

**ICPSR 39038**

**Hispanic Established Populations  
for the Epidemiologic Study of the  
Elderly (HEPESE) Wave 9, 2016  
[Arizona, California, Colorado, New  
Mexico, and Texas]**

Respondent Questionnaire, Wave 9 (English)

Inter-university Consortium for  
Political and Social Research  
P.O. Box 1248  
Ann Arbor, Michigan 48106  
[www.icpsr.umich.edu](http://www.icpsr.umich.edu)

**Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) Wave 9, 2016 [Arizona, California, Colorado, New Mexico, and Texas]**

Kyriakos S. Markides

*The University of Texas Medical Branch at Galveston, Texas*

Soham Al Snih

*The University of Texas Medical Branch at Galveston, Texas*

Phillip A. Cantu

*The University of Texas Medical Branch at Galveston, Texas*

Jacqueline L. Angel

*University of Texas-Austin*

Raymond F. Palmer

*The University of Texas Health Science Center at San Antonio*

Ioannis Malagaris

*The University of Texas Medical Branch at Galveston, Texas*

# Terms of Use

The terms of use for this study can be found at:  
<http://www.icpsr.umich.edu/web/ICPSR/studies/39038/terms>

## Information about Copyrighted Content

Some instruments administered for studies archived with ICPSR may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

### NOTICE

#### WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

NIELSEN  
1920 Associate Drive  
Suite 101 Reston, VA 20191

FOR OFFICE USE  
Questionnaire No.:  
Card Number

ID#:/ / / / / / / /

Study No. P105444  
Date: December 2015

SP# / / / / / / / / / /

Phase IX
----------

Interviewer: Is this the same address as before? \_\_\_ Yes [1] \_\_\_ No [2]

Time Started: \_\_\_\_\_ A.M./P.M.

Interviewer \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Area Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Hello, I'm \_\_\_\_\_ from Nielsen (formerly Harris Interactive best known for The Harris Poll), the international survey research firm in New York. May I speak to (RESPONDENT NAME)? You may remember us - we interviewed you about two years ago and we are conducting a follow-up study about health in your community.

We are particularly interested in speaking to older Mexican-Americans and Hispanics about their health and health care experiences. As you may recall, we are conducting this study for the University of Texas Medical Branch at Galveston.

(INTERVIEWER: WHEN CONDUCTING PROXY INTERVIEW, QUESTIONS MARKED "P" SHOULD BE ASKED OF PROXY; "P-R" QUESTIONS, WHEN POSSIBLE, SHOULD BE ASKED OF RESPONDENT. DURING A PROXY INTERVIEW, ALL QUESTIONS REFER TO THE RESPONDENT.)

S3.P

First, let me check that I have your name written correctly: (READ NAME)

Respondent name: \_\_\_\_\_  
FIRST MIDDLE 1<sup>st</sup> LAST NAME 2<sup>nd</sup> LAST NAME

S4.P Respondent's birth date: / / - / - / / / / / P / / / / /  
MONTH DAY YEAR YEARS of AGE

**PROXY ONLY:**

S5a.P

First, let me check that I have your (proxy) name written correctly: (READ NAME)

Proxy name: \_\_\_\_\_  
FIRST MIDDLE 1<sup>st</sup> LAST NAME 2<sup>nd</sup> LAST NAME

S5b.P Proxy's birth date: / / - / - / / / / / / / / /  
MONTH DAY YEAR YEARS of AGE

S5c.P Proxy's correct street address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Don't know.....-888

Refused.....-999

S5.P Relationship of Proxy to Respondent: / / / (Use relationship codes from list)

CODES FOR RELATIONSHIPS:

01	Respondent is head of household (B2 only)		
02	Spouse	12	Other Relative (SPECIFY):
03	Son/Daughter (including Stepchildren)		_____
04	Son-In-Law/Daughter-In-Law	13	Friend
05	Grandchild	14	Boarder or Roomer
06	Parent	15	Paid Employee
07	Brother or Sister	16	All Others (SPECIFY):
08	Nephew or Niece		_____
09	Cousin	17	Sister/Brother In-Law
10	Aunt/Uncle	888	Don't Know
11	Great Grandchild	999	Refused

BASE: ALL RESPONDENTS

FROM OBSERVATION: **P** Respondent Gender

Male..... 1  
Female..... 2

BASE: ALL RESPONDENTS

A10.**P** Are you presently married, divorced, separated, widowed, or never married?

Married .....	1	} <b>ASK Q.A11</b>
Common Law / Just living together.....	2	
Separated .....	3	
Divorced .....	4	
Widowed .....	5	

Never married .....	6	} <b>SKIP TO Q.B1</b>
Don't know .....	888	
Refused.....	999	

BASE: MARRIED/COHABITING/SEPARATED/DIVORCED/WIDOWED (A10/1-5)

A11.**P** How long have you been (married/cohabiting/separated/divorced/widowed)?  
(ENTER "0" IF LESS THAN ONE YEAR).

/ \_\_ / \_\_ / Years

Don't know ..... 888  
Refused..... 999

## B. LIVING ARRANGEMENTS

BASE: ALL RESPONDENTS

B1.P How many people live in this household?

/ / /

Don't know ..... 888

Refused..... 999

BASE: ALL RESPONDENTS

B2.P Who is the head of this household, what is their relationship to you/to the respondent?

Name and Relationship: \_\_\_\_\_

Relationship Code: / / / (Use relationship codes from page 1)

IF ONLY 1 PERSON IN Q.B1, SKIP TO Q.B6 -ALL OTHERS ASK Q.B4
---

BASE: MORE THAN 1 PERSON IN HOUSEHOLD (B1>1)

B4.P We would like to know how the **OTHER** people who live here with you are related to you.

(ASK FOR FIRST NAME OR INITIALS AND RELATIONSHIP OF EACH PERSON. **DO NOT REPEAT THE RESPONDENT'S NAME OR THE HEAD OF HOUSEHOLD.** RECORD INFORMATION FOR THE FIRST SIX PEOPLE IN ANY ORDER)

Relationship Code INITIALS / NAME (Use relationship codes from page 1)

/ / /

\_\_\_\_\_

/ / /

\_\_\_\_\_

/ / /

\_\_\_\_\_

/ / /

\_\_\_\_\_

/ / /

\_\_\_\_\_

/ / /

\_\_\_\_\_

BASE: ALL RESPONDENTS

B6.P Have you moved since the last time we talked to you?

Yes ..... 1

No..... 2

Don't know ..... 888

Refused..... 999

## G. GLOBAL HEALTH RATING

BASE: ALL RESPONDENTS

### G1.P USE SHOW CARD #1

Now I would like to ask you some questions about your health.

Overall, how would you rate your health - excellent, good, fair, or poor?

Excellent ..... 1  
Good ..... 2  
Fair ..... 3  
Poor ..... 4  
Don't know ..... 888  
Refused ..... 999

## M. DIABETES

BASE: ALL RESPONDENTS

M1.P Have you ever been told by a doctor that you have diabetes, sugar in your urine or high blood sugar? (IF RESPONDENT MENTIONS 'GLUCOSE INTOLERANT' OR 'GLUCOSE PROBLEM' or "BORDERLINE" CODE AS 'YES'.)

Yes ..... 1  
No ..... 2  
Don't know ..... 888  
Refused ..... 999

ASK Q. M2.

SKIP TO Q.P8. FALLS

BASE: HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (M1/1)

M2.P At what age did a doctor first tell you that you had diabetes? (IF NECESSARY: PROBE FOR AGE OR AGE DECADE AT DIAGNOSIS TO ESTIMATE AGE OF DIAGNOSIS.)

/ / / / Age of diagnosis in years of age

Don't know ..... 888  
Refused ..... 999

BASE: HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (M1/1)

M3.P Are you taking any medicine for diabetes now?

