U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service • National Center for Health Statistics • Series 1, No. 21

The Supplement on Aging to the 1984 National Health Interview Survey

Programs and Collection Procedures
Series 1, No. 21

Copyright information

All material in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

Suggested citation

National Center for Health Statistics, J. E. Fitti and M. G. Kovar: The Supplement on Aging to the 1984 National Health Interview Survey. *Vital and Health Statistics.* Series 1, No. 21. DHHS Pub. No. (PHS) 87–1323. Public Health Service. Washington. U.S. Government Printing Office, Oct. 1987.

Library of Congress Cataloging-in-Publication Data

Fitti, Joseph E.
The supplement on aging (SOA) to the 1984 National Health Interview Survey.

(Vital & Health Statistics. Series 1, Programs and collection procedures ; no. 21) (DHHS publication ; no. (PHS) 87–1323)
Author: Joseph E. Fitti and Mary Grace Kovar.
"October 1986."
Bibliography: p.
Supt. of Docs. no.: HE 20.6209:1/21
1. Aged—Health and hygiene—United States. 2. Aged—United States—United States—Social conditions. 3. Aged—United States—Social conditions. 4. Health surveys—United States. 5. National Health Interview Survey (U.S.) I. Kovar, Mary Grace. National Center for Health Statistics (U.S.) III. Title. IV. Series: Vital and health statistics. Series 1, Programs and collection procedures ; no. 21. V. Series: DHHS publication ; no. (PHS) 87–1323. [DNLM: 1. National Health Interview Survey (U.S.) 2. Aged—United States. 3. Health Services for the Aged—United States. W2 A N14va no.21]
RA409.U44 no.21 312'.07'23 s 87–600066
[RA408.A3] [305.2'6'0973]
ISBN 0–8406–0369–X

VITAL HEALTH STATISTICS

The Supplement on Aging to the 1984 National Health Interview Survey

Includes descriptions of the sample, questionnaire content, and survey operations, and presents strategies and procedures for analysis of the Supplement on Aging to the 1984 National Health Interview Survey.

Programs and Collection Procedures
Series 1, No. 21

DHHS Publication No. (PHS) 87–1323

U.S. Department of Health and Human Services
Public Health Service
National Center for Health Statistics
Hyattsville, Md.
October 1987 (reprinted 12/96)

National Center for Health Statistics

Manning Feinleib, M.D., Dr.P.H., *Director*

Robert A. Israel, *Deputy Director*

Jacob J. Feldman, Ph.D., *Associate Director for Analysis and Epidemiology*

Gail F. Fisher, Ph.D., *Associate Director for Planning and Extramural Programs*

Peter L. Hurley, *Associate Director for Vital and Health Statistics Systems*

Stephen E. Nieberding, *Associate Director for Management*

George A. Schnack, *Associate Director for Data Processing and Services*

Monroe G. Sirken, Ph.D., *Associate Director for Research and Methodology*

Sandra S. Smith, *Information Officer*

Vital and Health Statistics Systems

Peter J. Hurley, *Associate Director*

Mary Grace Kovar, Dr.P.H., *Special Assistant for Data Policy and Analysis*

Gloria Kapantais, *Assistant to the Director for Data Policy, Planning and Analysis*

Division of Health Interview Statistics

Owen T. Thornberry, Jr., Ph.D., *Director*

Gerry E. Hendershot, Ph.D., *Chief, Illness and Disability Statistics Branch*

Nelma B. Keen, *Chief, Computer Systems and Programming Branch*

Stewart C. Rice, Jr., *Chief, Survey Planning and Development Branch*

Robert A. Wright, *Chief, Utilization and Expenditure Statistics Branch*

Cooperation of the U.S. Bureau of the Census

Under the legislation establishing the National Health Interview Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the Division of Health Interview Statistics, the U.S. Bureau of the Census, under contractual agreement, participated in planning the survey and collecting the data.

For sale by the U.S. Government Printing Office
Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328
ISBN 0-16-048931-8

Contents

Introduction 1
Overview of the National Health Interview Survey 1
Overview of the 1984 Supplement on Aging 2

Chapter 1. Sample description 4
National Health Interview Survey 4
Supplement on Aging 4

Figure

1. SOA sample selection tables A and B 5

Table

A. Number of persons for whom interviews for the Supplement on Aging were obtained, by age and sex 5

Chapter 2. Questionnaire planning and development 6
Planning and development of the SOA Questionnaire 6
Pretests 7
Description of the SOA Questionnaire 9

Table

B. Length of interview of the National Health Interview Survey (NHIS) and of the Supplement on Aging (SOA): Bradenton Pretest 8

Chapter 3. Survey operations 11
Data collection 11
Interviewer training 11
Data collection 11
Quality control: Data collection 12
Quality control procedures 12
Reinterviewing 13
Quality control: Data processing and editing 13

Table

C. Response rates for the Supplement on Aging (SOA), by quarter and type of response 12

Chapter 4. Analysis of SOA data 15
Estimation 15
Weights 15
Point estimates 15
Examples of national estimates 17
Variances 17
Curves of relative standard errors 17
Design effects 18
Calculating variances 18
Considerations of sample design 19

Strategies for analysis 19
Relationship between the questionnaire and the data 19
Preliminary analysis 19
Weighted analysis 20
Final analysis 20

Figures

2. Poststratification cells for SOA 15
3. Stages for analysis of data from a survey with a complex sample design 19

Tables

D. Number of persons in the National Health Interview Survey (NHIS) and Supplement on Aging (SOA) samples and Supplement on Aging response rates, by selected characteristics 16
E. Sample numbers and population estimates for persons ages 55 years and over, by selected characteristics: National Health Interview Survey (NHIS) and Supplement on Aging (SOA), 1984 16

Chapter 5. Differences between data files from the 1984 NHIS Basic Questionnaire and the Supplement on Aging 21
Weights 21
Respondents 21
NHIS basic respondent rule 21
SOA respondent rule 21
Conditions 21
Condition lists 21
Conditions on condition file 21
Family relationship and number of persons 22
Family relationship 22
Number of persons in the family 23

Tables

F. Number and percent of self-responses to the Supplement on Aging and number of proxy responses, by selected demographic and health characteristics 22
G. Number and percent of self-responses to the Supplement on Aging (SOA) and number of proxy responses, by type of response to the National Health Interview Survey (NHIS) Basic Questionnaire 22

Chapter 6. Prospective studies 24
Followup through the National Death Index 24
Other aspects of the Longitudinal Study of Aging 24

Table

H. Number and percent of persons in the Longitudinal Study of Aging (LSOA) 1986 initial followup reinterview sample, by age and race 25

References 26

Appendixes

I. 1984 National Health Interview Survey Basic Questionnaire 29
II. 1984 Supplement on Aging Questionnaire 51
III. Bradenton, Florida, Supplement on Aging Pretest Questionnaire 70
IV. Supplement on Aging Reinterview Questions 102
V. Definition of selected terms in the 1984 Supplement on Aging 106
VI. Selected information about the design and estimation of the 1984 Supplement on Aging 108
VII. Examples using SAS 112
VIII. Consultants and staff of the 1984 Supplement on Aging 114

Symbols

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standard of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

The Supplement on Aging to the 1984 National Health Interview Survey

by Joseph E. Fitti, MSPH, Division of Health Interview Statistics, and Mary Grace Kovar, Dr.P.H., Vital and Health Statistics Systems

Introduction

Overview of the National Health Interview Survey

The National Health Survey Act of 1956 provided for a continuing survey to secure, on a voluntary basis, accurate and current statistics on the amount, distribution, and effects of illness and disability in the United States and the services rendered because of such conditions. Mandated by this legislation, the National Health Interview Survey (NHIS) is a principal source of information on the health of the civilian noninstitutionalized population of the United States.

The purpose of the survey is to provide national data on the incidence of illness and accidental injuries, the prevalence of chronic conditions and impairments, the extent of disability, the utilization of health care services, and on other health related topics. A major strength of the survey is that these statistics can be obtained for the U.S. civilian noninstitutionalized population. Because NHIS data are obtained during household interviews from the people themselves, the statistics are a measure of health status and experiences and a reflection of the social and economic dimensions of health issues as reported by individuals, that is, the extent and impact of illness and disability and the resulting uses of health care services are reported by the people experiencing them.

Interviews are conducted each week throughout the year in a probability sample of households. The interviewing is performed by a permanent staff of highly trained and supervised interviewers of the U.S. Bureau of the Census under detailed specifications provided by the Division of Health Interview Statistics, National Center for Health Statistics (NCHS). U.S. Bureau of the Census interviewers trained on the NHIS, some of whom have worked on this survey for over 10 years, generally work only on this survey and remain as its field staff for their full careers as Census interviewers.

