

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 HFBEG	routing	GO TO HFA1 - GENHELTH		
GENHELTH	HFA1	code one	In general, compared to other people [your/(SP's)] age, would you say that [your/(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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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.		
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 [<u>with a hearing aid</u>]: 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 [<u>with a hearing aid</u>]/(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
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 [<u>with a hearing aid</u>]/(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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 jaws? 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
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 one	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 one	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 one	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 one	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 one	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
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) continous 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) Continunous answer	HFJINTRO - MEDCONDINTRO
MEDCONDINTRO	HFJINTRO	no entry	Next, I'm going to read a list of medical conditions. [Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
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 SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ7 - YRCHD. ELSE GO TO HFJ8 - OCCFAIL.		
YRCHD	HFJ7	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had an episode of angina pectoris or coronary heart disease?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFJ8 - OCCFAIL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 SUPPLMENTAL 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 SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ15 - YRHRTCND. ELSE GO TO HFJ16 - OCSTROKE.		
YRHRTCND	HFJ15	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
	BOX HFJ29		IF SP IS IN THE BASELINE INTERIVEW (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 SUPPLMENTAL 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) BOXHFJ12 (-8) BOXHFJ12 (-9) BOXHFJ12
	BOX HFJ11	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE [sample_person.INTTYPE=3], GO TO HFJ21 - YRCANCER. ELSE GO TO HFJ22 - EVRCODE.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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) BOXHFJ12 (02) BOXHFJ12 (03) BOXHFJ12 (04) BOXHFJ12 (05) BOXHFJ12 (06) BOXHFJ12 (07) BOXHFJ12 (08) BOXHFJ12 (09) BOXHFJ12 (10) BOXHFJ12 (11) BOXHFJ12 (12) BOXHFJ12 (16) BOXHFJ12 (17) BOXHFJ12 (18) BOXHFJ12 (19) BOXHFJ12 (20) BOXHFJ12 (21) BOXHFJ12 (22) BOXHFJ12 (23) BOXHFJ12 (24) BOXHFJ12 (25) BOXHFJ12 (26) BOXHFJ12 (27) BOXHFJ12 (28) BOXHFJ12 (29) BOXHFJ12 (91) HFJ22 -EVROS (-8) BOXHFJ12 (-9) BOXHFJ12
EVROS	HFJ22	verbatim text	Specify the part of parts of your body where the cancer or tumor was found.	(01) [Continuous answer.]	BOX HFJ12
	BOX HFJ12	routing	IF SP HAS EVER REPORTED HAVING SLEEP APNEA IN A PREVIOUS ROUND (P_OCSLEEPA=1), GO TO BOX HFJ12A.ELSE GO TO HFJ23 - OCSLEEPA.		
OCSLEEPA	HFJ23	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] sleep apnea?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFJ12A
	BOX HFJ12A	routing	IF SP HAS EVER REPORTED HAVING THYROID DISEASE IN A PREVIOUS ROUND (P_OCTHYR=1), GO TO BOX HFJ12B. ELSE GO TO HFJ24 - OCTHYR.		
OCTHYR	HFJ24	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 thyroid disease, other than thyroid cancer? [IF NEEDED: This includes Graves' disease, hypothyroidism, hyperthyroidism, Hashimoto's disease, or goiter]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFJ12B

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFJ12B	routing	IF SP HAS EVER REPORTED HAVING BOWEL DISEASE IN A PREVIOUS ROUND (P_OCBOWEL=1), GO TO HFJ26 - OCARTHYN. ELSE GO TO HFJ25 - OCBOWEL.		
