

## MCBS MAIN STUDY - ROUND 37 – FALL SUPPLEMENT 2003

## COMMUNITY COMPONENT

## HF. HEALTH STATUS AND FUNCTIONING

BOX HFA1	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX SC1A</b> .
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HFA1. Now, I would like to ask you about (your/SP's) health. In general, compared to other people (your/SP's) age, would you say that (your/his/her) health is . . .

<b>GENHELTH</b>	excellent, .....	1
	very good, .....	2
	good, .....	3
	fair, or .....	4
	poor? .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFA2. Compared to one year ago, how would you rate (your/SP's) health in general now? Would you say (your/SP's) health is . . .

<b>COMPHLTH</b>	much better now than one year ago, .....	1
	somewhat better now than one year ago, .....	2
	about the same, .....	3
	somewhat worse now than one year ago, or .	4
	much worse now than one year ago? .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFA3. 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 . . .

<b>HELMTACT</b>	none of the time, .....	1
	some of the time, .....	2
	most of the time, or.....	3
	all of the time? .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFB1. (Do you/Does SP) wear eyeglasses or contact lenses?

<b>ECHELP</b>	YES .....	1 (HFB2)
	NO .....	2 (HFB2)
	SP IS BLIND .....	3 (HFB3)
	REFUSED .....	-7 (HFB6)
	DON'T KNOW .....	-8 (HFB6)

- HFB2. Which statement best describes (your/SP's) vision (while wearing glasses or contact lenses) -- no trouble seeing, a little trouble, a lot of trouble, or no usable vision?

<b>ECTROUB</b>	NO TROUBLE SEEING .....	1 (HFB6)
	A LITTLE TROUBLE SEEING .....	2 (HFB3)
	A LOT OF TROUBLE SEEING .....	3 (HFB3)
	NO USABLE VISION.....	4 (HFB3)
	REFUSED .....	-7 (HFB6)
	DON'T KNOW .....	-8 (HFB6)

- HFB3. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have with prescription labels or medical instructions? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

<b>EINTROUB</b>	NO TROUBLE .....	1
	A LITTLE TROUBLE .....	2
	A LOT OF TROUBLE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFB4. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have finding out things (you need/he needs/she needs) to know about Medicare? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

<b>EMCTROUB</b>	NO TROUBLE .....	1
	A LITTLE TROUBLE .....	2
	A LOT OF TROUBLE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFB5. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have obtaining medical care, such as finding care or getting there when (you need/he needs/she needs) it? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

<b>EOBTROUB</b>	NO TROUBLE .....	1
	A LITTLE TROUBLE .....	2
	A LOT OF TROUBLE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

HS4a OMITTED IN ROUND 34.

- HFB6. (Have you/Has SP) had an eye examination by an eye doctor since [(PREVIOUS SUPPLEMENTAL ROUND INTERVIEW DATE)/(TODAY'S DATE) a year ago]?  
[INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.]

<b>EDOCEXAM</b>	YES .....	1 <b>BOX HFB1</b>
	NO .....	2 (HFB7)
	REFUSED .....	-7 <b>BOX HFB1</b>
	DON'T KNOW .....	-8 <b>BOX HFB1</b>

HS4b OMITTED IN ROUND 34.

HFB7. How long has it been since (your/SP's) last eye examination by an eye doctor?

<b>EDOCLAST</b>	NEVER HAD EYE EXAM BY EYE DOCTOR	1
	1 YEAR TO LESS THAN 2 YEARS .....	2
	2 YEARS TO LESS THAN 5 YEARS .....	3
	5 YEARS OR MORE .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFB8-HFB9 OMITTED IN ROUND 37.

BOX HFB1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFB10. OTHERWISE, GO TO HFC1.
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HFB10. (Have you/Has SP) ever had an operation for cataracts?

<b>ECCATOP</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFC1. (Do you/Does SP) use a hearing aid?

<b>HCHELP</b>	YES .....	1 (HFC2)
	NO .....	2 (HFC2)
	SP IS DEAF .....	3 (HFC3)
	REFUSED .....	-7 (HFD1)
	DON'T KNOW .....	-8 (HFD1)

HFC2. Which statement best describes (your/SP's) hearing (with a hearing aid) -- no trouble hearing, a little trouble, a lot of trouble, or deaf?

<b>HCTROUB</b>	NO TROUBLE HEARING .....	1 (HFD1)
	A LITTLE TROUBLE HEARING .....	2 (HFC3)
	A LOT OF TROUBLE HEARING .....	3 (HFC3)
	DEAF .....	4 (HFC3)
	REFUSED .....	-7 (HFD1)
	DON'T KNOW .....	-8 (HFD1)

HFC3. How much trouble (do you/does SP) have finding out things (you need/he needs/she needs) to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

<b>HCKNOWMC</b>	NO TROUBLE .....	1
	A LITTLE TROUBLE .....	2
	A LOT OF TROUBLE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFC4. How much trouble (do you/does SP) have communicating with (your/his/her) doctor or other medical personnel because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

<b>HCCOMDOC</b>	NO TROUBLE .....	1
	A LITTLE TROUBLE .....	2
	A LOT OF TROUBLE .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFD1. (Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?

<b>DCTROUB</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HSB OMITTED.

HFE1. How tall (are you/is SP)?

<b>HEIGHTFT</b>	_____	_____
<b>HEIGHTIN</b>	FEET	INCHES
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFE2. How much (do you/does SP) weigh?

<b>WEIGHT</b>	_____
	POUNDS
	REFUSED .....
	DON'T KNOW .....

HFFINTRO. These next few questions are about preventive health care measures some people take.  
[PRESS ENTER TO CONTINUE.]

HFF1. When was the most recent time (you/SP) had (your/his/her) blood pressure taken by a doctor or other health professional?

<b>BPTAKEN</b>	LESS THAN 6 MONTHS AGO .....	1
	6 MONTHS TO LESS THAN 1 YEAR AGO ..	2
	1 YEAR TO LESS THAN 2 YEARS AGO.....	3
	2 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO .....	5
	NEVER HAD BLOOD PRESSURE TAKEN ..	6
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFF2. When was the most recent time (you/SP) had (your/his/her) blood cholesterol checked?

<b>BCTAKEN</b>	LESS THAN 6 MONTHS AGO .....	1
	6 MONTHS TO LESS THAN 1 YEAR AGO ..	2
	1 YEAR TO LESS THAN 2 YEARS AGO.....	3
	2 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO .....	5
	NEVER HAD CHOLESTEROL CHECKED ...	6
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFF1	IF SP IS FEMALE: GO TO HFF3. IF SP IS MALE: GO TO BOX HFF3.
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HFF3. (Have you/Has SP) had a mammogram or a breast X-ray since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

<b>MAMMOGRM</b>	YES .....	1 (HFF6)
	NO .....	2 (HFF4)
	REFUSED .....	-7 (HFF6)
	DON'T KNOW .....	-8 (HFF6)

HS11a-HS11b OMITTED IN ROUND 34.

HFF4. What is the reason that (you have/SP has) not had a mammogram since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HFF5. REASON NO MAMMOGRAM:

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>MAMNNEED</b>	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG .....	1
<b>MAMNANUL</b>	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE .....	2
<b>MAMNGET</b>	DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS.....	3
<b>MAMNRISK</b>	NOT AT RISK FOR BREAST CANCER.....	4
<b>MAMNPRES</b>	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT .....	5
<b>MAMNREC</b>	DOCTOR RECOMMENDED AGAINST GETTING IT .....	6
<b>MAMNLIKE</b>	DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS .....	7
<b>MAMNLOCA</b>	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY .....	8
<b>MAMNMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED...	9
<b>MAMNCOST</b>	COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY .....	10
<b>MAMNFEAR</b>	AFRAID OF RESULTS/DON'T WANT TO KNOW .....	11
<b>MAMNRADI</b>	MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS..	12
<b>MAMNHEAR</b>	NEVER HEARD OF MAMMOGRAM.....	13
<b>MAMNAPPT</b>	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	14
<b>MAMNMASC</b>	MASTECTOMY/BREASTS REMOVED .....	15
<b>MAMNILL</b>	TOO ILL, PHYSICALLY/MENTALLY .....	16
<b>MAMNOTHR</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFF6. (Have you/Has SP) had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

<b>PAPSMEAR</b>	YES .....	1	<b>BOX HFF2</b>
	NO .....	2	(HFF7)
	REFUSED .....	-7	<b>BOX HFF2</b>
	DON'T KNOW .....	-8	<b>BOX HFF2</b>

HS12a OMITTED IN ROUND 34.

HFF7. What is the reason that (you have/SP has) not had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

## HFF8. REASON NO PAP SMEAR TEST:

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>PAPNNEED</b>	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG .....	1
<b>PAPNANUL</b>	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE .....	2
<b>PAPNGET</b>	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS.....	3
<b>PAPNRISK</b>	NOT AT RISK FOR CANCER .....	4
<b>PAPNPRES</b>	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT .....	5
<b>PAPNREC</b>	DOCTOR RECOMMENDED AGAINST GETTING IT .....	6
<b>PAPNLIKE</b>	DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS .....	7
<b>PAPNLOCA</b>	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY .....	8
<b>PAPNMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED...	9
<b>PAPNCOST</b>	COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY .....	10
<b>PAPNFEAR</b>	AFRAID OF RESULTS/DON'T WANT TO KNOW .....	11
<b>PAPNHEAR</b>	NEVER HEARD OF PAP SMEAR.....	12
<b>PAPNAPPT</b>	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	13
<b>PAPNHYST</b>	HAD HYSTERECTOMY/NO UTERUS, OVARIES.....	14
<b>PAPNILL</b>	TOO ILL, PHYSICALLY/MENTALLY .....	15
<b>PAPNOTHR</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFF2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, AND IF CODE 14 NOT SELECTED AT HFF8, GO TO HFF9. OTHERWISE, GO TO HFF15.
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## HFF9. (Have you/Has SP) ever had a hysterectomy?

