

MCBS MAIN STUDY - ROUND 34 – FALL SUPPLEMENT 2002

COMMUNITY COMPONENT

HF. HEALTH STATUS AND FUNCTIONING

BOX HFA1	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX SC1A</b> .
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HFA1. 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
	REFUSED.....	-7
	DON'T KNOW .....	-8

HFA2. Compared to one year ago, how would you rate (your/SP's) health in general now? Would you say (your/SP's) health is . . .

<b>COMPHLTH</b>	much better now than one year ago, .....	1
	somewhat better now than one year ago, ....	2
	about the same, .....	3
	somewhat worse now than one year ago, or	4
	much worse now than one year ago? .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFA3. 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, or .....	3
	all of the time? .....	4
	REFUSED.....	-7
	DON'T KNOW .....	-8

HFB1. (Do you/Does SP) wear eyeglasses or contact lenses?

<b>ECHELP</b>	YES .....	1 (HFB2)
	NO .....	2 (HFB2)
	SP IS BLIND .....	3 (HFB3)
	REFUSED .....	-7 (HFB6)
	DON'T KNOW .....	-8 (HFB6)

HFB2. Which statement best describes (your/SP's) vision (while wearing glasses or contact lenses) -- no trouble seeing, a little trouble, a lot of trouble, or no usable vision?

- ECTROUB** NO TROUBLE SEEING ..... 1 (HFB6)
- A LITTLE TROUBLE SEEING ..... 2 (HFB3)
- A LOT OF TROUBLE SEEING ..... 3 (HFB3)
- NO USABLE VISION ..... 4 (HFB3)
- REFUSED..... -7 (HFB6)
- DON'T KNOW ..... -8 (HFB6)

HFB3. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have with prescription labels or medical instructions? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

- EINTROUB** NO TROUBLE ..... 1
- A LITTLE TROUBLE..... 2
- A LOT OF TROUBLE..... 3
- REFUSED..... -7
- DON'T KNOW ..... -8

HFB4. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have finding out things (you need/he needs/she needs) to know about Medicare? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

- EMCTROUB** NO TROUBLE ..... 1
- A LITTLE TROUBLE..... 2
- A LOT OF TROUBLE..... 3
- REFUSED..... -7
- DON'T KNOW ..... -8

HFB5. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have obtaining medical care, such as finding care or getting there when (you need/he needs/she needs) it? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

- EOBTROUB** NO TROUBLE ..... 1
- A LITTLE TROUBLE..... 2
- A LOT OF TROUBLE..... 3
- REFUSED..... -7
- DON'T KNOW ..... -8

HS4a OMITTED IN ROUND 34.

HFB6. (Have you/Has SP) had an eye examination by an eye doctor since [(PREVIOUS SUPPLEMENTAL ROUND INTERVIEW DATE)/(TODAY'S DATE) a year ago]?  
 [INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.]

- EDOCEXAM** YES ..... 1 **BOX HFB1**
- NO ..... 2 (HFB7)
- REFUSED ..... -7 **BOX HFB1**
- DON'T KNOW ..... -8 **BOX HFB1**

HS4b OMITTED IN ROUND 34.

HFB7. How long has it been since (your/SP's) last eye examination by an eye doctor?

<b>EDOCLAST</b>	NEVER HAD EYE EXAM BY EYE DOCTOR ...	1	(HFB8)
	1 YEAR TO LESS THAN 2 YEARS .....	2	<b>BOX HFB1</b>
	2 YEARS TO LESS THAN 5 YEARS .....	3	(HFB8)
	5 YEARS OR MORE .....	4	(HFB8)
	REFUSED .....	-7	<b>BOX HFB1</b>
	DON'T KNOW .....	-8	<b>BOX HFB1</b>

HFB8. You mentioned that (you/SP) did not have an eye examination by an eye doctor in the past two years. What is the reason for not having an eye examination more recently?

[PRESS ENTER TO CONTINUE.]

HFB9. REASON NO EYE EXAMINATION:  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>ENOCHNGE</b>	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG/NO VISION CHANGE .....	1
<b>ENOTNEED</b>	NOT NEEDED MORE OFTEN/ON A DIFFERENT SCHEDULE.....	2
<b>ENOUSE</b>	DIDN'T THINK IT COULD PREVENT EYE DISEASE/NOTHING COULD BE DONE.....	3
<b>EEFFECT</b>	SIDE EFFECTS/COULD MAKE PROBLEMS WORSE.....	4
<b>ENORISK</b>	NOT AT RISK FOR EYE DISEASE.....	5
<b>ENOTREC</b>	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT .....	6
<b>EAGAINST</b>	DOCTOR RECOMMENDED AGAINST GETTING IT .....	7
<b>ENOTRUST</b>	DON'T TRUST DOCTORS TO HELP ME.....	8
<b>ETMAPPTS</b>	TOO MANY DOCTOR APPOINTMENTS ALREADY.....	9
<b>EDISCOMF</b>	DON'T LIKE EYE EXAMS, PAIN, DROPS/BOTHERS EYES .....	10
<b>EINCONVT</b>	INCONVENIENT TO GET TO EXAM/TRANSPORTATION DIFFICULTY... ..	11
<b>ENOFIND</b>	DIDN'T KNOW WHERE TO GO/COULDN'T FIND PLACE TO GET EYE EXAM.....	12
<b>EFORGOT</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED.....	13
<b>ECOSTPAY</b>	COST OF EXAM/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY/MEDICARE DOESN'T PAY FOR ROUTINE EXAMS .....	14
<b>EAFRAID</b>	AFRAID OF RESULTS/DON'T WANT TO KNOW.....	15
<b>EOTHRDOC</b>	DOCTOR OTHER THAN EYE DOCTOR CHECKS EYES.....	16
<b>EAPPTSET</b>	APPOINTMENT ALREADY SET .....	17
<b>EHEALTH</b>	TOO ILL.....	18
<b>EREAOTHR</b>	OTHER (SPECIFY)_____	91
	REFUSED.....	-7
	DON'T KNOW .....	-8

BOX HFB1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFB10. OTHERWISE, GO TO HFC1.
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HFB10. (Have you/Has SP) ever had an operation for cataracts?

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

HFC1. (Do you/Does SP) use a hearing aid?

<b>HCHelp</b>	YES .....	1 (HFC2)
	NO .....	2 (HFC2)
	SP IS DEAF .....	3 (HFC3)
	REFUSED .....	-7 (HFD1)
	DON'T KNOW .....	-8 (HFD1)

HFC2. Which statement best describes (your/SP's) hearing (with a hearing aid) -- no trouble hearing, a little trouble, a lot of trouble, or deaf?

<b>HCTROUB</b>	NO TROUBLE HEARING .....	1 (HFD1)
	A LITTLE TROUBLE HEARING .....	2 (HFC3)
	A LOT OF TROUBLE HEARING .....	3 (HFC3)
	DEAF.....	4 (HFC3)
	REFUSED.....	-7 (HFD1)
	DON'T KNOW .....	-8 (HFD1)

HFC3. How much trouble (do you/does SP) have finding out things (you need/he needs/she needs) to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

<b>HCKNOWMC</b>	NO TROUBLE .....	1
	A LITTLE TROUBLE.....	2
	A LOT OF TROUBLE.....	3
	REFUSED.....	-7
	DON'T KNOW .....	-8

HFC4. How much trouble (do you/does SP) have communicating with (your/his/her) doctor or other medical personnel because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

<b>HCCOMDOC</b>	NO TROUBLE .....	1
	A LITTLE TROUBLE.....	2
	A LOT OF TROUBLE.....	3
	REFUSED.....	-7
	DON'T KNOW .....	-8

HFD1. (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
  - REFUSED..... -7
  - DON'T KNOW ..... -8

BOX HSB OMITTED.

HFE1. How tall (are you/is SP)?

- HEIGHTFT**  
**HEIGHTIN**
- |                  | FEET | INCHES |    |
|------------------|------|--------|----|
| REFUSED.....     |      |        | -7 |
| DON'T KNOW ..... |      |        | -8 |

HFE2. How much (do you/does SP) weigh?

- WEIGHT**
- |                  | POUNDS |    |
|------------------|--------|----|
| REFUSED.....     |        | -7 |
| DON'T KNOW ..... |        | -8 |

HFFINTRO. These next few questions are about preventive health care measures some people take.  
 [PRESS ENTER TO CONTINUE.]

HFF1. When was the most recent time (you/SP) had (your/his/her) blood pressure taken by a doctor or other health professional?

- BPTAKEN**
- LESS THAN 6 MONTHS AGO ..... 1
  - 6 MONTHS TO LESS THAN 1 YEAR AGO .... 2
  - 1 YEAR TO LESS THAN 2 YEARS AGO ..... 3
  - 2 YEARS TO LESS THAN 5 YEARS AGO..... 4
  - 5 OR MORE YEARS AGO..... 5
  - NEVER HAD BLOOD PRESSURE TAKEN... 6
  - REFUSED..... -7
  - DON'T KNOW ..... -8

HFF2. When was the most recent time (you/SP) had (your/his/her) blood cholesterol checked?

