

ICPSR 4314

**Hispanic Established Populations  
for Epidemiologic Studies of the  
Elderly, Wave IV, 2000-2001  
[Arizona, California, Colorado, New  
Mexico, and Texas]**

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Codebook

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Position	Variable	Label	Page
1	Q_NO	Subject Id Number	1
2	DATEINT4	Date of interview Wave 4	1
3	PSU	PSU	1
4	PSTATE	State of residence from Psu	1
5	NEWWGT	Self weight for Wave IV, 1 for everybody	1
6	GRADE	Highest grade of school completed	1
7	USBORN	Native US born 1=Y 0=N	1
8	AGE4	Age in years T4	1
9	SEX4	Respondents gender T4	1
10	PRXYREL4	Relationship of Proxy to R	2
11	MARSTAT4	Marital status T4	2
12	MARCHG4	Has marital status changed since T4	2
13	CHGMARR4	Yes, got married	2
14	CHGWIDO4	Yes, became widowed	3
15	CHGDIVO4	Yes, became divorced	3
16	CHGSEPA4	Yes, separated	3
17	NHOUSE4	How many people live in household T4	3
18	REFNH4	Refused to answer nhouse3	3
19	HOUSIZ4	# people in house 1,2,or >=3 T4	3
20	HHREL4	Relationship to Head of House T4	3
21	MOVED4	Moved since Time 3	4
22	ASSTLIV4	Moved: Needed assisted living T4	4
23	CLOSKID4	Moved: To be close to kids T4	4
24	MOVOTH41	Moved: Other reasons T4	4
25	MOVIN4	Anyone move in w/you since T3	4
26	WHOMOV41	Who moved in w/you #1	4
27	WHOMOV42	Who moved in w/you #2	4
28	WHOMOV43	Who moved in w/you #3	5
29	WHOMOV44	Who moved in w/you #4	5
30	TAKCARE4	S needed help taking care of self	5
31	PLASTAY4	Person who moved in needed place to stay	5
32	YOU41	Other reason to move in w/subject	5
33	YOU41	Don't know why moved in	5
34	REFYOU41	Refused to state why moved in	5
35	NKIDS4	# of living Sons & Daughters T4	5
36	DKNKIDS4	Number of living children unknown	5
37	SEEMON4	# of kids see 1 a month T4	5
38	NOSEE4	DK/RF # kids see monthly T4	5
39	MINSGET4	# Minutes children can get to you T4	5
40	HRSGET4	# Hours children can get to you T4	5
41	KIDSHME4	Children live in household T4	5
42	TOTMINS4	Total minutes for child to get to home T4	6
43	TOTHR4	Total hours for child to get to home T4	6
44	COUNTON4	Can count on at least some of fam T4	6
45	TALK4	Can talk re problems with fam/friend T4	6
46	HEALTH4	How would you rate your health T4?	6
47	CUTDOWN4	Ever have to cut down on things-3mo T4	6
48	STAYBED4	Ever stay in bed all day in 3 mos T4	6
49	ICARDI41	Since we last spoke: heart attack? T4	7

50	ICARDI45	Hosp overnight- heart attack? T4	7
51	JSTROK41	Since we last spoke: had stroke? T4	7
52	JSTROK45	Hosp overnight - stroke T4	7
53	JSTROK46	Still have leftover troubles T4	7
54	JSTRO47A	Leftover troubles in arm T4	7
55	JSTRO47B	Leftover troubles w/walking T4	7
56	JSTRO47C	Leftover troubles w/speech T4	7
57	JSTRO47D	Leftover troubles: other T4	8
58	JSTRO47E	Leftover troubles: Memory probs T4	8
59	KHYPER41	Dr ever told you have high BP T4	8
60	KHYPER44	Currently taking high bp meds T4	8
61	KHYPER43	Ever taken rx for high bp T4	8
62	LCANCR41	Dr ever told you had cancer... T4	8
63	MDIAB41	Dr ever told you have diab T4	8
64	MDIAB42	Age told had diabetes T4	9
65	NMDIAB42	Does not know age of onset of diabetes	9
66	MDIAB43	Taking any meds for diab now T4	9
67	MDIAB44	Ever taken any meds for diab T4	9
68	MDIAB45	RXed pill, insulin shots, or both T4	9
69	MDIAB46	Have you ever taken insulin shots T4	9
70	MDIAB47A	Years taken insulin shots T4	9
71	MDIAB47B	Months taken insulin shots T4	9
72	MDIAB47C	Weeks taken insulin shots T4	9
73	NOM47	How long taken insulin shots unk T4	9
74	MDIAB410	MD - special diet for diabetes T4	9
75	MDIA410A	Are you following diet now? T4	9
76	MDIAB411	MD - lose weight for diabetes? T4	10
77	MDIA411A	Lose weight for diabetes? T4	10
78	MDIAB48A	Diabetes caused kidney problems T4	10
79	MDIAB48B	Currently receive kidney dialysis T4	10
80	MDIAB48C	Ever had a kidney transplant T4	10
81	MDIAB48D	Diabetes caused probs with eyes T4	10
82	MDIAB48E	Ever had laser tx on eyes T4	10
83	MDIAB48F	Diabetes caused circulation probs T4	10
84	MDIAB48G	Ever had part of body amputated T4	11
85	NOM48G	DK/RF part of body amputated T4	11
86	MDIAB48H	Diabetes caused any oth med prob T4	11
87	MDIAB48I	How much time is diabetes prob T4	11
88	MDIAB412	# times hospitalized for diabetes T4	11
89	MDIAB413	Experience pain due to diab T4	11
90	M13FEET4	Have pain in feet from diabetes T4	12
91	M13LEGS4	Have pain in legs from diabetes T4	12
92	M13HAND4	Have pain in hands from diabetes T4	12
93	M13ABD4	Have pain in abdomen from diabetes T4	12
94	M13EYES4	Have pain in eyes from diabetes T4	12
95	M13KIDN4	Have pain in kidneys from diabetes T4	12
96	M13BACK4	Have pain in back from diabetes T4	12
97	M13OTH4	Have other pain from diabetes T4	12
98	MDIAB414	Control diabetes to what extent T4	12
99	DIABETE4	Diabetes from Wave 1 still in 4	12
100	NFRAC41	Since we last spoke:hip fracture? T4	12

101	NFRAC45	Hospital. overnight hip fracture? T4	12
102	NFRAC43	Since we last spoke:other fracture? T4	12
103	NFRAC44A	Was it your wrist? T4	12
104	NFRAC44B	Was it your arm? T4	13
105	NFRAC44C	Was it your back or spine? T4	13
106	NFRAC44D	Was it your ribs? T4	13
107	NFRAC44E	Was it your foot/ankle? T4	13
108	NFRAC44F	Was it your knee? T4	13
109	NFRAC44G	Was it your leg? T4	13
110	NFRAC44H	Was it your shoulder? T4	13
111	NFRAC44I	Was it your hand/finger? T4	13
112	NFRAC44J	Any other bones? T4	13
113	PARTH45	Pain/discomfort when stood/walked T4	13
114	PARTH47	Pain/discomf restricted activity T4	14
115	P8FALL4	# times fell in past 12 mos T4	14
116	P9FALL4	Went to ER/Hosp due to fall? T4	14
117	P10FALL4	How afraid are you of falling? T4	14
118	QINCON41	How often-difficulty holding urine T4	14
119	AUASI4A	Freq Sensation of bladder not emptied T4	15
120	AUASI4B	Freq Urinate within 2 hrs of going T4	15
121	AUASI4C	Freq Stop & start while urinating T4	15
122	AUASI4D	Freq Find difficult to postpone urine T4	15
123	AUASI4E	Freq Have a weak urinary stream T4	15
124	AUASI4F	Freq Push/strain to begin urination T4	16
125	AUASI4G	Freq Get up during night to urinate T4	16
126	SHEAR45	Usually understand what persons says T4	16
127	U43A	Other health problems: Kidney disease T4	16
128	U43C	Other health problems: Gall bladder T4	16
129	U43D	Other health problems: Liver disease T4	16
130	U43F	Other health problems: Osteoporosis T4	17
131	U43N	Other health problems: Cataracts T4	17
132	U43O	Other health problems: Glaucoma T4	17
133	U43Q	Other health problems: Heart failure T4	17
134	U43S	Other health probs: High Cholesterol T4	17
135	U43X	Other health problems: Arthritis T4	17
136	U43H	Other health probs:Parkinsons Disease T4	17
137	U43U	Other health probl:Alzheimers Disease T4	17
138	U2DESTR4	Currently being treated w/estrogen? T4	18
139	U2ETXYR4	How many years tx with estrogen T4	18
140	U2ETX4	Tx with estrogen lt 1 yr ago or dk T4	18
141	U2FMAMM4	Had a mammogram in past 2 yrs? T4	18
142	U2HPAP4	Had a Pap test in past 2 yrs? T4	18
143	VVIS46A	Recognize friend across street T4	18
144	VVIS46B	Recognize friend across room T4	18
145	VVIS46C	Recognize friend at arms length T4	18
146	DVISION4	Distance vision Time 4	19
147	NVISION4	Near vision Time 4	19
148	WCORR41	Year answered correctly T4	19
149	WCORR42	Season answered correctly T4	19
150	WCORR43	Month answered correctly T4	19
151	WCORR44	Date answered correctly T4	19

152	WCORR45	Day of week answer correct T4	19
153	WCORR46	Where we are answer correct T4	19
154	WCORR47	County answered correctly T4	19
155	WCORR48	City/town answer correct T4	19
156	WCORR49	Floor of building correct T4	20
157	WCORR410	Address answered correctly T4	20
158	WMMS411A	Apple - correct #1 T4	20
159	WMMS411B	Table - correct #1 T4	20
160	WMMS411C	Penny - correct #1 T4	20
161	WCORR412	N letters in correct order T4	20
162	WMMS413A	Apple - correct #2 T4	20
163	WMMS413B	Table - correct #2 T4	20
164	WMMS413C	Penny - correct #2 T4	20
165	WMMSE414	Wrist watch answer correct T4	20
166	WNODO414	Why unable to answer watch T4	20
167	WMMSE415	Pencil answered correctly T4	21
168	WNODO415	Why unable to answer pencil T4	21
169	WMMSE416	No ifs, ands or buts correct T4	21
170	WMMSE417	Close your eyes done correct T4	21
171	WMMS418A	Takes paper in right hand T4	21
172	WMMS418B	Folds paper in half T4	21
173	WMMS418C	Puts paper down on floor T4	21
174	WMMSE419	Full sentence correctly written T4	21
175	WMMSE420	Diagram correctly copied T4	21
176	TOTMMSE4	Total MiniMental Status Exam Score T4	21
177	X4CESD1	CESD:Bothered by things... T4	22
178	X4CESD2	CESD:Did not feel like eating... T4	22
179	X4CESD3	CESD:Could not shake off blues T4	22
180	X4CESD4	CESD:Felt was just as good as other T4	22
181	X4CESD5	CESD:Trouble keeping mind on doing...T4	22
182	X4CESD6	CESD:I felt depressed T4	22
183	X4CESD7	CESD:Everything I did was an effort T4	22
184	X4CESD8	CESD:Felt hopeful about the future T4	22
185	X4CESD9	CESD:Thought life had been a failure T4	23
186	X4CESD10	CESD:I felt fearful T4	23
187	X4CESD11	CESD:My sleep was restless T4	23
188	X4CESD12	CESD:I was happy T4	23
189	X4CESD13	CESD:Seemed I talked < usual T4	23
190	X4CESD14	CESD:I felt lonely T4	23
191	X4CESD15	CESD:People were unfriendly T4	23
192	X4CESD16	CESD:I enjoyed life T4	23
193	X4CESD17	CESD:I had crying spells T4	23
194	X4CESD18	CESD:I felt sad T4	24
195	X4CESD19	CESD:Felt that people disliked me T4	24
196	X4CESD20	CESD:I could not get going T4	24
197	CESDTOT4	Total CES-D score at Wave 4	24
198	CASE4	Total CES-D >=16 =1 caseness	24
199	YSMOKE43	Do you smoke cigarettes now T4	24
200	ZALC42	Had beer, wine or liquor/past mon T4	24
201	GG41	Pulse for 30 seconds T4	25
202	NOGG41	Unsuccessful getting pulse T4	25

203	NSBP4	#SBP readings at Time 4	25
204	SBP_AVG4	Average systolic BP - T4	25
205	NDBP4	#DBP readings at Time 4	25
206	DBP_AVG4	Average diastolic BP - T4	25
207	GG46	Cuff size T4	25
208	HTN4	Hypertensive at 3rd followup 1=Yes,0=No	25
209	GGCAT4	BP Category read to respondent T4	26
210	BB1A4	Use telephone w/out help T4	27
211	BB1B4	Drive car or travel alone T4	27
212	BB1C4	Go shopping - groceries/clothes T4	27
213	BB1D4	Prepare own meals w/out help T4	27
214	BB1E4	Do light housework w/out help T4	27
215	BB1F4	Take medicine w/out help T4	27
216	BB1G4	Handle money w/out help T4	27
217	BB1H4	Do heavy work around the house T4	27
218	BB1I4	Walk up & down stairs w/out help T4	27
219	BB1J4	Walk half a mile w/out help T4	28
220	HLPREL41	#1 Relationship of IADL helper T4	28
221	DKHELP41	DK/RF who helps IADL #2 T4	28
222	TOTIADL4	Sum of iadls at time 4	28
223	ANYIADL4	Any IADL problem at time 4	28
224	BB2A4	Walk across small room T4	28
225	BB2B4	Bathing (sponge,tub,shower) T4	28
226	BB2C4	Personal grooming (brush hair) T4	28
227	BB2D4	Dressing (putting on shirt,shoes)T4	29
228	BB2E4	Eating (eg. holding fork,cutting) T4	29
229	BB2F4	Getting from a bed to a chair T4	29
230	BB2G4	Using the toilet T4	29
231	TOTADL4	Sum of adls at time 4	29
232	ANYADL4	Any ADL problem at time 4	29
233	TYPHELP4	Type of ADL help time \$	29
234	MOSTREL4	Relationship-who helps most T4	29
235	DKMOST4	DK/RF who helps most ADLs T4	30
236	ELSEREL4	Relationship-who else helps T4	30
237	DKELSE4	DK/RF who else help ADLs T4	30
238	CC41B	Illness/injury kept from usual act T4	30
239	CC41C	Did anyone close to you die T4	30
240	CC1CPR41	Relation of person who died #1 T4	30-31
241	CC41D	Family member/friend have illness T4	31
242	CC41E	Financial situation get worse T4	31
243	CC41F	Financial situation improve T4	31
244	CC41G	Was husband/wife hospitalized T4	31
245	CC41H	Assume responsibility to care for T4	31
246	CC41I	Did husb/wife/child/oth move out T4	31
247	CC41J	(You/Fam mem) have legal trouble T4	31
248	CC41K	Were you the victim of crime T4	32
249	CC41L	Spouse placed in nursing/rest home T4	32
250	CC41M	Did you move to a new residence T4	32
251	CC41N	Any other important event T4	32
252	CC43	Satisfaction with life T4	32
253	CC44	How deal w/difficult situation T4	32

254	DD43	How old do you feel? T4	32
255	DD44	How happy would you say you are? T4	33
256	DD45	Live good life even in bad hlth T4	33
257	EE42	Freq attend church/relig services T4	33
258	EE45	Extent religion deals w stress T4	33
259	EE46	How religious are you? T4	33
260	EE47	How often pray privately? T4	33
261	RR41	Provide care for someone? T4	34
262	RR41REL	Relationship of person care for T4	34
263	CAREALZ4	Provide care: Alzheimers T4	34
264	CAREBED4	Provide care: Bedridden T4	34
265	CAREILL4	Provide care: Physically ill T4	34
266	CAREOTH4	Provide care: other reason T4	34
267	CAREDK4	Dont know why provide care T4	34
268	CAREREF4	Refused why provide care T4	34
269	RR41D	Used respite care for person T4	34
270	RR42	How long began caring for person T4	34
271	RR43A	Provide care: Bathing T4	35
272	RR43B	Provide care: Toileting T4	35
273	RR43C	Provide care: Dressing T4	35
274	RR43D	Provide care: Eating T4	35
275	RR43E	Provide care: Walking T4	35
276	RR44HRS	Hours/day provide care T4	35
277	RR44LT	Less than 1 hour/day care T4	35
278	DKRR44	Refused hours provide care T4	35
279	RR45A	Burden: Asks more help T4	35
280	RR45B	Burden: No time for self T4	35
281	RR45C	Burden: Caring vs responsibilities T4	36
282	RR45D	Burden: Embarrassed over behavior T4	36
283	RR45E	Burden: Angry when around them T4	36
284	RR45F	Burden: Affects relations w others T4	36
285	RR45G	Burden: Afraid what future holds T4	36
286	RR45H	Burden: Person dependent on R T4	36
287	RR45I	Burden: Strained when around T4	36
288	RR45J	Burden: Health has suffered T4	37
289	RR45K	Burden: Not enough privacy T4	37
290	RR45L	Burden: Social life has suffered T4	37
291	RR45M	Burden: Uncomfortable friends over T4	37
292	RR45N	Burden: Only one they depend on T4	37
293	RR45O	Burden: Not enough \$\$ for them, too T4	37
294	RR45P	Burden: Unable to care much longer T4	38
295	RR45Q	Burden: R lost control of life T4	38
296	RR45R	Burden: Leave care to someone else T4	38
297	RR45S	Burden: Uncertain what to do with __T4	38
298	RR45T	Burden: Should be doing more for __ T4	38
299	RR45U	Burden: Do a better job caring __T4	38
300	RR45V	Burden: How often feel burdened? T4	39
301	HHA4	Is Respondent bedridden? T4	40
302	HHB4	Is R unable to stand with support T4	40
303	HHC4	Is R able to stand with support T4	40
304	HH4	Does Respondent use a wheel chair T4	40



305	HH41	#seconds held: Side-by-side stands T4	40
306	NOHH41	Unable to do Side-by-side stands T4	40
307	HH42	#seconds held: Semi-tandem stands T4	40
308	NOHH42	Unable to do Semi-tandem stands T4	40
309	HH43	#seconds held: Tandem stands T4	41
310	NOHH43	Unable to do Tandem stands T4	41
311	LEGSTND4	HH4 Clean Single Leg Stand T4	41
312	NOLEG4	HH4 why no single leg stand T4	41
313	HH5A4	Unsafe to do repeated chair stands T4	41
314	UNSFSTN4	Unsafe-chairstand can't stand on own	41
315	UNSFBAK4	Unsafe-chairstand-Back problem	41
316	UNSFLEG4	Unsafe-chairstand-Leg problems	41
317	UNSFKNE4	Unsafe-chairstand-Knee problems	41
318	UNSF Diz4	Unsafe-chairstand-Dizzy spells	41
319	UNSF FEAR4	Unsafe-chairstand-Fear	41
320	UNSFART4	Unsafe-chairstand-Arthritis	41
321	UNSF DK4	Unsafe-chairstand-Don't know	41
322	UNSFREF4	Unsafe-chairstand-Refused	41
323	UNSFOTH4	Unsafe-chairstand-other reasons	41
324	HH5D4	Repeated chair stands completed T4	42
325	HH5C4	Reason all 5 ch stands not comp T4	42
326	HH5F4	Time to complete chair stands T4	42
327	HH5G4	Chair height TG2	42
328	HH6A4	Unsafe to do bending over T4	42
329	HH6B4	Bending over completed T4	42
330	HH6C4	Time for bending over T4	42
331	HH6D4	Reason bending over not complet T4	42
332	HH10A4	Ordinary walk completed T4	43
333	HH10B4	#seconds to complete ordinary walk T4	43
334	HH10C4	#steps to complete ordinary walk T4	43
335	HH10D4	Reason ordinary walk not completed T4	43
336	HH10E4	Aids used for ordinary walk T4	43
337	HH12A4	Any difficulty finding 12ft space T4	43
338	HH12B4	Type of walking surface T4	43
339	HH7A4	Unsafe to do grip strength test T4	43
340	HH7B41	Kilograms on trial 1 grip str T4	44
341	NOHH7B41	Unable to complete grip trial 1 T4	44
342	HH7B42	Kilograms on trial 2 grip str T4	44
343	NOHH7B42	Unable to complete grip trial 2 T4	44
344	HH7C4	Hand tested -grip strength T4	44
345	GRIPSCL4	Grip scale from handle T4	44
346	BAL4	Categories for stands T4	44
347	DOBAL4	Able to do stands T4	44
348	SIT4	Categories for chair stands T4	44
349	DOSIT4	Able to do chair stands T4	45
350	WALK4	Categories for doing walk T4	45
351	DOWALK4	Able to do walk T4	45
352	TOTPOMA4	Sum of bal4 walk4 sit4	45
353	POMACAT4	Total POMA categories T4	45
354	BAL4IMP	Categories for stands w/x impute	45
355	DOBAL4I	Able to do stands w/x impute	45

356	SIT4IMP	Categories for chair stands w/x impute	45
357	DOSIT4I	Able to do chair stands w/x impute	46
358	WALK4IMP	Categories for doing walk w/x impute	46
359	DOWALK4I	Able to do walk w/x impute	46
360	TOTPOM4I	Sum of bal4imp walk4imp sit4imp w/x impute	46
361	POMCAT4I	Total POMA categories w/x impute	46
362	II1B4	Weight to nearest pound T4	46
363	NOII1B4	Refused to have weight taken T4	46
364	II1C4	Type of surface for height/weight T4	46
365	BMI4	Body mass index Phase 4	46
366	KK42	#times in past 12 mos visited md T4	46
367	NOKK42	Does not know #times visited md T4	46
368	VISITMD4	Visited md in past yr Y=1 or N=0	46
369	CC41A	Experience illness or injury-hosp T4	47
370	KK43	Recieve psych counsel past 12 mos T4	47
371	KK45A	Services: Transportation- elderly T4	47
372	KK45B	Services:Day activity(sr cent/church)T4	47
373	KK45C	Services:Meals delivered(Meals wheels)T4	47
374	KK45E	Services:Recv personal asst(Homemaker)T4	47
375	KK45F	Services:Use HomeHealth service(RN,PT)T4	47
376	KK45H	Services: Food stamps/coupons T4	47
377	KK45I2	Services: Use emergency response service T	48
378	KK45J	Services: Use legal services for elderly T4	48
379	LL45A	Difficulty in meeting monthly bills T4	48
380	LL45B	At the end of the month end up with: T4	48
381	HERB41A	Herb/Home Remedy: Relaxation Techniques	48
382	HERB41B	Herb/Home Remedy: Herbal Medicine T4	48
383	HERB41C	Herb/Home Remedy: Massage Therapy T4	48
384	HERB41D	Herb/Home Remedy: Chiropractic T4	49
385	HERB41E	Herb/Home Remedy: Acupuncture T4	49
386	HERB41F	Herb/Home Remedy: Spiritual Healing T4	49
387	NHERBS4	# Herbs/Home Remedy used in past 12mo T4	49
388	NONHERB4	Don't know/refused # hebs/home remedies T4	49
389	HERB_41	Type of herb/home remedy used # 1	49
390	HERBE_41	English: Type of herb/home remedy used # 1	49
391	RHERB_41	Reason for herb/HomeRemedy #1 T4	50
392	HERB_42	Type of herb/home remedy used # 2	51
393	HERBE_42	English: Type of herb/home remedy used # 2	51
394	RHERB_42	Reason for herb/HomeRemedy #2 T4	51
395	HERB_43	Type of herb/home remedy used # 3	52
396	HERBE_43	English: Type of herb/home remedy used # 3	52
397	RHERB_43	Reason for herb/HomeRemedy #3 T4	52
398	HERB46A	Stopped herb/HR -made you ill T4	53
399	HERB46B	Stopped herb/HR -no longer needed T4	53
400	HERB46C	Stopped herb/HR -costs too muchI T4	53
401	HERB46D	Stopped herb/HR didn't work T4	53
402	HERB47	Herbs/HomeRemedy - \$ spent past 12mo T4	53
403	HERB48	Herbs/HomeRemedy - informed MD of use T4	53
404	MM49a	Insurance- Currently on Medicare T4	53
405	MM49b	Insurance- Currently on Medicaid T4	54
406	MM49c	Insurance- Currently on Private Ins T4	54

407	MM49d	Insurance- Currently on HMO T4	54
408	MM49e	Insurance- Currently on Other Ins T4	54
409	OO412	Type of Housing T4	54
410	OO41	Final status of repondent interview T4	54
411	OO42	Was someone else present during int T4	54
412	OO43	Was R bizarre or inappropriate T4	54
413	OO44	Was R literate T4	55
414	OO45	Did R have difficulty hearing T4	55
415	OO47	All Phys measures & bp attempted T4	55
416	OO48A	Phys not done:R is bedridden T4	55
417	OO48B	Phys not done:R cannot stand T4	55
418	OO48C	Phys not done:R needs support-stand3	55
419	OO48D	Phys not done:R cannot understand T4	55
420	OO48E	Phys not done:R is totally blind T4	55
421	OO48F	Phys not done:R was dizzy T4	55
422	OO48G	Phys not done:other T4	55
423	OO49A	Completed by: T4	56
424	OO49LANG	Language of interview T4	56
425	PRXRILL4	Proxy: R physically ill/recovering T4	56
426	PRXDEAF4	Proxy: R is deaf T4	56
427	PRXAWAY4	Proxy: R is away indefinitely T4	56
428	PRXMENT4	Proxy: R is mentally incapacitated T4	56
429	PRXNONH4	Proxy: Denied access to nurse home T4	56
430	PROXOTH4	Proxy: Other reasons	56



(Mexican-American Elderly - Phase IV)

(Values)	Question	Counts	Variable Name
	SUBJECT ID NUMBER	1682	<b>Q_NO</b>
<b>A. Variables from Time 1 included with Time 4 frequencies</b>			
	Date of Interview	1682	<b>DATEINT4</b>
	Primary Sampling Unit	1682	<b>PSU</b>
	State of residence		<b>PSTATE</b>
	AZ	56	
	CA	396	
	CO	37	
	NM	54	
	TX	1139	
	Self weight everyone = 1	1682	<b>NEWWGT</b>
	What is the highest grade or year of regular school that you have completed?		<b>GRADE</b>
	(00) None	263	
	(01)	73	
	(02)	134	
	(03)	228	
	(04)	180	
	(05)	135	
	(06)	198	
	(07)	58	
	(08)	102	
	(09)	61	
	(10)	34	
	(11)	22	
	(12) High School Graduate/GED equivalent	116	
	(13)	11	
	(14)	13	
	(15)	6	
	(16) College Graduate - 4 Year	12	
	(17) Any Graduate Education	10	
	(20) Ph.D.	1	
	(26) Missing	25	
	Mean education 4.92, Std. 3.9, Range 0-20	1657	
Where were you born? City, State, Country (open ended answers unavailable) Instead use Nativity created from above. If country is US then USBORN is Yes, if another country is listed, USBORN is No.			
			<b>USBORN</b>
	(1) Yes	969	
	(0) No	713	
<b>S4.P</b>	Age: in Years	1682	<b>AGE4</b>
	(72-105) Range, Mean 79.5, Std. 5.7		
<b>P</b>	Respondent's Gender		<b>SEX4</b>
	(1) Male	648	
	(2) Female	1034	

(Values)	Question	Counts	Variable Name
<b>S5.P</b>	Relationship of Proxy to Respondent (N=267)		<b>PRXYREL4</b>
Relationship <b>codes</b> used in this section:			
01 = Respondent is head of household		11 = Great Grandchild	
02 = Spouse		12 = Other Relative (SPECIFY):	
03 = Son/Daughter (including Stepchildren)		13 = Friend	
04 = Son-In-Law/Daughter-In-Law		14 = Boarder or Roomer	
05 = Grandchild		15 = Paid Employee	
06 = Parent		16 = All Others (SPECIFY):	
07 = Brother or Sister		17 = Sister/Brother in-law	
08 = Nephew or Niece		98 = Don't Know	
09 = Cousin		99 = Refused	
10 = Aunt/Uncle			

(02) Spouse	42
(03) Son/Daughter	111
(04) Son/Daughter-in-law	9
(05) Grandchild	10
(07) Brother/Sister	4
(08) Nephew/Niece	7
(11) Great Grandchild	1
(12) Other Relative	2
(13) Friend	2
(15) Paid Employee	7
(16) Other non-relative	5
(17) Sister/Brother-in-law	1
(99) Refused	3

<b>A10.P</b>	Are you married, separated, divorced, widowed, or never married? (INCLUDE COMMON LAW MARRIAGES UNDER MARRIED)	<b>MARSTAT4</b>
(1)	Married	766
(2)	Separated	43
(3)	Divorced	66
(4)	Widowed	733
(5)	Never married	74

Ask Q. A1, if Married/Separated/Divorced/Widowed in Q. A10.

<b>A1.P</b> Since we talked to you last, has your marital status changed, or not?		<b>MARCHG4</b>
(1) Has changed	69	
(2) Has not changed	1521	
(9) Refused	15	

Ask Q. A1a and A1b if marital status has changed in Q. A1

<b>A1a.P</b>	Have you been (married, widowed, divorced, or separated) since then? (of 74 who say their marital status has changed)	
1. Married		<b>CHGMARR4</b>
(1) Yes	6	
(2) No	38	
(8) REF	30	

(Values)	Question	Counts	Variable Name
2. Widowed			<b>CHGWIDO4</b>
(1) Yes		60	
(2) No		5	
(9) REF		9	
3. Divorced			<b>CHGDIVO4</b>
(2) No		40	
(9) REF		34	
4. Separated			<b>CHGSEPA4</b>
(1) Yes		3	
(2) No		38	
(9) REF		33	

#### **Section B. LIVING ARRANGEMENTS**

<b>B1.P</b>	How many people live in this household?		<b>NHOUSE4</b>
	(1-13) Range, Mean 2.4, Std. 1.5	1667	
	(8) Don't know	3	<b>REFNH4</b>
	(9) Refused	12	

Created variable categorizes	NHOUSE4		<b>HOUSIZ4</b>
(1) Lives alone - 1 person in house		454	
(2) Two people in house		695	
(3) Three or more people in house		518	
(.) Missing		15	

Relationship codes used in this section:

01 = Respondent is head of household	11 = Great Grandchild
02 = Spouse	12 = Other Relative (SPECIFY):
03 = Son/Daughter (including Stepchildren)	13 = Friend
04 = Son-In-Law/Daughter-In-Law	14 = Boarder or Roomer
05 = Grandchild	15 = Paid Employee
06 = Parent	16 = All Others (SPECIFY):
07 = Brother or Sister	17 = Sister/Brother in-law
08 = Nephew or Niece	98 = Don't Know
09 = Cousin	99 = Refused
10 = Aunt/Uncle	

<b>B3.P</b>	Relationship to head of household:		<b>HHREL4</b>
(01)	Respondent is head of household	1131	
(02)	Spouse	262	
(03)	Son/Daughter (including Stepchildren)	131	
(04)	Son-In-Law/Daughter-In-Law	51	
(05)	Grandchild	8	
(06)	Parent	3	
(07)	Brother or Sister	17	
(08)	Nephew or Niece	7	
(12)	Other Relative	3	
(13)	Friend	2	
(16)	Other Non-Relative	1	
(98)	DK	1	
(99)		65	

(Values)	Question	Counts	Variable Name
<b>B6.P.</b>	Have you moved since the last time we talked to you?		<b>MOVED4</b>
(1)	Yes	127	
(2)	No	1541	
(9)	Refused	14	
<b>B6a.P.</b>	Why did you move? (of 127)		
	(Item checked)		
(1)	I needed to move into an assisted living facility.	24	<b>ASSTLIV4</b>
(2)	To be closer to my children	21	<b>CLOSKID4</b>
(3)	Other reasons	74	<b>MOVOTH41</b>
(.)	Missing	8	
<b>B7.P.</b>	Has anyone moved in with you since we last talked?		<b>MOVIN4</b>
(1)	Yes	145	
(2)	No	1519	
(8)	Don't know	3	
(9)	Refused	15	
<b>B7a.P.</b>	Who moved in with you? (Relationship) (of 145)		
	<b>Relationship of first person.</b>		
(02)	Spouse	1	<b>WHOMOV41</b>
(03)	Son/Daughter(including Stepchildren)	82	
(04)	Son-In-Law/Daughter-In-Law	3	
(05)	Grandchild	28	
(07)	Brother or Sister	6	
(08)	Nephew or Niece	2	
(09)	Cousin	1	
(11)	Great Grandchild	1	
(12)	Other Relative	1	
(13)	Friend	8	
(14)	Boarder or Roomer	5	
(15)	Paid Employee	4	
(99)	REF	3	
	<b>Relationship of second person.</b>		
(03)	Son/Daughter(including Stepchildren)	1	<b>WHOMOV42</b>
(04)	Son-In-Law/Daughter-In-Law	8	
(05)	Grandchild	14	
(09)	Cousin	1	
(11)	Great Grandchild	5	
(12)	Other Relative	1	
(13)	Friend	2	
(14)	Boarder or Roomer	2	



(Values)	Question	Counts	Variable Name
<b>Relationship of third person.</b>			
(03)	Son/Daughter(including Stepchildren)	3	<b>WHOMOV43</b>
(04)	Son-In-Law/Daughter-In-Law	9	
(05)	Grandchild	9	
(09)	Cousin	1	
(11)	Great Grandchild	3	
(13)	Friend	2	
(14)	Boarder or Roomer	2	

**Relationship of fourth person.**

(03)	Son/Daughter (including Stepchildren)	1	<b>WHOMOV44</b>
(04)	Son/ daugh-in-law	1	
(05)	Grandchild	5	
(09)	Cousin	1	
(11)	Great Grandchild	1	
(13)	Friend	1	

**B7b.P.** Why did (person) move in with you? (of 145.)

Item checked.

(1)	I needed help taking care of myself or the house.	57	<b>TAKCARE4</b>
(2)	(Person who moved in) needed a place to stay.	57	<b>PLASTAY4</b>
(3)	Other	27	<b>YOU41</b>
(8)	Don't know	0	<b>YOUDK41</b>
(9)	Refused	1	<b>YOUREF41</b>
(.)	Missing	3	

**Section D. INSTRUMENTAL SOCIAL SUPPORT AND FAMILY CONTACTS**

ASK EVERYONE

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

(0)	None	115	<b>NKIDS4</b>
(1-20)	Range, Mean 5.1, Std. 3.2	1558	
(8)	Don't Know	4	<b>DKNKIDS4</b>
(9)	Refused	5	

IF RESPONDENT HAS CHILDREN ASK

**D2.P** How many of your children do you see at least once a month? **SEEMON4**

(0-15)	Range, Mean 3.6, Std. 2.6	1545	<b>NOSEE4</b>
(0)	NA (don't have children)	115	
(9)	Refused	13	
(.)	Missing	9	

**D2a.** How quickly can (any one of your children/your son/your daughter) get to your home? (of 1545 who see children at least once monthly) Can be minutes only or hours only or minutes and hours.

Minutes (0-90), Mean 12.8 std. 11.7	970	<b>MINSGET4</b>
Hours (0-36), Mean 1.8, std. 4.4	239	<b>HRSGET4</b>
(1) Children live in household	489	<b>KIDSHME4</b>
(8) Don't know	13	
(9) Refused	11	

(Values)	Question	Counts	Variable Name
Created variables which combines minutes and hours since several subjects answered a combination of both. Also sets time to 0 when kids live with them. Code:			
<pre> if nkids4&gt;0 then do;   if minsget4 &gt;0 and (hrsget4=0 or hrsget4=.) then totmins4=minsget4;   else if (minsget4=0 or minsget4=.) and hrsget4&gt;0 then totmins4=hrsget4*60;   else if minsget4&gt;0 and hrsget4&gt;0 then totmins4=minsget4+(hrsget4*60);   else if (minsget4&lt;=0 and hrsget4&lt;=0) and kidshme4=1 then totmins4=0;   else totmins4=.;   tothrs4=totmins4/60; end; label totmins4='Combination of mins/hrs to see children'       tothrs4='Total time to get to children in hours'; </pre>			
Total minutes Range (0-2160), Mean 24.7, std. 110		1523	<b>TOTMINS4</b>
Total hours Range (0-36), Mean .41, std. 1.8		1523	<b>TOTHR4</b>
Missing (didn't answer how many minutes/hours)		22	

**D3.** 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? **COUNTON4**

(1) Most of the time	1250
(2) Some of the time	233
(3) Hardly ever	85
(8) Don't Know	5
(9) Refused	109

**D4.** 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? **TALK4**

(1) Most of the time	1234
(2) Some of the time	246
(3) Hardly ever	85
(8) Don't know	6
(9) Refused	111

#### **Section G. GLOBAL HEALTH RATING**

**G1.P** Overall, how would you rate your health -- excellent, good, fair, or poor? **HEALTH4**

(1) Excellent	130
(2) Good	521
(3) Fair	736
(4) Poor	295

**G2.P** During the past 3 months, did you ever have to cut down on things you usually do because of illness or injury, not counting day[s] in bed? **CUTDOWN4**

(1) Yes	598
(2) No	1076
(8) Don't know	3
(9) Refused	5

**G3.P** During the past 3 months, did you ever stay in bed all or most of the day because of illness or injury? **STAYBED4**

(1) Yes	477
(2) No	1197
(8) Don't know	3
(9) Refused	5

(Values)	Question	Counts	Variable Name
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# SECTION I. CARDIOVASCULAR

**I1.P** Has a doctor ever told you that you had a heart attack, or coronary, or myocardial infarction, or coronary thrombosis?

**ICARDI41**

(1) Yes	87	
(2) Suspect or possible	26	
(3) No	1563	(skip to QJ1)
(8) Don't know	5	
(9) Refused	1	

**I5.P** Were you hospitalized overnight or longer for this (last one)? **ICARDI45**  
(of 113 YES, Suspect/possible)

(1) Yes	85
(2) No	17
(.) Missing-refused	11

## Section J. STROKE

**J1.P** Did a doctor ever tell you that you had a stroke, a blood clot in the brain, or brain hemorrhage? **JSTROK41**

(1) Yes	76
(2) Suspect or possible	15
(3) No	1586 (skip to Q.K1)
(8) Don't know	5

**J5.P** Were you hospitalized overnight or longer for this? **JSTROK45**  
(of 91 possible)

(1) Yes	75
(2) No	11
(9) Refused	5

**J6.P** Do you still have leftover troubles from your stroke? **JSTROK46**  
(of 127 possible)

(1) Yes	60
(2) No	21
(8) Don't know	2
(9) Refused	8

IF YES TO J6, ASK Q.J7

**J7.P** Do you have any of these leftover troubles? (of 85)

a. Arm and/or leg still weak or hard to use **JSTRO47A**

(1) Yes	41
(2) No	16
(9) Refused	3

b. Trouble walking **JSTRO47B**

(1) Yes	42
(2) No	13
(9) Refused	5

c. Trouble with speech **JSTRO47C**

(1) Yes	29
(2) No	28
(9) Refused	3

(Values)	Question	Counts	Variable Name
d. Other (SPECIFY)			<b>JSTRO47D</b>
(1) Yes		16	
(2) None		32	
(9) Refused		12	
e. Voluntary Response:			
Memory Problems (1) Yes		20	<b>JSTRO47E</b>

#### **Section K. HYPERTENSION**

<b>K1.P</b>	Has a doctor ever told you that you have high blood pressure?	<b>KHYPER41</b>
(1) Yes		829
(2) Suspect or possible		28
(3) No		811
(8) Don't know		13
(9) Refused		1

IF YES (n=962)/SUSPECT (n=24) TO K1-EVER BEEN TOLD HAVE HIGH BLOOD PRESSURE

<b>K3.P</b>	Have you ever taken medicine prescribed by a doctor for your high blood pressure? (of 857)	<b>KHYPER43</b>
(1) Yes		809
(2) No		40
(8) Don't know		2
(9) Refused		6

IF YES TO K3 (n=857), ASK K4

<b>K4.P</b>	Are you currently taking any medication for high blood pressure?	<b>KHYPER44</b>
(1) Yes		748
(2) No		59
(9) Refused		2
(.) Missing		48

#### **Section L. CANCER**

<b>L1.P</b>	Has a doctor ever told you that you had a cancer, or a malignant tumor of any type	<b>LCANCER41</b>
(1) Yes		96
(2) Suspect or possible		13
(3) No		1573

#### **Section M. DIABETES**

ASK EVERYONE

<b>M1.P</b>	Have you ever been told by a doctor that you have diabetes, sugar in your urine or high blood sugar?	<b>MDIAB41</b>
(1) Yes, definite		439
(2) Yes, borderline		41
(0) No		1199
(.) Missing		3

If yes/borderline (n=439+41=480) continue, otherwise skip to last question in section

(Values)	Question	Counts	Variable Name
<b>M2.P</b>	At what age did a doctor first tell you that you have diabetes?		
	Range 10-94 Years old (mean 62.9, std. 13.8)	453	<b>MDIAB42</b>
	(8) Don't know	27	<b>NMDIAB42</b>
<b>M3.P</b>	Are you taking any medicine for diabetes now?		<b>MDIAB43</b>
	(1) Yes	431	
	(2) No	44	
	(8) Don't Know	3	
	(9) Refused	2	
<u>If Yes, skip to M5, otherwise ask M4 if have ever been told had diabetes</u>			
<b>M4.P</b>	Have you <u>ever</u> taken any medicine for diabetes? (of 49)		<b>MDIAB44</b>
	(1) Yes	31	
	(2) No	14	
	(8) Don't Know	3	
	(9) Refused	1	
<u>If yes, ask M5, otherwise skip to M8a</u>			
<b>M5.P</b>	Did the doctor prescribe pills or insulin shots or both together? ASKED ONLY OF THOSE WHO SAID YES TO EITHER M3(n=431) OR M4 (n=31) N=462		<b>MDIAB45</b>
	(1) Pills	345	
	(2) Insulin shots	85	
	(3) Both pills and insulin shots <u>together</u>	28	
	(9) Refused	4	
<u>If Pills (n=345), ask MD6, otherwise skip to M7</u>			
<b>M6.P</b>	Have you ever taken insulin shots?		<b>MDIAB46</b>
	(1) Yes	74	
	(2) No	269	
	(8) Don't know	1	
	(9) Refused	1	
<b>M7.P</b>	For how many years altogether (have you taken/did you take) insulin shots? (of possible 85+28+74=187)Note: could have answered combinations.		
	(1-79) Years (mean 11.5, std. 10.5)	136	<b>MDIAB47a</b>
	(1-10) Months (mean 4.2, std. 2.7)	23	<b>MDIAB47b</b>
	(1-4) Weeks (mean 1.7, std. 1.1)	23	<b>MDIAB47c</b>
	(8) Don't know	5	<b>NOM47</b>
	(9) Refused	3	
<b>M10.P</b>	Did the doctor ever ask you to follow a special diet for your diabetes?(of 480)		
	(1) Yes	151	<b>MDIAB410</b>
	(2) No	35	
	(8) Don't know	1	
	(9) Refused	275	
	(.) Missing	18	
<b>M10a.P</b>	Are you following that diet now? (of 151)		
	(1) Yes	104	<b>MDIA410a</b>
	(2) No	43	
	(8) Don't know	1	
	(9) Refused	3	

(Values)	Question	Counts	Variable Name
<b>M11.P</b>	Did the doctor ever recommend that you lose weight for your diabetes?		
(1) Yes		223	<b>MDIAB411</b>
(2) No		228	
(8) Don't know		6	
(9) Refused		23	
<b>M11a.P</b>	Did you lose weight for your diabetes? (of 223)		<b>MDIA411a</b>
(1) Yes		165	
(2) No		52	
(8) DK		4	
(9) Refused		2	
<b>M8a.P</b>	As a result of your diabetes, have you ever had any problems with your kidneys? (of 480)		<b>MDIAB48a</b>
(1) Yes		58	
(2) No		408	
(8) Don't know		9	
(9) Refused		5	
<u>If yes, continue, otherwise skip to M8d</u>			
<b>M8b.P</b>	Are you currently receiving kidney dialysis or artificial kidney treatments? (of 58)		<b>MDIAB48b</b>
(1) Yes		8	
(2) No		50	
<b>M8c.P</b>	Have you ever had a kidney transplant?		<b>MDIAB48c</b>
(1) No		58	
<b>M8d.P</b>	As a result of your diabetes, have you ever had any problem with your eyes? (of 480)		<b>MDIAB48d</b>
(1) Yes		167	
(2) No		300	
(8) Don't know		9	
(9) Refused		4	
<u>If Yes (n=167), continue, otherwise skip to M8f</u>			
<b>M8e.P</b>	Have you ever had laser treatment on your eyes?		<b>MDIAB38e</b>
(1) Yes		100	
(2) No		62	
(8) Don't know		5	
<b>M8f.P</b>	As a result of your diabetes, have you ever had any problems with the circulation in your legs or arms, or not? (of 480)		<b>MDIAB48f</b>
(1) Yes		165	
(2) No		301	
(8) Don't know		10	
(9) Refused		4	
<u>If Yes (n=165), continue, otherwise skip to M8h</u>			

(Values)	Question	Counts	Variable Name
<b>M8g.P</b> Have you ever had any part of your body amputated as a result of your diabetes, or not? (of 165)			
			<b>MDIAB48g</b>
(1)	Fingers	1	
(2)	Toes	6	
(3)	One foot	2	
(4)	Both feet	3	
(5)	Lower leg	11	
(6)	Both lower legs	12	
(7)	Other (SPECIFY)	5	
(8)	No Amputation	118	
(8)	Don't know	6	<b>NOM48g</b>
(9)	Refused	1	
<b>M8h.P</b> As a result of your diabetes, have you ever had any other medical complications? (of 480)			
(1)	Yes	31	<b>MDIAB48h</b>
(2)	No	431	
(8)	Don't know	2	
(9)	Refused	1	
(.)	Missing	15	
<b>M8i.P</b> How much of the time is diabetes a problem in your daily life? (of 480)			
(1)	None of the time	148	<b>MDIAB48I</b>
(2)	Some of the time	189	
(3)	Most of the time	51	
(4)	All of the time	35	
(8)	Don't know	7	
(9)	Refused	50	
<b>M12.P</b> How often have you been hospitalized as a result of your diabetes?			
(1)	Never	342	<b>MDIAB412</b>
(2)	Once	71	
(3)	Two to three times	31	
(4)	More than three times	21	
(8)	Don't know	4	
(9)	Refused	11	
<b>M13.P</b> Do you experience any pain as a result of your diabetes?			
(1)	Yes	73	<b>MDIAB413</b>
(2)	No	383	
(8)	Don't know	14	
(9)	Refused	10	

**ASK QM13a IF EXPERIENCE PAIN AS A RESULT OF DIABETES (M13=1 Yes, N=73)**

(Values)	Question	Counts	Variable Name
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**M13a.P** Do you have pain in your (CHECK ALL THAT APPLY)? (of 73)

(1)	Feet	34	<b>M13FEET4</b>
(2)	Legs	44	<b>M13LEGS4</b>
(3)	Hands	7	<b>M13HAND4</b>
(4)	Abdomen	6	<b>M13ABD4</b>
(5)	Eyes	7	<b>M13EYES4</b>
(6)	Kidneys	8	<b>M13KIDN4</b>
(7)	Back	14	<b>M13BACK4</b>
(8)	Other	13	<b>M13OTH4</b>

**M14.** To what extent do you feel you can control your diabetes through your own actions, such as being careful about your diet, watching your weight, following your doctor's recommendations and taking any medications the doctor prescribed? Would you say... **MDIAB414**

(1)	A great deal	206
(2)	Somewhat	188
(3)	Not at all	24
(8)	Don't know	18
(9)	Refused	44

Diabetes from Wave 1 still in T4

(0)	No	1403	<b>DIABETE4</b>
(1)	Yes	577	

#### **Section N. FRACTURES**

**N1.P** Since we last spoke with you (about 2 years ago) have you been told by a doctor that you had a broken or fractured hip? **NFRAC41**

(1)	Yes	54
(2)	Suspect or possible	2
(3)	No	1624
(9)	Refused	2

If yes or suspect (n=54+2), continue, otherwise, skip to N3

**N5.P** Were you hospitalized overnight or longer for this? (of 56) **NFRAC45**

(1)	Yes	38
(2)	No	14
(8)	Don't Know	1
(9)	Refused	3

**N3.P** Since we last spoke with you (about 2 years ago) have you been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones? **NFRAC43**

(1)	Yes	86
(2)	Suspect or possible	3
(3)	No	1587
(8)	DK	2
(9)	Refused	4

If Yes(n=86) or suspect (n=3), continue, otherwise skip to question Q1

**N4.P** Was it your (READ EACH ITEM)? (of 89)

a. Wrist **NFRAC44a**

(1)	Yes	19
(2)	No	49
(9)	Refused	21



(Values)	Question	Counts	Variable Name
b. Arm			<b>NFRAC44b</b>
(1)	Yes	13	
(2)	No	47	
(9)	Refused	29	
c. Back or spine			<b>NFRAC44c</b>
(1)	Yes	7	
(2)	No	53	
(9)	Refused	29	
d. Ribs			<b>NFRAC44d</b>
(1)	Yes	10	
(2)	No	52	
(9)	Refused	27	
f. Foot/ankle			<b>NFRAC44e</b>
(1)	Yes	11	
(2)	No	50	
(9)	Refused	28	
g. Knee			<b>NFRAC44f</b>
(1)	Yes	7	
(2)	No	54	
(9)	Refused	28	
h. Leg			<b>NFRAC44g</b>
(1)	Yes	16	
(2)	No	46	
(8)	Don't know	1	
(9)	Refused	26	
i. Shoulder			<b>NFRAC44h</b>
(1)	Yes	7	
(2)	No	54	
(9)	Refused	28	
j. Hand/finger			<b>NFRAC44i</b>
(1)	Yes	8	
(2)	No	55	
(9)	Refused	26	
e. Any other bones			<b>NFRAC34j</b>
(1)	Yes	8	
(2)	No	49	
(9)	Refused	8	
(.)	Missing	28	

ASK P5 of EVERYONE

**P5.** In the past month, did you notice any pain or discomfort when you stood or walked? **PARTH45**

(1)	Yes	737
(2)	No	873
(8)	Don't know	18
(9)	Refused	54

(Values)	Question	Counts	Variable Name
7.	In the past month, how much has this pain or discomfort restricted your activities - a lot, some or not at all? (of 737)		<b>PARTH47</b>
(1)	A lot	287	
(2)	Some	373	
(3)	Not at all	57	
(9)	Refused	20	
<b>P8.</b>	<b># times fell in past 12 months</b>		<b>P8FALL4</b>
(1)	None	1129	
(2)	1 time	288	
(3)	2 times	113	
(4)	3 or more times	122	
(5)	DK	4	
(6)	REF	26	
<b>P9.</b>	<b>Went to hospital/ ER due to fall (of 553 who fell)</b>		<b>P9FALL4</b>
(1)	Yes	158	
(2)	No	350	
(3)	DK	2	
(4)	REF	43	
<b>P10.</b>	<b>How afraid are you of falling</b>		<b>P10FALL4</b>
(1)	Not afraid	622	
(2)	Somewhat afraid	478	
(3)	Fairly afraid	213	
(4)	Very afraid	262	
(5)	DK	19	
(6)	REF	88	

**Section Q. INCONTINENCE**

Now I have some brief questions about your urine.

<b>Q1.</b>	How often do you have 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?		<b>QINCON41</b>
(1)	Never	1083	
(2)	Hardly ever	139	
(3)	Some of the time	208	
(4)	Most of the time	70	
(5)	All of the time	58	
(6)	All the time (catheter or cancer)	11	
(8)	Don't know	3	
(9)	Refused	110	

(Values)	Question	Counts	Variable Name
<b>Section AUASI.</b>			
<b>A. freq sensation of bladder not empty</b>			<b>AUASI4A</b>
(0)	none of the time	1153	
(1)	LT 1 in 5 times	171	
(2)	LT ½ time	82	
(3)	½ time	44	
(4)	GT ½ time	24	
(5)	almost always	32	
(8)	DK	31	
(9)	REF	145	
<b>B. freq urinate within 2 hrs of going</b>			<b>AUASI4B</b>
(0)	None of the time	970	
(1)	LT 1 in 5 times	238	
(2)	LT ½ time	133	
(3)	½ the time	73	
(4)	GT ½ time	53	
(5)	Almost always	55	
(8)	DK	15	
(9)	REF	145	
<b>C. freq stop &amp; start while urinating</b>			<b>AUASI4C</b>
(0)	None of the time	1171	
(1)	LT 1 in 5 times	153	
(2)	LT ½ time	88	
(3)	½ the time	43	
(4)	GT ½ the time	26	
(5)	Almost always	31	
(8)	DK	24	
(9)	REF	146	
<b>D. freq find difficult to postpone urine</b>			<b>AUASI4D</b>
(0)	None of the time	1074	
(1)	LT 1 in 5 times	172	
(2)	LT ½ time	91	
(3)	½ the time	63	
(4)	GT ½ the time	43	
(5)	Almost always	69	
(8)	DK	21	
(9)	REF	149	
<b>E. Freq have a weak urinary stream</b>			<b>AUASI4E</b>
(0)	None of the time	1189	
(1)	LT 1 in 5 times	150	
(2)	LT ½ time	76	
(3)	½ the time	34	
(4)	GT ½ the time	18	
(5)	Almost always	42	
(8)	DK	25	
(9)	REF	148	

(Values)	Question	Counts	Variable Name
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**F.** Freq push/strain to begin urination

**AUASI4F**

(0) None of the time	1291
(1) LT 1 in 5 times	115
(2) LT ½ time	48
(3) ½ the time	30
(4) GT ½ the time	13
(5) Almost always	17
(8) DK	20
(9) REF	148

**G.** Freq get up during night to urinate

**AUASI4G**

(0) None of the time	394
(1) LT 1 in 5 times	324
(2) LT ½ time	226
(3) ½ the time	128
(4) GT ½ the time	88
(5) Almost always	349
(8) DK	27
(9) REF	146

**Section S. HEARING**

ASK EVERYONE (excluding proxies)

**S5.P** (With/Without a hearing aid) can you usually hear and understand what person says without seeing his face if that person talks in a normal voice to you in a quiet room?

**SHEAR45**

(1) Yes, without hearing aid	1230
(2) Yes, with hearing aid	72
(3) No	370
(8) Don't know	2
(9) Refused	8

**Section U. OTHER HEALTH PROBLEMS**

**U3.P** Has a doctor or other health care professional ever told you that you had any of the following conditions?

a. Kidney Disease	<b>U43a</b>
(1) Yes	150
(2) No	1520
(8) Don't know	8
(9) Refused	4

c. Gall bladder problems	<b>U43c</b>
(1) Yes	339
(2) No	1335
(8) Don't know	8

d. Liver disease	<b>U43d</b>
(1) Yes	43
(2) No	1631
(8) Don't know	3
(9) Refused	5

(Values)	Question	Counts	Variable Name
	f. Osteoporosis		<b>U43f</b>
(1)	Yes	164	
(2)	No	1502	
(8)	Don't know	12	
(9)	Refused	4	
	n. Cataracts		<b>U43n</b>
(1)	Yes	875	
(2)	No	792	
(8)	Don't know	8	
(9)	Refused	7	
	o. Glaucoma		<b>U43o</b>
(1)	Yes	172	
(2)	No	1483	
(8)	Don't know	20	
(9)	Refused	7	
	q. Heart failure		<b>U43q</b>
(1)	Yes	343	
(2)	No	1325	
(8)	Don't know	6	
(9)	Refused	8	
	s. High cholesterol or high amounts of fat in your blood		<b>U43s</b>
(1)	Yes	442	
(2)	No	1195	
(8)	Don't know	38	
(9)	Refused	7	
	x. Arthritis		<b>U43x</b>
(1)	Yes	915	
(2)	No	759	
(8)	Don't know	8	
(9)	Refused	0	
	h. Parkinson's disease		<b>U43h</b>
(1)	Yes	32	
(2)	No	1631	
(8)	Don't know	11	
(9)	Refused	8	
	u. Alzheimer's disease or other dementia		<b>U43u</b>
(1)	Yes	78	
(2)	No	94	
(8)	Don't know	9	
(9)	Refused	29	

Note: Alzheimer's disease was only asked of the proxy. However, we found subjects (either in person or assisted proxy) who answered this wave, but had Alzheimer's in previous waves. They were recoded to Alzheimer's = Yes. In the future, this question will be asked of all subjects.

