HEALTH STATUS AND FUNCTIONING QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPAROXY Other: N/A PLACEMENT If INTTYPE in(C001, C002, C003, C004, C005, C006), administer after PVQ.	Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
SOUTHERN PRINCE			,			
Section Sect				HEALTH STATUS AND FUNCTIONING QUESTIONNAIRE SPECIFICATIONS		
\$25,000 \$25,						
September Sept						
PACE						
PACKET P						
MINTER (2001 OCC COSC DOM COSC COSC DOM COSC COSC Debut selections where PDQ				Other: N/A		
SOUTH SOUT				PLACEMENT		
Part Part Part				If INTTYPE in(C001, C002, C003, C004, C005, C006), administer after PVQ.		
Comparison Com		BOX HFBEG	routing	GO TO HFA1 - GENHELTH		
DEFICE 1954 1954 1955						
Column C						
Section Sect	GENHELTH	HFA1	code one	In general, compared to other people [your/(SP's)] age, would you say that [your/his/her] health is	(04) fair, or	HFA2 - COMPHLTH
STATE STAT						
SPOW CARD HET SPOW						
Compared to any year ago, from would you relief (your) [SP of health in general now? Compared to any year ago, from would you relief (your) [SP of health in general now? Compared to any year ago, from would you say (your) [SP of health in general now? Compared to any year ago, from would you have (your) [SP of health in general now? Compared to any year ago, from would you say (your) [SP of health in general now? Compared to any year ago, from would now year ago, from year ago, from would now year ago, from year ago, f					(01) much better now than one year ago,	
Colored No.				SHOW CARD HF1		
Would you say yours(\$Po) health is Set DOM** (NOW) S	COMPHLTH	HFA2	code one	Compared to one year ago, how would you rate [your/(SP's)] health in general now?		HFA2B - FUTRHLTH
Color Colo				W 11		
Put Park				Would you say [your/(SP's)] health is		
Part					(01) it will get much better	
In the next 6 months, what do you think will bappen to [pourt(SPP)] overall health? DISHEAR DISH yearno Note: I would like to sax you about [pourt(SPP)] overall health? DISHEAR DISH yearno Note: I would like to sax you about [pourt(SPP)] next. [Ave you'lts (SPI)] deaf or [or you'does (SPI)] have serious difficulty seeing, even when wearing glasses? DISSEE DISSE DISSE DISSE DISSE DISSE DISSE				CHOW CARD HEO		
In the next of months, what do you blink will happen to (your(SPP)) overall health? Coli Milling immore wome (15) Milling immore wome wome (15) Milling immore wome wome wome wome wome wome wome wom	FUTRHI TH	HFA2B	code one	SHOW CARD HF2		DIS1 - DISHEAR
Nov. would like to ask you about [rourr(SP9)] health. Set	T OTTAILETT	111 7(25)	oodo ono	In the next 6 months, what do you think will happen to [your/(SP's)] overall health?		BIOT BIOTIES III
DISSEE DIS2 yeaho Revolution (SP) deaf or (do yourdoes (SP)) have serious difficulty seeing, even when wearing glasses? DIS2 yeaho Revolution (SP) blind or (do yourdoes (SP)) have serious difficulty seeing, even when wearing glasses? DIS2 yeaho Revolution (SP) blind or (do yourdoes (SP)) have serious difficulty seeing, even when wearing glasses? DIS2 NO (SP) NOT KNOW (SP) blind or (do yourdoes (SP)) have serious difficulty seeing, even when wearing glasses? DISA DISTERSED DISA DISTERSED DISTERSE						
DISSEE DIS1 yearno Per No. Noutraine to pas you doubt (SPI) dear or (day youthoes (SPI) have serious difficulty seeing, even when wearing glasses? DISSEE DIS2 yearno Per No.					(-9) REFUSED	
Care youths (SP) dear or (do youddoes (SP)) have serious difficulty hearing? 1.59 DEF (NOW 1.59 DEF (NO	DISHEAR	DIS1	ves/no	Now, I would like to ask you about [your/(SP's)] health.	(02) NO	DIS2 - DISSEE
DISSEE DISSE Purior Report of the post of	DISTILAR	yesmo	yes/110	[Are you/Is (SP)] deaf or [do you/does (SP)] have serious difficulty hearing?		DIOZ - DIOOLL
DISSEE DISS. pesino Are you'ls (SP)) bind or (do you'does (SP)) have serious difficulty seeing, even when wearing glasses? (%) DON'T KNOW (%) REFUSED BOX HF1 BOX HF1						
DISSEE DISS Seal of Dott know East of Dissable						DIS3 - DISDECISION
BOX HF1 routing IF P_DISTEETH-YES, GO TO DIS2-DISDECISION. ELSE GO TO DIS2A-DISTEETH DIS2A yes/no [Have you/Has (SP)] lost all of [your/his/her] upper and lower natural (permanent) teeth? (0) YES (0) NO (2) NO (3) DONT KNOW (4) DEFUSED (6) DONT KNOW (5) DONT KNOW (6) DONT KNOW (7) NEF (7) DISA-DISBATH (8) DISA-DISBATH (9) DISA-DISBATH (10) YES (10) YES (10) YES (10) YES (10) NOS (10) YES (10) NOS (10) YES (10) NOS (10) YES (10) NOS (10) YES (10) DONT KNOW (10) DONT KNOW (10) NEFUSED (10) YES (10) NOS (10	DISSEE	DIS2	yes/no	[Are you/Is (SP)] blind or [do you/does (SP)] have serious difficulty seeing, even when wearing glasses?	(-8) DON'T KNOW	
DISTEETH DISZA yes/no					(-9) REFUSED	
DISTEETH DISZA yes/no				IE P. DISTEETH-VES. GO TO DIS3-DISDECISION		
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DISTEETH DIS2A yes/no [Have you/Has (SP)] lost all of (your/his/her) upper and lower natural (permanent) teeth? DISDECISION DIS3 yes/no Because of a physical, mental, or emotional condition, [do you/does (SP)] have serious difficulty (2) NOT KNOW (2) NET USED DISWALK DIS4 yes/no [Do you/Does (SP)] have serious difficulty walking or dimbing stairs? DISS DISSATH DIS5 yes/no [Do you/Does (SP)] have serious difficulty walking or dimbing stairs? DISSATH DIS5 yes/no [Do you/Does (SP)] have difficulty dressing or bathing? DISSATH DISS Pecause of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone (3) NET USED DISSATH DISS Pesido Because of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone (9) NET USED DISSATH HELMTACT HFA3 code one HFA3 code one Would you say HELMTACT HFA3 (9) NOT KNOW (4) NET USED DISSATH Simplify (SP's)] social activities, like (10) none of the time, (10) none of the						
DISTEETH DIS2A yes/no [Have you/Has (SP)] lost all of (your/his/her) upper and lower natural (permanent) teeth? DISDECISION DIS3 yes/no Because of a physical, mental, or emotional condition, [do you/does (SP)] have serious difficulty (2) NOT KNOW (2) NET USED DISWALK DIS4 yes/no [Do you/Does (SP)] have serious difficulty walking or dimbing stairs? DISS DISSATH DIS5 yes/no [Do you/Does (SP)] have serious difficulty walking or dimbing stairs? DISSATH DIS5 yes/no [Do you/Does (SP)] have difficulty dressing or bathing? DISSATH DISS Pecause of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone (3) NET USED DISSATH DISS Pesido Because of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone (3) NET USED DISSATH HELMTACT HFA3 code one [Have you/Has (SP)] lost all of (your/his/her) upper and lower natural (permanent) teeth? (01) YES (02) NO (03) NO (03) NO (03) NO (03) NO (04) NET USED (02) NO (03) NO (03) NO (04) NET USED (05) NONT KNOW (4) NET USED (07) NO (4) NO (4) NET USED (07) NO (4) NO (4) NET USED (07) NO (4) NO (4) NET					(01) VES	
DISDECISION DIS3 Ves/no DIS4 DIS9 Because of a physical, mental, or emotional condition, [do you/does (SPI)] have serious difficulty concentrating, remembering, or making decisions? DISWALK DIS4 DIS4 DIS5 DIS6 DIS6 DIS6 DIS6 DIS6 DIS6 DIS6 DIS6	DIOTECTI	DIOCA				DIOS DIODESIGNO
DISDECISION DIS3 yes/no Because of a physical, mental, or emotional condition, [do you/does (SP)] have serious difficulty (2) NO (8) DNT KNOW (9) REFUSED (01) YES (02) NO (8) DNT KNOW (9) REFUSED (01) YES (02) NO (9) REFUSED (01) YES (01) YES (02) NO (9) REFUSED (01) YES (02) NO (9) DNT KNOW (9) REFUSED (10) NO (9) REFUSED (10) YES (10) NO (9) REFUSED (10) YES (10) NO (10) YES (10) YES (10) NO (DISTEETH	DIS2A	yes/no	[Have you/Has (SP)] lost all of [your/his/her] upper and lower natural (permanent) teeth?	(-8) DON'T KNOW	DIS3 - DISDECISION
DISDECISION DIS3 yes/no Because of a physical, mental, or emotional condition, [do you/does (SP)] have serious difficulty concentrating, remembering, or making decisions? DISWALK DIS4 DIS4 yes/no DIS4 DIS5 yes/no DIS5 yes/no DIS6 yes/no DIS6 DIS6 DIS6 yes/no DIS6 DISFRANDS DIS6 DIS7 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS7 DIS6 D					(-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? DISWALK DIS4 DIS4 yes/no DIS4 DIS5 yes/no DIS5 yes/no DIS6 yes/no DIS6 DIS6 DIS6 yes/no DIS6 DISFRANDS DIS6 DIS7 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS6 DIS7 DIS6 DIS6 DIS7 DIS6 DIS6 DIS6 DIS7 DIS6 DIS7 DIS6 D					(01) YES	
Concentrating, remembering, or making decisions? Concentrating, remembering, or making decisions? (A) DISA DISA DISA Ves/no [Do you/Does (SP)] have serious difficulty walking or climbing stairs? (B) REFUSED (CO) NO (B) RODN'T KNOW (B) REFUSED (CO) NO (B) REFUSED (DO YOU/Does (SP)] have difficulty dressing or bathing? (DO YO	DISDECISION	DIS3	ves/no		(02) NO	DIS4 - DISWALK
DISWALK DIS4 yes/no [Do you/Does (SP)] have serious difficulty walking or climbing stairs? [Do you/Does (SP)] have serious difficulty walking or climbing stairs? [Do you/Does (SP)] have serious difficulty walking or climbing stairs? [Do you/Does (SP)] have difficulty dressing or bathing? [Do you/Does (SP)] have dressing or bathing? [Do you/Does (SP)] have dressing or bathing? [Do y	BIODEOIOIOIV	D100	yes/110	concentrating, remembering, or making decisions?		DIOT - DIOWALK
DISWALK DIS4 yes/no [Do you/Does (SP)] have serious difficulty walking or climbing stairs? [Do you/Does (SP)] have serious difficulty walking or climbing stairs? [Do you/Does (SP)] have difficulty dressing or bathing?						
Calculation	DISWALK	DIS4	ves/no	[Do you/Does (SP)] have serious difficulty walking or climbing stairs?	(02) NO	DIS5 - DISBATH
DISBATH DIS5 yes/no [Do you/Does (SP)] have difficulty dressing or bathing? [Do you/Does (SP)] have difficulty dressing or bathing? [Do you/Does (SP)] have difficulty dressing or bathing? [Oo you/Does (SP)] have difficulty dressing or bathing or bathing? [Oo you/Does (SP)] have difficulty dressing or bathing? [Oo you/Does (SP)] have difficulty dressing or bathing or b	3.0777,2.7		y come	[20 your 2000 (or)] have contour anneary manning or omnoring stainer.		J.65 2.62,
DISBATH DIS5 yes/no [Do you/Does (SP)] have difficulty dressing or bathing? [Do you/Does (SP)] have difficulty dressing or bathing? [O2) NO (-8) DON'T KNOW (-9) REFUSED (O1) YES (02) NO (-9) REFUSED (O2) NO (-9) REFUSED (O2) NO (-8) DON'T KNOW (-8) DON'T KNOW (-8) DON'T KNOW (-9) REFUSED (O1) none of the time, (O2) NO (-8) DON'T KNOW (-8) DON'T KNOW (-9) REFUSED (O1) none of the time, (O2) NO (-8) DON'T KNOW (-8) DON'T						
C-9) REFUSED C-9)	DISBATH	DIS5	ves/no	[Do you/Does (SP)] have difficulty dressing or bathing?	(02) NO	DIS6 - DISERRANDS
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? HELMTACT HFA3 code one Because of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone (02) NO (-8) DON'T KNOW (-9) REFUSED (01) none of the time, (02) some of the time, (02) some of the time, (03) most of the time, or (04) all of the time? Would you say HFB1-ECHELP HFB1-ECHELP						
Such as visiting a doctor's office or shopping? C-8 DON'T KNOW C-9 REFUSED					(01) YES	
HELMTACT HFA3 Such as visiting a doctor's office or snopping? (-8) DON'T KNOW (-9) REFUSED (01) none of the time, (02) some of the time, (03) most of the time, or (04) all of the time? (04) all of the time? (05) DON'T KNOW (-9) REFUSED (10) none of the time, (10) none o	DISERRANDS	DIS6	yes/no			HFA3 - HELMTACT
HELMTACT HFA3 HELMTACT HFA3 HOW much of the time during the past month has [your/(SP's)] health limited [your/(SP's)] social activities, like (02) some of the time, (03) most of the time, or (04) all of the time? Would you say (-8) DON'T KNOW			ĺ	such as visiting a doctor's office or snopping?		
HELMTACT HFA3 code one visiting with friends or close relatives? Would you say (03) most of the time, or (04) all of the time? Would you say (-8) DON'T KNOW					(01) none of the time,	
Would you say Code one (04) all of the time? (-8) DON'T KNOW						
Would you say	HELMTACT	HFA3	code one	visiting with menus of close relatives?		HFB1-ECHELP
(-9) REFUSED				Would you say	(-8) DON'T KNOW	
					(-9) REFUSED	

				I(04) VES	I/O4) HER2 FOTBOLIB
				(01) YES (02) NO	(01) HFB2 - ECTROUB (02) HFB2 - ECTROUB
ECHELP	HFB1	yes/no		(03) SP IS BLIND	(03) HFB6 - EDOCEXAM
LOTILLI	111 51	y 6-3/110		(-8) DON'T KNOW	(-8) HFB6 - EDOCEXAM
			[DO you/Does (Sr)] wear eyeglasses of contact lenses?	(-9) REFUSED	(-9) HFB6 - EDOCEXAM
				(01) NO TROUBLE SEEING	(01) HFB6 - EDOCEXAM
				(02) A LITTLE TROUBLE SEEING	(02) HFB6 - EDOCEXAM
			Which statement best describes [your/(SP's)] vision [while wearing glasses or contact lenses] no trouble	(03) A LOT OF TROUBLE SEEING	(03) HFB2A - ECLEGBLI
ECTROUB	HFB2	code one	seeing, a little trouble, a lot of trouble, or no usable vision?	(04) NO USABLE VISION	(04) HFB6 - EDOCEXAM
			Seeing, a nuite trouble, a lot of trouble, of no usable vision:	(-8) DON'T KNOW	(-8) HFB6 - EDOCEXAM
				(-9) REFUSED	(-9) HFB6 - EDOCEXAM
			[Have you/Has (SP)] been told that [you are/he is/she is] legally blind?	(01) YES	(-9) HPB0 - EDOCEXAIVI
			[Have your las (or)] been told that [you are/lie is/site is] legally billid:	(02) NO	
ECLEGBLI	HFB2A	yes/no	[EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they	(-8) DON'T KNOW	HFB6 - EDOCEXAM
			cannot see well enough to drive.]	(-9) REFUSED	
			[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)?		
				(01) YES	(01) HFB7A - EDOCTYPE
				(02) NO	(02) HFB7 - EDOCLAST-BOX HFC
EDOCEXAM	HFB6	yes/no		(-8) DON'T KNOW	(-8) BOX HFB1
			[IF NEEDED: Please include any eye exams that took place during a visit that you may have already told me	` '	(-9) BOX HFB1
			about.]	(-9) KEFUSED	(-9) BOX HEB I
			IF SP IS IN THE BASELINE SAMPLE [SAMPLE.PERSON.INTTYPE=3], GO TO HFB7-EDOCLAST.		
	BOX HFC	routing	ELSE GO TO BOX HFB1.		
			LEGE GO TO BOXTILDT.	(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	(01) BOX HFB1
				(-8) DON'T KNOW	(02) HFB7A EDOCTYPE
				(-9) REFUSED	(03) HFB7A - EDOCTYPE
				(04) I F00 TUAN 4 \(\(\) F4 B 4 C C	(04) HFB7A - EDOCTYPE
				(01) LESS THAN 1 YEAR AGO	(-8) BOX HFB1
				(02) 1 YEAR TO LESS THAN 2 YEARS	(-9) BOX HFB1
				(03) 2 YEARS TO LESS THAN 3 YEARS	
TDOCLAST	HFB7	ando ano	How long has it has a since [vaug/(CDIs)] last ave examination by an eye dector?	(04) 3 YEARS TO LESS THAN 4 YEARS	(996) BOX HFB1
EDOCLAST	пгв/	code one	How long has it been since [your/(SP's)] last eye examination by an eye doctor?	(05) 4 YEARS TO LESS THAN 5 YEARS	(01) HFB7A - EDOCTYPE
			(06) 5 YEARS TO LESS THAN 6 YEARS	(02) HFB7A - EDOCTYPE	
				(07) 6 YEARS TO LESS THAN 7 YEARS	(03) HFB7A – EDOCTYPE
				(08) 7 YEARS TO LESS THAN 8 YEARS	(04) HFB7A – EDOCTYPE
				(09) 8 YEARS TO LESS THAN 9 YEARS	(05) HFB7A – EDOCTYPE
				(10) 9 YEARS TO LESS THAN 10 YEARS	(12) HFB7A - EDOCTYPE
				(11) 10 YEARS AGO OR MORE	(-8) BOX HFB1
			(12) 5 YEARS AGO OR MORE	(-9) BOX HFB1	
				(996) NEVER HAD EXAM	
				(-8) DON'T KNOW (-9) REFUSED	
			I have a couple of questions about [your/(SP's)] last eye examination.	II-91 REFUSED	
				(0.1) 0.770.1770.07	(0.4) (17777) - 77.000 (47
			Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care	(01) OPTOMETRIST	(01) H7B7B - EDOCDLAT
			professional?	(02) OPHTHALMOLOGIST	(02) H7B7B - EDOCDLAT
EDOCTYPE	HFB7A	code one	professional:	(91) OTHER DOCTOR SPECIALTY	(91) HFB7 - EDOCTYOS
			[EXPLAIN IF NECESSARY: An optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual	(-8) DON'T KNOW	(-8) BOX HFB1
			TIE AEL AUNTE INECESSANT. AU ODIOMENISTIS A DOCIDE DE ODIOMENY (U. D. 1 WNO DIAGNOSES AND TÉATS VISUAL		
				(-9) REFUSED	(-9) BOX HFB1
			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases	(-9) REFUSED	
EDOCTYOS	LICDZA	spenk aking took	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.]	(-9) REFUSED	(-9) BOX HFB1
	HFB7A	verbatim text	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases	(-9) REFUSED	
	HFB7A	verbatim text	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY)		(-9) BOX HFB1
			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.]	(01) YES	(-9) BOX HFB1 H7B7B - EDOCDLAT
EDOCDLAT	HFB7A HFB7B	verbatim text yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) Again, thinking about [your/(SP's)] last eye examination, were dilating drops used in [your/(SP)'s] eyes?	(01) YES (02) NO	(-9) BOX HFB1
EDOCDLAT			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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	(01) YES (02) NO (-8) DON'T KNOW	(-9) BOX HFB1 H7B7B - EDOCDLAT
EDOCDLAT			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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	(-9) BOX HFB1 H7B7B - EDOCDLAT
EDOCDLAT			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT
EDOCDLAT			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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	(-9) BOX HFB1 H7B7B - EDOCDLAT
	HFB7B	yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC
			health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW	(-9) BOX HFB1 H7B7B - EDOCDLAT
	HFB7B	yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC
EDOCDLAT ECATARAC	HFB7B	yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC
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ECATARAC	HFB7B	yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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 (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM
ECATARAC	HFB7B	yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC
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ECATARAC	HFB7B	yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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 (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM
ECATARAC EGLAUCOM	HFB7C HFB7C	yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP
ECATARAC EGLAUCOM	HFB7B	yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM
ECATARAC EGLAUCOM	HFB7C HFB7C	yes/no yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP
ECATARAC EGLAUCOM	HFB7C HFB7C	yes/no yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP
ECATARAC EGLAUCOM	HFB7C HFB7C	yes/no yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP
ECATARAC EGLAUCOM ERETINOP	HFB7C HFB7C	yes/no yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP
ECATARAC	HFB7C HFB7C HFB7C	yes/no yes/no yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma? Diabetic retinopathy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP HFB7C - EMACULAR
ECATARAC EGLAUCOM ERETINOP	HFB7C HFB7C HFB7C	yes/no yes/no yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma? Diabetic retinopathy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP HFB7C - EMACULAR
ECATARAC EGLAUCOM ERETINOP	HFB7C HFB7C HFB7C	yes/no yes/no yes/no yes/no	health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] OTHER (SPECIFY) 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.] 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? Glaucoma? Diabetic retinopathy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED (01) YES (02) NO	(-9) BOX HFB1 H7B7B - EDOCDLAT HFB7C - ECATARAC HFB7C - EGLAUCOM HFB7C - ERETINOP HFB7C - EMACULAR

