

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--------------------|
| | | | HEALTH STATUS AND FUNCTIONING QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> If INTTYPE in(C001, C002, C003, C004, C005, C006), administer after PVQ. | | |
| | BOX HFBEQ | routing | GO TO HFA1 - GENHELTH | | |
| GENHELTH | HFA1 | code one | In general, compared to other people [your/(SP's)] age, would you say that [your/(SP's)] health is . . . | (01) excellent, (02) very good, (03) good, (04) fair, or (05) poor? (-8) DON'T KNOW (-9) REFUSED | HFA2 - COMPHLTH |
| COMPHLTH | HFA2 | code one | SHOW CARD HF1 Compared to one year ago, how would you rate [your/(SP's)] health in general now? Would you say [your/(SP's)] health is . . . | (01) much better now than one year ago, (02) somewhat better now than one year ago, (03) about the same, (04) somewhat worse now than one year ago, or (05) much worse now than one year ago? (-8) DON'T KNOW (-9) REFUSED | HFA2B - FUTRHLTH |
| FUTRHLTH | HFA2B | code one | SHOW CARD HF2 In the next 6 months, what do you think will happen to [your/(SP's)] overall health? | (01) it will get much better (02) it will get somewhat better (03) it will not change (04) it will get somewhat worse (05) it will get much worse (-8) DON'T KNOW (-9) REFUSED | TEETHGUM- TEETHGUM |
| TEETHGUM | TEETHGUM | code one | In general, how would you rate the health of [your/(SP's)] teeth and gums? Would you say . . . | (01) excellent, (02) very good, (03) good, (04) fair, (04) or poor? (-8) DON'T KNOW (-9) REFUSED | DIS1 - DISHEAR |
| DISHEAR | DIS1 | yes/no | Now, I would like to ask you about [your/(SP's)] health. [Are you/Is (SP)] deaf or [do you/does (SP)] have serious difficulty hearing? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | DIS2 - DISSEE |
| DISSEE | DIS2 | yes/no | [Are you/Is (SP)] blind or [do you/does (SP)] have serious difficulty seeing, even when wearing glasses or contact lenses? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX HF1 |
| | BOX HF1 | routing | IF P_DISTEETH=YES, GO TO DIS3-DISDECISION. ELSE GO TO DIS2A-DISTEETH. | | |
| DISTEETH | DIS2A | yes/no | [Have you/Has (SP)] lost all of [your/(SP's)] upper and lower natural (permanent) teeth? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | 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? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | DIS4 - DISWALK |
| DISWALK | DIS4 | yes/no | [Do you/Does (SP)] have serious difficulty walking or climbing stairs? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | DIS5 - DISBATH |
| DISBATH | DIS5 | yes/no | [Do you/Does (SP)] have difficulty dressing or bathing? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | DIS6 - DISERRANDS |

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| DISERRANDS | DIS6 | yes/no | Because of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone such as visiting a doctor's office or shopping? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | HFA3 - HELMTACT |
| HELMTACT | HFA3 | code one | How much of the time during the past month has [your/(SP's)] health limited [your/(SP's)] social activities, like visiting with friends or close relatives? Would you say . . . | (01) none of the time, (02) some of the time, (03) most of the time, or (04) all of the time? (-8) DON'T KNOW (-9) REFUSED | HFB1-ECHELP |
| ECHELP | HFB1 | yes/no | Next we are going to ask some questions about [your/(SP's)] vision and hearing. [Do you/Does (SP)] wear eyeglasses or contact lenses? | (01) YES (02) NO (03) SP IS BLIND (-8) DON'T KNOW (-9) REFUSED | (01) HFB2 - ECTROUB (02) HFB2 - ECTROUB (03) HFB6 - EDOCEXAM (-8) HFB6 - EDOCEXAM (-9) HFB6 - EDOCEXAM |
| ECTROUB | HFB2 | code one | Which statement best describes [your/(SP's)] vision [<u>while wearing glasses or contact lenses</u>]... no trouble seeing, a little trouble, a lot of trouble, or no usable vision? | (01) NO TROUBLE SEEING (02) A LITTLE TROUBLE SEEING (03) A LOT OF TROUBLE SEEING (04) NO USABLE VISION (-8) DON'T KNOW (-9) REFUSED | (01) HFB6 - EDOCEXAM (02) HFB6 - EDOCEXAM (03) HFB2A - ECLEGBLI (04) HFB6 - EDOCEXAM (-8) HFB6 - EDOCEXAM (-9) HFB6 - EDOCEXAM |
| ECLEGBLI | HFB2A | yes/no | [Have you/Has (SP)] been told that [you are/(SP) is] legally blind? [EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot see well enough to drive.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | HFB6 - EDOCEXAM |
| EDOCEXAM | HFB6 | yes/no | [Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)? INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS. [IF NEEDED: Please include any eye exams that took place during a visit that you may have already told me about.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | (01) HFB7A - EDOCTYPE (02) BOX HFC (-8) BOX HFB1 (-9) BOX HFB1 |
| | BOX HFC | routing | IF SP IS IN THE BASELINE SAMPLE [SAMPLE.PERSON.INTTYPE=3], GO TO HFB7-EDOCLAST. ELSE GO TO BOX HFB1. | | |
| EDOCLAST | HFB7 | code one | How long has it been since [your/(SP's)] last eye examination by an eye doctor? | (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 | (996) BOX HFB1 (01) - (12) HFB7A - EDOCTYPE (-8) BOX HFB1 (-9) BOX HFB1 |
| EDOCTYPE | HFB7A | code one | I have a couple of questions about [your/(SP's)] last eye examination. Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care professional? [EXPLAIN IF NECESSARY: An optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] | (01) OPTOMETRIST (02) OPHTHALMOLOGIST (91) OTHER DOCTOR SPECIALTY (-8) DON'T KNOW (-9) REFUSED | (01) H7B7B - EDOCDLAT (02) H7B7B - EDOCDLAT (91) HFB7 - EDOCTYOS (-8) BOX HFB1 (-9) BOX HFB1 |
| EDOCTYOS | HFB7A | verbatim text | OTHER (SPECIFY) | | H7B7B - EDOCDLAT |
| EDOCDLAT | HFB7B | yes/no | Again, thinking about [your/(SP's)] last eye examination, were dilating drops used in [your/(SP)'s] eyes? [EXPLAIN IF NECESSARY: Dilating drops are used to enlarge the pupil for eye examinations. The drops often make your eyes more sensitive to bright light and may cause temporary blurry vision.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX HFB7 |
| | BOX HFB7 | routing | IF P_CATAREVR^=YES, GO TO CATAREVR, ELSE GO TO BOX HFB7A. | | |

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| CATAREVR | HFB7C | yes/no | I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had... Cataracts? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX HFB7A |
| | BOX HFB7A | routing | IF P_GLCOMEVR^=YES, GO TO GLCOMEVR, ELSE GO TO BOX HFB7B. | | |
| GLCOMEVR | HFB7C | yes/no | I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had...] Glaucoma? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX HFB7B |
| | BOX HFB7B | routing | IF P_RETINEVR^=YES, GO TO RETINEVR, ELSE GO TO BOX HFB7C. | | |
| RETINEVR | HFB7C | yes/no | I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had...] Diabetic retinopathy? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX HFB7C |
| | BOX HFB7C | routing | IF P_MACULEVR^=YES, GO TO MACULEVR, ELSE GO TO BOX HFB1A. | | |
| MACULEVR | HFB7C | yes/no | I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had...] Macular degeneration or age-related macular degeneration, also called AMD? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX HFB1A |
| | BOX HFB1A | routing | IF CATAREVR=02/NO or P_CATAROP=YES, GO TO BOX HFB1. ELSE GO TO HFB10 - CATAROP. | | |
| CATAROP | HFB10 | yes/no | [Have you/Has (SP)] ever had an operation for cataracts? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX HFB1 |
| | BOX HFB1 | routing | IF [HFB7C - RETINEVR = 1/Yes OR HFB7C - MACULEVR = 1/Yes] AND P_EYESURG^=YES, GO TO HFB11 - EYESURG. ELSE GO TO HFC1 - HCHELP. | | |
| EYESURG | HFB11 | yes/no | Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration. [Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions? [EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct vision.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | HFC1 - HCHELP |
| HCHELP | HFC1 | yes/no | [Do you/Does (SP)] use a hearing aid? | (01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED | (01) HFC2 - HCTROUB (02) HFC2 - HCTROUB (03) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL |
| HCTROUB | HFC2 | code one | Which statement best describes [your/(SP's)] hearing [with a hearing aid]: no trouble hearing, a little trouble, a lot of trouble, or deaf? | (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (03) A LOT OF TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED | (01) HFD1A - FOODTRBL (02) HFC3 - HCKNOWMC (03) HFC3 - HCKNOWMC (04) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL |
| HCKNOWMC | HFC3 | code one | How much trouble [do you/does (SP)] have finding out things [you need/(SP) needs] to know about Medicare because [of (your/(SP's)) difficulty hearing [with a hearing aid]/(you are/(SP) is) deaf]? Would you say [you have/(SP) has] no trouble, a little trouble, or a lot of trouble? | (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED | HFC4 - HCCOMDOC |

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| HCCOMDOC | HFC4 | code one | How much trouble [do you/does (SP)] have communicating with [your/(SP's)] doctor or other health professional because [of (your/(SP's)) difficulty hearing [with a hearing aid]/(you are/(SP) is) deaf]? Would you say [you have/(SP) has] no trouble, a little trouble, or a lot of trouble? | (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED | HFD1A - FOODTRBL |
| FOODTRBL | HFD1A | code one | How much trouble [do you/does (SP)] have eating solid foods because of problems with [your/(SP's)] mouth or teeth? Would you say [you have/(SP) has] no trouble, a little trouble, or a lot of trouble? | (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED | DRYMOUTH-DRYMOUTH |
| DRYMOUTH | DRYMOUTH | code one | SHOW CARD HF3 Since (LAST HF MONTH YEAR), how often [have you/ has (SP)] experienced any of the following problems? Dry mouth? | (01) Never (02) Rarely (03) Sometimes (04) Often (05) Always (-8) DON'T KNOW (-9) REFUSED | TOOTHSEN-TOOTHSEN |
| TOOTHSEN | TOOTHSEN | code one | SHOW CARD HF3 [Since (LAST HF MONTH YEAR), how often [have you/ has (SP)] experienced any of the following problems?] Tooth sensitivity to hot or cold food or drinks? IF THE RESPONDENT HAS LOST ALL OF THEIR NATURAL TEETH, SELECT 'NOT APPLICABLE' | (01) Never (02) Rarely (03) Sometimes (04) Often (05) Always (06) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED | ORALPAIN-ORALPAIN |
| ORALPAIN | ORALPAIN | code one | SHOW CARD HF4 Since [LAST HF MONTH YEAR], [have you/has (SP)] had painful aching in [your/their] mouth? Would you say: | 01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED | CHEWPROB-CHEWPROB |
| CHEWPROB | CHEWPROB | code one | SHOW CARD HF4 Since [LAST HF MONTH YEAR], [have you/has(SP)] had difficulty chewing any foods because of problems, if any, with [your/their] teeth, mouth, dentures, or jaw? Would you say: | 01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED | ORALLOOK-ORALLOOK |
| ORALLOOK | ORALLOOK | code one | SHOW CARD HF4 Since [LAST HF MONTH YEAR], [have you/has (SP)] felt uncomfortable about the appearance of [your/their] teeth, mouth, dentures, or jaws? Would you say: [IF NEEDED: "Uncomfortable" can include a wide spectrum of emotions (embarrassment, anxiety, anger, sadness, etc.).] | 01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED | JOBTEETH-JOBTEETH |
| JOBTEETH | JOBTEETH | code one | SHOW CARD HF4 Since [LAST HF MONTH YEAR], [have you/has (SP)] had difficulty doing [your/their] usual activities because of problems, if any, with [your/their] teeth, mouth, dentures, or jaws? Would you say: [IF NEEDED: "Activities" may include going to a job, doing housework such as light cleaning, shopping, or running errands, preparing meals, etc.] | 01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED | LESSFLAV-LESSFLAV |
| LESSFLAV | LESSFLAV | code one | SHOW CARD HF4 Since [LAST HF MONTH YEAR], [have you/has (SP)] felt that there has been less flavor in [your/their] food because of problems, if any, with [your/their] teeth, mouth, dentures, or jaws? Would you say: | 01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED | HFE1-HEIGHTFT |
