

ICPSR 36537

**Hispanic Established Populations
for the Epidemiologic Study of the
Elderly (HEPESE) Wave 7,
2010-2011 [Arizona, California,
Colorado, New Mexico, and Texas]**

Respondent Questionnaire, Wave 7 (English)

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Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) Wave 7, 2010-2011 [Arizona, California, Colorado, New Mexico, and Texas]

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Respondent Questionnaire, Wave 7 (2010-2011)

HARRIS INTERACTIVE INC.

FOR OFFICE USE

Questionnaire No.:

ID#:/ / / / / / /

[Q_NO]

Study No. 36756

Date: March 2010

Mexican-American Elderly-Phase VII Re-interview

Interviewer: Is this the same address as before? ___ Yes (1) ___ No (2) [SAMEADDR7]

Time Started: _____ A.M./P.M.

Interviewer _____ Date of Interview: _____ [DATEINT7]

Area Code: _____ Telephone No.: _____

Hello, I'm _____ from Harris Interactive Inc., the national survey research firm in New York best known for The Harris Poll. May I speak to (RESPONDENT NAME)? You may remember us - we interviewed you three 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 at Galveston.

- Variable carried over from prior waves: When respondent enrolled
- Variable carried over from prior waves: Born in US

[NEW7]

[USBORN7]

S3.P

First, let me check that I have your name written

correctly: (READ NAME)

Respondent name: _____
FIRST MIDDLE LAST (both)

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

[AGE7]

PROXY ONLY:

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

[PROXYREL7]

CODES FOR RELATIONSHIPS:

- 01 = Respondent is head of household (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
- 98 = Don't Know
- 99 = Refused

FROM OBSERVATION:P Respondent Gender

Male-1
Female.....-2

[SEX7]

(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.)

BASE: ALL RESPONDENTS

A10.P Are you presently married, divorced, separated, widowed, or never married? (INCLUDE COMMON LAW MARRIAGES UNDER MARRIED)

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

[MARSTAT7]

ASK Q.A11

SKIP TO Q.B1

BASE: MARRIED/SEPARATED/DIVORCED/WIDOWED (A10/1-4)

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

/___/___/ Years [RANGE: 0-97]
 98 Unknown
 99 Refused to answer

[MARLEN7]

B. LIVING ARRANGEMENTS

BASE: ALL RESPONDENTS

B1.P How many people live in this household? /___/___/
 Don't know.....-8
 Refused.....-9

[NHOUSE7]
 [DKNHSE7]

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)

[HHREL7]

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)

/___/___/	[OREL71]	/___/___/	[OREL72]
/___/___/	[OREL73]	/___/___/	[OREL74]
/___/___/	[OREL75]	/___/___/	[OREL76]

BASE: ALL RESPONDENTS

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

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

ASK Q.B6a

[MOVED7]

SKIP TO Q B7.

BASE: HAS MOVED (B6/1)

B6a P Why did you move?

I needed to move into an assisted living facility -1
To be closer to my children -2
Other (Specify) -3
Don't know -8
Refused -9

[WHYMOVE7]

BASE: ALL RESPONDENTS

B7.P Has anyone moved in with you since we last talked to you?

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

ASK Q.B7a

[MOVEIN7]

SKIP TO Q D1

BASE: SOMEONE HAS MOVED IN SINCE LAST TIME (B7/1)

B7a.P Who moved in with you? (RECORD RELATIONSHIP CODE FOR UP TO FOUR PEOPLE)

[WHOMOV71]

[WHOMOV72]

[WHOMOV73]

[WHOMOV74]

/ / / / (Use relationship codes from page 1)

BASE: SOMEONE HAS MOVED IN SINCE LAST TIME (B7/1)

B7b. P Why did (PERSON) move in with you?

I needed help taking care of myself or the house -1
(PERSON WHO MOVED IN) needed a place to stay -2
Other (Specify) -3
Don't know -8
Refused -9

[TAKECARE7]

[PLAYSTAY7]

[YOUOTH7]

[YOUDKREF7]

D. INSTRUMENTAL SOCIAL SUPPORT/FAMILY CONTACTS

BASE: ALL RESPONDENTS

D1.P Now I would like to know how many living children (including adopted, foster or step-children) you have.

/ / / Number of living children (CODE 00 FOR NONE)

Don't know -98

Refused -99

[NKIDS7]

[DKNKIDS7]

IF RESPONDENT HAS NO CHILDREN, SKIP TO Q.D5 - ALL OTHERS ASK Q.D1a AND D2

BASE: HAS LIVING CHILDREN (D1>0, NE 98,99)

D1a. I would like to know more about your living children. For each living child, can you tell me their initials, gender, age, and proximity to you?

(ASK EACH ITEM OF EVERY LIVING CHILD. THE CHILDREN DO NOT HAVE TO BE LISTED IN ANY SPECIFIC ORDER; LET THE RESPONDENT LIST THEM AS THEY COME TO MIND. REPEAT THE COLUMN HEADINGS AS OFTEN AS NECESSARY.)

Initials	Gender 1=Male 2=Female	Age	Lives in same house 1=Yes 2=No	Lives in the same neighborhood 1=Yes 2=No	Lives more than an hour's drive 1=Yes 2=No
Child 1: _____	[SEXK_1]	[AGEK_1]	[HOUSEK_1]	[NEIGHK_1]	[HOURK_1]
Child 2: _____	[SEXK_2]	[AGEK_2]	[HOUSEK_2]	[NEIGHK_2]	[HOURK_2]
Child 3: _____	[SEXK_3]	[AGEK_3]	[HOUSEK_3]	[NEIGHK_3]	[HOURK_3]
Child 4: _____	[SEXK_4]	[AGEK_4]	[HOUSEK_4]	[NEIGHK_4]	[HOURK_4]
Child 5: _____	[SEXK_5]	[AGEK_5]	[HOUSEK_5]	[NEIGHK_5]	[HOURK_5]
Child 6: _____	[SEXK_6]	[AGEK_6]	[HOUSEK_6]	[NEIGHK_6]	[HOURK_6]

(IF MORE THAN 6 CHILDREN, USE SUPPLEMENTAL TABLE AT END OF QUESTIONNAIRE)

BASE: HAS LIVING CHILDREN (D1>0, NE 98,99)

D2.P How many of your (#CHILDREN IN Q.D1) children do you see at least once a month?