The questionnaire used in the interview is divided into two basic units, a basic questionnaire that is constant over long periods and special topic questions, or a supplement, that differ from year to year (appendixes I and II, respectively).

The basic questionnaire contains items on

- Basic demographic characteristics of household members, including age, sex, race, Hispanic origin, education, marital status, veteran status, employment or major activity status, and income.
- Disability days, including restricted activity and bed days, and work or school loss days occurring during the 2-week period prior to the interview.
- Doctor visits during the past year and during the 2 weeks prior to the interview.
- Acute and chronic conditions responsible for disability days and doctor visits.
- Long-term limitation of activity resulting from chronic disease or impairment and chronic conditions associated with disability.
- Short-stay hospitalization, including number of persons with hospital episodes during the past year and number of discharges from short-stay hospitals.
- Interval since the last doctor visit.

Supplements are changed in response to current interest in special health topics. Suggestions and requests for special topic coverage are solicited and received from many sources. These include the Public Health Service and other agencies of the Department of Health and Human Services, other Federal agencies, university-based researchers, administrators of national organizations and programs in private and public health sectors, and other specialists in the field of interest. In addition, NCHS staff are aware of data needs and issues of public health importance for consideration as special topics to be included in the NHIS.

Facsimilies of the first pretest questionnaire, reinterview questions, definitions of the SOA terms, information about survey design and estimation, examples for the Statistical Analysis System's (SAS) processing of data, and the consultants and staff of the SOA appear in appendixes III–VIII.

The sample design of the NHIS, which is discussed in more detail in the section Sample description, provides unique analytic opportunities. The sample is designed so that each week's data collection constitutes a sample of the civilian noninstitutionalized population of the United States. The weekly samples can be aggregated to increase the sample size, or they can be used to study trends or seasonal variation.

Data collected over the period of a year form the basis for annual estimates of the health characteristics of the population. These annual estimates are the bases for most NHIS reports, such as "Current Estimates," which is published annually in *Vital and Health Statistics.*

Data collected over a longer period can also be aggregated

and appropriately weighted to form the basis for average annual estimates. These estimates are the basis for many analyses of low-frequency characteristics, such as the prevalence of some chronic conditions or special characteristics of contacts with physicians.

Conversely, data from any quarter can be analyzed to study short-lived high-frequency phenomena, such as major flu epidemics, or to study seasonal variation. If the techniques are combined, seasonal variation over the course of many years can be studied.

Throughout the NHIS data collection and data processing, extensive quality control procedures are followed to reduce nonsampling errors in the data produced from both the basic questionnaire and the special topic questions. (For details, see reference 1.)

Data release occurs in many forms including publications, tabulations, and public-use data tapes.

Data are published by the Center in Series 10 of *Vital and Health Statistics,* in *Advance Data,* and in *Health United States.* Information about how to order publications can be obtained by writing or calling the Scientific and Technical Information Branch of NCHS. Data are also released in *Statistical Abstracts of the United States* and many other Federal Government publications. The U.S. Government Printing Office sells the NCHS and other Federal agency publications.

Public-use data tapes containing basic questionnaire data are released by NCHS through the National Technical Information Service (NTIS) in Springfield, Va.[a] The public-use tapes, which contain all the information on the basic NHIS questionnaire, are usually released to the research community within 2 years of the completion of the calendar year of the data collection. That is, all data collected on the basic questionnaire in 1984 are available to anyone who wishes to purchase the data tapes through NTIS.

Public-use data tapes containing supplement topic data, including the 1984 SOA, are available directly from the Division of Health Interview Statistics, National Center for Health Statistics, by writing to

Division of Health Interview Statistics
National Center for Health Statistics
Center Building, Room 2–44
3700 East-West Highway
Hyattsville, Maryland 20782.

The release of the public-use tapes means that many analyses are published by people or organizations that are not connected with NCHS. Although the NCHS staff are interested in who uses the data and often work with independent analysts if asked, the responsibility for using the tapes correctly rests with the users. This monograph is designed to describe the design and implementation of the 1984 Supplement on Aging and to assist users of the data from it.

[a] National Technical Information Service
5285 Port Royal Road
Springfield, Virginia 22161
Tel: (703) 487–4650

Overview of The 1984 Supplement on Aging

Increasing interest in aging led to the entire 1984 supplement's being devoted to a population group rather than to a single health topic. A precedent had been set for dedicating an NHIS supplement to a specific population group in 1981 when a comprehensive supplement on children was conducted as part of the survey. In the Child Health Supplement, data were gathered on a national probability sample of 15,416 children 17 years of age and under, and information was provided on a variety of specific issues related to that population.

Concerns among a number of public health agencies and individuals about the increasing proportion of older people in the U.S. population led, as early as 1980, to recommendations that the NHIS address this special subgroup. Issues dealing with the health and functional status of older people and the need for alternatives to institutionalization as the mode for providing care were identified at this early point by professionals in the field of aging.[2–6] Information about these and related characteristics of the older population was needed.

Statements of the need for this information were made by the Department of Health and Human Services in the 1980 National Long-Term Care Data Plan of the Division of Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation;[7] by the Office of Management and Budget in its 1980 report of the Interagency Statistical Committee on Long-Term Care of the Elderly;[8] and by the 1981 White House Conference on Aging, Final Report, Vol. III, Recommendation No. 627.[9,10]

It was postulated that information about the health conditions that were most prevalent, about living arrangements, family and social support availability, retirement income and financial obligations, functional status and limitations, and attitudes and opinions about their own health and abilities would help in assessing the future needs of the elderly.[11,12]

In addition to responding to the topic recommendation of the National Health Interview Survey's Technical Consultants Panel that these informational needs about the elderly could be addressed through the NHIS, a special supplement on aging in 1984 was particularly timely because NCHS planned to conduct the National Nursing Home Survey (NNHS) in 1984. The SOA data on the noninstitutionalized population would complement the NNHS data on residents of nursing homes and would provide, for the first time, comprehensive data on almost the total elderly population.

The development of a supplement to help provide some of this information from a national survey of elderly people themselves began in 1982 and resulted in the 1984 NHIS Supplement on Aging that is described in this report. The objectives of the 1984 SOA were:

- To characterize the health and social status of people aged 55 and over in the United States.
- To provide information about how psychosocial and environmental factors interact with health factors to influence the aging individual in a changing society.
- To provide a knowledge base for investigating issues of prevention and postponement of disability and dependency

and for framing research questions and hypotheses on the interplay between changing home environments and the aging individual.

- To delineate issues and data for research on the enhancement of care, social support, and coping for those older people who do become disabled.
- To provide information about factors that influence individuals' ability to live independently in the household and the community as they grow older.
- To form the basis for a prospective study, the Longitudinal Study of Aging (LSOA). (See chapter 7 of this report for description of the LSOA.)

In 1984 the supplement to the NHIS was the Supplement on Aging. NCHS selected this as the supplemental topic; no outside funds were sought or received. However, special supplement suggestions that had been received from outside agencies through the topic solicitation process were incorporated, and there was extensive consultation with staff of other agencies. Consequently, the needs of other organizations in the Federal Government were met as much as possible.

Chapter 1
Sample description

National Health Interview Survey

The National Health Interview Survey (NHIS) sample is designed to produce national estimates for the civilian noninstitutionalized population residing in the United States. The approach to doing so is first to divide the United States into geographically defined areas called primary sampling units (PSU's), which collectively cover the 50 States and the District of Columbia. The PSU's are classified into strata (combinations of PSU's with similar characteristics), and, in 1984 and earlier years, one PSU was selected from each stratum. Within the selected PSU's, small compact clusters of housing units are then selected. Details of the sample design, listing segments, and selecting housing units in the NHIS sampling procedure are provided in Series 1 of *Vital and Health Statistics.*[1,13]

There is clustering within the PSU, within the segment, and within the household because all family members in the selected housing unit are in the sample. This clustering causes the procedures for analysis, especially the variance estimation, to differ from those in simple random sampling.

An important aspect of the NHIS sample design is that it is a multistage probability design that permits a continuous sampling of the civilian noninstitutionalized population in the United States. It is designed in such a way that the sample scheduled for each week is an independent sample of the population; the weekly samples are additive over time. Thus, the design permits estimates for high-frequency measures (or for large population groups) to be produced from a short period of data collection and estimates for low-frequency measures (or for smaller population subgroups) to be obtained from a longer period of data collection. Because interviewing is done throughout the year with about 800 households in the sample each week, there is no seasonal bias in the annual estimates.