- BCTAKEN**
- LESS THAN 6 MONTHS AGO ..... 1
  - 6 MONTHS TO LESS THAN 1 YEAR AGO .... 2
  - 1 YEAR TO LESS THAN 2 YEARS AGO ..... 3
  - 2 YEARS TO LESS THAN 5 YEARS AGO..... 4
  - 5 OR MORE YEARS AGO..... 5
  - NEVER HAD CHOLESTEROL CHECKED .... 6
  - REFUSED..... -7
  - DON'T KNOW ..... -8

BOX HFF1	IF SP IS FEMALE: GO TO HFF3. IF SP IS MALE: GO TO BOX HFF3.
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HFF3. (Have you/Has SP) had a mammogram or a breast X-ray since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

- MAMMOGRM**
- YES ..... 1 (HFF6)
  - NO ..... 2 (HFF4)
  - REFUSED ..... -7 (HFF6)
  - DON'T KNOW ..... -8 (HFF6)

HS11a-HS11b OMITTED IN ROUND 34.

HFF4. What is the reason that (you have/SP has) not had a mammogram since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HFF5. REASON NO MAMMOGRAM:  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

- MAMNNEED** DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG..... 1
- MAMNANUL** NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT  
SCREENING SCHEDULE..... 2
- MAMNGET** DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD  
GET BREAST CANCER ANYWAY/TEST IS USELESS..... 3
- MAMNRISK** NOT AT RISK FOR BREAST CANCER..... 4
- MAMNPRES** DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT ..... 5
- MAMNREC** DOCTOR RECOMMENDED AGAINST GETTING IT ..... 6
- MAMNLIKE** DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT  
OR REACTIONS..... 7
- MAMNLOCA** INCONVENIENT/UNABLE TO GET TO LOCATION/  
TRANSPORTATION DIFFICULTY ..... 8
- MAMNMISS** DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED..... 9
- MAMNCOST** COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/  
NOT WORTH THE MONEY..... 10
- MAMNFEAR** AFRAID OF RESULTS/DON'T WANT TO KNOW..... 11
- MAMNRADI** MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS..... 12
- MAMNHEAR** NEVER HEARD OF MAMMOGRAM ..... 13
- MAMNAPPT** APPOINTMENT SCHEDULED FOR FUTURE DATE..... 14
- MAMNMASC** MASTECTOMY/BREASTS REMOVED ..... 15
- MAMNILL** TOO ILL, PHYSICALLY/MENTALLY..... 16
- MAMNOTHR** OTHER (SPECIFY)..... 91
- REFUSED..... -7
- DON'T KNOW ..... -8

HFF6. (Have you/Has SP) had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

- PAPSMEAR**
- YES ..... 1 **BOX HFF2**
  - NO ..... 2 (HFF7)
  - REFUSED ..... -7 **BOX HFF2**
  - DON'T KNOW ..... -8 **BOX HFF2**

HS12a OMITTED IN ROUND 34.

HFF7. What is the reason that (you have/SP has) not had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HFF8. REASON NO PAP SMEAR TEST:  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

- PAPNNEED** DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG..... 1
- PAPNANUL** NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT  
 SCREENING SCHEDULE..... 2
- PAPNGET** DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET  
 CANCER ANYWAY/TEST IS USELESS..... 3
- PAPNRISK** NOT AT RISK FOR CANCER ..... 4
- PAPNPRES** DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT ..... 5
- PAPNREC** DOCTOR RECOMMENDED AGAINST GETTING IT ..... 6
- PAPNLIKE** DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT  
 OR REACTIONS..... 7
- PAPNLOCA** INCONVENIENT/UNABLE TO GET TO LOCATION/  
 TRANSPORTATION DIFFICULTY ..... 8
- PAPNMISS** DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED..... 9
- PAPNCOST** COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/  
 NOT WORTH THE MONEY..... 10
- PAPNFEAR** AFRAID OF RESULTS/DON'T WANT TO KNOW..... 11
- PAPNHEAR** NEVER HEARD OF PAP SMEAR ..... 12
- PAPNAPPT** APPOINTMENT SCHEDULED FOR FUTURE DATE..... 13
- PAPNHYST** HAD HYSTERECTOMY/NO UTERUS, OVARIES..... 14
- PAPNILL** TOO ILL, PHYSICALLY/MENTALLY..... 15
- PAPNOTHR** OTHER (SPECIFY)\_\_\_\_\_ 91
- REFUSED..... -7
- DON'T KNOW ..... -8

BOX HFF2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, AND IF CODE 14 NOT SELECTED AT HFF8, GO TO HFF9. OTHERWISE, GO TO HFF15.
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HFF9. (Have you/Has SP) ever had a hysterectomy?

- HYSTEREC**
- YES ..... 1 (HFF15)
  - NO ..... 2 (HFF15)
  - REFUSED ..... -7 (HFF15)
  - DON'T KNOW ..... -8 (HFF15)

BOX HFF3	IF ANY PREVIOUS ROUND HS13c = 1 OR HFF10=1, GO TO HFF11. OTHERWISE, GO TO HFF10.
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HFF10. Since (PREV. SUPP. RD. INT. DATE),/(TODAY'S DATE) a year ago, (have you/has SP)/(Have you/Has SP) ever had surgery on (your/his) prostate?

[EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surgery can include complete or partial removal of the prostate.]

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

HFF11. These next few questions are about (preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery).

(Have you/Has SP) had a digital rectal examination (of the prostate) since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]

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

HFF12. (Have you/Has SP) had a blood test for detection of prostate cancer, known as a PSA, since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PSA = PROSTATE-SPECIFIC ANTIGEN]

[EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]

- BLOODTST**
- YES ..... 1 (HFF15)
  - NO ..... 2 (HFF13)
  - REFUSED ..... -7 (HFF15)
  - DON'T KNOW ..... -8 (HFF15)

HS13bb OMITTED IN ROUND 34.

HFF13. What is the reason that (you have/SP has) not had a prostate blood test or PSA since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HFF14. REASON NO PROSTATE BLOOD TEST:  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>PRONNEED</b>	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG.....	1
<b>PRONANUL</b>	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE.....	2
<b>PRONGET</b>	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS.....	3
<b>PRONRISK</b>	NOT AT RISK FOR CANCER .....	4
<b>PRONPRES</b>	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT .....	5
<b>PRONREC</b>	DOCTOR RECOMMENDED AGAINST GETTING IT .....	6
<b>PRONLIKE</b>	DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS.....	7
<b>PRONLOCA</b>	INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY .....	8
<b>PRONMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED.....	9
<b>PRONCOST</b>	COST OF TEST/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY.....	10
<b>PRONFEAR</b>	AFRAID OF RESULTS/DON'T WANT TO KNOW.....	11
<b>PRONHEAR</b>	NEVER HEARD OF PSA.....	12
<b>PRONAPPT</b>	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	13
<b>PRONPROS</b>	PROSTATECTOMY/PROSTATE REMOVED.....	14
<b>PRONOTHR</b>	OTHER (SPECIFY).....	91
	REFUSED.....	-7
	DON'T KNOW .....	-8

HS13c OMITTED IN ROUND 34.

HFF15. On a different topic ...

Did (you/SP) have a flu shot for last winter?

[EXPLAIN IF NECESSARY: Did (you/SP) get a flu shot any time during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]

<b>FLUSHOT</b>	YES .....	1 (HFF18)
	NO .....	2 (HFF16)
	REFUSED .....	-7 <b>BOX HFF5</b>
	DON'T KNOW .....	-8 <b>BOX HFF5</b>

HFF16. Why didn't (you/SP) get a flu shot last winter?

[PRESS ENTER TO CONTINUE.]

HFF17. REASON NO FLU SHOT LAST WINTER:  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>FLUNEED</b>	DIDN'T KNOW IT WAS NEEDED .....	1
<b>FLUCAUSE</b>	SHOT COULD CAUSE FLU .....	2
<b>FLUSIDE</b>	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE .....	3
<b>FLUPRVNT</b>	DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY .....	4
<b>FLURISK</b>	FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK.....	5
<b>FLUDOCNO</b>	DOCTOR DID NOT RECOMMEND THE SHOT .....	6
<b>FLUAGNST</b>	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS .....	7
<b>FLUREACT</b>	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS.....	8
<b>FLULOCAT</b>	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION .....	9
<b>FLUMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT .....	10
<b>FLUCOST</b>	COST OF SHOT/NOT WORTH THE MONEY .....	11
<b>FLUBEFOR</b>	HAD SHOT BEFORE/DIDN'T NEED IT AGAIN.....	12
<b>FLUVAC</b>	VACCINE UNAVAILABLE/VACCINE SHORTAGE .....	13
<b>FLUOTHER</b>	OTHER (SPECIFY) _____	91
	REFUSED.....	-7
	DON'T KNOW .....	-8

BOX HFF4	IF CODE 13 NOT SELECTED AT HFF17 (FLUVACC = 2, -7, OR -8), GO TO HFF21. IF CODE 13 SELECTED AT HFF17 (FLUVACC = 1), GO TO <b>BOX HFF5</b> .
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HFF18. Where did (you/SP) go for (your/his/her) most recent flu shot – was that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place?