<b>HYSTEREC</b>	YES .....	1 (HFF15)
	NO .....	2 (HFF15)
	REFUSED .....	-7 (HFF15)
	DON'T KNOW .....	-8 (HFF15)

BOX HFF3	IF ANY PREVIOUS ROUND HS13c = 1 OR HFF10=1, GO TO HFF11. OTHERWISE, GO TO HFF10.
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- HFF10. Since (PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago, (have you/has SP)/(Have you/Has SP) ever had surgery on (your/his) prostate?

[EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surgery can include complete or partial removal of the prostate.]

<b>PROSSURG</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFF11. These next few questions are about (preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery).

(Have you/Has SP) had a digital rectal examination (of the prostate) since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]

<b>DIGTEXAM</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFF12. (Have you/Has SP) had a blood test for detection of prostate cancer, known as a PSA, since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PSA = PROSTATE-SPECIFIC ANTIGEN]

[EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]

<b>BLOODTST</b>	YES .....	1	(HFF15)
	NO .....	2	(HFF13)
	REFUSED .....	-7	(HFF15)
	DON'T KNOW .....	-8	(HFF15)

HS13bb OMITTED IN ROUND 34.

- HFF13. What is the reason that (you have/SP has) not had a prostate blood test or PSA since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]



## HFF14. REASON NO PROSTATE BLOOD TEST:

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>PRONNEED</b>	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG .....	1
<b>PRONANUL</b>	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE.....	2
<b>PRONGET</b>	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS.....	3
<b>PRONRISK</b>	NOT AT RISK FOR CANCER .....	4
<b>PRONPRES</b>	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT .....	5
<b>PRONREC</b>	DOCTOR RECOMMENDED AGAINST GETTING IT .....	6
<b>PRONLIKE</b>	DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS .....	7
<b>PRONLOCA</b>	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY .....	8
<b>PRONMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED .....	9
<b>PRONCOST</b>	COST OF TEST/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY .....	10
<b>PRONFEAR</b>	AFRAID OF RESULTS/DON'T WANT TO KNOW .....	11
<b>PRONHEAR</b>	NEVER HEARD OF PSA .....	12
<b>PRONAPPT</b>	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	13
<b>PRONPROS</b>	PROSTATECTOMY/PROSTATE REMOVED.....	14
<b>PRONOTHR</b>	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

HS13c OMITTED IN ROUND 34.

## HFF15. On a different topic ...

Did (you/SP) have a flu shot for last winter?

[EXPLAIN IF NECESSARY: Did (you/SP) get a flu shot any time during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]

<b>FLUSHOT</b>	YES .....	1 (HFF18)
	NO .....	2 (HFF16)
	REFUSED .....	-7 <b>BOX HFF5</b>
	DON'T KNOW .....	-8 <b>BOX HFF5</b>

## HFF16. Why didn't (you/SP) get a flu shot last winter?

[PRESS ENTER TO CONTINUE.]

## HFF17. REASON NO FLU SHOT LAST WINTER:

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>FLUNEED</b>	DIDN'T KNOW IT WAS NEEDED .....	1
<b>FLUCAUSE</b>	SHOT COULD CAUSE FLU.....	2
<b>FLUSIDE</b>	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE .....	3
<b>FLUPRVNT</b>	DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY .....	4
<b>FLURISK</b>	FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK..	5
<b>FLUDOCNO</b>	DOCTOR DID NOT RECOMMEND THE SHOT .....	6
<b>FLUAGNST</b>	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS .....	7
<b>FLUREACT</b>	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS .....	8
<b>FLULOCAT</b>	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION.....	9
<b>FLUMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT .....	10
<b>FLUCOST</b>	COST OF SHOT/NOT WORTH THE MONEY .....	11
<b>FLUBEFOR</b>	HAD SHOT BEFORE/DIDN'T NEED IT AGAIN .....	12
<b>FLUVAC</b>	VACCINE UNAVAILABLE/VACCINE SHORTAGE .....	13
<b>FLUOTHER</b>	OTHER (SPECIFY).....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFF4	IF CODE 13 NOT SELECTED AT HFF17 (FLUVACC = 2, -7, OR -8), GO TO HFF21. IF CODE 13 SELECTED AT HFF17 (FLUVACC = 1), GO TO <b>BOX HFF5</b> .
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HFF18. Where did (you/SP) go for (your/his/her) most recent flu shot – was that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place?

[PRESS ENTER TO CONTINUE.]

- HFF19. PLACE FOR MOST RECENT FLU SHOT:  
IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic?  
IF SOME OTHER PLACE, ASK: Where was this?

<b>FLUSITE</b>	DOCTOR'S OFFICE OR GROUP PRACTICE .....	1
	MEDICAL CLINIC .....	2
	MANAGED CARE PLAN CENTER/HMO .....	3
	NEIGHBORHOOD/FAMILY HEALTH CENTER .....	4
	FREESTANDING SURGICAL CENTER.....	5
	RURAL HEALTH CLINIC.....	6
	COMPANY CLINIC.....	7
	OTHER CLINIC .....	8
	WALK-IN URGENT CENTER.....	9
	HOSPITAL EMERGENCY ROOM.....	10
	HOSPITAL OUTPATIENT DEPARTMENT/CLINIC.....	11
	V.A. FACILITY .....	12
	HEALTH FAIR .....	13
	SHOPPING MALL/OTHER STORE .....	14
	SENIOR CENTER .....	15
	AT HOME .....	16
	CHURCH/SCHOOL .....	17
	LIBRARY .....	18
	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFF20. Did (you/SP) have any trouble getting a flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable?

<b>D_VACSUP</b>	YES .....	1	<b>BOX HFF5</b>
	NO .....	2	<b>BOX HFF5</b>
	REFUSED .....	-7	<b>BOX HFF5</b>
	DON'T KNOW .....	-8	<b>BOX HFF5</b>

- HFF21. Was one reason that (you/SP) did not get a flu shot last winter because the vaccine was in short supply or unavailable?

<b>D_VACSUP</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

<b>BOX HFF5</b>	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFF22. IF SP IN THE CONTINUING SAMPLE AND ANY PREVIOUS ROUND HFF22 = 1, GO TO <b>BOX HFG1</b> . OTHERWISE, GO TO HFF22.
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HFF22. (Have you/Has SP) ever had a shot for pneumonia?

<b>PNEUSHOT</b>	YES .....	1	<b>BOX HFG1</b>
	NO .....	2	(HFF23)
	REFUSED .....	-7	<b>BOX HFG1</b>
	DON'T KNOW .....	-8	<b>BOX HFG1</b>

HFF23. Why didn't (you/SP) ever have a shot for pneumonia?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>PNUNEEED</b>	DIDN'T KNOW IT WAS NEEDED .....	1
<b>PNUCAUSE</b>	SHOT COULD CAUSE PNEUMONIA .....	2
<b>PNUSIDE</b>	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE .....	3
<b>PNUPRVNT</b>	DIDN'T THINK IT WOULD PREVENT PNEUMONIA/COULD GET PNEUMONIA ANYWAY .....	4
<b>PNURISK</b>	PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK .....	5
<b>PNUDOCNO</b>	DOCTOR DID NOT RECOMMEND THE SHOT .....	6
<b>PNUAGNST</b>	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS .....	7
<b>PNUREACT</b>	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS .....	8
<b>PNULOCAT</b>	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION .....	9
<b>PNUMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT .....	10
<b>PNUCOST</b>	COST OF SHOT/NOT WORTH THE MONEY .....	11
<b>PNUOTHER</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFG1	IF ANY PREVIOUS ROUND HFG1 = 1, GO TO HFG2. OTHERWISE, GO TO HFG1.
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HFG1. (Have you/Has SP) ever smoked cigarettes, cigars, or pipe tobacco?

<b>EVERSMOK</b>	YES .....	1	(HFG2)
	NO .....	2	(HFG7INT)
	REFUSED .....	-7	(HFG7INT)
	DON'T KNOW .....	-8	(HFG7INT)

HFG2. (Do you/Does SP) smoke cigarettes, cigars, or pipe tobacco now?

<b>SMOKNOW</b>	YES .....	1	(HFG5)
	NO .....	2	(HFG3)
	REFUSED .....	-7	(HFG7INT)
	DON'T KNOW .....	-8	(HFG7INT)

HS17a-HS17g OMITTED IN ROUND 34.

HS17a-HS17g REINSTATED IN ROUND 37 AS HFG3-HFG9.

HS17EINT OMITTED IN ROUND 34.

HS17EINT REINSTATED IN ROUND 37 AS HFG7INT.

BOX HS1AB OMITTED IN ROUND 34

BOX HS1AB REINSTATED IN ROUND 37 AS BOX HFG2.

HFG3. How many years did (you/SP) smoke?  
[ENTER "96" IF "LESS THAN ONE YEAR".]

**DIDSMOKE**

NUMBER OF YEARS

REFUSED ..... -7  
DON'T KNOW ..... -8

HFG4. About how long has it been since (you/SP) last smoked regularly?