The NHIS sample is updated or redesigned after each decennial census. The redesign that was implemented in 1973 was an update and modification of earlier sample designs rather than an entirely new design. This update formed the basis for the 1984 NHIS sample. Details of the design and the updated sample have been published.[1,13]

In 1984, 41,471 eligible households were in the NHIS sample. Interviews were conducted in 39,996 (96.4 percent) of these households, yielding data on 105,290 persons of all ages who resided in them at the time of the interview.[14]

Supplement on Aging

One of the objectives of the Supplement on Aging (SOA) was to provide finer statistical measures of functional limitations and the presence of chronic health conditions among older persons than is provided in the NHIS basic questionnaire. (See appendix I.) To produce a broader base for estimating these and other critical characteristics of this subpopulation, a sample design was developed that permitted collecting the maximum amount of information about older people, among whom the occurrence of these health "problems" is greatest, namely, people 65 years and over.

Another objective of the SOA was to provide information about older people that could be used as baseline data in measurements of change over time through a later prospective study. This longitudinal study was conceived as an assessment of change over time both among those older and most likely to have problems and also among those less likely to have problems in 1984 but who would move into the critical ages within 10 years. With this objective of later contact to ascertain changes, the age level established for the SOA sample was 55 years and over. This age level was also determined as appropriate for the SOA because of the need for information about age differentials in the ability of the elderly to work and about the impact on the work force of early retirement among those under 60 years of age; ages 55 years and over provided an appropriate age cutoff.

Because there are a large number of people in the age group 55–64 years in contrast to the older ages, selecting all of them would have yielded more precision than needed to make comparisons with the older group. Further, the SOA entailed a long interview and, because there were more likely to be multiple persons in households with younger age people, extremely long interviews would have resulted because each eligible person was interviewed for himself or herself. Because problems among younger people are less prevalent than among older ones and for the cost savings it provided, it was decided further that including all people in the younger ages in the sample was not necessary.

Consequently, the design of the SOA sample was:

- A systematic one-half sample of people in the 1984 NHIS households who were ages 55–64 years.
- All people in the 1984 NHIS households who were ages 65 years and over.

The selection of sample persons was accomplished by using the listing form on the front of the SOA questionnaire (figure 1). The procedure for selecting the one-half sample of people ages 55–64 years was simply listing by age, from oldest to youngest, persons 55–64 years and selecting those listed on every other line of the listing form.

SUPPLEMENT ON AGING SAMPLE SELECTION

Use Table A or B as indicated on HIS-1 Household Composition Page. Circle that letter and enter number below to indicate the order of interview (1 = down from the top of the listing, 2 = up from the bottom). Follow this order whenever two or more sample persons are at home at the same time. | RT 64 | 3–4

18. Are there any nondeleted persons 65 years old or older in the family? | 5

1 ☐ Yes *(List by age (oldest to youngest) in upper portion of appropriate table, mark "SP" box on HIS-1 for each, THEN 19)*

2 ☐ No *(19)*

19. Are there any nondeleted persons 55–64 years old in the family? | 6

1 ☐ Yes *(List by age (oldest to youngest) in lower portion of appropriate table, mark "SP" box on HIS-1 for each "X" person, and begin supplement using the appropriate "order of interview")*

2 ☐ No *(Begin interview(s) using the appropriate "order of interview")*

TABLE A _____				TABLE B _____			
Age	Name	Person number	Sample person	Age	Name	Person number	Sample person
7–8		9–10	X	39–40		41–42	X
11–12		13–14	X	43–44		45–46	X
15–16		17–18	X	47–48		49–50	X
19–20		21–22	X	51–52		53–54	X
23–24		25–26	X	55–56		57–58	
27–28		29–30		59–60		61–62	X
31–32		33–34	X	63–64		65–66	
35–36		37–38		67–68		69–70	X

Figure 1. SOA sample selection tables A and B

The listing forms were printed on the cover of the SOA questionnaire (appendix II), and they provided for selection starting with the first line on one-half of the forms and with the second line on the other half. People ages 55–64 years were listed on the form even though they had been included in the NHIS basic household listing procedure. This relisting of NHIS basic information was necessary to produce the eligible persons listed in the order of oldest to youngest for the SOA selection and to permit the SOA record to include all the eligible household members.

Interviewers were given questionnaires with the two selection versions alternated to ensure equal use of both versions. Additionally, interviewers were instructed to try to alternate between the two sample selection versions if the order of supplies was disturbed or if no persons ages 55 years and over lived in the household.

In addition, to further assure randomization in the selection procedure and to aid in overcoming position bias in households with more than one selected sample person, the order in which the interviewer asked to interview a selected sample person was controlled to alternate between top-down and bottom-up sequences.

A similar procedure of listing all people ages 65 years and over was followed. However, all of these listed people were selected for interview.

In some households the sampling procedures resulted in more than one person being selected for the SOA interview.

The sample design produced a statistically valid sample of persons ages 55 years and over living in the NHIS households who were interviewed in 1984. It permitted adjustment for probability of selection and application of NHIS weighting procedures to yield national estimates as well as estimates for the four geographic regions defined by the U.S. Bureau of the Census and for some large metropolitan areas.

Table A. Number of persons for whom interviews for the Supplement on Aging were obtained, by age and sex

Age and sex	*Number*
Total	16,148
Age	
55–64 years	4,651
65–74 years	7,093
75–84 years	3,578
85 years and over	826
Sex	
Male	6,793
Female	9,355

The number of persons for whom SOA interviews were obtained is shown by age and sex in table A.

Because the NHIS is based on a sample with approximately equal probability of selection, the SOA sample design produced, in effect, a distribution for people ages 65 years and over in the sample that is about the same as that in the civilian noninstitutionalized population.

Chapter 2
Questionnaire planning and development

Planning and development of the SOA questionnaire

Planning and development of the Supplement on Aging (SOA) questionnaire began in February 1982. The first step was to determine the topics to be included.

Topic suggestions were received from a variety of sources, both inside and outside the National Center for Health Statistics (NCHS). Suggestions from outside NCHS came in response to the topic solicitation from the Division of Health Interview Statistics and from notifications to interested agencies and persons about plans to develop a supplement on aging. Suggestions from outside NCHS came from sources such as the National Institute on Aging, the Administration on Aging, the U.S. Senate Select Committee on Aging, the U.S. House of Representatives Special Committee on Aging, the Social Security Administration, voluntary and nonprofit organizations, and experts in the field of aging.

Decisions about topics to include required consideration of two major factors: the feasibility of obtaining the data in the NHIS interview and the comparability with data to be collected in other Center surveys in which information was gathered on the elderly population. In the latter context, it was necessary for the SOA to include information about the noninstitutionalized population that would be similar to that gathered in the National Nursing Home Survey on the institutionalized older population, so that by combining the data from the two surveys estimates for the total older population would be possible.

Another important consideration, which helped focus the content of the SOA, was the objective of providing information that would be useful in determining alternatives to institutionalization when the elderly become impaired. Though cross-sectional in character, the SOA information about personal and community resources available to the elderly, about functional and health status, and about use of care services would be pertinent to this objective.

However, to assess the relationship between these aspects of the lives of elderly people and any later need for institutionalization or other care would require additional data on change in status and use of resources to continue independent living. Consequently, it was necessary for the cross-sectional SOA to be conceived as also being the baseline data source for later longitudinal information to study the relationship between changes in functional status and living arrangements and the path from independent living through dysfunction and institutionalization to death.

These concepts and objectives provided the guidelines and determined the SOA topic coverage.

Activities to develop the concepts and to conduct the background research on existing surveys and questions dealing with the topics suggested for the SOA began in February 1982, following the review of topic suggestions.

The evaluation of the suggestions and the development of the first version of the questionnaire involved literature reviews, reviews of previous or existing surveys, extensive consultation with both agencies and individuals knowledgeable in the suggested topic areas (appendix VIII), and participation in both privately and federally sponsored conferences and meetings on issues of the aging.

An NCHS Work Group on Surveys of the Aging (appendix VIII), which addressed issues and developed recommendations for coordination among the National Nursing Home Survey, the National Mortality Followback Survey, and the NHIS Supplement on Aging, provided additional input in evaluating the topics to be included in the SOA and in guiding the development of the SOA questionnaire.

The result of the research and investigation of 22 suggested topics was the recommendation, made in October 1982, to include the following seven areas:

- Family structure, relationships, support and living arrangements.[15–17]
- Community and social support.[15,16,18,19]
- Occupation and retirement.[20,21]
- Conditions and impairments.[4,22–27]
- Structural characteristics of housing, activities of daily living (ADL's), instrumental activities of daily living (IADL's) and special aids.[28,29]
- Regular medical care and nursing home stay.[4,28,29]
- Health opinions and behavior, including the Center for Epidemiology Studies—Depression (CES–D) scale as a measurement of mental health status, alteration or disturbance of mood, indication of gross memory loss, and locus of control.[15,29–32]

Because the information sought about each person would usually be reported most reliably by the sample persons themselves, the respondent rule established was self-response except in cases where sample persons were physically or mentally unable to respond. In these cases, an adult, preferably living in the household, would be accepted as proxy.

