Health Functioning and Status (HFQ)

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
FUTRHLTH	HFA2B	code one	SHOW CARD HF2 In the next 6 months, what do you think will happen to [your/(SP's)] overall health?	(01) it will get much better (02) it will get somewhat better (03) it will not change (04) it will get somewhat worse (05) it will get much worse (-8) DON'T KNOW (-9) REFUSED
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

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
HELMTACT	HFA3	code one	How much of the time during the past month has [your/(SP's)] health limited [your/(SP's)] social activities, like visiting with friends or close relatives? Would you say . . .	(01) none of the time, (02) some of the time, (03) most of the time, or (04) all of the time? (-8) DON'T KNOW (-9) REFUSED
ECHELP	HFB1	yes/no	[Do you/Does (SP)] wear eyeglasses or contact lenses?	(01) YES (02) NO (03) SP IS BLIND (-8) DON'T KNOW (-9) REFUSED
ECTROUB	HFB2	code one	Which statement best describes [your/(SP's)] vision [while wearing glasses or contact lenses]... no trouble seeing, a little trouble, a lot of trouble, or no usable vision?	(01) NO TROUBLE SEEING (02) A LITTLE TROUBLE SEEING (03) A LOT OF TROUBLE SEEING (04) NO USABLE VISION (-8) DON'T KNOW (-9) REFUSED
ECLEGBLI	HFB2A	yes/no	[Have you/Has (SP)] been told that [you are/he is/she is] legally blind? [EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot see well enough to drive.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
EDOCEXAM	HFB6	yes/no	[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)? INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
EDOCLAST	HFB7	code one	How long has it been since [your/(SP's)] last eye examination by an eye doctor?	(01) NEVER HAD EYE EXAM BY EYE DOCTOR (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 5 YEARS (04) 5 YEARS OR MORE (-8) DON'T KNOW (-9) REFUSED
EDOCTYPE	HFB7A	code one	I have a couple of questions about [your/(SP's)] last eye examination. Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care professional? [EXPLAIN IF NECESSARY: An optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.]	(01) OPTOMETRIST (02) OPHTHALMOLOGIST (91) OTHER DOCTOR SPECIALTY (-8) DON'T KNOW (-9) REFUSED
EDOCTYOS	HFB7A	verbatim text	OTHER (SPECIFY)	
EDOCDLAT	HFB7B	yes/no	Again, thinking about [your/(SP's)] last eye examination, were dilating drops used in [your/(SP's)] eyes? [EXPLAIN IF NECESSARY: Dilating drops are used to enlarge the pupil for eye examinations. The drops often make your eyes more sensitive to bright light and may cause temporary blurry vision.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
ECATARAC	HFB7C	yes/no	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/he/she] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/he/she] had… Cataracts?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
EGLAUCOM	HFB7C	yes/no	Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
ERETINOP	HFB7C	yes/no	Diabetic retinopathy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
EMACULAR	HFB7C	yes/no	Macular degeneration or age-related macular degeneration, also called AMD?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX HFB1A	routing	IF ECATARAC=02/NO, GO TO BOX HFB1. ELSE GO TO HFB10 - ECCATOP.	
ECCATOP	HFB10	yes/no	[Have you/Has (SP)] ever had an operation for cataracts?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX HFB1	routing	IF HFB7C - ERETINOP = 1/Yes OR HFB7C - EMACULAR = 1/Yes, GO TO HFB11 - ELASRSUR. ELSE GO TO HFC1 - HCHELP.	
ELASRSUR	HFB11	yes/no	Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration. [Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions? [EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct vision.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
HCHELP	HFC1	yes/no	[Do you/Does (SP)] use a hearing aid?	(01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED
HCTROUB	HFC2	code one	Which statement best describes [your/(SP's)] hearing [with a hearing aid]: no trouble hearing, a little trouble, a lot of trouble, or deaf?	(01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (03) A LOT OF TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED
HCKNOWMC	HFC3	code one	How much trouble [do you/does (SP)] have finding out things [you need/he needs/she needs] to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say [you have/she has/he has] no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED
HCCOMDOC	HFC4	code one	How much trouble [do you/does (SP)] have communicating with [your/his/her] doctor or other health professional because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say [you have/she has/he has] no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
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
HEIGHTFT	HFE1	numeric	How tall [are you/is (SP)]?	(01) continuous answer (-8) DON'T KNOW (-9) REFUSED
HEIGHTIN	HFE1	numeric	How tall [are you/is (SP)]?	(01) continuous answer (-8) DON'T KNOW (-9) REFUSED
WEIGHT	HFE1	numeric	How much [do you/does (SP)] weigh? [WEIGHT SHOULD BE RECORDED IN POUNDS]	(01) continuous answer (-8) DON'T KNOW (-9) REFUSED
DIFINTRO	HFHINTRO	no entry	Now, I'm going to ask about how difficult it is, on average, for [you/(SP)] to do certain kinds of activities. Please tell me for each activity whether [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it.	(01) CONTINUE (-7) Empty
DIFSTOOP	HFH1	code 1	SHOW CARD HF3 How much difficulty, if any, [do you/does (SP)] have stooping, crouching, or kneeling? Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
DIFLIFT	HFH2	code 1	SHOW CARD HF3 How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a heavy bag of groceries? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
DIFREACH	HFH3	code 1	SHOW CARD HF3 What about reaching or extending arms above shoulder level? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
DIFWRITE	HFH4	code 1	SHOW CARD HF3 How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
DIFWALK	HFH5	code 1	SHOW CARD HF3 What about walking a quarter of a mile - that is, about 2 or 3 blocks? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
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 (-9) Refused
MODNUM	HFH11	numeric	In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming?	(01) continous answer
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) Continuous answer

