Has]] a doctor (ever) told] [you/(SP)] that (you/he) had...] an enlarged prostate or benign prostatic hypertrophy (BPH)?	(01) YES (02) NO (-8) Don't Know (-9) Refused		(01) BOX HFJ26 (02) HFJ41A - OCBETES (-8) HFJ41A - OCBETES (-9) HFJ41A - OCBETES
	BOX HFJ26	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ41 - YRPROST. ELSE GO TO HFJ41A - OCBETES.			
YRPROST	HFJ41	yes/no	Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFJ41A - OCBETES
OCBETES	HFJ41A	yes/no	Has a doctor ever told [you/(SP)] that (you/he/she) had any type of diabetes, including: sugar diabetes, high blood sugar, (borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	(01) HFJ41B - OCDTYPE (02) BOX HFJ27 (-8) BOX HFJ27 (-9) BOX HFJ27
OCDTYPE	HFJ41B	code 1	SHOW CARD ~~HF6~~ HF4 Looking at this card, please tell me which type of diabetes the doctor said that [you have/(SP) has]. [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] [EXPLAIN IF NECESSARY: "Type 1" was formerly called "insulin dependent" or "juvenile-onset" diabetes. This type of diabetes usually develops during childhood or adolescence; but, it also can develop in adults. "Type 2" was formerly called "non-insulin dependent" or "adult-onset" diabetes. Until recently, this type of diabetes was found only in adults; but, now it is also occurring in children.]	(01) TYPE 1 (02) TYPE 2 (03) BORDERLINE (04) PRE-DIABETES (05) GESTATIONAL (PREGNANCY-RELATED) (91) SOME OTHER TYPE (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy	(01) HFJ41C - OCDVISIT (02) HFJ41C - OCDVISIT (03) HFJ41C - OCDVISIT (04) HFJ41C - OCDVISIT (05) HFJ41C - OCDVISIT (91) HFJ41B - OCDTYPOS (-8) HFJ41C - OCDVISIT (-9) HFJ41C - OCDVISIT
OCDTYPOS	HFJ41B	verbatim text	SOME OTHER TYPE (SPECIFY) [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.]	(01) [Continuous answer.]		HFJ41C - OCDVISIT
OCDVISIT	HFJ41C	yes/no	[Were you/Was (SP)] told on two or more different visits that (you/he/she) had diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Were you] respondent is SP [Was (SP)] respondent is proxy	BOX HFJ27

	BOX HFJ27	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE AND SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS UNDER 65 THEN IF SP REPORTED "YES" TO AT LEAST ONE HFJ CONDITION, GO TO HFJ42 - EMCOND. ELSE IF SP REPORTED "NO" TO ALL HFJ CONDITIONS , GO TO HFJ43 - EMCAUSEVB. ELSE IF SP IS NOT IN THE SUPPLEMENTAL SAMPLE OR SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS NOT UNDER 65 THEN GO TO BOX HFP0.			
EMCOND	HFJ42	yes/no	You told me that [you have/(SP) has] had [READ CONDITIONS LISTED BELOW]. (Was this/Were any of these) the original cause of [your/(SP's)] becoming eligible for Medicare? [NOTE THAT CONDITIONS MAY NOT BE DISPLAYED WITH THE EXACT CONDITION NAME THAT WAS USED EARLIER IN THE INTERVIEW (E.G., HYPERTENSION CAN ALSO BE CALLED HIGH BLOOD PRESSURE AT DIFFERENT QUESTIONS).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [Was this] one condition [Were any of these] more than one condition [your] respondent is SP [(SP's)] respondent is proxy	(01) BOX HFJ28 (02) HFJ43 - EMCAUSEVB (-8) BOX HFP0 (-9) BOX HFP0
EMCAUSEVB	HFJ43	verbatim text	What was the original cause of [your/(SP's)] becoming eligible for Medicare? RECORD VERBATIM.	(01) [Continuous answer.]	[your] respondent is SP [(SP's)] respondent is proxy	BOX HFP0
	BOX HFJ28	routing	IF SP RESPONDED "YES" TO ONLY ONE HFJ CONDITION, GO TO BOX HFP0. ELSE GO TO HFJ44 - EMCODE.			
EMCODE	HFJ44	code all	Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?] CHECK UP TO 8 CONDITIONS.	(01) ARTERIES HARDENING (02) HYPERTENSION (03) HEART ATTACK (04) HEART DISEASE (05) CONGESTIVE HEART FAILURE (06) HEART VALVE PROBLEM (07) HEART RHYTHM PROBLEM (08) OTHER HEART PROBLEM (09) STROKE OR HEMORRHAGE (10) SKIN CANCER (11) CANCER/TUMOR (12) RHEUMATOID ARTHRITIS (13) OTHER ARTHRITIS (14) MENTAL RETARDATION (15) ALZHEIMER'S (16) DEMENTIA (17) DEPRESSION (18) MENTAL DISORDER (19) OSTEOPOROSIS (20) BROKEN HIP (21) PARKINSON'S (22) EMPHYSEMA/ASTHMA/COPD (23) PARALYSIS (24) LOSS OF LIMB (25) DIABETES (91) OTHER (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy	(01) BOX HFP0 (02) BOX HFP0 (03) BOX HFP0 (04) BOX HFP0 (05) BOX HFP0 (06) BOX HFP0 (07) BOX HFP0 (08) BOX HFP0 (09) BOX HFP0 (10) BOX HFP0 (11) BOX HFP0 (12) BOX HFP0 (13) BOX HFP0 (14) BOX HFP0 (15) BOX HFP0 (16) BOX HFP0 (17) BOX HFP0 (18) BOX HFP0 (19) BOX HFP0 (20) BOX HFP0 (21) BOX HFP0 (22) BOX HFP0 (23) BOX HFP0 (24) BOX HFP0 (25) BOX HFP0 (91) HFJ44 - EMOS (-8) BOX HFP0 (-9) BOX HFP0
EMOS	HFJ44	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]		BOX HFP0
	BOX HFP0	routing	IF THIS IS ROUND 67 73, GO TO BOX HFR1. ELSE GO TO HFPINTRO - HLTHCAREINTRO.			
HLTHCAREINTRO	HFPINTRO	no entry	Now I want to ask you about some things that [you/(SP)] may be doing to maintain (your/his/her) health, either by getting tested for health problems or by taking care of conditions that (you have/she has/he has).	(01) CONTINUE (-7) Empty	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male	BOX HFP1A
	BOX HFP1A	routing	IF (HFJ41A – OCBETES = 1/Yes) AND (HFJ41B - OCDTYPE = 1/TypeOne, 2/TypeTwo, 3/Borderline, 4/PreDiabetes, 91/Other, DK, or RF), GO TO HFP1 - DIAAGE. ELSE GO TO HFP21 - DIAEVERT.			
DIAAGE	HFP1	numeric	I recorded that [you were/(SP) was] told by a doctor that (you have/she has/he has) (Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes). How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had diabetes?	(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused	[you were] respondent is SP [(SP) was] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male [Type I diabetes] type I diabetes recorded [Type II diabetes] type II diabetes recorded [borderline diabetes] borderline diabetes recorded [pre-diabetes] pre-diabetes recorded [diabetes] diabetes recorded [were you] respondent is SP [was (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP males [she was] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFP1 - DIAAGE_LESSONE