**LASTSMOK**

WITHIN THE PAST MONTH ..... 1 (HFG7INT)  
1 MONTH TO LESS THAN 6 MONTHS AGO . 2 (HFG7INT)  
6 MONTHS TO LESS THAN 1 YEAR AGO .. 3 (HFG7INT)  
1 YEAR TO LESS THAN 5 YEARS AGO ..... 4 (HFG7INT)  
5 YEARS TO LESS THAN 10 YEARS AGO . 5 (HFG7INT)  
10 OR MORE YEARS AGO ..... 6 (HFG7INT)  
REFUSED ..... -7 (HFG7INT)  
DON'T KNOW ..... -8 (HFG7INT)

HFG5. How many years (have you/has SP) smoked?  
[ENTER "96" IF "LESS THAN ONE YEAR".]

**HAVSMOKE**

NUMBER OF YEARS

REFUSED ..... -7  
DON'T KNOW ..... -8

HFG6. During the past 12 months, (have you/has SP) stopped smoking for one day or longer because (you were/he was/she was) trying to quit smoking?

**QUITSMOK**

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

HFG7INT. The next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, mixed drinks, wine, beer, and any other type of alcoholic beverage.  
[PRESS ENTER TO CONTINUE.]

HFG7. Please think about a typical month in the past year. On how many days did (you/SP) drink any type of alcoholic beverage?  
[ENTER "0" FOR "NEVER DRANK" OR "NONE".]

**DRINKDAY**

\_\_\_\_\_   
NUMBER OF DAYS

REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFG2	IF HFG7 = 0, GO TO HFGHINTRO. OTHERWISE, GO TO HFG8.
-------------	---

HFG8. [Please think about a typical month in the past year.] On those days that (you/SP) drank alcohol, how many drinks did (you/he/she) have?  
[ENTER "96" IF "LESS THAN ONE".]

**DRINKSPD**

\_\_\_\_\_   
NUMBER OF DRINKS

REFUSED ..... -7  
DON'T KNOW ..... -8

HFG9. [Please think about a typical month in the past year.] On how many days did (you/SP) have 4 or more drinks in a single day?  
[ENTER "0" IF "NEVER" OR "NONE".]

**FOURDRNK**

\_\_\_\_\_   
NUMBER OF DAYS

REFUSED ..... -7  
DON'T KNOW ..... -8

HFHINTRO. Now, I'm going to ask about how difficult it is, on the 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 (are/is) not able to do it. [PRESS ENTER TO CONTINUE.]

HFH1. 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 (are/is) not able to do it?

**SHOW  
CARD  
HF1**

**DIFSTOOP**

NO DIFFICULTY AT ALL .....	1
A LITTLE DIFFICULTY .....	2
SOME DIFFICULTY .....	3
A LOT OF DIFFICULTY .....	4
NOT ABLE TO DO IT .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

HFH2. How much difficulty, if any, (do you/does SP) have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

**SHOW  
CARD  
HF1**

**DIFLIFT**

NO DIFFICULTY AT ALL .....	1
A LITTLE DIFFICULTY .....	2
SOME DIFFICULTY .....	3
A LOT OF DIFFICULTY .....	4
NOT ABLE TO DO IT .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

HFH3. What about reaching or extending arms above shoulder level?

**SHOW  
CARD  
HF1**

**DIFREACH**

NO DIFFICULTY AT ALL .....	1
A LITTLE DIFFICULTY .....	2
SOME DIFFICULTY .....	3
A LOT OF DIFFICULTY .....	4
NOT ABLE TO DO IT .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

HFH4. How much difficulty, if any, (do you/does SP) have either writing or handling and grasping small objects? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

**SHOW  
CARD  
HF1**

**DIFWRITE**

NO DIFFICULTY AT ALL .....	1
A LITTLE DIFFICULTY .....	2
SOME DIFFICULTY .....	3
A LOT OF DIFFICULTY .....	4
NOT ABLE TO DO IT .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

HFH5. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?



<b>DIFWALK</b>	NO DIFFICULTY AT ALL .....	1
	A LITTLE DIFFICULTY .....	2
	SOME DIFFICULTY .....	3
	A LOT OF DIFFICULTY .....	4
	NOT ABLE TO DO IT .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

HS22a-HS22g OMITTED IN ROUND 34.

HS22a-HS22g REINSTATED IN ROUND 37 AS HFH6-HFH12.

HS22EINT OMITTED IN ROUND 34.

HS22EINT REINSTATED IN ROUND 37 AS HFH10INT.

HFH6. Compared to others (your/SP's) age, would you say that (you are/he is/she is) more active, less active, or about the same?

<b>ACTVNOW</b>	MORE ACTIVE.....	1
	LESS ACTIVE .....	2
	ABOUT THE SAME.....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFH7. Compared to (your/SP's) own level of physical activity 1 year ago, would you say (you are/he is/she is) now more active, less active, or about the same as (you were/he was/she was) then?

<b>ACTVAGO</b>	MORE ACTIVE.....	1
	LESS ACTIVE .....	2
	ABOUT THE SAME.....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFH8. In a typical week, how often (do you/does SP) walk for at least 10 minutes at a time to get to and from places, for exercise, for recreation, or for any other reason?



<b>ACTVWALK</b>	EVERY DAY OR MORE.....	1
	ONCE EVERY OTHER DAY .....	2
	ONCE EVERY 3-4 DAYS.....	3
	ONCE EVERY 5-6 DAYS OR LESS.....	4
	NEVER .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8



HFH9. In a usual week, (do you/does SP) participate in any physical activities, exercise, or sports such as bowling, brisk walking, gardening, bicycling, golf, swimming, or aerobics?

<b>ACTVPART</b>	YES .....	1 (HFH10INT)
	NO .....	2 (HFJINTRO)
	REFUSED .....	-7 (HFJINTRO)
	DON'T KNOW .....	-8 (HFJINTRO)

HFH10INT. 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).

[PRESS ENTER TO CONTINUE.]

HFH10. 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.]

NONE .....	96 (HFH11)	NUMBER OF MINUTES PER DAY: _____
NUMBER OF MINUTES PER DAY ...	1	NUMBER OF HOURS PER DAY: _____
NUMBER OF HOURS PER DAY .....	2	NUMBER OF HOURS PER WEEK: _____
NUMBER OF HOURS PER WEEK ...	3	NUMBER OF HOURS PER MONTH: _____
NUMBER OF HOURS PER MONTH.	4	<b>VIGNUM</b>
REFUSED .....	-7 (HFH11)	
DON'T KNOW .....	-8 (HFH11)	

**VIGUNIT**

HFH11. 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.]

NONE .....	96 (HFH12)	NUMBER OF MINUTES PER DAY: _____
NUMBER OF MINUTES PER DAY ...	1	NUMBER OF HOURS PER DAY: _____
NUMBER OF HOURS PER DAY .....	2	NUMBER OF HOURS PER WEEK: _____
NUMBER OF HOURS PER WEEK ...	3	NUMBER OF HOURS PER MONTH: _____
NUMBER OF HOURS PER MONTH.	4	<b>MODNUM</b>
REFUSED .....	-7 (HFH12)	
DON'T KNOW .....	-8 (HFH12)	

**MODUNIT**

HFH12. Now I'm going to ask you about activities (you/SP) may do to increase (your/his/her) muscle strength or flexibility. In a typical week, how much time (do you/does SP) spend doing exercises to increase (your/his/her) 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.]

NONE .....	96 (HFJINTRO)	NUMBER OF MINUTES PER DAY: _____
NUMBER OF MINUTES PER DAY ...	1	NUMBER OF HOURS PER DAY: _____
NUMBER OF HOURS PER DAY .....	2	NUMBER OF HOURS PER WEEK: _____
NUMBER OF HOURS PER WEEK ...	3	NUMBER OF HOURS PER MONTH: _____
NUMBER OF HOURS PER MONTH.	4	<b>MUSNUM</b>
REFUSED .....	-7 (HFJINTRO)	
DON'T KNOW .....	-8 (HFJINTRO)	

**MUSUNIT**

HFJINTRO. Next, I'm going to read a list of medical conditions. [Since (PREV. SUPP. RD. INT. DATE)/(please/Please)] tell me if a doctor (ever) told (you/SP) that (you/he/she) had any of these conditions.  
[PRESS ENTER TO CONTINUE.]

BOX HFJ1	IF ANY PREVIOUS ROUND HFJ1 = 1, GO TO HFJ2. OTHERWISE, GO TO HFJ1.
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HFJ1. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had hardening of the arteries or arteriosclerosis?

<b>OCARTERY</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1C OMITTED.

HFJ2. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) (still) (have/had) (have/has) hypertension, sometimes called high blood pressure?

<b>OCHBP</b>	YES .....	1	<b>BOX HFJ2</b>
	NO .....	2	(HFJ4)
	REFUSED .....	-7	(HFJ4)
	DON'T KNOW .....	-8	(HFJ4)

BOX HS1C-1 OMITTED.

BOX HFJ2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ3. OTHERWISE, GO TO HFJ4.
-------------	--

HFJ3. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) still had hypertension or high blood pressure?

**YRHBP** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

HFJ4. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

**OCMYOCAR** YES ..... 1 **BOX HFJ3**  
NO ..... 2 (HFJ6)  
REFUSED ..... -7 (HFJ6)  
DON'T KNOW ..... -8 (HFJ6)

BOX HS1C-2 OMITTED.

BOX HFJ3	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ5. OTHERWISE, GO TO HFJ6.
-------------	--

HFJ5. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

**YRMYOCAR** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

HFJ6. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) angina pectoris or coronary heart disease?

**OCCHD** YES ..... 1 **BOX HFJ4**  
NO ..... 2 (HFJ8)  
REFUSED ..... -7 (HFJ8)  
DON'T KNOW ..... -8 (HFJ8)

BOX HS1C-3 OMITTED.

BOX HFJ4	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ7. OTHERWISE, GO TO HFJ8.
-------------	--

HFJ7. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of angina pectoris or coronary heart disease?