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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
OCHBP	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? [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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ2	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ3 - YRHBP. ELSE GO TO HFJ4 - OCMYOCAR.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
YRHBP	HFJ3	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] still had hypertension or high blood pressure? [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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCMYOCAR	HFJ4	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] a myocardial infarction or heart attack?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ3	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ5 - YRMYOCAR. ELSE GO TO HFJ6 - OCCHD.	
YRMYOCAR	HFJ5	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had a myocardial infarction or heart attack?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCCHD	HFJ6	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] [a new episode of] angina pectoris or coronary heart disease?	(01) YES (02) NO (-8) Don't Know (-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.	
YRCHD	HFJ7	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had an episode of angina pectoris or coronary heart disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCCFAIL	HFJ8	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] [a new episode of] congestive heart failure?	(01) YES (02) NO (-8) Don't Know (-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.	
YRCFAIL	HFJ9	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had an episode of congestive heart failure?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCHRTCND	HFJ14	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] [a new episode of] any other heart condition? [NOTE TO FI: This includes problems with the valves of the heart, such as aortic stenosis, and problems with the rhythm of the heartbeat, such as atrial fibrillation.] [DO NOT RECORD THE NAME OF THE CONDITION AT THIS QUESTION.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ8	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ15 - YRHRTCND. ELSE GO TO HFJ16 - OCSTROKE.	
YRHRTCND	HFJ15	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had an episode of any other heart condition? [NOTE TO FI: This includes problems with the valves of the heart, such as aortic stenosis, and problems with the rhythm of the heartbeat, such as atrial fibrillation.]	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
OCSTROKE	HFJ16	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] a stroke, a brain hemorrhage, or a cerebrovascular accident? [NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ9	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ17 - YRSTROKE. ELSE GO TO HFJ17A - OCCHOLES.	
YRSTROKE	HFJ17	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had a stroke, a brain hemorrhage, or a cerebrovascular accident? [NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCCHOLES	HFJ17A	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had high cholesterol? [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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
YRCHOLES	HFJ17B	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had high cholesterol? [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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ29	routing	IF ROUND= FALL 2018 ROUND 82, GO TO HFJ45-BLOSWGHT. ELSE IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) GO TO HFJ45-BLOSWGHT. IF P_EVRLOSWGHT=0 THEN GO TO HFJ46-CLOSWGHT. ELSE GO TO HFJ18 - OCCSKIN.	
BLOSWGHT	HFJ45	yes/no	To lower risk for certain diseases, [have you/ has (SP)] ever been told by a doctor or health professional to control weight or lose weight?	(01) YES (02) NO (-8) Don't Know (-9) Refused
CLOSWGHT	HFJ46	yes/no	To lower risk for certain diseases, since (SAMPLE_PERSON.DATE_FALLRND) [have you/ has (SP)] been told by a doctor or health professional to control weight or lose weight?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCCSKIN	HFJ18	yes/no	[I've recorded that [you/(SP)] previously reported having had skin cancer.] [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] [a new occurrence of] skin cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ10	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ19 - YRCSKIN. ELSE GO TO HFJ20 - OCCANCER.	