THIS SECTION FOR FEMALES ONLY (N=1035)

(Values)	Question	Counts	Variable Name
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**U2d.P** Are you currently being treated with estrogen or female hormones?

(1) Yes	81	<b>U2dESTR4</b>
(2) No	916	
(8) Don't know	18	
(9) Refused	17	
(.) Missing	3	

ASK Q.U2e IF EVER TREATED WITH ESTROGEN OR FEMALE HORMONES (of 81)

**U2e.P** For how many years were you treated with estrogen or female hormones?

Mean 11.6, Std. 11.4 Range (1-40)	60	<b>U2eTX4</b>
(1) Less than 1 year	6	<b>U2eTX4</b>
(8) Don't Know	8	
(9) Refused	7	
(.) Missing	3	

**U2f.P** In the last two years have you had a mammogram (that is an x-ray of your breasts)?

(1) Yes	567	<b>U2fMAMM4</b>
(2) No	435	
(8) Don't know	14	
(9) Refused	16	
(.) Missing	3	

ASK ALL FEMALES

**U2f.P** In the last three years have you had a pelvic exam or Pap test?

(1) Yes	432	<b>U2hPAP4</b>
(2) No	565	
(8) Don't know	18	
(9) Refused	17	
(.) Missing	3	

## Section V. VISION

**V6.P** (When wearing your glasses/contacts,) can you see well enough to recognize a friend (READ EACH ITEM)?

a.	Across the street		<b>VVIS46a</b>
	(1) Yes	1399	
	(2) No	246	
	(3) Respondent is Blind	11	
	(8) Don't know	12	
	(9) Refused	14	
b.	Across the room		<b>VVIS46b</b>
	(1) Yes	1561	
	(2) No	89	
	(3) Respondent is Blind	10	
	(8) Don't know	6	
	(9) Refused	16	
c.	Who is at an arm's length away		<b>VVIS46c</b>
	(1) Yes	1585	
	(2) No	65	
	(3) Respondent is Blind	10	
	(8) Don't know	6	
	(9) Refused	16	

(Values)	Question	Counts	Variable Name
Created variables			
	Have difficulty seeing someone across a <b>room</b> or <b>street</b> .		<b>DVISION4</b>
(0)	No	1408	
(1)	Yes	254	
(.)	Missing	20	
	Have difficulty seeing someone at <b>arm's length</b> .		<b>NVISION4</b>
(0)	No	1595	
(1)	Yes	65	
(.)	Missing	22	

# **Section W. COGNITION -- MMSE**

BASE: ALL RESPONDENTS (not asked of true proxies n=106 and some of the assisted proxies)

The next questions are about memory.

<b>W1.P-R</b>	What is the year?		<b>WCORR41</b>
Year	(1) Correct	1312	
	(0) Error	246	
	(.) Missing (proxies)	124	
<b>W2.P-R</b>	What is the season?		<b>WCORR42</b>
Season	(1) Correct	1072	
	(0) Incorrect	486	
	(.) Missing (proxies)	124	
<b>W3.P-R</b>	What is the month?		<b>WCORR43</b>
Month	(1) Correct	1378	
	(0) Incorrect	180	
	(.) Missing (proxies)	124	
<b>W4.P-R</b>	What is the date?		<b>WCORR44</b>
Date	(1) Correct	1077	
	(0) Incorrect	481	
	(.) Missing (proxies)	124	
<b>W5.P-R</b>	What is the day of the week?		<b>WCORR45</b>
Day of Week	(1) Correct	1363	
	(0) Incorrect	196	
	(.) Missing (proxies)	123	
<b>W6.P-R</b>	Can you tell me where we are right now? For instance, what state are we in?		<b>WCORR46</b>
State	(1) Correct	1449	
	(0) Incorrect	110	
	(.) Missing (proxies)	123	
<b>W7.P-R</b>	What county are we in?		<b>WCORR47</b>
County	(1) Correct	1187	
	(0) Incorrect	372	
	(.) Missing (proxies)	123	
<b>W8.P-R</b>	What (city/town) are we in?		<b>WCORR48</b>
City	(1) Correct	1478	
	(0) Incorrect	80	
	(.) Missing (proxies)	124	

(Values)	Question	Counts	Variable Name
W9. <b>P-R</b>	What floor of the building are we on?		<b>WCORR49</b>
Floor	(1) Correct	1402	
	(0) Incorrect	155	
	(.) Missing (proxies)	125	
W10. <b>P-R</b>	What is this address?		<b>WCORR410</b>
Street Address	(1) Correct	1351	
	(0) Incorrect	206	
	(.) Missing (proxies)	125	
W11. <b>P-R</b>	I'm going to name three objects. "APPLE", "TABLE", "PENNY"		
a.	Apple		<b>WMMS411A</b>
	(1) Correct	1447	
	(0) Incorrect	110	
	(.) Missing (proxies)	125	
b.	Table		<b>WMMS411B</b>
	(1) Correct	1356	
	(0) Incorrect	201	
	(.) Missing (proxies)	125	
c.	Penny		<b>WMMS411C</b>
	(1) Correct	1321	
	(0) Incorrect	236	
	(.) Missing (proxies)	125	
W12. <b>P-R</b>	Now please spell the word "world" backwards. Number of letters correct =5.		<b>WCORR412</b>
Dlrow	(1) Correct	522	
	(0) Incorrect	1035	
	(.) Missing (proxies)	125	
W13. <b>P-R</b>	Now what were the objects I asked you to remember?		
a.	Apple		<b>WMMS413A</b>
	(1) Correct	1247	
	(0) Incorrect	310	
	(.) Missing (proxies)	125	
b.	Table		<b>WMMS413B</b>
	(1) Correct	984	
	(0) Incorrect	573	
	(.) Missing (proxies)	125	
c.	Penny		<b>WMMS413C</b>
	(1) Correct	881	
	(0) Incorrect	676	
	(.) Missing (proxies)	125	
<u>SHOW RESPONDENT A WRIST WATCH AND ASK:</u>			
W14. <b>P-R</b>	What is this called?		<b>WMMSE414</b>
Watch	(1) Correct	1503	
	(0) Incorrect	54	
	(.) Missing (proxies)	125	
Why unable to recognize watch			<b>WNODO414</b>
	(1) Blind	14	
	(2) Other	20	



(Values)	Question	Counts	Variable Name
<u>SHOW RESPONDENT A PENCIL AND ASK:</u>			
W15. <b>P-R</b> .	What is this called?		<b>WMMSE415</b>
Pencil	(1) Correct	1497	
	(0) Incorrect	61	
	(.) Missing (proxies)	124	
Why unable to recognize pencil:			<b>WNODO415</b>
	(1) Blind	12	
	(2) Other	17	
	(8) Partially Blind	2	
W16. <b>P-R</b>	I'd like you to repeat a phrase after me- "no ifs, ands of buts"		
Phrase	(1) Correct	735	<b>WMMSE416</b>
	(0) Incorrect	822	
	(.) Missing (proxies)	125	
<u>SHOW RESPONDENT THE CARD THAT HAS PRINTED ON IT "CLOSE YOUR EYES".</u>			
W17. <b>P-R</b>	Please read the words on this card and then do what it says.		<b>WMMSE417</b>
Close your eyes			
	(1) Correct	1098	
	(0) Incorrect	459	
	(.) Missing (proxies)	125	
W18. <b>P-R</b>	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.		
a.	Takes paper in right hand		<b>WMMS418A</b>
	(1) Correct	1225	
	(0) Incorrect	332	
	(.) Missing (proxies)	125	
b.	Folds paper in half		<b>WMMS418B</b>
	(1) Correct	1308	
	(0) Incorrect	250	
	(.) Missing (proxies)	124	
c.	Puts paper down on the floor		<b>WMMS418C</b>
	(1) Correct	1348	
	(0) Incorrect	209	
	(.) Missing (proxies)	125	
W19. <b>P-R</b>	Please write a complete sentence on the piece of paper.		<b>WMMSE419</b>
Sentence	(1) Correct	933	
	(0) Incorrect	624	
	(.) Missing (proxies)	125	
W20. <b>P-R</b>	Here is a drawing. Please copy it exactly on this sheet of paper.		
Diagram	(1) Correct	753	<b>WMMSE420</b>
	(0) Incorrect	804	
	(.) Missing (proxies)	125	
Total Mini Mental Score:			
(0-30) Range, Mean 20.95, Std. 7.06		1589	<b>TOTMMSE4</b>

**NOTE: There were 32 proxies who were proxies due to mental/cognitive problems (see reason for proxy) and they were given a total score of 0 instead of missing to enable us to show actual decline.**

(Values)	Question	Counts	Variable Name
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### Section C. CESD

This section not asked of proxies (N=106), Some Assisted Proxies didn't answer

<b>X1.</b>	I was bothered by things that usually don't bother me		<b>X4CESD1</b>
(0)	Rarely/none of the time	1115	
(1)	Some/a little of the time	225	
(2)	Occasionally/moderate amount of time	101	
(3)	Most/all of the time	70	
(.)	Missing/not sure	141	
<b>X2.</b>	I did not feel like eating; my appetite was poor		<b>X4CESD2</b>
(0)	Rarely/none of the time	1185	
(1)	Some/a little of the time	261	
(2)	Occasionally/moderate amount of time	61	
(3)	Most/all of the time	55	
(.)	Missing/not sure	120	
<b>X3.</b>	I felt that I could not shake off the blues even with help from my family and friends		<b>X4CESD3</b>
(0)	Rarely/none of the time	1194	
(1)	Some/a little of the time	259	
(2)	Occasionally/moderate amount of time	55	
(3)	Most/all of the time	41	
(.)	Missing/not sure	133	
<b>X4.</b>	I felt that I was just as good as other people		<b>X4CESD4</b>
(0)	Rarely/none of the time	106	(note- must be reversed for scale construction)
(1)	Some/a little of the time	70	
(2)	Occasionally/moderate amount of time	215	
(3)	Most/all of the time	1115	
(.)	Missing/not sure	176	
<b>X5.</b>	I had trouble keeping my mind on what I was doing		<b>X4CESD5</b>
(0)	Rarely/none of the time	1190	
(1)	Some/a little of the time	250	
(2)	Occasionally/moderate amount of time	58	
(3)	Most/all of the time	50	
(.)	Missing/not sure	134	
<b>X6.</b>	I felt depressed		<b>X4CESD6</b>
(0)	Rarely/none of the time	1169	
(1)	Some/a little of the time	256	
(2)	Occasionally/moderate amount of time	87	
(3)	Most/all of the time	32	
(.)	Missing/not sure	138	
<b>X7.</b>	I felt that everything I did was an effort		<b>X4CESD7</b>
(0)	Rarely/none of the time	914	
(1)	Some/a little of the time	387	
(2)	Occasionally/moderate amount of time	152	
(3)	Most/all of the time	95	
(.)	Missing/not sure	134	
<b>X8.</b>	I felt hopeful about the future		<b>X4CESD8</b>
(0)	Rarely/none of the time	70	(note- must be reversed for scale construction)
(1)	Some/a little of the time	128	
(2)	Occasionally/moderate amount of time	337	
(3)	Most/all of the time	964	
(.)	Missing/not sure	183	

(Values)	Question	Counts	Variable Name
<b>X9.</b>	I thought my life had been a failure		<b>X4CESD9</b>
(0)	Rarely/none of the time	1415	
(1)	Some/a little of the time	81	
(2)	Occasionally/moderate amount of time	15	
(3)	Most/all of the time	23	
(.)	Missing/not sure	148	
<b>X10.</b>	I felt fearful		<b>X4CESD10</b>
(0)	Rarely/none of the time	1292	
(1)	Some/a little of the time	186	
(2)	Occasionally/moderate amount of time	43	
(3)	Most/all of the time	32	
(.)	Missing/not sure	129	
<b>X11.</b>	My sleep was restless		<b>X4CESD11</b>
(0)	Rarely/none of the time	984	
(1)	Some/a little of the time	382	
(2)	Occasionally/moderate amount of time	120	
(3)	Most/all of the time	72	
(.)	Missing/not sure	124	
<b>X12.</b>	I was happy		<b>X4CESD12</b>
(0)	Rarely/none of the time	69	(note- must be reversed for scale construction)
(1)	Some/a little of the time	122	
(2)	Occasionally/moderate amount of time	309	
(3)	Most/all of the time	1046	
(.)	Missing/not sure	136	
<b>X13.</b>	It seemed that I talked less than usual		<b>X4CESD13</b>
(0)	Rarely/none of the time	1304	
(1)	Some/a little of the time	150	
(2)	Occasionally/moderate amount of time	52	
(3)	Most/all of the time	38	
(.)	Missing/not sure	138	
<b>X14.</b>	I felt lonely		<b>X4CESD14</b>
(0)	Rarely/none of the time	1199	
(1)	Some/a little of the time	243	
(2)	Occasionally/moderate amount of time	57	
(3)	Most/all of the time	49	
(.)	Missing/not sure	134	
<b>X15.</b>	People were unfriendly		<b>X4CESD15</b>
(0)	Rarely/none of the time	1419	
(1)	Some/a little of the time	71	
(2)	Occasionally/moderate amount of time	22	
(3)	Most/all of the time	31	
(.)	Missing/not sure	139	
<b>X16.</b>	I enjoyed life		<b>X4CESD16</b>
(0)	Rarely/none of the time	71	(note- must be reversed for scale construction)
(1)	Some/a little of the time	128	
(2)	Occasionally/moderate amount of time	355	
(3)	Most/all of the time	989	
(.)	Missing/not sure	139	
<b>X17.</b>	I had crying spells		<b>X4CESD17</b>
(0)	Rarely/none of the time	1233	
(1)	Some/a little of the time	179	
(2)	Occasionally/moderate amount of time	66	
(3)	Most/all of the time	66	
(.)	Missing/not sure	138	

(Values)	Question	Counts	Variable Name
<b>X18.</b>	I felt sad		<b>X4CESD18</b>
(0)	Rarely/none of the time	1071	
(1)	Some/a little of the time	327	
(2)	Occasionally/moderate amount of time	95	
(3)	Most/all of the time	54	
(.)	Missing/not sure	135	
<b>X19.</b>	I felt that people disliked me		<b>X4CESD19</b>
(0)	Rarely/none of the time	1436	
(1)	Some/a little of the time	74	
(2)	Occasionally/moderate amount of time	11	
(3)	Most/all of the time	13	
(.)	Missing/not sure	148	
<b>X20.</b>	I could not get going		<b>X4CESD20</b>
(0)	Rarely/none of the time	1167	
(1)	Some/a little of the time	276	
(2)	Occasionally/moderate amount of time	46	
(3)	Most/all of the time	54	
(.)	Missing/not sure	139	
Total CES-D Score (Sum of X4CESD1 through X4CESD20)			<b>CESDTOT4</b>
(items X4CESD4, X4CESD8, X4CESD12, X4CESD16 must be reversed prior to calculating total score)			
(0-47) Range, Mean 7.11, Std. 7.55		1562	
Cutoff at 16 for caseness			
(0)	None to LT 16 symptoms	1361	<b>CASE4</b>
(1)	GE 16 symptoms	201	
(.)	Missing	120	
<b>Section Y. <u>SMOKING</u></b>			
<b>Y3.P</b>	Do you smoke cigarettes now?		<b>YSMOKE43</b>
(1)	Yes	129	
(2)	No	1546	
(.)	Missing	7	
<b>Z. <u>ALCOHOL CONSUMPTION</u></b>			
<b>Z1.P</b>	In the past month, have you had any beer, wine, or liquor?		<b>ZALC42</b>
(1)	Yes	231	
(2)	No	1440	
(8)	Don't Know	4	
(9)	Refused	7	

(Values)	Question	Counts	Variable Name
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# Section GG. BLOOD PRESSURES

**GG1.P-R** Now I would like to take your pulse and two blood pressure readings.

PULSE FOR 30 SECONDS?

(16-86) Range, Mean 36.0, Std. 5.9	1521	<b>GG41</b>
0 Unsuccessful	21	<b>NOGG41</b>
9 Refused	140	

Number of systolic readings		<b>NSBP4</b>
(0) No readings	138	
(1) One reading	8	
(2) Both readings	1536	

Average systolic blood pressure		<b>SBP_AVG4</b>
(78.0-222.0), Mean 131.9, Std. 15.2	1544	
(.) Missing	138	

Number of diastolic readings		<b>NDBP4</b>
(0) No readings	140	
(1) One reading	12	
(2) Both readings	1530	

Average diastolic blood pressure		<b>DBP_AVG4</b>
(39-147.0), Mean 77.0, Std. 10.8	1542	
(.) Missing	140	

<b>P-R</b> Cuff size?		<b>GG46</b>
(1) Regular	1467	
(2) Pediatric	17	
(3) Large arm	56	
(7) Not performed	41	
(*) Missing/na true proxies	101	

High Blood Pressure (from self report and measured items)		<b>HTN4</b>
---	--	-------------

(1) Yes	949
(0) No	657
(.) Missing	76

If (KHYPER4 1 =1 **or** KHYPER41=2) (yes or suspect)  
**and**

KHYPER44=1 (on medication)

**or**

SBP\_AVG4>=140 **or** DBP\_AVG4>=90 then HTN4=1

Else if KHYPER41=3(no) **and** SBP\_AVG4<140 **and** DBP\_AVG4<90 then HTN4=0

(Values)	Question	Counts	Variable Name
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#### BLOOD PRESSURE REPORTING CATEGORIES

CATEGORY 1: SYSTOLIC < 140 OR DIASTOLIC < 90 and PARTICIPANT IS NOT ON HYPERTENSIVE MEDICATION.

“Your blood pressure today is within normal limits. You can help maintain good health by knowing your blood pressure and having it checked at least once a year.”

CATEGORY 2: SYSTOLIC < 140 OR DIASTOLIC < 90 and UNDER TREATMENT FOR HYPERTENSION.

“Your blood pressure today is within normal limits. Continue to follow your doctor’s advice, taking your medications as your doctor has prescribed and continue to see him or her. Be sure to have your blood pressure checked regularly.”

CATEGORY 3: SYSTOLIC 140-160 OR DIASTOLIC 90-95

“Your blood pressure today is somewhat elevated. It is important for you to have your blood pressure checked by your doctor to see if anything further should be done about your blood pressure.”

CATEGORY 4: SYSTOLIC 161-200 OR DIASTOLIC 96-115

“Your blood pressure today is somewhat elevated. It is important that you visit your doctor or clinic soon and that you follow their instructions regarding lowering your blood pressure.”

CATEGORY 5: SYSTOLIC > 200 OR DIASTOLIC > 115

“Your blood pressure is quite high today. It is important for you to see your doctor as soon as possible. Because your blood pressure is this high, it is important for you to get care as soon as possible.”

INTERVIEWER: CATEGORY READ TO RESPONDENT:

**GGCAT4**

(1) Category 1	663
(2) Category 2	414
(3) Category 3	360
(4) Category 4	97
(5) Category 5	8
(.) Missing (proxies + not performed)	140

(Values)	Question	Counts	Variable Name
<b>Section BB. IADLs</b>			
	a. Can you use the telephone without help (including looking up numbers and dialing)?		<b>BB1a4</b>
(1)	Yes	1459	
(2)	No	210	
(8)	Don't know	2	
(9)	Refused	11	
	b. Can you drive your own car or travel alone on buses or taxis?		<b>BB1b4</b>
(1)	Yes	1130	
(2)	No	538	
(8)	Don't know	3	
(9)	Refused	11	
	c. Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself, assuming you had transportation)?		<b>BB1c4</b>
(1)	Yes	1158	
(2)	No	514	
(9)	Refused	10	
	d. Can you prepare your own meals without help (plan and cook full meals yourself)?		<b>BB1d4</b>
(1)	Yes	1321	
(2)	No	348	
(9)	Refused	13	
	e. Can you do light housework without help (dishwashing and bed making, etc)?		<b>BB1e4</b>
(1)	Yes	1313	
(2)	No	356	
(9)	Refused	13	
	f. Can you take you medicine without help (in the right doses at the right time)?		<b>BB1f4</b>
(1)	Yes	1408	
(2)	No	261	
(8)	Don't know	2	
(9)	Refused	13	
	g. Can you handle your money without help (write checks, pay bills, etc)?		<b>BB1g4</b>
(1)	Yes	1343	
(2)	No	324	
(8)	Don't know	2	
(9)	Refused	13	
	h. Can you do heavy work around the house like washing windows, walls and floors without help?		<b>BB1h4</b>
(1)	Yes	929	
(2)	No	739	
(8)	Don't know	3	
(9)	Refused	12	
	i. Can you walk up and down stairs to the second floor without help?		<b>BB1i4</b>
(1)	Yes	1091	
(2)	No	566	
(8)	Don't know	10	
(9)	Refused	15	

(Values)	Question	Counts	Variable Name
j.	Can you walk half a mile without help?		<b>BB1j4</b>
(1)	Yes	1076	
(2)	No	579	
(8)	Don't know	12	
(9)	Refused	15	
You said you cannot do _____			
<b>BB114. P</b>	Who is this person and what is their relationship to you?		<b>HLPREL41</b>
(02)	Spouse	133	
(03)	Son/Daughter	389	
(04)	Son/Daughter-in-law	29	
(05)	Grandchild	30	
(07)	Brother/Sister	14	
(08)	Nephew/Niece	25	
(09)	Cousin	1	
(11)	Great Grandchild	1	
(12)	Other Relative	2	
(13)	Friend	17	
(14)	boarder or roomer	1	
(15)	Paid Employee	110	
(16)	Other non-relative	63	
(17)	Sister/Brother-in-law	1	
(98)	DK	1	
(8)	Dk	5	<b>DKHELP41</b>
(9)	Refused	16	
<b>Created variable: sum of all 10 items</b>			
Recode 1 to 0, 2 to 1, 8 & 9 to missing, and then sum			<b>TOTIADL4</b>
(0-10)	Range, Mean 2.7, Std. 3.5	1672 (812 can do all)	
(.)	Missing	10	
<b>Created variable: Reporting one or more or none</b>			<b>ANYIADL4</b>
(0)	None (able to do all)	812	
(1)	Unable to do 1 or more	860	
(.)	Missing	10	
<b>ADLs BB2.P</b> At the present time, do you need help from another person or special equipment or a device for?			
a.	Walking across a small room		<b>BB2a4</b>
(1)	Need Help	297	
(2)	Don't Need Help	1336	
(3)	Unable to do	30	
(8)	DK	1	
(9)	Refused	18	
b.	Bathing (either a sponge bath, tub bath, or shower		<b>BB2b4</b>
(1)	Need Help	309	
(2)	Don't Need Help	1341	
(3)	Unable to do	13	
(8)	DK	2	
(9)	Refused	17	
c.	Personal grooming like brushing hair, brushing teeth, or washing face		
(1)	Need Help	158	<b>BB2c4</b>
(2)	Don't Need Help	1498	
(3)	Unable to do	8	
(9)	Refused	18	



(Values)	Question	Counts	Variable Name
d. Dressing (like putting on a shirt, buttoning and zipping, or putting on shoes)			<b>BB2d4</b>
(1)	Need Help	216	
(2)	Don't Need Help	1439	
(3)	Unable to do	9	
(9)	Refused	18	
e. Eating (like holding a fork, cutting food, or drinking from a glass)			<b>BB2e4</b>
(1)	Need Help	101	
(2)	Don't Need Help	1556	
(3)	Unable to do	8	
(9)	Refused	17	
f. Getting from a bed to a chair			<b>BB2f4</b>
(1)	Need Help	233	
(2)	Don't Need Help	1431	
(3)	Unable to do	18	
(9)	Refused	18	
g. Using the toilet			<b>BB2g4</b>
(1)	Need Help	188	
(2)	Don't Need Help	1463	
(3)	Unable to do	13	
(8)	DK	1	
(9)	Refused	17	

**Created variable: sum of all 7 items**

Recode 1, 3 to 1(help), 2 to 0(no help), 8 & 9 to missing and sum **TOTADL4**  
 (0-7) Range, Mean .96, Std. 2.0 1665 (1245 no help needed)  
 (.) Missing 17

**Created variable: Reporting one or more or none**

**ANYADL4**

(0)	No help/unable to do	1245
(1)	Help with 1 or more	420
(.)	Missing	17

You said you need help to \_\_\_\_\_

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

(of 420 who need help on any one of the ADL's)

(1)	Person	137	<b>TYPEHLP4</b>
(2)	Special Equipment	79	
(3)	Person & Equipment	193	
(9)	Refused	1	
(.)	Missing	49	

**BB2i.P** Who is this person and what is their relationship to you? (person who helps you the most)

(02)	Spouse	52	<b>MOSTREL4</b>
(03)	Son/Daughter	105	
(04)	Son/Daughter-in-law	9	
(05)	Grandchild	5	
(07)	Brother/Sister	5	
(08)	Nephew/Niece	7	
(12)	Other Relative	1	
(13)	Friend	4	
(15)	Paid Employee	79	
(16)	Other non-relative	34	

(Values)	Question	Counts	Variable Name
(8) DK		2	DKMOST4
(9) REFUSED		110	
Who else?			
(02) Spouse		8	ELSEREL4
(03) Son/Daughter		65	
(04) Son/Daughter-in-law		9	
(05) Grandchild		13	
(07) Brother/Sister		1	
(08) Nephew/Niece		5	
(12) Other Relative		1	
(13) Friend		1	
(15) Paid Employee		37	
(16) Other non-relative		8	
(17) Sister/Brother-in-law		1	
(8) DK		4	DKELSE4
(9) REFUSED		258	

#### **Section CC. STRESSORS/LIFE EVENTS**

**CC1.P** As I read the list, stop me whenever I mention something that happened to you in the last year, that is since (DATE ONE YEAR AGO).

b. Did you experience an illness or injury (get sick or hurt) that kept you from your usual activities (work, housework) for a week or more **CC41b**

(1) Yes	511
(2) No	1142
(8) Don't Know	3
(9) Refused	26

c. Did anyone close to you die **CC41c**

(1) Yes	550
(2) No	1075
(8) Don't Know	9
(9) Refused	48

Relationship of person who died: (of 550) **CC1cPR41**

(01) ACQUAINTANCE	1
(02) AUNT	2
(03) BROTHER	66
(04) BROTHER IN LAW	32
(05) COUSIN	28
(06) DAUGHTER	11
(07) DAUGHTER IN LAW	1
(08) EX-HUSBAND	2
(09) FAMILY MEMBER/RELATIVE	17
(10) FATHER IN LAW	1
(11) FRIEND	143
(12) GODMOTHER	1
(13) GOD SON	1
(14) GRAND DAUGHTER	3
(15) GRANDSON	6
(16) GREAT GRAND DAUGHTER	1
(17) SPOUSE	46
(18) MOTHER	3
(19) MOTHER IN LAW	3
(20) NEIGHBOUR	11

(Values)	Question	Counts	Variable Name
(21)	NEPHEW	17	
(22)	NIECE	13	
(23)	OTHER PERSON	7	
(24)	SISTER	37	
(25)	SISTER IN LAW	23	
(26)	SON	18	
(27)	SON IN LAW	5	
(28)	SPOUSE	1	
(29)	UNCLE	2	
(30)	WIFE	19	
(99)	REFUSED	49	

d. Did a close family member or friend experience a serious illness or injury

(1)	Yes	408	<b>CC41d</b>
(2)	No	1238	
(8)	Don't Know	10	
(9)	Refused	26	

e. Did your financial situation get considerably worse **CC41e**

(1)	Yes	151	
(2)	No	1493	
(8)	Don't Know	12	
(9)	Refused	26	

\*f. Did your financial situation get considerably better **CC41f**

(1)	Yes	80	
(2)	No	1562	
(8)	Don't Know	12	
(9)	Refused	28	

\*g. Was your husband/wife hospitalized **CC41g**

(1)	Yes	166	
(2)	No	1212	
(8)	Don't Know	7	
(9)	Refused	297	

\*h. Did you have to assume responsibility for taking regular care of someone else **CC41h**

(1)	Yes	43	
(2)	No	1612	
(8)	Don't Know	1	
(9)	Refused	26	

\*i. Did your (husband, wife, child or other household member) move out or leave your home? **CC41i**

(1)	Yes	28	
(2)	No	1517	
(8)	Don't Know	2	
(9)	Refused	135	

\*j. Did you or a family member have any legal trouble? (Trouble with the law)

(1)	Yes	48	<b>CC41j</b>
(2)	No	1600	
(8)	Don't Know	8	
(9)	Refused	26	

(Values)	Question	Counts	Variable Name
*k.	Were you the victim of crime?		<b>CC41k</b>
(1)	Yes	36	
(2)	No	1618	
(8)	Don't Know	2	
(9)	Refused	26	
*l.	Was your spouse placed in a nursing home or rest home?		<b>CC41l</b>
(1)	Yes	7	
(2)	No	1389	
(8)	Don't Know	4	
(9)	Refused/NA-never married	282	
*m.	Did you move into a new residence?		<b>CC41m</b>
(1)	Yes	73	
(2)	No	1580	
(8)	Don't Know	2	
(9)	Refused	27	
n.	Was there any other important event that happened to you during the past year (SPECIFY):		<b>CC41n</b>
(1)	Yes	135	
(2)	No	1507	
(8)	Don't Know	2	
(9)	Refused	38	
<b>CC3.</b>	Please think about your life as a whole. How satisfied are you with it?		
(1)	Completely satisfied	655	<b>CC43</b>
(2)	Very satisfied	633	
(3)	Somewhat satisfied	215	
(4)	Not at all satisfied	18	
(8)	Don't know	18	
(9)	Refused	143	
<b>CC4.</b>	When you need help with a problem or difficult situation, which of the following methods best describes how you prefer to deal with it?		<b>CC44</b>
(1)	Someone encourages you to be more independent	513	
(2)	Someone teaches you how to manage your behavior better	241	
(3)	Someone gives you sympathy and understanding	282	
(4)	Someone pitches in and gives you the supplies and services that you need	297	
(8)	Don't know	194	
(9)	Refused	155	

**Section DD. HEALTH LOCUS OF CONTROL**

**\*DD3.** Now, we would like to know how old you feel. Would you say you feel young, middle aged, old or very old? **DD43**

(1)	Young	190
(2)	Middle aged	748
(3)	Old	492
(4)	Very Old	95
(8)	Don't know	16

(9) Refused 141

(Values)	Question	Counts	Variable Name
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**\*DD4.** On the whole, how happy would you say you are? Are you very happy, somewhat happy, not very happy, or not at all happy? **DD44**

(1) Very happy	856
(2) Somewhat happy	587
(3) Not very happy	76
(4) Not at all happy	10
(8) Don't know	12
(9) Refused	141

**\*DD5.** Can somebody learn to live a good life even in reduced health? **DD45**

(1) Yes	1211
(2) No	152
(8) Don't know	175
(9) Refused	144

#### **Section EE. RELIGION AND SOCIAL INVOLVEMENT**

**EE2.P** About how often do you go to mass or services? **EE42**

(1) Never or almost never	254
(2) Several times a year	278
(3) Once or twice a month	238
(1) Almost every week	653
(2) More than once a week	158
(8) Don't know	3
(9) Refused	98

**\*EE5.** To what extent is your religion involved in understanding or dealing with stressful situations in any way? **EE45**

(1) Very involved	331
(2) Somewhat involved	415
(3) Not very involved	464
(4) Not involved at all	171
(8) Don't know	160
(9) Refused	141

**\*EE6.** Using your own definition of a religious person, how religious are you? Would you say you are very religious, somewhat religious, not very religious, or not at all religious? **EE46**

(1) Very religious	482
(2) Somewhat religious	777
(3) Not very religious	248
(4) Not at all religious	22
(8) Don't know	11
(9) Refused	142

**\*EE7.** How often do you pray privately, other than in church? **EE47**

(1) Several time a day	745
(2) About once a day	588
(3) Several times a week	93
(4) Only on very special occasions	73
(5) Almost never or never	37

(8) Don't know  
(9) Refused

7  
139

(Values)	Question	Counts	Variable Name
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### CAREGIVING NEW WAVE 4

RR41. Do you now provide care for a relative or other person who is disabled or has memory problems? **RR41**

(1) Yes	65
(2) No	1616
(9) Refused	1

**PROVIDE CARE FOR RELATIVE OR OTHER PERSON (Q.RR1 = 1)** (n=65)

RR1a. Who is this person and what is their relationship to you? **RR41REL**

(02) Spouse	30
(03) Son/Daughter(including Stepchildren)	20
(05) Grandchild	1
(06) Parent	2
(07) Brother or Sister	3
(09) Cousin	1
(10) Aunt/Uncle	1
(12) Other Relative	1
(16) Other Non-relative	1
(.) Missing	5

RR1b. Why do you provide care for \_\_\_\_\_?  
(Item checked)

(NAME) has Alzheimer's disease or memory problems	<b>CAREALZ4</b>
(1) Alzheimer's disease	11

(NAME) is disabled, but not bedridden	<b>WCHAIR4</b>
(2) Wheelchair or walker bound	21

(NAME) is bedridden (stroke, hip fracture)	<b>CAREBED4</b>
(3) Bedridden	4

(NAME) is physically ill (pneumonia, frail, heart disease)	<b>CAREILL4</b>
(4) Person is physically ill	10

(NAME) Has mental problems with alcohol or drugs)	<b>CARMENT4</b>
(5) Person addicted to drugs	6

Other	15	<b>CAREOTH4</b>
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DK	0	<b>CAREDK4</b>
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Refused	6	<b>CAREREF4</b>
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RR1d. Do you/have you used respite care for \_\_\_\_\_? **RR41D**

(1) Yes	18
(2) No	43
(9) Refused	4

RR2. How long ago did you first have to start helping (NAME OF PERSON) do things that (he/she) was no longer able to do for (himself/herself)? **RR42**

(1) Less than 6 months ago	4
(2) 6-12 months ago	7
(3) 1-2 years ago	8
(4) 3-5 years ago	12
(5) 6-10 years ago	4
(6) 11 or more years ago	27
(8) Don't know	3

(Values)	Question	Counts	Variable Name
RR3.	Do you care for/help (NAME OF PERSON) with any of the following?		
RR3a. Bathing	(1) Yes	20	<b>RR43a</b>
	(2) No	41	
	(9) Refused	4	
RR3b. Toileting	(1) Yes	15	<b>RR43b</b>
	(2) No	46	
	(9) Refused	4	
RR3c. Dressing	(1) Yes	23	<b>RR43c</b>
	(2) No	38	
	(9) Refused	4	
RR3d. Eating	(1) Yes	15	<b>RR43d</b>
	(2) No	46	
	(9) Refused	4	
RR3e. Walking	(1) Yes	21	<b>RR43e</b>
	(2) No	41	
	(9) Refused	3	
RR4.	Approximately how many hours per day do you usually provide care for (NAME OF PERSON)?		
	(1-24) Actual # of hours (mean 10.6, std 8.7)	56	<b>RR44HRS</b>
	(1) LT 1 hr	3	<b>RR44LT</b>
	(8) DK	1	<b>DKRR44</b>
	(9) Refused	5	

#### **ZARIT BURDEN SCALE**

RR5. How often do you feel: (of 65)

...that (NAME) asks for more help than is necessary?		<b>RR45a</b>
(1) Never	31	
(2) Rarely	9	
(3) Sometimes	12	
(4) Quite Often	1	
(5) Nearly Always	2	
(9) Refused	10	
...that because of the time you spend with (NAME) you don't have enough time for yourself?		<b>RR45b</b>
(1) Never	30	
(2) Rarely	5	
(3) Sometimes	10	
(4) Quite Often	7	
(5) Nearly Always	3	
(9) Refused	10	



<b>(Values)</b>	<b>Question</b>	<b>Counts</b>	<b>Variable Name</b>
	...caught between caring for (NAME) and trying to meet other responsibilities for your family?		<b>RR45c</b>
(1)	Never	31	
(2)	Rarely	11	
(3)	Sometimes	4	
(4)	Quite Often	8	
(5)	Nearly Always	1	
(9)	Refused	10	
	...embarrassed over (NAME's) behavior?		<b>RR35d</b>
(1)	Never	37	
(2)	Rarely	9	
(3)	Sometimes	4	
(4)	Quite Often	3	
(9)	Refused	12	
	...angry when you are around (NAME)?		<b>RR45e</b>
(1)	Never	31	
(2)	Rarely	13	
(3)	Sometimes	9	
(4)	Quite Often	1	
(5)	Nearly Always	1	
(9)	Refused	10	
	...that (NAME) currently affects your relationship with other family members in a negative way?		<b>RR45f</b>
(1)	Never	38	
(2)	Rarely	8	
(3)	Sometimes	8	
(5)	Nearly Always	1	
(9)	Refused	10	
	...afraid of what the future holds for (NAME)?		<b>RR45g</b>
(1)	Never	11	
(2)	Rarely	5	
(3)	Sometimes	17	
(4)	Quite Often	7	
(5)	Nearly Always	14	
(8)	Don't know	1	
(9)	Refused	10	
	...(NAME) is dependent on you?		<b>RR45h</b>
(1)	Never	7	
(2)	Rarely	5	
(3)	Sometimes	15	
(4)	Quite Often	10	
(5)	Nearly Always	19	
(9)	Refused	9	
	...Strained when you are around (NAME)?		<b>RR45i</b>
(1)	Never	30	
(2)	Rarely	12	
(3)	Sometimes	9	
(4)	Quite Often	3	
(5)	Nearly Always	2	
(9)	Refused	9	

(Values)	Question	Counts	Variable Name
	...that your health has suffered because of your involvement with (NAME)?		<b>RR45j</b>
(1)	Never	35	
(2)	Rarely	6	
(3)	Sometimes	7	
(4)	Quite Often	1	
(5)	Nearly Always	5	
(8)	Don't know	2	
(9)	Refused	9	
	...that you don't have as much privacy as you would like, because of (NAME)?		<b>RR45k</b>
(1)	Never	32	
(2)	Rarely	7	
(3)	Sometimes	8	
(4)	Quite Often	3	
(5)	Nearly Always	5	
(9)	Refused	10	
	...that your social life has suffered because you are caring for (NAME)?		<b>RR45l</b>
(1)	Never	32	
(2)	Rarely	6	
(3)	Sometimes	11	
(4)	Quite Often	2	
(5)	Nearly Always	4	
(9)	Refused	10	
	...uncomfortable about having friends over, because of (NAME)?		<b>RR45m</b>
(1)	Never	37	
(2)	Rarely	9	
(3)	Sometimes	6	
(5)	Nearly Always	3	
(9)	Refused	10	
	...that (NAME) seems to expect you to take care of (him/her), as if you were the only one (he/she) could depend on?		<b>RR45n</b>
(1)	Never	29	
(2)	Rarely	9	
(3)	Sometimes	7	
(4)	Quite Often	5	
(5)	Nearly Always	3	
(8)	Don't know	2	
(9)	Refused	10	
	...that you don't have enough money to take care of (NAME), in addition to the rest of your expenses?		<b>RR45o</b>
(1)	Never	27	
(2)	Rarely	4	
(3)	Sometimes	10	
(4)	Quite Often	5	
(5)	Nearly Always	9	
(9)	Refused	10	

(Values)	Question	Counts	Variable Name
	...that you will be unable to take care of (NAME) much longer?		<b>RR45p</b>
(1)	Never	19	
(2)	Rarely	13	
(3)	Sometimes	9	
(4)	Quite Often	3	
(5)	Nearly Always	3	
(8)	Don't know	7	
(9)	Refused	11	
	...you have lost control of your life since (NAME's) illness?		<b>RR45q</b>
(1)	Never	37	
(2)	Rarely	7	
(3)	Sometimes	6	
(4)	Quite Often	2	
(5)	Nearly Always	3	
(9)	Refused	10	
	...you could just leave the care of (NAME) to someone else?		<b>RR45r</b>
(1)	Never	34	
(2)	Rarely	11	
(3)	Sometimes	6	
(4)	Quite Often	3	
(8)	Don't know	1	
(9)	Refused	10	
	...uncertain about what to do with (NAME)?		<b>RR45s</b>
(1)	Never	34	
(2)	Rarely	8	
(3)	Sometimes	7	
(4)	Quite Often	3	
(5)	Nearly Always	2	
(8)	Don't know	1	
(9)	Refused	10	
	...you should be doing something more for (NAME)?		<b>RR45t</b>
(1)	Never	20	
(2)	Rarely	16	
(3)	Sometimes	11	
(4)	Quite Often	4	
(5)	Nearly Always	2	
(8)	Don't know	2	
(9)	Refused	10	
	...you could do a better job in caring for (NAME)?		<b>RR45u</b>
(1)	Never	26	
(2)	Rarely	13	
(3)	Sometimes	10	
(4)	Quite Often	2	
(5)	Nearly Always	3	
(8)	Don't know	1	
(9)	Refused	10	

(Values)	Question	Counts	Variable Name
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**ASK LAST**

.	Overall, how often do you feel burdened in caring for (NAME)?	<b>RR45v</b>	
(1)	Never	29	
(2)	Rarely	11	
(3)	Sometimes	10	
(4)	Quite Often	1	
(5)	Nearly Always	4	
(9)	Refused	10	

(Values)	Question	Counts	Variable Name
<b>Section HH. PERFORMANCE ORIENTED MOBILITY ASSESSMENT (POMA) (excludes TRUE proxies and some asst proxies n=108) Possible n=1574</b>			
<b><u>Interviewer Instructed to observe the following and check all applicable.</u></b>			

HHA. Is Respondent bedridden?	<b>HHA4</b>
(1) Yes	55
(2) No	1519
(.) Missing (proxies)	108

HHB. Is Respondent unable to stand even with support?	<b>HHB4</b>
(1) Yes	124
(2) No	1450
(.) Missing (proxies)	108

IF YES to HHA or HHB, skip to HH7a (139 said yes to A or B).Skip to HH7a

HHC. Is Respondent only able to stand with support?	<b>HHC4</b>
(1) Yes	169
(2) No	1266
(.) Missing (108 proxies + 139 skip out)	247

IF YES to HHC, skip to HH10.

HHD. Does Respondent use a wheel chair?	<b>HHD4</b>
(1) Yes	0
(2) No	1266
(.) Missing (108 proxies + 139 & 169 skip out)	416

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

IF RESPONDENT IS UNABLE TO STAND UNASSISTED, SKIP TO REPEATED CHAIR STANDS.

**HH1.P-R** I would like you to try to stand with your feet together, side-by-side, for about ten seconds.

Number of seconds held:	<b>HH41</b>
(1-10) Range, Mean 9.9, Std. 0.69	1216
(5) Tried but unable	4 <b>NOHH41</b>
(6) Not attempted, interviewer felt unsafe	6
(7) Not attempted, respondent felt unsafe	13
(9) Refused	27
(.) Missing proxies (108) & exclusions (308)	416

(IF UNABLE TO HOLD PREVIOUS STAND FOR 10 SECONDS OR IF INTERVIEWER OR RESPONDENT THOUGHT ACTIVITY WAS UNSAFE, SKIP TO REPEATED CHAIR STANDS)

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

**HH2.P-R** Now 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.

Number of seconds held:	<b>HH42</b>
(1-10) Range, Mean 9.3, Std. 2.0	1140
(5) Tried but unable	47 <b>NOHH42</b>
(6) Not attempted, interviewer felt unsafe	5
(7) Not attempted, respondent felt unsafe	12
(9) Refused	6
(.) Missing (proxies, exclusions, unable side/<10)	475

(Values)	Question	Counts	Variable Name
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### Tandem Stands (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.

Number of seconds held:

	<b>HH43</b>
(.1-10) Range, Mean 8.6, Std. 2.6	906
(5) Tried but unable	77 <b>NOHH43</b>
(6) Not attempted, interviewer felt unsafe	12
(7) Not attempted, respondent felt unsafe	4
(9) Refused	5
(.) Missing (proxies, exclusions, unables)	678

(IF RESPONDENT WAS UNABLE TO HOLD PREVIOUS STAND FOR 10 SECONDS Or IF INTERVIEWER OR RESPONDENT THOUGHT ACTIVITY WAS UNSAFE, SKIP TO Chair stands)

### Single Leg Stands

**HH4.P-R** Now watch me again. I would like you to try to balance on one leg for about ten seconds, like this. (Approximately 906). If the subject tested on both legs, their maximum reading was kept.

Range (0-11), Mean 7.0, Std. 3.1	584 <b>LEGSTND4</b>
Unable to do leg stands:	<b>NOLEG4</b>
(1) Tried, but unable	39
(2) Not performed for safety reasons	27
(9) Refused	5
(.) Missing (proxies, exclusions, unables)	1027

### 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?

	<b>HH5A4</b>
(1) Yes	1077
(2) No	136
(9) Refused	54
(.) Missing (proxies, exclusions )	415

IF HH5a is NO (n=136), Ask

**HH5b.P-R** Why do you think it would be unsafe? (RECORD VERBATIM) Subject could answer more than one reason. (subjects can check multiple reasons).

(1) Can't stand on own	11	<b>UNSFSTN4</b>
(2) Back problem	23	<b>UNSFBC4</b>
(3) Leg problems	47	<b>UNSFLEG4</b>
(4) Knee problems	50	<b>UNSFKNE4</b>
(5) Dizzy spells	18	<b>UNSFDIR4</b>
(6) Fear	7	<b>UNSFEB4</b>
(7) Arthritis	17	<b>UNSFART4</b>
(8) Don't know	2	<b>UNSFDR4</b>
(9) Refused	17	<b>UNSFREF4</b>
(0) Unsafe other reasons	37	<b>UNSFOTH4</b>

(Values)	Question	Counts	Variable Name
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IF not attempted due to no suitable chair, skip to Bending Over

**HH5d.P-R.** Keep your arms folded across your chest. Please stand up straight as quickly as you can five times without stopping in between.

Completed: (of 1077)

(1) Yes	1043	<b>HH5d4</b>
(2) No	5	
(8) Refused	20	
(9) Don't know	9	
(.) Missing (proxies, exclusions, unsafe, ref)	605	

If Yes, skip to HH5f, otherwise, continue

ASK H5C IF REPEATED CHAIR STANDS NOT COMPLETED

**HH5c.P-R** Reason not completed? **HH5c4**

(1) Tried but unable	31
(2) Not attempted, safety reasons	56
(4) Not attempted, no suitable chair	18
(9) Refused	2

**HH5f.P-R** Time to complete chair stands? (NEAREST 10th OF SECOND) **HH5f4**

(0-38.4) Range, Mean 14.3, Std. 4.8	1050
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**HH5g.P-R** Chair height (inches from floor to lowest point of chair) (NEAREST QUARTER INCH) **HH5g4**

(7-24.0) Range, Mean 17.0, Std. 1.2	1046
(.) Missing	4

#### BENDING OVER

**HH6a.P-R** This next movement involves bending over to pick up a pencil. If you have had an operation for cataracts within the past 6 weeks, you should not try this movement. Have you had such an operation in the past 6 weeks?

(1) Yes	34	<b>HH6a4</b>
(2) No	1042	
(8) Don't know	1	
(9) Refused	18	
(.) Missing (proxies, exclusions, skip-no chair stands)	587	

If Yes, skip to Q.HH10 - GAIT ASSESSMENT

**HH6b.P-R** Now, when I say begin, I'd like you to bend over and pick up this pencil and stand back up. (of 1062-1042 no, 1 DK, 18 ref, & 1 assisted proxy)

Completed: **HH6b4**

(1) Yes	999
(2) No	16
(8) Don't know	15
(9) Refused	32
(.) Missing	620

**HH6c.P-R** Time for bending over? (LIMIT TO 30 SECONDS) **HH6c4**

(0-9.7) Range, Mean 2.5, Std. 1.2	999
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IF COMPLETED, SKIP TO Q.HH10 - GAIT ASSESSMENT

**HH6d.P-R** Reason not completed? (of 63) **HH6d4**

(1) Tried but unable	8
(2) Not performed for safety reasons	31
(9) Refused	24

#### GAIT ASSESSMENT - Walking

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

(Values)	Question	Counts	Variable Name
<b>HH10.P-R</b> 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. (excludes proxies & exclusions) 11 people who did not answer initial questions re bedridden attempted walk. (n=1446)			
a. Completed:			<b>HH10a4</b>
(1) Yes		1254	
(2) No		69	
(9) Refused		123	
<u>IF YES, CONTINUE, OTHERWISE SKIP TO HH10D - REASON WALK NOT COMPLETED</u>			
b. Seconds to complete?			<b>HH10b4</b>
(.9-30.7) Range, Mean 5.7, Std. 2.9		1254	
c. Number of steps?			<b>HH10c4</b>
(3-24) Range, Mean 6.5, Std. 2.0		1254	
<u>IF WALK COMPLETED, SKIP TO HH10E - AIDS FOR WALK, OTHERWISE CONTINUE</u>			
d. Reason walk not completed? (of 192)			<b>HH10d4</b>
(1) Tried but unable		8	
(2) Not attempted, interviewer felt unsafe		24	
(3) Not attempted, respondent felt unsafe		32	
(4) NA		4	
(9) Refused/NA		124	
e. Aids for first walk?	(1254 did walk)		<b>HH10e4</b>
(1) No aid		1175	
(2) Wheelchair		2	
(3) Walker		28	
(4) Quad cane		22	
(5) Other cane		25	
(6) Other walking aid		2	
<b>HH12a.P-R</b> Any difficulty finding 12-foot space for walking?			<b>HH12a4</b>
(1) Yes		57	
(2) No		1195	
(.) Missing		2	
<b>HH12b.P-R</b> Type of walking surface? (for 1254 completions)			<b>HH12b4</b>
(1) Uncarpeted		952	
(2) Low carpet		288	
(3) Other		12	
(.) Missing		2	
<b><u>GRIP STRENGTH</u></b>			
<b>HH7a.P-R</b> In the first exercise, I am going to use this instrument called a Dynamometer to test the strength in the hand you feel is strongest. However, if you have had any surgery on your arm or hand in the last three months, you should not do this exercise. Have you had any recent arm or hand surgery?			
(1) Yes		25	(go to II1a) <b>HH7a4</b>
(2) No		1429	(continue)
(9) Refused		122	(continue)
(.) Missing (true proxies)		106	



(Values)	Question	Counts	Variable Name
<b>HH7b.P-R</b> I'd like you to place the arm that you think is stronger on the table with your palm facing up. Grab the handles using an underhand grip. 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"). (of 1551)			
Trial 1			<b>HH7b41</b>
(0.5-51)	Range, Mean 21.0, Std. 7.8	1450	
(1)	Unable/Discontinued	15	<b>NOHH7b41</b>
(2)	Not performed for safety reasons	25	
(9)	Refused	63	
Trial 2			<b>HH7b42</b>
(0.5-52)	Range, Mean 21.4, Std. 8.0	1448	
(1)	Unable/Discontinued	17	<b>NOHH7b42</b>
(2)	Not performed for safety reasons	20	
(9)	Refused	68	
<b>HH7c.P-R</b>	Hand tested?		<b>HH7c4</b>
(1)	Right	1289	
(2)	Left	162	
(3)	NA (discontinued)	100	
INTERVIEWER:	RECORD GRIP SCALE FROM THE HANDLE		<b>GRIPSCL4</b>
(5)	For smaller hand	704	
(6)	For midsize hand	713	
(7)	For larger hand	30	
(.)	Missing, because discontinued	104	
<b>Created Variables from the Performance Oriented Mobility Assessment (POMA)</b>			
<b>NOTE:</b> If a subject was UNABLE to do the POMAs, we gave them a code of 0 if it was due to bedridden, can't stand even with support, blind, can't understand what to do, needs support to stand (only eligible to do walk and hand grip), or if they were dizzy. This included proxies due to the above reasons. Therefore, the number in this section is higher than the previous section with the individual items.			
Categorized Stands (Side-by-side, Semi, Tandem) combined			<b>BAL4</b>
(0)	Unable to do	496	
(1)	Side-by-side	191	
(2)	Semi-tandem	125	
(3)	Tandem	170	
(4)	Full Tandem	589	
(.)	Missing	111	
Dichotomized Score for Stands			<b>DOBAL4</b>
(0)	Unable to do	496	
(1)	Completed	1075	
(.)	Missing	111	
Categorized Chair Stands			<b>SIT4</b>
(0)	Unable to do	381	
(1)	Poor	303	
(2)	Moderate	236	
(3)	Good	256	
(4)	Best	358	
(.)	Missing	148	

(Values)	Question	Counts	Variable Name
Dichotomized Score for Chair Stands			<b>DOSIT4</b>
(0)	Unable to do	381	
(1)	Completed	1153	
(.)	Missing	148	
Categorized Walking at normal pace time			<b>WALK4</b>
(0)	Unable to do	312	
(1)	Poor	123	
(2)	Moderate	369	
(3)	Good	423	
(4)	Best	339	
(.)	Missing	116	
Dichotomized Score for Walking at normal pace			<b>DOWALK4</b>
(0)	Unable to do	312	
(1)	Completed	1254	
(.)	Missing	116	
Total Summary Score			<b>TOTPOMA4</b>
Range (0-12), Mean 6.1, std. 3.8		1602	
Categorized Summary Score			<b>POMACAT4</b>
(0)	Unable to do	300	
(1)	1-4	197	
(2)	5-8	603	
(3)	9-12	502	
(.)	Missing	80	
<b>Citations:</b>			
Guralnik, Jack M.; Ferrucci, Luigi; Simonsick, Eleanor M.; Salive, Marcel E. and Wallace, Robert B. "Lower-Extremity Function in Persons over the Age of 70 Years as a Predictor of Subsequent Disability". The New England Journal of Medicine 332(9), pp 556-561. 1995			
<b>Following is an alternate computation for physical performance. The total POMA score is based on having at least 2 of the 3 (sit,walk,bal). The third item was imputed from the mean of the other 2.</b>			
Categorized Stands (Side-by-side, Semi, Tandem) combined			<b>BAL4IMP</b>
(0)	Unable to do	388	
(1)	Side-by-side	225	
(2)	Semi-tandem	196	
(3)	Tandem	198	
(4)	Full Tandem	592	
(.)	Missing	83	
Dichotomized Score for Stands			<b>DOBAL4I</b>
(0)	Unable to do	388	
(1)	Completed	1211	
(.)	Missing	83	
Categorized Chair Stands			<b>SIT4IMP</b>
(0)	Unable to do	374	
(1)	Poor	313	
(2)	Moderate	251	
(3)	Good	280	
(4)	Best	376	
(.)	Missing	88	

(Values)	Question	Counts	Variable Name
Dichotomized Score for Chair Stands			<b>DOSIT4I</b>
(0) Unable to do		374	
(1) Completed		1220	
(.) Missing		88	
Categorized Walking at normal pace time			<b>WALK4IMP</b>
(0) Unable to do		311	
(1) Poor		125	
(2) Moderate		377	
(3) Good		436	
(4) Best		348	
(.) Missing		85	
Dichotomized Score for Walking at normal pace			<b>DOWALK4I</b>
(0) Unable to do		311	
(1) Completed		1286	
(.) Missing		85	
Total Summary Score			<b>TOTPOM4I</b>
Range (0-12), Mean 6.34, std. 4.0		1594	
Categorized Summary Score			<b>POMCAT4I</b>
(0) Unable to do		387	
(1) 1-4		50	
(2) 5-8		563	
(3) 9-12		594	
(.) Missing		88	

**Section II. WEIGHT: To calculate BMI, height from prior wave III was used.**

<b>II1b.P-R</b> Now let's get your weight. Weight (to nearest pound)			<b>II1b4</b>
(68-365) Range, Mean 153.2, Std. 31.9	1492		
(9) Refused	190		<b>NOII1b4</b>
(.) Missing			
<b>II1c.</b> INTERVIEWER: TYPE OF SURFACE.			<b>II1c4</b>
(1) Uncarpeted	1243		
(2) Low carpet	357		
(3) Other (SPECIFY):	50		
(.) Missing (of 1651)	1		

Created variable Body Mass Index (weight kg/height-time3 cm<sup>2</sup>)/100 **BMI4**  
 (13.5-55.20) Range, Mean 27.96, Std. 5.4 1293

**Section KK. HEALTH CARE SERVICE UTILIZATION**

**KK2.P** How many times in the past 12 months, that is since (DATE ONE YEAR AGO) have you visited with a medical doctor? (EXCLUDE OVERNIGHT STAYS IN HOSPITAL)

(0-365) Range, Mean 6.54, Std. 12.44	1647	<b>KK42</b>
(8) Don't know	24	<b>NOKK42</b>
(9) Refused	12	
CREATED VARIABLE - VISITED MD IN PAST YEAR		<b>VISITMD4</b>
(0) None	189	
(1) One or more times	1458	
(.) Missing	35	

(Values)	Question	Counts	Variable Name
<b>CC1a.P</b> 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)			
(1) Yes		388	<b>CC41a</b>
(2) No		1277	
(8) Don't Know		3	
(9) Refused		14	
<b>KK3.P</b> In the past 12 months did you receive psychological counseling services for an emotional, personal or a family problem?			
(1) Yes		27	<b>KK43</b>
(2) No		1109	
(8) Don't Know		7	
(9) Refused		539	
<b>KK5.P</b> Now I am going to ask you about programs and social services for persons 65 and older. In the past 12 months did you ...			
a.	Use transportation for the elderly?		<b>KK45a</b>
(1) Yes		178	
(2) No		1496	
(8) Don't Know		1	
(9) Refused		7	
b.	Use a senior center?		<b>KK45b</b>
(1) Yes		209	
(2) No		1461	
(8) Don't Know		2	
(9) Refused		10	
c.	Have meals on wheels?		<b>KK45c</b>
(1) Yes		79	
(2) No		1592	
(8) Don't Know		2	
(9) Refused		9	
e.	Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?		<b>KK45e</b>
(1) Yes		313	
(2) No		1358	
(8) Don't Know		2	
(9) Refused		9	
f.	Use a visiting home health service (RN, PT)?		<b>KK45f</b>
(1) Yes		243	
(2) No		1425	
(8) Don't Know		3	
(9) Refused		11	
h.	Food stamps or coupons?		<b>KK45h</b>
(1) Yes		193	
(2) No		1474	
(8) Don't Know		4	
(9) Refused		11	

(Values)	Question	Counts	Variable Name
	i. Use an emergency response service (a monitor hooked to your phone line, or a "panic button")?		<b>KK45i2</b>
(1)	Yes	41	
(2)	No	1632	
(8)	Don't Know	2	
(9)	Refused	7	
	j. Use legal services for the elderly (wills and trusts, advanced directive, durable power of attorney)?		<b>KK45j</b>
(1)	Yes	11	
(2)	No	1661	
(8)	Don't Know	3	
(9)	Refused	7	

**Section LL. INCOME/FINANCIAL STRAIN**

**LL5a.** How much difficulty do you have in meeting monthly payments on your bills? (READ LIST) **LL45a**

(1)	A great deal	313
(2)	Some	624
(3)	A little	367
(4)	None	239
(8)	Don't know	21
(9)	Refused	118

**LL5b.** 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?

(1)	Some money left over	363	<b>LL45b</b>
(2)	Just enough to make ends meet	938	
(3)	Not enough money to make ends meet	239	
(8)	Don't know	22	
(9)	Refused	120	

**MM. Herb and Home Remedies (New for Wave IV) ASK EVERYONE**

**MM1.P-R** During the past 12 months have you used any of the following therapies?

a.	Relaxation techniques		<b>HERB41a</b>
(1)	Yes	21	
(2)	No	1505	
(8)	Don't Know	2	
(9)	Refused	19	
(.)	Missing	135	
b.	Herbal Medicine		<b>HERB41b</b>
(1)	Yes	434	
(2)	No	1112	
(8)	Don't Know	1	
(9)	Refused	10	
(.)	Missing	125	
c.	Massage therapy		<b>HERB41c</b>
(1)	Yes	43	
(2)	No	1483	
(8)	Don't Know	3	
(9)	Refused	18	
(.)	Missing	135	

(Values)	Question	Counts	Variable Name
d.	Chiropractic		<b>HERB41d</b>
(1)	Yes	37	
(2)	No	1495	
(8)	Don't Know	1	
(9)	Refused	14	
(.)	Missing	135	
e.	Acupuncture (NOBODY USES IT)		<b>HERB41e</b>
(1)	Yes	0	
(2)	No	1615	
(8)	Don't Know	1	
(9)	Refused	66	
f.	Spiritual healing		<b>HERB41f</b>
(1)	Yes	5	
(2)	No	1519	
(8)	Don't Know	3	
(9)	Refused	19	
(.)	Missing	136	

**MM2.P-R** During the past 12 months how many herbs (yerbas) or home remedies (remedies caseros) did you take for your health? **NHERBS4**

(0)	None	1124	
	Range 1-39, mean 1.75 std 2.4	432	
	Don't know/refused	126	<b>NONHERB4</b>

**MM3.P-R** What is the name of (this herb/one of the herbs) or home remedy?

Listed below is a partial frequency list of the herbs in English.