Variable	Item	Type	Question/Routing	Response Options	Fill Instructions	Skip
	BOX HFP2	routing	IF THE SP IS FEMALE AND (HFP1 – DIAAGE is >= 12 and is <= 45) OR (HFP1 – DIAAGE = DK OR RF), GO TO HFP2 - DIAPRGNT. ELSE GO TO HFP4 - DIAINSUL.			
DIAPRGNT	HFP2	yes/no	Did [you/(SP)] have diabetes only during a pregnancy?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	(01) HFP21 - DIAEVERT (02) HFP4 - DIAINSUL (-8) HFP21 - DIAEVERT (-9) HFP21 - DIAEVERT
DIAINSUL	HFP4	list	Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]… take insulin?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy	HFP4 - DIAMEDS
DIAMEDS	HFP4	list	Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]… take prescription diabetes pills or oral diabetes medicine?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy	HFP4 - DIATEST
DIATEST	HFP4	list	Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]… test (your/his/her) blood for sugar or glucose?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP4 - DIASORES
DIASORES	HFP4	list	Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]… check for sores or irritations on (your/his/her) feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP4 - DIAPRESS
DIAPRESS	HFP4	list	Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]… measure (your/his/her) blood pressure at home?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP4 - DIAASPRN
DIAASPRN	HFP4	list	Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]… take aspirin regularly for (your/his/her) diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFP3
	BOX HFP3	routing	IF HFP4 - DIAINSUL = 1/Yes, GO TO HFP5 - INSUTAKE. ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.			
INSUTAKE	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) USE INSULIN PUMP (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(01) HFP5 - INSUDAY (02) HFP5 - INSUWEEK (03) BOX HFP4 (-8) BOX HFP4 (-9) BOX HFP4
INSUDAY	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy	BOX HFP4
	BOX HFP4	routing	IF HFP4 – DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.			

Variable	Code	Type	Question	Answers	Fills	Routing
MEDSTAKE	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(01) HFP6 - MEDDAY (02) HFP6 - MEDWEEK (03) HFP6 - MEDMONTH (-8) BOX HFP5 (-9) BOX HFP5
MEDDAY	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy	BOX HFP5
MEDWEEK	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy	BOX HFP5
MEDMONTH	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy	BOX HFP5
BOX HFP5		routing	IF HFP4 – DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.			
TESTTAKE	HFP7	quantity unit	How often [do you/does (SP)] test (your/his/her) blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFP7 - TESTDAY (02) HFP7 - TESTWEEK (03) HFP7 - TESTMNTH (04) HFP7 - TESTYEAR (-8) BOX HFP6 (-9) BOX HFP6
TESTDAY	HFP7	quantity unit	How often [do you/does (SP)] test (your/his/her) blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFP6
TESTWEEK	HFP7	quantity unit	How often [do you/does (SP)] test (your/his/her) blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFP6
TESTMNTH	HFP7	quantity unit	How often [do you/does (SP)] test (your/his/her) blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFP6
TESTYEAR	HFP7	quantity unit	How often [do you/does (SP)] test (your/his/her) blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFP6
BOX HFP6		routing	IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.			
SORECHEK	HFP8	quantity unit	How often [do you/does (SP)] check (your/his/her) feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFP8 - SOREDAY (02) HFP8 - SOREWEEK (03) HFP8 - SOREMNTH (04) HFP8 - SOREYEAR (-8) HFP10 - DIATENYR (-9) HFP10 - DIATENYR
SOREDAY	HFP8	quantity unit	How often [do you/does (SP)] check (your/his/her) feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP10 - DIATENYR
SOREWEEK	HFP8	quantity unit	How often [do you/does (SP)] check (your/his/her) feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP10 - DIATENYR
SOREMNTH	HFP8	quantity unit	How often [do you/does (SP)] check (your/his/her) feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP10 - DIATENYR
HEST.SOREYEAR	HFP8	quantity unit	How often [do you/does (SP)] check (your/his/her) feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP10 - DIATENYR
DIATENYR	HFP10	yes/no	In the past year has a doctor or other medical professional examined (your/his/her) feet for sores or irritations?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP11 - DIADRSAW
DIADRSAW	HFP11	numeric	About how many times in the past year [have you/has (SP)] seen a doctor or other health professional for (your/his/her) diabetes?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP13 - DIAHEMOC

Variable	Item	Type	Question	Responses	Fills	Skip
DIAHEMOC	HFP13	numeric	A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked [you/(SP)] for hemoglobin "A one C"?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	HFP14 - DIACTRLD
DIACTRLD	HFP14	code 1	SHOW CARD HF4 HF5 Would you say that [your/(SP's)] blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less.	(01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME (04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy	HFP14A1 - DIAHYPO
DIAHYPO	HFP14A1	yes/no	In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFP14A2 - DIAHYPTR (02) HFP14A - DIAFEET (-8) HFP14A - DIAFEET (-9) HFP14A - DIAFEET
DIAHYPTR	HFP14A2	code 1	Please think about the most serious episode of hypoglycemia that [you have/(SP)has] experienced in the past year. [Were you/Was (SP)] able to treat (yourself/himself/herself) by taking some form of sugar, did (you/he/she) require treatment from others, or did (you/he/she) require treatment by a hospital? [EXPLAIN IF NECESSARY: Treatment by a hospital includes being treated in the emergency room or outpatient department of a hospital, or being admitted as an inpatient.]	(01) SELF TREATMENT (02) TREATMENT FROM OTHERS (03) HOSPITAL TREATMENT (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [Were you] respondent is SP [Was (SP)] respondent is proxy [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFP14A3 - DIAFTEVR
DIAFTEVR	HFP14A3	yes/no	[Have you/Has (SP)] ever had any problems with (your/his/her) feet as a result of (your/his/her) diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFP14A - DIAFEET (02) HFP15 - DIAEYPRB (-8) HFP15 - DIAEYPRB (-9) HFP15 - DIAEYPRB
DIAFEET	HFP14A	yes/no	[Do you/Does (SP)] currently have any problems with (your/his/her) feet as a result of (your/his/her) diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP14B - DIANEURO
DIANEURO	HFP14B	list	People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of the following problems with (your/his/her) feet as a result of (your/his/her) diabetes. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) had… Neuropathy or nerve damage , which may cause pain or numbness in the feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFP14B - DIACIRCF
DIACIRCF	HFP14B	list	People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of the following problems with (your/his/her) feet as a result of (your/his/her) diabetes. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) had… Poor circulation or blood flow in the feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFP14B - DIAULCER

Variable	Item	Type	Question Text	Response Options	Fills	Routing
DIAULCER	HFP14B	list	People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of the following problems with (your/his/her) feet as a result of (your/his/her) diabetes. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) had… Foot ulcers?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFP14B - DIASKINC
DIASKINC	HFP14B	list	People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of the following problems with (your/his/her) feet as a result of (your/his/her) diabetes. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) had… Calluses, infections, or other skin changes affecting the feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFP15 - DIAEYPRB
DIAEYPRB	HFP15	yes/no	[Do you/Does (SP)] have any problems with (your/his/her) eyes as a result of (your/his/her) diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFP16A1 - DIAKDPEV
DIAKDPEV	HFP16A1	yes/no	[Have you/Has (SP)] ever had any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes? [EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFP16 - DIAKDPRB (02) HFP17 - DIAMNGE (-8) HFP17 - DIAMNGE (-9) HFP17 - DIAMNGE
DIAKDPRB	HFP16	yes/no	[Do you/Does (SP)] currently have any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFP16A - DIAKIDNY (02) HFP17 - DIAMNGE (-8) HFP17 - DIAMNGE (-9) HFP17 - DIAMNGE
DIAKIDNY	HFP16A	yes/no	[Have you/Has (SP)] ever been told by a doctor that (you have/she has/he has) chronic kidney disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male	HFP17 - DIAMNGE
DIAMNGE	HFP17	yes/no	[Have you/Has (SP)] ever participated in a diabetes self-management course or class, or received special training on how (you/he/she) can manage (your/his/her) diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] resppndent is proxy, SP male [her] respondent is proxy, SP female	(01) HFP18 - DIATRAIN (02) BOX HFP7 (-8) BOX HFP7 (-9) BOX HFP7
DIATRAIN	HFP18	code 1	When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class or received special training on how (you/he/she) can manage (your/his/her) diabetes? [IF THE RESPONDENT HAS GONE TO MORE THAN ONE COURSE OR TRAINING, PROBE FOR THE MOST RECENT TIME.]	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] resppndent is proxy, SP male [her] respondent is proxy, SP female	BOX HFP7
	BOX HFP7	routing	IF THE SP IS THE RESPONDENT, GO TO HFP19 - DIAKNOW. ELSE GO TO BOX HFR1.			