Yes ..... 1

ASK Q. M6.

If "yes," what type of medication?

(INTERVIEWER: RECORD ALL MEDICINES TAKING FOR HIGH BLOOD SUGAR, WHETHER AVAILABLE FOR INSPECTION OR NOT. BE SURE TO PROBE FOR MEDICATIONS NOT SEEN)

No ..... 2  
Don't know ..... 888  
Refused ..... 999

SKIP TO Q.M8a.



BASE: TAKING MEDICINE FOR DIABETES (M3/1)

M6.P Are you now taking insulin shots?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

BASE: TAKING MEDICINE FOR DIABETES (M3/1)

M6b.P Are you now taking diabetes pills?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

BASE: HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (M1/1)

M8a.P As a result of your diabetes, have you ever had any problems with your kidneys?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

BASE: HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (M1/1)

8d.P As a result of your diabetes, have you ever had any problem with your eyes?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

BASE: HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (M1/1)

M8f.P As a result of your diabetes, have you ever had any problems with the circulation in your legs or arms?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

BASE: HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (M1/1)

M8g.P As a result of your diabetes, have you ever had any part of your body amputated?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

## P. FALLS

BASE: ALL RESPONDENTS

"We are now going to talk about falling and almost falling. A fall is unintentionally coming to a rest on the ground, floor, or other lower level, whether or not you were injured. We are not talking about falls where you came to rest on a chair or a bed."

### P8.P USE SHOW CARD #2

During the past 12 months, how many times did you fall and land on the floor or ground?

None.....	1	}	SKIP TO Q.P10
1 time .....	2		
2 times.....	3	}	ASK Q.P9
3 or more times .....	4		
Don't know .....	888	}	SKIP TO Q.P10
Refused.....	999		

ASK Q.P9 IF RESPONDENT HAS FALLEN 1 TIME OR MORE in Q.P8. ALL OTHERS ASK Q.P10

BASE: FALLEN ONE OR MORE TIMES (P8/2-4)

P9.P As a result of (this fall/any of these falls) did you have to go to the hospital or emergency room?

Yes .....	-1
No.....	2
Don't know .....	888
Refused.....	999

P9a.P As a result of (this fall/any of these falls) did you have an injury?

Yes .....	-1
No.....	2
Don't know .....	888
Refused.....	999

If "yes". What type of injury was:

---

BASE: ALL RESPONDENTS

P10. USE SHOW CARD #3 How afraid are you of falling? Would you say...

Not at all afraid.....	1
Somewhat afraid .....	2
Fairly afraid .....	3
Very afraid.....	4
Don't know .....	888
Refused.....	999

**P. PAIN**

**BASE: ALL RESPONDENTS**

P5. In the past month, did you notice any pain or discomfort when you stood or walked?

Yes ..... 1

ASK Q. P5a.

No..... 2

Don't know ..... 888

Refused..... 999

SKIP TO Q.Q1a INCONTINENCE

**BASE: EXPERIENCED PAIN IN PAST MONTH (Q.P5/1)**

P5a. Where was this pain? (SELECT YES OR NO FOR EACH ITEM LISTED)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
Back.....	1	2	888	999
Hips.....	1	2	888	999
Knees.....	1	2	888	999
Ankles/feet.....	1	2	888	999
Legs.....	1	2	888	999
Entire body....	1	2	888	999
Somewhere else (SPECIFY):_____				

**BASE: EXPERIENCED PAIN IN PAST MONTH (Q.P5/1)**

P5c. **USE SHOW CARD #4**

In the past month, how much has this pain or discomfort restricted your **daily** activities -- a lot, some or not at all?

A lot ..... 1

Some ..... 2

Not at all ..... 3

Don't know ..... 888

Refused..... 999

**BASE: EXPERIENCED PAIN IN PAST MONTH (Q.P5/1)**

P5d. **USE SHOW CARD #4** In the past month, how much has this pain or discomfort kept you from getting a good night's sleep-- a lot, some or not at all?

A lot ..... 1

Some ..... 2

Not at all ..... 3

Don't know ..... 888

Refused..... 999

**BASE: EXPERIENCED PAIN IN PAST MONTH (Q.P5/1)**

P6a. Have you ever seen a doctor about your pain?

Yes ..... 1

No..... 2

Don't know ..... 888

Refused..... 999

**BASE: EXPERIENCED PAIN IN PAST MONTH (Q.P5/1)**

P6b. Do you take any medication for your pain?

Yes ..... 1

No..... 2

Don't know ..... 888

Refused..... 999

**Q. INCONTINENCE**

**BASE: ALL RESPONDENTS**

**Q1a. USE SHOW CARD #5** In the past month, how often have you had difficulty holding your urine until you can get to a toilet - never, hardly ever, some of the time, most of the time, or all of the time?

Never.....	1
Hardly ever.....	2
Some of the time.....	3
Most of the time.....	4
All of the time.....	5
All of the time (catheter).....	6
Don't know.....	888
Refused.....	999

**BASE: ALL RESPONDENTS**

**Q12. USE SHOW CARD #5** In the past month, how often have you lost control of your bowels (when you didn't want to) - never, hardly ever, some of the time, most of the time, or all of the time?

Never.....	1
Hardly ever.....	2
Some of the time.....	3
Most of the time.....	4
All of the time.....	5
Don't know.....	888
Refused.....	999

**R. SLEEP PROBLEMS**

BASE: ALL RESPONDENTS

Now we would like to get some information about how well you sleep.

R1. How often in the past month did you (READ EACH ITEM)? (DO NOT READ CHOICES)

	Not at all	1-3 Days	4-7 Days	8-14 Days	15+ Days	Don't Know	Refused
Have trouble falling asleep	0	1	2	3	4	888	999
Wake up several times per night	0	1	2	3	4	888	999
Have trouble staying asleep (including waking far too early)	0	1	2	3	4	888	999
Wake up after your usual amount of sleep feeling tired and worn out	0	1	2	3	4	888	999

BASE: ALL RESPONDENTS

R2. **USE SHOW CARD #6**

During the past month, how would you rate your sleep quality overall?

Very good.....1  
Fairly good.....2  
Fairly bad.....3  
Very bad.....4  
Don't know.....888  
Refused.....999

BASE: ALL RESPONDENTS

R3. **USE SHOW CARD #7** On average, over a 24 hour period, do you sleep, including napping? (READ EACH ITEM):

(ASK RESPONDENT TO INCLUDE HOURS SPENT NAPPING)

Less than 5 hours.....1  
5 hours.....2  
6 hours.....3  
7 hours.....4  
8 hours.....5  
9 hours.....6  
10 or more hours.....7  
Don't know.....888  
Refused.....999

## **S. HEARING**

### **BASE: ALL RESPONDENTS**

**S51.P** Do you have hearing problems?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

**S5.P** Are you wearing a hearing aid?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

### **BASE: ALL RESPONDENTS**

**S5a.P** (With/Without a hearing aid) can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

Yes, without a hearing aid.....	1
Yes, with a hearing aid.....	2
No.....	3
Respondent is deaf .....	4
Don't know .....	888
Refused.....	999

### **BASE: ALL RESPONDENTS**

**S5b.P** When was your last hearing test or exam?

Within the past year .....	1
More than a year ago .....	2
Never.....	3
Don't know .....	888
Refused.....	999

## V. VISION

### BASE: ALL RESPONDENTS

V6. **P** Can you see well enough to recognize a friend or a family member (when wearing glasses/contacts if applicable) (READ EACH ITEM)?