				(01) YES (02) NO	
CCATOP	HFB10	yes/no	[Have you/Has (SP)] ever had an operation for cataracts?	(-8) DON'T KNOW (-9) REFUSED	BOX HFB1
	BOX HFB1	routing	IF HFB7C - ERETINOP = 1/Yes OR HFB7C - EMACULAR = 1/Yes, GO TO HFB11 - ELASRSUR. ELSE GO TO HFC1 - HCHELP.	(3)1121 3323	
			Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and		
			macular degeneration.	(01) YES	
LASRSUR	HFB11	yes/no	[Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions?	(02) NO	HFC1 - HCHELP
		,,,,,,,		(-8) DON'T KNOW	
			[EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct	(-9) REFUSED	
			vision.]	(04) VEC	(04) LIFCO LICTROLID
				(01) YES (02) NO	(01) HFC2 - HCTROUB (02) HFC2 - HCTROUB
CHELP	HFC1	yes/no	[Do you/Does (SP)] use a hearing aid?	(03) SP IS DEAF	(03) HFC3 - HCKNOWMC
		, same		(-8) DON'T KNOW	(-8) HFD1A - FOODTRBL
				(-9) REFUSED	(-9) HFD1A - FOODTRBL
				(01) NO TROUBLE HEARING	(01) HFD1A - FOODTRBL
			Which statement heat describes (veur//SPIs)) hearing (with a hearing aid); no trouble hearing a little trouble	(02) A LITTLE TROUBLE HEARING	(02) HFC3 - HCKNOWMC (03) HFC3 - HCKNOWMC
CTROUB	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?	(04) DEAF	(04) HFC3 - HCKNOWMC
			lot of trouble, of deal:	(-8) DON'T KNOW	(-8) HFD1A - FOODTRBL
				(-9) REFUSED	(-9) HFD1A - FOODTRBL
				(01) NO TROUBLE	
101010111111			How much trouble [do you/does (SP)] have finding out things [you need/he needs/she needs] to know about	(02) A LITTLE TROUBLE	
ICKNOWMC	HFC3	code one	Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say [you	(03) A LOT OF TROUBLE	HFC4 - HCCOMDOC
			have/she has/he has] no trouble, a little trouble, or a lot of trouble?	(-8) DON'T KNOW (-9) REFUSED	
				(01) NO TROUBLE	
			How much trouble [do you/does (SP)] have communicating with [your/his/her] doctor or other health	(02) A LITTLE TROUBLE	
CCOMDOC	HFC4	code one	professional because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say [you	(03) A LOT OF TROUBLE	HFD1A - FOODTRBL
			have/she has/he has] no trouble, a little trouble, or a lot of trouble?	(-8) DON'T KNOW	
				(-9) REFUSED	
				(01) NO TROUBLE	
OODTRBL	HFD1A	code one	How much trouble [do you/does (SP)] have eating solid foods because of problems with [your/his/her] mouth	(02) A LITTLE TROUBLE (03) A LOT OF TROUBLE	HFE1 - HEIGHTFT
OODTRBL	HFDIA	code one	or teeth? Would you say [you have/she has/he has] no trouble, a little trouble, or a lot of trouble?	(-8) DON'T KNOW	HEI-HEIGHTFT
				(-9) REFUSED	
				(01) continuous answer	
EIGHTFT	HFE1	numeric	How tall [are you/is (SP)]?	(-8) DON'T KNOW	HFE1 - HEIGHTIN
				(-9) REFUSED (01) continuous answer	
IEIGHTIN	HFE1	numeric	How tall [are you/is (SP)]?	(-8) DON'T KNOW	HFE1 - WEIGHT
		1		(-9) REFUSED	
			How much [do you/does (SP)] weigh?	(01) continuous answer	
VEIGHT	HFE1	numeric	INVEIGUE QUOLUD DE DECODDED IN DOUNDOS	(-8) DON'T KNOW	HFHINTRO - DIFINTRO
			[WEIGHT SHOULD BE RECORDED IN POUNDS] Now, I'm going to ask about how difficult it is, on average, for [you/(SP)] to do certain kinds of activities.	(-9) REFUSED	
IFINTRO	HFHINTRO	no entry	Please tell me for each activity whether [you have/(SP) has] no difficulty at all, a little difficulty, some	(01) CONTINUE	HFH1 - DIFSTOOP
		,	difficulty, a lot of difficulty, or [is/are] not able to do it.	(-7) Empty	
				(01) NO DIFFICULTY AT ALL	
			SHOW CARD HF3	(02) A LITTLE DIFFICULTY	
DIFSTOOP	HFH1	code 1	How much difficulty, if any, [do you/does (SP)] have stooping, crouching, or kneeling? Would you say [you	(03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY	HFH2 - DIFLIFT
51551		oodo i	have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do	(05) NOT ABLE TO DO IT	
			it?	(-8) Don't Know	
				(-9) Refused	
			SHOW CARD HF3	(01) NO DIFFICULTY AT ALL	
			How much difficulty if any Ida varidace (CDV) have lifting an assessment ability at the lifting and assessment of the control	(02) A LITTLE DIFFICULTY	
IFLIFT	HFH2	code 1	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?	(03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY	HFH3 - DIFREACH
n Ell 1	111 112	loode i	meavy bag of grocenes:	(05) NOT ABLE TO DO IT	III IIO - DIFREAGN
			[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some	(-8) Don't Know	
			difficulty, a lot of difficulty, or [is/are] not able to do it?]	(-9) Refused	
			SHOW CARD HF3	(01) NO DIFFICULTY AT ALL	
				(02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY	
	HFH3	code 1	What about reaching or extending arms above shoulder level?	(04) A LOT OF DIFFICULTY	HFH4 - DIFWRITE
IFREACH		1	IDDODE IE NEGEGOADY. World have a final work in the Warring of the	(05) NOT ABLE TO DO IT	THE BIT WIND
IFREACH	i i		[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some	(-8) Don't Know	
IFREACH		İ	difficulty, a lot of difficulty, or [is/are] not able to do it?]	(-9) Refused	
DIFREACH					
DIFREACH			SHOW CARD HF3	(01) NO DIFFICULTY AT ALL	
DIFREACH			SHOW CARD HF3	(02) A LITTLE DIFFICULTY	
	UEU 4	anda 1	SHOW CARD HF3 How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects?	(02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY	HELE DIEWALK
DIFREACH	HFH4	code 1	How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects?	(02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY	HFH5 - DIFWALK
	HFH4	code 1		(02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY	HFH5 - DIFWALK

			SHOW CARD HF3	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY	
DIFWALK	HFH5	code 1	What about walking a quarter of a mile - that is, about 2 or 3 blocks?	(03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY	HFH10INT - PHYSACTINTRO
			[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	
PHYSACTINTRO	HFH10INT	no entry	We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that [you do/(SP) does].	(01) CONTINUE (-7) Empty	HFH10 - VIGUNIT
VIGUNIT	HFH10	quantity unit	In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know	(01) HFH10 - VIGNUM (02) HFH10 - VIGNUM (03) HFH10 - VIGNUM (04) HFH10 - VIGNUM (96) HFH11 - MODUNIT (-8) HFH11 - MODUNIT
VIGNUM	HFH10	quantity unit	In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate?	(-9) Refused (01) [Continuous answer.] (-8) Don't Know (-9) Refused	(-9) HFH11 - MODUNIT HFH11 - MODUNIT
MODUNIT	HFH11	quantity unit	IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. 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	(01) HFH11 - MODNUM (02) HFH11 - MODNUM (03) HFH11 - MODNUM (04) HFH11 - MODNUM (96) HFH12 - MUSUNIT (-8) HFH12 - MUSUNIT
MODNUM	HFH11	numeric	In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking,	(-9) Refused (01) continous answer	(-9) HFH12 - MUSUNIT (01) HFH12 - MUSUNIT
MUSUNIT	HFH12	quantity unit	bicycling, gardening, golf, swimming, or vacuuming? 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	(01) HFH12 - MUSNUM (02) HFH12 - MUSNUM (03) HFH12 - MUSNUM (04) HFH12 - MUSNUM (96) HFJINTRO - MEDCONDINTRO (-8) HFJINTRO - MEDCONDINTRO (-9) HFJINTRO - MEDCONDINTRO
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?	(01) Continunous answer	HFJINTRO - MEDCONDINTRO
MEDCONDINTRO	HFJINTRO	no entry	Next, I'm going to read a list of medical conditions. [Since (LAST HF MONTH YEAR) has/Has] a doctor 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
	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	HFJ2 - OCHBP
			[[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]	(01) YES	(01) BOX HFJ2
OCHBP	HFJ2	yes/no	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	(02) NO (-8) Don't Know (-9) Refused	(02) HFJ4 - OCMYOCAR (-8) HFJ4 - OCMYOCAR (-9) HFJ4 - OCMYOCAR
	BOX HFJ2	routing	CONDITION.] IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ3 - YRHBP. ELSE GO TO HFJ4 - OCMYOCAR.		
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] st had hypertension or high blood pressure?	(01) YES (02) NO	
/RHBP	HFJ3	yes/no	[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.]	(-8) Don't Know (-9) Refused	HFJ4 - OCMYOCAR
DCMYOCAR	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]	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ3 (02) HFJ6 - OCCHD (-8) HFJ6 - OCCHD
	BOX HFJ3	routing	a myocardial infarction or heart attack? IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ5 - YRMYOCAR. ELSE GO TO HFJ6 - OCCHD.	(-9) Refused	(-9) HFJ6 - OCCHD
/RMYOCAR	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	HFJ6 - OCCHD
DCCHD	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]	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ4 (02) HFJ8 - OCCFAIL (-8) HFJ8 - OCCFAIL
	BOX HFJ4	routing	[a new episode of] angina pectoris or coronary heart disease? IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ7 - YRCHD. ELSE GO TO HFJ8 - OCCFAIL.	(-9) Refused	(-9) 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	HFJ8 - OCCFAIL
DCCFAIL	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]	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ5 (02) HFJ14 - OCHRTCND (-8) HFJ14 - OCHRTCND
	BOX HFJ5	routing	[a new episode of] congestive heart failure? IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ9 - YRCFAIL. ELSE GO TO HFJ14 - OCOTHHRT.	(-9) Refused	(-9) HFJ14 - OCOTHHRT
RCFAIL	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	HFJ14 - OCHRTCND
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had]	(-0) Nordsed	
OCHRTCND	HFJ14	yes/no	[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	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ8 (02) HFJ16 - OCSTROKE (-8) HFJ16 - OCSTROKE
			the rhythm of the heartbeat, such as atrial fibrillation.]	(-9) Refused	(-9) HFJ16 - OCSTROKE
	BOX HFJ8	routing	[DO NOT RECORD THE NAME OF THE CONDITION AT THIS QUESTION.] 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?	(01) YES (02) NO	HFJ16 - OCSTROKE
KHKTOND	FIFSTS	yes/no	[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.]	(-8) Don't Know (-9) Refused	HF310 - OCSTRORE
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had]		
CSTROKE	HFJ16	yes/no	a stroke, a brain hemorrhage, or a cerebrovascular accident?	(01) YES (02) NO	(01) BOX HFJ9 (02) HFJ17A - OCCHOLES
SOTTONE		yes/ne	[NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.]	(-8) Don't Know (-9) Refused	(-8) HFJ17A - OCCHOLES (-9) HFJ17A - OCCHOLES
	BOX HFJ9	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ17 - YRSTROKE. ELSE GO TO HFJ17A - OCCHOLES.		
RSTROKE	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?	(01) YES (02) NO	HFJ17A - OCCHOLES
KONE	ПЕЗТ	yes/110	[NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.]	(-8) Don't Know (-9) Refused	HF317A - OCCHOLES
			[NOTE: This moldes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.]	(-0) NordSed	
			Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had high cholesterol?	(01) YES	(01) HFJ17B - YRCHOLES
CCHOLES	HFJ17A	yes/no	[INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A	(02) NO	(2) BOX HFJ29
			CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.]	(-8) Don't Know (-9) Refused	(-8) BOX HFJ29 (-9) BOX HFJ29
			Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she]	(04) \(\(\) (0.0)	
DOLLO: 50	UE 1470		had high cholesterol?	(01) YES (02) NO	DOV 115 100
RCHOLES	HFJ17B	yes/no	[INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A	(-8) Don't Know	BOX HFJ29
			CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.]	(-9) Refused	
			IF ROUND= FALL 2018 ROUND 82, GO TO HFJ45-BLOSWGHT.		
	BOX HFJ29		ELSE-IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) GO TO HFJ45-BLOSWGHT.		
	BOX111 020		ELSE IF be P_EVRLWGHT ^= YES 0 THEN GO TO HFJ46-CLOSWGHT. ELSE GO TO HFJ18 - OCCSKIN.		
				(01) YES	
LOSWGHT	HFJ45	yes/no	To lower risk for certain diseases, [have you/ has (SP)] ever been told by a doctor or health professional to	(02) NO	HFJ18 - OCCSKIN
			control weight or lose weight?	(-8) Don't Know (-9) Refused	
			To lower risk for certain diseases, since (SAMPLE_PERSON.DATE_FALLRND) [have you/ has (SP)] been	(01) YES (02) NO	
LOSWGHT	HFJ46	yes/no	told by a doctor or health professional to control weight or lose weight?	(-8) Don't Know	HFJ18 - OCCSKIN
			[I've recorded that [you/(SP)] previously reported having had skin cancer.]	(-9) Refused	
			[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES (02) NO	(01) BOX HFJ10 (02) HFJ20 - OCCANCER
CCSKIN	HFJ18	yes/no	[you/he/she] had]	(-8) Don't Know	(-8) HFJ20 - OCCANCER
			[a new occurrence of] skin cancer?	(-9) Refused	(-9) HFJ20 - OCCANCER
	BOX HFJ10	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ19 - YRCSKIN. ELSE GO TO HFJ20 - OCCANCER.		
DOOKIN	115.40	,	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she]	(01) YES (02) NO	115.100 0001115-
RCSKIN	HFJ19	yes/no	had an occurrence of skin cancer?	(-8) Don't Know (-9) Refused	HFJ20 - OCCANCER
			[I've recorded that [you/(SP)] previously reported having had a tumor, growth, malignancy, or cancer of the [READ RESPONSES BELOW].]		
				(01) YES (02) NO	(01) BOX HFJ11 (02) BOX HFJ13
CCANCER	HFJ20	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 [other] kind of cancer, malignancy, or tumor other than skin cancer?	(-8) Don't Know (-9) Refused	(-8) BOX HFJ13 (-9) BOX HFJ13
			INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.	(o) Norwood	(-0) BOX111 010
	BOX HFJ11	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ21 - YRCANCER. ELSE GO TO HFJ22 - OCCCODE.		
				(01) YES	
RCANCER	HFJ21	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he/she] had any kind of cancer, malignancy, or tumor other than skin cancer?	(02) NO (-8) Don't Know	HFJ22 - OCCCODE
			indu diry kind of our loor, mangriancy, or turnor other than skin our loor:	(-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 skir cancer found? [PROBE: Any other part?] CHECK ALL THAT APPLY	(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	(01) BOX HFJ13 (02) BOX HFJ13 (03) BOX HFJ13 (04) BOX HFJ13 (05) BOX HFJ13 (06) BOX HFJ13 (07) BOX HFJ13 (08) BOX HFJ13 (10) BOX HFJ13 (11) BOX HFJ13 (12) BOX HFJ13 (16) BOX HFJ13 (17) BOX HFJ13 (18) BOX HFJ13 (19) BOX HFJ13 (20) BOX HFJ13 (20) BOX HFJ13 (21) BOX HFJ13 (22) BOX HFJ13 (23) BOX HFJ13 (24) BOX HFJ13 (25) BOX HFJ13 (26) BOX HFJ13 (27) BOX HFJ13 (28) BOX HFJ13 (29) BOX HFJ13 (29) BOX HFJ13 (29) BOX HFJ13 (29) BOX HFJ13
				(-8) Don't Know	(-8) BOX HFJ13
00000	LIE 100	varbatim taxt	Charify the part of parts of your hady where the concer or type rugs found	(-9) Refused	(-9) BOX HE.113
occos	BOX HFJ13	verbatim text routing	Specify the part of parts of your body where the cancer or tumor was found. 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.	(01) [Continuous answer.]	BOX HFJ13
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]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX HFJ15 (02) BOX HFJ16 (-8) BOX HFJ16 (-9) BOX HFJ16
	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
	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. [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(0 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
OCARTH	HFJ25	yes/no	(you/he/she) had] arthritis, other than rheumatoid or osteoarthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX HFJ15 (02) BOX HFJ16
	BOX HFJ15	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ26 - YRARTHRD. ELSE GO TO BOX HFJ16A.		
YRARTHRD	HFJ26	yes/no	Since (LAST HF MONTH YEAR), did a doctor 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
	BOX HFJ16	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ28 - OCMENTAL. ELSE GO TO BOX HFJ16A.		
			[Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had]	(04))/50	
OCMENTAL	HFJ28	yes/no	an intellectual disability?	(01) YES (02) NO (-8) Don't Know	BOX HFJ16A
			[EXPLAIN IF NECESSARY:] This is also known as intellectual development disorder or a general learning disability. It was formerly known as mental retardation.	(-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]	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ30-BOX HFJ16B (02) BOX HFJ16B (-8) BOX HFJ16B
	BOX HFJ16B	routing	Alzheimer's disease? 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.	(-9) Refused	(-9) BOX HFJ16B
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]	(01) YES (02) NO (-8) Don't Know	BOX HFJ30
			any type of dementia other than Alzheimer's disease?	(-9) Refused	