| HEIGHTFT | HFE1 | numeric | How tall [are you/is (SP)]? | (01) continuous answer (-8) DON'T KNOW (-9) REFUSED | HFE1 - HEIGHTIN |
| HEIGHTIN | HFE1 | numeric | How tall [are you/is (SP)]? | (01) continuous answer (-8) DON'T KNOW (-9) REFUSED | HFE1 - WEIGHT |

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| WEIGHT | HFE1 | numeric | How much [do you/does (SP)] weigh? [WEIGHT SHOULD BE RECORDED IN POUNDS] | (01) continuous answer (-8) DON'T KNOW (-9) REFUSED | LOSTWGHT |
| LOSTWGHT | LOSTWGHT | yes/no | [Have you/Has (SP)] lost weight in the past 6 months without trying to lose this weight? IF RESPONDENT REPORTS A WEIGHT LOSS BUT THE WEIGHT WAS GAINED BACK, CONSIDER IT AS NO WEIGHT LOSS. [IF NEEDED: Is [your/(SP)'s] clothing fitting more loosely?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | EATLESWK |
| EATLESWK | EATLESWK | yes/no | [Have you/Has (SP)] been eating less than usual for more than a week? IF THE RESPONDENT REPORTS THAT THEY HAVE INTENTIONALLY BEEN EATING LESS (DIETING, FASTING, ETC.) SELECT "YES" AT THIS SCREEN | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFHINTRO - DIFINTRO |
| DIFINTRO | HFHINTRO | no entry | Now, I'm going to ask about how difficult it is, on average, for [you/(SP)] to do certain kinds of activities. Please tell me for each activity whether [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it. | (01) CONTINUE (-7) Empty | HFH1 - DIFSTOOP |
| DIFSTOOP | HFH1 | code 1 | SHOW CARD HF5 How much difficulty, if any, [do you/does (SP)] have stooping, crouching, or kneeling? Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it? | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | HFH2 - DIFLIFT |
| DIFLIFT | HFH2 | code 1 | SHOW CARD HF5 How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a heavy bag of groceries? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | HFH3 - DIFREACH |
| DIFREACH | HFH3 | code 1 | SHOW CARD HF5 What about reaching or extending arms above shoulder level? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | HFH4 - DIFWRITE |
| DIFWRITE | HFH4 | code 1 | SHOW CARD HF5 How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | HFH5 - DIFWALK |
| DIFWALK | HFH5 | code 1 | SHOW CARD HF5 What about walking a quarter of a mile - that is, about 2 or 3 blocks? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | HFH10INT - PHYSACTINTRO |
| 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 (-9) Refused | (01) HFH10 - VIGNUM (02) HFH10 - VIGNUM (03) HFH10 - VIGNUM (04) HFH10 - VIGNUM (96) HFH11 - MODUNIT (-8) HFH11 - MODUNIT (-9) HFH11 - MODUNIT |

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| VIGNUM | HFH10 | quantity unit | In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | HFH11 - MODUNIT |
| MODUNIT | HFH11 | quantity unit | In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused | (01) HFH11 - MODNUM (02) HFH11 - MODNUM (03) HFH11 - MODNUM (04) HFH11 - MODNUM (96) HFH12 - MUSUNIT (-8) HFH12 - MUSUNIT (-9) HFH12 - MUSUNIT |
| MODNUM | HFH11 | numeric | In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming? | (01) continuous answer | (01) HFH12 - MUSUNIT |
| MUSUNIT | HFH12 | quantity unit | Now I'm going to ask you about activities [you/(SP)] may do to increase [your/(SP)'s] muscle strength or flexibility. In a typical week, how much time [you/(SP)] spend doing exercises to increase [your/(SP)'s] muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused | (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 [do you/does (SP)] spend doing exercises to increase [your/(SP)'s] muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) Continuous answer | 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/(SP)] 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_OCARTERY=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/(SP)] had... hardening of the arteries or arteriosclerosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ2 - OCHBP |
| OCHBP | HFJ2 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] [still has/still have/had/has/have...] hypertension, sometimes called high blood pressure? [INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ2 (02) HFJ4 - OCMYOCAR (-8) HFJ4 - OCMYOCAR (-9) HFJ4 - OCMYOCAR |
| | BOX HFJ2 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ3 - YRHBP. ELSE GO TO HFJ4 - OCMYOCAR. | | |
| YRHBP | HFJ3 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] still had hypertension or high blood pressure? [INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ4 - OCMYOCAR |
| OCMYOCAR | HFJ4 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] a myocardial infarction or heart attack? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ3 (02) HFJ6 - OCCHD (-8) HFJ6 - OCCHD (-9) HFJ6 - OCCHD |
| | BOX HFJ3 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ5 - YRMYOCAR. ELSE GO TO HFJ6 - OCCHD. | | |
| YRMYOCAR | HFJ5 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had a myocardial infarction or heart attack? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ6 - OCCHD |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| OCCHD | HFJ6 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] [a new episode of] angina pectoris or coronary heart disease? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ4 (02) HFJ8 - OCCFAIL (-8) HFJ8 - OCCFAIL (-9) HFJ8 - OCCFAIL |
| | BOX HFJ4 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ7 - YRCHD. ELSE GO TO HFJ8 - OCCFAIL. | | |
| YRCHD | HFJ7 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had an episode of angina pectoris or coronary heart disease? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ8 - OCCFAIL |
| OCCFAIL | HFJ8 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] [a new episode of] congestive heart failure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ5 (02) HFJ14 - OCHRTCND (-8) HFJ14 - OCHRTCND (-9) HFJ14 - OCHRTCND |
| | BOX HFJ5 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ9 - YRCFAIL. ELSE GO TO HFJ14 - OCHRTCND. | | |
| YRCFAIL | HFJ9 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had an episode of congestive heart failure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ14 - OCHRTCND |
| OCHRTCND | HFJ14 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] [a new episode of] any other heart condition? [NOTE TO FI: This includes problems with the valves of the heart, such as aortic stenosis, and problems with the rhythm of the heartbeat, such as atrial fibrillation.] [DO NOT RECORD THE NAME OF THE CONDITION AT THIS QUESTION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ8 (02) HFJ16 - OCSTROKE (-8) HFJ16 - OCSTROKE (-9) HFJ16 - OCSTROKE |
| | BOX HFJ8 | routing | IF SP IS IN THE SUPPLEMENTAL 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/(SP)] had an episode of any other heart condition? [NOTE TO FI: This includes problems with the valves of the heart, such as aortic stenosis, and problems with the rhythm of the heartbeat, such as atrial fibrillation.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ16 - OCSTROKE |
| OCSTROKE | HFJ16 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] a stroke, a brain hemorrhage, or a cerebrovascular accident? [NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFJ9 |
| | BOX HFJ9 | routing | IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3] AND OCSTROKE=01/YES , GO TO HFJ17 - YRSTROKE. ELSE, IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFJ17A - OCCLSTRL. ELSE GO TO HFJ17B - YRCLSTRL. | | |
| YRSTROKE | HFJ17 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had a stroke, a brain hemorrhage, or a cerebrovascular accident? [NOTE: This includes transient ischemic attack (TIA) which is sometimes referred to as a ministroke.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ17A - OCCLSTRL |
| OCCLSTRL | HFJ17A | yes/no | Has a doctor or other health professional ever told [you/(SP)] that [you/(SP)] had high cholesterol? [INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFJ17B - YRCLSTRL (2) BOX HFJ29 (-8) BOX HFJ29 (-9) BOX HFJ29 |
| YRCLSTRL | HFJ17B | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had high cholesterol? [INTERVIEWER: IF THE RESPONDENT IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE R HAS THE CONDITION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFJ29 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| | BOX HFJ29 | | IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3) GO TO HFJ45-BLOSWGHT. ELSE IF be P_EVRLWGHT ^= YES THEN GO TO HFJ46-CLOSWGHT. ELSE GO TO HFJ18 - OCCSKIN. | | |
| BLOSWGHT | HFJ45 | yes/no | To lower risk for certain diseases, [have you/has (SP)] ever been told by a doctor or health professional to control weight or lose weight? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ18 - OCCSKIN |
| CLOSWGHT | HFJ46 | yes/no | To lower risk for certain diseases, since (SAMPLE_PERSON.DATE_FALLRND) [have you/has (SP)] been told by a doctor or health professional to control weight or lose weight? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ18 - OCCSKIN |
| OCCSKIN | HFJ18 | yes/no | [I've recorded that [you/(SP)] previously reported having had skin cancer.] [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] [a new occurrence of] skin cancer? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ10 (02) HFJ20 - EVRCANCR (-8) HFJ20 - EVRCANCR (-9) HFJ20 - EVRCANCR |
| | BOX HFJ10 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ19 - YRCSKIN. ELSE GO TO HFJ20 -EVRCANCR. | | |
| YRCSKIN | HFJ19 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had an occurrence of skin cancer? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ20 - EVRCANCR |
| EVRCANCR | HFJ20 | yes/no | [I've recorded that [you/(SP)] previously reported having had a tumor, growth, malignancy, or cancer of the [READ RESPONSES BELOW].] [Since (LAST HF MONTH YEAR), has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had any [other] kind of cancer, malignancy, or tumor other than skin cancer? DO NOT INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS. | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ11 (02) BOX HFJ13 (-8) BOX HFJ13 (-9) BOX HFJ13 |
| | BOX HFJ11 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ21 - YRCANCER. ELSE GO TO HFJ22 - EVRCODE. | | |
| YRCANCER | HFJ21 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had any kind of cancer, malignancy, or tumor other than skin cancer? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ22 - EVRCODE |
| EVRCODE | HFJ22 | code all | SHOW CARD HF6 [Since the first time a doctor or other health professional told [you/(SP)] that [you/(SP)] had a cancer, malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor other than skin cancer found? [PROBE: Any other part?] CHECK ALL THAT APPLY | (06) BLADDER (16) BLOOD (17) BONE (10) BRAIN (03) BREAST (09) CERVIX (02) COLON (BOWEL) (18) ESOPHAGUS (19) GALL BLADDER (11) KIDNEY (20) LARYNX (WINDPIPE) (21) LEUKOCYTES (LEUKEMIA) (22) LIVER (01) LUNG (23) LYMPH NODES (LYMPHOMA) (24) MOUTH/TONGUE/LIP (07) OVARY (25) PANCREAS (05) PROSTATE (26) RECTUM (27) SOFT TISSUE/FAT (08) STOMACH (28) TESTIS (12) THROAT (29) THYROID (04) UTERUS (91) OTHER (-8) Don't Know (-9) Refused | (01) BOX HFJ13 (02) BOX HFJ13 (03) BOX HFJ13 (04) BOX HFJ13 (05) BOX HFJ13 (06) BOX HFJ13 (07) BOX HFJ13 (08) BOX HFJ13 (09) BOX HFJ13 (10) BOX HFJ13 (11) BOX HFJ13 (12) BOX HFJ13 (16) BOX HFJ13 (17) BOX HFJ13 (18) BOX HFJ13 (19) 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 (91) HFJ22 -EVROS (-8) BOX HFJ13 (-9) BOX HFJ13 |
| EVROS | HFJ22 | verbatim text | Specify the part of parts of your body where the cancer or tumor was found. | (01) [Continuous answer.] | BOX HFJ13 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| | BOX HFJ13 | routing | IF SP HAS EVER REPORTED HAVING RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND (sample_person.P_OCARTHRH=1), GO TO BOX HFJ13B. ELSE GO TO HFJ24 - OCARTHRH. | | |
| OCARTHRH | HFJ24 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] rheumatoid arthritis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFJ13B |
| | 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/(SP)] 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. | | |