[PRESS ENTER TO CONTINUE.]

HFF19. PLACE FOR MOST RECENT FLU SHOT:  
 IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic?  
 IF SOME OTHER PLACE, ASK: Where was this?

<b>FLUSITE</b>	DOCTOR'S OFFICE OR GROUP PRACTICE.....	1
	MEDICAL CLINIC .....	2
	MANAGED CARE PLAN CENTER/HMO.....	3
	NEIGHBORHOOD/FAMILY HEALTH CENTER .....	4
	FREESTANDING SURGICAL CENTER.....	5
	RURAL HEALTH CLINIC .....	6
	COMPANY CLINIC .....	7
	OTHER CLINIC.....	8
	WALK-IN URGENT CENTER.....	9
	HOSPITAL EMERGENCY ROOM.....	10
	HOSPITAL OUTPATIENT DEPARTMENT/CLINIC.....	11
	V.A. FACILITY.....	12
	HEALTH FAIR.....	13
	SHOPPING MALL/OTHER STORE .....	14
	SENIOR CENTER.....	15
	AT HOME.....	16
	CHURCH/SCHOOL .....	17
	LIBRARY.....	18
	OTHER (SPECIFY) _____	91
	REFUSED.....	-7
	DON'T KNOW .....	-8

HFF20. Did (you/SP) have any trouble getting a flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable?

<b>D_VACSUP</b>	YES .....	1	<b>BOX HFF5</b>
	NO .....	2	<b>BOX HFF5</b>
	REFUSED.....	-7	<b>BOX HFF5</b>
	DON'T KNOW .....	-8	<b>BOX HFF5</b>

HFF21. Was one reason that (you/SP) did not get a flu shot last winter because the vaccine was in short supply or unavailable?

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

BOX HFF5	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFF22. IF SP IN THE CONTINUING SAMPLE AND ANY PREVIOUS ROUND HFF22 = 1, GO TO <b>BOX HFG1</b> . OTHERWISE, GO TO HFF22.
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HFF22. (Have you/Has SP) ever had a shot for pneumonia?

<b>PNEUSHOT</b>	YES .....	1	<b>BOX HFG1</b>
	NO .....	2	(HFF23)
	REFUSED .....	-7	<b>BOX HFG1</b>
	DON'T KNOW .....	-8	<b>BOX HFG1</b>

HFF23. Why didn't (you/SP) ever have a shot for pneumonia?

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

<b>PNUNEEED</b>	DIDN'T KNOW IT WAS NEEDED .....	1
<b>PNUCAUSE</b>	SHOT COULD CAUSE PNEUMONIA .....	2
<b>PNUSIDE</b>	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE .....	3
<b>PNUPRVNT</b>	DIDN'T THINK IT WOULD PREVENT PNEUMONIA/COULD GET PNEUMONIA ANYWAY .....	4
<b>PNURISK</b>	PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK .....	5
<b>PNUDOCNO</b>	DOCTOR DID NOT RECOMMEND THE SHOT .....	6
<b>PNUAGNST</b>	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS .....	7
<b>PNUREACT</b>	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS .....	8
<b>PNULOCAT</b>	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION .....	9
<b>PNUMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT .....	10
<b>PNUCOST</b>	COST OF SHOT/NOT WORTH THE MONEY .....	11
<b>PNUOTHER</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFG1	IF ANY PREVIOUS ROUND HFG1 = 1, GO TO HFG2. OTHERWISE, GO TO HFG1.
-------------	--------------------------------------------------------------------

HFG1. (Have you/Has SP) ever smoked cigarettes, cigars, or pipe tobacco?

<b>EVERSMOK</b>	YES .....	1	(HFG2)
	NO .....	2	(HFHINTRO)
	REFUSED .....	-7	(HFHINTRO)
	DON'T KNOW .....	-8	(HFHINTRO)

HFG2. (Do you/Does SP) smoke cigarettes, cigars, or pipe tobacco now?

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

HS17a-HS17g OMITTED IN ROUND 34.

HS17EINT OMITTED IN ROUND 34

BOX HS1AB OMITTED IN ROUND 34

HFHINTRO. Now, I'm going to ask about how difficult it is, on the average, for (you/SP) to do certain kinds of activities. Please tell me for each activity whether (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. [PRESS ENTER TO CONTINUE.]

HFH1. How much difficulty, if any, (do you/does SP) have stooping, crouching, or kneeling? 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  
HF1**

- DIFSTOOP** NO DIFFICULTY AT ALL ..... 1
- A LITTLE DIFFICULTY ..... 2
- SOME DIFFICULTY ..... 3
- A LOT OF DIFFICULTY ..... 4
- NOT ABLE TO DO IT ..... 5
- REFUSED..... -7
- DON'T KNOW ..... -8

HFH2. 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, some difficulty, a lot of difficulty, or (are/is) not able to do it?

**SHOW  
CARD  
HF1**

- DIFLIFT** NO DIFFICULTY AT ALL ..... 1
- A LITTLE DIFFICULTY ..... 2
- SOME DIFFICULTY ..... 3
- A LOT OF DIFFICULTY ..... 4
- NOT ABLE TO DO IT ..... 5
- REFUSED..... -7
- DON'T KNOW ..... -8

HFH3. What about reaching or extending arms above shoulder level?

**SHOW  
CARD  
HF1**

- DIFREACH** NO DIFFICULTY AT ALL ..... 1
- A LITTLE DIFFICULTY ..... 2
- SOME DIFFICULTY ..... 3
- A LOT OF DIFFICULTY ..... 4
- NOT ABLE TO DO IT ..... 5
- REFUSED..... -7
- DON'T KNOW ..... -8

HFH4. 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?

<b>SHOW CARD HF1</b>
------------------------------

- |                 |                            |    |
|-----------------|----------------------------|----|
| <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  |
|                 | REFUSED.....               | -7 |
|                 | DON'T KNOW .....           | -8 |

HFH5. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

<b>SHOW CARD HF1</b>
------------------------------

- |                |                            |    |
|----------------|----------------------------|----|
| <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  |
|                | REFUSED.....               | -7 |
|                | DON'T KNOW .....           | -8 |

HS22a-HS22g OMITTED IN ROUND 34.

HS22EINT OMITTED IN ROUND 34.

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

<b>BOX HFJ1</b>	IF ANY PREVIOUS ROUND HFJ1 = 1, GO TO HFJ2. OTHERWISE, GO TO HFJ1.
---------------------	-----------------------------------------------------------------------

HFJ1. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had hardening of the arteries or arteriosclerosis?

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

BOX HS1C OMITTED.

HFJ2. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) (still) (have/had) (have/has) hypertension, sometimes called high blood pressure?

- OCHBP**
- YES ..... 1 **BOX HFJ2**
  - NO ..... 2 (HFJ4)
  - REFUSED ..... -7 (HFJ4)
  - DON'T KNOW ..... -8 (HFJ4)

BOX HS1C-1 OMITTED.

BOX HFJ2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ3. OTHERWISE, GO TO HFJ4.
-------------	------------------------------------------------------------------------------------------------

HFJ3. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) still had hypertension or high blood pressure?

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

HFJ4. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

- OCMYOCAR**
- YES ..... 1 **BOX HFJ3**
  - NO ..... 2 (HFJ6)
  - REFUSED ..... -7 (HFJ6)
  - DON'T KNOW ..... -8 (HFJ6)

BOX HS1C-2 OMITTED.

BOX HFJ3	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ5. OTHERWISE, GO TO HFJ6.
-------------	------------------------------------------------------------------------------------------------

HFJ5. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

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

HFJ6. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) angina pectoris or coronary heart disease?

- OCCHD** YES ..... 1 **BOX HFJ4**  
 NO ..... 2 (HFJ8)  
 REFUSED ..... -7 (HFJ8)  
 DON'T KNOW ..... -8 (HFJ8)

BOX HS1C-3 OMITTED.

BOX HFJ4	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ7. OTHERWISE, GO TO HFJ8.
-------------	------------------------------------------------------------------------------------------------

HFJ7. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of angina pectoris or coronary heart disease?

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

HFJ8. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) congestive heart failure?

