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 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 [while wearing glasses or contact lenses]... 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ECLEGBLI	HFB2A	yes/no	[Have you/Has (SP)] been told that [you are/(SP) is] legally blind? [EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot see well enough to drive.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HFB6 - EDOCEXAM
EDOCEXAM	HFB6	yes/no	[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)? INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS. [IF NEEDED: Please include any eye exams that took place during a visit that you may have already told me about.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HFB7A - EDOCTYPE (02) BOX HFC (-8) BOX HFB1 (-9) BOX HFB1
	BOX HFC	routing	IF SP IS IN THE BASELINE SAMPLE [SAMPLE.PERSON.INTTYPE=3], GO TO HFB7-EDOCLAST. ELSE GO TO BOX HFB1.		
EDOCLAST	HFB7	code one	How long has it been since [your/(SP's)] last eye examination by an eye doctor?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	(996) BOX HFB1 (01) - (12) HFB7A - EDOCTYPE (-8) BOX HFB1 (-9) BOX HFB1
EDOCTYPE	HFB7A	code one	I have a couple of questions about [your/(SP's)] last eye examination. Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care professional? [EXPLAIN IF NECESSARY: An optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.]	(01) OPTOMETRIST (02) OPHTHALMOLOGIST (91) OTHER DOCTOR SPECIALTY (-8) DON'T KNOW (-9) REFUSED	(01) H7B7B - EDOCDLAT (02) H7B7B - EDOCDLAT (91) HFB7 - EDOCTYOS (-8) BOX HFB1 (-9) BOX HFB1
EDOCTYOS	HFB7A	verbatim text	OTHER (SPECIFY)		H7B7B - EDOCDLAT
EDOCDLAT	HFB7B	yes/no	Again, thinking about [your/(SP's)] last eye examination, were dilating drops used in [your/(SP)'s] eyes? [EXPLAIN IF NECESSARY: Dilating drops are used to enlarge the pupil for eye examinations. The drops often make your eyes more sensitive to bright light and may cause temporary blurry vision.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HFB7
	BOX HFB7	routing	IF P_CATAREVR^=YES, GO TO CATAREVR, ELSE GO TO BOX HFB7A.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CATAREVR	HFB7C	yes/no	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had… Cataracts?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HFB7A
	BOX HFB7A	routing	IF P_GLCOMEVR^=YES, GO TO GLCOMEVR, ELSE GO TO BOX HFB7B.		
GLCOMEVR	HFB7C	yes/no	[I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had…] Glaucoma?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HFB7B
	BOX HFB7B	routing	IF P_RETINEVR^=YES, GO TO RETINEVR, ELSE GO TO BOX HFB7C.		
RETINEVR	HFB7C	yes/no	[I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had…] Diabetic retinopathy?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HFB7C
	BOX HFB7C	routing	IF P_MACULEVR^=YES, GO TO MACULEVR, ELSE GO TO BOX HFB1A.		
MACULEVR	HFB7C	yes/no	[I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of these conditions. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had…] Macular degeneration or age-related macular degeneration, also called AMD?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HFB1A
	BOX HFB1A	routing	IF CATAREVR=02/NO or P_CATAROP=YES, GO TO BOX HFB1. ELSE GO TO HFB10 - CATAROP.		
CATAROP	HFB10	yes/no	[Have you/Has (SP)] ever had an operation for cataracts?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HFB1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFB1	routing	IF [HFB7C - RETINEVR = 1/Yes OR HFB7C - MACULEVR = 1/Yes] AND P_EYESURG^=YES, GO TO HFB11 - EYESURG. ELSE GO TO HFC1 - HCHELP.		
EYESURG	HFB11	yes/no	Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration. [Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions? [EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct vision.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HFC1 - HCHELP
HCHELP	HFC1	yes/no	[Do you/Does (SP)] use a hearing aid?	(01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED	(01) HFC2 - HCTROUB (02) HFC2 - HCTROUB (03) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL
HCTROUB	HFC2	code one	Which statement best describes [your/(SP's)] hearing [with a hearing aid]: no trouble hearing, a little trouble, a lot of trouble, or deaf?	(01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (03) A LOT OF TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED	(01) HFD1A - FOODTRBL (02) HFC3 - HCKNOWMC (03) HFC3 - HCKNOWMC (04) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL
HCKNOWMC	HFC3	code one	How much trouble [do you/does (SP)] have finding out things [you need/(SP) needs] to know about Medicare because [of (your/(SP's)) difficulty hearing [with a hearing aid]/(you are/(SP) is) deaf]? Would you say [you have/(SP) has] no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED	HFC4 - HCCOMDOC
HCCOMDOC	HFC4	code one	How much trouble [do you/does (SP)] have communicating with [your/(SP's)] doctor or other health professional because [of (your/(SP's)) difficulty hearing [with a hearing aid]/(you are/(SP) is) deaf]? Would you say [you have/(SP) has] no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED	HFD1A - FOODTRBL
FOODTRBL	HFD1A	code one	How much trouble [do you/does (SP)] have eating solid foods because of problems with [your/(SP)'s] mouth or teeth? Would you say [you have/(SP) has] no trouble, a little trouble, or a lot of trouble?	(01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED	DRYMOUTH-DRYMOUTH
DRYMOUTH	DRYMOUTH	code one	SHOW CARD HF3 Since (LAST HF MONTH YEAR), how often [have you/ has (SP)] experienced any of the following problems? Dry mouth?	(01) Never (02) Rarely (03) Sometimes (04) Often (05) Always (-8) DON'T KNOW (-9) REFUSED	TOOTHSEN-TOOTHSEN

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 APPLICAPLE'	(01) Never (02) Rarely (03) Sometimes (04) Often (05) Always (06) NOT APPLICABLE (-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
DIFINTRO	HFHINTRO	no entry	Now, I'm going to ask about how difficult it is, on average, for [you/(SP)] to do certain kinds of activities. Please tell me for each activity whether [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it.	(01) CONTINUE (-7) Empty	HFH1 - DIFSTOOP
DIFSTOOP	HFH1	code 1	SHOW CARD HF4 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIFLIFT	HFH2	code 1	SHOW CARD HF4 How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a heavy bag of groceries? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	HFH3 - DIFREACH
DIFREACH	HFH3	code 1	SHOW CARD HF4 What about reaching or extending arms above shoulder level? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	HFH4 - DIFWRITE
DIFWRITE	HFH4	code 1	SHOW CARD HF4 How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	HFH5 - DIFWALK
DIFWALK	HFH5	code 1	SHOW CARD HF4 What about walking a quarter of a mile - that is, about 2 or 3 blocks? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or [is/are] not able to do it?]	(01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	HFH10INT - PHYSACTINTRO
PHYSACTINTRO	HFH10INT	no entry	We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that [you do/(SP) does].	(01) CONTINUE (-7) Empty	HFH10 - VIGUNIT
VIGUNIT	HFH10	quantity unit	In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.	(01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused	(01) HFH10 - VIGNUM (02) HFH10 - VIGNUM (03) HFH10 - VIGNUM (04) HFH10 - VIGNUM (96) HFH11 - MODUNIT (-8) HFH11 - MODUNIT (-9) HFH11 - MODUNIT
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

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

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

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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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) BOX HFJ13 (-8) BOX HFJ13 (-9) BOX HFJ13
	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 HF5 [Since the first time a doctor or other health professional told [you/SP] that [you/(SP)] had a cancer, malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor other than skin cancer found? [PROBE: Any other part?] CHECK ALL THAT APPLY	(06) BLADDER (16) BLOOD (17) BONE (10) BRAIN (03) BREAST (09) CERVIX (02) COLON (BOWEL) (18) ESOPHAGUS (19) GALL BLADDER (11) KIDNEY (20) LARYNX (WINDPIPE) (21) LEUKOCYTES (LEUKEMIA) (22) LIVER (01) LUNG (23) LYMPH NODES (LYMPHOMA) (24) MOUTH/TONGUE/LIP (07) OVARY (25) PANCREAS (05) PROSTATE (26) RECTUM (27) SOFT TISSUE/FAT (08) STOMACH (28) TESTIS (12) THROAT (29) THYROID (04) UTERUS (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX HFJ13 (02) BOX HFJ13 (03) BOX HFJ13 (04) BOX HFJ13 (05) BOX HFJ13 (06) BOX HFJ13 (07) BOX HFJ13 (08) BOX HFJ13 (09) BOX HFJ13 (10) BOX HFJ13 (11) BOX HFJ13 (12) BOX HFJ13 (16) BOX HFJ13 (17) BOX HFJ13 (18) BOX HFJ13 (19) BOX HFJ13 (20) BOX HFJ13 (21) BOX HFJ13 (22) BOX HFJ13 (23) BOX HFJ13 (24) BOX HFJ13 (25) BOX HFJ13 (26) BOX HFJ13 (27) BOX HFJ13 (28) BOX HFJ13 (29) BOX HFJ13 (91) HFJ22 -EVROS (-8) BOX HFJ13 (-9) BOX HFJ13
EVROS	HFJ22	verbatim text	Specify the part of parts of your body where the cancer or tumor was found.	(01) [Continuous answer.]	BOX HFJ13
	BOX HFJ13	routing	IF SP HAS EVER REPORTED HAVING RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND (sample_person.P_OCARTHRH=1), GO TO BOX HFJ13B. ELSE GO TO HFJ24 - OCARTHRH.		
OCARTHRH	HFJ24	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] rheumatoid arthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFJ13B
	BOX HFJ13B	routing	IF SP HAS EVER REPORTED HAVING OSTEOARTHRITIS IN A PREVIOUS ROUND (sample_person.P_OCOSARTH=1), GO TO BOX HFJ14. ELSE GO TO HFJ24B-OCOSARTH.		
OCOSARTH	HFJ24B	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] osteoarthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFJ14