| OCARTH | HFJ25 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] arthritis, other than rheumatoid or osteoarthritis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ15 (02) BOX HFJ16 (-8) BOX HFJ16 (-9) BOX HFJ16 |
| | BOX HFJ15 | routing | IF SP IS IN THE SUPPLEMENTAL 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/(SP)] had arthritis, other than rheumatoid or osteoarthritis, in any part of [your/(SP's)] body? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFJ16 |
| | BOX HFJ16 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ28 - OCMENTAL. ELSE GO TO BOX HFJ16A. | | |
| OCMENTAL | HFJ28 | yes/no | [Has a doctor or other health professional ever told [you/(SP)] that [you/(SP)] had...] an intellectual disability? [EXPLAIN IF NECESSARY:] This is also known as intellectual development disorder or a general learning disability. It was formerly known as mental retardation. | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFJ16A |
| | BOX HFJ16A | routing | IF SP HAS EVER REPORTED HAVING ALZHEIMER'S DISEASE IN A PREVIOUS ROUND (sample_person.P_OCALZMER=1), GO TO BOX HFJ16B. 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/(SP)] had...] Alzheimer's disease? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ16B (02) BOX HFJ16B (-8) BOX HFJ16B (-9) BOX HFJ16B |
| | BOX HFJ16B | routing | IF SP HAS EVER REPORTED HAVING DEMENTIA IN A PREVIOUS ROUND (sample_person.P_OCDEMENT=1), GO TO BOX HFJ30 ELSE GO TO HFJ29B - OCDEMENT. | | |
| OCDEMENT | HFJ29B | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] any type of dementia other than Alzheimer's disease? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFJ30 |
| | BOX HFJ30 | routing | IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3) GO TO HFJ47-BASKDEPRS. ELSE IF P_EVRDPRSS ^= YES THEN GO TO HFJ48-CASKDEPRS. ELSE GO TO HFJ30AA - OCDEPRSS. | | |
| BASKDEPRS | HFJ47 | yes/no | Has a doctor or other health professional ever asked [you/(SP)] if there was a period of time when [you/(SP)] 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/(SP)] felt sad, empty, or depressed? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ30AA - OCDEPRSS |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| OCDEPRSS | HFJ30AA | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] depression? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ17A (02) HFJ30A - OCPSYCHO (-8) HFJ30A - OCPSYCHO (-9) HFJ30A - OCPSYCHO |
| | BOX HFJ17A | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ30BB - YRDEPRSS. ELSE GO TO HFJ30A - OCPSYCHO. | | |
| YRDEPRSS | HFJ30BB | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] 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/(SP)] 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 | (01) BOX HFJ17B (02) BOX HFJ19 (-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. | | |
| YRPSYCHO | HFJ31A | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] 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. | | |
| OCOSTEOP | HFJ32 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] osteoporosis, sometimes called fragile or soft bones? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ33 - OCBRKHIP |
| OCBRKHIP | HFJ33 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] a broken hip? | (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 SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ34 - YRBRKHIP. ELSE GO TO BOX HFJ21. | | |
| YRBRKHIP | HFJ34 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] 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. | | |
| OCPARKIN | HFJ35 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] Parkinson's disease? | (01) YES (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. | | |
| OCEMPHYS | HFJ36 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] emphysema, asthma, or COPD? COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFJ37 - OCPPARAL |
| OCPPARAL | HFJ37 | yes/no | IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: [[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] complete or partial paralysis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ23 (02) BOX HFJ24 (-8) BOX HFJ24 (-9) BOX HFJ24 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| | BOX HFJ23 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3, GO TO HFJ38 - YRPPARAL. ELSE GO TO BOX HFJ24. | | |
| YRPPARAL | HFJ38 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] 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. | | |
| OCAMPUTE | HFJ39 | yes/no | IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or a leg? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFJ25 |
| | BOX HFJ25 | routing | IF SP IS FEMALE (ROSTSEX=2 or (roster.ROSTSEX=2 where ROSTNUM=1)), GO TO BOX HFJ40. ELSE GO TO HFJ40 - HAVEPROS. | | |
| HAVEPROS | HFJ40 | yes/no | [[Before (you/(SP)) had prostate surgery, did a doctor or other health professional ever tell/Since (LAST HF MONTH YEAR), has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] an enlarged prostate or benign prostatic hypertrophy (BPH)? | (01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) Don't Know (-9) Refused | (01) BOX HFJ26 (02) BOX HFJ40 (03) BOX HFJ40 (-8) BOX HFJ40 (-9) BOX HFJ40 |
| | BOX HFJ26 | routing | IF SP IS IN THE BASELINE SAMPLE (sample_person.INTTYPE=3), GO TO HFJ41 - YRPROST. ELSE GO TO BOX HFJ40. | | |
| YRPROST | HFJ41 | yes/no | Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had an enlarged prostate or benign prostatic hypertrophy (BPH)? | (01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) Don't Know (-9) Refused | BOX HFJ40 |
| | BOX HFJ40 | routing | IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3), GO TO HFP16A-OCKIDNY. ELSE IF P_DKIDNY ^= YES, GO TO YRKID-YRKID. ELSE GO TO HFCA. | | |
| OCKIDNY | HFP16A | yes/no | [Have you/Has (SP)] ever been told by a doctor or other health professional that [you have/(SP) has] chronic kidney disease? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFCA |
| YRKID | YRKID | yes/no | Since [SAMPLE_PERSON.DATE_FALLRND], [Have you/Has (SP)] been told by a doctor or other health professional that [you have/(SP) has] chronic kidney disease? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFCA |
| | BOX HFCA | routing | IF P_OCBETES=YES AND P_DIAPRGNT^=1, GO TO BOX HFJ41A. ELSE IF SP IS IN THE BASELINE SAMPLE (sample_person.INTTYPE=3), GO TO HFJ41A-OCBETES. ELSE GO TO YRBETES-YRBETES. | | |
| OCBETES | HFJ41A | yes/no | Has a doctor or other health professional ever told [you/(SP)] that [you/(SP)] had any type of diabetes, including: sugar diabetes, high blood sugar, [borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFJ41B - OCDTYPE (02) AUTOIMRX-AUTOIMRX (-8) AUTOIMRX-AUTOIMRX (-9) AUTOIMRX-AUTOIMRX |
| YRBETES | YRBETES | yes/no | Since [SAMPLE_PERSON.DATE_FALLRND], has a doctor or other health professional told [you/(SP)] that [you/(SP)] had any type of diabetes, including: sugar diabetes, high blood sugar, [borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFJ41B - OCDTYPE (02) AUTOIMRX-AUTOIMRX (-8) AUTOIMRX-AUTOIMRX (-9) AUTOIMRX-AUTOIMRX |
| OCDTYPE | HFJ41B | code 1 | SHOW CARD HF7 Looking at this card, please tell me which type of diabetes the doctor or other health professional said that [you have/(SP) has]. [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] [EXPLAIN IF NECESSARY: "Type 1" was formerly called "insulin dependent" or "juvenile-onset" diabetes. This type of diabetes usually develops during childhood or adolescence; but, it also can develop in adults. "Type 2" was formerly called "non-insulin dependent" or "adult-onset" diabetes. Until recently, this type of diabetes was found only in adults; but, now it is also occurring in children.] | (01) TYPE 1 (02) TYPE 2 (03) BORDERLINE (04) PRE-DIABETES (05) GESTATIONAL (PREGNANCY-RELATED) (91) SOME OTHER TYPE (-8) Don't Know (-9) Refused | (01) BOX HFJ41B (02) BOX HFJ41B (03) BOX HFJ41B (04) BOX HFJ41B (05) BOX HFJ41B (91) HFJ41B - OCDTYPOS (-8) BOX HFJ41B (-9) BOX HFJ41B |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| OCDTYPOS | HFJ41B | verbatim text | SOME OTHER TYPE (SPECIFY) [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] | (01) [Continuous answer.] | BOX HFCEB |
| | BOX HFCEB | 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 AUTOIMRX-AUTOIMRX . | | |
| OCDVISIT | HFJ41C | yes/no | [Were you/Was (SP)] told on two or more different visits that [you/(SP)] had diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | AUTOIMRX-AUTOIMRX |
| AUTOIMRX | AUTOIMRX | yes/no | Since (REFERENCE DATE), [have you/has (SP)] taken prescription medication or had any medical treatments that a doctor or other health professional told [you/(SP)] would weaken [your/(SP)] immune system? [IF NEEDED: This question is asking about both long-term and short-term effects on the immune system.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | WEAKIMM-WEAKIMM |
| WEAKIMM | WEAKIMM | yes/no | [Do you/Does (SP)] currently have a health condition that a doctor or other health professional told [you/(SP)] weakens the immune system? [IF NEEDED: Please include any health conditions you may have already told me about.] | (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 AGEALC<65 and greater than 0) THEN IF SP REPORTED "YES" TO AT LEAST ONE HFJ CONDITION, GO TO HFJ42 - EMCOND. ELSE IF SP REPORTED "NO" TO ALL HFJ CONDITIONS , GO TO HFJ43 - EMCAUSEVB. ELSE IF SP IS NOT IN THE SUPPLEMENTAL SAMPLE OR SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS NOT UNDER 65 THEN GO TO HFPINTRO - HLTHCAREINTRO. | | |
| EMCOND | HFJ42 | yes/no | You told me that [you have/(SP) has] had [READ CONDITIONS LISTED BELOW]. [Was this/Were any of these] the original cause of [your/(SP's)] becoming eligible for Medicare? [LIST ALL CONDITIONS WHERE "YES" ANSWER RECORDED AT HFJ1 THROUGH HFJ41C] [NOTE THAT CONDITIONS MAY NOT BE DISPLAYED WITH THE EXACT CONDITION NAME THAT WAS USED EARLIER IN THE INTERVIEW (E.G., HYPERTENSION CAN ALSO BE CALLED HIGH BLOOD PRESSURE AT DIFFERENT QUESTIONS).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFJ28 (02) HFJ43 - EMCAUSEVB (-8) HFPINTRO - HLTHCAREINTRO (-9) HFPINTRO - HLTHCAREINTRO |
| 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. | | |
| EMCODE | HFJ44 | code all | Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?] CHECK UP TO 8 CONDITIONS. | (01) ARTERIES HARDENING (02) HYPERTENSION (03) HEART ATTACK (04) HEART DISEASE (05) CONGESTIVE HEART FAILURE (08) OTHER HEART PROBLEM (09) STROKE OR HEMORRHAGE (10) SKIN CANCER (11) CANCER/TUMOR (12) RHEUMATOID ARTHRITIS (26) OSTEOARTHRITIS (13) OTHER ARTHRITIS (14) INTELLECTUAL DISABILITY (15) ALZHEIMER'S (16) DEMENTIA (17) DEPRESSION (18) MENTAL DISORDER (19) OSTEOPOROSIS (20) BROKEN HIP (21) PARKINSON'S (22) EMPHYSEMA/ASTHMA/COPD (23) PARALYSIS (24) LOSS OF LIMB (25) DIABETES (91) OTHER (-8) Don't Know (-9) Refused | (01) HFPINTRO - HLTHCAREINTRO (02) HFPINTRO - HLTHCAREINTRO (03) HFPINTRO - HLTHCAREINTRO (04) HFPINTRO - HLTHCAREINTRO (05) HFPINTRO - HLTHCAREINTRO (08) HFPINTRO - HLTHCAREINTRO (09) HFPINTRO - HLTHCAREINTRO (10) HFPINTRO - HLTHCAREINTRO (11) HFPINTRO - HLTHCAREINTRO (12) HFPINTRO - HLTHCAREINTRO (26) 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 (25) HFPINTRO - HLTHCAREINTRO (91) HFJ44 - EMOS (-8) HFPINTRO - HLTHCAREINTRO (-9) HFPINTRO - HLTHCAREINTRO |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| EMOS | HFJ44 | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | HFPINTRO - HLTHCAREINTRO |
| HLTHCAREINTRO | HFPINTRO | no entry | Now I want to ask you about some things that [you/(SP)] may be doing to maintain [your/(SP)'s] health, either by getting tested for health problems or by taking care of conditions that [you have/(SP) has]. | (01) CONTINUE (-7) Empty | BOX HFP1A |
| | BOX HFP1A | routing | IF SP IS IN THE BASELINE SAMPLE AND OCBETES=1/Yes AND HFJ41B - OCDTYPE ^= 5/GESTATIONAL), GO TO HFP1 - DIAAGE, ELSE IF YRBETES=1/Yes AND HFJ41B - OCDTYPE ^= 5/GESTATIONAL), GO TO HFP1 - DIAAGE, ELSE IF P_OCBETES=1/YES AND P_DIAPRGNT^=1 AND P_DIAINSUL=1/YES, GO TO INSUTRBL, ELSE IF P_OCBETES = 1/YES AND P_DIAPRGNT^=1, GO TO HFP14A-DIAFEET, ELSE GO TO BOX HFC2. | | |
