Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX HFBEG	routing	GO TO HFA1 - GENHELTH	
GENHELTH	HFA1	code one	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
COMPHLTH	HFA2	code one	SHOW CARD 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 (01) it will get much better
FUTRHLTH	HFA2B	code one	SHOW CARD HF2 In the next 6 months, what do you think will happen to [your/(SP's)] overall health?	(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
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
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
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
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
DISBATH	DIS5	yes/no	[Do you/Does (SP)] have difficulty dressing or bathing?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
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

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) none of the time,
			How much of the time during the past month has [your/(SP's)] health limited [your/(SP's)] social activities,	(02) some of the time,
IEL NATA CT	LIEAO		like visiting with friends or close relatives?	(03) most of the time, or
ELMTACT	HFA3	code one		(04) all of the time?
			Would you say	(-8) DON'T KNOW
				(-9) REFUSED
				1
CHELP	HFB1	yes/no	[Do you/Does (SP)] wear eyeglasses or contact lenses?	(01) none of the time, (02) some of the time, (03) most of the time, (04) all of the time? (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (03) SP IS BLIND (-8) DON'T KNOW (-9) REFUSED (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 (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (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 (01) OPTOMETRIST (02) OPHTHALMOLOGIST (91) OTHER DOCTOR SPECIALTY (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
		, ,		
				1
			Which statement best describes [your/(SP's)] vision [while wearing glasses or contact lenses] no trouble	
CTROUB	HFB2	code one	seeing, a little trouble, a lot of trouble, or no usable vision?	(01) none of the time, (02) some of the time, (03) most of the time, (04) all of the time, (05) most of the time, (06) most of the time, (07) most of the time, (08) most of the time, (19) most of the time, (10) most of the time, (11) most of the time, (12) most of the time, (13) most of the time, (14) most of the time, (15) most of the time, (16) most of the time, (17) most of the time, (18) most of the time, (18) most of the time, (19) most of the time, (19) most of the time, (10) most of the time,
				1
			[Have you/Has (SP)] been told that [you are/he is/she is] legally blind?	
			yes/no [EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot	1, ,
CLEGBLI	HFB2A	yes/no		
			see well enough to drive.]	
		yes/no		
			[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)?	
DOCEXAM	HFB6			1
			INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.	
				1
				(-8) DON'T KNOW (-9) REFUSED (01) NEVER HAD EYE EXAM BY EYE DOCTOR (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 5 YEARS
DOCLAST	HFB7	code one	How long has it been since [your/(SP's)] last eye examination by an eye doctor?	
				ļ. ,
			I have a couple of questions about [your/(SP's)] last eye examination.	(-5) KEI 03ED
			Thave a couple of questions about [your/(3r 3)] last eye examination.	
			Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care	(01) OPTOMETRIST
			professional?	(02) OPHTHALMOLOGIST
DOCTYPE	HFB7A	code one	professionar:	(91) OTHER DOCTOR SPECIALTY
			[EVDI AIN IF NECESSARY, An enterpreteist is a destay of enterpretey (O.D.) who diagnoses and treats visual	(-8) DON'T KNOW
			[EXPLAIN IF NECESSARY: An optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual	(-9) REFUSED
			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of	T
DOCTVOS	LIEDZA		the eye.]	
DOCTYOS	HFB7A	verbatim text	OTHER (SPECIFY)	(04) VEC
			Again, thinking about [your/(SP's)] last eye examination, were dilating drops used in [your/(SP)'s] eyes?	1. ,
DOCDLAT	HFB7B	yes/no	[EVDI AIN IF NECESSARY, Dilating drops are used to enlarge the government of the drops of the	1. ,
			[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.]	(-א) אברטאבט
			I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or	(04) VEC
			other health professional that [you/he/she] had any of these conditions.	
CATARAC	HFB7C	yes/no		1. ,
		, .	[Have you/Has (SP)] ever been told by a doctor or other health professional that [you/he/she] had	(-8) DON'T KNOW
				(-9) REFUSED
			Cataracts?	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) YES
EO. 41:00:				(02) NO
EGLAUCOM	HFB7C	yes/no	Glaucoma?	
ERETINOP	HFB7C	yes/no	laucoma? (a) 1YES (a) NO (-8) DON'T KNOW (-9) REFUSED (a) NO (-9) REFUSED (a) NO (-9) REFUSED (a) NO (-9) REFUSED (a) NO (-8) DON'T KNOW (-9) REFUSED (a) NO (-9) REFUSED (b) YES (-9) NO (-9) REFUSED (a) NO (-9) REFUSED (b) NO TROUBLE HEARING (-9) REFUSED (a) NO TROUBLE HEARING (-9	
				(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED (02) NO (-8) DONT KNOW (-9) REFUSED (03) NO (-8) DONT KNOW (-9) REFUSED (04) NO (-8) DONT KNOW (-9) REFUSED (05) NO (-8) DONT KNOW (-9) REFUSED (06) NO (-8) DONT KNOW (-9) REFUSED (07) NO (-8) DONT KNOW (-9) REFUSED (08) NO (-8) DONT KNOW (-9) REFUSED (09) NO (03) SP IS DEAF (-8) DONT KNOW (-9) REFUSED (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (04) DEAF (-8) DONT KNOW (-9) REFUSED (04) DEAF (-8) DONT KNOW (-9) REFUSED (05) A LOT OF TROUBLE HEARING (06) DEAF (-8) DONT KNOW (-9) REFUSED (07) NO TROUBLE (-8) DONT KNOW (-9) REFUSED (08) A LOT OF TROUBLE (-8) DONT KNOW (-9) REFUSED (07) NO TROUBLE (08) A LOT OF TROUBLE (-8) DONT KNOW (-9) REFUSED (07) NO TROUBLE (08) A LOT OF TROUBLE (-8) DONT KNOW (-9) REFUSED (-9)
EMACULAR	HFB7C	yes/no	Macular degeneration or age-related macular degeneration, also called AMD?	
				(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW
	DOV HEDAA		IF FOATABAC 02/NO CO TO BOY HERA FICE CO TO HERAO. FOCATOR	(-9) KEFUSED
	BOX HFB1A	routing	IF ECATAKAC=UZ/NO, GO TO BOX HFB1. ELSE GO TO HFB10 - ECCATOP.	(04) VEC
Í				
ECCATOP	HFB10	yes/no	[Have you/Has (SP)] ever had an operation for cataracts?	
		,, -		1
				(-9) REFUSED
	BOX HFB1	routing	IF HFB7C - ERETINOP = 1/Yes OR HFB7C - EMACULAR = 1/Yes, GO TO HFB11 - ELASRSUR.	
	DOXTILDI	Touting	ELSE GO TO HFC1 - HCHELP.	
			Laser surgery to the back of the eye, or retinal is a commonly used treatment for diabetic retinonathy and	
				(01) VEC
			macular degeneration.	
ELASRSUR	HFB11	yes/no	[1] (1) - (CD)] - - - - - - - -	
			[Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED ion.]
			[EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct vision.]	
				(02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE
HCHELP	HFC1	yes/no	[Do you/Does (SP)] use a hearing aid?	
TICHELI	in Ci	y c 3/110	[50 your 50cs (5) /] use a nearing and:	
				(-9) REFUSED d (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED on.] (01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED
			Which statement host describes (vour/CDIs)) has in a finith a hasting still as twenty has beginning a little of the little of th	
HCTROUB	HFC2	code one		
			a iot of trouble, or deat?	
				1
				, ,
HCKNOWMC	HFC3	code one	Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say [you	(03) A LOT OF TROUBLE
			have/she has/he has] no trouble, a little trouble, or a lot of trouble?	(-8) DON'T KNOW
				(-9) REFUSED
				(01) NO TROUBLE
			How much trouble [do you/does (SP)] have communicating with [your/his/her] doctor or other health	(02) A LITTLE TROUBLE
HCCOMDOC	HFC4	code one		
			(-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (03) A LOT OF TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE HEARING (03) A LOT OF TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (02) A LITTLE TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (02) A LITTLE TROUBLE (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (04) DEAF (-8) DON'T KNOW (-9) REFUSED (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (04) DEAF (-8) DON'T KNOW	
			, , , , , , , , , , , , , , , , , , , ,	(-9) REFUSED
				1(0)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) NO TROUBLE
				(02) A LITTLE TROUBLE
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 (01) continuous answer (-8) DON'T KNOW (-9) REFUSED (01) continuous answer (-8) DON'T KNOW (-9) REFUSED (01) continuous answer (-8) DON'T KNOW (-9) REFUSED (01) CONTINUE (-7) Empty (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 (01) NO DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused (01) NO DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-7) Empty (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused (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
HEIGHTFT	HFE1	numeric	How tall [are you/is (SP)]?	
TILIOTTI I	1111 61	liumenc	riow tail [are yours (3)]:	
HEIGHTIN	HFE1	numaria	How tall fare you /is (CD)]?	
HEIGHTIN	ULCI	numeric	How tall [are you/is (SP)]?	
			H	
WEIGHT.	11554		How much [do you/does (SP)] weigh?	
WEIGHT	HFE1	numeric		
			[WEIGHT SHOULD BE RECORDED IN POUNDS]	(-9) REFUSED
			Now, I'm going to ask about how difficult it is, on average, for [you/(SP)] to do certain kinds of activities.	(01) CONTINUE
DIFINTRO	HFHINTRO	no entry	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.	(// Limpty
				(01) NO DIFFICULTY AT ALL
			SHOW CARD HF3	(02) A LITTLE DIFFICULTY
				(02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY 0 (05) NOT ABLE TO DO IT (-8) Don't Know
DIFSTOOP	HFH1	code 1	How much difficulty, if any, [do you/does (SP)] have stooping, crouching, or kneeling? Would you say [you	
			it?	
				1
			SHOW CARD HF3	
			SHOW CARD HES	
			How much difficulty if any [do you/does/CDN] have lifting an entire chicate as heavy as 10 noveds like a	
DIELIET	115113		How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a	(03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT
DIFLIFT	HFH2	code 1	heavy bag of groceries?	
				' '
			[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty,	(03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED (01) continuous answer (-8) DON'T KNOW (-9) REFUSED (01) CONTINUE (-7) Empty (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 (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 (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) DON'T KNOW (-9) Refused (01) NO DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) DON'T KNOW (-9) Refused (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) DON'T KNOW (-9) Refused
			a lot of difficulty, or [is/are] not able to do it?]	ļ`, '
			SHOW CARD HF3	
			What about reaching or extending arms above shoulder level?	
DIFREACH	HFH3	code 1	What about readining or exterioring arms above shoulder levels	(04) A LOT OF DIFFICULTY
			[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty,	(05) NOT ABLE TO DO IT
			a lot of difficulty, or [is/are] not able to do it?]	(-8) Don't Know
			a lot of difficulty, of [13/ ale] flot able to do it:]	(-9) Refused
			SHOW CARD HF3	(01) NO DIFFICULTY AT ALL
			SHOW CARD III 3	(02) A LITTLE DIFFICULTY
			How much difficulty if any [do you/does (CD)] have either writing or headling and greening and life at 2	(03) SOME DIFFICULTY
DIFWRITE	HFH4	code 1	How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects?	(04) A LOT OF DIFFICULTY
			[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?]	1
				() nerasea