OCBOWEL	HFJ25	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] a bowel disease? [IF NEEDED: This includes inflammatory bowel disease, irritable bowel syndrome, Crohn's disease, ulcerative colitis, or Celiac disease]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFJ26 - OCARTHYN
OCARTHYN	HFJ26	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you/(SP)] had... any type of arthritis? [IF NEEDED: This includes osteoarthritis, rheumatoid arthritis, or any other type of arthritis]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFJ26A - OCARTTYP (02) BOX HFJ16 (-8) BOX HFJ16 (-9) BOX HFJ16
OCARTTYP	HFJ26A	code all	Which type of arthritis did the doctor or other health professional say that [you have/(SP) has]? Was it... [SELECT ALL THAT APPLY]	(1) osteoarthritis (2) rheumatoid arthritis, or (3) some other type (-8) Don't know (-9) Refused	BOX HFJ16
	BOX HFJ16	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ28 - OCMENTAL. ELSE GO TO BOX HFJ16A.		
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFJ34 - YRBRKHIP. ELSE GO TO BOX HFJ21.		
YRBRKHIP	HFJ34	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(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
	BOX HFJ23	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE (sample_person.INTTYPE=3, GO TO HFJ38 - YRPPARAL. ELSE GO TO BOX HFJ24.		
YRPPARAL	HFJ38	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 (SPSEX=2), GO TO BOX HFCl. 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 (-8) Don't Know (-9) Refused	(01) BOX HFJ26 (02) BOX HFCl (-8) BOX HFCl (-9) BOX HFCl
	BOX HFJ26	routing	IF SP IS IN THE BASELINE SAMPLE (sample_person.INTTYPE=3), GO TO HFJ41 - YRPROST. ELSE GO TO BOX HFCl.		
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 (-8) Don't Know (-9) Refused	BOX HFCl
	BOX HFCl	routing	IF SP IS IN THE BASELINE INTERIVEW (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 HFClB. 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
OCDTYPE	HFJ41B	code one	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 THEY HAVE.] [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 HFCB (02) BOX HFCB (03) BOX HFCB (04) BOX HFCB (05) BOX HFCB (91) HFJ41B - OCDTYPOS (-8) BOX HFCB (-9) BOX HFCB
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 THEY HAVE.]	(01) [Continuous answer.]	BOX HFCB
	BOX HFCB	routing	IF (P_OCBETES ^= YES AND (OCBETES = YES or YRBETES = YES)) OR (P_OCBETES = YES AND P_OCDVISIT ^= YES), GO TO HFJ41C-OCDVISIT. ELSE GO TO 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 AGECALC<65 and greater than 0) THEN IF SP REPORTED "YES" TO AT LEAST ONE HFJ CONDITION, GO TO HFJ42 - EMCOND. ELSE IF SP REPORTED "NO" TO ALL HFJ CONDITIONS , GO TO HFJ43 - EMCAUSEVB. ELSE IF SP IS NOT IN THE SUPPLEMENTAL SAMPLE OR SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS NOT UNDER 65 THEN GO TO HFPINTRO - HLTHCAREINTRO.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
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 HFP21B - YDIAEVER.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 HFP4-DIAINSUL
	BOX-HFP2	routing	IF THE SP IS FEMALE (SPSEX=2) AND (HFP1—DIAAGE is >= 12 and is <= 45) OR (HFP1—DIAAGE = DK-OR-RF), GO TO HFP2—DIAPRGNT. ELSE GO TO HFP4—DIAINSUL.		
DIAPRGNT	HFP2	yes/no	Did [you/(SP)] have diabetes only during a pregnancy?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX-HFC2 (02) HFP4—DIAINSUL (-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 HFP4 - DIATEST
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 HFP4 - DIASORED
DIASORES- DIASORED	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 <u>at least once per day</u> ?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP4—DIAPRESS BOX HFP3
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—SORECHECK. ELSE GO TO HFP10 - DIATENYR.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 HFP10 - DIATENYR
	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
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIACRLD	HFP14	code one	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 BOX HFCC
DIAHYPTR	HFP14A2	code one	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 INTERVIEW (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 INTERVIEW (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 INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIACIRCF. ELSE IF P_DCIRCF ^= YES, GO TO YRDCIRCF-YRDCIRCF. ELSE GO TO BOX HFCF.		
DIACIRCF	HFP14B	list	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(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 HFCF.