/ / / (CODE 00 FOR NONE)

Don't know.....-98

Refused.....-99

[SEEMON7]

[DKSEE7]

(ANSWER IN Q.D2 MUST BE LESS THAN OR EQUAL TO NUMBER OF CHILDREN IN Q.D1)

BASE: ALL RESPONDENTS

D5. How many relatives do you have that you feel close to--that you feel at ease with, can talk to about private matters, or can call? (INCLUDE siblings, in-laws, EXCLUDE spouse and children.)

/ / / (CODE 00 FOR NONE)

Don't know.....-98

Refused.....-99

[CLOSREL7]

[DKCLOS7]

IF RESPONDENT IS CLOSE TO RELATIVES ASK Q.D5A - OTHERS (NO RELATIVES) SKIP TO QD7 OR QD6

(D5a IS **NOT** HOW OFTEN THEY SEE THE RELATIVES, BUT HOW MANY OF THOSE IN D5 THAT THEY SEE . THE ANSWER CANNOT BE GREATER THAN THE NUMBER OF RELATIVES IN D5.)

BASE: HAS RELATIVES (D5>0, NE 98,99)

D5a. How many of these (# RELATIVES IN Q.D5) relatives do you see at least once a month?

/ / / (CODE 00 FOR NONE)

Don't know.....-98

Refused.....-99

[RSEEMON7]

[DKRSEE7]

BASE: HAS LIVING CHILDREN (D1>0, NE 98,99)

D7.P In the past two years, did you or your spouse spend 100 or more hours in total taking care of grand or great grandchildren?

Yes.....-1

No.....-2

Don't know.....-8

Refused.....-9

[CAREGCHILD7]

BASE: ALL RESPONDENTS

D6. Other than members of your family, how many close friends do you have--people that you feel at ease with, can talk to about private matters, or can call on for help?

/ / / (CODE 00 FOR NONE)

Don't know.....-98

Refused.....-99

[CLSFRN7]

[DKCLOS7]

IF RESPONDENT HAS CLOSE FRIENDS ASK Q.D6a - OTHERS (NO FRIENDS) SKIP TO QD3

(D6a IS **NOT** HOW OFTEN THEY SEE THE FRIENDS BUT HOW MANY OF THOSE IN D6 THAT THEY SEE. THE ANSWER CANNOT BE GREATER THAN THE NUMBER OF FRIENDS IN D6.)

BASE: HAS CLOSE FRIENDS (D6>0, NE 98,99)

D6a. How many close friends do you see at least once a month?

/ / / (CODE 00 FOR NONE)

Don't know.....-98

Refused.....-99

[FSEEMON7]

[DKFSEE7]

BASE: ALL RESPONDENTS

D3. **USE SHOW CARD #1** 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?

[COUNTON7]

Most of the time ___-1

Some of the time ___-2

Hardly ever ___-3

Don't know ___-8

Refused ___-9

BASE: ALL RESPONDENTS

D4. **USE SHOW CARD #1** 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?

[TALK7]

Most of the time ___-1

Some of the time ___-2

Hardly ever ___-3

Don't know ___-8

Refused ___-9

BASE: ALL RESPONDENTS

D8.(IF MARRIED (QA10/1), SAY: Besides your husband or wife), can you please provide me with the name, telephone number, address, and e-mail address of the child or person who provides the most advice or help for you - the person who knows you best.

Name (Last, First, MI): _____

Relationship to subject _____ (use relationship codes from page 1) / / /

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

G. GLOBAL HEALTH RATING

BASE: ALL RESPONDENTS

G1.P **USE SHOW CARD #2** Now I would like to ask you some questions about your health. Overall, how would you rate your health - excellent, good, fair, or poor?

[HEALTH7]

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

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'.)

[MDIAB71]

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

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.....	-8
Refused.....	-9

[MDIAB72]
[DKMDIA72]

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

ASK Q. M6.

SKIP TO Q.M8a.

[MDIAB73]

BASE: TAKING MEDICINE FOR DIABETES (M3/1)

M6.P Are you now taking insulin shots?

[MDIAB76A]

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

BASE: TAKING MEDICINE FOR DIABETES (M3/1)

M6b.P Are you now taking diabetes pills?

[MDIAB76B]

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

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?

[MDIAB78A]

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

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?

[MDIAB78D]

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

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?

[MDIAB78F]

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

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

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

[MDIAB78G]

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

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

[P8FALLS7]

None -1
1 time -2
2 times -3
3 or more times -4
Don't know -8
Refused -9

SKIP TO Q.P10

ASK Q.P9

SKIP TO Q.P10

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?

[P9FALLS7]

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

BASE: ALL RESPONDENTS

P10 **USE SHOW CARD #4** How afraid are you of falling? Would you say...

[P10FALLS7]

Not at all afraid -1
Somewhat afraid -2
Fairly afraid -3
Very afraid -4
Don't know -8
Refused -9

P. PAIN

BASE: ALL RESPONDENTS

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

[PARTH75]

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

ASK Q. P5a.

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)

	Yes	No
Back.....	1	2
Hips.....	1	2
Knees.....	1	2
Ankles/feet.....	1	2
Legs.....	1	2
Entire body.....	1	2
Somewhere else (SPECIFY): _____		
Don't know.....	8	
Refused.....	9	

[P5BACK7]

[P5HIPS7]

[P5KNEES7]

[P5AFEET7]

[P5LEGS7]

[P5BODY7]

[P5ELSE7]

[P5DK7]

[P5REF7]

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

P5b. Does this bodily pain last for more than 4 weeks?