A questionnaire covering the seven topics (appendix III) was designed; and it, along with the plan for the first pretest,

was submitted to the Office of Management and Budget (OMB) for clearance. The relationship with other surveys was one consideration in the design. Wherever reasonable, the items used in the questionnaire were drawn from questionnaires of other surveys that had already been tested or from surveys that had already been conducted.

Questions from the following surveys were used in designing the first pretest document:

- National Center for Health Statistics surveys
  - The National Health Interview Survey, basic questionnaire and previous supplements.
  - The 1976–1980 Second National Health and Nutrition Examination Survey, OMB 68–R1502.
  - The 1977 National Nursing Home Survey—Resident Questionnaire, OMB 68–S75025.
  - The 1979 National Survey of Personal Health Practices and Consequences, OMB 68–R1663.
  - The 1983 NHANES Epidemiologic Followup Study, OMB 0925–0161.
  - The 1982–84 National Hispanic Health and Nutrition Examination Survey, OMB 0937–0078.
  - The 1985 National Nursing Home Survey, OMB 0937–0114.
- Other surveys
  - The 1972 Survey of Work Experience, National Longitudinal Survey, OMB 1205–0044, U.S. Bureau of the Census, Department of Commerce.
  - The 1974 Supplemental Income Survey, OMB 72–S73009, Social Security Administration, Department of Health, Education, and Welfare (DHEW).
  - The 1974 Survey of Low Income, Aged and Disabled, OMB 72–S74005, Social Security Administration, DHEW.
  - The 1975 Survey of Institutionalized Persons—Family Questionnaire, OMB 41–S75070, DHEW.
  - The 1976 National Survey of the Aged, conducted by the University of Chicago.[33]
  - The 1978 Annual Housing Survey, Longitudinal Survey of Housing Adjustments of Older People, OMB 63–R1656, Department of Housing and Urban Development (DHUD).
  - The 1978 Survey of American Family Life, OMB 68–S75078, National Institutes of Health, Department of Health and Human Services (DHHS).
  - The 1978 Survey of Disability and Work, OMB 72–S77007, Social Security Administration, DHHS.
  - The 1979 Retirement History Survey, OMB 72–S70411, Social Security Administration, DHHS.
  - The 1982 Long-term Care Survey, OMB 0990–0021, Health Care Financing Agency, DHHS.
  - The 1982 Survey of Work Experience—National Longitudinal Survey, OMB 1205–0044, U.S. Bureau of the Census, Department of Commerce.

Pretests

The National Health Interview Survey (NHIS) pretest samples are prepared by the U.S. Bureau of the Census especially for each pretest. Pretest samples are drawn from the NHIS sample, which is made large enough to allow such pretests.[1] When possible, the pretest samples are drawn from communities that are easily accessible to Washington, D.C., and have census tracts with population characteristics that are most likely to provide enough respondents to test the questions and procedures designed for the specific survey. The SOA pretest samples were drawn from census tract listings in communities and from tracts within those communities with a high prevalence or proportion of residents ages 55 and over.

Two pretests were conducted in the development of the Supplement on Aging. OMB approval of the survey was requested in two submissions, the first covering the first pretest only and the second covering the second pretest and the full 1984 NHIS. This procedure was used because of the exploratory nature of the first pretest with a preliminary questionnaire that required the experience of actual interviewing to assess and determine modifications.

Bradenton, Fla., was the site of the first pretest conducted June 6–10, 1983. It was selected because it is a popular location for retirement, and it has a high proportion of residents who are 55 years of age or over.

Eighteen specially selected, experienced NHIS interviewers and 22 observers from the National Center for Health Statistics and the Bureau of the Census participated in this pretest. Pretest materials that were prepared included questionnaires (appendix III), interviewer manual, training guide, observation form and instructions, interviewer debriefing form and instructions, and administrative reports and forms.

Classroom training, conducted by the U.S. Bureau of the Census' Field Division trainer, was held on the first day, followed by 3 days of observed interviewing and a one-half day debriefing session.

Advance letters were mailed to households in the selected pretest sample segments. Each household was then visited by an interviewer; interviews, however, were conducted only in households in which there was at least one person 55 years or over. The full NHIS basic questionnaire and the First Pretest Supplement on Aging questionnaire were administered in all interviewed households.

The pretest respondents answered the questions according to the rule planned for the survey, that is, responding for themselves unless physically or mentally incapable of doing so. If more than one person 55 years or over lived in the household, all those of eligible ages were interviewed.

Interviews in the Bradenton Pretest were obtained from 256 sample persons in 181 households. Approximately 20 percent of the test households had more than one sample person. Forty-three percent of the interviews were conducted with male respondents and 57 percent with female respondents. Ninety-two percent of the interviews were with people 65 years or over. Noninterviews in the first pretest were negligible.

Generally, respondents were very cooperative, mentally alert, and in relatively good health.

The length of time for the interview (table B) was greater than anticipated and was the most serious problem revealed by the first pretest. From the interviewer debriefings, observer debriefings, and tabulations and reviews of the completed pretest

Table B. Length of interview of the National Health Interview Survey (NHIS) and of the Supplement on Aging (SOA): Bradenton Pretest

Item	*Total interview*	*NHIS basic interview*	*SOA interview*
Number of SOA persons in household	Minutes per household		
One	81.0	24.6	56.4
Two	123.0	28.5	94.5
First person	...	...	52.2
Second person	...	...	42.3

questionnaires, it was discovered that three interrelated problems dominated the first pretest and contributed to the long interviews—questionnaire length, perceived repetition of questions, and multiple sample persons per household.

A principal reason for the long interviews was the seeming repetition of nearly similar questions in several topic areas such as in the Family Structure and Living Arrangements and Community and Social Support sections, and the Activities of Daily Living (ADL), the Instrumental Activities of Daily Living (IADL), and the Occupation/Retirement sections. Additionally, some environmental items were asked unnecessarily of all sample persons in a household with more than one eligible person and were repetitious.

The Bradenton Pretest produced valuable information needed to make revisions in both content and procedures that would reduce the length of the SOA interview and still allow all persons in households with more than one eligible person to be interviewed.

The major revisions to the first pretest document included:

- Changing detailed questions about living family members to ask about children and siblings only.
- Reducing the number of kinds of help received as support to ask about financial support only.
- Reducing the inquiry about awareness, knowledge of sponsorship, and long-term and short-term usage of community services to recent, short-term usage only.
- Reducing the number of questions about social activities in which the sample person participates.
- Eliminating the detailed information about the health condition, if any, for which retirement benefits are received.
- Eliminating obtaining the health condition that causes difficulty performing 10 job-related tasks and measuring existence of difficulty only.
- Deleting questions about use of specific prostheses and other physical function aids.
- Reducing the detailed items about use of medical care services to asking about doctor visits only.
- Deleting the CES–D scale. In Bradenton, it was discovered that the list of items worked well if there was only one person present. If another household member was present, there was too much interaction between them to obtain valid information.
- Eliminating items that repeated NHIS basic questionnaire items.

The questionnaire was revised extensively on the basis of the Bradenton experience, and OMB clearance for the second pretest and the main study was granted.

The second pretest, using the shortened SOA questionnaire, was conducted in Wilmington, Del., September 22–26, 1983.

Approximately the same number of interviewers and observers attended the Wilmington pretest. Training, interviewing, observation, and debriefing procedures were identical to the first pretest. Materials for training and observation were rewritten for the second pretest questionnaire and procedures.

During the second pretest, a total of 234 NHIS basic questionnaires and SOA questionnaires were completed. These included the following numbers of the two questionnaires, obtained by the mode of interviewing indicated:

Number	*Interview method*
161	Both NHIS basic and SOA questionnaires collected by observed personal interviewing.
11	NHIS basic questionnaires collected by observed personal interviewing and SOA questionnaires collected by telephone interviewing.
62	NHIS basic questionnaires only collected by observed personal interviewing obtained in households with no persons 55 years or older.

Telephone interviewing was used for a small portion of the test to determine the feasibility of conducting callbacks by this interview mode.

Though the pretest sample population in Wilmington was generally a more diverse and younger group, they were equally cooperative.

The Wilmington pretest revealed that the interview was still long, averaging 40 minutes for the SOA. However, problems of redundancy of questions and multiple sample persons per household were resolved with the second pretest formatting and question revisions.