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			SHOW CARD HF3	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY
DIFWALK	HFH5	code 1	What about walking a quarter of a mile - that is, about 2 or 3 blocks?	(03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY
			[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?]	(05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
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
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
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
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
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?	(-9) Refused (01) continous answer
MUSUNIT	HFH12	quantity unit	Now I'm going to ask you about activities [you/(SP)] may do to increase [your/(SP)'s] muscle strength or flexibility. In a typical week, how much time [you/(SP)] spend doing exercises to increase [your/(SP)'s] muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga? 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
MUSNUM	HFH12	numeric	In a typical week, how much time [you/(SP)] spend doing exercises to increase [your/(SP)'s] muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(01) Continunous answer

Variable Name	MR Screen Name	Question type	Question text/description	Code list
MEDCONDINTRO	HFJINTRO	no entry	Next, I'm going to read a list of medical conditions. [Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [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
	BOX HFJ1	routing	IF SP HAS EVER REPORTED HAVING HARDENING OF THE ARTERIES IN A PREVIOUS ROUND (sample_person.P_OCHPB=1), GO TO HFJ2 - OCHBP. ELSE GO TO HFJ1 - OCARTERY.	
OCARTERY	HFJ1	yes/no	[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [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
ОСНВР	HFJ2	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] [still has/still have/had/has/have] hypertension, sometimes called high blood pressure?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ2	routing	[INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.] IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ3 - YRHBP. ELSE GO TO HFJ4 - OCMYOCAR.	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] still	/04\ VEC
			had hypertension or high blood pressure?	(01) YES
YRHBP	HFJ3	yes/no		(02) NO
		,,	[INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE	(-8) Don't Know
			RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.]	(-9) Refused
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
			[you/he/she] had]	(02) NO
OCMYOCAR	HFJ4	yes/no	[you, ne, one] naum]	(-8) Don't Know
			a myocardial infarction or heart attack?	(-9) Refused
			IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ5 - YRMYOCAR.	(5) Neruseu
	BOX HFJ3	routing	ELSE GO TO HFJ6 - OCCHD.	
			ELSE GO TO TII 30 GCCTIB.	(01) YES
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(02) NO
YRMYOCAR	HFJ5	yes/no		(-8) Don't Know
			a myocardial infarction or heart attack?	`
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(-9) Refused (01) YES
OCCHD	HFJ6	yes/no	[you/he/she] had]	(02) NO
			[a many amica do af] amaina mastavia au agranam, haant disassa?	(-8) Don't Know
			[a new episode of] angina pectoris or coronary heart disease?	(-9) Refused
	BOX HFJ4	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ7 - YRCHD.	
			ELSE GO TO HFJ8 - OCCFAIL.	(04) VEC
			Circult ACT HE AACNITH VEAD A Line to a control of the last of the	(01) YES
YRCHD	HFJ7	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(02) NO
		7 - 27 - 13	an episode of angina pectoris or coronary heart disease?	(-8) Don't Know
				(-9) Refused
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
OCCFAIL	HFJ8	yes/no	[you/he/she] had]	(02) NO
		7007110		(-8) Don't Know
			[a new episode of] congestive heart failure?	(-9) Refused
	BOX HFJ5	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ9 - YRCFAIL.	
			ELSE GO TO HFJ14 - OCOTHHRT.	(0.4) \\(\text{\text{TG}}\)
				(01) YES
YRCFAIL	HFJ9	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(02) NO
		, ,	an episode of congestive heart failure?	(-8) Don't Know
				(-9) Refused
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	
			[you/he/she] had]	
				(01) YES
			[a new episode of] any other heart condition?	(02) NO
OCHRTCND	HFJ14	yes/no		(-8) Don't Know
			[NOTE TO FI: This includes problems with the valves of the heart, such as aortic stenosis, and problems with	(-9) Refused
			the rhythm of the heartbeat, such as atrial fibrillation.]	
			[DO NOT RECORD THE NAME OF THE CONDITION AT THIS QUESTION.]	
	BOX HFJ8	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ15 - YRHRTCND.	
		J	ELSE GO TO HFJ16 - OCSTROKE.	
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(01) YES
			an episode of any other heart condition?	(02) NO
YRHRTCND	HFJ15	yes/no		(-8) Don't Know
			[NOTE TO FI: This includes problems with the valves of the heart, such as aortic stenosis, and problems with	(-9) Refused
			the rhythm of the heartbeat, such as atrial fibrillation.]	1 - 7 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	
			[you/he/she] had]	(01) VEC
				(01) YES
OCSTROKE	HFJ16	yes/no	a stroke, a brain hemorrhage, or a cerebrovascular accident?	(02) NO
				(-8) Don't Know
			[NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.]	(-9) Refused
		_	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ17 - YRSTROKE.	
	BOX HFJ9	routing	ELSE GO TO HFJ17A - OCCHOLES.	
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(01) YES
		,	a stroke, a brain hemorrhage, or a cerebrovascular accident?	(02) NO
YRSTROKE	HFJ17	yes/no		(-8) Don't Know
			[NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.]	(-9) Refused
			Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had high cholesterol?	(01) YES
		_	1. a.	(02) NO
OCCHOLES	HFJ17A	yes/no	[INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE	(-8) Don't Know
			RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.]	(-9) Refused
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	
			high cholesterol?	(01) YES
YRCHOLES	HFJ17B	yes/no		(02) NO
TRETIOLES	1113170	y C3/110	[INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE	(-8) Don't Know
			RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.]	(-9) Refused
			IF ROUND= FALL 2018 ROUND 82, GO TO HFJ45-BLOSWGHT.	
	BOX HFJ29	routing	ELSE IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) GO TO HFJ45-BLOSWGHT. IF	
	DOX 111 J2 9	Touting	P EVRLOSWGHT=0 THEN GO TO HFJ46-CLOSWGHT. ELSE GO TO HFJ18 - OCCSKIN.	
			P_EVALOSWAITI-0 THEN GO TO THIS40-CLOSWAITI. ELSE GO TO THIS18 - OCCSAIN.	(01) YES
			To lower risk for certain diseases, [have you/ has (SP)] ever been told by a doctor or health professional to	(02) NO
BLOSWGHT	HFJ45	yes/no	control weight or lose weight?	(-8) Don't Know
			Control weight of lose weight:	(-9) Refused
				(01) YES
			To lower risk for certain diseases, since (SAMPLE_PERSON.DATE_FALLRND) [have you/ has (SP)] been told by	
CLOSWGHT	HFJ46	yes/no	a doctor or health professional to control weight or lose weight?	(-8) Don't Know
			a doctor of fleath professional to control weight of lose weight:	(-9) Refused
			[I've recorded that [you/(SP)] previously reported having had skin cancer.]	(-9) Keruseu
				(01) YES
0.0001/11:			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(02) NO
OCCSKIN	HFJ18	yes/no	[you/he/she] had]	(-8) Don't Know
				(-9) Refused
			[a new occurrence of] skin cancer?	, ,
			IF SP IS IN THE SUPPLIVIENTAL SAMPLE ISAMBLE DEISON. INTTYPE=31. GO TO HELLS - YKCSKIN.	
	BOX HFJ10	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ19 - YRCSKIN. ELSE GO TO HFJ20 - OCCANCER.	
	BOX HFJ10	routing	ELSE GO TO HFJ20 - OCCANCER.	(01) YES
		-	ELSE GO TO HFJ20 - OCCANCER.	(01) YES (02) NO
YRCSKIN	BOX HFJ10	routing yes/no		(01) YES (02) NO (-8) Don't Know

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			[I've recorded that [you/(SP)] previously reported having had a tumor, growth, malignancy, or cancer of the	
			[READ RESPONSES BELOW].]	(04) VEC
				(01) YES (02) NO
OCCANCER	HFJ20	yes/no	[Since (LAST HF MONTH YEAR), has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(-8) Don't Know
			[you/he/she] had any [other] kind of cancer, malignancy, or tumor other than skin cancer?	(-9) Refused
				(3) Netuseu
			INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.	
	BOX HFJ11	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ21 - YRCANCER.	
			ELSE GO TO HFJ22 - OCCCODE.	(OA) VEC
			Since (LAST UF MONTH VEAD) did a dector or other health professional tell [vey/(SD)] that [vey/he/cha] had	(01) YES
YRCANCER	HFJ21	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had any kind of cancer, malignancy, or tumor other than skin cancer?	(02) NO (-8) Don't Know
			any kind of cancer, manghancy, of tumor other than skin cancer:	(-9) Refused
				(01) LUNG
				(02) COLON (BOWEL)
				(03) BREAST
				(04) UTERUS
				(05) PROSTATE
				(06) BLADDER
				(07) OVARY
				(08) STOMACH
				(09) CERVIX
				(10) BRAIN (11) KIDNEY
			SHOW CARD HF4	(11) KIDNET
				(16) BLOOD
			[Since the first time a doctor or other health professional told [you/(SP)] that [you/he/she] had a cancer,	(17) BONE
OCCCODE	HFJ22	code all	malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor other than	(18) ESOPHAGUS
			skin cancer found?	(19) GALL BLADDER
			[DDODE: Any other part]	(20) LARYNX (WINDPIPE)
			[PROBE: Any other part?] CHECK ALL THAT APPLY	(21) LEUKOCYTES (LEUKEMIA)
			CHECK ALL THAT APPLY	(22) LIVER
				(23) LYMPH NODES (LYMPHOMA)
				(24) MOUTH/TONGUE/LIP
				(25) PANCREAS
				(26) RECTUM
				(27) SOFT TISSUE/FAT (28) TESTIS
				(29) THYROID
				(91) OTHER
				(-8) Don't Know
				(-9) Refused
occos	HFJ22	verbatim text	Specify the part of parts of your body where the cancer or tumor was found.	(01) [Continuous answer.]
			IF SP HAS EVER REPORTED HAVING RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND	
	BOX HFJ13	routing	(sample_person.P_OCARTHRH=1), GO TO BOX HFJ13B.	
			ELSE GO TO HFJ24 - OCARTHRH.	(04))/50
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
OCARTHRH	HFJ24	yes/no	[you/he/she] had]	(02) NO (-8) Don't Know
			rheumatoid arthritis?	(-9) Refused
			meanatoia artiintis:	()) Heruseu