- OCCFAIL** YES ..... 1 **BOX HFJ5**  
 NO ..... 2 (HFJ10)  
 REFUSED ..... -7 (HFJ10)  
 DON'T KNOW ..... -8 (HFJ10)

BOX HFJ5	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ9. OTHERWISE, GO TO HFJ10.
-------------	-------------------------------------------------------------------------------------------------

HFJ9. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of congestive heart failure?

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



HFJ14. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) any other heart condition?

- OCOTHRT** YES ..... 1 **BOX HFJ8**  
 NO ..... 2 (HFJ16)  
 REFUSED ..... -7 (HFJ16)  
 DON'T KNOW ..... -8 (HFJ16)

BOX HFJ8	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ15. OTHERWISE, GO TO HFJ16.
-------------	--------------------------------------------------------------------------------------------------

HFJ15. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of any other heart condition?

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

HS23e OMITTED IN ROUND 28.

BOX HS1C-4 OMITTED.

HFJ16. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

- OCSTROKE** YES ..... 1 **BOX HFJ9**  
 NO ..... 2 (HFJ18)  
 REFUSED ..... -7 (HFJ18)  
 DON'T KNOW ..... -8 (HFJ18)

BOX HFJ9	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ17. OTHERWISE, GO TO HFJ18.
-------------	--------------------------------------------------------------------------------------------------

HFJ17. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

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

BOX HS1D OMITTED.

HFJ18. [I've recorded that (you/SP) previously reported having had skin cancer.] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new occurrence of) skin cancer?

- OCCSKIN**
- YES ..... 1 **BOX HFJ10**
  - NO ..... 2 (HFJ20)
  - REFUSED ..... -7 (HFJ20)
  - DON'T KNOW ..... -8 (HFJ20)

BOX HFJ10	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ19. OTHERWISE, GO TO HFJ20.
--------------	--------------------------------------------------------------------------------------------------

HFJ19. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an occurrence of skin cancer?

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

BOX HS1D-1 OMITTED.

HFJ20. [I've recorded that (you/SP) previously reported having had a tumor, growth, or cancer of the [HFJ22 RESPONSE(S)].] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had any (other) kind of cancer, malignancy, or tumor other than skin cancer? [INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]

- OCCANCER**
- YES ..... 1 **BOX HFJ11**
  - NO ..... 2 **BOX HFJ12**
  - REFUSED ..... -7 **BOX HFJ12**
  - DON'T KNOW ..... -8 **BOX HFJ12**

BOX HFJ11	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ21. OTHERWISE, GO TO HFJ22.
--------------	--------------------------------------------------------------------------------------------------

HFJ21. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?

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

HFJ22. [Since the first time a doctor told (you/SP) that (you/he/she) had a cancer, malignancy, or tumor,] (On/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>OCPCOLON</b>	COLON, RECTUM, OR BOWEL .....	2
<b>OCCBREST</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>	BRAIN .....	10
<b>OCCKIDNY</b>	KIDNEY .....	11
<b>OCCTHROA</b>	THROAT .....	12
<b>OCCHEAD</b>	HEAD .....	13
<b>OCCBACK</b>	BACK .....	14
<b>OCCFONEC</b>	FEMALE ORGANS.....	15
<b>OCCOTHER</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HFJ12	IF ANY PREVIOUS ROUND HFJ23 = 1, GO TO <b>BOX HFJ13</b> . OTHERWISE, GO TO HFJ23.
--------------	-----------------------------------------------------------------------------------

HFJ23. [Since (PREV. SUPP. RD. INT. DATE),] (Has/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 HFJ13	IF ANY PREVIOUS ROUND HFJ24 = 1, GO TO <b>BOX HFJ14</b> . OTHERWISE, GO TO HFJ24.
--------------	-----------------------------------------------------------------------------------

HFJ24. [Since (PREV. SUPP. RD. INT. DATE),] (Has/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 HFJ14	IF ANY PREVIOUS ROUND HFJ27 = 5, GO TO <b>BOX HFJ17</b> . OTHERWISE, GO TO HFJ25.
--------------	--------------------------------------------------------------------------------------

BOX HS1G OMITTED.

HFJ25. [I've recorded that (you/SP) previously reported having arthritis of the [HFJ27 RESPONSE(S)]. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had arthritis [in any other part of (your/his/her) body], other than rheumatoid arthritis?  
 [EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

- OCARTH** YES ..... 1 **BOX HFJ15**  
 NO ..... 2 **BOX HFJ16**  
 REFUSED ..... -7 **BOX HFJ16**  
 DON'T KNOW ..... -8 **BOX HFJ16**

BOX HFJ15	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ26. OTHERWISE, GO TO HFJ27.
--------------	--------------------------------------------------------------------------------------------------

HFJ26. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had arthritis in any part of (your/his/her) body, other than rheumatoid arthritis?

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

HFJ27. [Since the first time a doctor told (you/SP) that (you/he/she) had arthritis other than rheumatoid arthritis,] (What/what) (other) part or parts of (your/SP's) body have been affected by arthritis?  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]  
 [PREVIOUS PART(S) AFFECTED: (HFJ27 RESPONSE(S).]

- 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  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX HFJ16	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ28. OTHERWISE, GO TO <b>BOX HFJ17</b> .
--------------	--------------------------------------------------------------------------------------------------------------

HFJ28. 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 HFJ17	IF ANY PREVIOUS ROUND HFJ29 = 1, GO TO HFJ30. OTHERWISE, GO TO HFJ29.
--------------	--------------------------------------------------------------------------

HFJ29. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

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

BOX HS1I OMITTED.

HFJ30. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

- OCPSYCH** YES ..... 1 **BOX HFJ18**  
 NO ..... 2 **BOX HFJ19**  
 REFUSED ..... -7 **BOX HFJ19**  
 DON'T KNOW ..... -8 **BOX HFJ19**

BOX HFJ18	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ31. OTHERWISE, GO TO <b>BOX HFJ19</b> .
--------------	--------------------------------------------------------------------------------------------------------------

HFJ31. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

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

BOX HFJ19	IF ANY PREVIOUS ROUND HFJ32 = 1, GO TO HFJ33. OTHERWISE, GO TO HFJ32.
--------------	--------------------------------------------------------------------------

HFJ32. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

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

BOX HS1J-1 OMITTED.

HFJ33. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a broken hip?

- OCBRKHIP**
- YES ..... 1 **BOX HFJ20**
  - NO ..... 2 **BOX HFJ21**
  - REFUSED ..... -7 **BOX HFJ21**
  - DON'T KNOW ..... -8 **BOX HFJ21**

BOX HFJ20	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ34. OTHERWISE, GO TO <b>BOX HFJ21</b> .
--------------	--------------------------------------------------------------------------------------------------------------

HFJ34. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a broken hip?

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

BOX HFJ21	IF ANY PREVIOUS ROUND HFJ35 = 1, GO TO <b>BOX HFJ22</b> . OTHERWISE, GO TO HFJ35.
--------------	--------------------------------------------------------------------------------------

HFJ35. [Since (PREV. SUPP. RD. INT. DATE),] (Has/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 HFJ22	IF ANY PREVIOUS ROUND HFJ36 = 1, GO TO HFJ37. OTHERWISE, GO TO HFJ36.
--------------	--------------------------------------------------------------------------

HFJ36. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had emphysema, asthma, or COPD?  
 [COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE.]

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

BOX HS1M OMITTED.

HFJ37. IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had complete or partial paralysis?

- OCPPARAL**
- YES ..... 1 **BOX HFJ23**
  - NO ..... 2 **BOX HFJ24**
  - REFUSED ..... -7 **BOX HFJ24**
  - DON'T KNOW ..... -8 **BOX HFJ24**

BOX HSF OMITTED.

BOX HFJ23	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ38. OTHERWISE, GO TO <b>BOX HFJ24</b> .
--------------	-----------------------------------------------------------------------------------------------------------

HFJ38. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had complete or partial paralysis?

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

BOX HFJ24	IF ANY PREVIOUS ROUND HFJ39 = 1, GO TO <b>BOX HFJ25</b> . OTHERWISE, GO TO HFJ39.
--------------	-----------------------------------------------------------------------------------

HFJ39. 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 a leg?

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



HFJ43. What was the original cause of (your/SP's) becoming eligible for Medicare? [RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ GO TO HFPINTRO.

**EMCAUSC1**  
**EMCAUSC2**

BOX HFJ28	IF MORE THAN ONE CONDITION MENTIONED IN HFJ1-39, ASK HFJ44. IF ONLY ONE CONDITION MENTIONED IN HFJ1-39, GO TO HFPINTRO.
--------------	----------------------------------------------------------------------------------------------------------------------------

HFJ44. 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.]