CHAMOMILE TEA	98	ORIGINAL RESPONSE -	<b>HERB_41</b>
PEPPERMINT	50	ENGLISH NAME -	<b>HERBE_41</b>
ANISE	9		
LINDEN FLOWER TEA	9		
ALOE VERA	6		
BAY LEAVES	6		
SEVEN BLOSSAMS TEA	6		
SWEET MARIGOLD	5		
CINNAMON TEA	4		
CUDWEED	4		
GINKGO BILOBA	4		
GOLDEN FLEECE	4		
MUGWORT	4		
PRICKLY PEAR CACTUS	4		
CORN SILK	3		
EUCALYPTUS	3		
LEMON TEA	3		
MINT TEA	3		
ORANGE LEAVES	3		
PEPPERMINT TEA	3		
RUE	3		
WORMSEED	3		
ALOE VERA GEL	2		
BLACK WALNUT LEAVES	2		
BUCKTHORN	2		
CAT'S CLAW	2		
CINNAMON	2		
CREOSOTE BUSH	2		
GARLIC	2		
GINGER TEA	2		
GLUCOSAMINE	2		
GREEN TEA	2		

(Values)	Question	Counts	Variable Name
<b>MM3a.</b> What is the <u>main</u> reason that you take this herb or home remedy? #1			
(15)	Preventive care/health maintenance	105	<b>RHERB_41</b>
(16)	Stomachache	97	
(13)	Nervios	36	
(12)	Empacho	32	
(19)	Sleep	21	
(18)	Cold, cough, sore throat	19	
(17)	Constipation/gas	19	
(01)	Arthritis pain	14	
(07)	Diabetes	14	
(15)	Other	14	
(20)	Kidney	10	
(04)	Diarrhea	9	
(21)	Pain	8	
(08)	Hypertension	7	
(23)	Mind - alertness	4	
(14)	Susto	3	
(22)	To relax	3	
(02)	Asthma	2	
(03)	Bladder incontinence	2	
(05)	Cancer	2	
(09)	Myocardial Infarction	2	
(06)	Depression	1	
(10)	Stroke	1	

For purpose of analysis may combine:

```

forupper= combine 2 (asthma) and 18 (coughs, colds, sore throat)
forpain= combine 1 (arthritis pain) and 21 (for pain unspecified)
forurbow= combine 3 (bladder incontinence), 4 (diarrhea), 17
(constipation, gas)
forcancr= 5 (cancer) only
fordeprs= 6 (depression) only
fordiab = 7 (diabetes) only
forhtn = 8 (hypertension) only
formistk= combine 9 (MI) and 10 (Stroke)
forprev = 11 (prevention) only
forsleep= combine 22 (to relax) and 19(sleep)
forempac = combine 12 (Empacho) and 16 (stomache)
fornervi = 13 (Nervios) only
forsusto = 14 (Susto) only
forother = 15 (Other) only
forkidny = 20 (kidney) only
foralert = 23 (mind/alertness/memory) only
forpain='Taking herbs for pain/arthritis'
forupper='Taking herbs for asthma/coughs/colds'
forurbow='Taking herbs for urinary/bowel probs'
fordeprs='Taking herbs for depression'
fordiab='Taking herbs for diabetes'
forcancr='Taking herbs for cancer'
forkidny='Taking herbs for kidneys'
forempac='Taking herbs for empacho/stomache'
forsusto='Taking herbs for susto'
fornervi='Taking herbs for nervios'
foralert='Taking herbs for memory/mental alertness'
formistk='Taking herbs for mi or stroke'
forhtn='Taking herbs for hypertension'
forprev='Taking herbs for prevention'
forsleep='Taking herbs to help sleep/relax'
forother='Taking herbs for other misc reasons'

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(Values)	Question	Counts	Variable Name
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**MM4.P-R** What is the name of (this herb/one of the herbs) or home remedy?

Listed below is a partial list of the herbs in English.

CHAMOMILE TEA	36	ORIGINAL RESPONSE -	<b>HERB_42</b>
PEPPERMINT	32	ENGLISH NAME -	<b>HERBE_42</b>
CINNAMON	11		
MUGWORT	6		
CINNAMON TEA	4		
LINDEN FLOWER TEA	4		
ORANGE LEAF TEA	4		
ANISE	3		
BAY LEAVES	3		
EUCALYPTUS	3		
ORANGE LEAVES	3		
RUE	3		
SWEET MARIGOLD	3		
ALOE VERA	2		
BASIL	2		
GREEN TEA	2		
GUAVA	2		
HAWTHORNE	2		
HERB (UNSPECIFIED)	2		
HERB FOR GI TRACT	2		
HERBAL TEA (UNSPECIFIED)	2		
HIBISCUS FLOWER TEA	2		
MILKWEED	2		
SEVEN BLOSSAMS	2		
SUPPLEMENT	2		
WORMSEED	2		

**MM4a.** What is the main reason that you take this herb or home remedy? #2

(11) Preventive care/health maintenanc	3 49	<b>RHERB_42</b>
(13) Nervios	24	
(16) Stomachache	22	
(19) Sleep	12	
(12) Empacho	11	
(18) Cold, cough, sore throat	10	
(21) Pain	7	
(22) To relax	7	
(17) Constipation/gas	5	
(08) Hypertension	4	
(15) Other	4	
(07) Diabetes	3	
(04) Diarrhea	3	
(20) Kidney	3	
(01) Arthritis-Pain	2	
(02) Asthma	2	
(05) Cancer	1	
(23) Mind - alertness	1	
(10) Stroke	1	
(14) Susto	1	



(Values)	Question	Counts	Variable Name
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**MM5.P-R** What is the name of (this herb/one of the herbs) or home remedy?

Listed below is a partial list of the herbs in English.

PEPPERMINT	5	ORIGINAL RESPONSE -	<b>HERB_43</b>
CHAMOMILE TEA	4	ENGLISH NAME -	<b>HERBE_43</b>
SEVEN BLOSSAMS	4		
ORANGE LEAVES	3		
ALOE VERA	2		
ANISE	2		
FENNEL	2		
LINDEN FLOWER TEA	2		
MUGWORT	2		
ORANGE LEAVES TEA	2		
RUE	2		
BASIL	1		
BAY LEAVES	1		
BEE HONEY	1		
BLACK WALNUT LEAF	1		
BLACKBERRY	1		
BORAGE TEA	1		
CHILE PEPPER	1		
CLOVES	1		
ECHINACEA	1		
GARLIC	1		
GINGER	1		
GREEN TEA	1		
HERB FOR KIDNEYS	1		
HORSETAIL	1		
LEMON	1		
LEMON GRASS	1		
OREGANO	1		
RICE WATER	1		
SWEET POTATOE	1		
VITAMIN	1		

**MM5a.** What is the main reason that you take this herb or home remedy? #3

(15) Other	20	<b>RHERB_43</b>
(11) Preventive care/health maintenance	14	
(12) Nervios	6	
(07) Diabetes	3	
(01) Arthritis-Pain	2	
(04) Diarrhea	2	
(08) Hypertension	2	
(02) Asthma	1	
(03) Bladder incontinence	1	
(18) Cold, cough, sore throat	1	
(12) Empacho	1	

(Values)	Question	Counts	Variable Name
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**ASK EVERYONE**

**MM6.** Have you taken an herb or home remedy (remedio casero) that you later stopped because it:

a. Made you feel ill?		<b>HERB46a</b>
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(1) Yes	13
(2) No	1485
(8) Don't Know	13
(9) Refused	171

b. You no longer needed it?		<b>HERB46b</b>
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(1) Yes	134
(2) No	1369
(8) Don't Know	13
(9) Refused	166

c. Costs too much?		<b>HERB46c</b>
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(1) Yes	18
(2) No	1478
(8) Don't Know	12
(9) Refused	174

d. It didn't work for you?		<b>HERB46d</b>
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(1) Yes	61
(2) No	1436
(8) Don't Know	12
(9) Refused	173

**MM7. P-R** How much money have you spent on herbs (yerbas) and home remedies (remedios caseros) in the last 12 months? (of 432) **HERB47**

(1) \$50 or less	374
(2) \$51 to \$100	10
(3) More than \$100	6
(8) Don't Know	3
(9) Refused	36
(.) Missing	5

**MM8. P-R** Have you informed your doctor when you have used herbs or home remedies?

(1) Yes	178	<b>HERB48</b>
(2) No	206	
(8) Don't Know	3	
(9) Refused	42	
(.) Missing	5	

**ASK EVERYONE.**

**MM9. P-R** Are you currently covered by any Medicare, Medicaid, private insurance, an HMO or another insurance? Please tell me whether you are covered by these sources:

a. Medicare		<b>MM49a</b>
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(1) Yes	1555
(2) No	83
(8) Don't Know	13
(9) Refused	31

(Values)	Question	Counts	Variable Name
	<b>b. Medicaid</b>		<b>MM49b</b>
(1)	Yes	946	
(2)	No	635	
(8)	Don't Know	17	
(9)	Refused	84	
	<b>c. Private Insurance</b>		<b>MM49c</b>
(1)	Yes	204	
(2)	No	1339	
(8)	Don't Know	11	
(9)	Refused	128	
	<b>d. HMO</b>		<b>MM49d</b>
(1)	Yes	154	
(2)	No	1408	
(8)	Don't Know	13	
(9)	Refused	107	
	<b>e. Other Specify</b>		<b>MM49e</b>
(2)	No	1441	
(8)	Don't Know	14	
(9)	Refused	150	

**Section 00. INTERVIEWER OBSERVATIONS/COMMENTS**

<b>0012.</b>	Type of housing:		<b>oo412</b>
(1)	Single	1446	
(2)	Multi-family house	30	
(3)	Apartment	143	
(4)	Assisted Living	30	
(5)	Congregate housing	5	
(6)	Group quarters	3	
(7)	Other	25	
<b>001.</b>	Final status of respondent interview?		<b>oo41</b>
(1)	Complete	1661	
(2)	Incomplete, interviewer broke off	1	
(3)	Incomplete, other	2	
(5)	Not applicable	18	
<b>002.</b>	Was someone else present during the interview?		<b>oo42</b>
(1)	Yes	938	
(2)	No	681	
(6)	Not applicable	17	
(8)	Don't know	46	
<b>003.</b>	During the interview, was the respondent bizarre or inappropriate in thought or in action?		<b>oo43</b>
(1)	Yes	79	
(2)	No	1501	
(6)	Not applicable	29	
(8)	Don't know	9	
(9)	Refused	64	

(Values)	Question	Counts	Variable Name
<b>004.</b>	Was the respondent literate, i.e., able to read cards? (IF RESPONDENT IS BLIND, BUT CAN READ BRAILLE OR COULD READ BEFORE BECOMING BLIND, RECORD AS LITERATE.)		<b>oo44</b>
(1)	Yes	1111	
(2)	No	423	
(6)	Not applicable	148	
<b>005.</b>	Did the respondent have difficulty hearing, or was he/she deaf?		
(1)	No difficulty	1119	<b>oo45</b>
(2)	Some difficulty	430	
(3)	Deaf	12	
(6)	Not applicable	121	
<b>007.</b>	Were all the physical measures including blood pressure attempted?		
(1)	Yes, All complete	968	<b>oo47</b>
(2)	Yes, Attempted but not all completed	415	
(3)	No, Not attempted	229	
(6)	Not applicable	70	
<b>008.</b>	Why were some or all of the physical measures not attempted? (n=644)		
a.	Respondent is bedridden		<b>oo48a</b>
(1)	Yes	67	
(2)	No	504	
(6)	Not applicable	73	
b.	Respondent cannot stand even with support		<b>oo48b</b>
(1)	Yes	95	
(2)	No	478	
(6)	Not applicable	71	
c.	Respondent needs support when standing (walker, crutch)		<b>oo48c</b>
(1)	Yes	231	
(2)	No	332	
(6)	Not applicable	81	
d.	Respondent cannot understand what to do, even when demonstrated		<b>oo48d</b>
(1)	Yes	50	
(2)	No	504	
(6)	Not applicable	90	
e.	Respondent is totally blind		<b>oo48e</b>
(1)	Yes	15	
(2)	No	541	
(6)	Not applicable	88	
f.	Respondent was dizzy		<b>oo48f</b>
(1)	Yes	86	
(2)	No	471	
(6)	Not applicable	87	
f.	Other		<b>oo48g</b>
(1)	Yes	399	
(2)	No	177	
(6)	Not applicable	68	

(Values)	Question	Counts	Variable Name
<b>009a.</b>	Completed:		<b>oo49a</b>
(1)	Respondent only	1472	
(2)	Proxy only <b>P</b>	101	
(3)	Both (long proxy version) <b>P-R</b>	109	
<b>009b.</b>	Completed:		<b>oo49LANG</b>
(1)	English	260	
(2)	Spanish	1422	

REASON FOR PROXY: (of 266) Answers not mutually exclusive

(1)	Subject physically ill/recovering from hospital	63	<b>PRXRILL4</b>
(2)	Subject was deaf	24	<b>PRXDEAF4</b>
(3)	Subject away indefinitely	19	<b>PRXAWAY4</b>
(4)	Sample subject is mentally incapacitated	72	<b>PRXMENT4</b>
(5)	Denied access to nursing home	9	<b>PRXNONH4</b>
(6)	Other (SPECIFY):	63	<b>PROXOTH4</b>

For Current Vital Status information please consult **vital\_status\_1-6.doc** file.



Data Set Name	VSARCH.sas7bdat	Observations	3050
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Note: When working with the data, please control for the stat variable corresponding to the wave of data you are utilizing. This report has status through Wave 5, which is currently finishing up in the field.

The last contact, last interview date, study time & survive are calculated through Wave 4. These would need to be recalculated through the wave being used.