| DIAAGE | HFP1 | numeric | I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/(SP) has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. How old [were you/was (SP)] when [you were/(SP) was] first told that [you/(SP)] 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. | | |
| DIAPRGNT | HFP2 | yes/no | Did [you/(SP)] have diabetes only during a pregnancy? | (01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) Don't Know (-9) Refused | (01) BOX HFC2 (02) HFP4 - DIAINSUL (03) BOX HFC2 (-8) BOX HFC2 (-9) BOX HFC2 |
| DIAINSUL | HFP4 | list | Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]... take insulin? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFP4 - DIAMEDS |
| DIAMEDS | HFP4 | list | Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]... take prescription diabetes pills or oral diabetes medicine? | (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/(SP)'s] diabetes. [Do you/Does (SP)]... test [your/(SP)'s] blood for sugar or glucose? | (01) YES (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/(SP)'s] diabetes. [Do you/Does (SP)]... check for sores or irritations on [your/(SP)'s] feet? | (01) YES (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/(SP)'s] diabetes. [Do you/Does (SP)]... measure [your/(SP)'s] blood pressure at home? | (01) YES (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/(SP)'s] diabetes. [Do you/Does (SP)]... take aspirin regularly for [your/(SP)'s] diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFP3 |
| | BOX HFP3 | routing | IF HFP4 - DIAINSUL = 1/Yes, GO TO INSUTRBL-INSUTRBL. ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKN. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR. | | |
| INSUTRBL | INSUTRBL | yes/no | Since (LAST HF MONTH YEAR), [have you/has (SP)] had any problems paying or were unable to pay for insulin? | (01) YES (02) NO (-8) Don't Know (-9) Refused | INSUMODE |
| INSUMODE | INSUMODE | select all | [Do you/does (SP)] administer [your/their] insulin with... a syringe, insulin pen, insulin pump, and/or inhaler? | (01) SYRINGE (02) INSULIN PEN (03) INSULIN PUMP (04) INHALER (-8) Don't Know (-9) Refuse | BOX HFDB |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| | BOX HFDB | routing | IF P_OCBETES=1/YES, GO TO HFP14A-DIAFEET, ELSE IF INSUMODE INCLUDES 03/INSULIN PUMP, GO TO BOX HFP4, ELSE GO TO INSUOFTN. | | |
| INSUOFTN | HFP5 | quantity unit | How often [do you/does (SP)] take insulin? | (01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (-8) Don't Know (-9) Refused | (01) HFP5 - INSUOFDY (02) HFP5 - INSUOFWK (-8) BOX HFP4 (-9) BOX HFP4 |
| INSUOFDY | HFP5 | quantity unit | How often [do you/does (SP)] take insulin? | (01) [Continuous answer.] | BOX HFP4 |
| INSUOFWK | HFP5 | quantity unit | How often [do you/does (SP)] take insulin? | (01) [Continuous answer.] | BOX HFP4 |
| | BOX HFP4 | routing | IF HFP4 – DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKN. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR. | | |
| MEDSTAKE | HFP6 | quantity unit | How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine? | (01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (-8) Don't Know (-9) Refused | (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 - TESTTAKN. ELSE IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR. | | |
| TESTTAKN | HFP7 | numeric | How often [do you/does (SP)] test [your/(SP)'s] 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.] [ENTER QUANTITY AND UNIT.] [FOR RESPONSES OF DON'T KNOW OR REFUSED, ENTER DON'T KNOW/REFUSED FOR BOTH QUANTITY AND UNIT OF GLUCOSE TESTS.] | (01) [Continuous answer.] [996] RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (-8) Don't Know (-9) Refused | HFP7- TESTTAKE |
| TESTTAKE | HFP7 | quantity unit | How often [do you/does (SP)] test [your/(SP)'s] 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.] [ENTER QUANTITY AND UNIT.] [FOR RESPONSES OF DON'T KNOW OR REFUSED, ENTER DON'T KNOW/REFUSED FOR BOTH QUANTITY AND UNIT OF GLUCOSE TESTS.] | (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 | BOX HFP6 |
| | BOX HFP6 | routing | IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR. | | |
| SORECHEK | HFP8 | quantity unit | How often [do you/does (SP)] check [your/(SP)'s] 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/(SP)'s] 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/(SP)'s] 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 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| SOREMNTH | HFP8 | quantity unit | How often [do you/does (SP)] check [your/(SP)'s] 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/(SP)'s] 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/(SP)'s] 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/(SP)'s] 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 |
| DIACTRLD | HFP14 | code 1 | SHOW CARD HF8 Would you say that [your/(SP)'s] blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less. | (01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME (04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused | 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) BOX HFCC (-8) BOX HFCC (-9) BOX HFCC |
| 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/themselves] by taking some form of sugar, did [you/(SP)] require treatment from others, or did [you/(SP)] require treatment by a hospital? [EXPLAIN IF NECESSARY: Treatment by a hospital includes being treated in the emergency room or outpatient department of a hospital, or being admitted as an inpatient.] | (01) SELF TREATMENT (02) TREATMENT FROM OTHERS (03) HOSPITAL TREATMENT (-8) Don't Know (-9) Refused | BOX HFCC |
| | 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/(SP)'s] feet as a result of [your/(SP)'s] 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/(SP)'s] feet as a result of [your/(SP)'s] diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | 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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] 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 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|------------------|
| 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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has SP] been told by a doctor or other health professional that [you/(SP)] 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 INTERVIEW (sample_person.INTTYPE=3), GO TO HFP14B-DIACIRCF. ELSE IF P_DCIRCF ^= YES, GO TO YRDCIRCF-YRDCIRCF. ELSE GO TO BOX HFCE. | | |
| 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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes.] [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had... Poor circulation or blood flow in the feet? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFCE. |
| 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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has SP] been told by a doctor or other health professional that [you/(SP)] had... Poor circulation or blood flow in the feet? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFCE |
| | BOX HFCE | routing | IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3), GO TO HFP14B-DIACIRCF. ELSE IF P_DCIRCF ^= YES, GO TO YRDCIRCF-YRDCIRCF. ELSE GO TO BOX HFCE. | | |
| 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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes.] [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had... Foot ulcers? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFCE |
| 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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has (SP)] been told by a doctor or other health professional that [you/(SP)] had... Foot ulcers? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFCE |
| | BOX HFCE | routing | IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3), GO TO HFP14B-DIACIRCF. ELSE IF P_DCIRCF ^= YES, GO TO YRDCIRCF-YRDCIRCF. ELSE GO TO BOX HFCE. | | |
| DIASKINC | HFP14B | list | [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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes.] [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] 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/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/Has SP] been told by a doctor or other health professional that [you/(SP)] had... Calluses, infections, or other skin changes affecting the feet? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFP15 - DIAEYPRB |
| | BOX HFCE | routing | IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3), GO TO HFP14B-DIACIRCF. ELSE IF P_DCIRCF ^= YES, GO TO YRDCIRCF-YRDCIRCF. ELSE GO TO BOX HFCE. | | |
| DIAEYPRB | HFP15 | yes/no | [Do you/Does (SP)] have any problems with [your/(SP)'s] eyes as a result of [your/(SP)'s] diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFCH |
| | BOX HFCH | routing | IF SP IS IN THE BASELINE INTERVIEW (sample_person.INTTYPE=3), GO TO HFP16A1-DIAKDPEV. ELSE GO TO HFP16-DIAKDPRB. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| DIAKDPEV | HFP16A1 | yes/no | [Have you/Has (SP)] ever had any problems with [your/(SP)'s] kidneys as a result of [your/(SP)'s] diabetes? [EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFP16 - DIAKDPRB (02) BOX HFC1 (-8) BOX HFC1 (-9) BOX HFC1 |
| DIAKDPRB | HFP16 | yes/no | [Do you/Does (SP)] currently have any problems with [your/(SP)'s] kidneys as a result of [your/(SP)'s] diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HFC1 (02) BOX HFC1 (-8) BOX HFC1 (-9) 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. | | |
| 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/(SP)] can manage [your/(SP)'s] diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFP18 - DIATRIN (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/(SP)] can manage [your/(SP)'s] diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFP7 |
| DIATRIN | HFP18 | code 1 | When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class or received special training on how [you/(SP)] can manage [your/(SP)'s] 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 (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 | BOX HFP7 |
| | BOX HFP7 | routing | IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP19 - DIAKNOW. ELSE GO TO BOX HFR1. | | |
| DIAKNOW | HFP19 | code 1 | SHOW CARD HF9 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/(SP) has] diabetes.] [Have you/Has (SP)] ever had a blood test to see if [you have/(SP) has] diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] ever had a blood test for diabetes, not whether [you have/(SP) 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/(SP) has] diabetes.] Since [SAMPLE_PERSON.DATE_FALLRND], [have you/has (SP)] had a blood test to see if [you have/(SP) has] diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] had a blood test since [SAMPLE_PERSON.DATE_FALLRND] for diabetes, not whether [you have/(SP) has] diabetes.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFP24 - DIARISK (02) BOX HFP8 (-8) BOX HFP8 (-9) BOX HFP8 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| 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 (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 | HFP24 - DIARISK |
| | BOX HFP8 | routing | IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP23 - DIAAWARE. ELSE GO TO HFP24 - DIARISK. | | |
| DIAAWARE | HFP23 | yes/no | Before today, were you aware that there is a blood test to determine if a person has diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFP24 - DIARISK |
| DIARISK | HFP24 | yes/no | Has a doctor or other health professional ever told [you/(SP)] that [you are/(SP) is] at high risk for diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] ever been told [you are/(SP) is] at risk for diabetes, not whether [you have/(SP) has] 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? [IF NEEDED: This question is asking about whether [you have/(SP) has] received any information on diabetes, not whether [you have/(SP) has] diabetes.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFR1 |
| | BOX HFR1 | routing | IF [(SP HAS REPORTED HAVING COLON, RECTAL, OR BOWEL CANCER IN THE CURRENT ROUND (EVRCODE = 02/COLON (BOWEL) OR 26/RECTUM)) OR (IN A PREVIOUS ROUND (P_OCCCOLON=1 or P_OCCRECT=1)), GO TO BOX HFS1. ELSE, IF (SP HAS EVER HEARD ABOUT COLORECTAL OR COLON CANCER (P_COLHEAR=1), GO TO BOX HFC3. ELSE, GO TO HFR1-COLHEAR. | | |