**YRCHD**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

HFJ8. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) congestive heart failure?

**OCCFAIL**

YES .....	1	<b>BOX HFJ5</b>
NO .....	2	(HFJ10)
REFUSED .....	-7	(HFJ10)
DON'T KNOW .....	-8	(HFJ10)

BOX HFJ5	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ9. OTHERWISE, GO TO HFJ10.
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HFJ9. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of congestive heart failure?

**YRCFAIL**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

HFJ10. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) problems with the valves of the heart, such as aortic stenosis?

**OCCVALVE**

YES .....	1	<b>BOX HFJ6</b>
NO .....	2	(HFJ12)
REFUSED .....	-7	(HFJ12)
DON'T KNOW .....	-8	(HFJ12)

BOX HFJ6	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ11. OTHERWISE, GO TO HFJ12.
-------------	--

HFJ11. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of problems with the valves of the heart, such as aortic stenosis?

**YRVALUE** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

HFJ12. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) problems with the rhythm of (your/his/her) heartbeat, such as atrial fibrillation?

**OCRHYTHM** YES ..... 1 **BOX HFJ7**  
NO ..... 2 (HFJ14)  
REFUSED ..... -7 (HFJ14)  
DON'T KNOW ..... -8 (HFJ14)

BOX HFJ7	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ13. OTHERWISE, GO TO HFJ14.
-------------	--

HFJ13. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of problems with the rhythm of (your/his/her) heart, such as atrial fibrillation?

**YRRHYTHM** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

HFJ14. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) any other heart condition?

**OCOTHRT** YES ..... 1 **BOX HFJ8**  
NO ..... 2 (HFJ16)  
REFUSED ..... -7 (HFJ16)  
DON'T KNOW ..... -8 (HFJ16)

BOX HFJ8	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ15. OTHERWISE, GO TO HFJ16.
-------------	--

HFJ15. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of any other heart condition?

**YROTHRT** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

HS23e OMITTED IN ROUND 28.

BOX HS1C-4 OMITTED.

HFJ16. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

**OCSTROKE** YES ..... 1 **BOX HFJ9**  
 NO ..... 2 (HFJ18)  
 REFUSED ..... -7 (HFJ18)  
 DON'T KNOW ..... -8 (HFJ18)

BOX HFJ9	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ17. OTHERWISE, GO TO HFJ18.
-------------	--

HFJ17. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

**YRSTROKE** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX HS1D OMITTED.

HFJ18. [I've recorded that (you/SP) previously reported having had skin cancer.] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new occurrence of) skin cancer?

**OCCSKIN** YES ..... 1 **BOX HFJ10**  
 NO ..... 2 (HFJ20)  
 REFUSED ..... -7 (HFJ20)  
 DON'T KNOW ..... -8 (HFJ20)

BOX HFJ10	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ19. OTHERWISE, GO TO HFJ20.
--------------	--

HFJ19. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an occurrence of skin cancer?

**YRCSKIN** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX HS1D-1 OMITTED.

- HFJ20. [I've recorded that (you/SP) previously reported having had a tumor, growth, or cancer of the [HFJ22 RESPONSE(S)].] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had any (other) kind of cancer, malignancy, or tumor other than skin cancer?  
[INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]

<b>OCCANCER</b>	YES .....	1	<b>BOX HFJ11</b>
	NO .....	2	<b>BOX HFJ12</b>
	REFUSED .....	-7	<b>BOX HFJ12</b>
	DON'T KNOW .....	-8	<b>BOX HFJ12</b>

BOX HFJ11	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ21. OTHERWISE, GO TO HFJ22.
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- HFJ21. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?

<b>YRCANCER</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFJ22. [Since the first time a doctor told (you/SP) that (you/he/she) had a cancer, malignancy, or tumor,] (On/on what part or parts of (your/SP's) body was the cancer or tumor found?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>OCCLUNG</b>	LUNG .....	1
<b>OCCECOLON</b>	COLON, RECTUM, OR BOWEL .....	2
<b>OCCBREAST</b>	BREAST .....	3
<b>OCCUTER</b>	UTERUS .....	4
<b>OCCPROST</b>	PROSTATE .....	5
<b>OCCBLAD</b>	BLADDER .....	6
<b>OCCOVARY</b>	OVARY .....	7
<b>OCCSTOM</b>	STOMACH .....	8
<b>OCCCERVX</b>	CERVIX .....	9
<b>OCCBRAIN</b>	BRAIN .....	10
<b>OCCKIDNY</b>	KIDNEY .....	11
<b>OCCTHROA</b>	THROAT .....	12
<b>OCCHEAD</b>	HEAD .....	13
<b>OCCBACK</b>	BACK .....	14
<b>OCCFONEC</b>	FEMALE ORGANS .....	15
<b>OCCOTHER</b>	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFJ12	IF ANY PREVIOUS ROUND HFJ23 = 1 OR 3 AND HS23JFLG ≠ 4, GO TO <b>BOX HFJ13</b> . OTHERWISE, GO TO HFJ23.
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HFJ23. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had diabetes, sugar diabetes, high blood sugar, or borderline diabetes?  
[DO NOT INCLUDE PRE-DIABETES OR PREGNANCY-RELATED DIABETES.]

**OCDIABTS** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ13	IF ANY PREVIOUS ROUND HFJ24 = 1, GO TO <b>BOX HFJ14</b> . OTHERWISE, GO TO HFJ24.
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HFJ24. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

**OCARTHRH** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ14	IF ANY PREVIOUS ROUND HFJ27 = 5, GO TO <b>BOX HFJ17</b> . OTHERWISE, GO TO HFJ25.
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BOX HS1G OMITTED.

HFJ25. [I've recorded that (you/SP) previously reported having arthritis of the [HFJ27 RESPONSE(S)].] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had arthritis [in any other part of (your/his/her) body], other than rheumatoid arthritis?  
[EXPLAIN IF NECESSARY: This includes osteoarthritis.]

**OCARTH** YES ..... 1 **BOX HFJ15**  
NO ..... 2 **BOX HFJ16**  
REFUSED ..... -7 **BOX HFJ16**  
DON'T KNOW ..... -8 **BOX HFJ16**

BOX HFJ15	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ26. OTHERWISE, GO TO HFJ27.
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HFJ26. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had arthritis in any part of (your/his/her) body, other than rheumatoid arthritis?

**YRARTHRD** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

HFJ27. [Since the first time a doctor told (you/SP) that (you/he/she) had arthritis other than rheumatoid arthritis,] (What/what) (other) part or parts of (your/SP's) body have been affected by arthritis?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]  
[PREVIOUS PART(S) AFFECTED: (HFJ27 RESPONSE(S)).]

**OCAARM** ARMS, SHOULDERS, OR HANDS ..... 1  
**OCAFEET** HIPS, KNEES, FEET, OR ANYWHERE ON LEGS ..... 2  
**OCABACK** BACK ..... 3  
**OCANECK** NECK ..... 4  
**OCAALOVR** ALL OVER OR JOINTS ..... 5  
**OCAOTHER** OTHER (SPECIFY) ..... 91  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ16	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ28. OTHERWISE, GO TO <b>BOX HFJ17</b> .
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HFJ28. Has a doctor ever told (you/SP) that (you/he/she) had mental retardation?

**OCMENTAL** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ17	IF ANY PREVIOUS ROUND HFJ29 = 1, GO TO HFJ30. OTHERWISE, GO TO HFJ29.
--------------	--

HFJ29. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

**OCALZHR** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HS1I OMITTED.

HFJ30. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

**OCPSYCH**

YES .....	1	<b>BOX HFJ18</b>
NO .....	2	<b>BOX HFJ19</b>
REFUSED .....	-7	<b>BOX HFJ19</b>
DON'T KNOW .....	-8	<b>BOX HFJ19</b>

BOX HFJ18	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ31. OTHERWISE, GO TO <b>BOX HFJ19</b> .
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HFJ31. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

**YRPSYCH**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

BOX HFJ19	IF ANY PREVIOUS ROUND HFJ32 = 1, GO TO HFJ33. OTHERWISE, GO TO HFJ32.
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HFJ32. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

**OCOSTEOP**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

BOX HS1J-1 OMITTED.

HFJ33. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a broken hip?

**OCBRKHIP**

YES .....	1	<b>BOX HFJ20</b>
NO .....	2	<b>BOX HFJ21</b>
REFUSED .....	-7	<b>BOX HFJ21</b>
DON'T KNOW .....	-8	<b>BOX HFJ21</b>

BOX HFJ20	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ34. OTHERWISE, GO TO <b>BOX HFJ21</b> .
--------------	--

HFJ34. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a broken hip?

**YRBRKHIP** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ21	IF ANY PREVIOUS ROUND HFJ35 = 1, GO TO <b>BOX HFJ22</b> . OTHERWISE, GO TO HFJ35.
--------------	--

HFJ35. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had Parkinson's disease?

**OCPARKIN** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ22	IF ANY PREVIOUS ROUND HFJ36 = 1, GO TO HFJ37. OTHERWISE, GO TO HFJ36.
--------------	--

HFJ36. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had emphysema, asthma, or COPD?  
[COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE.]

**OCEMPHYS** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HS1M OMITTED.

HFJ37. IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had complete or partial paralysis?

**OCPPARAL** YES ..... 1 **BOX HFJ23**  
NO ..... 2 **BOX HFJ24**  
REFUSED ..... -7 **BOX HFJ24**  
DON'T KNOW ..... -8 **BOX HFJ24**

BOX HSF OMITTED.

BOX HFJ23	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ38. OTHERWISE, GO TO <b>BOX HFJ24</b> .
--------------	--

HFJ38. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had complete or partial paralysis?