```
lastintd=max(of dateint1 dateint2 dateint3 dateint4);
studytime=lastintd-dateint1;
survive=lastcont-dateint1;
```

1 Q_NO	Num	Q_NO (subject ID #)
2 dead	Char	DECEASED THROUGH WAVE 4
3 dead1204	Char	Dead at present (includes new Wave 5)
4 DOD	Num	DATE OF DEATH, PRIOR TO ADDING WAVE 5 INFO
5 DATEINT1	Num	DATE OF INTERVIEW-WAVE 1 (BASELINE)
6 DATEINT2	Num	DATE OF INTERVIEW-WAVE 2
7 DATEINT3	Num	DATE OF INTERVIEW-WAVE 3
8 DATEINT4	Num	DATE OF INTERVIEW-WAVE 4
9 SEX	Num	GENDER OF SUBJECT
10 EVER_NH	Num	FROM PROXY &/OR QUEST EVER IN NURSEHOME 1=YES
11 TIMES_NH	Num	FROM PROXY &/OR QUEST #TIMES SUBJ IN NURSEHOME
12 STATUS2	Num	Status Wave 2 (1-2) 6 levels
13 STATUS3	Num	Status Wave 3 (2-3) 6 levels
14 STATUS4	Num	Status Wave 4 (3-4) 6 levels
15 STATUS5	Num	Status Wave 5 (4-5 so far) 6 levels
16 STAT2	Num	Status Wave 2 (1-2) 12 levels
17 STAT3	Num	Status Wave 3 (2-3) 12 levels
18 STAT4	Num	Status Wave 4 (3-4) 12 levels
19 MOB	Num	MONTH OF BIRTH
20 DAYB	Num	DAY OF BIRTH
21 YOB	Num	YEAR OF BIRTH
22 MEXICO	Num	DIED IN MEXICO YES OR NO
23 RELATE	Num	RELATIONSHIP OF PROXY GIVING DECEASED INFO
24 SITEDIE	Num	PROXY REPORTED SITE DIED(HOME,HOSP,NH)
25 STATEDIE	Char	PROXY REPORTED STATE DIED
26 COUNTY_D	Char	PROXY REPORTED COUNTY DIED
27 CITY_DIE	Char	PROXY REPORTED CITY DIED
28 HOSP	Num	PROXY - SUBJ HOSPITALIZED PRIOR TO DEATH 1=YES
29 N_HOSP	Num	PROXY REPT #TIMES SUBJ HOSP PRIOR TO DEATH
30 DKN_HOSP	Char	DON'T KNOW # TIMES IN HOSPITAL(PROXY)
31 N_NHOME	Num	PROXY REPT #TIMES SUBJ IN NURSEHOME PRIOR TO DEATH
32 DKNNHOME	Char	DON'T KNOW # TIMES IN NURSING HOME(PROXY)

33 NOCAUSE	Char	PROXY DOESN'T KNOW CAUSE OF DEATH
34 CAUSE1	Char	PROXY REPORTED CAUSE OF DEATH #1
35 CAUSE2	Char	PROXY REPORTED CAUSE OF DEATH #2
36 CAUSE3	Char	PROXY REPORTED CAUSE OF DEATH #3
37 u_icd9	Char	NDI UNDERLYING CAUSE OF DEATH ICD9 OR ICD10
38 icd282	Num	NDI CAUSE OF DEATH WITHIN 282 Groups
39 icd72	Num	NDI CAUSE OF DEATH WITHIN 72 Groups
40 LASTINTD	Num	LAST INTERVIEW DATE
41 STUDYTIME	Num	Time: Baseline to Last date of interview
42 SURVIVE	Num	Time: baseline to last interview or death
43 e_dod	Num	FROM WAVE 5 PROXY NO DAY(ASSIGN 15TH) ONLY YR & MON
44 datedie	Num	DATE OF DEATH



#	Variable	Type	Label
1	Q_NO	Num	Q_NO
2	dead	Char	DECEASED THROUGH WAVE 4
3	dead_12_04	Char	Dead at present (includes new Wave 5)
4	DOD	Num	DATE OF DEATH, PRIOR TO ADDING WAVE 5 INFO
5	DATEINT1	Num	DATE OF INTERVIEW-WAVE 1 (BASELINE)
6	DATEINT2	Num	DATE OF INTERVIEW-WAVE 2
7	DATEINT3	Num	DATE OF INTERVIEW-WAVE 3
8	DATEINT4	Num	DATE OF INTERVIEW-WAVE 4
9	SEX	Num	GENDER OF SUBJECT
10	EVER_NH	Num	FROM PROXY &/OR QUEST EVER IN NURSEHOME 1=YES
11	TIMES_NH	Num	FROM PROXY &/OR QUEST #TIMES SUBJ IN NURSEHOME
12	STATUS2	Num	Status Wave 2 (1-2) 6 levels
13	STATUS3	Num	Status Wave 3 (2-3) 6 levels
14	STATUS4	Num	Status Wave 4 (3-4) 6 levels
15	STATUS5	Num	Status Wave 5 (4-5 so far) 6 levels
16	STAT2	Num	Status Wave 2 (1-2) 12 levels
17	STAT3	Num	Status Wave 3 (2-3) 12 levels
18	STAT4	Num	Status Wave 4 (3-4) 12 levels
19	STAT5	Num	Status Wave 5 (4-5 so far) 12 levels
20	MOB	Num	MONTH OF BIRTH
21	DAYB	Num	DAY OF BIRTH
22	YOB	Num	YEAR OF BIRTH
23	MEXICO	Num	DIED IN MEXICO YES OR NO
24	RELATE	Num	RELATIONSHIP OF PROXY GIVING DECEASED INFO
25	SITEDIE	Num	PROXY REPORTED SITE DIED(HOME,HOSP,NH)
26	CNTRYDIE	Num	PROXY REPORTED COUNTRY (US/MX) DIED
27	STATEDIE	Char	PROXY REPORTED STATE DIED
28	COUNTY_D	Char	PROXY REPORTED COUNTY DIED
29	CITY_DIE	Char	PROXY REPORTED CITY DIED
30	HOSP	Num	PROXY - SUBJ HOSPITALIZED PRIOR TO DEATH 1=YES
31	N_HOSP	Num	PROXY REPT #TIMES SUBJ HOSP PRIOR TO DEATH
32	DKN_HOSP	Char	DON`T KNOW # TIMES IN HOSPITAL(PROXY)
33	N_NHOME	Num	PROXY REPT #TIMES SUBJ IN NURSEHOME PRIOR TO DEATH
34	DKNNHOM	Char	DON`T KNOW # TIMES IN NURSING HOME(PROXY)
35	NOCAUSE	Char	PROXY DOESN`T KNOW CAUSE OF DEATH
36	CAUSE1	Char	PROXY REPORTED CAUSE OF DEATH #1
37	CAUSE2	Char	PROXY REPORTED CAUSE OF DEATH #2
38	CAUSE3	Char	PROXY REPORTED CAUSE OF DEATH #3
39	flagd	Num	flagd (flag for survival analysis)
40	u_icd9	Char	NDI UNDERLYING CAUSE OF DEATH ICD9 OR ICD10
41	icd282	Num	NDI CAUSE OF DEATH WITHIN 282 Groups
42	icd72	Num	NDI CAUSE OF DEATH WITHIN 72 Groups
43	neaxcond	Num	NUMBER OF ENTITY-AXIS CONDITIONS
44	EP_L_1	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #1
45	SEQEPL_1	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #1
46	E_ICD9_1	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #1
47	E_INJUR1	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#1
48	EP_L_2	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #2
49	SEQEPL_2	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #2
50	E_ICD9_2	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #2
51	E_INJUR2	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#2
52	EP_L_3	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #3
53	SEQEPL_3	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #3
54	E_ICD9_3	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #3
55	E_INJUR3	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#3

56	EP_L_4	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #4
57	SEQEPL_4	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #4
58	E_ICD9_4	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #4
59	E_INJUR4	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#4
60	EP_L_5	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #5
61	SEQEPL_5	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #5
62	E_ICD9_5	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #5
63	E_INJUR5	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#5
64	EP_L_6	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #6
65	SEQEPL_6	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #6
66	E_ICD9_6	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #6
67	E_INJUR6	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#6
68	EP_L_7	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #7
69	SEQEPL_7	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #7
70	E_ICD9_7	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #7
71	E_INJUR7	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#7
72	EP_L_8	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #8
73	SEQEPL_8	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #8
74	E_ICD9_8	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #8
75	E_INJUR8	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#8
76	EP_L_9	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #9
77	SEQEPL_9	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #9
78	E_ICD9_9	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #9
79	E_INJUR9	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#9
80	EP_L_10	Num	MULTIPLE CAUSES ENTITY-AXIS PART/LINE #10
81	SEQEPL10	Num	MULTIPLE CAUSES ENTITY-AXIS SEQ IN PART/LINE #10
82	E_ICD910	Char	MULTIPLE CAUSES ENTITY-AXIS CONDITION #10
83	EINJUR10	Num	MULTIPLE CAUSES ENTITY-AXIS INJURY FLAG#10
84	nrxcond	Num	NUMBER OF RECORD-AXIS CONDITIONS
85	R_ICD9_1	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #1
86	R_INJUR1	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #1
87	R_ICD9_2	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #2
88	R_INJUR2	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #2
89	R_ICD9_3	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #3
90	R_INJUR3	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #3
91	R_ICD9_4	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #4
92	R_INJUR4	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #4
93	R_ICD9_5	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #5
94	R_INJUR5	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #5
95	R_ICD9_6	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #6
96	R_INJUR6	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #6
97	R_ICD9_7	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #7
98	R_INJUR7	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #7
99	R_ICD9_8	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #8
100	R_INJUR8	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #8
101	R_ICD9_9	Char	MULTIPLE CAUSES RECORD-AXIS CONDITION #9
102	R_INJUR9	Num	MULTIPLE CAUSES RECORD-AXIS INJURY FLAG #9
103	LASTINTD	Num	LAST INTERVIEW DATE
104	STUDYTIME	Num	Time: Baseline to Last date of interview
105	SURVIVE	Num	Time: baseline to last interview or death
106	e_dod	Num	FROM WAVE 5 PROXY NO DAY(ASSIGN 15TH) ONLY YR & MON
107	datedie	Num	DATE OF DEATH
108	birthday	Num	DATE OF BIRTH CREATED FROM MOB,DAYB,YOB

Study began in 1993-1994 with 3,050 total subjects.

Baseline: (variable is oo9a)	Value	oo9a
Interviewed in person	(1)	2734
Proxy, True	(2)	177
Proxy, Assisted	(3)	139

Status from Baseline to Phase 2:	Value	Stat2	Value	Status2
Reinterviewed	(1)	2167	(1)	2167
Proxy, Assisted	(2)	129	(2)	129
Proxy, True	(3)	143	(3)	143
Deceased	(4)	236	(4)	236
Refused, alive	(5)	98	(5)	105 (all refusers)
Refused, in Nurse home	(6)	2		
Refused, too sick to interv	(7)	5		
Moved to Mexico	(8)	5	(6)	270 (all lost to fup)
Unable to locate, known alive	(9)	107		
Unable to locate, Nurse home	(10)	2		
Unable to locate, known ill	(11)	1		
Unable to locate, unknown	(12)	155		

Status from Phase 2 to Phase 3:	Value	Stat3	Value	Status3
Reinterviewed	(1)	1715	(1)	1715
Proxy, Assisted	(2)	121	(2)	121
Proxy, True	(3)	145	(3)	145
Deceased	(4)	660	(4)	660
Refused, alive	(5)	107	(5)	120 (all refusers)
Refused, in Nurse home	(6)	1		
Refused, too sick to interv	(7)	12		
Moved to Mexico	(8)	16	(6)	289 (all lost to fup)
Unable to locate, known alive	(9)	52		
Unable to locate, Nurse home	(10)	3		
Unable to locate, known ill	(11)	2		
Unable to locate, unknown	(12)	216		
(424 new deaths)				

Status from Phase 3 to Phase 4:	Value	Stat4	Value	Status4
Reinterviewed	(1)	1472	(1)	1472
Proxy, Assisted	(2)	109	(2)	109
Proxy, True	(3)	101	(3)	101
Deceased	(4)	940	(4)	940 = 30.8%
Refused, alive	(5)	106	(5)	131 (all refusers) =9.7%
Refused, in Nurse home	(6)	6		
Refused, too sick to interv	(7)	19		
Moved to Mexico	(8)	10	(6)	297 (all lost to fup) =4.3%
Unable to locate, known alive	(9)	21		
Unable to locate, Nurse home	(10)	3		
Unable to locate, known ill	(11)	1		
Unable to locate, unknown	(12)	262		
(280 new deaths)				



LIST OF PUBLICATIONS/MANUSCRIPTS FROM THE HISPANIC EPESE (AG10939) (1996-PRESENT) (copies available from Kyriakos S. Markides, 1.128 Ewing Hall, PMCH, University of Texas Medical Branch, Galveston, TX 77555-1153, phone: 409/772-2551; fax 409/772-2573; email: kmarkide@utmb.edu)

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**New York, New York 10003**

## Edit master

**FOR OFFICE USE ONLY:**

**Questionnaire No.: (1-5)**

**Card Number (6-7)****Study No. 12512 Number (108-113)**

SP# / / / / / / / /

**Date: September 15, 2000**

**(114-121)**

### Mexican-American Elderly--Phase IV

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

Interviewer \_\_\_\_\_ Date of Interview: \_\_\_\_\_ (122-127)

Area Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(128-130) (131-137)

Hello, I'm \_\_\_\_\_ from Harris Interactive Inc. (formerly Louis Harris & Associates), the national survey research firm in New York. May I speak to (RESPONDENT NAME). You may remember us – we interviewed you two years ago and we are conducting a follow-up study about health in your community.

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

**S3.P** First, let me check that I have your name written correctly: (READ NAME)

Respondent name: \_\_\_\_\_ (138-180)

LAST NAME FIRST NAME

**S4.P** Respondent's Birth date:                  MONTH                  DAY                  YEAR  
     /     /     /                  /     /     /                  /     /     /

**P**    Age:     /   /   /   /   Years                (208-209)                (210-211)                (212-213)                214Z  
                     (215-217)

PROXY ONLY:

\*S5. **P** Relationship of Proxy to Respondent:      /      /       
 Use relationship codes from list (218-219)

## CODES FOR RELATIONSHIPS:

01 =	Respondent is head of household
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 ..... (220(-1  
 Female.....-2

**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..... (221(-1 (ASK Q.\*A1)  
 Separated.....-2  
 Divorced.....-3  
 Widowed.....-4  
  
 Never married .....-5 (SKIP TO Q.B1)  
 Don't know .....-8  
 Refused .....-9

**NOTE:** \* DENOTES NEW PHASE II or PHASE III QUESTION. THE SYMBOL (IV) DENOTES NEW PHASE IV QUESTION.

**ASK Q.A1 IF MARRIED/SEPARATED/DIVORCED/WIDOWED (Q.A10)**

\*A1.**P** Since we talked to you last in (INSERT MONTH, YEAR) has your marital status changed?

Has changed..... (222(-1 (ASK Q.\*A1a)  
  
 Has not changed.....-2 (SKIP TO Q.B1)  
 Don't know .....-8  
 Refused .....-9

**ASK Q.\*A1a IF MARITAL STATUS CHANGED SINCE LAST INTERVIEWED (Q.A1)****\*A1a.P** Have you been (READ EACH ITEM) since then?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
1. Married.....(223(-1	-2	-2	-8	-9
2. Widowed..... (224(-1	-2	-2	-8	-9
3. Divorced..... (225(-1	-2	-2	-8	-9
4. Separated..... (226(-1	-2	-2	-8	-9

(239-280)Z

**B. LIVING ARRANGEMENTS/SOCIAL SUPPORT****ASK EVERYONE**

**B1.P** How many people live in this household? (IF IN NURSING HOME, ASK ABOUT LIVING ARRANGEMENTS PRIOR TO ENTERING HOME. THIS INSTRUCTION APPLIES TO ALL B QUESTIONS)

/ / /  
(308-309)

Don't know ..... (310(-8

Refused ..... -9

(311-378)Z

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

Relationship: \_\_\_\_\_

Relationship Code: / / /  
(379-380)

**CODES FOR RELATIONSHIPS:**

01 = Respondent is head of household

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

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





(8009)

I needed to move into an assisted living facility ... (9211) -1

To be closer to my children ..... (9212) -2

Other (Specify)

\_\_\_\_\_ ..... (9213) -3

Don't know ..... (9214) -8

Refused ..... (9215) -9

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

Yes ..... (8010(-1 (ASK Q.\*B7a)

No.....-2 (SKIP TO Q.D1)

Don't know .....-8

Refused .....-9

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

_____/_____/_____	_____/_____/_____
(8011-8012)	(8013-8014)
_____/_____/_____	_____/_____/_____
(8015-8016)	(8017-8018)

**CODES FOR RELATIONSHIPS:**

01 = Respondent is head of household	12 = Other Relative (SPECIFY):
02 = Spouse	
03 = Son/Daughter ( including Stepchildren)	13 = Friend
04 = Son-In-Law/Daughter-In-Law	14 = Boarder or Roomer
05 = Grandchild	15 = Paid Employee
06 = Parent	16 = All Others (SPECIFY):
Brother or Sister	
08 = Nephew or Niece	17 = Sister/Brother In-Law
09 = Cousin	98 = Don't Know
10 = Aunt/Uncle	99 = Refused
11 = Great Grandchild	

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

(8019)

I needed help taking care of myself or the house ..... (9220) -1

(PERSON WHO MOVED IN) needed a place to stay (9221) -2

Other (Specify)

\_\_\_\_\_ ..... (9222) -3

Don't know ..... (9223) -8

Refused ..... (9224) -9

**ASK EVERYONE**

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)  
(1013-1014)

Don't know ..... (1015(-8  
Refused ..... -9

IF RESPONDENT HAS NO CHLDREN, SKIP TO Q.D3 - ALL OTHERS ASK Q.D2 AND Q.D2a

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

/ / / (CODE 00 FOR NONE)  
(1016-1017)

Don't know ..... (1018(-8  
Refused ..... -9

D2a.P How quickly can (any one of your children/your son/your daughter) get to your home?

/ / / Minutes OR / / / Hours  
(1019-1020) (1021-1022)

Children live in household ..... (1023(-1  
Don't know ..... -8  
Refused ..... -9

ASK EVERYONE

D3. 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? USE SHOWCARD #1

Most of the time ..... (1024(-1  
Some of the time ..... -2  
Hardly ever ..... -3  
Don't know ..... -8  
Refused ..... -9

D4. 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? USE SHOWCARD #1

Most of the time ..... (1025(-1  
 Some of the time ..... -2  
 Hardly ever ..... -3  
 Don't know ..... -8  
 Refused ..... -9

1026-1037Z

## **G. GLOBAL HEALTH RATING**

### **ASK EVERYONE**

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

Excellent ..... (1038(-1  
 Good ..... -2  
 Fair ..... -3  
 Poor ..... -4  
 Don't know ..... -8  
 Refused ..... -9

G2.P During the past 3 months, did you ever have to cut down on things you usually do because of illness or injury, not counting day(s) in bed?

Yes ..... (1039(-1  
 No ..... -2  
 Don't know ..... -8  
 Refused ..... -9

G3.P During the past 3 months, did you ever stay in bed all or most of the day because of illness or injury? (INTERVIEWER: INCLUDE DAYS IN THE HOSPITAL)

Yes ..... (1040(-1  
 No ..... -2  
 Don't know ..... -8  
 Refused ..... -9

(1041-1050)Z

**I. CARDIOVASCULAR****ASK EVERYONE**

**I1.P** Since we last spoke with you (about two years ago) has a doctor told you that you had a heart attack, or coronary, or myocardial infarction, or coronary thrombosis?

Yes ..... (1051(-1 (ASK Q.I5)

Suspect or possible.....-2

No.....-3 (SKIP TO Q.J1)

Don't know .....-8

Refused .....-9

(1052-1054)Z

**I5.P** Were you hospitalized overnight or longer for this (last one)?

Yes ..... (1055(-1

No.....-2

Don't know .....-8

Refused .....-9

**J. STROKE****ASK EVERYONE**

**J1.P** Since we last spoke with you (about two years ago) did a doctor tell you that you had a stroke, a blood clot in the brain, or brain hemorrhage?

Yes ..... (1056(-1 (ASK Q.J5)

Suspect or possible (vol.)..... -2

No..... -3 (SKIP TO Q.K1)

Don't know ..... -8

Refused ..... -9

(1057-1059)Z

**J5.P** Were you hospitalized overnight or longer for this?

Yes ..... (1060(-1

No..... -2

Don't know ..... -8

Refused ..... -9

**J6.P** Do you still have leftover troubles from your (stroke/blood clot in the brain/brain hemorrhage)?

Yes ..... (1061(-1 (ASK Q.J7)

No..... -2 (SKIP TO Q.K1)

Don't know ..... -8

Refused ..... -9

**ASK Q.J7 IF HAVE LEFTOVER TROUBLES FROM STROKE, ETC. (Q.J6/1)**

**J7.P** Do you have any of these leftover troubles, (READ EACH ITEM)?

<u>DO NOT ROTATE</u>		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a.	An arm and/or leg still weak or hard to use .....(1062(-1	-2	-2	-8	-9
b.	Trouble walking ..... (1063(-1	-2	-2	-8	-9
c.	Trouble with speech..... (1064(-1	-2	-2	-8	-9
d.	Other (SPECIFY):				
	.....(1065(-1	-2	-2	-8	-9

Voluntary Response:

Memory Problems.....(1066(-1

(1067)Z

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

Yes ..... (1068(-1   (ASK Q.K3)

Suspect or possible.....-2

No.....-3   (SKIP TO Q.L1)

Don't know .....-8

Refused .....-9

(1069-1071)Z

**K3.P**   Have you ever taken medicine prescribed by a doctor for your high blood pressure?

Yes ..... (1072(-1   (ASK Q.\*K4)

No.....-2   (SKIP TO Q.L1)

Don't know .....-8

Refused .....-9

**ASK Q.K4 IF HAVE TAKEN MEDICINE PRESCRIBED BY DOCTOR FOR HIGH BLOOD PRESSURE (Q.K3/1)****K4.P**   Are you currently taking any medication for high blood pressure?

Yes ..... (1073(-1

No.....-2

Don't know .....-8

Refused .....-9

(1074-1080)Z

**L.     CANCER****ASK EVERYONE**

**L1.P**   Has a doctor ever told you that you had a cancer, or a malignant tumor of any type?

Yes ..... (1108)-1

Suspect or possible.....-2

No.....-3

Don't know.....-8

Refused .....-9

(1115-1119)Z



**M. DIABETES****ASK EVERYONE**

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

Yes definite ..... (1120(-1 (ASK Q.M2)  
 Yes, borderline.....-2 (ASK Q.M2)  
 No.....-3 (SKIP TO Q.N1, PAGE 19)  
 Don't know .....-8  
 Refused .....-9

(1121-1125)Z

**ASK Q.M2 AND Q.M3 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)**

**\*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.)

/ / / Years Old  
 (8021-8023)

Don't know ..... (8024(-8  
 Refused .....-9

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

Yes ..... (1126(-1 (SKIP TO Q.M5)  
 No.....-2 (ASK Q.M4)  
 Don't know .....-8  
 Refused .....-9

(1127)Z

**ASK Q.M4 IF HAVE EVER HAD DIABETES, ETC. (Q.M1) BUT NOT CURRENTLY TAKING MEDICATION (Q.M3)**

**M4.P** Have you ever taken medication for diabetes?

Yes ..... (1128(-1 (ASK Q.M5)  
 No.....-2 (SKIP TO Q.M8a, PAGE 15)  
 Don't know .....-8  
 Refused .....-9

ASK Q.M5 IF ARE/HAVE TAKEN MEDICATION FOR DIABETES (Q.M3/QM4)

**M5.P** Did the doctor prescribe pills or insulin shots or both together? IF PILLS AND INSULIN SEPARATELY, PROBE FOR MOST RECENT

Pills ..... (1129(-1 (ASK Q.M6)

Insulin shots .....-2 (SKIP TO Q.M7)

Both pills and insulin shots together.....-3

Don't know .....-8

Refused .....-9

ASK Q.M6 IF HAVE TAKEN PILLS FOR DIABETES (Q.M5)

**M6.P** Have you ever taken insulin shots?

Yes ..... (1130(-1 (ASK Q.M7)

No.....-2 (SKIP TO Q.M10)

Don't know .....-8

Refused .....-9

ASK Q.M7 IF HAVE EVER TAKEN INSULIN SHOTS (INCLUDING "DON'T KNOW" OR "REFUSED") (Q.M5 OR Q.M6)

**M7.P** For how many years altogether (have you taken/did you take) insulin shots? (INTERVIEWER: RECORD ANSWER AS YEARS ONLY, MONTHS ONLY, OR WEEKS ONLY EG., 1 ½ YEARS WOULD BE 18 MONTHS.)

/ / / Years OR / / / Months OR / / / Weeks  
(1131-1132) (1133-1134) (1135-1136)

Don't know ..... (1137(-8

Refused .....-9

ASK Q.M10 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

**\*M10.P** Did the doctor ever ask you to follow a special diet for your diabetes?

Yes ..... (8025(-1 (ASK Q.M10a)

No.....-2 (SKIP TO Q.M11)

Don't know .....-8

Refused .....-9

BASE: DOCTOR REQUESTED SPECIAL DIET FOR DIABETES (Q.M10/1)

\*M10a.P Are you following this diet now?

Yes ..... (8026(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

ASK Q.M11 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

\*M11.P Did the doctor ever recommend that you lose weight for your diabetes?

Yes ..... (8027(-1 (ASK Q.M11a)  
No.....-2 (SKIP TO Q.M8a)  
Don't know.....-8  
Refused .....-9

BASE: DOCTOR RECOMMENDED WEIGHT LOSS FOR DIABETES (QM11/1)

\*M11a.P Did you lose weight for your diabetes? (INTERVIEWER: IF RESPONDENT SAYS THEY LOST AND THEN RE-GAINED THE WEIGHT, RECORD AS YES)

Yes ..... (8028(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

ASK Q.M8a IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

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

Yes ..... (1138(-1 (ASK Q.M8b)  
No.....-2 (SKIP TO Q.M8d)  
Don't know.....-8  
Refused .....-9

ASK Q.M8b AND Q.M8c IF EVER HAD PROBLEMS WITH KIDNEYS AS A RESULT OF DIABETES (Q.M8a)

M8b.P Are you currently receiving kidney dialysis or artificial kidney treatments?

Yes ..... (1139(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

ASK Q.M8b AND Q.M8c IF EVER HAD PROBLEMS WITH KIDNEYS AS A RESULT OF DIABETES (Q.M8a)

M8c.P Have you ever had a kidney transplant?

Yes ..... (1140)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

ASK Q.M8d IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

M8d.P As a result of your diabetes, have you ever had any problems with your eyes?

Yes ..... (1141)(-1 (ASK Q.M8e)  
No.....-2 (SKIP TO Q.M8f)  
Don't know.....-8  
Refused .....-9

ASK Q.M8e IF EVER HAD ANY PROBLEMS WITH EYES AS A RESULT OF DIABETES (Q.M8d)

M8e.P Have you ever had laser treatment on your eyes?

Yes ..... (1142)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

ASK Q.M8f IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

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

Yes ..... (1143)(-1 (ASK Q.M8g)  
No.....-2 (SKIP TO Q.M8h)  
Don't know.....-8  
Refused .....-9

ASK Q.M8g IF EVER HAD ANY PROBLEMS WITH CIRCULATION AS A RESULT OF DIABETES (Q.M8f)

M8g.P Have you ever had any part of your body amputated as a result of your diabetes? (IF YES, SPECIFY). IF MORE THAN ONE, PROBE FOR MOST SERIOUS.)

Fingers ..... (1144(-1  
 Toes.....-2  
 One foot .....-3  
 Both feet.....-4  
 Lower leg .....-5  
 Both lower legs .....-6  
 Other (SPECIFY)  
 .....-7  
 No amputation.....-8  
 Don't know ..... (1145(-8  
 Refused .....-9

ASK Q.M8h IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

M8h.P As a result of your diabetes, have you ever had any other medical complications? (IF MORE THAN ONE, PROBE FOR MOST SERIOUS COMPLICATION)

Yes (SPECIFY)

.....(1146-1147(-1  
 No..... (1148(-2  
 Don't know .....-8  
 Refused .....-9

ASK Q.M8i IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

\*M8i. How much of the time is diabetes a problem in your daily life – none of the time, some of the time, most of the time, or all of the time? (USE SHOW CARD #3)

None of the time..... (1149(-1  
 Some of the time .....-2  
 Most of the time .....-3  
 All of the time .....-4  
 Don't know .....-8  
 Refused .....-9

(1150)Z

**ASK Q.M12P IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)**

\*M12.P How often have you been hospitalized as a result of your diabetes – never, once, two to three times or more than three times?

Never..... (8029)-1  
 Once ..... -2  
 Two to three times ..... -3  
 More than three times ..... -4  
 Don't know ..... -8  
 Refused ..... -9

**ASK Q.M13 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)**

\*M13.P Do you experience any pain as a result of your diabetes?

Yes ..... (8030)-1 (ASK Q.M13a)  
 No ..... -2 (SKIP TO Q.M14)  
 Don't know ..... -8  
 Refused ..... -9

**ASK Q.M13a IF EXPERIENCE PAIN AS A RESULT OF DIABETES (Q.M13/1)**

\*M13a.(IV)P Do you have pain in your (CHECK ALL THAT APPLY)?

(8031)  
 Feet..... (9230) -1  
 Legs..... (9231) -2  
 Hands ..... (9232) -3  
 Abdomen..... (9233) -4  
 Eyes..... (9234) -5  
 Kidneys ..... (9235) -6  
 Back ..... (9236) -7  
 Other (Specify)  
 \_\_\_\_\_ (9237) -8  
 (8032)  
 Don't know ..... (9238) -8  
 Refused ..... (9239) -9

**ASK Q.\*M14 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)**

\*M14. To what extent do you feel you can control your diabetes through your own actions, such as being careful about your diet, watching your weight, following your doctor's recommendations and taking any medications the doctor prescribed? Would you say . . . a great deal, somewhat or not at all? (USE SHOW CARD #4)

A great deal..... (8033)-1  
 Somewhat..... -2  
 Not at all..... -3  
 Don't know ..... -8  
 Refused ..... -9

**N. FRACTURES**

**ASK EVERYONE**

**N1.P** Since we last spoke with you (about two years ago) have you been told by a doctor that you had a broken or fractured hip?

Yes ..... (1151(-1 (ASK Q.N5)  
Suspect or possible.....-2

No.....-3 (SKIP TO Q.N3)  
Don't know.....-8  
Refused .....-9

(1152)Z

**ASK Q.N5 IF HAVE BROKEN OR FRACTURED HIP SINCE LAST INTERVIEWED (Q.N1)**

**\*N5.P** Were you hospitalized overnight or longer for this?

Yes ..... (8034(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

**ASK EVERYONE**

**N3.P** Since we last spoke with you (about two years ago) have you been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?

Yes ..... (1153(-1 (ASK Q.N4)  
Suspect or possible.....-2

No.....-3 (SKIP TO Q.P5)  
Don't know.....-8  
Refused .....-9

ASK Q.N4 IF HAVE BROKEN OR FRACTURED ANY OTHER BONES SINCE LAST INTERVIEWED (Q.N3)

N4.P Was it your (READ EACH ITEM?

<u>ROTATE -- START AT "X"</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
( ) A. Wrist.....(1154( -1	-2	-8	-9	
( ) B. Arm .....(1155( -1	-2	-8	-9	
( ) C. Back or spine .....(1156( -1	-2	-8	-9	
( ) D. Ribs .....(1157( -1	-2	-8	-9	
( ) E. Foot/ankle ..... (1158( -1	-2	-8	-9	
( ) F. Knee .....(1159( -1	-2	-8	-9	
( ) G. Leg .....(1160( -1	-2	-8	-9	
( ) H. Shoulder .....(1161( -1	-2	-8	-9	
( ) I. Hand/finger .....(1162( -1	-2	-8	-9	
( ) J. Any other bones (Specify)				
_____ .....(1163( -1	-2	-8	-9	

(1164-1167)Z



**P. PAIN**

(1169)Z

**ASK EVERYONE**

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

Yes ..... (1171)(-1 (ASK Q.P7)

No.....-2 (SKIP TO Q.P8)

Don't know .....-8

Refused .....-9

(ASK Q.P7 IF NOTICED ANY PAIN OR DISCOMFORT WHEN RESPONDENT STOOD OR WALKED. ALL OTHERS SKIP TO Q.P8)

Q.P7. In the past month, how much has this pain or discomfort restricted your **daily** activities – a lot, some or not at all? (USE SHOWCARD #5)

A lot ..... (1180)(-1

Some .....-2

Not at all.....-3

Don't know .....-8

Refused .....-9

**FALLS:****ASK EVERYONE**

"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."

**ASK EVERYONE**

Q.P8.(IV)P During the past 12 months, how many times did you fall and land on the floor or ground? (USE SHOWCARD #6)

None..... (9410) -1 (SKIP TO Q.P10)

1 time .....-2 (ASK Q.P9)

2 times.....-3

3 or more times .....-4

Don't know .....-8

Refused .....-9

(ASK Q.P9 IF RESPONDENT HAS FALLEN 1 TIME OR MORE (Q.P8/2,3, OR 4). ALL OTHERS ASK Q.P10)

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

Yes ..... (9411) -1

No.....-2

Don't know .....-8

Refused .....-9

**ASK EVERYONE**

Q.P10.(IV) How afraid are you of falling? Would you say...(USE SHOWCARD #7)

Not at all afraid ..... (9412) -1

Somewhat afraid .....-2

Fairly afraid.....-3

Very afraid .....-4

Don't know .....-8

Refused .....-9

**Q.     INCONTINENCE****ASK EVERYONE**

Now I have some brief questions about your urine.

Q.1a. 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? (USE SHOW CARD #8)

Never..... (1208)-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

(1210-1226)Z

**Q. AUASI****ASK EVERYONE**

Q3 (IV) During the last month or so . . . (USE SHOWCARD #9)

	Not at <u>All</u>	Less Than 1 <u>Time in 5</u>	Less Than Half <u>the Time</u>	Half the <u>Time</u>	More Than Half <u>the Time</u>	Almost <u>Always</u>	Don't <u>Know</u>	<u>Refused</u>	
A. How often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	8	9	(9413)
B. How often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5	8	9	
C. How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	8	9	
D. How often have you found it difficult to postpone urination?	0	1	2	3	4	5	8	9	
E. How often have you had a weak urinary stream?	0	1	2	3	4	5	8	9	
F. How often have you had to push or strain to begin urination?	0	1	2	3	4	5	8	9	
G. How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5	8	9	(9419)

**S. HEARING****ASK EVERYONE**

**\*S5. P** (With/Without a hearing aid) can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

Yes, without a hearing aid ..... (8036(-1  
Yes, with a hearing aid..... -2  
No.....-3  
Don't know.....-8  
Refused .....-9

**U. OTHER HEALTH PROBLEMS****ASK EVERYONE**

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

<u>ROTATE – START AT "X"</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	
( ) a. Kidney disease .....(1227(-1	-2	-8	-9	(1228)Z	
( ) c. Gall bladder problems.....(1229(-1	-2	-8	-9		
( ) d. Liver disease .....(1230(-1	-2	-8	-9		
( ) f. Osteoporosis.....(1232(-1	-2	-8	-9	(1231)Z (1233-1235)Z (1237-1239)Z	
( ) n. Cataracts.....(1240(-1	-2	-8	-9		
( ) o. Glaucoma.....(1241(-1	-2	-8	-9		
( ) q. Heart failure .....(1243(-1	-2	-8	-9	(1242)Z	
( ) s. High cholesterol or high amounts of fat in your blood.....(1244(-1	-2	-8	-9		
( ) x.(IV)Arthritis.....(1245(-1	-2	-8	-9		
( ) h.(IV)Parkinson's disease.....(1246(-1	-2	-8	-9		

**ASK PROXY ONLY**

( ) u. Alzheimer's disease or other dementia.....(1247(-1	-2	-8	-9	(1248-1271)Z	
				(1279-1280)Z (1308-1312)Z	

**IF MALE SKIP TO SECTION V FOR VISION, IF FEMALE CONTINUE WITH Q.U2d**

**THIS SECTION FOR FEMALES ONLY**

\*U2d.P Are you currently being treated with estrogen or female hormones?

Yes .....	(1313(-1	(ASK Q.*U2e)
No.....	-2	(SKIP TO Q.*U2f)
Don't know .....	-8	
Refused .....	-9	

**ASK Q.U2e IF EVER TREATED WITH ESTROGEN OR FEMALE HORMONES (Q.U2d)**

\*U2e.P For how many years have you been treated with estrogen or female hormones?

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

(1314-1315)

Less than 1 year .....(1316(-1

Don't know .....-8

Refused .....-9

\*U2f.**P** In the last two years have you had a mammogram (that is an x-ray taken of your breasts)?

Yes .....(1317(-1

No.....-2

Don't know .....-8

Refused .....-9

(1318-1320)Z

\*U2h.**P** In the last two years have you had a pelvic exam or Pap test? (IF NECESSARY: A PAP EXAM IS A ROUTINE EXAM WHERE THE DOCTOR CHECKS THE CERVIX TO SEE IF THERE IS ANY CANCER.)

Yes .....(1321(-1

No.....-2

Don't know .....-8

Refused .....-9

(1322-1325)Z

**V. VISION**(1327-1380)Z  
(1408-1420)Z**ASK EVERYONE**

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

<u>ROTATE – START AT "X"</u>	<u>Yes</u>	<u>No</u>	Respondent		
			is Blind (vol.)	Don't Know	<u>Refused</u>
( ) a. Across the street.....(8037(-1		-2	-3	-8	-9
( ) b. Across the room.....(8038(-1		-2	-3	-8	-9
( ) c. Who is at an arm's length away.....(8039(-1		-2	-3	-8	-9



**GG. BLOOD PRESSURE**

**GG1.P-R** 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.

PULSE FOR 30 SECONDS?

/ / / Radial (wrist) pulse  
(3408-3409)

Unsuccessful .....(3410(-0

Refused .....-9

(3411)Z

**GG2.P-R** Pulse obliteration pressure? (THIS IS FELT AT PULSE POINT, NOT HEARD)  
DEFLATE CUFF BEFORE RECORDING

/ / / /  
(3412-3414)

Unsuccessful .....(3415(-0

Refused .....-9

**GG3.P-R** Maximum inflation level (pulse obliteration plus 30)?

/ / / /  
(3416-3418)

Unsuccessful .....(3419(-0

Refused .....-9

INTERVIEWER: MAKE SURE LEGS OR ANKLES ARE NOT CROSSED – RECORD TO  
NEAREST 2MM MARK – DO NOT ROUND OFF NUMBERS – DEFLATE CUFF BEFORE  
RECORDING

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

/ / / / Systolic  
(3420-3422)

/ / / / Diastolic  
(3424-3426)

Unsuccessful .....(3423(-0

Refused .....-9

Unsuccessful .....(3427(-0

INTERVIEWER: MAKE SURE LEGS OR ANKLES ARE NOT CROSSED – RECORD TO NEAREST 2MM MARK

GG5P-R Second blood pressure reading?

/ / / / Systolic  
(3428-3430)

/ / / / Diastolic  
(3432-3434)

Unsuccessful .....(3431(-0  
Refused .....-9

Unsuccessful ..... (3435(-0

INTERVIEWER: MAKE SURE LEGS OR ANKLES ARE NOT CROSSED – RECORD TO NEAREST 2MM MARK ) – DO NOT ROUND OFF NUMBERS

GG6P-R Cuff size?

Regular ..... (3436(-1  
Pediatric .....-2  
Large arm .....-3  
Not performed .....-7

INTERVIEWER: TAKE THE BLOOD PRESSURE CUFF OFF AND MOVE EQUIPMENT AWAY FROM RESPONDENT.

BLOOD PRESSURE REPORTING CATEGORIES (DO NOT ROUND OFF NUMBERS)

DIASTOLIC					
SYSTOLIC	< 90	< 90 MEDS	90-95	96-115	> 115
<140	1	2	3	4	5
< 140 MEDS	2	2	3	4	5
140-160	3	3	3	4	5
161-200	4	4	4	4	5
> 200	5	5	5	5	5

CATEGORY 1: SYSTOLIC < 140 OR DIASTOLIC < 90 and PARTICIPANT IS NOT ON HYPERTENSIVE MEDICATION.

“Your blood pressure today is within normal limits. You can help maintain good health by knowing your blood pressure and having it checked at least once a year.”

CATEGORY 2: SYSTOLIC < 140 OR DIASTOLIC < 90 and UNDER TREATMENT FOR HYPERTENSION.

“Your blood pressure today is within normal limits. Continue to follow your doctor’s advice, taking your medications as you doctor has prescribed and continue to see him or her. Be sure to have your blood pressure checked regularly.”

CATEGORY 3: SYSTOLIC 140-160 OR DIASTOLIC 90-98

“Your blood pressure today is somewhat elevated. It is important for you to have your blood pressure checked by your doctor to see if anything further should be done about your blood pressure.”

CATEGORY 4: SYSTOLIC >162-200 OR DIASTOLIC >100-114

“Your blood pressure today is quite high. It is important for you to see your doctor as soon as possible. Because your blood pressure is this high, it is important for you to get care as soon as possible.”

CATEGORY 5: SYSTOLIC>200 OR DIASTOLIC>115

"Your blood pressure is quite high today. It is important for you to see your doctor immediately. Because your blood pressure is this high, it is important for you to get care immediately."

INTERVIEWER: CATEGORY READ TO RESPONDENT:

Category 1..... (3437(-1  
 Category 2.....-2  
 Category 3.....-3  
 Category 4.....-4  
 Category 5.....-5  
 None read.....-0

**W. COGNITION – MMSE****ASK EVERYONE**

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 ..... (1423(-1      Error..... -0  
(1418-1422)

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

Spring .....	(1424(-1	Correct..... (1425(-1
Summer .....	-2	Error ..... -0
Fall .....	-3	
Winter .....	-4	
Don't know .....	-8	
Refused .....	-9	

**W3.P-R** What is the month?

January .....	(1426(-1	
February .....	-2	Correct..... (1428(-1
March .....	-3	Error ..... -0
April .....	-4	
May .....	-5	
June .....	-6	
July .....	-7	
August .....	-8	
September .....	-9	
October.....	(1427(-0	
November.....	-1	
December .....	-2	
Don't know .....	-8	
Refused .....	-9	

**W4.P-R** What is the date?

Date: / /      Correct ..... (1431(-1      Error..... (-0  
(1429-1430)

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

Monday .....	(1432(-1	Correct..... (1433(-1
Tuesday .....	-2	Error .....-0
Wednesday .....	-3	
Thursday .....	-4	
Friday .....	-5	
Saturday .....	-6	
Sunday .....	-7	
Don't know .....	-8	
Refused .....	-9	

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

Arizona.....	(1434(-1	Correct..... (1435(-1
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 .....(1480(-1	Error..... -0
(1436-1479)		

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

City: _____	Correct .....(1554(-1	Error..... -0
(1508-1553)		

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

/ / / / Floor		
(1555-1557)		
Basement.....	(1558(-1	Correct..... (1559(-1
Ground level .....	-2	Error .....-0
Don't know .....	-8	
Refused .....	-9	

(1560-1580)Z

**W10.P-R** What is this address? (YOU ONLY NEED STREET ADDRESS – IF THEY REFUSE TO ANSWER RECORD AS ERROR.)

Address: \_\_\_\_\_ 1608-1653Z

Correct.....(1654(-1 Error.....-0

**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> From 1 <sup>st</sup> Trial	<u>Correct</u>	<u>Error</u>
a. Apple .....	_____	(1655(-1	-0
b. Table.....	_____	(1656(-1	-0
c. Penny.....	_____	(1657(-1	-0

RECORD NUMBER OF TRIALS:    /    /    /(1658)

**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

          (1659-1663)

LETTERS IN CORRECT ORDER:

1 ..... (1664(-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 .....	_____	(1665(-1	-0
b. Table .....	_____	(1666(-1	-0
c. Penny .....	_____	(1667(-1	-0

**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>
Watch .....	(1668(-1	-0

**IF UNABLE TO DO RECORD REASON:**

Blind..... (1669(-1  
 Other (SPECIFY):  
 \_\_\_\_\_ -2

**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>
Pencil .....	(1670(-1	-0

**IF UNABLE TO DO RECORD REASON:**

Blind..... (1671(-1  
 Partially blind..... 8  
 Other (SPECIFY):  
 \_\_\_\_\_ -2

**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 if's, and's or but's .....	(1672)(-1	-0

SHOW RESPONDENT THE CARD THAT HAS PRINTED ON IT "CLOSE YOUR EYES". (SHOW CARD #10)

**W17.P-R** 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>
Close your eyes .....	(1673)(-1	-0

IF UNABLE TO DO RECORD REASON(IV):

	(1674)	
Blind.....	(9310) -1	
Illiterate .....	(9311) -3	
Partially blind.....	(9312) -8	
Other (SPECIFY):		
_____	(9313) -2	
		(1675-1680)Z

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>
a. Takes paper in right hand.....	(1708)(-1	-0
b. Folds paper in half .....	(1709)(-1	-0
c. Puts paper down on the floor .....	(1710)(-1	-0

IF UNABLE TO DO RECORD REASON(IV):

	(1711)	
Paralyzed.....	(9320) -1	
Amputee .....	(9321) -2	
Blind.....	(9322) -5	
Arthritis .....	(9323) -6	
Can't hold paper.....	(9324) -7	
Partially blind.....	(9325) -8	
Other (SPECIFY):		
_____	(9326) -3	

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>
Full sentence correctly written..... (1712)-1	-0

**IF UNABLE TO DO RECORD REASON(IV):**

	(1713)
Blind.....	(9330) -1
Illiterate.....	(9331) -2
Paralyzed.....	(9332) -3
Arthritis.....	(9333) -5
Can't hold pencil.....	(9334) -6
Partially blind.....	(9335) -7
Other (SPECIFY):	
_____	(9336) -0

**HAND RESPONDENT DRAWING HOLDING IT WITH LEFT PENTAGON POINTING UP (SHOW CARD # 11)**

**W20.P-R** 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>
Diagram correctly copied..... (1714)-1	-0

**IF UNABLE TO DO RECORD REASON (IV):**

	(1715)
Blind.....	(9340) -1
Paralyzed.....	(9341) -2
Amputee.....	(9342) -3
Illiterate.....	(9343) -4
Arthritis.....	(9344) -5
Can't hold pencil.....	(9345) -6
Partially blind.....	(9346) -7
Other (SPECIFY):	
_____	(9347) -0

INTERVIEWER: SCORING MMSE – AWARD 1 POINT FOR EACH ITEM CORRECT IN Q.W1 TO Q.W20. ON Q.W12, AWARD 1 POINT FOR EACH LETTER THAT IS CORRECT.

**IF RESPONDENT COMPLETES ALL SECTIONS OF MMSE:**

MMSE SCORE           /          /          /            
(1716-1717)

**IF RESPONDENT UNABLE TO COMPLETE ALL SECTIONS OF THE MMSE  
BECAUSE OF BLINDNESS OR A PHYSICAL HANDICAP:**

- When tallying score at end of section, fill in number of correct responses.
- Underneath that record number of “errors.”

MMSE CORRECT SCORE /\_\_\_\_/\_\_\_\_/  
(1718-1719)

MMSE “ERRORS”  $\frac{\quad}{(1720-1721)}$

(1722-1730)Z

**CESD (USE SHOWCARD #12)**

**X. P-R** 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..... (1731(-0	-1	-2	-3	-8	
2. I did not feel like eating; my appetite was poor..... (1732(-0	-1	-2	-3	-8	
3. I felt that I could not shake off the blues even with help from my family & friends ..... (1733(-0	-1	-2	-3	-8	
4. I felt that I was just as good as other people ..... (1734(-0	-1	-2	-3	-8	
5. I had trouble keeping my mind on what I was doing..... (1735(-0	-1	-2	-3	-8	
6. I felt depressed..... (1736(-0	-1	-2	-3	-8	
7. I felt that everything I did was an effort..... (1737(-0	-1	-2	-3	-8	
8. I felt hopeful about the future ..... (1738(-0	-1	-2	-3	-8	
9. I thought my life had been a failure ..... (1739(-0	-1	-2	-3	-8	
10. I felt fearful..... (1740(-0	-1	-2	-3	-8	
11. My sleep was restless..... (1741(-0	-1	-2	-3	-8	
12. I was happy ..... (1742(-0	-1	-2	-3	-8	
13. It seemed that I talked less than usual..... (1743(-0	-1	-2	-3	-8	
14. I felt lonely ..... (1744(-0	-1	-2	-3	-8	
15. People were unfriendly ..... (1745(-0	-1	-2	-3	-8	
16. I enjoyed life..... (1746(-0	-1	-2	-3	-8	
17. I had crying spells..... (1747(-0	-1	-2	-3	-8	
18. I felt sad ..... (1748(-0	-1	-2	-3	-8	
19. I felt that people disliked me..... (1749(-0	-1	-2	-3	-8	
20. I could not get going ..... (1750(-0	-1	-2	-3	-8	

(4318-4319)Z

**Y. SMOKING****Y3.P** Do you smoke cigarettes now?

Yes ..... (1751)-1  
No.....-2  
Don't know.....-8  
Refused .....-9

(1752-1756)Z

**Z. ALCOHOL CONSUMPTION****Z2.P** In the past month, have you had any beer, wine or liquor?

Yes, had beer, wine, liquor ..... (1757)-1  
No, have not.....-2  
Don't know .....-8  
Refused .....-9

(1758-1759)Z

**BB. IADLS****ASK EVERYONE**

**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>DO NOT ROTATE</u>	<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).....(4308(-1	-2	-2	-8	-9
b. Can you drive your own car or travel alone on buses or taxis .....(4309(-1	-2	-2	-8	-9
c. Can you go shopping for groceries or clothes without help (take care of all shopping needs yourself, assuming you had transportation).....(4310(-1	-2	-2	-8	-9
d. Can you prepare your own meals without help (plan and cook full meals yourself) .....(4311(-1	-2	-2	-8	-9
e. Can you do light housework without help (dish washing and bed making, etc. ....(4312(-1	-2	-2	-8	-9
f. Can you take your medicine without help (in the right doses at the right time) .....(4313(-1	-2	-2	-8	-9
g. Can you handle your money without help (write checks, pay bills, etc) .....(4314(-1	-2	-2	-8	-9
h. Can you do heavy work around the house like washing windows, walls and floors without help .....(4315(-1	-2	-2	-8	-9
i. Can you walk up and down stairs to the second floor without help.....(4316(-1	-2	-2	-8	-9
j. Can you walk half a mile without help.....(4317(-1	-2	-2	-8	-9
				(4318-4319)Z

**ASK ONLY OF THOSE WHO SAID "NO" TO AT LEAST ONE OF THE ABOVE. If ALL "YES", SKIP TO Q.BB2a.**

You said you cannot do \_\_\_\_\_ (Mention NO's from BB1a-BB1j) without the help of a person.

**\*BB11.P Who is this person and what is their relationship to you? (IF MORE THAN ONE PERSON, ASK WHO HELPS THE MOST, FIRST)**

NAME: \_\_\_\_\_ (8108-8127)

/ / / ENTER RELATIONSHIP CODE  
(8128-8129)

Don't know ..... (8130(-8

Refused ..... -9

Anyone else?

NAME: \_\_\_\_\_ (8131-8150)

/ / / ENTER RELATIONSHIP CODE  
(8151-8152)

Don't know ..... (8153(-8

Refused ..... -9

**CODES FOR RELATIONSHIPS:**

01 = Respondent is head of household  
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

**ADLS**

**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.)

<u>DO NOT ROTATE</u>	<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 ..... (4320(-1	-2	-3	-8	-9	
b. Bathing (either a sponge bath, tub bath, or shower)..... (4321(-1	-2	-3	-8	-9	
c. Personal grooming like brushing hair, brushing teeth, or washing face ..... (4322(-1	-2	-3	-8	-9	
d. Dressing (like putting on a shirt, buttoning and zipping, or putting on shoes) ..... (4323(-1	-2	-3	-8	-9	
e. Eating (like holding a fork, cutting food, or drinking from a glass) ..... (4324(-1	-2	-3	-8	-9	
f. Getting from a bed to a chair ..... (4325(-1	-2	-3	-8	-9	
g. Using the toilet ..... (4326(-1	-2	-3	-8	-9	
(4327-4507)Z					

**ASK ONLY OF THOSE WHO SAID "NEED HELP" OR "UNABLE TO DO" TO AT LEAST ONE OF THE ABOVE. IF ALL "YES", SKIP TO Q.CC1**

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?

Person ..... (8154(-1 ASK Q.BB2i  
 Special equipment.....-2 SKIP TO Q.CC1  
 Both.....-3 ASK Q.BB2i  
 Don't know.....-8 ASK Q.BB2i  
 Refused .....-9 ASK Q.BB2i

**\*BB2i.P** Who is this person and what is their relationship to you? (IF MORE THAN ONE PERSON, ASK WHO HELPS THE MOST, FIRST)

NAME: \_\_\_\_\_

(8155-8174)

/ / / ENTER RELATIONSHIP CODE

(8175-8176)

Don't know..... (8177(-8

Refused .....-9

(8178-8180)Z

Anyone else?

NAME: \_\_\_\_\_

(8208-8227)

/ / / ENTER RELATIONSHIP CODE

((8228-8229)

Don't know..... (8230(-8

Refused .....-9

**CODES FOR RELATIONSHIPS:**

01 = Respondent is head of household

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



**CC. STRESSORS/LIFE EVENTS****ASK EVERYONE**

CC1 P. Here is a list of things which sometimes happen to people and might have an effect on their health. As I read the list, stop me whenever I mention something that happened to you in the last year, that is since (DATE ONE YEAR AGO). (READ LIST)

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
b. In the past year did you experience an illness or injury (get sick or hurt) that kept you from your usual activities (work, housework) for a week or more...(4516(-1	-2	-8	-9	
c. In the past year did anyone close to you die.....(4517(-1 (IF YES, WAS IT YOUR SPOUSE, A CHILD OR SOMEONE ELSE?)	-2	-8	-9	
d. Did a close family member or friend experience a serious illness or injury.....(4520(-1	-2	-8	-9	
e. Did your financial situation get considerably worse .....(4521(-1	-2	-8	-9	
f. Did your financial situation improve considerably.....(4522(-1	-2	-8	-9	
g. Was your husband/wife hospitalized.....(4523(-1	-2	-8	-9	
h. Did you have to assume responsibility for taking regular care of someone else .....(4524(-1	-2	-8	-9	
*i. Did your (husband, wife, child or other household member) move out or leave your home .....(4525(-1	-2	-8	-9	
*j. Did you or a family member have any legal trouble (trouble with the law) .....(4526(-1	-2	-8	-9	
k. Were you the victim of crime .....(4527(-1	-2	-8	-9	
*l. Was your spouse placed in a nursing home or rest home .....(4528(-1	-2	-8	-9	
*m. Did you move into a new residence .....(4529(-1	-2	-8	-9	
n. Was there any other important event that happened to you during the past year .....(4530(-1 (SPECIFY): (SINGLE RECORD)	-2	-8	-9	
(4531-4532)				

CC3. 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? (USE SHOW CARD #13)

Completely satisfied .....	(4533(-1
Very satisfied .....	-2
Somewhat satisfied .....	-3
Not at all satisfied .....	-4
Don't know .....	-8
Refused .....	-9 (4534-4580)Z

CC4.(IV) When you need help with a problem or difficult situation, which of the following methods best describes how you prefer to deal with it? Would you say you prefer that . . . (USE SHOWCARD #14)

Someone encourages you to be more independent	-1 (9420)
Someone teaches you how to manage your behavior	
better .....	-2
Someone gives you sympathy and understanding .....	-3
Someone pitches in and gives you the supplies	
and services that you need .....	-4
Don't know .....	-8
Refused .....	-9

**DD. WELL-BEING (IV)**

(4609)Z

\*DD3. Now, we would like to know how old you feel. Would you say you feel young, middle aged, old or very old? (SHOW CARD #15)

Young.....	(8231(-1
Middle aged .....	-2
Old .....	-3
Very old .....	-4
Don't know.....	-8
Refused .....	-9

\*DD4. On the whole, how happy would you say you are? Are you very happy, somewhat happy, not very happy, or not at all happy? (SHOW CARD #16)

Very happy.....	(8232(-1
Somewhat happy .....	-2
Not very happy.....	-3
Not at all happy .....	-4
Don't know.....	-8
Refused .....	-9

\*DD5. Can somebody learn to live a good life even in reduced health?

Yes .....	(8233(-1
No.....	-2
Don't know.....	-8
Refused .....	-9

**EE. RELIGION**

EE2.P How often do you go to church or religious services? (SHOW CARD #17)

Never or almost never ..... (4610(-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

\*EE5. To what extent is your religion involved in understanding or dealing with stressful situations in any way? (SHOW CARD #18)

Very involved ..... (8234(-1  
 Somewhat involved..... -2  
 Not very involved ..... -3  
 Not involved at all..... -4  
 Don't know ..... -8  
 Refused ..... -9

\*EE6. Using your own definition of a religious person, how religious are you? Would you say you are very religious, somewhat religious, not very religious, or not at all religious? (SHOW CARD #19)

Very religious ..... (8235(-1  
 Somewhat religious..... -2  
 Not very religious ..... -3  
 Not at all religious..... -4  
 Don't know ..... -8  
 Refused ..... -9

\*EE7. How often do you pray privately, other than in church? (SHOW CARD #20)

Several times a day ..... (8236(-1  
 About once a day ..... -2  
 Several times a week..... -3  
 Only on very special occasions..... -4  
 Almost never or never..... -5  
 Don't know ..... -8  
 Refused ..... -9

**RR. CAREGIVING****ASK EVERYONE**

Now we would like to ask you some questions about whether you yourself have responsibilities for the care of an older family member, or any family member who has problems.

\*RR1. Do you now provide any care for a relative or other person who is disabled or has memory problems? In other words do you provide any assistance to someone with a physical or mental disability? (IV)

Yes ..... (8237(-1 (ASK Q.RR1a)

No.....-2 (SKIP TO SECTION HH, Page 53)

\*RR1a. Who is this person and what is their relationship to you?

Name \_\_\_\_\_

(8238-8257)

/ / / ENTER RELATIONSHIP CODE  
(8258-8259)

Don't know ..... (8260(-8

Refused ..... -9

\*RR1b.(IV) Why do you provide care for (NAME OF PERSON)?

(8261)

(NAME) has Alzheimer's disease or memory problems ..... (9250) -1

(NAME) is disabled, but not bedridden (eg. Wheelchair or walker bound).....(9251)-2

(NAME) is bedridden (e.g. stroke, hip fracture)..... (9252) -3

(NAME) is physically ill (e.g. pneumonia, frail, heart disease) ..... (9253) -4

(NAME) has a mental problem or problems with alcohol or drugs..... (9254) -5

Other (SPECIFY)

..... (9255) -5

Don't know ..... (9256) -8

Refused ..... (9257) -9

\*RR1d. Do you use/have you used respite care for (NAME)?

(INTERVIEWER NOTE: IF NECESSARY: THESE ARE SERVICES (IN YOUR HOME OR AT A CENTER OR CHURCH) THAT GIVE YOU A BREAK FROM CARING FOR (NAME))

Yes ..... (8262(-1

No.....-2

Don't know .....-8

Refused .....-9