[PAIN5B7]

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

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

P5c. **USE SHOW CARD #5** In the past month, how much has this pain or discomfort restricted your **daily** activities -- a lot, some or not at all?

[PAIN5C7]

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

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

P5d. **USE SHOW CARD #5** 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?

[PAIN5D7]

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

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

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

[PAIN6A7]

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

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

P6b. Do you take any medication for your pain?

[PAIN6B7]

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

Q. INCONTINENCE

BASE: ALL RESPONDENTS

Q1a. **USE SHOW CARD #6** 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?

[QINCON71]

- 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 or cancer) -6
- Don't know..... -8
- Refused -9

BASE: ALL RESPONDENTS

Q12. **USE SHOW CARD #6** 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?

[QINCON712]

- 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 or cancer) -6
- Don't know..... -8
- Refused -9

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)

	<u>Not at All</u>	<u>1-3 Days</u>	<u>4-7 Days</u>	<u>8-14 Days</u>	<u>15+ Days</u>	<u>Not Sure</u>	<u>Refused</u>	
a. Have trouble falling asleep.....	-0	-1	-2	-3	-4	-8	-9	[RSLEEP7A]
b. Wake up several times per night.....	-0	-1	-2	-3	-4	-8	-9	[RSLEEP7B]
c. Have trouble staying asleep (including waking far too early).....	-0	-1	-2	-3	-4	-8	-9	[RSLEEP7C]
d. Wake up after your usual amount of sleep feeling tired and worn out.....	-0	-1	-2	-3	-4	-8	-9	[RSLEEP7D]

BASE: ALL RESPONDENTS

R2. **USE SHOW CARD #7** During the past month, how would you rate your sleep quality overall?

[RSLPQUAL7]

Very good.....1
Fairly good.....2
Fairly bad.....3
Very bad.....4
Don't know.....8
Refused.....9

BASE: ALL RESPONDENTS

R3. **P USE SHOW CARD #8** On average, over a 24 hour period, do you sleep (READ EACH ITEM):
(ASK RESPONDENT TO INCLUDE HOURS SPENT NAPPING)

[RSLPAVG7]

Less than 5 hours.....1
5 hours2
6 hours3
7 hours4
8 hours5
9 hours6
10 or more hours.....7
Don't know.....8
Refused.....9

S. HEARING

BASE: ALL RESPONDENTS

S5.P. Are you wearing a hearing aid?

[SHEAR75]

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

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?

[SHEAR75]

Yes, without a hearing aid-1
Yes, with a hearing aid-2
No-3
Respondent is deaf-4
Don't know.....-8
Refused-9

BASE: ALL RESPONDENTS

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

[SHEAR75B]

Within the past year.....	1
More than a year ago	2
Never	3
Don't know.....	8
Refused	9

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)?

	Yes	No	Respondent is Blind (vol.)	Don't Know	Refused	
a. Across the street	-1	-2	-3	-8	-9	[VVIS7A]
b. Across the room	-1	-2	-3	-8	-9	[VVIS7B]
c. Who is at an arm's length away.....	-1	-2	-3	-8	-9	[VVIS7C]

BASE: ALL RESPONDENTS

V6a.P When was your last vision exam?

[VVIS76A]

Within the past year.....	1
More than a year ago	2
Never	3
Don't know.....	8
Refused	9

- Created variable 'Difficulty with distant vision' (if VVIS76A = 2 or VVIS76B = 2) [DVISION7]
- Created variable 'Difficulty with near vision' (if VVIS76C = 2) [NVISION7]
- Created from "blind" responses - Respondent is blind [BLIND7]
 - No..... 0
 - Yes..... 1

K. HYPERTENSION

BASE: ALL RESPONDENTS

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

[KHYPER71]

Yes	-1	}	ASK Q.K4.
Suspect or possible.....	-2		
No.....	-3	}	SKIP TO Q.GG1. BLOOD PRESSURE
Don't know.....	-8		
Refused	-9		

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?

[KHYPER74]

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

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 you 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 / / / [GG4SYS7] b. Diastolic / / / [GG4DIA7] c. Pulse / / / / [GG4PUL7] NA__-77 Refused __-99 [NOGG47]

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

a. Systolic / / / [GG5SYS7] b. Diastolic / / / [GG5DIA7] c. Pulse / / / / [GG5PUL7] NA__-77 Refused __-99 [NOGG57]

(RECORD **LOWEST** SYSTOLIC/DIASTOLIC READING ON NOTE CARD.)

(DO NOT REMOVE CUFF UNLESS NECESSARY.)

(READ TO RESPONDENT):

Please stand up and relax during the next series of questions after which I would like to take your blood pressure again while you are standing. If you are not able to stand, that's fine, let's continue.

