Version	13.0						Use			
#	Question Description	History	Source	Star Ratings	Frailty Adjustment	Case Mix Adjustment	Federal Partners	Required S.4302 Item	Future Measure Development	Plan QI
1	In general, would you say your health is:	Original item in Version 1.0 Item in both VR-36 and VR-12	VR-12 Item	х		х			х	Х
2	Health now limit you in these activities? -Moderate activities -Climbing several flights of stairs	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	х		х			х	х
3	Problems with your work or other regular daily activities as a result of your physical health? -Accomplished less than you would like -Were limited in the kind of work or other activities	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	х		х			х	х
4	Problems with your work or other regular daily activities as a result of any emotional problems? -Accomplished less than you would like - Didn't do work or other activities as carefully as usual	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	Х		х			х	Х
5	Pain interfere with your normal work	Original item in Version 1.0 Item in both VR-36 and VR-12	VR-12 Item	х		х			х	х
6	How much of the time: -Calm and peaceful? -Lot of energy? -Downhearted and blue?	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	х		х			х	Х
7	Physical health or emotional problems interfered with your social activities	Original item in Version 1.0 Item in both VR-36 and VR-12	VR-12 Item	х		х			х	х
8	Rate your physical health in general now?	Updated in 2006 with Version 2.0 release As a result of VR-36 to VR-12 change	Change in Health	х		х	х		х	х
9	Rate your emotional problems in general now?	Updated in 2006 with Version 2.0 release As a result of VR-36 to VR-12 change	Change in Health	х		х	x		х	Х
10a-f	Difficulty doing the following activities? -Bathing -Dressing -Eating -Getting in or out of chairs -Walking -Using the toilet	Original item in Version 1.0	Activities of Daily Living (ADLs)		x	х	х		х	х
11а-с	Difficulty doing the following activities? -Preparing meals -Managing money -Taking medication as prescribed	Added in 2013 with Version 2.5 Through the TEP process	Instrumental Activities of Daily Living (IADLs)				Х		х	х
12	Days physical health not good?	Added in 2003 to Version 1.0	Healthy Days				Х		х	
	Days mental health not good?	Added in 2003 to Version 1.0	Healthy Days				Х		Х	
14	Days physical or mental health keep you from doing your usual activities?	Added in 2003 to Version 1.0	Healthy Days				Х		Х	
15	Blind or do you have serious difficulty seeing, even when wearing glasses?	Original item in Version 1.0 Updated in Version 2.5 Required by ACA Section 4302	Vision item, S.4302 Disability				х	x		х
16	Deaf or do you have serious difficulty hearing, even with a hearing aid?	Original item in Version 1.0 Updated in Version 2.5 Required by ACA Section 4302	Hearing item, S.4302 Disability				х	х		х
17	Difficulty concentrating, remembering or making decisions?	Added in 2013 with Version 2.5 release Required by ACA Section 4302	S.4302 Disability				х	х	х	Х
18	Difficulty doing errands alone such as visiting a doctor's office or shopping?	Added in 2013 with Version 2.5 release Required by ACA Section 4302	S.4302 Disability				х	х	х	
19	Memory problems interfere with your daily activities?	Added in 2013 with Version 2.5 release Through the TEP process	Memory Problems				х		х	х
20	Hypertension or high blood pressure	Original item in Version 1.0	Chronic Conditions			Х	Х			Х
	Angina pectoris or coronary artery disease	Original item in Version 1.0	Chronic Conditions			Х	Х			Х
	Congestive heart failure	Original item in Version 1.0	Chronic Conditions			Х	Х			Х
23	Myocardial infarction or heart attack	Original item in Version 1.0	Chronic Conditions			Х	Х			Х
24	Problems with heart valves or the rhythm of your heartbeat	Original item in Version 1.0	Chronic Conditions			X	X			X
	Stroke	Original item in Version 1.0	Chronic Conditions			X	X			X
26	Emphysema, or asthma, or COPD  Crohn's disease, ulcerative colitis, or inflammatory bowel disease	Original item in Version 1.0 Original item in Version 1.0	Chronic Conditions			X	X			X
27 28	Arthritis of the hip or knee	Original item in Version 1.0	Chronic Conditions Chronic Conditions			X	X			X
28	Arthritis of the hip of knee	Original item in Version 1.0	Chronic Conditions  Chronic Conditions			X	X			X
	Osteoporosis, sometimes called thin or brittle bones	Added in 2006 with Version 2.0 release	Chronic Conditions			X	X			X
3U	Ostcoporosis, sometimes caned trini or brittle bolles	Paded III 2000 WILLI VELSIOTI Z.U TETEASE	Contonic Conditions			^	^	l		۸

31	Sciatica	Original item in Version 1.0	Chronic Conditions		X	X			х
	Diabetes, high blood sugar, or sugar in the urine	Original item in Version 1.0	Chronic Conditions		X	X			X
33	Depression	Added in 2013 with Version 2.5 release Through the TEP process	Chronic Conditions		Х	Х			х
34	Any cancer (other than skin cancer)	Original item in Version 1.0	Chronic Conditions		Х	х			X
	Colon or rectal cancer	Original item in Version 1.0							
05. 4	Lung caner		Chronic Conditions						
35a-d	Breast cancer Prostate cancer		— Cancer		Х	Х			X
	Trostate currect								
	Other cancer (other than skin cancer)	Added in 2013 with Version 2.5 release							
35e		Through the TEP process	Chronic Conditions  — Cancer		X	X			X
			- Carroer						
	Pain interfere with your day to day activities?	Added in 2013 with Version 2.5 release							
36		Through the TEP process Replaced back pain item to include global pain	PROMIS Pain Item			X			X
		, , ,							
	Pain keep you from socializing with others?	Added in 2013 with Version 2.5 release Through the TEP process							
37		Replaced back pain item to include global pain	PROMIS Pain Item			x		×	X
	Rate your pain on average?	Added in 2013 with Version 2.5 release							
20	Rate your pain on average:	Through the TEP process	DDOMIC Dain Hans			х		x	×
38		Replaced back pain item to include global pain	PROMIS Pain Item			^		^	^
	Bothered by any of the following problems?	Added in 2013 with Version 2.5							
39a-b	-Little interest or pleasure in doing things	Through the TEP process	PHQ-2 Depression			x		×	x
""	-Feeling down, depressed, or hopeless	Replaced longer 4-item depression question	q 2 Sepiession			ı î		^	^
40	Compared to other people your age, would you say that your health is:	Original item in Version 1.0	General Health		Х	х			х
	Smoke every day, some days, or not at all?	Original item in Version 1.0	Smoking			Х			х
42	Experienced leaking of urine?	Added in 2003 to Version 1.0	HEDIS - Urinary	,,					· ·
42			Incontinence '	Х					x
43	Leaking of urine change your daily activities or interfere with your sleep?	Added in 2003 to Version 1.0	HEDIS - Urinary	Х					х
45			Incontinence	^					^
44	Talked with doctor, nurse, or health care provider about leaking of urine?	Added in 2003 to Version 1.0	HEDIS - Urinary	x					x
			Incontinence	^					^
45	Talked health care provider about ways to control leaking of urine.	Added in 2003 to Version 1.0	HEDIS - Urinary	x					x
			Incontinence						
46	Talk with doctor or health provider about exercise or physical activity?	Added in 2005 to Version 1.0	HEDIS - Physical Activity	x					x
-	Advise start, increase or maintain exercise or physical activity?	Added in 2005 to Version 1.0							
47	Advise start, increase of maintain exercise of physical activity.	Added in 2003 to version 1.0	HEDIS - Physical Activity	Х					X
-	Talk about falling or problems with balance or walking?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk						
48			Assessment	х					x
F	Fall in the past 12 months?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk						
49			Assessment	х					X
50	Problem with balance or walking?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk	х					х
50			Assessment	*					
51	Prevent falls or treat problems with balance or walking?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk	х					х