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			IF SP HAS EVER REPORTED HAVING OSTEOARTHRITIS IN A PREVIOUS ROUND	
	BOX HFJ13B	routing	(sample_person.P_OCOSARTH=1), GO TO BOX HFJ14.	
			ELSE GO TO HFJ24B-OCOSARTH.	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
OCOSARTH	HFJ24B	vos/no	[you/he/she] had]	(02) NO
OCOSAKTH	ПГЈ24Б	yes/no		(-8) Don't Know
			osteoarthritis?	(-9) Refused
			IF SP HAS EVER REPORTED HAVING ARTHRITIS OTHER THAN RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND	
	BOX HFJ14	routing	[sample_person.P_OCARTH=1], GO TO BOX HFJ16.	
			ELSE GO TO HFJ25 - OCARTH.	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	
			(you/he/she) had]	(01) YES
0040711				(02) NO
OCARTH	HFJ25	yes/no	arthritis, other than rheumatoid or osteoarthritis?	(-8) Don't Know
				(-9) Refused
			IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ26 - YRARTHRD.	
	BOX HFJ15	routing	ELSE GO TO BOX HFJ16A.	
				(01) YES
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(02) NO
YRARTHRD	HFJ26	yes/no	arthritis, other than rheumatoid or osteoarthritis, in any part of [your/his/her] body?	(-8) Don't Know
			, , , , , , , , , , , , , , , , , , ,	(-9) Refused
		_	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ28 - OCMENTAL.	
	BOX HFJ16	routing	ELSE GO TO BOX HFJ16A.	
			[Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had]	
			[1 100 0 100	(01) YES
			an intellectual disability?	(02) NO
OCMENTAL	HFJ28	yes/no		(-8) Don't Know
			[EXPLAIN IF NECESSARY:] This is also known as intellectual development disorder or a general learning	(-9) Refused
			disability. It was formerly known as mental retardation.	(5) Herasea
			IF SP HAS EVER REPORTED HAVING ALZHEIMER'S DISEASE IN A PREVIOUS ROUND	
	BOX HFJ16A	routing	(sample_person.P_OCALMER=1), GO TO BOX HFJ30.	
	BOXTHISTOR	Touting	ELSE GO TO HFJ29A - OCALZMER.	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
			[you/he/she] had]	(02) NO
OCALZMER	HFJ29A	yes/no	[, 5 %,5, 55]	(-8) Don't Know
			Alzheimer's disease?	(-9) Refused
			IF SP HAS EVER REPORTED HAVING DEMENTIA IN A PREVIOUS ROUND (sample person.P OCDEMENT=1), GO	
	BOX HFJ16B	routing	TO BOX HFJ30.	
	DOVINITOD	Todding	ELSE GO TO HFJ29B - OCDEMENT.	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
			[since (LAS) or MONTH YEAR) has/has a doctor or other health professional lever told (you/(SP)) that [you/he/she] had]	(01) YES (02) NO
OCDEMENT	HFJ29B	yes/no	[[you/ne/sne] nau]	(-8) Don't Know
			any type of demontic other than Alzheimer's disease?	(-9) Refused
			any type of dementia other than Alzheimer's disease? IF ROUND= FALL 2018 ROUND 82, GO TO HFJ47-BASKDEPRS.	(-3) Netuseu
	BOX HFJ30			
	DOV ULION		ELSE IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) GO TO HFJ47-BASKDEPRS. IF	
			P_EVRASKDEPRESS=0 THEN GO TO HFJ48-CASKDEPRS. ELSE GO TO HFJ30AA - OCDEPRSS.	(04) VEC
			Here a deater an other health professional arranged from (ICD)] (fit)	(01) YES
BASKDEPRS	HFJ47	yes/no	Has a doctor or other health professional ever asked [you/(SP)] if there was a period of time when	(02) NO
			[you/he/she] felt sad, empty, or depressed?	(-8) Don't Know
				(-9) Refused

Variable Name	g and Status (HFQ) MR Screen Name	Question type	Question text/description	Code list
				(01) YES
		,	Since (SAMPLE_PERSON.DATE_FALLRND), has a doctor or other health professional asked [you/(SP)] if there	(02) NO
CASKDEPRS	HFJ48	yes/no	was a period of time when [you/he/she] felt sad, empty, or depressed?	(-8) Don't Know
				(-9) Refused
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
OCDEDDCC	LIEIZOAA		[you/he/she] had]	(02) NO
OCDEPRSS	HFJ30AA	yes/no		(-8) Don't Know
			depression?	(-9) Refused
	BOX HFJ17A	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ30BB - YRDEPRSS.	
	DOX HFJ17A	routing	ELSE GO TO HFJ30A - OCPSYCHO.	
				(01) YES
YRDEPRSS	HFJ30BB	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(02) NO
INDEFNSS	11133000	ye3/110	depression?	(-8) Don't Know
				(-9) Refused
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	
			[you/he/she] had]	(01) YES
ОСРЅҮСНО	HFJ30A	yes/no		(02) NO
oci si ciio	1113507	703/110	a mental or psychiatric disorder other than depression?	(-8) Don't Know
				(-9) Refused
			[INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.]	
	BOX HFJ17B	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ31A - YRPSYCHO.	
			ELSE GO TO BOX HFJ19.	
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(01) YES
YRPSYCHO	HFJ31A	yes/no	a mental or psychiatric disorder other than depression?	(02) NO
		7 2 3 7 1 2		(-8) Don't Know
			[INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.]	(-9) Refused
			IF SP HAS EVER REPORTED HAVING OSTEOPOROSIS IN A PREVIOUS ROUND (sample_person.P_OCOSTEOP=1),	
	BOX HFJ19	routing	GO TO HFJ33 - OCBRKHIP.	
			ELSE GO TO HFJ32 - OCOSTEOP.	(04) VEC
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
OCOSTEOP	HFJ32	yes/no	[you/he/she] had]	(02) NO (-8) Don't Know
			acta anarasis, compatimas, called fragile or soft hange?	, ,
			osteoporosis, sometimes called fragile or soft bones? [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(-9) Refused
			[you/he/she] had]]	(01) YES
OCBRKHIP	HFJ33	yes/no	[you/ne/sne] nau]]	(02) NO
OCDINI	111333	y C3/110	a broken hip?	(-8) Don't Know
			a broken mp.	(-9) Refused
			IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ34 - YRBRKHIP.	
	BOX HFJ20	routing	ELSE GO TO BOX HFJ21.	
				(01) YES
		,	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(02) NO
YRBRKHIP	HFJ34	yes/no	a broken hip?	(-8) Don't Know
				(-9) Refused
			IF SP HAS EVER REPORTED HAVING PARKINSON'S DISEASE IN A PREVIOUS ROUND	
	BOX HFJ21	routing	(sample_person.P_OCPARKIN=1), GO TO BOX HFJ22.	
			ELSE GO TO HFJ35 - OCPARKIN.	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES
OCDARKINI	HFJ35	vos/no	[you/he/she] had]	(02) NO
OCPARKIN	IIFJOJ	yes/no		(-8) Don't Know
			Parkinson's disease?	(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			IF SP HAS EVER REPORTED HAVING EMPHYSEMA, ASTHMA OR COPD IN A PREVIOUS ROUND	
	BOX HFJ22	routing	(sample_person.P_OCEMPHYS=1), GO TO HFJ37 - OCPPARAL.	
			ELSE GO TO HFJ36 - OCEMPHYS.	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	
			[you/he/she] had]	(01) YES
0.051.451.17.0	115106			(02) NO
OCEMPHYS	HFJ36	yes/no	emphysema, asthma, or COPD?	(-8) Don't Know
				(-9) Refused
			COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
			IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, SELECT "YES" AND DO NOT ASK. OTHERWISE,	
			ASK:	(01) YES
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(02) NO
OCPPARAL	HFJ37	yes/no	[you/he/she] had]	(-8) Don't Know
			[yournershe] hading	(-9) Refused
			complete or partial paralysis?	(5) Neruseu
			IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3, GO TO HFJ38 - YRPPARAL.	
	BOX HFJ23	routing	ELSE GO TO BOX HFJ24.	
			ELSE GO TO BOXTH324.	(01) YES
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had	(02) NO
YRPPARAL	HFJ38	yes/no	complete or partial paralysis?	(-8) Don't Know
			complete of partial paralysis:	(-9) Refused
			IF SP HAS EVER REPORTED AN ABSENCE OR LOSS OF ARM OR LEG IN A PREVIOUS ROUND	(-3) Netuseu
	BOX HFJ24	routing	(sample_person.P_OCAMPUTE=1), GO TO BOX HFJ25.	
	DOX 111 J24	Touting	ELSE GO TO HFJ39 - OCAMPUTE.	
			ELSE GO TO TITISS - OCAIWIF OTE.	(01) YES
			IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK:	(02) NO
OCAMPUTE	HFJ39	yes/no		(-8) Don't Know
			What about absence or loss of an arm or a leg?	(-9) Refused
			IF SP IS FEMALE (ROSTSEX=2 or (roster.ROSTSEX=2 where ROSTNUM=1)), GO TO HFJ41A - OCBETES.	(-3) heruseu
	BOX HFJ25	routing	ELSE GO TO HFJ40 - HAVEPROS.	
			ELSE GO TO NEJ40 - NAVEPROS.	
			[[Before (you/[SP]) had prostate surgery, did a doctor or other health professional ever tell/Since (LAST HF	(01) YES
LIAV/EDDOC	115140		MONTH YEAR), has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he] had]	(02) NO
HAVEPROS	HFJ40	yes/no		(-8) Don't Know
			an enlarged prostate or benign prostatic hypertrophy (BPH)?	(-9) Refused
			IF CD IC IN THE CHIRDLAGENTAL CAMADLE /compale regrees INTTVDE 2, CO TO HEIM VIDDOCT	
	BOX HFJ26	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3, GO TO HFJ41 - YRPROST.	
			ELSE GO TO HFJ41A - OCBETES.	(04) VEC
			Cines (LACT HE MONTH VEAD) did a destan an athank a life as for the destant a MCDN day for the	(01) YES
YRPROST	HFJ41	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he] had an	(02) NO
			enlarged prostate or benign prostatic hypertrophy (BPH)?	(-8) Don't Know
				(-9) Refused
			Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had any type of diabetes,	(01) YES
			including:	(02) NO
OCBETES	HFJ41A	yes/no		(-8) Don't Know
			sugar diabetes, high blood sugar, (borderline diabetes, pre-diabetes, or pregnancy-related	(-9) Refused
			diabetes/borderline diabetes, or pre-diabetes)?	,

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			SHOW CARD HF5	
			Looking at this card, please tell me which type of diabetes the doctor or other health professional said that [you have/(SP) has].	(01) TYPE 1 (02) TYPE 2 (03) BORDERLINE
OCDTYPE	HFJ41B	code 1	[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.]	(04) PRE-DIABETES (05) GESTATIONAL (PREGNANCY-RELATED) (91) SOME OTHER TYPE
			[EXPLAIN IF NECESSARY: "Type 1" was formerly called "insulin dependent" or "juvenile-onset" diabetes. This	1, ,
			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.]	(-9) Refused
			SOME OTHER TYPE (SPECIFY)	
OCDTYPOS	HFJ41B	verbatim text	[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.]
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
	BOX HFJ27	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE AND SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS UNDER 65 (sample_person.INTTYPE=3 and sample_person.AGECUREL<65 and greater than 0) 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 HFPINTRO - HLTHCAREINTRO.	
			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?	
EMCOND	HFJ42	yes/no	[LIST ALL CONDITIONS WHERE "YES" ANSWER RECORDED AT HFJ1 THROUGH HFJ41C]	(01) YES (02) NO (-8) Don't Know
			[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).]	(-9) Refused
EMCAUSEVB	HFJ43	verbatim text	What was the original cause of [your/(SP's)] becoming eligible for Medicare? RECORD VERBATIM.	(01) [Continuous answer.]
	BOX HFJ28	routing	IF SP RESPONDED "YES" TO ONLY ONE HFJ CONDITION, GO TO HFPINTRO - HLTHCAREINTRO. ELSE GO TO HFJ44 - EMCODE.	