Variable	Item	Type	Question	Responses	Notes	Skip
DIAKNOW	HFP19	code 1	SHOW CARD ~~HF3~~ HF6 How much do you think you know about managing your diabetes? Do you know . . .	(01) just about everything you need to know, (02) most of what you need to know, (03) some of what you need to know, (04) a little of what you need to know, or (05) almost none of what you need to know about managing your diabetes? (-8) Don't Know (-9) Refused		HFP20 - DIASUPPS
DIASUPPS	HFP20	yes/no	Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused		BOX HFR1
DIAEVERT	HFP21	yes/no	[I have recorded that [you have/(SP) has] never been told by a doctor that (you have/she has/he has) diabetes.] [Have you/Has (SP)] ever had a blood test to see if (you have/she has/he has) diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[I have recorded that [you have/(SP) has] never been told by a doctor that (you have/she has/he has) diabetes.] OCBETES = 02 [you have] respondent is SP [(SP) has] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male [Have you] respondent is SP [Has (SP)] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male	(01) HFP22 - DIARECNT (02) BOX HFP8 (-8) BOX HFP8 (-9) BOX HFP8
DIARECNT	HFP22	code 1	When was the most recent time [you were/(SP) was] tested for diabetes?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused	[you were] respondent is SP [(SP) was] respondent is proxy	HFP24 - DIARISK
	BOX HFP8	routing	IF THE SP IS THE RESPONDENT, GO TO HFP23 - DIAAWARE. ELSE GO TO HFP24 - DIARISK.			
DIAAWARE	HFP23	yes/no	Before today, were you aware that there is a blood test to determine if a person has diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused		HFP24 - DIARISK
DIARISK	HFP24	yes/no	Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female	HFP25 - DIASIGNS
DIASIGNS	HFP25	yes/no	In the past year, [have you/has (SP)] received any information about the signs, symptoms, or risk factors for diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	BOX HFR1
	BOX HFR1	routing	IF (SP HAS EVER HEARD ABOUT COLORECTAL OR COLON CANCER IS UNKNOWN) AND (SP HAS NOT REPORTED HAVING COLON, RECTAL OR BOWEL CANCER IN THE CURRENT ROUND OR IN A PREVIOUS ROUND), GO TO HFR1 - COLHEAR. ELSE GO TO BOX HFS0.			
COLHEAR	HFR1	yes/no	Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. Before today, had you ever heard of colorectal or colon cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused		HFR3 - COLHTEST
COLHTEST	HFR3	yes/no	The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	(01) HFR5 - COLCARD (02) HFR4 - COLHKIT (-8) HFR4 - COLHKIT (-9) HFR4 - COLHKIT
COLHKIT	HFR4	yes/no	Have you ever heard of this home testing kit?	(01) YES (02) NO (-8) Don't Know (-9) Refused		HFR4A - COLFDOC
COLFDOC	HFR4A	yes/no	Has a doctor or other health professional ever performed a fecal occult blood test to test for blood in the stool while [you/(SP)] [were/was] at the doctor's office?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	(01) HFR7 - COLRECNT (02) HFR8 - COLSCOPY (-8) HFR8 - COLSCOPY (-9) HFR8 - COLSCOPY
COLCARD	HFR5	yes/no	Did [you/(SP)] complete the samples and return them for (your/his/her) most recent test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFR7 - COLRECNT

Variable	ID	Type	Question Text	Responses	Fills		Skip
COLRECNT	HFR7	code 1	When did [you/(SP)] have (your/his/her) most recent blood stool test(using a home testing kit)?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		HFR8 - COLSCOPY
COLSCOPY	HFR8	yes/no	Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy. [Have you/Has (SP)] ever had this exam?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy		~~HFR10 - HEARSCOP~~ (01) YES--> WHENSCOP (02) NO--> HEARSCOP (8) Don't Know->HEARSCOP (9) Refused->HEARSCOP
WHENSCOP	HFR9	code 1	When did [you/(SP)] have (your/his/her) most recent sigmoidoscopy or colonoscopy?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		HFR13 - COLSCRNS
HEARSCOP	HFR10	yes/no	Before today, had you ever heard of a sigmoidoscopy or colonoscopy?	(01) YES (02) NO (-8) Don't Know (-9) Refused			(01) HFR11 - COLDRREC (02) BOX HFR2 (-8) BOX HFR2 (-9) BOX HFR2
	BOX HFR2	routing	IF HFR3 - COLHTEST = 1/Yes or HFR4 - COLHKIT = 1/Yes, GO TO HFR13 - COLSCRNS. ELSE GO TO BOX HFS0.				
COLDRREC	HFR11	yes/no	Has a doctor ever recommended that [you/(SP)] have this test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		HFR13 - COLSCRNS
COLSCRNS	HFR13	yes/no	Before today, did you know that Medicare now pays the cost of screening tests for colorectal cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused			BOX HFS0
	BOX HFS0	routing	IF THIS IS ROUND ~~67~~ 73, GO TO HFAC29 - HCTROUBL. ELSE GO TO BOX HFS1.				
	BOX HFS1	routing	IF SP HAS EVER REPORTED HAVING OSTEPOPORIS IN THE CURRENT ROUND OR IN A PREVIOUS ROUND, GO TO HFS3 - OSTTEST. ELSE GO TO HFSINTRO - OSTINTRO				
OSTINTRO	HFSINTRO	no entry	Now I'd like to talk about a disease called osteoporosis, which can be treated if found early. In osteoporosis, the bones lose their calcium and become fragile and more easily broken.	(01) CONTINUE (-7) Empty			HFS1 - OSTEVERT
OSTEVERT	HFS1	yes/no	[Have you/Has (SP)] ever talked with (your/his/her) doctor or other health professional about osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		(01) HFS2 - OSTHRISK (02) HFS3 - OSTTEST (-8) HFS3 - OSTTEST (-9) HFS3 - OSTTEST
OSTHRISK	HFS2	yes/no	Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female		HFS2A - OSTFRACT
OSTFRACT	HFS2A	yes/no	Have [you/(SP)] ever experienced a fracture that (your/his/her) doctor told (you/him/her) was related to osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female		HFS3 - OSTTEST
OSTTEST	HFS3	yes/no	There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement, or DEXA scan. [Have you/Has (SP)] ever had a Bone Mass or Bone Density Measurement test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy		(01) HFS5 - OSTRECNT (02) HFS4 - OSTHEAR (-8) HFS4 - OSTHEAR (-9) HFS4 - OSTHEAR
OSTHEAR	HFS4	yes/no	Before today, had you ever heard of this test?	(01) YES (02) NO (-8) Don't Know (-9) Refused			(01) HFS6 - OSTMASS (02) HFAC29 - HCTROUBL (-8) HFAC29 - HCTROUBL (-9) HFAC29 - HCTROUBL
OSTRECNT	HFS5	code 1	When was the most recent time that [you/(SP)] had a Bone Mass or Bone Density Measurement test?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		HFS6 - OSTMASS
OSTMASS	HFS6	yes/no	Before today, did you know that Medicare would pay for Bone Mass or Bone Density Measurement tests for Medicare beneficiaries who are at risk for osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused			HFAC29 - HCTROUBL