31			Assessment	^					^
52	Bone density test to check for osteoporosis?	Added in 2006 with Version 2.0 release	HEDIS -	х					х
L			Osteoporosis	.,					
53	How many hours of actual sleep?	Added in 2015 with Version 3.0 release RAND item	Sleep quality					×	
-	Overell sleep guelib.	Added in 2015 with Version 3.0 release							
54	Overall sleep quality	RAND item	Sleep quality					x	
55	Weight	Added in 2006 with Version 2.0 release	Weight			V		X	
56	Height	Added in 2006 with Version 2.0 release	Height			X		X	
	Male or female	Original item in Version 1.0				^			
57		Required by ACA Section 4302	S.4302 Gender		X	x	X		
	Hispanic, Latino/a or Spanish origin	Original item in Version 1.0							
58		Updated in Version 2.5, required by ACA Section 4302	S.4302 Ethnicity		X		x		
			'			х			
	Race	Original item in Version 1.0							
59		Updated in Version 2.5, required by ACA Section 4302	S.4302 Race		X		x		
					 	Х			
	Language at home	Added in 2013 with Version 2.5 release	S.4302 Primary						
60		Required by ACA Section 4302 Revised in 2015 with Version 3.0 release	Language			х	x		
L	Manifed shakes								
	Marital status	Original item in Version 1.0 Original item in Version 1.0	Marital status		X	X			
62	Highest grade or level of school	Original Item III Version 1.0	Education		Х	X			

63	Live alone or with others	Added in 2013 with Version 2.5 release Through the TEP process	Living arrangement, RAND		x	x	
64	Where do you live?	Added in 2013 with Version 2.5 release Through the TEP process	Living arrangement, RAND		х	х	
65	House or apartment ownership	Original item in Version 1.0	Living arrangement	х	х	х	х
66	Who completed survey form?	Original item in Version 1.0	Form assist	Х			
67	Proxy first and last name	Original item in Version 1.0	Form assist				
68	Combine household income	Original item in Version 1.0	Income	X	Х		

## Medicare Health Outcomes Survey Version Crosswalk (HOS)

The column				Version 1.0				Versi	on 2.0	,		Vers	on 2 5			Version 3.0
Second   Part		1998-2002				2005			011 2.0	2008-2012		2012	011 2.3	2014		2015 - Present
Column	Question		Question		Question	2003	Question		Questio		Question	2013	Question	2014	Question	2013 - Present
Manufacture	Number	· ·		,		,			Numbe	,	Number	Q	Number	,	Number	<b>~</b>
No.   Control	1			In general, would you say your health is:		In general, would you say your health is:	1	In general, would you say your health is:	1	In general, would you say your health is:	1	In general, would you say your health is:	1	In general, would you say your health is:	1	In general, would you say your health is:
Part	2	health in general now	2	health in general now	2	health in general now										
Part	3 intro	The following items are about activities you might do	3 intro	The following items are about activities you might do	3 intro	The following items are about activities you might do	2 intro	The following items are about activities you might do	2 intro	The following items are about activities you might do	2 intro	The following items are about activities you might	2 intro	The following items are about activities you might do	2 intro	The following items are about activities you might do
Part		during a typical day. Does your health now limit you		during a typical day. Does your health now limit you		during a typical day. Does your health now limit you		during a typical day. Does your health now limit you		during a typical day. Does your health now limit you		do during a typical day. Does your health now limit		during a typical day. Does your health now limit you		during a typical day. Does your health now limit you
Manufacture control		in these activities? If so, now much?		in these activities? If so, now much?		in these activities? If so, now much?		in these activities? If so, now much?		in these activities? If so, how much?		you in these activities? If so, now much?		in these activities? If so, how much?		in these activities? If so, now much?
Manufacture control																
Mathematical Content	3a	Vigorous activities, such as running, lifting heavy	3a	Vigorous activities, such as running, lifting heavy	3a	Vigorous activities, such as running, lifting heavy										
Property of the content of the con	26		26		26		20	Madazata activities such as maving a table mushing a	20	Madazata astivitias such as moving a table mushing a	20	Maderate activities such as maxima a table	20	Madavata activities such as maying a table pushing a	20	Madayata astivities such as maving a table muching
Property	30	table, pushing a vacuum cleaner, bowling,	30	table, pushing a vacuum cleaner, bowling,		table, pushing a vacuum cleaner, bowling,	Zd	vacuum cleaner, bowling, or playing golf	24	vacuum cleaner, bowling, or playing golf	Zd	pushing a vacuum cleaner, bowling, or playing golf	Zd	vacuum cleaner, bowling, or playing golf	20	a vacuum cleaner, bowling, or playing golf
		or playing golf		or playing golf		or playing golf										
							2b	Climbing several flights of stairs	2b	Climbing several flights of stairs	2b	Climbing several flights of stairs	2b	Climbing several flights of stairs	2b	Climbing several flights of stairs
Note																
No.   Continue																
1	3g 2h	Walking several blocks	3g 2h	Walking more than a mile	3g 2h	Walking more than a mile Walking several blocks			_							
Part	3i	Walking one block	3i	Walking one block	3i	Walking one block										
Part																
State   Stat	4 intro	During the past 4 weeks, have you had any of the	4 intro	During the past 4 weeks, have you had any of the	4 intro	During the past 4 weeks, have you had any of the	3 intro	During the past 4 weeks, have you had any of the	3 intro	During the past 4 weeks, have you had any of the	3 intro	During the past 4 weeks, have you had any of the	3 intro	During the past 4 weeks, have you had any of the	e 3 intro	During the past 4 weeks, have you had any of the
Part		following problems with your work or other regular daily activities as a result of your physical health?	1	tollowing problems with your work or other regula	r			following problems with your work or other regular	1	tollowing problems with your work or other regular daily activities as a result of your physical health?		following problems with your work or other regular daily activities as a result of your physical health?		following problems with your work or other regular daily activities as a result of your physical health?	1	tollowing problems with your work or other regular
Profession	1	, , you priyacu neditir	l	, or your projects resident	1	,		, , you priyacu realtii.	1	, a z z z z z z z z z z z z z z z z	l	, or your propose realth.		, si you pilyaca neditii	1	, 2. 2. 2. 2. 7 your projects mediting
Profession	42	Cut down on the amount of time you sport on work	42	Cut down on the amount of time you great an work	42	Cut down on the amount of time you spect on work			$\vdash$						_	
	****	or other activities	****	or other activities	***	or other activities										
	4b	Accomplished less than you would like	4b	Accomplished less than you would like	4b	Accomplished less than you would like	3a	Accomplished less than you would like	3a	Accomplished less than you would like	3a	Accomplished less than you would like	3a	Accomplished less than you would like	3a	Accomplished less than you would like as a result of
Part	1		1			·			1					, ,		your physical health?
Part	4c	Were limited in the <b>kind</b> of work or other activities	4c	Were limited in the kind of work or other activities	4c	Were limited in the <b>kind</b> of work or other activities	3b	Were limited in the kind of work or other activities	3b	Were limited in the <b>kind</b> of work or other activities	3b	Were limited in the kind of work or other activities	3b	Were limited in the kind of work or other activities	3b	Were limited in the <b>kind</b> of work or other activities <b>as</b>
Part	L		L		<b>L</b>	100			$\vdash$							a result of your physical nealth?