- |                  |                 |                 |                 |                 |                 |
|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>EMARTERY</b>  | <b>EMHBP</b>    | <b>EMMYOCAR</b> | <b>EMCHD</b>    | <b>EMCFAIL</b>  | <b>EMCVALVE</b> |
| <b>EMRHYTHM</b>  | <b>EMOTHART</b> | <b>EMSTROKE</b> | <b>EMCSKIN</b>  | <b>EMCANCER</b> | <b>EMDIABTS</b> |
| <b>EMARTHHRH</b> | <b>EMARTH</b>   | <b>EMMENTAL</b> | <b>EMALZHMR</b> | <b>EMPSYCH</b>  | <b>EMOSTEOP</b> |
| <b>EMBRKHIP</b>  | <b>EMPARKIN</b> | <b>EMEMPHYS</b> | <b>EMPPARAL</b> | <b>EMAMPUTE</b> | <b>EMOTHOS</b>  |
| <b>EMOS</b>      |                 |                 |                 |                 |                 |

EMOTHART OMITTED IN ROUND 28.

HSPINT OMITTED IN ROUND 31.

HSPINT REINSTATED IN ROUND 34 AS HFPINTRO.

BOX HS3A – BOX HS3L OMITTED IN ROUND 31.

BOX HS3A – HS3H REINSTATED IN ROUND 34 AS BOX HFP1 – HFP8.

HSP1 – HSP40 OMITTED IN ROUND 31.

HSP1 – HSP21 REINSTATED IN ROUND 34 AS HFP1 – HFP25.

HFPINTRO. Now I want to ask you about some things that (you/SP) may be doing to maintain (your/his/her) health, either by getting tested for health problems or by taking care of conditions that (you have/he has/she has).

BOX HFP1	<p>PREVIOUS ROUND = LAST ROUND VARIABLE WAS FILLED.                  IF CURRENT ROUND HFJ23=1, GO TO HFP1.                  IF CURRENT ROUND HFJ23=(2, -7, -8), GO TO HFP21.                  IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND HFP1=-1, GO TO HFP1.                  IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND HFP1? (997, -1) AND                  PREVIOUS ROUND HFP2 ? (1, -1) AND PREVIOUS ROUND HFP3 ? (3, -1, -9), GO                  TO HFP4.                  IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND [HFP1=997 OR HFP2= (1,                  -7, -8) OR HFP3=3] AND PREVIOUS ROUND HFP21= (2, -7, -8, -9), GO TO HFP21.                  IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND [HFP1=997 OR HFP2= (1,                  -7, -8) OR HFP3=3] AND PREVIOUS ROUND HFP21=1, GO TO HFP22.</p>
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HFP1. [We have recorded that (you were/SP was) told by a doctor that (you have/he has/she has) diabetes or high blood sugar.]

How old (were you/was SP) when (you were/he was/she was) first told that (you/he/she) had diabetes?

**DIAAGE**

\_\_\_\_\_ **BOX HFP2**  
AGE

LESS THAN ONE YEAR OLD ..... 996 (HFP3)

SP NEVER TOLD HAD DIABETES/

PREVIOUS RESPONSE IN ERROR ..... 997 (HFP21)

REFUSED ..... -7 **BOX HFP2**

DON'T KNOW ..... -8 **BOX HFP2**

BOX HFP2	<p>IF SP IS FEMALE AND HFP1=12-45 OR -7 OR -8, GO TO HFP2. OTHERWISE, GO TO HFP3.</p>
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HFP2. Did (you/SP) have diabetes only during a pregnancy?

**DIAPRGNT**

YES ..... 1 (HFP21)

NO ..... 2 (HFP3)

REFUSED ..... -7 (HFP21)

DON'T KNOW ..... -8 (HFP21)

HFP3. What type of diabetes (do you/does SP) have?

**DIATYPES**

TYPE 1 ("INSULIN-DEPENDENT", "JUVENILE-ONSET") ..... 1 (HFP4)

TYPE 2 ("NON-INSULIN-DEPENDENT", "ADULT-ONSET") ..... 2 (HFP4)

GESTATIONAL (PREGNANCY-RELATED)..... 3 (HFP21)

SOME OTHER TYPE (SPECIFY) \_\_\_\_\_ 91 (HFP4)

REFUSED ..... -7 (HFP4)

DON'T KNOW ..... -8 (HFP4)

HFP4. [We have recorded that (you were/SP was) told by a doctor that (you have/he has/she has) diabetes or high blood sugar.]

Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. (Do you/Does SP) . . .

		YES	NO
<b>DIAINSUL</b>	a. take insulin? .....	1	2
<b>DIAMEDS</b>	b. take prescription diabetes pills or oral diabetes medicine? .....	1	2
<b>DIATEST</b>	c. test (your/his/her) blood for sugar or glucose? .....	1	2
<b>DIADIET</b>	d. use diet control (planning meals, what to eat, what not to eat)? .....	1	2
<b>DIAEXER</b>	e. exercise regularly or get regular physical activity? .....	1	2
<b>DIASORES</b>	f. check for sores or irritations on (your/his/her) feet? .....	1	2
<b>DIAASPRN</b>	g. take aspirin regularly for (your/his/her) diabetes? .....	1	2
<b>DIAPRESS</b>	h. measure (your/his/her) blood pressure at home? .....	1	2

BOX HFP3	IF HFP4a=1, GO TO HFP5. OTHERWISE, IF HFP4b=1, GO TO HFP6. OTHERWISE, IF HFP4c=1, GO TO HFP7. OTHERWISE, IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
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HFP5. How often (do you/does SP) take insulin?  
[ENTER ONLY ONE CODE.]

**INSUTAKE**

<b>INSUDAY</b>	NUMBER OF TIMES PER DAY .....	1	NUMBER OF TIMES PER DAY: _____
<b>INSUWEEK</b>	NUMBER OF TIMES PER WEEK .....	2	NUMBER OF TIMES PER WEEK: _____
	USE INSULIN PUMP .....	3	<b>BOX HFP4</b>
	REFUSED .....	-7	<b>BOX HFP4</b>
	DON'T KNOW .....	-8	<b>BOX HFP4</b>

BOX HFP4	IF HFP4b=1, GO TO HFP6. OTHERWISE, IF HFP4c=1, GO TO HFP7. OTHERWISE, IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
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HFP6. How often (do you/does SP) take prescription diabetes pills or oral diabetes medicine?  
[ENTER ONLY ONE CODE.]

**MEDSTAKE**

<b>MEDDAY</b>	NUMBER OF TIMES PER DAY .....	1	NUMBER OF TIMES PER DAY: _____
<b>MEDWEEK</b>	NUMBER OF TIMES PER WEEK .....	2	NUMBER OF TIMES PER WEEK: _____
<b>MEDMONTH</b>	NUMBER OF TIMES PER MONTH .....	3	NUMBER OF TIMES PER MONTH: _____
	REFUSED .....	-7	<b>BOX HFP5</b>
	DON'T KNOW .....	-8	<b>BOX HFP5</b>

BOX HFP5	IF HFP4c=1, GO TO HFP7. OTHERWISE, IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
-------------	-----------------------------------------------------------------------------------

HFP7. How often (do you/does SP) test (your/his/her) blood for sugar or glucose?  
 [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]  
 [ENTER ONLY ONE CODE.]

**TESTTAKE**

<b>TESTDAY</b>	NUMBER OF TIMES PER DAY .....	1	NUMBER OF TIMES PER DAY: _____
<b>TESTWEEK</b>	NUMBER OF TIMES PER WEEK .....	2	NUMBER OF TIMES PER WEEK: _____
<b>TESTMNTN</b>	NUMBER OF TIMES PER MONTH .....	3	NUMBER OF TIMES PER MONTH: _____
<b>TESTYEAR</b>	NUMBER OF TIMES PER YEAR .....	4	NUMBER OF TIMES PER YEAR: _____
	REFUSED .....	-7	<b>BOX HFP6</b>
	DON'T KNOW .....	-8	<b>BOX HFP6</b>

BOX HFP6	IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
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HFP8. How often (do you/does SP) check (your/his/her) feet for sores or irritations?  
 [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]  
 [ENTER ONLY ONE CODE.]

**SORECHEK**

<b>SOREDAY</b>	NUMBER OF TIMES PER DAY .....	1	NUMBER OF TIMES PER DAY: _____
<b>SOREWEEK</b>	NUMBER OF TIMES PER WEEK .....	2	NUMBER OF TIMES PER WEEK: _____
<b>SOREMNTN</b>	NUMBER OF TIMES PER MONTH .....	3	NUMBER OF TIMES PER MONTH: _____
<b>SOREYEAR</b>	NUMBER OF TIMES PER YEAR .....	4	NUMBER OF TIMES PER YEAR: _____
	REFUSED .....	-7	(HFP9)
	DON'T KNOW .....	-8	(HFP9)

HFP9. (Do you/Does SP) have any problems with (your/his/her) feet as a result of (your/his/her) diabetes?