YRCSKIN	HFJ19	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had an occurrence of skin cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
OCCANCER	HFJ20	yes/no	[I've recorded that [you/(SP)] previously reported having had a tumor, growth, malignancy, or cancer of the [READ RESPONSES BELOW].] [Since (LAST HF MONTH YEAR), has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had any [other] kind of cancer, malignancy, or tumor other than skin cancer? INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ11	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ21 - YRCANCER. ELSE GO TO HFJ22 - OCCCODE.	
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?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCCCODE	HFJ22	code all	SHOW CARD HF4 [Since the first time a doctor or other health professional told [you/(SP)] that [you/he/she] had a cancer, malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor other than skin cancer found? [PROBE: Any other part?] CHECK ALL THAT APPLY	(01) LUNG (02) COLON (BOWEL) (03) BREAST (04) UTERUS (05) PROSTATE (06) BLADDER (07) OVARY (08) STOMACH (09) CERVIX (10) BRAIN (11) KIDNEY (12) THROAT (16) BLOOD (17) BONE (18) ESOPHAGUS (19) GALL BLADDER (20) LARYNX (WINDPIPE) (21) LEUKOCYTES (LEUKEMIA) (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.]
	BOX HFJ13	routing	IF SP HAS EVER REPORTED HAVING RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND (sample_person.P_OCARTHRH=1), GO TO BOX HFJ13B. ELSE GO TO HFJ24 - OCARTHRH.	
OCARTHRH	HFJ24	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] rheumatoid arthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX HFJ13B	routing	IF SP HAS EVER REPORTED HAVING OSTEOARTHRITIS IN A PREVIOUS ROUND (sample_person.P_OCOSARTH=1), GO TO BOX HFJ14. ELSE GO TO HFJ24B-OCOSARTH.	
OCOSARTH	HFJ24B	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] osteoarthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ14	routing	IF SP HAS EVER REPORTED HAVING ARTHRITIS OTHER THAN RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND [sample_person.P_OCARTH=1], GO TO BOX HFJ16. ELSE GO TO HFJ25 - OCARTH.	
OCARTH	HFJ25	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that (you/he/she) had...] arthritis, other than rheumatoid or osteoarthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ15	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ26 - YRARTHRD. ELSE GO TO BOX HFJ16A.	
YRARTHRD	HFJ26	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had arthritis, other than rheumatoid or osteoarthritis, in any part of [your/his/her] body?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ16	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ28 - OCMENTAL. ELSE GO TO BOX HFJ16A.	
OCMENTAL	HFJ28	yes/no	[Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had...] an intellectual disability? [EXPLAIN IF NECESSARY:] This is also known as intellectual development disorder or a general learning disability. It was formerly known as mental retardation.	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ16A	routing	IF SP HAS EVER REPORTED HAVING ALZHEIMER'S DISEASE IN A PREVIOUS ROUND (sample_person.P_OCALMER=1), GO TO BOX HFJ30. ELSE GO TO HFJ29A - OCALZMER.	
OCALZMER	HFJ29A	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] Alzheimer's disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ16B	routing	IF SP HAS EVER REPORTED HAVING DEMENTIA IN A PREVIOUS ROUND (sample_person.P_OCDEMENT=1), GO TO BOX HFJ30. ELSE GO TO HFJ29B - OCDEMENT.	
OCDEMENT	HFJ29B	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] any type of dementia other than Alzheimer's disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ30		IF ROUND= FALL 2018 ROUND 82, GO TO HFJ47-BASKDEPRS. 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.	
BASKDEPRS	HFJ47	yes/no	Has a doctor or other health professional ever asked [you/(SP)] if there was a period of time when [you/he/she] felt sad, empty, or depressed?	(01) YES (02) NO (-8) Don't Know (-9) Refused

