

ICPSR 39038

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

Informant Questionnaire, Wave 9 (English)

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

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FROM OBSERVATION: Informant Gender

Male-1
Female-2

QUESTIONS ABOUT INFORMANT

B. LIVING ARRANGEMENTS

BASE: ALL INFORMANTS

B1. How many people live in this [NAME OF SUBJECT] household?

/ / /

Don't know -888
Refused -999

BASE: ALL INFORMANTS

B2. Who is the head of this [NAME OF SUBJECT] household, what is their relationship to you?

Name and Relationship: _____

Relationship Code: / / / (USE RELATIONSHIP CODES FROM PAGE 1)

BASE: ALL INFORMANTS

B3N. Do you and [NAME OF SUBJECT] live in the same house?

Yes-1
No-2
Don't Know-8
Refused-9

SKIP TO B5N IF INFORMANT LIVES IN THE SAME HOUSE OF THE SUBJECT (B3N = 1)
--

BASE: INFORMANTS WHO DO NOT LIVE WITH SUBJECT (B3N = 2)

B4N. How many people live in the house that you live in?

/ / /

Don't know -888
Refused -999

BASE: ALL INFORMANTS

B5N. How many children (persons under the age of 18) live in the house you live in?

/ / /

Don't know -888
Refused -999

QUESTIONS ABOUT SUBJECT [SUBJECT]

This next section concerns [NAME OF SUBJECT]. We would like for you to answer these questions to the best of your knowledge.

(IF THE INFORMANT IS A CHILD OF THE SUBJECT, ASK ABOUT BROTHERS AND SISTERS IN D1A. IF THE INFORMANT IS ANOTHER RELATIVE/FRIEND/CAREGIVER, ASK D1B.)

BASE: INFORMANT IS CHILD OF SUBJECT

D1a. How many surviving brothers and sisters do you have?

/__/__/ # Brothers

/__/__/ # Sisters

Don't know-888

Refused-999

BASE: ALL INFORMANTS

D1b. Now I would like to know how many living children (NAME OF SUBJECT) has.

/__/__/ # of living children

None666

Don't know888

Refused.....999

D1c. BASE: ALL INFORMANTS

We would like to ask you some things about you. What are your years of education, occupation, marital status, and geographical proximity to [NAME OF SUBJECT]?

Years of Education: ____

Occupation (What kind of work do you do?) _____

Marital	Married.....	-1
Status:	Separated.....	-2
	Divorced	-3
	Widowed.....	-4
	Never married.....	-5
	Don't know.....	-8
	Refused	-9

Lives:	With [NAME OF SUBJECT].....	-1
	Within 2 blocks.....	-2
	3 to 8 blocks.....	-3
	8 to blocks to a mile.....	-4
	In another city.....	-5
	In another state.....	-6
	In Mexico.....	-7
	Same city more than a mile.....	-8
	Other specify_____.....	-9

Native Country:	Born in the U.S	-1
(What country	Born in Mexico	-2
were you born in?)	Other SPECIFY	-3
	Don't know	-8
	Refused	-9

RR. CAREGIVING ROLES

PERSONAL CARE (Activities of Daily Living – ADLs) (ASK ABOUT SUBJECTS LIVING AT HOME OR IN THE COMMUNITY, **EXCLUDE** SUBJECTS PRESENTLY RESIDING IN NURSING HOME OR ASSISTED LIVING FACILITY.)

BASE: ALL INFORMANTS

RR1. Now I'm going to ask you some questions about the kind of help (NAME OF SUBJECT) needs to do things. At the present time, do they need help from you or another person or special equipment or a device for (READ EACH ITEM)? (RECORD ANY HELP AS HELP).

						If need help. Is this help from another person, special equipment or both				
	Need help	Don't need help	Unable to do	Don't know	Refused	Person	Special equipment	Both	Don't know	Refused
a.Walk across small room	1	2	3	8	9	1	2	3	8	9
b.Bathing (either a sponge bath, tub bath, or shower)	1	2	3	8	9	1	2	3	8	9
c.Personal grooming (like brushing hair, brushing teeth, or washing face)	1	2	3	8	9	1	2	3	8	9
d.Dressing (like putting on a shirt, buttoning or zipping, or putting on shoes)	1	2	3	8	9	1	2	3	8	9
e.Eating (like holding a fork, cutting food, or drinking from a glass)	1	2	3	8	9	1	2	3	8	9
f.Getting from a bed to a chair	1	2	3	8	9	1	2	3	8	9
g.Using the toilet	1	2	3	8	9	1	2	3	8	9

BASE: ALL INFORMANTS

RR2. [READ] I am now going to ask you questions about who is responsible for (NAME OF SUBJECT's) personal care, household tasks, financial affairs, and medical care

READ EACH ITEM (USE SHOW CARD #1)