	<u>Yes</u>	<u>No</u>	<u>Respondent is Blind</u>	<u>Don't Know</u>	<u>Refused</u>
a. Across the street .....	1	2	3	888	999
b. Across the room .....	1	2	3	888	999
c. Who is at an arm's length away .....	1	2	3	888	999

### BASE: ALL RESPONDENTS

V6a. **P** When was your last vision exam?

Within the past year .....	1
More than a year ago .....	2
Never.....	3
Don't know .....	888
Refused.....	999

**K.     HYPERTENSION**

BASE: ALL RESPONDENTS

**K1.P**   Has a doctor ever told you that you have high blood pressure?

Yes ..... 1  
Suspect or possible..... 2

ASK Q.K4.

No..... 3  
Don't know ..... 888  
Refused..... 999

SKIP TO Q.GG1. BLOOD PRESSURE

BASE: HAVE EVER BEEN TOLD BY DOCTOR HAVE HIGH BLOOD PRESSURE (K1/1,2)

**K4.P**   Are you currently taking any medication for high blood pressure?

Yes ..... 1

If "yes," what type of medication?

(INTERVIEWER: RECORD ALL MEDICINES TAKING FOR HIGH BLOOD PRESSURE,  
WHETHER AVAILABLE FOR INSPECTION OR NOT. BE SURE TO PROBE FOR  
MEDICATIONS NOT SEEN)

---

---

---

No..... 2  
Don't know ..... 888  
Refused..... 999



**GG. BLOOD PRESSURE**

**BASE: ALL RESPONDENTS**

**GG1.P-R** Now I would like to take your pulse and three blood pressure readings (two seated and one standing). While I do this, please sit back comfortably and rest both feet flat on the floor; do not cross your legs or ankles. (IF THE RESPONDENT HAS REASON (E.G. BRUISING, OPEN SORE) FOR NOT TAKING BLOOD PRESSURE, CODE NA.)

**GG4.P-R** First **seated** blood pressure reading?

a. Systolic /\_/\_/\_/\_/\_/ b. Diastolic /\_/\_/\_/\_/\_/ c. Pulse /\_/\_/\_/\_/\_/ NA\_\_777 Refused \_\_999

**GG5.P-R** Second **seated** blood pressure reading?

a. Systolic /\_/\_/\_/\_/\_/ b. Diastolic /\_/\_/\_/\_/\_/ c. Pulse /\_/\_/\_/\_/\_/ NA\_\_777 Refused \_\_999

(RECORD **LOWEST** SYSTOLIC/DIASTOLIC READING ON NOTE CARD.)  
(DO NOT REMOVE CUFF UNLESS NECESSARY.)

## U. OTHER HEALTH PROBLEMS

### BASE: ALL RESPONDENTS

U3.P Have you **ever** been told by a doctor or other health care professional that you had any of the following conditions? (READ EACH ITEM)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Kidney disease? .....	1	2	__888	__999
b. Stomach Ulcers? .....	1	2	__888	__999
d. Liver disease? .....	1	2	__888	__999
f. Osteoporosis? .....	1	2	__888	__999
g. Emphysema or chronic bronchitis (COPD)? .....	1	2	__888	__999
h. Parkinson's disease? .....	1	2	__888	__999
j. (IF MALE): Prostate problems? .....	1	2	__888	__999
k. Thyroid or other gland problems? .....	1	2	__888	__999
m. Anemia, low blood count? .....	1	2	__888	__999
n. Eye problems? .....	1	2	__888	__999
(such as Cataracts, Glaucoma, or Macular degeneration)				
q. Heart failure or heart disease? .....	1	2	__888	__999
u. Alzheimer's disease? .....	1	2	__888	__999
w. Memory problems? .....	1	2	__888	__999
x. Arthritis or rheumatism? .....	1	2	__888	__999
y. Cancer or malignant tumor? .....	1	2	__888	__999
y5. If "Yes", type of cancer? .....				
z. Pneumonia? .....	1	2	__888	__999
I1. Had/suspect a heart attack, or coronary, or myocardial infarction, or coronary thrombosis? .....	1	2	__888	__999
I5. If "Yes", were you hospitalized overnight for this? .....	1	2	__888	__999
J1. Had/suspect a stroke, blood clot in the brain, or brain hemorrhage? .....	1	2	__888	__999
J5. If "Yes", were you hospitalized overnight for this? .....	1	2	__888	__999
N1. Had broken or fractured your hip? .....	1	2	__888	__999
N5. If "Yes", were you hospitalized overnight for this? .....	1	2	__888	__999
N3. Had broken or fractured any other bone? .....	1	2	__888	__999
N4. If "Yes", what bone was it? .....				

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
JJ9. Had joint replacement? .....	1	2	__888	__999
JJ9a. If "Yes", what joint was replaced? _____				
JJ9b. Was replacement necessary because of Fracture .....	1	2	__888	__999
JJ9c. Was replacement necessary because of Arthritis .....	1	2	__888	__999

## W. COGNITION - MMSE

### BASE: ALL RESPONDENTS

The next questions are about memory. The questions may seem unusual, but they are routine questions we ask of everyone. Some of the questions are very easy and some are difficult, so don't be surprised if you have trouble with some of them. (IF REFUSE TO ANSWER RECORD AS ERROR)

W1.P-R What is the year? (PROBE IF DON'T KNOW; It is OK to guess.)

/ / / / / Year

Correct .....1

Error .....0

Don't know ..... 888

Refused..... 999

Not Applicable..... 666

W2.P-R What is the season? (DO NOT READ LIST)

Spring..... 1

Correct ..... 1

Summer..... 2

Error ..... 0

Fall ..... 3

Winter..... 4

Don't know ..... 888

Refused..... 999

Not Applicable..... 666

W3.P-R What is the month?

January ..... 1

February..... 2

Correct ..... 1

March ..... 3

Error ..... 0

April ..... 4

May ..... 5

June ..... 6

July..... 7

August..... 8

September ..... 9

October ..... 10

November..... 11

December..... 12

Don't know ..... 888

Refused..... 999

Not Applicable..... 666

W4.P-R What is the day of the month?

Date: / / /

Correct .....1

Error.....0

Don't know ..... 888

Refused..... 999

Not Applicable..... 666

W5.P-R What is the day of the week?

Monday .....	1	Correct .....	1
Tuesday .....	2	Error .....	0
Wednesday .....	3		
Thursday .....	4		
Friday .....	5		
Saturday .....	6		
Sunday .....	7		
Don't know .....	888		
Refused .....	999		
Not Applicable .....	666		

W6.P-R Can you tell me where we are right now? For instance, what state are we in?

Arizona .....	1	Correct .....	1
California .....	2	Error .....	0
Colorado .....	3		
New Mexico .....	4		
Texas .....	5		
Other (SPECIFY) .....	6		
Don't know .....	888		
Refused .....	999		
Not Applicable .....	666		

W7.P-R What county are we in?

County: .....	Correct .....	1
	Error .....	0
Don't know .....	888	
Refused .....	999	
Not Applicable .....	666	

W8.P-R What (city/town) are we in?

City: .....	Correct .....	1
	Error .....	0
Don't know .....	888	
Refused .....	999	
Not Applicable .....	666	

W9.P-R What floor of the building are we on?

/ / / / Floor

Basement .....	1	Correct .....	1
Ground level .....	2	Error .....	0
Don't know .....	888		
Refused .....	999		
Not Applicable .....	666		

W10.P-R What is this address?

(YOU ONLY NEED STREET ADDRESS - IF THEY REFUSE TO ANSWER RECORD AS ERROR.)

Address: \_\_\_\_\_

	Correct.....	1
	Error.....	0
Don't know .....		888
Refused.....		999
Not Applicable.....		666

W11.P-R I'm going to name three objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.