(II) ARTERIES NADDENING	Variable Name	MR Screen Name	Question type	Question text/description	Code list
HILTHCAREINTRO 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]. BOX HFP1A TOUTING BOX HFP1A TOUTING 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. I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/she has/he has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. HFP1 BOX HFP2 TOUTING HFP1 I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/she has/he has/he has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. HFP1 HFP1 BOX HFP2 TOUTING FOR THE SP IS FEMALE (ROSTSEX=2) 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? DID [you/(SP)] have diabetes only during a pregnancy? DID [you/(SP)] have diabetes only during a pregnancy? Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do (01) YES)				Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?]	(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 (26) OSTEOARTHRITIS (13) OTHER ARTHRITIS (14) INTELLECTUAL DISABILITY (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
HETHCAREINTRO HEPINTRO 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]. Fig. (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. I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/she has/he has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. (-7) Empty (-8) Don't Know (-9) Refused HFP1	EMOS	HFJ44	verbatim text	OTHER (SPECIFY)	
BOX HFP1A routing 4/PreDiabetes, 91/Other, DK, or RFJ, GO TO HFP1 - DIAAGE. ELSE GO TO HFP21 - DIAEVERT. I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/she has/he has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. HFP1 BOX HFP2 BOX HFP2 TOUTING BOX HFP1 TOUTING BOX	HLTHCAREINTRO	HFPINTRO	no entry		(01) CONTINUE
I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/she has/he has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. (-7) Empty (-8) Don't Know (-9) Refused (-9) Re		BOX HFP1A	routing	4/PreDiabetes, 91/Other, DK, or RF), GO TO HFP1 - DIAAGE.	
BOX HFP2 routing IF THE SP IS FEMALE (ROSTSEX=2) AND (HFP1 – DIAAGE is >= 12 and is <= 45) OR (HFP1 – DIAAGE = DK OR RF), GO TO HFP2 - DIAPRGNT. ELSE GO TO HFP4 - DIAINSUL. (01) YES (02) NO (-8) Did [you/(SP)] have diabetes only during a pregnancy? (-8) Don't Know (-9) Refused Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do (01) YES	DIAAGE	HFP1	numeric	I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/she has/he has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes].	(-7) Empty (-8) Don't Know
DIAPRGNT HFP2 yes/no Did [you/(SP)] have diabetes only during a pregnancy? Did [you/(SP)] have diabetes only during a pregnancy? (02) NO (-8) Don't Know (-9) Refused Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do (01) YES		BOX HFP2	routing	IF THE SP IS FEMALE (ROSTSEX=2) AND (HFP1 – DIAAGE is >= 12 and is <= 45) OR (HFP1 – DIAAGE = DK OR RF), GO TO HFP2 - DIAPRGNT.	
	DIAPRGNT	HFP2	yes/no	Did [you/(SP)] have diabetes only during a pregnancy?	(02) NO (-8) Don't Know
DIAINSUL HFP4 list you/Does (SP)] (02) NO (-8) Don't Know take insulin?	DIAINSUL	HFP4	list	you/Does (SP)]	(02) NO (-8) Don't Know

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do	(01) YES
			you/Does (SP)]	(02) NO
DIAMEDS HFP4	HFP4	list		(-8) Don't Know
			take prescription diabetes pills or oral diabetes medicine?	(-9) Refused
			Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do	
			you/Does (SP)]	(02) NO
IATEST	HFP4	list	you, boes (5.)]	(-8) Don't Know
			test [your/his/her] blood for sugar or glucose?	(-9) Refused
			Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do	
			you/Does (SP)]	(02) NO
IASORES	HFP4	list	you/ boes (3r)]	(-8) Don't Know
			shock for saves or irritations on [vour/his/hor] foot?	1, ,
			check for sores or irritations on [your/his/her] feet?	(-9) Refused
			Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do	
IAPRESS	HFP4	list	you/Does (SP)]	(02) NO
				(-8) Don't Know
			measure [your/his/her] blood pressure at home?	(-9) Refused
			Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do	
IAASPRN	HFP4	list	you/Does (SP)]	(02) NO
				(-8) Don't Know
			take aspirin regularly for [your/his/her] diabetes?	(-9) Refused
			IF HFP4 - DIAINSUL = 1/Yes, GO TO HFP5 - INSUTAKE.	
			ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE.	
	BOX HFP3	routing	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.	
				(01) NUMBER OF TIMES PER DAY
				(02) NUMBER OF TIMES PER WEEK
ISUTAKE	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(03) USE INSULIN PUMP
				(-8) Don't Know
				(-9) Refused
ISUDAY	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) [Continuous answer.]
ISUWEEK	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) [Continuous answer.]
	_	1,1111111111111111111111111111111111111	IF HFP4 – DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE.	
			ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE.	
	BOX HFP4	routing	ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK.	
			ELSE GO TO HFP10 - DIATENYR.	
			ELSE GO TO TILL TO " DIATEINTIA.	(01) NUMBER OF TIMES PER DAY
				(02) NUMBER OF TIMES PER DAY
MEDCTARE	HEDE	auantitu unit	How often [do you/does (CD)] take proceeding dishetes will are and dishetes medicine?	` '
IEDSTAKE	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(03) NUMBER OF TIMES PER MONTH
				(-8) Don't Know
				(-9) Refused
IEDDAY	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]
IEDWEEK	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]
IEDMONTH	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]
			IF HFP4 – DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE.	
	BOX HFP5	routing	ELSE IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK.	
			ELSE GO TO HFP10 - DIATENYR.	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose?	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH
TESTTAKE	HFP7	quantity unit	[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.]	(04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused
			How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose?	
TESTDAY	HFP7	quantity unit	[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.]
			How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose?	
TESTWEEK	HFP7	quantity unit	[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.]
			How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose?	
TESTMNTH	HFP7	quantity unit	[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.]
			How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose?	
TESTYEAR	HFP7	quantity unit	[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.]
	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	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR
			they are checked by a health professional.] How often [do you/does (SP)] check [your/his/her] feet for sores or irritations?	(-8) Don't Know (-9) Refused
SOREDAY	HFP8	quantity unit	[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.] How often [do you/does (SP)] check [your/his/her] feet for sores or irritations?	(01) [Continuous answer.]
SOREWEEK	HFP8	quantity unit	[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.]
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	(01) [Continuous answer.]
			they are checked by a health professional.]	
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.]
DIATENYR	HFP10	yes/no	In the past year has a doctor or other health professional examined [your/his/her] feet for sores or irritations'	(01) YES (02) NO (-8) Don't Know