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	-8	-9	[U73A]
b. Stomach Ulcers?	-1	-2	-8	-9	[U73B]
d. Liver disease?	-1	-2	-8	-9	[U73D]
f. Osteoporosis?	-1	-2	-8	-9	[U73F]
g. Emphysema or chronic bronchitis (COPD)?	-1	-2	-8	-9	[U73G]
h. Parkinson's disease?	-1	-2	-8	-9	[U73H]
j. (IF MALE) : Prostate problems?	-1	-2	-8	-9	[U73J]
k. Thyroid or other gland problems?	-1	-2	-8	-9	[U73K]
m. Anemia, low blood count?	-1	-2	-8	-9	[U73M]
n. Eye problems? (such as Cataracts, Glaucoma, or Macular degeneration)	-1	-2	-8	-9	[U73N]
q. Heart failure or heart disease?	-1	-2	-8	-9	[U73Q]
u. Alzheimer's disease or other memory problems?	-1	-2	-8	-9	[U73U]
x. Arthritis or rheumatism?	-1	-2	-8	-9	[U73X]
y. Cancer or malignant tumor? y5. If "Yes", type of cancer? _____	-1	-2	-8	-9	[LCANC71] [LCANC75]
z. Pneumonia?	-1	-2	-8	-9	[U73Z]
I1. Had/suspect a heart attack, or coronary, or myocardial infarction, or coronary thrombosis?	-1	-2	-8	-9	[ICARDI71]
I5. If "Yes", were you hospitalized overnight for this?	-1	-2	-8	-9	[ICARDI75]
J1. Had/suspect a stroke, blood clot in the brain, or brain hemorrhage?	-1	-2	-8	-9	[JSTROK71]
J5. If "Yes", were you hospitalized overnight for this?	-1	-2	-8	-9	[JSTROK75]
N1. Had broken or fractured your hip?	-1	-2	-8	-9	[NFRAC71]
N5. If "Yes", were you hospitalized overnight for this?	-1	-2	-8	-9	[NFRAC75]
N3. Had broken or fractured any other bone? N4. If "Yes", what bone was it? _____	-1	-2	-8	-9	[NFRAC73] [NFRAC74]

(INTERVIEWER: YOU REMAIN SEATED WITH YOUR EQUIPMENT ON THE TABLE OR COUNTER. IF THERE IS A FAMILY MEMBER AVAILABLE, YOU MAY ASK FOR THEIR ASSISTANCE.)

BASE: ALL RESPONDENTS

GG7P-R. First **standing** blood pressure reading?

[GG7SYS7] [GG7DIA7] [GG7PUL7] [NOGG97]
a. Systolic / / / / b. Diastolic / / / / c. Pulse / / / / NA__-77 Refused __-99

(INTERVIEWER: TAKE THE BLOOD PRESSURE CUFF OFF AND MOVE EQUIPMENT AWAY FROM RESPONDENT.)
(GIVE THE SUBJECT THE INDEX CARD WITH THEIR LOWEST SEATED READINGS. INDICATE WARNING IF BP IS GREATER THAN (160/110).)

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

[WCORR71]

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

Spring.....-1
Summer.....-2
Fall.....-3
Winter.....-4
Don't know.....-8
Refused.....-9

Correct.....-1
Error.....-0

[WCORR72]

W3.P-R What is the month?

January.....-1
February.....-2
March.....-3
April.....-4
May.....-5
June.....-6
July.....-7
August.....-8
September.....-9
October.....-10
November.....-11
December.....-12
Don't know.....-88
Refused.....-99

Correct.....-1
Error.....-0

[WCORR73]

W4.P-R What is the date?

Date: / / / / Correct..... -1

Error..... -0

[WCORR74]

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

Monday.....-1
Tuesday.....-2
Wednesday.....-3
Thursday.....-4
Friday.....-5
Saturday.....-6
Sunday.....-7
Don't know.....-8
Refused.....-9

Correct.....-1
Error.....-0

[WCORR75]

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

Arizona	-1	Correct.....	-1	[WCORR76]
California	-2	Error.....	-0	
Colorado.....	-3			
New Mexico.....	-4			
Texas.....	-5			
Other (SPECIFY)	-6			
Don't know.....	-8			
Refused	-9			

W7.P-R What county are we in?

County: _____ Correct..... -1 Error -0 [WCORR77]

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

City: _____ Correct..... -1 Error -0 [WCORR78]

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

/ / / / Floor

Basement	-1	Correct.....	-1	[WCORR79]
Ground level	-2	Error.....	-0	
Don't know.....	-8			
Refused	-9			

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 [WCORR710]

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. IF REFUSES TO ANSWER RECORD AS ERROR.)

	<u>Record Answers</u>	<u>Correct</u>	<u>Error</u>	
a. Apple.....	_____	-1	-0	[WMMS711A]
b. Table.....	_____	-1	-0	[WMMS711B]
c. Penny.....	_____	-1	-0	[WMMS711C]

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:

[WCORR712]

1	-1
2	-2
3	-3
4	-4
5	-5
Illiterate/Can't Read.....	-6
None.....	-0
Refused	-9

W13.**P-R** Now what were the objects I asked you to remember? (IF REFUSES TO ANSWER RECORD AS ERROR)

	<u>Record Answers</u>	<u>Correct</u>	<u>Error</u>	
a. Apple.....	_____	-1	-0	[WMMS713A]
b. Table.....	_____	-1	-0	[WMMS713B]
c. Penny.....	_____	-1	-0	[WMMS713C]

SHOW RESPONDENT A WRIST WATCH AND ASK:

W14.**P-R** What is this called? (IF RESPONDENT SAYS "WRISTWATCH" OR "WATCH", COUNT AS CORRECT. IF REFUSES TO ANSWER RECORD AS ERROR.) 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>	
Watch	-1	-0	7	[WMMSE714]

SHOW RESPONDENT A PENCIL AND ASK:

W15.**P-R** What is this called? (IF REFUSES TO ANSWER RECORD AS ERROR)

	<u>Correct</u>	<u>Error</u>	<u>Unable to do</u>	
Pencil	-1	-0	7	[WMMSE715]

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)

	<u>Correct</u>	<u>Error</u>	
No ifs, ands or buts	-1	-0	[WMMSE716]

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

W17.**P-R** USE SHOW CARD #9 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>	
Close your eyes	-1	-0	7	[WMMSE717]

(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>	
a.	Takes paper in right hand	-1	-0	-7	[WMMS718A]
b.	Folds paper in half.....	-1	-0	-7	[WMMS718B]
c.	Puts paper down on the floor	-1	-0	-7	[WMMS718C]

(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>	
Full sentence correctly written.....	-1	-0	-7	[WMMSE719]

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

W20.P-R USE SHOW CARD # 10 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>	
Diagram correctly copied	-1	-0	-7	[WMMSE720]