| 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/SP] ever heard of colorectal or colon cancer? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFC3 |
| | BOX HFC3 | routing | IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFR3 - COLHTEST. ELSE GO TO HFR3A - CCOLHTES. | | |
| COLHTEST | HFR3 | yes/no | The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFR5 - COLCARD (02) BOX HFC4 (-8) BOX HFC4 (-9) 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 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 | Before today, [have you/has SP] ever heard of this home testing kit? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFR4A - COLFDOC |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| 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 - RECNTBST (02) BOX HFC6 (-8) BOX HFC6 (-9) BOX HFC6 |
| COLCARD | HFR5 | yes/no | Did [you/(SP)] complete the samples and return them for [your/(SP)'s] 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 | (01) HFR7 - RECNTBST (02) BOX HFC6 (-8) BOX HFC6 (-9) BOX HFC6 |
| RECNTBST | HFR7 | code 1 | When did [you/(SP)] have [your/(SP)'s] 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 (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 | BOX HFC6 |
| | BOX HFC6 | routing | IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO COLORECT-COLORECT. ELSE GO TO CCOLOREC-CCOLOREC. | | |
| COLORECT | COLORECT | yes/no | These next questions are about colorectal cancer screening. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. [Have you/Has (SP)] ever had either of these exams? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) CORECTYP (02) BOX HFC7 (-8) BOX HFC7 (-9) BOX HFC7 |
| CORECTYP | CORECTYP | code 1 | For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone take you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. [Have you/Has (SP)] ever had a colonoscopy, a sigmoidoscopy, or both? | (01) Colonoscopy (02) Sigmoidoscopy (03) Both (-8) Don't Know (-9) Refused | (01) HFR9 - WHENSCOP (02) HFR9 - WHENSCOP (03) HFR9 - WHENSCOP (-8) BOX HFC7 (-9) BOX HFC7 |
| CCOLOREC | CCOLOREC | yes/no | These next questions are about colorectal cancer screening. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)] had either of these exams? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) CCORECTP (02) BOX HFC7 (-8) BOX HFC7 (-9) BOX HFC7 |
| CCORECTP | CCORECTP | code 1 | For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone take you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)] had a colonoscopy, a sigmoidoscopy, or both? | (01) Colonoscopy (02) Sigmoidoscopy (03) Both (-8) Don't Know (-9) Refused | BOX HFC7 |
| WHENSCOP | HFR9 | code 1 | When did [you/(SP)] have [your/(SP)'s] most recent sigmoidoscopy or colonoscopy? [IF NEEDED: If [you/(SP)] had both exams done, then please provide the date for the most recent exam] | (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 OR CCOLOREC=YES OR COLORECT=YES, GO TO BOX HFR2. ELSE GO TO HFR10-HEARSIG. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|---|
| HEARSIG | HFR10 | yes/no | Before today, had [you/(SP)] 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 HFR3A - CCOLHTES = 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/(SP)] 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 OSTEOPORIS IN THE CURRENT ROUND OR IN A PREVIOUS ROUND (OCOSTEOP=1 or sample_person.P_OCOSTEOP=1 GO TO 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/(SP)'s] doctor or other health professional about osteoporosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFS2 - OSTHRISK (02) BOX HFC8 (-8) BOX HFC8 (-9) BOX HFC8 |
| OSTHRISK | HFS2 | yes/no | Has a doctor or other health professional ever told [you/(SP)] that [you are/(SP) is] at high risk for osteoporosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFS2A - OSTFRACT |
| OSTFRACT | HFS2A | yes/no | [Have you/Has (SP)] ever experienced a fracture that [your/(SP)'s] doctor or other health professional told [you/(SP)] was related to osteoporosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | 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) BOX HFC9 (-8) BOX HFC9 (-9) 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)] 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 (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 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| 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/(SP)] wanted or needed? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFAC30A - HCTCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY |
| HCTCODE | HFAC30A | code all | Why was that? [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) SP DOES NOT HAVE MONEY (02) COST IS TOO HIGH (03) SERVICES/SUPPLIES NOT COVERED (04) NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL (05) DIFFICULTY GETTING HOME HEALTH CARE (06) NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT (07) WAIT TOO LONG/DOCTOR TOO BUSY (08) OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE (09) NOT ELIGIBLE FOR PUBLIC COVERAGE (10) DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE (11) DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR (12) HMO REFERRAL PROCESS (DIFFICULTY GETTING) (13) PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE (14) HMO WOULD NOT COVER OR PROVIDE SERVICE (91) OTHER (-8) Don't Know (-9) Refused | (01) BOX HFF6 (02) BOX HFF6 (03) BOX HFF6 (04) BOX HFF6 (05) BOX HFF6 (06) BOX HFF6 (07) BOX HFF6 (08) BOX HFF6 (09) BOX HFF6 (10) BOX HFF6 (11) BOX HFF6 (12) BOX HFF6 (13) BOX HFF6 (14) BOX HFF6 (91) HFAC30A - HCTOTHOS (-8) BOX HFF6 (-9) BOX HFF6 |
| HCTOTHOS | HFAC30A | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | BOX HFF6 |
| | BOX HFF6 | routing | IF RESPONSE TO HFAC30A - HCTCODE INCLUDES 8/DrDoesNotAcceptMedicare OR 10/DifficultyGettingAppt, GO TO HFAC30D - OFFEXPLN. ELSE GO TO HFAC30B - CGETAPPT. | | |
| CGETAPPT | HFAC30B | yes/no | Since (LAST HF MONTH YEAR), [have you/has (SP)] been told by a doctor's office that they cannot schedule an appointment with [you/(SP)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (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 |
| CGETOTOS | 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. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------------|---------------------|-------------------|---|--|--|
| OFFEXPLN | HFAC30D | yes/no | Did the doctor's office explain why [it is difficult for Medicare patients to get an appointment/Medicare is not accepted] at that practice? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFAC30E - OFFEXVB (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY |
| OFFEXVB | HFAC30E | verbatim text | What was that explanation? RECORD VERBATIM. | (01) [Continuous answer.] | HFAC31 - HCDELAY |
| HCDELAY | HFAC31 | yes/no | Since (LAST HF MONTH YEAR), [have you/has (SP)] delayed seeking medical care because [you were/(SP) was] worried about the cost? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFAC32 A-PAYPROB |
| PAYPROB | HFAC32A | yes/no | Since (LAST HF MONTH YEAR) [have you/has (SP)] had problems paying or were unable to pay any medical bills? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFAC32 - COLLAGNCY (02) HFKINTRO - IADLINTRO (-8) HFKINTRO - IADLINTRO (-9) HFKINTRO - IADLINTRO |
| COLLAGNCY | HFAC32 | yes/no | Because of problems paying medical bills since (LAST HF MONTH YEAR), [have you/has (SP)] been contacted by a collection agency? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFAC32B - PAYQVRTM CHRTYCAR - CHRTYCAR |
| PAYQVRTM | 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 |
| CHRTYCAR | CHRTYCAR | yes/no | Since (LAST HF MONTH YEAR) [have you/has (SP)] had any medical bills reduced through a financial assistance program for people who have trouble paying? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFKINTRO - IADLINTRO |
| IADLINTRO | HFKINTRO | no entry | Health problems can include physical, mental, emotional, or memory problems. I'd now like to ask you about how health problems may affect [your/(SP)'s] ability to perform some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each activity alone. | (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... using the telephone? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFKB1 - PRBLHWK (02) HFKB1 - PRBLHWK (03) HFKA2 - DONTTELE (-8) HFKB1 - PRBLHWK (-9) HFKB1 - PRBLHWK |
| DONTTELE | HFKA2 | yes/no | [You said that using the telephone is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFKB1 - PRBLHWK |
| PRBLHWK | HFKB1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] doing light housework (like washing dishes, straightening up, or light cleaning)? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFKC1 - PRBHWWK (02) HFKC1 - PRBHWWK (03) HFKB2 - DONTLHWK (-8) HFKC1 - PRBHWWK (-9) HFKC1 - PRBHWWK |
| DONTLHWK | HFKB2 | yes/no | [You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFKC1 - PRBHWWK |
| PRBHWWK | HFKC1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] doing heavy housework (like scrubbing floors or washing windows)? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFKD1 - PRBMEAL (02) HFKD1 - PRBMEAL (03) HFKC2 - DONTTHWWK (-8) HFKD1 - PRBMEAL (-9) HFKD1 - PRBMEAL |
| DONTTHWWK | HFKC2 | yes/no | [You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFKD1 - PRBMEAL |
| PRBMEAL | HFKD1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] preparing [your/(SP)'s] own meals? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFKE1 - PRBSHOP (02) HFKE1 - PRBSHOP (03) HFKD2 - DONTMEAL (-8) HFKE1 - PRBSHOP (-9) HFKE1 - PRBSHOP |
| DONTMEAL | HFKD2 | yes/no | [You said that preparing [your/(SP)'s] own meals is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFKE1 - PRBSHOP |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------------|----------------|---------------|--|---|--|
| PRBSHOP | HFKE1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] shopping for personal items (such as toilet items or medicines)? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFKE1 - PRBBILS (02) HFKE1 - PRBBILS (03) HFKE2 - DONTSHOP (-8) HFKE1 - PRBBILS (-9) HFKE1 - PRBBILS |
| DONTSHOP | HFKE2 | yes/no | [You said that shopping for personal items (such as toilet items or medicines) is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFKE1 - PRBBILS |
| PRBBILS | HFKE1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] managing money (like keeping track of expenses or paying bills)? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) BOX HFKA1 (02) BOX HFKA1 (03) HFKE2 - DONTBILS (-8) BOX HFKA1 (-9) BOX HFKA1 |
| DONTBILS | HFKE2 | yes/no | [You said that managing money (like keeping track of expenses or paying bills) is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFKA1 |
| | BOX HFKA1 | routing | IF HFKA1 - PRBTELE = 1/Yes OR HFKA2 - DONTTELE = 1/Yes, GO TO HFKA3 - HELPTELE. ELSE GO TO BOX HFKB1. | | |
| HELPTELE | HFKA3 | yes/no | [[You said that [your/(SP's)] health makes using the telephone difficult./You said that using the telephone is something that [you don't do/(SP) doesn't do].] [Do you/Does (SP)] receive help from another person with... using the telephone? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFKA4 - PERSON_HLPRTTELE (02) BOX HFKB1 (-8) BOX HFKB1 (-9) BOX HFKB1 |
| PERSON_HLPRT ELE | HFKA4 | roster | You mentioned that [you receive/(SP) receives] help with using the telephone. 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_HLPRTTELE = (N+1), GO TO HFKA4_NEW- ROSTFNAM. ELSE GO TO BOX HFKB1 |
| ROSTFNAM | HFKA4_NEW | text | [What is the name of the person and relationship to (SP)?] | (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 |
| ROSTREL | HFKA4_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFKB1 (56) BOX HFKB1 (91) HFKA4_NEW - ROSTREOS (-8) BOX HFKB1 (-9) BOX HFKB1 |
| ROSTREOS | HFKA4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFKB1 |
| | BOX HFKB1 | routing | IF HFKB1 - PRBLHWK = 1/Yes or HFKB2 - DONTLHWK = 1/Yes, GO TO HFKB3 - HELPLHWK. ELSE GO TO BOX HFKC1. | | |