\*RR2. How long ago did you first have to start helping (NAME OF PERSON) do things that (he/she) was no longer able to do for (himself/herself)? (INTERVIEWER: DO NOT READ LIST. CHECK OFF MOST APPROPRIATE ANSWER BASED ON RESPONDENT'S RESPONSE) (USE SHOWCARD #21)

Less than 6 months ago..... (8263(-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  
 Don't know .....-8  
 Refused .....-9

\*RR3. Do you care for/help (NAME OF PERSON) with any of the following?

<u>ROTATE -- START AT "X"</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
( ) A. Bathing.....(8264( -1	-2	-8	-9	
( ) B. Toileting.....(8265( -1	-2	-8	-9	
( ) C. Dressing.....(8266( -1	-2	-8	-9	
( ) D. Eating.....(8267( -1	-2	-8	-9	
( ) E. Walking.....(8268( -1	-2	-8	-9	

\*RR4. Approximately how many hours per day do you usually provide care for (NAME OF PERSON)?

Range (1-24)  
 / / / # of hours  
 (8269-8270)  
 Less than one hour.....(8269-8270(-25  
 Don't know ..... (8271) -8  
 Refused ..... -9

(8272-8280)Z

**BURDEN SCALE**

\*RR5. How often do you feel: (USE SHOWCARD #22)

<u>ROTATE -- START AT "X"</u>	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Quite Often</u>	<u>Nearly Always</u>	<u>Don't Know</u>	<u>Refused</u>
( ) A. that (NAME) asks for more help than is necessary? .....(8308(-1	-2	-3	-4	-5	-8	-9	
( ) B. that because of the time you spend with (NAME) you don't have enough time for yourself? .....(8309(-1	-2	-3	-4	-5	-8	-9	
( ) C. caught between caring for (NAME) and trying to meet other respons- ibilities for your family? .....(8310(-1	-2	-3	-4	-5	-8	-9	
( ) D. embarrassed over (NAME's) behavior? .....(8311(-1	-2	-3	-4	-5	-8	-9	
( ) E. angry when you are around (NAME)?(8312(-1	-2	-3	-4	-5	-8	-9	
( ) F. that (NAME) currently affects your relationship with other family members in a negative way?(8313(-1	-2	-3	-4	-5	-8	-9	
( ) G. afraid of what the future holds for (NAME)? .....(8314(-1	-2	-3	-4	-5	-8	-9	
( ) H. (NAME) is dependent on you? ..(8315(-1	-2	-3	-4	-5	-8	-9	
( ) I. Strained when you are around (NAME)? .....(8316(-1	-2	-3	-4	-5	-8	-9	
( ) J. that your health has suffered because of your involvement with (NAME)? .....(8317(-1	-2	-3	-4	-5	-8	-9	
( ) K. that you don't have as much privacy as you would like, because of (NAME)? .....(8318(-1	-2	-3	-4	-5	-8	-9	
( ) L. that your social life has suffered because you are caring for (NAME)?(8319(-1	-2	-3	-4	-5	-8	-9	
( ) M. uncomfortable about having friends over, because of (NAME)? .....(8320(-1	-2	-3	-4	-5	-8	-9	
( ) N. that (NAME) seems to expect you to take care of (him/her), as if you were the only one (he/she) could depend on? .....(8321(-1	-2	-3	-4	-5	-8	-9	

HOW OFTEN DO YOU FEEL:

<u>ROTATE -- START AT "X"</u>	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Quite Often</u>	<u>Nearly Always</u>	<u>Don't Know</u>	<u>Refused</u>
( )O.that you don't have enough money to take care of (NAME), in addition to the rest of your expenses?.....(8322(-1	-2	-3	-4	-5	-8	-9	
( )P. that you will be unable to take care of (NAME) much longer?.....(8323(-1	-2	-3	-4	-5	-8	-9	
( )Q. you have lost control of your life since (NAME's) illness?.....(8324(-1	-2	-3	-4	-5	-8	-9	
( )R. you could just leave the care of (NAME) to someone else ?.....(8325(-1	-2	-3	-4	-5	-8	-9	
( )S. uncertain about what to do with (NAME)? .....(8326(-1	-2	-3	-4	-5	-8	-9	
( )T. you should be doing something more for (NAME)? .....(8327(-1	-2	-3	-4	-5	-8	-9	
( )U. you could do a better job in caring for (NAME)? .....(8328(-1	-2	-3	-4	-5	-8	-9	
<b><u>ASK LAST</u></b>							
V. Overall, how often do you feel burdened in caring for (NAME)?(8329(-1	-2	-3	-4	-5	-8	-9	

(8330)Z

(8331-8341)Z

(8350-8354)Z



**HH. PERFORMANCE ORIENTED MOBILITY ASSESSMENT (POMA)**

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

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

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

*HHA. Is Respondent bedridden?	Yes..(4611(-1	No .....-2
--------------------------------	---------------	------------

*HHB. Is Respondent unable to stand with support?	Yes..(4612(-1	No .....-2
---	---------------	------------

IF YES TO Q.HHA OR Q.HHB, SKIP TO Q.HH7a, PAGE 63

*HHC. Is Respondent only able to stand with support?	Yes..(4613(-1	No .....-2
--	---------------	------------

IF YES IN Q.HHC, SKIP TO Q.HH10, PAGE 61

*HHD. Does Respondent use a wheel chair?	Yes..(4614(-1	No .....-2
--	---------------	------------

**IF NO TO ALL ABOVE ITEMS**

<b>ASK Q,HH1</b>
------------------

## 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:     /    /     .     /    /     (4615-4616) (4617) (4618) (IF HELD FOR 10 SECONDS, ASK Q.HH2)  
(IF LESS THAN 10 SECONDS, SKIP TO Q.HH5a, Page 57)

Tried but unable ..... (4619(-5 (SKIP TO Q.HH5a, PAGE 57)  
Not attempted, interviewer felt unsafe ..... -6  
Not attempted, respondent felt unsafe..... -7  
Refused ..... -9

### Semi-Tandem Stand (Eyes Open)

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.

Tried but unable .....	(4624(-5	(SKIP TO Q.HH5a, PAGE 57)
Not attempted, interviewer felt unsafe .....	-6	
Not attempted, respondent felt unsafe.....	-7	
Refused .....	-9	

### Tandem Stand (Eyes Open)

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?

- Number of seconds held:      /      /      .      /      /      (4625-4626) (4627) (4628) (IF HELD FOR 10 SECONDS, ASK Q.HH4)  
(IF LESS THAN 10 SECONDS, SKIP TO  
Q.HH5a, PAGE 57)

HARRIS INTERACTIVE INC.

**ASK Q.HH4 IF RESPONDENT WAS ABLE TO HOLD PREVIOUS STAND FOR 10 SECONDS****Single Leg Stands**

HH4.**P-R** Now watch me again. I would like you to try to balance on one leg for about ten seconds, like this (DEMONSTRATE). I would like you to try to do this without touching or holding on to anything. I'm going to time you so I'll say begin and then tell you when to stop. You can stand on whichever leg you prefer. You should stop at any time you feel too unsteady.

- STAND TO SIDE AND SLIGHTLY BEHIND RESPONDENT. STAND TO THE SIDE OF THE RAISED LEG.
- START THE STOP-WATCH WHEN RESPONDENT'S FOOT LEAVES THE GROUND.
- COUNT "1-2-3 . . . 10, NOW STOP". STOP STOP-WATCH WHEN RAISED FOOT TOUCHES THE GROUND OR RESPONDENT GRABS ONTO SOMETHING FOR BALANCE. RECORD TO NEAREST TENTH OF A SECOND IF STEPS OUT EARLY.

RESPONDENT STOOD ON:

RIGHT LEG: Number of seconds held:     /     /     .     /     /  
(4630-4631) (4632) (4633)

Tried but unable ..... (4634)(-1  
Not performed for safety reasons.....-2  
Refused .....-9

**OR**

LEFT: Number of seconds held:     /     /     .     /     /  
(4635-4636) (4637) (4638)

Tried but unable ..... (4639)(-1  
Not performed for safety reasons.....-2  
Refused .....-9

**REPEATED CHAIR STANDS**

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

Yes ..... (4640)(-1 (SKIP TO Q.HH5d)

No.....-2 (ASK Q.HH5b)

Don't know .....-8 (SKIP TO Q.HH5d)

Refused .....-9 (SKIP TO Q.HH10, PAGE 61)

ASK Q.HH5b IF THINK WILL BE UNSAFE TO DO REPEATED CHAIR STANDS (Q.HH5a)HH5b.(IV) **P-R** Why do you think it would be unsafe?

(4641)

Can't stand on own ..... (9260) -1 (GO TO Q.HH5c)

Back problems ..... (9261) -2

Leg problems ..... (9262) -3

Knee problems ..... (9263) -4

Dizzy spells ..... (9264) -5

Fear ..... (9265) -6

Arthritis ..... (9266) -7

Don't know ..... (9267) -8 (SKIP TO Q.HH10, PAGE 61)

Refused ..... (9268) -9

(4642)

OTHER: (RECORD VERBATIM) ..... (9268) -0

(4643-4644)

(4645-4646)

(4647-4648)

ASK Q.HH5d IF THINK WILL BE SAFE (OR DON'T KNOW) TO DO REPEATED CHAIR STANDS (Q.HH5a)

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 ..... (4649(-1 (SKIP TO Q.HH5f)

No ..... &amp; (ASK Q.HH5c)

Refused ..... -9

**ASK Q.HH5c IF REPEATED CHAIR STANDS NOT COMPLETED (Q.HH5d) OR NOT ATTEMPTED (Q.HH5b)**

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

Tried but unable ..... (4650)-1 (SKIP TO Q.HH10, PAGE 61)  
 Not attempted, safety reasons .....-2  
 Not attempted, chair bound.....-3  
 Not attempted, other (SPECIFY):  
 .....-4  
 Refused .....-9

**ASK Q.HH5f AND Q.HH5g AND Q.HH6a IF COMPLETED 5 CHAIR STANDS (Q.HH5d)**

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

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/\_\_\_\_ Seconds  
 (4651-4652) (4653) (4654)

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

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/\_\_\_\_/\_\_\_\_ Inches  
 (4655-4656) (4657) (4658-4659)

**BENDING OVER**

**HH6a.P-R** This next movement involves bending over to pick up a pencil. If you have had an operation for cataracts within the past 6 weeks, you should not try this movement. Have you had such an operation in the past 6 weeks?

Yes ..... (4660)-1 (SKIP TO Q.HH10, PAGE 61)  
 No.....-2 (ASK Q.HH6b)  
 Don't know.....-8  
 Refused .....-9

**ASK Q.HH6b IF HAVE NOT HAD OPERATION FOR CATARACTS IN PAST 6 WEEKS (Q.HH6a)**

**HH6b.P-R** Now when I say begin, I'd like you to bend over and pick up this pencil and stand back up. (PLACE PENCIL ON THE FLOOR IN FRONT OF RESPONDENT). Please stand before beginning this exercise. O.K., now ready, begin. (START TIMING AT WORD BEGIN. STOP WHEN RESPONDENT IS FULLY UPRIGHT AGAIN AFTER PICKING UP THE PENCIL. IF RESPONDENT CANNOT DO THIS WITHIN 30 SECONDS, TELL HIM/HER TO STOP).

Completed: Yes..... (4661)-1 (SKIP TO Q.HH6c)  
 No..... 8 (ASK Q.HH6d)  
 Refused.....-9

ASK Q.HH6c IF COMPLETED EXERCISE (Q.HH6b)

**HH6c.P-R Time for bending over? (LIMIT TO 30 SECONDS – RECORD TO NEAREST TENTH OF A SECOND)**

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_ Seconds  
(4662-4663) (4664) (4665)

SKIP TO Q.HH10

ASK Q.HH6d IF DID NOT COMPLETE EXERCISE (Q.HH5b)

**HH6d.P-R Reason not completed?**

Tried but unable ..... (4666)-1  
Not performed for safety reasons.....-2  
Refused .....-9



**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..... (4667(-1 (ASK Q.HH10b)

No..... 2 (SKIP TO Q.HH10d)

Refused.....-9

**ASK Q.HH10b-Q.HH10c IF WALK COMPLETED (Q.HH10a)**

b. Seconds to complete?      /      /      .      /      /  
(4668-4669) (4670) (4671)

c. Number of steps?      /      /      /  
(4672-4673)

SKIP TO Q.HH10e
-----------------

ASK Q.HH10d IF WALK NOT COMPLETED (Q.HH10a)

d. Reason walk not completed?

Tried but unable ..... (4674(-1 (SKIP TO Q.HH7a, PAGE 63)  
 Not attempted, interviewer felt unsafe ..... -2  
 Not attempted, respondent felt unsafe..... -3  
 Not applicable ..... -4  
 Refused ..... -9

ASK Q.HH10e, Q.HH12a, Q.HH12b, Q.HH11 IF WALK COMPLETED

e. Aids for first walk?

No aid..... (4675(-1  
 Wheelchair (as walking aid) ..... -2  
 Walker..... -3  
 Quad cane ..... -4  
 Other cane ..... -5  
 Other walking cane ..... -6

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

Yes ..... (4676(-1  
 No..... -2

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

Uncarpeted ..... (4677(-1  
 Low carpet ..... -2  
 Other (SPECIFY)  
 \_\_\_\_\_ -3

(4678-4680)Z  
 (4715-4718)Z

**GRIP STRENGTH**

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

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

Yes ..... (4719(-1 (SKIP TO Q.HH20)

No.....-2 (ASK Q.HH7b)

Don't know.....-8

Refused .....-9

ASK Q.HH7b IF HAVE NOT HAD SURGERY ON HAND OR ARM (Q.HH7a)  
ADJUST GRIP SCALE FOR FEMALE (5 TO 6), MALE (6 TO 7)

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

Trial 1Trial 2

/ / / . / / kilograms  
 (4720-4721) (4722) (4723)

/ / / . / / kilograms  
 (4725-4726) (4727) (4728)

Unable/Discontinued.....(4724(-1  
 Not performed for safety reasons.....-2  
 Refused .....-9

Unable/Discontinued ..... (4729(-1  
 Not performed for safety reasons .....-2  
 Refused .....-9

HH7c.**P-R** Hand tested?

Right..... (4730(-1

Left.....-2

Not applicable .....-3

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

5 ..... (4731(-1

6 .....-2

7 .....-3

(4732-4780)Z

**HH. NICHOLAS DYNAMOMETER (IV)**

**This section, Nicholas Dynamometer (Section HH) and Section JJ (SF-36, pg. 70) are only for respondents who have been selected as having met specific criteria based on their answers from previous interviews in this study. For the interviewers who have also been previously selected to conduct these interviews, there is information on the sample cards that will tell you if you are interviewing a respondent who has been selected for these sections.**

**There are three possible situations you should be familiar with:**

- 1. There is information on the sample card that the respondent has been selected for these sections and you are not conducting a proxy interview with the respondent. Administer the tests in the Nicholas Dynamometer section HH and the questions in Section JJ.**
- 2. There is information on the sample card that the respondent has been selected for these sections and you have been conducting a proxy interview. Do not administer the tests in the Nicholas Dynamometer section HH or ask the questions in Section JJ. Skip to Section II, Weight, pg. 75.**
- 3. There is no information on the sample card telling you that the respondent has been selected for these sections. Do not administer the tests in the Nicholas Dynamometer section HH or ask the questions in Section JJ. Skip to Section II, Weight, pg. 75.**

[INTERVIEWER NOTE: MAKE SURE YOU ARE WEARING NON-SLIP SHOES FOR TRACTION. FOR EXAMPLE: TENNIS SHOES. USE THE SMALL WASH CLOTH PROVIDED IN THE DYNAMOMETER CASE BETWEEN THE INSTRUMENT AND THE RESPONDENT'S LEG OR SHOULDER.]

**ASK RESPONDENT SELECTED FOR THIS SECTION**

We are now going to take some muscle strength measurements on your leg and shoulder. In order to obtain accurate measurements and for your safety, I will need to steady myself against your shoulder or your leg. I will use an instrument called a Nicholas Dynamometer to measure the strength of your muscles. If you feel any pain or discomfort, tell me and we will stop (SCORE UNABLE/DISCONTINUED/BEGINS TO HURT).

**ASK RESPONDENT SELECTED FOR THIS SECTION**

HH20. Have you had any hip, knee, or shoulder surgery in the past 3 months?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>	
Hip surgery	1	2	8	9	(9421)
Knee surgery	1	2	8	9	(9422)
Shoulder surgery	1	2	8	9	(9423)

[INTERVIEWER NOTE: IF RESPONDENT HAS HAD SURGERY ON ONE SIDE OF THEIR BODY AND NOT THE OTHER, THEY MAY BE ABLE TO ATTEMPT THE TESTS ON THE OPPOSITE SIDE. THIS ALSO GOES FOR UNAFFECTED AREAS (FOR EXAMPLE: THE RESPONDENT HAS HAD HIP REPLACEMENT SO THEY CAN'T ATTEMPT THE HIP TRIALS OR KNEE TRIALS, BUT THE RESPONDENT COULD ATTEMPT THE SHOULDER TRIALS).]

**ASK RESPONDENT SELECTED FOR THIS SECTION****A. Hip Abduction (leg moved away from body)**

- Help respondent into testing position. Respondent should be sitting with knees at a 90 degree angle (right angle), hip in neutral position and hands resting on lap with feet flat on the floor. A pillow may be used to support the respondent's back if necessary.
- You should be kneeling at side of the respondent. Place the dynamometer on the outside of the thigh (upper leg). Your opposite hand can be used to stabilize the respondent's other thigh.
- Ask the respondent if they are ready. Stabilize the respondent's other thigh and say "Ready, Set, Go". Say "PUSH, PUSH, PUSH" then "RELAX". Do not pull the dynamometer away from the respondent's leg until they relax their leg.
- Record the number from the dynamometer screen on the survey for Hip Abduction, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same leg should be used in Trials 1, 2, and 3.

**HH21a. Trial 1**

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
(9430-9431) (9432) (9433)

Unable/discontinued/begins to hurt ..... -1(9434)  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH21b. Trial 2**

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
(9436-9437) (9438) (9439)

Unable/discontinued/begins to hurt ... -1 (9440)  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH21c. Trial 3**

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
(9441-9442) (9443) (9445)

Unable/discontinued/begins to hurt ..... -1  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH21d. Hip Tested?**

Right..... (9446)-1  
Left..... -2  
Not applicable ..... -3

**ASK RESPONDENT SELECTED FOR THIS SECTION****B. Hip Flexion (Lift up leg)**

- Help respondent into testing position. Respondent should be sitting with knees at a 90 degree angle (right angle), hip in neutral position and hands resting on lap with feet flat on the floor. A pillow may be used to support the respondent's back if necessary. Tape should be placed on the floor at the back of the heel to mark the respondent's heel positioning for consistency. This is the same position used in the Hip Abduction test.
- You should be standing at the side of the respondent. Place the dynamometer on top of the thigh just above the knee joint and hold the dynamometer with your elbow in full extension. Your opposite hand can be used to stabilize the respondent's torso.
- Ask respondent if they are ready. Stabilize the respondent's other thigh and say "Ready, Set, Go". Say "PUSH, PUSH, PUSH" then "RELAX". Do not pull the dynamometer away from the respondent's leg until they relax their leg.
- Record the number from the dynamometer screen on the survey for Hip Flexion, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same leg should be used in Trials 1, 2, and 3.

**HH22a. Trial 1**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
 (9447-9448) (9449) (9450)

Unable/discontinued/begins to hurt..... -1(9451)  
 Not performed for safety/medical  
   reasons ..... -2  
 Refused ..... -9

**HH22b. Trial 2**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
 (9452-9453) (9454) (9455)

Unable/discontinued/begins to hurt ... -1 (9456)  
 Not performed for safety/medical  
   reasons ..... -2  
 Refused ..... -9

**HH22c. Trial 3**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
 (9457-9458) (9459) (9460)

Unable/discontinue/begins to hurt..... -1 (9461)  
 Not performed for safety/medical  
   reasons ..... -2  
 Refused ..... -9

**HH22d. Hip Tested?**

Right..... (9462)(-1  
 Left..... -2  
 Not applicable ..... -3

**ASK RESPONDENT SELECTED FOR THIS SECTION****C. Knee Extension (leg extended)**

- Help respondent into testing position. Respondent should be sitting with testing leg fully extended (straight) and uninvolvement leg at a 90 degree angle (right angle) with back supported against back of chair. Hands should be resting on lap.
- You should be standing at the side of the respondent facing the respondent. Place the dynamometer on the front of the lower leg just above the ankle joint. Hold the dynamometer with your elbow in full extension. Your opposite hand should stabilize the respondent's thigh (upper leg) being tested. The respondent will be instructed to hold leg straight while tester pushes down on leg.
- Ask respondent if they are ready. Stabilize the respondent's leg being tested right under their knee and say "Ready, Set, Go". Say "HOLD, HOLD, HOLD" then "RELAX". Do not pull the dynamometer away from the respondent's leg until they relax their leg.
- Record the number from the dynamometer screen on the survey for Knee Extension, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same leg should be used in Trials 1, 2, and 3.

**HH23a. Trial 1**

\_\_\_\_/\_\_\_\_/\_\_\_\_/ . \_\_\_\_/ kilograms  
(9463-9464) (9465) (9466)

Unable/discontinued/begins to hurt..... -1(9467)  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH23b. Trial 2**

\_\_\_\_/\_\_\_\_/\_\_\_\_/ . \_\_\_\_/ kilograms  
(9468-9469) (9470) (9471)

Unable/discontinued/begins to hurt .. -1 (9472)  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH23c. Trial 3**

\_\_\_\_/\_\_\_\_/\_\_\_\_/ . \_\_\_\_/ kilograms  
(9510-9511) (9512) (9513)

Unable/discontinued/begins to hurt ..... -1(9514)  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH23d. Knee Tested?**

Right..... (9515)(-1  
Left.....-2  
Not applicable .....-3

**ASK RESPONDENT SELECTED FOR THIS SECTION****D. Shoulder Abduction (position 1 – arm lifting away from the body)**

- Help respondent into testing position. Respondent should be sitting in chair with back supported, feet flat on floor. The arm to be tested is held in a neutral position at the side with elbow extended and the palm facing the body. The respondent's opposite arm is resting in lap.
- You should be standing behind the respondent on the side of the arm to be tested. Place the dynamometer on the outside of the upper arm just above the elbow. Your opposite hand should stabilize the respondent's opposite shoulder. The respondent is instructed to lift their arm up and push against the dynamometer.
- Ask respondent if they are ready. Stabilize the respondent's other shoulder and say "Ready, Set, Go". Say "PUSH, PUSH, PUSH" then "RELAX". Do not pull the dynamometer away from the respondent's arm until they relax their arm.
- Record the number from the dynamometer on the survey for Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same shoulder should be used in Trials 1, 2, and 3.

**HH24a.****Trial 1**

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/\_\_\_\_/ kilograms  
(9520-9521) (9522) (9523)

Unable/discontinued/begins to hurt..... -1(9524)  
Not performed for safety/medical .....  
reasons ..... -2  
Refused ..... -9

**HH24b.****Trial 2**

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/\_\_\_\_/ kilograms  
(9525-9526) (9527) (9528)

Unable/discontinued/begins to hurt ... -1(9529)  
Not performed for safety/medical  
reasons-2  
Refused ..... -9

**HH24c.****Trial 3**

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/\_\_\_\_/ kilograms  
(9530,9531) (9532) (9533)

Unable/discontinued/begins to hurt... ..... -1 (9534)  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH24d. Shoulder Tested?**

Right..... (9535)(-1  
Left..... -2  
Not applicable ..... -3



**ASK RESPONDENT SELECTED FOR THIS SECTION****E. Shoulder Abduction (position 2 - arm extended out with palm face down)**

- Help respondent into testing position. Respondent should be sitting in chair with back supported, feet flat on floor. The arm to be tested is raised straight away from the body in a 90 degree angle and the palm facing downward. The respondent's opposite arm is resting in lap.
- You should be standing behind the respondent on the side of the arm to be tested. Place the dynamometer on the outside of the upper arm just above the elbow. Your opposite hand should stabilize the respondent's opposite shoulder. The respondent is instructed to keep their arm fully extended and push up and against the dynamometer.
- Ask respondent if they are ready. Stabilize the respondent's other thigh and say "Ready, Set, Go". Say "HOLD, HOLD, HOLD" then "RELAX." Do not pull the dynamometer away from the respondent's arm until they relax their arm.
- Record the force from the dynamometer screen on the survey for Shoulder Abduction – Position 2, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same shoulder should be used in Trials 1, 2, and 3.

**HH25a****Trial 1**

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
(9536-9537) (9538) (9539)

Unable/discontinued/begins to hurt... ..... -1(9540)  
Not performed for safety reasons..... -2  
Don't know ..... -8  
Refused ..... -9

**HH25b****Trial 2**

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
(9541-9542) (9543) (9544)

Unable/discontinued ..... -1 (9545)  
Not performed for safety reasons..... -2  
Don't know ..... -8  
Refused ..... -9

**HH25c****Trial 3**

\_\_\_\_/\_\_\_\_/\_\_\_\_ . \_\_\_\_/ kilograms  
(9546-9547) (9548) (9549)

Unable/discontinued ..... (9550) -1  
Not performed for safety/medical  
reasons ..... -2  
Refused ..... -9

**HH25d. Shoulder tested?**

Right..... (9551)-1  
Left..... -2  
Not applicable ..... -3

**JJ. SF-36 (IV)**

**THIS SECTION IS ONLY FOR RESPONDENTS WHO HAVE BEEN SELECTED PREVIOUSLY AS THOSE WHO MEET THE CRITERIA REQUIRED FOR THESE QUESTIONS.**

**IF IT IS NOT NOTED ON YOUR SAMPLE CARD THAT THE RESPONDENT SHOULD BE ASKED THE QUESTIONS IN THIS SECTION, SKIP TO SECTION II, WEIGHT, Pg. 75.**

**ASK RESPONDENT SELECTED FOR THIS SECTION**

JJ1. In general, would you say your health is: (IV) (USE SHOWCARD #23)

Excellent .....	(9610) -1
Very Good.....	-2
Good .....	-3
Fair .....	-4
Poor .....	-5
Don't know .....	-8
Refused .....	-9

**ASK RESPONDENT SELECTED FOR THIS SECTION**

JJ2. Compared to one year ago, how would you rate your health in general now? (IV) (SHOWCARD #24)

Much better now than one year ago.....	(9611) -1
Somewhat better now than one year ago .....	-2
About the same now as one year ago.....	-3
Somewhat worse now than one year ago .....	-4
Much worse now than one year ago .....	-5
Don't know .....	-8
Refused .....	-9

**ASK RESPONDENT SELECTED FOR THIS SECTION**

JJ3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (IV) (USE SHOWCARD #25)

		Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All	Don't Know	Refused
a.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports (9612)	1	2	3	8	9
b.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf (9613)	1	2	3	8	9
c.	Lifting or carrying groceries (9614)	1	2	3	8	9
d.	Climbing several flights of stairs (9615)	1	2	3	8	9
e.	Climbing one flight of stairs (9616)	1	2	3	8	9
f.	Bending, kneeling, or stooping (9617)	1	2	3	8	9
g.	Walking more than a mile (9618)	1	2	3	8	9
h.	Walking several blocks (9619)	1	2	3	8	9
i.	Walking one block (9620)	1	2	3	8	9
j.	Bathing or dressing yourself (9621)	1	2	3	8	9

**ASK RESPONDENT SELECTED FOR THIS SECTION**

JJ4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (IV)

		Yes	No	Don't know	Refused
a.	Cut down on the amount of time you spent on work or other activities (9622)	1	2	8	9
b.	Accomplished less than you would like (9623)	1	2	8	9
c.	Were limited in the kind of work or other activities (9624)	1	2	8	9
d.	Had difficulty performing the work or other activities (for example, it took extra effort) (9625)	1	2	8	9

ASK RESPONDENT SELECTED FOR THIS SECTION

JJ5. During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of emotional problems (such as feeling depressed or anxious)? (IV)

	Yes	No	Don't know	Refused
a. Cut down on the amount of time you spent on work or other activities (9626)	1	2	8	9
b. Accomplished less than you would like (9627)	1	2	8	9
c. Didn't do work or other activities as carefully as usual (9628)	1	2	8	9

ASK RESPONDENT SELECTED FOR THIS SECTION

JJ6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (IV)  
(USE SHOWCARD #26)

Not at all.....	(9629) -1
Slightly .....	-2
Moderately .....	-3
Quite a bit.....	-4
Extremely .....	-5
Don't know .....	-8
Refused .....	-9

ASK RESPONDENT SELECTED FOR THIS SECTION

JJ7. How much bodily pain have you had during the past 4 weeks? (IV) (USE SHOWCARD #27)

None .....	(9630) -1
Very mild .....	-2
Mild .....	-3
Moderate .....	-4
Severe .....	-5
Very severe .....	-6
Don't know .....	-8
Refused .....	-9

ASK RESPONDENT SELECTED FOR THIS SECTION

JJ8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?(IV) (USE SHOWCARD #28)

Not at all..... (9631) -1  
 A little bit.....-2  
 Moderately.....-3  
 Quite a bit.....-4  
 Extremely.....-5  
 Don't know.....-8  
 Refused .....-9

ASK RESPONDENT SELECTED FOR THIS SECTION

JJ9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks . . .(IV) (USE SHOWCARD #29)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time	Don't know	Refused
a. Did you feel full of pep? (9632)	1	2	3	4	5	6	8	9
b. Have you been a very nervous person? (9633)	1	2	3	4	5	6	8	9
c. Have you felt so down in the dumps that nothing could cheer you up? (9634)	1	2	3	4	5	6	8	9
d. Have you felt calm and peaceful? (9635)	1	2	3	4	5	6	8	9
e. Did you have a lot of energy? (9636)	1	2	3	4	5	6	8	9
f. Have you felt downhearted and blue? (9637)	1	2	3	4	5	6	8	9
g. Did you feel worn out? (9638)	1	2	3	4	5	6	8	9
h. Have you been a happy person? (9639)	1	2	3	4	5	6	8	9
i. Did you feel tired? (9640)	1	2	3	4	5	6	8	9

ASK RESPONDENT SELECTED FOR THIS SECTION

JJ10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?(IV) (USE SHOWCARD #30)

All of the time ..... (9641) -1  
 Most of the time ..... -2  
 Some of the time ..... -3  
 A little of the time ..... -4  
 None of the time ..... -5  
 Don't know ..... -8  
 Refused ..... -9

ASK RESPONDENT SELECTED FOR THIS SECTION

JJ11. How TRUE or FALSE is each of the following statements for you?(IV) (USE SHOWCARD #31)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	Refused
a. I seem to get sick a little easier than other people (9642)	1	2	3	4	5	9
b. I am as healthy as anybody I know (9643)	1	2	3	4	5	9
c. I expect my health to get worse (9644)	1	2	3	4	5	9
d. My health is excellent (9645)	1	2	3	4	5	9

## II. WEIGHT

## ASK EVERYONE

**II11b.P-R.** Now let's get your weight.

Weight (to nearest pound)       /      /      /      /       Pounds  
(4815-4817)

Refused ..... (4818(-9

II11c.P-R. INTERVIEWER: TYPE OF SURFACE.

Uncarpeted ..... (4819(-1  
Low carpet ..... -2  
Other (SPECIFY)

-3

(4820-4843)Z

**CIDI DEPRESSION**

\*PP1. In your lifetime, have you ever had 2 weeks or more when nearly every day you felt sad, blue, or depressed?

Yes ..... (3508)-1  
No.....-2  
Don't know .....-8  
Refused .....-9

**DYSTHMLA**

\*PP2. Have you ever had 2 years or more in your life when you felt depressed or sad most days, even if you felt OK sometimes?

Yes ..... (3509)-1 (ASK Q.\*PP2a)  
No.....-2 (SKIP TO Q.\*PP7 PAGE 80)  
Don't know .....-8  
Refused .....-9

**ASK Q.PP2a IF HAVE FELT DEPRESSED FOR 2+ YEARS (Q.PP2)**

\*PP2a. Did a period like that ever last 2 years without being interrupted by your feeling OK for 2 months?

Yes ..... (3510)-1 (ASK Q.\*PP2b)  
No.....-2 (SKIP TO Q.\*PP7 PAGE 80)  
Don't know .....-8  
Refused .....-9

**ASK Q.PP2b IF DEPRESSION NOT INTERRUPTED BY FEELING OK FOR 2 MONTHS (Q.PP2a)**

\*PP2b. Did you tell a doctor or other professional about that period of feeling depressed?

Yes ..... (3511)-1 (ASK Q.\*PP2c)  
No.....-2 (SKIP TO Q.\*PP2d)  
Don't know .....-8  
Refused .....-9



ASK Q.PP2c IF TOLD DOCTOR/PROFESSIONAL ABOUT DEPRESSION (Q.PP2b)

\*PP2c. When you told the doctor or other professional, what was the diagnosis? What did he/she say was causing that period of feeling depressed? (DO NOT READ LIST – MULTIPLE RECORD IF NECESSARY)

Nerves ..... (3512(-1  
 Stress..... (3513(-1  
 Anxiety..... (3514(-1  
 Depression ..... (3515(-1  
 Mental Illness..... (3516(-1  
 Other Mental (SPECIFY):

\_\_\_\_\_ (3517(-1

Medication ..... (3518(-1  
 Drugs..... (3519(-1  
 Alcohol..... (3520(-1  
 Other Substance (SPECIFY):

\_\_\_\_\_ (3521(-1

Physical Illness ..... (3522(-1  
 Injury..... (3523(-1  
 Other Physical (SPECIFY):

\_\_\_\_\_ (3524(-1

No definite diagnosis ..... (3525(-1 (SINGLE RECORD)  
 All others.....-2  
 Don't know .....-8 (SINGLE RECORD)  
 Refused .....-9 (SINGLE RECORD)

ASK Q.PP2c1 IF MENTIONED MEDICATION, DRUGS, ALCOHOL, OR OTHER SUBSTANCE IN Q.PP2c

\*PP2c1. Was this always the result of (medication/drugs/alcohol)?

Yes ..... (3526(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

ASK Q.PP2c2 IF MENTIONED PHYSICAL ILLNESS, INJURY, OR OTHER PHYSICAL IN Q.PP2c

\*PP2c2. Was this always the result of (illness or injury)?

Yes ..... (3527(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

ASK Q.PP2c3 IF NO DEFINITE DIAGNOSIS IN Q.PP2c

\*PP2c3. Did he/she find anything abnormal when he/she examined you or took tests or x-rays?

Yes ..... (3528)(-1)  
 No.....-2  
 Don't know.....-8  
 Refused .....-9

ASK Q.PP2d AND Q.PP2e IF DEPRESSION NOT INTERRUPTED BY FEELING OK FOR 2 MONTHS (Q.PP2a)

\*PP2d. How old were you at the beginning of your first period of 2 years or longer of feeling sad?

Age of onset:        /    /    / years old  
                               (3529-3530)

Don't know ..... (3531)(-8)

\*PP2e. When did your last period like that end? **(READ LIST IF NECESSARY)**

Recency:	Within last 2 weeks.....(3532)(-1	(SKIP TO Q.*PP3)
	2 weeks to less than 1 month ago ..... -2	
	1 month to less than 6 months ago..... -3	
	6 months to less than 1 year ago ..... -4	
	In the last 12 months, don't know when ..... -5	
	More than 1 year ago ..... -6	(ASK Q.*PP2f)
	Don't know..... -8	
	Refused ..... -9	

ASK Q.PP2f IF NOT SPECIFIC AT Q.PP2e

\*PP2f. How old were you when the last period like that ended?

/    /    / years old  
 (3533-3534)

Don't know ..... (3535)(-8)  
 Refused ..... -9

ASK Q.PP3-PP6 IF DEPRESSION NOT INTERRUPTED BY FEELING OK FOR 2 MONTHS (Q.PP2a)

\*PP3. During this period were you often in tears?

Yes ..... (3536)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

\*PP4. Did you frequently feel hopeless during this period?

Yes ..... (3537)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

\*PP5. During this period of 2 years or more did you often feel that you could not cope with your everyday life and responsibilities?

Yes ..... (3538)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

\*PP6. During this period did you feel that your life had always been bad and wasn't going to get any better?

Yes ..... (3539)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

(3540-3541)Z

**LOSS OF INTEREST****ASK EVERYONE**

\*PP7. Has there ever been 2 weeks or longer when you lost interest in most things like work or hobbies or things you usually liked to do for fun?

Yes ..... (3542(-1 (ASK Q.\*PP7a)

No.....-2 IF Q.\*PP1 AND Q.\*PP7 ARE

Don't know.....-8 BOTH CODED "NO", SKIP TO

Refused .....-9 SECTION KK, Page 105,

OTHERWISE

SKIP TO Q.\*PP8, pg.83

**ASK Q.PP7a IF HAVE EXPERIENCE "LOSS OF INTEREST" IN MOST THINGS (Q.PP7)**

\*PP7a. Did you tell a doctor or other professional about your loss of interest in most things?

Yes ..... (3543(-1 (ASK Q.\*PP7b)

No.....-2 (SKIP TO Q.\*PP7d)

Don't know.....-8

Refused .....-9

<p>PP1 = NO AND PP7 = NO, GO TO SECTION KK, PAGE 105</p> <p>PP7 = YES, ASK Q.PP7A</p> <p>PP1 = YES AND PP7 = NO, GO TO Q.PP8, PAGE 83</p>
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ASK Q.PP7b IF TOLD DOCTOR ABOUT EXPERIENCING “LOSS OF INTEREST” IN MOST THINGS (Q.PP7a)

\*PP7b. When you told the doctor or other professional, what was the diagnosis? (What did he/she say was causing you loss of interest in most things? (DO NOT READ LIST – MULTIPLE RECORD, IF NECESSARY)

Nerves ..... (3544(-1  
 Stress ..... (3545(-1  
 Anxiety ..... (3546(-1  
 Depression ..... (3547(-1  
 Mental Illness ..... (3548(-1  
 Other Mental (SPECIFY):

\_\_\_\_\_ (3549(-1

Medication ..... (3550(-1  
 Drugs ..... (3551(-1  
 Alcohol ..... (3552(-1  
 Other Substance (SPECIFY):

\_\_\_\_\_ (3553(-1

Physical Illness ..... (3554(-1  
 Injury ..... (3555(-1  
 Other Physical (SPECIFY):

\_\_\_\_\_ (3556(-1

No definite diagnosis ..... (3557(-1 (SINGLE RECORD)  
 All others ..... -2  
 Don't know ..... -8 (SINGLE RECORD)  
 Refused ..... -9 (SINGLE RECORD)

ASK Q.PP7c1 IF MENTIONED MEDICATION, DRUGS, ALCOHOL, OR OTHER SUBSTANCE IN Q.PP7b

\*PP7c1. Was this always the result of (medication/drugs/alcohol)?

Yes ..... (3558(-1  
 No ..... -2  
 Don't know ..... -8  
 Refused ..... -9

ASK Q.PP7c2 IF MENTIONED PHYSICAL ILLNESS, INJURY, OR OTHER PHYSICAL IN Q.PP7b

\*PP7c2. Was this always the result of (illness or injury)?

Yes ..... (3559)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

ASK Q.PP7c3 IF NO DEFINITE DIAGNOSIS IN Q.PP7b

\*PP7c3. Did he/she find anything abnormal when he/she examined you or took tests or x-rays?

Yes ..... (3560)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

ASK Q.PP7d IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7)

\*PP7d. Did you ever completely lose all interest in things like work or hobbies or things you usually liked to do for fun?

Yes ..... (3561)(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

(3562-3563)Z

**SEX**

ASK Q.\*PP8 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP8. Has there ever been a period of several weeks when your interest in sex was a lot less than usual?  
(RECORD ON FLYSHEET)

Yes ..... (3564(-1 (ASK Q.\*PP8d)

No.....-2 (ASK Q.\*PP9)

Don't know .....-8

Refused .....-9

ASK Q.\*PP8d IF HAD PERIOD OF SEVERAL WEEKS WHEN LOST INTEREST IN SEX (Q.PP8)

\*PP8d. Did you ever completely lose interest in sex?

Yes ..... (3610(-1

No.....-2

Don't know .....-8

Refused .....-9

(3566-3580)Z

ASK Q.\*PP9 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP9. Have you ever had 2 weeks or longer when you lost the ability to enjoy having good things happen to you, like winning something or being praised or complimented?

(3608-3612)Z

Yes ..... (3613(-1

No.....-2

Don't know .....-8

Refused .....-9

**APPETITE**

ASK Q.\*PP10 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP10. Has there ever been a period of 2 weeks or longer when you lost your appetite? (RECORD ON FLYSHEET)

Yes ..... (3614(-1 (ASK Q.\*PP10d)  
 No.....-2 (SKIP TO Q.\*PP11)  
 Don't know .....-8  
 Refused .....-9

(3615-3632)Z

ASK Q.\*PP10d IF HAD PERIOD OF 2+ WEEKS WHEN LOST APPETITE (Q.\*PP10)

\*PP10d. During any period like that, did you lose your appetite completely?

Yes ..... (3633(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

(3634-3635)Z

ASK Q.\*PP11 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP11. Have you ever lost weight without trying to, as much as 2 pounds a week for several weeks, (or as much as 10 pounds altogether)? (RECORD ON FLYSHEET)

Yes ..... (3636(-1 (ASK Q.\*PP11d)  
 No.....-2 (SKIP TO Q.\*PP12)  
 Don't know .....-8  
 Refused .....-9

(3637-3654)Z

ASK Q.\*PP11d IF EVER LOST WEIGHT (WITHOUT TRYING) FOR SEVERAL WEEKS (Q.\*PP11)

\*PP11d. During any period like that, how much weight did you lose?

    /    /    /    /     pounds  
 (3655-3657)

Don't know ..... (3658(-8  
 Refused .....-9

(3659-3660)Z



ASK Q.\*PP12 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP12. Has there ever been at least 2 weeks when you had an increase in appetite, (other than when you were pregnant)?

Yes ..... (3661(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

(3662-3608)Z

ASK Q.\*PP13 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP13. Have you ever had a period when your eating increased so much that you gained weight, as much as 2 pounds a week for several weeks (or 10 pounds altogether)? (RECORD ON FLYSHEET)

(3708-3709)Z

Yes ..... (3710((-1 (ASK Q.\*PP13d)  
 No.....-2 (SKIP TO Q.\*PP14)  
 Don't know .....-8  
 Refused .....-9

(3711-3728)Z

ASK Q.\*PP13d IF EVER GAINED WEIGHT (WITHOUT TRYING) FOR SEVERAL WEEKS (Q.\*PP13)

\*PP13d. During any period like that, how much weight did you gain?

/ / / / pounds  
 (3729-3731)

Don't know ..... (3732(-8  
 Refused .....-9

(3733-3734)Z

ASK Q.\*PP14 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP14. Have you ever had 2 weeks or more when nearly every night you had trouble falling asleep? (RECORD ON FLYSHEET)

Yes ..... (3735(-1 (ASK Q.\*PP14d)  
 No.....-2 (SKIP TO Q.\*PP15)  
 Don't know .....-8  
 Refused .....-9

(3736-3753)Z

ASK Q.\*PP14d IF HAVE HAD TROUBLE FALLING ASLEEP FOR 2 WEEKS OR MORE (Q.\*PP14)

\*PP14d. Have you ever had 2 weeks or more when nearly every night it took you at least 2 hours to fall asleep?

Yes ..... (3754(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

(3755-3756)Z

ASK Q.\*PP15 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP15. Have you ever had 2 weeks or more when nearly every night you had trouble staying asleep? (RECORD ON FLYSHEET)

Yes ..... (3757(-1 (ASK Q.\*PP15d)  
No.....-2 (SKIP TO Q.\*PP16)  
Don't know.....-8  
Refused .....-9

(3758-3775)Z

ASK Q.\*PP15d IF HAVE HAD TROUBLE STAYING ASLEEP FOR 2 WEEKS OR MORE (Q.\*PP15)

\*PP15d. Have you ever had 2 weeks or more when nearly every night you lay awake more than 1 hour?

Yes ..... (3776(-1  
No.....-2  
Don't know.....-8  
Refused .....-9

(3777-3780)Z

ASK Q.\*PP16 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP16. Have you ever had 2 weeks or more when nearly every night you had trouble with waking up too early? (RECORD ON FLYSHEET)

Yes ..... (3808(-1 (ASK Q.\*PP16d)  
No.....-2 (SKIP TO Q.\*PP17)  
Don't know.....-8  
Refused .....-9

(3809-3826)Z

ASK Q.\*PP16d IF HAVE HAD TROUBLE WAKING UP TOO EARLY FOR 2 WEEKS OR MORE (Q.\*PP16)

\*PP16d. Have you ever had 2 weeks or more when nearly every morning you would wake up at least 2 hours before you wanted to?

Yes ..... (3827)(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

(3828-3829)Z

ASK Q.\*PP17 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP17. Have you ever had 2 weeks or more when nearly every night you were sleeping too much? (RECORD ON FLYSHEET)

Yes ..... (3830)(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

(3831-3850)Z

ASK Q.\*PP18 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP18. Has there ever been a period lasting 2 weeks or more when you lacked energy or felt tired all the time even when you had not been working very hard? (RECORD ON FLYSHEET)

Yes ..... (3851)(-1 (ASK Q.\*PP18d)  
 No.....-2 (SKIP TO Q.\*PP19)  
 Don't know .....-8  
 Refused .....-9

(3852-3869)Z

ASK Q.\*PP18d IF HAVE LACKED ENERGY/FELT TIRED FOR 2 WEEKS OR MORE (Q.\*PP18)

\*PP18d. Have you ever been completely without energy for two weeks or more?

Yes ..... (3870)(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

(3871-3880)Z

ASK Q.\*PP19 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP19. Did you ever have 2 weeks or more when you felt particularly bad when you first woke up, but felt better later in the day? (RECORD ON FLYSHEET)

Yes ..... (3908)-1  
 No.....-2  
 Don't know.....-8  
 Refused .....-9

(3909-3928)Z

ASK Q.\*PP20 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP20. Has there ever been 2 weeks or more when nearly every day you were talking or moving more slowly than is normal for you? (RECORD ON FLYSHEET)

Yes ..... (3929)-1 (ASK Q.\*PP20d)  
 No.....-2 (SKIP TO Q.\*PP21)  
 Don't know.....-8  
 Refused .....-9

(3930-3947)Z

ASK Q.\*PP20d IF HAVE EVER TALKED/MOVED MORE SLOWLY THAN USUAL FOR 2 WEEKS OR MORE (Q.\*PP20)

\*PP20d. During this period did anyone else notice that you were talking or moving slowly?

Yes ..... (3948)-1  
 No.....-2  
 Don't know.....-8  
 Refused .....-9

(3949-3950)Z

ASK Q.\*PP21 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP21. Has there ever been 2 weeks or more when nearly every day you had to be moving all the time, that is, you couldn't sit still and paced up and down? (RECORD ON FLYSHEET)

Yes ..... (3951)-1  
 No.....-2  
 Don't know.....-8  
 Refused .....-9

(3952-3971)Z

**WORTHLESS**

ASK Q.\*PP22 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP22. Have there ever been 2 weeks or more when nearly every day you felt (READ EACH ITEM)? (RECORD ON FLYSHEET)

\*PP22a      Worthless:

Yes ..... (3972)(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

\*PP22b.      Sinful:

Yes ..... (3973)(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

\*PP22c.      Guilty:

Yes ..... (3974)(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

(3975-3980)Z

ASK Q.\*PP22d IF "YES" TO ANY QUESTIONS \*PP22a-\*PP22c

\*PP22d. Was there a particular reason for feeling (worthless/sinful/guilty)? (ONE CLEAR RESPONSE FOR EACH YES IN Q.PP22)

Worthless: \_\_\_\_\_ (4008-4009)

\_\_\_\_\_

\_\_\_\_\_

Sinful: \_\_\_\_\_ (4010-4011)

\_\_\_\_\_

\_\_\_\_\_

Guilty: \_\_\_\_\_ (4012-4013)

\_\_\_\_\_

\_\_\_\_\_

ASK Q.\*PP22e IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP22e. Did you ever feel completely worthless for several days?

Yes ..... (4014(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

(4015-4016)Z

ASK Q.\*PP23 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP23. Have there ever been 2 weeks or more when you felt that you were not as good as other people or inferior? (RECORD ON FLYSHEET)

Yes ..... (4017(-1  
 No.....-2  
 Don't know .....-8  
 Refused .....-9

\*PP24. Has there ever been a period of 2 weeks or more when you had so little self-confidence that you wouldn't try to have your say about anything? (RECORD ON FLYSHEET)

Yes ..... (4018(-1 (ASK Q.\*PP24a)

No.....-2 (SKIP TO Q.\*PP25)

Don't know .....-8

Refused .....-9

ASK Q.\*PP24a IF HAVE EXPERIENCED PERIOD OF LITTLE SELF-CONFIDENCE (Q.\*PP24)

\*PP24a. Did you ever have a period of 2 weeks or more when you entirely lost your self-confidence?

Yes ..... (4019(-1

No.....-2

Don't know .....-8

Refused .....-9

**TROUBLE THINKING**

**ASK Q.\*PP25 IF HAVE EXPERIENCED “LOSS OF INTEREST” IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)**

\*PP25. Have there ever been 2 weeks or more when nearly every day you had a lot more trouble concentrating than is normal? (RECORD ON FLYSHEET)

Yes ..... (4020(-1 (ASK Q.\*PP25d)  
No.....-2 (SKIP TO Q.\*PP26)  
Don't know .....-8  
Refused .....-9

(4021-4038)Z

**ASK Q.PP25d IF HAVE TROUBLE CONCENTRATING FOR TWO WEEKS OR MORE (Q.\*PP25)**

\*PP25d. Has there ever been a period of 2 weeks or more when you were unable to read things that usually interest you or watch television or movies you usually like, because you couldn't pay attention to them?

Yes ..... (4039(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

(4040-4041)Z

**ASK Q.\*PP26 IF HAVE EXPERIENCED “LOSS OF INTEREST” IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)**

\*PP26. Have you ever had 2 weeks or more when nearly every day thoughts came much slower than usual or seemed mixed up? (RECORD ON FLYSHEET)

Yes ..... (4042(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

(4043-4062)Z

**ASK Q.\*PP27 IF HAVE EXPERIENCED “LOSS OF INTEREST” IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)**

\*PP27. Have you ever had 2 weeks or more when nearly every day you were unable to make up your mind about things you ordinarily have no trouble deciding about? (RECORD ON FLYSHEET)

Yes ..... (4063(-1 (ASK Q.\*PP27d)  
No.....-2 (SKIP TO Q.\*PP28)  
Don't know .....-8  
Refused .....-9

(4064-4080)Z



ASK Q.\*PP27d IF UNABLE TO MAKE UP MIND ABOUT THINGS FOR TWO WEEKS OR MORE (Q.PP27)

\*PP27d. Has there ever been a period of 2 weeks or more when you were completely unable to make up your mind about things you ordinarily have no trouble deciding about?

(4108-4110)Z

Yes ..... (4111(-1

No.....-2

Don't know .....-8

Refused .....-9

(4112-4113)Z

**THOUGHTS OF DEATH**

ASK Q.\*PP28-Q.PP31 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP28. Has there ever been a period of 2 weeks or more when you thought a lot about death, either your own, someone else's, or death in general? (RECORD ON FLYSHEET)

Yes ..... (4114(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

\*PP29. Has there ever been a period of 2 weeks or more when you felt like you wanted to die?

Yes ..... (4115(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

\*PP30. Have you ever felt so low you thought about committing suicide?

Yes ..... (4116(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

\*PP31. Have you ever attempted suicide?

Yes ..... (4117(-1  
No.....-2  
Don't know .....-8  
Refused .....-9

**IMPORTANT: IF THREE OR MORE ITEMS CHECKED ON THE FLYSHEET, ASK Q.PP32 – ALL OTHERS SKIP TO SECTION KK, PAGE 105.**

\*PP32. You said you've had a period of feeling (DEPRESSED OR LOST INTEREST/OWN EQUIVALENT) and also said you've had some other problems like (INSERT ITEMS FROM FLYSHEET).

Has there ever been a time the feeling of (DEPRESSION OF LOSS OF INTEREST/OWN EQUIVALENT) and some of these other problems occurred together - that is, within the same month or has that never happened to you?

Yes ..... (4118(-1 (SKIP TO Q.\*PP33)

No.....-2 (ASK Q.\*PP32a)

Don't know .....-8 (SKIP TO Q.\*PP33)

Refused .....-9

**ASK Q.PP32a IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID NOT HAPPEN AT SAME TIME (Q.PP32)**

\*PP32a. So there's never been a time when you felt (DEPRESSED OF LOST INTEREST/OWN EQUIVALENT) at the same time you were having some of these other problems? (INSERT ITEMS FROM FLYSHEET)

Never been a period ..... (4119(-1 (SKIP TO SECTION KK, PG 105)

Has been a period.....-2 (ASK Q.\*PP33)

Don't know .....-8 (SKIP TO SECTION KK, PG 105)

Refused .....-9

**ASK Q.PP33 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)**

\*PP33. When was the first time you had a period of 2 weeks or more when you had some of these problems and also felt (DEPRESSED OR LOST INTEREST/OWN EQUIVALENT) (IF HESITANT, PROBE) (INSERT ITEMS FROM FLYSHEET)

Recency: Within last 2 weeks.....(4120(-1 (SKIP TO Q.\*PP34)

2 weeks to less than 1 month ago ..... -2

1 month to less than 6 months ago..... -3

6 months to less than 1 year ago ..... -4

In the last 12 months, don't know when ..... -5

More than 1 year ago ..... -6 (ASK Q.\*PP33a)

Don't know ..... -8

Refused ..... -9

ASK Q.PP33a IF NON-SPECIFIC AT Q.PP33

\*PP33a. How old were you when this first happened?

/ / / years old  
(4121-4122)

Don't know .....(4123(-8

Refused .....-9

ASK Q.PP34 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP34. When was the last time you had a period of 2 weeks or more when you had some of these problems and also felt (DEPRESSED OR LOST INTEREST/OWN EQUIVALENT) (IF HESITANT, READ LIST)

Recency:	Within last 2 weeks.....(4124(-1	(SKIP TO Q.*PP35)
	2 weeks to less than 1 month ago ..... -2	
	1 month to less than 6 months ago..... -3	
	6 months to less than 1 year ago ..... -4	
	In the last 12 months, don't know when ..... -5	
	More than 1 year ago ..... -6	(ASK Q.*PP34a)
	Don't know ..... -8	
	Refused ..... -9	

ASK Q.PP34a IF NON-SPECIFIC AT Q.PP33

\*PP34a. How old were you when this last happened?

/ / / years old  
(4125-4126)

Don't know .....(4127(-8

Refused .....-9

\*PP35. What's the longest spell you've ever had when you felt (DEPRESSED OR LOST INTEREST/OWN EQUIVALENT) or lost interest, and had several of these other problems at the same time? (RECORD ON FLYSHEET?

# MONTHS X 4 # WEEKS

Refused .....-9

Refused .....-9

ASK Q.PP36a IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS LASTED 2 YEARS OR MORE (Q.PP35)

\*PP36a. When did your last period like that end? (IF HESITANT, READ LIST)

Recency:	Within last 2 weeks.....	(4135(-1	(SKIP TO Q.*PP37)
	2 weeks to less than 1 month ago .....	-2	
	1 month to less than 6 months ago.....	-3	
	6 months to less than 1 year ago .....	-4	
	In the last 12 months, don't know when .....	-5	
	More than 1 year ago .....	-6	(ASK Q.*PP36b)
	Don't know.....	-8	
	Refused .....	-9	

ASK Q.PP36b IF NON-SPECIFIC AT Q.PP36a

\*PP36b. How old were you when this last period ended?

/ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ years old  
(4136-4137)

Don't know.....(4138(-8  
Refused .....

ASK Q.PP37 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP37. Now I'd like to ask you about spells when you felt (DEPRESSED OR LOST INTEREST/OWN EQUIVALENT) and also had some of these other problems like (INSERT ITEMS FROM FLYSHEET). In your lifetime, how many spells like that have you had that lasted 2 weeks or more? (RECORD ON FLYSHEET)

*IF SUBJECT REPORTS 96 OR MORE SPELLS ..... RECORD 96.*

Number of Spells: / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(4139-4140)

Don't know.....(4141(-8  
Refused .....

*IF ONLY 1 SPELL* \_\_\_\_\_ *SKIP TO Q.\*PP38*

*IF MORE THAN 1 SPELL* \_\_\_\_\_ *ASK Q.PP37a*

ASK Q.PP37a IF MORE THAN ONE SPELL OF DEPRESSION AND OTHER PROBLEMS HAPPEN AT SAME TIME (Q.PP37)

\*PP37a. Between any of these spells were you feeling OK at least some months?

Yes ..... (4142(-1 (ASK Q.\*PP37b)