	Care Tasks			
	RR2a: Personal Care (E.g., bathing, dressing, toileting, etc.)	RR2b: Household tasks (E.g., meal preparations, transportation, medication management, etc.)	RR2c: Financial affairs (E.g., writing checks, managing investments, paying bills, preparing taxes, paying the nursing home, etc)	RR2d: Medical care (E.g., insulin injections, change catheters, change bandages, etc.)
Who is responsible for [NAME OF SUBJECT]'s [CARE TASK]? (SELECT ALL THAT APPLY)	1. Subject 2. You [INFORMANT] 3. Other Person 1 4. Other Person 2 8. Don't know 9. Refused			
If "yes" informant helps, ask: In the last month how often did you help [SUBJECT] with [Care Task]?	1. Everyday 2. Most days 3. Some days 4. Rarely 5. Never 8. Don't know 9. Refused	1. Everyday 2. Most days 3. Some days 4. Rarely 5. Never 8. Don't know 9. Refused	1. Everyday 2. Most days 3. Some days 4. Rarely 5. Never 8. Don't know 9. Refused	1. Everyday 2. Most days 3. Some days 4. Rarely 5. Never 8. Don't know 9. Refused
If "yes" informant helps, ask: Approximately how many hours per week do you usually provide help with [Care Task]?	Range (1-168 hours) / / / / # of hours Less than one hour....777 Don't know.....888 Refused.....999	Range (1-168 hours) / / / / # of hours Less than one hour....777 Don't know.....888 Refused.....999	Range (1-168 hours) / / / / # of hours Less than one hour....777 Don't know.....888 Refused..... 999	Range (1-168 hours) / / / / # of hours Less than one hour....777 Don't know.....888 Refused.....999
If "yes" other person helps, ask: You mentioned that another person helps with [NAME OF SUBJECT]'s [CARE TASK]. What is their relationship to you [INFORMANT]?	If "yes", Relationship of OTHER PERSON ONE to INFORMANT: _____ Use relationship codes from list / / /	If "yes", Relationship of OTHER PERSON ONE to INFORMANT: _____ Use relationship codes from list / / /	If "yes", Relationship of OTHER PERSON ONE to INFORMANT: _____ Use relationship codes from list / / /	If "yes", Relationship of OTHER PERSON ONE to INFORMANT: _____ Use relationship codes from list / / /

CODES FOR RELATIONSHIPS:

01 = Head of Household (for B2 only)
02 = Spouse
03 = Son/Daughter (including Stepchildren)
04 = Son-In-Law/Daughter-In-Law
05 = Grandchild
06 = Parent
07 = Brother or Sister
08 = Nephew or Niece
09 = Cousin
10 = Aunt/Uncle
11 = Great Grandchild

12 = Other Relative (SPECIFY):

13 = Friend
14 = Boarder or Roomer
15 = Paid Employee
16 = All Others (SPECIFY):

17 = Sister/Brother In-Law
888= Don't Know
999= Refused

BASE: ALL INFORMANTS**HOUSEHOLD CARE/TASKS (INSTRUMENTAL ACTIVITIES OF DAILY LIVING)**

RR4. Now I'd like to ask you about some of the activities of daily living, in other words things that we all need to do as part of our daily lives. I would like to know if (NAME OF SUBJECT) can do these activities by themselves, without any help from you or anyone else. (READ LIST)

Can [NAME OF SUBJECT]:	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. use the telephone without any help (including looking up numbers and dialing)?	-1	-2	-8	-9
b. drive their own car or travel alone on buses or taxis?	-1	-2	-8	-9
c. go shopping for groceries or clothes without help (take care of all shopping needs him/herself assuming they had transportation)?	-1	-2	-8	-9
d. prepare his/her own meals without help (plan and cook full meals themselves)?	-1	-2	-8	-9
e. do light housework without help (dish washing and bed making, etc.?)	-1	-2	-8	-9
f. take this/her medicine without help (in the right doses at the right time)?	-1	-2	-8	-9
g. handle their money without help (write checks, pay bills, etc.)?	-1	-2	-8	-9
h. do heavy work around the house like washing windows, walls and floors without help?	-1	-2	-8	-9

MOBILITY:

i. walk up and down stairs without help?	-1	-2	-8	-9
j. walk half a mile (about 1 kilometer, or around the block) without help?	-1	-2	-8	-9

BASE: INFORMANT OR SOMEONE ELSE RESPONSIBLE FOR SUBJECT'S TASKS (RR2a, or RR2b, or RR2c, or RR2d is "yes")

RR6. What are the main reasons care is provided for (NAME OF SUBJECT)? (SELECT YES OR NO FOR EACH RESPONSE UNLESS DON'T KNOW OR REFUSED)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
(NAME OF SUBJECT) is no longer mentally capable (e.g. Alzheimer's disease, dementia or memory problems).....	-1	-2	-8	-9
(NAME OF SUBJECT) has problems with alcohol/drugs	-1	-2	-8	-9
(NAME OF SUBJECT) is no longer physically capable of taking care of themselves.....	-1	-2	-8	-9
I am afraid of leaving (NAME OF SUBJECT) alone	-1	-2	-8	-9

BASE: INFORMANT OR SOMEONE ELSE RESPONSIBLE FOR SUBJECT'S TASKS (RR2a, or RR2b, or RR2c, or RR2d is "yes")

RR7. About how long ago did (NAME OF SUBJECT) begin receiving care for things that (he/she) was no longer able to do for (himself/herself)?

(DO NOT READ LIST. CHECK OFF MOST APPROPRIATE ANSWER BASED ON SUBJECT'S RESPONSE)

Less than 6 months ago.....-1
6-12 months ago-2
1-2 years ago-3
3-5 years ago-4
6-10 years ago-5
11 or more years ago-6
Other 7

Specify.....
Don't know-8
Refused-9

Interviewer: Please write in any comments the informant may say about this.