HCTROUBL	HFAC29	yes/no	Next, we are going to ask some questions about [your/(SP's)] health care needs during the past year. Since (LAST HF MONTH YEAR), [have you/has (SP)] had any trouble getting health care that (you/he/she) wanted or needed?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy [have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		(01) HFAC30A - HCTCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY
HCTCODE	HFAC30A	code all	Why was that? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) SP DOES NOT HAVE MONEY (02) COST IS TOO HIGH (03) SERVICES/SUPPLIES NOT COVERED (04) NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL (05) DIFFICULTY GETTING HOME HEALTH CARE (06) NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT (07) WAIT TOO LONG/DOCTOR TOO BUSY (08) OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE (09) NOT ELIGIBLE FOR PUBLIC COVERAGE (10) DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE (11) DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR (12) HMO REFERRAL PROCESS (DIFFICULTY GETTING) (13) PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE (14) HMO WOULD NOT COVER OR PROVIDE SERVICE (91) OTHER (-8) Don't Know (-9) Refused			(01) BOX HFF6 (02) BOX HFF6 (03) BOX HFF6 (04) BOX HFF6 (05) BOX HFF6 (06) BOX HFF6 (07) BOX HFF6 (08) BOX HFF6 (09) BOX HFF6 (10) BOX HFF6 (11) BOX HFF6 (12) BOX HFF6 (13) BOX HFF6 (14) BOX HFF6 (91) HFAC30A - HCTOTHOS (-8) BOX HFF6 (-9) BOX HFF6
HCTOTHOS	HFAC30A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]			BOX HFF6
	BOX HFF6	routing	IF RESPONSE TO HFAC30A - HCTCODE INCLUDES 8/DrDoesNotAcceptMedicare OR 10/DifficultyGettingAppt, GO TO HFAC30D - OFFEXPLN. ELSE GO TO HFAC30B - CGETAPPT.				
CGETAPPT	HFAC30B	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] been told by a doctor's office that they cannot schedule an appointment with [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy		(01) HFAC30C - CGETCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY
CGETCODE	HFAC30C	code all	What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with [you/(SP)]? [PROBE: Any other reason?] CHECK ALL THAT APPLY	(01) DOCTOR DOES NOT ACCEPT INSURANCE PLAN (02) ALL OF DOCTORS APPOINTMENTS WERE FULL (03) DOCTOR IS NOT ACCEPTING ANY NEW PATIENTS (04) DOCTOR IS NOT ACCEPTING NEW MEDICARE PATIENTS (05) DOCTRS HOURS CONFLICTED WITH REQUIREMENTS OF SP (06) DOCTOR DOES NOT ACCEPT MEDICAID (07) DOCTOR DOES NOT ACCEPT MEDICARE AT ALL (08) DOCTOR DOES NOT ACCEPT MEDICARE ASSIGNMENT (09) DOCTOR FELT ANOTHER PROVIDER WOULD BE BETTER FOR SP (91) OTHER (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		(01) BOX HFF7 (02) BOX HFF7 (03) BOX HFF7 (04) BOX HFF7 (05) BOX HFF7 (06) BOX HFF7 (07) BOX HFF7 (08) BOX HFF7 (09) BOX HFF7 (91) HFAC30C - CGETOTOS (-8) BOX HFF7 (-9) BOX HFF7
	BOX HFF7	routing	IF RESPONSE TO HFAC30C - CGETCODE INCLUDES 4/DocNotAcceptNewMedicare OR 7/DocNotAcceptMCAR, GO TO HFAC30D - OFFEXPLN. ELSE GO TO HFAC31 - HCDELAY.				
OFFEXPLN	HFAC30D	yes/no	Did the doctor's office explain why [it is difficult for Medicare patients to get an appointment/Medicare is not accepted] at that practice?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[it is difficult for Medicare patients to get an appointment] Medicare accepted [Medicare is not accepted] Medicare not accepted		(01) HFAC30E - OFFEXVB (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY
OFFEXVB	HFAC30E	verbatim text	What was that explanation? RECORD VERBATIM.	(01) [Continuous answer.]			HFAC31 - HCDELAY
HCDELAY	HFAC31	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] delayed seeking medical care because (you were/he was/she was) worried about the cost?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female		HFKINTRO - IADLINTRO
IADLINTRO	HFKINTRO	no entry	Now I'm going to ask about some everyday activities and whether [you have/(SP) has] any difficulty doing them by (yourself/himself/herself).	(01) CONTINUE (-7) Empty	[you have] respondent is SP [(SP) has] respondent is proxy [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female		HFKA1 - PRBTELE
PRBTELE	HFKA1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… using the telephone?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFKB1 - PRBLHWK (02) HFKB1 - PRBLHWK (03) HFKA2 - DONTTELE (-8) HFKB1 - PRBLHWK (-9) HFKB1 - PRBLHWK

Variable	Item	Type	Question	Responses	Fill/Condition	Skip
DONTTELE	HFKA2	yes/no	[You said that using the telephone is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy	HFKB1 - PRBLHWK
PRBLHWK	HFKB1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… doing light housework (like washing dishes, straightening up, or light cleaning)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(01) HFKC1 - PRBHHWK (02) HFKC1 - PRBHHWK (03) HFKB2 - DONTLHWK (-8) HFKC1 - PRBHHWK (-9) HFKC1 - PRBHHWK
DONTLHWK	HFKB2	yes/no	[You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy	HFKC1 - PRBHHWK
PRBHHWK	HFKC1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… doing heavy housework (like scrubbing floors or washing windows)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(01) HFKD1 - PRBMEAL (02) HFKD1 - PRBMEAL (03) HFKC2 - DONTHHWK (-8) HFKD1 - PRBMEAL (-9) HFKD1 - PRBMEAL
DONTHHWK	HFKC2	yes/no	[You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy	HFKD1 - PRBMEAL
PRBMEAL	HFKD1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… preparing (your/his/her) own meals?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(01) HFKE1 - PRBSHOP (02) HFKE1 - PRBSHOP (03) HFKD2 - DONTMEAL (-8) HFKE1 - PRBSHOP (-9) HFKE1 - PRBSHOP
DONTMEAL	HFKD2	yes/no	[You said that preparing (your/his/her) own meals is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you don't] respondent is SP [(SP) doesn't] respondent is proxy	HFKE1 - PRBSHOP
PRBSHOP	HFKE1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… shopping for personal items (such as toilet items or medicines)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(01) HFKF1 - PRBBILS (02) HFKF1 - PRBBILS (03) HFKE2 - DONTSHOP (-8) HFKF1 - PRBBILS (-9) HFKF1 - PRBBILS
DONTSHOP	HFKE2	yes/no	[You said that shopping for personal items (such as toilet items or medicines) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy	HFKF1 - PRBBILS
PRBBILS	HFKF1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… managing money (like keeping track of expenses or paying bills)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy	(01) BOX HFKA1 (02) BOX HFKA1 (03) HFKF2 - DONTBILS (-8) BOX HFKA1 (-9) BOX HFKA1
DONTBILS	HFKF2	yes/no	[You said that managing money (like keeping track of expenses or paying bills) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy	BOX HFKA1
	BOX HFKA1	routing	IF HFKA1 - PRBTELE = 1/Yes OR HFKA2 – DONTTELE = 1/Yes, GO TO HFKA3 - HELPTELE. ELSE GO TO BOX HFKB1.			
HELPTELE	HFKA3	yes/no	[[You said that [your/(SP's)] health makes using the telephone difficult./You said that using the telephone is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… using the telephone?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes using the telephone difficult] respondent is SP, SP uses telephone [You said that [(SP's)] health makes using the telephone difficult] respondent is proxy, SP uses telephone [You said that using the telephone is something that [you don't do]] respondent is SP, SP doesn't use telephone [You said that using the telephone is something that [(SP) doesn't do]] respondent is proxy, SP doesn't use telephone [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFKA4 - PERSON_HLPRTELE (02) BOX HFKB1 (-8) BOX HFKB1 (-9) BOX HFKB1
PERSON_HLPRTELE	HFKA4	roster	You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) receives] respondent is proxy	BOX HFKB1
	BOX HFKB1	routing	IF HFKB1 - PRBLHWK = 1/Yes or HFKB2 - DONTLHWK = 1/Yes, GO TO HFKB3 - HELPLHWK. ELSE GO TO BOX HFKC1.			

