

## MAIN STUDY - ROUND 10

## COMMUNITY COMPONENT

## HS. HEALTH STATUS AND FUNCTIONING

BOX HIS1A	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX SC1A.
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**HSRNDSKP**

HS1. Now, I would like to ask you about (your/SP's) health. In general, compared to other people (your/SP's) age, would you say that (your/his/her) health is . . .

<b>GENHELTH</b>	excellent,.....	1
	very good,.....	2
	good,.....	3
	fair, or.....	4
	poor?.....	5

HS2. How much of the time during the past month has (your/SP's) health limited (your/SP's) social activities, like visiting with friends or close relatives? Would you say . . .

<b>HELMTACT</b>	None of the time.....	1
	Some of the time.....	2
	Most of the time.....	3
	All of the time.....	4

HS3. (Do you/Does SP) wear eyeglasses or contact lenses?

<b>ECHELP</b>	YES.....	1	(HS4)
	NO.....	2	(HS4)
	SP IS BLIND.....	3	(HS6)
	REFUSED.....	-7	(HS6)
	DON'T KNOW.....	-8	(HS6)

HS4. Which statement best describes (your/SP's) vision (wearing glasses or contact lenses) -- no trouble seeing, a little trouble, or a lot of trouble?

<b>ECTROUB</b>	NO TROUBLE SEEING.....	1
	A LITTLE TROUBLE SEEING.....	2
	A LOT OF TROUBLE SEEING.....	3

BOX HSA	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS5. OTHERWISE, GO TO HS6.
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HS5. (Have you/Has SP) ever had an operation for cataracts?

**ECCATOP** YES..... 1  
NO..... 2

HS6. (Do you/Does SP) use a hearing aid?

**HCHELP** YES..... 1 (HS7)  
NO..... 2 (HS7)  
SP IS DEAF..... 3 (HS8)  
REFUSED..... -7 (HS8)  
DON'T KNOW..... -8 (HS8)

HS7. Which statement best describes (your/SP's) hearing (with a hearing aid)  
-- no trouble hearing, a little trouble, or a lot of trouble?

**HCTROUB** NO TROUBLE HEARING..... 1  
A LITTLE TROUBLE HEARING..... 2  
A LOT OF TROUBLE HEARING..... 3

HS8. (Do you/Does SP) ever have difficulty eating solid foods because of  
problems with (your/his/her) mouth or teeth?

**DCTROUB** YES..... 1  
NO..... 2

BOX HSB	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS9. OTHERWISE, GO TO BOX HS1.
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HS9. How tall (are you/is SP)?

**HEIGHTFT** \_\_\_\_\_  
**HEIGHTIN** \_\_\_\_\_ FEET INCHES

HS10. How much (do you/does SP) weigh?

**WEIGHT** \_\_\_\_\_  
POUNDS

BOX	IF SP IS FEMALE: GO TO INTRODUCTION ABOVE HS11.
HS1	IF SP IS MALE: GO TO HS14.

These next few questions are about preventive health care measures some people take.

HS11. (Have you/Has SP) had a mammogram or breast X-ray since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

<b>MAMMOGRM</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

HS12. (Have you/Has SP) had a Pap smear since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

<b>PAPSMEAR</b>	YES.....	1	(HS14)
	NO.....	2	BOX HSC
	REFUSED.....	-7	BOX HSC
	DON'T KNOW.....	-8	BOX HSC

BOX	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS13.
HSC	OTHERWISE, GO TO HS14.

HS13. (Have you/Has SP) ever had a hysterectomy?

<b>HYSTEREC</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

HS14. Did (you/SP) have a flusht for last winter?

[**EXPLAIN IF NECESSARY:** DID SP GET A FLU SHOT ANY TIME DURING THE PERIOD FROM SEPTEMBER 1993 THROUGH DECEMBER 1993?]