	BOX HFJ30		IF ROUND= FALL 2018 ROUND 82, GO TO HFJ47-BASKDEPRS. ELSEIF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) GO TO HFJ47-BASKDEPRS. ELSE IF P_EVRDPRSS ^= YES 0 THEN GO TO HFJ48-CASKDEPRS. ELSE GO TO HFJ30AA - OCDEPRSS.		
ASKDEPRS	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	HFJ30AA - OCDEPRSS
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	HFJ30AA - OCDEPRSS
CDEPRSS	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]	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ17A (02) HFJ30A - OCPSYCHO (-8) HFJ30A - OCPSYCHO
	BOX HFJ17A	routing	depression? IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ30BB - YRDEPRSS ELSE GO TO HFJ30A - OCPSYCHO.	(-9) Refused S.	(-9) HFJ30A - OCPSYCHO
RDEPRSS	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	HFJ30A - OCPSYCHO
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]	(01) YES (02) NO	(01) BOX HFJ17B (02) BOX HFJ19
701 010110	111 000/4	yearno	a mental or psychiatric disorder other than depression? [INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.]	(-8) Don't Know (-9) Refused	(-8) BOX HFJ19 (-9) BOX HFJ19
	BOX HFJ17B	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ31A - YRPSYCHO. ELSE GO TO BOX HFJ19.		
RPSYCHO	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
	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.	(-5) Nerused	
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]	(01) YES (02) NO (-8) Don't Know	HFJ33 - OCBRKHIP
OCBRKHIP	HFJ33	yes/no	osteoporosis, sometimes called fragile or soft bones? [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/he/she] had]] a broken hip?	(-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX HFJ20 (02) BOX HFJ21 (-8) BOX HFJ21 (-9) BOX HFJ21
	BOX HFJ20	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ34 - YRBRKHIP. ELSE GO TO BOX HFJ21.	(04) VEC	
RBRKHIP	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
	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. [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that	(01) YES	
CPARKIN	HFJ35	yes/no	[you/he/she] had] Parkinson's disease?	(02) NO (-8) Don't Know (-9) Refused	BOX HFJ22
	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.		
CEMPHYS	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?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFJ37 - OCPPARAL
CPPARAL	HFJ37	yes/no	COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE 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	(01) YES (02) NO	(01) BOX HFJ23 (02) BOX HFJ24
			[you/he/she] had] complete or partial paralysis?	(-8) Don't Know (-9) Refused	(-8) BOX HFJ24 (-9) BOX HFJ24

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
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.		
HFJ39	yes/no	ASK:	(02) NO (-8) Don't Know	BOX HFJ25
BOX HFJ25	routing	IF SP IS FEMALE (ROSTSEX=2 or (roster.ROSTSEX=2 where ROSTNUM=1)), GO TO HFJ41A—OCBETES-BOX HFCA. ELSE GO TO HFJ40 - HAVEPROS.	(-9) Keluseu	
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]	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ26 (02) HFJ41A - OCBETES-BOX HFCA (-8) HFJ41A - OCBETES BOX HFCA
			(-9) Refused	(-9) HFJ41A OCBETES BOX HFCA
BOX HFJ26	routing	ELSE GO TO HFJ41A - OCBETES BOX HFCA.	VOALVEC	
HFJ41	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/he] had ar enlarged prostate or benign prostatic hypertrophy (BPH)?		HFJ41A - OCBETES BOX HFCA
BOX HFCA	routing	IF P_OCBETES=YES, GO TO BOX HFCB. ELSE IF SP IS IN THE BASELINE SAMPLE (sample_person.INTTYPE=3), GO TO HFJ41A-OCBETES. ELSE GO TO YRBETES-YRBETES.		
HFJ41A	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had any type of diabetes, including:	(01) YES (02) NO (-8) Don't Know	(01) HFJ41B - OCDTYPE (02) BOX HFJ27 (-8) BOX HFJ27
			(-9) Refused	(-9) BOX HFJ27
YRBETES	yes/no	Since [SAMPLE_PERSON.DATE_FALLRND], 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	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFJ41B - OCDTYPE (02) BOX HFJ27 (-8) BOX HFJ27 (-9) BOX HFJ27
		SHOW CARD HF5 Looking at this card, please tell me which type of diabetes the doctor or other health professional said that [you have/(SP) has].	(01) TYPE 1 (02) TYPE 2 (03) BORDERLINE	(01) HFJ41C - OCDVISIT BOX HFCB (02) HFJ41C - OCDVISIT BOX HFCB (03) HFJ41C - OCDVISIT BOX HFCB
HFJ41B	code 1	[IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] [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.]	(04) PRE-DIABETES (05) GESTATIONAL (PREGNANCY-RELATED) (91) SOME OTHER TYPE (-8) Don't Know (-9) Refused	(04) HFJ41C - OCDVISIT BOX HFCB (05) HFJ41C - OCDVISIT BOX HFCB (91) HFJ41B - OCDTYPOS (-8) HFJ41C - OCDVISIT BOX HFCB (-9) HFJ41C - OCDVISIT BOX HFCB
HFJ41B	verbatim text	SOME OTHER TYPE (SPECIFY) [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.]	(01) [Continuous answer.]	HFJ41C - OCDVISIT BOX HFCB
BOX HFCB	routing	IF (P_OCBETES ^= YES AND (OCBETES = YES or YRBETES = YES)) OR (P_OCBETES = YES AND P_OCDVISIT ^= YES), GO TO HFJ41C-OCDVISIT. ELSE GO TO BOX HFJ27.		
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
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 AGECALC<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.		
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]	(01) YES (02) NO (-8) Don't Know	(01) BOX HFJ28 (02) HFJ43 - EMCAUSEVB (-8) HFPINTRO - HLTHCAREINTRO (-9) HFPINTRO - HLTHCAREINTRO
	HFJ39 BOX HFJ25 HFJ40 BOX HFJ26 HFJ41 BOX HFCA HFJ41A YRBETES HFJ41B BOX HFCB HFJ41C BOX HFJ27	HFJ39 yes/no BOX HFJ25 routing HFJ40 yes/no BOX HFJ26 routing HFJ41 yes/no BOX HFCA routing HFJ41A yes/no YRBETES yes/no HFJ41B code 1 HFJ41B verbatim text BOX HFCB routing HFJ41C yes/no BOX HFJ27 routing	SOX HFJ26 routing (sample, person P, OCAMPUTE-T), OCITO BOX HFJ26. ESS GO TO HESS GO COMPUTE.	Section Control Cont

EMCAUSEVB	HFJ43	verbatim text	What was the original cause of [your/(SP's)] becoming eligible for Medicare? RECORD VERBATIM.	(01) [Continuous answer.]	HFPINTRO - HLTHCAREINTRO
	BOX HFJ28	routing	IF SP RESPONDED "YES" TO ONLY ONE HFJ CONDITION, GO TO HFPINTRO - HLTHCAREINTRO. ELSE GO TO HFJ44 - EMCODE.		
				(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	(01) HFPINTRO - HLTHCAREINTRO (02) HFPINTRO - HLTHCAREINTRO (03) HFPINTRO - HLTHCAREINTRO (04) HFPINTRO - HLTHCAREINTRO (05) HFPINTRO - HLTHCAREINTRO (06) HFPINTRO - HLTHCAREINTRO (07) HFPINTRO - HLTHCAREINTRO (08) HFPINTRO - HLTHCAREINTRO
EMCODE EMOS HLTHCAREINTRO	HFJ44 HFPINTRO	code all verbatim text no entry	Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?] CHECK UP TO 8 CONDITIONS. OTHER (SPECIFY) Now I want to ask you about some things that [you/(SP)] may be doing to maintain [your/his/her] health, eith	` '	(10) HFPINTRO - HLTHCAREINTRO (11) HFPINTRO - HLTHCAREINTRO (12) HFPINTRO - HLTHCAREINTRO (13)HFPINTRO - HLTHCAREINTRO (14) HFPINTRO - HLTHCAREINTRO (15) HFPINTRO - HLTHCAREINTRO (16) HFPINTRO - HLTHCAREINTRO (17) HFPINTRO - HLTHCAREINTRO (18) HFPINTRO - HLTHCAREINTRO (19) HFPINTRO - HLTHCAREINTRO (20) HFPINTRO - HLTHCAREINTRO (21) HFPINTRO - HLTHCAREINTRO (22) HFPINTRO - HLTHCAREINTRO (23) HFPINTRO - HLTHCAREINTRO (24) HFPINTRO - HLTHCAREINTRO (25HFPINTRO - HLTHCAREINTRO (91) HFJ44 - EMOS (-8) HFPINTRO - HLTHCAREINTRO (-9) HFPINTRO - HLTHCAREINTRO
IETTIO, IKEIITING	BOX HFP1A	routing	by getting tested for health problems or by taking care of conditions that [you have/she has/he has]. IF (P_OCBETES ^= 1/YES) AND (HFJ41A – OCBETES = 1/Yes or YRBETES - YRBETES = 1/YES) AND (HFJ41B - OCDTYPE ^= 5/GESTATIONAL 1/TypeOne, 2/TypeTwo, 3/Borderline, 4/PreDiabetes, 91/Other DK, or RF), GO TO HFP1 - DIAAGE.		
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
	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.	<u> </u>	
DIAPRGNT	HFP2	yes/no	Did [you/(SP)] have diabetes only during a pregnancy?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP21 - DIAEVERT BOX HFC2 (02) HFP4 - DIAINSUL (-8) HFP21 - DIAEVERT BOX HFC2 (-9) HFP21 - DIAEVERT BOX HFC2
DIAINSUL	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [D you/Does (SP)] take insulin?		HFP4 - DIAMEDS
DIAMEDS	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Dyou/Does (SP)] take prescription diabetes pills or oral diabetes medicine?	o (01) YES (02) NO (-8) Don't Know (-9) Refused	HFP4 - DIATEST
DIATEST	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Dyou/Does (SP)] test [your/his/her] blood for sugar or glucose?	(02) NO (-8) Don't Know (-9) Refused	HFP4 - DIASORES
DIASORES	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Dyou/Does (SP)] check for sores or irritations on [your/his/her] feet?	(02) NO (-8) Don't Know (-9) Refused	HFP4 - DIAPRESS
DIAPRESS	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to manage [your/his/her] diabetes. [Description of the following ways to ways to way the following ways to way the following way to way the following way to way the following way the following way the following way the followin	(02) NO (-8) Don't Know (-9) Refused	HFP4 - DIAASPRN
DIAASPRN	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/his/her] diabetes. [Dyou/Does (SP)] take aspirin regularly for [your/his/her] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFP3
	BOX HFP3	routing	IF HFP4 - DIAINSUL = 1/Yes, GO TO HFP5 - INSUTAKE. ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.		

INSUTAKE	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) USE INSULIN PUMP (-8) Don't Know (-9) Refused	(01) HFP5 - INSUDAY (02) HFP5 - INSUWEEK (03) BOX HFP4 (-8) BOX HFP4 (-9) BOX HFP4
INSUDAY	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) [Continuous answer.]	BOX HFP4
INSUWEEK	HFP5 BOX HFP4	quantity unit	How often [do you/does (SP)] take insulin? 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.	(01) [Continuous answer.]	BOX HFP4
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	(01) HFP6 - MEDDAY (02) HFP6 - MEDWEEK (03)) HFP6 - MEDMONTH (-8) BOX HFP5 (-9) BOX HFP5
MEDDAY	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]	BOX HFP5
MEDWEEK	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]	BOX HFP5
MEDMONTH	HFP6	quantity unit	How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	(01) [Continuous answer.]	BOX HFP5
	BOX HFP5	routing	IF HFP4 – DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.	(01) [continuodo dilonon.]	
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	(01) HFP7 - TESTDAY (02) HFP7 - TESTWEEK (03) HFP7 - TESTMNTH (04) HFP7 - TESTYEAR (-8) BOX HFP6 (-9) BOX HFP6
TESTDAY	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	BOX HFP6
TESTWEEK	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	BOX HFP6
TESTMNTH	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	BOX HFP6
TESTYEAR	HFP7	quantity unit	How often [do you/does (SP)] test [your/his/her] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	(01) [Continuous answer.]	BOX HFP6
	BOX HFP6	routing	IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK.		
	BOX HFF0	routing	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	(01) HFP8 - SOREDAY (02) HFP8 - SOREWEEK (03) HFP8 - SOREMNTH (04) HFP8 - SOREYEAR (-8) HFP10 - DIATENYR (-9) HFP10 - DIATENYR
SOREDAY	HFP8	quantity unit	How often [do you/does (SP)] check [your/his/her] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	HFP10 - DIATENYR
SOREWEEK	HFP8	quantity unit	How often [do you/does (SP)] check [your/his/her] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	HFP10 - DIATENYR
SOREMNTH	HFP8	quantity unit	How often [do you/does (SP)] check [your/his/her] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	HFP10 - DIATENYR
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.]	HFP10 - DIATENYR
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	HFP11 - DIADRSAW
DIADRSAW	HFP11	numeric	About how many times in the past year [have you/has (SP)] seen a doctor or other health professional for [your/his/her] diabetes?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	HFP13 - DIAHEMOC
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	HFP14 - DIACTRLD

DIA CTDI D	LIEDAA		SHOW CARD HF6	(01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME	LIEDAAAA DIALIYOO
DIACTRLD	HFP14	code 1	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.	(04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused	HFP14A1 - DIAHYPO
DIAHYPO	HFP14A1	yes/no	In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP14A2 - DIAHYPTR (02) HFP14A - DIAFEET (-8) HFP14A - DIAFEET (-9) HFP14A - DIAFEET
DIAHYPTR	HFP14A2	code 1	Please think about the most serious episode of hypoglycemia that [you have/(SP) has] experienced in the past year. [Were you/Was (SP)] able to treat [yourself/himself/herself] by taking some form of sugar, did [you/he/she] require treatment from others, or did [you/he/she] require treatment by a hospital?	(01) SELF TREATMENT (02) TREATMENT FROM OTHERS (03) HOSPITAL TREATMENT	HFP14A3 - DIAFTEVR BOX HFCC
			[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.]	(-8) Don't Know (-9) Refused	
	BOX HFCC	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) , GO TO HFP14A3-DIAFTEVR. ELSE GO TO HFP14A-DIAFEET.		
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	(01) HFP14A - DIAFEET (02) HFP15 - DIAEYPRB (-8) HFP15 - DIAEYPRB (-9) HFP15 - DIAEYPRB
DIAFEET	HFP14A	yes/no	[Do you/Does (SP)] currently have any problems with [your/his/her] feet as a result of [your/his/her] diabetes?	(01) YES , (02) NO (-8) Don't Know (-9) Refused	HFP14B DIANEURO BOX HFCD
	BOX HFCD	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIANEURO. ELSE IF P_DNEURO ^= YES, GO TO YRDNEURO-YRDNEURO. ELSE GO TO BOX HFCE.		
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	HFP14B - DIACIRCF-BOX HFCE
YRDNEURO	YRDNEURO	yes/no	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] 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.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has SP] 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	BOX HFCE
	BOX HFCE	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIACIRCF. ELSE IF P_DCIRCF ^= YES, GO TO YRDCIRCF-YRDCIRCF. ELSE GO TO BOX HFCF.		
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.]	(01) YES (02) NO (8) Don't Know	HFP14B - DIAULCER BOX HFCF.
			[Have you/Has (SP)] ever been told by a doctor or other health professional that [you/he/she] had	(-8) Don't Know (-9) Refused	
			Poor circulation or blood flow in the feet?		

YRDCIRCF	YRDCIRCF	yes/no	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] 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.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has SP] 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	BOX HFCF
	BOX HFCF	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIAULCER. ELSE IF P_DULCER ^= YES, GO TO YRDULCER-YRDULCER. ELSE GO TO BOX HFCG.		
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	HFP14B - DIASKINC BOX HFCG
YRDULCER	YRDULCER	yes/no	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] 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.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has (SP)] 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	BOX HFCG
	BOX HFCG	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIASKINC. ELSE IF P_DSKINC ^= YES, GO TO YRDSKINC-YRDSKINC. ELSE GO TO BOX HFCH.		
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	HFP15 - DIAEYPRB
YRDSKINC	YRDSKINC	yes/no	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] 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.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has SP] 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	HFP15 - DIAEYPRB
DIAEYPRB	HFP15	yes/no	[Do you/Does (SP)] have any problems with [your/his/her] eyes as a result of [your/his/her] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP16A1 - DIAKDPEV BOX HFCH
	BOX HFCH	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP16A1-DIAKDPEV. ELSE GO TO HFP16-DIAKDPRB.		
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	(01) HFP16 - DIAKDPRB (02) HFP17 - DIAMNGE-BOX HFC1 (-8) HFP17 - DIAMNGE-BOX HFC1
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?	(-9) Refused (01) YES (02) NO (-8) Don't Know	(-9) HFP17 - DIAMNGE-BOX HFC1 (01) HFP16A - DIAKIDNY BOX HFCI (02) HFP17 - DIAMNGE BOX HFC1 (-8) HFP17 - DIAMNGE BOX HFC1

	BOX HFCI	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP16A-DIAKIDNY. ELSE IF P_DKIDNY ^= YES, GO TO YRDKIDNY-YRDKIDNY. ELSE GO TO BOX HFC1.		
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	HFP17 DIAMNGE BOX HFC1
YRDKIDNY	YRDKIDNY	yes/no	Since [SAMPLE_PERSON.DATE_FALLRND], [Have you/Has (SP)] 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	BOX HFC1
	BOX HFC1	routing	IF SP IS IN THE BASELINE SAMPLE [SAMPLE.PERSON.INTTYPE=3], GO TO HFP17-DIAMNGE. ELSE GO TO HFP17A-CDIAMNGE.	(o) Horasoa	
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	(01) HFP18 - DIATRAIN (02) BOX HFP7 (-8) BOX HFP7 (-9) BOX HFP7
CDIAMNGE	CDIAMNGE	yes/no	Since [SAMPLE_PERSON.DATE_FALLRND], [have you/has (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?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFP7
DIATRAIN	HFP18	code 1	When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class o 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 (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW	BOX HFP7
	BOX HFP7	routing	IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP19 - DIAKNOW.	I-MIREPUSED	
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	HFP20 - DIASUPPS
DIASUPPS	HFP20	yes/no	Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFR1
	BOX HFC2	routing	IF SP IS IN THE BASELINE SAMPLE [SAMPLE.PERSON.INTTYPE=3], GO TO HFP21-DIAEVERT. ELSE GO TO HFP21A-CDIAEVER.		
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	(01) HFP22 - DIARECNT (02) BOX HFP8 (-8) BOX HFP8 (-9) BOX HFP8
CDIAEVER	HFP21A	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.] Since [SAMPLE_PERSON.DATE_FALLRND, [have you/has (SP)] had a blood test to see if [you have/she has/he has] diabetes?	(-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP24 - DIARISK (02) BOX HFP8 (-8) BOX HFP8 (-9) BOX HFP8

DIARECNT	HFP22	code 1	When was the most recent time [you were/(SP) was] tested for diabetes?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW	HFP24 - DIARISK
	BOX HFP8	routing	IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP23 - DIAAWARE.	(-9) REFUSED	
		9	ELSE GO TO HFP24 - DIARISK.	(04) \/50	
DIAAWARE	HFP23	yes/no	Before today, were you aware that there is a blood test to determine if a person has diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP24 - DIARISK
DIARISK	HFP24	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you are/he is/she is] at high risk for diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP25 - DIASIGNS
DIASIGNS	HFP25	yes/no	In the past year, [have you/has (SP)] received any information about the signs, symptoms, or risk factors for diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFR1
	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	HFR3 - COLHTEST BOX HFC3
	BOX HFC3	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFR3 - COLHTEST.	(-9) Refused	
COLHTEST	HFR3	yes/no	ELSE GO TO HFR3A - CCOLHTES. 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	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR5 - COLCARD (02) HFR4 - COLHKIT BOX HFC4 (-8) HFR4 - COLHKIT BOX HFC4 (-9) HFR4 - COLHKIT BOX HFC4
CCOLHTES	HFR3A	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. Since (SAMPLE_PERSON.DATE_FALLRND), 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	(01) HFR5 - COLCARD (02) BOX HFC4 (-8) BOX HFC4 (-9) BOX HFC4
	BOX HFC4	routing	IF P_COLHKIT=YES, GO TO HFR4A - COLFDOC. ELSE GO TO HFR4-COLHKIT.		
COLHKIT	HFR4	yes/no	Have you ever heard of this home testing kit?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFR4A - COLFDOC
COLFDOC	HFR4A	yes/no	Has a doctor or other health professional ever performed a fecal occult blood test to test for blood in the stool while [you/(SP)] [were/was] at the doctor's office?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR7 - COLRECNT (02) HFR8 - COLSCOPY (-8) HFR8 - COLSCOPY (-9) HFR8 - COLSCOPY
COLCARD	HFR5	yes/no	Did [you/(SP)] complete the samples and return them for [your/his/her] most recent test? [READ IF NECESSARY: 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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFR7 - COLRECNT BOX HFC5
	BOX HFC5	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFR7 - COLRECNT. ELSE GO TO BOX HFC6.		