**YRPPARAL** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ24	IF ANY PREVIOUS ROUND HFJ39 = 1, GO TO <b>BOX HFJ25</b> . OTHERWISE, GO TO HFJ39.
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HFJ39. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK:  
What about absence or loss of an arm or a leg?

**OCAMPUTE** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

BOX HFJ25	IF SP IS FEMALE, GO TO <b>BOX HFJ27</b> . OTHERWISE, GO TO HFJ40.
--------------	--

HFJ40. (Before (you/SP) had prostate surgery, did a doctor ever tell)/[Has a doctor ever told]/[Since (PREV. SUPP. RD. INT. DATE), has a doctor told] (you/SP) that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

**HAVEPROS** YES ..... 1 **BOX HFJ26**  
NO ..... 2 **BOX HFJ27**  
REFUSED ..... -7 **BOX HFJ27**  
DON'T KNOW ..... -8 **BOX HFJ27**

BOX HFJ26	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ41. OTHERWISE, GO TO <b>BOX HFJ27</b> .
--------------	--

HFJ41. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

**YRPROST** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX HFJ27	<p>(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO <b>BOX HFR1</b>.</p> <p>(b) IF SP IS 65 OR OLDER, GO TO <b>BOX HFR1</b>.          IF SP IS UNDER 65, AND ANY "YES" AT HFJ1-39, GO TO HFJ42.          IF SP IS UNDER 65 AND <u>ALL</u> "NO" AT HFJ1-39, GO TO HFJ43.</p>
--------------	--

HFJ42. You told me that (you/SP) have had [READ CONDITIONS LISTED BELOW]. (Was this/Were any of these) the original cause of (your/SP's) becoming eligible for Medicare?

**EMCOND** YES ..... 1 **BOX HFJ28**  
 NO ..... 2 (HFJ43)  
 REFUSED ..... -7 **BOX HFR1**  
 DON'T KNOW ..... -8 **BOX HFR1**

HFJ43. What was the original cause of (your/SP's) becoming eligible for Medicare? [RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ GO TO **BOX HFR1**.

**EMCAUSC1**  
**EMCAUSC2**

BOX HFJ28	<p>IF MORE THAN ONE CONDITION MENTIONED IN HFJ1-39, ASK HFJ44.          IF ONLY ONE CONDITION MENTIONED IN HFJ1-39, GO TO <b>BOX HFR1</b>.</p>
--------------	--

HFJ44. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>EMARTERY</b>	<b>EMHBP</b>	<b>EMMYOCAR</b>	<b>EMCHD</b>	<b>EMCFAIL</b>	<b>EMCVALVE</b>
<b>EMRHYTHM</b>	<b>EMOTHHRT</b>	<b>EMSTROKE</b>	<b>EMCSKIN</b>	<b>EMCANCER</b>	<b>EMDIABTS</b>
<b>EMARTH RH</b>	<b>EMARTH</b>	<b>EMMENTAL</b>	<b>EMALZHMR</b>	<b>EMPSYCH</b>	<b>EMOSTEOP</b>
<b>EMBRKHIP</b>	<b>EMPARKIN</b>	<b>EMEMPHYS</b>	<b>EMPPARAL</b>	<b>EMAMPUTE</b>	<b>EMOTHOS</b>
<b>EMOS</b>					

EMOTHART OMITTED IN ROUND 28.

HSPINT OMITTED IN ROUND 31.

HSPINT REINSTATED IN ROUND 34 AS HFPINTRO.

HFPINTRO OMITTED IN ROUND 37.

BOX HS3A – BOX HS3L OMITTED IN ROUND 31.

BOX HS3A – HS3H REINSTATED IN ROUND 34 AS BOX HFP1 – HFP8.

BOX HFP1-BOX HFP8 OMITTED IN ROUND 37.

BOX HS3J-BOX HS3K REINSTATED IN ROUND 37 AS BOX HFR1-BOX HFR2.

BOX HS3L REINSTATED IN ROUND 37 AS BOX HFS1.

HSP1 – HSP40 OMITTED IN ROUND 31.

HSP1 – HSP21 REINSTATED IN ROUND 34 AS HFP1 – HFP25.

HFP1-HFP25 OMITTED IN ROUND 37.

HSP22-HSP34 REINSTATED IN ROUND 37 AS HFR1-HFR13.

HSP35-HSP40 REINSTATED IN ROUND 37 AS HFS1-HFS6.

BOX HFR1	<p>IF COLHEAR≠1 IN ANY PREVIOUS ROUND, GO TO <b>BOX HFS1</b>.</p> <p>IF SP HAS COLON/RECTAL/BOWEL CANCER (OCCCOLON=1 IN ANY CURRENT OR PREVIOUS ROUND), GO TO <b>BOX HFS1</b>.</p> <p>IF SP HAS NOT INDICATED COLON/RECTAL/BOWEL CANCER (OCCCOLON≠1 IN EVERY ROUND, CURRENT AND PREVIOUS), GO TO HFR1.</p>
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HFR1. Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. Before today, had you ever heard of colorectal or colon cancer?

<b>COLHEAR</b>	YES .....	1 (HFR2)
	NO .....	2 (HFR3)
	REFUSED .....	-7 (HFR3)
	DON'T KNOW .....	-8 (HFR3)

HFR2. Has a doctor or other health professional ever told (you/SP) that (you are/he is/she is) at high risk for colorectal or colon cancer?

<b>COLHRISK</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFR3. 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?

<b>COLHTEST</b>	YES .....	1 (HFR5)
	NO .....	2 (HFR4)
	REFUSED .....	-7 (HFR4)
	DON'T KNOW .....	-8 (HFR4)

HFR4. Have you ever heard of this home testing kit?

<b>COLHKIT</b>	YES .....	1 (HFR8)
	NO .....	2 (HFR8)
	REFUSED .....	-7 (HFR8)
	DON'T KNOW .....	-8 (HFR8)

HFR5. Did (you/SP) complete the samples and send the card in for (your/his/her) most recent test?

<b>COLCARD</b>	YES .....	1 (HFR7)
	NO .....	2 (HFR6)
	REFUSED .....	-7 (HFR7)
	DON'T KNOW .....	-8 (HFR7)

HFR6. Why didn't (you/SP) complete the home kit?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>COLKNEED</b>	DIDN'T THINK IT WAS NEEDED/NO NEED/NOTHING WRONG .....	1 (HFR8)
<b>COLKGET</b>	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS .....	2 (HFR8)
<b>COLKRISK</b>	NOT AT RISK FOR CANCER .....	3 (HFR8)
<b>COLKPERF</b>	SP DIDN'T THINK HE/SHE COULD PERFORM THE TEST CORRECTLY .....	4 (HFR8)
<b>COLKSTOL</b>	DID NOT WANT TO HANDLE STOOL .....	5 (HFR8)
<b>COLKDISG</b>	TEST WAS REPULSIVE, DISGUSTING .....	6 (HFR8)
<b>COLKINCO</b>	INCONVENIENT .....	7 (HFR8)
<b>COLKFORG</b>	DIDN'T THINK ABOUT IT/FORGOT IT/PROCRASTINATED .....	8 (HFR8)
<b>COLKCOST</b>	COST OF TEST/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY .....	9 (HFR8)
<b>COLKFEAR</b>	AFRAID OF RESULTS/DON'T WANT TO KNOW .....	10 (HFR8)
<b>COLKTRST</b>	DON'T TRUST LAB/DON'T TRUST TEST/DON'T TRUST RESULTS ...	11 (HFR8)
<b>COLKOTHR</b>	OTHER (SPECIFY) _____	91 (HFR8)
	REFUSED .....	-7 (HFR8)
	DON'T KNOW .....	-8 (HFR8)

HFR7. When did (you/SP) have (your/his/her) most recent blood stool test using a home testing kit?

<b>COLRECNT</b>	LESS THAN 1 YEAR AGO .....	1
	1 YEAR TO LESS THAN 2 YEARS AGO .....	2
	2 YEARS TO LESS THAN 3 YEARS AGO ...	3
	3 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFR8. Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy. (Have you/Has SP) ever had this exam?

<b>COLSCOPY</b>	YES .....	1 (HFR9)
	NO .....	2 (HFR10)
	REFUSED .....	-7 (HFR10)
	DON'T KNOW .....	-8 (HFR10)

HFR9. When did (you/SP) have (your/his/her) most recent sigmoidoscopy or colonoscopy?

<b>WHENSCOP</b>	LESS THAN 1 YEAR AGO .....	1 (HFR13)
	1 YEAR TO LESS THAN 2 YEARS AGO .....	2 (HFR13)
	2 YEARS TO LESS THAN 3 YEARS AGO ...	3 (HFR13)
	3 YEARS TO LESS THAN 5 YEARS AGO ...	4 (HFR13)
	5 OR MORE YEARS AGO .....	5 (HFR13)
	REFUSED .....	-7 (HFR13)
	DON'T KNOW .....	-8 (HFR13)

HFR10. Before today, had you ever heard of a sigmoidoscopy or colonoscopy?

<b>HEARSCOP</b>	YES .....	1 (HFR11)
	NO .....	2 <b>BOX HFR2</b>
	REFUSED .....	-7 <b>BOX HFR2</b>
	DON'T KNOW .....	-8 <b>BOX HFR2</b>

BOX HFR2	IF HFR3=1 OR HFR4=1, GO TO HFR13. IF HFR3 NOT =1 AND HFR4 NOT =1, GO TO <b>BOX HFS1</b> .
-------------	--

HFR11. Has a doctor ever recommended that (you/SP) have this test?