Variable Name	MR Screen Name	Question type	Question text/description	Code list
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
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"?	(-9) Refused (01) [Continuous answer.] (-8) Don't Know (-9) Refused
DIACTRLD	HFP14	code 1	SHOW CARD HF6 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
DIAHYPO	HFP14A1	yes/no	In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction?	(-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused
DIAHYPTR	HFP14A2	code 1	Please think about the most serious episode of hypoglycemia that [you have/(SP) has] experienced in the passyear. [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
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
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
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 or other health professional 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 or other health professional 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
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 or other health professional 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 or other health professional that [you/he/she] had Poor circulation or blood flow in the feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever	
			been told by a doctor or other health professional that [you/he/she] had any of the following problems with	(2.)
			[your/his/her] feet as a result of [your/his/her] diabetes.]	(01) YES
IAULCER	HFP14B	list		(02) NO
W COLOLIN	111111111111111111111111111111111111111	1130	[Have you/Has (SP)] ever been told by a doctor or other health professional that [you/he/she] had	(-8) Don't Know
			[Have you/Has (51/)] ever been told by a doctor of other health professional that [you/he/she] had	(-9) Refused
			Foot ulcers?	
			[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever	
			been told by a doctor or other health professional that [you/he/she] had any of the following problems with	
			[your/his/her] feet as a result of [your/his/her] diabetes.]	(01) YES
IASKINC	HFP14B	list	[your/ms/net] feet as a result of [your/ms/net] diabetes.]	(02) NO
IASKINC	ПГР14Б	list		(-8) Don't Know
			[Have you/Has (SP)] ever been told by a doctor or other health professional that [you/he/she] had	(-9) Refused
			Calluses, infections, or other skin changes affecting the feet?	
			Candses, infections, or other skill changes affecting the feet:	(01) YES
				(02) NO
NAEYPRB	HFP15	yes/no	[Do you/Does (SP)] have any problems with [your/his/her] eyes as a result of [your/his/her] diabetes?	(-8) Don't Know
				(-9) Refused
				(01) YES
		A1 yes/no	[Have you/Has (SP)] ever had any problems with [your/his/her] kidneys as a result of [your/his/her] diabetes?	(02) NO
IAKDPEV	HFP16A1		[EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]	(-8) Don't Know
				(-9) Refused
		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
IAKDPRB	HFP16			(-8) Don't Know
				(-9) Refused
			[Have you/Has (SP)] ever been told by a doctor or other health professional that [you have/she has/he has] chronic kidney disease?	(01) YES
				(02) NO
IAKIDNY	HFP16A	yes/no		(-8) Don't Know
				(-9) Refused
				(01) YES
			[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?	(02) NO
IAMNGE	HFP17	yes/no		(-8) Don't Know
				1
				(-9) Refused (01) LESS THAN 1 YEAR AGO
			NAVL and the second discount time that from MCDN continues and in a disclosure of the second and	
			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?	(03) 2 YEARS TO LESS THAN 3 YEARS AGO
IATRAIN	HFP18	anda 1	received special training off flow (you/fle/sfie) can mariage (your/flis/fler) diabetes:	(04) 3 YEARS TO LESS THAN 5 YEARS AGO
IATRAIN	ULL 19	code 1	[IF THE RESPONDENT HAS GONE TO MORE THAN ONE COURSE OR TRAINING, PROBE FOR THE MOST RECENT	, ,
			,	(05) 5 OR MORE YEARS AGO
			TIME.]	(-8) Don't Know
			IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP19 - DIAKNOW.	(-9) Refused
	BOX HFP7	routing	ELSE GO TO BOX HFR1.	
				(01) just about everything you need to know,
				(02) most of what you need to know,
				(03) some of what you need to know,
			SHOW CARD HF7	(04) a little of what you need to know, or
IAKNOW	HFP19	code 1		(05) almost none of what you need to know about
			How much do you think you know about managing your diabetes? Do you know	managing your diabetes?
				(-8) Don't Know
				(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) YES
DIACHESC	LIEDAG		Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-	(02) NO
DIASUPPS	HFP20	yes/no	management education for people with diabetes?	(-8) Don't Know
			(-9) Refused	
			[I have recorded that [you have/(SP) has] never been told by a doctor or other health professional that [you	(01) YES
DIAEVEDT	115024		have/she has/he has] diabetes.]	(02) NO
DIAEVERT	HFP21	yes/no		(-8) Don't Know
			[Have you/Has (SP)] ever had a blood test to see if [you have/she has/he has] diabetes?	(-9) Refused
				(01) LESS THAN 1 YEAR AGO
				(02) 1 YEAR TO LESS THAN 2 YEARS AGO
				(03) 2 YEARS TO LESS THAN 3 YEARS AGO
DIARECNT	HFP22	code 1	When was the most recent time [you were/(SP) was] tested for diabetes?	(04) 3 YEARS TO LESS THAN 5 YEARS AGO
				(05) 5 OR MORE YEARS AGO
				(-8) Don't Know
				(-9) Refused
	DOV 1:770		IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP23 - DIAAWARE.	
	BOX HFP8	routing	ELSE GO TO HFP24 - DIARISK.	
				(01) YES
		,		(02) NO
DIAAWARE	HFP23	yes/no	Before today, were you aware that there is a blood test to determine if a person has diabetes?	(-8) Don't Know
				(-9) Refused
		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
DIARISK	HFP24			(-8) Don't Know
				(-9) Refused
				(01) YES
		yes/no	In the past year, [have you/has (SP)] received any information about the signs, symptoms, or risk factors for diabetes?	(02) NO
DIASIGNS	HFP25			
				(-8) Don't Know
			IF (CD LIAC EVED LIFADD ADOLIT COLODECTAL OD COLON CANCED IC LINKNOWN D. COLLIFAD.) AND (CD LIAC	(-9) Refused
			IF (SP HAS EVER HEARD ABOUT COLORECTAL OR COLON CANCER IS UNKNOWN P_COLHEAR=.) AND (SP HAS	
	BOX HFR1	routing	NOT REPORTED HAVING COLON, RECTAL OR BOWEL CANCER IN THE CURRENT ROUND OR IN A PREVIOUS	
			ROUND (OCCCODE not in 02 and P_OCCCOLON^=1), GO TO HFR1 - COLHEAR.	
			ELSE GO TO BOX HFS1.	(01) VEC
			Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines.	(01) YES
COLHEAR	HFR1	yes/no		(02) NO
			Before today, had you ever heard of colorectal or colon cancer?	(-8) Don't Know
				(-9) Refused
			The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood	(04) VEC
			found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at	
COLHTEST	HFR3	yes/no	the patient's home. The test is then sent to a laboratory for the results to be determined.	(02) NO
				(-8) Don't Know
			Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the	(-9) Refused
			stool?	(0.4) \(\sigma \)
				(01) YES
COLHKIT	HFR4	yes/no	Have you ever heard of this home testing kit?	(02) NO
		, , -	That's you ever ficula of this home testing kit:	(-8) Don't Know
				(-9) Refused
				(01) YES
COLFDOC	HFR4A	yes/no	Has a doctor or other health professional ever performed a fecal occult blood test to test for blood in the	(02) NO
COLFDOC HFR4A	1111177	y C 3/ 110	stool while [you/(SP)] [were/was] at the doctor's office?	(-8) Don't Know
			(-9) Refused	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) YES
		,		(02) NO
COLCARD	HFR5	yes/no	Did [you/(SP)] complete the samples and return them for [your/his/her] most recent test?	(-8) Don't Know
			(-9) Refused	
				(01) LESS THAN 1 YEAR AGO
				(02) 1 YEAR TO LESS THAN 2 YEARS AGO
				(03) 2 YEARS TO LESS THAN 3 YEARS AGO
COLDECNIT	LICDZ	anda 1	When did [yeu/(CD)] have [yeur/his/her] most recent blood steel test (using a home testing kit)?	(04) 3 YEARS TO LESS THAN 5 YEARS AGO
COLRECNT	HFR7	code 1	When did [you/(SP)] have [your/his/her] most recent blood stool test (using a home testing kit)?	1, ,
				(05) 5 OR MORE YEARS AGO
				(-8) Don't Know
				(-9) Refused
			Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible	(01) YES
COLSCOPY	HFR8	yes/no	lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy.	(02) NO
COLSCOPT	ПГКО	yes/110		(-8) Don't Know
			[Have you/Has (SP)] ever had this exam?	(-9) Refused
				(01) LESS THAN 1 YEAR AGO
				(02) 1 YEAR TO LESS THAN 2 YEARS AGO
				(03) 2 YEARS TO LESS THAN 3 YEARS AGO
WHENSCOP	HFR9	code 1	When did [you/(SP)] have [your/his/her] most recent sigmoidoscopy or colonoscopy?	(04) 3 YEARS TO LESS THAN 5 YEARS AGO
		code 1	when and types (3) if have types in the types is the type in the type is the type in the type is the t	(05) 5 OR MORE YEARS AGO
				(-8) Don't Know
				1
				(-9) Refused
		yes/no	Before today, had you ever heard of a sigmoidoscopy or colonoscopy?	(01) YES
HEARSCOP	HFR10			(02) NO
				(-8) Don't Know
				(-9) Refused
	BOX HFR2	routing	IF HFR3 - COLHTEST = 1/Yes or HFR4 - COLHKIT = 1/Yes, GO TO HFR13 - COLSCRNS.	
			ELSE GO TO BOX HFS1.	
				(01) YES
COLDRREC	HFR11	yes/no	Has a doctor or other health professional ever recommended that [you/(SP)] have this test?	(02) NO
COLDINICE	TH NII	, es,e		(-8) Don't Know
				(-9) Refused
				(01) YES
COLSCRNS	HFR13	vas/na	Before today, did you know that Medicare now pays the cost of screening tests for colorectal cancer?	(02) NO
COLSCRINS	пьктэ	yes/no	before today, did you know that inedicare now pays the cost of screening tests for colorectal cancer?	(-8) Don't Know
				(-9) Refused
			IF SP HAS EVER REPORTED HAVING OSTEPOPORIS IN THE CURRENT ROUND OR IN A PREVIOUS ROUND	
	BOX HFS1	routing	(OCOSTEOP=1 or sample_person.P_OCOSTEOP-=1 GO TO HFS3 - OSTTEST.	
			ELSE GO TO HFSINTRO - OSTINTRO.	
			Now I'd like to talk about a disease called osteoporosis, which can be treated if found early. In osteoporosis,	(01) CONTINUE
OSTINTRO	HFSINTRO	no entry	the bones lose their calcium and become fragile and more easily broken.	(-7) Empty
				(01) YES
				(02) NO
OSTEVERT	HFS1	yes/no	[Have you/Has (SP)] ever talked with [your/his/her] doctor or other health professional about osteoporosis?	(-8) Don't Know
				(-9) Refused
			Hos a doctor or other health professional ever told (very/ICDN) that (very are /he is /she is) at high risk for	(01) YES
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	(02) NO
		, .	osteoporosis?	(-8) Don't Know
				(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) YES
OCTEDACT	LIECAA	voc/no	Have [you/(SP)] ever experienced a fracture that [your/his/her] doctor or other health professional told	(02) NO
OSTFRACT	HFS2A	yes/no	[you/him/her] was related to osteoporosis?	(-8) Don't Know
				(-9) Refused
			There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density	(01) YES
OSTTEST	HFS3	vos/no	Measurement, or DEXA scan.	(02) NO
USTTEST	пгээ	yes/no		(-8) Don't Know
			[Have you/Has (SP)] ever had a Bone Mass or Bone Density Measurement test?	(-9) Refused
				(01) YES
OSTHEAR	HFS4	voc/no	Before today, had you ever heard of this test?	(02) NO
USTREAK	пгэ4	yes/no	Before today, flad you ever fleard of this test?	(-8) Don't Know
				(-9) Refused
				(01) LESS THAN 1 YEAR AGO
				(02) 1 YEAR TO LESS THAN 2 YEARS AGO
				(03) 2 YEARS TO LESS THAN 3 YEARS AGO
OSTRECNT	HFS5	code 1	When was the most recent time that [you/(SP)] had a Bone Mass or Bone Density Measurement test?	(04) 3 YEARS TO LESS THAN 5 YEARS AGO
				(05) 5 OR MORE YEARS AGO
				(-8) Don't Know
				(-9) Refused
				(01) YES
OCTNANCC	LIECC	voc/no	Before today, did you know that Medicare would pay for Bone Mass or Bone Density Measurement tests for	(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 (01) YES (02) NO
OSTMASS	HFS6	yes/no	Medicare beneficiaries who are at risk for osteoporosis?	(-8) Don't Know
				(-9) Refused
			Next, we are going to ask some questions about [your/(SP's)] health care needs during the past year.	(01) YES
LICTROURI	1154630	voc/no		(02) NO
HCTROUBL	HFAC29	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] had any trouble getting health care that [you/he/she]	(-8) Don't Know
			wanted or needed?	(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
	g and Status (HFQ) MR Screen Name HFAC30A	Question type code all	Why was that? [PROBE: Any other reason?]	(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
			CHECK ALL THAT APPLY.	(10) NOT ELIGIBLE FOR POBLIC 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
HCTOTHOS	HFAC30A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]
	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
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