Health Functioning and Status (HFQ)

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

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX HFJ22	routing	IF SP HAS EVER REPORTED HAVING EMPHYSEMA, ASTHMA OR COPD IN A PREVIOUS ROUND (sample_person.P_OCEMPHYS=1), GO TO HFJ37 - OCPPARAL. ELSE GO TO HFJ36 - OCEMPHYS.	
OCEMPHYS	HFJ36	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] emphysema, asthma, or COPD? COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCPPARAL	HFJ37	yes/no	IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had...] complete or partial paralysis?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ23	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3, GO TO HFJ38 - YRPPARAL. ELSE GO TO BOX HFJ24.	
YRPPARAL	HFJ38	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had complete or partial paralysis?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ24	routing	IF SP HAS EVER REPORTED AN ABSENCE OR LOSS OF ARM OR LEG IN A PREVIOUS ROUND (sample_person.P_OCAMPUTE=1), GO TO BOX HFJ25. ELSE GO TO HFJ39 - OCAMPUTE.	
OCAMPUTE	HFJ39	yes/no	IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or a leg?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ25	routing	IF SP IS FEMALE (ROSTSEX=2 or (roster.ROSTSEX=2 where ROSTNUM=1)), GO TO HFJ41A - OCBETES. ELSE GO TO HFJ40 - HAVEPROS.	
HAVEPROS	HFJ40	yes/no	[[Before (you/[SP]) had prostate surgery, did a doctor or other health professional ever tell/Since (LAST HF MONTH YEAR), has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he] had...] an enlarged prostate or benign prostatic hypertrophy (BPH)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFJ26	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3, GO TO HFJ41 - YRPROST. ELSE GO TO HFJ41A - OCBETES.	
YRPROST	HFJ41	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he] had an enlarged prostate or benign prostatic hypertrophy (BPH)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OCBETES	HFJ41A	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had any type of diabetes, including: sugar diabetes, high blood sugar, (borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes)?	(01) YES (02) NO (-8) Don't Know (-9) Refused

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
OCDTYPE	HFJ41B	code 1	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]. [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] [EXPLAIN IF NECESSARY: "Type 1" was formerly called "insulin dependent" or "juvenile-onset" diabetes. This type of diabetes usually develops during childhood or adolescence; but, it also can develop in adults. "Type 2" was formerly called "non-insulin dependent" or "adult-onset" diabetes. Until recently, this type of diabetes was found only in adults; but, now it is also occurring in children.]	(01) TYPE 1 (02) TYPE 2 (03) BORDERLINE (04) PRE-DIABETES (05) GESTATIONAL (PREGNANCY-RELATED) (91) SOME OTHER TYPE (-8) Don't Know (-9) Refused
OCDTYPOS	HFJ41B	verbatim text	SOME OTHER TYPE (SPECIFY) [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.]	(01) [Continuous answer.]
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.	

EMCOND	HFJ42	yes/no	You told me that [you have/(SP) has] had [READ CONDITIONS LISTED BELOW]. [Was this/Were any of these] the original cause of [your/(SP's)] becoming eligible for Medicare? [LIST ALL CONDITIONS WHERE "YES" ANSWER RECORDED AT HFJ1 THROUGH HFJ41C] [NOTE THAT CONDITIONS MAY NOT BE DISPLAYED WITH THE EXACT CONDITION NAME THAT WAS USED EARLIER IN THE INTERVIEW (E.G., HYPERTENSION CAN ALSO BE CALLED HIGH BLOOD PRESSURE AT DIFFERENT QUESTIONS).]	(01) YES (02) NO (-8) Don't Know (-9) Refused
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.	

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
EMCODE	HFJ44	code all	Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?] CHECK UP TO 8 CONDITIONS.	(01) ARTERIES HARDENING (02) HYPERTENSION (03) HEART ATTACK (04) HEART DISEASE (05) CONGESTIVE HEART FAILURE (06) HEART VALVE PROBLEM (07) HEART RHYTHM PROBLEM (08) OTHER HEART PROBLEM (09) STROKE OR HEMORRHAGE (10) SKIN CANCER (11) CANCER/TUMOR (12) RHEUMATOID ARTHRITIS (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 (-8) Don't Know (-9) Refused
EMOS	HFJ44	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]
HLTHCAREINTRO	HFPINTRO	no entry	Now I want to ask you about some things that [you/(SP)] may be doing to maintain [your/his/her] health, either by getting tested for health problems or by taking care of conditions that [you have/she has/he has].	(01) CONTINUE (-7) Empty
	BOX HFP1A	routing	IF (HFJ41A – OCBETES = 1/Yes) AND (HFJ41B - OCDTYPE = 1/TypeOne, 2/TypeTwo, 3/Borderline, 4/PreDiabetes, 91/Other, DK, or RF), GO TO HFP1 - DIAAGE. ELSE GO TO HFP21 - DIAEVERT.	
DIAAGE	HFP1	numeric	I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/she has/he has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. How old [were you/was (SP)] when [you were/he was/she was] first told that [you/he/she] had diabetes?	(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused
	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.	
DIAPRGNT	HFP2	yes/no	Did [you/(SP)] have diabetes only during a pregnancy?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAINSUL	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do you/Does (SP)]… take insulin?	(01) YES (02) NO (-8) Don't Know (-9) Refused