The content of the	4d	Had difficulty performing the work or other activities	4d	Had difficulty performing the work or other activities	4d	Had difficulty performing the work or other activities  (for example, it took extra effort)										
Les Beginner and an antimate of the product and any antimate of the product and any and any and any antimate of the product and any and any and any antimate of the product and any and any and any and any and any any and any any and any any any and any	5 intro		5 intro	During the past 4 weeks have you had any of the			4 intro	During the past 4 weeks have you had any of the	4 intro	During the nast 4 weeks have you had any of the	4 intro	During the past 4 weeks have you had any of the	4 intro	During the past 4 weeks have you had any of the	4 intro	During the past 4 weeks have you had any of the
Part	3 111110	following problems with your work or other regular	3 111110	following problems with your work or other regular	3 111110	following problems with your work or other regular	4111110	following problems with your work or other regular	4111110	Ifollowing problems with your work or other regular	4111110		4111110	following problems with your work or other regular	4111110	following problems with your work or other regular
1		daily activities as a result of any emotional problems		daily activities as a result of any emotional problems		daily activities as a result of any emotional problems		daily activities as a result of any emotional problems		daily activities as a result of any emotional problems		daily activities as a result of any emotional		daily activities as a result of any emotional problems		daily activities as a result of any emotional problems
Process		(such as reeling depressed or anxious):		(such as reening depressed or anxious):		(such as reening depressed or anxious):		(such as reening depressed or anxious):		(such as reening depressed or anxious):		problems (such as reening depressed or anxious):		(such as reeling depressed of anxious):		(such as reening depressed of anxious):
Process																
Description of the forward word with the control of the forward word with the control of the forward word word with the control of the forward word word word word word word word wo	5a	Cut down on the amount of time you spent on work	5a	Cut down on the amount of time you spent on work	5a	Cut down on the amount of time you spent on work										
					-											
1	50	Accomplished less than you would like	50	Accomplished less than you would like	50	Accomplished less than you would like	4a	Accomplished less than you would like	4a	Accomplished less than you would like	4a	Accomplished less than you would like	4a	Accomplished less than you would like	4a	
Part	50	Didn't do work or other activities as carefully as usual	5c	Didn't do work or other activities as carefully as usual	5c	Didn't do work or other activities as carefully as usual	4h	Didn't do work or other activities as carefully as usual	4h	Didn't do work or other activities as carefully as usual	4h	Didn't do work or other activities as carefully as	4h	Didn't do work or other activities as carefully as usual	4h	1
Septimon to construct and many to response to septimon to the construct and many to response to the construct of the construc				, , , , , , , , , , , , , , , , , , , ,	"	,,						usual			"	as a result of any emotional problems
	6	During the past 4 weeks, to what extent has your	6	During the past 4 weeks, to what extent has your	6	During the past 4 weeks, to what extent has your										
Part					1	physical health or emotional problems interfered with										
Mode																
Mode	7	How much hadily pain have you had during the past 4	7	How much hadily pain have you had during the part 4	7	How much hadily pain have you had during the part 4			-							
Part	1 ′	weeks?	′	weeks?	Ί΄	weeks?										
Part	8	During the past 4 weeks, how much did pain interfere	8	During the past 4 weeks, how much did pain interfere	8	During the past 4 weeks, how much did pain interfere	5	During the past 4 weeks, how much did pain interfere	5	During the past 4 weeks, how much did pain interfere	5	During the past 4 weeks, how much did pain	5	During the past 4 weeks, how much did pain interfere	5	During the past 4 weeks, how much did pain interfere
Note   Section   Part		with your normal work (including both work outside		with your normal work (including both work outside		with your normal work (including both work outside		with your normal work (including both outside the		with your normal work (including both outside the		interfere with your normal work (including both		with your normal work (including both outside the		with your normal work (including both outside the
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19   New yould find an and pasced   19   New yould find an and p	9 intro	How much of the time during the past 4 weeks	9 intro	How much of the time during the past 4 weeks	9 intro	How much of the time during the past 4 weeks	6 intro	How much of the time during the past 4 weeks:	6 intro	How much of the time during the past 4 weeks:	6 intro	How much of the time during the past 4 weeks:	6 intro	How much of the time during the past 4 weeks:	6 intro	How much of the time during the past 4 weeks:
19   New yould find an and pasced   19   New yould find an and p	0.	all decrease for all facility of the conditions	0.	Didoo foolfell of con?		Didfeelfellefeen2			_						_	
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96 disy values a lot of energy? 97 Not you have a lot of energy? 98 Not you have a lot of energy? 99 Not you have a lot of energy? 9		could cheer you up?	1	could cheer you up?	1	could cheer you up?										
99 New you felt downhearted and blue? 90 New you felt downhearted and blue? 91 New you felt downhearted and blue? 92 New you felt downhearted and blue? 93 New you felt downhearted and blue? 94 New you felt downhearted and blue? 95 New you felt downhearted and blue? 96 New you felt downhearted and blue? 97 New you felt downhearted and blue? 98 New you felt downhearted and blue? 99 New you felt downhearted and blue? 99 New you felt downhearted and blue? 90 Nem you felt downhearted and blue? 90 New you felt downhearted and							6a		6a		6a		6a			
98 did you feel worn out? 99 Now you been worn off? 90 Now you been worn off? 90 Now you been worn off? 90 Now you been worn off the fitted? 90 Now you have you would you rate you work you would such this give value weeks, how much of the fitted has nettered with you social activities; like visiting with friends, relatives, etc.)? 90 Now you have worn off the fitted? 90 Now you have weeks, how much off the fitted has nettered with you social activities; like visiting with friends, relatives, etc.)? 90 Now you have worn off the fitted has nettered with you social activities; like visiting with friends, relatives, etc.)? 91 Now you would activities like visiting with friends, relatives, etc.)? 92 Now you would wount to your you would activities; like visiting with friends, relatives, etc.)? 93 Now you would activities; like visiting with friends, relatives, etc.)? 94 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visiting with friends, relatives, etc.)? 95 Now you would activities; like visities; with your would activities; like visiting with friends, relatives, etc.)? 95 Now you would you rate you would you			9e	Did you have a lot of energy?	9e	Did you have a lot of energy?	6b	Did you have a lot of energy?		Did you have a lot of energy?	6b	Did you have a lot of energy?	6b	Did you have a lot of energy?	6b	Did you have a lot of energy?
99. More you been a happy person? 99. More you happy person? 99. More you happy a happy person? 99. More you happy person? 99. More you happy a happy person? 99. More you happy person? 99. More you happy a happy person? 99. More you happy person? 99. More you happy a happy person? 99. More you happy a							6c	Have you felt downhearted and blue?	6c	Have you felt downhearted and blue?	6c	Have you felt downhearted and blue?	6c	Have you felt downhearted and blue?	6c	Have you felt downhearted and blue?
9 Sidy you feel intered? 9 Did you feel intered only you you you plays all health or emotional problems interfered with your you social activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like visiting with friends, relaives, etc.)? 9 Did you feel intered with you you call activities (like vis	9g 9h		9g 9h	Have you been a happy person?												
2.0 During the past 4 weeks, how much of the time has you proposed health or emotional problems interfered with your social activities (like visiting with int	7			Did you feel tired?	/											
wor physical health or emotional problems interfered with your social activities (like visiting with reach) and problems interfered with your social activities (like visiting with reach). Facilities, etc.)?    Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities, etc.)?   Vour physical health or emotional problems interfered with your social activities (like visiting with reach). Facilities active the proposed or physical problems (etc.)?   Vour physical health or emotional problems interfered with your social activities (like visi	10	During the past 4 weeks, how much of the time has		During the past 4 weeks, how much of the time has	10	During the past 4 weeks, how much of the time has	7	During the past 4 weeks, how much of the time has	7	During the past 4 weeks, how much of the time has	7	During the past 4 weeks, how much of the time has	7		7	
friends, relatives, etc.)?  fr	1	your physical health or emotional problems	1	your physical health or emotional problems		your physical health or emotional problems		your physical health or emotional problems	l	your physical health or emotional problems		your physical health or emotional problems		your physical health or emotional problems		your physical health or emotional problems
Compared to one year ago, how would you rate your physical health in general now?  Pompared to one year ago, how would you rate your endotional problems (such as feeling anvious, depressed or iritable) in general now?  Physical health in general now?  Pompared to one year ago, how would you rate your endotional problems (such as feeling anvious, depressed or iritable) in general now?  Pompared to one year ago, how would you rate your endotional problems (such as feeling anvious, depressed or iritable) in general now?  Pompared to nee year ago, how would you rate your endotional problems (such as feeling anvious, depressed or iritable) in general now?	1	friends, relatives, etc.)?	1	friends, relatives, etc.)?		friends, relatives, etc.)?		friends, relatives, etc.)?	l	friends, relatives, etc.)?		with friends, relatives, etc.)?		friends, relatives, etc.)?		friends, relatives, etc.)?
Part									<b>L</b> .	Commendation of the commen		Comments of the comments of th			L .	