COLRECNT	HFR7	code 1	When did [you/(SP)] have [your/his/her] most recent blood stool test [(using a home testing kit)/(at the doctor's office)]? [READ IF NECESSARY: 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.]	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (8) Don't Know (9) Refused (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	HFR8 - COLSCOPY
	BOX HFC6	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFR8-COLSCOPY. ELSE GO TO HFRA8-CCOLSCOP.		
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	(01) HFR9 - WHENSCOP (02) HFR10 - HEARSCOP BOX HFC7 (8) HFR10 - HEARSCOP BOX HFC7 (9) HFR10 - HEARSCOP BOX HFC7
CCOLSCOP	HFR8A	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. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)] ever had this exam?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFC7
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 (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	HFR13 - COLSCRNS
	BOX HFC7	routing	IF P_HEARSCOP=YES, GO TO BOX HFR2. ELSE GO TO HFR10-HEARSCOP.	1-31 10 1 (00) 17	
HEARSCOP	HFR10	yes/no	Before today, had you ever heard of a sigmoidoscopy or colonoscopy?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR11 - COLDRREC (02) BOX HFR2 (-8) BOX HFR2 (-9) BOX HFR2
	BOX HFR2	routing	IF HFR3 - COLHTEST = 1/Yes or HFR4 - COLHKIT = 1/Yes, GO TO HFR13 - COLSCRNS. ELSE GO TO BOX 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	HFR13 - COLSCRNS

COLSCRNS	HFR13	yes/no	Before today, did you know that Medicare now pays the cost of screening tests for colorectal cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFS1
	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 BOX HFC8. ELSE GO TO HFSINTRO - OSTINTRO.		
OSTINTRO	HFSINTRO	no entry	Now I'd like to talk about a disease called osteoporosis, which can be treated if found early. In osteoporosis, the bones lose their calcium and become fragile and more easily broken.	(01) CONTINUE (-7) Empty	HFS1 - OSTEVERT
OSTEVERT	HFS1	yes/no	[Have you/Has (SP)] ever talked with [your/his/her] doctor or other health professional about osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFS2 - OSTHRISK (02) HFS3 - OSTTEST BOX HFC8 (-8) HFS3 - OSTTEST BOX HFC8 (-9) HFS3 - OSTTEST BOX HFC8
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	HFS2A - OSTFRACT
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	HFS3 OSTTEST BOX HFC8
	BOX HFC8	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFS3-OSTTEST. ELSE GO TO HFS3A-COSTTEST.		
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	(01) HFS5 - OSTRECNT (02) HFS4 - OSTHEAR BOX HFC9 (-8) HFS4 - OSTHEAR BOX HFC9 (-9) HFS4 - OSTHEAR BOX HFC9
COSTTEST	HFS3A	yes/no	There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement, or DEXA scan. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)] ever had a Bone Mass or Bone Density Measurement test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFS6 - OSTMASS (02) BOX HFC9 (-8) BOX HFC9 (-9) BOX HFC9
	BOX HFC9	routing	IF P_OSTHEAR=YES, GO TO HFS6 - OSTMASS. ELSE GO TO HFS4-OSTHEAR.		
OSTHEAR	HFS4	yes/no	Before today, had you ever heard of this test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFS6 - OSTMASS (02) HFAC29 - HCTROUBL (-8) HFAC29 - HCTROUBL (-9) HFAC29 - HCTROUBL

OSTRECNT	HFS5	code 1	When was the most recent time that [you/(SP)] had a Bone Mass or Bone Density Measurement test?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (8) Don't Know (9) Refused (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	HFS6 - OSTMASS
OSTMASS	HFS6	yes/no	Before today, did you know that Medicare would pay for Bone Mass or Bone Density Measurement tests for Medicare beneficiaries who are at risk for osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFAC29 - HCTROUBL
HCTROUBL	HFAC29	yes/no	Next, we are going to ask some questions about [your/(SP's)] health care needs during the past year. Since (LAST HF MONTH YEAR), [have you/has (SP)] had any trouble getting health care that [you/he/she] wanted or needed?	(02) NO (-8) Don't Know	(01) HFAC30A - HCTCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY
HCTCODE	HFAC30A	code all	Why was that? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	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	(01) BOX HFF6 (02) BOX HFF6 (03) BOX HFF6 (04) BOX HFF6 (05) BOX HFF6 (06) BOX HFF6 (07) BOX HFF6 (08) BOX HFF6 (10) BOX HFF6 (11) BOX HFF6 (11) BOX HFF6 (12) BOX HFF6 (13) BOX HFF6 (14) BOX HFF6 (14) BOX HFF6 (19) HFAC30A - HCTOTHOS (-8) BOX HFF6 (-9) BOX HFF6
HCTOTHOS	HFAC30A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX HFF6
	BOX HFF6	routing	IF RESPONSE TO HFAC30A - HCTCODE INCLUDES 8/DrDoesNotAcceptMedicare OR 10/DifficultyGettingAppt, GO TO HFAC30D - OFFEXPLN. ELSE GO TO HFAC30B - CGETAPPT.		

CGETAPPT	HFAC30B	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] been told by a doctor's office that they cannot schedule an appointment with [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFAC30C - CGETCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY
CGETCODE	HFAC30C	code all	What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with [you/(SP)]? [PROBE: Any other reason?] CHECK ALL THAT APPLY	(01) DOCTOR DOES NOT ACCEPT INSURANCE PLAN (02) ALL OF DOCTORS APPOINTMENTS WERE FULL (03) DOCTOR IS NOT ACCEPTING ANY NEW PATIENTS (04) DOCTOR IS NOT ACCEPTING NEW MEDICARE PATIENTS (05) DOCTORS 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	(01) BOX HFF7 (02) BOX HFF7 (03) BOX HFF7 (04) BOX HFF7 (05) BOX HFF7 (06) BOX HFF7 (07) BOX HFF7 (08) BOX HFF7 (09) BOX HFF7 (91) HFAC30C - CGETOTOS (-8) BOX HFF7 (-9) BOX HFF7
GETOTOS	CGETOTOS	verbatim text	Please specify the other reason.	(01) [Continuous answer.]	BOX HFF7
	BOX HFF7	routing	IF RESPONSE TO HFAC30C - CGETCODE INCLUDES 4/DocNotAcceptNewMedicare OR 7/DocNotAcceptMCAR, GO TO HFAC30D - OFFEXPLN. ELSE GO TO HFAC31 - HCDELAY.		
PFFEXPLN	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	(01) HFAC30E - OFFEXVB (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY
FFEXVB	HFAC30E	verbatim text	What was that explanation? RECORD VERBATIM.	(01) [Continuous answer.]	HFAC31 - HCDELAY
CDELAY	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	HFAC32 A-PAYPROB
AYPROB	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	(01) HFAC32 - COLLAGNCY (02) HFKINTRO - IADLINTRO (-8) HFKINTRO - IADLINTRO (-9) HFKINTRO - IADLINTRO
OLLAGNCY	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	HFAC32B- PAYOVRTM
AYOVRTM	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	HFKINTRO - IADLINTRO
ADLINTRO	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	HFKA1 - PRBTELE
PRBTELE	HFKA1	code 1	Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty	(01) YES (02) NO (03) DOESN'T DO	(01) HFKB1 - PRBLHWK (02) HFKB1 - PRBLHWK (03) HFKA2 - DONTTELE
			using the telephone?	(-8) Don't Know (-9) Refused	(-8) HFKB1 - PRBLHWK (-9) HFKB1 - PRBLHWK
ONTTELE	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	HFKB1 - PRBLHWK
PRBLHWK	HFKB1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(01) YES (02) NO (03) DOESN'T DO	(01) HFKC1 - PRBHHWK (02) HFKC1 - PRBHHWK (03) HFKB2 - DONTLHWK
ZKBLHWK				HOULD CLOIL I DO	

				1/04) VEO	
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.]	(01) YES (02) NO	HFKC1 - PRBHHWK
DONTEHWK	HENDZ	yes/no	Is this because of a physical, mental, emotional, or memory problem?	(-8) Don't Know (-9) Refused	HERCT - FRBHHWR
			is this because of a physical, mental, emotional, of memory problem:	(01) YES	(01) HFKD1 - PRBMEAL
	HEROA		[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO	(02) HFKD1 - PRBMEAL
PRBHHWK	HFKC1	code 1	doing heavy housework (like scrubbing floors or washing windows)?	(03) DOESN'T DO (-8) Don't Know	(03) HFKC2 - DONTHHWK (-8) HFKD1 - PRBMEAL
			doing fleavy flousework (like solubbling floors of washing willdows):	(-9) Refused	(-9) HFKD1 - PRBMEAL
			[You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you	(01) YES	
DONTHHWK	HFKC2	yes/no	don't/(SP) doesn't] do.]	(02) NO (-8) Don't Know	HFKD1 - PRBMEAL
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused	
				(01) YES	(01) HFKE1 - PRBSHOP
PRBMEAL	HFKD1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO (03) DOESN'T DO	(02) HFKE1 - PRBSHOP (03) HFKD2 - DONTMEAL
FRDIVIEAL	INFROT	code 1	preparing [your/his/her] own meals?	(-8) Don't Know	(-8) HFKE1 - PRBSHOP
				(-9) Refused	(-9) HFKE1 - PRBSHOP
			[You said that preparing [your/his/her] own meals is something that [you don't/(SP) doesn't] do.]	(01) YES	
DONTMEAL	HFKD2	yes/no		(02) NO (-8) Don't Know	HFKE1 - PRBSHOP
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused	
				(01) YES	(01) HFKF1 - PRBBILS
PRBSHOP	HFKE1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO (03) DOESN'T DO	(02) HFKF1 - PRBBILS (03) HFKE2 - DONTSHOP
NUOLIUF	I IF INE I	LOUG I	shopping for personal items (such as toilet items or medicines)?	(-8) Don't Know	(-8) HFKF1 - PRBBILS
				(-9) Refused	(-9) HFKF1 - PRBBILS
			[You said that shopping for personal items (such as toilet items or medicines) is something that [you	(01) YES	
DONTSHOP	HFKE2	yes/no	don't/(SP) doesn't] do.]	(02) NO (-8) Don't Know	HFKF1 - PRBBILS
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused	
				(01) YES	(01) BOX HFKA1
PRBBILS	HFKF1	anda 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…]	(02) NO	(02) BOX HFKA1
PRODILO	TEKE	code 1	managing money (like keeping track of expenses or paying bills)?	(03) DOESN'T DO (-8) Don't Know	(03) HFKF2 - DONTBILS (-8) BOX HFKA1
			managing meney (into keeping track of expenses of paying billo).	(-9) Refused	(-9) BOX HFKA1
			[You said that managing money (like keeping track of expenses or paying bills) is something that [you	(01) YES	
DONTBILS	HFKF2	yes/no	don't/(SP) doesn't] do.]	(02) NO (-8) Don't Know	BOX HFKA1
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused	
	BOX HFKA1	routing	IF HFKA1 - PRBTELE = 1/Yes OR HFKA2 – DONTTELE = 1/Yes, GO TO HFKA3 - HELPTELE. ELSE GO TO BOX HFKB1.		
1			[[You said that [your/(SP's)] health makes using the telephone difficult./You said that using the telephone is something that [you don't do/(SP) doesn't do].]]	(01) YES	(01) HFKA4 - PERSON HLPRTELE
			something that [you don't do/(SP) doesn't doj.]]	(02) NO	(02) BOX HFKB1
HELPTELE	HFKA3	yes/no	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know	(-8) BOX HFKB1
				(-9) Refused	(-9) BOX HFKB1
		+	using the telephone?		
				DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2]	
PERSON_HLPRTELE	HFKA4	roster	You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help? ENTER ALL HELPERS.	(01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display	IF PERSON_HLPRTELE = (N+1), GC TO HFKA4_NEW-ROSTFNAM, ELSE GO TO BOX HFKB1
ROSTFNAM	HFKA4_NEW	text	[What is the name of the person and relationship to (SP)?]	ROST.ROSTREOS. Else display ROST.ROSTREL relationship. (01) CONTINUOUS ANSWER	HFKA4_NEW - ROSTLNAM
ROSTLNAM	HFKA4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKA4_NEW - ROSTREL

					(01) DO NOT DISPLAY
					(02) BOX HFKB1
				(02) SPOUSE	(03) BOX HFKB1
				(03) SON	(04) BOX HFKB1
				(04) DAUGHTER	(05) BOX HFKB1
				(05) BROTHER	(06) BOX HFKB1
				(06) SISTER	(07) BOX HFKB1
				(07) FATHER	(08) BOX HFKB1
				(08) MOTHER	(09) BOX HFKB1
					` '
				(09) SON-IN-LAW	(10) BOX HFKB1
				(10) DAUGHTER-IN-LAW	(11) BOX HFKB1
				(11) GRANDSON	(12) BOX HFKB1
				(12) GRANDDAUGHTER	(13) BOX HFKB1
ROSTREL	HFKA4 NEW	code one	[What is the name of the person and relationship to (SP)?]	` /	
(3311)		oodo one	[Trial is the harmon the person and relationship to (et).]	(13) NEPHEW	(14) BOX HFKB1
				(14) NIECE	(50) DO NOT DISPLAY
					` '
				(51) FRIEND/NEIGHBOR	(51) BOX HFKB1
				(52) BOARDER	(52) BOX HFKB1
				(53) NURSE/NURSE'S AIDE	(53) BOX HFKB1
				(54) LEGAL/FINANCIAL OFFICER	(54) BOX HFKB1
				(55) GUARDIAN	(55) BOX HFKB1
				(56) PARTNER	(56) BOX HFKB1
				(57) ROOMMATE	(57) BOX HFKB1
				(91) OTHER	(91) HFKA4_NEW - ROSTREOS
				(-8) Don't Know	(-8) BOX HFKB1
				(-9) Refused	(-9) BOX HFKB1
				(01) CONTINUOUS ANSWER	
ROSTREOS	HFKA4 NEW	text	[What is the name of the person and relationship to (SP)?]	(-8) Don't Know	BOX HFKB1
COTTLOS	111 10A4_NEW	text	[What is the hame of the person and relationship to (of):]		BOX TII KBT
				(-9) Refused	
	BOX HFKB1	routing	IF HFKB1 - PRBLHWK = 1/Yes or HFKB2 - DONTLHWK = 1/Yes, GO TO HFKB3 - HELPLHWK.		
	BOXTIFKBT	routing	ELSE GO TO BOX HFKC1.		
			[[You said that [your/(SP's)] health makes doing light housework (like washing dishes, straightening up, or		
			light cleaning) difficult./You said that doing light housework (like washing dishes, straightening up, or light	(01) YES	(01) HFKB4 - PERSON_HLPRLHWK
			cleaning) is something that [you don't do/(SP) doesn't do].]]		
HELPLHWK	HFKB3	yes/no		(02) NO	(02) BOX HFKC1
ILLI LIIVVIX	TII KBS	yes/no	5D (D (OD))	(-8) Don't Know	(-8) BOX HFKC1
			[Do you/Does (SP)] receive help from another person with	(-9) Refused	(-9) BOX HFKC1
				(-5) Nordsed	(-3) BOX 111 NO1
			doing light housework (like washing dishes, straightening up, or light cleaning)?		
•			asing ngitt neasonait (time tracting are nee, enargitisting ap, et ngitt steating).	DISPLAY PERSON ROSTER AS RESPONSE	
				DIGI EXT I ENCOTT NOCTE IN THE INCIDE	
				ODTIONS.	
1				OPTIONS:	
				1. [PERSON 1]	
				1. [PERSON 1]	
				1. [PERSON 1] 2. [PERSON 2] 	
				1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE	
				1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS	
			Vou mentioned that [vou receive/(SD) received help with doing light housework (like weeking dish as	1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE	
PERSON HI PRI HWK	HFKB4	roster	You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes,	1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS	
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER	TO HFKB4_NEW-ROSTFNAM,
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?	1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY:	
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY:	TO HFKB4_NEW-ROSTFNAM,
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM.	TO HFKB4_NEW-ROSTFNAM,
ERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM.	TO HFKB4_NEW-ROSTFNAM,
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM.	TO HFKB4_NEW-ROSTFNAM,
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship:	TO HFKB4_NEW-ROSTFNAM,
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display	TO HFKB4_NEW-ROSTFNAM,
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS.	
PERSON_HLPRLHWK	HFKB4	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display	TO HFKB4_NEW-ROSTFNAM,
_			straightening up, or light cleaning). Who gives that help?	1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	TO HFKB4_NEW-ROSTFNAM, ELSE GO TO BOX HFKC1
_	HFKB4 HFKB4_NEW	roster		1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS.	TO HFKB4_NEW-ROSTFNAM,
PERSON_HLPRLHWK ROSTFNAM ROSTLNAM			straightening up, or light cleaning). Who gives that help?	1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	TO HFKB4_NEW-ROSTFNAM, ELSE GO TO BOX HFKC1

					(01) DO NOT DISPLAY
					(02) BOX HFKC1
				(02) SPOUSE	(03) BOX HFKC1
				(03) SON	(04) BOX HFKC1
				(04) DAUGHTER	(05) BOX HFKC1
				(05) BROTHER	(06) BOX HFKC1
				(06) SISTER	(07) BOX HFKC1
				(07) FATHER	(08) BOX HFKC1
				(08) MOTHER	(09) BOX HFKC1
			(09) SON-IN-LAW	(10) BOX HFKC1	
			(10) DAUGHTER-IN-LAW	(11) BOX HFKC1	
			(11) GRANDSON	(12) BOX HFKC1	
				(12) GRANDDAUGHTER	(13) BOX HFKC1
ROSTREL	HFKB4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(13) NEPHEW	(14) BOX HFKC1
					` '
				(14) NIECE	(50) DO NOT DISPLAY
				(51) FRIEND/NEIGHBOR	(51) BOX HFKC1
				(52) BOARDER	(52) BOX HFKC1
				(53) NURSE/NURSE'S AIDE	(53) BOX HFKC1
				(54) LEGAL/FINANCIAL OFFICER	(54) BOX HFKC1
				(55) GUARDIAN	(55) BOX HFKC1
				(56) PARTNER	(56) BOX HFKC1
				(57) ROOMMATE	(57) BOX HFKC1
				(91) OTHER	(91) HFKB4_NEW - ROSTREOS
				(-8) Don't Know	(-8) BOX HFKC1
				(-9) Refused	(-9) BOX HFKC1
				(01) CONTINUOUS ANSWER	
ROSTREOS	HFKB4_NEW	text	[What is the name of the person and relationship to (SP)?]	(-8) Don't Know	BOX HFKC1
				(-9) Refused	
	BOX HFKC1	routing	IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - DONTHHWK = 1/Yes, GO TO HFKC3 - HELPHHWK. ELSE GO TO BOX HFKD1		
			[[You said that [your/(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows difficult./You said that heavy housework (like scrubbing floors or washing windows) is something that [you don't do/(SP) doesn't do].]]	(01) YES (02) NO	(01) HFKC4 - PERSON_HLPRHHWK (02) BOX HFKD1
HELPHHWK	HFKC3	yes/no		(-8) Don't Know	(-8) BOX HFKD1
			[Do you/Does (SP)] receive help from another person with		
				(-9) Refused	(-9) BOX HFKD1
			[Do you/Does (SP)] receive help from another person with doing heavy housework (like scrubbing floors or washing windows)?		
				(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE	
				DISPLAY PERSON ROSTER AS RESPONSE OPTIONS:	
				DISPLAY PERSON ROSTER AS RESPONSE OPTIONS:	
				(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1]	
				(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2]	
				(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE	
			doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or	(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2]	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or	(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY:	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM.	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTENAM. 2 Last Name Display ROST.ROSTLNAM.	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship:	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship:	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.
PERSON_HLPRHHWK	HFKC4	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.
PERSON_HLPRHHWK	HFKC4 NEW	roster	doing heavy housework (like scrubbing floors or washing windows)? You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	(-9) Refused DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTENAM. 2 Last Name Display ROST.ROSTENAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS.	(-9) BOX HFKD1 IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM.