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 HFCF
	BOX HFCF	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIAULCER. ELSE IF P_DULCER ^= YES, GO TO YRDULCER-YRDULCER. ELSE GO TO BOX HFCG.		
DIAULCER	HFP14B	list	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(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 HFCG
YRDULCER	YRDULCER	yes/no	[People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] been told by a doctor or other health professional that [you/(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 HFCG

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFCH	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIASKINC. ELSE IF P_DSKINC ^= YES, GO TO YRDSKINC-YRDSKINC. ELSE GO TO HFP15-DIAEYPRB.		
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
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 INTERIVEW (sample_person.INTTYPE=3), GO TO HFP16A1-DIAKDPEV. ELSE GO TO HFP16-DIAKDPRB.		
DIAKDPEV	HFP16A1	yes/no	[Have you/Has (SP)] ever had any problems with [your/(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 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIATRIN	HFP18	code one	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 HFP21B - YDIAEVER.		
DIAKNOW	HFP19	code one	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 HFP21B - YDIAEVER
	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
GDIAEVER YDIAEVER	HFP21A YDIAEVER	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 In the past twelve months, [have you/has (SP)] had a blood test to see what [your/their] blood sugar is [, to determine your risk of diabetes] if [you have/(SP) has] diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] had a blood test in the past twelve months to determine [your/their] risk of diabetes 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 BOX HFP9

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIARECNT	HFP22	code-one	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
	BOX HFP9	routing	If (OCBETES = 1/YES AND HFJ41B - OCDTYPE ^= 5/GESTATIONAL) OR (YRBETES = 1/YES AND HFJ41B - OCDTYPE ^= 5/GESTATIONAL) OR (P_OCBETES = 1/YES and P_DIAPRGNT ^= 1), GO TO BOX HFR1. ELSE, GO TO 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, GO TO 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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
COLHTEST	HFR3	yes/no	Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. 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) HFR4A - COLFDOC (-8) HFR4A - COLFDOC (-9) HFR4A - COLFDOC
CCOLHTES	HFR3A	yes/no	Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. 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) HFR4A - COLFDOC (-8) HFR4A - COLFDOC (-9) HFR4A - COLFDOC
COLFDOC	HFR4A	yes/no	Has a doctor or other health professional ever performed a fecal occult blood test to test for blood in the stool while [you/(SP)] [were/was] at the doctor's office?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR7 - 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) BOX HFC5 (02) BOX HFC6 (-8) BOX HFC6 (-9) BOX HFC6
	BOX HFC5	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFR7 - RECNTBST. ELSE GO TO BOX HFC6.		
RECNTBST	HFR7	code one	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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 one	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 one	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 one	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 CCOLOREC=YES OR COLORECT=YES, GO TO BOX HFR2. ELSE GO TO COLSGREC.		
	BOX HFR2	routing	IF HFR3 - COLHTEST = 1/Yes or HFR3A - CCOLHTES = 1/Yes , GO TO HFR13 - COLSCRNS. ELSE GO TO BOX HFS1.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
COLSGREC	HFR11	yes/no	Has a doctor or other health professional ever recommended that [you/(SP)] have a colonoscopy or sigmoidoscopy?	(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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 one	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
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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.		