- Created variable: Classical total MMSE score [TOTMMSE7]

END OF COGNITION SECTION

X. FEELINGS/CESD

BASE: ALL RESPONDENTS

X. P-R USE SHOW CARD #11 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	
1. I was bothered by things that usually don't bother me.....	-0	-1	-2	-3	-8	[X7CESD1]
2. I did not feel like eating; my appetite was poor	-0	-1	-2	-3	-8	[X7CESD2]
3. I felt that I could not shake off the blues even with help from my family & friends	-0	-1	-2	-3	-8	[X7CESD3]
4. I felt that I was just as good as other people	-0	-1	-2	-3	-8	[X7CESD4]
5. I had trouble keeping my mind on what I was doing.....	-0	-1	-2	-3	-8	[X7CESD5]
6. I felt depressed	-0	-1	-2	-3	-8	[X7CESD6]
7. I felt that everything I did was an effort	-0	-1	-2	-3	-8	[X7CESD7]
8. I felt hopeful about the future	-0	-1	-2	-3	-8	[X7CESD8]
9. I thought my life had been a failure.....	-0	-1	-2	-3	-8	[X7CESD9]
10. I felt fearful	-0	-1	-2	-3	-8	[X7CESD10]
11. My sleep was restless.....	-0	-1	-2	-3	-8	[X7CESD11]
12. I was happy.....	-0	-1	-2	-3	-8	[X7CESD12]
13. It seemed that I talked less than usual	-0	-1	-2	-3	-8	[X7CESD13]
14. I felt lonely.....	-0	-1	-2	-3	-8	[X7CESD14]
15. People were unfriendly	-0	-1	-2	-3	-8	[X7CESD15]
16. I enjoyed life.....	-0	-1	-2	-3	-8	[X7CESD16]
17. I had crying spells	-0	-1	-2	-3	-8	[X7CESD17]
18. I felt sad	-0	-1	-2	-3	-8	[X7CESD18]
19. I felt that people disliked me	-0	-1	-2	-3	-8	[X7CESD19]
20. I could not get going	-0	-1	-2	-3	-8	[X7CESD20]

- Created variable: CESD total score
- Created variable: CESD >= 16

[CESDTOT7]
[CASE7]

Y. SMOKING

BASE: ALL RESPONDENTS

Y3.P Do you smoke cigarettes now?

[YSMOKE73]

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

Z. ALCOHOL CONSUMPTION

BASE: ALL RESPONDENTS

Z2P In the past month, have you had any beer, wine or liquor?

[ZALC72]

Yes, had beer, wine, liquor	-1
No, have not	-2
Don't know	-8
Refused	-9

AA. MEDICATIONS

BASE: ALL RESPONDENTS

Now I'm going to ask you about the medicines you take.

AA1. During the past 2 weeks, did you take or use any medicine prescribed by a doctor (including those mentioned earlier).

[AAMED71]

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

BASE: ALL RESPONDENTS

AA2. Do you take or use any drugs prescribed by a doctor that are not to be taken regularly, but only as needed?

[AAMED72]

Yes, in past 2 weeks	-1
Yes, but not in past 2 weeks	-2
No	-3
Don't know	-8
Refused	-9

BASE: ALL RESPONDENTS

AA2a. Do you ever not get prescriptions filled because you do not have enough money to pay for them?

[AAMED72A]

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

BASE: ALL RESPONDENTS

AA3. We are also interested in other medicines not prescribed by a doctor, such as aspirin or other pain medicines, laxatives, vitamins or medicines for colds. (INCLUDE ANY NON-PRESCRIBED MEDICATIONS MENTIONED EARLIER.) During the past two weeks, did you take any medicine not prescribed by a doctor?

[AAMED73]

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

IF NO MEDICINES TAKEN IN PAST 2 WEEKS IN Q.AA1, Q.AA2, or Q.AA3, SKIP TO SECTION SS. CLOX, ALL OTHERS ASK Q.AA5.

BASE: TAKEN MEDICINES IN PAST 2 WEEKS (QAA1/1 OR QAA2/1 OR QAA3/1)

AA5. May I please see all these medicines (containers) and vitamins that you have taken or used in the past 2 weeks, and the drugs that you take only as needed? (INTERVIEWER: MAKE SURE RESPONDENT GIVES YOU ALL PRESCRIPTIONS and OVER THE COUNTER MEDICINES.)

[AAMED75]

Yes.....-1

ASK Q.AA6.

No.....-2
Refused-9

SKIP TO Q.SS CLOX

(INTERVIEWER: RECORD ALL MEDICINES (BOTH PRESCRIBED AND NOT PRESCRIBED) TAKEN WITHIN THE PAST 2 WEEKS AND THOSE TO BE TAKEN AS NEEDED, WHETHER AVAILABLE FOR INSPECTION OR NOT. BE SURE TO PROBE FOR MEDICATIONS NOT SEEN.)

BASE: WILL ALLOW YOU TO SEE PRESCRIPTION AND OVER-THE-COUNTER MEDICINE (QAA6/1)

AA6P. (RECORD IN BLOCK LETTERS)

INTERVIEWER: Please list ALL the prescription and non-prescription drugs the respondent or proxy brings out.

	Drug Name	Dosage	Times/Day 1xday=OD 2xday=BID 3xday=TID 4xday=QID As needed = PRN	Respondent Name on Bottle Yes = 1 No = 2	How much did you take yesterday?	Taken as Prescribed Yes = 1 No = 2 DK = 8 Ref = 9 N/A = 7	Over the Counter
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

(IF MORE THAN 20 MEDICATIONS, USE SUPPLEMENTAL PAGES AT END OF QUESTIONNAIRE)

SS. CLOX: An Executive Clock Drawing Task

INTERVIEWER: YOU MUST ENTER THE RESPONDENT'S ID # HERE

ID # / / / / / / /

CLOX Step 1. Have the Respondent draw a clock in the space below. Instruct him/her to **"Draw me a clock that says 1:45. Set the hands and numbers on the face so that a child could read them"**. Repeat the instructions until they are clearly understood. Once the subject begins to draw no further assistance is allowed.