<b>COLDRREC</b>	YES .....	1 (HFR12)
	NO .....	2 (HFR13)
	REFUSED .....	-7 (HFR13)
	DON'T KNOW .....	-8 (HFR13)



HFR12. What is the reason that (you/SP) did not have this test?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>COLNNEED</b>	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG .....	1
<b>COLNAPP</b>	DIFFICULTY GETTING APPOINTMENT .....	2
<b>COLNGET</b>	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS .....	3
<b>COLNRISK</b>	NOT AT RISK FOR CANCER .....	4
<b>COLNLIKE</b>	DON'T LIKE TESTS/CONCERNS ABOUT PAIN, SORENESS, DISCOMFORT OR REACTIONS .....	5
<b>COLNLOCA</b>	INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY .....	6
<b>COLNMISS</b>	HAVEN'T SCHEDULED YET/DIDN'T THINK ABOUT IT/FORGOT/ MISSED IT/PROCRASTINATED .....	7
<b>COLNCOST</b>	COST OF TEST/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY .....	8
<b>COLNFEAR</b>	AFRAID OF RESULTS/DON'T WANT TO KNOW .....	9
<b>COLNAPPT</b>	APPOINTMENT SCHEDULED FOR FUTURE DATE .....	10
<b>COLNILL</b>	TOO ILL/NOT WELL .....	11
<b>COLNOTHR</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFR13. Before today, did you know that Medicare now helps pay the cost of screening tests for colorectal cancer?

<b>COLSCRNS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX	IF OCOSTEOP=1 IN ANY (CURRENT OR PREVIOUS) ROUND, GO TO HFS3.
HFS1	IF OCOSTEOP NOT =1 IN ANY (CURRENT OR PREVIOUS) ROUND, GO TO HFS1.

HFS1. (Another disease that can be treated if found early is called osteoporosis/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.  
(Have you/Has SP) ever talked with (your/his/her) doctor or other health professional about osteoporosis?

<b>OSTEVERT</b>	YES .....	1 (HFS2)
	NO .....	2 (HFS3)
	REFUSED .....	-7 (HFS3)
	DON'T KNOW .....	-8 (HFS3)

HFS2. Has a doctor or other health professional ever told (you/SP) that (you are/he is/she is) at high risk for osteoporosis?

<b>OSTHRISK</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFS3. There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement.

(Have you/Has SP) ever had a Bone Mass or Bone Density Measurement test?

<b>OSTTEST</b>	YES .....	1 (HFS5)
	NO .....	2 (HFS4)
	REFUSED .....	-7 (HFS4)
	DON'T KNOW .....	-8 (HFS4)

HFS4. Before today, had you ever heard of this test?

<b>OSTHEAR</b>	YES .....	1 (HFS6)
	NO .....	2 (AC29)
	REFUSED .....	-7 (AC29)
	DON'T KNOW .....	-8 (AC29)

HFS5. When was the most recent time that (you/SP) had a Bone Mass or Bone Density Measurement test?

<b>OSTRECNT</b>	LESS THAN 1 YEAR AGO .....	1
	1 YEAR TO LESS THAN 2 YEARS AGO .....	2
	2 YEARS TO LESS THAN 3 YEARS AGO ...	3
	3 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFS6. 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?

<b>OSTMASS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HSP12 OMITTED IN ROUND 34.

AC29. Next, we are going to ask some questions about (your/SP's) health care needs during the past year.

[Since (PREV. SUPP. RD. INT. DATE)/In the last year], (have you/has SP) had any trouble getting health care that (you/he/she) wanted or needed?

<b>HCTROUBL</b>	YES .....	1 (AC30a)
	NO .....	2 (AC31)
	REFUSED .....	-7 (AC31)
	DON'T KNOW .....	-8 (AC31)

AC30 OMITTED IN ROUND 34.

AC30a. Why was that?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>HCTMONEY</b>	SP DOES NOT HAVE MONEY .....	1
<b>HCTHIGH</b>	COST IS TOO HIGH .....	2
<b>HCTNOCOV</b>	SERVICES/SUPPLIES NOT COVERED .....	3
<b>HCTTRANS</b>	NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL .....	4
<b>HCTHOMEH</b>	DIFFICULTY GETTING HOME HEALTH CARE .....	5
<b>HCTNTREA</b>	NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT .....	6
<b>HCTWAIT</b>	WAIT TOO LONG/DOCTOR TOO BUSY .....	7
<b>HCTACPMC</b>	OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE .....	8
<b>HCTELIG</b>	NOT ELIGIBLE FOR PUBLIC COVERAGE .....	9
<b>HCTDELAY</b>	DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE .....	10
<b>HCTSPECL</b>	DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR .....	11
<b>HCTHMORF</b>	HMO REFERRAL PROCESS (DIFFICULTY GETTING) .....	12
<b>HCTHMOMD</b>	PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE .....	13
<b>HCTHMOCV</b>	HMO WOULD NOT COVER OR PROVIDE SERVICE .....	14
<b>HCTOTHER</b>	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFF6	IF AC30a=8 OR 10 GO TO AC30d. OTHERWISE, GO TO AC30b.
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AC30b. [Since (PREV. SUPP. RD. INT. DATE)/In the last year], (have you/has SP) been told by a doctor's office that they cannot schedule an appointment with (you/SP)?

<b>CGETAPPT</b>	YES .....	1 (AC30c)
	NO .....	2 (AC31)
	REFUSED .....	-7 (AC31)
	DON'T KNOW .....	-8 (AC31)

AC30c. What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with (you/SP)?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>CGETINSR</b>	DOCTOR DOES NOT ACCEPT INSURANCE PLAN .....	1
<b>CGETFULL</b>	ALL OF DOCTOR'S APPOINTMENTS WERE FULL .....	2
<b>CGETNNEW</b>	DOCTOR NOT ACCEPTING ANY NEW PATIENTS .....	3
<b>CGETNNMP</b>	DOCTOR IS NOT ACCEPTING NEW MEDICARE PATIENTS .....	4
<b>CGETHOUR</b>	DOCTOR'S HOURS CONFLICTED WITH REQUIREMENTS OF SP .....	5
<b>CGETCAID</b>	DOCTOR DOES NOT ACCEPT MEDICAID .....	6
<b>CGETNAMC</b>	DOCTOR DOES NOT ACCEPT MEDICARE AT ALL .....	7
<b>CGETNAMA</b>	DOCTOR DOES NOT ACCEPT MEDICARE ASSIGNMENT .....	8
<b>CGETAPRV</b>	DOCTOR FELT ANOTHER PROVIDER WOULD BE BETTER FOR SP .....	9
<b>CGETOTHR</b>	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFF7	IF AC30c=4 OR AC30c=7 GO TO AC30d. OTHERWISE, GO TO AC31..
-------------	--

AC30d. Did the doctor's office explain why (Medicare is not accepted/it is difficult for Medicare patients to get an appointment) at that practice?

<b>OFFEXPLN</b>	YES .....	1 (AC30e)
	NO .....	2 (AC31)
	REFUSED .....	-7 (AC31)
	DON'T KNOW .....	-8 (AC31)

AC30e. What was that explanation?

[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

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**OFFEXVB1    OFFEXVB2**

AC31. [Since (PREV. SUPP. RD. INT. DATE)/In the last year], (have you/has SP) delayed seeking medical care because (you were/he was/she was) worried about the cost?

<b>HCDELAY</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

AC32 OMITTED.

**Instrumental Activities of Daily Living (IADLs)**

HFKINTRO. Now I'm going to ask about some everyday activities and whether (you have/SP has) any difficulty doing them by (yourself/himself/herself).

[PRESS ENTER TO CONTINUE.]

HFK1. Because of a health or physical problem, (do you/does SP) have any difficulty with the following?

		YES	NO	DOESN'T DO
<b>PRBTELE</b>	a. using the telephone? .....	1 (HFK1b)	2 (HFK1b)	3 (HFK2a)
<b>PRBLHWK</b>	b. doing light housework (like washing dishes, straightening up, or light cleaning)? .....	1 (HFK1c)	2 (HFK1c)	3 (HFK2b)
<b>PRBHHWK</b>	c. doing heavy housework (like scrubbing floors or washing windows)? .....	1 (HFK1d)	2 (HFK1d)	3 (HFK2c)
<b>PRBMEAL</b>	d. preparing (your/his/her) own meals? .....	1 (HFK1e)	2 (HFK1e)	3 (HFK2d)
<b>PRBSHOP</b>	e. shopping for personal items (such as toilet items or medicines)? .....	1 (HFK1f)	2 (HFK1f)	3 (HFK2e)
<b>PRBBILS</b>	f. managing money (like keeping track of expenses or paying bills)? .....	1 <b>BOX HFK1</b>	2 <b>BOX HFK1</b>	3 (HFK2f)

HFK2. [You said that (IADL) is something that (you don't/SP doesn't) do.] Is this because of a health or physical problem?

		YES	NO
<b>DONTTELE</b>	a. using the telephone? .....	1 (HFK1b)	2 (HFK1b)
<b>DONTLHWK</b>	b. doing light housework (like washing dishes, straightening up, or light cleaning)? .....	1 (HFK1c)	2 (HFK1c)
<b>DONTHHWK</b>	c. doing heavy housework (like scrubbing floors or washing windows)? .....	1 (HFK1d)	2 (HFK1d)
<b>DONTMEAL</b>	d. preparing (your/his/her) own meals? .....	1 (HFK1e)	2 (HFK1e)
<b>DONTSHOP</b>	e. shopping for personal items (such as toilet items or medicines)? .....	1 (HFK1f)	2 (HFK1f)
<b>DONTBILS</b>	f. managing money (like keeping track of expenses or paying bills)? .....	1 <b>BOX HFK1</b>	2 <b>BOX HFK1</b>

<b>BOX HFK1</b>	ASK HFK3 AND HFK4 AS APPROPRIATE FOR EACH IADL CODED "YES" IN HFK1 OR HFK2; WHEN EACH "YES" ACCOUNTED FOR, GO TO HFLINTRO. IF NO "YES" RESPONSES, GO TO HFLINTRO.
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HFK3. [You said that (IADL) is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do).] (Do you/Does SP) receive help from another person with (IADL)?