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
DIAMEDS	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do you/Does (SP)]… take prescription diabetes pills or oral diabetes medicine?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIATEST	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do you/Does (SP)]… test [your/his/her] blood for sugar or glucose?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIASORES	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do you/Does (SP)]… check for sores or irritations on [your/his/her] feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAPRESS	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do you/Does (SP)]… measure [your/his/her] blood pressure at home?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAASPRN	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Do you/Does (SP)]… take aspirin regularly for [your/his/her] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFP3	routing	IF HFP4 - DIAINSUL = 1/Yes, GO TO HFP5 - INSUTAKE. ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.	
INSUTAKE	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) USE INSULIN PUMP (-8) Don't Know (-9) Refused
INSUDAY	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) [Continuous answer.]
INSUWEEK	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) [Continuous answer.]
	BOX HFP4	routing	IF HFP4 – DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.	
MEDSTAKE	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (-8) Don't Know (-9) Refused
MEDDAY	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]
MEDWEEK	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]
MEDMONTH	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]
	BOX HFP5	routing	IF HFP4 – DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.	

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
TESTTAKE	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused
TESTDAY	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]
TESTWEEK	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]
TESTMNTH	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]
TESTYEAR	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]
	BOX HFP6	routing	IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.	
SORECHEK	HFP8	quantity unit	How often [do you/does (SP)] check [your/his/her] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused
SOREDAY	HFP8	quantity unit	How often [do you/does (SP)] check [your/his/her] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]
SOREWEEK	HFP8	quantity unit	How often [do you/does (SP)] check [your/his/her] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]
SOREMNTH	HFP8	quantity unit	How often [do you/does (SP)] check [your/his/her] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]
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 (-9) Refused

Health Functioning and Status (HFQ)

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 (-9) Refused
DIAHEMOC	HFP13	numeric	A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked [you/(SP)] for hemoglobin "A one C"?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused
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 (-9) Refused
DIAHYPO	HFP14A1	yes/no	In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAHYPTR	HFP14A2	code 1	Please think about the most serious episode of hypoglycemia that [you have/(SP) has] experienced in the past year. [Were you/Was (SP)] able to treat [yourself/himself/herself] by taking some form of sugar, did [you/he/she] require treatment from others, or did [you/he/she] require treatment by a hospital? [EXPLAIN IF NECESSARY: Treatment by a hospital includes being treated in the emergency room or outpatient department of a hospital, or being admitted as an inpatient.]	(01) SELF TREATMENT (02) TREATMENT FROM OTHERS (03) HOSPITAL TREATMENT (-8) Don't Know (-9) Refused
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

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
DIAULCER	HFP14B	list	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor 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… Foot ulcers?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIASKINC	HFP14B	list	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor 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… Calluses, infections, or other skin changes affecting the feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAEYPRB	HFP15	yes/no	[Do you/Does (SP)] have any problems with [your/his/her] eyes as a result of [your/his/her] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAKDPEV	HFP16A1	yes/no	[Have you/Has (SP)] ever had any problems with [your/his/her] kidneys as a result of [your/his/her] diabetes? [EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAKDPRB	HFP16	yes/no	[Do you/Does (SP)] currently have any problems with [your/his/her] kidneys as a result of [your/his/her] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIAKIDNY	HFP16A	yes/no	[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 (-8) Don't Know (-9) Refused
DIAMNGE	HFP17	yes/no	[Have you/Has (SP)] ever participated in a diabetes self-management course or class, or received special training on how [you/he/she] can manage [your/his/her] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused
DIATRAIN	HFP18	code 1	When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class or received special training on how [you/he/she] can manage [your/his/her] diabetes? [IF THE RESPONDENT HAS GONE TO MORE THAN ONE COURSE OR TRAINING, PROBE FOR THE MOST RECENT TIME.]	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused
	BOX HFP7	routing	IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP19 - DIAKNOW. ELSE GO TO BOX HFR1.	
DIAKNOW	HFP19	code 1	SHOW CARD HF7 How much do you think you know about managing your diabetes? Do you know . . .	(01) just about everything you need to know, (02) most of what you need to know, (03) some of what you need to know, (04) a little of what you need to know, or (05) almost none of what you need to know about managing your diabetes? (-8) Don't Know (-9) Refused