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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	CHRTYCAR-CHRTYCAR
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 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 one	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 one	[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 one	[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 - DONTTHWK (-8) HFKD1 - PRBMEAL (-9) HFKD1 - PRBMEAL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DONTHHWK	HFKC2	yes/no	[You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFKD1 - PRBMEAL
PRBMEAL	HFKD1	code one	[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
PRBSHOP	HFKE1	code one	[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) HFKF1 - PRBBILS (02) HFKF1 - PRBBILS (03) HFKE2 - DONTSHOP (-8) HFKF1 - PRBBILS (-9) HFKF1 - 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	HFKF1 - PRBBILS
PRBBILS	HFKF1	code one	[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) HFKF2 - DONTBILS (-8) BOX HFKA1 (-9) BOX HFKA1
DONTBILS	HFKF2	yes/no	[You said that managing money (like keeping track of expenses or paying bills) is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFKA1
	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 - HLPTYPTTE (02) BOX HFKB1 (-8) BOX HFKB1 (-9) BOX HFKB1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HLPTYPTTE	HFKA4	code all	Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-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 - HLPTYPLH (02) BOX HFKC1 (-8) BOX HFKC1 (-9) BOX HFKC1
HLPTYPLH	HFKB4	code all	Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	BOX HFKC1
	BOX HFKC1	routing	IF HFKC1 - PRBHWWK = 1/Yes or HFKC2 - DONTHHWK = 1/Yes, GO TO HFKC3 - HELPHHWK. ELSE GO TO BOX HFKD1		
HELPHHWK	HFKC3	yes/no	[[You said that [your/(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult./You said that heavy housework (like scrubbing floors or washing windows) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with... doing heavy housework (like scrubbing floors or washing windows)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFKC4 - HLPTYPHH (02) BOX HFKD1 (-8) BOX HFKD1 (-9) BOX HFKD1
HLPTYPHH	HFKC4	code all	Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 - HLPTYPML (02) BOX HFKE1 (-8) BOX HFKE1 (-9) BOX HFKE1
HLPTYPML	HFKD4	code all	Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-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 HFKF1.		
HELPSHOP	HFKE3	yes/no	[[You said that [your/(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult./You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... shopping for personal items (such as toilet items or medicines)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFKE4 - HLPTYPSH (02) BOX HFKF1 (-8) BOX HFKF1 (-9) BOX HFKF1
HLPTYPSH	HFKE4	code all	Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	BOX HFKF1
	BOX HFKF1	routing	IF HFKF1- PRBBILS = 1/Yes or HFKF2 – DONTBILS = 1/Yes, GO TO HFKF3 - HELPBILS. ELSE GO TO HFLINTRO - ADLSINTRO.		
HELPBILS	HFKF3	yes/no	[[You said that [your/(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult./You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... managing money (like keeping track of expenses or paying bills)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFKF4 - HLPTYPBL (02) HFLINTRO - ADLSINTRO (-8) HFLINTRO - ADLSINTRO (-9) HFLINTRO - ADLSINTRO

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HLPTYPBL	HFKF4	code all	Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-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 one	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) HFLA5- EQUIPMTBA (02) HFLA5- EQUIPMTBA (03) HFLA2 - DONTBATH (-8) HFLA5- EQUIPMTBA (-9) HFLA5- EQUIPMTBA
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	HFLA5- EQUIPMTBA
EQUIPMTBA	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	HPPDDRES
HPPDDRES	HFLB1	code one	[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) HFLB5- EQUIPMTDR (02) HFLB5- EQUIPMTDR (03) HFLB2 - DONTDRES (-8) HFLB5- EQUIPMTDR (-9) HFLB5- EQUIPMTDR
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	HFLB5- EQUIPMTDR
EQUIPMTDR	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	HPPDEAT
HPPDEAT	HFLC1	code one	[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) HFLC5- EQUIPMTET (02) HFLC5- EQUIPMTET (03) HFLC2 - DONTEAT (-8) HFLC5- EQUIPMTET (-9) HFLC5- EQUIPMTET

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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	HFLC5- EQIPMTET
EQIPMTET	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	HPPDCHAR
HPPDCHAR	HFLD1	code one	[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) HFLD5- EQIPMTCH (02) HFLD5- EQIPMTCH (03) HFLD2 - DONTCHAR (-8) HFLD5- EQIPMTCH (-9) HFLD5- EQIPMTCH
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	HFLD5- EQIPMTCH
EQIPMTCH	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	HPPDWALK
HPPDWALK	HFLE1	code one	[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) HFLE5- EQIPMTWK (02) HFLE5- EQIPMTWK (03) HFLE2 - DONTWALK (-8) HFLE5- EQIPMTWK (-9) HFLE5- EQIPMTWK
DONTWALK	HFLE2	code one	[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	HFLE5- EQIPMTWK
EQIPMTWK	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	HPPDTOIL
HPPDTOIL	HFLF1	code one	[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) HFLF5- EQIPMTOL (02) HFLF5- EQIPMTOL (03) HFLF2 - DONTTOIL (-8) HFLF5- EQIPMTOL (-9) HFLF5- EQIPMTOL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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	HFLF5- EQIPMTOL
EQIPMTOL	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 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) HFLA7 - STILBATH (02) 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) HFLB7- STILDRES (02) 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) HFLC7- STILEAT (02) 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
HELPCCHAR	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) HFLD7- STILCHAR (02) 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) HFLE7- STILWALK (02) 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) HFLF7- STILTOIL (02) 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 - HLPTYPBA. ELSE GO TO BOX HFLB3.		