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFJ14	routing	IF SP HAS EVER REPORTED HAVING ARTHRITIS OTHER THAN RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND [sample_person.P_OCARTH=1], GO TO BOX HFJ16. ELSE GO TO HFJ25 - OCARTH.		
OCARTH	HFJ25	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that (you/(SP)) had...] arthritis, other than rheumatoid or osteoarthritis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX HFJ15 (02) BOX HFJ16 (-8) BOX HFJ16 (-9) BOX HFJ16
	BOX HFJ15	routing	IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ26 - YRARTHRD. ELSE GO TO BOX HFJ16A.		
YRARTHRD	HFJ26	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had arthritis, other than rheumatoid or osteoarthritis, in any part of [your/(SP's)] body?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFJ16
	BOX HFJ16	routing	IF SP IS IN THE 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 INTERIVEW (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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
OCOSTEOP	HFJ32	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] osteoporosis, sometimes called fragile or soft bones?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFJ33 - OCBRKHIP
OCBRKHIP	HFJ33	yes/no	[[Since (LAST HF MONTH YEAR) has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...]] a broken hip?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX HFJ20 (02) BOX HFJ21 (-8) BOX HFJ21 (-9) BOX HFJ21
	BOX HFJ20	routing	IF SP IS IN THE 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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
YRPPARAL	HFJ38	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had complete or partial paralysis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFJ24
	BOX HFJ24	routing	IF SP HAS EVER REPORTED AN ABSENCE OR LOSS OF ARM OR LEG IN A PREVIOUS ROUND (sample_person.P_OCAMPUTE=1), GO TO BOX HFJ25. ELSE GO TO HFJ39 - OCAMPUTE.		
OCAMPUTE	HFJ39	yes/no	IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or a leg?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFJ25
	BOX HFJ25	routing	IF SP IS FEMALE (ROSTSEX=2 or (roster.ROSTSEX=2 where ROSTNUM=1)), GO TO BOX HFCI. ELSE GO TO HFJ40 - HAVEPROS.		
HAVEPROS	HFJ40	yes/no	[[Before (you/[SP]) had prostate surgery, did a doctor or other health professional ever tell/Since (LAST HF MONTH YEAR), has/Has] a doctor or other health professional [ever] told [you/(SP)] that [you/(SP)] had...] an enlarged prostate or benign prostatic hypertrophy (BPH)?	(01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) Don't Know (-9) Refused	(01) BOX HFJ26 (02) BOX HFCI (03) BOX HFCI (-8) BOX HFCI (-9) BOX HFCI
	BOX HFJ26	routing	IF SP IS IN THE BASELINE SAMPLE (sample_person.INTTYPE=3), GO TO HFJ41 - YRPROST. ELSE GO TO BOX HFCI.		
YRPROST	HFJ41	yes/no	Since (LAST HF MONTH YEAR), did a doctor or other health professional tell [you/(SP)] that [you/(SP)] had an enlarged prostate or benign prostatic hypertrophy (BPH)?	(01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) Don't Know (-9) Refused	BOX HFCI
	BOX HFCI	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFCA	routing	IF P_OCBETES=YES, GO TO BOX HFCB. ELSE IF SP IS IN THE BASELINE SAMPLE (sample_person.INTTYPE=3), GO TO HFJ41A-OCBETES. ELSE GO TO YRBETES-YRBETES.		
OCBETES	HFJ41A	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you/(SP)] had any type of diabetes, including: sugar diabetes, high blood sugar, [borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFJ41B - OCDTYPE (02) AUTOIMRX-AUTOIMRX (-8) AUTOIMRX-AUTOIMRX (-9) AUTOIMRX-AUTOIMRX
YRBETES	YRBETES	yes/no	Since [SAMPLE_PERSON.DATE_FALLRND], has a doctor or other health professional told [you/(SP)] that [you/(SP)] had any type of diabetes, including: sugar diabetes, high blood sugar, [borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFJ41B - OCDTYPE (02) AUTOIMRX-AUTOIMRX (-8) AUTOIMRX-AUTOIMRX (-9) AUTOIMRX-AUTOIMRX
OCDTYPE	HFJ41B	code 1	SHOW CARD HF6 Looking at this card, please tell me which type of diabetes the doctor or other health professional said that [you have/(SP) has]. [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] [EXPLAIN IF NECESSARY: "Type 1" was formerly called "insulin dependent" or "juvenile-onset" diabetes. This type of diabetes usually develops during childhood or adolescence; but, it also can develop in adults. "Type 2" was formerly called "non-insulin dependent" or "adult-onset" diabetes. Until recently, this type of diabetes was found only in adults; but, now it is also occurring in children.]	(01) TYPE 1 (02) TYPE 2 (03) BORDERLINE (04) PRE-DIABETES (05) GESTATIONAL (PREGNANCY-RELATED) (91) SOME OTHER TYPE (-8) Don't Know (-9) Refused	(01) BOX 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 HE/SHE HAS.]	(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

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

EMCOND	HFJ42	yes/no	You told me that [you have/(SP) has] had [READ CONDITIONS LISTED BELOW]. [Was this/Were any of these] the original cause of [your/(SP's)] becoming eligible for Medicare? [LIST ALL CONDITIONS WHERE "YES" ANSWER RECORDED AT HFJ1 THROUGH HFJ41C] [NOTE THAT CONDITIONS MAY NOT BE DISPLAYED WITH THE EXACT CONDITION NAME THAT WAS USED EARLIER IN THE INTERVIEW (E.G., HYPERTENSION CAN ALSO BE CALLED HIGH BLOOD PRESSURE AT DIFFERENT QUESTIONS).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX HFJ28 (02) HFJ43 - EMCAUSEVB (-8) HFPINTRO - HLTHCAREINTRO (-9) HFPINTRO - HLTHCAREINTRO
EMCAUSEVB	HFJ43	verbatim text	What was the original cause of [your/(SP's)] becoming eligible for Medicare? RECORD VERBATIM.	(01) [Continuous answer.]	HFPINTRO - HLTHCAREINTRO
	BOX HFJ28	routing	IF SP RESPONDED "YES" TO ONLY ONE HFJ CONDITION, GO TO HFPINTRO - HLTHCAREINTRO. ELSE GO TO HFJ44 - EMCODE.		
EMCODE	HFJ44	code all	Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?] CHECK UP TO 8 CONDITIONS.	(01) ARTERIES HARDENING (02) HYPERTENSION (03) HEART ATTACK (04) HEART DISEASE (05) CONGESTIVE HEART FAILURE (08) OTHER HEART PROBLEM (09) STROKE OR HEMORRHAGE (10) SKIN CANCER (11) CANCER/TUMOR (12) RHEUMATOID ARTHRITIS (26) OSTEOARTHRITIS (13) OTHER ARTHRITIS (14) INTELLECTUAL DISABILITY (15) ALZHEIMER'S (16) DEMENTIA (17) DEPRESSION (18) MENTAL DISORDER (19) OSTEOPOROSIS (20) BROKEN HIP (21) PARKINSON'S (22) EMPHYSEMA/ASTHMA/COPD (23) PARALYSIS (24) LOSS OF LIMB (25) DIABETES (91) OTHER (-8) Don't Know (-9) Refused	(01) HFPINTRO - HLTHCAREINTRO (02) HFPINTRO - HLTHCAREINTRO (03) HFPINTRO - HLTHCAREINTRO (04) HFPINTRO - HLTHCAREINTRO (05) HFPINTRO - HLTHCAREINTRO (08) HFPINTRO - HLTHCAREINTRO (09) HFPINTRO - HLTHCAREINTRO (10) HFPINTRO - HLTHCAREINTRO (11) HFPINTRO - HLTHCAREINTRO (12) HFPINTRO - HLTHCAREINTRO (26) HFPINTRO - HLTHCAREINTRO (13)HFPINTRO - HLTHCAREINTRO (14) HFPINTRO - HLTHCAREINTRO (15) HFPINTRO - HLTHCAREINTRO (16) HFPINTRO - HLTHCAREINTRO (17) HFPINTRO - HLTHCAREINTRO (18) HFPINTRO - HLTHCAREINTRO (19) HFPINTRO - HLTHCAREINTRO (20) HFPINTRO - HLTHCAREINTRO (21) HFPINTRO - HLTHCAREINTRO (22) HFPINTRO - HLTHCAREINTRO (23) HFPINTRO - HLTHCAREINTRO (24) HFPINTRO - HLTHCAREINTRO (25) HFPINTRO - HLTHCAREINTRO (91) HFJ44 - EMOS (-8) HFPINTRO - HLTHCAREINTRO (-9) HFPINTRO - HLTHCAREINTRO