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

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
COLCARD	HFR5	yes/no	Did [you/(SP)] complete the samples and return them for [your/his/her] most recent test?	(01) YES (02) NO (-8) Don't Know (-9) Refused
COLRECNT	HFR7	code 1	When did [you/(SP)] have [your/his/her] most recent blood stool test (using a home testing kit)?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused
COLSCOPY	HFR8	yes/no	Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy. [Have you/Has (SP)] ever had this exam?	(01) YES (02) NO (-8) Don't Know (-9) Refused
WHENSCOP	HFR9	code 1	When did [you/(SP)] have [your/his/her] most recent sigmoidoscopy or colonoscopy?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused
HEARSCOP	HFR10	yes/no	Before today, had you ever heard of a sigmoidoscopy or colonoscopy?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFR2	routing	IF HFR3 - COLHTEST = 1/Yes or HFR4 - COLHKIT = 1/Yes, GO TO HFR13 - COLSCRNS. ELSE GO TO BOX HFS1.	
COLDRREC	HFR11	yes/no	Has a doctor or other health professional ever recommended that [you/(SP)] have this test?	(01) YES (02) NO (-8) Don't Know (-9) Refused
COLSCRNS	HFR13	yes/no	Before today, did you know that Medicare now pays the cost of screening tests for colorectal cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFS1	routing	IF SP HAS EVER REPORTED HAVING OSTEPOPORIS IN THE CURRENT ROUND OR IN A PREVIOUS ROUND (OCOSTEOP=1 or sample_person.P_OCOSTEOP-=1 GO TO HFS3 - OSTTEST. ELSE GO TO HFSINTRO - OSTINTRO.	
OSTINTRO	HFSINTRO	no entry	Now I'd like to talk about a disease called osteoporosis, which can be treated if found early. In osteoporosis, the bones lose their calcium and become fragile and more easily broken.	(01) CONTINUE (-7) Empty
OSTEVERT	HFS1	yes/no	[Have you/Has (SP)] ever talked with [your/his/her] doctor or other health professional about osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OSTHRISK	HFS2	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you are/he is/she is] at high risk for osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
HCTCODE	HFAC30A	code all	Why was that? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) SP DOES NOT HAVE MONEY (02) COST IS TOO HIGH (03) SERVICES/SUPPLIES NOT COVERED (04) NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL (05) DIFFICULTY GETTING HOME HEALTH CARE (06) NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT (07) WAIT TOO LONG/DOCTOR TOO BUSY (08) OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE (09) NOT ELIGIBLE FOR PUBLIC COVERAGE (10) DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE (11) DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR (12) HMO REFERRAL PROCESS (DIFFICULTY GETTING) (13) PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE (14) HMO WOULD NOT COVER OR PROVIDE SERVICE (91) OTHER (-8) Don't Know (-9) Refused
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