					(01) DO NOT DISPLAY
					(02) BOX HFKD1
				(02) SPOUSE	(03) BOX HFKD1
				(03) SON	(04) BOX HFKD1
				(04) DAUGHTER	(05) BOX HFKD1
				(05) BROTHER	(06) BOX HFKD1
				(06) SISTER	(07) BOX HFKD1
				(07) FATHER	(08) BOX HFKD1
				(08) MOTHER	(09) BOX HFKD1
				(09) SON-IN-LAW	(10) BOX HFKD1
				(10) DAUGHTER-IN-LAW	(11) BOX HFKD1
				(11) GRANDSON	(12) BOX HFKD1
				(12) GRANDDAUGHTER	(13) BOX HFKD1
ROSTREL	HFKC4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(13) NEPHEW	(14) BOX HFKD1
				(14) NIECE	(50) DO NOT DISPLAY
				(51) FRIEND/NEIGHBOR	(51) BOX HFKD1
				(52) BOARDER	(52) BOX HFKD1
				(53) NURSE/NURSE'S AIDE	(53) BOX HFKD1
				(54) LEGAL/FINANCIAL OFFICER	(54) BOX HFKD1
				(55) GUARDIAN	(55) BOX HFKD1
				(56) PARTNER	(56) BOX HFKD1
				(57) ROOMMATE	(57) BOX HFKD1
				(91) OTHER	(91) HFKC4_NEW - ROSTREOS
				(-8) Don't Know	(-8) BOX HFKD1
				(-9) Refused	(-9) BOX HFKD1
				(01) CONTINUOUS ANSWER	
ROSTREOS	HFKC4 NEW	text	[What is the name of the person and relationship to (SP)?]	(-8) Don't Know	BOX HFKD1
		lo.		(-9) Refused	
	BOX HFKD1	routing	IF HFKD1 – PRBMEAL = 1/Yes or HFKD2 – DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL.	(0)	
	BOX HENDT	routing	ELSE GO TO BOX HFKE1.		
			[[You said that [your/(SP's)] health makes preparing [your/his/her] own meals difficult./You said that preparing		
			[your/his/her] own meals is something that [you don't do/(SP) doesn't do].]]	(01) YES	(01) HFKD4 - PERSON_HLPRMEAL
LIELDMEN	LIEKDA			(02) NO	(02) BOX HFKE1
HELPMEAL	HFKD3	yes/no	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know	(-8) BOX HFKE1
			(), (),	(-9) Refused	(-9) BOX HFKE1
			preparing [your/his/her] own meals?	()	() =
				DISPLAY PERSON ROSTER AS RESPONSE	
				OPTIONS:	
				1. [PERSON 1]	
				2. [PERSON 2]	
				(01-N) LIST ALL PERSONS AS RESPONSE	
				OPTIONS	
			Vou mentioned that [vou receive/(CD) received help with propering [vour/hig/her] own media. Whe gives the		IE DEDCON HI DOMENI - (NI 1) CO
DEDOON !!! DDMEA!	LIEUS A		You mentioned that [you receive/(SP) receives] help with preparing [your/his/her] own meals. Who gives that	(N+1) ADD ANOTHER	IF PERSON_HLPRMEAL = (N+1), GO
PERSON_HLPRMEAL	HFKD4	roster	help?		TO HFKD4_NEW-ROSTFNAM.
_			ENTER ALL HELPERS.	DISPLAY:	ELSE GO TO BOX HFKE1.
				1 First Name Display ROST.ROSTFNAM.	
_				2 Last Name Display ROST.ROSTLNAM.	
				· ·	
				3 Relationship to SP Display relationship:	
				3 Relationship to SP Display relationship: If ROST ROSTREL =91/Other, display	
				If ROST.ROSTREL=91/Other, display	
				If ROST.ROSTREL=91/Other, display ROST.ROSTREOS.	
				If ROST.ROSTREL=91/Other, display	
ROSTFNAM	HFKD4_NEW	text	[What is the name of the person and relationship to (SP)?]	If ROST.ROSTREL=91/Other, display ROST.ROSTREOS.	HFKD4_NEW - ROSTLNAM

					(01) DO NOT DISPLAY
					(02) BOX HFKE1
				(02) SPOUSE	(03) BOX HFKE1
				(03) SON	(04) BOX HFKE1
				(04) DAUGHTER	(05) BOX HFKE1
				(05) BROTHER	(06) BOX HFKE1
				(06) SISTER	(07) BOX HFKE1
				(07) FATHER	(08) BOX HFKE1
				(08) MOTHER	(09) BOX HFKE1
				(09) SON-IN-LAW	(10) BOX HFKE1
				(10) DAUGHTER-IN-LAW	(11) BOX HFKE1
				(11) GRANDSON	(12) BOX HFKE1
ROSTREL	HEKD4 NEW	anda ana	[What is the name of the person and relationship to (SP)?]	(12) GRANDDAUGHTER	(13) BOX HFKE1
RUSTREL	HFKD4_NEW	code one	[Ivv nat is the name of the person and relationship to (5P)?]	(13) NEPHEW	(14) BOX HFKE1
				(14) NIECE	(50) DO NOT DISPLAY
				(51) FRIEND/NEIGHBOR	(51) BOX HFKE1
				(52) BOARDER	(52) BOX HFKE1
				(53) NURSE/NURSE'S AIDE	(53) BOX HFKE1
				` '	
				(54) LEGAL/FINANCIAL OFFICER	(54) BOX HFKE1
				(55) GUARDIAN	(55) BOX HFKE1
				(56) PARTNER	(56) BOX HFKE1
				(57) ROOMMATE	(57) BOX HFKE1
				(91) OTHER	(91) HFKD4_NEW - ROSTREOS
				(-8) Don't Know	(-8) BOX HFKE1
			(-9) Refused	(-9) BOX HFKE1	
				(01) CONTINUOUS ANSWER	
ROSTREOS	HFKD4 NEW	text	[What is the name of the person and relationship to (SP)?]	(-8) Don't Know	BOX HFKE1
1.0011.200	1 1.5 1_11211	toxt	[What is the hame of the person and relationship to (or).]	(-9) Refused	BOXTH NET
	BOX HFKE1	routing	IF HFKE1 – PRBSHOP = 1/Yes or HFKE2 – DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP. ELSE GO TO BOX HFKF1.	() /	
			[[You said that [your/(SP's)] health makes shopping for personal items (such as toilet items or medicines)		
			difficult./You said that shopping for personal items (such as toilet items or medicines) is something that [you	(01) YES	(01) HFKE4 - PERSON HLPRSHOP
			don't do/(SP) doesn't do].]]		(02) BOX HFKF1
HELPSHOP	HFKE3	yes/no		(02) NO	
		,	[Do you/Does (SP)] receive help from another person with	(-8) Don't Know	(-8) BOX HFKF1
			[20 year 2000 (et 7)] 1000 it of its in all all of the its in all	(-9) Refused	(-9) BOX HFKF1
			shopping for personal items (such as toilet items or medicines)?	DISPLAY PERSON ROSTER AS RESPONSE	
				OPTIONS:	
				1. [PERSON 1]	
				2. [PERSON 2]	
				(01-N) LIST ALL PERSONS AS RESPONSE	
				OPTIONS	
DEDEON HIDDEHOD	UEVEA	rootor	You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or	(N+1) ADD ANOTHER	IF PERSON_HLPRSHOP = (N+1), GO
PERSON_HLPRSHOP	HFKE4	roster	medicines). Who gives that help?	DIODI AV	TO HFKE4_NEW-ROSTFNAM.
			ENTER ALL HELPERS.	DISPLAY:	ELSE GO TO BOX HFKF1.
				1 First Name Display ROST.ROSTFNAM.	
				2 Last Name Display ROST.ROSTLNAM.	
				3 Relationship to SP Display relationship:	
				If ROST.ROSTREL=91/Other, display	
				ROST.ROSTREOS.	
				Else display ROST.ROSTREL relationship.	
ROSTFNAM	HFKE4 NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKE4 NEW - ROSTLNAM
ROSTLNAM	HFKE4 NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKE4_NEW - ROSTREL
NOSTLINAIVI	LIEVE4_INEVV	IEXI	Trantarie ne name of the bereon and relationally to (27):1	(01) CONTINUOUS ANSWER	HILVE#_INEW - KOSTKEL

					(01) DO NOT DISPLAY
				(02) SPOUSE	(02) HFLINTRO - ADLSINTRO (03) HFLINTRO - ADLSINTRO
				(02) SPOUSE (03) SON	(04) HFLINTRO - ADLSINTRO
					` '
				(04) DAUGHTER	(05) HFLINTRO - ADLSINTRO
				(05) BROTHER	(06) HFLINTRO - ADLSINTRO
				(06) SISTER	(07) HFLINTRO - ADLSINTRO
				(07) FATHER	(08) HFLINTRO - ADLSINTRO
				(08) MOTHER	(09) HFLINTRO - ADLSINTRO
				(09) SON-IN-LAW	(10) HFLINTRO - ADLSINTRO
				(10) DAUGHTER-IN-LAW	(11) HFLINTRO - ADLSINTRO
				(11) GRANDSON	(12) HFLINTRO - ADLSINTRO
				(12) GRANDDAUGHTER	(13) HFLINTRO - ADLSINTRO
DSTREL	HFKF4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(13) NEPHEW	(14) HFLINTRO - ADLSINTRO
				(14) NIECE	(50) DO NOT DISPLAY
					` ,
				(51) FRIEND/NEIGHBOR	(51) HFLINTRO - ADLSINTRO
				(52) BOARDER	(52) HFLINTRO - ADLSINTRO
				(53) NURSE/NURSE'S AIDE	(53) HFLINTRO - ADLSINTRO
				(54) LEGAL/FINANCIAL OFFICER	(54) HFLINTRO - ADLSINTRO
				(55) GUARDIAN	(55) HFLINTRO - ADLSINTRO
				(56) PARTNER	(56) HFLINTRO - ADLSINTRO
				(57) ROOMMATE	(57) HFLINTRO - ADLSINTRO
				(91) OTHER	(91) HFKF4_NEW - ROSTREOS
				(-8) Don't Know	(-8) HFLINTRO - ADLSINTRO
				(-9) Refused	(-9) HFLINTRO - ADLSINTRO
				(-3) Neiuseu	(-a) HELINIKO - ADLOINIKO
	- 			(01) CONTINUOUS ANSWER	
STREOS	HFKF4 NEW	text	[What is the name of the person and relationship to (SP)?]	(-8) Don't Know	HFLINTRO - ADLSINTRO
OTTLOO		IGAL .	[[vvnation the harmon the person and relationship to (or):]	(-9) Refused	III LININO - ADLOININO
		+	Remembering that health problems can include physical, mental, emotional, or memory problems, I'd now	(-a) Neiuseu	
			like to ask you about how health problems may affect [your/(SP)'s] ability to perform some other everyday	(01) CONTINUE	
DLSINTRO	HFLINTRO	no entry		` '	HFLA1 - HPPDBATH
		1	activities. I'd like to know whether [you have/(SP) has] any difficulty doing each activity by	(-7) Empty	
			[yourself/himself/herself] and without special equipment.		
				(01) YES	(01) HFLB1 - HPPDDRES
			Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty	(02) NO	(02) HFLB1 - HPPDDRES
PPDBATH	HFLA1	code 1		(03) DOESN'T DO	(03) HFLA2 - DONTBATH
			bathing or showering?	(-8) Don't Know	(-8) HFLB1 - HPPDDRES
				(-9) Refused	(-9) HFLB1 - HPPDDRES
			[Vay asid that hathing or showering is compething that [vay dan!t/(CD) decen!t] do]	(01) YES	
ONTD 4 TH	1151.40	,	[You said that bathing or showering is something that [you don't/(SP) doesn't] do.]	(02) NO	1151.54 11555555
ONTBATH	HFLA2	yes/no		(-8) Don't Know	HFLB1 - HPPDDRES
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused	
				(01) YES	(01) HFLC1 - HPPDEAT
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO	(02) HFLC1 - HPPDEAT
PPDDRES	HFLB1	code 1		(03) DOESN'T DO	(03) HFLB2 - DONTDRES
. 55.1.20			dressing?	(-8) Don't Know	(-8) HFLC1 - HPPDEAT
			uressing:	(-9) Refused	(-9) HFLC1 - HPPDEAT
				(01) YES	(-9) TIFECT - TIFF DEAT
			[You said that dressing is something that [you don't/(SP) doesn't] do.]	(02) NO	
NTDRES	HFLB2	yes/no			HFLC1 - HPPDEAT
			Is this because of a physical, mental, emotional, or memory problem?	(-8) Don't Know	
				(-9) Refused	(04) 1151 04 11000001140
				(01) YES	(01) HFLD1 - HPPDCHAR
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO	(02) HFLD1 - HPPDCHAR
PDEAT	HFLC1	code 1		(03) DOESN'T DO	(03) HFLC2 - DONTEAT
			eating?	(-8) Don't Know	(-8) HFLD1 - HPPDCHAR
				(-9) Refused	(-9) HFLD1 - HPPDCHAR
			[Vau said that eating is compthing that [vau don*//SD) docon*1 do 1	(01) YES	
\\ITC	LIEL CO		[You said that eating is something that [you don't/(SP) doesn't] do.]	(02) NO	HELDA LIBBROLLAD
ONTEAT	HFLC2	yes/no		(-8) Don't Know	HFLD1 - HPPDCHAR
			Is this because of a physical, mental, emotional, or memory problem?	(-9) Refused	
				(01) YES	(01) HFLE1 - HPPDWALK
			[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO	(02) HFLE1 - HPPDWALK
PDCHAR	HFLD1	code 1	[,,,,,,,,,	(03) DOESN'T DO	(03) HFLD2 - DONTCHAR
	1 25.		getting in or out of bed or chairs?	(-8) Don't Know	(-8) HFLE1 - HPPDWALK
			getting in or out or bed or chairs:	(-9) Refused	` '
		-		(01) YES	(-9) HFLE1 - HPPDWALK
			[You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.]		
NTCHAR	HFLD2	yes/no		(02) NO	HFLE1 - HPPDWALK
		 *	Is this because of a physical, mental, emotional, or memory problem?	(-8) Don't Know	
			The second secon	(-9) Refused	(04) 1151 54 1155555
	i —			(01) YES	(01) HFLF1 - HPPDTOIL
		1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(02) NO	(02) HFLF1 - HPPDTOIL
		l			(03) HFLE2 - DONTWALK
PDWALK	HFLE1	code 1		(03) DOESN'T DO	I(OO) III EEE BOITI WITEIN
PDWALK	HFLE1	code 1	walking?		
PDWALK	HFLE1	code 1	walking?	(-8) Don't Know	(-8) HFLF1 - HPPDTOIL
PDWALK	HFLE1	code 1		(-8) Don't Know (-9) Refused	
			walking? [You said that walking is something that [you don't/(SP) doesn't] do.]	(-8) Don't Know (-9) Refused (01) YES	(-8) HFLF1 - HPPDTOIL (-9) HFLF1 - HPPDTOIL
	HFLE1	code 1	[You said that walking is something that [you don't/(SP) doesn't] do.]	(-8) Don't Know (-9) Refused (01) YES (02) NO	(-8) HFLF1 - HPPDTOIL
PDWALK				(-8) Don't Know (-9) Refused (01) YES	(-8) HFLF1 - HPPDTOIL (-9) HFLF1 - HPPDTOIL