Interviewer:

Were 12, 6, 3 & 9 placed first?

CLOX 1

Yes -1

No -2

[CLOX71]

SS. CLOX: An Executive Clock Drawing Task

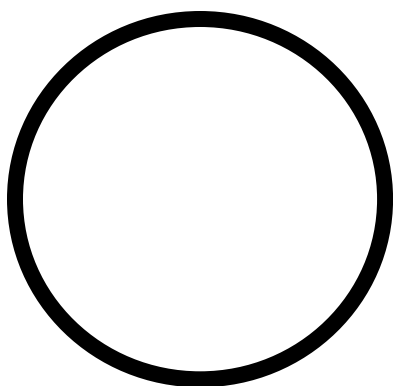
INTERVIEWER: YOU MUST ENTER THE RESPONDENT'S ID # HERE

ID # / / / / / / /

BASE: ALL RESPONDENTS

CLOX Step 2. INTERVIEWER SAY: **"Please watch while I draw a clock"**. Let the subject observe you draw a clock in the circle below. Place 12, 6, 3 & 9 first. Set the hands to "1:45". Make the hands into arrows. Invite the subject to copy your clock in the lower right corner.

"Now, copy my clock in the lower right here." INTERVIEWER POINT TO THE LOWER RIGHT CORNER OF THIS PAGE NEXT TO THE CLOCK YOU HAVE JUST DRAWN IN THE CIRCLE BELOW.



Interviewer:

Were 12, 6, 3 & 9 placed first?

CLOX 2

Yes -1

No -2

[CLOX72]

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	-8	-9	[BB1A7]
b. Can you drive your own car or travel alone on buses or taxis?	-1	-2	-8	-9	[BB1B7]
c. Can you go shopping for groceries or clothes without help (take care of all shopping needs yourself, assuming you had transportation)?	-1	-2	-8	-9	[BB1C7]
d. Can you prepare your own meals without help (plan and cook full meals yourself)?	-1	-2	-8	-9	[BB1D7]
e. Can you do light housework without help (dish washing and bed making, etc.?	-1	-2	-8	-9	[BB1E7]
f. Can you take your medicine without help (in the right doses at the right time)?	-1	-2	-8	-9	[BB1F7]
g. Can you handle your money without help (write checks, pay bills, etc)?	-1	-2	-8	-9	[BB1G7]
h. Can you do heavy work around the house like washing windows, walls and floors without help?.....	-1	-2	-8	-9	[BB1H7]

MOBILITY:

i. Can you walk up and down stairs to the second floor without help?.....	-1	-2	-8	-9	[BB1I7]
j. Can you walk half a mile without help?.....	-1	-2	-8	-9	[BB1J7]

- Created variable: IADL sum [TOTIADL7]
- Created variable: Any IADL limitation [ANYIADL7]

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 (Vol.)</u>	<u>Don't Know</u>	<u>Refused</u>	
a. Walking across a small room.....	-1	-2	-3	-8	-9	[BB2A7]
b. Bathing (either a sponge bath, tub bath, or shower)	-1	-2	-3	-8	-9	[BB2B7]
c. Personal grooming like brushing hair, brushing teeth, or washing face.....	-1	-2	-3	-8	-9	[BB2C7]
d. Dressing (like putting on a shirt, buttoning and zipping, or putting on shoes).....	-1	-2	-3	-8	-9	[BB2D7]
e. Eating (like holding a fork, cutting food, or drinking from a glass)	-1	-2	-3	-8	-9	[BB2E7]
f. Getting from a bed to a chair	-1	-2	-3	-8	-9	[BB2F7]
g. Using the toilet.....	-1	-2	-3	-8	-9	[BB2G7]
• Created variable: ADL sum						[TOTADL7]
• Created variable: Any ADL limitation						[ANYADL7]

BASE: NEEDS HELP TO PERFORM ACTIVITY (Q.BB2A AT LEAST ONE ITEM A –G = 1 OR 3)

You said you need help to _____ (MENTION " NEED HELP/UNABLE TO DO" FROM Q.BB2a-Q.BB2g).

BB2h.P Is this help from a person, from special equipment, or both?

[TYPEHELP7]

Person -1
 Special equipment..... -2
 Both..... -3
 Don't know..... -8
 Refused -9

LIFE- SPACE**ASK EVERYONE**

LIFE SPACE LEVEL			FREQUENCY				INDEPENDENCE
ASK FOR EVERY LEVEL During the past four weeks, have you been to			ONLY ASK IF YES USE SHOWCARD #6 How often did you get there?				Did you use aids or equipment? Did you need help from another person?
Life-Space Level 1 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 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance
		[LSL711]	[LSL712]				[LSL713]
Life-Space Level 2 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 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance
		[LSL721]	[LSL722]				[LSL723]
Life-Space Level 3 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 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance
		[LSL731]	[LSL732]				[LSL733]
Life-Space Level 4 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 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance
		[LSL741]	[LSL742]				[LSL743]
Life-Space Level 5 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 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance
		[LSL751]	[LSL752]				[LSL753]

QQ. WALKING

BASE: ALL RESPONDENTS

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

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

[QQ17]

Yes.....1

ASK Q.QQ1a.

No2

Don't know.....8

Refused.....9

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

[QQ1A7]

/ __ / __ / [ENTER NUMBER OF TIMES]

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

QQ1b. 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]

[QQ1B7]

Codes: 1 Hour=60 min 1.5 Hour=90 min 2 Hours=120 min
 2.5 Hours=150 min 3 Hours=180

BASE: ALL RESPONDENTS

QQ2. 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?