No.....-2 (SKIP TO Q.\*PP38)

Don't know .....-8

Refused .....-9

ASK Q.PP37b IF FELT OK BETWEEN THESE SPELLS OF DEPRESSION AND OTHER PROBLEMS (Q.PP37a)

\*PP37b. Between any of these spells were you fully able to work and enjoy being with other people?

Yes ..... (4143(-1 (ASK Q.\*PP37c)

No.....-2 (SKIP TO Q.\*PP38)

Don't know .....-8

Refused .....-9

ASK Q.PP37c IF ABLE TO WORK AND ENJOY BEING WITH OTHER PEOPLE BETWEEN SPELLS OF DEPRESSION AND OTHER PROBLEMS (Q.PP37b)

\*PP37c. Did that "normal" period last at least 2 months?

Lasted at least 2 months ..... (4144(-1

No.....-2

Don't know .....-8

Refused .....-9

ASK Q.PP38 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP38. Were you ever in a hospital overnight because of a spell of feeling depressed or having lost interest?

Yes ..... (4145(-1 (SKIP TO Q.\*PP40)

No.....-2 (ASK Q.\*PP39)

Don't know .....-8 (SKIP TO Q.\*PP40)

Refused .....-9

ASK Q.PP39-Q.PP39d IF NEVER IN HOSPITAL OVERNIGHT BECAUSE OF A SPELL OF DEPRESSION (Q.PP38)

\*PP39. Did you tell a doctor about those spells?

Yes ..... (4146)-1  
No.....-2  
Don't know.....-8  
Refused .....-9

\*PP39a. Did you tell any other professional about those spells?

Yes ..... (4147)-1  
No.....-2  
Don't know.....-8  
Refused .....-9

\*PP39b. Did you take any medication more than once because of one of those spells? (anything that is prescribed by a doctor)

Yes ..... (4148)-1  
No.....-2  
Don't know.....-8  
Refused .....-9

\*PP39c. Did any such spell interfere with your life, work, or activities a lot?

Yes ..... (4149)-1  
No.....-2  
Don't know.....-8  
Refused .....-9

\*PP39d. Was any spell so bad that it kept you from working or from seeing friends or relatives?

Yes ..... (4150)-1  
No.....-2  
Don't know.....-8  
Refused .....-9



ASK Q.PP40 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP40. Did (this spell/any of those spells) occur within two months after someone close to you died?  
(INTERVIEWER: INCLUDE ANY SPELL BEGAN WITHIN TWO MONTHS)

Yes ..... (4151(-1 (ASK Q.\*PP40a)  
No.....-2 (SKIP TO INSTRUCTION  
Don't know .....-8 ABOVE Q.\*PP41)  
Refused .....-9

ASK Q.PP40a IF SPELL OF DEPRESSION AND OTHER PROBLEMS OCCURRED WITHIN TWO MONTHS AFTER SOMEONE CLOSE DIED (Q.\*PP40)

\*PP40a. Have you had any spell of (DEPRESSION OR LOSS OF INTEREST/OWN EQUIVALENT) along with these other problems like (INSERT FROM FLYSHEET) at times when it wasn't just after the death of someone else?

Yes, other time ..... (4152(-1 (ASK Q.\*PP40b)  
No, only due to death.....-2 (SKIP TO INSTRUCTION  
Don't know .....-8 ABOVE Q.\*PP41)  
Refused .....-9

ASK Q.\*PP40b IF ALSO HAD SPELL OF DEPRESSION AND OTHER PROBLEMS NOT CONNECTED WITH DEATH OF SOMEONE ELSE (Q.PP40a)

\*PP40b. What about the spell or spells you had in the last year? Was that/were they due to the death of someone close to you?

Yes, only due to death..... (4153(-1  
No, not only due to death.....-2  
Don't know .....-8  
Refused .....-9

**WORST PERIOD**

ASK Q.PP41 IF MORE THAN 1 SPELL ON FLYSHEET (Q.PP37) OR LONGEST SPELL ON FLYSHEET (Q.PP35) WAS MORE THAN 52 WEEKS/1 YEAR – ALL OTHERS SKIP TO Q.PP42

\*PP41. Now I'd like to know about the time when you were feeling (DEPRESSED OR LOST INTEREST/OWN EQUIVALENT) for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (**IF CAN'T CHOOSE:** Then choose the worst spell or the one that they remember most clearly).

/\_\_\_\_/\_\_\_\_/ years old  
(4154-4155)

Don't know ..... (4156(-8

Refused ..... -9

(4157-4180)Z

ASK Q.PP42 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

ASK Q.PP42 ONLY FOR ITEMS RECORDED ON FLYSHEET

\*PP42. I'd like to know which of these problems you had during (that/your) spell of (DEPRESSION OR LOSS OF INTEREST/OWN EQUIVALENT) of having lost interest. IF MORE THAN ONE SPELL: For instance, during that spell when you were (AGE IN Q.PP41) years old.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
PP8. Was your interest in sex a lot less than usual?..... (4208(-1	-2	-2	-8	-9
PP10. Did you lose your appetite? ..... (4209(-1	-2	-2	-8	-9
PP11. Did you lose weight without trying to? ..... (4210(-1	-2	-2	-8	-9
PP12. Did you have an increase in appetite? ..... (4211(-1	-2	-2	-8	-9
PP13. Did your eating increase so much that you gained weight? ..... (4212(-1	-2	-2	-8	-9
PP14. Did you have trouble falling asleep? ..... (4213(-1	-2	-2	-8	-9
PP15. Did you have trouble staying asleep? ..... (4214(-1	-2	-2	-8	-9
PP16. Did you have trouble waking up too early? ..... (4215(-1	-2	-2	-8	-9
PP17. Were you sleeping too much? ..... (4216(-1	-2	-2	-8	-9
PP18. Did you lack energy or feel tired all the time? ..... (4217(-1	-2	-2	-8	-9
PP19. Did you feel particularly bad when you first got up? ..... (4218(-1	-2	-2	-8	-9
PP20. Did you talk or move more slowly than is normal..... (4219(-1	-2	-2	-8	-9
PP21. Did you have to be moving all the time? ..... (4220(-1	-2	-2	-8	-9
PP22a. Did you feel worthless? ..... (4221(-1	-2	-2	-8	-9
PP22b. Did you feel sinful? ..... (4222(-1	-2	-2	-8	-9
PP22c. Did you feel guilty? ..... (4223(-1	-2	-2	-8	-9
PP23. Did you feel you weren't as good as other people? ... (4224(-1	-2	-2	-8	-9
PP24. Did you have little self-confidence? ..... (4225(-1	-2	-2	-8	-9
PP25. Did you have a lot more trouble concentrating? ..... (4226(-1	-2	-2	-8	-9

Don't

	<u>Yes</u>	<u>No</u>	<u>Know</u>	<u>Refused</u>
PP26. Did your thoughts come much slower than usual? .... (4227(-1		-2	-8	-9
PP27. Were you unable to make up your mind? ..... (4228(-1		-2	-8	-9
PP28. Did you think a lot about death? ..... (4229(-1		-2	-8	-9
PP29. Did you feel like you wanted to die? ..... (4230(-1		-2	-8	-9
PP30. Did you feel so low you thought about committing suicide? ..... (4231(-1		-2	-8	-9
PP31. Did you attempt suicide? ..... (4232(-1		-2	-8	-9

ASK Q.PP43 IF MORE THAN ONE SPELL ON FLYSHEET (Q.PP37) – ALL OTHERS SKIP TO Q.KK2

\*PP43. You told me you had more than one spell where you felt (depressed/or lost interest/own equivalent). During any other episode, did you have as many of these other problems as you did in the spell you just described?

Yes, in at least one other spell ..... (4233(-1  
 No.....-2  
 Don't know.....-8  
 Refused .....-9

(4234-4280)Z

**KK. HEALTH CARE SERVICE UTILIZATION****ASK EVERYONE**

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

**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).

**# of Times**

**Don't Know**

**Refused**

/ / / /  
(4844-4846)

(4847(-8

-9

**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)?

(4509-4515)Z

Yes ..... (4508(-1

No.....-2

Don't know .....-8

Refused .....-9

(8355)Z

**KK3.(IV) P** In the past 12 months did you receive psychological counseling services for an emotional, personal or a family problem?

Yes ..... (9650) -1

No.....-2

Don't know .....-8

Refused .....-9

\*KK5.P Now I am going to ask you about programs and social services for persons 65 and older. In the past 12 months did you ...

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Use transportation for the elderly? ..... (8363)(-1	-2	-8	-9	
b. Use a day activity (senior center/ church, adult day care)?.....(8364)(-1	-2	-8	-9	
c. Have home delivered meals (meal on wheels)? .... (8365)(-1	-2	-8	-9	
e. Receive personal assistance (service that assists with such tasks as: dressing, grooming or household chores)?.... (8367)(-1	-2	-8	-9	
f. Use home health services (visiting nurse/ aide, physical therapist)?.....(8368)(-1	-2	-8	-9	
h. Receive food stamps or coupons (SSI)? .....(8370)(-1	-2	-8	-9	
*i.(IV) Use an emergency response service (a monitor hooked to your phone line, or a "panic button")? ..... (9651) -1	-2	-8	-9	
*j.(IV) Use legal services for the elderly (wills and trusts, advanced directive, durable power of attorney)..... (9652 )-1	-2	-8	-9	

**MM. HERB AND HOME REMEDIES (IV)****ASK EVERYONE**

**QMM1.P-R** During the past 12 months have you used any of the following therapies supervised by a paid practitioner?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
A. Relaxation techniques	___-1	___-2	___-8	___-9 (9660)
B. Herbal medicine	___-1	___-2	___-8	___-9 (9661)
C. Massage therapy	___-1	___-2	___-8	___-9 (9662)
D. Chiropractic	___-1	___-2	___-8	___-9 (9663)
E. Acupuncture	___-1	___-2	___-8	___-9 (9664)
F. Spiritual healing	___-1	___-2	___-8	___-9 (9665)

**ASK EVERYONE**

**QMM2. P-R** During the past 12 months how many herbs (yerbas) or home remedies (remedios caseros) did you take for your health?

\_\_\_\_ [range 0-99]

(9666,9667)

Don't know ..... 998 (9668)

Refused ..... 999

IF RESPONDENT ONLY TOOK ONE HERB OR HOME REMEDY (QMM2 = 1), ASK QMM3 AND QMM3a. THEN SKIP TO QMM6.

IF RESPONDENT TOOK ONE OR MORE HERB OR HOME REMEDIES (QMM2/ 1 OR MORE) ASK QMM3 AND QMM3a THEN READ INSTRUCTION BEFORE QMM4.

ALL OTHERS SKIP TO QMM6

**QMM3. P-R** What is the name of (this herb/one of the herbs) or home remedy? (Herb/ Remedy #1)

\_\_\_\_\_ (9669-9670)

\_\_\_\_\_ (9710-9745) verbatim

**QMM3a. P-R** What is the main reason that you take this herb or home remedy? (Herb/ Remedy #1)  
SINGLE RECORD

Arthritis..... (9746-9747) \_\_\_\_-01  
Asthma..... \_\_\_\_-02  
Bladder incontinence ..... \_\_\_\_-03  
Diarrhea ..... \_\_\_\_-04  
Cancer ..... \_\_\_\_-05  
Depression ..... \_\_\_\_-06  
Diabetes ..... \_\_\_\_-07  
Hypertension..... \_\_\_\_-08  
Myocardial infarction ..... \_\_\_\_-09  
Stroke..... \_\_\_\_-10  
Preventive care/health maintenance..... \_\_\_\_-11  
Empacho ..... \_\_\_\_-12  
Nervios..... \_\_\_\_-13  
Susto ..... \_\_\_\_-14  
Other ..... \_\_\_\_-15  
Specify \_\_\_\_\_  
Don't know..... \_\_\_\_-98  
Refused ..... \_\_\_\_-99



ASK Q.MM4 AND Q.MM4a IF RESPONDENT TOOK TWO OR MORE HERB OR HOME REMEDIES (QMM2/ 1 OR MORE). RECORD SECOND MENTIONED HERB OR HOME REMEDY IN QMM4 AND MM4a.

ALL OTHERS SKIP TO QMM6

QMM4. **P-R** What is the name of this herb or home remedy? (Herb/ Remedy #2)

\_\_\_\_\_ (9748-9749) / (9750-9780) verbatim

QMM4a. P-R What is the main reason that you take this herb or home remedy? (Herb/ Remedy #2)  
SINGLE RECORD

Arthritis..... (9810-9811) \_\_\_\_-01  
 Asthma..... \_\_\_\_-02  
 Bladder incontinence ..... \_\_\_\_-03  
 Diarrhea ..... \_\_\_\_-04  
 Cancer ..... \_\_\_\_-05  
 Depression ..... \_\_\_\_-06  
 Diabetes ..... \_\_\_\_-07  
 Hypertension..... \_\_\_\_-08  
 Myocardial infarction ..... \_\_\_\_-09  
 Stroke..... \_\_\_\_-10  
 Preventive care/health maintenance..... \_\_\_\_-11  
 Empacho ..... \_\_\_\_-12  
 Nervios..... \_\_\_\_-13  
 Susto ..... \_\_\_\_-14  
 Other ..... \_\_\_\_-15  
 Specify \_\_\_\_\_  
 Don't know..... \_\_\_\_-98  
 Refused ..... \_\_\_\_-99

ASK Q.MM5 AND Q.MM5a IF RESPONDENT TOOK THREE OR MORE HERB OR HOME REMEDIES (QMM2/ 1 OR MORE). RECORD THIRD MENTIONED HERB OR HOME REMEDY IN QMM5 AND MM5a.

ALL OTHERS SKIP TO QMM6

QMM5. **P-R** What is the name of this herb or home remedy (Herb/ Remedy #3)?

\_\_\_\_\_ (9815-9816) / (9820-9850) verbatim

QMM5a. P-R What is the main reason that you take this herb or home remedy (Herb/ Remedy #3)  
SINGLE RECORD

Arthritis..... (9851-9852) \_\_\_\_-01  
 Asthma..... \_\_\_\_-02  
 Bladder incontinence ..... \_\_\_\_-03  
 Diarrhea ..... \_\_\_\_-04  
 Cancer ..... \_\_\_\_-05  
 Depression ..... \_\_\_\_-06  
 Diabetes ..... \_\_\_\_-07  
 Hypertension..... \_\_\_\_-08  
 Myocardial infarction ..... \_\_\_\_-09  
 Stroke..... \_\_\_\_-10  
 Preventive care/health maintenance..... \_\_\_\_-11  
 Empacho ..... \_\_\_\_-12  
 Nervios..... \_\_\_\_-13  
 Susto ..... \_\_\_\_-14  
 Other ..... \_\_\_\_-15  
 Specify \_\_\_\_\_  
 Don't know..... \_\_\_\_-98  
 Refused ..... \_\_\_\_-99

#### ASK EVERYONE

QMM6. Have you taken an herb or home remedy (remedio casero) that you later stopped because it:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
A. Made you feel ill?	____-1	____-2	____-8	____-9 (9853)
B. You no longer needed it?	____-1	____-2	____-8	____-9 (9854)
C. Costs too much?	____-1	____-2	____-8	____-9 (9855)
D. It didn't work for you?	____-1	____-2	____-8	____-9 (9856)

**ASK QMM7 IF RESPONDENT HAS TAKEN ONE OR MORE HERB OR HOME REMEDIES (Q.MM2/ 1 OR MORE). ALL OTHERS SKIP TO QMM9.**

**QMM7. P-R** How much money have you spent on herbs (yerbas) and home remedies (remedios caseros) in the last 12 months? (USE SHOWCARD #32)

\$50 or Less..... (9857) \_\_\_-1  
 \$51 to \$100..... \_\_\_-2  
 More than \$100..... \_\_\_-3  
 Don't know..... \_\_\_-8  
 Refused..... \_\_\_-9

**ASK QMM8 IF RESPONDENT HAS TAKEN ONE OR MORE HERB OR HOME REMEDIES (Q.MM2/ 1 OR MORE). ALL OTHERS SKIP TO QMM9.**

**QMM8. P-R** Have you informed your doctor when you have used herbs or home remedies?

Yes..... (9858) \_\_\_-1  
 No..... \_\_\_-2  
 Don't know..... \_\_\_-8  
 Refused..... \_\_\_-9

**ASK EVERYONE**

**QMM9. P-R** Are you currently covered by an Medicare, Medicaid, private insurance, an HMO or another insurance? Please tell me whether you are covered by these sources.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
A. Medicare	___-1	___-2	___-8	___-9 (9860)
B. Medicaid	___-1	___-2	___-8	___-9 (9861)
C. Private insurance	___-1	___-2	___-8	___-9 (9862)
D. HMO	___-1	___-2	___-8	___-9 (9863)
E. Other specify	___-1	___-2	___-8	___-9 (9864)

\_\_\_\_\_ (9865-9866) / (9910-9940) verbatim

**LL. INCOME/FINANCIAL STRAIN****ASK EVERYONE**

LL5a. How much difficulty do you have in meeting monthly payments on your bills – a great deal, some, a little, or none? (USE SHOWCARD #33)

A great deal .....	(4910)-1
Some .....	-2
A little .....	-3
None .....	-4
Don't know .....	-8
Refused .....	-9

LL5b. 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? (USE SHOWCARD #34)

Some money left over .....	(4911)-1
Just enough to make ends meet .....	-2
Not enough money to make ends meet .....	-3
Don't know .....	-8
Refused .....	-9

(4912-4980)Z

**NN. FOLLOW-UP**

NN1.P What is your telephone number?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (5108-5110) (5111) (5112-5114) (5115) (5116-5119)

No telephone ..... (5120(-1  
 Don't know ..... -8  
 Refused ..... -9 (5121-5180)Z

NN2.P What is your correct street address? IF NECESSARY: So that we can mail your check to you.

Street: \_\_\_\_\_  
 (5208-5253)  
 (5254-5280)Z

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (5308-5353) (5354-5355) (5356-5365)

Don't know ..... (5366(-8  
 Refused ..... -9

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

Street: \_\_\_\_\_  
 (5408-5453)  
 (5454-5480)Z

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (5508-5553) (5554-5555) (5556-5565)

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

Yes ..... (5566(-1 (ASK Q.NN3b)  
 No..... -2 (SKIP TO Q.NN4)  
 Don't know ..... -8  
 Refused ..... -9

ASK Q.NN3b IF PLAN TO MOVE IN NEXT FEW YEARS (Q.NN3a)

NN3b.P Where do you plan to move?

(5567-5568)

Don't know ..... (5569(-8

Refused ..... -9

(5570-5580)Z

ASK EVERYONE

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?

Name (Last, First, MI): \_\_\_\_\_ (5708-5780)

Street: \_\_\_\_\_ (5808-5880)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(5908-5953) (5954-5955) (5956-5965)

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
(5966-5968) (5969-5975)  
(5976-5980)Z

/ / / ENTER RELATIONSHIP CODE  
(9010-9011)

Don't know ..... (6028( -8

Refused ..... -9

CODES FOR RELATIONSHIPS:

01 = Respondent is head of household

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

(6029-6080)Z

Name (Last, First, MI): \_\_\_\_\_ (6108-6180)

Street: \_\_\_\_\_ (6208-6280)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(6308-6353) (6354-6355) (6356-6365)

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
(6366-6368) (6369-6375)  
(6376-6380)Z

/ / / ENTER RELATIONSHIP CODE  
(8372-8373)

Don't know ..... (8374(-8

Refused ..... -9

**CODES FOR RELATIONSHIPS:**

01 = Respondent is head of household  
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

That completes the interview. Thank you for your cooperation with this very important survey.

TIME ENDED: \_\_\_\_\_ AM/PM  
(6408-6480)Z

**OO. INTERVIEWER OBSERVATIONS/COMMENTS**

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

Single ..... (8375(-1  
 Multi-family house .....-2  
 Apartment .....-3  
 Assisted living .....-4  
 Congregate housing .....-5  
 Group quarters .....-6  
 Other (SPECIFY):

\_\_\_\_\_ -7

OO1. Final status of respondent interview?

Complete ..... (6508(-1  
 Incomplete, interviewer broke off .....-2  
 Incomplete, respondent broke off .....-3  
 Other (SPECIFY):

\_\_\_\_\_ -4  
 Not applicable .....-5

OO2. Was someone else present during the interview?

Yes ..... (6509(-1  
 No .....-2  
 Don't know .....-8  
 Refused .....-9

OO3. During the interview, was the respondent bizarre or inappropriate in thought or in action?

Yes ..... (6510(-1  
 No .....-2  
 Don't know .....-8  
 Refused .....-9

OO4. Was the respondent literate, i.e., able to read cards? (IF RESPONDENT IS BLIND, BUT CAN READ BRAILLE OR COULD READ BEFORE BECOMING BLIND, RECORD AS LITERATE.)

Yes ..... (6511(-1  
 No .....-2  
 Not applicable .....-6



OO5. Did the respondent have difficulty hearing, or was he/she deaf?

Yes ..... (6512(-1  
 No.....-2  
 Not applicable .....-6

(6513-6515)Z

OO7. Were all the physical measures including blood pressure attempted?

Yes, all completed..... (6516(-1 (SKIP TO Q.009A)  
 Yes, attempted but not all completed.....-2 (ASK Q.008)  
 No, not attempted.....-3 (ASK Q.008)  
 Not applicable .....-6

ASK Q.OO8 IF SOME/ALL OF THE PHYSICAL MEASURES NOT ATTEMPTED (Q.OO7)

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 ..... (6517(-1		-2	-6
b. Respondent cannot stand even with support ..... (6518(-1		-2	-6
c. Respondent needs support when standing (walker, crutch) ..... (6519(-1		-2	-6
d. Respondent cannot understand what to do, even when demonstrated ..... (6520(-1		-2	-6
e. Respondent is totally blind ..... (6521(-1		-2	-6
f. Respondent was dizzy ..... (6522(-1		-2	-6
g. Other reasons ..... (6523(-1		-2	-6

Specify \_\_\_\_\_ (6524-6525)

\_\_\_\_\_  
 (6526-6527)

\_\_\_\_\_  
 (6528-6529)

ALL ANSWER

OO9a. Completed: Respondent only ..... (6530)-1  
 Proxy only .....-2  
 Both (long proxy version) .....-3

Completed: English..... (6531)-1  
 Spanish .....-2

## REASON FOR PROXY:

(6532)  
 Subject physically ill or recovering from hospital ..... (9270) -1  
 Subject was deaf ..... (9271) -2  
 Subject away indefinitely ..... (9272) -3  
 Sample subject is mentally incapacitated ..... (9273) -4  
 Denied access to nursing home ..... (9274) -5  
 Other (SPECIFY) ..... (9275) -6  
 (6533-6580)Z

## OO10. INTERVIEWER COMMENTS:

..... (6608-6680)

..... (6708-6780)

..... (6808-6880)

..... (7008-7080)

## OO11. ADDITIONAL INTERVIEWER COMMENTS:

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(7108-7180)

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(7208-7280)

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(7308-7380)

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(7408-7480)

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Harris Interactive, INC.  
111 Fifth Avenue  
New York, NY 10003

/ Questionnaire No.: \_\_\_\_\_  
/ 1-2-3-4-5  
/

SP#    /   /   /   /   /   /   /   /

(114-121)

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

Area Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(128-130) (131-137)

S3.P Para empezar, permíteme asegurar que tengo su nombre apuntado correctamente.  
Respondent's Name: (138-180)

FIRST NAME

S4.P Respondent's birth date:  $\frac{\text{ } / \text{ } /}{(208-209)} - \frac{\text{ } / \text{ } /}{(210-211)} - \frac{\text{ } / \text{ } /}{(212-213)} \quad (214) Z$

P Age  $\frac{\text{ } / \text{ } / \text{ } /}{(215-217)}$  Years

*S5.P	Relationship of Proxy to Respondent: Use relationship codes from list	/ / / (218-219)
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01=	Respondiente es el/la jefe(a) de la casa	11=	Bisnieto(a)
02=	Esposo(a)	12=	Otro pariente/familiar (SPECIFY):
03=	Hijo(a) (incluya entenado(a)/hijastro(a)	13=	Amigo(a)
04=	Nuero/Nuera	14=	Bordante
05=	Nieto(a)	15=	Empleado
06=	Padre(s)	16=	Otra persona que no es familia (SPECIFY):
07=	Hermano(a)	17=	Cuñado(a)
08=	Sobrino(a)	98	No sé
09=	Primo(a)	99	Se negó
10=	Tío(a)		

FROM OBSERVATION : P Respondent Gender

Hombre.....(220(\_\_\_\_-1  
 Mujer.....\_\_\_\_-2

**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 Actualmente ¿está usted casado(a), separado(a), divorciado(a), viudo(a), ó nunca se ha casado? (INCLUDE COMMON LAW MARRIAGES UNDER MARRIED)

Casado/a.....(221(\_\_\_\_-1 (ASK Q.\*A1)  
 Separado/a.....\_\_\_\_-2  
 Divorciado/a.....\_\_\_\_-3  
 Viuda/o.....\_\_\_\_-4  
 Nunca casado/a.....\_\_\_\_-5 (SKIP TO Q.B1)  
 No sé.....\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

NOTE: \* denotes new Phase II OR Phase III question. The symbol (IV) denotes a new Phase IV question.

**ASK Q.A1 IF MARRIED/SEPARATED/DIVORCED/WIDOWED (Q.A10)**

\*A1.P Desde la última vez que hablamos, en (inserta mes, año), ¿ha cambiado su estado civil?

Sí.....(222(\_\_\_\_-1 (ASK Q.\*A1a)  
 No.....\_\_\_\_-2 (ASK Q.B1)  
 No sé.....\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

**ASK Q.\*A1a IF MARITAL STATUS CHANGED SINCE LAST INTERVIEWED (Q.A1)**

*A1a.P Desde entonces, ha (ITEM)	Sí	No	No sé	Se negó
1. Casado/a.....(223(____-1	____-2	____-8	____-9	
2. Quedado Viuda/o.....(224(____-1	____-2	____-8	____-9	
3. Divorciado/a.....(225(____-1	____-2	____-8	____-9	
4. Separado/a.....(226(____-1	____-2	____-8	____-9	

**B. ARREGLOS DE VIVIENDA/APOYO SOCIAL**ASK EVERYONE

B1.P ¿Cuántas personas viven aquí en esta casa? (IF IN NURSING HOME, ASK ABOUT LIVING ARRANGEMENTS PRIOR TO ENTERING HOME - THIS INSTRUCTION APPLIES TO ALL B QUESTIONS.)

/ / /  
(308-309)

No sé..... (310(\_\_\_\_-8

No nego..... (310(\_\_\_\_-9

(311-378Z)

B2.P ¿Cómo se llama el(la) jefe(a) de esta casa y que tipo de parentesco tiene con usted?

Relationship:

Relationship code: / / /  
(379-380)

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

B4.P Ahora quisiera saber ¿qué parentesco tienen con usted las personas que viven aquí. (INTERVIEWER: DÉME POR FAVOR SUS PRIMER NOMBRES, SEXOS, EDADES, Y CLASE DE PARENTESCO CON USTED. RECORD INFORMATION FOR THE FIRST SIX PEOPLE IN ANY ORDER)

Relación Clave (SEE BELOW)	Nombre o iniciales (PRIMER NOMBRE)	Sexo	Edad	
/ / / (408-409)	_____	Hombre.... (446 (____-1 Mujer.....-2	/ / / (447-448)	449- 480Z
/ / / (508-509)	_____	Hombre.... (546 (____-1 Mujer.....-2	/ / / (547-548)	549- 580Z
/ / / (608-609)	_____	Hombre.... (646 (____-1 Mujer.....-2	/ / / (647-648)	649- 680Z
/ / / (708-709)	_____	Hombre.... (746 (____-1 Mujer.....-2	/ / / (747-748)	749- 780Z
/ / / (808-809)	_____	Hombre.... (846 (____-1 Mujer.....-2	/ / / (847-848)	849- 880Z
/ / / (908-909)	_____	Hombre.... (946 (____-1 Mujer.....-2	/ / / (947-948)	949- 980Z

CODES FOR RELATIONSHIPS:

- |  |   |
|--|---|
| 01= Respondiente es el/la jefe(a) de la casa | 11= Bisnieto(a)                               |
| 02= Esposo(a)                                | 12= Otro pariente/familiar (SPECIFY):         |
| 03= Hijo(a) (incluya entenado(a)/hijastro(a) | 13= Amigo(a)                                  |
| 04= Nuero/Nuera                              | 14= Bordante                                  |
| 05= Nieto(a)                                 | 15= Empleado                                  |
| 06= Padre(s)                                 | 16= Otra persona que no es familia (SPECIFY): |
| 07= Hermano(a)                               | 17= Cuñado(a)                                 |
| 08= Sobrino(a)                               | 98 No sé                                      |
| 09= Primo(a)                                 | 99 Se negó                                    |
| 10= Tio(a)                                   |   |

ASK EVERYONE

\*B6P. Se ha mudado usted desde la última vez que hablamos con usted?

Si.....	(8008(	_____	-1	(Ask Q. *B6a)
No.....		_____	-2	(Skip to QB7)
No sé.....		_____	-8	
Se negó.....		_____	-9	

ASK EVERYONE

\*B6aP. Porque se mudó?

Necesitaba a mudar para un facilidad de asistencia viviendo.....	(8009((	<u>(9211)</u>	-1
Para estar más cerca de mis niños...		<u>(9212)</u>	-2
Otro (Specify).....			
		<u>(9213)</u>	-3
No sé.....		<u>(9214)</u>	-8
Se negó.....		<u>(9215)</u>	-9

ASK EVERYONE

\*B7P. Se ha venido alguien vivir con usted desde la última vez que hablamos?

Sí.....	(8010(	_____	-1	(Ask Q.*B7a)
No.....		_____	-2	(Skip to Q.D1)
No sé'.....		_____	-8	
Se negó'.....		_____	-9	

ASK EVERYONE

\*B7aP. Quién vino vivir con usted? (RECORD RELATIONSHIP CODE FOR UP TO FOUR PEOPLE)

\_\_\_\_\_  
(8011-8012)

\_\_\_\_\_  
(8013-8014)

\_\_\_\_\_  
(8015-8016)

\_\_\_\_\_  
(8017-8018)

CODES FOR RELATIONSHIPS:

01= Respondiente es el/la jefe(a) de la casa	11= Bisnieto(a)
02= Esposo(a)	12= Otro pariente/familiar (SPECIFY):
03= Hijo(a) (incluya entenado(a)/hijastro(a)	13= Amigo(a)
04= Nuero/Nuera	14= Bordante
05= Nieto(a)	15= Empleado
06= Padre(s)	16= Otra persona que no es familia (SPECIFY):
07= Hermano(a)	17= Cuñado(a)
08= Sobrino(a)	98 No sé
09= Primo(a)	99 Se negó
10= Tio(a)	



Yo necesitaba ayuda cuidandome ó cuidando (arreglando) la casa....	(8019( <u>(9220)</u> -1
(PERSONA) necesitaba un sitio para vivir o quedarse.....	( <u>(9221)</u> -2
Otro (Specify) .....	( <u>(9222)</u> -3
<hr/>	
No sé.....	( <u>(9223)</u> -8
Se negó.....	( <u>(9224)</u> -9

D4. ¿Puede usted hablar sobre sus problemas más serios, al menos con algunos de sus familiares ó amigos, casi todo el tiempo, algunas veces, ó casi nunca? USE SHOW CARD #1

Casi todo el tiempo..(1025(\_\_\_\_-1  
Algunas veces.....\_\_\_\_-2  
Casi nunca.....\_\_\_\_-3  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

+-----+  
| 1026-1037Z |  
+-----+

**G. ESTIMAR SU SALUBRIDAD**

G1.P Ahora me gustaría hacerle preguntas acerca de su salud. ¿Diría usted que su salud en general es excelente, muy buena, regular, ó mala? USE SHOW CARD #2

Excelente.....(1038(\_\_\_\_-1  
Muy buena.....\_\_\_\_-2  
Regular.....\_\_\_\_-3  
Mala .....\_\_\_\_-4  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

G2.P Durante los tres meses pasados, ¿tuvo que disminuir alguna vez sus quehaceres ordinarios debido a alguna enfermedad ó herida; no contando los días que haya estado en cama?

Sí.....(1039(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

G3.P Durante los tres meses pasados, ¿estuvo alguna vez en cama todo ó la mayor parte del día debido a alguna enfermedad ó herida? (INTERVIEWER: INCLUDE DAYS IN THE HOSPITAL)

Sí.....(1040(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

(1041-1050)Z

**I. CARDIOVASCULAR****ASK EVERYONE**

I1.P ¿Desde la última vez que hablamos (como dos años pasados) le ha dicho un médico que Ud. había sufrido un ataque cardíaco, un ataque del corazón, un coronario, sufrido un infarto ó trombosis coronario?

Sí.....(1051(\_\_\_\_-1 (ASK Q.I5)  
Sospechaba/  
Posiblemente.....-2  
No.....-3 (SKIP TO Q.J1)  
No sé.....-8  
Se negó.....-9

I5.P ¿Le hospitalizaron por una noche ó más cuando ocurrió esto (lo último)?

Sí.....(1055(\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9  
(1052-1054)Z

**J. APOPLEJÍA**ASK EVERYONE

J1.P ¿Desde la ultima vez que hablamos (desde dos años pasados) le ha dicho un médico que había sufrido una apoplejía, embolia cerebral/hemorragia cerebral?

Sí.....(1056(\_\_\_\_-1 (ASK Q.J5)  
 Sospechaba/  
 Posiblemente.....-2  
 No.....-3 (SKIP TO Q.K1)  
 No sé.....-8  
 Se negó.....-9

(1057-1059)Z

J5.P ¿Le hospitalizaron por una noche ó más cuando ocurrió esto (la última)?

Sí.....(1060(\_\_\_\_-1  
 No.....-2  
 No sé.....-8  
 Se negó.....-9

J6.P ¿Todavía siente los efectos de su(apoplejía/embolia cerebral/hemorragia cerebral)?

Sí.....(1061(\_\_\_\_-1 (ASK Q.J7)  
 No.....-2 (SKIP TO Q.K1)  
 No sé.....-8  
 Se negó.....-9

ASK Q.J7 IF HAVE LEFTOVER TROUBLES FROM STROKE, ETC. (Q.J6)

J7.P ¿Le quedan algunos de estos efectos (READ EACH ITEM)?

<u>DO NOT ROTATE</u>	<u>SÍ</u>	<u>No</u>	<u>No</u>	<u>Se</u>
			<u>Se</u>	<u>Negó</u>
a. Debilidad ó dificultad en usar el brazo/ la pierna.....(1062(____-1	____-2	____-8	____-9	
b. Dificultad para caminar.....(1063(____-1	____-2	____-8	____-9	
c. Dificultad para hablar.....(1064(____-1	____-2	____-8	____-9	
d. Otro (SPECIFY):				
.....(1065(____-1	____-2	____-8	____-9	
Voluntary Response:				
Memory problems.....(1066(____-1				
				1067Z

**K. HIPERENSIÓN**ASK EVERYONE

K1.P ¿Alguna vez le ha dicho un médico que tiene la presión alta ?

Sí.....(1068(\_\_\_\_-1 (ASK Q.K3)  
Sospechaba/  
Posiblemente.....-2  
No.....-3 (SKIP TO Q.L1)  
No sé.....-8  
Se negó.....-9

(1069-1071) Z

K3.P ¿Alguna vez ha tomado medicina recetada por un médico para la presión alta?

Sí.....(1072(\_\_\_\_-1 (ASK Q.\*K4)  
No.....-2 (SKIP TO Q.L1)  
No sé.....-8  
Se negó.....-9

ASK Q.K4 IF HAVE TAKEN MEDICINE PRESCRIBED BY DOCTOR FOR HIGH BLOOD PRESSURE (Q.K3)

K4.P ¿Actualmente, está tomando alguna medicina para la presión alta?

Sí.....(1073(\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

(1074-1080) Z

**L. CANCER****ASK EVERYONE**

L1.P ¿Alguna vez le ha dicho un médico que usted tenía cancer ó un tumor maligno de cualquier tipo?

Sí.....(1108(\_\_\_\_-1

Sospechaba/Posiblemente.....\_\_\_\_-2

No.....\_\_\_\_-3

No sé.....\_\_\_\_-8

Se negó.....\_\_\_\_-9

**M. DIABETES**ASK EVERYONE

M1.P ¿Alguna vez le ha dicho un médico que usted padecía de diabetes, tiene azucar en la orina, ó el azucar alta en la sangre? (INTERVIEWER: IF RESPONDENT MENTIONS "GLUCOSE INTOLERANT" OR "GLUCOSE PROBLEM" CODE AS "YES, BORDERLINE")

Sí, definitivamente..(1120(\_\_\_\_-1 (ASK Q.M2)  
 Sí, en el borde.....-2 (ASK Q.M2)  
 No.....-3 (SKIP TO Q.N1, PAGE 18)  
 No sé.....-8  
 Se negó.....-9

(1121-1125)Z

ASK Q.M2 AND Q.M3 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

M2.P ¿Qué edad le dijo un médico por primera vez que usted tiene diabetes? (IF NECESSARY: PROBE FOR AGE OR DECADE AT DIAGNOSIS TO ESTIMATE AGE OF DIAGNOSIS.)

/\_\_\_\_/\_\_\_\_/\_\_\_\_/ edad  
 (8021-8023)

No sé.....(8024(\_\_\_\_-8  
 Se negó.....-9

M3.P ¿Está tomando medicina actualmente para la diabetes?

Sí.....(1126(\_\_\_\_-1 (ASK Q.\*M5)  
 No.....-2 (SKIP TO Q.M4)  
 No sé.....-8  
 Se negó.....-9

(1127)Z

ASK Q.M4 IF HAVE EVER HAD DIABETES, ETC. (Q.M1) BUT NOT CURRENTLY TAKING MEDICATION (Q.M3)

M4.P ¿Alguna vez ha tomado medicina para la diabetes?

Sí.....(1128(\_\_\_\_-1 (ASK Q.M5)  
 No.....-2 (SKIP TO Q.M8a, Page 13)  
 No sé.....-8  
 Se negó.....-9

ASK Q.M5 IF ARE/HAVE TAKEN MEDICATION FOR DIABETES (Q.M3/Q.M4)

M5.P ¿Le recetó el médico píldoras (pastillas) ó inyecciones de insulina ó ambas juntas?  
IF PILLS AND INSULIN SEPARATELY, PROBE FOR MOST RECENT

Píldoras/pastillas.....(1129(\_\_\_\_-1 (ASK Q.M6)  
 Inyecciones de insulina.....-2 (SKIP TO Q.M7)  
 Ambas juntas.....-3  
 No sé.....-8  
 Se negó.....-9

ASK Q.M6 IF HAVE TAKEN PILLS FOR DIABETES (Q.M5)

M6.P ¿Alguna vez le han dado (se ha dado) inyecciones de insulina?

Sí.....(1130(\_\_\_\_-1 (ASK Q.M7)

No.....-2 (SKIP TO Q.M10)

No sé.....-8

Se negó.....-9

ASK Q.M7 IF HAVE EVER TAKEN INSULIN SHOTS (INCLUDING "DON'T KNOW" OR "REFUSED") (Q.M5 OR Q.M6)

M7.P ¿En total, cuántos años (ha estado/estuvo) recibiendo inyecciones de insulina?

(INTERVIEWER: RECORD ANSWER AS YEARS ONLY, MONTHS ONLY, OR WEEKS ONLY, E.G., 1 ½ YEARS WOULD BE 18 MONTHS.)

\_\_\_\_/\_\_\_\_/\_\_\_\_ Años    Ó    \_\_\_\_/\_\_\_\_/\_\_\_\_ Meses    Ó    \_\_\_\_/\_\_\_\_/\_\_\_\_ Semanas  
(1131-1132)                      (1133-1134)                      (1135-1136)

No sé.....(1137(\_\_\_\_-8

Se negó.....-9

ASK Q.M10 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

\*M10.P Alguna vez, le ha pedido su doctor que siga una dieta especial para su diabetes?

Sí.....(8025(\_\_\_\_-1 (ASK Q.M10a)

No.....-2 (SKIP TO Q.M11)

No sé.....-8

Se negó.....-9

BASE: DOCTOR REQUESTED SPECIAL DIET FOR DIABETES (Q.M10/1)

\*M10a.P Esta usted siguiendo ésta dieta ahora?

Sí.....(8026(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

ASK Q.M11 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

\*M11.P Alguna vez, le ha recomendado el doctor que pierda peso por su diabetes?

Sí.....(8027(\_\_\_\_-1 (ASK Q.M11a)

No.....-2 (SKIP TO Q.M8a)

No sé.....-8

Se negó.....-9



BASE: DOCTOR RECOMMENDED WEIGHT LOSS FOR DIABETES (Q.M11/1)

\*M11a.P Perdió peso para su diabetes? (INTERVIEWER: IF RESPONDENT SAYS THEY LOST AND THEN REGAINED THE WEIGHT, RECORD YES)

Sí.....(8028(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.M8a IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

M8a.P Debido a la diabetes, ¿ha tenido usted problemas con los riñones, ó no?

Sí.....(1138(\_\_\_\_-1 (ASK Q.M8b)  
No.....\_\_\_\_-2 (SKIP TO Q.M8d)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.M8b AND Q.M8c IF EVER HAD PROBLEMS WITH KIDNEYS AS RESULT OF DIABETES (Q.M8a)

M8b.P ¿Actualmente, está usted recibiendo diálisis de sus riñones ó algún tratamiento artificial para los riñones, ó no?

Sí.....(1139(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

M8c.P ¿Ha recibido usted un transplante de riñón, ó no?

Sí.....(1140(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.M8d IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

M8d.P Debido a la diabetes, ¿Ha tenido alguna vez algún problema con sus ojos, o no?

Sí.....(1141(\_\_\_\_-1 (ASK Q.M8e)  
No.....\_\_\_\_-2 (SKIP TO Q.M8f)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.M8e IF EVER HAD PROBLEMS WITH EYES AS RESULT OF DIABETES (Q.M8d)

M8e.P ¿Ha recibido alguna vez tratamiento para los ojos con rayos láser, ó no?

Sí.....(1142(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.M8f IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

M8f.P Debido a la diabetes, ¿Ha tenido usted alguna vez problemas con la circulación en las piernas, los pies ó en los brazos, ó no?

Sí.....(1143(\_\_\_\_-1 (ASK Q.M8g)  
No.....-2 (SKIP TO Q.M8h)  
No sé.....-8  
Se negó.....-9

ASK Q.M8g IF EVER HAD PROBLEMS WITH CIRCULATION AS RESULT OF DIABETES (Q.M8f)

M8g.P ¿Le han amputado alguna parte del cuerpo debido a la diabetes, ó no? (IF YES, SPECIFY--IF MORE THAN ONE, PROBE FOR MOST SERIOUS)

Dedos.....(1144(\_\_\_\_-1  
Dedos de los pies.....-2  
Un pie.....-3  
Los dos pies.....-4  
Pierna de rodilla, abajo.....-5  
Las dos piernas (de rodilla, abajo).....-6  
Otro (SPECIFY):  
.....-7  
No/ninguna amputación .....-8  
No sé.....(1145(\_\_\_\_-8  
Se negó.....-9

ASK Q.M8h AND Q.M8i IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

M8h.P Debido a la diabetes, ¿Ha tenido alguna vez otro tipo de complicaciones médicas? (IF MORE THAN ONE, PROBE FOR MOST SERIOUS COMPLICATION)

SÍ (SPECIFY):  
.....(1146-1147(-1  
No.....(1148\_\_\_\_(-2  
No sé.....-8  
Se negó.....-9

ASK Q.M8i IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (QM1)

\*M8i. ¿Qué tan seguido es el diabetes un problema en su vida diaria--Nunca, un poco, casi siempre o siempre? (USE SHOWCARD #3)

Nunca.....(1149(\_\_\_\_-1  
Un Poco.....-2  
Casi Siempre .....-3  
Siempre .....-4  
No sé.....-8  
Se negó.....-9

1150Z

ASK Q.M12.P IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

\*M12.P Con que frecuencia ha sido usted hospitalizado(a) debido a la diabetes - nunca, una vez, dos o tres veces o más de tres veces?

Nunca.....(8029(\_\_\_\_-1  
Una vez.....\_\_\_\_-2  
Dos o tres veces.....\_\_\_\_-3  
Más de tres veces.....\_\_\_\_-4  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.M13 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

\*M13.P Tiene usted algun doloar como resultado de su diabetes?

Sí.....(8030(\_\_\_\_-1 (ASK Q.M13a)  
No.....\_\_\_\_-2 (SKIP TO Q.M14)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.M13a IF EXPERIENCE PAIN AS A RESULT OF DIABETES (Q.M13/1)

\*M13a.P Tiene usted algun dolor en su(s) (CHECK ALL THAT APPLY)

Los pies.....(8031(9230)-1  
Las piernas.....(9231)-2  
Los manos.....(9232)-8  
El abdomen.....(9233)-9  
Los ojos.....(9234)-2  
Los riñones.....(9235)-8  
La espalda.....(9236)-9  
Otro (Specify)  
.....(9237)-2  
No sé.....(8032(9238)-8  
Se negó.....(9239)-9

ASK Q.\*M14 IF HAVE BEEN TOLD BY DOCTOR HAVE DIABETES, SUGAR IN URINE OR HIGH BLOOD SUGAR (Q.M1)

\*M14. Hasta que punto, siente que puede controlar su diabetes por medios de sus propias acciones, tal como siendo cuidadoso de su dieta, mantener su peso, seguir las recomendaciones de su médico y tomar cualquier medicamento recetado por el médico?  
¿Diría usted una gran cantidad, un tanto ó ningun? (USE SHOWCARD #4)

Una gran cantidad.(8033(\_\_\_\_-1  
Un tanto.....\_\_\_\_-2  
Ningun .....\_\_\_\_-3  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

**N. FRACTURAS**ASK EVERYONE

N1.P ¿Desde la última vez que hablabamos, (hace como dos años), le ha dicho un médico que usted tiene la cadera rota ó fracturada?

Sí.....(1151(\_\_\_\_-1 (ASK Q.N5)  
 Sospechaba/Posiblemente\_\_\_\_-2  
 No.....-3 (SKIP TO Q.N3)  
 No sé.....-8  
 Se negó.....-9

(1152) Z

ASK Q.N5 IF HAVE BROKEN OR FRACTURED HIP SINCE LAST INTERVIEWED (Q.N1)

N5.P ¿Le hospitalizaron por una noche o más cuando ocurrió esto?

Si.....(8034(\_\_\_\_-1  
 No.....-2  
 No sé.....-8  
 Se negó.....-9

ASK EVERYONE

N3.P ¿Desde la última vez que hablabamos, (hace como dos años), le ha dicho un médico, enfermera, terapeuta, ó asistente médico que usted tenía uno ó varios huesos rotos ó fracturados?

Sí.....(1153(\_\_\_\_-1 (ASK Q.N4)  
 Sospechaba/Posiblemente\_\_\_\_-2  
 No.....-3 (SKIP TO Q.P5)  
 No sé.....-8  
 Se negó.....-9

ASK Q.N4 IF HAVE BROKEN OR FRACTURED ANY OTHER BONES SINCE LAST INTERVIEWED (Q.N3)

N4.P ¿La fractura era en (READ EACH ITEM)?

DO NOT ROTATE

	<u>Sí</u>	<u>No</u>	<u>No Sé</u>	<u>Se Negó</u>
( )A. La muñeca.....(1154(____-1	____-2	____-8	____-9	
( )B. El brazo.....(1155(____-1	____-2	____-8	____-9	
( )C. La espalda ó la columna.....(1156(____-1	____-2	____-8	____-9	
( )D. Las costillas.....(1157(____-1	____-2	____-8	____-9	
( )E. El pie/tobil.....(1158(____-1	____-2	____-8	____-9	
( )F. La rodilla.....(1159(____-1	____-2	____-8	____-9	
( )G. La pierna.....(1160(____-1	____-2	____-8	____-9	
( )H. El hombro.....(1161(____-1	____-2	____-8	____-9	
( )I. La mano/un dedo.....(1162(____-1	____-2	____-8	____-9	
( )J. En otro hueso (SPECIFY) _____..(1163(____-1	____-2	____-8	____-9	

(1164-1167) Z

**P. Dolor**

(1169)Z

ASK EVERYONE

P5.P En el mes pasado, ¿notó algún dolor ó malestar al estar de pie ó al caminar?

Sí.....(1171(\_\_\_\_-1 (ASK Q.P7)

No.....-2 (SKIP TO Q.P8)

No sé.....-8

Se negó.....-9

(ASK P7 IF YES. ALL OTHERS SKIP TO P8)

P7. ¿En el mes pasado, qué tanto le impidió el dolor ó el malestar en sus actividades normales -- mucho, un poco o nada?

USE SHOW CARD #5

Mucho.....(1180(\_\_\_\_-1

Un poco.....-2

Nada.....-3

No sé.....-8

Se negó.....-9

**P. CAIDAS****ASK EVERYONE**

"Hablaremos acerca de las caidas o el riesgo de sufrir una caida. Caida es el acto de terminar en el piso, suelo, o nivel bajo en forma no intencional, ya sea que te lastimes o no." (Se excluye, cuando la persona que se cae y termina en una silla o en la cama.)

Q.P8. Durante los últimos 12 meses, cuantas veces sufrió una caida, terminando en el suelo o el piso? (USE SHOWCARD #6)

Ninguna. . . . . (9410) -1  
 Una vez. . . . . -2  
 Dos veces. . . . . -3  
 Tres o más veces. . . . . -4  
 No sé. . . . . -8  
 Se negó. . . . . -9

ASK Q.P9 IF RESPONDENT HAS FALLEN ONE OR MORE TIMES (Q.P8/2,3,4) ALL OTHERS ASK Q.P10

Q.P9. Como consecuencia de haber sufrido (esta caida/alguna de estas caidas), tuvo que ir a la sala de Emergencias o al Hospital? (Solo pregunte si la persona sufrio o mas caidas.)

Si. . . . . (9411) -1  
 No. . . . . -2  
 No sé. . . . . -8  
 Se negó. . . . . -9

**ASK EVERYONE**

Q.P10 ¿Cuanto miedo o temor tiene de caerse? ¿Diría usted que esta.. (USE SHOWCARD #7)

Nada. . . . . (9412) -1  
 Poco Miedo (a) . . . . . -2  
 Mideo Moderado (a) . . . . . -3  
 Mucho Miedo (a) . . . . . -4  
 No sé. . . . . -8  
 Se negó. . . . . -9

**Q. INCONTINENCIA**ASK EVERYONE

Ahora tengo unas preguntas acerca de orina.

Q1a. ¿En el mes pasado, qué tan seguido ó a menudo ha tenido usted dificultad en detener ó controlar la orina hasta que pueda llegar al baño; nunca, casi nunca, a veces, casi todo el tiempo, ó todo el tiempo? (USE SHOW CARD #8)

Nunca.....(1208(\_\_\_\_-1 (SKIP TO Q.\*S5)

Casi nunca.....-2 (ASK Q.Q2)

A veces.....-3

Casi todo el tiempo.....-4

Todo el tiempo.....-5

Todo el tiempo

catheter or cancer (vol.)...-6 (SKIP TO Q.\*S5)

No sé.....-8

Se negó.....-9

**Q. AUASI**

Q3. Durante el mes pasado . . . (IV) (USE SHOWCARD #9)

	<u>Ni</u> <u>Una</u> <u>Ve</u>	<u>Menos</u> <u>de 1</u> <u>Vez</u> <u>en 5</u>	<u>Menos</u> <u>de la</u> <u>Mitad de</u> <u>las Veces</u>	<u>Aproximada-</u> <u>mente la</u> <u>mitad de</u> <u>las Veces</u>	<u>Mas de</u> <u>la Mitad</u> <u>de las</u> <u>Veces</u>	<u>Casi</u> <u>Siempre</u>	<u>No</u> <u>Sabe</u>	<u>Ref</u>
A. En el último mes, ¿con qué frecuencia ha tenido la sensación de que no vació completamente la vejiga cuando terminó de orinar?	0	1	2	3	4	5	8	9 (9413)
B. En el último mes, ¿con qué frecuencia ha tenido que orinar de nuevo menos de 2 horas después de haber terminado de orinar?	0	1	2	3	4	5	8	9 (9414)
C. En el último mes, ¿con qué frecuencia ha dejado de orinar y comenzado de nuevo varias veces cuando urina?	0	1	2	3	4	5	8	9 9415)
D. En el último mes, ¿con qué frecuencia le ha sido difícil postergar la necesidad de orinar?	0	1	2	3	4	5	8	9 (9416)
E. En el último mes, ¿con qué frecuencia ha tenido un flujo de orinar débil?	0	1	2	3	4	5	8	9 (9417)
F. En el último mes, ¿con qué frecuencia ha tenido que empujar o hacer fuerza para comenzar a orinar?	0	1	2	3	4	5	8	9 (9418)
G. En el último mes, ¿cuantas veces se ha tenido que levantar de la cama a orinar en la noche, desde que se acostó hasta que se levantó?	0	1	2	3	4	5	8	9 (9419)



**S. AUDICIÓN**ASK EVERYONE

\*S5.p (Con/Sin un aparato auditivo) ¿Usualmente, puede usted, oír y entender a que las personas dicen sin verle la cara si esa persona le habla en voz normal en en cuarto callado?

Si, sin un aparato.....(8036) -1  
Si, con un aparato.....-2  
No .. . . . . -3  
No Sé.....-8  
Se Negó.....-9

**U. OTROS PROBLEMAS DE LA SALUD**ASK EVERYONE

\*U3.P ¿Le ha dicho alguna vez un médico ó otro profesional de salud que usted tenía algunos de las siguientes condiciones? (READ EACH ITEM)

ROTATE -- START AT "X"	Sí	No	No Se	Se Negó	
( ) a. ¿Enfermedad de los riñones?.....(1227(	____-1	____-2	____-8	____-9	(1228) Z
( ) c. ¿Problemas de la vesícula?.....(1229(	____-1	____-2	____-8	____-9	
( ) d. ¿Enfermedad de hígado?.....(1230(	____-1	____-2	____-8	____-9	
( ) f. ¿Osteoporosis?.....(1232(	____-1	____-2	____-8	____-9	(1231) Z (1233-5) Z
( ) n. ¿Cataratas?.....(1240(	____-1	____-2	____-8	____-9	
( ) o. ¿Glaucoma?.....(1241(	____-1	____-2	____-8	____-9	(1242) Z
( ) q. ¿Fallo del corazón?.....(1243(	____-1	____-2	____-8	____-9	(1244) Z
( ) s. ¿El colesterol elevado ó grasa ... (1244(	____-1	____-2	____-8	____-9	(1244) Z
( ) X. ¿Arthritis?..... (1245(	____-1	____-2	____-8	____-9	(1244) Z
( ) h. ¿Enfermedad de Parkinson?..... (1246(	____-1	____-2	____-8	____-9	(1244) Z

ASK PROXY ONLY

( ) u. ¿Enfermedad de Alzheimers ó  
otra demencia?.....(1247(

____-1	____-2	____-8	____-9
			(1248- 1271) Z

IF MALE SKIP TO SECTION V FOR VISION, IF FEMALE CONTINUE WITH Q.\*U2d.

(1279-1280) Z  
(1308-1312) Z

**THIS SECTION FOR FEMALES ONLY**

\*U2d.P ¿Actualmente, Ud. esta tomando estrogenos ó hormonas de mujeres?

Sí.....(1313(\_\_\_\_-1 (ASK Q.\*U2e)

No.....-2 (SKIP TO Q.\*U2f)

No sé.....-8

Se negó.....-9

**ASK Q.U2e IF EVER TREATED WITH ESTROGEN OR FEMALE HORMONES (Q.U2d)**

\*U2e.P ¿Por cuántos años tomó Ud. las hormonas de mujeres?

**RECORD NUMBER OF YEARS**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Número de años  
(1314-1315)

Menos que un año..(1316(\_\_\_\_-1

No sé.....-8

Se negó.....-9

**ASK ALL FEMALES**

\*U2f.P ¿En los dos años pasados ha tenido Ud. una mamograma (esto es rayos-x de sus senos?

Sí.....(1317(\_\_\_\_-1

(1318-1320) Z

No.....-2

No sé.....-8

Se negó.....-9

**ASK ALL FEMALES**

\*U2h.P ¿En los dos años pasados ha tenido Ud. una examen de la pelvis ó la prueba Papanicolau?

Sí.....(1321(\_\_\_\_-1

(1322-1325) Z

No.....-2

No sé.....-8

Se negó.....-9

**V. VISIÓN**ASK EVERYONE

V6.P (Cuando usando anteojos/lentes de contacto), ¿puede mirar bien para reconocer a un amigo (if applicable, usando anteojos/lentes de contacto)? (READ EACH ITEM)?

ROTATE - START AT "X"

	Si	No	Respondent is <u>Blind (vol.)</u>	No <u>Se</u>	Se <u>Nego</u>
( ) A. A través del calle.....(8037(	-1	-2	-3	-8	-9
( ) B. A través del cuarto .....(8038(	-1	-2	-3	-8	-9
( ) C. A quien esta al largo de un brazo lejos (8039(	-1	-2	-3	-8	-9

**GG. PRESIÓN ARTERIAL**

GG1.P-R Ahora me gustaría tomarle el pulso y la presión arterial dos veces. Por favor sientese comodo(a), con ambos pies en plano, y no cruce las piernas.

PULSE FOR 30 SECONDS?

/ / / / Radial (muneca) pulso  
(3408-3409)

UNSUCCESSFUL.....(3410(\_\_\_\_-0  
Se negó.....-9

+-----+  
| 3411Z |  
+-----+

GG2.P-R PULSE OBLITERATION PRESSURE (THIS IS FELT AT PULSE POINT, NOT HEARD)  
(DEFLATE CUFF BEFORE RECORDING)

/ / / /  
(3412-3414)

UNSUCCESSFUL.....(3415(\_\_\_\_-0  
Se negó.....-9

GG3.P-R MAXIMUM INFLATION LEVEL (PULSE OBLITERATION PLUS 30)

/ / / /  
(3416-3418)

UNSUCCESSFUL.....(3419(\_\_\_\_-0  
Se negó.....-9

INTERVIEWER: MAKE SURE LEGS OR ANKLES ARE NOT CROSSED -- RECORD TO NEAREST 2MM MARK -- DO NOT ROUND OFF NUMBERS - DEFLATE CUFF BEFORE RECORDING

GG4.P-R FIRST BLOOD PRESSURE READING

/ / / / SYSTOLIC  
(3420-3422)

/ / / / DIASTOLIC  
(3424-3426)

UNSUCCESSFUL.....(3423(\_\_\_\_-0  
Se negó.....-9

UNSUCCESSFUL.....(3427(\_\_\_\_-0

INTERVIEWER: MAKE SURE LEGS OR ANKLES ARE NOT CROSSED -- RECORD TO NEAREST 2MM MARK - DO NOT ROUND OFF NUMBERS

GG5.P-R SECOND BLOOD PRESSURE READING

/ / / / SYSTOLIC  
(3428-3430)

/ / / / DIASTOLIC  
(3432-3434)

UNSUCCESSFUL.....(3431(\_\_\_\_-0  
Se negó.....-9

UNSUCCESSFUL.....(3435(\_\_\_\_-0

GG6.P-R CUFF SIZE

REGULAR.....(3436(\_\_\_\_-1  
PEDIATRIC.....-2  
LARGE ARM.....-3  
Not performed.....-7

INTERVIEWER: TAKE THE BLOOD PRESSURE CUFF OFF AND MOVE  
EQUIPMENT AWAY FROM RESPONDENT.

GG. BLOOD PRESSUREBLOOD PRESSURE REPORTING CATEGORIES (DO NOT ROUND OFF NUMBERS)

DIASTOLIC SYSTOLIC	<90	<90 MEDS	90-96	98-115	>115
<140	1	2	3	4	5
<140 MEDS	2	2	3	4	5
140-160	3	3	3	4	5
161-200	4	4	4	4	5
>200	5	5	5	5	5

CATEGORY 1: SYSTOLIC <140 OR DIASTOLIC <90 AND RESPONDENT IS NOT ON HYPERTENSIVE MEDICATION

"Su presión arterial está normal hoy. Ud. puede mantener la salubridad sabiendo su presión arterial y chequeándola al menos una vez al año."

CATEGORY 2: SYSTOLIC <140 OR DIASTOLIC <90 AND UNDER TREATMENT FOR HYPERTENSION

"Su presión arterial está normal hoy. Siga el consejo de su médico, tomando la(s) medicina(s) que le ha recetado y continúe viendolo(a). Asegúrese de chequearse su presión arterial regularmente."

CATEGORY 3: SYSTOLIC 140-160 OR DIASTOLIC 90-96

"Su presión arterial está un poco alta hoy. Es importante que Ud. visite a su médico para ver si necesita algún tratamiento."

CATEGORY 4: SYSTOLIC 161-200 OR DIASTOLIC 98-114

"Su presión arterial está bastante alta hoy. Es importante que Ud. visite a su médico ó clínica tan pronto posible y porque su presión está tan alta, es importante que Ud. reciba tratamiento tan pronto posible."

CATEGORY 5: SYSTOLIC >200 OR DIASTOLIC >115

"Su presión arterial está bien alta hoy. Es importante que Ud. visite a su médico tan pronto posible. Porque su presión está tan alta es importante que Ud. reciba tratamiento tan pronto posible."

INTERVIEWER: CATEGORY READ TO RESPONDENT

CATEGORY 1.....(3437(\_\_\_\_-1  
 CATEGORY 2.....\_\_\_\_-2  
 CATEGORY 3.....\_\_\_\_-3  
 CATEGORY 4.....\_\_\_\_-4  
 CATEGORY 5.....\_\_\_\_-5  
 NONE READ.....\_\_\_\_-0

**W. COGNOSCITIVO - MMSE**ASK EVERYONE

Las próximas preguntas son a respecto de la memoria. Pueden aparecer poco común, pero son de rutina y se las preguntamos a todos. Algunas son muy fáciles y otras difíciles. No sé preocupe si Ud. tiene dificultad con una ó otra. (IF REFUSE TO ANSWER RECORD AS ERROR)

W1.P-R ¿Cuál es el año? (PROBE IF "No sé".; It is OK to guess.)

/ / / / / Año Correct....(1423(\_\_\_\_-1 Error....\_\_\_\_-0  
(1418-1422)

W2.P-R ¿En qué estación del año estamos? (DO NOT READ LIST)

Primavera... (1424(____-1	Correct.....(1425(____-1
Verano.....____-2	Error.....____-0
Otono.....____-3	
Invierno.....____-4	
No sé.....____-8	
Se negó.....____-9	

W3.P-R ¿Cuál es el mes?

Enero..... (1426(____-1	Correct..... (1428(____-1
Febrero.....____-2	Error.....____-0
Marzo.....____-3	
Abril.....____-4	
Mayo.....____-5	
Junio.....____-6	
Julio.....____-7	
Agosto.....____-8	
Septiembre.....____-9	
Octubre..... (1427(____-0	
Noviembre.....____-1	
Diciembre.....____-2	
No sé.....____-8	
Se negó.....____-9	

W4.P-R ¿Cuál es la fecha?

DIA: / / / Correct....(1431(\_\_\_\_-1 Error....\_\_\_\_-0  
(1429-1430)

W5.P-R ¿Cuál es el día de la semana?

Lunes..... (1432(____-1	Correct..... (1433(____-1
Martes.....____-2	Error.....____-0
Miercoles.....____-3	
Jueves.....____-4	
Viernes.....____-5	
Sabado.....____-6	
Domingo.....____-7	
No sé.....____-8	
Se negó.....____-9	

W6.**P-R** ¿Me puede decir en dónde estamos ahora mismo? Por ejemplo, ¿en qué estado estamos?

Arizona.....(1434(\_\_\_\_-1  
 California.....\_\_\_\_-2  
 Colorado.....\_\_\_\_-3  
 New Mexico.....\_\_\_\_-4  
 Texas.....\_\_\_\_-5  
 Other: SPECIFY):

Correct.....(1435(\_\_\_\_-1  
 Error.....\_\_\_\_-0

\_\_\_\_...\_\_\_\_-6  
 No sé.....\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

W7.**P-R** ¿En qué condado ó distrito estamos?

Condado: \_\_\_\_\_  
 (1436-1479)

Correct..(1480(\_\_\_\_-1 Error....\_\_\_\_-0

W8.**P-R** ¿En qué ciudad ó pueblo estamos?

Condado: \_\_\_\_\_  
 (1508-1553)

Correct..(1554(\_\_\_\_-1 Error....\_\_\_\_-0

W9.**P-R** ¿En qué piso de este edificio estamos?

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/ Piso  
 (1555-1557)

Basement.....(1558(\_\_\_\_-1  
 Ground level.....\_\_\_\_-2  
 No sé.....\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

Correct.....(1559(\_\_\_\_-1  
 Error.....\_\_\_\_-0

+-----+  
 | 1560-1580Z |  
 +-----+

W10.**P-R** ¿Cuál es la dirección de este domicilio? (YOU ONLY NEED STREET ADDRESS -- IF THEY REFUSE TO ANSWER RECORD AS ERROR.)

DIRECCIÓN: \_\_\_\_\_(1608-1653)Z

Correct..(1654(\_\_\_\_-1 Error....\_\_\_\_-0



W11.**P-R** Le voy a nombrar tres cosas. Después que las diga yo, quiero que me las repita. Acuérdesse que son, porque le voy a pedir que las repita otra vez en unos momentos.

"MANZANA"

"MESA"

"CENTAVO"

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

	<u>RECORD ANSWERS</u> From 1st Trial	<u>CORRECT</u>	<u>ERROR</u>
a. Manzana.....	_____	(1655 (____-1	____-0
b. Mesa.....	_____	(1656 (____-1	____-0
c. Centavo.....	_____	(1657 (____-1	____-0

RECORD NUMBER OF TRIALS: (1658 (/\_\_\_\_/

W12.**P-R** Ahora, quiero que usted me deletree una palabra. La palabra es "mundo". (IF THE RESPONDENT IS UNABLE TO SPELL THE WORD "MUNDO" SPELL IT FOR HIM/HER) Ahora, deletreeme "mundo" a revers.

  O     D     N     U     M    