	BOX HFLC2	routing	IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC6 - LONGEAT. ELSE GO TO BOX HFLD1.		
QIPEAT	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
CHKEAT	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	HFLC5 - EQIPEAT
ELPEAT	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	(01) HFLC5 - EQIPEAT (02) HFLC4 - PCHKEAT (-8) HFLC4 - PCHKEAT (-9) HFLC4 - PCHKEAT
	BOX HFLC1	routing	ELSE GO TO BOX HFLD1.	(04) VEC	(04) HELOS FOURSAT
ILDRES	HFLB7	yes/no	Do you expect that [you/(SP)] will still need help with dressing three months from now? IF HFLC1 - HPPDEAT = 1/Yes OR HFLC2 – DONTEAT = 1/Yes, GO TO HFLC3 - HELPEAT.	(02) NO (-8) Don't Know (-9) Refused	BOX HFLC1
ONGDRES	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 (01) YES	(01) HFLB7 - STILDRES (02) BOX HFLC1 (03) BOX HFLC1 (-8) BOX HFLC1 (-9) BOX HFLC1
	BOX HFLB2	routing	IF HFLB3 – HELPDRES = 1/Yes, GO TO HFLB6 - LONGDRES. ELSE GO TO BOX HFLC1.		
QIPDRES	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
CHKDRES	HFLB4	yes/no	[That is, does someone usually stay or come into the room to check on [you/him/her]?]	(02) NO (-8) Don't Know (-9) Refused	HFLB5 - EQIPDRES
			Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing?	(01) YES	N O/TH EDT - I OFFICER
LPDRES	HFLB3	yes/no	doesn't] do.]] [Do you/Does (SP)] receive help from another person with dressing?	(02) NO (-8) Don't Know (-9) Refused	(02) HFLB4 - PCHKDRES (-8) HFLB4 - PCHKDRES (-9) HFLB4 - PCHKDRES
	BOX HFLB1	routing	ELSE GO TO BOX HFLC1. [[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP)	(01) YES	(01) HFLB5 - EQIPDRES
ILBATH	HFLA7	yes/no	Do you expect that [you/(SP)] will still need help with bathing or showering three months from now? IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES.	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLB1
NGBATH	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	(01) HFLA7 - STILBATH (02) BOX HFLB1 (03) BOX HFLB1 (-8) BOX HFLB1 (-9) BOX HFLB1
	BOX HFLA2	routing	IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH. ELSE GO TO BOX HFLB1.		
QIPBATH	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
СНКВАТН	HFLA4	yes/no	[That is, does someone usually stay or come into the room to check on [you/him/her]?]	(02) NO (-8) Don't Know (-9) Refused	HFLA5 - EQIPBATH
			[Do you/Does (SP)] receive help from another person with bathing or showering? Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering?	(-9) Refused (01) YES	(-9) HFLA4 - PCHKBATH
ELPBATH	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.]]	(01) YES (02) NO (-8) Don't Know	(01) HFLA5 - EQIPBATH (02) HFLA4 - PCHKBATH (-8) HFLA4 - PCHKBATH
	BOX HFLA1	routing	IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH. ELSE GO TO BOX HFLB1.	(04) \(\(\(\) \)	(04) HELAS EQIPPATH
JIVITOIL	111 L1 Z	yearno	Is this because of a physical, mental, emotional, or memory problem?	(-8) Don't Know (-9) Refused	BOXTII EXT
NTTOIL	HFLF2	yes/no	[You said that using the toilet is something that [you don't/(SP) doesn't] do.]	(-9) Refused (01) YES (02) NO	(-9) BOX HFLA1 BOX HFLA1
PPDTOIL	HFLF1	code 1	using the toilet, including getting up and down?	(03) DOESN'T DO (-8) Don't Know	(03) HFLF2 - DONTTOIL (-8) BOX HFLA1
DDDTO!!	1151.54	anda 4	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty]	(01) YES (02) NO	(01) BOX HFLA1 (02) BOX HFLA1

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	(01) HFLC7 - STILEAT (02) BOX HFLD1 (03) BOX HFLD1 (-8) BOX HFLD1 (-9) BOX HFLD1
STILEAT	HFLC7	yes/no	Do you expect that [you/(SP)] will still need help with eating three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLD1
	BOX HFLD1	routing	IF HFLD1 – HPPDCHAR = 1/Yes OR HFLD2 - DONTCHAR = 1/Yes, GO TO HFLD3 - HELPCHAR. ELSE GO TO BOX HFLE1.		
HELPCHAR	HFLD3	yes/no	[[You said [your/(SP's)] health makes getting in or out of bed or chairs difficult./You said that getting in or out of bed or chairs is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with getting in or out of bed or chairs?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFLD5 - EQIPCHAR (02) HFLD4 - PCHKCHAR (-8) HFLD4 - PCHKCHAR (-9) HFLD4 - PCHKCHAR
PCHKCHAR	HFLD4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with getting in or out of bed or chairs? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLD5 - EQIPCHAR
QIPCHAR	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	BOX HFLD2
	BOX HFLD2	routing	IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR. ELSE GO TO BOX HFLE1.		
ONGCHAR	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	(01) HFLD7 - STILCHAR (02) BOX HFLE1 (03) BOX HFLE1 (-8) BOX HFLE1 (-9) BOX HFLE1
TILCHAR	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
	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	(01) HFLE5 - EQIPWALK (02) HFLE4 - PCHKWALK (-8) HFLE4 - PCHKWALK (-9) HFLE4 - PCHKWALK
CHKWALK	HFLE4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with walking?	(01) YES (02) NO (-8) Don't Know	HFLE5 - EQIPWALK
QIPWALK	HFLE5	yes/no	[That is, does someone usually stay or come into the room to check on (you/him/her)?] [Do you/Does (SP)] use special equipment or aids to help [you/him/her] with walking?	(-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLE2
	BOX HFLE2	routing	IF HFLE3 - HELPWALK = 1/Yes, GO TO HFLE6 - LONGWALK. ELSE GO TO BOX HFLF1.	(-0) Relused	
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	(01) HFLE7 - STILWALK (02) BOX HFLF1 (03) BOX HFLF1 (-8) BOX HFLF1 (-9) BOX HFLF1

				1/04) \/50	
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	BOX HFLF1
	BOX HFLF1	routing	IF HFLF1 – HPPDTOIL = 1/Yes OR HFLF2 – DONTTOIL = 1/Yes, GO TO HFLF3 - HELPTOIL. ELSE GO TO BOX HFLA3.		
HELPTOIL	HFLF3	yes/no	[[You said [your/(SP's)] health makes using the toilet difficult./You said that using the toilet is something [you don't/(SP) doesn't] do.]]	(01) YES (02) NO (-8) Don't Know	(01) HFLF5 - EQIPTOIL (02) HFLF4 - PCHKTOIL (-8) HFLF4 - PCHKTOIL
PCHKTOIL	HFLF4	yes/no	[Do you/Does (SP)] receive help from another person with using the toilet, including getting up and down? Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet, including getting up and down?	(-9) Refused (01) YES (02) NO	(-9) HFLF4 - PCHKTOIL HFLF5 - EQIPTOIL
			[That is, does someone usually stay or come into the room to check on [you/him/her]?]	(-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
	BOX HFLF2	routing	IF HFLF3 - HELPTOIL = 1/Yes, GO TO HFLF6 - LONGTOIL. ELSE GO TO BOX HFLA3.	(-5) Nordsed	
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	(01) HFLF7 - STILTOIL (02) BOX HFLA3 (03) BOX HFLA3 (-8) BOX HFLA3 (-9) BOX HFLA3
STILTOIL	HFLF7	yes/no	Do you expect that [you/(SP)] will still need help with using the toilet three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLA3
	BOX HFLA3	routing	IF HFLA3 - HELPBATH = 1/Yes, GO TO HFLA9 - PERSON_HLPRBATH. ELSE GO TO BOX HFLB3.	(-9) Kelused	
PERSON_HLPRBATH	HFLA9 NEW	roster	You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help? ENTER ALL HELPERS. [What is the name of the person and relationship to (SP)?]	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREDS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRBATH = (N+1), GO TO HFLA9_NEW-ROSTFNAM. ELSE GO TO BOX HFLB3. HFLA9_NEW - ROSTLNAM
		text			-
ROSTREL	HFLA9_NEW	code one	[What is the name of the person and relationship to (SP)?] [What is the name of the person and relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) Don't Know (-9) Refused	HFLA9_NEW - ROSTREL
ROSTREOS	HFLA9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLB3

	Т		IF UFLD? UFLDDDES = 1/Vec CO TO UFLDO DEDSON ULDDDDES		
	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.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRBATH = (N+1), GO TO HFLB9_NEW-ROSTFNAM. ELSE GO TO BOX HFLC3.
ROSTFNAM	HFLB9 NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLB9 NEW - ROSTLNAM
ROSTLNAM	HFLB9 NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLB9 NEW - ROSTREL
ROSTREL	HFLB9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) Don't Know (-9) Refused	(02) BOX HFLC3 (03) BOX HFLC3 (04) BOX HFLC3 (05) BOX HFLC3 (06) BOX HFLC3 (07) BOX HFLC3 (08) BOX HFLC3 (09) BOX HFLC3 (10) BOX HFLC3 (11) BOX HFLC3 (12) BOX HFLC3 (13) BOX HFLC3 (14) BOX HFLC3 (14) BOX HFLC3 (50) DO NOT DISPLAY (51) BOX HFLC3 (52) BOX HFLC3 (53) BOX HFLC3 (54) BOX HFLC3 (55) BOX HFLC3 (56) BOX HFLC3 (57) BOX HFLC3 (57) BOX HFLC3 (59) HFLC3 (51) BOX HFLC3 (51) BOX HFLC3 (52) BOX HFLC3 (53) BOX HFLC3 (54) BOX HFLC3 (55) BOX HFLC3 (56) BOX HFLC3 (56) BOX HFLC3 (57) BOX HFLC3 (59) BOX HFLC3 (59) BOX HFLC3
ROSTREOS	HFLB9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLC3
	BOX HFLC3	routing	IF HFLC3 – HELPEAT = 1/Yes, GO TO HFLC9 - PERSON_HLPREAT. ELSE GO TO BOX HFLD3.		
PERSON_HLPREAT	HFLC9	roster	You mentioned that [you receive/(SP) receives] help with eating. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPREAT = (N+1) GO TO HFLC9_NEW-ROSTFNAM. ELSE GO TO BOX HFLD3.
ROSTFNAM	HFLC9 NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLC9_NEW - ROSTLNAM
INCOTT NAM					<u> </u>

ROSTREL	HFLC9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLD3 (03) BOX HFLD3 (04) BOX HFLD3 (05) BOX HFLD3 (06) BOX HFLD3 (07) BOX HFLD3 (08) BOX HFLD3 (09) BOX HFLD3 (10) BOX HFLD3 (11) BOX HFLD3 (11) BOX HFLD3 (12) BOX HFLD3 (13) BOX HFLD3 (14) BOX HFLD3 (50) DO NOT DISPLAY (51) BOX HFLD3 (52) BOX HFLD3 (53) BOX HFLD3 (54) BOX HFLD3 (55) BOX HFLD3 (56) BOX HFLD3 (57) BOX HFLD3 (58) BOX HFLD3 (59) BOX HFLD3
ROSTREOS	HFLC9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know	BOX HFLD3
	BOX HFLD3	routing	IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD9 - PERSON_HLPRCHAR. ELSE GO TO BOX HFLE3.	(-9) Refused	
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.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRCHAR = (N+1), GO TO HFLD9_NEW-ROSTFNAM. ELSE GO TO BOX HFLE3.
ROSTFNAM	HFLD9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLD9_NEW - ROSTLNAM
ROSTLNAM	HFLD9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLD9_NEW - ROSTREL
ROSTREL	HFLD9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLE3 (03) BOX HFLE3 (04) BOX HFLE3 (05) BOX HFLE3 (06) BOX HFLE3 (07) BOX HFLE3 (08) BOX HFLE3 (09) BOX HFLE3 (10) BOX HFLE3 (11) BOX HFLE3 (11) BOX HFLE3 (12) BOX HFLE3 (13) BOX HFLE3 (14) BOX HFLE3 (50) DO NOT DISPLAY (51) BOX HFLE3 (52) BOX HFLE3 (52) BOX HFLE3 (53) BOX HFLE3 (54) BOX HFLE3 (55) BOX HFLE3 (56) BOX HFLE3 (57) BOX HFLE3 (59) BOX HFLE3 (51) BOX HFLE3 (51) BOX HFLE3 (52) BOX HFLE3 (53) BOX HFLE3 (54) BOX HFLE3 (55) BOX HFLE3 (56) BOX HFLE3 (57) BOX HFLE3 (57) BOX HFLE3 (59) BOX HFLE3
ROSTREOS	HFLD9_NEW	text	[What is the name of the person and relationship to (SP)?]	(-8) Don't Know	BOX HFLE3
	BOX HFLE3	routing	IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - PERSON_HLPRWALK. ELSE GO TO BOX HFLF3.	(-9) Refused	

	1			DISPLAY PERSON ROSTER AS RESPONSE	
				OPTIONS:	
				1. [PERSON 1]	
				2. [PERSON 2]	
				 (01-N) LIST ALL PERSONS AS RESPONSE	
			You mentioned that [you receive/(SP) receives] help with walking. Who gives that help?	OPTIONS (N+1) ADD ANOTHER	IF PERSON_HLPRWALK = (N+1), GO
PERSON_HLPRWALK	HFLE9	roster	ENTED ALL HELDEDO	DIODI AV	TO HFLE9_NEW-ROSTFNAM.
			ENTER ALL HELPERS.	DISPLAY:	ELSE GO TO BOX HFLF3.
				1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM.	
				3 Relationship to SP Display relationship:	
				If ROST.ROSTREL=91/Other, display	
				ROST.ROSTREOS.	
				Else display ROST.ROSTREL relationship.	
ROSTFNAM	HFLE9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLE9_NEW - ROSTLNAM
ROSTLNAM	HFLE9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLE9_NEW - ROSTREL
					(01) DO NOT DISPLAY (02) BOX HFLF3
				(02) SPOUSE	(02) BOX HFLF3 (03) BOX HFLF3
				(03) SON	(04) BOX HFLF3
				(04) DAUGHTER	(05) BOX HFLF3
				(05) BROTHER	(06) BOX HFLF3
				(06) SISTER	(07) BOX HFLF3
				(07) FATHER	(08) BOX HFLF3
				(08) MOTHER	(09) BOX HFLF3
				(09) SON-IN-LAW	(10) BOX HFLF3
				(10) DAUGHTER-IN-LAW	(11) BOX HFLF3
				(11) GRANDSON	(12) BOX HFLF3
ROSTREL	HFLE9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(12) GRANDDAUGHTER	(13) BOX HFLF3
				(13) NEPHEW (14) NIECE	(14) BOX HFLF3 (50) DO NOT DISPLAY
				(51) FRIEND/NEIGHBOR	(51) BOX HFLF3
				(52) BOARDER	(52) BOX HFLF3
				(53) NURSE/NURSE'S AIDE	(53) BOX HFLF3
				(54) LEGAL/FINANCIAL OFFICER	(54) BOX HFLF3
				(55) GUARDIAN	(55) BOX HFLF3
				(56) PARTNER	(56) BOX HFLF3
				(57) ROOMMATE	(57) BOX HFLF3
				(91) OTHER	(91) HFLE9_NEW - ROSTREOS
				(-8) Don't Know	(-8) BOX HFLF3
				(-9) Refused	(-9) BOX HFLF3
		<u>.</u> .		(01) CONTINUOUS ANSWER	
ROSTREOS	HFLE9_NEW	text	[What is the name of the person and relationship to (SP)?]	(-8) Don't Know (-9) Refused	BOX HFLF3
	BOX HFLF3	routing	IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL.	(-9) Kelused	
	DOVILLES	routing	ELSE GO TO BOX HFL4.	DIODI AV DEDOOM BOOTER AS BESSANGE	
				DISPLAY PERSON ROSTER AS RESPONSE OPTIONS:	
				1. [PERSON 1]	
				2. [PERSON 2]	
				 (01-N) LIST ALL PERSONS AS RESPONSE	
				OPTIONS	
			You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help?	(N+1) ADD ANOTHER	IF PERSON_HLPRTOIL = (N+1), GO
PERSON_HLPRTOIL	HFLF9	roster	ENTER ALL HELDERS	DISDLAY.	TO HFLF9_NEW-ROSTFNAM.
			ENTER ALL HELPERS.	DISPLAY: 1 First Name Display ROST.ROSTFNAM.	ELSE GO TO BOX HFLG3.
				2 Last Name Display ROST.ROSTENAM.	
				3 Relationship to SP Display relationship:	
				If ROST.ROSTREL=91/Other, display	
				ROST.ROSTREOS.	
				Else display ROST.ROSTREL relationship.	
ROSTFNAM	HFLF9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLF9_NEW - ROSTLNAM
ROSTLNAM	HFLF9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLF9_NEW - ROSTREL
		I		13 /	<u> </u>

ROSTREL	HFLF9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLF3 (03) BOX HFLF3 (04) BOX HFLF3 (05) BOX HFLF3 (06) BOX HFLF3 (07) BOX HFLF3 (08) BOX HFLF3 (09) BOX HFLF3 (10) BOX HFLF3 (11) BOX HFLF3 (12) BOX HFLF3 (13) BOX HFLF3 (14) BOX HFLF3 (15) DO NOT DISPLAY (51) BOX HFLF3 (52) BOX HFLF3 (53) BOX HFLF3 (54) BOX HFLF3 (55) BOX HFLF3 (56) BOX HFLF3 (57) BOX HFLF3 (57) BOX HFLF3 (57) BOX HFLF3 (57) BOX HFLF3 (58) BOX HFLF3 (591) HFLF9_NEW - ROSTREOS (-8) BOX HFLF3 (-9) BOX HFLF3
ROSTREOS	HFLF9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know	BOX HFLF3
	BOX HFL4	routing	IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND, GO TO HFL10 - PERSON_HLPRMOST. ELSE GO TO HFM1 - FALLANY.	(-9) Refused 0/OR HFLF9,	
PERSON_HLPRMOST	HFL10	roster	Which of these persons gives [you/(SP)] the most help with these things? SELECT ONLY ONE.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRMOST = (N+1), GO TO HFLF10_NEW-ROSTFNAM. ELSE GO TO HFM1 - FALLANY.
ROSTFNAM	HFL10 NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLF10 NEW - ROSTLNAM
ROSTLNAM	HFL10_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLF10 NEW - ROSTREL
ROSTREL	HFL10_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) HFM1 - FALLANY (03) HFM1 - FALLANY (04) HFM1 - FALLANY (05) HFM1 - FALLANY (06) HFM1 - FALLANY (07) HFM1 - FALLANY (08) HFM1 - FALLANY (09) HFM1 - FALLANY (10) HFM1 - FALLANY (11) HFM1 - FALLANY (12) HFM1 - FALLANY (13) HFM1 - FALLANY (14) HFM1 - FALLANY (50) DO NOT DISPLAY (51) HFM1 - FALLANY (52) HFM1 - FALLANY (53) HFM1 - FALLANY (54) HFM1 - FALLANY (55) HFM1 - FALLANY (56) HFM1 - FALLANY (57) HFM1 - FALLANY (58) HFM1 - FALLANY (59) HFM1 - FALLANY (51) HFM1 - FALLANY (52) HFM1 - FALLANY (53) HFM1 - FALLANY (54) HFM1 - FALLANY (55) HFM1 - FALLANY (56) HFM1 - FALLANY (57) HFM1 - FALLANY
ROSTREOS	HFL10_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	HFM1 - FALLANY