Following the second pretest debriefings and questionnaire reviews, further modifications were made to the content of the questionnaire to reduce the length. The procedure for rotation of the order of interview for conducting the SOA in households with more than one sample person was developed to help reduce the apparent bias of fewer reported conditions and the preponderance of women respondents in the second interview in these households.

The NCHS SOA Work Group (appendix VIII) reviewed the Wilmington pretest results and the suggestions for modifications. The work group, made up of members from all survey programs in the Center, assisted in making decisions about question rewording and deletions to achieve the desired 25-minute interview for the final version of the SOA.

The major revisions in the coverage made as a result of the two pretests were:

- The procedure to ask the items about family structure, relationship, and support only once in those households with both a husband and wife in the SOA sample.

- The reduction in the number of items about the structural characteristics of the residence.
- The simpler version of items about community and social support that eliminated specific awareness and knowledge questions and addressed only usage of community services.
- The refinement of information obtained about sources of retirement income and deletion of questions about the longest held job.
- The reformatting of ADL's and IADL's to make it easier for the interviewer to administer and for the respondent to answer while still obtaining information about the main condition causing difficulty performing the activity.
- The reduction of the number of items about receipt of health care to eliminate duplication of basic NHIS questions about doctor visits and to allow interviewers to concentrate on information about recent nursing home stays.
- The deletion of the CES–D scale.

Description of the SOA Questionnaire

The final SOA Questionnaire, resulting from the two pretests and revisions based on these experiences, contains the following topic sections (appendix II):

- Section N, Family Structure, Relationships, Support, and Living Arrangements.
- Section O, Community and Social Support.
- Section P, Occupation and Retirement.
- Section Q, Conditions and Impairments.
- Section R1, Activities of Daily Living (ADL's).
- Section R2, Instrumental Activities of Daily Living (IADL's).
- Section S, Nursing Home Stay, Help with Care, and Hospice.
- Section T, Health Opinions.
- Section U, Condition Pages.

The final questionnaire contains questions that are comparable to questions on similar topics in other surveys. The following listing gives references to the SOA sections and items and to the comparable survey:

SOA section and item number(s)	*Comparable study*
N Family Structure, Relationships, Support, and Living Arrangements	
4a–d—Frequency of contact with children	1976 National Survey of the Aged[33] 1985 National Nursing Home Survey 1971–75 National Health and Nutrition Examination Study (NHANES) 1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study
14a–h—Rental, mortgage, value of housing	1978 Annual Housing Survey 1985 National Nursing Home Survey Survey of Income Program Participants (SIPP)
O Community and Social Support	
4a–f—Social interaction	1976 National Survey of the Aged[33] 1986 NHANES Epidemiologic Followup Study
P Occupation and Retirement	
3a–b, 4, 5—Income excluding disability income	1982 Survey of Work Experience 1971–75 NHANES 1982–84 NHANES Epidemiologic Initial Followup Study
10a–j, 11, 12—Ability to perform work tasks	1985 National Nursing Home Survey 1982 Survey of Work Experience 1971–75 NHANES 1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study
Q Conditions and Impairments	
1a–f, 6a–c, 7a, b, 8—Visual impairment	1977 NHIS, Vision Supplement 1985 National Nursing Home Survey 1971–75 NHANES 1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study
9a–c, 10a–c, 11—Hearing impairment	1977 NHIS, Hearing Supplement 1985 National Nursing Home Survey
12a–m, 13a–e—Selected health conditions	1984 NHIS condition lists 1985 National Nursing Home Survey 1971–75 NHANES

SOA section and item number(s)—Con.	*Comparable study*—Con.
	1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study
16a–e—NDI matching	National Death Index User File Format[34]
R1 Activities of Daily Living (ADL's)	1985 National Nursing Home Survey 1971–75 NHANES 1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study
R2 Instrumental Activities of Daily Living (IADL's)	1971–75 NHANES 1982–84 NHANES Epidemiologic Followup Study 1986 NHANES Epidemiologic Followup Study
S Nursing Home Stays, Help with Care, and Hospice	
1a–f—Nursing Home Stays	1985 National Nursing Home Survey 1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study
2a–b—Care if Needed	1985 National Nursing Home Survey
T Health Opinions 4a–b, 5a–b, 7, 8, 9	1979 National Study of Personal Health Practices and Consequences 1971–75 NHANES 1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study
U Condition Pages	1984 NHIS 1971–75 NHANES 1982–84 NHANES Epidemiologic Initial Followup Study 1986 NHANES Epidemiologic Followup Study

To produce the final version of the SOA Questionnaire (appendix II)—one that could be administered in a 25-minute coherent, manageable interview that includes all eligible sample persons in a household and obtains information on a variety of topics pertinent to the objectives of the survey—required the efforts of one full-time and two part-time staff members of the Survey Planning and Development Branch, Division of Health Interview Statistics for 20 months. (See appendix VIII.)

Chapter 3
Survey operations

Data collection

Interviewing for the 1984 Supplement on Aging (SOA) was conducted by the U.S. Bureau of the Census, Field Division, in the standard face-to-face interviewing procedure for conducting the National Health Interview Survey (NHIS). (See reference 1 for a description of the NHIS procedures.) The SOA was administered in the 1984 NHIS sample households after the NHIS basic questions were asked of the household respondent about all the household members. Because the rule for the SOA was self-response if possible, sometimes the original respondent continued with the SOA and sometimes the respondent for the SOA was another person who had not participated in the household interview.

The interview period for the 1984 NHIS and SOA was January 9, 1984, through January 6, 1985, with interviewing conducted weekly throughout the year. Appendixes I and II contain the questionnaires used.

Interviewer training

NHIS interviewer training is conducted by the U.S. Bureau of the Census, Field Division, and consists of two types:

- Initial training, which is the basic NHIS training for interviewers newly assigned to NHIS either from other U.S. Bureau of the Census surveys or as new employees. It is conducted periodically as the Bureau's Field Division acquires new NHIS interviewers.
- Group training, which is training conducted in weeklong classroom training sessions on the current year's special procedures and questions, including supplements. It is conducted for interviewers who have been working as NHIS interviewers for at least the past year. It is conducted at the beginning of the NHIS data collection year in January and again midway through the year.

In addition to classroom training, NHIS interviewer training includes home study, self-instruction exercises, and observed practice interviewing. Detailed interviewer instruction manuals are prepared for both the NHIS basic questionnaire and for the supplements.

For group training sessions covering a supplement or special topic questions, a training package is specially written by the U.S. Bureau of the Census. Specifications for the training and guidance for emphases in the classroom session and home study segments are provided by the staff of the Survey Planning and Development Branch, Division of Health Interview Statistics, who participated in the development of the supplement (appendix VIII).

Training on the SOA for experienced interviewers consisted of 1½ days of group classroom sessions in January. Additionally, portions of a 2-hour home study in March, a 3-hour home study in June, and the 1-day July group training were devoted to the SOA. Trained supervisors also trained interviewers as needed during the year. NCHS staff attended both the January and the July group training.

In addition to the training for experienced NHIS interviewers, the initial training—that is, the basic training on NHIS for new interviewers—was modified to accommodate the complex SOA. Historically, the initial training for NHIS interviewers takes about a full week and includes only 1½ days for any supplement to be covered. This basic training package was modified, and additional time was given for training new interviewers on the SOA. The procedures and concepts included in the SOA were more complex than usual, and they required thorough knowledge of the NHIS conventions and concepts to administer.

Data collection

A total of 16,697 sample persons in the 39,996 households responding to the 1984 NHIS were selected for the SOA interview. The SOA interviews were completed for 96.7 percent of the sample, or 16,148 persons. Self-response, which was the primary respondent rule, accounted for 89.8 percent and proxy response, for 6.9 percent; 3.3 percent did not respond to the SOA. Less than 1 percent were partial interviews. Thus, the effective response rate was 96.7 (the SOA response rate) × 96.4 (the NHIS household interview response rate) = 93.2 percent.

Data in table C summarize these results by quarter and show the breakdown of personal visit and telephone callback interviews.