"APPLE"

"TABLE"

"PENNY"

(CLEARLY AND SLOWLY, ABOUT ONE SECOND FOR EACH. AFTER YOU HAVE SAID ALL THREE, ASK RESPONDENT TO REPEAT THE WORDS. THE FIRST REPETITION DETERMINES THEIR SCORE, BUT CONTINUE SAYING THEM [UP TO 6 REPETITIONS] UNTIL RESPONDENT CAN REPEAT ALL THREE.)

	Record	Correct	Error	Don't Know	Refused	Not Applicable
a. Apple .....	_____	1	0	888	999	666
b. Table .....	_____	1	0	888	999	666
c. Penny .....	_____	1	0	888	999	666

RECORD NUMBER OF TRIALS:     / / /

W12.P-R Now I'd like you to spell a word for me. The word is "world". (IF RESPONDENT IS UNABLE TO SPELL THE WORD "WORLD", SPELL IT FOR HIM/HER.) Now please spell the word "world" backwards.

\_\_\_\_\_ D    L    R    O    W \_\_\_\_\_

LETTERS IN CORRECT ORDER:

1 .....	1
2 .....	2
3 .....	3
4 .....	4
5 .....	5
Illiterate/Can't Read .....	777
None.....	0
Don't know.....	888
Refused.....	999
Not Applicable.....	666

W13.P-R Now what were the objects I asked you to remember?

	Record	Correct	Error	Don't Know	Refused	Not Applicable
a. Apple .....	_____	1	0	888	999	666
b. Table .....	_____	1	0	888	999	666

c. Penny ..... 1 0 888 999 666  
SHOW RESPONDENT A WRIST WATCH AND ASK:

W14.P-R What is this called? (IF RESPONDENT SAYS "WRISTWATCH" OR "WATCH", COUNT AS CORRECT.) IF "CLOCK" PROBE: Is there another word for it? THEN IF ONLY RESPONSE IS CLOCK, CODE AS ERROR.

	<u>Correct</u>	<u>Error</u>	<u>Unable to do</u>
<b>Watch</b> .....	1	0	7
Don't know .....	888		
Refused.....	999		
Not Applicable.....	666		

SHOW RESPONDENT A PENCIL AND ASK:

W15.P-R What is this called?

	<u>Correct</u>	<u>Error</u>	<u>Unable to do</u>
<b>Pencil</b> .....	1	0	7
Don't know .....	888		
Refused.....	999		
Not Applicable.....	666		

W16.P-R I'd like you to repeat a phrase after me. The phrase is (READ THEM). (ALLOW ONLY 1 TRIAL. CODE "CORRECT" REQUIRES AN ACCURATELY ARTICULATED REPETITION. CODE CORRECT IF "S" ARE DROPPED)

<b>No ifs, ands or buts</b>	Correct.....	1
	Error.....	0
Don't know .....	888	
Refused.....	999	
Not Applicable.....	666	

(SHOW RESPONDENT THE CARD THAT HAS PRINTED ON IT "CLOSE YOUR EYES".)

W17.P-R **USE SHOW CARD #8** Please read the words on this card and then do what it says.. (CODE "CORRECT" IF PARTICIPANT CLOSES EYES)

	<u>Correct</u>	<u>Error</u>	<u>Unable to do</u>
<b>Close your eyes</b> .....	1	0	7
Don't know .....	888		
Refused.....	999		
Not Applicable.....	666		

(READ THE FOLLOWING STATEMENT AND THEN HAND THE RESPONDENT A BLANK PIECE OF PAPER WITH BOTH HANDS)

W18.**P-R** (Thank you, please open your eyes now.) Please listen carefully to the following instructions. I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold it in half with both hands, and put it on the floor. (DO NOT REPEAT INSTRUCTIONS OR COACH)

INTERVIEWER OBSERVATION		<u>Correct</u>	<u>Error</u>	<u>Unable to Do</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Not Applicable</u>
a.	Takes paper in right hand.....	1	0	7	888	999	666
b.	Folds paper in half.....	1	0	7	888	999	666
c.	Puts paper down on the floor.....	1	0	7	888	999	666

(GIVE RESPONDENT A PIECE OF PAPER AND A PEN AND ASK THE FOLLOWING)

W19.**P-R** Please write a complete sentence on the piece of paper. (MUST HAVE A VERB AND A SUBJECT AND MAKE SENSE. SPELLING AND GRAMMATICAL ERRORS ARE OK - ATTACH SHEET TO COMPLETED SURVEY)

	<u>Correct</u>	<u>Error</u>	<u>Unable to Do</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Not Applicable</u>
Full sentence correctly written.....	1	0	7	888	999	666

(HAND RESPONDENT DRAWING HOLDING IT WITH LEFT PENTAGON POINTING UP)

W20.**P-R** **USE SHOW CARD # 9** Here is a drawing. Please copy it exactly on this sheet of paper. (MUST HAVE ALL 10 ANGLES AND TWO PENTAGONS MUST INTERSECT. TREMOR AND ROTATION ARE IGNORED). (ATTACH SHEET TO COMPLETED QUESTIONNAIRE)

	<u>Correct</u>	<u>Error</u>	<u>Unable to Do</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Not Applicable</u>
Diagram correctly copied.....	1	0	7	888	999	666

**END OF COGNITION SECTION**



## X. FEELINGS/CESD

BASE: ALL RESPONDENTS

**X. P-R USE SHOW CARD #10** Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way in the past week rarely or none of the time (less than 1 day), some or a little of the time (1 to 2 days), occasionally or a moderate amount of time (3 to 4 days), most or all of the time (5 to 7 days)?

(IF RESPONDENT GIVES NUMBER OF DAYS RECORD APPROPRIATELY)

	Rarely Or None Of the Time (Less Than 1 Day)	Some Or A Little Of the Time (1-2 Days)	Occasionally Or A Moderate Amount Of Time (3-4 Days)	Most Or All Of the Time (5-7 Days)	Don't Know	Not Refused	Not Applicable
1. I was bothered by things that usually don't bother me.....0		1	2	3	888	999	666
2. I did not feel like eating; my appetite was poor .....0		1	2	3	888	999	666
3. I felt that I could not shake off the blues even with help from my family & friends .....0		1	2	3	888	999	666
4. I felt that I was just as good as other people .....0		1	2	3	888	999	666
5. I had trouble keeping my mind on what I was doing .....0		1	2	3	888	999	666
6. I felt depressed .....0		1	2	3	888	999	666
7. I felt that everything I did was an effort.....0		1	2	3	888	999	666
8. I felt hopeful about the future.....0		1	2	3	888	999	666
9. I thought my life had been a failure .....0		1	2	3	888	999	666
10. I felt fearful .....0		1	2	3	888	999	666
11. My sleep was restless .....0		1	2	3	888	999	666
12. I was happy .....0		1	2	3	888	999	666
13. It seemed that I talked less than usual .....0		1	2	3	888	999	666
14. I felt lonely .....0		1	2	3	888	999	666
15. People were unfriendly .....0		1	2	3	888	999	666
16. I enjoyed life .....0		1	2	3	888	999	666
17. I had crying spells.....0		1	2	3	888	999	666
18. I felt sad .....0		1	2	3	888	999	666
19. I felt that people disliked me .....0		1	2	3	888	999	666
20. I could not get going .....0		1	2	3	888	999	666

## **BB. ACTIVITIES OF DAILY LIVING**

### **IADLS**

#### **BASE: ALL RESPONDENTS**

BB1.P Now I'd like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities by yourself, without any help from anyone else. (READ LIST)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Can you use the telephone without any help (including looking up numbers and dialing)? .....	1	2	888	999
b. Can you drive your own car or travel alone on buses or taxis?	1	2	888	999
c. Can you go shopping for groceries or clothes without help (take care of all shopping needs yourself, assuming you had transportation)? .....	1	2	888	999
d. Can you prepare your own meals without help (plan and cook full meals yourself)? .....	1	2	888	999
e. Can you do light housework without help (dish washing and bed making, etc.)? .....	1	2	888	999
f. Can you take your medicine without help (in the right doses at the right time)? .....	1	2	888	999
g. Can you handle your money without help (write checks, pay bills, etc)? .....	1	2	888	999
h. Can you do heavy work around the house like washing windows, walls and floors without help?.....	1	2	888	999
i. Can you walk up and down stairs to the second floor without help? .....	1	2	888	999
j. Can you walk half a mile without help? .....	1	2	888	999

## **ADLS**

**BASE: ALL RESPONDENTS**

BB2a.P Now I'm going to ask you some questions about the kind of help you need to do things. At the present time, do you need help from another person or special equipment or a device for (READ EACH ITEM)? (RECORD ANY HELP AS HELP). REPEAT LEAD QUESTION AND RESPONSE CATEGORIES AS NECESSARY.)