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

HFP10. [Even though (you do/SP does) not have any problems with (your/his/her) feet,] (In/in) the past year has a doctor or other medical professional examined (your/his/her) feet for sores or irritations?

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

HFP11. About how many times in the past year (have you/has SP) seen a doctor or other health professional for (your/his/her) diabetes?

<b>DIADRSAW</b>	_____	
	NUMBER OF TIMES	
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFP12. Has (your/SP's) doctor or another health professional talked to (you/him/her) about a treatment plan for managing (your/his/her) diabetes?

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

HFP13. A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked (you/SP) for hemoglobin "A one C"?

<b>DIAHEMOC</b>	_____	
	NUMBER OF TIMES	
	REFUSED .....	-7
	DON'T KNOW .....	-8

HFP14. Would you say that (your/SP's) blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less.

<b>DIACTRLD</b>	ALL OF THE TIME .....	1
	MOST OF THE TIME .....	2
	SOME OF THE TIME .....	3
	A LITTLE OF THE TIME .....	4
	NONE OF THE TIME .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

HSP12 OMITTED IN ROUND 34.

HFP15. (Do you/Does SP) have any problems with (your/his/her) eyes as a result of (your/his/her) diabetes?

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

HFP16. (Do you/Does SP) have any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?  
 [EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]

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

HFP17. (Have you/Has SP) ever participated in a diabetes self-management course or class, or received special training on how (you/he/she) can manage (your/his/her) diabetes?

- DIAMNGE** YES ..... 1 (HFP18)  
 NO ..... 2 **BOX HFP7**  
 REFUSED ..... -7 **BOX HFP7**  
 DON'T KNOW ..... -8 **BOX HFP7**

HFP18. When was the most recent time that (you/SP) participated in a diabetes self-management course or class or received special training on how (you/he/she) can manage (your/his/her) diabetes?

- DIATRIN** LESS THAN 1 YEAR AGO ..... 1  
 1 YEAR TO LESS THAN 2 YEARS AGO ..... 2  
 2 YEARS TO LESS THAN 3 YEARS AGO..... 3  
 3 YEARS TO LESS THAN 5 YEARS AGO..... 4  
 5 OR MORE YEARS AGO ..... 5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX HFP7	IF SP IS RESPONDENT, GO TO HFP19. IF PROXY IS RESPONDENT, GO TO AC29.
-------------	--------------------------------------------------------------------------

HFP19. How much do you think you know about managing your diabetes? Do you know . . .

SHOW CARD HF3
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- DIAKNOW** just about everything you need to know, ..... 1  
 most of what you need to know, ..... 2  
 some of what you need to know, ..... 3  
 a little of what you need to know, or ..... 4  
 almost none of what you need to know  
 about managing your diabetes? ..... 5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

HFP20. Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes?

- DIASUPPS** YES ..... 1 (AC29)  
 NO ..... 2 (AC29)  
 REFUSED ..... -7 (AC29)  
 DON'T KNOW ..... -8 (AC29)

HFP21. [We have recorded that (you have/SP has) never been told by a doctor that (you have/he has/she has) diabetes or high blood sugar.]  
 (Have you/Has SP) ever had a blood test to see if (you have/he has/she has) diabetes?

- DIAEVERT**
- YES ..... 1 (HFP22)
  - NO ..... 2 **BOX HFP8**
  - SP DOES HAVE DIABETES ..... 3 (HFP1)
  - REFUSED ..... -7 **BOX HFP8**
  - DON'T KNOW ..... -8 **BOX HFP8**

HFP22. [We have recorded that (you have/SP has) never been told by a doctor that (you have/he has/she has) diabetes or high blood sugar.]  
 When was the most recent time (you were/SP was) tested for diabetes?

- DIARECNT**
- LESS THAN 1 YEAR AGO ..... 1 (HFP24)
  - 1 YEAR TO LESS THAN 2 YEARS AGO ..... 2 (HFP24)
  - 2 YEARS TO LESS THAN 3 YEARS AGO..... 3 (HFP24)
  - 3 YEARS TO LESS THAN 5 YEARS AGO..... 4 (HFP24)
  - 5 OR MORE YEARS AGO ..... 5 (HFP24)
  - REFUSED ..... -7 (HFP24)
  - DON'T KNOW ..... -8 (HFP24)

BOX HFP8	IF SP IS RESPONDENT, GO TO HFP23. IF PROXY IS RESPONDENT, GO TO HFP24.
-------------	---------------------------------------------------------------------------

HFP23. Before today, were you aware that there is a blood test to determine if a person has diabetes?

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

HFP24. Has a doctor or other health professional ever told (you/SP) that (you are/he is/she is) at high risk for diabetes?

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

HFP25. In the past year, (have you/has SP) received any information about the signs, symptoms, or risk factors for diabetes?

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

AC29. Next, we are going to ask some questions about (your/SP's) health care needs during the past year.

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

<b>HCTROUBL</b>	YES .....	1 (AC30a)
	NO .....	2 (AC31)
	REFUSED .....	-7 (AC31)
	DON'T KNOW .....	-8 (AC31)

AC30 OMITTED IN ROUND 34.

AC30a. Why was that?

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

<b>HCTMONEY</b>	SP DOES NOT HAVE MONEY.....	1
<b>HCTHIGH</b>	COST IS TOO HIGH .....	2
<b>HCTNOCOV</b>	SERVICES/SUPPLIES NOT COVERED .....	3
<b>HCTTRANS</b>	NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL .....	4
<b>HCTHOMEH</b>	DIFFICULTY GETTING HOME HEALTH CARE.....	5
<b>HCTNTREA</b>	NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT .....	6
<b>HCTWAIT</b>	WAIT TOO LONG/DOCTOR TOO BUSY.....	7
<b>HCTACPMC</b>	OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE.....	8
<b>HCTELIG</b>	NOT ELIGIBLE FOR PUBLIC COVERAGE .....	9
<b>HCTDELAY</b>	DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE .....	10
<b>HCTSPECL</b>	DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR .....	11
<b>HCTHMORF</b>	HMO REFERRAL PROCESS (DIFFICULTY GETTING) .....	12
<b>HCTHMOMD</b>	PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE .....	13
<b>HCTHMOCV</b>	HMO WOULD NOT COVER OR PROVIDE SERVICE.....	14
<b>HCTOTHER</b>	OTHER (SPECIFY).....	91
	REFUSED.....	-7
	DON'T KNOW .....	-8

BOX HFF6	IF AC30a=8 OR 10 GO TO AC30d. OTHERWISE, GO TO AC30b.
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AC30b. [Since (PREV. SUPP. RD. INT. DATE)/In the last year], (have you/has SP) been told by a doctor's office that they cannot schedule an appointment with (you/SP)?

<b>CGETAPPT</b>	YES .....	1 (AC30c)
	NO .....	2 (AC31)
	REFUSED .....	-7 (AC31)
	DON'T KNOW .....	-8 (AC31)

AC30c. What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with (you/SP)?

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

- CGETINSR** DOCTOR DOES NOT ACCEPT INSURANCE PLAN ..... 1
- CGETFULL** ALL OF DOCTOR'S APPOINTMENTS WERE FULL..... 2
- CGETNNEW** DOCTOR NOT ACCEPTING ANY NEW PATIENTS ..... 3
- CGETNNMP** DOCTOR IS NOT ACCEPTING NEW MEDICARE PATIENTS ..... 4
- CGETHOUR** DOCTOR'S HOURS CONFLICTED WITH REQUIREMENTS OF SP..... 5
- CGETCAID** DOCTOR DOES NOT ACCEPT MEDICAID ..... 6
- CGETNAMC** DOCTOR DOES NOT ACCEPT MEDICARE AT ALL..... 7
- CGETNAMA** DOCTOR DOES NOT ACCEPT MEDICARE ASSIGNMENT..... 8
- CGETAPRV** DOCTOR FELT ANOTHER PROVIDER WOULD BE BETTER FOR SP .. 9
- CGETOTHR** OTHER (SPECIFY)\_\_\_\_\_ 91
- REFUSED..... -7
- DON'T KNOW ..... -8

BOX HFF7	IF AC30c=4 OR AC30c=7 GO TO AC30d. OTHERWISE, GO TO AC31..
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AC30d. Did the doctor's office explain why (Medicare is not accepted/it is difficult for Medicare patients to get an appointment) at that practice?

- OFFEXPLN** YES ..... 1 (AC30e)
- NO ..... 2 (AC31)
- REFUSED ..... -7 (AC31)
- DON'T KNOW ..... -8 (AC31)

AC30e. What was that explanation?

[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

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**OFFEXVB1      OFFEXVB2**

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

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

AC32 OMITTED.