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

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

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
HELPLHWK	HFKB3	yes/no	[[You said that [your/(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult./You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… doing light housework (like washing dishes, straightening up, or light cleaning)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PERSON_HLPRLHWK	HFKB4	roster	You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes, straightening up, or light cleaning). Who gives that help?	(01) [Continuous answer.]
	BOX HFKC1	routing	IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - DONTHHWK = 1/Yes, GO TO HFKC3 - HELPHHWK. ELSE GO TO BOX HFKD1	
HELPHHWK	HFKC3	yes/no	[[You said that [your/(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult./You said that heavy housework (like scrubbing floors or washing windows) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… doing heavy housework (like scrubbing floors or washing windows)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PERSON_HLPRHHWK	HFKC4	roster	You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]
	BOX HFKD1	routing	IF HFKD1 – PRBMEAL = 1/Yes or HFKD2 – DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL. ELSE GO TO BOX HFKE1.	
HELPMEAL	HFKD3	yes/no	[[You said that [your/(SP's)] health makes preparing [your/his/her] own meals difficult./You said that preparing [your/his/her] own meals is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… preparing [your/his/her] own meals?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PERSON_HLPRMEAL	HFKD4	roster	You mentioned that [you receive/(SP) receives] help with preparing [your/his/her] own meals. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]
	BOX HFKE1	routing	IF HFKE1 – PRBSHOP = 1/Yes or HFKE2 – DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP. ELSE GO TO BOX HFKF1.	
HELPSHOP	HFKE3	yes/no	[[You said that [your/(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult./You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… shopping for personal items (such as toilet items or medicines)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PERSON_HLPRSHOP	HFKE4	roster	You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or medicines). Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]
	BOX HFKF1	routing	IF HFKF1- PRBBILS = 1/Yes or HFKF2 – DONTBILS = 1/Yes, GO TO HFKF3 - HELPBILS. ELSE GO TO HFLINTRO - ADLSINTRO.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
HELPBILS	HFKF3	yes/no	[[You said that [your/(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult./You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with… managing money (like keeping track of expenses or paying bills)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PERSON_HLPRBILS	HFKF4	roster	You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or paying bills). Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]
ADLSINTRO	HFLINTRO	no entry	Remembering that health problems can include physical, mental, emotional, or memory problems, I'd now like to ask you about how health problems may affect [your/(SP)'s] ability to perform some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each activity by [yourself/himself/herself] and without special equipment.	(01) CONTINUE (-7) Empty
HPPDBATH	HFLA1	code 1	Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty… bathing or showering?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused
DONTBATH	HFLA2	yes/no	[You said that bathing or showering is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
HPPDDRES	HFLB1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] dressing?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused
DONTDRES	HFLB2	yes/no	[You said that dressing is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
HPPDEAT	HFLC1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] eating?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused
DONTEAT	HFLC2	yes/no	[You said that eating is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
HPPDCHAR	HFLD1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] getting in or out of bed or chairs?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused
DONTCHAR	HFLD2	yes/no	[You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
HPPDWALK	HFLE1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] walking?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused
DONTWALK	HFLE2	code 1	[You said that walking is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
HPPDTOIL	HFLF1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] using the toilet, including getting up and down?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused
DONTTOIL	HFLF2	yes/no	[You said that using the toilet is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFLA1	routing	IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH. ELSE GO TO BOX HFLB1.	
HELPBATH	HFLA3	yes/no	[[You said [your/(SP's)] health makes bathing or showering difficult./You said that bathing or showering is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with bathing or showering?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PCHKBATH	HFLA4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering? [That is, does someone usually stay or come into the room to check on [you/him/her]?]	(01) YES (02) NO (-8) Don't Know (-9) Refused
EQIPBATH	HFLA5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with bathing or showering?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFLA2	routing	IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH. ELSE GO TO BOX HFLB1.	
LONGBATH	HFLA6	code 1	How long [have you/has (SP)] needed help with bathing or showering? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
STILBATH	HFLA7	yes/no	Do you expect that [you/(SP)] will still need help with bathing or showering three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFLB1	routing	IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES. ELSE GO TO BOX HFLC1.	
HELPDRES	HFLB3	yes/no	[[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with dressing?	(01) YES (02) NO (-8) Don't Know (-9) Refused

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
PCHKDRES	HFLB4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing? [That is, does someone usually stay or come into the room to check on [you/him/her]?]	(01) YES (02) NO (-8) Don't Know (-9) Refused
EQIPDRES	HFLB5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with dressing?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFLB2	routing	IF HFLB3 – HELPDRES = 1/Yes, GO TO HFLB6 - LONGDRES. ELSE GO TO BOX HFLC1.	
LONGDRES	HFLB6	code 1	How long [have you/has (SP)] needed help with dressing? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
STILDRES	HFLB7	yes/no	Do you expect that [you/(SP)] will still need help with dressing three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFLC1	routing	IF HFLC1 - HPPDEAT = 1/Yes OR HFLC2 – DONTEAT = 1/Yes, GO TO HFLC3 - HELPEAT. ELSE GO TO BOX HFLD1.	
HELPEAT	HFLC3	yes/no	[[You said [your/(SP's)] health makes eating difficult./You said that eating is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with eating?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PCHKEAT	HFLC4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with eating? [That is, does someone usually stay or come into the room to check on [you/him/her]?]	(01) YES (02) NO (-8) Don't Know (-9) Refused
EQIPEAT	HFLC5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/him/her] with eating?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFLC2	routing	IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC6 - LONGEAT. ELSE GO TO BOX HFLD1.	
LONGEAT	HFLC6	code 1	How long [have you/has (SP)] needed help with eating? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
STILEAT	HFLC7	yes/no	Do you expect that [you/(SP)] will still need help with eating three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFLD1	routing	IF HFLD1 – HPPDCHAR = 1/Yes OR HFLD2 - DONTCHAR = 1/Yes, GO TO HFLD3 - HELPCHAR. ELSE GO TO BOX HFLE1.	