(DO NOT ROTATE)	<u>Need Help</u>	<u>Don't Need Help</u>	<u>Unable To Do</u>	<u>Don't Know</u>	<u>Refused</u>
a. Walking across a small room.....	1	2	3	888	999
b. Bathing (either a sponge bath, tub bath, or shower).....	1	2	3	888	999
c. Personal grooming like brushing hair, brushing teeth, or washing face.....	1	2	3	888	999
d. Dressing (like putting on a shirt, buttoning and zipping, or putting on shoes) .....	1	2	3	888	999
e. Eating (like holding a fork, cutting food, or drinking from a glass) .....	1	2	3	888	999
f. Getting from a bed to a chair .....	1	2	3	888	999
g. Using the toilet.....	1	2	3	888	999

## **EE. RELIGION**

**BASE: ALL RESPONDENTS**

**EE2.P USE SHOW CARD #11**

How often do you go to church or religious services?

Never or almost never .....	1
Several times a year .....	2
Once or twice a month .....	3
Almost every week .....	4
More than once a week.....	5
Don't know .....	888
Refused.....	999

# LIFE- SPACE

## ASK EVERYONE

LIFE SPACE LEVEL			FREQUENCY				INDEPENDENCE
<u>ASK FOR EVERY LEVEL</u> During the past four weeks, have you been to...			<u>ONLY ASK IF YES</u> <u>USE SHOWCARD #12</u> How often did you get there?				Did you use aids or equipment?  Did you need help from another person?
<b>Life-Space Level 1.P</b> Other rooms of your home besides the room where you sleep?	Yes 1	No 0	Less than 1/week 1	1-3 times/week 2	4-6 times/week 3	Daily 4	1 = Person only 1.5 = Equipment only 2 = None 3 = Both
<b>Life-Space Level 2.P</b> An area outside your home such as your porch, dock or patio, hallway (Of an apartment building) or garage, In your own yard or driveway?	Yes 2	No 0	Less than 1/week 1	1-3 times/week 2	4-6 times/week 3	Daily 4	1 = Person only 1.5 = Equipment only 2 = None 3 = Both
<b>Life-Space Level 3.P</b> Places in your neighborhood, other than your own yard or building?	Yes 3	No 0	Less than 1/week 1	1-3 times/week 2	4-6 times/week 3	Daily 4	1 = Person only 1.5 = Equipment only 2 = None 3 = Both
<b>Life-Space Level 4.P</b> Places outside your neighborhood, but within your town?	Yes 4	No 0	Less than 1/week 1	1-3 times/week 2	4-6 times/week 3	Daily 4	1 = Person only 1.5 = Equipment only 2 = None 3 = Both
<b>Life-Space Level 5.P</b> Places outside your town?	Yes 5	No 0	Less than 1/week 1	1-3 times/week 2	4-6 times/week 3	Daily 4	1 = Person only 1.5 = Equipment only 2 = None 3 = Both

## QQ. WALKING

BASE: ALL RESPONDENTS

Now we would like to ask you about any walking that you do.

QQ1.P In the past 14 days, have you done any walking for exercise?

Yes.....1

ASK Q.QQ1a.

No.....2

Don't know.....888

Refused.....999

SKIP TO Q.QQ2

Na, unable to walk.....0

(...even with wheel chair or cane)

SKIP TO Q.CC3

BASE: HAS DONE WALKING FOR EXERCISE (QQ1/1)

QQ1a.P On the average, how many times in the past 14 days did you go walking for exercise?

/ \_ / \_ / [ENTER NUMBER OF TIMES]

BASE: HAS DONE WALKING FOR EXERCISE (QQ1/1)

QQ1b.P About how many minutes did you actually spend on each occasion? Answer must be in the range from 1 up to 300:

/ \_ / \_ / \_ / [ENTER NUMBER OF MINUTES]

Codes:

1 Hour=60 min

1.5 Hour=90 min

2 Hours=120 min

2.5 Hours=150 min

3 Hours=180 min

BASE: ALL RESPONDENTS

QQ2.P In the past 14 days, have you done any other walking, for example, to go to the store, to visit someone in the neighborhood, or to go to church?

Yes.....1

ASK Q.QQ2a

No.....2

Don't know.....888

Refused.....999

SKIP TO Q.CC3

BASE: HAS DONE OTHER WALKING (QQ2/1)

QQ2a.P On the average, how many times in the past 14 days did you go walking like that?

/ \_ / \_ / [ENTER NUMBER OF TIMES]

BASE: HAS DONE OTHER WALKING (QQ2/1)

QQ2b.P About how many minutes did you actually spend on each occasion? Answer must be in the range from 1 up to 300:

/ \_ / \_ / \_ / [ENTER NUMBER OF MINUTES]

Codes:

1 Hour=60 min

1.5 Hour=90 min

2 Hours=120 min

2.5 Hours=150 min

3 Hours=180 min

## **CC. LIFE SATISFACTION/LONELINESS**

**BASE: ALL RESPONDENTS**

### **CC3. USE SHOW CARD #13**

Now please think about your life as a whole. How satisfied are you with it? Are you completely satisfied, very satisfied, somewhat satisfied, or not at all satisfied?

Completely satisfied .....	1
Very satisfied .....	2
Somewhat satisfied .....	3
Not at all satisfied .....	4
Don't know .....	888
Refused .....	999

**BASE: ALL RESPONDENTS**

The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

### **USE SHOW CARD #14**

CC4a. How often do you feel you lack companionship?

Often .....	1
Some of the time .....	2
Hardly ever .....	3
Don't know .....	888
Refused .....	999

CC4b. How often do you feel left out?

Often .....	1
Some of the time .....	2
Hardly ever .....	3
Don't know .....	888
Refused .....	999

CC4c. How often do you feel isolated from others?

Often .....	1
Some of the time .....	2
Hardly ever .....	3
Don't know .....	888
Refused .....	999

**LL. FINANCIAL STRAIN**

(INTERVIEWER: ASK FOR LAST CALENDAR YEAR)

BASE: ALL RESPONDENTS

LL5a.P **USE SHOW CARD #15**

How much difficulty do you have in meeting monthly payments on your bills - a great deal, some, a little, or none?

A great deal.....	1
Some.....	2
A little .....	3
None.....	4
Don't know .....	888
Refused.....	999

BASE: ALL RESPONDENTS

LL5b.P **USE SHOW CARD #16**

At the end of the month, do you usually end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?

Some money left over .....	1
Just enough to make ends meet.....	2
Not enough money to make ends meet .....	3
Don't know .....	888
Refused.....	999

BASE: ALL RESPONDENTS

LL6.P Do you own your own home?