**Instrumental Activities of Daily Living (IADLs)**

HFKINTRO. Now I'm going to ask about some everyday activities and whether (you have/SP has) any difficulty doing them by (yourself/himself/herself).  
[PRESS ENTER TO CONTINUE.]

HFK1. Because of a health or physical problem, (do you/does SP) have any difficulty with the following?

		YES	NO	DOESN'T DO
<b>PRBTELE</b>	a. using the telephone? .....	1 (HFK1b)	2 (HFK1b)	3 (HFK2a)
<b>PRBLHWK</b>	b. doing light housework (like washing dishes, straightening up, or light cleaning)?.....	1 (HFK1c)	2 (HFK1c)	3 (HFK2b)
<b>PRBHHWK</b>	c. doing heavy housework (like scrubbing floors or washing windows)?.....	1 (HFK1d)	2 (HFK1d)	3 (HFK2c)
<b>PRBMEAL</b>	d. preparing (your/his/her) own meals?.....	1 (HFK1e)	2 (HFK1e)	3 (HFK2d)
<b>PRBSHOP</b>	e. shopping for personal items (such as toilet items or medicines)? .....	1 (HFK1f)	2 (HFK1f)	3 (HFK2e)
<b>PRBBILS</b>	f. managing money (like keeping track of expenses or paying bills)? .....	1 <b>BOX HFK1</b>	2 <b>BOX HFK1</b>	3 (HFK2f)

HFK2. [You said that (IADL) is something that (you don't/SP doesn't) do.] Is this because of a health or physical problem?

		YES	NO
<b>DONTTELE</b>	a. using the telephone? .....	1 (HFK1b)	2 (HFK1b)
<b>DONTLHWK</b>	b. doing light housework (like washing dishes, straightening up, or light cleaning) .....	1 (HFK1c)	2 (HFK1c)
<b>DONTHHWK</b>	c. doing heavy housework (like scrubbing floors or washing windows)?.....	1 (HFK1d)	2 (HFK1d)
<b>DONTMEAL</b>	d. preparing (your/his/her) own meals?.....	1 (HFK1e)	2 (HFK1e)
<b>DONTSHOP</b>	e. shopping for personal items (such as toilet items or medicines)? .....	1 (HFK1f)	2 (HFK1f)
<b>DONTBILS</b>	f. managing money (like keeping track of expenses or paying bills)? .....	1 <b>BOX HFK1</b>	2 <b>BOX HFK1</b>

BOX HFK1	ASK HFK3 AND HFK4 AS APPROPRIATE FOR EACH IADL CODED "YES" IN HFK1 OR HFK2; WHEN EACH "YES" ACCOUNTED FOR, GO TO HFLINTRO. IF NO "YES" RESPONSES, GO TO HFLINTRO.
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HFK3. [You said that (IADL) is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do).] (Do you/Does SP) receive help from another person with (IADL)?

		YES	NO
<b>HELPTTELE</b>	a. using the telephone? .....	1 (HFK4a)	2 <b>BOX HFK1</b>
<b>HELPLHWK</b>	b. doing light housework (like washing dishes, straightening up, or light cleaning) .....	1 (HFK4b)	2 <b>BOX HFK1</b>
<b>HELPHHWK</b>	c. doing heavy housework (like scrubbing floors or washing windows)?.....	1 (HFK4c)	2 <b>BOX HFK1</b>
<b>HELPMEAL</b>	d. preparing (your/his/her) own meals?.....	1 (HFK4d)	2 <b>BOX HFK1</b>
<b>HELPSHOP</b>	e. shopping for personal items (such as toilet items or medicines)? .....	1 (HFK4e)	2 <b>BOX HFK1</b>
<b>HELPBILS</b>	f. managing money (like keeping track of expenses or paying bills)? .....	1 (HFK4f)	2 (HFLINTRO)

HFK4. You mentioned that (you receive/SP receives) help with (IADL). Who gives that help?  
 [ENTER ALL HELPERS].

- HLPRTLE** a. using the telephone? ..... **BOX HFK1**
- HLPRLHWK** b. doing light housework (like washing dishes, straightening up, or light cleaning? ..... **BOX HFK1**
- HLPRRHWK** c. doing heavy housework (like scrubbing floors or washing windows)? ..... **BOX HFK1**
- HLPRMEAL** d. preparing (your/his/her) own meals? ..... **BOX HFK1**
- HLPRSHOP** e. shopping for personal items (such as toilet items or medicines)? ..... **BOX HFK1**
- HLPRBILS** f. managing money (like keeping track of expenses or paying bills)? ..... (HFLINTRO)

**Activities of Daily Living (ADLs)**

HFLINTRO. Now I'll ask about some other everyday activities. I'd like to know whether (you have/SP has) any difficulty doing each one by (yourself/himself/herself) and without special equipment.  
 [PRESS ENTER TO CONTINUE.]

HFL1. Because of a health or physical problem, (do you/does SP) have any difficulty with the following?

		YES	NO	DOESN'T DO
<b>HPPDBATH</b>	a. bathing or showering? .....	1 (HFL1b)	2 (HFL1b)	3 (HFL2a)
<b>HPPDDRES</b>	b. dressing? .....	1 (HFL1c)	2 (HFL1c)	3 (HFL2b)
<b>HPPDEAT</b>	c. eating? .....	1 (HFL1d)	2 (HFL1d)	3 (HFL2c)
<b>HPPDCHAR</b>	d. getting in or out of bed or chairs? .....	1 (HFL1e)	2 (HFL1e)	3 (HFL2d)
<b>HPPDWALK</b>	e. walking? .....	1 (HFL1f)	2 (HFL1f)	3 (HFL2e)
<b>HPPDTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL1</b>	2 <b>BOX HFL1</b>	3 (HFL2f)

HFL2. [You said that (ADL) is something that (you don't/SP doesn't) do.] Is this because of a health or physical problem?

		YES	NO
<b>DONTBATH</b>	a. bathing or showering? .....	1 (HFL1b)	2 (HFL1b)
<b>DONTDRES</b>	b. dressing? .....	1 (HFL1c)	2 (HFL1c)
<b>DONTEAT</b>	c. eating? .....	1 (HFL1d)	2 (HFL1d)
<b>DONTCHAR</b>	d. getting in or out of bed or chairs? .....	1 (HFL1e)	2 (HFL1e)
<b>DONTWALK</b>	e. walking? .....	1 (HFL1f)	2 (HFL1f)
<b>DONTTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL1</b>	2 <b>BOX HFL1</b>

BOX HFL1	ASK HFL3-HFL5 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL1 OR HFL2. OTHERWISE, GO TO HFM1.
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HFL3. [You said (your/SP's) health makes (ADL) difficult.]/[You said that (ADL) is something (you don't/SP doesn't) do.] (Do you/Does SP) receive help from another person with (ADL)?

		YES	NO
<b>HELPBATH</b>	a. bathing or showering? .....	1 (HFL5a)	2 (HFL4a)
<b>HELPDRES</b>	b. dressing? .....	1 (HFL5b)	2 (HFL4b)
<b>HELPEAT</b>	c. eating? .....	1 (HFL5c)	2 (HFL4c)
<b>HELPCCHAR</b>	d. getting in or out of bed or chairs? .....	1 (HFL5d)	2 (HFL4d)
<b>HELPPWALK</b>	e. walking?.....	1 (HFL5e)	2 (HFL4e)
<b>HELPTOIL</b>	f. using the toilet? .....	1 (HFL5f)	2 (HFL4f)

HFL4. Does someone usually stay nearby just in case (you need/SP needs) help with (ADL)? [That is, does someone usually stay or come into the room to check on (you/him/her)]

		YES	NO
<b>PCHKBATH</b>	a. bathing or showering? .....	1 (HFL5a)	2 (HFL5a)
<b>PCHKDRES</b>	b. dressing? .....	1 (HFL5b)	2 (HFL5b)
<b>PCKHEAT</b>	c. eating? .....	1 (HFL5c)	2 (HFL5c)
<b>PCHKCHAR</b>	d. getting in or out of bed or chairs? .....	1 (HFL5d)	2 (HFL5d)
<b>PCHKWALK</b>	e. walking?.....	1 (HFL5e)	2 (HFL5e)
<b>PCKKTOIL</b>	f. using the toilet? .....	1 (HFL5f)	2 (HFL5f)

HFL5. (Do you/Does SP) use special equipment or aids to help (you/him/her) with (ADL)?

		YES	NO
<b>EQUIPBATH</b>	a. bathing or showering? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPDRES</b>	b. dressing? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPEAT</b>	c. eating? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPCCHAR</b>	d. getting in or out of bed or chairs? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPWALK</b>	e. walking?.....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>
<b>EQUIPTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL2</b>	2 <b>BOX HFL2</b>

BOX HFL2	IF HFL3 CODED "YES" ASK HFL6 AS APPROPRIATE. IF HFL3 CODED "NO" AND HFL4 CODED "YES" OR "NO", ASK NEXT APPROPRIATE ADL AT HFL3. IF NO "YES" RESPONSES IN HFL3 AND HFL4, GO TO HFM1.
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HFL6. How long (have you/has SP) needed help with (ADL)? Has it been . . .