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EMOS	HFJ44	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	HFPINTRO - HLTHCAREINTRO
HLTHCAREINTRO	HFPINTRO	no entry	Now I want to ask you about some things that [you/(SP)] may be doing to maintain [your/(SP)'s] health, either by getting tested for health problems or by taking care of conditions that [you have/(SP) has].	(01) CONTINUE (-7) Empty	BOX HFP1A
	BOX HFP1A	routing	IF (P_OCBETES ^= 1/YES) AND (HFJ41A – OCBETES = 1/Yes or YRBETES - YRBETES = 1/YES) AND (HFJ41B - OCDTYPE ^= 5/GESTATIONAL), GO TO HFP1 - DIAAGE. ELSE IF P_OCBETES = 1/YES, GO TO HFP14A-DIAFEET. ELSE GO TO BOX HFC2.		
DIAAGE	HFP1	numeric	I recorded that [you were/(SP) was] told by a doctor or other health professional that [you have/(SP) has] [Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes]. How old [were you/was (SP)] when [you were/(SP) was] first told that [you/(SP)] had diabetes?	(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused	BOX HFP2
	BOX HFP2	routing	IF THE SP IS FEMALE (ROSTSEX=2) AND (HFP1 – DIAAGE is >= 12 and is <= 45) OR (HFP1 – DIAAGE = DK OR RF), GO TO HFP2 - DIAPRGNT. ELSE GO TO HFP4 - DIAINSUL.		
DIAPRGNT	HFP2	yes/no	Did [you/(SP)] have diabetes only during a pregnancy?	(01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) Don't Know (-9) Refused	(01) BOX HFC2 (02) HFP4 - DIAINSUL (03) BOX HFC2 (-8) BOX HFC2 (-9) BOX HFC2
DIAINSUL	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… take insulin?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP4 - DIAMEDS
DIAMEDS	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… take prescription diabetes pills or oral diabetes medicine?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP4 - DIATEST
DIATEST	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… test [your/(SP)'s] blood for sugar or glucose?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP4 - DIASORES
DIASORES	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… check for sores or irritations on [your/(SP)'s] feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP4 - DIAPRESS
DIAPRESS	HFP4	list	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… measure [your/(SP)'s] blood pressure at home?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP4 - DIAASPRN

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 HFP5 - INSUTAKE. ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKN. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.		
INSUTAKE	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) USE INSULIN PUMP (-8) Don't Know (-9) Refused	(01) HFP5 - INSUDAY (02) HFP5 - INSUWEEK (03) BOX HFP4 (-8) BOX HFP4 (-9) BOX HFP4
INSUDAY	HFP5	quantity unit	How often [do you/does (SP)] take insulin?	(01) [Continuous answer.]	BOX HFP4
INSUWEEK	HFP5	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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
TESTTAKN	HFP7	numeric	How often [do you/does (SP)] test [your/(SP)'s] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.] [ENTER QUANTITY AND UNIT.] [FOR RESPONSES OF DON'T KNOW OR REFUSED, ENTER DON'T KNOW/REFUSED FOR BOTH QUANTITY AND UNIT OF GLUCOSE TESTS.]	(01) [Continuous answer.] [996] RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (-8) Don't Know (-9) Refused	HFP7- TESTTAKE
TESTTAKE	HFP7	quantity unit	How often [do you/does (SP)] test [your/(SP)'s] blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.] [ENTER QUANTITY AND UNIT.] [FOR RESPONSES OF DON'T KNOW OR REFUSED, ENTER DON'T KNOW/REFUSED FOR BOTH QUANTITY AND UNIT OF GLUCOSE TESTS.]	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused	BOX HFP6
	BOX HFP6	routing	IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK. ELSE GO TO HFP10 - DIATENYR.		
SORECHEK	HFP8	quantity unit	How often [do you/does (SP)] check [your/(SP)'s] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused	(01) HFP8 - SOREDAY (02) HFP8 - SOREWEEK (03) HFP8 - SOREMNTH (04) HFP8 - SOREYEAR (-8) HFP10 - DIATENYR (-9) HFP10 - DIATENYR
SOREDAY	HFP8	quantity unit	How often [do you/does (SP)] check [your/(SP)'s] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	HFP10 - DIATENYR
SOREWEEK	HFP8	quantity unit	How often [do you/does (SP)] check [your/(SP)'s] feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) [Continuous answer.]	HFP10 - DIATENYR
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIATENYR	HFP10	yes/no	In the past year has a doctor or other health professional examined [your/(SP)'s] feet for sores or irritations?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP11 - DIADRSAW
DIADRSAW	HFP11	numeric	About how many times in the past year [have you/has (SP)] seen a doctor or other health professional for [your/(SP)'s] diabetes?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	HFP13 - DIAHEMOC
DIAHEMOC	HFP13	numeric	A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked [you/(SP)] for hemoglobin "A one C"?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	HFP14 - DIACTRLD
DIACTRLD	HFP14	code 1	SHOW CARD HF7 Would you say that [your/(SP)'s] blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less.	(01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME (04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused	HFP14A1 - DIAHYPO
DIAHYPO	HFP14A1	yes/no	In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP14A2 - DIAHYPTR (02) BOX HFCC (-8) BOX HFCC (-9) BOX HFCC
DIAHYPTR	HFP14A2	code 1	Please think about the most serious episode of hypoglycemia that [you have/(SP) has] experienced in the past year. [Were you/Was (SP)] able to treat [yourself/themselves] by taking some form of sugar, did [you/(SP)] require treatment from others, or did [you/(SP)] require treatment by a hospital? [EXPLAIN IF NECESSARY: Treatment by a hospital includes being treated in the emergency room or outpatient department of a hospital, or being admitted as an inpatient.]	(01) SELF TREATMENT (02) TREATMENT FROM OTHERS (03) HOSPITAL TREATMENT (-8) Don't Know (-9) Refused	BOX HFCC
	BOX HFCC	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3) , GO TO HFP14A3-DIAFTEVR. ELSE GO TO HFP14A-DIAFEET.		
DIAFTEVR	HFP14A3	yes/no	[Have you/Has (SP)] ever had any problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP14A - DIAFEET (02) HFP15 - DIAEYPRB (-8) HFP15 - DIAEYPRB (-9) HFP15 - DIAEYPRB
DIAFEET	HFP14A	yes/no	[Do you/Does (SP)] currently have any problems with [your/(SP's)] feet as a result of [your/(SP)'s] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFCD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFCD	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIANEURO. ELSE IF P_DNEURO ^= YES, GO TO YRDNEURO-YRDNEURO. ELSE GO TO BOX HFCE.		
DIANEURO	HFP14B	list	People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor or other health professional that [you/(SP)] had any of the following problems with [your/(SP)'s] feet as a result of [your/(SP)'s] diabetes. [Have you/Has (SP)] ever been told by a doctor or other health professional that [you/(SP)] had… Neuropathy or nerve damage, which may cause pain or numbness in the feet?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFCE
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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
	BOX HFCG	routing	IF SP IS IN THE BASELINE INTERIVEW (sample_person.INTTYPE=3), GO TO HFP14B-DIASKINC. ELSE IF P_DSKINC ^= YES, GO TO YRDSKINC-YRDSKINC. ELSE GO TO 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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIAKDPEV	HFP16A1	yes/no	[Have you/Has (SP)] ever had any problems with [your/(SP)'s] kidneys as a result of [your/(SP)'s] diabetes? [EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP16 - DIAKDPRB (02) BOX HFC1 (-8) BOX HFC1 (-9) BOX HFC1
DIAKDPRB	HFP16	yes/no	[Do you/Does (SP)] currently have any problems with [your/(SP)'s] kidneys as a result of [your/(SP)'s] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX HFC1 (02) BOX HFC1 (-8) BOX HFC1 (-9) BOX HFC1
	BOX HFC1	routing	IF SP IS IN THE BASELINE SAMPLE [SAMPLE.PERSON.INTTYPE=3], GO TO HFP17-DIAMNGE. ELSE GO TO HFP17A-CDIAMNGE.		
DIAMNGE	HFP17	yes/no	[Have you/Has (SP)] ever participated in a diabetes self-management course or class, or received special training on how [you/(SP)] can manage [your/(SP)'s] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP18 - DIATRAIN (02) BOX HFP7 (-8) BOX HFP7 (-9) BOX HFP7
CDIAMNGE	CDIAMNGE	yes/no	Since [SAMPLE_PERSON.DATE_FALLRND], [have you/has (SP)] participated in a diabetes self-management course or class, or received special training on how [you/(SP)] can manage [your/(SP)'s] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFP7
DIATRAIN	HFP18	code 1	When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class or received special training on hhow [you/(SP)] can manage [your/(SP)'s] diabetes? [IF THE RESPONDENT HAS GONE TO MORE THAN ONE COURSE OR TRAINING, PROBE FOR THE MOST RECENT TIME.]	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	BOX HFP7
	BOX HFP7	routing	IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP19 - DIAKNOW. ELSE GO TO BOX HFR1.		
DIAKNOW	HFP19	code 1	SHOW CARD HF8 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIASUPPS	HFP20	yes/no	Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFR1
	BOX HFC2	routing	IF SP IS IN THE BASELINE SAMPLE [SAMPLE.PERSON.INTTYPE=3], GO TO HFP21-DIAEVERT. ELSE GO TO HFP21A-CDIAEVER.		
DIAEVERT	HFP21	yes/no	[I have recorded that [you have/(SP) has] never been told by a doctor or other health professional that [you have/(SP) has] diabetes.] [Have you/Has (SP)] ever had a blood test to see if [you have/(SP) has] diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] ever had a blood test for diabetes, not whether [you have/(SP) has] diabetes.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP22 - DIARECNT (02) BOX HFP8 (-8) BOX HFP8 (-9) BOX HFP8
CDIAEVER	HFP21A	yes/no	[I have recorded that [you have/(SP) has] never been told by a doctor or other health professional that [you have/(SP) has] diabetes.] Since [SAMPLE_PERSON.DATE_FALLRND, [have you/has (SP)] had a blood test to see if [you have/(SP) has] diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] had a blood test since [SAMPLE_PERSON.DATE_FALLRND for diabetes, not whether [you have/(SP) has] diabetes.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFP24 - DIARISK (02) BOX HFP8 (-8) BOX HFP8 (-9) BOX HFP8
DIARECNT	HFP22	code 1	When was the most recent time [you were/(SP) was] tested for diabetes?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	HFP24 - DIARISK
	BOX HFP8	routing	IF THE SP IS THE RESPONDENT (SPPROXY=1), GO TO HFP23 - DIAAWARE. ELSE GO TO HFP24 - DIARISK.		
DIAAWARE	HFP23	yes/no	Before today, were you aware that there is a blood test to determine if a person has diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP24 - DIARISK