Yes .....	1
No.....	2
Don't know .....	888
Refused.....	999

**CC. LIFE EVENTS**

BASE: ALL RESPONDENTS

CC1.P Here is a list of things which sometimes happen to people and might have an effect on their health. As I read the list, stop me whenever I mention something that happened to you in the past three months.

(READ LIST)

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
b. Experience an illness or injury (get sick or hurt) that kept you from your usual activities (work, housework) for a week or more	1	2	888	999
c. Did anyone close to you die .....	1	2	888	999
o. Have you eaten less than normal .....	1	2	888	999
o1. If "Yes", is this because of a lack of appetite?	1	2	888	999
o2. If "Yes", is this because of chewing difficulties?	1	2	888	999
o3. If "Yes", is this because of swallowing difficulties?	1	2	888	999
o4. If "Yes", is this because you have a lot of pain?	1	2	888	999



**KK. HEALTH CARE SERVICE UTILIZATION**

Now I'd like to ask you some questions about your use of health care services.

BASE: ALL RESPONDENTS

KK2.P Not including any overnight stays in a nursing home or hospital, how many times in the past 12 months, that is since (DATE ONE YEAR AGO) have you visited with a medical doctor? (INTERVIEWER: INCLUDE VISITS WITH A PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER AT AN HMO OR CLINIC).

<u># of Times</u>	<u>Don't Know</u>	<u>Refused</u>
<u>  /  /  /  /  </u>	8888	9999

(INTERVIEWER: ASK FOLLOW-UP QUESTION IF RESPONDENT DOES NOT ANSWER KK2)

BASE: ALL RESPONDENTS

CC1a.P Since (DATE ONE YEAR AGO) did you experience an illness or injury (get sick or get hurt) that required staying overnight or longer in a hospital (not a nursing home)?

Yes ..... 1  
If "yes,"  
how many different times were you hospitalized? \_\_\_\_\_  
No ..... 2  
Don't know ..... 888  
Refused ..... 999

## HH. PERFORMANCE ORIENTED MOBILITY ASSESSMENT (POMA)

Now let's move on to a more active part of the interview. As you know, certain movements of your body may become more difficult to do as you grow older. I would now like you to try to do different movements of your body that involve your arms or legs.

I will first describe and show each movement to you. Then I'd like you to try to do it. If you cannot do a particular movement or if you feel it would be unsafe to try to do it, tell me, and we'll move on to the next one. Let me emphasize that I do not want you to try to do any exercise you feel might be unsafe. Do you have any questions before we begin? (PAUSE AND RESPOND TO ANY QUESTION THAT IS RAISED). O.K., let's begin. I'm going to demonstrate first and then I will ask you to try the exercise.

**INTERVIEWER: PLEASE OBSERVE THE RESPONDENT AND RECORD YES OR NO:**

HHA. Is Respondent bedridden?

Yes..... 1

**SKIP TO HH7A. HANDGRIP**

No ..... 2

**ASK HHB**

HHB. Is Respondent unable to stand with support?

Yes..... 1

**SKIP TO HH7A. HANDGRIP**

No ..... 2

**ASK HHC**

HHC. Is Respondent only able to stand with support?

Yes..... 1

**ASK HH10. GAIT/WALK**

No ..... 2

**ASK HDD**

HHD. Does Respondent use a wheel chair?

Yes..... 1

**ASK HHDX**

No ..... 2

**ASK HH1. STANDS**

HHDX. Can the respondent walk with the aid of a wheel chair?

Yes ..... 1

**ASK HH10**

No ..... 2

**ASK HH7A. HANDGRIP**

**IF NO TO ALL ABOVE ITEMS (EXCEPT HHDX), ASK  
HH1. STANDS**

## STANDS

(INTERVIEWER: MAKE SURE THERE IS A SOLID OBJECT (LIKE A CHAIR OR TABLE) THAT THE RESPONDENT CAN USE TO HOLD ON TO FOR BALANCE OR SUPPORT, IF THEY NEED IT, AT THE START OF EACH EXERCISE. IF RESPONDENT SAYS, "I CAN TRY," PROCEED WITH EXERCISE.)

### Side-By-Side Stand (Eyes Open)

HH1.P-R I would like you to try to stand with your feet together, side-by-side, for about ten seconds. (DEMONSTRATE THE SIDE-BY-SIDE POSITION FOR THE RESPONDENT).

You may use your arms, bend your knees or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I say stop. Are the instructions, as I've explained them to you, clear?

- STAND NEXT TO RESPONDENT TO HELP HIM/HER INTO THE SIDE-BY-SIDE POSITION.
- SUPPLY JUST ENOUGH SUPPORT TO THE RESPONDENT'S ARM TO PREVENT LOSS OF BALANCE.
- WHEN THE RESPONDENT HAS HIS/HER FEET TOGETHER, ASK THE PARTICIPANT IF HE/SHE IS READY.
- THEN LET GO AND START TIMING AS YOU SAY START.
- STOP THE STOP-WATCH AND SAY STOP AFTER 10 SECONDS OR WHEN THE RESPONDENT STEPS OUT OF POSITION. RECORD TO NEAREST TENTH OF A SECOND IF STEPS OUT EARLY.

Number of seconds held:    /    /    /    /    (IF HELD FOR 10 SECONDS, ASK Q.HH2)  
(IF LESS THAN 10 SECONDS, SKIP TO Q.HH5a )

.....		
Not attempted, interviewer felt unsafe .....	222	} <div>SKIP TO Q HH5a</div>
Not attempted, respondent felt unsafe .....	333	
Refused .....	999	

<p><b>ASK Q.HH2 IF RESPONDENT WAS ABLE TO HOLD STAND FOR 10 SECONDS (Q.HH1)</b></p>
---

**Semi-Tandem Stand (Eyes Open)**

HH2.P-R I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about ten seconds. You may use either foot, whichever is more comfortable for you.  
(DEMONSTRATE THE SEMI-TANDEM POSITION FOR THE RESPONDENT).

You may use your arms, bend your knees or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I say stop. Are the instructions, as I've explained them to you, clear?

- STAND NEXT TO RESPONDENT TO HELP HIM/HER INTO THE SEMI-TANDEM POSITION.
- SUPPLY JUST ENOUGH SUPPORT TO THE RESPONDENT'S ARM TO PREVENT LOSS OF BALANCE.
- WHEN THE RESPONDENT HAS HIS/HER FEET IN THE SEMI-TANDEM POSITION, ASK THE PARTICIPANT IF HE/SHE IS READY.
- THEN LET GO AND START TIMING AS YOU SAY START.
- STOP THE STOP-WATCH AND SAY STOP AFTER 10 SECONDS OR WHEN THE RESPONDENT STEPS OUT OF POSITION. RECORD TO NEAREST TENTH OF A SECOND IF STEPS OUT EARLY.

Number of seconds held:    /    /    .    /    / (IF HELD FOR 10 SECONDS, ASK Q.HH3)  
(IF LESS THAN 10 SECONDS, SKIP TO Q.HH5a)

.....		} <table border="1"><tr><td><b>SKIP TO Q HH5a</b></td></tr></table>	<b>SKIP TO Q HH5a</b>
<b>SKIP TO Q HH5a</b>			
Not attempted, interviewer felt unsafe .....	222		
Not attempted, respondent felt unsafe .....	333		
Refused .....	999		

ASK Q.HH3 IF RESPONDENT WAS ABLE TO HOLD PREVIOUS STAND FOR 10 SECONDS
--

**Tandem Stand (Eyes Open)**

HH3.**P-R** Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about ten seconds. You may use either foot, whichever is more comfortable for you.  
(DEMONSTRATE THE TANDEM POSITION FOR THE RESPONDENT).

You may use your arms, bend your knees or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I say stop. Are the instructions, as I've explained them to you, clear?