Variable Name	MR Screen Name	Question type	Question text/description	Code list
CGETOTOS	CGETOTOS	verbatim text	Please specify the other reason.	(01) [Continuous answer.]
			IF RESPONSE TO HFAC30C - CGETCODE INCLUDES 4/DocNotAcceptNewMedicare OR 7/DocNotAcceptMCAR,	
	BOX HFF7	routing	GO TO HFAC30D - OFFEXPLN.	
			ELSE GO TO HFAC31 - HCDELAY.	
				(01) YES
OFFEVELN	UEA 630D		Did the doctor's office explain why [it is difficult for Medicare patients to get an appointment/Medicare is not	(02) NO
OFFEXPLN	HFAC30D	yes/no	accepted] at that practice?	(-8) Don't Know
				(-9) Refused
OFFEXVB	HFAC30E	verbatim text	What was that explanation? RECORD VERBATIM.	(01) [Continuous answer.]
				(01) YES
		,	Since (LAST HF MONTH YEAR), [have you/has (SP)] delayed seeking medical care because (you were/he	(02) NO
HCDELAY	HFAC31	yes/no	was/she was) worried about the cost?	(-8) Don't Know
				(-9) Refused
				(01) YES
			Since (LAST HF MONTH YEAR) [have you/has (SP)] had problems paying or were unable to pay any medical	(02) NO
PAYPROB	HFAC32A	yes/no	bills?	(-8) Don't Know
				(-9) Refused
				(01) YES
		yes/no	Because of problems paying medical bills since (LAST HF MONTH YEAR), [have you/has (SP)] been contacted by a collection agency?	(02) NO
COLLAGNCY	HFAC32			(-8) Don't Know
				(-9) Refused
			[Do you /Does (SP)] currently have any medical bills that are being paid off over time?	(01) YES
PAYOVRTM	HFAC32B	yes/no		(02) NO
				(-8) Don't Know
				(-9) Refused
LADUATRO	LIEUMEDO		Health problems can include physical, mental, emotional, or memory problems. I'd now like to ask you about	(01) CONTINUE
IADLINTRO	HFKINTRO	no entry	how health problems may affect [your/(SP)'s] ability to perform some other everyday activities. I'd like to	(-7) Empty
			know whether [you have/(SP) has] any difficulty doing each activity by [yourself/himself/herself].	
				(01) YES
			Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty	(02) NO
PRBTELE	HFKA1	code 1		(03) DOESN'T DO
			using the telephone?	(-8) Don't Know
				(-9) Refused
			[You said that using the telephone is something that [you don't/(SP) doesn't] do.]	(01) YES
DONTTELE	HFKA2	yes/no	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(02) NO
		, 55,	Is this because of a physical, mental, emotional, or memory problem?	(-8) Don't Know
			The second of a projection, memory production	(-9) Refused
				(01) YES
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO
PRBLHWK	HFKB1	code 1		(03) DOESN'T DO
			doing light housework (like washing dishes, straightening up, or light cleaning)?	(-8) Don't Know
				(-9) Refused
			[You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something	(01) YES
DONTI HVVV	ПЕКВЭ	vos/no	that [you don't/(SP) doesn't] do.]	(02) NO
DONTLHWK	HFKB2	yes/no		(-8) Don't Know
		Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) YES
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO
RBHHWK	HFKC1	code 1		(03) DOESN'T DO
			doing heavy housework (like scrubbing floors or washing windows)?	(-8) Don't Know
			doing nearly neasement (time services of trushing trindens).	(-9) Refused
			[You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you	(01) YES
ONTHHWK	HFKC2	yes/no	don't/(SP) doesn't] do.]	(02) NO
				(-8) Don't Know
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused
				(01) YES
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO
RBMEAL	HFKD1	code 1		(03) DOESN'T DO
			preparing [your/his/her] own meals?	(-8) Don't Know
				(-9) Refused
				(01) YES
			[You said that preparing [your/his/her] own meals is something that [you don't/(SP) doesn't] do.]	(02) NO
ONTMEAL	HFKD2	yes/no		(-8) Don't Know
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused
				(01) YES
		code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	
200100	1151/54			(02) NO
RBSHOP	HFKE1			(03) DOESN'T DO
			shopping for personal items (such as toilet items or medicines)?	(-8) Don't Know
				(-9) Refused
	HFKE2	yes/no	[You said that shopping for personal items (such as toilet items or medicines) is something that [you	(01) YES
ONTSHOP			don't/(SP) doesn't] do.]	(02) NO
ONTSHOP				(-8) Don't Know
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused
				(01) YES
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO
RBBILS	HFKF1	code 1		(03) DOESN'T DO
NDDIES	1111111	couc i	managing money (like keeping track of expenses or paying bills)?	(-8) Don't Know
			managing money (like keeping track of expenses of paying bins):	(-9) Refused
			[You said that managing money (like keeping track of expenses or paying bills) is something that [you	(01) YES
ONTBILS	HFKF2	yes/no	don't/(SP) doesn't] do.]	(02) NO
				(-8) Don't Know
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused
	BOX HFKA1	routing	IF HFKA1 - PRBTELE = 1/Yes OR HFKA2 – DONTTELE = 1/Yes, GO TO HFKA3 - HELPTELE.	
			ELSE GO TO BOX HFKB1.	
			[[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].]]	(01) YES
EL DTELE	LIEKAO			(02) NO
ELPTELE	HFKA3	yes/no	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know
				(-9) Refused
			using the telephone?	(- ,
ERSON_HLPRTEL			You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help?	
LNJON_HEFNIEL	HFKA4	roster	ENTER ALL HELPERS.	(01) [Continuous answer.]
	BOX HFKB1	routing	IF HFKB1 - PRBLHWK = 1/Yes or HFKB2 - DONTLHWK = 1/Yes, GO TO HFKB3 - HELPLHWK.	
			ELSE GO TO BOX HFKC1.	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			[[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	(01) VEC
			cleaning) is something that [you don't do/(SP) doesn't do].]]	(01) YES
IELPLHWK	HFKB3	yes/no		(02) NO
			[Do you/Does (SP)] receive help from another person with	(-8) Don't Know
				(-9) Refused
			doing light housework (like washing dishes, straightening up, or light cleaning)?	
PERSON_HLPRLH	LIEVOA		You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes,	(04) [0
VK	HFKB4	roster	straightening up, or light cleaning). Who gives that help?	(01) [Continuous answer.]
	DOV 1151/04		IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - DONTHHWK = 1/Yes, GO TO HFKC3 - HELPHHWK.	
	BOX HFKC1	routing	ELSE GO TO BOX HFKD1	
			[[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].]]	(01) YES
IELPHHWK	HFKC3	yes/no		(02) NO
		,,	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know
				(-9) Refused
			doing heavy housework (like scrubbing floors or washing windows)?	
			You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or	
PERSON_HLPRHH	HFKC4	roster	washing windows). Who gives that help?	(01) [Continuous answer.]
VK			ENTER ALL HELPERS.	
			IF HFKD1 – PRBMEAL = 1/Yes or HFKD2 – DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL.	
	BOX HFKD1	routing	ELSE GO TO BOX HFKE1.	
			[[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].]]	(01) YES
			property of the contract of th	(02) NO
HELPMEAL	HFKD3	yes/no	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know
				(-9) Refused
			preparing [your/his/her] own meals?	
			You mentioned that [you receive/(SP) receives] help with preparing [your/his/her] own meals. Who gives	
PERSON_HLPRME	HFKD4	roster	that help?	(01) [Continuous answer.]
L			ENTER ALL HELPERS.	
			IF HFKE1 – PRBSHOP = 1/Yes or HFKE2 – DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP.	
	BOX HFKE1	routing	ELSE GO TO BOX HFKF1.	
			[[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].]]	(01) YES
HELPSHOP	HFKE3	yes/no	uon e uo, (en) uoosin e uo [11]	(02) NO
		7 0070	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know
			[20 You/ 2003 (St /] receive help from unother person within	(-9) Refused
			shopping for personal items (such as toilet items or medicines)?	
			You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or	
PERSON_HLPRSHC	HFKF4	roster	medicines). Who gives that help?	(01) [Continuous answer.]
1	THE I	.03(6)	ENTER ALL HELPERS.	(01) [Continuous answern]
			IF HFKF1- PRBBILS = 1/Yes or HFKF2 – DONTBILS = 1/Yes, GO TO HFKF3 - HELPBILS.	
	BOX HFKF1			

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			[[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].]]	(01) YES
HELPBILS	HFKF3	yes/no		(02) NO
		, ,	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know (-9) Refused (01) [Continuous answer.] (01) CONTINUE (-7) Empty (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused
				(-9) Refused
			managing money (like keeping track of expenses or paying bills)?	
			You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or	
PERSON_HLPRBILS	S HFKF4	roster	paying bills). Who gives that help?	(01) [Continuous answer.]
_			ENTER ALL HELPERS.	
			Remembering that health problems can include physical, mental, emotional, or memory problems, I'd now	
A D.I. CINITRO	LIELINITOO		like to ask you about how health problems may affect [your/(SP)'s] ability to perform some other everyday	(01) CONTINUE
ADLSINTRO	HFLINTRO	no entry	activities. I'd like to know whether [you have/(SP) has] any difficulty doing each activity by	(-7) Empty
			[yourself/himself/herself] and without special equipment.	
				(01) YES
			Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty	(02) NO
HPPDBATH	HFLA1	code 1		(03) DOESN'T DO
			bathing or showering?	(-8) Don't Know
				(-9) Refused
			[Very solid that hathing or showeving is consething that [very dowlt/CD] document do]	(01) YES
DONTRATU	1151.43		[You said that bathing or showering is something that [you don't/(SP) doesn't] do.]	(02) NO
DONTBATH	HFLA2	yes/no		` '
			Is this because of a physical, mental, emotional, or memory problem?	
				(01) YES
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO
HPPDDRES	HFLB1	code 1		(03) DOESN'T DO
			dressing?	
				(01) YES
D ON TO DEC			[You said that dressing is something that [you don't/(SP) doesn't] do.]	
DONTDRES	HFLB2	yes/no		
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO
HPPDEAT	HFLC1	code 1		(03) DOESN'T DO
			eating?	(-8) Don't Know
				(-9) Refused
			[Vou said that eating is compathing that [vou don't //SD) doesn't] do]	(01) YES
DONTE AT	HEI C2	voc/no	[You said that eating is something that [you don't/(SP) doesn't] do.]	(02) NO
DONTEAT	HFLC2	yes/no	le this hospuse of a physical mental emotional or memory problem?	(-8) Don't Know
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused
				(01) YES
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO
HPPDCHAR	HFLD1	code 1		(03) DOESN'T DO
			getting in or out of bed or chairs?	(-8) Don't Know
				(-9) Refused
			[Vou said that gotting in or out of had as shairs is something that [vou dan't //CD) dasset] da]	(01) YES
DONTCHAR	HELD3	,,,,,,	[You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.]	(02) NO
DONTCHAR	HFLD2	yes/no	le this hospuse of a physical mental emotional or memory problem?	(-8) Don't Know
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
				(01) YES
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	
HPPDWALK	HFLE1	code 1	[20000000000000000000000000000000000000	
5	221	00001	walking?	
			, va	
			[You said that walking is something that [you don't/(SP) doesn't] do.]	
DONTWALK	HFLE2	code 1		ļ. ,
			Is this because of a physical, mental, emotional, or memory problem?	
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	
HPPDTOIL	HFLF1	code 1		
			using the toilet, including getting up and down?	
				(-9) Refused
			[You said that using the toilet is something that [you don't/(SP) doesn't] do.]	(01) YES
DONTTOIL	HFLF2	vos/no	[100 said that using the tollet is something that [you don t/(3r) doesn't] do.]	(02) NO
DONTTOIL	ПГЦГД	yes/no	Is this because of a physical proposal constituted by many proposal and	(-8) Don't Know
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused
	20//1151.44		IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH.	
	BOX HFLA1	routing	ELSE GO TO BOX HFLB1.	
			[[You said [your/(SP's)] health makes bathing or showering difficult./You said that bathing or showering is	(01) YES
			something [you don't/(SP) doesn't] do.]]	
HELPBATH	HFLA3	yes/no		(02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused
			[Do you/Does (SP)] receive help from another person with bathing or showering?	
			[20 Your 2003 (31)] receive help from another person with butting or showering:	
			Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering?	
PCHKBATH	HFLA4	yes/no		(-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know
			[That is, does someone usually stay or come into the room to check on [you/him/her]?]	
EQIPBATH	HFLA5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with bathing or showering?	(-9) Refused (01) YES (02) NO
		7-27		, ,
				(-9) Refused
	BOX HFLA2	routing	IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH.	
	567(1112/12	Touching .	ELSE GO TO BOX HFLB1.	
				(01) less than three months
LONGBATH	HFLA6	code 1	How long [have you/has (SP)] needed help with bathing or showering? Has it been	
LONGBATTI	III LAO	code 1	Thow long [have you/has (5F)] heeded help with bathing of showering: has it been	
				(-s) Keluseu
				(01) YES
CTU DATU	1151.47			(02) NO
STILBATH	HFLA7	yes/no	Do you expect that [you/(SP)] will still need help with bathing or showering three months from now?	1
			IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES.	
	BOX HFLB1	routing	ELSE GO TO BOX HFLC1.	
			[[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP)	(01) YES
			doesn't] do.]]	
HELPDRES	HFLB3	yes/no	4000. (1 40.]]	(-8) Don't Know
			[Do you/Does (SP)] receive help from another person with dressing?	(-9) Refused
			[[DO YOU DOES (SF)] receive help from another person with dressing!	ול-א) ויבועאבע