Weekly monitoring of response rates for each of the census regional offices and the national total was conducted throughout the interviewing. The nonresponse rate at the outset of interviewing was 4.25 percent, and it increased to 5.88 percent for the first quarter. Reasons for nonresponse were analyzed from the interviewer memoranda that are required to explain noninterviews and from supervisors' monitoring interviewers with high noninterview rates. The problems of the combined length of the basic questionnaire and the SOA and the initial opinion of the interviewers that the basic questionnaire was more im-

Table C. Response rates for the Supplement on Aging (SOA), by quarter and type of response

Item	1984 total	Jan.–Mar.	Apr.–June	July–Sept.	Oct.–Dec.
Number of persons selected for SOA	16,697	4,152	4,247	4,197	4,101
		Percent of sample persons			
Nonresponse	3.3	5.9	2.8	2.3	2.3
Refused	2.7	4.7	2.5	2.2	1.7
Absent[1]	0.2	0.4	0.1	0.1	0.2
Incapable[1]	0.1	0.2	0.1	0.0	0.1
Other	0.3	0.6	0.1	0.1	0.3
Total SOA response[2]	96.7	94.1	97.2	97.7	97.7
Self-response	89.8	89.5	90.5	89.5	89.5
No callback	83.5	83.2	83.8	83.3	84.0
Personal callback	3.5	3.8	4.1	3.2	2.4
Telephone callback	2.8	2.5	2.6	0.0	3.1
Proxy response	6.9	4.7	6.7	8.2	7.8
No callback	5.3	3.6	5.0	6.4	6.1
Personal callback	0.9	0.7	1.2	0.9	0.8
Telephone callback	0.7	0.4	0.5	0.9	0.9
Number of persons responding to SOA	16,148	3,909	4,129	4,101	4,009

[1]Outcome dispositions of "Temporarily absent" and "Mentally or physically incapable" were assigned only if there was no proxy respondent available.
[2]Because administrative data are used in this table, rates shown differ slightly from those in table D.

portant than the SOA (performance ratings were based on completed basic interviews only) were addressed.

Special procedures were implemented to reduce nonresponse. Procedures were implemented during the first quarter of the interviewing, and review of the problems and general instruction on nonresponse reduction was conducted in the July training sessions.

The procedure changes were:

- Changing the callback rule to accept proxy response after the second personal visit or the first telephone callback. This reduced the antagonism of initially willing proxies who were told at the early callback they could not be interviewed and then were asked for an interview at a later callback.
- Issuing a warning to interviewers not to take proxies simply to avoid refusals.
- Instructing interviewers to suggest calling back to continue, particularly for conducting the SOA, in situations where respondent fatigue was apparent.
- Stressing the importance of a smooth, inconspicuous transition from the NHIS basic interview to the SOA (they were separate questionnaires) and the technique of politely suggesting that a second SOA sample person might want to leave the room and return later as tools for keeping the refusal rate to a minimum.

The impact of providing special procedures to reduce nonresponse was apparent in the second quarter (April–June). The results, shown by quarter in table C, indicate that there was some increase in proxy interviews after the first quarter, but callback interviewing did not increase as much or as consistently with the new procedures. Self-response remained at about the same level throughout the interviewing periods.

An intense effort to reduce nonresponse was made by the U.S. Bureau of the Census field staff following the implementation of measures to address this problem. A lower nonresponse rate was achieved with implementation of the special procedures and was maintained for the balance of the year, producing the SOA's final 3.29 percent noninterview rate. (For a discussion of issues in nonresponse applicable to the population of the SOA, see references 35 and 36.)

Quality control: Data collection

Quality control procedures are followed in data collection, data preparation and coding, and in data editing stages of the survey operations. Additionally, the quality of the data itself is assessed through reinterviewing.

Quality control procedures

The interviewer training program and the field quality control procedures are described in detail in other publications.[1,14] Only a brief summary of the field quality control measures that applied to the NHIS basic interview and the SOA is presented here.

Observation of interviewers is an important procedure in the field. Each NHIS interviewer is observed in a group of households in his or her assignment by an interviewer supervisor or senior interviewer. An observation report is used to document the interviewer's performance. There are three types of observations:

- *Initial* observations are conducted on each interviewer newly assigned to NHIS for 2 days on his or her first interviewing assignment, for 1 day on the second assignment, and for part of a day on the first listing-of-addresses assignment. (An interviewing assignment is 1 week of sample, and it is to be completed within 2 weeks.)
- *Systematic* observations are conducted by supervisors on all interviewers. One-half of the experienced interviewers are observed each quarter, with the halves being rotated throughout the four quarters. Systematic observation is made on newly assigned interviewers during the first quarter following their initial assignment.

- *Special-needs* observations are made by supervisors when they determine through the field edit of completed questionnaires and other field monitoring that an interviewer might need more training.

Another quality control activity that is conducted both in field and in data preparation stages of the survey is the performance of several types of edits. Field edits are the initial edits conducted on the survey data. The three field edits are as follows:

- Interviewers are responsible for performing an edit of all work, prior to submitting it to the census regional office, including checks for completeness, consistency, and legibility of entries.
- The regional office staff performs further edit checks of the questionnaires submitted by the interviewers. Specifications are prepared by the staff of the Survey Planning and Development Branch of DHIS and the Health Surveys Branch staff of the U.S. Bureau of the Census (appendix VIII) for these regional office edits that determine the percent of work edited and the specific questionnaire content to be edited.
- If edit results or observation reports indicate errors, such as omissions or inconsistencies, additional editing of the individual interviewer's work is done by the census regional office staff.

Specifications for conducting these field edits require that the work of experienced interviewers receive more editing at the beginning of the data collection year when new items (or supplements) are first administered. As the year progresses, the percent of experienced interviewer work receiving field edit is reduced. For interviewers newly working on NHIS, the first four assignments are always edited by the regional office staff.

Reinterviewing

Approximately 5 percent of all interviews are designated for reinterview. The reinterview serves as a check on interviewer performance and as a measure of the reliability and accuracy of the NHIS and SOA data.

The content of the reinterview is determined by the DHIS Survey Planning and Development Branch staff and, in 1984, included questions from both the NHIS basic questionnaire and the SOA. (See appendix IV for the content of the SOA reinterview.) For each household designated for reinterview, the subset of questions is asked (by telephone) by the interviewing supervisor within 2 weeks of the original interview. Responses are entered on a form specially designed for reinterviewing. Interviewers are not informed which households are reinterview households.

The reinterview sample is divided into two parts: an 80-percent subsample and a 20-percent subsample. In the larger subsample, the supervisor carries out reconciliation of the reinterview results with the original interview results. In the smaller subsample, no reconciliation of differences is made. In the analysis of the reinterview data, the degree of inconsistency is determined by computer on the processed reinterview questionnaires.

Quality control: Data processing and editing

Specifications for clerical editing and coding of the SOA data by the data preparation staff of NCHS were prepared by the Survey Planning and Development Branch design group, Division of Health Interview Statistics (appendix VIII).

Among the specifications for clerically editing and coding the SOA were:

- Cross-checks of identification information about the SOA sample person and other household data with the basic NHIS information.
- Codes and coding procedures for verbatim responses, such as codes for the equipment used in performing activities of daily living and for the relationships of contact persons with the sample persons.
- Edits of condition data entered from the NHIS basic questionnaire to the SOA.
- Edits of the sample recording and selection.
- Preparation of noninterview records.

Quality control of the coding of questionnaire information consists of recoding 10 percent of all questionnaires by two independent coders. Comparison of all three coding results are analyzed to determine if any coder exceeds the acceptable error level of no more than 5 percent of the coded items. Indication of coding errors requires the supervisor to conduct retraining or to review the code development with the questionnaire design staff to determine suitability of the codes.

The quality of the machine keying is maintained by a 100-percent independent key verification of all items in the questionnaires. After the data are on tape, a third type of edit, computer edits, is performed in the preparation of the final data tapes.

The computer edit checks for inconsistencies and invalid responses, provides algorithms for imputation, and generates recodes. The specifications for these computer edits are provided by data analysts of the Illness and Disability Branch, Division of Health Interview Statistics, who attend the pretests and the interviewer training and who work in conjunction with the DHIS questionnaire design specialists to ascertain the intent and meaning of the questions (appendix VIII).

The specifications for computer edits for the SOA included over 350 decision logic tables designed to perform automated tasks for checking the quality of the SOA data, checking its consistency with the NHIS basic questionnaire information, and developing recodes useful in analytic processing of the final user files.

The SOA data tapes contain the SOA interview information with the following record structure:

- A file of person records containing, for each person for whom an interview was completed, all items in the NHIS basic questionnaire that are on the person file, weights, all items in the SOA questionnaire (except the items used to permit matching to the National Death Index), special recodes, and selected condition and utilization information.
- A file of condition records, with identifiers that permit linkage to the person records, containing all conditions

mentioned in the SOA interview plus any condition for the individual that is related to a "limited activities" status from the basic NHIS questions. (Codes: Unable to perform major activity, Limited in amount or kind of major activity, Limitation in other activities, and Not limited, in position 71 on the SOA public-use person data tape.)

The detail of the content, coding, and structures of these two SOA data record types is contained in the public-use data tape documentation.