(1659-1663)

LETTERS IN CORRECT ORDER: 1.....(1664 (\_\_\_\_-1  
2.....\_\_\_\_-2  
3.....\_\_\_\_-3  
4.....\_\_\_\_-4  
5.....\_\_\_\_-5  
Illiterate/Can't read..\_\_\_\_-6  
Ninguna.....\_\_\_\_-0  
Se negó.....\_\_\_\_-9

W13.**P-R** Ahora, ¿qué fueron las tres cosas que le pedí que recordara? (IF REFUSES TO ANSWER RECORD AS ERROR.)

	<u>Record Answers</u>	<u>Correct</u>	<u>Error</u>
a. Manzana .....	_____	(1665 (____-1	____-0
b. Mesa .....	_____	(1666 (____-1	____-0
c. Centavo.....	_____	(1667 (____-1	____-0

SHOW RESPONDENT A WRIST WATCH AND ASK:

W14.**P-R** ¿Qué es esto? (IF RESPONDENT SAYS "RELOJ (de pulsera ó de bolsillo)" COUNT AS CORRECT. IF REFUSES TO ANSWER RECORD AS ERROR.) (IF "CLOCK" PROBE: ¿Hay otro nombre para decirlo?) (THEN IF ONLY RESPONSE IS CLOCK, CODE AS ERROR)

Correct      Error

Reloj...(1668(\_\_\_\_-1      \_\_\_\_-0

IF UNABLE TO DO RECORD REASON:

Blind.....(1669(\_\_\_\_-1  
Other: (SPECIFY):

.....-2

SHOW RESPONDENT A PENCIL AND ASK:

W15.**P-R** ¿Qué es esto? (IF REFUSES TO ANSWER RECORD AS ERROR.)

Correct      Error

Lápiz...(1670(\_\_\_\_-1      \_\_\_\_-0

IF UNABLE TO DO RECORD REASON:

Blind.....(1671(\_\_\_\_-1  
Partially blind.....-8  
Other: (SPECIFY):

.....-2

W16.**P-R** Quiero que me repita una frase: La frase es (READ THEM). (ALLOW ONLY 1 TRIAL. CODE "CORRECT" REQUIRES AN ACCURATELY ARTICULATED REPETITION. CODE CORRECT IF "'S" ARE DROPPED.)

Correct      Error

"No si's, y's, ó peros"..(1672(\_\_\_\_-1      \_\_\_\_-0

SHOW RESPONDENT THE CARD THAT HAS PRINTED ON IT: "CIERRE LOS OJOS" (SHOWCARD #10)  
**W17.P-R** Por Favor lea las palabras en esta página y luego haga lo que dicen. (CODE  
 "CORRECT" IF RESPONDENT CLOSES EYES.)

	<u>Correct</u>	<u>Error</u>
Cierre los ojos.....(1673(____-1		____-0

IF UNABLE TO DO RECORD REASON:

Blind.....(1674(9310)-1		
Illiterate.....(9311)-3		
Partially blind.....(9312)-8		
Other: (SPECIFY):		
_____ (9313)-2		+-----+
		1675-1680Z
		+-----+

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

**W18.P-R** (Gracias, por favor abre los ojos ahora) Por favor, escuche a las instrucciones que le voy a dar. Le voy a dar un papel. Cuando se lo de, tome el papel en la mano derecha, doble el papel en mitad con las dos manos, y luego ponga el papel en el suelo/piso. (DO NOT REPEAT INSTRUCTION OR COACH.)

INTERVIEWER OBSERVATION	<u>CORRECT</u>	<u>ERROR</u>
a. Takes paper in right hand.....(1708(____-1		____-0
b. Folds paper in half.....(1709(____-1		____-0
c. Puts paper down on the floor..(1710(____-1		____-0

IF UNABLE TO DO RECORD REASON:

Paralyzed.....(1711(9320)-1  
 Amputee.....(9321)-2  
 Blind.....(9322)-5  
 Arthritis.....(9323)-6  
 Can't hold paper.....(9324)-7  
 Partially blind.....(9325)-8  
 Otro (SPECIFY):  
 \_\_\_\_\_...(9326)-3

GIVE RESPONDENT A PIECE OF PAPER AND A PEN OR PENCIL AND ASK THE FOLLOWING:

**W19.P-R** Escribe una frase completa en este papel por favor. (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>
FULL SENTENCE CORRECTLY WRITTEN.....(1712(____-1		____-0

IF UNABLE TO DO RECORD REASON:

Blind.....(1713(9330)-1  
 Illiterate.....(9331)-2  
 Paralyzed.....(9332)-3  
 Arthritis.....(9333)-5  
 Can't hold pencil.....(9334)-6  
 Partially blind.....(9335)-7  
 Otro (SPECIFY):  
 \_\_\_\_\_...(9336)-0

HAND RESPONDENT DRAWING HOLDING IT WITH LEFT PENTAGON POINTING UP (SHOW CARD #11)

W20.**P-R** Aquí está un dibujo. Por favor, copie el dibujo en el mismo papel. (MUST HAVE ALL 10 ANGLES, AND TWO PENTAGONS MUST INTERSECT. TREMOR AND ROTATION ARE IGNORED) (ATTACH SHEET TO COMPLETED QUESTIONNAIRE)

CORRECTERROR

DIAGRAM CORRECTLY COPIED.....(1714(\_\_\_\_-1      \_\_\_\_-0

IF UNABLE TO DO RECORD REASON:

Blind.....(1715(9340)-1

Paralyzed.....(9341)-2

Amputee.....(9342)-3

Illiterate.....(9343)-4

Arthritis.....(9344)-5

Can't hold pencil.....(9345)-6

Partially blind.....(9346)-7

Otro (SPECIFY):

.....(9347)-0

INTERVIEWER: SCORING MMSE -- AWARD 1 POINT FOR EACH ITEM CORRECT IN Q.W1. TO Q.W20. ON Q.W12. AWARD 1 POINT FOR EACH LETTER THAT IS CORRECT.

IF RESPONDENT COMPLETES ALL SECTIONS OF MMSE:

MMSE SCORE    /\_\_\_\_/\_\_\_\_/  
(1716-1717)

IF RESPONDENT UNABLE TO COMPLETE ALL SECTIONS OF THE MMSE BECAUSE OF BLINDNESS OR A PHYSICAL HANDICAP:

When tallying score at end of section, fill in number of correct responses.

\*Underneath that record number of "errors."

MMSE CORRECT SCORE    /\_\_\_\_/\_\_\_\_/  
(1718-1719)

MMSE "ERRORS"    /\_\_\_\_/\_\_\_\_/  
(1720-1721)

+-----+  
| 1722-1730Z |  
+-----+

**X. CESD****(USE SHOW CARD #12)**

X.P-R Ahora tengo algunas declaraciones explicando las maneras que usted se puede haber sentido durante la semana pasada. Por cada de las declaraciones, por favor dígame si se sintió de este modo durante la semana pasada raramente ó en ningún tiempo (que sería menos de ún día), algo ó poco del tiempo (que sería de uno a dos días), ocasionalmente ó una cantidad de tiempo moderada (que sería tres ó cuatro días), o la mayoría de o todo el tiempo (que sería cinco a siete días). (IF RESPONDENT GIVES NUMBER OF DAYS RECORD APPROPRIATELY)

	Raramente O Ningún Tiempo (Menos de 1 Día)	Algo O Poco Del Tiempo (1-2 Días)	Ocasional- mente O Tiempo Moderado (3-4 Días)	Mayoría de o todo el Tiempo (5-7 Días)	No Sé
1. Me molestaron cosas que normalmente no me molestan....(1731(____-0	____-1	____-2	____-3	____-8	
2. No tenía ganas de comer, no tenía apetito.....(1732(____-0	____-1	____-2	____-3	____-8	
3. Me sentí tan desanimado(a) que ni mi familia ni mis amigos me podían aliviar.....(1733(____-0	____-1	____-2	____-3	____-8	
4. Me sentí que valgo tanto como otras personas.....(1734(____-0	____-1	____-2	____-3	____-8	
5. Tenía problemas prestando atención a lo que estaba haciendo.....(1735(____-0	____-1	____-2	____-3	____-8	
6. Me sentí deprimido(a).....(1736(____-0	____-1	____-2	____-3	____-8	
7. Me sentí que todo lo que hacía me costaba esfuerzo.....(1737(____-0	____-1	____-2	____-3	____-8	
8. Sentí esperanza para el futuro.....(1738(____-0	____-1	____-2	____-3	____-8	
9. Pensé que mi vida fue un fracaso.....(1739(____-0	____-1	____-2	____-3	____-8	
10. Tenía miedo.....(1740(____-0	____-1	____-2	____-3	____-8	
11. Dormí sin descansar.....(1741(____-0	____-1	____-2	____-3	____-8	
12. Yo estaba feliz.....(1742(____-0	____-1	____-2	____-3	____-8	
13. Platique menos de lo normal...(1743(____-0	____-1	____-2	____-3	____-8	
14. Me sentí solo(a).....(1744(____-0	____-1	____-2	____-3	____-8	
15. La gente no fue amistosa conmigo.....(1745(____-0	____-1	____-2	____-3	____-8	
16. Disfruté de la vida.....(1746(____-0	____-1	____-2	____-3	____-8	
17. Tenía ganas de llorar.....(1747(____-0	____-1	____-2	____-3	____-8	
18. Me sentí triste.....(1748(____-0	____-1	____-2	____-3	____-8	
19. Sentía que la gente no me quería.....(1749(____-0	____-1	____-2	____-3	____-8	
20. No podía animarme a hacer nada.....(1750(____-0	____-1	____-2	____-3	____-8	

(4318-4319) Z

**Y. FUMAR**

Y3.P ¿Fuma cigarrillos ahora?

Sí.....(1751(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(1752-1756) Z

**Z. CONSUMO DE BEBIDAS ALCOHÓLICAS**

Z2.P En el mes pasado, ¿ha tomado cerveza, vino ó licor?

1. Si, tomí cerveza, vino, y licor.....(1757(-1

2. No, no ha tomado.....(-2

3. No Se.....(-8

4. Se Nego.....(-9

(1758-1759) Z

**BB. IADLS**ASK EVERYONE

BB1.P Ahora quisiera preguntarle acerca de algunas de las actividades diarias, cosas de las que todos necesitamos hacer como parte de nuestras vidas diarias. Quiero saber si Ud. puede hacer estas actividades solo(a) sin la ayuda de otra persona(s). (READ LIST)

<u>DO NOT ROTATE</u>		<u>Sí</u>	<u>No</u>	<u>No Sé</u>	<u>Se Negó</u>
a.	Puede usted usar el teléfono sin ayuda (incluso mirar los numeros y marcar).....(4308(	___-1	___-2	___-8	___-9
b.	Puede usted manejar su propio carro ó viajar solo(a) en autobuses ó en taxis.....(4309(	___-1	___-2	___-8	___-9
c.	Puede usted ir de compras para comestibles (comida) ó ropa sin ayuda (para encargarse de todo lo que necesita comprar, suponiendo que usted tiene transportación).....(4310(	___-1	___-2	___-8	___-9
d.	Puede usted preparar su propia comida sin ayuda [planear/cocinar sus comidas por sí mismo(a)].....(4311(	___-1	___-2	___-8	___-9
e.	Puede usted sin ninguna ayuda hacer los quehaceres de la casa (lavar los platos y tender la cama).....(4312(	___-1	___-2	___-8	___-9
f.	Puede usted sin ninguna ayuda tomar su medicina (en las dosis correctas y a tiempo).....(4313(	___-1	___-2	___-8	___-9
g.	Puede usted sin ninguna ayuda manejar su propio dinero (escribir cheques, pagar cuentas).....(4314(	___-1	___-2	___-8	___-9
h.	Puede usted hacer trabajo pesado en casa como lavar ventanas, paredes, y pisos sin ninguna ayuda.....(4315(	___-1	___-2	___-8	___-9
i.	Puede usted subir y bajar las escaleras al segundo piso sin ayuda.....(4316(	___-1	___-2	___-8	___-9
j.	Puede usted caminar media milla sin ayuda....(4317(	___-1	___-2	___-8	___-9
				+-----+	
				4318-4319Z	
				+-----+	

**IADLS (Cont'd)**

ASK ONLY OF THOSE WHO SAID "NO" TO AT LEAST ONE OF THE ABOVE. IF ALL "YES", SKIP TO Q. BB2A.

Usted dijo que no puede hacer \_\_\_\_\_ (MENTION NO'S FROM BB1A-BB1J) sin la ayuda de una persona.

**\*BB11.P**

¿Quien es ésta persona y cual es la relación a usted? (IF MORE THAN ONE PERSON, ASK : Quien te ayuda mas? FIRST)

NAME \_\_\_\_\_ (8108-8127)

/ / / ENTER RELATIONSHIP CODE  
(8128-8129)

No sé.....(8130(-8  
Se negó.....-9

¿Quien mas?

NAME \_\_\_\_\_ (8131-8150)

/ / / ENTER RELATIONSHIP CODE  
(8151-8152)

No sé.....(8153(-8  
Se negó.....-9

CODES FOR RELATIONSHIPS:

- |                                      |   |
|--------------------------------------|---|
| 01= Respondiente es el/la jefe(a) de | 11= Bisnieto(a)                               |
| la casa                              | 12= Otro pariente/familiar (SPECIFY):         |
| 02= Esposo(a)                        |   |
| 03= Hijo(a) (incluya                 | 13= Amigo(a)                                  |
| entado(a)/hijastro(a)                | 14= Bordante                                  |
| 04= Nuero/Nuera                      | 15= Empleado                                  |
| 05= Nieto(a)                         | 16= Otra persona que no es familia (SPECIFY): |
| 06= Padre(s)                         |   |
| 07= Hermano(a)                       | 17= Cuñado(a)                                 |
| 08= Sobrino(a)                       | 98 No sé                                      |
| 09= Primo(a)                         | 99 Se negó                                    |
| 10= Tio(a)                           |   |



ADLS

BB2a.P Ahora le voy a hacer unas preguntas acerca de la ayuda que Ud. necesita para hacer ciertas cosas.

Hoy en día, necesita Ud. ayuda de alguna persona ó de algún equipo especial ó aparato para poder hacer las siguientes cosas? (READ EACH ITEM) (RECORD ANY HELP AS "HELP". REPEAT LEAD QUESTION AND RESPONSE CATEGORIES AS NECESSARY.)

<u>DO NOT ROTATE</u>				No	No
	Necesita Ayuda	Necesita Ayuda	Puede Hacerlo	No Sé	Se Negó
a. Para caminar por un cuarto pequeño.....(4320(	___-1	___-2	___-3	___-8	___-9
b. Bañándose (ya sea baño de esponja, de tina, ó de regadera).....(4321(	___-1	___-2	___-3	___-8	___-9
c. Para el arreglo personal tales como cepillarse el cabello, cepillarse los dientes, ó lavarse la cara.....(4322(	___-1	___-2	___-3	___-8	___-9
d. Vistiéndose (como ponerse una camisa, abotonarse, ó poniendose los zapatos.....(4323(	___-1	___-2	___-3	___-8	___-9
e. Comiendo (como agarrando un tenedor, cortar comida ó beber de un vaso).....(4324(	___-1	___-2	___-3	___-8	___-9
f. Para levantarse de la cama a una silla.....(4325(	___-1	___-2	___-3	___-8	___-9
g. Usando el baño (inodoro).....(4326(	___-1	___-2	___-3	___-8	___-9
				(4327-4507)	Z

ASK ONLY OF THOSE WHO SAID "NEED HELP" OR "UNABLE TO DO" TO AT LEAST ONE OF THE ABOVE. IF ALL "YES", SKIP TO Q.CC1

¿Usted dijo qué necesita ayuda con \_\_\_\_\_. (Mention: NEED HELP/UNABLE TO DO from Q.BB2a-Q.BB2g).

BB2h.P. ¿Es ésta ayuda de una persona, de equipo especial ó ambas?

Persona.....(8154(-1 (ASK Q.BB2i)  
 Equipo especial.....-2 (SKIP TO Q.CC1)  
 Ambas.....-3 (ASK Q.BB2i)  
 No sé.....-8 (ASK Q.BB2i)  
 Se negó.....-9 (ASK Q.BB2i)

BB2i.P.¿Quien es esta persona y cual es la relación a usted? (IF MORE THAN ONE PERSON, ASK . . . ¿"Quien le ayuda mas" FIRST)?

NAME: \_\_\_\_\_ (8155-8174)

/ / / ENTER RELATIONSHIP CODE

(8175-8176)

No sé.....(8177(-8

Se negó.....-9

(8178-8180) Z

¿Quien más?

NAME: \_\_\_\_\_ -  
(8208-8227)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ENTER RELATIONSHIP CODE  
(8228-8229)

No sé.....8230)-8

Se negó.....-9

CODES FOR RELATIONSHIPS:

01=	Respondiente es el/la jefe(a) de	11=	Bisnieto(a)
	la casa	12=	Otro pariente/familiar (SPECIFY):
02=	Esposo(a)		
03=	Hijo(a) (incluya	13=	Amigo(a)
	entado(a)/hijastro(a)	14=	Bordante
04=	Nuero/Nuera	15=	Empleado
05=	Nieto(a)	16=	Otra persona que no es familia (SPECIFY):
06=	Padre(s)		
07=	Hermano(a)	17=	Cuñado(a)
08=	Sobrino(a)	98=	No sé
09=	Primo(a)	99=	Se negó
10=	Tio(a)		

**CC. ELEMENTOS DE TENSIÓN/EVENTOS EN LA VIDA**ASK EVERYONE

CC1. **P** Aquí tengo una lista de experiencias que le ocurren a la gente y podrían afectar a su salud. Según leo la lista, indíqueme cuando menciono algo que le ha sucedido en el año pasado, es decir desde (la fecha de hace un año). (READ LIST)

<u>DO NOT ROTATE</u>	<u>SÍ</u>	<u>No</u>	<u>No Sé</u>	<u>Se Negó</u>
<u>ASK EVERYONE</u>				
b. ¿Ha sufrido una enfermedad ó herida que le impidió hacer sus actividades normales (trabajo, quehaceres) por una semana ó más?.....(4516(	____-1	____-2	____-8	____-9
c. ¿Algún familiar ó amigo(a) íntimo ha muerto? . .(4517(	____-1	____-2	____-8	____-9
IF YES, ¿FUÉ SU ESPOSO(A), UN HIJO(A)O ALGUNA OTRA PERSONA?)				
_____(4518-4519)				
d. ¿Algún miembro de la familia ó amigo sufrió alguna enfermedad seria o herida?.....(4520(	____-1	____-2	____-8	____-9
e. ¿Su situación financiera se ha empeorado considerablemente?.....(4521(	____-1	____-2	____-8	____-9
*f. ¿Su situación financiera se ha mejorado considerablemente?.....(4522(	____-1	____-2	____-8	____-9
g. ¿Su esposo(a) ha sido hospitalizado?.....(4523(	____-1	____-2	____-8	____-9
*h. ¿Tuvo usted que tomar la responsabilidad de tener que cuidar a otra persona de forma permanente?..(4524(	____-1	____-2	____-8	____-9
*i. ¿Su (esposo(a)/hijo(a)/otro compañero de la casa) se mudó (o salió) de su casa?.....(4525(	____-1	____-2	____-8	____-9
*j. ¿Usted o otro pariente tuvo algún problema legal? (con la ley).....(4526(	____-1	____-2	____-8	____-9
k. ¿Ha sido víctima de un crimen?.....(4527(	____-1	____-2	____-8	____-9
*l. ¿Se trasladaron su esposo(a) a una residencia de ancianos o casa de reposo?.....(4528(	____-1	____-2	____-8	____-9
*m. ¿Usted se trasladó (se mudó) a una residencia diferente?.....(4529(	____-1	____-2	____-8	____-9
n. ¿Había cualquier otro evento importante que le pasó a usted? (SPECIFY): (SINGLE RECORD).....(4530(	____-1	____-2	____-8	____-9
_____(4531-4532)				

CC3. Ahora por favor piense en todos los aspectos de su vida. ¿Qué tan satisfecho(a) está usted -- completamente satisfecho(a), muy satisfecho(a), un poco satisfecho(a), ó no está satisfecho(a). (USE SHOW CARD #13)

Completamente satisfecho(a)....(4533(	_____	-1	
Muy satisfecho(a).....	_____	-2	
Un poco satisfecho(a).....	_____	-3	
No está satisfecho(a).....	_____	-4	
No sé.....	_____	-8	+-----+
Se negó.....	_____	-9	4534-4580Z
			+-----+

CC4.(IV) Cuando necesita de ayuda con un problema o una situación difícil, ¿cuál de los siguientes métodos describe mejor la manera en que prefiere enfrentarlo? ¿Diría usted que... (USE SHOWCARD #14)

Alguien le anima ser más independiente .. . . . .	(9420)-1
Alguien le enseña como dirigir su conducta mejor. . . . .	-2
Alguien le da compasión y entendimiento. . . . .	-3
Alguien le arrima y le da los suministros y servicios que usted necesita. . . . .	-4
No sé. . . . .	-8
Se negó. . . . .	-9

**DD. BIEN ESTAR (IV)**

\*DD3. Ahora, quisieramos saber qué edad siente usted. Dijiere que sientes joven, de edad mediana, viejo ó muy viejo? (SHOW CARD #15)

Joven.....	(8231(____	-1
De edad mediana.....		-2
Viejo.....		-3
Muy viejo.....		-4
No sé.....		-8
Se negó.....		-9

\*DD4. En general, ¿qué tan feliz dijiere que ud esta? ¿Está muy feliz, un tanto feliz, no mucho feliz ó de ningun feliz? (SHOW CARD #16)

Muy feliz.....	(8232(____	-1
Un tanto feliz.....		-2
No mucho feliz.....		-3
De Ningun feliz.....		-4
No sé.....		-8
Se negó.....		-9

\*DD5. ¿Puede alguien con salud débil aprender a vivir una buena vida?

Si.....	(8233(____	-1
No.....		-2
No sé.....		-8
Se negó.....		-9

**EE. RELIGION**

EE2. ¿Con qué frecuencia atiende Ud. a los servicios religiosos o a una iglesia? (SHOW CARD #17)

Nunca/casi nunca.....	(4610 (____	-1
Algunas veces al año.....	_____	-2
1-2 veces al mes.....	_____	-3
Casi cada semana.....	_____	-4
Más que una vez a la semana.....	_____	-5
No sé.....	_____	-8
Se negó.....	_____	-9

\*EE5. ¿Hasta que punto esta su religion envuelto de cualquier manera, en tratar y comprender situaciones tensionadas? (SHOW CARD #18)

Muy envuelto.....	(8234 (____	-1
Algo envuelto.....	_____	-2
No tan envuelto.....	_____	-3
No esta envuelto en lo absoluto.....	_____	-4
No sé.....	_____	-8
Se negó.....	_____	-9

\*EE6. Usando su propia definición de una persona religiosa, ¿es usted muy religioso(a), algo religioso(a), no muy religioso(a) o no religioso(a) en absoluto? (SHOW CARD #19)

Muy religioso(a).....	(8235 (____	-1
Algo religioso(a).....	_____	-2
No muy religioso(a).....	_____	-3
No religioso(a) absolutamente.....	_____	-4
No sé.....	_____	-8
Se negó.....	_____	-9

\*EE7. ¿Cuántas veces reza usted privadamente, además de que en la iglesia? (SHOW CARD #20)

Varias tiempas al dia.....	(8236 (____	-1
Casi una vez al dia.....	_____	-2
Varios tiempos en la semana.....	_____	-3
Solamente en ocasiones especiales.....	_____	-4
Casi nunca o nunca.....	_____	-5
No sé.....	_____	-8
Se negó.....	_____	-9

Ahora quisieramos preguntarle acerca de responsabilidades que usted tenga de cuidar a un miembro mayor de su familia, ó cualquier miembro de su familia que tiene problemas.

Si.....	(8237(____-1	(ASK Q.*RR1a)
No.....	-2	(SKIP TO SECTION
		HH page 47)
No sé.....	-8	
Se negó.....	-9	

01=	Respondiente es el/la jefe(a) de la casa	11=	Bisnieto(a)
02=	Esposo(a)	12=	Otro pariente/familiar (SPECIFY):
03=	Hijo(a) (incluya entenado(a)/hijastro(a)	13=	Amigo(a)
04=	Nuero/Nuera	14=	Bordante
05=	Nieto(a)	15=	Empleado
06=	Padre(s)	16=	Otra persona que no es familia (SPECIFY):
07=	Hermano(a)	17=	Cuñado(a)
08=	Sobrino(a)	98	No sé
09=	Primo(a)	99	Se negó
10=	Tio(a)		

(NOMBRE) tiene Alzheimers ó problemas de memoria. . . . .	(8261(9250)-1
(NOMBRE) esta incapacitado(a) pero no postrado en cama (por ejemplo, en silla de ruedas o andador).. . .	(9251)-2
(NOMBRE) esta postrado(a) en cama (por ejemplo con apoplejía o fractura de cadera). (9252)-3	
(NOMBRE) tiene una enfermedad (por ejemplo pulmonía, débil, enfermedad cardíaca).. . . .	(9253)-4
(NOMBRE) tiene un problema mental o problemas con el alcohol o drogas. . . . .	(9254)-5
Other (Specify)	
_____.	(9255)-6
No sé. . . . .	(9256)-8
Se negó. . . . .	(9257)-9

\*RR1d. ¿Usa/tiene usted servicios de descanso para (NOMBRE)? (INTERVIEWER NOTE: IF NECESSARY: Estes son servicios (proveidos en su casa, en un centro u iglesia) que le dan un descanso de cuidar de (NOMBRE))

Sí.....(8262)-1  
 No.....-2  
 No sé . . . . . -8  
 Se negó . . . . . -9

\*RR2. ¿Cuanto tiempo hace que usted comenzó ayudando a (NOMBRE) en hacer cosas que el (ella) ya no puede hacer por el (ella) mismo(a)? (INTERVIEWER: DO NOT READ LIST. CHECK OFF THE MOST APPROPRIATE ANSWER BASED ON RESPONDENT'S RESPONSE) (USE SHOW CARD #21)

Menos que 6 meses pasado..... (8263)-1  
 6-12 meses pasado..... -2  
 1-2 años pasado..... -3  
 3-5 años pasado..... -4  
 6-10 años pasado..... -5  
 11 o más años pasado..... -6  
 No sé..... -8  
 Se negó..... -9

\*RR3. ¿Le ayuda usted a (NOMBRE) con alguno de los siguientes?

	<u>Si</u>	<u>No</u>	<u>No</u> <u>Sé</u>	<u>Se</u> <u>Nego</u>
( ) A. Bañandose..... 8264)	-1	-2	-8	-9
( ) B. Usando el baño..... 8265)	-1	-2	-8	-9
( ) C. Vistiendose..... 8266)	-1	-2	-8	-9
( ) D. Comiendo..... 8267)	-1	-2	-8	-9
( ) E. Caminando..... 8268)	-1	-2	-8	-9

\*RR4. ¿Aproximadamente cuantas horas por dia le provee usted cuidando a (NOMBRE)?

    /    /     Range # of hours (1-24)  
 (8269-8270)

Menos de una hora.....(8269-8270)-25  
 No sé. . . . . (8271)-8  
 Se negó..... (-9)

(8272-8280) Z



BURDEN SCALE

\*RR5. Que tan frecuentemente siente Ud. (USE SHOW CARD #22)

	<u>Nunca</u>	<u>Rara- mente</u>	<u>A Veces</u>	<u>Frecuen- temente</u>	<u>Casi Siempre</u>	<u>No Sé</u>	<u>Se Nego</u>
( ) A. que (NOMBRE) pide mas ayuda que es la necesaria? ..... (8308(	-1	-2	-3	-4	-5	-8	-9
( ) B. que debido al tiempo que usted emplea con (NOMBRE), no tiene tiempo para usted mismo? .... (8309(	-1	-2	-3	-4	-5	-8	-9
( ) C. estresado(a) por el tiempo que usted dedica al cuidado de (NOMBRE) al mismo tiempo que tiene sus responsabilidades para su familia? ..... (8310(	-1	-2	-3	-4	-5	-8	-9
( ) D. embarazoso(a) por el comportamiento de (NOMBRE)? ..... (8311(	-1	-2	-3	-4	-5	-8	-9
( ) E. enfadado(a) cuando esta con (NOMBRE)? (8312(	-1	-2	-3	-4	-5	-8	-9
( ) F. que las relaciones que usted tiene con (NOMBRE) le afecta sus relaciones con otros miembros de su familia o amigos de una forma negativa(8313(	-1	-2	-3	-4	-5	-8	-9
( ) G. temor por el futuro de (NOMBRE) ..... (8314(	-1	-2	-3	-4	-5	-8	-9
( ) H. que (NOMBRE) se depende de usted (8315(	-1	-2	-3	-4	-5	-8	-9
( ) I. Tenso(a) cuando usted esta con (NOMBRE)? ..... (8316(	-1	-2	-3	-4	-5	-8	-9
( ) J. que su salud ha sufrido por su compromiso con (NOMBRE) ..... (8317(	-1	-2	-3	-4	-5	-8	-9
( ) K. que no tiene usted tanta privacidad como usted quisiera debido a su compromiso con (NOMBRE) ..... (8318(	-1	-2	-3	-4	-5	-8	-9
( ) L. que su vida social ha sufrido por los cuidados que tiene usted a (NOMBRE)? ..... (8319(	-1	-2	-3	-4	-5	-8	-9

( )M. incomodo al tener invitados en su casa debido a (NOMBRE) .....	(8320(	-1	-2	-3	-4	-5	-8	-9
( )N. que (NOMBRE) espera que se va a tomar ciudadado de el ó ella como si usted fuera la unica persona que lo puede hacer .....	(8321(	-1	-2	-3	-4	-5	-8	-9
( )O. que no tiene suficiente dinero para tomar ciudadado de (NOMBRE) sumando al resto de sus gastos personales .....	(8322(	-1	-2	-3	-4	-5	-8	-9
( )P. que no le sera posible seguir ciudando a (NOMBRE) por mucho tiempo?	(8323(	-1	-2	-3	-4	-5	-8	-9
( )Q. que usted ha perdido el control de su vida debido a la enfermedad de (NOMBRE) .....	(8324(	-1	-2	-3	-4	-5	-8	-9
( )R. que usted podría dejar que alguna otra persona cuide de (NOMBRE) .....	(1825(	-1	-2	-3	-4	-5	-8	-9
( )S. indeciso de que hacer acerca de (NOMBRE) .....	(1826(	-1	-2	-3	-4	-5	-8	-9
( )T. que deberia de hacer más por (NOMBRE) .....	(8327(	-1	-2	-3	-4	-5	-8	-9
( )U. que podria mejorar el ciudadado que da usted a NOMBRE)? .....	(8328(	-1	-2	-3	-4	-5	-8	-9

ASK LAST

( )V. En general, con que frecuencia se siente agobiado(a) por el cuidado de (NOMBRE)? .....	(8329(	-1	-2	-3	-4	-5	-8	-9
---	--------	----	----	----	----	----	----	----

(8330) Z

**HH. EVALUACIÓN DE MOBILIDAD (POMA)**

Ahora continuemos con una parte más activa de la entrevista. Como usted sabe, ciertos movimientos de su cuerpo le serán mas difíciles al envejecer. Ahora quiero que trate usted de hacer algunos movimientos de su cuerpo en los que tiene que mover los brazos ó las piernas.

Primero le describiré y le enseñaré como hacer cada movimiento. Luego me gustaría que usted trate de hacerlo

. Si no puede hacer cierto movimiento ó crée que es peligroso hacerlo, dígamelo y continuaremos con otro. Quiero hacer énfasis en que no quiero que haga ningún ejercicio que crea usted que es peligroso ó que puede causarle algún daño. ¿Tiene usted algunas preguntas antes de que empecemos? (PAUSE AND RESPOND TO ANY QUESTION THAT IS RAISED.) O.K. Vamos a comenzar. Primero le demostraré, y luego le voy a pedir que trate de hacer el ejercicio.

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

\*HHA. Is respondent bedridden? Yes..(4611(\_\_\_\_-1 No..\_\_\_\_-2  
\*HHB. Is respondent unable to stand with support? Yes..(4612(\_\_\_\_-1 No..\_\_\_\_-2

IF YES TO Q.HHA OR Q.HHB, SKIP TO Q.HH7a, Page 57

\*HHC. Is respondent only able to stand with support? Yes..(4613(\_\_\_\_-1 No..\_\_\_\_-2

IF YES IN Q.HHC, SKIP TO Q.HH10

\*HHD Does respondent use a wheel chair? Yes..(4614(\_\_\_\_-1 No..\_\_\_\_-2

**IF NO TO ALL ABOVE ITEMS**

+-----+  
| **ASK Q.HH1** |  
+-----+

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.

Tried but unable.....(4619(\_\_\_\_-5 SKIP TO QHH5a PAGE 50)  
Not attempted, interviewer felt unsafe.....-6  
Not attempted, participant felt unsafe.....-7  
Se negó.....-9

**ASK Q.HH2 IF RESPONDENT WAS ABLE TO HOLD STAND FOR 10 SECONDS (Q.HH1)****ESTANDO DE PIE, UN PIE TRAS MITAD DEL OTRO (OJOS ABIERTOS)**

HH2. **P-R** Ahora me gustaría que trate de permanecer parado(a) con el talón tocando el dedo gordo del otro pie por diez segundos. Usted puede usar cualquier pie con el que se sienta mejor. (DEMONSTRATE THE SEMI-TANDEM POSITION FOR THE RESPONDENT.)

Usted puede usar los brazos, doblar las rodillas, ó mover el cuerpo para mantener su equilibrio ó balance, pero procure no mover los pies. Trate de mantenerse en esta posición hasta que yo le indique que pare. ¿Está claro lo que acabo de explicar?

- \* STAND NEXT TO THE 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 RESPONDENT IF HE/SHE IS READY.
- \* THEN LET GO AND START TIMING AS YOU SAY START.
- \* STOP THE STOP-WATCH AND SAY STOP AFTER TEN 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,  
(4620-4621) (4622) (4623) ASK Q.HH3)  
(IF LESS THAN 10 SECONDS, SKIP TO  
Q.HH5a)

Tried but unable.....(4624) (\_\_\_\_\_-5 GO TO Q.HH5a, PAGE 50)  
Not attempted, interviewer felt unsafe.....\_\_\_\_\_-6  
Not attempted, respondent felt unsafe.....\_\_\_\_\_-7  
Se negó.....\_\_\_\_\_-9

**ASK Q.HH3 IF RESPONDENT WAS ABLE TO HOLD PREVIOUS STAND FOR 10 SECONDS****ESTANDO DE PIE, UNO TRAS OTRO (OJOS ABIERTOS)**

HH3. **P-R** Ahora quiero que trate de permanecer parado(a) con el talón de un pie enfrente del otro pie y tocarse los dedos de los pies con el otro pie por unos diez segundos. Usted puede usar cualquier pie, con el que se sienta mejor. (DEMONSTRATE THE TANDEM POSITION FOR THE RESPONDENT.)

Usted puede usar los brazos, doblar las rodillas, ó mover su cuerpo para mantener su equilibrio ó balance, pero procure no mover los pies. Trate de mantenerse en esta posición hasta que yo le indique que pare. ¿Está claro lo que acabo de explicar?

- \* STAND NEXT TO THE 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 RESPONDENT IF HE/SHE IS READY.
- \* THEN LET GO AND START TIMING AS YOU SAY START.
- \* STOP THE STOP-WATCH AND SAY STOP AFTER TEN SECONDS OR WHEN THE RESPONDENT STEPS OUT OF POSITION. RECORD TO THE NEAREST TENTH OF A SECOND IF STEPS OUT EARLY.

NUMBER OF SECONDS HELD:       /      /       .       /       (IF HELD FOR 10 SECONDS,  
(4625-4626) (4627) (4628) GO TO Q.HH4)  
(IF LESS THAN 10 SECONDS, SKIP TO  
Q.HH5a, page 50)

Tried but unable.....(4629) (\_\_\_\_\_-5  
Not attempted, interviewer felt unsafe.....\_\_\_\_\_-6  
Not attempted, respondent felt unsafe.....\_\_\_\_\_-7  
Se negó.....\_\_\_\_\_-9

**ASK Q.HH4 IF RESPONDENT WAS ABLE TO HOLD PREVIOUS STAND FOR 10 SECONDS.****ESTANDO PARADO(A) EN UN SOLO PIE**

HH4. P-R Ahora observe otra vez. Me gustaría que usted trate de pararse en un solo pie por unos diez segundos así...(DEMONSTRATE). Inténtelo sin tocar ó sin detenerse de nada.

Yo voy a contar el tiempo, así que yo le diré cuándo empiece y cuándo termine. Usted puede intentarlo con cualquier de los pies. Usted puede detenerse en cualquier momento que sienta que pierde el equilibrio.

- . STAND TO SIDE AND SLIGHTLY BEHIND RESPONDENT. STAND TO THE SIDE OF THE RAISED LEG.
- . START STOPWATCH WHEN RESPONDENT'S FOOT LEAVES THE GROUND.
- . COUNT "1-2-3...10. NOW STOP" STOP STOPWATCH WHEN RAISED FOOT TOUCHES THE GROUND OR RESPONDENT GRABS ONTO SOMETHING FOR BALANCE. RECORD TO THE NEAREST TENTH OF A SECOND IF STEPS OUT EARLY.

**RESPONDENT STOOD ON:**

RIGHT LEG: Number of seconds held:       /      /       .       /      /        
(4630-4631) (4632) (4633)

Tried but unable.....(4634) (\_\_\_\_)-1  
Not performed for safety reasons.....\_\_\_\_-2  
Se negó.....\_\_\_\_-9

OR

LEFT LEG: Number of seconds held:       /      /       .       /      /        
(4635-4636) (4637) (4638)

Tried but unable.....(4639) (\_\_\_\_)-1  
Not performed for safety reasons.....\_\_\_\_-2  
Se negó.....\_\_\_\_-9

**LEVANTANDOSE DE UNA SILLA, REPITIENDO A CONTINUACIÓN**

HH5a. P-R Ahora quiero que trate de levantarse y sentarse en una silla cinco veces. ¿Se siente usted comodo(a) y seguro de sí mismo para tratar de levantarse de la silla sin usar los brazos, cinco veces rápidamente?

Sí.....(4640) (\_\_\_\_)-1 (SKIP TO Q.HH5d)  
No.....\_\_\_\_-2 (ASK Q.HH5b)  
No sé.....\_\_\_\_-8 (SKIP TO Q.HH5d)  
Se negó.....\_\_\_\_-9 (SKIP TO Q.HH10, Page 53)

**ASK Q.HH5b IF THINK WILL BE UNSAFE TO DO REPEATED CHAIR STANDS (Q.HH5a)**

HH5b.(IV) P-R ¿Por qué cree usted que es peligroso ó se siente inseguro?

A solo(a), no puede quedarse en pie. (4641)(9260)-1 (GO TO Q.HH5c)  
Problemas con la columna/espalda..... (9261)-2  
Problemas con las piernas..... (9262)-3  
Problemas con las rodillas..... (9263)-4  
El vértigo..... (9264)-5  
Miedo..... (9265)-6  
Artritis..... (9266)-7

No sé..... (9267)-8 (SKIP TO Q.HH10)  
Se negó..... (9268)-9  
OTHER (RECORD VERBATIM).....(4642) (9268)-0

\_\_\_\_\_(4643-4644)

\_\_\_\_\_(4645-4646)

\_\_\_\_\_(4647-4648)

ASK Q.HH5d IF THINK WILL BE SAFE (OR DON'T KNOW) TO DO REPEATED CHAIR STANDS (Q.HH5a)  
 HH5d. **P-R** DEMONSTRATE REPEATED CHAIR STAND TO RESPONDENT. Conserve ó mantenga sus brazos cruzados sobre el pecho. Por favor se ponga de pie y se queda recto(a) tan rápidamente como pueda cinco veces sin hacer pausas. Después de cada vez que se levante, siéntese y párese de nuevo. Yo le marcaré el tiempo con mi cronómetro. Por favor, comience cuando le diga "¿Listo(a)? De pie."

- \* 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 STOPWATCH 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: Sí.....(4649(\_\_\_\_-1 (SKIP TO Q.HH5f)

No.....\_\_\_\_-8 (GO TO QHH5c)

Se negó.....\_\_\_\_-9

ASK Q.HH5c IF REPEATED CHAIR STANDS NOT COMPLETED (Q.HH5d) OR NOT ATTEMPTED (Q.HH5b)  
 HH5c. **P-R** Reason not completed **five** chair stands.

Tried but unable.....(4650(\_\_\_\_-1 (SKIP TO Q.HH10, Page 53)  
 Not attempted, safety reasons.....\_\_\_\_-2  
 Not attempted, chair bound.....\_\_\_\_-3  
 Not attempted, other (SPECIFY):

.....-4  
 Se negó.....-9

ASK Q.HH5f AND Q.HH5g AND Q.HH6a IF COMPLETED 5 CHAIR STANDS (Q.HH5d)  
 HH5f. **P-R** Time to **complete all 5** chair stands? RECORD TO NEAREST TENTH OF A SECOND

      /      /       .       /      /       Seconds  
 (4651-4652) (4653) (4654)

HH5g. **P-R** Chair height: inches from floor to lowest point of chair seat)? RECORD TO THE NEAREST QUARTER INCH

      /      /       .       /      /       Inches  
 (4655-4656) (4657) (4658-4659)

**BENDING OVER**

HH6a. P-R El ejercicio que sigue incluye doblarse para recoger un lápiz. Si acaso Ud. tuvo cirugía de cataratas en las últimas seis semanas, no debe tratar de hacer este movimiento. ¿Ha tenido Ud. tal operación en las últimas seis semanas?

Sí.....(4660(\_\_\_\_-1 (SKIP TO Q.HH10, PAGE 53)

No.....-2 (ASK Q.HH6b)

No sé.....-8

Se negó.....-9

ASK Q.HH6b IF HAVE NOT HAD OPERATION FOR CATARACTS IN PAST 6 WEEKS (Q.HH6a)

HH6b. P-R Ahora cuando yo diga comience, me gustaría que se doble, recoja este lápiz, y se enderece. (PLACE PENCIL ON THE FLOOR IN FRONT OF THE RESPONDENT.) Por favor, póngase de pie antes de empezar este ejercicio. O.K., ¿ahora listo(a).....Comience. (START TIMING AT WORD BEGIN. STOP WHEN RESPONDENT IS FULLY UPRIGHT AGAIN AFTER PICKING UP THE PENCIL. IF RESPONDENT CANNOT DO THIS WITHIN 30 SECONDS, TELL THEM TO STOP.)

Completed: Sí.....(4661(\_\_\_\_-1 (GO TO Q.HH6c)

No sé.....-2 (ASK Q.HH6d)

Se negó.....-9

ASK Q.HH6c IF COMPLETED EXERCISE (Q.HH6b)

HH6c. P-R Time for bending over? (LIMIT TO 30 SECONDS -- RECORD TO NEAREST TENTH OF A SECOND)

      /      /       .       /      /       Seconds  
(4662-4663) (4664) (4665)

+-----+  
| SKIP TO Q.HH10 |

+-----+

ASK Q.HH6d IF DID NOT COMPLETE EXERCISE (Q.HH5b)

HH6d. P-R Reason not completed?

Tried but unable.....(4666(\_\_\_\_-1

Not performed for safety reasons.....-2

Se negó.....-9



**EVALUACIÓN DE PASO****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** Ahora vamos a observar como camina normalmente. Si acaso usted usa bastón o otra ayuda para caminar y se sentiría mas a gusto con eso, entonces usted puede usarla.

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.

Este es nuestro campo para caminar. Yo quiero que usted camine hasta el fin del campo a su velocidad normal, tal como si fuera caminando por la calle para ir a la tienda. Yo quiero que usted camine todo el campo pasando al otro fin de la regla antes de que se detenga. No camine despacio cuando se acerque al fin de la regla. Yo caminaré con usted. (DEMONSTRATE THE WALK FOR THE RESPONDENT.)

Cuando quiero que comience yo le diré: "Listo(a)? comience."

- \* HAVE THE RESPONDENT STAND WITH BOTH FEET TOGETHER AT THE END OF THE RULE.
- \* WHEN THE RESPONDENT IS PROPERLY POSITIONED AT STARTING LINE SAY "¿listo(a)? comienze".
- \* START STOPWATCH 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?

Sí.....(4667)(\_\_\_\_-1 (ASK Q.HH10b)

No .....-2 (SKIP TO Q.HH10d)

Se negó.....-9

ASK Q.HH10b-Q.HH10c IF WALK COMPLETED (Q.HH10a)

b. Seconds to complete?       /      /       .       /      /        
(4668-4669) (4670) (4671)

c Number of steps?

      /      /        
(4672-4673)  
+-----+  
| **SKIP TO Q.HH10e** |  
+-----+

ASK Q.HH10d IF WALK NOT COMPLETED (Q.HH10a)

d. Reason walk not completed?

Tried but unable.....(4674)(\_\_\_\_-1 (SKIP TO Q.HH7a,  
PAGE 55)

Not attempted, interviewer felt unsafe....-2

Not attempted, respondent felt unsafe.....-3

No sé aplica.....-4

Se negó.....-9

ASK Q.HH10e, Q.HH12a, Q.HH12b, Q.HH11 IF WALK COMPLETED

e. Aids for first walk?

No aid.....(4675)(\_\_\_\_-1

Wheelchair (as walking aid).....-2

Walker.....-3

Quad cane.....-4

Other cane.....-5

Other walking aid.....-6

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

Yes.....(4676(\_\_\_\_-1  
No.....\_\_\_\_-2

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

Uncarpeted.....(4677(\_\_\_\_-1  
Low carpet.....\_\_\_\_-2  
Other (SPECIFY):

\_\_\_\_\_...\_\_\_\_3

+-----+  
| 4678-4680Z |  
+-----+

**FUERZA DE APRETAR**

SUBJECTS 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** En el primer ejercicio voy a usar este instrumento, que se llama Dinámometro, para probar la fuerza de la mano que se siente con más fuerza. Sin embargo, si acaso Ud. ha tenido cirugía en el brazo ó en la mano en los últimos tres meses, no debe usted hacer este ejercicio. ¿Ha tenido usted cirugía recientemente de un brazo ó de una mano?

Sí.....(4719(\_\_\_\_-1 (SKIP TO Q.II1a)

No .....-2 (ASK Q.HH7b)

Se negó.....-9

ASK Q.HH7b IF HAVE NOT HAD SURGERY ON HAND OR ARM (Q.HH7a)

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

HH7b. **P-R** Me gustaría que tomara el brazo que crée usted que es el mas fuerte, ponga el codo sobre la mesa y la palma de la mano hacia arriba. Tome las dos piezas de metal juntas de esta manera. (DEMONSTRATE DYNOMOMETER) Dígame si tengo que ajustar el aparato. Cuando yo diga apriete, apriete tan fuerte como le sea posible. Las dos piezas de metal no se moverán pero yo podré leer en el marcador su fuerza de agarrar. Yo le pediré que haga esto dos veces. Si acaso Ud. siente cualquier dolor ó molestia, dígame y nos detendremos. (SCORE AS UNABLE/DISCONTINUED). RECORD TO THE NEAREST HALF KILOGRAM

TRIAL 1

/\_\_\_\_/\_\_\_\_/ . /\_\_\_\_/ kg.  
(4720-4721) (4722) (4723)

TRIAL 2

/\_\_\_\_/\_\_\_\_/ . /\_\_\_\_/ kg.  
(4725-4726) (4727) (4728)

Unable/Discontinued.....(4724(\_\_\_\_-1

Not performed for safety reasons.....-2

Se negó.....-9

Unable/Discontinued.....(4729(\_\_\_\_-1

Not performed for safety reasons.....-2

Se negó.....-9

HH7c. **P-R** Hand tested?

Right.....(4730(\_\_\_\_-1

Left.....-2

No sé aplica.....-3

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

5....(4731(\_\_\_\_-1

6.....-2

7.....-3

4732-4780Z

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respondent SP#(from sample card) / / / / / / / / / / (114-121)**HH. NICHOLAS DYNAMOMETER(IV)** (BLUE SAMPLE CARDS ONLY)

This section, Nicholas Dynamometer (Section HH) and Section JJ (SF-36, pg 70) are only for respondents who have been selected as having met specific criteria based on their answers from previous interviews in this study. For the interviewers who have also been previously selected to conduct these interviews, a blue sample card indicates that you are interviewing a respondent who has been selected for these sections.

There are three possible situations you should be familiar with:

1. You have a blue sample card and you are not conducting a proxy interview with the respondent. Administer the tests in the Nicholas Dynamometer Section HH and the questions in Section JJ.
2. You have a blue sample card and you have been conducting a proxy interview. Do not administer the tests in the Nicholas Dynamometer Section HH or ask the questions in Section JJ. Skip to Section II, Weight, pg. 69.
3. You do not have a blue sample card. Do not administer the tests in the Nicholas Dynamometer Section HH or ask the questions in Section JJ. Skip to Section II, Weight, pg. 69.

**IMPORTANT INTERVIEWER NOTE:**

If you are administering the tests from in the Nicholas Dynamometer section and the questions in Section JJ, it is extremely important that you write down the respondent's SP# on this page and in all the spaces provided on the pages for these sections. In the case that some pages are separated from the rest of the questionnaire, this will help us ensure accuracy in the study.

The SP# number is found on the sample card.

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respondent SP#(from sample card) / / / / / / / / / / (114-121)

respondent SP#(from sample card) / / / / / / / / / / (114-121)

**HH. NICHOLAS DYNAMOMETER(IV) (BLUE SAMPLE CARDS ONLY)**

Interviewer: MAKE SURE YOU ARE WEARING NON-SLIP SHOES FOR TRACTION. FOR EXAMPLE: TENNIS SHOES. USE THE SMALL WASH CLOTH BETWEEN THE INSTRUMENT AND THE SUBJECT'S LEG OR SHOULDER.

Ahora vamos a tomar algunas medidas de fuerza de los musculos en su pierna y hombro. Para obtener medidas correctas, yo tendré que apoyarme contra su hombro o pierna. Voy a usar un instrumento llamado un Dinamómetro de Nicolás para medir la fuerza de sus músculos. Si usted sentir cualquier dolor o malestar, dígame y pararemos (CODE AS UNABLE/ DISCONTINUED/ BEGINS TO HURT).

**ASK RESPONDENT DESIGNATED BY THE SAMPLE CARD**

HH20. ¿Ha tenido cirugía de la cadera, rodilla u hombro en los últimos tres meses?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>	
Hip surgery	1	2	8	9	(9421)
Knee surgery	1	2	8	9	(9422)
Shoulder surgery	1	2	8	9	(9423)

[INTERVIEWER: IF RESPONDENT HAS HAD SURGERY ON ONE SIDE AND NOT THE OTHER, THEY MAY BE ABLE TO ATTEMPT THE TESTS ON THE OPPOSITE SIDE. THIS ALSO GOES FOR UNAFFECTED AREAS (FOR EXAMPLE: THE RESPONDENT HAS HAD HIP REPLACEMENT SO THEY CAN'T ATTEMPT THE HIP TRIALS OR KNEE TRIALS, BUT THE RESPONDENT COULD ATTEMPT SHOULDER TRIALS).]

respondent SP#(from sample card) / / / / / / / / / / (114-121)

**A. Hip Abduction (leg moved away from body)**

- Help respondent into testing position. Respondent should be sitting with knees at a 90 degree angle (right angle), hip in neutral position and hands resting on lap with feet flat on the floor. A pillow may be used to support the respondent's back if necessary.
- You should be kneeling at side of the respondent. Place the dynamometer on the outside of the thigh (upper leg). Your opposite hand can be used to stabilize the respondent's other thigh.
- Ask the respondent if they are ready. Stabilize the respondent's other thigh and start timing as you say "Start". Say "PUSH, PUSH, PUSH" then "RELAX". Do not pull the dynamometer away from the respondent's leg until they relax their leg.
- Record the number from the dynamometer screen on the survey for Hip Abduction, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same leg should be used in Trials 1, 2, and 3.

**HH 21a. Trial 1**

/ / / . / kilograms  
(9430-9431) (9432) (9433)

Unable/discontinued/begins to hurt-1 (9434)  
Not performed for safety/medical  
reasons..... -2  
Refused..... -9

**HH21b Trial 2**

/ / / . / kilograms  
(9436-9437) (9438) (9439)

Unable/discontinued/begins to hurt-1 (9440)  
Not performed for safety/medical  
reasons.....  
Refused .....

**HH 21c. Trial 3**

/ / / . / kilograms  
(9441-9442) (9443) (9445)

Unable/discontinued/begins to hurt-1  
Not performed for safety/medical  
reasons..... -2  
Refused..... -9

**HH 21d. Hip Tested?**

Right -1 (9446)  
Left..... -2  
Not applicable-3

---

 respondent SP#(from sample card) / / / / / / / / / / (114-121)
 

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**B. Hip Flexion (Lift up leg)**

- Help respondent into testing position. Respondent should be sitting with knees at a 90 degree angle (right angle), hip in neutral position and hands resting on lap with feet flat on the floor. A pillow may be used to support the respondent's back if necessary. Tape should be placed on the floor at the back of the heel to mark the respondent's heel positioning for consistency. This is the same position used in the Hip Abduction test.
- You should be standing at the side of the respondent. Place the dynamometer on top of the thigh just above the knee joint and is held with your elbow in full extension. Your opposite hand can be used to stabilize the respondent's torso.
- Ask respondent if they are ready. Stabilize the respondent's other thigh and start timing as you say "Start". Say "PUSH, PUSH, PUSH" then "RELAX". Do not pull the dynamometer away from the respondent's leg until they relax their leg.
- Record the number from the dynamometer screen on the survey for Hip Flexion, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same leg should be used in Trials 1, 2, and 3.

HH22a                      Trial 1  
 / / / . / / kilograms  
 (9447-9448) (9449) (9450)

HH22b                      Trial 2  
 / / / . / / kilograms  
 (9452-9453) (9454) (9455)

Unable/discontinued/begins to hurt-1 (9451)  
 Not performed for safety/medical  
   reasons..... -2  
 Refused..... -9

Unable/discontinued/begins to hurt-1 (9456)  
 Not performed for safety/medical  
   reasons.....  
 Refused .....

HH22c.                      Trial 3  
 / / / . / / kilograms  
 (9457) (9458) (9459)

Unable/discontinue/begins to hurt-1 (9460)  
 Not performed for safety/medical  
   reasons..... -2  
 Refused..... -9

**HH22d. Hip tested?**

Right -1 (9461)  
 Left -2  
 Not applicable-3

---

 respondent SP#(from sample card) / / / / / / / / / / (114-121)
 

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**C. Knee Extension (leg extended)**

- Help respondent into testing position. Respondent should be sitting with testing leg fully extended (straight) and uninvolvement leg at a 90 degree angle (right angle) with back supported against back of chair. Hands should be resting on lap.
- You should be standing at the side of the respondent facing the respondent. Place the dynamometer on the front of the lower leg just above the ankle joint. Hold the dynamometer with your elbow in full extension. Your opposite hand should stabilize the respondent's thigh (upper leg) being tested. The respondent will be instructed to hold leg straight while tester pushes down on leg.
- Ask respondent if they are ready. Stabilize the respondent's leg being tested right under their knee and start timing as you say "Start". Say "HOLD, HOLD, HOLD" then "RELAX". Do not pull the dynamometer away from the respondent's leg until they relax their leg.
- Record the number from the dynamometer screen on the survey for Knee Extension, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same leg should be used in Trials 1, 2, and 3.

**HH23a**                      **Trial 1**  
 / / / . / kilograms  
 (9462-9463) (9464) (9465)

**HH23b**                      **Trial 2**  
 / / / . / kilograms  
 (9467-9468) (9469) (9470)

Unable/discontinued/begins to hurt-1 (9466)  
 Not performed for safety/medical  
   reasons..... -2  
 Refused..... -9

Unable/discontinued/begins to hurt-1 (9471)  
 Not performed for safety/medical  
   reasons.....  
 Refused .....

**HH23c**                      **Trial 3**  
 / / / . / kilograms  
 (9510-9511) (9512) (9513)  
 Unable/discontinued/begins to hurt-1  
 Not performed for safety/medical  
   reasons..... -2  
 Refused..... -9

**HH23d.    Knee Tested?**

Right -1 (9519)  
 Left -2  
 Not applicable-3



respondent SP#(from sample card) / / / / / / / / / / (114-121)

**D. Shoulder Abduction (position 1 - arm lifting away from the body)**

- Help respondent into testing position. Respondent should be sitting in chair with back supported, feet flat on floor. The arm to be tested is held in a neutral position at the side with elbow extended and the palm facing the body. The respondent's opposite arm is resting in lap.
- You should be standing behind the respondent on the side of the arm to be tested. Place the dynamometer on the outside of the upper arm just above the elbow. Your opposite hand should stabilize the respondent's opposite shoulder. The respondent is instructed to lift their arm up pushing against the dynamometer.
- Ask respondent if they are ready. Stabilize the respondent's other shoulder and start timing as you say "Start". Say "PUSH, PUSH, PUSH" then "RELAX". Do not pull the dynamometer away from the respondent's arm until they relax their arm.
- Record the number from the dynamometer on the survey for Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same shoulder should be used in Trials 1, 2, and 3.

**HH24a Trial 1**

/ / / . / kilograms  
(9520-9521) (9522) (9523)

Unable/discontinued/begins to hurt-1 (9524)  
Not performed for safety/medical reasons.....-2  
Refused.....-9

**HH24b Trial 2**

/ / / . / kilograms  
(9525-9526) (9527) (9528)

Unable/discontinued/begins to hurt  
Not performed for safety/medical reasons.....-2  
Refused .....

**HH24c Trial 3**

/ / / . / kilograms  
(9530,9531) (9532) (9533)

Unable/discontinued/begins to hurt-1 (9534)  
Not performed for safety/medical reasons-2  
Refused.....-9

**HH24d. Shoulder tested?**

Right -1 (9535)  
Left-2  
Not applicable-3

---

 respondent SP#(from sample card) / / / / / / / / / / (114-121)
 

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**E. Shoulder Abduction (position 2 - arm extended out with palm face down)**

- Help respondent into testing position. Respondent should be sitting in chair with back supported, feet flat on floor. The arm to be tested is raised straight away from the body in a 90 degree angle and the palm facing downward. The respondent's opposite arm is resting in lap.
- You should be standing behind the respondent on the side of the arm to be tested. Place the dynamometer on the outside of the upper arm just above the elbow. Your opposite hand should stabilize the respondent's opposite shoulder. The respondent is instructed to keep their arm fully extended and push up and against the dynamometer.
- Ask respondent if they are ready. Stabilize the respondent's other thigh and start timing as you say "Start". Say "HOLD, HOLD, HOLD" then "RELAX." Do not pull the dynamometer away from the respondent's arm until they relax their arm.
- Record the force from the dynamometer screen on the survey for Shoulder Abduction - Position 2, Trial 1. Re-set the dynamometer to zero. Repeat the second and third trials using the same procedure. The same shoulder should be used in Trials 1, 2, and 3.

**HH25a            Trial 1**
 / / / . / kilograms  
 (9536-9537) (9538) (9539)

 Unable/discontinued/begins to hurt-1 (9540)  
 Not performed for safety reasons-2  
 Don't know..... -8  
 Refused..... -9
**HH25b            Trial 2**
 / / / . / kilograms  
 (9541-9542) (9543) (9544)

 Unable/discontinued .....-1 (9545)  
 Not performed for safety reasons  
 Don't know.....-8  
 Refused .....
**HH25c            Trial 3**
 / / / . / kilograms  
 (9546-9547) (9548) (9549)

 Unable/discontinued ..... (9550) -1  
 Not performed for safety reasons -2  
 Don't know -8  
 Refused -9
**HH25d.    Shoulder tested?**
 Right            -1 (9551)  
 Left             -2  
 Not applicable   -3

respondent SP#(from sample card) / / / / / / / / / / (114-121)

SECTION JJ. SF-36(IV)

This Section JJ and Nicholas Dynamometer (Section HH) are only for respondents who have been selected as having met specific criteria based on their answers from previous interviews in this study. For the interviewers who have also been previously selected to conduct these interviews, a blue sample card indicates that you are interviewing a respondent who has been selected for these sections.

There are three possible situations you should be familiar with:

4. You have a blue sample card and you are not conducting a proxy interview with the respondent. Administer the tests in the Nicholas Dynamometer Section HH and the questions in Section JJ.
5. You have a blue sample card and you have been conducting a proxy interview. Do not administer the tests in the Nicholas Dynamometer Section HH or ask the questions in Section JJ. Skip to Section II, Weight, pg. 69.
6. You do not have a blue sample card. Do not administer the tests in the Nicholas Dynamometer Section HH or ask the questions in Section JJ. Skip to Section II, Weight, pg. 69.

ASK RESPONDENT DESIGNATED BY THE SAMPLE CARD

JJ1. En general, usted diría que su salud es: (IV) (USE SHOWCARD #23)

Excelente.....	(9610) -1
Muy buena.....	-2
Buena.....	-3
Regular.....	-4
Mala.....	-5
No se.....	-8
Se negó.....	-9

JJ2. ¿Cómo diría que es su salud actual, comparada con la de hace un año?  
(IV) (SHOWCARD #24)

Mucho mejor ahora que hace un año.....	(9611) -1
Algo mejor ahora que hace un año.....	-2
Más o menos igual que hace un año.....	-3
Algo peor ahora que hace un año.....	-4
Mucho peor ahora que hace un año.....	-5
No se.....	-8
Se negó.....	-9

respondent SP#(from sample card) / / / / / / / / / / (114-121)

JJ3. Las siguientes preguntas se refieren a actividades o cosas que usted podría hacer en un día normal. Su salud actual, le limita para hacer esas actividades o cosas? Si es así ¿cuánto? (IV) (SHOWCARD #25)

Actividades	Si, me limita mucho	Si, me limita un poco	No, no me limita nada	No Se	Se Negó
a. Esfuerzos intensos, tales como correr, levantar objetos pesado, o participar en deportes agotadores (9612)	1	2	3	8	9
b. Esfuerzos moderados, como mover una mesa, pasar la aspiradora, jugar a los bolos o jugar al golf (9613)	1	2	3	8	9
c. Coger o llevar la bolsa de la compra (9614)	1	2	3	8	9