Variable	Code	Type	Question Text	Response	Fills	Routing
HELPLHWK	HFKB3	yes/no	[[You said that [your/(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult./You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… doing light housework (like washing dishes, straightening up, or light cleaning)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult] respondent is SP, SP does housework [You said that [(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult] respondent is proxy, SP does housework [You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do]] respondent is SP, SP doesn't do housework [You said that doing light housework (like washing dishes, straightening up, or light cleaning)is something that [(SP) doesn't do]] respondent is proxy, SP doesn't do housework [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFKB4 - PERSON_HLPRLHWK (02) BOX HFKC1 (-8) BOX HFKC1 (-9) BOX HFKC1
PERSON_HLPRLHWK	HFKB4	roster	You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes, straightening up, or light cleaning). Who gives that help?	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) receives] respondent is proxy	BOX HFKC1
	BOX HFKC1	routing	IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - DONTHHWK = 1/Yes, GO TO HFKC3 - HELPHHWK. ELSE GO TO BOX HFKD1			
HELPHHWK	HFKC3	yes/no	[[You said that [your/(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult./You said that heavy housework (like scrubbing floors or washing windows) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… doing heavy housework (like scrubbing floors or washing windows)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes doing heavy housework (like scrubbing floors or washing windows) difficult] respondent is SP, SP does housework [You said that [(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult] respondent is proxy, SP does housework [You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't do]] respondent is SP, SP doesn't do housework [You said that doing heavy housework (like scrubbing floors or washing windows) is something that [(SP) doesn't do]] respondent is proxy, SP doesn't do housework [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFKC4 - PERSON_HLPRHHWK (02) BOX HFKD1 (-8) BOX HFKD1 (-9) BOX HFKD1
PERSON_HLPRHHWK	HFKC4	roster	You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) receives] respondent is proxy	BOX HFKD1
	BOX HFKD1	routing	IF HFKD1 – PRBMEAL = 1/Yes or HFKD2 – DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL. ELSE GO TO BOX HFKE1.			
HELPMEAL	HFKD3	yes/no	[[You said that [your/(SP's)] health makes preparing (your/his/her) own meals difficult./You said that preparing (your/his/her) own meals is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… preparing (your/his/her) own meals?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes preparing [your] own meals difficult] respondent is SP, SP makes meals [You said that [(SP's)] health makes preparing [his] own meals difficult] respondent is proxy, SP male,SP makes meals [You said that [(SP's)] health makes preparing [her] own meals difficult] respondent is proxy, SP female, SP makes meals [You said that preparing [your] own meals is something that [you don't do]] respondent is SP, SP doesn't make meals [You said that preparing [his] own meals is something that [(SP) doesn't do] respondent is proxy, SP male, SP doesn't make meals [You said that preparing [her] own meals is something that [(SP) doesn't do]] respondent is proxy, SP female, SP doesn't make meals [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFKD4 - PERSON_HLPRMEAL (02) BOX HFKE1 (-8) BOX HFKE1 (-9) BOX HFKE1
PERSON_HLPRMEAL	HFKD4	roster	You mentioned that [you receive/(SP) receives] help with preparing (your/his/her) own meals. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) receives] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFKE1
	BOX HFKE1	routing	IF HFKE1 – PRBSHOP = 1/Yes or HFKE2 – DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP. ELSE GO TO BOX HFKF1.			
HELPSHOP	HFKE3	yes/no	[[You said that [your/(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult./You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… shopping for personal items (such as toilet items or medicines)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes shopping for personal items (such as toilet items or medicines) difficult.] respondent is SP, SP shops [You said that [(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult.] respondent is proxy, SP shops [You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do]] respondent is SP, SP doesn't shop [You said that shopping for personal items (such as toilet items or medicines) is something that [(SP) doesn't do]] respondent is proxy, SP doesn't do shop [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFKE4 - PERSON_HLPRSHOP (02) BOX HFKF1 (-8) BOX HFKF1 (-9) BOX HFKF1

Variable	Item	Type	Question text	Answer options	Fill notes		Routing
PERSON_HLPRSHOP	HFKE4	roster	You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or medicines). Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) receives] respondent is proxy		BOX HFKF1
	BOX HFKF1	routing	IF HFKF1- PRBBILS = 1/Yes or HFKF2 – DONTBILS = 1/Yes, GO TO HFKF3 - HELPBILS. ELSE GO TO HFLINTRO - ADLSINTRO.				
HELPBILS	HFKF3	yes/no	[[You said that [your/(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult./You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… managing money (like keeping track of expenses or paying bills)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes managing money (like keeping track of expenses or paying bills) difficult.] respondent is SP, SP does manage money [You said that [(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult.] respondent is proxy, SP does manage money [You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do]] respondent is SP, SP doesn't manage money [You said that managing money (like keeping track of expenses or paying bills) is something that [(SP) doesn't do]] respondent is proxy, SP doesn't manage money [Do you] respondent is SP [Does (SP)] respondent is proxy		(01) HFKF4 - PERSON_HLPRBILS (02) HFLINTRO - ADLSINTRO (-8) HFLINTRO - ADLSINTRO (-9) HFLINTRO - ADLSINTRO
PERSON_HLPRBILS	HFKF4	roster	You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or paying bills). Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) recieves] respondent is proxy		HFLINTRO - ADLSINTRO
ADLSINTRO	HFLINTRO	no entry	Now I'll ask about some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each one by (yourself/himself/herself) and without special equipment.	(01) CONTINUE (-7) Empty	[you have] respondent is SP [(SP) has] respondent is proxy [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female		HFLA1 - HPPDBATH
HPPDBATH	HFLA1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… bathing or showering?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFLB1 - HPPDDRES (02) HFLB1 - HPPDDRES (03) HFLA2 - DONTBATH (-8) HFLB1 - HPPDDRES (-9) HFLB1 - HPPDDRES
DONTBATH	HFLA2	yes/no	[You said that bathing or showering is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy		HFLB1 - HPPDDRES
HPPDDRES	HFLB1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… dressing?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFLC1 - HPPDEAT (02) HFLC1 - HPPDEAT (03) HFLB2 - DONTDRES (-8) HFLC1 - HPPDEAT (-9) HFLC1 - HPPDEAT
DONTDRES	HFLB2	yes/no	[You said that dressing is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy		HFLC1 - HPPDEAT
HPPDEAT	HFLC1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… eating?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFLD1 - HPPDCHAR (02) HFLD1 - HPPDCHAR (03) HFLC2 - DONTEAT (-8) HFLD1 - HPPDCHAR (-9) HFLD1 - HPPDCHAR
DONTEAT	HFLC2	yes/no	[You said that eating is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy		HFLD1 - HPPDCHAR
HPPDCHAR	HFLD1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… getting in or out of bed or chairs?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFLE1 - HPPDWALK (02) HFLE1 - HPPDWALK (03) HFLD2 - DONTCHAR (-8) HFLE1 - HPPDWALK (-9) HFLE1 - HPPDWALK
DONTCHAR	HFLD2	yes/no	[You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy		HFLE1 - HPPDWALK
HPPDWALK	HFLE1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… walking?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) HFLF1 - HPPDTOIL (02) HFLF1 - HPPDTOIL (03) HFLE2 - DONTWALK (-8) HFLF1 - HPPDTOIL (-9) HFLF1 - HPPDTOIL
DONTWALK	HFLE2	code 1	[You said that walking is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy		HFLF1 - HPPDTOIL
HPPDTOIL	HFLF1	code 1	Because of a health or physical problem, [do you/does (SP)] have any difficulty… using the toilet?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy		(01) BOX HFLA1 (02) BOX HFLA1 (03) HFLF2 - DONTTOIL (-8) BOX HFLA1 (-9) BOX HFLA1