BASE: ALL INFORMANTS

RR8. Other than yourself / the people you have already told me about, has anyone else helped you take care of (NAME OF SUBJECT)? This could be from a neighbor, the church, or senior services.

Yes-1
No.....-2
Don't know-8
Refused-9

SECTION QQ: SOCIAL SERVICE USE INCLUDING NEIGHBORS

BASE: ALL INFORMANTS

Now I am going to ask you about formal programs and social services for persons 65 and older that (NAME OF SUBJECT) may have used recently. In the past 12 months did (NAME OF SUBJECT)...
[READ EACH ITEM]

	<u>Yes</u>	<u>No</u>	<u>Don't</u> <u>Know</u>	<u>Refused</u>
QQN1_a. Use transportation for the elderly?	-1	-2	-8	-9
QQN1_b. Use a day activity center (senior center/ church, adult day care)?	-1	-2	-8	-9
QQN1_c. Have home delivered meals (meal on wheels)?	-1	-2	-8	-9
QQN1_d. Receive personal assistance (service that assists with such tasks as: dressing, grooming or household chores)?....	-1	-2	-8	-9
QQN1_e. Use home health services (visiting nurse/ aide, physical therapist)?	-1	-2	-8	-9
QQN1_f. Receive food stamps (SNAP) or coupons (SSI)?	-1	-2	-8	-9
QQN1_g. Use an emergency response service (a monitor hooked to your phone line, or a "panic button")?	-1	-2	-8	-9
QQN1_h. Use legal services for the elderly (wills and trusts, advanced directive, durable power of attorney) .	-1	-2	-8	-9
QQN1_i. Spend time receiving care from a neighbor	-1	-2	-8	-9

BASE: ALL INFORMANTS

(QUESTIONS ARE ABOUT INFORMANT'S GENERAL FEELINGS ABOUT FAMILY AND THE IMPORTANCE OF FAMILY).

[READ] These next questions are about family life – the way that families are organized and the way that members of a family work with one another. Your answers to each of these questions should be based on your own views and opinions.

Do you feel that...[READ EACH ITEM] **USE SHOW CARD #2**

PPN_1. Knowing your family ancestry or lineage, that is, your family tree is an important part of family life.

Strongly disagree	-1
Disagree	-2
Agree	-3
Strongly agree	-4
Don't know	-8
Refused	-9

PPN_2. It is important to know your cousins, aunts, and uncles, and to have a close relationship to them.

Strongly disagree	-1
Disagree	-2
Agree	-3
Strongly agree	-4
Don't know	-8
Refused	-9

PPN_3. Brothers have a responsibility to protect their sisters while they are growing up

Strongly disagree	-1
Disagree	-2
Agree	-3
Strongly agree	-4
Don't know	-8
Refused	-9

PPN_4. A person should remember other family members who have passed away on the anniversary of their death, All Souls Day, or other special occasion.

Strongly disagree	-1
Disagree	-2
Agree	-3
Strongly agree	-4
Don't know	-8
Refused	-9

PPN_5. In the absence of the father, the most important decisions should be made by the eldest son rather than the mother, if the son is old enough.

Strongly disagree	-1
Disagree	-2
Agree	-3
Strongly agree	-4
Don't know	-8
Refused	-9

PPN_6. If they could live anywhere they wanted to, married children should live close to their parents so that they can help each other.

Strongly disagree-1
Disagree-2
Agree-3
Strongly agree-4
Don't know-8
Refused-9

PPN_7. While they are growing up, sisters have an obligation to respect their brothers' authority.

Strongly disagree-1
Disagree-2
Agree-3
Strongly agree-4
Don't know-8
Refused-9

BASE: ALL INFORMANTS

Now I want to ask you questions about the type of support or assistance that you have received within the past year that may have helped you provide care or assistance for [NAME OF SUBJECT].

[READ EACH ITEM]

HH3_N. In the last year, have you used any **service that took care** of {NAME OF SUBJECT} so that you could take some time away from helping?

Yes-1
No-2
Don't know-8
Refused-9

HH4_N. In the last year, have you received any **training** to help you take care of {NAME OF SUBJECT}?

Yes-1
No-2
Don't know-8
Refused-9

HH5_N. In the last year, have you **consulted** with someone from a program, organization or group that helped you find services that you qualified for because you provide care to {NAME OF SUBJECT}?

Yes-1
No-2
Don't know-8
Refused-9

HH6. In the last year, have you consulted with someone from a program, organization or group that helped you find **housing assistance**

Yes-1
No-2
Don't know-8
Refused-9

HH7. In the last year, have you consulted with someone from a program, organization or group that helped you with **medication management**?

Yes-1
No-2
Don't know-8
Refused-9

SS. FAMILY LIFE/RELATIONSHIP WITH SUBJECT

(QUESTIONS ARE ABOUT INFORMANT'S FEELINGS, NOT OTHER CAREGIVER)

Now I am going to ask you questions about your relationship with (NAME OF SUBJECT). These questions are about your feelings toward (NAME OF SUBJECT)

BASE: ALL INFORMANTS

USE SHOWCARD #3.

SS5. Generally, how well do you and (NAME OF SUBJECT) get along together?

Not well/Not at all-1
Not too well-2
Somewhat-3
Well-4
Very well-5
Extremely well-6
Don't know-8
Refused-9

USE SHOW CARD #4 (SS6 N to SS9 N)

SS6_N. How much do you enjoy being with (NAME OF SUBJECT)? Would you say?