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DIARISK	HFP24	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you are/(SP) is] at high risk for diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] ever been told [you are/(SP) is] at risk for diabetes, not whether [you have/(SP) has] diabetes.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFP25 - DIASIGNS
DIASIGNS	HFP25	yes/no	In the past year, [have you/has (SP)] received any information about the signs, symptoms, or risk factors for diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] received any information on diabetes, not whether [you have/(SP) has] diabetes.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFR1
	BOX HFR1	routing	IF [(SP HAS REPORTED HAVING COLON, RECTAL, OR BOWEL CANCER IN THE CURRENT ROUND (EVRCODE = 02/COLON (BOWEL) OR 26/RECTUM)) OR (IN A PREVIOUS ROUND (P_OCCCOLON=1 or P_OCCRECT=1)], GO TO BOX HFS1. ELSE, IF (SP HAS EVER HEARD ABOUT COLORECTAL OR COLON CANCER (P_COLHEAR=1), GO TO BOX HFC3. ELSE, GO TO HFR1-COLHEAR.		
COLHEAR	HFR1	yes/no	Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. Before today, had [you/SP] ever heard of colorectal or colon cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFC3
	BOX HFC3	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFR3 - COLHTEST. ELSE GO TO HFR3A - CCOLHTES.		
COLHTEST	HFR3	yes/no	The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR5 - COLCARD (02) BOX HFC4 (-8) BOX HFC4 (-9) BOX HFC4
CCOLHTES	HFR3A	yes/no	The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Since (SAMPLE_PERSON.DATE_FALLRND), Has a doctor or other health professional given [you/(SP)] a home testing kit to test for blood in the stool?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR5 - COLCARD (02) BOX HFC4 (-8) BOX HFC4 (-9) BOX HFC4
	BOX HFC4	routing	IF P_COLHKIT=YES, GO TO HFR4A - COLFDOC. ELSE GO TO HFR4-COLHKIT.		
COLHKIT	HFR4	yes/no	Before today, [have you/has SP] ever heard of this home testing kit?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFR4A - COLFDOC

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
COLFDOC	HFR4A	yes/no	Has a doctor or other health professional ever performed a fecal occult blood test to test for blood in the stool while [you/(SP)] [were/was] at the doctor's office?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR7 - COLRECNT (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	BOX HFC5
	BOX HFC5	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFR7 - COLRECNT. ELSE GO TO BOX HFC6.		
COLRECNT	HFR7	code 1	When did [you/(SP)] have [your/(SP's)] most recent blood stool test [(using a home testing kit)/(at the doctor's office)]? [READ IF NECESSARY: The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool.]	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	BOX HFC6
	BOX HFC6	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO COLORECT-COLORECT. ELSE GO TO CCOLOREC-CCOLOREC.		
COLORECT	COLORECT	yes/no	These next questions are about colorectal cancer screening. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. [Have you/Has (SP)] ever had either of these exams?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) CORECTYP (02) BOX HFC7 (-8) BOX HFC7 (-9) BOX HFC7
CORECTYP	CORECTYP	code 1	For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone take you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. [Have you/Has (SP)] ever had a colonoscopy, a sigmoidoscopy, or both?	(01) Colonoscopy (02) Sigmoidoscopy (03) Both (-8) Don't Know (-9) Refused	(01) HFR9 - WHENSCOP (02) HFR9 - WHENSCOP (03) HFR9 - WHENSCOP (-8) BOX HFC7 (-9) BOX HFC7
CCOLOREC	CCOLOREC	yes/no	These next questions are about colorectal cancer screening. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)] had either of these exams?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) CCORECTP (02) BOX HFC7 (-8) BOX HFC7 (-9) BOX HFC7

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CCORECTP	CCORECTP	code 1	For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone take you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)] had a colonoscopy, a sigmoidoscopy, or both?	(01) Colonoscopy (02) Sigmoidoscopy (03) Both (-8) Don't Know (-9) Refused	BOX HFC7
WHENSCOP	HFR9	code 1	When did [you/(SP)] have [your/(SP)'s] most recent sigmoidoscopy or colonoscopy? [IF NEEDED: If [you/(SP)] had both exams done, then please provide the date for the most recent exam]	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	HFR13 - COLSCRNS
	BOX HFC7	routing	IF P_HEARSCOP=YES OR CCOLOREC=YES OR COLORECT=YES, GO TO BOX HFR2. ELSE GO TO HFR10-HEARSIG.		
HEARSIG	HFR10	yes/no	Before today, had [you/(SP)] ever heard of a sigmoidoscopy or colonoscopy?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFR11 - COLDRREC (02) BOX HFR2 (-8) BOX HFR2 (-9) BOX HFR2
	BOX HFR2	routing	IF HFR3 - COLHTEST = 1/Yes or HFR3A - CCOLHTES = 1/Yes or HFR4 - COLHKIT = 1/Yes, GO TO HFR13 - COLSCRNS. ELSE GO TO BOX HFS1.		
COLDRREC	HFR11	yes/no	Has a doctor or other health professional ever recommended that [you/(SP)] have this test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFR13 - COLSCRNS
COLSCRNS	HFR13	yes/no	Before today, did [you/(SP)] know that Medicare now pays the cost of screening tests for colorectal cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFS1
	BOX HFS1	routing	IF SP HAS EVER REPORTED HAVING OSTEPOPORIS 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
OSTEVERT	HFS1	yes/no	[Have you/Has (SP)] ever talked with [your/(SP)'s] doctor or other health professional about osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFS2 - OSTHRISK (02) BOX HFC8 (-8) BOX HFC8 (-9) BOX HFC8
OSTHRISK	HFS2	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you are/(SP) is] at high risk for osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFS2A - OSTFRACT
OSTFRACT	HFS2A	yes/no	[Have you/Has (SP)] ever experienced a fracture that [your/(SP)'s] doctor or other health professional told [you/(SP)] was related to osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFC8
	BOX HFC8	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO HFS3-OSTTEST. ELSE GO TO HFS3A-COSTTEST.		
OSTTEST	HFS3	yes/no	There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement, or DEXA scan. [Have you/Has (SP)] ever had a Bone Mass or Bone Density Measurement test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFS5 - OSTRECNT (02) BOX HFC9 (-8) BOX HFC9 (-9) BOX HFC9
COSTTEST	HFS3A	yes/no	There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement, or DEXA scan. Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has (SP)] had a Bone Mass or Bone Density Measurement test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFS6 - OSTMASS (02) BOX HFC9 (-8) BOX HFC9 (-9) BOX HFC9
	BOX HFC9	routing	IF P_OSTHEAR=YES, GO TO HFS6 - OSTMASS. ELSE GO TO HFS4-OSTHEAR.		
OSTHEAR	HFS4	yes/no	Before today, had you ever heard of this test?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFS6 - OSTMASS (02) HFAC29 - HCTROUBL (-8) HFAC29 - HCTROUBL (-9) HFAC29 - HCTROUBL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
OSTRECNT	HFS5	code 1	When was the most recent time that [you/(SP)] had a Bone Mass or Bone Density Measurement test?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED	HFS6 - OSTMASS
OSTMASS	HFS6	yes/no	Before today, did you know that Medicare would pay for Bone Mass or Bone Density Measurement tests for Medicare beneficiaries who are at risk for osteoporosis?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFAC29 - HCTROUBL
HCTROUBL	HFAC29	yes/no	Next, we are going to ask some questions about [your/(SP's)] health care needs during the past year. Since (LAST HF MONTH YEAR), [have you/has (SP)] had any trouble getting health care that [you/(SP)] wanted or needed?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFAC30A - HCTCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY
HCTCODE	HFAC30A	code all	Why was that? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) SP DOES NOT HAVE MONEY (02) COST IS TOO HIGH (03) SERVICES/SUPPLIES NOT COVERED (04) NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL (05) DIFFICULTY GETTING HOME HEALTH CARE (06) NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT (07) WAIT TOO LONG/DOCTOR TOO BUSY (08) OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE (09) NOT ELIGIBLE FOR PUBLIC COVERAGE (10) DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE (11) DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR (12) HMO REFERRAL PROCESS (DIFFICULTY GETTING) (13) PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE (14) HMO WOULD NOT COVER OR PROVIDE SERVICE (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX HFF6 (02) BOX HFF6 (03) BOX HFF6 (04) BOX HFF6 (05) BOX HFF6 (06) BOX HFF6 (07) BOX HFF6 (08) BOX HFF6 (09) BOX HFF6 (10) BOX HFF6 (11) BOX HFF6 (12) BOX HFF6 (13) BOX HFF6 (14) BOX HFF6 (91) HFAC30A - HCTOTHOS (-8) BOX HFF6 (-9) BOX HFF6
HCTOTHOS	HFAC30A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX HFF6