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing?	(01) YES
PCHKDRES	HFLB4	yes/no	boes someone usually stay hearby just in case (you need) (Sr) needs in help with dressing:	(02) NO
TOTALDALS	III LD4	yes/110	[That is, does someone usually stay or come into the room to check on [you/him/her]?]	(-8) Don't Know
			[That is, does someone usually stay or come into the room to check on [you/him/her]:]	(-9) Refused
				(01) YES
FOIDDBEC	LIELDE	vas/na	[Dayou/Dass (CD)] use special equipment or side to help [you/him/her] with dressing?	(02) NO
EQIPDRES	HFLB5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with dressing?	(-8) Don't Know
				(-9) Refused
	DOV HELDS		IF HFLB3 – HELPDRES = 1/Yes, GO TO HFLB6 - LONGDRES.	
	BOX HFLB2	routing	ELSE GO TO BOX HFLC1.	
				(01) loss than three months
İ				
LONGDOES	LIELDC			
LONGDRES	HFLB6	code 1	How long [have you/has (SP)] needed help with dressing? Has it been	
				(-9) Refused
				(01) YES
STILDRES	HFLB7	yes/no	Do you expect that [you/(SP)] will still need help with dressing three months from now?	
			IF HFLC1 - HPPDEAT = 1/Yes OR HFLC2 – DONTEAT = 1/Yes, GO TO HFLC3 - HELPEAT.	
	BOX HFLC1	routing	ELSE GO TO BOX HFLD1.	
			[[You said [your/(SP's)] health makes eating difficult./You said that eating is something [you don't/(SP)	(01) YES
			doesn't] do.]]	
HELPEAT	HFLC3	yes/no		(01) YES (02) NO (-8) Don't Know (-9) Refused
			[Do you/Does (SP)] receive help from another person with eating?	
			Does someone usually stay nearby just in case [you need/(SP) needs] help with eating?	
PCHKEAT	HFLC4	HFLC4 yes/no		
			[That is, does someone usually stay or come into the room to check on [you/him/her]?]	
EQIPEAT	HFLC5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with eating?	(-9) Refused (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 (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused
			IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC6 - LONGEAT.	(5) Netuseu
	BOX HFLC2	routing	ELSE GO TO BOX HFLD1.	
				(04) 1 1 1
LONGEAT	HFLC6	code 1	How long [have you/has (SP)] needed help with eating? Has it been	
				(-9) Refused
				(01) YES
		,		
STILEAT	HFLC7	yes/no	Do you expect that [you/(SP)] will still need help with eating three months from now?	
				, , ,
			IF HFLD1 – HPPDCHAR = 1/Yes OR HFLD2 - DONTCHAR = 1/Yes, GO TO HFLD3 - HELPCHAR.	(-)
	BOX HFLD1	routing	ELSE GO TO BOX HFLE1.	
			LEGE GO TO BOATH LEE.	

MR Screen Name	Question type	Question text/description	Code list
		[[You said [your/(SP's)] health makes getting in or out of bed or chairs difficult./You said that getting in or out	(01) YES
	,	of bed or chairs is something [you don't/(SP) doesn't] do.]]	(02) NO
HFLD3	yes/no		(-8) Don't Know
		[Do you/Does (SP)] receive help from another person with getting in or out of bed or chairs?	(-9) Refused
		Does someone usually stay nearby just in case [you need/(SP) needs] help with getting in or out of bed or	(01) YES
1151.5.4	,	chairs?	(02) NO
HFLD4	yes/no		(-8) Don't Know
		[That is, does someone usually stay or come into the room to check on (you/him/her)?]	(-9) Refused
			(01) YES
LIELDE		[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with getting in or out of bed or	(02) NO
HFLDS	yes/no	chairs?	(-8) Don't Know
			(-9) Refused
		IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR.	
BOX HFLD2	routing		
			(at) I I I I I I I I I I I I I I I I I I I
HFLD6	code 1	How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been	(-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know
			(-9) Refused
			(01) YES
	,	Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from	
HFLD7	yes/no		(03) one year or more? (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused
	_	IF HFLE1- HPPDWALK = 1/Yes OR HFLE2 – DONTWALK = 1/Yes, GO TO HFLE3 - HELPWALK.	
BOX HFLE1	routing		
			(01) YES
			(02) NO
HFLE3	yes/no		
		[Do you/Does (SP)] receive help from another person with walking?	
		Does someone usually stay nearby just in case [you need/(SP) needs] help with walking?	(-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (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 (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know
HFLE4	yes/no		
		[That is, does someone usually stay or come into the room to check on (you/him/her)?]	(02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused
	,		(02) NO
HFLE5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with walking?	
DOV 1151 52		IF HFLE3 - HELPWALK = 1/Yes, GO TO HFLE6 - LONGWALK.	
BOX HFLE2	routing	ELSE GO TO BOX HFLF1.	
			(O1) loca their three many
LIELEC			
HFLE6	code 1	How long [have you/has (SP)] needed help with walking? Has it been	
	1		ע-ס) עטוו ד Know
			(O) Defined
			(-9) Refused
1151.57			(01) YES
HFLE7	yes/no	Do you expect that [you/(SP)] will still need help with walking three months from now?	(01) YES (02) NO
	HFLD4 HFLD5 BOX HFLD2 HFLD6 HFLD7 BOX HFLE1 HFLE3 HFLE4 HFLE5 BOX HFLE2	HFLD5 yes/no BOX HFLD2 routing HFLD6 code 1 HFLD7 yes/no BOX HFLE1 routing HFLE3 yes/no HFLE4 yes/no HFLE5 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)?] [Do you/Does (SP)] use special equipment or aids to help [you/him/her] with getting in or out of bed or chairs? [Do you/Does (SP)] use special equipment or aids to help [you/him/her] with getting in or out of bed or chairs? [F HFLD3 — HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR. [ELSE GO TO BOX HFLE1.] [BOX HFLD6 — LONGCHAR.] [ELSE GO TO BOX HFLE1.] [F HFLD7 — Poyou expect that [you/(SP)] will still need help with getting in or out of bed or chairs? Has it been Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from now? BOX HFLE1 — routing

Variable Name	MR Screen Name	Question type	Question text/description	Code list
	DOV LIELE1	uo vetino o	IF HFLF1 – HPPDTOIL = 1/Yes OR HFLF2 – DONTTOIL = 1/Yes, GO TO HFLF3 - HELPTOIL.	
	BOX HFLF1	routing	ELSE GO TO BOX HFLA3.	
			[[You said [your/(SP's)] health makes using the toilet difficult./You said that using the toilet is something [you	(01) YES
LIELDTOIL	115153		don't/(SP) doesn't] do.]]	(02) NO
HELPTOIL	HFLF3	yes/no		(-8) Don't Know
			[Do you/Does (SP)] receive help from another person with using the toilet, including getting up and down?	(-9) Refused
			Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet, including	(01) YES
DCLIKTOU	115154		getting up and down?	(02) NO
PCHKTOIL	HFLF4	yes/no getting up and down.		(-8) Don't Know
			[That is, does someone usually stay or come into the room to check on [you/him/her]?]	(-9) Refused
				(01) YES
FOIDTO!!		,	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with using the toilet, including	(02) NO
EQIPTOIL	HFLF5	yes/no	getting up and down?	(-8) Don't Know
				(-9) Refused
	DOV.115:		IF HFLF3 - HELPTOIL = 1/Yes, GO TO HFLF6 - LONGTOIL.	
	BOX HFLF2	routing	ELSE GO TO BOX HFLA3.	
				(01) less than three months,
				(02) three months or more but less than one year, or
LONGTOIL	HFLF6	code 1	How long [have you/has (SP)] needed help with using the toilet? Has it been	(03) one year or more?
				(-8) Don't Know
				(-9) Refused
				(01) YES
				(02) NO
STILTOIL	HFLF7	yes/no	Do you expect that [you/(SP)] will still need help with using the toilet three months from now?	(-8) Don't Know
				(-9) Refused
			IF HFLA3 - HELPBATH = 1/Yes, GO TO HFLA9 - PERSON_HLPRBATH.	(5) Neraseu
	BOX HFLA3	routing	ELSE GO TO BOX HFLB3.	
			You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help?	
PERSON_HLPRBAT	HFLA9	roster	the state of the s	(01) [Continuous answer.]
Н			ENTER ALL HELPERS.	(oz, [continuous unon en]
			IF HFLB3 - HELPDRES = 1/Yes, GO TO HFLB9 - PERSON_HLPRDRES.	
	BOX HFLB3	routing	ELSE GO TO BOX HFLC3.	
			You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help?	
PERSON_HLPRDRE	HFLB9	roster	g g g g g g g g	(01) [Continuous answer.]
S			ENTER ALL HELPERS.	(, [
			IF HFLC3 – HELPEAT = 1/Yes, GO TO HFLC9 - PERSON_HLPREAT.	
	BOX HFLC3	routing	ELSE GO TO BOX HFLD3.	
			You mentioned that [you receive/(SP) receives] help with eating. Who gives that help?	
PERSON_HLPREAT	HFLC9	roster	The state of the s	(01) [Continuous answer.]
			ENTER ALL HELPERS.	(, [
			IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD9 - PERSON_HLPRCHAR.	
	BOX HFLD3	routing	ELSE GO TO BOX HFLE3.	
			You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that	
PERSON_HLPRCHA			help?	
R	HFLD9	roster		(01) [Continuous answer.]
			ENTER ALL HELPERS.	
			IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - PERSON_HLPRWALK.	
	BOX HFLE3	routing	ELSE GO TO BOX HFLF3.	
		1	LEGE GO TO BOX III ELS.	