Health Functioning and Status (HFQ)

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

Health Functioning and Status (HFQ)

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

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
PERSON_HLPRWALK	HFLE9	roster	You mentioned that [you receive/(SP) receives] help with walking. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]
	BOX HFLF3	routing	IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL. ELSE GO TO BOX HFL4.	
PERSON_HLPRTOIL	HFLF9	roster	You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help? ENTER ALL HELPERS.	(01) [Continuous answer.]
	BOX HFL4	routing	IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND/OR HFLF9, GO TO HFL10 - PERSON_HLPRMOST. ELSE GO TO HFM1 - FALLANY.	
PERSON_HLPRMOST	HFL10	roster	Which of these persons gives [you/(SP)] the most help with these things? SELECT ONLY ONE.	(01) [Continuous answer.]
FALLANY	HFM1	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down?	(01) YES (02) NO (-8) Don't Know (-9) Refused
FALLTIME	HFM2	numeric	Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down? ENTER "95" IF 95 OR MORE FALLS REPORTED.	[Continuous answer.] Don't Know Refused
FALLHELP	HFM3A	yes/no	Thinking about the [most recent) time that [you/(SP)] fell, did [you/he/she] hurt [yourself/himself/herself] badly enough to get medical help?	(01) YES (02) NO (-8) Don't Know (-9) Refused
FALCODE	HFM3B	code all	What kind of injury did [you/(SP)] have in that [most recent] fall? [PROBE: Anything else?] CHECK ALL THAT APPLY.	(01) BROKEN BONE/FRACTURE (02) SPRAIN/STRAIN (03) BRUISE (04) CUT/WOUND/LACERATION (05) CONCUSSION (06) DISLOCATION (91) OTHER (96) NO INJURY (-8) Don't Know (-9) Refused
FALOTHOS	HFM3B	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]
FALLIMIT	HFM3C	yes/no	Did [your/(SP's)] [most recent] fall cause [you/him/her] to limit [your/his/her] regular acivities?	(01) YES (02) NO (-8) Don't Know (-9) Refused
FALLBACK	HFM3D	code 1	How long did it take [you/(SP)] to get back to regular activities after [your/his/her] [most recent] fall?	(01) LESS THAN ONE WEEK (02) ONE WEEK OR MORE (03) NEVER RESUMED REGULAR ACTIVITIES (-8) Don't Know (-9) Refused
FALLFEAR	HFM3E	numeric	How would you rate [your/(SP's)] fear of falling on a scale of 1 to 6, where 1 is "Not at all afraid of falling" and 6 is "Extremely afraid of falling"?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused
	BOX MH1	routing	If the respondent is a proxy (SPPROXY=2), go to HFQ1 - LOSTURIN. Else go to HFN1 - HFGAD1.	

Health Functioning and Status (HFQ)

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

Health Functioning and Status (HFQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
HFPHQ7	HFN9	list	SHOW CARD HF8 [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?	(01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW
HFPHQ8	HFN10	list	SHOW CARD HF8 [Over the last 2 weeks, how often have you been bothered by the following problems:] moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	(01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW
HFPHQ10	HFN11	code one	SHOW CARD HF9 How difficult have these problems made it for you to do your work, take care of things at home, or get along with people?	(01) Not at all difficult, (02) Somewhat difficult, (03) Very difficult, (04) Extremely difficult? (-8) REFUSED (-9) DON'T KNOW
LOSTURIN	HFQ1	code 1	SHOW CARD HF10 I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] lost urine because [you/he/she] could not control [your/his/her] bladder.	(01) MORE THAN ONCE A WEEK (02) ABOUT ONCE A WEEK (03) 2-3 TIMES A MONTH (04) ABOUT ONCE A MONTH (05) EVERY 2-3 MONTHS (06) ONCE OR TWICE A YEAR (07) NOT AT ALL (08) SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG (-8) Don't Know (-9) Refused
TALKURIN	HFQ2	yes/no	[Have you/Has (SP)] talked about this problem with [your/(SP's)] doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused
FEELURIN	HFQ3	yes/no	Has [your/(SP's)] doctor or other health professional asked [you/him/her] about how [you/he/she] feel[s] about this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
REASURIN	HFQ4	yes/no	Has [your/(SP's)] doctor or other health professional examined [you/him/her] to figure out why [you/he/she] [lose/loses] urine?	(01) YES (02) NO (-8) Don't Know (-9) Refused
SURGURIN	HFQ5	yes/no	Has [your/(SP's)] doctor or other health professional talked with [you/him/her] about taking medicine or having surgery for this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HFT1	routing	IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD. ELSE GO TO BOX HFEND.	

Health Functioning and Status (HFQ)

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

Health Functioning and Status (HFQ)

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