				(01) YES	(01) HFM2 - FALLTIME
ALLANY	HFM1	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down?	(02) NO (-8) Don't Know	(02) BOX MH1 (-8) BOX MH1
				(-9) Refused	(-9) BOX MH1
			Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down?	[Continuous answer.]	(-9) BOX WITT
FALLTIME	HFM2	numeric	ember (2.10.1.11. Merritti 1.2.11.4), them maily times (nave yearnas (e.)] railent de min	Don't Know	HFM3A - FALLHELP
			ENTER "95" IF 95 OR MORE FALLS REPORTED.	Refused	
				(01) YES	
FALLHELP	HFM3A	yes/no	Thinking about the [most recent) time that [you/(SP)] fell, did [you/he/she] hurt [yourself/himself/herself] b		HFM3B - FALCODE
FALLIELF	TH WISA	yes/110	enough to get medical help?	(-8) Don't Know	TH WISD - FALCODE
				(-9) Refused	
				(01) BROKEN BONE/FRACTURE	(01) HFM3C - FALLIMIT
				(02) SPRAIN/STRAIN	(02) HFM3C - FALLIMIT
			What kind of injury did [you/(SP)] have in that [most recent] fall?	(03) BRUISE	(03) HFM3C - FALLIMIT
				(04) CUT/WOUND/LACERATION	(04) HFM3C - FALLIMIT
ALCODE	НҒМ3В	code all	[PROBE: Anything else?]	(05) CONCUSSION	(05) HFM3C - FALLIMIT
				(06) DISLOCATION	(06) HFM3C - FALLIMIT
			CHECK ALL THAT APPLY.	(91) OTHER	(91) HFM3B - FALOTHOS
				(96) NO INJURY	(96) HFM3C - FALLIMIT
				(-8) Don't Know (-9) Refused	(-8) HFM3C - FALLIMIT (-9) HFM3C - FALLIMIT
ALOTHOS	HFM3B	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	HFM3C - FALLIMIT
ALUTHUS	ПЕМЗВ	verbatim text	OTHER (SPECIFT)	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
				(01) YES (02) NO	(01) HFM3D - FALLBACK (02) HFM3E - FALLFEAR
ALLIMIT	HFM3C	yes/no	Did [your/(SP's)] [most recent] fall cause [you/him/her] to limit [your/his/her] regular acivities?	(-8) Don't Know	(-8) HFM3E - FALLFEAR
				(-9) Refused	(-9) HFM3E - FALLFEAR
				(01) LESS THAN ONE WEEK	(-9) TH WISE - FALLPEAR
				(02) ONE WEEK OR MORE	
FALLBACK	HFM3D	code 1	How long did it take [you/(SP)] to get back to regular activities after [your/his/her] [most recent] fall?	(03) NEVER RESUMED REGULAR ACTIVITIES	HFM3E - FALLFEAR
			The rest of the section of the secti	(-8) Don't Know	
				(-9) Refused	
				(01) [Continuous answer]	
ALLFEAR	НҒМ3Е	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 (-8) Don't Know	BOY MUL
·· ·			6 is "Extremely afraid of falling"?	(-9) Refused	BOX MH1
	DOV MUIA		If the respondent is a proxy (SPPROXY=2), go to HFQ1 - LOSTURIN.	j' '	
	BOX MH1	routing	Else go to HFN1 - HFGAD1.		
			The next few questions ask about the last two weeks.	(01) NOT AT ALL	
				(02) SEVERAL DAYS	
			SHOW CARD HF8	(02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS	
HFGAD1	HFN1	list		(04) NEARLY EVERY DAY	HFN2 - HFGAD2
			Over the last 2 weeks, how often have you been bothered by the following problems?	(-8) REFUSED	
				(-9) DON'T KNOW	
			Feeling nervous, anxious, or on edge	` '	
			SHOW CARD HF8	(01) NOT AT ALL	
				(02) SEVERAL DAYS	
HFGAD2	HFN2	list	[Over the last 2 weeks, how often have you been bothered by the following problems?]	(03) MORE THAN HALF THE DAYS	HFN3 - HFPHQ1
			Let 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	(04) NEARLY EVERY DAY	
			Not being able to stop or control worrying.	(-8) REFUSED	
			J 1	(-9) DON'T KNOW	
			SHOW CARD HF8	(01) NOT AT ALL	
				(02) SEVERAL DAYS	
HFPHQ1	HFN3	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(03) MORE THAN HALF THE DAYS	HFN4 - HFPHQ2
				(04) NEARLY EVERY DAY	
			little interest or pleasure in doing things? Would you say	(-8) REFUSED	
				(-9) DON'T KNOW (01) NOT AT ALL	
			SHOW CARD HF8	(02) SEVERAL DAYS	
				(03) MORE THAN HALF THE DAYS	
HFPHQ2	HFN4	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY	HFN5 - HFPHQ3
				(-8) REFUSED	
			feeling down, depressed, or hopeless?	(-9) DON'T KNOW	
			CHOW CARR HES	(01) NOT AT ALL	
			SHOW CARD HF8	(02) SEVERAL DAYS	
JEDUO2	LIENE	11:-4	[Over the lest Queeks, howefter hove you have both and he the faller's much less ?	(03) MORE THAN HALF THE DAYS	LIENG LIEDUGA
HFPHQ3	HFN5	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY	HFN6 - HFPHQ4
			trouble falling or staying select on the size to a selection to	(-8) REFUSED	
			trouble falling or staying asleep, or sleeping too much?	(-9) DON'T KNOW	
			SHOW CARD HF8	(01) NOT AT ALL	
				(02) SEVERAL DAYS	
HEDHO4	HFN6	liet	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(03) MORE THAN HALF THE DAYS	HFN7 - HFPHQ5
HFPHQ4	I II INO	list	Tover the last 2 weeks, now often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY	
			feeling tired or having little energy?	(-8) REFUSED	
			feeling tired or having little energy?	(-9) DON'T KNOW	
			SHOW CARD HF8	(01) NOT AT ALL	
			SHOW ONING THE	(02) SEVERAL DAYS	
HFPHQ5	HFN7	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(03) MORE THAN HALF THE DAYS	HFN8 - HFPHQ6
11 1 1 1 1 1 1 2 3	111111	list	To vol. the last 2 weeks, now often have you been bothered by the following problems.]	(04) NEARLY EVERY DAY	THE TO STREET HOO
				(-8) REFUSED	
			poor appetite or overeating?	(-9) DON'T KNOW	

Proc	Property		1			(01) NOT AT ALL	
Part	Part				SHOW CARD HF8		
Prop	Property	FPHQ6	HFN8	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(04) NEARLY EVERY DAY	HFN9 - HFPHQ7
Part	Property 1989 198				feeling bad about yourself – or that you are a failure or have let yourself or your family down?	(-9) DON'T KNOW	
### PAT 1	Part				SHOW CARD HF8		
Part	Table	FPHQ7	HFN9	list	[Over the last 2 weeks, how often have you been bothered by the following problems:]	(03) MORE THAN HALF THE DAYS	HFN10 - HFPHQ8
Minute	SPACABLE ITS				trouble concentrating on things, such as reading the newspaper or watching TV2	(-8) REFUSED	
PRODUCT Proc. Pr	PRODUCT Property						
Principal Prin	Principle Prin						
Property	## ## ## ## ## ## ## ## ## ## ## ## ##	FPHQ8	HFN10	list		(04) NEARLY EVERY DAY	HFN11 - HFPHQ10
SION CARD IFFS SAME NAME SAME NAME SAME NAME NAME NAME NAME NAME NAME NAME N	SCOV_CROS FF Security Scov_CROS FF Security					(-9) DON'T KNOW	
### Hard official have been professor and all file you's bio your sort, bias case of histings at home or gald word. ### SHOW CARD HYD ### SHOW CARD ### SHOW CARD HYD ### SHOW CARD HYD ### SHOW CARD HYD ### SHOW CARD ### SHOW CARD HYD ### SHOW CARD ##	### Heard Effect in the less proteins make it for you to dry you work, town one of many at home, or professor. Professor				SHOW CARD HF9	(02) Somewhat difficult,	
STURIN PFC1	Part	HFPHQ10	HFN11	code one		(04) Extremely difficult?	HFQ1 - LOSTURIN
STORY AND THE CONTROL OF THE CONTR	#PETCLD #FIT				with people?		
SECURIN FED Code 1 Cod	SPURN HFG1 Side 1					(01) MORE THAN ONCE A WEEK	` ,
STOW CARD IFIG. 150	STURIN NFO; State Stat						` '
Color First Color Colo	Post				SHOW CARD HE10		` '
If Col.	STURIN NO Color Color In this to set about a health protein that in more common tap people clinic. Please book at life cast and an inches STURIN Color						
beline how when, if all slines (JAST FE MONTH YEAR) you have(SP) had jout urine because you will be problem? Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION SOCIETY Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION SOCIETY Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION SOCIETY Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 5 of 8 of 10 Dec Visio OR CATHETERIZATION Col 7 of 10 Dec Visio OR CATHETERIZATION Col 10 Dec Visio O	bot in the how iden, if all sizes of, AST HE WORTH YEAR (put have)(SF) had gled unine because of positive problems and positive pr	OSTURIN	HFQ1	code 1	I'd like to ask about a health problem that is more common than people think. Please look at this card and		` ,
SOCK HETT SOCK	Section Sect		3.		· · ·		` '
Part	Park						` '
ALURIN HPQ2	ALURIN HF02 Period Per				U ,		` '
ALCURIN HF02 yearho Place you'hise (SP)] taked about this problem with [your(SP)] doctor or other health professional? He12 yearho Place you'hise (SP)] taked about this problem with [your(SP)] doctor or other health professional asked (you'hirchhof) about how (you'heathof) feelige about the problem with [your(SP)] problem or other health professional asked (you'hirchhof) about how (you'heathof) feelige about this problem with [your(SP)] bodor or other health professional asked (you'hirchhof) about how (you'heathof) feelige about this problem with [you'n(SP)] bodor or other health professional asked (you'hirchhof) to figure out why (you'heathof) with follow (y	ALURIN HF02 years Plane (SP)] taked about this problem with [your(SP)] dooler or other health professional asked poulinimher) about here (yourheished) feelig about this problem with [your(SP)] dooler or other health professional asked poulinimher) about here (yourheished) feelig about this problem with [your(SP)] dooler or other health professional asked poulinimher) about here (yourheished) feelig about this problem with [your(SP)] dooler or other health professional asked poulinimher) about here (yourheished) feelig about this problem with [your(SP)] dooler or other health professional asked poulinimher) about here (yourheished) feelig about this problem with [your(SP)] dooler or other health professional asked with [your(SP)] double or other health professional asked with [your(SP)] double or other health professional asked with [your(SP)] (yourheished) feelig about this problem with [your(SP)] (yourheished) f						` ,
Fire Per	Part					(-9) Refused	,
FELURIN FECU Per Southers (Ser) stated about this processor with year/less (Ser) stated about this processor with year/less (Ser) stated about this processor with year/less year/	Fig. Part					(01) YES	` '
FELURIN PEGS Pathology of the professional asked (you/him/her) about how (you/he/her) feeligl about (20) NO (30) Refused (20) Ref	FELURIN NFO3 Yesho	ALKURIN	HFQ2	ves/no	[Have you/Has (SP)] talked about this problem with [vour/(SP's)] doctor or other health professional?	` '	` ,
HEGURIN HFG4 President in professional asked (you/him/her) about how (you/her/her) feel(a) about (CC) NO (CC)	Has [your(SPIs)] doctor or other health professional asked (youthinsher) about how [youtheisher] fee[6] about (00) (00) (00) (00) (00) (00) (00) (00	- · · · · · · ·			, and the second	· /	
HEQ3 yes/no HEQ3 yes/no HEQ4 residence of this problem? HEQ4 yes/no HEQ5 yes/	HEQ 9 selno HEQ 9 selno HEQ 1 poet (SPP) gloctor or other health professional asked (you/him/her) about how (you/hea/hel) feeling about (90) NO (90) Refused (90)						(-9) BOX HETT
### 14	### ### ### ### ### ### ### ### ### ##				Has [vour/(SP's)] doctor or other health professional asked [vou/him/her] about how [vou/he/she] feel[s] about		
EASURIN HF04	LASURIN HFQ4 yesho Has [yourl(SP*s)] doctor or other health professional examined (yourhimfter) to figure out why (yourhealth) (10) YES (1	EELURIN	HFQ3	yes/no		` '	HFQ4 - REASURIN
HFQ4 yes/no HFQ6 yes/no has [your(SP3]] doctor or other health professional examined [you/him/her] sto figure out why [you/heishel] (02) NO (30 Not Now (30) Not Now (30) Refused (30) Now (30) Refused (30) Not Now (30) Refused (30) Refused (30) Not Now (30) Refused (30) Not Now (30) Refused (30) Not Now	Has [youri(SP's] doctor or other health professional examined [you/him/her] to figure out why [you/heishel] (0) YES (2) NO (3) Don't Know (6) Refused (1) YES (2) NO (6) Don't Know (6) Refused (1) YES (1) (1						
	Control Cont					(01) YES	
URGURIN HPGS yes/no stray for this proteins of the protein professional talked with (you/him/her) about taking medicine or having (20) NO (20) NO (20) Refused (2	JURGURIN HE'GS yes th o surgifyer) doctor or other health professional talked with youthim/her] about taking medicine or having (2) NO (2) NO (2) Refused (2) Refu	FASHRINI	HEO4	ves/no			HEO5 - SURGURIN
URGURIN HGQ5 yes/no	June Head	LACOININ	111 02-7	yes/110	[lose/loses] urine?		I II QU - OUNGONIN
HEGS yes/no suggety for this problem? BOX HFT1 routing FF122 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD. ELSE GO TO BOX HEFEN. 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 was high for more than one reading.] [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] [YPEAGE HFT2 numeric How old [were you/was (SP)] when [you were/New was] first told that [you/he/she] had high blood pressure was high for more than one reading.] [YPEAGE_LESSONE HFT2 numeric How old [were you/was (SP)] when [you were/New was] first told that [you/he/she] had high blood pressure. [4] ON INTO NOW (-6) PREUMS (-	HeGS yes/no surgerly for this problem? Has [your/(SP*s]] doctor or other health professional talked with [you/him/hef] about taking medicine or having [02] NO (2) NO (2) Not (2) Not (3) Not (2) Not (4) Not						
Surgery for this problem?	Surgery for this problem?				Has [vavr/(CD's)] dector or other health professional talked with [vav/him/her] about taking medicine or having		
BOX HFT1 routing F. HF.JZ - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD. LESE GO TO BOX HFEND. We have recorded that (you were/ISP) was] told by a doctor or other health professional that (you had/he had/she had	Fire Counting Fire	SURGURIN	HFQ5	yes/no			BOX HFT1
FFE2	PYPETOLD APPETOLD APPETO				surgery for this problem?	` '	
New Part Processor New Par	We have recorded that [Jou were(SP) was] told by a doctor or other health professional that [you had/he had/she had/she had] hypertension, also called high blood pressure. (01) YES (02) NO (03) SPN EVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN REPORT (03) SPN EVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN REPORT (03) SPN EVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN REPORT (03) BOX HEND (48) HET2 - HYPEAGE (92) HET2 - HYPEAGE (93) SPN EVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN REPORT (03) BOX HEND (48) HET2 - HYPEAGE (49) HET3 -		POV HET1	routing	IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD.	(1-a) Netused	
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?	Note		DOV LL I I	Touting			
Were you/Was (SP) told on two or more different medical visits that (you/he/she) had high blood pressure or (hypertension? C2) HFT2 - HYPEAGE (93) BOX HFEND (93) BOX	PREFOLD HFT1 code 1 [Were you/Was (SP)] told on two or more different medical visits that [you/he/she] had high blood pressure of hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] PRESSURE/PREVIOUS RESPONSE ENTERED IN PRESSURE/PREVIOUS RESPONSE ENTERD IN PRE						
HFT1 code 1 hypertensions; [As producted in the product of the pro	Weer yourwas (SF) fold on two of more different medical visits that (yourheisner) find high blood pressure was high for more than one reading.] YPEAGE HFT2 numeric numeric numeric how old [were youlwas (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure. YPEAGE LESSONE HFT2 numeric how old [were youlwas (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure. YPEAGE LESSONE HFT2 numeric how old [were youlwas (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure. YPEAGE LESSONE HFT6 yes/no Because of [your/his/her] high blood pressure, [are you/is (SP)] now measuring [your/his/her] blood pressure. YPEMEDS HFT6 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? (A) Don't Know (B) (B) (B) (B) (B) (B) (B) (B				mad/she hadj hypertension, also dalled high blood pressure.		
hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] IMPEAGE HFT2 numeric hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] IMPEAGE 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? 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? HFT2 How old [were you/was (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood pressure? HFT2 HFT6D yes/no Because of [your/his/her] high blood pressure, [are you/is (SP)] now measuring [your/his/her] blood pressure? 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? (101) YES (202) NO (-8) Don't Know (-9) Refused (101) YES (102) NO (-8) Don't Know (-9) Refused (101) YES (102) NO (-8) Don't Know (-9) Refused (101) YES (102) NO (-8) Don't Know (-9) Refused (101) YES (102) NO (-8) Don't Know (-9) Refused (101) YES (102) NO (-9) Don't Know (-9) Refused (101) YES (102) YES (103) YES (103) YES (104) YES (105)	hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] YPEAGE HFT2 numeric HFT2 numeric Hevo lod [were you/was (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure was high for heve you'was (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure was high for heve you'was (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure was high for heve you'was (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood pressure was high for heve you'was (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood pressure was high for heve you'was (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood was you was you was (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood (01) LESS THAN ONE YEAR OLD (11) VES (20) NO (11) VES (21) NO (11) VES (22) NO (11) VES (23) NO (11) VES (24) NO (11) VES (25) NO (11) VES (26) Don't Know (11) See (:		[Were you/Was (SP)] told on two or more different medical visits that [you/he/she] had high blood pressure or	` '	` '
EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] IMPEAGE	EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] YPEAGE	IYPETOLD	HFT1	code 1			` ,
IEXPLANT NOTE STARTS, We are interested in knowing whether (your/fer's)] blood pressure was high for more than one reading.] YPEAGE	EAPCHINT PICES SARKY: We are interested in knowing whether (your/sp-9) blood pressure was high for more than one reading.] YPEAGE				/F		` '
more than one reading.] HYPEAGE HFT2 numeric numeric how old [were you/was (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure.] 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.] HYPEAGE_LESSONE HFT6 NPEAGE_LESSONE HFT6 HFT6D yes/no Because of [your/his/her] high blood pressure, [are you/is (SP)] now measuring [your/his/her] blood pressure.] HFT6D 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.? HFT6J - HYPEDRNK HFT6J - HYPEDRNK HFT6J - HYPEDRNK HFT6J - HYPEDRNS I[Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/his/her] high blood pressure.] I[Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/his/her] high blood pressure.] BOX HFT2 FOURTIES To valid to that [you/he/she] had high blood [your/his/she] had high blood [your/his/she] had high blood [your/his/she] had high blood pressure.] HFT6D - HYPEAGE_LESSONE HFT6D - HYPEAGE_LES	more than one reading.] WPEAGE HFT2 numeric numeric how lod [were youlwas (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood pressure.] HFT2 numeric how old [were youlwas (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood (J) [Continuous answer.] (-8) Don't Know (-9) Refused (17) Empty HFT6D - HYPEAGE_LESSONE HFT6D yes/no Because of [your/his/her] high blood pressure, [are you/is (SP)] now measuring [your/his/her] blood pressure (-9) Refused (01) YES (02) NO (-9) Refused (01) YES (-9) Refused (02) NO (-9) Refused (03) NO (-9) Refused (04) Refused (05) Refused (07) YES (-9) Refused (07) YES ([EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for	` '	(-9) HF 12 - HYPEAGE
HFT2 numeric pressure? IMPEAGE_LESSONE HFT6 pressure? IMPEAGE_LESSONE HFT6 pressure; IMPEAGE_LESSONE (-(a)) pressure; IMPEAGE_LESSONE her look display had high blood pressure; IMPEAGE_LESSONE (-(a)) pressure; IMPEAGE_LESSONE her look display had high blood pressure; IMPEAGE_LESSONE (-(a)) pressure; IMPEAGE_LESSONE her look display had high blood pressure; IMPEAGE_LESSONE (-(a)) pressure; IMPEAGE_LESSONE (-(a)) pressure; IMPEAGE_LESSONE (-(a)) pressure; IMPEAGE_LESSONE her look display had high blood pressure; IMPEAGE_LESSONE (-(a)) pressure; IMPEAGE_LESONE IM	APPEAGE HFT2 numeric pressure? Appeage HFT2 numeric pressure. Appeage you/is (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood (01) YES (01) YES (02) NO (10) YES (10) Y					, ,	
Preader Prea	PREAGE_LESSONE HFT2				How old [were you/was (SP)] when [you were/he was/she was] first told that [you/he/she] had high blood		
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 (77 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? HFT6D yes/no Because of [your/his/her] high blood pressure, [are you/is (SP)] now taking prescribed medicine for (92) NO (-8) Don't Know (-9) Refused HFT6G yes/no [Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/his/her] high blood pressure? HFT6J yes/no [Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/his/her] high blood pressure? HFT6G - HYPEMEDS (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused (02) NO (-8) Don't Know (-9) Refused (-9) Refuse	HFT6D How old [were you/was (SP)] when (you were/he was/she was) first told that [you/he/she] had high blood (7) LESS THAN ONE YEAR OLD (7) Empty	1YPEAGE	HF12	numeric		` '	HF12 - HYPEAGE_LESSONE
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POY HET2 Pressure?] IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG.	PROX HET2 Pressure?] IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG. C-8) Don't Know (-9) Refused C-8) Don't Know		LIETE I	1,00/22	[Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/his/her] high blood		BOY UETO
(-9) Refused ROY HET2 routing IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG.	ROX HET2 routing (-9) Refused (-9) Refused	IT MEDKNK	TF 10J	yes/no		(-8) Don't Know	DUA HETZ
IRIX HELY Irolling	IRITY HELY IMPORTING					(-9) Refused	
	ELSE GO TO HFT12A - HYPECTRL.		BOX HFT2	routing	· · · · · · · · · · · · · · · · · · ·		