| HELPLHWK | HFKB3 | yes/no | [[You said that [your/(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult./You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do/(SP) doesn't do].] [Do you/Does (SP)] receive help from another person with... doing light housework (like washing dishes, straightening up, or light cleaning)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFKB4 - PERSON_HLPLHWK (02) BOX HFKC1 (-8) BOX HFKC1 (-9) BOX HFKC1 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|------------------|----------------|---------------|--|--|--|
| 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? | 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_HLPRLHWK = (N+1), GO TO HFKB4_NEW-ROSTFNAM, ELSE GO TO BOX HFKC1 |
| ROSTFNAM | HFKB4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFKB4_NEW - ROSTLNAM |
| ROSTLNAM | HFKB4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFKB4_NEW - ROSTREL |
| ROSTREL | HFKB4_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFKC1 (56) BOX HFKC1 (58) BOX HFKC1 (59) BOX HFKC1 (60) BOX HFKC1 (61) BOX HFKC1 (91) HFKB4_NEW - ROSTREOS (-8) BOX HFKC1 (-9) BOX HFKC1 |
| ROSTREOS | HFKB4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFKC1 |
| | BOX HFKC1 | routing | IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - DONTTHWK = 1/Yes, GO TO HFKC3 - HELPHHWK. ELSE GO TO BOX HFKD1 | | |
| HELPHHWK | HFKC3 | yes/no | [[You said that [your/(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult./You said that heavy housework (like scrubbing floors or washing windows) is something that [you don't do/(SP) doesn't do].] [Do you/Does (SP)] receive help from another person with... doing heavy housework (like scrubbing floors or washing windows)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFKC4 - PERSON_HLPRHHWK (02) BOX HFKD1 (-8) BOX HFKD1 (-9) BOX HFKD1 |
| PERSON_HLPRH HWK | HFKC4 | roster | You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help? ENTER ALL HELPERS. | 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_HLPRH HWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM. ELSE GO TO BOX HFKD1. |
| ROSTFNAM | HFKC4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFKC4_NEW - ROSTLNAM |
| ROSTLNAM | HFKC4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFKC4_NEW - ROSTREL |
| ROSTREL | HFKC4_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFKD1 (56) BOX HFKD1 (58) BOX HFKD1 (59) BOX HFKD1 (60) BOX HFKD1 (61) BOX HFKD1 (91) HFKC4_NEW - ROSTREOS (-8) BOX HFKD1 (-9) BOX HFKD1 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|-----------------|----------------|---------------|---|---|--|
| ROSTREOS | HFKD4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFKD1 |
| | BOX HFKD1 | routing | IF HFKD1 – PRBMEAL = 1/Yes or HFKD2 – DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL. ELSE GO TO BOX HFKE1. | | |
| HELPMEAL | HFKD3 | yes/no | [[You said that [your/(SP's)] health makes preparing [your/((SP)'s)] own meals difficult./You said that preparing [your/((SP)'s)] own meals is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... preparing [your/((SP)'s)] own meals? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFKD4 - PERSON_HLPRMEAL (02) BOX HFKE1 (-8) BOX HFKE1 (-9) BOX HFKE1 |
| PERSON_HLPRMEAL | HFKD4 | roster | You mentioned that [you receive/(SP) receives] help with preparing [your/((SP)'s)] own meals. 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_HLPRMEAL = (N+1), GO TO HFKD4_NEW-ROSTFNAM. ELSE GO TO BOX HFKE1. |
| ROSTFNAM | HFKD4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFKD4_NEW - ROSTLNAM |
| ROSTLNAM | HFKD4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFKD4_NEW - ROSTREL |
| ROSTREL | HFKD4_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFKE1 (56) BOX HFKE1 (58) BOX HFKE1 (59) BOX HFKE1 (60) BOX HFKE1 (61) BOX HFKE1 (91) HFKD4_NEW - ROSTREOS (-8) BOX HFKE1 (-9) BOX HFKE1 |
| ROSTREOS | HFKD4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFKE1 |
| | BOX HFKE1 | routing | IF HFKE1 – PRBSHOP = 1/Yes or HFKE2 – DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP. ELSE GO TO BOX HFKE1. | | |
| HELPSHOP | HFKE3 | yes/no | [[You said that [your/(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult./You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... shopping for personal items (such as toilet items or medicines)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFKE4 - PERSON_HLPRSHOP (02) BOX HFKE1 (-8) BOX HFKE1 (-9) BOX HFKE1 |
| PERSON_HLPRSHOP | HFKE4 | roster | You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or medicines). Who gives that help? ENTER ALL HELPERS. | 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_HLPRSHOP = (N+1), GO TO HFKE4_NEW-ROSTFNAM. ELSE GO TO BOX HFKE1. |
| 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 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|-----------------|----------------|---------------|---|---|--|
| ROSTREL | HFKE4_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFKE4_NEW (56) BOX HFKE4_NEW (58) BOX HFKE4_NEW (59) BOX HFKE4_NEW (60) BOX HFKE4_NEW (61) BOX HFKE4_NEW (91) HFKE4_NEW - ROSTREOS (-8) BOX HFKE4_NEW (-9) BOX HFKE4_NEW |
| ROSTREOS | HFKE4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFKE4_NEW |
| | BOX HFKE4_NEW | routing | IF HFKE4_NEW - PRBBILS = 1/Yes or HFKE4_NEW - DONTBILS = 1/Yes, GO TO HFKE4_NEW - HELPBILS. ELSE GO TO HFLINTRO - ADLSINTRO. | | |
| HELPBILS | HFKE4_NEW | yes/no | [[You said that [your/(SP)'s] health makes managing money (like keeping track of expenses or paying bills) difficult./You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do/(SP) doesn't do].] [Do you/Does (SP)] receive help from another person with... managing money (like keeping track of expenses or paying bills)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFKE4_NEW - PERSON_HLPRBILS (02) HFLINTRO - ADLSINTRO (-8) HFLINTRO - ADLSINTRO (-9) HFLINTRO - ADLSINTRO |
| PERSON_HLPRBILS | HFKE4_NEW | roster | You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or paying bills). Who gives that help? ENTER ALL HELPERS. | 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_HLPRBILS = (N+1), GO TO HFKE4_NEW - ROSTFNAM. ELSE GO TO HFLINTRO - ADLSINTRO. |
| 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 |
| ROSTREL | HFKE4_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) HFLINTRO - ADLSINTRO (56) HFLINTRO - ADLSINTRO (58) HFLINTRO - ADLSINTRO (59) HFLINTRO - ADLSINTRO (60) HFLINTRO - ADLSINTRO (61) HFLINTRO - ADLSINTRO (91) HFKE4_NEW - ROSTREOS (-8) HFLINTRO - ADLSINTRO (-9) HFLINTRO - ADLSINTRO |
| ROSTREOS | HFKE4_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | HFLINTRO - ADLSINTRO |
| ADLSINTRO | HFLINTRO | no entry | Remembering that health problems can include physical, mental, emotional, or memory problems, I'd now like to ask you about how health problems may affect [your/(SP)'s] ability to perform some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each activity alone and without special equipment. | (01) CONTINUE (-7) Empty | HFLA1 - HPPDBATH |
| HPPDBATH | HFLA1 | code 1 | Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty... bathing or showering? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFLB1 - HPPDDRES (02) HFLB1 - HPPDDRES (03) HFLA2 - DONTBATH (-8) HFLB1 - HPPDDRES (-9) HFLB1 - HPPDDRES |
| DONTBATH | HFLA2 | yes/no | [You said that bathing or showering is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLB1 - HPPDDRES |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| HPPDDRES | HFLB1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] dressing? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFLC1 - HPPDEAT (02) HFLC1 - HPPDEAT (03) HFLB2 - DONTDRES (-8) HFLC1 - HPPDEAT (-9) HFLC1 - HPPDEAT |
| DONTDRES | HFLB2 | yes/no | [You said that dressing is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLC1 - HPPDEAT |
| HPPDEAT | HFLC1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] eating? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFLD1 - HPPDCHAR (02) HFLD1 - HPPDCHAR (03) HFLC2 - DONTTEAT (-8) HFLD1 - HPPDCHAR (-9) HFLD1 - HPPDCHAR |
| DONTEAT | HFLC2 | yes/no | [You said that eating is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLD1 - HPPDCHAR |
| HPPDCHAR | HFLD1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] getting in or out of bed or chairs? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFLE1 - HPPDWALK (02) HFLE1 - HPPDWALK (03) HFLD2 - DONTCHAR (-8) HFLE1 - HPPDWALK (-9) HFLE1 - HPPDWALK |
| DONTCHAR | HFLD2 | yes/no | [You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLE1 - HPPDWALK |
| HPPDWALK | HFLE1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] walking? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) HFLF1 - HPPDTOIL (02) HFLF1 - HPPDTOIL (03) HFLE2 - DONTWALK (-8) HFLF1 - HPPDTOIL (-9) HFLF1 - HPPDTOIL |
| DONTWALK | HFLE2 | code 1 | [You said that walking is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLF1 - HPPDTOIL |
| HPPDTOIL | HFLF1 | code 1 | [Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty...] using the toilet, including getting up and down? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | (01) BOX HFLA1 (02) BOX HFLA1 (03) HFLF2 - DONTTOIL (-8) BOX HFLA1 (-9) BOX HFLA1 |
| DONTTOIL | HFLF2 | yes/no | [You said that using the toilet is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFLA1 |
| | BOX HFLA1 | routing | IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH. ELSE GO TO BOX HFLB1. | | |
| HELPBATH | HFLA3 | yes/no | [[You said [your/(SP's)] health makes bathing or showering difficult./You said that bathing or showering is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with bathing or showering? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFLA5 - EQIPBATH (02) HFLA4 - PCHKBATH (-8) HFLA4 - PCHKBATH (-9) HFLA4 - PCHKBATH |
| PCHKBATH | HFLA4 | yes/no | Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering? [That is, does someone usually stay or come into the room to check on [you/(SP)]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLA5 - EQIPBATH |
| EQIPBATH | HFLA5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with bathing or showering? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFLA2 |
| | BOX HFLA2 | routing | IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH. ELSE GO TO BOX HFLB1. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|--|
| LONGBATH | HFLA6 | code 1 | How long [have you/has (SP)] needed help with bathing or showering? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | (01) HFLA7 - STILBATH (02) BOX HFLB1 (03) BOX HFLB1 (-8) BOX HFLB1 (-9) BOX HFLB1 |
| STILBATH | HFLA7 | yes/no | Do you expect that [you/(SP)] will still need help with bathing or showering three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFLB1 |
| | BOX HFLB1 | routing | IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES. ELSE GO TO BOX HFLC1. | | |
| HELPDRES | HFLB3 | yes/no | [[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with dressing? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFLB5 - EQIPDRES (02) HFLB4 - PCHKDRES (-8) HFLB4 - PCHKDRES (-9) HFLB4 - PCHKDRES |
| PCHKDRES | HFLB4 | yes/no | Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing? [That is, does someone usually stay or come into the room to check on [you/(SP)]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLB5 - EQIPDRES |
| EQIPDRES | HFLB5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with dressing? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFLB2 |
| | BOX HFLB2 | routing | IF HFLB3 – HELPDRES = 1/Yes, GO TO HFLB6 - LONGDRES. ELSE GO TO BOX HFLC1. | | |
| LONGDRES | HFLB6 | code 1 | How long [have you/has (SP)] needed help with dressing? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | (01) HFLB7 - STILDRES (02) BOX HFLC1 (03) BOX HFLC1 (-8) BOX HFLC1 (-9) BOX HFLC1 |
| STILDRES | HFLB7 | yes/no | Do you expect that [you/(SP)] will still need help with dressing three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFLC1 |
| | BOX HFLC1 | routing | IF HFLC1 - HPPDEAT = 1/Yes OR HFLC2 – DONTEAT = 1/Yes, GO TO HFLC3 - HELPEAT. ELSE GO TO BOX HFLD1. | | |