		YES	NO
<b>HELPTTELE</b>	a. using the telephone? .....	1 (HFK4a)	2 <b>BOX HFK1</b>
<b>HELPLHWK</b>	b. doing light housework (like washing dishes, straightening up, or light cleaning)? .....	1 (HFK4b)	2 <b>BOX HFK1</b>
<b>HELPHHWK</b>	c. doing heavy housework (like scrubbing floors or washing windows)? .....	1 (HFK4c)	2 <b>BOX HFK1</b>
<b>HELPMEAL</b>	d. preparing (your/his/her) own meals? .....	1 (HFK4d)	2 <b>BOX HFK1</b>
<b>HELPSHOP</b>	e. shopping for personal items (such as toilet items or medicines)? .....	1 (HFK4e)	2 <b>BOX HFK1</b>
<b>HELPBILS</b>	f. managing money (like keeping track of expenses or paying bills)? .....	1 (HFK4f)	2 (HFLINTRO)

HFK4. You mentioned that (you receive/SP receives) help with (IADL). Who gives that help?

[ENTER ALL HELPERS].

<b>HLPRTLE</b>	a. using the telephone? .....	<b>BOX HFK1</b>
<b>HLPRLHWK</b>	b. doing light housework (like washing dishes, straightening up, or light cleaning)? .....	<b>BOX HFK1</b>
<b>HLPRRHWK</b>	c. doing heavy housework (like scrubbing floors or washing windows)? .....	<b>BOX HFK1</b>
<b>HLPRMEAL</b>	d. preparing (your/his/her) own meals? .....	<b>BOX HFK1</b>
<b>HLPERSHOP</b>	e. shopping for personal items (such as toilet items or medicines)? .....	<b>BOX HFK1</b>
<b>HLPRBILS</b>	f. managing money (like keeping track of expenses or paying bills)? .....	(HFLINTRO)

**Activities of Daily Living (ADLs)**

HFLINTRO. Now I'll ask about some other everyday activities. I'd like to know whether (you have/SP has) any difficulty doing each one by (yourself/himself/herself) and without special equipment.

[PRESS ENTER TO CONTINUE.]

HFL1. Because of a health or physical problem, (do you/does SP) have any difficulty with the following?

		YES	NO	DOESN'T DO
<b>HPPDBATH</b>	a. bathing or showering? .....	1 (HFL1b)	2 (HFL1b)	3 (HFL2a)
<b>HPPDDRES</b>	b. dressing? .....	1 (HFL1c)	2 (HFL1c)	3 (HFL2b)
<b>HPPDEAT</b>	c. eating? .....	1 (HFL1d)	2 (HFL1d)	3 (HFL2c)
<b>HPPDCHAR</b>	d. getting in or out of bed or chairs? .....	1 (HFL1e)	2 (HFL1e)	3 (HFL2d)
<b>HPPDWALK</b>	e. walking? .....	1 (HFL1f)	2 (HFL1f)	3 (HFL2e)
<b>HPPDTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL1</b>	2 <b>BOX HFL1</b>	3 (HFL2f)

HFL2. [You said that (ADL) is something that (you don't/SP doesn't) do.] Is this because of a health or physical problem?

		YES	NO
<b>DONTBATH</b>	a. bathing or showering? .....	1 (HFL1b)	2 (HFL1b)
<b>DONTDRES</b>	b. dressing? .....	1 (HFL1c)	2 (HFL1c)
<b>DONTEAT</b>	c. eating? .....	1 (HFL1d)	2 (HFL1d)
<b>DONTCHAR</b>	d. getting in or out of bed or chairs? .....	1 (HFL1e)	2 (HFL1e)
<b>DONTWALK</b>	e. walking? .....	1 (HFL1f)	2 (HFL1f)
<b>DONTTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL1</b>	2 <b>BOX HFL1</b>

BOX HFL1	ASK HFL3-HFL5 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL1 OR HFL2. OTHERWISE, GO TO HFM1.
-------------	--

HFL3. [You said (your/SP's) health makes (ADL) difficult.]/[You said that (ADL) is something (you don't/SP doesn't) do.]  
(Do you/Does SP) receive help from another person with (ADL)?

		YES	NO
<b>HELPBATH</b>	a. bathing or showering? .....	1 (HFL5a)	2 (HFL4a)
<b>HELPDRES</b>	b. dressing?.....	1 (HFL5b)	2 (HFL4b)
<b>HELPEAT</b>	c. eating? .....	1 (HFL5c)	2 (HFL4c)
<b>HELPCHAR</b>	d. getting in or out of bed or chairs?.....	1 (HFL5d)	2 (HFL4d)
<b>HELPWALK</b>	e. walking? .....	1 (HFL5e)	2 (HFL4e)
<b>HELPTOIL</b>	f. using the toilet? .....	1 (HFL5f)	2 (HFL4f)

HFL4. Does someone usually stay nearby just in case (you need/SP needs) help with (ADL)? [That is, does someone usually stay or come into the room to check on (you/him/her)]

		YES	NO
<b>PCHKBATH</b>	a. bathing or showering? .....	1 (HFL5a)	2 (HFL5a)
<b>PCHKDRES</b>	b. dressing?.....	1 (HFL5b)	2 (HFL5b)
<b>PCHKEAT</b>	c. eating? .....	1 (HFL5c)	2 (HFL5c)
<b>PCHKCHAR</b>	d. getting in or out of bed or chairs?.....	1 (HFL5d)	2 (HFL5d)
<b>PCHKWALK</b>	e. walking? .....	1 (HFL5e)	2 (HFL5e)
<b>PCHKTOIL</b>	f. using the toilet? .....	1 (HFL5f)	2 (HFL5f)

HFL5. (Do you/Does SP) use special equipment or aids to help (you/him/her) with (ADL)?

		YES	NO
<b>EQUIPBATH</b>	a. bathing or showering? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPDRES</b>	b. dressing?.....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPEAT</b>	c. eating? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPCHAR</b>	d. getting in or out of bed or chairs?.....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPWALK</b>	e. walking? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>

BOX HFL2	IF HFL3 CODED "YES" ASK HFL6 AS APPROPRIATE. IF HFL3 CODED "NO" AND HFL4 CODED "YES" OR "NO", ASK NEXT APPROPRIATE ADL AT HFL3. IF NO "YES" RESPONSES IN HFL3 AND HFL4, GO TO HFM1.
-------------	--

HFL6. How long (have you/has SP) needed help with (ADL)? Has it been . . .

		LESS THAN 3 MONTHS	MORE THAN 3 MONTHS BUT LESS THAN A YEAR	MORE THAN A YEAR
<b>LongBATH</b>	a. bathing or showering?	1 (HFL7a)	2 (HFL3b)	3 (HFL3b)
<b>LongDRES</b>	b. dressing?	1 (HFL7b)	2 (HFL3c)	3 (HFL3c)
<b>LongEAT</b>	c. eating?	1 (HFL7c)	2 (HFL3d)	3 (HFL3d)
<b>LongCHAR</b>	d. getting in or out of bed or chairs?	1 (HFL7d)	2 (HFL3e)	3 (HFL3e)
<b>LongWALK</b>	e. walking?	1 (HFL7e)	2 (HFL3f)	3 (HFL3f)
<b>LongTOIL</b>	f. using the toilet?	1 (HFL7f)	2 <b>BOX HFL3</b>	3 <b>BOX HFL3</b>

HFL7. Do you expect that (you/SP) will still need help with (ADL) three months from now?

		YES	NO
<b>STILBATH</b>	a. bathing or showering? .....	1 (HFL3b)	2 (HFL3b)
<b>STILDRES</b>	b. dressing?.....	1 (HFL3c)	2 (HFL3c)
<b>STILEAT</b>	c. eating? .....	1 (HFL3d)	2 (HFL3d)
<b>STILCHAR</b>	d. getting in or out of bed or chairs?.....	1 (HFL3e)	2 (HFL3e)
<b>STILWALK</b>	e. walking? .....	1 (HFL3f)	2 (HFL3f)
<b>STILTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL3</b>	2 <b>BOX HFL3</b>

BOX HFL3	ASK HFL8 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL3 OR HFL4. OTHERWISE, GO TO HFM1.
-------------	---

HFL8. You mentioned that [(you receive/SP receives) help]/[someone stays nearby in case (you need/SP needs) help] with (ADL). Who [gives that help/stays nearby in case (you need/SP needs) help]?  
[PRESS ENTER TO CONTINUE.]

HFL9. Who helps with (ADL)? [ENTER ALL HELPERS].

<b>HLPRBATH</b>	a. bathing or showering? .....	<b>BOX HFL3</b>
<b>HLPRDRES</b>	b. dressing?.....	<b>BOX HFL3</b>
<b>HLPREAT</b>	c. eating? .....	<b>BOX HFL3</b>
<b>HLPRCHAR</b>	d. getting in or out of bed or chairs?.....	<b>BOX HFL3</b>
<b>HLPRWALK</b>	e. walking? .....	<b>BOX HFL3</b>
<b>HLPRTOIL</b>	f. using the toilet ? .....	<b>BOX HFL4</b>

BOX HFL4	IF MORE THAN ONE HELPER NAMED IN HFL8, GO TO HFL10. OTHERWISE, GO TO HFM1.
-------------	--

HFL10. Which of these persons gives (you/SP) the most help with these things? [SELECT ONLY ONE.]