<b>FLUSHOT</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8



HS19. How much difficulty, if any, (do you/does SP) have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say (you have/SP has) no difficulty at all, a little difficulty, a lot of difficulty, or (are/is) not able to do it?

SHOW CARD HS1	<b>DIFLIFT</b>	NO DIFFICULTY AT ALL.....	1
		A LITTLE DIFFICULTY.....	2
		SOME DIFFICULTY.....	3
		A LOT OF DIFFICULTY.....	4
		NOT ABLE TO DO IT.....	5

HS20. What about reaching or extending arms above shoulder level?

SHOW CARD HS1	<b>DIFREACH</b>	NO DIFFICULTY AT ALL.....	1
		A LITTLE DIFFICULTY.....	2
		SOME DIFFICULTY.....	3
		A LOT OF DIFFICULTY.....	4
		NOT ABLE TO DO IT.....	5

HS21. How much difficulty, if any, (do you/does SP) have either writing or handling and grasping small objects? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

SHOW CARD HS1	<b>DIFWRITE</b>	NO DIFFICULTY AT ALL.....	1
		A LITTLE DIFFICULTY.....	2
		SOME DIFFICULTY.....	3
		A LOT OF DIFFICULTY.....	4
		NOT ABLE TO DO IT.....	5

HS22. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

SHOW CARD HS1	<b>DIFWALK</b>	NO DIFFICULTY AT ALL.....	1
		A LITTLE DIFFICULTY.....	2
		SOME DIFFICULTY.....	3
		A LOT OF DIFFICULTY.....	4
		NOT ABLE TO DO IT.....	5

HS23. Next, I'm going to read a list of medical conditions. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] Please tell me if a doctor told (you/SP) that (you/he/she) (ever) had any of these conditions. [PRESS ENTER TO CONTINUE.]

BOX HS1B	IF ANY PREVIOUS ROUND HS23a=1, GO TO BOX HS1C. OTHERWISE, GO TO HS23a.
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HS23a. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had hardening of the arteries or arteriosclerosis?

**OCARTERY** YES..... 1  
**HS23AFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

BOX HS1C	IF ANY PREVIOUS ROUND HS23b=1, GO TO HS23c. OTHERWISE, GO TO HS23a.
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b. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had hypertension, sometimes called high blood pressure?

**OCHBP** YES..... 1  
**HS23BFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

c. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a myocardial infarction or a heart attack?

**OCMYOCAR** YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

d. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] did a doctor tell (you/SP) that (you/he/she) had a new episode of/Has a doctor (ever) told (you/SP) that (you/he/she) had angina pectoris or coronary heart disease?

**OCCHD** YES..... 1  
**HS23DFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

- e. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] did a doctor tell (you/SP) that (you/he/she) had a new episode of/What about) other heart conditions such as congestive heart failure, problems with the valves in the heart, or problems with the rhythm of (your/SP's) heartbeat?

**OCOTHART** YES..... 1  
**HS23EFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

- f. [Since (PREV. SUPP. RD. INT. DATE),] has a doctor ever told (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

**OCSTROKE** YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

BOX HS1D	IF ANY PREVIOUS ROUND HS23g=1, GO TO HS23h. OTHERWISE, GO TO HS23g.
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- g. [Since (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor ever told (you/SP) that (you/he/she) had skin cancer?

**OCCSKIN** YES..... 1  
**HS23GFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

- h. [Since (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had any other kind of cancer, malignancy, or tumor?

[INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]

**OCCANCER** YES..... 1 (i)  
 NO..... 2 BOX HS1E  
 REFUSED..... -7 BOX HS1E  
 DON'T KNOW..... -8 BOX HS1E

i. On what part or parts of (your/SP's) body was the cancer or tumor found?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>OCCLUNG</b>	LUNG.....	1
<b>OCCCOLON</b>	COLON, RECTUM, OR BOWEL.....	2
<b>OCCBREAST</b>	BREAST.....	3
<b>OCCUTER</b>	UTERUS.....	4
<b>OCCPROST</b>	PROSTATE.....	5
<b>OCCBLAD</b>	BLADDER.....	6
<b>OCCOVARY</b>	OVARY.....	7
<b>OCCSTOM</b>	STOMACH.....	8
<b>OCCCERVX</b>	CERVIX.....	9
<b>OCCBRAIN</b>	OTHER (SPECIFY)_____	91
<b>OCCKIDNY</b>	REFUSED.....	-7
<b>OCCTHROA</b>	DON'T KNOW.....	-8
<b>OCCHEAD</b>		
<b>OCCBACK</b>		
<b>OCCFONEC</b>		
<b>OCCOTHER</b>		
<b>OCCOS</b>		

BOX HS1E	IF ANY PREVIOUS ROUND HS23j=1, GO TO BOX HS1F. OTHERWISE, GO TO HS23j.
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j. [Since (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had diabetes, high blood sugar, or sugar in (your/his/her) urine?

[DO NOT INCLUDE BORDERLINE, PREGNANCY, OR PRE-DIABETIC DIABETES.]

<b>OCDIABTS</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

BOX HS1F	IF ANY PREVIOUS ROUND HS23k=1, GO TO BOX HS23G. OTHERWISE, GO TO HS23k.
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k. [Since (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

<b>OCARTHRH</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

BOX HS1G	IF ANY PREVIOUS ROUND HS23=1, GO TO BOX HSE. OTHERWISE, GO TO HS231.
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- l. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had arthritis, other than rheumatoid arthritis?  
[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

**OCARTH** YES..... 1 (m)  
NO..... 2 BOX HSE  
REFUSED..... -7 BOX HSE  
DON'T KNOW..... -8 BOX HSE

- m. What part or parts of (your/SP's) body have been affected by arthritis?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

**OCAARM** ARMS, SHOULDERS, OR HANDS..... 1  
**OCAFEET** HIPS, KNEES, FEET, OR ANYWHERE  
ON LEGS..... 2  
**OCABACK** BACK..... 3  
**OCANECK** NECK..... 4  
**OCAALOVR** ALL OVER OR JOINTS..... 5  
**OCAOTHER** OTHER (SPECIFY)\_\_\_\_\_ 91  
**OCAOS** REFUSED..... -7  
DON'T KNOW..... -8

BOX HSE	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS23n. OTHERWISE, GO TO BOX HS1H.
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- n. Has a doctor ever told (you/SP) that (you/he/she) had mental retardation?

**OCMENTAL** YES..... 1  
NO..... 2  
REFUSED..... -7  
DON'T KNOW..... -8

BOX HS1H	IF ANY PREVIOUS ROUND HS23o=1, GO TO BOX HS1I. OTHERWISE, GO TO HS23o.
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HEALTH STATUS AND FUNCTIONING (HS)

Household (Round 10 main)

o. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

**OCALZHMR** YES..... 1  
**HS23OFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

BOX HS1I	IF ANY PREVIOUS ROUND HS23p=1, GO TO HS1J. OTHERWISE, GO TO HS23p.
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p. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder?

**OCPSYCH** YES..... 1  
**HS23PFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

BOX HS1J	IF ANY PREVIOUS ROUND HS23q, GO TO HS23r. OTHERWISE, GO TO HS23q.
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q. [Since (PREV. SUPP. RD. INT. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

**OCOSTEOP** YES..... 1  
**HS23QFLG** NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

r. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a broken hip?

**OCBRKHIP** YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

BOX HS1K	IF ANY PREVIOUS ROUND HS23s=1, GO TO BOX HS1L. OTHERWISE, GO TO HS23s.
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s. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Parkinson's disease?

**OCPARKIN** YES..... 1  
NO..... 2  
REFUSED..... -7  
DON'T KNOW..... -8

BOX HS1L	IF ANY PREVIOUS ROUND HS23t=1, GO TO HS23u. OTHERWISE, GO TO HS23t.
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t. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had emphysema, asthma, or COPD?