- STAND NEXT TO RESPONDENT TO HELP HIM/HER INTO THE TANDEM POSITION.
- SUPPLY JUST ENOUGH SUPPORT TO THE RESPONDENT'S ARM TO PREVENT LOSS OF BALANCE.
- WHEN THE RESPONDENT HAS HIS/HER FEET IN THE TANDEM POSITION, ASK THE PARTICIPANT IF HE/SHE IS READY.
- THEN LET GO AND START TIMING AS YOU SAY START.
- STOP THE STOP-WATCH AND SAY STOP AFTER 10 SECONDS OR WHEN THE RESPONDENT STEPS OUT OF POSITION. RECORD TO NEAREST TENTH OF A SECOND IF STEPS OUT EARLY.

Number of seconds held:    /    /    .    /    /

Not attempted, interviewer felt unsafe ..... 222  
Not attempted, respondent felt unsafe..... 333  
Refused..... 999

## REPEATED CHAIR STANDS

HH5a.**P-R** Now I want to ask you to try to stand and sit in a chair five times. Do you think it would be safe for you to try to stand up from a chair without using your arms five times quickly?

Yes .....	1	SKIP TO Q. HH5d
No.....	2	ASK Q. HH5b
Don't know .....	888	SKIP TO Q. HH5d
Refused.....	999	SKIP TO Q. HH10

BASE: UNSAFE TO DO REPEATED CHAIR STANDS (Q.HH5a/2)

HH5b. **P-R** Why do you think it would be unsafe? (Select as many as apply)

Can't stand on own .....	1	} GO TO Q HH5c
Back problems .....	2	
Leg problems .....	3	
Knee problems.....	4	
Dizzy spells .....	5	
Fear.....	6	
Arthritis.....	7	
Don't know .....	888	} SKIP TO Q HH10
Refused.....	999	
OTHER: (RECORD VERBATIM).....	.0	

BASE: SAFE TO DO REPEATED CHAIR STANDS OR UNSURE (Q.HH5a/1, 888)

HH5d.**P-R**

(DEMONSTRATE REPEATED CHAIR STAND TO RESPONDENT. )

Keep your arms folded across your chest. Please stand up straight as quickly as you can five times without stopping in between. After standing up each time, sit down and then stand again. I'll be timing you with a stop-watch. Please begin when I say "ready, stand."

- WHEN RESPONDENT IS PROPERLY SEATED, SAY READY, STAND AND BEGIN TIMING.
- COUNT OUT LOUD AS HE/SHE ARISES EACH TIME, UP TO FIVE.
- **STOP THE STOP-WATCH WHEN HE/SHE HAS STRAIGHTENED UP COMPLETELY THE FIFTH TIME AND ALL BODY MOVEMENT HAS CEASED.**
- IF THE RESPONDENT SITS DOWN AFTER THE FIFTH STAND-UP, STOP TIMING AS HE/SHE BEGINS TO SIT DOWN.

Completed:	Yes .....	1	SKIP TO Q HH5f
	No .....	0	} ASK Q HH5c
	Refused .....	999	

BASE: REPEATED CHAIR STANDS NOT COMPLETED (Q.HH5d/0,999) OR NOT ATTEMPTED (Q.HH5b/1-7)

HH5c.**P-R** Reason not completed **five** chair stands.

Tried but unable .....	1
Not attempted, safety reasons .....	2
Not attempted, chair bound.....	3
Not attempted, other (SPECIFY): .....	4
Refused.....	999



SKIP TO Q HH10
----------------

BASE: COMPLETED 5 CHAIR STANDS (Q.HH5d/1)

HH5f.**P-R** Time to **complete all 5** chair stands? (RECORD TO NEAREST TENTH OF A SECOND)

    / / / . / / Seconds

HH5g.**P-R** Chair height (inches from floor to top of the back of the seat or seat cushion)? (RECORD TO NEAREST QUARTER INCH.)

    / / / . / / / Inches

## GAIT ASSESSMENT

### Walking (Eight Feet)

(IF RESPONDENT IS UNABLE TO WALK, EVEN WITH AN AID SUCH AS A CANE, WALKER, OR LEANING ON A WHEELCHAIR, SKIP TO Q.HH7a)

HH10.P-R Now we are going to observe how you normally walk. If you use a cane or other walking aid and would feel more comfortable with it, then you may use it.

EXTEND THE RULER OR TAPE TO THE EIGHT FOOT LENGTH AND PLACE IT ON THE FLOOR AT THE SIDE ON AN AREA WHICH OFFERS AT LEAST 10 FEET AND IDEALLY 12 FEET OF WALKING SPACE. IF POSSIBLE THIS SHOULD BE A UNIFORM WALKING SURFACE.

This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store. I want you to walk all the way past the other end of the rule before you stop and don't slow down as you get close to the end. I will walk with you. (DEMONSTRATE THE WALK FOR THE RESPONDENT).

When I want you to start, I will say: Ready, begin.

- HAVE THE RESPONDENT STAND WITH BOTH FEET TOGETHER AT THE END OF THE RULE.
- WHEN THE RESPONDENT IS PROPERLY POSITIONED AT STARTING LINE, SAY "READY, BEGIN".
- START STOP-WATCH AS THE RESPONDENT BEGINS WALKING, AND STOP TIMING WHEN ONE OF THE RESPONDENT'S FEET IS ALL THE WAY ACROSS THE END LINE.
- WALK BESIDE THE RESPONDENT.
- RECORD THE NUMBER OF STEPS REQUIRED TO COMPLETE EIGHT FEET.
- RECORD TO NEAREST TENTH OF A SECOND.

a. Completed?	Yes .....	1	ASK Q.HH10b
	No .....	2	SKIP TO QHH10d
	Refused .....	999	

BASE: WALK COMPLETED (Q.HH10a/1)

b. Seconds to complete?         /    /    .    /   

c. Number of steps?         /    /   

SKIP TO Q.HH10e



BASE: WALK NOT COMPLETED (Q.HH10a/2,999)

d. Reason walk not completed?

Tried but unable .....	1
Not attempted, interviewer felt unsafe .....	2
Not attempted, respondent felt unsafe .....	3
Not applicable .....	666
Refused .....	999

**SKIP TO QHH7a GRIP STRENGTH**

BASE: WALK COMPLETED (Q.HH10a/1)

e. Aids for first walk?

No aid .....	1
Wheelchair (as walking aid) .....	2
Walker .....	3
Quad cane .....	4
Other cane .....	5
Other walking cane .....	6

HH12a.**P-R.** Any difficulty finding 12 foot space for walking?

Yes .....	1
No .....	2

HH12b.**P-R.** Type of walking surface?

Uncarpeted .....	1
Low carpet .....	2
Other (SPECIFY) .....	3

## GRIP STRENGTH

(SUBJECT SHOULD NOT HAVE HAD ANY HAND OR WRIST SURGERY IN THE PAST 3 MONTHS (12 WEEKS), EXAMPLES OF SURGERY INCLUDE FUSION, ARTHROPLASTY, TENDON REPAIR, OR SYNOVECTOMY INVOLVING THE UPPER EXTREMITY. DISCONTINUE WITH ANYONE COMPLAINING OF PAIN AND CHECK "UNABLE/DISCONTINUED".)

HH7a.P-R. Now, I am going to use this instrument called a Dynamometer to test the strength in the hand you feel is stronger. However, if you have had any surgery on your arm in the last three months, you should not do this exercise. Have you had any recent surgery?