DONTTOIL	HFLF2	yes/no	[You said that using the toilet is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you don't] respondent is SP [(SP) doesn't] respondent is proxy	BOX HFLA1
	BOX HFLA1	routing	IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH. ELSE GO TO BOX HFLB1.			
HELPBATH	HFLA3	yes/no	[[You said [your/(SP's)] health makes bathing or showering difficult./You said that bathing or showering is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with bathing or showering?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes bathing or showering difficult.] respondent is SP, SP bathes or showers [You said that [(SP's)] health makes bathing or showering difficult.] respondent is proxy, SP bathes or showers [You said that bathing or showering is something that [you don't do]] respondent is SP, SP doesn't bathe or shower [You said that bathing or showering is something that [(SP) doesn't do]] respondent is proxy, SP doesn't bathe or shower [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFLA5 - EQIPBATH (02) HFLA4 - PCHKBATH (-8) HFLA4 - PCHKBATH (-9) HFLA4 - PCHKBATH
PCHKBATH	HFLA4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	HFLA5 - EQIPBATH
EQIPBATH	HFLA5	yes/no	[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with bathing or showering?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFLA2
	BOX HFLA2	routing	IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH. ELSE GO TO BOX HFLB1.			
LONGBATH	HFLA6	code 1	How long [have you/has (SP)] needed help with bathing or showering? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFLA7 - STILBATH (02) BOX HFLB1 (03) BOX HFLB1 (-8) BOX HFLB1 (-9) BOX HFLB1
STILBATH	HFLA7	yes/no	Do you expect that [you/(SP)] will still need help with bathing or showering three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFLB1
	BOX HFLB1	routing	IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES. ELSE GO TO BOX HFLC1.			
HELPDRES	HFLB3	yes/no	[[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with dressing?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes dressing difficult.] respondent is SP, SP dresses [You said that [(SP's)] health makes dressing difficult.] respondent is proxy, SP dresses [You said that dressing is something that [you don't do]] respondent is SP, SP doesn't dress [You said that dressing is something that [(SP) doesn't do]] respondent is proxy, SP doesn't dress [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFLB5 - EQIPDRES (02) HFLB4 - PCHKDRES (-8) HFLB4 - PCHKDRES (-9) HFLB4 - PCHKDRES
PCHKDRES	HFLB4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	HFLB5 - EQIPDRES
EQIPDRES	HFLB5	yes/no	[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with dressing?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFLB2
	BOX HFLB2	routing	IF HFLB3 – HELPDRES = 1/Yes, GO TO HFLB6 - LONGDRES. ELSE GO TO BOX HFLC1.			
LONGDRES	HFLB6	code 1	How long [have you/has (SP)] needed help with dressing? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFLB7 - STILDRES (02) BOX HFLC1 (03) BOX HFLC1 (-8) BOX HFLC1 (-9) BOX HFLC1
STILDRES	HFLB7	yes/no	Do you expect that [you/(SP)] will still need help with dressing three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFLC1
	BOX HFLC1	routing	IF HFLC1 - HPPDEAT = 1/Yes OR HFLC2 – DONTEAT = 1/Yes, GO TO HFLC3 - HELPEAT. ELSE GO TO BOX HFLD1.			

Variable	Item	Type	Question Text	Response Options	Fill/Conditions	Skip Instructions
HELPEAT	HFLC3	yes/no	[[You said [your/(SP's)] health makes eating difficult./You said that eating is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with eating?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes eating difficult.] respondent is SP, SP eats [You said that [(SP's)] health makes eating difficult.] respondent is proxy, SP eats [You said that eating is something that [you don't do]] respondent is SP, SP doesn't eat [You said that eating is something that [(SP) doesn't do]] respondent is proxy, SP doesn't eat [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFLC5 - EQIPEAT (02) HFLC4 - PCHKEAT (-8) HFLC4 - PCHKEAT (-9) HFLC4 - PCHKEAT
PCHKEAT	HFLC4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with eating? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	HFLC5 - EQIPEAT
EQIPEAT	HFLC5	yes/no	[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with eating?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFLC2
	BOX HFLC2	routing	IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC6 - LONGEAT. ELSE GO TO BOX HFLD1.			
LONGEAT	HFLC6	code 1	How long [have you/has (SP)] needed help with eating? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFLC7 - STILEAT (02) BOX HFLD1 (03) BOX HFLD1 (-8) BOX HFLD1 (-9) BOX HFLD1
STILEAT	HFLC7	yes/no	Do you expect that [you/(SP)] will still need help with eating three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFLD1
	BOX HFLD1	routing	IF HFLD1 – HPPDCHAR = 1/Yes OR HFLD2 - DONTCHAR = 1/Yes, GO TO HFLD3 - HELPCHAR. ELSE GO TO BOX HFLE1.			
HELPCHAR	HFLD3	yes/no	[[You said [your/(SP's)] health makes getting in or out of bed or chairs difficult./You said that getting in or out of bed or chairs is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with getting in or out of bed or chairs?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes getting in or out of bed or chairs difficult.] respondent is SP, SP gets in or out of bed or chairs [You said that [(SP's)] health makes getting in or out of bed or chairs difficult.] respondent is proxy, SP gets in or out of bed or chairs [You said that getting in or out of bed or chairs is something that [you don't do]] respondent is SP, SP doesn't get in or out of bed or chairs [You said that getting in or out of bed or chairs is something that [(SP) doesn't do]] respondent is proxy, SP doesn't get in or out of bed or chairs [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFLD5 - EQIPCHAR (02) HFLD4 - PCHKCHAR (-8) HFLD4 - PCHKCHAR (-9) HFLD4 - PCHKCHAR
PCHKCHAR	HFLD4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with getting in or out of bed or chairs? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	HFLD5 - EQIPCHAR
EQIPCHAR	HFLD5	yes/no	[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with getting in or out of bed or chairs?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy	BOX HFLD2
	BOX HFLD2	routing	IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR. ELSE GO TO BOX HFLE1.			
LONGCHAR	HFLD6	code 1	How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFLD7 - STILCHAR (02) BOX HFLE1 (03) BOX HFLE1 (-8) BOX HFLE1 (-9) BOX HFLE1
STILCHAR	HFLD7	yes/no	Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFLE1
	BOX HFLE1	routing	IF HFLE1- HPPDWALK = 1/Yes OR HFLE2 – DONTWALK = 1/Yes, GO TO HFLE3 - HELPWALK. ELSE GO TO BOX HFLF1.			