HLPTYPBA	HFLA9	code all	You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	BOX HFLB3

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFLB3	routing	IF HFLB3 - HELPDRES = 1/Yes, GO TO HFLB9 - HLPTYPDR. ELSE GO TO BOX HFLC3.		
HLPTYPDR	HFLB9	code all	You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	BOX HFLC3
	BOX HFLC3	routing	IF HFLC3 – HELPEAT = 1/Yes, GO TO HFLC9 - HLPTYPET. ELSE GO TO BOX HFLD3.		
HLPTYPET	HFLC9	code all	You mentioned that [you receive/(SP) receives] help with eating. Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	BOX HFLD3
	BOX HFLD3	routing	IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD9 - HLPTYPCH. ELSE GO TO BOX HFLE3.		
HLPTYPCH	HFLD9	code all	You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	BOX HFLE3
	BOX HFLE3	routing	IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - HLPTYPWK. ELSE GO TO BOX HFLF3.		
HLPTYPWK	HFLE9	code all	You mentioned that [you receive/(SP) receives] help with walking. Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	BOX HFLF3
	BOX HFLF3	routing	IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - HLPTYPTL. HFM1 - FALLANY		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HLPTYPTL	HFLF9	code all	You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help? [PROBE: Is that person a spouse, a child, another family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused	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 one	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 OFTFRUIT (-8) BOX-MH1 OFTFRUIT (-9) BOX-MH1 OFTFRUIT
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 Ocuville 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 OFTFRUIT (91) VITOTHOS (-8) BOX-MH1 OFTFRUIT (-9) BOX-MH1 OFTFRUIT
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	VITOTH02

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
VITOTH02	VITOTHOS	text	[INSERT TEXT BOX 2 FOR SUPPLEMENT 2]	(01) [Continuous answer.] (-7) Empty	VITOTH03
VITOTH03	VITOTHOS	text	[INSERT TEXT BOX 3 FOR SUPPLEMENT 3]	(01) [Continuous answer.] (-7) Empty	VITOTH04
VITOTH04	VITOTHOS	text	[INSERT TEXT BOX 4 FOR SUPPLEMENT 4]	(01) [Continuous answer.] (-7) Empty	VITOTH05
VITOTH05	VITOTHOS	text	[INSERT TEXT BOX 5 FOR SUPPLEMENT 5]	(01) [Continuous answer.] (-7) Empty	BOX-MH1 OFTFRUIT
OFTFRUIT	OFTFRUIT	code one	How often [do you/does (SP)] eat fruits (excluding juice)? Would you say twice or more a day, once a day, less than once a day but at least 4 times a week, less than 4 times a week but at least once a week, less than once a week, or never?	(01) TWICE OR MORE A DAY (02) ONCE A DAY (03) LESS THAN ONCE A DAY BUT AT LEAST 4 TIMES A WEEK (04) LESS THAN 4 TIMES A WEEK BUT AT LEAST ONCE A WEEK (05) LESS THAN ONCE A WEEK (06) NEVER (-8) Don't Know (-9) Refused	OFTVEGIE
OFTVEGIE	OFTVEGIE	code one	How often [do you/does (SP)] eat vegetables or salad (excluding juice and potatoes)? [IF NEEDED: Would you say twice or more a day, once a day, less than once a day but at least 4 times a week, less than 4 times a week but at least once a week, less than once a week, or never?]	(01) TWICE OR MORE A DAY (02) ONCE A DAY (03) LESS THAN ONCE A DAY BUT AT LEAST 4 TIMES A WEEK (04) LESS THAN 4 TIMES A WEEK BUT AT LEAST ONCE A WEEK (05) LESS THAN ONCE A WEEK (06) NEVER (-8) Don't Know (-9) Refused	HLTREATG
HLTREATG	HLTREATG	code one	In the past 12 months, has any health professional talked with [you/(SP)] about healthy eating?	(01) YES (02) NO (-8) Don't Know (-9) Refused	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
SOCISOLA	SOCISOLA	code one	SHOW CARD HF3 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 one	SHOW CARD HF14 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 LOSTFECE (03) HFQ2 – TALKURIN LOSTFECE (04) HFQ2 – TALKURIN LOSTFECE (05) HFQ2 – TALKURIN LOSTFECE (06) HFQ2 – TALKURIN LOSTFECE (07) HFQBI-PROBFECE LOSTFECE (08) HFQBI-PROBFECE LOSTFECE (-8) HFQBI-PROBFECE LOSTFECE (-9) HFQBI-PROBFECE LOSTFECE