HFM1. [Since (PREV. SUPP. RD. INT. DATE)/In the past year], (have you/has SP) fallen down?

<b>FALLANY</b>	YES .....	1 (HFM2)
	NO .....	2 (HFN1)
	REFUSED .....	-7 (HFN1)
	DON'T KNOW .....	-8 (HFN1)

HFM2. [Since (PREV. SUPP. RD. INT. DATE)/In the past year], how many times (have you/has SP) fallen down?  
[ENTER "95" IF 95 OR MORE FALLS REPORTED.]

**FALLTIME**

NUMBER OF TIMES

REFUSED .....	-7
DON'T KNOW .....	-8



HF3. In (that fall/any of those falls), did (you/SP) hurt (yourself/himself/herself) badly enough to get medical help?

<b>FALLHURT</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HF4. Did (you/SP) talk to a doctor or other medical professional about (that fall/any of those falls)?

<b>FALLTALK</b>	YES .....	1
	NO .....	2 (HFN1)
	REFUSED .....	-7
	DON'T KNOW .....	-8

HF5. Did the health care provider talk with (you/SP) to understand why (you/SP) fell?

<b>FALLREAS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HF6. Did the health care provider talk with (you/SP) about how to prevent future falls?

<b>FALLPREV</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFN1. (Do you/Does SP) experience memory loss such that it interferes with daily activities?

<b>MEMLOSS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFN2. (Do you/Does SP) have problems making decisions to the point that it interferes with daily activities?

<b>PROBDECS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFN3. (Do you/Does SP) have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?

<b>TROBCONC</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFN4. In the past 12 months, how much of the time did (you/SP) feel sad, blue, or depressed? Would you say (you were/SP was) sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time?

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>SHOW CARD HF4</b> </div>	<b>TIMESAD</b>	ALL OF THE TIME .....	1
		MOST OF THE TIME .....	2
		SOME OF THE TIME .....	3
		A LITTLE OF THE TIME .....	4
		NONE OF THE TIME .....	5
		REFUSED .....	-7
		DON'T KNOW .....	-8

- HFN5. In the past 12 months, (have you/has SP) had 2 weeks or more when (you/he/she) lost interest or pleasure in things that (you/he/she) usually cared about or enjoyed?

<b>LOSTINTR</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

- HFQ1. 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, (you/SP) lost urine beyond (your/his/her) control [during the past 12 months/since (PREV. SUPP. RD. INT. DATE)].

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>SHOW CARD HF2</b> </div>	<b>LOSTURIN</b>	MORE THAN ONCE A WEEK .....	1
		ABOUT ONCE A WEEK .....	2
		2-3 TIMES A MONTH .....	3
		ABOUT ONCE A MONTH .....	4
		EVERY 2-3 MONTHS .....	5
		ONCE OR TWICE A YEAR .....	6
		NOT AT ALL .....	7
		SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG.....	8
		REFUSED .....	-7
		DON'T KNOW .....	-8

HFQ2-HFQ5 OMITTED IN ROUND 37.

BOX HFQ1	GO TO <b>BOX HFT1</b> .
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BOX HFT1	IF CURRENT ROUND HFJ2=1, GO TO HFT1. IF CURRENT ROUND HFJ2≠-1 OR 1, GO TO <b>BOX SC1A</b> .
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- HFT1. We have recorded that (you were/SP was) told by a doctor that (you had/he has/she has) hypertension, also called high blood pressure.  
(Were you/Was SP) told on two or more different visits that (you/he/she) had high blood pressure or hypertension?

**HYPETOLD**

YES .....	1 (HFT2)
NO .....	2 (HFT2)
SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR.....	
3	<b>BOX SC1A</b>
REFUSED .....	-7 (HFT2)
DON'T KNOW .....	-8 (HFT2)

- HFT2. How old (were you/was SP) when (you were/he was/she was) first told that (you/he/she) had high blood pressure?

**HYPEAGE**

\_\_\_\_\_

AGE

LESS THAN ONE YEAR OLD .....	996
REFUSED .....	-7
DON'T KNOW .....	-8

- HFT3. The last time (you/SP) went to (your/his/her) regular doctor, did someone measure (your/his/her) blood pressure?

**HYPEMEAS**

YES .....	1 (HFT4)
NO .....	2 (HFT5)
REFUSED .....	-7 (HFT5)
DON'T KNOW .....	-8 (HFT5)

- HFT4. What was (your/SP's) blood pressure reading at that time? Please tell me both numbers.  
[EXPLAIN IF NECESSARY: The reading is often recorded as two numbers, one is called systolic and the other is called diastolic. The numbers are usually read as the systolic number "over" the diastolic number, for example, "120 over 80".]

**HYPESYST**

**HYPEDIAS**

\_\_\_\_\_/\_\_\_\_\_  
BLOOD PRESSURE READING

REFUSED .....	-7
DON'T KNOW .....	-8

- HFT5. Would you say that (your/SP's) blood pressure is currently under control?

**HYPECONT**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

HFT6. Because of (your/his/her) high blood pressure, (are you/is SP) now...

		YES	NO
<b>HYPESALT</b>	a. cutting down on salt or sodium in (your/his/her) diet? .....	1	2
<b>HYPELOSE</b>	b. controlling (your/his/her) weight or losing weight? .....	1	2
<b>HYPEEXER</b>	c. exercising more? .....	1	2
<b>HYPEHOME</b>	d. measuring (your/his/her) blood pressure at home? .....	1	2
<b>HYPESMOK</b>	e. not smoking or cutting down on smoking? .....	1	2
<b>HYPEBOOZ</b>	f. cutting down on (your/his/her) alcohol consumption? .....	1	2
<b>HPEMEDS</b>	g. taking prescribed medicine for (your/his/her) high blood pressure? ..	1	2

BOX HFT2	IF HFT6g=1, GO TO HFT7. OTHERWISE, GO TO HFT12.
-------------	---

HFT7. How long (have you/has SP) been treated with prescribed medicines for (your/his/her) high blood pressure?

**HYPELONG**\_\_\_\_\_  
NUMBER OF YEARS

LESS THAN ONE YEAR ..... 996  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX HFT3	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFT8. OTHERWISE, GO TO HFT10.
-------------	--

HFT8. How many different prescribed medicines (do you/does SP) take for (your/his/her) high blood pressure?

**HPEMANY**\_\_\_\_\_  
NUMBER OF PRESCRIBED MEDICINES

REFUSED ..... -7  
 DON'T KNOW ..... -8

HFT9. (Do you/Does SP) take the prescribed medicine(s) every day?

**HYPETAKE**

YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

HFT10. (Do you/Does SP) take (your/his/her) high blood pressure medicine(s) even when (you feel/he feels/she feels) fine?

**HYPEFINE**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

HFT11. (Do you/Does SP) have trouble with side effects from (your/his/her) blood pressure medicine(s)?  
[EXPLAIN IF NECESSARY: By “side effects”, I mean that the medicine causes any condition such as fatigue, headache, or coughing.]

**HYPESIDE**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

HFT12. Are you confident that (you/SP) can follow the recommended actions to control (your/his/her) blood pressure?  
[EXPLAIN IF NECESSARY: By “recommended actions”, I mean actions such as controlling diet or exercising.]

**HYPEDENT**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

BOX HFT4	IF HFT6g=1, GO TO HFT13. OTHERWISE, GO TO <b>BOX SC1A</b> .
-------------	---

HFT13. (Do you/Does SP) have difficulty paying for the medicine(s) (your/his/her) doctor prescribes for (your/his/her) high blood pressure?

**HYPEPAY**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

HFT14. (Do you/Does SP) ever skip taking (your/his/her) medicine, take less medicine than prescribed, or share medicine because of the cost of the medicine?

**HYPESKIP**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

BOX HFT5	GO TO <b>BOX SC1A</b> .
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ATTACHMENT HF1  
HFJ44 DISPLAYS FOR HFJ1-39 CONDITIONS

Matching HFJ1-39? Probe	HFJ44 Code Category	Condition Display	HFJ44 Variable Set
HFJ1	1	ARTERIES HARDENING	EMARTERY
HFJ2	2	HYPERTENSION	EMHBP
HFJ4	3	HEART ATTACK	EMMYOCAR
HFJ6	4	HEART DISEASE	EMCHD
HFJ16	6	STROKE OR HEMORRHAGE	EMSTROKE
HFJ18	7	SKIN CANCER	EMCSKIN
HFJ20	8	CANCER/TUMOR	EMCANCER
HFJ22	10	DIABETES	EMDIABTS
HFJ24	11	RHEUMATOID ARTHRITIS	EMARTHRH
HFJ25	12	OTHER ARTHRITIS	EMARTH
HFJ28	14	MENTAL RETARDATION	EMMENTAL
HFJ29	15	ALZHEIMER'S OR DEMENTIA	EMALZHMR
HFK30	16	MENTAL DISORDER	EMPSYCH
HFJ32	17	OSTEOPOROSIS	EMOSTEOP
HFJ33	18	BROKEN HIP	EMBRKHIP
HFJ35	19	PARKINSON'S	EMPARKIN
HFJ36	20	EMPHYSEMA/ASTHMA/COPD	EMEMPHYS
HFJ37	21	PARALYSIS	EMPPARAL
HFJ39	22	LOSS OF LIMB	EMAMPUTE
HFJ8	23	CONGESTIVE HEART FAILURE	EMCFAIL
HFJ10	24	HEART VALVE PROBLEM	EMCVALVE
HFJ12	25	HEART RHYTHM PROBLEM	EMRHYTHM
HFJ14	26	OTHER HEART PROBLEM	EMOTHHRT