A lot-1
Some-2
A little.....-3
Not at all-4
Don't know-8
Refused-9

SS7_N. How much does (NAME OF SUBJECT) argue with you? Would you say?

A lot-1
Some-2
A little.....-3
Not at all-4
Don't know-8
Refused-9

SS8_N. How much does (NAME OF SUBJECT) appreciate what you do for {him/her}? Would you say?

A lot-1
Some-2
A little.....-3
Not at all-4
Don't know-8
Refused-9

SS9_N. How often does (NAME OF SUBJECT) get on your nerves? Would you say?

A lot	-1
Some	-2
A little.....	-3
Not at all	-4
Don't know	-8
Refused	-9

STN_A. Social Support (MOS-9)

BASE: ALL INFORMANTS

[READ]: I now want to ask you questions about social support. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

[READ EACH ITEM] USE SHOW CARD # 5 (STN A1 to STN A9)

STN_A1. Someone to help you if you were confined to bed	
None of the time.....	-1
Some of the time	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A2. Someone who shows you love and affection	
None of the time.....	-1
Some of the time	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A3. Someone to take you to the doctor if you needed it	
None of the time.....	-1
Some of the time	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A4. Someone to confide in or talk about yourself or your problems	
None of the time.....	-1
Some of the time	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A5. Someone who hugs you	
None of the time.....	-1
Some of the time	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A6. Someone to get together with for relaxation

None of the time.....	-1
Some of the time.....	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A7. Someone to help with daily chores if you were sick

None of the time.....	-1
Some of the time.....	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A8. Someone to turn to for suggestions about how to deal with a personal problem

None of the time.....	-1
Some of the time.....	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_A9. Someone to love and make you feel wanted

None of the time.....	-1
Some of the time.....	-2
All of the time	-3
Don't know	-8
Refused.....	-9

STN_B. Negative Interaction (NSAL-modified Felzer)—Family

BASE: ALL INFORMANTS

[READ] I now want to ask you questions about interactions you have with **family members**. How often would you say your **family members** (INCLUDES SPOUSE/PARTNER). . . [USE SHOW CARD]?

[READ EACH ITEM]. USE SHOW CARD # 6 (STN B1 to STN B3)

STN_B1. Make too many demands on you

Very often.....	-1
Fairly often	-2
Not too often.....	-3
Never.....	-4
Don't know	-8
Refused.....	-9

STN_B2. Criticize you and the things you do

Very often.....	-1
Fairly often	-2
Not too often.....	-3
Never.....	-4
Don't know	-8
Refused.....	-9

STN_B3. Try to take advantage of you

Very often.....	-1
Fairly often	-2
Not too often.....	-3
Never.....	-4
Don't know	-8
Refused.....	-9

BASE: ALL INFORMANTS

USE SHOW CARD # 7 (STN D and STN E)

STN_D: SOCIAL SUPPORT

In times of trouble; can you count on at least some of your family or friends most of the time, some of the time, or hardly ever?

Most of the time.....	-1
Some of the time	-2
Hardly ever.....	-3
Don't know	-8
Refused.....	-9

BASE: ALL INFORMANTS

STN_E: EMOTIONAL SUPPORT

Can you talk about your deepest problems with at least some of your family or friends most of the time, some of the time, or hardly ever?

Most of the time.....	-1
Some of the time	-2
Hardly ever.....	-3
Don't know	-8
Refused.....	-9

TT. FINANCIAL

[READ] I now want to ask you questions about the financial status of [NAME OF SUBJECT]. These questions will include some that are about your own financial status.

[READ EACH ITEM]

BASE: ALL INFORMANTS

TT1. Does (NAME OF SUBJECT) own their own home?

Yes	-1
No.....	-2
Don't know	-8
Refused.....	-9

BASE: SUBJECT OWNS HOME (TT1/1)

TT1N_a. Do you expect to inherit the house?

Yes	-1
No.....	-2
Don't know	-8
Refused.....	-9

BASE: ALL INFORMANTS

TT1N_b. Do you own your home?

Yes -1
 No -2
 Don't know -8
 Refused -9

BASE: ALL INFORMANTS

TT2. Does (NAME OF SUBJECT) receive income from any sources? (SELECT YES/NO FOR EACH)

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. NONE (IF 'YES', SKIP TO TT4_N)	1	2	8	9
b. Social Security.....	1	2	8	9
c. Private Pension.....	1	2	8	9
d. Supplemental Security Income (SSI)	1	2	8	9
e. Children.....	1	2	8	9
f. Railroad or military pension.....	1	2	8	9
g. Income from stocks, bonds	1	2	8	9
h. Income from rental property.....	1	2	8	9
i. Other sources: specify				

TT4_N: Do you provide financial support to [NAME OF SUBJECT] (e.g. rent, paying bills, groceries)?

Yes -1
 No -2
 Don't know -8
 Refused -9

BASE: ALL INFORMANTS

TT5_b. Have you in the past year used your own money to help pay for (NAME OF SUBJECT) expenses such as medication, insurance, assistive devices, or in home care.

Yes -1
 No -2
 Don't know -8
 Refused -9

BASE: INFORMANT HELPS WITH INCOME (TT4_N=1)

TT5_c_N: Is the financial support being provided to [NAME OF SUBJECT] causing you financial hardship?

Yes -1
 No -2
 Don't know -8
 Refused -9

BASE: INFORMANT HELPS WITH INCOME (TT4_N=1)

TT6. Do you expect to continue contributing at this same level?