Compared to one year ago, how would you rate your emotional problems (such as feeling amotious, depressed or irritable) in general now?  11 into   How TRUE or FALSE is each of the following statements for you?  11 into   How TRUE or FALSE is each of the following statements for you?  11 into   How TRUE or FALSE is each of the following statements for you?  12 into   Sealed a little easier than other people   11a   seem to get sick a little easier than other people   11b   am as healthly as anybody know   11b   am as healthly as anybody know   11b   am as healthly as anybody know   11c   expect my health to get worse   11c   expect my health of physical problem, do you have any difficulty doing the following activities: (Please mark one response for each activity.)  12 a Sathing   12a   Sathing							ď	physical health in general now?	*	physical health in general now?	8	your physical health in general now?	8	physical health in general now?	*	physical health in general now?
Secure of the following statements for you?   Secure of the follow							9	Compared to one year ago, how would you rate your	9	Compared to one year ago, how would you rate your	9	Compared to one year ago, how would you rate	9	Compared to one year ago, how would you rate your	9	Compared to one year ago, how would you rate your
How TRUE or FALSE is each of the following statements for you?  It limited by the properties of the policy of the properties of the prop								emotional problems (such as feeling anxious,	Ι΄.		l .				1	emotional problems (such as reeling anxious,
statements for you?  11a   seem to get sick a little easier than other people   11a   seem to get sick a little easier than other people   11a   seem to get sick a little easier than other people   11a   seem to get sick a little easier than other people   11a   seem to get sick a little easier than other people   11b   am as healthy as anybody! know   11b   seem to get sick a little easier than other people   11c   sepect my health to get worse   11c   sepect my health to get wor								depressed or irritable) in general now?	<u>L</u> _	depressed or irritable) in general now?		depressed or irritable) in general now?		depressed or irritable) in general now?	<u>L</u> _	depressed or irritable) in general now?
11a seem to get sick a little easier than other people and as healthy as anybody I know 11b and as healthy as anybody I kn	11 intro	How TRUE or FALSE is each of the following	11 intro		11 intro											
11b   am as healthy as anybody I know   11b	L		44.	1 '	L	*										
11c expect my health to get worse 11d Secouse of a health or physical problem, do you have and fillficulty doing the following activities? (Please mark one response for each activity.)  12 into group or a contribute of the control of the co																
11d My health is excellent 12 into Because of a health or physical problem, do you have any difficulty doing the following activities (Please mark one response for each activity.)  12 a Bathing 13 Bathing 14 Bathing 15 Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?  15 Bathing 16 Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?  18 Bathing 19 Bathing 10 Bathi																
any difficulty doing the following activities: (Please mark one response for each activity.)  Bathing  12a Bathing  12b Bathing	11d	My health is excellent														
any difficulty doing the following activities: (Please mark one response for each activity.)  Bathing  12a Bathing  12b Bathing		Because of a health or physical problem, do you have		Because of a health or physical problem, do you have		Because of a health or physical problem, do you have	10 intro	Because of a health or physical problem, do you have	10 intro	Because of a health or physical problem, do you have	10 intro	Because of a health or physical problem, do you	10 intro	Because of a health or physical problem, do you have	10 intro	Because of a health or physical problem, do you have
12a Bathing 12a Bathing 12a Bathing 12a Bathing 10a Ba	1	any difficulty doing the following activities? (Please	1	lany difficulty doing the following activities? (Please		any difficulty doing the following activities? (Please		any difficulty doing the following activites without	l	any difficulty doing the following activites without		have any difficulty doing the following activites		any difficulty doing the following activites without		any difficulty doing the following activites without
12a Bathing 12a Bathing 12a Bathing 12a Bathing 10a Ba	1	mark one response for each activity.)	l	man one response for each activity.)	1	mank one response for each activity.)		special squipment of neip from another person?	1	special equipment of neith from another person?	l	person?		special equipment of neith from another berson?	1	openia equipment or neip from another person?
12a sarring 12a sarring 12a sarring 12b desting 12b description 12b descriptio	L.	D. Ali Iv.	-,-	Dathle	1	D-Ablu-	45	D-M-line	L	P-th/s-	40	Dath!a	4.5	Dathler	<u> </u>	D. Abilia
Ten forcessing 1700 forces 1700 fo	12a	Batning	12a	Dressing	12a	Batning	10a	Batning	10a	Batning			10a	Dressing	10a	Batning
	120	Diesang	120	Di essirig	120	DICOMING	TOD	En cosnig	100	Di Casilik	100	Diesang	TOD	Di coonig	TOD	DI COSING

45	F-40		le.e	1 4-	r.u.	46	Estle :	1	leater .	45	E-Ho-		Esta-	1	F-W
12c	Eating Getting in or out of chairs	12c	Eating Getting in or out of chairs	12c	Eating Getting in or out of chairs	10c	Getting in or out of chairs	10c	Eating Getting in or out of chairs	10c	Getting in or out of chairs	10c	Eating Getting in or out of chairs	10c	Eating Getting in or out of chairs
120 V	Walking		Walking		Walking		Walking	10a	Walking		Walking	100	Walking		Walking
	Using the toilet	12f	Using the toilet		Using the toilet	10f	Using the toilet		Using the toilet	10f	Using the toilet		Using the toilet		Using the toilet
	,		<u> </u>						3		Because of a health or physical problem, do you		Because of a health or physical problem, do you have		Because of a health or physical problem, do you have
											have any difficulty doing the following activities?	l	any difficulty doing the following activities?		any difficulty doing the following activities?
										11a	Preparing meals		Preparing meals		Preparing meals
										11b	Managing money	11b		11b	
											Taking medication as prescribed	11c		11c	Taking medication as prescribed  Now, thinking about your physical health, which
		13	Now, thinking about your physical health, which includes physical illness and injury, for how many days	13	Now, thinking about your physical health, which includes physical illness and injury, for how many days	11	Now, thinking about your physical health, which includes physical illness and injury, for how many days	11	Now, thinking about your physical health, which includes physical illness and injury, for how many days	12	Now, thinking about your physical health, which includes physical illness and injury, for how many	12	Now, thinking about your physical health, which includes physical illness and injury, for how many days	12	includes physical illness and injury, for how many
			during the past 30 days was your physical health not		during the past 30 days was your physical health not		during the past 30 days was your physical health not	1	Iduring the past 30 days was your physical health not		includes physical illness and injury, for how many days during the past 30 days was your physical	l	includes physical illness and injury, for how many days during the past 30 days was your physical health not		days during the past 30 days was your physical health
			good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)		good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)		good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)		good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)		health not good?	l	good?		not good?
			days, it no days, piease enter o days,		days, in no days, picase ciner o days.,		days. I no days, picase ciner o days.,		adys. II no days, picase circar o days.,		Please enter a number between "0" and "30" days.	l	Please enter a number between "0" and "30" days. If		Please enter a number between "0" and "30" days. If
											If no days, please enter "0" days. Your best estimate would be fine.	l	no days, please enter "0" days. Your best estimate		no days, please enter "0" days. Your best estimate would be fine.
											estimate would be line.	l	Would be line.		Would be fine.
		14	Now thinking about your mental health, which includes stress, depression, and problems with	14	Now thinking about your mental health, which includes stress, depression, and problems with	12	Now thinking about your mental health, which includes stress, depression, and problems with	12	Now thinking about your mental health, which includes stress, depression, and problems with	13	Now, thinking about your mental health, which includes stress, depression, and problems with	13	Now, thinking about your mental health, which includes stress, depression, and problems with	13	Now, thinking about your mental health, which includes stress, depression, and problems with
			emotions, for how many days during the past 30 days		emotions, for how many days during the past 30 days		emotions, for how many days during the past 30 days was your mental health not good? (Please enter a		emotions, for how many days during the past 30 days was your mental health not good? (Please enter a		emotions, for how many days during the past 30	l	emotions for how many days during the nast 30 days		emotions, for how many days during the past 30 days
			was your mental health not good? (Please enter a number between "0" and "30" days. If no days, please		was your mental health not good? (Please enter a number between "0" and "30" days. If no days, please		Inumber between "0" and "30" days. If no days, please		Inumber between "0" and "30" days. If no days, please		days was your mental health not good?	l	was your mental health not good?		was your mental health not good?
			enter "0" days.)		enter "0" days.)		enter "0" days.)		enter "0" days.)		Please enter a number between "0" and "30" days.	l	Please enter a number between "0" and "30" days. If		Please enter a number between "0" and "30" days. If
											If no days, please enter "0" days. Your best estimate would be fine.	l	Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.		no days, please enter "0" days. Your best estimate would be fine.
											estimate would be line.	l	would be line.		would be line.