[QQ27]

Yes.....1

ASK Q.QQ2a

No.....2

Don't know.....8

Refused.....9

SKIP TO Q.CC3

BASE: HAS DONE OTHER WALKING (QQ2/1)

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

[QQ2A7]

/ __ / __ / [ENTER NUMBER OF TIMES]

BASE: HAS DONE OTHER WALKING (QQ2/1)

QQ2b. 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]

[QQ2B7]

Codes: 1 Hour=60 min 1.5 Hour=90 min 2 Hours=120 min
 2.5 Hours=150 min 3 Hours=180

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?

[CC73]

Completely satisfied-1

Very satisfied.....-2

Somewhat satisfied.....-3

Not at all satisfied.....-4

Don't know.....-8

Refused.....-9

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.

CC4a. How often do you feel you lack companionship?

[CC4A7]

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

CC4b. How often do you feel left out?

[CC4B7]

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

CC4c. How often do you feel isolated from others?

[CC4C7]

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

EE. RELIGION

BASE: ALL RESPONDENTS

EE2.P **USE SHOW CARD #14**

How often do you go to church or religious services?

[EE72]

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

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? [HHA7]	Yes.....-1	SKIP TO HH7A. HANDGRIP
	No-2	ASK HHB
HHB. Is Respondent unable to stand with support? [HHB7]	Yes.....-1	SKIP TO HH7A. HANDGRIP
	No-2	ASK HHC
HHC. Is Respondent only able to stand with support? [HHC7]	Yes.....-1	ASK HH10. GAIT/WALK
	No-2	ASK HHD
HHD. Does Respondent use a wheel chair? [HHD7]	Yes.....-1	ASK HH10. GAIT/WALK IF CAN WALK WITH AID OF WHEEL CHAIR. OTHERWISE SKIP TO HH7A. HAND GRIP
	No-2	ASK HH1. STANDS

IF NO TO ALL ABOVE ITEMS, 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)

[HH71]

(IF LESS THAN 10 SECONDS, SKIP TO Q.HH5a)

Tried but unable-5
 Not attempted, interviewer felt unsafe.....-6
 Not attempted, respondent felt unsafe-7
 Refused-9

[NOHH71]

SKIP TO Q HH5a

ASK Q.HH2 IF RESPONDENT WAS ABLE TO HOLD STAND FOR 10 SECONDS (Q.HH1)

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)

[HH72]

Tried but unable-5
 Not attempted, interviewer felt unsafe.....-6
 Not attempted, respondent felt unsafe-7
 Refused-9

[NOHH72]

SKIP TO Q HH5a

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: / / . / /

[HH73]

Tried but unable -5
 Not attempted, interviewer felt unsafe.....-6
 Not attempted, respondent felt unsafe-7
 Refused-9

[NOHH73]

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? [HH5A7]

Yes-1 **SKIP TO Q. HH5d**
 No-2 **ASK Q. HH5b**
 Don't know.....-8 **SKIP TO Q. HH5d**
 Refused-9 **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?

	Yes	No	
Can't stand on own.....	-1	-0	} GO TO Q HH5c [UNSFSTN7] [UNSFAC7] [UNSFLEG7] [UNSFKNEE7] [UNSFIDIZY7] [UNSFEEAR7] [UNSFART7]
Back problems	-1	-0	
Leg problems	-1	-0	
Knee problems	-1	-0	
Dizzy spells	-1	-0	
Fear.....	-1	-0	
Arthritis	-1	-0	
Don't know.....	-1	-0	} SKIP TO Q HH10 [UNSFDK7] [UNSFREF7] [UNSFOTH7]
Refused	-1	-0	
OTHER: (RECORD VERBATIM)	-1	-0	

BASE: SAFE TO DO REPEATED CHAIR STANDS OR UNSURE (Q.HH5a/1.8)

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** [HH5D7]
 No-0
 Refused-9 } **ASK Q HH5c**

BASE: REPEATED CHAIR STANDS NOT COMPLETED (Q.HH5d/0,9) 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-9

[HH5C7]

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

[HH5F7]

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

[HH5G7]

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

[HH10A7]

No 2

Refused-9

SKIP TO QHH10d

[HH10B7]

[HH10C7]

SKIP TO Q.HH10e

d. Reason walk not completed?

[HH10D7]

SKIP TO QHH7a GRIP STRENGTH

e. Aids for first walk?

[HH10E7]

[HH12A7]

[HH12B7]

- Created variable: Balance score for POMA [BAL7]
- Created variable: Dichotomized balance for POMA [DOBAL7]
- Created variable: Chair stand score for POMA [SIT7]
- Created variable: Dichotomized chair stands for POMA [DOSIT7]
- Created variable: Walk score for POMA [WALK7]
- Created variable: Dichotomized walk for POMA [DOWALK7]
- Created variable: Total POMA summary score [TOTPOMA7]
- Created variable: Total POMA categories [POMACAT7]

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? [HH7A7]

Yes-1

SKIP TO QII1a HEIGHT AND WEIGHT

No-2

Don't know-8

Refused-9

ASK Q.HH7b

BASE: HAVE NOT HAD SURGERY ON HAND OR ARM (Q.HH7a/2.8.9)

(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.

 / / kilograms
[HH7B71]
[NOHH7B71]

Unable/Discontinued-1
Not performed for safety reasons-2
Refused-9

 / / kilograms
[HH7B72]
[NOHH7B72]

Unable/Discontinued-1
Not performed for safety reasons-2
Refused-9

HH7c.P-R Hand tested?

Right-1

Left-2

Not applicable-3

[HH7C7]

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

5-1

6-2

7-3

[GRIPSCL7]

II. HEIGHT AND WEIGHT

BASE: ALL RESPONDENTS

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 quarter-inch) / / Inches

Unable to stand -98

Refused -99

[II1A7]

[II1A7A]

BASE: ALL RESPONDENTS (EVEN IF WE MEASURED RESPONDENTS HEIGHT)

II1aa. We would like to measure the distance between the middle of your chest and the tips of your finger. This is called the demi-span, a simple way to calculate your height.