No -1
 Yes, for foreseeable future..... -2
 Don't know -8
 Refused -9

MM. END OF LIFE PLANNING

BASE: ALL INFORMANTS

Now I am going to ask you questions about end of life planning for [NAME OF SUBJECT] and the types of arrangements he/she has made about the type of medical care they want to receive.

MM10Na1. "Has (NAME OF SUBJECT) made legal arrangements for someone to make decisions about their medical care if they become unable to make those decisions for themselves? This is sometimes called a durable power of attorney for health care"

Yes	-1
No	-2
Don't know	-8
Refused	-9

G. GENERAL HEALTH OF SUBJECT (ASK INFORMANT ABOUT SUBJECT)

BASE: ALL INFORMANTS

Now I would like to ask you some questions about (NAME OF SUBJECT)'s health.

USE SHOWCARD #8.

G1. Overall, how would you rate [NAME OF SUBJECT] health?

Excellent	-1
Good	-2
Fair	-3
Poor	-4
Don't know	-8
Refused	-9

U. HEALTH PROBLEMS (ASK INFORMANT ABOUT SUBJECT)

U3. Has a doctor or other health care professional ever told (NAME OF SUBJECT) that he/she had any of the following conditions (READ EACH ITEM)?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
1x. Arthritis or rheumatism-1	___-2	___-8	___-9	
2y. Cancer or malignant tumor-1	___-2	___-8	___-9	
● 2y5 If "Yes", type of cancer? _____				
3I1. Had or suspect a heart attack, coronary, myocardial infarction, or coronary thrombosis?-1	___-2	___-8	___-9	
● 3I5. If "Yes", were they hospitalized overnight for this? ..-1	___-2	___-8	___-9	
4J1. Had or suspect a stroke, blood clot in the brain, or brain hemorrhage?-1	___-2	___-8	___-9	
● 4J5 If "Yes", were they hospitalized overnight for this? ..-1	___-2	___-8	___-9	
5K1. Had high blood pressure?-1	___-2	___-8	___-9	
● 5K4. If "Yes", currently taking any medication for high blood pressure?-1	___-2	___-8	___-9	
6M1. Had or suspect diabetes-1	___-2	___-8	___-9	
● 6M3. If "Yes", are they taking any medication for diabetes now?-1	___-2	___-8	___-9	
7N1. Broken or fractured their hip since the age of 50?-1	___-2	___-8	___-9	
● 7N5. If "Yes", were they hospitalized overnight for this?-1	___-2	___-8	___-9	
7N3. Had broken or fractured any other bone?-1	___-2	___-8	___-9	
● 7N4. If "Yes", what bone was it _____?				
8P5. Noticed any pain or discomfort when they stood or walked in the past month?-1	___-2	___-8	___-9	
8P8. Has _____ fallen in the past 12 months?-1	___-2	___-8	___-9	
● If "Yes", Approximately how many times did they fall? /___/___/ Did any of the falls require medical treatment?-1	___-2	___-8	___-9	
9S4N. Had hearing problems?.....-1	___-2	___-8	___-9	
● If "Yes", ask 9S5. Otherwise, continue to 10V6.				
9S5. (With or without a hearing aid) can (NAME OF SUBJECT) 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?				
a. Without a hearing aid-1	___-2	___-8	___-9	
b. With a hearing aid.....-1	___-2	___-8	___-9	

10V6. Can (NAME OF SUBJECT) recognize a friend or family member (when wearing glasses/contacts if applicable)?

a. Across the street	-1	- 2	-8	-9
b. Across the room	-1	- 2	-8	-9
c. Arm's length away	-1	- 2	-8	-9

U3_N: AD8 Informant Interview

BASE: ALL INFORMANTS

[READ] Now I am going to ask *you* some questions about any changes in (NAME OF SUBJECT) thinking and memory. For each question "Yes, a change" indicates that you think there has been a change in the last several years caused by cognitive problems (i.e., thinking and memory).

U3_N1: Problems with judgment (e.g. falls for scams, bad financial decisions, buys gifts inappropriate for recipients)

Yes a change	-1
No change	-2
Don't know.....	-8
Refused	-9

U3_N2: Reduced interest in hobbies/activities.

Yes a change	-1
No change	-2
Don't know.....	-8
Refused	-9

U3_N3: Repeats questions, stories, or statements

Yes a change	-1
No change	-2
Don't know.....	-8
Refused	-9

U3_N4: Trouble learning how to use a tool, appliance, or gadget (e.g. VCR, computer, microwave, remote control)

Yes a change	-1
No change	-2
Don't know.....	-8
Refused	-9

U3_N5: Forgets correct month or year

Yes a change	-1
No change	-2
Don't know.....	-8
Refused	-9

U3_N6: Difficulty handling complicated financial affairs (e.g. balancing checkbook, income taxes, paying bills)

Yes a change	-1
No change	-2
Don't know.....	-8
Refused	-9

U3_N7: Difficulty remembering appointments

Yes a change	-1
No change	-2
Don't know.....	-8
Refused	-9

U3_N8: Consistent problems with thinking and/or memory

Yes a change -1
 No change -2
 Don't know -8
 Refused -9

U4. The Neuropsychiatric Inventory (NPI)

BASE: ALL INFORMANTS

(ASK THE FOCAL PERSON THE FOLLOWING QUESTIONS)

Please answer the following questions based on *changes or symptoms* that you have observed in (NAME OF SUBJECT).