			1				L								
		15	During the past 30 days, for about how many days did poor physical or mental health keep you from doing	15	During the past 30 days, for about how many days did poor physical or mental health keep you from doing	13	During the past 30 days, for about how many days did poor physical or mental health keep you from doing	13	During the past 30 days, for about how many days did	14	During the past 30 days, for about how many days did poor physical or mental health keep you from	14	During the past 30 days, for about how many days did poor physical or mental health keep you from doing	14	During the past 30 days, for about how many days di poor physical or mental health keep you from doing
		l	vour usual activities such as self-care work or	1	vour usual activities such as self-care work or		vour usual activities such as self-care work or	1	your usual activities such as self-care work or		doing your usual activities, such as self-care, work,	l	your usual activities, such as self-care, work, or	1	your usual activities, such as self-care, work, or
		ĺ	recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)		recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)		recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)	l	recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)		or recreation?	1	recreation?	l	recreation?
		l	Gays. II no days, prease enter O days.)	1	oo aays, ii no days, picase enter o days./		55 Gays. II 110 days, picase citter 0 days./	1	oo days, ii no days, picase effect O days.)		Please enter a number between "0" and "30" days.	l	Please enter a number between "0" and "30" days. If	1	Please enter a number between "0" and "30" days. If
		ĺ						l			If no days, please enter "0" days. Your best estimate would be fine.	1	no days, please enter "0" days. Your best estimate	l	no days, please enter "0" days. Your best estimate
											estimate would be fine.	l	would be fine.		would be fine.
NA I	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.
	•	47 10400	12	/ 16 intro	l:	441	1.	441	1.		specific medical conditions.		specific medical conditions.		specific illedical conditions.
	During the past 4 weeks, how often have you had any of the following problems?	10 intro	During the past 4 weeks, how often have you had any of the following problems?	10 intro	During the past 4 weeks, how often have you had any of the following problems?	14 intro	During the past 4 weeks, how often have you had any of the following problems?	14 intro	During the past 4 weeks, how often have you had any of the following problems?						
	Chest pain or pressure when you exercise	16a	Chest pain or pressure when you exercise	16a	Chest pain or pressure when you exercise	14a	Chest pain or pressure when you exercise	14a	Chest pain or pressure when you exercise			_		_	
	Chest pain or pressure when resting		Chest pain or pressure when resting		Chest pain or pressure when resting		Chest pain or pressure when resting		Chest pain or pressure when resting						
14 intro	During the past 4 weeks, how often have you felt	17 intro	During the past 4 weeks, how often have you felt	17 intro	During the past 4 weeks, how often have you felt	15 intro	During the past 4 weeks, how often have you felt	15 intro	During the past 4 weeks, how often have you felt						
	short of breath under the following conditions?		short of breath under the following conditions?		short of breath under the following conditions?		short of breath under the following conditions?		short of breath under the following conditions?						
	When lying down flat		When lying down flat		When lying down flat		When lying down flat		When lying down flat						
	When sitting or resting		When sitting or resting		When sitting or resting		When sitting or resting	15b	When sitting or resting						
	When walking less than one block When climbing one flight of stairs	17c	When walking less than one block When climbing one flight of stairs	17c	When walking less than one block When climbing one flight of stairs	15c	When walking less than one block When climbing one flight of stairs	15c	When walking less than one block When climbing one flight of stairs						
	During the past 4 weeks, how much of the time have		During the past 4 weeks, how much of the time have		During the past 4 weeks, how much of the time have		During the past 4 weeks, how much of the time have	16 intro							
l 1	you had any of the following problems with your legs	20 111110	you had any of the following problems with your legs	10 111110	Ivou had any of the following problems with your legs	20 1100	you had any of the following problems with your legs	1 20 111110	you had any of the following problems with your legs						
	and feet? (Mark one response for each item.)	l	and feet? (Mark one response for each item.)	1	and feet? (Mark one response for each item.)		and feet?	1	and feet?						
		L	1						<u> </u>						
15a	Numbness or loss of feeling in your feet	18a	Numbness or loss of feeling in your feet	18a	Numbness or loss of feeling in your feet	16a	Numbness or loss of feeling in your feet	16a	Numbness or loss of feeling in your feet						
	Ankles or legs that swell as the day goes on	-01				. (1		()							
15c	Tingling or burning sensation in your feet especially at	18b	Tingling or burning sensation in your feet especially at night	18b	Tingling or burning sensation in your feet especially at night	16b	Tingling or burning sensation in your feet especially at	16b	Tingling or burning sensation in your feet especially at night						
15d [	Decreased ability to feel hot or cold with your feet	18c	Decreased ability to feel hot or cold with your feet	18c	Decreased ability to feel hot or cold with your feet	16c	Decreased ability to feel hot or cold with your feet	16c	Decreased ability to feel hot or cold with your feet						
	Sores or wounds on your feet that did not heal	18d	Sores or wounds on your feet that did not heal		Sores or wounds on your feet that did not heal		Sores or wounds on your feet that did not heal	16d	Sores or wounds on your feet that did not heal					_	
16a	Have you <b>ever</b> had paralysis or weakness on one side	19a	Have you ever had paralysis or weakness on one side	19a	Have you <b>ever</b> had paralysis or weakness on one side		,		· ·						
	of the body?		of the body?		of the body?										
16b l	Have you <b>ever</b> lost the ability to talk?	19b	Have you ever lost the ability to talk?	19b	Have you <b>ever</b> lost the ability to talk?										
						17	During the past 4 weeks, how would you describe any arthritis pain you usually had?	17	During the past 4 weeks, how would you describe any arthritis pain you usually had?						
17 (	Can you see well enough to read newspaper	20	Can you see well enough to read newspaper	20	Can you see well enough to read newspaper	18	Can you see well enough to read newspaper print	18	Can you see well enough to read newspaper print	15	Are you blind or do you have serious difficulty	15	Are you blind or do you have serious difficulty seeing,	15	Are you blind or do you have serious difficulty seeing,
	print (with your glasses or contacts if that's how you	20	print (with your glasses or contacts if that's how you	1 20	print (with your glasses or contacts if that's how you	10	(with your glasses or contacts if that's how you see	10	(with your glasses or contacts if that's how you see	13	seeing, even when wearing glasses?	1 15	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 15	even when wearing glasses?
	see best)?	l	see best)?	1	see best)?		best)?	1	best)?			l		1	
		I		1				1				l		1	
18	Can you hear most of the things people say (with a	21	Can you hear most of the things people say (with a	21	Can you hear most of the things people say (with a	19	Can you hear most of the things people say (with a	19	Can you hear most of the things people say (with a	16	Are you deaf or do you have serious difficulty	16	Are you deaf or do you have serious difficulty hearing,	16	Are you deaf or do you have serious difficulty hearing,
	hearing aid if that's how you hear best)?		hearing aid if that's how you hear best)?		hearing aid if that's how you hear best)?		hearing aid if that's how you hear best)?	$\vdash$	hearing aid if that's how you hear best)?		hearing, even with a hearing aid?		even with a hearing aid?	$\vdash$	even with a hearing aid?
19 I	Do you now have acid indigestion or heartburn? Do you have difficulty controlling urination?	22	Do you have difficulty controlling urination?	22	Do you have difficulty controlling urination?										
20	Do you have uniculty controlling urination:	22	Do you have unitcutty controlling urination?	- 22	DO you have unificulty controlling urination?					17	Because of a physical, mental, or emotional	17	Because of a physical, mental, or emotional	17	Because of a physical, mental, or emotional
											condition, do you have serious difficulty	"	condition, do you have serious difficulty	1 ~	condition, do you have serious difficulty
											concentrating, remembering or making decisions?	1	concentrating, remembering or making decisions?	l	concentrating, remembering or making decisions?
										18	Do you have serious difficulty walking or climbing				
											stairs:				
										19 20	Do you have difficulty dressing or bathing?  Because of a physical, mental, or emotional	40	Because of a physical, mental, or emotional	10	Because of a physical, mental, or emotional
										20	condition, do you have difficulty doing errands	18	condition, do you have difficulty doing errands alone	16	condition, do you have difficulty doing errands alone
											alone such as visiting a doctor's office or shopping?	l	such as visiting a doctor's office or shopping?	1	such as visiting a doctor's office or shopping?