| HELPEAT | HFLC3 | yes/no | [[You said [your/(SP's)] health makes eating difficult./You said that eating is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with eating? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFLC5 - EQIPEAT (02) HFLC4 - PCHKEAT (-8) HFLC4 - PCHKEAT (-9) HFLC4 - PCHKEAT |
| PCHKEAT | HFLC4 | yes/no | Does someone usually stay nearby just in case [you need/(SP) needs] help with eating? [That is, does someone usually stay or come into the room to check on [you/(SP)]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLC5 - EQIPEAT |
| EQIPEAT | HFLC5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with eating? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFLC2 |
| | BOX HFLC2 | routing | IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC6 - LONGEAT. ELSE GO TO BOX HFLD1. | | |
| LONGEAT | HFLC6 | code 1 | How long [have you/has (SP)] needed help with eating? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | (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. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|--|
| 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/(SP)]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLD5 - EQIPCHAR |
| EQIPCHAR | HFLD5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with getting in or out of bed or chairs? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFLD2 |
| | BOX HFLD2 | routing | IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR. ELSE GO TO BOX HFLE1. | | |
| LONGCHAR | HFLD6 | code 1 | How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | (01) HFLD7 - STILCHAR (02) BOX HFLE1 (03) BOX HFLE1 (-8) BOX HFLE1 (-9) BOX HFLE1 |
| STILCHAR | HFLD7 | yes/no | Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | 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 | [IF R IS IN A WHEELCHAIR OR CANNOT STAND DUE TO PERMANENT DISABILITY ONLY , SELECT "NO" WITHOUT READING TEXT BELOW.] [[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 |
| PCHKWALK | HFLE4 | yes/no | [IF R IS IN A WHEELCHAIR OR CANNOT STAND DUE TO PERMANENT DISABILITY ONLY , SELECT "NO" WITHOUT READING TEXT BELOW.] Does someone usually stay nearby just in case [you need/(SP) needs] help with walking? [That is, does someone usually stay or come into the room to check on [you/(SP)]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLE5 - EQIPWALK |
| EQIPWALK | HFLE5 | yes/no | [IF R IS IN A WHEELCHAIR OR CANNOT STAND DUE TO PERMANENT DISABILITY ONLY , SELECT "YES" WITHOUT READING TEXT BELOW.] [Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with walking? | (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. | | |
| 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 |
| 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.]] [Do you/Does (SP)] receive help from another person with using the toilet, including getting up and down? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFLF5 - EQIPTOIL (02) HFLF4 - PCHKTOIL (-8) HFLF4 - PCHKTOIL (-9) HFLF4 - PCHKTOIL |
| PCHKTOIL | HFLF4 | yes/no | Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet, including getting up and down? [That is, does someone usually stay or come into the room to check on [you/(SP)]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFLF5 - EQIPTOIL |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|-----------------|----------------|---------------|--|---|--|
| EQUIPTOIL | HFLF5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help [you/(SP)] 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. | | |
| 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. | | |
| PERSON_HLPRBATH | HFLA9 | roster | You mentioned that [you receive/(SP) receives] help with bathing and showering. 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 HFLA9_NEW-ROSTFNAM. ELSE GO TO BOX HFLB3. |
| ROSTFNAM | HFLA9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFLA9_NEW - ROSTLNAM |
| ROSTLNAM | HFLA9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFLA9_NEW - ROSTREL |
| ROSTREL | HFLA9_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFLB3 (56) BOX HFLB3 (58) BOX HFLB3 (59) BOX HFLB3 (60) BOX HFLB3 (61) BOX HFLB3 (91) HFLA9_NEW - ROSTREOS (-8) BOX HFLB3 (-9) BOX HFLB3 |
| 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 |
| | 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. |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------------|----------------|---------------|---|---|--|
| 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 (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFLC3 (56) BOX HFLC3 (58) BOX HFLC3 (59) BOX HFLC3 (60) BOX HFLC3 (61) BOX HFLC3 (91) HFLB9_NEW - ROSTREOS (-8) BOX HFLC3 (-9) 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_HLPRE AT | 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 |
| ROSTLNAM | HFLC9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFLC9_NEW - ROSTREL |
| ROSTREL | HFLC9_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFLD3 (56) BOX HFLD3 (58) BOX HFLD3 (59) BOX HFLD3 (60) BOX HFLD3 (61) BOX HFLD3 (91) HFLC9_NEW - ROSTREOS (-8) BOX HFLD3 (-9) BOX HFLD3 |
| ROSTREOS | HFLC9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFLD3 |
| | BOX HFLD3 | routing | IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD9 - PERSON_HLPRCHAR. ELSE GO TO BOX HFLE3. | | |
| PERSON_HLPRC HAR | 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. |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|-----------------|----------------|---------------|---|---|--|
| 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 (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFLE3 (56) BOX HFLE3 (58) BOX HFLE3 (59) BOX HFLE3 (60) BOX HFLE3 (61) BOX HFLE3 (91) HFLD9_NEW - ROSTREOS (-8) BOX HFLE3 (-9) BOX HFLE3 |
| ROSTREOS | HFLD9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFLE3 |
| | BOX HFLE3 | routing | IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - PERSON_HLPRWALK. ELSE GO TO BOX HFLF3. | | |
| PERSON_HLPRWALK | HFLE9 | roster | You mentioned that [you receive/(SP) receives] help with walking. Who gives that help? ENTER ALL HELPERS. | 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_HLPRWALK = (N+1), GO TO HFLE9_NEW-ROSTFNAM. ELSE GO TO BOX HFLF3. |
| 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 |
| ROSTREL | HFLE9_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFLF3 (56) BOX HFLF3 (58) BOX HFLF3 (59) BOX HFLF3 (60) BOX HFLF3 (61) BOX HFLF3 (91) HFLE9_NEW - ROSTREOS (-8) BOX HFLF3 (-9) BOX HFLF3 |
| ROSTREOS | HFLE9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | BOX HFLF3 |
| | BOX HFLF3 | routing | IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL. ELSE GO TO BOX HFL4. | | |
| PERSON_HLPRTOIL | HFLF9 | roster | You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help? ENTER ALL HELPERS. | 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_HLPRTOIL = (N+1), GO TO HFLF9_NEW-ROSTFNAM. ELSE GO TO BOX HFLG3. |
| ROSTFNAM | HFLF9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFLF9_NEW - ROSTLNAM |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|------------------|----------------|---------------|---|---|--|
| ROSTLNAM | HFLF9_NEW | text | [What is the name of the person and relationship to (SP)?] | (01) CONTINUOUS ANSWER | HFLF9_NEW - ROSTREL |
| ROSTREL | HFLF9_NEW | code one | [What is the name of the person and relationship to (SP)?] | (02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX HFLF3 (56) BOX HFLF3 (58) BOX HFLF3 (59) BOX HFLF3 (60) BOX HFLF3 (61) BOX HFLF3 (91) 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 (-9) Refused | BOX HFLF3 |
| | BOX HFL4 | routing | IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND/OR HFLF9, GO TO HFL10 - PERSON_HLPRMOST. ELSE GO TO HFM1 - FALLANY. | | |
| PERSON_HLPRM OST | HFL10 | roster | Which of these persons gives [you/(SP)] the most help with these things? SELECT ONLY ONE. | Display all persons selected at HFLA9, HFLB9, HFLC9, HFLD9, HFLE9 and HFLF9 rosters. | HFM1 - FALLANY |
| FALLANY | HFM1 | yes/no | Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFM2 - FALLTIME (02) DISUPPYR (-8) DISUPPYR (-9) DISUPPYR |
| FALLTIME | HFM2 | numeric | Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down? ENTER "95" IF 95 OR MORE FALLS REPORTED. | [Continuous answer.] Don't Know Refused | HFM3A - FALLHELP |
| FALLHELP | HFM3A | yes/no | Thinking about the [most recent] time that [you/(SP)] fell, did [you/(SP)] hurt [yourself/ themselves] badly enough to get medical help? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFM3B - FALCODE |
| FALCODE | HFM3B | code all | What kind of injury did [you/(SP)] have in that [most recent] fall? [PROBE: Anything else?] CHECK ALL THAT APPLY. | (01) BROKEN BONE/FRACTURE (02) SPRAIN/STRAIN (03) BRUISE (04) CUT/WOUND/LACERATION (05) CONCUSSION (06) DISLOCATION (91) OTHER (96) NO INJURY (-8) Don't Know (-9) Refused | (01) HFM3C - FALLIMIT (02) HFM3C - FALLIMIT (03) HFM3C - FALLIMIT (04) HFM3C - FALLIMIT (05) HFM3C - FALLIMIT (06) HFM3C - FALLIMIT (91) HFM3B - FALOTHOS (96) HFM3C - FALLIMIT (-8) HFM3C - FALLIMIT (-9) HFM3C - FALLIMIT |
| FALOTHOS | HFM3B | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | HFM3C - FALLIMIT |
| FALLIMIT | HFM3C | yes/no | Did [your/(SP's)] [most recent] fall cause [you/(SP)] to limit [your/(SP's)] regular activities? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFM3D - FALLBACK (02) HFM3E - FALLFEAR (-8) HFM3E - FALLFEAR (-9) HFM3E - FALLFEAR |
| FALLBACK | HFM3D | code 1 | How long did it take [you/(SP)] to get back to regular activities after [your/(SP's)] [most recent] fall? | (01) LESS THAN ONE WEEK (02) ONE WEEK OR MORE (03) NEVER RESUMED REGULAR ACTIVITIES (-8) Don't Know (-9) Refused | HFM3E - FALLFEAR |
| FALLFEAR | HFM3E | numeric | How would you rate [your/(SP's)] fear of falling on a scale of 1 to 6, where 1 is "Not at all afraid of falling" and 6 is "Extremely afraid of falling"? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | DISUPPYR |
| DISUPPYR | DISUPPYR | yes/no | SHOW CARD HF10 This card lists some examples of different types of dietary supplements. Since (LAST HF MONTH YEAR), [have you/has (SP)] used or taken any vitamins, minerals, herbals or other dietary supplements? Include prescription and non-prescription supplements. [IF NEEDED: Include any supplements that you have already told me about.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MULTVTYR (02) BOX MH1 (-8) BOX MH1 (-9) BOX MH1 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| MULTVTYR | MULTVTYR | yes/no | Since (LAST HF MONTH YEAR), did [you/(SP)] take any multivitamins, such as One a Day, Theragran, or Centrum type multivitamins? [IF NEEDED: Multivitamins may be pills, liquids, or packets] [IF NEEDED: Include any multivitamins that you have already told me about.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | VITSUPYR |
| VITSUPYR | VITSUPYR | select all | SHOW CARD HF11 Please look at the vitamins and dietary supplements listed on this card. Since (LAST HF MONTH YEAR), what vitamins and dietary supplements did [you/(SP)] take at least once? Do not include vitamins and dietary supplements that are taken as part of a multivitamin. [IF NEEDED: Include any vitamins or dietary supplements (that are not part of a multivitamin) that you have already told me about.] IF RESPONDENT HAS PROVIDED YOU WITH SUPPLEMENT BOTTLES YOU MAY USE THOSE TO ANSWER THE QUESTION IF THE SUPPLEMENT WAS TAKEN SINCE (LAST HF MONTH YEAR). DO NOT INCLUDE MEDICATIONS (E.G., ASPIRIN, ALLEGRA, TYLENOL, ETC.) SELECT ALL THAT APPLY | (01) Calcium (with or without vitamin D) (02) Choline (03) Coenzyme Q (such as CoQ10) (04) Eye health supplement (such as OcuVite PreserVision or I-Caps) (05) Fiber supplement (such as Metamucil or Benefiber) (06) Folate or folic acid (07) Garlic supplement (08) Iron (09) Joint supplement (such as glucosamine, with or without chondroitin or other ingredients) (10) Magnesium (11) Melatonin (12) Niacin (13) Omega-3 (ALA/DHA/EPA) or fish oil (14) Potassium (15) Probiotics (in pill, powder, or liquid form) (16) Saw palmetto (17) Vitamin A (18) Vitamin B-12 (19) Vitamin B-complex (20) Vitamin C (21) Vitamin D (NOT as part of a calcium supplement) (22) Vitamin E (23) Zinc (24) NOT APPLICABLE; RESPONDENT ONLY TAKES MULTIVITAMINS (91) Other Supplement(s) (-8) Don't Know (-9) Refused | (01)-(23) BOX MH1 (91) VITOTHOS (-8) BOX MH1 (-9) BOX MH1 |