Indicate "yes" only if the symptom has been present the **past month**. Please answer each question honestly and carefully.

		<p><u>IF "Yes" IN PAST MONTH, ASK:</u> USE SHOWCARD #9 Severity of the symptom (how it affects the subject) 1 - Mild (noticeable, but not a significant change) 2 - Moderate (significant, but not a dramatic change) 3 - Severe (very marked or prominent; a dramatic change)</p>	<p><u>IF "Yes" IN PAST MONTH, ASK:</u> USE SHOWCARD #10 Rate the distress you (caregiver) experience because of the symptom (how it affects you) 0-Not distressing at all 1-Minimal (slightly distressing, not a problem to cope with) 2-Mild (not very distressing, easy to cope with) 3-Moderate (fairly distressing, not always easy to cope with) 4-Severe (very distressing, difficult to cope with) 5-Extreme / very severe (extremely distressing, unable to cope with)</p>
<p><u>ASK EVERYONE:</u> Present in Past Month 0 - No 1 - Yes</p>			
a. Does [NAME OF SUBJECT] believe that others are stealing from him or her, or planning to harm him or her in some way?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
b. Does [NAME OF SUBJECT] act as if he or she hears voices?	0 - No 1 - Yes	1- Mild 2- Moderate 3- Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe

c. Is [NAME OF SUBJECT] stubborn and resistive to help from others?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
d. Does [NAME OF SUBJECT] act as if he or she is in low spirits? Does he or she cry?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
e. Does [NAME OF SUBJECT] become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
f. Does [NAME OF SUBJECT] appear to feel too good or act excessively happy?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
g. Does [NAME OF SUBJECT] seem less interested in his or her usual activities and in the activities and plans of others?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
h. Does [NAME OF SUBJECT] seem to act impulsively? For example, does he or she talk to strangers as if he or she knows them, or does he or she say things that may hurt people's feelings?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
i. Is [NAME OF SUBJECT] impatient and cranky? Does he or she have difficulty coping with delays or waiting for planned activities?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe

j. Does [NAME OF SUBJECT] engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
k. Does [NAME OF SUBJECT] awaken you during the night, rise too early in the morning, or take excessive naps during the day?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
l. Has [NAME OF SUBJECT] lost or gained weight, or had a change in the food he or she likes?	0 - No 1 - Yes	1- Mild 2- Moderate 3 - Severe	0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe

GGG. GLOBAL HEALTH RATING

Now I would like to ask **you** some questions about your (INFORMANT'S) health.

BASE: ALL INFORMANTS

USE SHOWCARD # 8

GGG1. Overall, how would you rate your health – excellent, good, fair, or poor?

Excellent.....	-1
Good.....	-2
Fair	-3
Poor.....	-4
Don't know.....	-8
Refused	-9

Perceived Stress Scale

BASE: ALL INFORMANTS

USE SHOWCARD #11. The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, please tell me if you felt or thought that was never, almost never, sometimes, fairly often, or very often.

In the last month,

	<u>Never</u>	<u>Almost Never</u>	<u>Sometimes</u>	<u>Fairly Often</u>	<u>Very Often</u>	<u>Don't Know</u>	<u>Refused</u>
1. How often have you felt that you were unable to control the important things in your life?.....	-0	-1	-2	-3	-4	-8	-9
2. How often have you felt confident about your ability to handle your personal problems?	-0	-1	-2	-3	-4	-8	-9
3. How often have you felt that things were going your way?	-0	-1	-2	-3	-4	-8	-9
4. How often have you felt difficulties were piling up so high that you could not overcome them?.....	-0	-1	-2	-3	-4	-8	-9

Alcohol consumption

BASE: ALL INFORMANTS

[READ] I now want to ask you some questions regarding your [INFORMANT] alcohol consumption during the past year.

[READ EACH ITEM]

ALC_N1. Have you had any beer, wine, or liquor (e.g. tequila) in the past year?

- Yes -1
- No -2
- Don't know -8
- Refused -9

BASE: INFORMANT RESPONDED "YES" TO ALC_N1

(SKIP TO SMOKING IF INFORMANT RESPONDED "NO" "Don't know" or "refused")

CAGE_N1. Have you ever felt you ought to cut down on your drinking?

- Yes -1
- No -2
- Don't know -8
- Refused -9

CAGE_N2. Have people annoyed you by criticizing your drinking?

- Yes -1
- No -2
- Don't know -8
- Refused -9

CAGE_N3. Have you ever felt bad or guilty about your drinking?

- Yes -1
- No -2
- Don't know -8
- Refused -9

CAGE_N4. Have you had a drink first thing in the morning to steady your nerves or get rid of a hangover?

- Yes -1
- No -2
- Don't know -8
- Refused -9

SMOKING

BASE: ALL INFORMANTS

[READ] I now want to ask you questions about your [INFORMANT] smoking behavior
[READ EACH ITEM]

Smoke_N1. Have you ever smoked at least 100 cigarettes in your entire life?

Yes -1
No -2
Don't know -8
Refused -9

BASE: SMOKE_N1=1. IF SMOKE_N1=2, 8, 9 THEN SKIP TO GG (BLOOD PRESSURE)

Smoke_N2. About how old were you when you first started smoking cigarettes?