												1		l	
										21	In the past month, how often did memory	19	In the past month, how often did memory problems	19	In the past month, how often did memory problems
											problems interfere with your daily activities?		interfere with your daily activities?		interfere with your daily activities?
NA I	Has a doctor ever told you that you had:	NA OO	Has a doctor ever told you that you had:		Has a doctor ever told you that you had:	NA 20	Has a doctor ever told you that you had:	NA 20	Has a doctor ever told you that you had:		Has a doctor ever told you that you had:	NA 00			Has a doctor ever told you that you had:
	Hypertension or high blood pressure Angina pectoris or coronary artery disease		Hypertension or high blood pressure  Angina pectoris or coronary artery disease	23	Hypertension or high blood pressure Angina pectoris or coronary artery disease		Hypertension or high blood pressure  Angina pectoris or coronary artery disease	I	Hypertension or high blood pressure  Angina pectoris or coronary artery disease		Hypertension or high blood pressure  Angina pectoris or coronary artery disease	20	Hypertension or high blood pressure  Angina pectoris or coronary artery disease		Hypertension or high blood pressure  Angina pectoris or coronary artery disease
	Angina pectoris or coronary artery disease Congestive heart failure		Angina pectoris or coronary artery disease  Congestive heart failure		Angina pectoris or coronary artery disease  Congestive heart failure		Angina pectoris or coronary artery disease  Congestive heart failure		Angina pectoris or coronary artery disease  Congestive heart failure		Angina pectoris or coronary artery disease  Congestive heart failure		Angina pectoris or coronary artery disease  Congestive heart failure		Angina pectoris or coronary artery disease  Congestive heart failure
	A myocardial infarction or heart attack		A myocardial infarction or heart attack		A myocardial infarction or heart attack	23	A myocardial infarction or heart attack	23	A myocardial infarction or heart attack		A myocardial infarction or heart attack	23	A myocardial infarction or heart attack		A myocardial infarction or heart attack
25	Other heart conditions, such as problems with heart	27	Other heart conditions, such as problems with heart		Other heart conditions, such as problems with heart	24	Other heart conditions, such as problems with heart	24	Other heart conditions, such as problems with heart		Other heart conditions, such as problems with	24	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	24	Other heart conditions, such as problems with heart
· ·	valves or the rhythm of your heartbeat		valves or the rhythm of your heartbeat		valves or the rhythm of your heartbeat		valves or the rhythm of your heartbeat	l	valves or the rhythm of your heartbeat		heart valves or the rhythm of your heartbeat	l		l	valves or the rhythm of your heartbeat
26			A stroke		A stroke		A stroke	25	A stroke		A stroke		A stroke		A stroke
27	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	29	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	29	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	28	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)
		- 00			l	27		1 07				-		1 07	
28	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	30	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	30	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	29	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease
		L	1	1	1		I .	I	1		I .	ı	1	I	1

29	Arthritis of the hip or knee Arthritis of the hand or wrist	31	Arthritis of the hip or knee Arthritis of the hand or wrist	31	Arthritis of the hip or knee Arthritis of the hand or wrist	28	Arthritis of the hip or knee Arthritis of the hand or wrist	28	Arthritis of the hip or knee Arthritis of the hand or wrist	30	Arthritis of the hip or knee Arthritis of the hand or wrist		Arthritis of the hip or knee Arthritis of the hand or wrist	28	Arthritis of the hip or knee Arthritis of the hand or wrist
30	PAGE 163 OF THE HARID OF WITST	32	PAGE AND OF THE HAIR OF WIST	32	Paramas of the hand of wrist	30	Osteoporosis, sometimes called thin or brittle bones	30	Osteoporosis, sometimes called thin or brittle bones	32	Osteoporosis, sometimes called thin or brittle	30	Osteoporosis, sometimes called thin or brittle bones	30	Osteoporosis, sometimes called thin or brittle bones
						"	osteoporosis, sometimes caned ann or bridge points	"	esteoporosis, sometimes caned anni or pricae pones	02	bones	00		~	oscoporosis, sometimes caned timi or britile bories
31	Sciatica (pain or numbness that travels down your leg to below your knee)	33	Sciatica (pain or numbness that travels down your leg to below your knee)	33	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)	33	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)
32	Diabetes, high blood sugar, or sugar in the urine	34	Diabetes, high blood sugar, or sugar in the urine	34	Diabetes, high blood sugar, or sugar in the urine	32	Diabetes, high blood sugar, or sugar in the urine	32	Diabetes, high blood sugar, or sugar in the urine		Diabetes, high blood sugar, or sugar in the urine		Diabetes, high blood sugar, or sugar in the urine	32	Diabetes, high blood sugar, or sugar in the urine
33	Any cancer (other than skin cancer)	25	Any cancer (other than skin cancer)	25	Any cancer (other than skin cancer)	22	Any cancer (other than skin cancer)	22	Any cancer (other than skin cancer)		Depression Any cancer (other than skin cancer)		Depression Any cancer (other than skin cancer)		Depression Any cancer (other than skin cancer)
	During the past 4 weeks, how would you describe the	36	During the past 4 weeks, how would you describe the	e 36	During the past 4 weeks, how would you describe the	33	Any cancer (other than skin cancer)	33	Any cancer (other trian skin cancer)	30	Any cancer (other than skin cancer)	34	Any cancer (other trian skin cancer)	34	Any cancer (other than skin cancer)
	arthritis pain you usually had? (Mark one answer)	1	arthritis pain you usually had? (Mark one answer)	1	arthritis pain you usually had? (Mark one answer)										
	Are you currently under treatment for: Colon or rectal cancer		Are you currently under treatment for:		Are you currently under treatment for: Colon or rectal cancer		Are you currently under treatment for:	34 intro	Are you currently under treatment for:  Colon or rectal cancer		Are you <u>currently</u> under treatment for:		Are you currently under treatment for: Colon or rectal cancer		Are you <u>currently</u> under treatment for: Colon or rectal cancer
	Lung cancer		Lung cancer		Lung cancer		Lung cancer		Lung cancer		Lung cancer		Lung cancer		Lung cancer
35c	Breast cancer	37c	Breast cancer	37c	Breast cancer	34c	Breast cancer	34c	Breast cancer	37c	Breast cancer		Breast cancer	35c	Breast cancer
35d	Prostate cancer	37d	Prostate cancer	37d	Prostate cancer	34d	Prostate cancer	34d	Prostate cancer	37d	Prostate cancer		Prostate cancer	35d	Prostate cancer
										37e	Other cancer (other than skin cancer)	35e	Other cancer (other than skin cancer)	35e	Other cancer (other than skin cancer)
36	In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work,	38	In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work,	38	In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work,	35	In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work,	35	In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work,						
	school or housework)?		school or housework)?		school or housework)?		school or housework)?		school or housework)?						
37	In the past 4 weeks, how often did you have pain,														
	numbness or tingling that travels down your leg and below your knee?														
							h th								
38	In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when	1 39	In the past year, have you had 2 weeks or more durin which you felt sad, blue or depressed; or when you	1g 39	In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you	36	In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when	36	In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when						
	you lost interest or pleasure in things that you usually cared about or enjoyed?	/	lost interest or pleasure in things that you usually cared about or enjoyed?		lost interest or pleasure in things that you usually cared about or enjoyed?		you lost interest or pleasure in things that you usually cared about or enjoyed		you lost interest or pleasure in things that you usually cared about or enjoyed						
	carea about or enjoyeu:		cared about or enjoyed:		carea about or enjoyeu:	1	carea about or enjoyed		carea about or enjoyed						
39	In the past year, have you felt depressed or sad much of the time?	40	In the past year, have you felt depressed or sad much of the time?	h 40	In the past year, have you felt depressed or sad much of the time?	37	In the past year, have you felt depressed or sad much of the time?	37	In the past year, have you felt depressed or sad much of the time?						