				(01) [Continuous answer.]	
HYPELONG	HFT7	numeric	How long [have you/has (SP)] been treated with prescribed medicines for [your/his/her] high blood pressure?	(-8) Don't Know (-9) Refused	HFT7 - HYPELONG_LESSONE
YPELONG_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
	BOX HFT3	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFT8 - HYPEMANY. ELSE GO TO HFT11A - HYPECOND.		
			How many different prescribed medicines [do you/does (SP)] take for [your/his/her] high blood pressure?	(04) FO thurstone 1	
YPEMANY	HFT8	numeric	[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	HFT11A - HYPECOND
YPECOND	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.	(01) ALWAYS (02) SOMETIMES (03) NEVER	HFT12A - HYPECTRL
TIEGOND		0000 1	[EXPLAIN IF NECESSARY: By "side effects", I mean that the medicine causes any condition such as fatigue, headache, or coughing.]	(-8) Don't Know (-9) Refused	THE FIZACE THE COME
IYPECTRL	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?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT	BOX HFT4
			Would you say that you are very confident, confident, somewhat confident, or not at all confident?	(-8) Don't Know (-9) Refused	
	BOX HFT4	routing	IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT13 - HYPEPAY. ELSE GO TO BOX HFEND.		
IYPEPAY	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	HFT14 - HYPESKIP
IYPESKIP	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	BOX HFEND
ALINTRO	HFQ15	no entry	Next I am going to ask you to do a few simple activities for me, starting with a balance measure. Let me first demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do a particular movement or if you feel it would be unsafe to try and do it.	(1) CONTINUE (2) R CANNOT PARTICIPATE (-9) REFUSED	(1) BALPOS1 (2) WALINTRO (-9) WALINTRO
			SHOWCARD HF11		
			DEMONSTRATE FIRST POSITION WHILE EXPLAINING POSITION STAND WITH FEET TOGETHER, SIDE-BY-SIDE FOR 10 SECONDS TRY NOT TO MOVE YOUR FEET TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP	(1) NUMBER OF SECONDS HELD:	
			ASK R TO STAND IN FIRST POSITION	(2) EQUIPMENT PROBLEM (3) TRIED, UNABLE TO DO	
			ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING	(4) R COULD NOT HOLD POSITION UNASSISTED (5) NOT ATTEMPTED, FI FELT IT WAS UNSAFE	If (1) >= 10, go to BALPOS2;
BALPOS1	HFQ16	code one	TIME THE FIRST POSITION PUSH 'START/STOP' BUTTON WHEN YOU SAY 'BEGIN' PUSH 'START/STOP' BUTTON AND SAY 'STOP' AFTER 10 SECONDS, OR PUSH 'START/STOP' BUTTON IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS	(6) NOT ATTEMPTED, R FELT UNSAFE (7) R UNABLE TO UNDERSTAND INSTRUCTIONS (8) OTHER (SPECIFY): (-8) DON'T KNOW (-9) REFUSED	ELSE TO TO BALMOTES
			WHEN R IS IN FIRST POSITION: Are you ready?		
			WHEN R IS READY, PUSH 'START/STOP' AND SAY: Begin		

			SHOWCARD HF12		
BALPOS2	HFQ17	code one	DEMONSTRATE SECOND POSITION WHILE EXPLAINING POSITION STAND WITH THE HEEL OF ONE FOOT TOUCHING THE SIDE OF THE BIG TOE OF THE OTHER FOOT FOR 10 SECONDS TRY NOT TO MOVE YOUR FEET TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP ASK R TO STAND IN SECOND POSITION ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING TIME THE SECOND POSITION PUSH 'START/STOP' BUTTON WHEN YOU SAY 'BEGIN' PUSH 'START/STOP' BUTTON AND SAY 'STOP' AFTER 10 SECONDS, OR PUSH 'START/STOP' BUTTON IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS WHEN R IS IN SECOND POSITION: Are you ready? WHEN R IS READY, PUSH 'START/STOP' AND SAY: Begin	(1) NUMBER OF SECONDS HELD: (2) EQUIPMENT PROBLEM (3) TRIED, UNABLE TO DO (4) R COULD NOT HOLD POSITION UNASSISTED (5) NOT ATTEMPTED, FI FELT IT WAS UNSAFE (6) NOT ATTEMPTED, R FELT UNSAFE (7) R UNABLE TO UNDERSTAND INSTRUCTIONS (8) OTHER (SPECIFY): (-8) DON'T KNOW (-9) REFUSED	If (1) >= 10, go to BALPOS3; ELSE TO TO BALNOTES
BALPOS3	HFQ18	code one	DEMONSTRATE THIRD POSITION WHILE EXPLAINING POSITION STAND WITH THE HEEL OF ONE FOOT IN FRONT OF AND TOUCHING THE TOES OF THE OTHER FOOT FOR 10 SECONDS TRY NOT TO MOVE YOUR FEET TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP ASK R TO STAND IN THIRD POSITION ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING TIME THE THIRD POSITION PUSH 'START/STOP' BUTTON WHEN YOU SAY 'BEGIN' PUSH 'START/STOP' BUTTON AND SAY 'STOP' AFTER 10 SECONDS, OR PUSH 'START/STOP' BUTTON IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS WHEN R IS IN THIRD POSITION: Are you ready? WHEN R IS READY, PUSH 'START/STOP' AND SAY: Begin	(1) NUMBER OF SECONDS HELD: (2) EQUIPMENT PROBLEM (3) TRIED, UNABLE TO DO (4) R COULD NOT HOLD POSITION UNASSISTED (5) NOT ATTEMPTED, FI FELT IT WAS UNSAFE (6) NOT ATTEMPTED, R FELT UNSAFE (7) R UNABLE TO UNDERSTAND INSTRUCTIONS (8) OTHER (SPECIFY): (-8) DON'T KNOW (-9) REFUSED	BALNOTES
BALNOTES	HFQ19	text	ENTER NOTES ABOUT THE BALANCE TEST	(1) CONTINUOUS	WALINTRO
WALINTRO	HFQ20	no entry	Now I am going to observe how you normally walk. If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it. First, let me demonstrate this measure.	(1) CONTINUE (2) R CANNOT PARTICIPATE (IN WHEELCHAIR, CAN'T STAND UNASSISTED) (-9) REFUSED	(1) WALKTIM1 (2) WALNOTES (3) WALNOTES
WALKTIM1	HFQ21	code one	USE PRE-CUT STRING TO MEASURE DISTANCE ON THE FLOOR DEMONSTRATE THE WALK WHILE PROVIDING INSTRUCTIONS STAND WITH TOES TOUCHING THE BEGINNING OF THE STRING START WALKING WHEN I SAY BEGIN WALK AT YOUR USUAL PACE WALK PAST THE END OF THE STRING BEFORE YOU STOP ALLOW R TO USE HIS/HER WALKING AID (CANE OR WALKER) ASK R TO STAND AT BEGINNING OF STRING When I say "Begin" you may start walking. PUSH 'START/STOP' AND SAY: 'Begin' PUSH 'START/STOP' WHEN ONE OF R'S FEET IS COMPLETELY ACROSS THE OTHER END OF THE STRING	(1) ABLE TO DO (SPECIFY SECONDS): (2) EQUIPMENT PROBLEM (3) TRIED, UNABLE TO DO (4) R COULD NOT WALK UNASSISTED (5) NOT ATTEMPTED, FI FELT UNSAFE (6) NOT ATTEMPTED, R FELT UNSAFE (7) R UNABLE TO UNDERSTAND INSTRUCTIONS (8) OTHER (SPECIFY): (-8) DON'T KNOW (-9) REFUSED	(1) WALKTIM2 (2) WALNOTES (3) WALNOTES (4) WALNOTES (5) WALNOTES (6) WALNOTES (7) WALNOTES (8) WALNOTES (-8) WALNOTES (-9) WALNOTES

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March 1992 Mar				· · · · · · · · · · · · · · · · · · ·	(2) EQUIPMENT PROBLEM	(1) WALKPROB (2) WALKPROB
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Part	IMALKTIMO	HEO22	codo ono		()	(5) WALKPROB
AGE	VVALRTIIVIZ	FIFQZZ	code one		1 '	(6) WALKPROB
PART STATISTICS WHEN ONE OF RO FEET IS COMMETTLY ACROSS THE OTHER DOOD THE SO, WAN ALTER SO, WAN ALT				'Begin'		1, ,
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### WARRENGE #### Casts and OPECA ALL THAT AFFEY 2 22 IS LIMPTED SHIFTEDOR SPARSOED ALES 22 IS LIMPTED SHIFTEDOR SPARSOED ALES 23 IS STATED TISS PAPEL 23 IS STATED TI					1, ,	(-9) WALKPROB
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1					(6) NOTHING APPLIES	
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Security	CSINTRO	HFQ25	no entry			
DEMONSTRATE CHAIR STAND WHILE PROVIDING INSTRUCTIONS 2/3 R USED ARREST OS TAND 3/3 CSMOTES 3/3 CM UNITS	l			would be unsafe to try.	,	(-9) CSNOTES
DEMONSTRATE CHAIR STAND WHILE PROVIDING INSTRUCTIONS 2/3 R USED ARREST OS TAND 3/3 CSMOTES 3/3 CM UNITS					(4) P. OTO OD 14/17/10/17 1/2/1/2 1/2/1/2	(4) 00INTD00
SITE CHAR WITH YOUR FEET ON THE FLOOR SIT SO THAT YOU CAN PLACE THE WIDTH OF (3) SOUPPINENT PROBLEM (3) SOUPPINEN	1			DEMONSTRATE CHAIR STAND WHILE BROWDING INSTRUCTIONS		1 '
VOUR HANDS BETWEEN THE CHAIR AND YOUR CHEST (4) TIMED, UNABLE TO DO (5) CONTEST					1, ,	
FOLD YOUR ARMS ARDROSS YOUR CHEST 60 REPOSED 60 REP					1, ,	
STAND UP. KEEPING YOUR ARMS FOLDED ACROSS YOUR CHEST (6) NOT ATTEMPTED. IF FELT IT WAS UINAAFE (7) CONTITUENCE (7) NOT ATTEMPTED. IS FELT IT WAS UINAAFE (7) NOT ATTEMPTED. IS FELT IT WAS UINAAFE (7) CONTITUENCE (8) CINNOTES						
When I say Begin you may stand up straight from the chair. (7) NOT ATTEMPTED, REEL TUNISAFE (3) CINNOTES (3) CINNOTES (3) CINNOTES (3) CINNOTES (3) CINNOTES (3) CINNOTES (4) CONTINUOUS (4) CINNOTES (4) CINNOTE	SNGLCS	HFQ26	code one		\	
FR CANNOT RISE WITHOUT USING ARMS, ASK R TO TRY TO STAND UP USING ARMS (6) DOTH KNOW (6)					(7) NOT ATTEMPTED, R FELT UNSAFE	(7) CSNOTES
FR CANNOT RISE WITHOUT USING ARMS				When I say 'Begin' you may stand up straight from the chair.		
(4) REFUSED (-6) CRNOTES						1 \ /
Now I'm going to sak you to stand up and sit down as quickly as you can five times, keeping your arms folded across your cheat. I'm going to demonstrate one for you across your cheat. I'm going to demonstrate one for you. Power of the				IF R CANNOT RISE WITHOUT USING ARMS, ASK R TO TRY TO STAND UP USING ARMS	` '	
APPLOS RPTOCS				(-9) KEFUSED	(-9) CSNOTES	
DEMONSTRATE 1 CHAIR STAND WHILE PROVIDING INSTRUCTIONS STIT IN CHAIR WITH YOUR FEED OR FOLD YOUR ARMS ACROSS YOUR CHEST STIN ON HAIR WITH YOUR FEED OR FOLD YOUR ARMS ACROSS YOUR CHEST STAND UP AND SIT DOWN NOT IN FEEDOR TELL R TO REPEAT THAT 4 MORE TIMES When I say 'Beglin' you may stand up. "USH STARTISTOP AND SAY 'Beglin' COUNT OUT LOUD AS RESPONDENT ARISES EACH TIME PUSH STARTISTOP WHEN R HAS COMPLETELY STOOD UP FROM THE CHAIR FOR THE STH TIME STOP THE EXERCISE EARLY IF R CANNOT RISE WITHOUT USING ARMS, R IS TOO TIRED TO CONTINUE. OR R IS UMABLE TO OWNED THE ATER 1 MINUTE CSMOTES HF030 Inumeric ALLOW R TO START OVER IF SHE WISHES TO DO SO CRITTM20 THE GALLOW R TO START OVER IF SHE WISHES TO DO SO CORRECT RESPONSES INCLUDE COUNTING DOWN FROM 19 TO 10 OR FROM 20 TO 11 WITHOUT ERRORS (4) REFUSED (5) TOWNTH (6) TOYNTH (9) TOYN	CSINTRO2	HFQ27	no entry		(1) CONTINUE	RPTDCS
RPTDCS RPTDCS HFQ28 HFQ30 HFQ30 HFQ30 HFQ31				·		
FOLD YOUR ARMS ACROSS YOUR CHEST STAND UP AND SIT DOWN ONCE TELL R TO REPEAT THAT 4 MORE TIMES RPTDCS RPTDCS HF028 LEVEL R TO REPEAT THAT 4 MORE TIMES When I say "Begin" you may stand up. When I say "Begin" you may stand up. When I say "Begin" you may stand up. PUSH "START/ISTOP" AND SAY "Begin" COUNT OUT LOUD AS RESPONDENT ARISES EACH TIME PUSH "START/ISTOP" WHEN R HAS COMPLETELY STOOD UP FROM THE CHAIR FOR THE STH TIME SOFT HE EXERCISE EARLY IF R CANNOT RISE WITHOUT USING ARMS, R IS TOO TIRED TO CONTINUE. OR R IS UNABLE TO DO ONT RIS WARDET ON POMPLETE AFTER HINDTE CSNOTES HF030 LEXI ENTER NOTES ABOUT THE CHAIR STAND TEST ALLOW R TO START OVER IF SHE WISHES TO DO SO Please start with: 20 CORRECT RESPONSES INCLUDE COUNTING DOWN FROM 19 TO 10 OR FROM 20 TO 11 WITHOUT ERROR (2) INCORRECT PLEASE AND THE CHAIR STAND TO THE WISHES TO DO SO VOU may stop now. Thank you. CODE CORRECT IF R COUNTED BACKWARDS FROM 19 TO 10 OR FROM 20 TO 11 WITHOUT ERROR (2) INCORRECT PLANS THE STAND OF THE START OVER (3) INTOVITH (4) REFUSED CHITMON TO CORRECT THE STAND OF THE STAND TO START OVER IF SHE WISHES TO DO SO VOU may stop now. Thank you. CODE CORRECT IF R COUNTED BACKWARDS FROM 19 TO 10 OR FROM 20 TO 11 WITHOUT ERROR (2) INCORRECT (3) INCORRECT (4) INCORRECT (3) INCORRECT (4) INCORRECT (4) INCORRECT (5) INCORRECT (5) INCORRECT (6) INCORRECT (6) INCORRECT (6) INCORRECT (7) INCORRECT (7) INCORRECT (8) INCORRECT (8) INCORRECT (9) INCORRECT	I					
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				Let's try again.	(1) CONTINUOUS	
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The number to count backward from is: 20 (-9) REFUSED				I he number to count backward from is: 20	(-9) KEFUSED	

CNTOTCM2	HFQ33	code one	You may stop now. Thank you. CODE CORRECT IF R COUNTED BACKWARDS FROM 19 TO 10 OR FROM 20 TO 11 WITHOUT ERROF	(1) CORRECT (2) INCORRECT R (-9) REFUSED	TDYMTH
TDYMTH	HFQ34	code one	Please tell me today's date. PROBE MONTH, DAY, YEAR, DAY OF WEEK THE DATE IS: MONTH/DAY/YEAR	(1) MONTH CORRECT (2) MONTH NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	TDYDAY
TDYDAY	HFQ35	code one	Please tell me today's date. PROBE MONTH, DAY, YEAR, DAY OF WEEK THE DATE IS: MONTH/DAY/YEAR	(1) DAY OF MONTH CORRECT (2) DAY OF MONTH NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	TDYYEAR
TDYYEAR	HFQ36	code one	Please tell me today's date. PROBE MONTH, DAY, YEAR, DAY OF WEEK THE DATE IS: MONTH/DAY/YEAR	(1) YEAR CORRECT (2) YEAR NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	TDYDOW
TDYDOW	HFQ37	code one	What is the day of the week? THE DAY OF THE WEEK IS: DAY OF WEEK	(1) DAY CORRECT (2) DAY NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	SCISSOR
SCISSOR	HFQ38	code one	Now I'm going to ask you for the names of some people and things. What do people usually use to cut paper?	(1) SCISSORS OR SHEARS (2) NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	CACTUS
CACTUS	HFQ39	code one	What do you call the kind of prickly plant that grows in the desert?	(1) CACTUS OR NAME OF KIND OF CACTUS (2) NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	POTUS
POTUS	HFQ40	code one	Who is the President of the United States right now? ANSWER IS TRUMP PROBE FOR LAST NAME	(1) LAST NAME CORRECT (2) NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	VPOTUS
VPOTUS	HFQ41	code one	Who is Vice President? ANSWER IS PENCE PROBE FOR LAST NAME	(1) LAST NAME CORRECT (2) NOT CORRECT (-8) DON'T KNOW (-9) REFUSED	HFEND
	BOX HFEND	routing	GO TO NAQ.		