[COPD=CARDIOPULMONARY DISEASE.]

**OCEMPHYS** YES..... 1  
NO..... 2  
REFUSED..... -7  
DON'T KNOW..... -8

u. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had complete or partial paralysis?

**OCPPARAL** YES..... 1  
NO..... 2  
REFUSED..... -7  
DON'T KNOW..... -8

BOX HSF	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS23v. OTHERWISE, GO TO BOX HS2.
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v. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or leg?

**OCAMPUTE** YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

BOX HS2	(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO INTRODUCTION ABOVE AC29. (b) IF SP IS 65 OR OLDER, GO TO INTRODUCTION ABOVE AC29. IF SP IS UNDER 65, AND ANY "YES" AT HS23a-v, GO TO HS24. IF SP IS UNDER 65 AND <u>ALL</u> "NO" AT HS23a-v, GO TO HS25.
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HS24. You told me that (you/SP) have had [READ CONDITIONS LISTED BELOW]. (Was this/were any of these) the original cause of (your/SP's) becoming eligible for Medicare?

**EMCOND** YES..... 1 BOX HS3  
 NO..... 2 (HS25)

HS25. What was the original cause of (your/SP's) becoming eligible for Medicare? RECORD VERBATIM.  
 [PRESS ENTER TO LEAVE SCREEN.]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ GO TO INTRODUCTION ABOVE AC29.

**EMCAUSE1**            **EMCAUSC1**  
**EMCAUSE2**            **EMCAUSC2**  
**EMCAUSE3**

BOX HS3	IF MORE THAN ONE CONDITION MENTIONED IN HS23a-v, ASK HS26. IF ONLY ONE CONDITION MENTIONED IN HS23a-v, GO TO INTRODUCTION ABOVE AC29.
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HS26. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?  
 CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.  
 DISPLAY CONDITIONS FOR WHICH HS23a-v CODED 1. ALLOW "OTHER SPECIFY" (91).

DISPLAY NUMERIC EQUIVALENT OF HS23 LETTER FOR THE CONDITION AS THE CODE TO BE ENTERED BY INTERVIEWER, i.e., IF HS23c=1, DISPLAY AS "3. HEART ATTACK;" HS23f=1, DISPLAY "6. STROKE," ETC.

Next, some questions about (your/SP's) health care needs during the past year.

AC29. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE)/In the last year], (have you/has SP) had any trouble getting health care that (you/SP) wanted or needed?

<b>HCTROUBL</b>	YES.....	1	(AC30)
	NO.....	2	(AC31)
	REFUSED.....	-7	(AC31)
	DON'T KNOW.....	-8	(AC31)

AC30. Why was that?  
 [PRESS ENTER TO LEAVE SCREEN.]

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<b>HCTRVB1</b>	<b>HCTRC1</b>
<b>HCTRVB2</b>	<b>HCTRC2</b>
<b>HCTRVB3</b>	<b>HCTRC3</b>

AC31. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE)/In the last year], (have you/has SP) delayed seeking medical care because (you were/he was/she was) worried about the cost?

<b>HCDELAY</b>	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AC32 OMITTED.

See [Activities of Daily Living](#)

See [Instrumental Activities of Daily Living](#)

HS37. I'd like to ask about a health problem that is more common than people think. [SHOW CARD HS2.] Please look at this card and tell me how often, if at all, (you/SP) lost urine beyond (your/his/her) control [during the past 12 months/Since (PREV. SUPP. RD. INT. DATE)].

SHOW CARD HS2
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**LOSTURIN**

More than once a week.....	1
About once a week.....	2
2-3 times a month.....	3
About once a month.....	4
Every 2-3 months.....	5
Once or twice a year.....	6
Not at all.....	7
SP IS ON DIALYSIS OR CATHETERIZATION.....	8
REFUSED.....	-7
DON'T KNOW.....	-8