40	Have you ever had 2 years or more in your life when	41	Have you ever had 2 years or more in your life when	41	Have you ever had 2 years or more in your life when	38	Have you ever had 2 years or more in your life when	38	Have you ever had 2 years or more in your life when						
-10	you felt depressed or sad most days, even if you felt okay sometimes?	71	you felt depressed or sad most days, even if you felt okay sometimes?	"	you felt depressed or sad most days, even if you felt okay sometimes?	"	you felt depressed or sad most days, even if you felt okay sometimes?		you felt depressed or sad most days, even if you felt okay sometimes?						
								39	How much of the time in the past week did you feel depressed?						
									depressed?					-	
										38	In the past 7 days, how much did pain interfere with your day to day activities?	36	In the past 7 days, how much did pain interfere with your day to day activities?	36	In the past 7 days, how much did pain interfere with your day to day activities?
										39	In the past 7 days, how often did pain keep you	37	In the past 7 days, how often did pain keep you from	37	In the past 7 days, how often did pain keep you from
											from socializing with others?		socializing with others?		socializing with others?
										40	In the past 7 days, how would you rate your pain	38	In the past 7 days, how would you rate your pain on	38	In the past 7 days, how would you rate your pain on
										41 intro	on average?  Over the past 2 weeks, how often have you been	20 intro	over the past 2 weeks, how often have you been	39 intro	over the past 2 weeks, how often have you been
										41 111070	bothered by any of the following problems?	37 IIII/O	bothered by any of the following problems?	37 111170	bothered by any of the following problems?
										41a	Little interest or pleasure in doing things	39a	Little interest or pleasure in doing things		Little interest or pleasure in doing things
											Feeling down, depressed or hopeless	39b	Feeling down, depressed or hopeless		Feeling down, depressed or hopeless
41	In general, compared to other people your age, would you say that your health is:	d 42	In general, compared to other people your age, would you say that your health is:	d 42	In general, compared to other people your age, would you say that your health is:	39	In general, compared to other people your age, would you say that your health is:	40	In general, compared to other people your age, would you say that your health is:	42	In general, compared to other people your age, would you say that your health is:	40	In general, compared to other people your age, would you say that your health is:	d 40	In general, compared to other people your age, would you say that your health is:
42			you say that your meanth is:		you say that your mealth is:		you say that your health is:		1900 Say triat your meantris:		rodic you say that your fiedith is:		you say that your meatures:		1900 Say triat your region is:
72	Have you ever <u>smoked</u> at least 100 cigarettes in your entire life?														
43	Do you now smoke every day, some days, or not at	43	Do you now smoke every day, some days, or not at	43	Do you now smoke every day, some days, or not at	40	Do you now smoke every day, some days, or not at	41	Do you now smoke every day, some days, or not at	43	Do you now smoke every day, some days, or not at	43	Do you now smoke every day, some days, or not at	41	Do you now smoke every day, some days, or not at
L	all!		all?		all!		all?		all!		all?		all!		all?
44	How long has it been since you <u>quit smoking</u> cigarettes?														
45	In the last 6 months, on how many visits were you														
	advised to guit smoking by a doctor or other health														
	provider in your plan?														
		44	Many people experience problems with urinary incontinence, the leakage of urine, in the last 6	44	Many people experience problems with urinary incontinence, the leakage of urine. In the last 6	41	Many people experience problems with urinary incontinence, the leakage of urine. In the past 6	42	Many people experience problems with urinary incontinence, the leakage of urine. In the past 6	44	Many people experience problems with urinary incontinence, the leakage of urine. In the past 6	42	Many people experience problems with urinary incontinence, the leakage of urine. In the past 6	42	Many people experience leakage of urine, also called urinary incontinence. In the past six months, have
			months, have you accidentally leaked urine?	1	months, have you accidentally leaked urine?		months, have you accidentally leaked urine?		months, have you accidentally leaked urine?		months, have you accidentally leaked urine?		months, have you accidentally leaked urine?	1	you experienced leaking of urine?
		45	How much of a problem, if any, was the urine leakage	e 45	How much of a problem, if any, was the urine leakage	42	How much of a problem, if any, was the urine leakage	43	How much of a problem, if any, was the urine leakage	45	How much of a problem, if any, was the urine	43	How much of a problem, if any, was the urine leakage	43	During the past six months, how much did leaking of
			for you?	1	for you?		for you?		for you?		leakage for you?		for you?	1	urine make you change your daily activities or interfere with your sleep?
				<b>1</b>		L		L.,		L.,				<b>⊥</b>	
		46	Have you talked with your current doctor or other health provider about your urine leakage problem?	46	Have you talked with your current doctor or other health provider about your urine leakage problem?	43	Have you talked with your current doctor or other health provider about your urine leakage problem?	44	Have you talked with your current doctor or other health provider about your urine leakage problem?	46	Have you talked with your current doctor or other health provider about your urine leakage problem?	44	Have you talked with your current doctor or other health provider about your urine leakage problem?	44	Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?
			1	1	" " "									1	1
		47	There are many ways to treat urinary incontinence	47	There are many ways to treat urinary incontinence	44	There are many ways to treat urinary incontinence	45	There are many ways to treat urinary incontinence	47	There are many ways to treat urinary incontinence	45	There are many ways to treat urinary incontinence	45	There are many ways to control or manage the
			including bladder training, exercises, medication and surgery. Have you received these or any other	1	including bladder training, exercises, medication and surgery. Have you received these or any other		including bladder training, exercises, medication and surgery. Have you received these or any other		including bladder training, exercises, medication and surgery. Have you received these or any other		including bladder training, exercises, medication and surgery. Have you received these or any other		including bladder training, exercises, medication and surgery. Have you received these or any other	1	leaking of urine, including bladder training exercises, medication and surgery. Have you <b>ever</b> talked with a
			treatments for your current urine leakage problem?	1	treatments for your current urine leakage problem?	I	treatments for your current urine leakage problem?	1	treatments for your current urine leakage problem?		treatments for your current urine leakage		treatments for your current urine leakage problem?	1	doctor, nurse, or other health care provider about an of these approaches?
				1							problett:			1	"
				48	In the last 12 months, did you talk with a doctor or	45	In the past 12 months, did you talk with a doctor or	46	In the past 12 months, did you talk with a doctor or	48	In the past 12 months, did you talk with a doctor or	46	In the past 12 months, did you talk with a doctor or	46	In the past 12 months, did you talk with a doctor or
					other health provider about your level of exercise or physical activity? For example, a doctor or other	1	other health provider about your level of exercise or physical activity? For example, a doctor or other		other health provider about your level of exercise or physical activity? For example, a doctor or other		other health provider about your level of exercise or physical activity? For example, a doctor or other		other health provider about your level of exercise or physical activity? For example, a doctor or other	1	other health provider about your level of exercise or physical activity? For example, a doctor or other
					health provider may ask if you exercise regularly or take part in physical exercise.		health provider may ask if you exercise regularly or take part in physical exercise.		health provider may ask if you exercise regularly or take part in physical exercise.		health provider may ask if you exercise regularly or take part in physical exercise.		health provider may ask if you exercise regularly or take part in physical exercise.	1	health provider may ask if you exercise regularly or take part in physical exercise.
					tana part iii piiysicai exercise.	I	take part in physical exercise.	1	take part in physical exercise.		cake part in physical exercise.		take part iii priysical exercise.	1	take part in physical exercise.
						I		1						1	
				49	In the last 12 months, did a doctor or other health	46	In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your	47	In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your	49	In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain	47	In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain you	47	In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain
					provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in	1	level of exercise or physical activity? For example, in	Ί	level of exercise or physical activity? For example, in	1	your level of exercise or physical activity? For		level of exercise or physical activity? For example, in	Ί	your level of exercise or physical activity? For
					order to improve your health, your doctor or other health provider may advise you to start taking the		order to improve your health, your doctor or other health provider may advise you to start taking the		order to improve your health, your doctor or other health provider may advise you to start taking the		example, in order to improve your health, your doctor or other health provider may advise you to		order to improve your health, your doctor or other health provider may advise you to start taking the	1	example, in order to improve your health, your doctor or other health provider may advise you to start
					stairs, increase walking from 10 to 20 minutes every	1	stairs, increase walking from 10 to 20 minutes every		stairs, increase walking from 10 to 20 minutes every		start taking the stairs, increase walking from 10 to		stairs, increase walking from 10 to 20 minutes every	1	taking the stairs, increase walking from 10 to 20
					day or to maintain your current exercise program.		day or to maintain your current exercise program.		day or to maintain your current exercise program.		20 minutes every day or to maintain your current exercise program.		day or to maintain your current exercise program.	1	minutes every day or to maintain your current exercise program.