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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	HFAC32B- PAYOVRTM
PAYOVRTM	HFAC32B	yes/no	[Do you /Does (SP)] currently have any medical bills that are being paid off over time?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFKINTRO - IADLINTRO
IADLINTRO	HFKINTRO	no entry	Health problems can include physical, mental, emotional, or memory problems. I'd now like to ask you about how health problems may affect [your/(SP)'s] ability to perform some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each activity alone.	(01) CONTINUE (-7) Empty	HFKA1 - PRBTELE
PRBTELE	HFKA1	code 1	Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty... using the telephone?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFKB1 - PRBLHWK (02) HFKB1 - PRBLHWK (03) HFKA2 - DONTTELE (-8) HFKB1 - PRBLHWK (-9) HFKB1 - PRBLHWK
DONTTELE	HFKA2	yes/no	[You said that using the telephone is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFKB1 - PRBLHWK
PRBLHWK	HFKB1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] doing light housework (like washing dishes, straightening up, or light cleaning)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFKC1 - PRBHHWK (02) HFKC1 - PRBHHWK (03) HFKB2 - DONTLHWK (-8) HFKC1 - PRBHHWK (-9) HFKC1 - PRBHHWK
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 - PRBHHWK
PRBHHWK	HFKC1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] doing heavy housework (like scrubbing floors or washing windows)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFKD1 - PRBMEAL (02) HFKD1 - PRBMEAL (03) HFKC2 - DONTHHWK (-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 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] preparing [your/(SP)'s] own meals?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFKE1 - PRBSHOP (02) HFKE1 - PRBSHOP (03) HFKD2 - DONTMEAL (-8) HFKE1 - PRBSHOP (-9) HFKE1 - PRBSHOP
DONTMEAL	HFKD2	yes/no	[You said that preparing [your/(SP)'s] own meals is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFKE1 - PRBSHOP
PRBSHOP	HFKE1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] shopping for personal items (such as toilet items or medicines)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) 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 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] managing money (like keeping track of expenses or paying bills)?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) BOX HFKA1 (02) BOX HFKA1 (03) 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 - PERSON_HLPRTELE (02) BOX HFKB1 (-8) BOX HFKB1 (-9) BOX HFKB1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PERSON_HLPRTELE	HFKA4	roster	You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRTELE = (N+1), GO TO HFKA4_NEW-ROSTFNAM, ELSE GO TO BOX HFKB1
ROSTFNAM	HFKA4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKA4_NEW - ROSTLNAM
ROSTLNAM	HFKA4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKA4_NEW - ROSTREL
ROSTREL	HFKA4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFKB1 (56) BOX HFKB1 (91) HFKA4_NEW - ROSTREOS (-8) BOX HFKB1 (-9) BOX HFKB1
ROSTREOS	HFKA4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFKB1
	BOX HFKB1	routing	IF HFKB1 - PRBLHWK = 1/Yes or HFKB2 - DONTLHWK = 1/Yes, GO TO HFKB3 - HELPLHWK. ELSE GO TO BOX HFKC1.		
HELPLHWK	HFKB3	yes/no	[[You said that [your/(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult./You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with... doing light housework (like washing dishes, straightening up, or light cleaning)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFKB4 - PERSON_HLPRLHWK (02) BOX HFKC1 (-8) BOX HFKC1 (-9) BOX HFKC1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PERSON_HLPRLHWK	HFKB4	roster	You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes, straightening up, or light cleaning). Who gives that help?	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRLHWK = (N+1), GO TO HFKB4_NEW-ROSTFNAM, ELSE GO TO BOX HFKC1
ROSTFNAM	HFKB4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKB4_NEW - ROSTLNAM
ROSTLNAM	HFKB4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKB4_NEW - ROSTREL
ROSTREL	HFKB4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFKC1 (56) BOX HFKC1 (58) BOX HFKC1 (59) BOX HFKC1 (60) BOX HFKC1 (61) BOX HFKC1 (91) HFKB4_NEW - ROSTREOS (-8) BOX HFKC1 (-9) BOX HFKC1
ROSTREOS	HFKB4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFKC1
	BOX HFKC1	routing	IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - 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 - PERSON_HLPRHHWK (02) BOX HFKD1 (-8) BOX HFKD1 (-9) BOX HFKD1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PERSON_HLPRHHWK	HFKC4	roster	You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRHHWK = (N+1), GO TO HFKC4_NEW-ROSTFNAM. ELSE GO TO BOX HFKD1.
ROSTFNAM	HFKC4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKC4_NEW - ROSTLNAM
ROSTLNAM	HFKC4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKC4_NEW - ROSTREL
ROSTREL	HFKC4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFKD1 (56) BOX HFKD1 (58) BOX HFKD1 (59) BOX HFKD1 (60) BOX HFKD1 (61) BOX HFKD1 (91) HFKC4_NEW - ROSTREOS (-8) BOX HFKD1 (-9) BOX HFKD1
ROSTREOS	HFKC4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFKD1
	BOX HFKD1	routing	IF HFKD1 – PRBMEAL = 1/Yes or HFKD2 – DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL. ELSE GO TO BOX HFKE1.		
HELPMEAL	HFKD3	yes/no	[[You said that [your/(SP's)] health makes preparing [your/[(SP)'s] own meals difficult./You said that preparing [your/[(SP)'s]] own meals is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with... preparing [your/[(SP)'s] own meals?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFKD4 - PERSON_HLPRMEAL (02) BOX HFKE1 (-8) BOX HFKE1 (-9) BOX HFKE1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PERSON_HLPRMEAL	HFKD4	roster	You mentioned that [you receive/(SP) receives] help with preparing [your/[(SP)'s] own meals. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRMEAL = (N+1), GO TO HFKD4_NEW-ROSTFNAM. ELSE GO TO BOX HFKE1.
ROSTFNAM	HFKD4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKD4_NEW - ROSTLNAM
ROSTLNAM	HFKD4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKD4_NEW - ROSTREL
ROSTREL	HFKD4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFKE1 (56) BOX HFKE1 (58) BOX HFKE1 (59) BOX HFKE1 (60) BOX HFKE1 (61) BOX HFKE1 (91) HFKD4_NEW - ROSTREOS (-8) BOX HFKE1 (-9) BOX HFKE1
ROSTREOS	HFKD4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFKE1
	BOX HFKE1	routing	IF HFKE1 – PRBSHOP = 1/Yes or HFKE2 – DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP. ELSE GO TO BOX 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 - PERSON_HLPRSHOP (02) BOX HFKF1 (-8) BOX HFKF1 (-9) BOX HFKF1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PERSON_HLPRSHOP	HFKE4	roster	You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or medicines). Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRSHOP = (N+1), GO TO HFKE4_NEW-ROSTFNAM. ELSE GO TO BOX HFKF1.
ROSTFNAM	HFKE4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKE4_NEW - ROSTLNAM
ROSTLNAM	HFKE4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKE4_NEW - ROSTREL
ROSTREL	HFKE4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFKF1 (56) BOX HFKF1 (58) BOX HFKF1 (59) BOX HFKF1 (60) BOX HFKF1 (61) BOX HFKF1 (91) HFKE4_NEW - ROSTREOS (-8) BOX HFKF1 (-9) BOX HFKF1
ROSTREOS	HFKE4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX 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 - PERSON_HLPRBILS (02) HFLINTRO - ADLSINTRO (-8) HFLINTRO - ADLSINTRO (-9) HFLINTRO - ADLSINTRO

