Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			HEALTH STATUS AND FUNCTIONING QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY Other: N/A PLACEMENT If INTTYPE in(C001, C002, C003, C004, C005, C006), administer after PVQ.		
	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_LESSONE	HFT2	numeric	How old [were you/was (SP)] when [you were/(SP) was] first told that [you/(SP)] had high blood pressure?	(01) LESS THAN ONE YEAR OLD (-7) Empty	~~HFT6D - HYPEHOME~~ 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~~
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

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