Demi-span (to the nearest centimeter) / / / Centimeters

[II1AA7]

BASE: ALL RESPONDENTS

(PLEASE PLACE SCALES ON A FLAT SURFACE)

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

Weight (to nearest pound) / / / Pounds

[II1B7]

Unable to stand -998

Refused -999

ASK II1d

[II1B7A]

BASE: UNABLE TO STAND OR REFUSED TO GET ON SCALES (II1b/998, 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

[II1D7]

[II1D7A]

II1c. INTERVIEWER: TYPE OF SURFACE.

Uncarpeted.....-1

[II1C7]

Low carpet.....-2

Other (SPECIFY)

Reported Weight-3

Reported Weight-4

- Created variable: BMI (includes self-reported weight)

[BMI7]

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

[JJ17]

 / / / . / Centimeters

Refused measure1.....-99

Measure2

[JJ27]

 / / / . / Centimeters

Refused measure2.....-99

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>
[KK72] / / / /	[NOKK72] -98	-99

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)? [CC71A]

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

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? [KK76]

Yes	1	} <div style="border: 1px solid black; padding: 5px; display: inline-block;">SKIP TO QLL5a</div>
No	2	
Don't Know	8	
Refused	9	

ASK KK 6a

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

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

/ / / / / / / / Year of entry [KK76A]

Don't know	9998
Refused	9999

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

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

/ / / / /	OR / / / /	OR / / / /	[KK76B]
Number of days	Number of Years	Number of Months	[kk76b_m_d_y]

Don't know	98
Refused	99

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

KK6c.P Are you/ is respondent (name) _____ presently in the nursing home? [KK76C]

Yes	-1
No	-2
Not applicable, is not/has never been in nursing home ...	-7

LL. FINANCIAL STRAIN

(INTERVIEWER: ASK FOR LAST CALENDAR YEAR)

BASE: ALL RESPONDENTS

LL5a. **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? [LL75A]

- A great deal-1
- Some-2
- A little.....-3
- None.....-4
- Don't know.....-8
- Refused-9

BASE: ALL RESPONDENTS

LL5b. **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? [LL75B]

- Some money left over-1
- Just enough to make ends meet-2
- Not enough money to make ends meet-3
- Don't know.....-8
- Refused-9

BASE: ALL RESPONDENTS

LL6. Do you own your own home? [LL76]

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

NN. FOLLOW-UP

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

- No telephone-1
- Don't know.....-8
- Refused-9

NN2.P What is your correct street address?

Street: _____

City: _____ State: _____ Zip: _____

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

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?

[MOVSOON7N7]

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

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-8

Refused-9

BASE: ALL RESPONDENTS

NN4.P Can you please give me the names, addresses, and telephone numbers of two people 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 ____ -8 Refused ____ -9

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

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

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

TIME ENDED: _____ A.M./P.M.

OO. INTERVIEWER OBSERVATIONS/COMMENTS

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

[00712]

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.....-8

Refused-9

[0072]

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	-6	[OO78A]
b. Respondent cannot stand even with support	-1	-2	-6	[OO78B]
c. Respondent needs support when standing (walker, crutch)	-1	-2	-6	[OO78C]
d. Respondent cannot understand what to do, even when demonstrated.....	-1	-2	-6	[OO78D]
e. Respondent is blind	-1	-2	-6	[OO78E]
f. Respondent was dizzy.....	-1	-2	-6	[OO78F]
h. Respondent is paralyzed	-1	-2	-6	[OO78H]
i. Respondent is deaf.....	-1	-2	-6	[OO78I]
g. Other reasons	-1	-2	-6	[OO78G]

Specify _____

ALL ANSWER

OO9a. Completed: Respondent only.....-1 [OO79A]
 Proxy only.....-2
 Both (long proxy version).....-3

OO9b. Completed: English.....-1 [OO79LANG]
 Spanish.....-2

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

Subject physically ill or recovering from hospital -1 [PRXRILL7]
 Subject was deaf..... -2 [PRXDEAF7]
 Subject away indefinitely..... -3 [PRXAWAY7]
 Sample subject is mentally incapacitated, or has memory problems such
 as dementia or Alzheimer's Disease..... -4 [PRXMENT7]
 Denied access to nursing home..... -5 [PRXNONH7]
 Other (SPECIFY).....-6 [PRXOTH7]

INTERVIEWER ANSWER ONLY IF THIS IS A PROXY: DO NOT ASK SUBJECT

OO9d. Is the PROXY a caregiver of the respondent? [OO9D7]

Yes..... 1
 No 2

OO10. INTERVIEWER COMMENTS:

OO11. ADDITIONAL INTERVIEWER COMMENTS:

D1a. SUPPLEMENTAL TABLE

Initials	Gender		Age	Lives in same_ house		Lives in the same neighborhood		Lives within an hour's drive	
				Yes	No	Yes	No	Yes	No
Child 7: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 8: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 9: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 10: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 11: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 12: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 13: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 14: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 15: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 16: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 17: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 18: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 19: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No
Child 20: _____	M	F	/__/_/	Yes	No	Yes	No	Yes	No

Mexican-American Elderly – Phase VII - Re-interview
AA6P. SUPPLEMENTAL TABLE FOR AA6P
(RECORD IN BLOCK LETTERS)

INTERVIEWER:

Please list ALL the prescription drugs the
respondent/proxy brings out.

(From
Bottle)
1xDay=OD
2xDay=BID
3xDay=TID
4xDay=QID
As needed
=PRN
Times/ Day

Respondent Name on Bottle Yes No	How much did you take yesterday?	Taken as Prescribed			Over the Counter	
		Yes	No	DK	REF	NA
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7
-1 -2		-1	-2	-8	-9	-7