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PERSON_HLPRBILLS	HFKF4	roster	You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or paying bills). Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRBILS = (N+1), GO TO HFKF4_NEW-ROSTFNAM. ELSE GO TO HFLINTRO - ADLSINTRO.
ROSTFNAM	HFKF4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKF4_NEW - ROSTLNAM
ROSTLNAM	HFKF4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFKF4_NEW - ROSTREL
ROSTREL	HFKF4_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) HFLINTRO - ADLSINTRO (56) HFLINTRO - ADLSINTRO (58) HFLINTRO - ADLSINTRO (59) HFLINTRO - ADLSINTRO (60) HFLINTRO - ADLSINTRO (61) HFLINTRO - ADLSINTRO (91) HFKF4_NEW - ROSTREOS (-8) HFLINTRO - ADLSINTRO (-9) HFLINTRO - ADLSINTRO
ROSTREOS	HFKF4_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	HFLINTRO - ADLSINTRO
ADLSINTRO	HFLINTRO	no entry	Remembering that health problems can include physical, mental, emotional, or memory problems, I'd now like to ask you about how health problems may affect [your/(SP)'s] ability to perform some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each activity alone and without special equipment.	(01) CONTINUE (-7) Empty	HFLA1 - HPPDBATH
HPPDBATH	HFLA1	code 1	Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty… bathing or showering?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFLB1 - HPPDDRES (02) HFLB1 - HPPDDRES (03) HFLA2 - DONTBATH (-8) HFLB1 - HPPDDRES (-9) HFLB1 - HPPDDRES
DONTBATH	HFLA2	yes/no	[You said that bathing or showering is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLB1 - HPPDDRES

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HPPDDRES	HFLB1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] dressing?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFLC1 - HPPDEAT (02) HFLC1 - HPPDEAT (03) HFLB2 - DONTDRES (-8) HFLC1 - HPPDEAT (-9) HFLC1 - HPPDEAT
DONTDRES	HFLB2	yes/no	[You said that dressing is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLC1 - HPPDEAT
HPPDEAT	HFLC1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] eating?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFLD1 - HPPDCHAR (02) HFLD1 - HPPDCHAR (03) HFLC2 - DONTEAT (-8) HFLD1 - HPPDCHAR (-9) HFLD1 - HPPDCHAR
DONTEAT	HFLC2	yes/no	[You said that eating is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLD1 - HPPDCHAR
HPPDCHAR	HFLD1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] getting in or out of bed or chairs?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFLE1 - HPPDWALK (02) HFLE1 - HPPDWALK (03) HFLD2 - DONTCHAR (-8) HFLE1 - HPPDWALK (-9) HFLE1 - HPPDWALK
DONTCHAR	HFLD2	yes/no	[You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLE1 - HPPDWALK
HPPDWALK	HFLE1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] walking?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) HFLF1 - HPPDTOIL (02) HFLF1 - HPPDTOIL (03) HFLE2 - DONTWALK (-8) HFLF1 - HPPDTOIL (-9) HFLF1 - HPPDTOIL
DONTWALK	HFLE2	code 1	[You said that walking is something that [you don't/(SP) doesn't] do.] Is this because of a physical, mental, emotional, or memory problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLF1 - HPPDTOIL
HPPDTOIL	HFLF1	code 1	[Because of a physical, mental, emotional, or memory problem, [do you/does (SP)] have any difficulty…] using the toilet, including getting up and down?	(01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused	(01) BOX HFLA1 (02) BOX HFLA1 (03) HFLF2 - DONTTOIL (-8) BOX HFLA1 (-9) BOX HFLA1

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	BOX HFLA1
	BOX HFLA1	routing	IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH. ELSE GO TO BOX HFLB1.		
HELPBATH	HFLA3	yes/no	[[You said [your/(SP's)] health makes bathing or showering difficult./You said that bathing or showering is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with bathing or showering?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFLA5 - EQIPBATH (02) HFLA4 - PCHKBATH (-8) HFLA4 - PCHKBATH (-9) HFLA4 - PCHKBATH
PCHKBATH	HFLA4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering? [That is, does someone usually stay or come into the room to check on [you/(SP)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLA5 - EQIPBATH
EQIPBATH	HFLA5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with bathing or showering?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLA2
	BOX HFLA2	routing	IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH. ELSE GO TO BOX HFLB1.		
LONGBATH	HFLA6	code 1	How long [have you/has (SP)] needed help with bathing or showering? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	(01) HFLA7 - STILBATH (02) BOX HFLB1 (03) BOX HFLB1 (-8) BOX HFLB1 (-9) BOX HFLB1
STILBATH	HFLA7	yes/no	Do you expect that [you/(SP)] will still need help with bathing or showering three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLB1
	BOX HFLB1	routing	IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES. ELSE GO TO BOX HFLC1.		
HELPDRES	HFLB3	yes/no	[[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with dressing?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFLB5 - EQIPDRES (02) HFLB4 - PCHKDRES (-8) HFLB4 - PCHKDRES (-9) HFLB4 - PCHKDRES

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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
LONGEAT	HFLC6	code 1	How long [have you/has (SP)] needed help with eating? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	(01) HFLC7 - STILEAT (02) BOX HFLD1 (03) BOX HFLD1 (-8) BOX HFLD1 (-9) BOX HFLD1
STILEAT	HFLC7	yes/no	Do you expect that [you/(SP)] will still need help with eating three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLD1
	BOX HFLD1	routing	IF HFLD1 – HPPDCHAR = 1/Yes OR HFLD2 - DONTCHAR = 1/Yes, GO TO HFLD3 - HELPCHAR. ELSE GO TO BOX HFLE1.		
HELPCHAR	HFLD3	yes/no	[[You said [your/(SP's)] health makes getting in or out of bed or chairs difficult./You said that getting in or out of bed or chairs is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with getting in or out of bed or chairs?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFLD5 - EQIPCHAR (02) HFLD4 - PCHKCHAR (-8) HFLD4 - PCHKCHAR (-9) HFLD4 - PCHKCHAR
PCHKCHAR	HFLD4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with getting in or out of bed or chairs? [That is, does someone usually stay or come into the room to check on [you/(SP))?]]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLD5 - EQIPCHAR
EQIPCHAR	HFLD5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with getting in or out of bed or chairs?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLD2
	BOX HFLD2	routing	IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR. ELSE GO TO BOX HFLE1.		
LONGCHAR	HFLD6	code 1	How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	(01) HFLD7 - STILCHAR (02) BOX HFLE1 (03) BOX HFLE1 (-8) BOX HFLE1 (-9) BOX HFLE1
STILCHAR	HFLD7	yes/no	Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLE1
	BOX HFLE1	routing	IF HFLE1- HPPDWALK = 1/Yes OR HFLE2 – DONTWALK = 1/Yes, GO TO HFLE3 - HELPWALK. ELSE GO TO BOX HFLF1.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HELPWALK	HFLE3	yes/no	[IF R IS IN A WHEELCHAIR OR CANNOT STAND **DUE TO PERMANENT DISABILITY ONLY**, SELECT "NO" WITHOUT READING TEXT BELOW.] [[You said [your/(SP's)] health makes walking difficult./You said that walking is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with walking?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFLE5 - EQIPWALK (02) HFLE4 - PCHKWALK (-8) HFLE4 - PCHKWALK (-9) HFLE4 - PCHKWALK
PCHKWALK	HFLE4	yes/no	[IF R IS IN A WHEELCHAIR OR CANNOT STAND **DUE TO PERMANENT DISABILITY ONLY**, SELECT "NO" WITHOUT READING TEXT BELOW.] Does someone usually stay nearby just in case [you need/(SP) needs] help with walking? [That is, does someone usually stay or come into the room to check on [you/(SP))?]]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLE5 - EQIPWALK
EQIPWALK	HFLE5	yes/no	[IF R IS IN A WHEELCHAIR OR CANNOT STAND **DUE TO PERMANENT DISABILITY ONLY**, SELECT "YES" WITHOUT READING TEXT BELOW.] [Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with walking?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLE2
	BOX HFLE2	routing	IF HFLE3 - HELPWALK = 1/Yes, GO TO HFLE6 - LONGWALK. ELSE GO TO BOX HFLF1.		
LONGWALK	HFLE6	code 1	How long [have you/has (SP)] needed help with walking? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	(01) HFLE7 - STILWALK (02) BOX HFLF1 (03) BOX HFLF1 (-8) BOX HFLF1 (-9) BOX HFLF1
STILWALK	HFLE7	yes/no	Do you expect that [you/(SP)] will still need help with walking three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLF1
	BOX HFLF1	routing	IF HFLF1 – HPPDTOIL = 1/Yes OR HFLF2 – DONTTOIL = 1/Yes, GO TO HFLF3 - HELPTOIL. ELSE GO TO BOX HFLA3.		
HELPTOIL	HFLF3	yes/no	[[You said [your/(SP's)] health makes using the toilet difficult./You said that using the toilet is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with using the toilet, including getting up and down?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFLF5 - EQIPTOIL (02) HFLF4 - PCHKTOIL (-8) HFLF4 - PCHKTOIL (-9) HFLF4 - PCHKTOIL
PCHKTOIL	HFLF4	yes/no	Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet, including getting up and down? [That is, does someone usually stay or come into the room to check on [you/(SP)]?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFLF5 - EQIPTOIL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EQIPTOIL	HFLF5	yes/no	[Do you/Does (SP)] use special equipment or aids to help [you/(SP)] with using the toilet, including getting up and down?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLF2
	BOX HFLF2	routing	IF HFLF3 - HELPTOIL = 1/Yes, GO TO HFLF6 - LONGTOIL. ELSE GO TO BOX HFLA3.		
LONGTOIL	HFLF6	code 1	How long [have you/has (SP)] needed help with using the toilet? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused	(01) HFLF7 - STILTOIL (02) BOX HFLA3 (03) BOX HFLA3 (-8) BOX HFLA3 (-9) BOX HFLA3
STILTOIL	HFLF7	yes/no	Do you expect that [you/(SP)] will still need help with using the toilet three months from now?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFLA3
	BOX HFLA3	routing	IF HFLA3 - HELPBATH = 1/Yes, GO TO HFLA9 - PERSON_HLPRBATH. ELSE GO TO BOX HFLB3.		
PERSON_HLPRBATH	HFLA9	roster	You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRBATH = (N+1) , GO TO HFLA9_NEW-ROSTFNAM. ELSE GO TO BOX HFLB3.
ROSTFNAM	HFLA9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLA9_NEW - ROSTLNAM
ROSTLNAM	HFLA9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLA9_NEW - ROSTREL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ROSTREL	HFLA9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLB3 (56) BOX HFLB3 (58) BOX HFLB3 (59) BOX HFLB3 (60) BOX HFLB3 (61) BOX HFLB3 (91) HFLA9_NEW - ROSTREOS (-8) BOX HFLB3 (-9) BOX HFLB3
ROSTREOS	HFLA9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLB3
	BOX HFLB3	routing	IF HFLB3 - HELPDRES = 1/Yes, GO TO HFLB9 - PERSON_HLPRDRES. ELSE GO TO BOX HFLC3.		
PERSON_HLPRDRES	HFLB9	roster	You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRBATH = (N+1), GO TO HFLB9_NEW-ROSTFNAM. ELSE GO TO BOX HFLC3.
ROSTFNAM	HFLB9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLB9_NEW - ROSTLNAM
ROSTLNAM	HFLB9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLB9_NEW - ROSTREL
ROSTREL	HFLB9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLC3 (56) BOX HFLC3 (58) BOX HFLC3 (59) BOX HFLC3 (60) BOX HFLC3 (61) BOX HFLC3 (91) HFLB9_NEW - ROSTREOS (-8) BOX HFLC3 (-9) BOX HFLC3
ROSTREOS	HFLB9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLC3