d. Subir varios pisos por la escalera (9615)	1	2	3	8	9
e. Subir un solo piso por la escalera (9616)	1	2	3	8	9
f. Agacharse o arrodillarse (9617)	1	2	3	8	9
g. Cantinar una milla o más (9618)	1	2	3	8	9
h. Caminar varias manzanas (varios centenares de metros) (9619)	1	2	3	8	9
i. Caminar una sola manzana (unos 100 metros) (9620)	1	2	3	8	9
j. Bañarse/vestirse si mismo (9621)					

JJ4. Durante las 4 últimas semanas, ¿ha tenido alguno de los siguientes problemas en su trabajo o en sus actividades cotidianas, a causa de su salud física? (IV)

	Si	No	No Se	Se Negó
a. ¿Tuvo que reducir el tiempo dedicado al trabajo o a sus actividades cotidianas? (9622)	1	2	8	9
b. ¿Hizo menos de lo que hubiera querido hacer? (9623)	1	2	8	9
c. ¿Tuvo que dejar de hacer algunas tareas en su trabajo o en sus actividades cotidianas? (9624)	1	2	8	9
d. ¿Tuvo dificultad para hacer su trabajo o sus actividades cotidianas (por ejemplo, le costó más de lo normal? (9625)	1	2	8	9

respondent SP#(from sample card) / / / / / / / / / / (114-121)

JJ5.(IV)Durante las 4 últimas semanas, ¿ha tenido alguno de los siguientes problemas en su trabajo o en sus actividades cotidianas, a causa de algún problema emocional (como sentirse deprimido(a), o ansioso(a))?

	Si	No	No Se	Se Negó
a. ¿Tuvo que reducir el tiempo dedicado al trabajo o a sus actividades cotidianas? (9626)	1	2	8	9
b. ¿Hizo menos de lo que hubiera querido hacer? (9627)	1	2	8	9
c. ¿No hizo su trabajo o sus actividades cotidianas tan cuidadosamente como de costumbre? (9628)	1	2	8	9

JJ6. Durante las 4 últimas semanas, ¿hasta qué punto su salud física o los problemas emocionales han dificultado sus actividades sociales normales con la familia, los amigos, los vecinos u otros grupos? (IV) (USE SHOWCARD #26)

Nada.....(9629) -1  
 Un poco.....-2  
 Regular.....-3  
 Bastante.....-4  
 Mucho.....-5  
 No se.....-8  
 Se nego.....-9

---

respondent SP#(from sample card) / / / / / / / / / / (114-121)

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JJ7. ¿Cuanto dolor ha tenido durante las 4 últimas semanas? (IV) (USE SHOWCARD #27)

Ningun.....(9630)-1  
Muy poco.....-2  
Un poco.....-3  
Moderado.....-4  
Mucho.....-5  
Muchisimo.....6  
No se.....-8  
Se negó.....-9

JJ8. Durante las 4 últimas semanas, ¿hasta qué punto el dolor le ha dificultado su trabajo habitual (incluido el trabajo fuera de casa y las tareas domésticas)? (IV) (USE SHOWCARD #28)

Nunca.....(9631)-1  
Un poco.....-2  
Regular.....-3  
Bastante.....-4  
Mucho.....-5  
No se.....-8  
Se negó.....-9

respondent SP#(from sample card) / / / / / / / / / / (114-121)

JJ9. Las preguntas que siguen se refieren a cómo se ha sentido y cómo le han ido las cosas durante las 4 últimas semanas. En cada pregunta responda lo que se parezca más a cómo se ha sentido usted. Durante las 4 últimas semanas. ¿cuánto tiempo . . . ?  
(IV) (USE SHOWCARD #29)

	Siempre	Casi Siempre	Muchas Veces	Algunas veces	Soló Alguna Vez	Nunca	No Se	Se Negó
a. se sintió lleno de vitalidad? (9632)	1	2	3	4	5	6	8	9
b. estuvo muy nervioso? (9633)	1	2	3	4	5	6	8	9
c. Se sintió tan bajo de moral que nada podía animarle? (9634)	1	2	3	4	5	6	8	9
d. Se sintió calmo(a) y tranquilo(a)? (9635)	1	2	3	4	5	6	8	9
e. tuvo mucha energia? (9636)	1	2	3	4	5	6	8	9
f. Se sintió desanimado(a) y triste? (9637)	1	2	3	4	5	6	8	9
g. Se sintió agotado(a)? (9638)	1	2	3	4	5	6	8	9
h. Se sintió feliz? (9639)	1	2	3	4	5	6	8	9
i. Se sintió cansado(a)? (9640)	1	2	3	4	5	6	8	9

JJ10. Durante las 4 últimas semanas, ¿con qué frecuencia la salud física los problemas emocionales le han dificultado sus actividades sociales (como visitar a los amigos o familiares)? (IV) (USE SHOWCARD#30)

Siempre . . . . . (9641) -1  
Casi siempre . . . . . -2  
Algunas veces . . . . . -3  
Sólo alguna vez . . . . . -4  
Nunca . . . . . -5  
No se . . . . . -8  
Se negó . . . . . -9

respondent SP#(from sample card) / / / / / / / / / / (114-121)

JJ11. Por favor, diga si le parece VERDAD o FALSA cada una de las siguientes frases:  
(IV) (USE SHOWCARD #31)

	Totalmente	Bastante Cierta	No Lo sé	Bastante Falsa	Totalmente Falsa	Se negó
a. Creo que me pongo enfermo más fácilmente que otras personas (9642)	1	2	3	4	5	9
b. Estoy tan sano como cualquier otra persona que conozco (9643)	1	2	3	4	5	9
c. Creo que mi salud va a empeorar (9644)	1	2	3	4	5	9
d. Mi salud es excelente (9645)	1	2	3	4	5	9





**CIDI DEPRESSION**

\*PP1. En el transcurso de toda su vida, ¿alguna vez ha tenido un período de 2 semanas ó más en que casi todos los días se sentía triste ó deprimido(a)?

Sí.....(3508(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

**DYSTHYMIA**

\*PP2. ¿Alguna vez ha tenido un período en su vida de 2 años ó más en que casi todos los días se sentía deprimido(a) ó triste, aunque cuando a veces se sentiera bien?

Sí.....(3509(\_\_\_\_-1 (ASK Q.\*PP2a)  
No.....\_\_\_\_-2 (SKIP TO Q.\*PP7. PAGE 73)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

**ASK Q.PP2a IF HAVE FELT DEPRESSED FOR 2+ YEARS (Q.PP2)**

\*PP2a. ¿Alguna vez un período como ese le duró 2 años sin que fuera interrumpido por 2 meses seguidos en los cuales se sintió bien?

Sí.....(3510(\_\_\_\_-1 (ASK Q.\*PP2b)  
No.....\_\_\_\_-2 (SKIP TO Q.\*PP7, PAGE 73)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

**ASK Q.PP2b IF DEPRESSION NOT INTERRUPTED BY FEELING OK FOR 2 MONTHS (Q.PP2a)**

\*PP2b. ¿Consultó a un médico o otro profesional acerca de este período en que se sintió deprimido(a)?

Sí.....(3511(\_\_\_\_-1 (ASK Q.\*PP2c)  
No.....\_\_\_\_-2 (SKIP TO Q.\*PP2d)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP2c IF TOLD DOCTOR/PROFESSIONAL ABOUT DEPRESSION (Q.PP2b)

\*PP2c. Cuando usted consultó al médico o otro profesional, ¿qué nombre (diagnosis) le dió a estos períodos? (¿Qué dijo él/ella sobre que era la causa de estos períodos en que se sintió deprimido(a)?) (DO NOT READ LIST -- MULTIPLE RECORD IF NECESSARY)

Nervios.....(3512(\_\_\_\_-1  
Stress/Fatiga.....(3513(\_\_\_\_-1  
Ansiedad.....(3514(\_\_\_\_-1  
Depresión.....(3515(\_\_\_\_-1  
Enfermedad mental.....(3516.\_\_\_\_-1  
Otro mental (ESPECIFICA):  
  
\_\_\_\_\_. (3517(\_\_\_\_-1  
  
Medicina.....(3518(\_\_\_\_-1  
Drogas.....(3519(\_\_\_\_-1  
Alcohol.....(3520(\_\_\_\_-1  
Otra sustancia (ESPECIFICA):  
  
\_\_\_\_\_. (3521(\_\_\_\_-1  
  
Enfermedad física.....(3522(\_\_\_\_-1  
Un daño.....(3523(\_\_\_\_-1  
Otro físico (ESPECIFICA):  
  
\_\_\_\_\_. (3524(\_\_\_\_-1  
  
Ninguna diagnosis definitivo(3525(\_\_\_\_-1 [SINGLE RECORD]  
Todos otros.....\_\_\_\_-2  
No sé.....\_\_\_\_-8 [SINGLE RECORD]  
Se negó.....\_\_\_\_-9 [SINGLE RECORD]

ASK Q.PP2c1 IF MENTIONED MEDICATION, DRUGS, ALCOHOL OR OTHER SUBSTANCE IN Q.PP2c

\*PP2c1. ¿Siempre resultaban estos períodos con (medicinas/drogas/alcohol)?

Sí.....(3526(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP2c2 IF MENTIONED PHYSICAL ILLNESS, INJURY OR OTHER PHYSICAL IN Q.PP2c

\*PP2c2. ¿Siempre resultaban estos períodos con (enfermedad/un daño)?

Sí.....(3527(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP2c3 IF NO DEFINITE DIAGNOSIS IN Q.PP2c

\*PP2c3. ¿Encontró el médico algo anormal cuando se examinó a usted ó en rayos-x, ó pruebas?

Sí.....(3528(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP2d AND Q.PP2e IF DEPRESSION NOT INTERRUPTED BY FEELING OK FOR 2 MONTHS (Q.PP2a)  
 \*PP2d. ¿Qué edad tenía cuando comenzó su primer período de 2 años ó más en que se sentía triste?

Age of onset /\_\_\_\_/\_\_\_\_/ años de edad  
 (3529-3530)  
 No sé..... (3531(\_\_\_\_-8

\*PP2e. ¿Cuando terminó su último período como ése? (READ LIST IF NECESSARY)

Recency: En las últimas 2 semanas..... (3532(\_\_\_\_-1 (SKIP TO Q.\*PP3)  
 Más de 2 semanas pero en el último mes.....-2  
 Más de 1 mes pero en los últimos 6 meses....-3  
 Más de 6 meses pero en el último año.....-4  
 En los últimos 12 meses, pero no sé cuando....-5  
 Más de un año.....-6 (ASK Q.\*PP2f)  
 No sé.....-8  
 Se negó.....-9

ASK Q.PP2f IF NOT SPECIFIC AT Q.PP2e

\*PP2f. ¿Qué edad tenía cuando terminó su último período como ése?

/\_\_\_\_/\_\_\_\_/ Años de edad  
 (3533-3534)  
 No sé..... (3535(\_\_\_\_-8  
 Se negó.....-9

ASK Q.PP3-PP6 IF DEPRESSION NOT INTERRUPTED BY FEELING OK FOR 2 MONTHS (Q.PP2a)

\*PP3. Durante ese período, ¿lloraba usted con frecuencia?

Sí..... (3536(\_\_\_\_-1  
 No.....-2  
 No sé.....-8  
 Se negó.....-9

\*PP4. Durante ese período, ¿se sintió frecuentemente sin esperanza?

Sí..... (3537(\_\_\_\_-1  
 No.....-2  
 No sé.....-8  
 Se negó.....-9

\*PP5. Durante ese período de 2 años ó más, ¿sintió con frecuencia que era incapaz de llevar a cabo las responsabilidades de su vida diaria?

Sí..... (3538(\_\_\_\_-1  
 No.....-2  
 No sé.....-8  
 Se negó.....-9

\*PP6. Durante ese período, ¿sintió que su vida había sido siempre desgraciado y no iba a mejorar?

Sí..... (3539(\_\_\_\_-1  
 No.....-2  
 No sé.....-8  
 Se negó.....-9

+-----+  
 | 3540-3541Z |



**LOSS OF INTEREST****ASK EVERYONE**

\*PP7. ¿Alguna vez ha tenido un período de 2 semanas ó más en que perdió el interés en la mayoría de las cosas, como el trabajo, los pasatiempos, ó las cosas que normalmente hacía para divertirse?

Sí.....(3542(\_\_\_\_-1 (ASK Q.\*PP7a)

No.....-2 IF Q.\*PP1 AND Q.\*PP7 ARE BOTH CODED

No sé.....-8 "NO", SKIP TO SECTION KK (PG.95), OTHERWISE,

Se negó.....-9 SKIP TO Q.\*PP8, Page 75.

**ASK Q.PP7a IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7)**

\*PP7a. ¿Consultó a un médico ó otro profesional sobre el perder interés en la mayoría de las cosas?

Sí.....(3543(\_\_\_\_-1 (ASK Q.\*PP7b)

No.....-2 (SKIP TO Q.\*PP7d)

No sé.....-8

Se negó.....-9

PP1 = NO AND PP7 = NO, GO TO SECTION KK, PAGE 95

PP7 = YES, ASK QPP7A

PP1 = YES AND PP7 = NO, GO TO QPP8, PAGE 75

**ASK Q.PP7b IF TOLD DOCTOR ABOUT EXPERIENCING "LOSS OF INTEREST" IN MOST THING (Q.PP7a)**

\*PP7b. ¿Cuando usted consultó al médico ó otro profesional, ¿qué nombre (diagnosis) le dio? (¿Qué dijo él/ella sobre que era la causa?) (DO NOT READ LIST -- MULTIPLE RECORD IF NECESSARY)

Nervios.....(3544(\_\_\_\_-1

Stress/Fatiga.....(3545(\_\_\_\_-1

Ansiedad.....(3546(\_\_\_\_-1

Depresión.....(3547(\_\_\_\_-1

Enfermedad mental.....(3548.\_\_\_\_-1

Otro mental (ESPECIFICA):

.....(3549(\_\_\_\_-1

Medicina.....(3550(\_\_\_\_-1

Drogas.....(3551(\_\_\_\_-1

Alcohol.....(3552(\_\_\_\_-1

Otra sustancia (ESPECIFICA):

.....(3553(\_\_\_\_-1

Enfermedad física.....(3554(\_\_\_\_-1

Un daño.....(3555(\_\_\_\_-1

Otro físico (ESPECIFICA):

.....(3556(\_\_\_\_-1

Ningun diagnosis definitiva(3557(\_\_\_\_-1 [SINGLE RECORD]

Todos otros.....-2

No sé.....-8 [SINGLE RECORD]

Se negó.....-9 [SINGLE RECORD]

ASK Q.PP7c1 IF MENTIONED MEDICATION, DRUGS, ALCOHOL, OR OTHER SUBSTANCE IN Q.PP7b  
\*PP7c1. ¿Siempre resultaba esto con (medicinas/drogas/alcohol)?

Sí.....(3558(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP7c2 IF MENTIONED PHYSICAL ILLNESS, INJURY, OR OTHER PHYSICAL IN Q.PP7b  
\*PP7c2. ¿Siempre resultaban estos períodos con (enfermedad/un daño)?

Sí.....(3559(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP7c3 IF NO DEFINITE DIAGNOSIS IN Q.PP7b

\*PP7c3. ¿Encontró el médico algo anormal cuando se examinó a usted ó en rayos-x, ó pruebas?

Sí.....(3560(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP7d IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7)

\*PP7d. ¿Alguna vez perdió completamente todo el interés por las cosas, como el trabajo, los pasatiempos, ó cosas que normalmente hacía para divertirse?

Sí.....(3561(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

+-----+  
| 3562-3563Z |  
+-----+

**SEX**

ASK Q.\*PP8 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP8. ¿Alguna vez ha tenido un período de varias semanas durante el cual su interés por el sexo fue mucho menos de lo acostumbrado? (RECORD ON FLYSHEET)

Sí.....(3564(\_\_\_\_-1 (ASK Q.\*PP8d)

No.....-2 (SKIP TO Q.\*PP9)

No sé.....-8

Se negó.....-9

ASK Q.\*PP8d IF HAD PERIOD OF SEVERAL WEEKS WHEN LOST INTEREST IN SEX (Q.PP8)

\*PP8d. ¿Alguna vez perdió usted completamente el interés por el sexo?

Sí.....(3610(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3566-3580)Z

ASK Q.\*PP9 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP9. ¿Alguna vez ha tenido un período de 2 semanas ó más en que perdió la capacidad para disfrutar de las cosas buenas que le sucedían, como ganar algo, ser felicitado(a), ó elogiado(a)?

Sí.....(3613(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3608-3612)Z



**APPETITE**

ASK Q.\*PP10 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP10. ¿Alguna vez ha habido un período de 2 semanas ó más en que usted perdió el apetito? (RECORD ON FLYSHEET)

Sí.....(3614(\_\_\_\_-1 (ASK Q.\*PP10d)

No.....-2 (SKIP TO Q.\*PP11)

No sé.....-8

Se negó.....-9

(3615-3632)Z

ASK Q.\*PP10d IF HAD PERIOD OF 2+ WEEKS WHEN LOST APPETITE (Q.PP10)

\*PP10d. Durante cualquiera de esos períodos, ¿perdió el apetito completamente?

Sí.....(3633(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

+-----+  
| 3634-3635Z |  
+-----+

ASK Q.\*PP11 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP11. ¿Alguna vez ha perdido usted peso sin tratar de hacerlo, tanto como 2 libras por semana durante varias semanas (ó tanto como 10 libras en total?) (RECORD ON FLYSHEET)

Sí.....(3636(\_\_\_\_-1 (ASK Q.\*PP11d)

No.....-2 (SKIP TO Q.\*PP12)

No sé.....-8

Se negó.....-9

(3637-3654)Z

ASK Q.\*PP11d IF EVER LOST WEIGHT (WITHOUT TRYING) FOR SEVERAL WEEKS (Q.\*PP11)

\*PP11d. Durante cualquiera de esos períodos, ¿cuánto peso perdió?

/\_\_\_\_/\_\_\_\_/\_\_\_\_/ LIBRAS  
(3655-3657)

No sé.....(3658(\_\_\_\_-8

Se negó.....-9

+-----+  
| 3659-3660Z |  
+-----+

ASK Q.\*PP12 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.\*PP1)

\*PP12. ¿Alguna vez ha habido un período de 2 semanas durante las cuales aumentó su apetito? (A excepción de algun embarazo)

Sí.....(3661(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3662-3608)Z

ASK Q.\*PP13 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.\*PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP13. ¿Alguna vez ha tenido un período en que comiera tanto que aumentó sin tratar de hacerlo al menos 2 libras por semana durante varias semanas (ó 10 libras en total)?

Sí.....(3710(\_\_\_\_-1 (ASK Q.\*PP13d)

No.....\_\_\_\_-2 (SKIP TO Q.\*PP14)

No sé.....\_\_\_\_-8

Se negó.....\_\_\_\_-9

(3708-3709)Z

(3711-3728)Z

ASK Q.PP13d IF EVER GAINED WEIGHT (WITHOUT TRYING) FOR SEVERAL WEEKS (Q.PP13)

\*PP13d. ¿Durante cualquiera de esos períodos, cuánto peso aumentó?

\_\_\_\_/\_\_\_\_/\_\_\_\_/ Libras  
(3729-3731)

No sé.....(3732(\_\_\_\_-8

Se negó.....\_\_\_\_-9

+-----+  
| 3733-3734Z |  
+-----+

**SLEEP**

ASK Q.\*PP14 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP14. ¿Alguna vez ha tenido un período de dos semanas ó más en que tenía casi todas las noches dificultad para dormirse? (RECORD ON FLYSHEET)

Sí.....(3735(\_\_\_\_-1 (ASK Q.\*PP14d)

No.....-2 (SKIP TO Q.\*PP15)

No sé.....-8

Se negó.....-9

(3736-3753) Z

ASK Q.PP14d IF HAVE HAD TROUBLE FALLING ASLEEP FOR 2 WEEKS OR MORE (Q.PP14)

\*PP14d. ¿Alguna vez ha tenido un período de 2 semanas ó más en que casi todas las noches tardaba al menos 2 horas para dormirse?

Sí.....(3754(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3755-3756) Z ASK Q.PP15

IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP15. ¿Alguna vez ha tenido un período de dos semanas ó más en que casi todas las noches tenía dificultad para permanecer dormido(a)? (RECORD ON FLYSHEET)

Sí.....(3757(\_\_\_\_-1 (ASK Q.\*PP15d)

No.....-2 (SKIP TO Q.\*PP16)

No sé.....-8

Se negó.....-9

(3758-3775) Z

ASK Q.\*PP15d IF HAVE HAD TROUBLE STAYING ASLEEP FOR TWO WEEKS OR MORE (Q.\*PP15)

\*PP15d. ¿Alguna vez ha tenido un período de dos semanas ó más en que casi todas las noches permanecía despierto(a) durante mas de una hora?

Sí.....(3776(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3777-3780) Z

ASK Q.PP16 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP16. ¿Alguna vez ha tenido un período de dos semanas ó más en que casi todas las mañanas se despertaba demasiado temprano? (RECORD ON FLYSHEET)

Sí.....(3808(\_\_\_\_-1 (ASK Q.\*PP16d)

No.....-2 (SKIP TO Q.\*PP17)

No sé.....-8

Se negó.....-9

(3809-3826) Z

ASK Q.PP16d IF HAVE HAD TROUBLE WAKING UP TOO EARLY FOR 2 WEEKS OR MORE (Q.PP16)

\*PP16d. ¿Alguna vez ha tenido un período de 2 semanas ó más en que casi todas las mañanas se despertaba al menos 2 horas antes de lo que deseaba?

Sí.....(3827(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3828-3829) ZASK

Q.PP17 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP17. ¿Alguna vez ha tenido un período de dos semanas ó más en que casi todos los días dormía demasiado? (RECORD ON FLYSHEET)

Sí.....(3830(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3831-3850) Z

ASK Q.PP18 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP18. ¿Alguna vez ha tenido un período de 2 semanas ó más en que le faltaban energías ó se sentía cansado(a) todo el tiempo, aún cuando no hubiera estado trabajando mucho?  
(RECORD ON FLYSHEET)

Sí.....(3851(\_\_\_\_-1 (ASK Q.\*PP18d)

No.....-2 (SKIP TO Q.\*PP19)

No sé.....-8

Se negó.....-9

(3852-3869)Z

ASK Q.PP18d IF HAVE LACKED ENERGY/FELT TIRED ALL THE TIME FOR 2 WEEKS OR MORE (Q.PP18)

\*PP18d. ¿Alguna vez perdió usted completamente las energías durante un período de 2 semanas ó más?

Sí.....(3870(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3871-3880)Z

ASK Q.PP19 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP19. ¿Alguna vez ha tenido un período de 2 semanas ó más en que sentía muy mal al momento de levantarse, pero a medida que pasaba el día se sentía mejor?  
(RECORD ON FLYSHEET)

Sí.....(3908(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(3909-3928)Z

ASK Q.PP20 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP20. ¿Alguna vez ha tenido un período de dos semanas ó más en que casi todos los días hablaba ó se movía más lentamente de lo normal para usted? (RECORD ON FLYSHEET)

Sí.....(3929(\_\_\_\_-1 (ASK Q.\*PP20d)

No.....-2 (SKIP TO Q.\*PP21)

No sé.....-8

Se negó.....-9

(3930-3947)Z

ASK Q.PP20d IF HAVE EVER TALKED/MOVED MORE SLOWLY THAN USUAL FOR 2 WEEKS OR MORE (Q.PP20)

\*PP20d. Durante cualquiera de esos períodos, ¿alguien notó que usted hablaba ó se movió más lentamente?

Sí.....(3948(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

+-----+  
| 3949-3950Z |  
+-----+

ASK Q.PP21 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP21. Alguna vez, ¿ha tenido un período de 2 semanas ó más en que casi todos los días sentía que tenía que estar en movimiento continuo, es decir, que no podía quedarse quieto(a) y andaba de un lado para otro? (RECORD ON FLYHEET)

Sí.....(3951(\_\_\_\_-1

No.....\_\_\_\_-2

No sé.....\_\_\_\_-8

Se negó.....\_\_\_\_-9

(3952-3971) Z

**WORTHLESS**

ASK Q.PP22 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP22. Alguna vez ha tenido un período de 2 semanas ó más en que casi todos los días se sentía: (READ EACH ITEM) (RECORD ON FLYSHEET)

\*PP22a. Que no valía por nada:

Sí.....(3972 (\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

\*PP22b. Lleno(a) de pecado ó pecaminoso(a) :

Sí.....(3973 (\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

\*PP22c. Culpable:

Sí.....(3974 (\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

(3975-3980) Z

ASK Q.PP22d IF "YES" TO ANY QUESTIONS PP22a-PP22c

\*PP22d-1. Había una razón en particular que se sentía (que no vale nada/pecaminoso(a)/ culpable)? (ONE CLEAR RESPONSE FOR EACH YES IN Q.PP22)

WORTHLESS: \_\_\_\_\_ (4008-4009)

\_\_\_\_\_

\_\_\_\_\_

SINFUL: \_\_\_\_\_ (4010-4011)

\_\_\_\_\_

\_\_\_\_\_

GUILTY: \_\_\_\_\_ (4012-4013)

\_\_\_\_\_

\_\_\_\_\_

ASK Q.PP22e IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP22e. ¿Alguna vez se sintió usted que no valía nada en absoluto por muchos días?

Sí..... (4014 (\_\_\_\_ -1

No..... -2

No sé..... -8

Se negó..... -9

(4015-4016) Z



ASK Q.PP23 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP23. Alguna vez ha tenido un período de 2 semanas ó más en que sentía que no era tan bueno(a) como otras personas, ó que se sentía inferior? (RECORD ON FLYSHEET)

Sí.....(4017(\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

\*PP24. Alguna vez ha tenido un período de 2 semanas ó más en que tenía tan poca confianza en usted mismo(a) que no se atrevía a opinar acerca de nada? (RECORD ON FLYSHEET)

Sí.....(4018(\_\_\_\_-1 (ASK Q.\*PP24a)  
No.....-2 (SKIP TO Q.\*PP25)  
No sé.....-8  
Se negó.....-9

ASK Q.PP24a IF HAVE EXPERIENCED PERIOD OF LITTLE SELF-CONFIDENCE (Q.PP24)

\*PP24a. Alguna vez ha tenido un período de 2 semanas ó más en que perdió completamente la confianza en usted mismo(a)?

Sí.....(4019(\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

**TROUBLE THINKING**

ASK Q.PP25 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP25. Alguna vez ha tenido un período de 2 semanas ó más en que casi todos los días tenía mucho más dificultad para concentrarse de lo que usted acostumbra?  
(RECORD ON FLYSHEET)

Sí.....(4020(\_\_\_\_-1 (ASK Q.\*PP25d)

No.....-2 (SKIP TO Q.\*PP26)

No sé.....-8

Se negó.....-9

(4021-4038) Z

ASK Q.PP25d IF HAVE TROUBLE CONCENTRATING FOR TWO WEEKS OR MORE (Q.PP25)

\*PP25d. ¿Alguna vez ha tenido un período de dos semanas ó más en que era incapaz de leer cosas que habitualmente le interesaban, de ver la televisión ó de ir al cine porque no podía prestarles atención?

Sí.....(4039(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

+-----+  
| 4040-4041Z |  
+-----+

ASK Q.PP26 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP26. Alguna vez ha tenido un período de 2 semanas ó más en que casi todos los días sus pensamientos le venían mucho más lentos de lo usual ó le parecían confusos?  
(RECORD ON FLYSHEET)

Sí.....(4042(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

(4043-4062) Z

ASK Q.PP27 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP27. Alguna vez ha tenido un período de 2 semanas ó más en que casi todos los días le resultaba imposible tomar decisiones sobre las cosas que usualmente no le cuestan trabajo?  
(RECORD ON FLYSHEET)

Sí.....(4063(\_\_\_\_-1 (ASK Q.\*PP27d)

No.....-2 (SKIP TO Q.\*PP28)

No sé.....-8

Se negó.....-9

(4064-4080) Z

ASK Q.PP27d IF UNABLE TO MAKE UP MIND ABOUT THINGS FOR TWO WEEKS OR MORE (Q.PP27)

\*PP27d. ¿Alguna vez ha tenido un período de 2 semanas ó más en que le resultaba completamente imposible tomar decisiones sobre las cosas que usualmente no le cuestan trabajo?

(4108-4110) Z

Sí.....(4111(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9 (4112-4113) Z

**THOUGHTS OF DEATH**

ASK Q.PP28-Q.PP31 IF HAVE EXPERIENCED "LOSS OF INTEREST" IN MOST THINGS (Q.PP7) OR HAVE HAD PERIOD OF 2+ WEEKS FEELING DEPRESSED (Q.PP1)

\*PP28. ¿Alguna vez ha tenido un período de 2 semanas ó más en que pensó usted mucho acerca de la muerte, ya sea en la suya, en la de otra persona, ó en la muerte en general? (RECORD ON FLYSHEET)

Sí.....(4114 (\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

\*PP29. ¿Alguna vez ha tenido un período de 2 semanas ó más en que sintió que quería morirse?

Sí.....(4115 (\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

\*PP30. ¿Alguna vez ha sentido tan decaído(a) que pensó en suicidarse?

Sí.....(4116 (\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

\*PP31. ¿Alguna vez ha intentado suicidarse?

Sí.....(4117 (\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

**INTERVIEWER: IF THREE OF MORE ITEMS CHECKED ON THE FLYSHEET, ASK Q.PP32 -- ALL OTHERS SKIP TO SECTION KK, PAGE ¿?.**

\*PP32. Usted dijo que había tenido un período en su vida en que se sintió (triste/deprimido(a)/EQUIVALENTE PERSONAL) y también dijo que había tenido otros problemas como [INSERT ITEMS FROM FLYSHEET] ¿Ha habido alguna vez en que el período de sentirse (triste/deprimido/(a)/EQUIVALENTE PERSONAL) y algunos de estos problemas ocurrieron juntos, por ejemplo, en el mismo mes o no habido un periodo así?

Si,habida un período.....(4118(\_\_\_\_-1 (ASK Q.\*PP33)  
 Nunca, ha habído un período.....-2 (ASK Q.\*PP32a)  
 No sé.....-8 (SKIP TO Q.\*PP33)  
 Se negó.....-9

ASK Q.PP32a IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID NOT HAPPEN AT SAME TIME (Q.PP32)

\*PP32a. Entonces, nunca ha habido un período en el cual se haya sentido (triste/deprimido/(a)/EQUIVALENTE PERSONAL) y al mismo tiempo haya tenido estos problemas? [INSERT ITEMS FROM FLYSHEET]

Nunca ha habido un período...(4119(\_\_\_\_-1 (SKIP TO SECTION KK, PAGE 95)  
 Si, había un período.....-2 (ASK Q.\*PP33)  
 No sé.....-8 (SKIP TO SECTION KK, PAGE 95)  
 Se negó.....-9

ASK Q.PP33 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP33. ¿Cuándo fue la primera vez que tuvo un período de 2 semanas ó más en que se sintió (triste/deprimido/(a)/EQUIVALENTE PERSONAL) y al mismo tiempo tuvo algunos de estos problemas? IF HESITANT, PROBE: [INSERT ITEMS FROM FLYSHEET]

Recency: En las últimas 2 semanas.....(4120(\_\_\_\_-1 (SKIP TO Q.\*PP34)  
 Más de 2 semanas pero en el último mes...-2  
 Más de 1 mes pero en los últimos 6 meses...-3  
 Más de 6 meses pero en el último año.....-4  
 En los últimos 12 meses, pero no sé cuando...-5  
 Más que un año.....-6 (ASK Q.\*PP33a)  
 No sé.....-8  
 Se negó.....-9

ASK Q.PP33a IF NON-SPECIFIC AT Q.PP33

\*PP33a. ¿Qué edad tenía la primera vez que esto se le ocurrió?

Age of onset /\_\_\_\_/\_\_\_\_/ años de edad  
 (4121-4122)

No sé.....(4123(\_\_\_\_-8  
 Se negó.....-9

ASK Q.PP34 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP34. ¿Cuándo fue la última vez que tuvo un período de 2 semanas ó más en que se sintió (triste/deprimido/(a)/EQUIVALENTE PERSONAL) y al mismo tiempo tuvo algunos de estos problemas? IF HESITANT, READ LIST

Recency: En las últimas 2 semanas.....(4124(\_\_\_\_-1 (SKIP TO Q.\*PP35)  
 Más de 2 semanas pero en el último mes...\_\_\_\_-2  
 Más de 1 mes pero en los últimos 6 meses.\_\_\_\_-3  
 Más de 6 meses pero en el último año.....\_\_\_\_-4  
 En los últimos 12 meses, pero no sé cuando.\_\_\_\_-5

Más que un año.....\_\_\_\_-6 (ASK Q.\*PP34a)  
 No sé.....\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

ASK Q.PP34a IF NON-SPECIFIC AT Q.PP33

\*PP34a. ¿Qué edad tenía Ud. la última vez que esto se le ocurrió?

Age of onset /\_\_\_\_/\_\_\_\_/ años de edad  
 (4125-4126)

No sé.....(4127(\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

ASK Q.PP35 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP35. ¿Cuánto duró el período más largo en que sintió (triste/deprimido/(a)/EQUIVALENTE PERSONAL) y al mismo tiempo tuvo algunos de estos problemas? (RECORD ON FLYSHEET)

*IF SUBJECT RESPONDS:*

"WHOLE LIFE,"..... RECORD 996

1 TO 13 DAYS.....RECORD 001 AND SKIP TO SECTION KK, PAGE 95

*OTHERWISE, RECORD NUMBER OF WEEKS:*

# YEARS X 52 = # WEEKS

# MONTHS X 4 = # WEEKS

Numero de semanas /\_\_\_\_/\_\_\_\_/  
 (4128-4130)

No sé.....(4131(\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

**IF 104 OR MORE WEEKS (2 years or more)----->ASK \*PP36.**

**IF LESS THAN 104 WEEKS (less than 2 years)----->SKIP TO \*PP37.**

ASK Q.PP36 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS LASTED 2 YEARS OF MORE (Q.PP35)

\*PP36. ¿Qué edad tenía usted cuando ocurrió el primer período de 2 años o más en que se sintió (triste/deprimido/(a)/EQUIVALENTE PERSONAL) ó perdió el interes y a la misma vez tuvo algunos de estos problemas?

Age of onset /\_\_\_\_/\_\_\_\_/ Años de edad  
 (4132-4133)

No sé.....(4134(\_\_\_\_-8  
 Se negó.....\_\_\_\_-9

ASK Q.PP36a IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS LASTED 2 YEARS OF MORE (Q.PP35)

\*PP36a. ¿Cuándo acabó su último período de sentir así? (IF HESITANT, READ LIST)

Recency: Durante los últimos dos semanas....(4135(\_\_\_\_-1 (SKIP TO Q.\*PP37)  
Más de 2 semanas pero en el último mes...\_\_\_\_-2  
Más de 1 mes pero en los últimos 6 meses.\_\_\_\_-3  
Más de 6 meses pero en el último año.....\_\_\_\_-4  
En los últimos 12 meses, pero no sé cuando.\_\_\_\_-5  
  
Más que un año.....\_\_\_\_-6 (ASK Q.\*PP36b)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP36b IF NON-SPECIFIC AT Q.PP36a

\*PP36b. ¿Qué edad tenía cuando acabó ese último período?

/\_\_\_\_/\_\_\_\_/\_\_\_\_/ Años de edad  
(4136-4137)

No sé.....(4138(\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP37 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME  
(Q.PP32/Q.PP32a)

\*PP37. Ahora quisiera preguntarle sobre los períodos en que se sintió  
(triste/deprimido/EQUIVALENTE PERSONAL) y al mismo tiempo tuvo algunos de estos problemas,  
como (INSERT ITEMS FROM FLYSHEET). En el transcurso de toda su vida, cuántos períodos ha  
tenido, que le duraron 2 semanas ó mas? (RECORD ON FLYSHEET)

IF SUBJECT REPORTS 96 OR MORE SPELLS .... RECORD 96.

Number of spells: /\_\_\_\_/\_\_\_\_/\_\_\_\_/  
(4139-4140)

Don't know..(4141(\_\_\_\_-8  
Refused.....\_\_\_\_-9

IF ONLY 1 SPELL .....> SKIP TO \*PP38.

IF MORE THAN 1 SPELL.....> ASK Q.PP37a

ASK Q.PP37a IF MORE THAN ONE SPELL OF DEPRESSION AND OTHER PROBLEMS HAPPENED AT SAME TIME  
(Q.PP37)

\*PP37a. Entre cualquiera de esos períodos, ¿se sintió bien al menos por algunos meses?

Sí.....(4142(\_\_\_\_-1 (ASK \*PP37b)  
  
No.....\_\_\_\_-2 (SKIP TO Q.\*PP38)  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP37b IF FELT OK BETWEEN THESE SPELLS OF DEPRESSION AND OTHER PROBLEMS (Q.PP37a)

\*PP37b. Entre cualquiera de esos períodos, ¿fue completamente capaz de trabajar y disfrutar de la compañía de otras personas?

Sí.....(4143(\_\_\_\_-1 (ASK \*PP37c)

No.....-2 (SKIP TO Q.\*PP38)

No sé.....-8

Se negó.....-9

ASK Q.PP37c IF ABLE TO WORK AND ENJOY BEING WITH OTHER PEOPLE BETWEEN SPELLS OF DEPRESSION AND OTHER PROBLEMS (Q.PP37b)

\*PP37c. Ese período "normal," ¿le duró al menos 2 meses?

Sí.....(4144(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

ASK Q.PP38 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP38. ¿Alguna vez le hospitalizaron de un día para otro debido al sentir deprimido(a) o desinteresado(a)?

Sí.....(4145(\_\_\_\_-1 (SKIP TO Q.\*PP40)

No.....-2 (ASK Q.\*PP39)

No sé.....-8 (SKIP TO Q.\*PP40)

Se negó.....-9

ASK Q.PP39-Q.PP39d IF NEVER IN HOSPITAL OVERNIGHT BECAUSE OF A SPELL OF DEPRESSION (Q.PP38)

\*PP39. Consultó a un médico acerca de uno de esos períodos?

Sí.....(4146(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

\*PP39a. Consultó a otro profesional acerca de uno de esos períodos?

Sí.....(4147(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

\*PP39b. ¿Tomó medicina más de una vez debido a esos períodos? (ANYTHING THAT IS PRESCRIBED BY A DOCTOR.)

Sí.....(4148(\_\_\_\_-1

No.....-2

No sé.....-8

Se negó.....-9

\*PP39c. ¿Alguna vez cualquier período en que se sintió deprimido(a) ó triste estorbó mucho a su vida, su trabajo, ó sus actividades?

Sí.....(4149(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

\*PP39d. Alguna vez cualquier período en que se sintió deprimido(a) ó triste fue tan severo que le impidió trabajar ó ver amigos ó familiares?

Sí.....(4150(\_\_\_\_-1  
No.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

ASK Q.PP40 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME (Q.PP32/Q.PP32a)

\*PP40. Ese período en que usted se sintió (deprimido(a) ó triste/EQUIVALENTE PERSONAL), ¿ocurrió dentro de dos meses después de la muerte de un ser querido? (INTERVIEWER: INCLUDE ANY SPELL BEGAN WITHIN TWO MONTHS)

Sí, .....(4151(\_\_\_\_-1 (ASK \*PP40a)  
No.....\_\_\_\_-2 (SKIP TO INSTRUCTION  
No sé.....\_\_\_\_-8 ABOVE Q\*.PP.41)  
Se negó.....\_\_\_\_-9

ASK Q.PP40a IF SPELL OF DEPRESSION AND OTHER PROBLEMS OCCURRED WITHIN TWO MONTHS AFTER SOMEONE CLOSE DIED (Q.PP40)

\*PP40a. Alguna vez tuvo un período en que se sintió (triste/EQUIVALENTE PERSONAL) ó perdió el interés y al mismo tiempo tuvo estos problemas (INSERT FROM FLYSHEET) en situaciones que no fueron inmediatamente después de la muerte de algún ser querido?

Sí, otras veces.....(4152(\_\_\_\_-1 (ASK \*PP40b)  
No, solamente despues de muerte.....\_\_\_\_-2 (SKIP TO INSTRUCTION  
No sé.....\_\_\_\_-8 ABOVE \*PP41)  
Se negó.....\_\_\_\_-9

ASK Q.PP40b IF ALSO HAD SPELL OF DEPRESSION AND OTHER PROBLEMS NOT CONNECTED WITH DEATH OF SOMEONE ELSE (Q.PP40a)

\*PP40b. El período del año pasado en que se sintió (triste/EQUIVALENTE PERSONAL), ¿se debió a la muerte de algun ser querido?

Sí, solamente debido a un muerte....(4153(\_\_\_\_-1  
No debido solo a un muerte.....\_\_\_\_-2  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9



**WORST PERIOD**

ASK Q, PP41 IF MORE THAN 1 SPELL ON FLYSHEET (Q.PP37) OR LONGEST SPELL ON FLYSHEET (Q.PP35) WAS MORE THAN 52 WEEKS/1 YEAR -- ALL OTHERS SKIP TO Q.PP42

\*PP41. Ahora quisiera preguntarle sobre el período en que se sintió (triste/deprimido(a)/EQUIVALENTE PERSONAL) ó perdió el interés durante al menos 2 semanas y tuvo el mayor número de estos problemas al mismo tiempo. ¿Qué edad tenía entonces? (**IF CAN'T CHOOSE:** Entonces pídale que elija uno de los períodos.)

Años de edad /\_\_\_/\_\_\_/  
(4154-4155)

No sé.....(4156(\_\_\_\_-8  
Se negó.....\_\_\_\_-9

+-----+  
| 4157-4180Z |  
+-----+

ASK Q.PP42 IF FEELINGS OF DEPRESSION AND OTHER PROBLEMS DID HAPPEN AT SAME TIME

(Q.PP32/Q.PP32a)

ASK Q.PP42 ONLY FOR ITEMS RECORDED ON FLYSHEET

\*PP42. Quisiera saber cuál de estos problemas tuvo durante (ese/su) período de sentir (triste/deprimido(a)/EQUIVALENTE PERSONAL) ó perdió el interés. (IF MORE THAN ONE SPELL) Por ejemplo, durante ese período en que usted tenía (AGE IN Q.PP41) años de edad?

	<u>Sí</u>	<u>No</u>	<u>No Se</u>	<u>Se Negó</u>
PP8. ¿Fue su interés por el sexo mucho menos de lo usual?.....(4208(____-1	____-2	____-8	____-9	
PP10. ¿Perdió su apetito?.....(4209(____-1	____-2	____-8	____-9	
PP11. ¿Perdió peso sin tratar de hacerlo?.....(4210(____-1	____-2	____-8	____-9	
PP12. ¿Aumentó su apetito?.....(4211(____-1	____-2	____-8	____-9	
PP13. ¿Comió tanto que aumentó peso?.....(4212(____-1	____-2	____-8	____-9	
PP14. ¿Tenía dificultad para dormirse?.....(4213(____-1	____-2	____-8	____-9	
PP15. ¿Tenía dificultad para permanecer dormido(a)?..(4214(____-1	____-2	____-8	____-9	
PP16. ¿Tenía el problema de despertar demasiado temprano?.....(4215(____-1	____-2	____-8	____-9	
PP17. ¿Se dormía demasiado?.....(4216(____-1	____-2	____-8	____-9	
PP18. ¿Le faltó energía o sentía cansado(a) todo el tiempo?.....(4217(____-1	____-2	____-8	____-9	
PP19. ¿Sentía muy mal al momento de levantarse?.....(4218(____-1	____-2	____-8	____-9	
PP20. ¿Hablaba ó se movía más lentamente de lo normal?.....(4219(____-1	____-2	____-8	____-9	
PP21. ¿Tenía que estar en continuo movimiento?.....(4220(____-1	____-2	____-8	____-9	
PP22a. ¿Sentía que no valía nada?.....(4221(____-1	____-2	____-8	____-9	
PP22b.¿Sentía lleno de pecado?.....(4222(____-1	____-2	____-8	____-9	
PP22c.¿Sentía culpable?.....(4223(____-1	____-2	____-8	____-9	
PP23.¿Sentía que no era tan bueno(a) como otras personas?.....(4224(____-1	____-2	____-8	____-9	
PP24. ¿Tenía poco confianza en usted mismo(a)?.....(4225(____-1	____-2	____-8	____-9	
PP25. ¿Tenía mucho más dificultad para concentrarse?..(4226(____-1	____-2	____-8	____-9	
PP26. ¿Venían sus pensamientos mucho más lentos de lo normal?.....(4227(____-1	____-2	____-8	____-9	
PP27. ¿Fué imposible tomar decisiones?.....(4228(____-1	____-2	____-8	____-9	
PP28. ¿Pensó mucho acerca de la muerte?.....(4229(____-1	____-2	____-8	____-9	
PP29. ¿Sentíó que quería morirse?.....(4230(____-1	____-2	____-8	____-9	
PP30. ¿Sentíó tan decaído(a) que pensó en suicidarse?.....(4231(____-1	____-2	____-8	____-9	
PP31. ¿Ha intentado sucidarse?.....(4232(____-1	____-2	____-8	____-9	

ASK Q.PP43 IF MORE THAN ONE SPELL ON FLYSHEET (Q.PP37) -- ALL OTHERS SKIP TO Q.KK2

\*PP43. Usted me dijo que tuvo más de un período en que se sintió  
(triste/deprimido(a)/EQUIVALENTE PERSONAL) ó perdió el interés. Durante alguno de los  
otros períodos, ¿tuvo tantos de esos problemas como en el período que me acaba de  
describir?

Sí, en al menos un otro.....(4233(\_\_\_\_-1  
No.....-2  
No sé.....-8  
Se negó.....-9

+-----+  
| 4234-4280Z |  
+-----+

**KK. USO DE SERVICIOS PARA LA SALUD**

Ahora me gustaría hacerle unas preguntas sobre el uso de los servicios para la salud.

**ASK EVERYONE**

KK2.P ¿ Sin incluir algunas veces que usted podrá sido o hospitalizado o en una residencia de ancianos de un día para otro, cuántas veces, en los doce meses pasados, esto es desde (DATE, 1 YEAR AGO) ha consultado al médico? (INTERVIEWER: INCLUDE VISITS WITH A PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER AT AN HMO OR CLINIC.)

<u># Of Times</u>	<u>No sé</u>	<u>Se negó</u>
/ / / / (4844-4846)	(4847(____-8	____-9

CClaP. Hace (fecha de un año pasado) ha experimentado una enfermedad ó herida Iget sick/get hurt) que ha requerido pasar una noche ó mas en el hospital (no una casa de cuidado)?

Si.....	(4508(-1	(4509-4515)Z
No.....	-2	(Skip to Q.KK5)
No sé.....	-8	
Se negó.....	-9	

(8355)Z

\*KK3.(IV) En los últimos 12 meses, ¿recibió usted servicios de de consejo psicológico para un problema emocional, peersonal o familiar?

Si.....	(9650(-1
No.....	-2
No sé.....	-8
Se negó.....	-9

\*KK5.P Ahora le voy a preguntar sobre programas y servicios sociales para personas de 65 años de edad y mas.

En los últimos 12 meces usted..

	<u>Sí</u>	<u>No</u>	<u>No sé</u>	<u>Se nego</u>
( ) a. ¿Usó transportación para los mayores..... (8363)	-1	-2	-8	-9
( ) b. ¿Usó centro para mayores?..... (8364)	-1	-2	-8	-9
( ) c. ¿Recibió Comidas en Ruedas?... (8365)	-1	-2	-8	-9
( ) e. ¿Recibió asistencia personal (servicio que asiste con tareas como vestirse,acicalmiento, o tareas domesticas?..... (8367)	-1	-2	-8	-9
( ) f. ¿Usó un servicio de salud en casa (enfermera que visita/asistente/ terapeuta física)?..... (8368)	-1	-2	-8	-9
( ) h. ¿Recibió estampillas de comida ó cupones (SSI)?..... (8370)	-1	-2	-8	-9
( ) i.(IV) ¿Usó un servicio de respuesta de emergencia (un monitor conectado a su linea de teléfono o un botón de panico?... (9651)	-1	-2	-8	-9
( ) j.(IV)¿Usó servicios legales para ancianos (testamento y fideicomiso, directivas avanzadas, procuración duradero?..... (9652)	-1	-2	-8	-9

**MM. HERB AND HOME REMEDIES (IV)**ASK EVERYONE

QMM1. **P-R:** Durante los últimos 12 meses ha usado usted alguna de las siguientes formas de tratamientos bajo la supervisión de un practicante pago?? (IV)

	<u>Si</u>	<u>No</u>	<u>No Se</u>	<u>Se Negó</u>	
a. Técnicas de Relajamiento	____-1	____-2	____-8	____-9	(9660)
b. Yerbas medicinales	____-1	____-2	____-8	____-9	(9661)
c. Terapia de Masaje	____-1	____-2	____-8	____-9	(9662)
d. Quiropractico	____-1	____-2	____-8	____-9	(9663)
e. Acupuntura	____-1	____-2	____-8	____-9	(9664)
f. Espiritismo	____-1	____-2	____-8	____-9	(9665)

QMM2. **P-R:** Durante los últimos 12 meses cuantas yerbas medicinales o remedios caseros ha tomado usted por motivos de su salud? (IV)

/\_\_\_\_/\_\_\_\_/ (Range 0 - 99)  
(9666,9667)

No sé \_\_\_\_-998 (9668)  
Se negó \_\_\_\_-999

IF RESPONDENT DID NOT TAKE ANY HERBS OR HOME REMEDIES (QMM2/ 0, NO SE OR SE NEGÓ),  
SKIP TO QMM6.

IF RESPONDENT ONLY TOOK ONE HERB OR HOME REMEDY (QMM2=1) ASK QMM3 AND QMM3a.  
THEN SKIP TO QMM6.

IF RESPONDENT TOOK ONE OR MORE HERB OR HOME REMEDIES (QMM2/ 1 OR MORE) RECORD FIRST  
MENTIONED HERB OR HOME REMEDY IN QMM3 AND QMM3a. THEN READ INSTRUCTIONS BEFORE QMM4.

QMM3. **P-R:** ¿Qué nombre tiene (esta yerba/una de estas) yerbas medicinales o remedio casero (#1)? (IV)

\_\_\_\_\_ (9669-9670)

\_\_\_\_\_ (9710-9745) **verbatim**

QMM3a **P-R:** ¿Qué es la razón principal para que toma esta yerba o remedio casero (#1)? (IV)

SINGLE RECORD

Artritis.....(9746-9747) \_\_\_\_-01  
Asma..... \_\_\_\_-02  
Incontinencia urinaria..... \_\_\_\_-03  
Diarea..... \_\_\_\_-04  
Cancer..... \_\_\_\_-05  
Depresión..... \_\_\_\_-06  
Diabetes..... \_\_\_\_-07  
Hipertensión..... \_\_\_\_-08  
Infarto miocardial..... \_\_\_\_-09  
Apoplejía..... \_\_\_\_-10  
Cuidado preventivo/mantener salud \_\_\_\_-11  
Empacho..... \_\_\_\_-12  
Nervios..... \_\_\_\_-13  
Susto..... \_\_\_\_-14  
Otro..... \_\_\_\_-15  
Specify \_\_\_\_\_  
No sé..... \_\_\_\_-98  
Se negó..... \_\_\_\_-99

ASK QMM4 AND QMM4a IF RESPONDENT TOOK TWO OR MORE HERB OR HOME REMEDIES (QMM2/ 2 OR MORE.  
RECORD SECOND MENTIONED HERB OR HOME REMEDY IN QMM4 AND QMM4a.

ALL OTHERS SKIP TO QMM6

QMM4. **P-R:** ¿Qué nombre tiene (esta yerba/una de estas) yerbas medicinales o remedio casero  
(#2)? (IV)

\_\_\_\_\_ (9748-9749) / (9750-9780) **verbatim**

QMM4a **P-R:** ¿Qué es la razón principal para que toma esta yerba o remedio casero (#2)?  
(IV)

SINGLE RECORD

Artritis.....	(9810-9811)	___	-01
Asma.....		___	-02
Incontinencia urinaria.....		___	-03
Diarea.....		___	-04
Cancer.....		___	-05
Depresión.....		___	-06
Diabetes.....		___	-07
Hipertensión.....		___	-08
Infarto miocardial.....		___	-09
Apoplejía.....		___	-10
Cuidado preventivo/mantener salud		___	-11
Empacho.....		___	-12
Nervios.....		___	-13
Susto.....		___	-14
Otro.....		___	-15
Specify_____			
No sé.....		___	-98
Se negó.....		___	-99

ASK QMM5 AND QMM5a IF RESPONDENT TOOK THREE OR MORE HERB OR HOME REMEDIES (QMM2/ 3 OR  
MORE). RECORD THIRD MENTIONED HERB OR HOME REMEDY IN QMM5 AND QMM5a.

ALL OTHERS SKIP TO QMM6

QMM5. **P-R:** ¿Qué nombre tiene (esta yerba/una de estas) yerbas medicinales o remedio casero (#3)? (IV)

\_\_\_\_\_ (9815-9816)/(9820-9850) **verbatim**

QMM5a **P-R:** ¿Qué es la razón principal para que toma esta yerba o remedio casero (#3)? (IV)

SINGLE RECORD

Artritis.....(9851-9852) \_\_\_\_-01  
 Asma..... \_\_\_\_-02  
 Incontinencia urinaria..... \_\_\_\_-03  
 Diarea..... \_\_\_\_-04  
 Cancer..... \_\_\_\_-05  
 Depresión..... \_\_\_\_-06  
 Diabetes..... \_\_\_\_-07  
 Hipertensión..... \_\_\_\_-08  
 Infarto miocárdial..... \_\_\_\_-09  
 Apoplejía..... \_\_\_\_-10  
 Cuidado preventivo/mantener salud \_\_\_\_-11  
 Empacho..... \_\_\_\_-12  
 Nervios..... \_\_\_\_-13  
 Susto..... \_\_\_\_-14  
 Otro..... \_\_\_\_-15  
     Specify \_\_\_\_\_  
 No sé..... \_\_\_\_-98  
 Se negó..... \_\_\_\_-99

ASK EVERYONE

QMM6. ¿Ha tomado usted una yerba o remedio casero que ya dejó de tomar porque: (IV)

	<u>Si</u>	<u>No</u>	<u>No</u> <u>Sé</u>	<u>Se negó</u>	
A. Le hizo sentirse mal ____-1	____-2	____-8	____-9	(9853)	
B. Ya no necesita más tomarla ____-1	____-2	____-8	____-9	(9854)	
C. Cuesta mucho dinero ____-1	____-2	____-8	____-9	(9855)	
D. No me ayudó ____-1	____-2	____-8	____-9	(9856)	

ASK QMM7 IF RESPONDENT HAS TAKEN ONE OR MORE HERB OR HOME REMEDIES (Q.MM2/ 1 OR MORE. ALL OTHERS SKIP TO QMM9.

QMM7. **P-R:** Cuanto ha gastado en yerbas Y remedios caseros en los últimos 12 meses? (IV)  
 (USE SHOWCARD #32)

\$50 o menos.....(9857) \_\_\_\_-1  
 \$51 hasta \$100..... \_\_\_\_-2  
 Más de \$100..... \_\_\_\_-3  
 No sé..... \_\_\_\_-8  
 Se negó..... \_\_\_\_-9

ASK QMM8 IF RESPONDENT HAS TAKEN ONE OR MORE HERB OR HOME REMEDIES (Q.MM2/1 OR MORE. ALL OTHERS SKIP TO QMM9.

QMM8. **P-R:** Le informo a su doctor de las veces que usó yerbas o remedios caseros? (IV)

Sí.....(9858) \_\_\_\_-1  
 No..... \_\_\_\_-2  
 No sé..... \_\_\_\_-8  
 Se negó..... \_\_\_\_-9



ASK EVERYONE

QMM9. **P-R** Actualmente, ¿tiene usted Medicare, Medicaid, seguro privado, un HMO o algun otra forma de seguro? Por favor, cuenteme si tiene usted seguro de los siguientes tipos.(IV)

[INTERVIEWER NOTE: THIS QUESTION REFERS TO HEALTH INSURANCE ONLY. DO NOT INCLUDE OTHER TYPES OF INSURANCE SUCH AS LIFE INSURANCE OR DISABILITY INSURANCE.]

	<u>Sí</u>	<u>No</u>	<u>No Sé</u>	<u>Se negó</u>	
A. Medicare	__-1	__-2	__-8	__-9	(9860)
B. Medicaid	__-1	__-2	__-8	__-9	(9861)
C. Seguro privado	__-1	__-2	__-8	__-9	(9862)
D. HMO	__-1	__-2	__-8	__-9	(9863)
E. Other Specify	__-1	__-2	__-8	__-9	(9864)

\_\_\_\_\_ (9865-9866)/(9910-9940) verbatim

**LL. INGRESO/ESFUERZO RELACIONADO CON FINANZAS****ASK EVERYONE**

LL5a. ¿Qué tan difícil se le hace cubrir las cuentas que usted tiene que pagar mensualmente-- muy difícil, un poco difícil, no muy difícil o nada difícil? USE SHOW CARD #33

Muy difícil.....(4910(\_\_\_\_-1  
Un poco difícil.....\_\_\_\_-2  
No muy difícil.....\_\_\_\_-3  
Nada difícil.....\_\_\_\_-4  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

LL5b. Al final del mes, ¿diría usted que le sobra algo de dinero, a penas le alcanza para cubrir lo que debe ó no tiene suficiente para cubrir sus gastos? USE SHOW CARD #34

Le sobra algun dinero..... (4911(\_\_\_\_-1  
A penas le alcanza para cubrir.....\_\_\_\_-2  
No tiene suficiente para cubrir los gastos.....\_\_\_\_-3  
No sé.....\_\_\_\_-8  
Se negó.....\_\_\_\_-9

(4912-4980) Z

**NN. COMPLEMENTARIO**

[INTERVIEWER NOTE: ALL QUESTIONS IN SECTION NN REFER TO THE RESPONDENT'S INFORMATION]

NN1. P ¿Cuál es su numero de teléfono?

/ / / / - / / / / - / / / / /  
(5108-5110) (5111) (5112-5114) (5115) (5116-5119)

No tiene teléfono....(5120(\_\_\_\_-1 +-----+  
No sé.....-8 | 5121-5180Z |  
Se negó.....-9 +-----+

NN2. P ¿Cuál es su dirección? IF NECESSARY: Para enviar el cheque.

Street: \_\_\_\_\_ (5208-5253)  
+-----+  
| 5254-5280Z |  
+-----+  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(5308-5353) (5354-5355) (5356-5365)

No sé.....(5366(\_\_\_\_-8  
Se negó.....-9

\*NN2a.P. ¿Recibe el correo en una dirección diferente? (IF YES, RECORD BELOW)

Street: \_\_\_\_\_ (5408-5453)  
+-----+  
| 5454-5480Z |  
+-----+  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(5508-5553) (5554-5555) (5556-5565)

NN3a. P ¿Está planeando cambiar de domicilio dentro de unos cuantos años?

Sí.....(5566(\_\_\_\_-1 (ASK Q.NN3b)  
No.....-2 (SKIP TO Q.NN4)  
No sé.....-8  
Se negó.....-9

ASK Q.NN3b IF PLAN TO MOVE IN NEXT FEW YEARS (Q.NN3a)

NN3b. P Si es así, ¿donde?

\_\_\_\_\_ (5567-5568)  
No sé.....(5569(\_\_\_\_-8  
Se negó.....-9

-----+ +-----  
| 5570-5580Z |  
+-----+

ASK EVERYONE

NN4. P ¿Puede usted darme los nombres, las direcciones, y los números de teléfono de dos personas que no viven con usted y que sabrían donde se encontraría, en caso de que necesitamos hablar con usted en el futuro?

Name (LAST, FIRST, MI): \_\_\_\_\_ (5708-5780)

Street: \_\_\_\_\_ (5808-5880)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
(5908-5953) (5954-5955) (5956-5965)

Telephone: (\_\_\_\_) \_\_\_\_\_ (5969-5975)  
(5966-5968) +-----+  
| 5976-5980Z |  
+-----+

ENTER RELATIONSHIP CODE:

/\_\_\_\_/\_\_\_\_/  
(9010-9011)

No sé..... (6028 (\_\_\_\_-8 +-----+  
Se negó..... \_\_\_\_-9 | 6029-6080Z |  
+-----+

Name (LAST, FIRST, MI): \_\_\_\_\_ (6108-6180)

Street: \_\_\_\_\_ (6208-6280)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
(6308-6353) (6354-6355) (6356-6365)

Telephone: (\_\_\_\_) \_\_\_\_\_ (6369-6375)  
(6366-6368)

+-----+  
| 6376-6380Z |  
+-----+

ENTER RELATIONSHIP CODE:

/\_\_\_\_/\_\_\_\_/  
(8372-8373)

No sé..... (8374 (\_\_\_\_-8  
Se negó..... \_\_\_\_-9

CODES FOR RELATIONSHIPS:

- |  |   |
|--|---|
| 01= Respondiente es el/la jefe(a) de la casa | 11= Bisnieto(a)                               |
| 02= Esposo(a)                                | 12= Otro pariente/familiar (SPECIFY):         |
| 03= Hijo(a) (incluya entenado(a)/hijastro(a) | 13= Amigo(a)                                  |
| 04= Nuero/Nuera                              | 14= Bordante                                  |
| 05= Nieto(a)                                 | 15= Empleado                                  |
| 06= Padre(s)                                 | 16= Otra persona que no es familia (SPECIFY): |
| 07= Hermano(a)                               | 17= Cuñado(a)                                 |
| 08= Sobrino(a)                               | 98 No sé                                      |
| 09= Primo(a)                                 | 99 Se negó                                    |
| 10= Tio(a)                                   |   |

Esto completa la entrevista. Muchas gracias por su cooperación con este estudio que es tan importante.

TIME ENDED: \_\_\_\_\_ AM/PM

(6408-6480) Z

**00. INTERVIEWER OBSERVATIONS/COMMENTS**

\*0012. Type of Housing: (INTERVIEWER PLEASE CHECK ONE)

Single.....(8375(\_\_\_\_\_-1  
Multi-family.....\_\_\_\_\_-2  
Apartment.....\_\_\_\_\_-3  
Assisted living.....\_\_\_\_\_-4  
Congregate housing.....\_\_\_\_\_-5  
Group quarters.....\_\_\_\_\_-6  
Other (Specify)  
\_\_\_\_\_.....-7

001. Final status of respondent interview?

Complete.....(6508(\_\_\_\_\_-1  
Incomplete, interviewer broke off....\_\_\_\_\_-2  
Incomplete, respondent broke off....\_\_\_\_\_-3  
Incomplete, Other (SPECIFY):  
\_\_\_\_\_.....-4  
Not applicable.....\_\_\_\_\_-6

002. Was someone else present during the interview?

Yes.....(6509(\_\_\_\_\_-1  
No.....\_\_\_\_\_-2  
Not applicable...\_\_\_\_\_-6

003. During the interview, was the respondent bizarre or inappropriate in thought or in action?

Yes.....(6510(\_\_\_\_\_-1  
No.....\_\_\_\_\_-2  
Not applicable...\_\_\_\_\_-6

004. Was the respondent literate; i.e., Able to read cards? (IF RESPONDENT IS BLIND, BUT CAN READ BRAILLE OR COULD READ BEFORE BECOMING BLIND, COUNT AS LITERATE)

Yes.....(6511(\_\_\_\_\_-1  
No.....\_\_\_\_\_-2  
Not applicable...\_\_\_\_\_-6

005. Did the respondent have difficulty hearing, or was he/she deaf?

No difficulty..(6512(\_\_\_\_\_-1  
Some difficulty.....\_\_\_\_\_-2  
Deaf.....\_\_\_\_\_-3  
No applicable.....\_\_\_\_\_-6

(6513-6515) Z

007. Were all the physical measures including blood pressure attempted?

Yes, all completed.....(6516(\_\_\_\_\_-1 (SKIP TO Q.009a)  
Yes, attempted but not completed.....\_\_\_\_\_-2 (ASK Q.008)  
  
No, not attempted.....\_\_\_\_\_-3 (ASK Q.008)  
Not applicable.....\_\_\_\_\_-6

ANSWER Q.008 IF SOME/ALL OF THE PHYSICAL MEASURES NOT ATTEMPTED (Q.007)

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

	Yes	No	Appli- Cable
a. Respondent is bedridden.....(6517(_____-1	_____-2	_____-6	
b. Respondent cannot stand even with support.....(6518(_____-1	_____-2	_____-6	
c. Respondent needs support when standing (walker, crutch)....(6519(_____-1	_____-2	_____-6	
d. Respondent cannot understand what to do, even when demonstrated.....(6520(_____-1	_____-2	_____-6	
e. Respondent is totally blind.....(6521(_____-1	_____-2	_____-6	
f. Respondent was dizzy.....(6522(_____-1	_____-2	_____-6	
g. Other reasons.....(6523(_____-1	_____-2	_____-6	

Specify \_\_\_\_\_ (6524-6525)

\_\_\_\_\_ (6526-6527)

\_\_\_\_\_ (6528-6529)

ALL ANSWER

009a. Completed: Respondent only.....(6530(\_\_\_\_\_-1  
 Proxy only.....\_\_\_\_\_-2  
 Both (long proxy version)....\_\_\_\_\_-3

Completed: English.....(6531(\_\_\_\_\_-1  
 Spanish.....\_\_\_\_\_-2

## REASON FOR PROXY:

Subject physically ill or recovering from hospital.....(6532(\_\_\_\_\_-1  
 Subject was deaf.....\_\_\_\_\_-2  
 Subject away indefinitely.....\_\_\_\_\_-3  
 Sample subject is mentally incapacitated....\_\_\_\_\_-4  
 Denied access to nursing home.....\_\_\_\_\_-5  
 Other (SPECIFY):

.....\_\_\_\_\_-6  
 +-----+  
 | 6533-6580Z |  
 +-----+

## 0010. INTERVIEWER COMMENTS:

\_\_\_\_\_ (6608-6680)

\_\_\_\_\_ (6708-6780)

\_\_\_\_\_ (6808-6880)

\_\_\_\_\_ (7008-7080)

## 0011. ADDITIONAL INTERVIEWER COMMENTS:

\_\_\_\_\_ (7108-7180)

\_\_\_\_\_ (7208-7280)

\_\_\_\_\_ (7308-7380)

\_\_\_\_\_ (7408-7480)