Among the computer editing of the SOA data and the preparation of the final files, the following two specific edits are of note because they make the data easier to use:

- The first of these is the addition to the SOA condition record, which contains reference to data on activities of daily living (ADL's) and on individual activities of daily living (IADL's), of special condition information that was reported for the SOA sample person with the ADL or IADL trouble. The special information is abbreviated data on the condition, or conditions, given in the interview as the source of trouble when performing the ADL or IADL. Included in the special ADL or IADL related condition information is the condition serial number, the International Classification of Diseases (ICD) code,[37] an acute or chronic code, hospitalization information, how long the person had the condition, and the date of the last doctor visit for the condition.
- The second is the inclusion in the condition record file information obtained from the basic interview about the SOA sample person that indicates whether the sample person has any limitation of activity and what condition causes that limitation.

Chapter 4
Analysis of SOA data

Estimation

Weights

The National Health Interview Survey (NHIS) is designed to produce estimates for the civilian noninstitutionalized population residing in the United States. Therefore, the data must have weights to inflate the sample numbers to the national estimates. These weights are on all public-use data tapes.

When creating the weights, the 52 weeks of data collection in a year are viewed as the consolidation of four quarters of 13 weeks each. Each quarter is a national sample and the quarter is the fundamental unit for weighting.

The basic weight for each quarter is the product of four factors

- The inverse of the probability of selection at each stage of selection (PSU, segment, household).
- A noninterview adjustment at the segment level.
- A first-stage ratio adjustment.
- A poststratification adjustment to 60 age-race-sex population totals that are provided by the U.S. Bureau of the Census for each quarter.

(A more complete discussion can be found in reference 1.)

The weights for the basic NHIS were not sufficient for the SOA, however, for two reasons:

- The sample for people ages 55–64 years was only a half sample.
- There was, as described in chapter 3, an additional nonresponse on the SOA.

Therefore, the NHIS weights for each quarter were multiplied by an additional factor to poststratify the SOA to the NHIS basic data using the 16 poststratification cells for people ages 55 years and over shown in figure 2. This was the equivalent of repeating the fourth factor for the SOA. The result is that the national estimates, when the weights on the SOA tape are used, are precisely the same for each of the specified age-sex-race cells as they are when estimated from the NHIS basic data tape. As shown in table D, response rates were lower for people under 65 years of age than for people age 65 years and over, and they were lower in the first than in subsequent quarters. However, as shown in table E, the estimated population in each quarter and in each age, sex, and race group is the same when derived from either the basic NHIS or the SOA despite the difference in the number in the sample.

	Black		Other	
Age	Male	Female	Male	Female
55–59 years				
60–64 years				
65–74 years				
75 years and over				

Figure 2. Poststratification cells for the Supplement on Aging

The differences in the weights on the SOA tape are transparent to the user. The weights for persons ages 65 years and over are similar to those on the basic tape because only the additional nonresponse had to be taken into account. The weights for persons ages 55–64 years are approximately twice as large as those on the basic tape or for people ages 65 years and over because of the half sample in the SOA for people in that age group (appendix VI, table I).

The user who links data from the NHIS basic data files to the SOA files should remember to use the weights on the SOA files instead of those on the basic data tapes.

Point estimates

National estimates for most data can be made by using the appropriate weight as a multiplier for each record. The basic unit for the weights is a quarter, and the files are constructed so that estimates can be made for any quarter. If only one quarter of data is used, the final basic weight will produce the national estimate of the population for that quarter by any characteristic, and the weights for events will produce the national estimates of the number of events that occurred during the quarter. If two quarters of data are used, the population estimates must be averaged, but the events are summed so that all events occurring during the 6 months are counted. If four quarters (the full year of the SOA) are used, the populations are averaged over the four quarters, and the events are summed to give a count of all events occurring during the year. The weights that average the populations and sum the events are on the data tapes.

Analyses could be done using only the final basic weight for the quarter in tape location 201–209 and the 6.5 weight in tape location 228–236. (Because the data are based on a 2-week recall period and there are 13 weeks in a quarter, each event must be multiplied by 6.5 to estimate the number of such events in 13 weeks.) However, there are also weights that average the population if more than one quarter of data is used and there are weights formed by multiplying the frequency count of events by the weight that is appropriate for the recall period.

Table D. Number of persons in the National Health Interview Survey (NHIS) and Supplement on Aging (SOA) samples and Supplement on Aging response rates, by selected characteristics

Characteristic	*NHIS*	*SOA*	*SOA response rate*
	Number in sample		
Total[1]	21,746	16,148	0.96
55–64[1] years	9,852	4,651	0.94
65 YEARS AND OVER			
Total	11,894	11,497	0.97
Age			
65–74 years	7,344	7,093	0.96
75–84 years	3,698	3,578	0.97
85 years and over	852	826	0.97
Quarter			
Jan.–Mar.	2,887	2,717	0.94
Apr.–June	3,095	3,002	0.97
July–Sept.	2,961	2,895	0.98
Oct.–Dec.	2,951	2,883	0.98
Sex			
Male	4,829	4,643	0.96
Female	7,065	6,854	0.97
Race			
Other than black	11,002	10,642	0.97
Black	892	855	0.96
Family in household			
Alone	3,726	3,655	0.98
Unrelated person only	137	134	0.98
Spouse only	6,408	6,162	0.96
Other relatives	1,623	1,546	0.95
Health status			
Excellent	1,876	1,816	0.97
Very good	2,400	2,335	0.97
Good	3,727	3,602	0.97
Fair	2,497	2,419	0.97
Poor	1,334	1,274	0.96
Unknown	60	51	0.85
Limitation of activity			
Unable to perform major activity	1,285	1,229	0.96
Major activity, limited	1,659	1,619	0.98
Outside activity, limited	1,707	1,667	0.98
No limitation	7,243	6,982	0.96
Hospital episodes			
0	9,535	9,234	0.97
1	1,659	1,593	0.96
2 or more	700	670	0.96

[1]Response rates assume that one-half of the NHIS people ages 55–64 years were selected for the Supplement on Aging.

The estimates and tape locations of appropriate weights are

Estimate	*Tape location*
1. Population by any characteristic	
One quarter of data	201–209
6 months of data	210–218
1 year of data	219–227

Table E. Sample numbers and population estimates for persons ages 55 years and over, by selected characteristics: National Health Interview Survey (NHIS) and Supplement on Aging (SOA), 1984

Characteristic	*NHIS*	*SOA*	*NHIS*	*SOA*
	Sample number in units		Population estimate in thousands	
Total	21,746	16,148	48,485	48,485
Age				
55–64 years	9,852	4,651	22,053	22,052
65–74 years	7,344	7,093	16,287	16,288
75–84 years	3,698	3,578	8,252	8,249
85 years and over	852	826	1,893	1,897
Quarter				
Jan.–Mar.	5,365	3,909	12,071	12,071
Apr.–June	5,493	4,129	12,101	12,101
July–Sept.	5,522	4,101	12,136	12,136
Oct.–Dec.	5,366	4,009	12,178	12,177
Sex				
Male	9,405	6,793	21,073	21,072
Female	12,341	9,355	27,412	27,413
Race				
Other than black	20,042	14,931	44,234	44,255
Black	1,704	1,217	4,159	4,159
Family in household				
Alone	5,066	4,289	11,312	11,414
Unrelated person only	255	188	589	582
Spouse only	13,860	9,712	30,887	30,997
Other relative	2,565	1,959	5,698	5,492
Health status[1]				
Excellent	4,035	2,826	9,010	8,954
Very good	4,628	3,369	10,393	10,342
Good	6,760	5,030	15,051	15,068
Fair	4,053	3,188	8,953	9,103
Poor	2,161	1,665	4,835	4,820
Limitation of activity				
Unable to perform major activity	2,403	1,755	5,367	5,329
Major activity, limited	2,789	2,169	6,168	6,260
Outside activity, limited	2,345	1,985	5,202	5,321
No limitation	14,209	10,239	31,749	31,576
Hospital episodes				
0	18,159	13,297	40,522	40,534
1	2,572	2,018	5,706	5,651
2 or more	1,015	833	2,257	2,299

[1]Responses of "don't know" are not shown separately.

NOTE: Sample numbers should not be used to compute response rates because of the half sample for ages 55–64 years.