Variable	ID	Type	Question Text	Response Options	Fill Text	Skip/Routing
HELPWALK	HFLE3	yes/no	[[You said [your/(SP's)] health makes walking difficult./You said that walking is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with walking?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes walking difficult.] respondent is SP, SP walks [You said that [(SP's)] health makes walking difficult.] respondent is proxy, SP walks [You said that walking is something that [you don't do]] respondent is SP, SP doesn't walk [You said that waking is something that [(SP) doesn't do]] respondent is proxy, SP doesn't walk [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFLE5 - EQIPWALK (02) HFLE4 - PCHKWALK (-8) HFLE4 - PCHKWALK (-9) HFLE4 - PCHKWALK
PCHKWALK	HFLE4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with walking? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	HFLE5 - EQIPWALK
EQIPWALK	HFLE5	yes/no	[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with walking?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy	BOX HFLE2
	BOX HFLE2	routing	IF HFLE3 - HELPWALK = 1/Yes, GO TO HFLE6 - LONGWALK. ELSE GO TO BOX HFLF1.			
LONGWALK	HFLE6	code 1	How long [have you/has (SP)] needed help with walking? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFLE7 - STILWALK (02) BOX HFLF1 (03) BOX HFLF1 (-8) BOX HFLF1 (-9) BOX HFLF1
STILWALK	HFLE7	yes/no	Do you expect that [you/(SP)] will still need help with walking three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFLF1
	BOX HFLF1	routing	IF HFLF1 – HPPDTOIL = 1/Yes OR HFLF2 – DONTTOIL = 1/Yes, GO TO HFLF3 - HELPTOIL. ELSE GO TO BOX HFLA3.			
HELPTOIL	HFLF3	yes/no	[[You said [your/(SP's)] health makes using the toilet difficult./You said that using the toilet is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with using the toilet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[You said that [your] health makes using the toilet difficult.] respondent is SP, SP uses toilet [You said that [(SP's)] health makes using the toilet difficult.] respondent is proxy, SP uses toilet [You said that using the toilet is something that [you don't do] respondent is SP, SP doesn't use toilet [You said that using the toilet is something that [(SP) doesn't do]] respondent is proxy, SP doesn't use toilet [Do you] respondent is SP [Does (SP)] respondent is proxy	(01) HFLF5 - EQIPTOIL (02) HFLF4 - PCHKTOIL (-8) HFLF4 - PCHKTOIL (-9) HFLF4 - PCHKTOIL
PCHKTOIL	HFLF4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female	HFLF5 - EQIPTOIL
EQIPTOIL	HFLF5	yes/no	[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with using the toilet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy	BOX HFLF2
	BOX HFLF2	routing	IF HFLF3 - HELPTOIL = 1/Yes, GO TO HFLF6 - LONGTOIL. ELSE GO TO BOX HFLA3.			
LONGTOIL	HFLF6	code 1	How long [have you/has (SP)] needed help with using the toilet? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFLF7 - STILTOIL (02) BOX HFLA3 (03) BOX HFLA3 (-8) BOX HFLA3 (-9) BOX HFLA3
STILTOIL	HFLF7	yes/no	Do you expect that [you/(SP)] will still need help with using the toilet three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFLA3
	BOX HFLA3	routing	IF HFLA3 - HELPBATH = 1/Yes, GO TO HFLA9 - PERSON_HLPRBATH. ELSE GO TO BOX HFLB3.			
PERSON_HLPRBATH	HFLA9	roster	You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) recieves] respondent is proxy	BOX HFLB3
	BOX HFLB3	routing	IF HFLB3 - HELPDRES = 1/Yes, GO TO HFLB9 - PERSON_HLPRDRES. ELSE GO TO BOX HFLC3.			
PERSON_HLPRDRES	HFLB9	roster	You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) recieves] respondent is proxy	BOX HFLC3
	BOX HFLC3	routing	IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC9 - PERSON_HLPREAT. ELSE GO TO BOX HFLD3.			
PERSON_HLPREAT	HFLC9	roster	You mentioned that [you receive/(SP) receives] help with eating. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) recieves] respondent is proxy	BOX HFLD3
	BOX HFLD3	routing	IF HFLD3 - HELPCHAR = 1/Yes, GO TO HFLD9 - PERSON_HLPRCHAR. ELSE GO TO BOX HFLE3.			

Variable	Item	Type	Question Text	Response Options	Fills	Routing
PERSON_HLPRCHAR	HFLD9	roster	You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) recieves] respondent is proxy	BOX HFLE3
	BOX HFLE3	routing	IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - PERSON_HLPRWALK. ELSE GO TO BOX HFLF3.			
PERSON_HLPRWALK	HFLE9	roster	You mentioned that [you receive/(SP) receives] help with walking. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) recieves] respondent is proxy	BOX HFLF3
	BOX HFLF3	routing	IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL. ELSE GO TO BOX HFL4.			
PERSON_HLPRTOIL	HFLF9	roster	You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]	[you receive] respondent is SP [(SP) recieves] respondent is proxy	BOX HFL4
	BOX HFL4	routing	IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND/OR HFLF9, GO TO HFL10 - PERSON_HLPRMOST. ELSE GO TO BOX HFM1.			
PERSON_HLPRMOST	HFL10	roster	Which of these persons gives [you/(SP)] the most help with these things? SELECT ONLY ONE.	(01) [Continuous answer.]	[you] respondent is SP [(SP)] respondent is proxy	BOX HFM1
	BOX HFM1	routing	IF THIS IS ROUND 67 73, GO TO HFM1 - FALLANY. ELSE GO TO HFN1 - MEMLOSS.			
FALLANY	HFM1	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy	(01) HFM2 - FALLTIME (02) HFN1 - MEMLOSS (-8) HFN1 - MEMLOSS (-9) HFN1 - MEMLOSS
FALLTIME	HFM2	numeric	Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down? ENTER "95" IF 95 OR MORE FALLS REPORTED.	[Continuous answer.] Don't Know Refused	[have you] respondent is SP [has (SP)] respondent is proxy	HFM3A - FALLHELP
FALLHELP	HFM3A	yes/no	Thinking about the [most recent] time that [you/(SP)] fell, did (you/he/she) hurt (yourself/himself/herself) badly enough to get medical help?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[most recent] SP fell more than once [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female	HFM3B - FALCODE
FALCODE	HFM3B	code all	What kind of injury did [you/(SP)] have in that (most recent) fall? [PROBE: Anything else?] CHECK ALL THAT APPLY.	(01) BROKEN BONE/FRACTURE (02) SPRAIN/STRAIN (03) BRUISE (04) CUT/WOUND/LACERATION (05) CONCUSSION (06) DISLOCATION (91) OTHER (96) NO INJURY (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [most recent] SP fell more than once	(01) HFM3C - FALLIMIT (02) HFM3C - FALLIMIT (03) HFM3C - FALLIMIT (04) HFM3C - FALLIMIT (05) HFM3C - FALLIMIT (06) HFM3C - FALLIMIT (91) HFM3B - FALOTHOS (96) HFM3C - FALLIMIT (-8) HFM3C - FALLIMIT (-9) HFM3C - FALLIMIT
FALOTHOS	HFM3B	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]		HFM3C - FALLIMIT
FALLIMIT	HFM3C	yes/no	Did [your/(SP's)] (most recent) fall cause (you/him/her) to limit (your/his/her) regular acivities?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy [most recent] SP fell more than once [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	(01) HFM3D - FALLBACK (02) HFM3E - FALLFEAR (-8) HFM3E - FALLFEAR (-9) HFM3E - FALLFEAR
FALLBACK	HFM3D	code 1	How long did it take [you/(SP)] to get back to regular activities after (your/his/her) (most recent) fall?	(01) LESS THAN ONE WEEK (02) ONE WEEK OR MORE (03) NEVER RESUMED REGULAR ACTIVITIES (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [most recent] SP fell more than once	HFM3E - FALLFEAR
FALLFEAR	HFM3E	numeric	How would you rate [your/(SP's)] fear of falling on a scale of 1 to 6, where 1 is "Not at all afraid of falling" and 6 is "Extremely afraid of falling"?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy	HFN1 - MEMLOSS
MEMLOSS	HFN1	yes/no	[Do you/Does (SP)] experience memory loss such that it interferes with daily activities?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy	HFN2 - PROBDECS
PROBDECS	HFN2	yes/no	[Do you/Does (SP)] have problems making decisions to the point that it interferes with daily activities?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy	HFN3 - TROBCONC