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HFLC3	routing	IF HFLC3 – HELPEAT = 1/Yes, GO TO HFLC9 - PERSON_HLPREAT. ELSE GO TO BOX HFLD3.		
PERSON_HLPRE AT	HFLC9	roster	You mentioned that [you receive/(SP) receives] help with eating. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPREAT = (N+1) GO TO HFLC9_NEW-ROSTFNAM. ELSE GO TO BOX HFLD3.
ROSTFNAM	HFLC9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLC9_NEW - ROSTLNAM
ROSTLNAM	HFLC9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLC9_NEW - ROSTREL
ROSTREL	HFLC9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLD3 (56) BOX HFLD3 (58) BOX HFLD3 (59) BOX HFLD3 (60) BOX HFLD3 (61) BOX HFLD3 (91) HFLC9_NEW - ROSTREOS (-8) BOX HFLD3 (-9) BOX HFLD3
ROSTREOS	HFLC9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLD3
	BOX HFLD3	routing	IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD9 - PERSON_HLPRCHAR. ELSE GO TO BOX HFLE3.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PERSON_HLPRCHAR	HFLD9	roster	You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRCHAR = (N+1) , GO TO HFLD9_NEW-ROSTFNAM. ELSE GO TO BOX HFLE3.
ROSTFNAM	HFLD9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLD9_NEW - ROSTLNAM
ROSTLNAM	HFLD9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLD9_NEW - ROSTREL
ROSTREL	HFLD9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLE3 (56) BOX HFLE3 (58) BOX HFLE3 (59) BOX HFLE3 (60) BOX HFLE3 (61) BOX HFLE3 (91) HFLD9_NEW - ROSTREOS (-8) BOX HFLE3 (-9) BOX HFLE3
ROSTREOS	HFLD9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLE3
	BOX HFLE3	routing	IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - PERSON_HLPRWALK. ELSE GO TO BOX HFLF3.		
PERSON_HLPRWALK	HFLE9	roster	You mentioned that [you receive/(SP) receives] help with walking. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRWALK = (N+1), GO TO HFLE9_NEW-ROSTFNAM. ELSE GO TO BOX HFLF3.

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ROSTFNAM	HFLE9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLE9_NEW - ROSTLNAM
ROSTLNAM	HFLE9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLE9_NEW - ROSTREL
ROSTREL	HFLE9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLF3 (56) BOX HFLF3 (58) BOX HFLF3 (59) BOX HFLF3 (60) BOX HFLF3 (61) BOX HFLF3 (91) HFLE9_NEW - ROSTREOS (-8) BOX HFLF3 (-9) BOX HFLF3
ROSTREOS	HFLE9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLF3
	BOX HFLF3	routing	IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL. ELSE GO TO BOX HFL4.		
PERSON_HLPRTOIL	HFLF9	roster	You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help? ENTER ALL HELPERS.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/Other, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	IF PERSON_HLPRTOIL = (N+1), GO TO HFLF9_NEW-ROSTFNAM. ELSE GO TO BOX HFLG3.
ROSTFNAM	HFLF9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLF9_NEW - ROSTLNAM
ROSTLNAM	HFLF9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	HFLF9_NEW - ROSTREL
ROSTREL	HFLF9_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX HFLF3 (56) BOX HFLF3 (58) BOX HFLF3 (59) BOX HFLF3 (60) BOX HFLF3 (61) BOX HFLF3 (91) HFLF9_NEW - ROSTREOS (-8) BOX HFLF3 (-9) BOX HFLF3

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ROSTREOS	HFLF9_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	BOX HFLF3
	BOX HFL4	routing	IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND/OR HFLF9, GO TO HFL10 - PERSON_HLPRMOST. ELSE GO TO HFM1 - FALLANY.		
PERSON_HLPRMOST	HFL10	roster	Which of these persons gives [you/(SP)] the most help with these things? SELECT ONLY ONE.	Display all persons selected at HFLA9, HFLB9, HFLC9, HFLD9, HFLE9 and HFLF9 rosters.	HFM1 - FALLANY
FALLANY	HFM1	yes/no	Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFM2 - FALLTIME (02) DISUPPYR (-8) DISUPPYR (-9) DISUPPYR
FALLTIME	HFM2	numeric	Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down? ENTER "95" IF 95 OR MORE FALLS REPORTED.	[Continuous answer.] Don't Know Refused	HFM3A - FALLHELP
FALLHELP	HFM3A	yes/no	Thinking about the [most recent] time that [you/(SP)] fell, did [you/(SP)] hurt [yourself/ themselves] badly enough to get medical help?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFM3B - FALCODE
FALCODE	HFM3B	code all	What kind of injury did [you/(SP)] have in that [most recent] fall? [PROBE: Anything else?] CHECK ALL THAT APPLY.	(01) BROKEN BONE/FRACTURE (02) SPRAIN/STRAIN (03) BRUISE (04) CUT/WOUND/LACERATION (05) CONCUSSION (06) DISLOCATION (91) OTHER (96) NO INJURY (-8) Don't Know (-9) Refused	(01) HFM3C - FALLIMIT (02) HFM3C - FALLIMIT (03) HFM3C - FALLIMIT (04) HFM3C - FALLIMIT (05) HFM3C - FALLIMIT (06) HFM3C - FALLIMIT (91) HFM3B - FALOTHOS (96) HFM3C - FALLIMIT (-8) HFM3C - FALLIMIT (-9) HFM3C - FALLIMIT
FALOTHOS	HFM3B	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	HFM3C - FALLIMIT
FALLIMIT	HFM3C	yes/no	Did [your/(SP's)] [most recent] fall cause [you/(SP)] to limit [your/(SP)'s] regular activities?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HFM3D - FALLBACK (02) HFM3E - FALLFEAR (-8) HFM3E - FALLFEAR (-9) HFM3E - FALLFEAR
FALLBACK	HFM3D	code 1	How long did it take [you/(SP)] to get back to regular activities after [your/(SP)'s] [most recent] fall?	(01) LESS THAN ONE WEEK (02) ONE WEEK OR MORE (03) NEVER RESUMED REGULAR ACTIVITIES (-8) Don't Know (-9) Refused	HFM3E - FALLFEAR