AGE

/ / /

Never smoked regularly -777
Don't know -888
Refused -999

Smoke_N3. Do you smoke cigarettes now?

Yes -1
No -2
Don't know -8
Refused -9

Smoke_N4. About how long has it been since you have smoked cigarettes?

of Years

/ / /

Less than 1 -777
Don't know -888
Refused -999

Smoke_N5. How many cigarettes do/did you smoke (when you last smoked regularly)?

of Cigarettes

/ / /

Less than 1 cigarette per day -777
Don't know -888
Refused -999

GG. BLOOD PRESSURE

BASE: ALL INFORMANTS

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

GG4. First **seated** blood pressure reading?

a. Systolic / / / / b. Diastolic / / / / c. Pulse / / / / NA__-777 Refused __-999

GG5. Second **seated** blood pressure reading?

a. Systolic / / / / b. Diastolic / / / / c. Pulse / / / / NA__-777 Refused __-999

(RECORD LOWEST SYSTOLIC/DIASTOLIC READING ON NOTE CARD. GIVE THE SUBJECT THE INDEX CARD. INDICATE WARNING IF BP IS GREATER THAN [160/110])

II. HEIGHT AND WEIGHT

BASE: ALL INFORMANTS

II1a. Now we'd like to get **your** height and weight. Why don't you slip off your shoes and remove heavy jewelry or clothing. Now stand back against this door with your feet, heels together on the floor and with your heels, hips, back and head directly against the wall. Look straight ahead.

Height (to nearest millimeter) / / . / / Centimeters
Unable to stand - 888
Refused -999

BASE: ALL INFORMANT

(PLACE SCALES ON A FLAT SURFACE)

II1b.. Now let's get your weight.

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

ASK QII1d

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

II1d. 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 INFORMANTS

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

* STAND BESIDE INFORMANT.

* 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.....__-999

Measure2

 . Centimeters

Refused.....__-999

GRIP STRENGTH

BASE: ALL INFORMANTS

(INFORMANTS 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. 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 Section U

No -2

Don't know -8

Refused -9

ASK Q.HH7b

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

BASE: HAVE NOT HAD SURGERY IN PAST 3 MONTHS (HH7a/2,8,9)

HH7b. 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

Trial 2

/ / / . / / kilograms

/ / / . / / kilograms

Unable/Discontinued -666

Not performed for safety reasons -777

Refused -999

Unable/Discontinued -666

Not performed for safety reasons -777

Refused -999

HH7c. Hand tested?

Right -1

Left -2

Not applicable -3

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

5 -1

6 -2

7 -3

IU. HEALTH PROBLEMS THE INFORMANT HAS

BASE: ALL INFORMANTS

IU. HEALTH PROBLEMS

IU3. Has a doctor or other health care professional ever told **you** 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>
I1x. Arthritis or rheumatism	___-1	___- 2	___-8	___-9
I2y. Cancer or malignant tumor	___-1	___- 2	___-8	___-9
I2y5. If "Yes", type of cancer? _____				
I3I1. Had or suspect a heart attack, coronary, myocardial infarction, or coronary thrombosis?	___-1	___- 2	___-8	___-9
I3I5. If "Yes", were you hospitalized overnight for this?	___-1	___- 2	___-8	___-9
I4J1. Had or suspect a stroke, blood clot in the brain, or brain hemorrhage?	___-1	___- 2	___-8	___-9
I4J5. If "Yes", were you hospitalized overnight for this?	___-1	___- 2	___-8	___-9
I5K1. Had high blood pressure?	___-1	___- 2	___-8	___-9
I5K4. If "Yes", currently taking any medication for high blood pressure?	___-1	___- 2	___-8	___-9
I6M1. Had or suspect diabetes	___-1	___- 2	___-8	___-9
I6M3. If "Yes", are you taking any medication for diabetes now?	___-1	___- 2	___-8	___-9
I7N1. Have you ever broken or fractured your hip?	___-1	___- 2	___-8	___-9
I7N1a. If "Yes", how old were you when you broke your hip? /___/___/				
I7N5. If "Yes", were you hospitalized overnight for this?	___-1	___- 2	___-8	___-9
I7N3. Have you ever broken or fractured any other bone?	___-1	___- 2	___-8	___-9
I7N4. If "Yes", what bone was it _____?				
IP5. In the <u>past month</u> , did you notice any pain or discomfort when you <u>stood or walked</u> ?	___-1	___- 2	___-8	___-9
If "Yes", where was this pain?				
IP5a1. Back.....	___-1	___- 2	___-8	___-9
IP5a2. Hips.....	___-1	___- 2	___-8	___-9
IP5a3. Knees.....	___-1	___- 2	___-8	___-9
IP5a4. Ankles/feet.....	___-1	___- 2	___-8	___-9
IP5a5. Legs.....	___-1	___- 2	___-8	___-9
IP5a6. Entire body.	___-1	___- 2	___-8	___-9
IP5a7. Somewhere else (SPECIFY): _____				