Variable	Item	Type	Question Text	Responses	Fills		Skip
TROBCONC	HFN3	yes/no	[Do you/Does (SP)] have trouble concentrating or keeping (your/his is/she is) mind on what (you are/he is/she is) doing?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [[you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female		HFN4 - TIMESAD
TIMESAD	HFN4	code 1	SHOW CARD HF4 HF5 In the past 12 months, how much of the time did [you/(SP)] feel sad, blue, or depressed? Would you say [you were/(SP) was] sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time? [WE ARE ASKING FOR A SUBJECTIVE EVALUATION OF THE RESPONDENT'S EMOTIONAL STATE; WE ARE NOT LOOKING FOR A MEDICAL DIAGNOSIS AT THIS QUESTION.]	(01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME (04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [you were] respondent is SP [(SP) was] respondent is proxy		HFN5 - LOSTINTR
LOSTINTR	HFN5	yes/no	In the past 12 months, [have you/has (SP)] had 2 weeks or more when (you/he/she) lost interest or pleasure in things that (you/he/she) usually cared about or enjoyed?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		HFQ1 - LOSTURIN
LOSTURIN	HFQ1	code 1	SHOW CARD HF2 HF7 I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] lost urine because (you/he/she) could not control (your/his/her) bladder.	(01) MORE THAN ONCE A WEEK (02) ABOUT ONCE A WEEK (03) 2-3 TIMES A MONTH (04) ABOUT ONCE A MONTH (05) EVERY 2-3 MONTHS (06) ONCE OR TWICE A YEAR (07) NOT AT ALL (08) SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG (-8) Don't Know (-9) Refused	[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		(01) HFQ2 - TALKURIN (02) HFQ2 - TALKURIN (03) HFQ2 - TALKURIN (04) HFQ2 - TALKURIN (05) HFQ2 - TALKURIN (06) HFQ2 - TALKURIN (07) BOX HFT0 (08) BOX HFT0 (-8) BOX HFT0 (-9) BOX HFT0
TALKURIN	HFQ2	yes/no	[Have you/Has (SP)] talked about this problem with [your/(SP's)] doctor or other medical professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy		(01) HFQ3 - FEELURIN (02) BOX HFT0 (-8) BOX HFT0 (-9) BOX HFT0
FEELURIN	HFQ3	yes/no	Has [your/(SP's)] doctor or other medical professional asked (you/him/her) about how (you/he/she) (feel/feels) about this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [feel] respondent is SP [feels] respondent is proxy		HFQ4 - REASURIN
REASURIN	HFQ4	yes/no	Has [your/(SP's)] doctor or other medical professional examined (you/him/her) to figure out why (you/he/she) (lose/loses) urine?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [lose] respondent is SP [loses] respondent is proxy		HFQ5 - SURGURIN
SURGURIN	HFQ5	yes/no	Has [your/(SP's)] doctor or other medical professional talked with (you/him/her) about taking medicine or having surgery for this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female		BOX HFT0
	BOX HFT0	routing	IF THIS IS ROUND 67 73, GO TO BOX HFT1. ELSE GO TO BOX HFEND.				
	BOX HFT1	routing	IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD. ELSE GO TO BOX HFEND.				
HYPETOLD	HFT1	code 1	We have recorded that [you were/(SP) was] told by a doctor that (you had/he had/she had) hypertension, also called high blood pressure. [Were you/Was (SP)] told on two or more different medical visits that (you/he/she) had high blood pressure or hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.]	(01) YES (02) NO (03) SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR (-8) Don't Know (-9) Refused	[you were] respondent is SP [(SP) was] respondent is proxy [you had] respondent is SP [he had] respondent is proxy, SP male [she had] respondent is proxy, SP female [Were you] respondent is SP [Was (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [(SP's)] respondent is proxy		(01) HFT2 - HYPEAGE (02) HFT2 - HYPEAGE (03) BOX HFEND (-8) HFT2 - HYPEAGE (-9) HFT2 - HYPEAGE

Variable	Item	Type	Question Text	Response Options	Fills	Next
HYPEAGE	HFT2	numeric	How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had high blood pressure?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[were you] respondent is SP [was (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFT2 - HYPEAGE_LESSONE
HYPEAGE_LESSONE	HFT2	numeric	How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had high blood pressure?	(01) LESS THAN ONE YEAR OLD (-7) Empty	[were you] respondent is SP [was (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female	HFT6D - HYPEHOME
HYPEHOME	HFT6D	yes/no	Because of (your/his/her) high blood pressure, [are you/is (SP)] now measuring (your/his/her) blood pressure at home?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [are you] respondent is SP [is (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFT6G - HYPEMEDS
HYPEMEDS	HFT6G	yes/no	Because of (your/his/her) high blood pressure, [are you/is (SP)] now taking prescribed medicine for (your/his/her) high blood pressure?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [are you] respondent is SP [is (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFT6J - HYPEDRNK
HYPEDRNK	HFT6J	yes/no	(You mentioned that in a typical month in the past year [you/(SP)] did not drink alcohol. Is that because of (your/his/her) high blood pressure?/[Have you/Has (SP)] cut down on drinking alcoholic beverages because of (your/his/her) high blood pressure?)	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	BOX HFT2
	BOX HFT2	routing	IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG. ELSE GO TO HFT12A - HYPECTRL.			
HYPELONG	HFT7	numeric	How long [have you/has (SP)] been treated with prescribed medicines for (your/his/her) high blood pressure?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFT7 - HYPELONG_LESSONE
	BOX HFT3	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFT8 - HYPEMANY. ELSE GO TO HFT11A - HYPECOND.			
HYPEMANY	HFT8	numeric	How many different prescribed medicines [do you/does (SP)] take for (your/his/her) high blood pressure? [WE ARE ASKING ABOUT HOW MANY DIFFERENT PRESCRIBED MEDICINES FOR HIGH BLOOD PRESSURE ARE TAKEN BY THE RESPONDENT, NOT THE NUMBER OF PILLS THEY MIGHT TAKE IN ONE DAY.]	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female	HFT11A - HYPECOND
HYPECOND	HFT11A	code 1	How often [do you/does (SP)] have trouble with side effects from (your/his/her) blood pressure (medicine/medicines)? Please tell me if (you/he/she) always, sometimes, or never (have/has) trouble with side effects. [EXPLAIN IF NECESSARY: By "side effects", I mean that the medicine causes any condition such as fatigue, headache, or coughing.]	(01) ALWAYS (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	[do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [medicine] SP takes one medicine [medicines] SP takes more than one medicine [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [have] respondent is SP [has] respondent is proxy	HFT12A - HYPECTRL
HYPECTRL	HFT12A	code 1	Doctors often recommend changing your habits or lifestyle, such as changing your diet, or getting regular exercise in order to control blood pressure. How confident are you that [you/(SP)] can follow these recommendation? Would you say that you are very confident, confident, somewhat confident, or not at all confident?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	BOX HFT4
	BOX HFT4	routing	IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT13 - HYPEPAY. ELSE GO TO BOX HFEND.			

HYPEPAY	HFT13	yes/no	[Do you/Does (SP)] have difficulty paying for the (medicine/medicines) (your/his/her) doctor prescribes for (your/his/her) high blood pressure?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [medicine] SP only takes one medicine [medicines] SP takes more than one medicine [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		HFT14 - HYPESKIP
HYPESKIP	HFT14	yes/no	[Do you/Does (SP)] ever skip taking (your/his/her) medicine, take less medicine than prescribed, or share medicine because of the cost of the medicine?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female		BOX HFEND