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
FALLFEAR	HFM3E	numeric	How would you rate [your/(SP's)] fear of falling on a scale of 1 to 6, where 1 is "Not at all afraid of falling" and 6 is "Extremely afraid of falling"?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	DISUPPYR
DISUPPYR	DISUPPYR	yes/no	SHOW CARD HF9 This card lists some examples of different types of dietary supplements. Since (LAST HF MONTH YEAR), [have you/has (SP)] used or taken any vitamins, minerals, herbals or other dietary supplements? Include prescription and non-prescription supplements. [IF NEEDED: Include any supplements that you have already told me about.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MULTVTYR (02) BOX MH1 (-8) BOX MH1 (-9) BOX MH1
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 HF10 Please look at the vitamins and dietary supplements listed on this card. Since (LAST HF MONTH YEAR), what vitamins and dietary supplements did [you/(SP)] take at least once? Do not include vitamins and dietary supplements that are taken as part of a multivitamin. [IF NEEDED: Include any vitamins or dietary supplements (that are not part of a multivitamin) that you have already told me about.] IF RESPONDENT HAS PROVIDED YOU WITH SUPPLEMENT BOTTLES YOU MAY USE THOSE TO ANSWER THE QUESTION IF THE SUPPLEMENT WAS TAKEN SINCE (LAST HF MONTH YEAR). DO NOT INCLUDE MEDICATIONS (E.G., ASPIRIN, ALLEGRA, TYLENOL, ETC.) SELECT ALL THAT APPLY	(01) Calcium (with or without vitamin D) (02) Choline (03) Coenzyme Q (such as CoQ10) (04) Eye health supplement (such as Ocuvite PreserVision or I-Caps) (05) Fiber supplement (such as Metamucil or Benefiber) (06) Folate or folic acid (07) Garlic supplement (08) Iron (09) Joint supplement (such as glucosamine, with or without chondroitin or other ingredients) (10) Magnesium (11) Melatonin (12) Niacin (13) Omega-3 (ALA/DHA/EPA) or fish oil (14) Potassium (15) Probiotics (in pill, powder, or liquid form) (16) Saw palmetto (17) Vitamin A (18) Vitamin B-12 (19) Vitamin B-complex (20) Vitamin C (21) Vitamin D (NOT as part of a calcium supplement) (22) Vitamin E (23) Zinc (24) NOT APPLICABLE; RESPONDENT ONLY TAKES MULTIVITAMINS (91) Other Supplement(s) (-8) Don't Know (-9) Refused	(01)-(23) BOX MH1 (91) VITOTHOS (-8) BOX MH1 (-9) BOX MH1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
VITOTHOS	VITOTHOS	text	What were the names of those other supplements? ENTER UP TO 5 ADDITIONAL SUPPLEMENTS AT THIS SCREEN. IF RESPONDENT REPORTS MORE THAN 5 OTHER SUPPLEMENTS, ENTER THE SUPPLEMENTS THAT WERE TAKEN THE MOST OFTEN SINCE (LAST HF MONTH YEAR). DO NOT INCLUDE MEDICATIONS (E.G., ASPIRIN, ALLEGRA, TYLENOL, ETC.) [INSERT TEXT BOX 1 FOR SUPPLEMENT 1]	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	VITOTHO2
VITOTHO2	VITOTHOS	text	[INSERT TEXT BOX 2 FOR SUPPLEMENT 2]	(01) [Continuous answer.] (-7) Empty	VITOTHO3
VITOTHO3	VITOTHOS	text	[INSERT TEXT BOX 3 FOR SUPPLEMENT 3]	(01) [Continuous answer.] (-7) Empty	VITOTHO4
VITOTHO4	VITOTHOS	text	[INSERT TEXT BOX 4 FOR SUPPLEMENT 4]	(01) [Continuous answer.] (-7) Empty	VITOTHO5
VITOTHO5	VITOTHOS	text	[INSERT TEXT BOX 5 FOR SUPPLEMENT 5]	(01) [Continuous answer.] (-7) Empty	BOX MH1
	BOX MH1	routing	If the respondent is a proxy (SPPROXY=2), go to HFQ1 - LOSTURIN. Else go to HFN1 - HFGAD1.		
HFGAD1	HFN1	list	The next few questions ask about the last two weeks. SHOW CARD HF11 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
HFGAD2	HFN2	list	SHOW CARD HF11 [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 HF11 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HFPHQ2	HFN4	list	SHOW CARD HF11 [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 HF11 [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 HF11 [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 HF11 [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 HF11 [Over the last 2 weeks, how often have you been bothered by the following problems:] feeling bad about yourself – or that you are a failure or have let yourself or your family down?	(01) NOT AT ALL (02) SEVERAL DAYS (03) MORE THAN HALF THE DAYS (04) NEARLY EVERY DAY (-8) REFUSED (-9) DON'T KNOW	HFN9 - HFPHQ7
HFPHQ7	HFN9	list	SHOW CARD HF11 [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 HF11 [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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PHQ9QS10	HFN11	code one	SHOW CARD HF12 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 1	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 1	SHOW CARD HF13 I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] lost urine because [you/(SP)] could not control [your/(SP)'s] bladder.	(01) MORE THAN ONCE A WEEK (02) ABOUT ONCE A WEEK (03) 2-3 TIMES A MONTH (04) ABOUT ONCE A MONTH (05) EVERY 2-3 MONTHS (06) ONCE OR TWICE A YEAR (07) NOT AT ALL (08) SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG (-8) Don't Know (-9) Refused	(01) HFQ2 - TALKURIN (02) HFQ2 - TALKURIN (03) HFQ2 - TALKURIN (04) HFQ2 - TALKURIN (05) HFQ2 - TALKURIN (06) HFQ2 - TALKURIN (07) BOX HFT1 (08) BOX HFT1 (-8) BOX HFT1 (-9) BOX HFT1
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) BOX HFT1 (-8) BOX HFT1 (-9) BOX HFT1
FEELURIN	HFQ3	yes/no	Has [your/(SP's)] doctor or other health professional asked [you/(SP)] about how [you/(SP)] feel[s] about this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFQ4 - REASURIN
REASURIN	HFQ4	yes/no	Has [your/(SP's)] doctor or other health professional examined [you/(SP)] to figure out why [you/(SP)] [lose/loses] urine?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFQ5 - SURGURIN
SURGURIN	HFQ5	yes/no	Has [your/(SP's)] doctor or other health professional talked with [you/(SP)] about taking medicine or having surgery for this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HFT1
	BOX HFT1	routing	IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD. ELSE GO TO BOX HFEND.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HYPETOLD	HFT1	code 1	We have recorded that [you were/(SP) was] told by a doctor or other health professional that [you had/(SP) had] hypertension, also called high blood pressure. [Were you/Was (SP)] told on two or more different medical visits that [you/(SP)] had high blood pressure or hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.]	(01) YES (02) NO (03) SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) HFT2 - HYPEAGE (02) HFT2 - HYPEAGE (03) BOX HFEND (-8) HFT2 - HYPEAGE (-9) HFT2 - HYPEAGE
HYPEAGE	HFT2	numeric	How old [were you/was (SP)] when [you were/(SP) was] first told that [you/(SP)] had high blood pressure?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	HFT2 - HYPEAGE_LESSONE
HYPEAGE_LESSONE	HFT2	numeric	How old [were you/was (SP)] when (you were/(SP) was) first told that [you/(SP)] had high blood pressure?	(01) LESS THAN ONE YEAR OLD (-7) Empty	HFT6D - HYPEHOME
HYPEHOME	HFT6D	yes/no	Because of [your/(SP)'s] high blood pressure, [are you/is (SP)] now measuring [your/(SP)'s] blood pressure at home?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFT6G - HYPEMEDS
HYPEMEDS	HFT6G	yes/no	Because of [your/(SP)'s] high blood pressure, [are you/is (SP)] now taking prescribed medicine for [your/(SP)'s] high blood pressure?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HFT6J - HYPEDRNK
HYPEDRNK	HFT6J	yes/no	[Have you/Has (SP)] cut down on drinking alcoholic beverages because of [your/(SP)'s] high blood pressure?]	(01) YES (02) NO (03) NOT APPLICABLE; RESPONDENT DOES NOT DRINK ALCOHOL (-8) Don't Know (-9) Refused	BOX HFT2
	BOX HFT2	routing	IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG. ELSE GO TO HFT12A - HYPECTRL.		
HYPELONG	HFT7	numeric	How long [have you/has (SP)] been treated with prescribed medicines for [your/(SP)'s] high blood pressure?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	HFT7 - HYPELONG_LESSONE
HYPELONG_LESSONE	HFT7	numeric	How long [have you/has (SP)] been treated with prescribed medicines for [your/(SP)'s] high blood pressure?	(01) LESS THAN ONE YEAR (-7) Empty	BOX HFT3
	BOX HFT3	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE (sample_person.INTTYPE=3), GO TO HFT8 - HYPEMANY. ELSE GO TO HFT11A - HYPECOND.		

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