/ariable Name	MR Screen Name	Question type	Question text/description	Code list
DEDCON LIDDIA/A			You mentioned that [you receive/(SP) receives] help with walking. Who gives that help?	
PERSON_HLPRWA	HFLE9	roster		(01) [Continuous answer.]
.K			ENTER ALL HELPERS.	
	DOV LIELES		IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL.	
	BOX HFLF3	routing	ELSE GO TO BOX HFL4.	
			You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help?	
PERSON_HLPRTOI	HFLF9	roster		(01) [Continuous answer.]
L			ENTER ALL HELPERS.	
			IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND/OR HFLF9, GO TO HFL10	
	BOX HFL4	routing	- PERSON_HLPRMOST.	
			ELSE GO TO HFM1 - FALLANY.	
			Which of these persons gives [you/(SP)] the most help with these things?	
PERSON_HLPRMO	HFL10	roster	State of the state	(01) [Continuous answer.]
ST			SELECT ONLY ONE.	
				(01) YES
				(02) NO
ALLANY	HFM1	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down?	(-8) Don't Know
				(-9) Refused
			Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down?	[Continuous answer.]
ALLTIME	HFM2	numeric		Don't Know
/ (EE) 1141E	1111412	Hamerie	ENTER "95" IF 95 OR MORE FALLS REPORTED.	Refused
			ENTER 33 II 33 ON MIGNETALLS REPORTED.	(01) YES
			Thinking about the [most recent) time that [you/(SP)] fell, did [you/he/she] hurt [yourself/himself/herself]	(02) NO
FALLHELP	HFM3A yes/no badly enough to get medical help?	1.		
			badiy enough to get medical help:	(-8) Don't Know (-9) Refused
				(01) BROKEN BONE/FRACTURE
				(02) SPRAIN/STRAIN
			What kind of injury did [you/(SP)] have in that [most recent] fall?	(03) BRUISE
				(04) CUT/WOUND/LACERATION
ALCODE	НГМЗВ	code all	[PROBE: Anything else?]	(05) CONCUSSION
				(06) DISLOCATION
			CHECK ALL THAT APPLY.	(91) OTHER
				(96) NO INJURY
				(-8) Don't Know
				(-9) Refused
ALOTHOS	HFM3B	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]
				(01) YES
ALLIMIT	HFM3C	yes/no	Did [your/(SP's)] [most recent] fall cause [you/him/her] to limit [your/his/her] regular acivities?	(02) NO
		,		(-8) Don't Know
				(-9) Refused
				(01) LESS THAN ONE WEEK
				(02) ONE WEEK OR MORE
ALLBACK	HFM3D	code 1	How long did it take [you/(SP)] to get back to regular activities after [your/his/her] [most recent] fall?	(03) NEVER RESUMED REGULAR ACTIVITIES
				(-8) Don't Know
				(-9) Refused
			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	(01) [Continuous answer.]
ALLFEAR	HFM3E	numeric	6 is "Extremely afraid of falling"?	(-8) Don't Know
			o is Extremely arraid or railing:	(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			The next few questions ask about the last two weeks.	(01) NOT AT ALL
				(02) SEVERAL DAYS
			SHOW CARD HF8	(03) MORE THAN HALF THE DAYS
HFGAD1	HFN1	list		(04) NEARLY EVERY DAY
			Over the last 2 weeks, how often have you been bothered by the following problems?	(-8) REFUSED
				(-9) DON'T KNOW
			Feeling nervous, anxious, or on edge	(-9) DON I KNOW
			SHOW CARD HF8	(01) NOT AT ALL
			SHOW CARD III 8	(02) SEVERAL DAYS
HFGAD2	HFN2	list	[Over the last 2 weeks, how often have you been bothered by the following problems?]	(03) MORE THAN HALF THE DAYS
HFGADZ	ПГІЛІ	list	[Over the last 2 weeks, now often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY
			Not being able to stop or control warming	(-8) REFUSED
			Not being able to stop or control worrying.	(-9) DON'T KNOW
			CHOW CARD LIFE	(01) NOT AT ALL
			SHOW CARD HF8	(02) SEVERAL DAYS
LIEDUO4	LIENIO	1:-+	[Overather last 2 weeks have after her construction to the class of th	(03) MORE THAN HALF THE DAYS
HFPHQ1	HFN3	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY
				(-8) REFUSED
			little interest or pleasure in doing things? Would you say	(-9) DON'T KNOW
				(01) NOT AT ALL
		list	SHOW CARD HF8	(02) SEVERAL DAYS
				(03) MORE THAN HALF THE DAYS
HFPHQ2	HFN4		[Over the last 2 weeks, how often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY
			feeling down, depressed, or hopeless?	(-8) REFUSED
				(-9) DON'T KNOW
				(01) NOT AT ALL
			SHOW CARD HF8	(02) SEVERAL DAYS
			st [Over the last 2 weeks, how often have you been bothered by the following problems:]	(03) MORE THAN HALF THE DAYS
HFPHQ3	HFN5	list		(04) NEARLY EVERY DAY
				(-8) REFUSED
			trouble falling or staying asleep, or sleeping too much?	(-9) DON'T KNOW
				(01) NOT AT ALL
			SHOW CARD HF8	(02) SEVERAL DAYS
				(03) MORE THAN HALF THE DAYS
HFPHQ4	HFN6	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY
				(-8) REFUSED
			feeling tired or having little energy?	(-9) DON'T KNOW
				(01) NOT AT ALL
			SHOW CARD HF8	(02) SEVERAL DAYS
				(03) MORE THAN HALF THE DAYS
HFPHQ5	HFN7	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY
				(-8) REFUSED
			poor appetite or overeating?	(-9) DON'T KNOW
				(01) NOT AT ALL
			SHOW CARD HF8	(02) SEVERAL DAYS
				(02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS
HFPHQ6	HFN8	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	
				(04) NEARLY EVERY DAY (-8) REFUSED
			feeling bad about yourself – or that you are a failure or have let yourself or your family down?	
				(-9) DON'T KNOW

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			CHOW CARD HER	(01) NOT AT ALL
			SHOW CARD HF8	(02) SEVERAL DAYS
11501107	LIENO	1:-4	[Overather last 2 weeks have efter have you have heath and how the fallowing continuous]	(03) MORE THAN HALF THE DAYS
HFPHQ7	HFN9	list	[Over the last 2 weeks, how often have you been bothered by the following problems:] trouble concentrating on things, such as reading the newspaper or watching TV? SHOW CARD HF8 [Over the last 2 weeks, how often have you been bothered by the following problems:] [Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by the following problems:] (Over the last 2 weeks, how often have you been bothered by	(04) NEARLY EVERY DAY
				(-8) REFUSED
			trouble concentrating on things, such as reading the newspaper or watching TV?	(-9) DON'T KNOW
			SHOW CARD HF8	(01) NOT AT ALL
				(02) SEVERAL DAYS
LIEDLIOO	LIENIAO	1:-4	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(03) MORE THAN HALF THE DAYS
HFPHQ8	HFN10	list		(04) NEARLY EVERY DAY
			moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or	(-8) REFUSED
				(-9) DON'T KNOW
				(01) Not at all difficult,
			SHOW CARD HF9	(02) Somewhat difficult,
				(03) Very difficult,
HFPHQ10	HFN11	code one	How difficult have these problems made it for you to do your work, take care of things at home, or get along	(04) Extremely difficult?
				(-8) REFUSED
				(-9) DON'T KNOW
				(01) MORE THAN ONCE A WEEK
				(02) ABOUT ONCE A WEEK
				(03) 2-3 TIMES A MONTH
			SHOW CARD HF10	(-9) DON'T KNOW (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
LOSTURIN	HFQ1	code 1	I'd like to ask about a health problem that is more common than people think. Please look at this card and	
			could not control [your/his/her] bladder. (08) SP IS ON DIALYSIS OR	
				(-8) Don't Know
				(04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW (01) Not at all difficult, (02) Somewhat difficult, (03) Very difficult, (04) Extremely difficult? (-8) REFUSED (-9) DON'T KNOW (01) MORE THAN ONCE A WEEK (02) ABOUT ONCE A WEEK (03) 2-3 TIMES A MONTH (04) ABOUT ONCE A MONTH (04) ABOUT ONCE A MONTH (05) EVERY 2-3 MONTHS (06) ONCE OR TWICE A YEAR (107) NOT AT ALL (108) SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES
TALL (1011)				(02) NO
TALKURIN	HFQ2	yes/no	[Have you/Has (SP)] talked about this problem with [your/(SP's)] doctor or other health professional?	(-8) Don't Know
				(-9) Refused
				(01) YES
EEEL LIDIN.	11502		Has [your/(SP's)] doctor or other health professional asked [you/him/her] about how [you/he/she] feel[s]	(02) NO
FEELURIN	HFQ3	yes/no	about this problem?	(-8) Don't Know
				(-9) Refused
				(01) YES
DEACHDIN	11504		Has [your/(SP's)] doctor or other health professional examined [you/him/her] to figure out why [you/he/she]	(02) NO
REASURIN	HFQ4	yes/no	[lose/loses] urine?	(-8) Don't Know
				(-9) Refused
				(01) YES
CLIDCLIDIN	ПЕОЕ	,,,,,,/n,o	Has [your/(SP's)] doctor or other health professional talked with [you/him/her] about taking medicine or	(02) NO
SURGURIN	HFQ5	yes/no	having surgery for this problem?	(-8) Don't Know
				(01) Not at all difficult, (02) Somewhat difficult, (03) Very difficult, (04) Extremely difficult? (-8) REFUSED (-9) DON'T KNOW (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 (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused
	DOV UET4	routin-	IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD.	
	BOX HFT1	routing	ELSE GO TO BOX HFEND.	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			We have recorded that [you were/(SP) was] told by a doctor or other health professional that [you had/he	
			had/she had] hypertension, also called high blood pressure.	(01) YES
				(02) NO
			[Were you/Was (SP)] told on two or more different medical visits that [you/he/she] had high blood pressure	(03) SP NEVER HAD HIGH BLOOD
HYPETOLD	HFT1	code 1	or hypertension?	PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR
				(-8) Don't Know
			[EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for	(-9) Refused
			more than one reading.]	
				(01) [Continuous answer.]
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	(-8) Don't Know
			pressure?	(-9) Refused
HYPEAGE_LESSON			How old [were you/was (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood	(01) LESS THAN ONE YEAR OLD
_ E	HFT2	numeric	pressure?	(-7) Empty
				(01) YES
			Because of [your/his/her] high blood pressure, [are you/is (SP)] now measuring [your/his/her] blood pressure	
HYPEHOME	HFT6D	yes/no	at home?	(-8) Don't Know
				(-9) Refused
				(01) YES
			Because of [your/his/her] high blood pressure, [are you/is (SP)] now taking prescribed medicine for	(02) NO
HYPEMEDS	HFT6G	yes/no	[your/his/her] high blood pressure?	(-8) Don't Know
			Life and made in the control of the	(-9) Refused
				(01) YES
			[Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/his/her] high blood	(02) NO
HYPEDRNK	HFT6J	yes/no	pressure?]	(-8) Don't Know
			pressure.	(-9) Refused
			IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG.	(5) Nerasea
	BOX HFT2	routing	ELSE GO TO HFT12A - HYPECTRL.	
				(01) [Continuous answer.]
HYPELONG	HFT7	numeric	How long [have you/has (SP)] been treated with prescribed medicines for [your/his/her] high blood pressure?	1, , ,
2200		nameno	The interior for the state and	(-9) Refused
HYPELONG_LESSC)			(01) LESS THAN ONE YEAR
NE	HFT7	numeric	How long [have you/has (SP)] been treated with prescribed medicines for [your/his/her] high blood pressure?	(-7) Empty
			IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFT8 - HYPEMANY.	()
	BOX HFT3	routing	ELSE GO TO HFT11A - HYPECOND.	
			How many different prescribed medicines [do you/does (SP)] take for [your/his/her] high blood pressure?	
			The state of the s	(01) [Continuous answer.]
HYPEMANY	HFT8	numeric	[WE ARE ASKING ABOUT HOW MANY DIFFERENT PRESCRIBED MEDICINES FOR HIGH BLOOD PRESSURE ARE	(-8) Don't Know
			TAKEN BY THE RESPONDENT, NOT THE NUMBER OF PILLS THEY MIGHT TAKE IN ONE DAY.]	(-9) Refused
			How often [do you/does (SP)] have trouble with side effects from [your/his/her] blood pressure	(01) ALWAYS
			medicines[s]? Please tell me if [you/he/she] always, sometimes, or never [have/has] trouble with side effects.	
HYPECOND	HFT11A	code 1		(03) NEVER
			[EXPLAIN IF NECESSARY: By "side effects", I mean that the medicine causes any condition such as fatigue,	(-8) Don't Know
			headache, or coughing.]	(-9) Refused
				(01) VERY CONFIDENT
			Doctors and other health professionals often recommend changing your habits or lifestyle, such as changing	(02) CONFIDENT
			your diet, or getting regular exercise in order to control blood pressure. How confident are you that	(03) SOMEWHAT CONFIDENT
HYPECTRL	HFT12A	code 1	[you/(SP)] can follow these recommendation?	(04) NOT AT ALL CONFIDENT
				(-8) Don't Know
			Would you say that you are very confident, confident, somewhat confident, or not at all confident?	(-9) Refused
				1 3/ Herasea

Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX HFT4	routing	IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT13 - HYPEPAY.	
	BUX HF14	routing	ELSE GO TO BOX HFEND.	
				(01) YES
НҮРЕРАҮ	⊔ET12	HELLS IVES/NO	[Do you/Does (SP)] have difficulty paying for the medicine[s] [your/his/her] doctor or other health	(02) NO
HIPEPAI	UL112		professional prescribes for [your/his/her] high blood pressure?	(-8) Don't Know
				(-9) Refused
				(01) YES
HYPESKIP	HFT14	yes/no	[Do you/Does (SP)] ever skip taking [your/his/her] medicine, take less medicine than prescribed, or share	(02) NO
חזאבאווא	 	yes/110	medicine because of the cost of the medicine?	(-8) Don't Know
				(-9) Refused