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 TRETURIN

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 TRETURIN	HFQ5 TRETURIN	yes/no	Has [your/(SP's)] doctor or other health professional talked with [you/(SP)] about taking treated [you/(SP)] with medicine or having surgery for this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFQBI-PROBFECE LOSTFECE
LOSTFECE	LOSTFECE	code one	SHOW CARD HF15 Now I'd like to ask about health problems related to bowel movements. How often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] leaked stool that required a change of underwear [you/(SP)] because [you/(SP)] could not control [your/their] bowel movements? [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.]	(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 HAS COLOSTOMY BAG (-8) Don't Know (-9) Refused	(01) TALKFECE (02) BOX HFT1 (03) BOX HFT1 (04) BOX HFT1 (05) BOX HFT1 (06) BOX HFT1 (07) BOX HFT1 (08) BOX HFT1 (-8) BOX HFT1 (-9) BOX HFT1
PROBFECE	HFQBI	grid	We are now going to ask you some questions about [your/(SP's)] ability to control [your/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), [have you/has (SP)] had any of the following problems? Leaking gas? [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.	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-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/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? Leaking a small amount of stool? [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.]	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-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/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? Leaking a moderate amount of stool, requiring a change of underwear? [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.]	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-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/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? Leaking a large amount of liquid stool, requiring a complete change of clothes? [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.	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-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-TALKFECE. ELSE GO TO BOX HFT1.		
TALKFECE	TALKFECE	yes/no	[Have you/Has (SP)] talked about [your/(SP's)] problem with stool leakage with [your/(SP's)] 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 TRETFECE
TRETFECE	TRETFECE	yes/no	Has [your/(SP)'s] doctor or other health professional treated [you/(SP)] with medicine or surgery for this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFT1
	BOX HFT1	routing	IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1--HYPETOLD-HFT2-HYPEAGE. ELSE GO TO BOX HFEND.		
HYPETOLD	HFT1	code-one	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	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. 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_LESS ONE	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 HFT6G - HYPEMEDS
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
HYPECOND	HFT11A	code one	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 HFT11B - HBPCTRLD
HBPCTRLD	HFT11B	code one	Would you say that [your/(SP)'s] blood pressure 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 that your blood pressure is consistently below 130-80. That is, a systolic blood pressure of below 130 mm Hg, and a diastolic blood pressure below 80 mm Hg.	(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	(01) BOX HFT4 (02) HFT12A - HYPCTRLR (03) HFT12A - HYPCTRLR (04) HFT12A - HYPCTRLR (05) HFT12A - HYPCTRLR (-8) HFT12A - HYPCTRLR (-9) HFT12A - HYPCTRLR
HYPECTRL HYPCTRLR	HFT12A	code one	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 recommendations? 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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	GO TO NAQ.		