											- F0			1	- F0
						47	A fall is when your body goes to the ground without	49	A fall is when your body goes to the ground without	50	A fall is when your body ones to the ground	48	A fall is when your body goes to the ground without	18	A fall is when your body goes to the ground without
						4/	being pushed. In the past 12 months, did you talk	48	being pushed. In the past 12 months, did you talk	50	A fall is when your body goes to the ground without being pushed. In the past 12 months, did	40	being pushed. In the past 12 months, did you talk	48	being pushed. In the past 12 months, did you talk
						l	with your doctor or other health provider about falling or problems with balance or walking?		with your doctor or other health provider about falling or problems with balance or walking?		you talk with your doctor or other health provider about falling or problems with balance or walking?		with your doctor or other health provider about falling or problems with balance or walking?	1	with your doctor or other health provider about falling or problems with balance or walking?
						l	S P		C F		Auto outside of Maiking		o - p	1	O - Francisco Manage
						L	Did you fall in the next 12		Did you fall in the past 12 months?		Did you fall in the past 12 months?		Did you fall in the past 12 months?	<u> </u>	Did you fall in the past 12
						48	Did you fall in the past 12 months?	49	più you raii in the past 12 months?	51	Did you rall in the past 12 months?	49	Did you fall in the past 12 months?	49	Did you fall in the past 12 months?

						49	In the past 12 months, have you had a problem with balance or walking?	50	In the <b>past 12 months</b> , have you had a problem with balance or walking?	52	In the <b>past 12 months</b> , have you had a problem with balance or walking?	50	In the past 12 months, have you had a problem with balance or walking?	50	In the past 12 months, have you had a problem with balance or walking?
						50	Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:  Suggest that you use a cane or walker.  Check your blood pressure lying or standing.  Suggest that you do an exercise or physical therapy program.  Suggest a vision or hearing testing.	51	Has your doctor or other health provider done anything to help prevent fails or treat problems with balance or walking? Some things they might do include:  Suggest that you use a cane or walker.  Check your blood pressure lying or standing.  Check your blood pressure lying or standing.  Suggest that you do an exercise or physical therapy program.  Suggest a vision or hearing testing.	53	Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:  Suggest that you use a cane or walker.  Check your blood pressure lying or standing.  Suggest that you do an exercise or physical therapy program.  Suggest a vision or hearing testing.	51	Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:  Suggest that you use a cane or walker.  Check your blood pressure hips or standing.  Suggest that you do an exercise or physical therapy program.  Suggest that you do an exercise or physical therapy suggest that you do an exercise or physical therapy suggest a vision or hearing testing.	51	Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:  Suggest that you use a cane or walker.  Suggest that you do an exercise or physical therapy program.  Suggest a vision or hearing test.
						51	Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b> , sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.	52	Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b> , sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.	54	Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b> , sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.	52	Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b> , sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.	52	Have you ever had a bone density test to check for osteoporosis, sometimes thought of as "brittle bones"? This test would have been done to your back or hip.
															During the <u>past month</u> , on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)
														54	During the past month, how would you rate your overall sleep quality?
							How much do you weigh in pounds (lbs.)?	53	How much do you weigh in pounds (lbs.)?		How much do you weigh in pounds (lbs.)?	53	How much do you weigh in pounds (lbs.)?		How much do you weigh in pounds (lbs.)?
						53	How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.)	54	How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.)	56	How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.)	54	How tall are you without shoes on in feet (ft.) and inches (in.)? Please remember to fill in both feet and inches (for example, 5ft. 00 in.) If 1/2 in., please round up.		How tall are you without shoes on in feet (ft.) and inches (in.)? Please remember to fill in both feet and inches (for example, 5 ft. 00 in.) If 1/2 in., please round up.
46	In what year were you born? Please provide your year of birth only. For example, if your date of birth is January 1, 1935, please answer "1935".	48	In what year were you born? Please provide your year of birth only. For example, if your date of birth is January 1, 1935, please answer "1935".	50	In what <b>year</b> were you born? Please provide your <b>year of birth</b> only. For example, if your date of birth is January 1, 1935, please answer "1935".	54	In what year were you born? Please provide your year of birth only. For example, if your date of birth is January 1, 1935, please answer "1935."	55	In what year were you born? Please provide your year of birth only.	57	In what year were you born? Please provide your year of birth only.				
47	Are you male or female?		Are you male or female?		Are you male or female?		Are you male or female?	56	Are you male or female?	58	What is your sex?	55	Are you male or female?	57	Are you male or female?
48	Are you of Hispanic or Spanish family background?	50	Are you of Hispanic or Spanish family background?		Are you of Hispanic or Spanish family background?	56	Are you of Hispanic or Latino origin or descent?	57	Are you of Hispanic or Latino origin or descent?	59	Are you Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)	56	Are you Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)	58	Are you Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)
49	How would you describe your race?	51	How would you describe your race?	53	How would you describe your race?	57	How would you describe your race? Please mark one or more.	58	How would you describe your race? Please mark one or more.	60	What is your race? (One or more categories may be selected)	57	What is your race? (One or more categories may be selected)	59	What is your race? (One or more categories may be selected)
										61	How well do you speak English?	58	How well do you speak English?	- (0	Miles I and a second se
50	What is your current marital status?	52	What is your current marital status?	54	What is your current marital status?	58	What is your current marital status?	59	What is your current marital status?	62	What is your current marital status?	59	What is your current marital status?		What language do you mainly speak at home? What is your current marital status?
51	What is the highest grade or level of school that you	53	What is the highest grade or level of school that you		What is the highest grade or level of school that you	59	What is the highest grade or level of school that you	60	What is the highest grade or level of school that you	63	What is the highest grade or level of school that	60	What is the highest grade or level of school that you	62	What is the highest grade or level of school that you
	have completed?		have completed?		have completed?		have completed?		have completed?	64	you have completed?  Do you live alone or with others? (One or more		have completed?  Do you live alone or with others? (One or more	63	have completed?  Do you live alone or with others? (One or more
											categories may be selected)		categories may be selected)		categories may be selected)
											Where do you live?		Where do you live?		Where do you live?
52	Is the house or apartment you currently live in:  Is this house or apartment in a retirement community, building or complex?	54	Is the house or apartment you currently live in:	56	Is the house or apartment you currently live in:	60	Is the house or apartment you currently live in:	61	Is the house or apartment you currently live in:	66	Is the house or apartment you currently live in:	63	Is the house or apartment you currently live in:	65	Is the house or apartment you currently live in:
54	If you answered "yes" to question 53 above, Does this retirement community/building/facility provide medical services?														
										67	Do you currently provide care for someone else in your home?				
										68	During the past week, how many days did you provide at least some care?				
										69	Do you have difficulty getting to places you need to go (either by driving or by getting a ride)?				
55	Who completed this survey form?		Who completed this survey form?		Who completed this survey form?		Who completed this survey form?	62	Who completed this survey form?		Who completed this survey form?		Who completed this survey form?		Who completed this survey form?
56	What is the name of the person who completed this survey form? Please <b>print</b> clearly.	56	What is the name of the person who completed this survey form? Please <b>print</b> clearly.	58	What is the name of the person who completed this survey form? Please <b>print</b> clearly.	62	What is the name of the person who completed this survey form? Please <b>print</b> clearly.	63	What is the name of the person who completed this survey form? Please <b>print</b> clearly.	71	What is the name of the person who completed this survey form? Please <b>print</b> clearly.	65	What is the name of the person who completed this survey form? Please <b>print</b> clearly.	67	If you completed the survey for someone else, please fill in your name. <b>DO NOT</b> complete this question if you completed the survey for yourself. Please <b>print</b> clearly.
57	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?	57	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?	59	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?	63	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?	64	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?	72	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?	66	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?	68	Which of the following categories best represents the combined income for all family members in your household for the past 12 months?