| VITOTHOS | VITOTHOS | text | What were the names of those other supplements? ENTER UP TO 5 ADDITIONAL SUPPLEMENTS AT THIS SCREEN. IF RESPONDENT REPORTS MORE THAN 5 OTHER SUPPLEMENTS, ENTER THE SUPPLEMENTS THAT WERE TAKEN THE MOST OFTEN SINCE (LAST HF MONTH YEAR). DO NOT INCLUDE MEDICATIONS (E.G., ASPIRIN, ALLEGRA, TYLENOL, ETC.) [INSERT TEXT BOX 1 FOR SUPPLEMENT 1] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | VITOTHO2 |
| VITOTHO2 | VITOTHOS | text | [INSERT TEXT BOX 2 FOR SUPPLEMENT 2] | (01) [Continuous answer.] (-7) Empty | VITOTHO3 |
| VITOTHO3 | VITOTHOS | text | [INSERT TEXT BOX 3 FOR SUPPLEMENT 3] | (01) [Continuous answer.] (-7) Empty | VITOTHO4 |
| VITOTHO4 | VITOTHOS | text | [INSERT TEXT BOX 4 FOR SUPPLEMENT 4] | (01) [Continuous answer.] (-7) Empty | VITOTHO5 |
| VITOTHO5 | VITOTHOS | text | [INSERT TEXT BOX 5 FOR SUPPLEMENT 5] | (01) [Continuous answer.] (-7) Empty | BOX MH1 |
| | BOX MH1 | routing | If the respondent is a proxy (SPPROXY=2), go to HFQ1 - LOSTURIN. Else go to HFN1 - HFGAD1. | | |
| HFGAD1 | HFN1 | list | The next few questions ask about the last two weeks. SHOW CARD HF12 Over the last 2 weeks, how often have you been bothered by the following problems? Feeling nervous, anxious, or on edge | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN2 - HFGAD2 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|-------------------|
| HFGAD2 | HFN2 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems?] Not being able to stop or control worrying. | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN3 - HFPHQ1 |
| HFPHQ1 | HFN3 | list | SHOW CARD HF12 Now, we will ask you about how the following problems have affected you overall, if any at all. Over the last 2 weeks, how often have you been bothered by the following problems: little interest or pleasure in doing things? Would you say... | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN4 - HFPHQ2 |
| HFPHQ2 | HFN4 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems:] feeling down, depressed, or hopeless? | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN5 - HFPHQ3 |
| HFPHQ3 | HFN5 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems:] trouble falling or staying asleep, or sleeping too much? | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN6 - HFPHQ4 |
| HFPHQ4 | HFN6 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems:] feeling tired or having little energy? | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN7 - HFPHQ5 |
| HFPHQ5 | HFN7 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems:] poor appetite or overeating? | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN8 - HFPHQ6 |
| HFPHQ6 | HFN8 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems:] feeling bad about yourself – or that you are a failure or have let yourself or your family down? | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN9 - HFPHQ7 |
| HFPHQ7 | HFN9 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems:] trouble concentrating on things, such as reading the newspaper or watching TV? | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | HFN10 - HFPHQ8 |
| HFPHQ8 | HFN10 | list | SHOW CARD HF12 [Over the last 2 weeks, how often have you been bothered by the following problems:] moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? | (01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW | BOX HFPHQ |
| | BOX HFPHQ | routing | IF SP REPORTED [(02/Several Days), (03/More than half the days), or (04/Nearly Every Day)] TO AT LEAST ONE ITEM IN HFPHQ1 THROUGH HFPHQ8, GO TO HFN11-PHQ9QS10. ELSE GO TO HFQ1 – SOCISOLA. | | |
| PHQ9QS10 | HFN11 | code one | SHOW CARD HF13 You mentioned that you have been bothered by the following problems over the last 2 weeks: [LIST ALL CONDITIONS WHERE ANSWER RECORDED DOES NOT EQUAL 1/NOT AT ALL, -8/REFUSED, or -9/DON'T KNOW, AT HFPHQ1 THROUGH HFPHQ8] How difficult have these problems made it for you to do your work, take care of things at home, or get along with people? | (01) Not at all difficult, (02) Somewhat difficult, (03) Very difficult, (04) Extremely difficult? (-8) REFUSED (-9) DON'T KNOW | SOCISOLA-SOCISOLA |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|--|
| SOCISOLA | SOCISOLA | code 1 | SHOW CARD HF14 Since (LAST HF MONTH YEAR), how often have you felt lonely or isolated from those around you? Would you say... | (01) Never (02) Rarely (03) Sometimes (04) Often (05) Always (-8) Don't know (-9) Refused | HFQ1 - LOSTURIN |
| LOSTURIN | HFQ1 | code 1 | SHOW CARD HF15 I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] lost urine because [you/(SP)] could not control [your/(SP)'s] bladder. | (01) MORE THAN ONCE A WEEK (02) ABOUT ONCE A WEEK (03) 2-3 TIMES A MONTH (04) ABOUT ONCE A MONTH (05) EVERY 2-3 MONTHS (06) ONCE OR TWICE A YEAR (07) NOT AT ALL (08) SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG (-8) Don't Know (-9) Refused | (01) HFQ2 - TALKURIN (02) HFQ2 - TALKURIN (03) HFQ2 - TALKURIN (04) HFQ2 - TALKURIN (05) HFQ2 - TALKURIN (06) HFQ2 - TALKURIN (07) HFQBI-PROBFECE (08) HFQBI-PROBFECE (-8) HFQBI-PROBFECE (-9) HFQBI-PROBFECE |
| TALKURIN | HFQ2 | yes/no | [Have you/Has (SP)] talked about this problem with [your/(SP's)] doctor or other health professional? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HFQ3 - FEELURIN (02) HFQBI-PROBFECE (-8) HFQBI-PROBFECE (-9) HFQBI-PROBFECE |
| FEELURIN | HFQ3 | yes/no | Has [your/(SP's)] doctor or other health professional asked [you/(SP)] about how [you/(SP)] feel[s] about this problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFQ4 - REASURIN |
| REASURIN | HFQ4 | yes/no | Has [your/(SP's)] doctor or other health professional examined [you/(SP)] to figure out why [you/(SP)] [lose/loses] urine? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFQ5 - SURGURIN |
| SURGURIN | HFQ5 | yes/no | Has [your/(SP's)] doctor or other health professional talked with [you/(SP)] about taking medicine or having surgery for this problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFQBI-PROBFECE |
| PROBFECE | HFQBI | grid | We are now going to ask you some questions about [your/(SP's)] ability to control [your/his/her] bowel movements. Since (LAST HF MONTH YEAR), [have you/has (SP)] had any of the following problems? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS. Leaking gas? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFQBI- SMLSTOOL |
| SMLSTOOL | HFQBI | grid | We are now going to ask you some questions about [your/(SP's)] ability to control [your/his/her] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS. Leaking a small ammount of stool? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFQBI-MODSTOOL |
| MODSTOOL | HFQBI | grid | We are now going to ask you some questions about [your/(SP's)] ability to control [your/his/her] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS. Leaking a moderate amount of stool, requiring a change of underwear? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFQBI-LRGSTOOL |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|------------------|----------------|---------------|---|--|--|
| LRGSTOOL | HFQBI | grid | We are now going to ask you some questions about [your/(SP's)] ability to control [your/his/her] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS. Leaking a large amount of liquid stool, requiring a complete change of clothes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFQBI |
| | BOX HFQBI | routing | IF AT LEAST ONE TYPE OF STOOL LEAKAGE IS SELECTED IN HFQBI GRID (PROBFECE=1 OR SMLSTOOL=1 OR MODSTOOL= 1 OR LRGSTOOL=1), GO TO TALKFECE-TALKFECEELSE, GO TO BOX HFT1. | | |
| TALKFECE | TALKFECE | yes/no | [Have you/Has (SP)] talked about [your/his/her] problem with stool leakage with [your/his/her] doctor or other health professional?[IF NECESSARY: This is also referred to as bowel or fecal incontinence.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HFT1 |
| | BOX HFT1 | routing | IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD. ELSE GO TO BOX HFEND. | | |
| HYPETOLD | HFT1 | code 1 | We have recorded that [you were/(SP) was] told by a doctor or other health professional that [you had/(SP) had] hypertension, also called high blood pressure. [Were you/Was (SP)] told on two or more different medical visits that [you/(SP)] had high blood pressure or hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] | (01) YES (02) NO (03) SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR (-8) Don't Know (-9) Refused | (01) HFT2 - HYPEAGE (02) HFT2 - HYPEAGE (03) BOX HFEND (-8) HFT2 - HYPEAGE (-9) HFT2 - HYPEAGE |
| HYPEAGE | HFT2 | numeric | How old [were you/was (SP)] when [you were/(SP) was] first told that [you/(SP)] had high blood pressure? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | HFT2 - HYPEAGE_LESSONE |
| HYPEAGE_LESSONE | HFT2 | numeric | How old [were you/was (SP)] when (you were/(SP) was) first told that [you/(SP)] had high blood pressure? | (01) LESS THAN ONE YEAR OLD (-7) Empty | HFT6D - HYPEHOME |
| HYPEHOME | HFT6D | yes/no | Because of [your/(SP)'s] high blood pressure, [are you/is (SP)] now measuring [your/(SP)'s] blood pressure at home? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFT6G - HYPEMEDS |
| HYPEMEDS | HFT6G | yes/no | Because of [your/(SP)'s] high blood pressure, [are you/is (SP)] now taking prescribed medicine for [your/(SP)'s] high blood pressure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFT6J - HYPEDRNK |
| HYPEDRNK | HFT6J | yes/no | [Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/(SP)'s] high blood pressure?] | (01) YES (02) NO (03) NOT APPLICABLE; RESPONDENT DOES NOT DRINK ALCOHOL (-8) Don't Know (-9) Refused | BOX HFT2 |
| | BOX HFT2 | routing | IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG. ELSE GO TO HFT12A - HYPECTRL. | | |
| HYPELONG | HFT7 | numeric | How long [have you/has (SP)] been treated with prescribed medicines for [your/(SP)'s] high blood pressure? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | HFT7 - HYPELONG_LESSONE |
| HYPELONG_LESSONE | HFT7 | numeric | How long [have you/has (SP)] been treated with prescribed medicines for [your/(SP)'s] 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. | | |
| HYPEMANY | HFT8 | numeric | How many different prescribed medicines [do you/does (SP)] take for [your/(SP)'s] high blood pressure? [WE ARE ASKING ABOUT HOW MANY DIFFERENT PRESCRIBED MEDICINES FOR HIGH BLOOD PRESSURE ARE TAKEN BY THE RESPONDENT, NOT THE NUMBER OF PILLS THEY MIGHT TAKE IN ONE DAY.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | HFT11A - HYPECOND |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|-------------------|
| HYPECOND | HFT11A | code 1 | How often [do you/does (SP)] have trouble with side effects from [your/(SP)'s] blood pressure medicines[s]? Please tell me if [you/(SP)] always, sometimes, or never [have/has] trouble with side effects. [EXPLAIN IF NECESSARY: By "side effects", I mean that the medicine causes any condition such as fatigue, headache, or coughing.] | (01) ALWAYS (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | HFT12A - HYPECTRL |
| HYPECTRL | HFT12A | code 1 | Doctors and other health professionals often recommend changing your habits or lifestyle, such as changing your diet, or getting regular exercise in order to control blood pressure. How confident are you that [you/(SP)] can follow these recommendation? Would you say that you are very confident, confident, somewhat confident, or not at all confident? | (01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused | BOX HFT4 |
| | BOX HFT4 | routing | IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT13 - HYPEPAY. ELSE GO TO BOX HFEND. | | |
| HYPEPAY | HFT13 | yes/no | [Do you/Does (SP)] have difficulty paying for the medicine[s] [your/(SP)] doctor or other health professional prescribes for [your/(SP)'s] high blood pressure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HFT14 - HYPESKIP |
| HYPESKIP | HFT14 | yes/no | [Do you/Does (SP)] ever skip taking [your/(SP)'s] 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 |
| | BOX HFEND | routing | If INTTYPE in (C003), GO TO PXQ ELSE, GO TO NAQ. | | |