Yes ..... 1

SKIP TO QII1b

No ..... 2

Don't know ..... 888

Refused ..... 999

ASK Q.HH7b

BASE: HAVE NOT HAD SURGERY ON HAND OR ARM (Q.HH7a/2,888,999)

(ADJUST GRIP SCALE FOR FEMALE (5 TO 6), MALE (6 TO 7))

HH7b.P-R. I'd like you to place the arm that you think is the stronger on the table with your palm facing up. Grab the handles using an underhand grip. (DEMONSTRATE DYNAMOMETER). Let me know if the grip needs to be adjusted. When I say squeeze, squeeze as hard as you can. The handles will not move, but I will be able to read the force of your grip on the dial. I will ask you to do this two times. If you feel any pain or discomfort, tell me and we will stop (SCORE AS "UNABLE/DISCONTINUED"). Record to nearest half kilogram.

### Trial 1

/ / / . / / kilograms

Unable/Discontinued ..... 666

Not performed for safety reasons ..... 777

Refused ..... 999

### Trial 2

/ / / . / / kilograms

Unable/Discontinued ..... 666

Not performed for safety reasons ..... 777

Refused ..... 999

HH7c.P-R Hand tested?

Right ..... 1

Left ..... 2

Not applicable ..... 3

INTERVIEWER: RECORD GRIP SCALE FROM THE HANDLE (TO THE CLOSEST WHOLE NUMBER):

5 ..... 1

6 ..... 2

7 ..... 3

## II. WEIGHT

BASE: ALL RESPONDENTS

(PLEASE PLACE SCALES ON A FLAT SURFACE)

II1b.P-R. Now let's get your weight.

Weight (to nearest pound)       /    /    /    / Pounds  
Unable to stand 888    }  
Refused            999    }    

ASK II1d
----------

BASE: UNABLE TO STAND OR REFUSED TO GET ON SCALES (II1b/888, 999)

II1d.P Can you please tell me how much you weigh? (SUBJECT may reply with something like the last time I went to the doctor, I weighed \_\_\_\_\_. Or they may say about \_\_\_\_\_. These are fine. They give us an estimate.)

Reported Weight (to nearest pound)    /    /    /    / Pounds      Refused    999

II1c.            INTERVIEWER: TYPE OF SURFACE.

Uncarpeted ..... 1  
Low carpet..... 2  
Other (SPECIFY) ..... 3  
\_\_\_\_\_  
Reported Weight ..... 4

**JJ. Minimal Umbilicus Measurement**

BASE: ALL RESPONDENTS  
(SKIP IF BEDRIDDEN)

JJ1.**P-R** Now I would like to measure your waist circumference. (RESPONDENT SHOULD BE STANDING ERECT WEARING ONLY ONE LAYER OF OUTER CLOTHING -- MEASURE IN CENTIMETERS TO NEAREST MILLIMETER.)

\* STAND BESIDE RESPONDENT.

\* PLACE TAPE MEASURE AROUND THE BODY AT THE NARROWEST POINT BETWEEN RIBS AND THE TOP OF THE HIP BONE. RECORD THE MEASUREMENT IN CENTIMETERS TO THE NEAREST MILLIMETER (EX. 53.7 CENTIMETERS).

(IF NECESSARY, ASK: "Could you show me your navel?" POINT TO YOUR OWN NAVEL.)

Measure1

/ / / / . / / Centimeters

Refused measure1.....\_\_999

Measure2


/ / / / . / / Centimeters

Refused measure2.....\_\_999

## NURSING HOME

### BASE: ALL RESPONDENTS

KK6.P Have you/has respondent (name) \_\_\_\_\_ ever been in a nursing home or rest home or an assisted living facility in which you/s/he received some help with daily activities like preparing meals, bathing or getting dressed, or going to the bathroom?

Yes	1	 <table border="1"><tr><td>ASK KK 6a /6b</td></tr></table>	ASK KK 6a /6b
ASK KK 6a /6b			
No	2		
Don't Know	888		
Refused	999		

### BASE: EVER BEEN IN NURSING HOME (KK6/1)

KK6a.P When did you/he/she enter the facility?

/\_\_/\_/\_\_/\_\_\_/\_\_\_/ Year of entry

Don't know	888
Refused	999

### BASE: EVER BEEN IN NURSING HOME (KK6/1)

KK6b.P How long were you/was he/she in this facility?

/\_\_/\_/\_\_\_/\_\_\_/ OR /\_\_/\_/\_\_\_/ OR /\_\_/\_/\_\_\_/  
Number of days      Number of Years      Number of Months

Don't know	888
Refused	999

**NN. FOLLOW-UP**

NN1.P What is your telephone number?    /   /   /   /   -   /   /   /   /   -   /   /   /   /   /  
No telephone.....-1  
Don't know .....-888  
Refused.....-999

NN2.P What is your correct street address?

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Don't know .....-888  
Refused.....-999

NN2a.P Do you have a different mailing address? (IF YES, RECORD BELOW)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NN3a.P Do you plan to move in the next few years?

Yes ..... 1  
No..... 2  
Don't know ..... 888  
Refused..... 999

ASK Q.NN3b

SKIP TO Q.NN4

BASE: PLAN TO MOVE IN NEXT FEW YEARS (Q.NN3a/1)

NN3b.P Where do you plan to move?

Don't know .....-888  
Refused.....-999

BASE: ALL RESPONDENTS

NN4.P Can you please give me the names, addresses, and telephone numbers of two people (preferably a child) who do not live with you and who know where you are, in case we need to contact you in the future?

1. Name (Last, First, MI): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ /   /   /   ENTER RELATIONSHIP CODE   Don't know \_\_\_\_ -888   Refused \_\_\_\_-999

2. Name (Last, First, MI): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

TIME ENDED: \_\_\_\_\_ A.M./P.M.

**OO. INTERVIEWER OBSERVATIONS/COMMENTS**

OO12. Type of housing: (INTERVIEWER PLEASE CHECK ONE)

Single ..... 1  
 Multi-family house ..... 2  
 Apartment..... 3  
 Assisted living ..... 4  
 Congregate housing..... 5  
 Group quarters..... 6  
 Other (SPECIFY):\_\_\_\_\_ 7

OO2. Was someone else present during the interview?

Yes ..... 1  
 No..... 2  
 Don't know ..... 888  
 Refused..... 999

OO8. Why were some or all of the physical measures not attempted?

	<u>Yes</u>	<u>No</u>	<u>Not Applicable</u>
a. Respondent is bedridden .....	-1	-2	666
b. Respondent cannot stand even with support .....	-1	-2	666
c. Respondent needs support when standing (walker, crutch) .....	-1	-2	666
d. Respondent cannot understand what to do, even when demonstrated.....	-1	-2	666
e. Respondent is blind .....	-1	-2	666
f. Respondent was dizzy.....	-1	-2	666
h. Respondent is paralyzed .....	-1	-2	666
i. Respondent is deaf .....	-1	-2	666
g. Other reasons .....	-1	-2	666

Specify \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ALL ANSWER

OO9a. Completed:            Respondent only..... 1  
                                 Proxy only..... 2  
                                 Both (long proxy version)..... 3

OO9b. Completed:            English..... 1  
                                 Spanish..... 2

OO9c. REASON FOR PROXY: (CHECK ALL THAT APPLY)

Subject physically ill or recovering from hospital ..... 1  
Subject was deaf..... 2  
Subject away indefinitely..... 3  
Sample subject is mentally incapacitated, or has memory  
problems such as dementia or Alzheimer's Disease ..... 4  
Denied access to nursing home..... 5  
Other (SPECIFY)..... 6

**INTERVIEWER ANSWER ONLY IF THIS IS A PROXY:**

**DO NOT ASK SUBJECT**

OO9d. Is the PROXY a caregiver of the respondent?

Yes ..... 1  
No ..... 2

OO10. INTERVIEWER COMMENTS:

---

---

---

---

---

OO11. ADDITIONAL INTERVIEWER COMMENTS:

---

---

---