CESD

BASE: ALL INFORMANTS

X. USE SHOW CARD #12 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 INFORMANT 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	Refused
1. I was bothered by things that usually don't bother me	-0	-1	-2	-3	-8	-9
2. I did not feel like eating; my appetite was poor	-0	-1	-2	-3	-8	-9
3. I felt that I could not shake off the blues even with help from my family & friends	-0	-1	-2	-3	-8	-9
4. I felt that I was just as good as other people	-0	-1	-2	-3	-8	-9
5. I had trouble keeping my mind on what I was doing	-0	-1	-2	-3	-8	-9
6. I felt depressed	-0	-1	-2	-3	-8	-9
7. I felt that everything I did was an effort	-0	-1	-2	-3	-8	-9
8. I felt hopeful about the future	-0	-1	-2	-3	-8	-9
9. I thought my life had been a failure	-0	-1	-2	-3	-8	-9
10. I felt fearful	-0	-1	-2	-3	-8	-9
11. My sleep was restless	-0	-1	-2	-3	-8	-9
12. I was happy	-0	-1	-2	-3	-8	-9
13. It seemed that I talked less than usual	-0	-1	-2	-3	-8	-9
14. I felt lonely	-0	-1	-2	-3	-8	-9
15. People were unfriendly	-0	-1	-2	-3	-8	-9
16. I enjoyed life	-0	-1	-2	-3	-8	-9
17. I had crying spells	-0	-1	-2	-3	-8	-9

	Rarely Or None Of the Time (Less Than <u>1 Day</u>)	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	Refused
18. I felt sad	-0	-1	-2	-3	-8	-9
19. I felt that people disliked me	-0	-1	-2	-3	-8	-9
20. I could not get going	0	-1	-2	-3	-8	-9

Self-reported memory of the Informant

BASE: ALL INFORMANTS

[READ] I am now going to ask you questions about your memory and changes in memory that you may have experienced over the past two years.

USE SHOW CARD # 13

SM1_N: How would you rate your memory at the present time?

- Excellent -1
- Very good -2
- Good -3
- Fair -4
- Poor -5
- Don't know -8
- Refused -9

SM2_N: Compared with two years ago would you say your memory is better now, about the same, or worse now than it was then?

- Better now -1
- About the same -2
- Worse now -3
- Don't know -8
- Refused -9

BASE: ALL INFORMANTS

CC3. USE SHOW CARD #14 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 -8
- Refused -9

BASE: ALL INFORMANTS

EE2. USE SHOW CARD #15 How often do **you** go to church or religious services?

(PLEASE DO NOT INCLUDE RESPONSES FOR SERVICES VIEWED ON TV. THIS SHOULD ONLY INCLUDE SERVICES WHERE THE INFORMANT LEFT THEIR HOME)

- 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 -8
- Refused -9

KK. HEALTH CARE SERVICE UTILIZATION

BASE: ALL INFORMANTS

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

KK2. Not including any overnight stays in a 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 INFORMANT DOES NOT ANSWER KK2.)

BASE: ALL INFORMANTS

CC1a. 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?

Yes	-1
No	-2
Don't know	-8
Refused	-9

LL. INCOME

BASE: ALL INFORMANTS

(ASK FOR LAST CALENDAR YEAR)

LL3. **USE SHOW CARD #16** Please look at this card. About how much is your yearly household income for 2014/2015 Include income from all sources, such as wages, salaries, Social Security, retirement benefits, help from relatives, rent from property, and so forth.

<u>Yearly</u>	<u>Monthly</u>	
\$0-\$4,999	(\$0-\$416)	-1
\$5,000-\$9,999	(\$417-\$833)	-2
\$10,000-\$14,999	(\$834-\$1,249)	-3
\$15,000-\$19,999	(\$1,250-\$1,666)	-4
\$20,000-\$29,999	(\$1,667-\$2,499)	-5
\$30,000-\$39,999	(\$2,500-\$3,333)	-6
\$40,000-\$49,999	(\$3,334-\$4,166)	-7
\$50,000 & Over	(\$4,167 & Over)	-8
Don't know	___-888	Refused ___-999

MM. INSURANCE

BASE: ALL INFORMANTS

QMM9. Are **you** currently covered by a Medicare, Medicaid, private insurance, an HMO, the VA or another type of insurance? Please tell me whether **you** are covered by any of these sources.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
A. Medicare	___-1	___-2	___-8	___-9
B. Medicaid	___-1	___-2	___-8	___-9
C. Private insurance	___-1	___-2	___-8	___-9
E. VA (TRICARE)	___-1	___-2	___-8	___-9
F. Other specify	___-1	___-2	___-8	___-9

_____verbatim

NN. FOLLOW-UP

BASE: ALL INFORMANTS

NN1. What is **your** telephone number? / / / / - / / / / - / / / / /

No telephone -1

Don't know -8

Refused -9

NN2.P What is your current street address?

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Don't know -8

Refused -9

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

Street: _____

City: _____ State: _____ Zip: _____

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

Yes -1

ASK Q.NN3b

No -2

Don't know -8

Refused -9

SKIP TO Q.NN4

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

NN3b. Where do you plan to move?

Don't know -8

Refused -9

BASE: ALL INFORMANTS

NN4. Can you please give me the names, addresses, and telephone numbers of two people who do not live with you (FOCAL CHILD/RELATIVE) 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: (____) _____

Email address: _____

/ / / ENTER RELATIONSHIP CODE Don't know ____ -8 Refused ____ -9

2. Name (Last, First, MI): _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

E-mail address: _____

/ / / ENTER RELATIONSHIP CODE Don't know ____ -8 Refused ____ -9

Time Ended: _____ **A.M./P.M.**

OO1. Final status of Informant interview?

Complete.....-1
Incomplete,-2

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

OO10. INTERVIEWER COMMENTS:

Intentionally Blank