		LESS THAN 3 MONTHS	MORE THAN 3 MONTHS BUT LESS THAN A YEAR	MORE THAN A YEAR
<b>LONGBATH</b>	a. bathing or showering?	1 (HFL7a)	2 (HFL3b)	3 (HFL3b)
<b>LONGDRES</b>	b. dressing?	1 (HFL7b)	2 (HFL3c)	3 (HFL3c)
<b>LONGEAT</b>	c. eating?	1 (HFL7c)	2 (HFL3d)	3 (HFL3d)
<b>LONGCHAR</b>	d. getting in or out of bed or chairs?	1 (HFL7d)	2 (HFL3e)	3 (HFL3e)
<b>LONGWALK</b>	e. walking?	1 (HFL7e)	2 (HFL3f)	3 (HFL3f)
<b>LONGTOIL</b>	f. using the toilet?	1 (HFL7f)	2 <b>BOX HFL3</b>	3 <b>BOX HFL3</b>

HFL7. Do you expect that (you/SP) will still need help with (ADL) three months from now?

		YES	NO
<b>STILBATH</b>	a. bathing or showering? .....	1 (HFL3b)	2 (HFL3b)
<b>STILDRES</b>	b. dressing? .....	1 (HFL3c)	2 (HFL3c)
<b>STILEAT</b>	c. eating? .....	1 (HFL3d)	2 (HFL3d)
<b>STILCHAR</b>	d. getting in or out of bed or chairs? .....	1 (HFL3e)	2 (HFL3e)
<b>STILWALK</b>	e. walking?.....	1 (HFL3f)	2 (HFL3f)
<b>STILTOIL</b>	f. using the toilet? .....	1 <b>BOX HFL3</b>	2 <b>BOX HFL3</b>

BOX HFL3	ASK HFL8 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL3 OR HFL4. OTHERWISE, GO TO HFM1.
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HFL8. You mentioned that [(you receive/SP receives) help]/[someone stays nearby in case (you need/SP needs) help] with (ADL). Who [gives that help/stays nearby in case (you need/SP needs) help]?  
 [PRESS ENTER TO CONTINUE.]

HFL9. Who helps with (ADL)? [ENTER ALL HELPERS].

<b>HLPRBATH</b>	a. bathing or showering? .....	<b>BOX HFL3</b>
<b>HLPRDRES</b>	b. dressing? .....	<b>BOX HFL3</b>
<b>HLPREAT</b>	c. eating? .....	<b>BOX HFL3</b>
<b>HLPRCHAR</b>	d. getting in or out of bed or chairs? .....	<b>BOX HFL3</b>
<b>HLPRWALK</b>	e. walking?.....	<b>BOX HFL3</b>
<b>HLPRTOIL</b>	f. using the toilet ? .....	<b>BOX HFL4</b>

BOX HFL4	IF MORE THAN ONE HELPER NAMED IN HFL8, GO TO HFL10. OTHERWISE, GO TO HFM1.
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HFL10. Which of these persons gives (you/SP) the most help with these things? [SELECT ONLY ONE.]

HFM1. [Since (PREV. SUPP. RD. INT. DATE)/In the past year], (have you/has SP) fallen down?  
**FALLANY**

YES .....	1 (HFM2)
NO .....	2 (HFN1)
REFUSED.....	-7 (HFN1)
DON'T KNOW .....	-8 (HFN1)

HFM2. [Since (PREV. SUPP. RD. INT. DATE)/In the past year], how many times (have you/has SP) fallen down?  
 [ENTER "95" IF 95 OR MORE FALLS REPORTED.]

**FALLTIME**

\_\_\_\_\_

NUMBER OF TIMES

REFUSED .....	-7
DON'T KNOW .....	-8

HFM3. In (that fall/any of those falls) did (you/SP) hurt (yourself/himself/herself) badly enough to get medical help?

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

HFM4. Did (you/SP) talk to a doctor or other medical professional about (that fall/any of those falls)?

**FALLTALK** YES ..... 1  
 NO ..... 2 (HFN1)  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

HFM5. Did the health care provider talk with (you/SP) to understand why (you/SP) fell?

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

HFM6. Did the health care provider talk with (you/SP) about how to prevent future falls?

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

HFN1. (Do you/Does SP) experience memory loss such that it interferes with daily activities?

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

HFN2. (Do you/Does SP) have problems making decisions to the point that it interferes with daily activities?

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

HFN3. (Do you/Does SP) have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?

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

HFN4. In the past 12 months, how much of the time did (you/SP) feel sad, blue, or depressed? Would you say (you were/SP was) sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time?



<b>TIMESAD</b>	ALL OF THE TIME .....	1
	MOST OF THE TIME .....	2
	SOME OF THE TIME .....	3
	A LITTLE OF THE TIME .....	4
	NONE OF THE TIME .....	5
	REFUSED.....	-7
	DON'T KNOW .....	-8

HFN5. In the past 12 months, (have you/has SP) had 2 weeks or more when (you/he/she) lost interest or pleasure in things that (you/he/she) usually cared about or enjoyed?

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

HFQ1. I'd like to ask about a health problem that is more common than people think. 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)].



<b>LOSTURIN</b>	MORE THAN ONCE A WEEK .....	1 (HFQ2)
	ABOUT ONCE A WEEK .....	2 (HFQ2)
	2-3 TIMES A MONTH .....	3 (HFQ2)
	ABOUT ONCE A MONTH .....	4 (HFQ2)
	EVERY 2-3 MONTHS .....	5 (HFQ2)
	ONCE OR TWICE A YEAR .....	6 (HFQ2)
	NOT AT ALL .....	7 <b>BOX HFQ1</b>
	SP IS ON DIALYSIS OR CATHETERIZATION .....	8 <b>BOX HFQ1</b>
	REFUSED .....	-7 <b>BOX HFQ1</b>
	DON'T KNOW .....	-8 <b>BOX HFQ1</b>

HFQ2. (Have you/Has SP) talked about this problem with (your/SP's) doctor or other medical professional?

<b>TALKURIN</b>	YES .....	1 (HFQ3)
	NO.....	2 <b>BOX HFQ1</b>
	REFUSED.....	-7 <b>BOX HFQ1</b>
	DON'T KNOW .....	-8 <b>BOX HFQ1</b>

HFQ3. Has (your/SP's) doctor or other medical professional asked (you/him/her) about how (you feel/he feels/she feels) about this problem?

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

HFQ4. Has (your/SP's) doctor or other medical professional examined (you/him/her) to figure out why (you lose/he loses/she loses) urine?

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

HFQ5. Has (your/SP's) doctor or other medical professional talked with (you/him/her) about taking medicine or having surgery for this problem?

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

BOX HFQ1	GO TO <b>BOX SC1A</b> .
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ATTACHMENT HF1  
 HFJ44 DISPLAYS FOR HFJ1-39 CONDITIONS

Matching HFJ1-39? Probe	HFJ44 Code Category	Condition Display	HFJ44 Variable Set
HFJ1	1	ARTERIES HARDENING	EMARTERY
HFJ2	2	HYPERTENSION	EMHBP
HFJ4	3	HEART ATTACK	EMMYOCAR
HFJ6	4	HEART DISEASE	EMCHD
HFJ16	6	STROKE OR HEMORRHAGE	EMSTROKE
HFJ18	7	SKIN CANCER	EMCSKIN
HFJ20	8	CANCER/TUMOR	EMCANCER
HFJ22	10	DIABETES	EMDIABTS
HFJ24	11	RHEUMATOID ARTHRITIS	EMARTHHR
HFJ25	12	OTHER ARTHRITIS	EMARTH
HFJ28	14	MENTAL RETARDATION	EMMENTAL
HFJ29	15	ALZHEIMER'S OR DEMENTIA	EMALZHMR
HFK30	16	MENTAL DISORDER	EMPSYCH
HFJ32	17	OSTEOPOROSIS	EMOSTEOP
HFJ33	18	BROKEN HIP	EMBRKHIP
HFJ35	19	PARKINSON'S	EMPARKIN
HFJ36	20	EMPHYSEMA/ASTHMA/COPD	EMEMPHYS
HFJ37	21	PARALYSIS	EMPPARAL
HFJ39	22	LOSS OF LIMB	EMAMPUTE
HFJ8	23	CONGESTIVE HEART FAILURE	EMCFAIL
HFJ10	24	HEART VALVE PROBLEM	EMCVALVE
HFJ12	25	HEART RHYTHM PROBLEM	EMRHYTHM
HFJ14	26	OTHER HEART PROBLEM	EMOTHHRT