Estimate—Con.	*Tape location*—Con.
2. 12-month recall	
Hospital episodes	327–335
Hospital days:	
Quarter	300–308
Semiannual	309–317
Annual	318–326
Doctor visits:	
Quarter	273–281
Semiannual	282–290
Annual	291–299

Estimate—Con.	*Tape location*—Con.
3. 2-week recall	
Restricted activity days	237–245
Bed disability days	246–254
Work-loss days	255–263

The frequency of the 12-month and 2-week recall events has already been multiplied by the appropriate factor, and the weight given above is a variable-specific weight. This enables the user to obtain precisely the same estimates that appear in NHIS publications without making assumptions about what to do about persons for whom some part of the information is unknown. For example, these weights take care of cases where the week of the doctor visit is unknown and cases where it is known that the person had days in bed but the number of days is unknown. When using these weights, *do not* use the variable itself as a multiplier; if the variable is used, the variable component will be squared. It is suggested that users compare their estimates with the estimates published by NCHS to verify the use of the correct weights.

Weights where the frequency has already been multiplied by the appropriate weight are those in tape locations 237–335, and they are labeled with the variable name.

Alternatively, the user can create a new weight by multiplying the frequency of the variable by the appropriate weight. This is the only approach for variables such as the number of hospital discharges and their associated days or the number of acute conditions. These variable-specific weights are not on the SOA tapes because the staff of the Division of Health Interview Statistics uses the hospital or condition tapes to make estimates, and the weights are on those tapes for the basic NHIS.

Because the recall period for hospital discharges and the associated days is 6 months, the semiannual weight in tape locations 210–218 should be used. Multiplying the number of discharges in tape locations 132–133 by the weight will produce the annual estimated number of discharges.

A 2-week recall is used for acute conditions. Therefore, the correct weight is the 6.5 weight.

Tape locations for weights and frequency counts are

	Tape location	
Estimate	*Weight*	*Frequency*
1. 12-month recall		
Hospital episodes	219–227	122–123
Hospital days	219–227	124–126
2. 6-month recall		
Hospital discharges	210–218	132–133
Discharge days	210–218	134–136
3. 2-week recall		
Restricted activity days	228–236	98–99
Bed-disability days	228–236	100–101
Work-loss days	228–236	102–103
Acute conditions	228–236	118–119
Doctor contacts	228–236	120–121

Examples of national estimates

To obtain the national estimate of the population in any quarter, select the quarter using tape location 5, and multiply each record in the quarter by the weight in tape locations 201–209.

To obtain the national estimate of the number of people in the year, multiply each record in the entire file by the weight in tape locations 219–227.

These are the weights used for estimates for the number of people by any population characteristics, such as age, race, sex, people limited in activity, people with one or more limitations in activities of daily living, people with one or more children, people married or widowed, or people living in a retirement complex.

To obtain the national estimate of the number of bed days in any quarter, select the quarter using tape location 5 and accumulate the weights in tape locations 246–254. Alternatively, multiply each record by the 6.5 weight in tape locations 228–236 *and* by the frequency of bed days in 2 weeks in tape locations 100–101.

To obtain the national estimate of the number of bed days in the year, multiply each record in the entire file by the same weight, the one in tape locations 246–254. Alternatively, multiply by the 6.5 weight *and* the frequency.

Using the weight in tape locations 237–245 will produce the number of restricted activity days for a quarter if only a quarter of data is used, for 6 months if 6 months is used, or for the year if all records are used. The alternative is the same as that given above for bed days except that the frequency count is in tape locations 98–99. In each case, national estimates are produced, but the user can examine seasonal variation in the items with a 2-week recall period.

Examples using the SAS[38] are given in appendix VII.

Variances

Because of the complex sample design of the NHIS, there is clustering in primary sampling units (PSU's), in segments, and in households. The clustering, which is done to reduce costs and make such national surveys possible, usually results in variances that are larger than those that would have been obtained if the NHIS had been based on a simple random sample.

This clustered design produces problems for many users who are accustomed to using programs, such as the SAS[38] and Statistical Package for the Social Sciences (SPSS),[39] that assume simple random sampling for all variance estimates used for confidence intervals or tests of significance.

There are a number of alternative ways of dealing with incorporating the variances in design-based analysis.

Curves of relative standard errors

The Division of Health Interview Statistics uses curves of relative standard errors for all analyses in Series 10 publications.[1] The curves for 1984 are in *Vital and Health Statistics,* Current Estimates 1984.[14]

These curves in that report can be used without modification for data on persons ages 65 years and over. They must be adjusted for persons ages 55–64 years because of the half sample. The relative standard errors for data for people ages 55–64 years can be adjusted reasonably well by multiplying by the square root of 2, that is, approximately 1.4.

In using these curves, one must assume that covariances are zero. Such an assumption will result in an overestimate if the variables are positively correlated and an underestimate if they are negatively correlated.

Design effects

The analyst can use design effects to adjust the results from analyses that were based on the assumption of simple random sampling. The design effect is defined as the variance from the complex sample divided by the variance of a simple random sample *of the same size.* For standard errors the square root of the design effect is used.

Some selected design effects for data on the SOA are given in appendix VI, table II. They are relatively small. Most are less than 1.5, which means that the standard error would be about 23 percent larger than if the SOA had been based on a simple random sample of the same size. That is, the complex sample design did not markedly increase the variance estimates that would have been obtained under simple random sampling. The relatively small design effects occur because, in general, older people do not tend to cluster. They tend to be distributed throughout communities rather than living in one particular area, and they tend to live alone or with only one other person. Moreover, they tend to have chronic conditions, and their disability is associated with chronic conditions. There is relatively less geographic or household clustering of chronic conditions than of acute conditions. Thus, there is little clustering in PSU's, segments, or households.

There may also be a social effect that counteracts potential household clustering. Two older people who are both disabled may not live together because of inability to care for one another.

The user should not assume that design effects are always small. Some design effects are relatively large for the SOA variables. In the NHIS they are large for many of the characteristics of children. People with small children tend to live in recently constructed housing and, therefore, there is geographic clustering. They tend to have more than one child and, therefore, there is household clustering, especially if the analyst is using a large age group such as school-aged children. Also, acute conditions are more common among children and, given that many acute conditions (and the disability days associated with them) are communicable diseases, acute conditions will cluster more than the chronic conditions (and disability days associated with them) that are characteristic of older people.

Calculating variances

There are several approaches currently used to calculate variances for data from samples with complex sample designs. They are:

- Taylor linearization.
- Balanced half sample replication (BRR).
- Jackknife procedures.
- Bootstrap procedures.

There is an extensive survey research literature on these approaches that should be investigated by the interested user.[40,41] (A good place to begin is with the Proceedings of the Survey Research Section of the American Statistical Association.) However, the general reader needs only to know that

- They are asymptotically similar.
- The first three have been used in publications from the National Center for Health Statistics.
- There are only a few widely available software programs to use any of them.

The general user who does not have access to someone to write variance programs is confined to one of the commercially available programs. There are, as far as the authors know, only three supported software packages. They are:

- The packages available through the Research Triangle Institute (RTI). All run under SAS and use standard SAS statements. There are three programs, SESUDAAN, SURREGR, and RATIOEST.[42–44] They are separate packages that perform different functions. All are based on Taylor series approximations.
- The programs available through the University of Michigan. These run under OSIRIS and use OSIRIS statements.[45] They are all incorporated in the complete OSIRIS package. Some, such as PSALMS, are based on Taylor series approximations and some, such as REPERR, are based on half-sample replication.
- The program, SUPERCARP, available through the University of Iowa.[46] This program also uses the Taylor series approximation.

SUPERCARP, called PC CARP, is also available for microcomputers.[46] The others are not available for microcomputers.

There are a number of other programs in use by specific research organizations or Federal agencies. Some of them have advantages that the commercially available programs may not have. For example, the BRR program of the National Center for Health Statistics takes poststratification into account.

A recent study on ease of use[47] indicates that the programs from the Research Triangle Institute (RTI) take fewer input statements from the programmer, and they take less computer time than the OSIRIS or SUPERCARP programs or the BRR program developed at the NCHS.

They also run under SAS, which many people have available; have generally good regression programs;[43] and are statistically well designed.

Therefore, the users should evaluate what is available, the environment in which they operate, and choose the program that is easiest to use under that environment.

The examples in this report are based on the RTI programs in the SAS environment because

- They are available at the National Center for Health Statistics. This includes the availability of the program GENCAT that can be used for categorical data analysis.
- They offer the possibility of downloading a variance-covariance matrix to a personal computer and using PC SAS[48] for final analysis.

Considerations of sample design

The NHIS sample design in use in 1984 consisted of 376 primary sampling units (PSU's),[1] one in each stratum. All variance programs assume that there were two PSU's in each stratum. It was necessary, therefore, to create pseudo-PSU's and strata for the calculation of variances. The 298 pseudo-PSU's are in tape locations 187–189 on the SOA public-use data tapes. The user should form pseudostrata by pairing adjacent pseudo-PSU's. For example, PSU's 1 and 2 form stratum 1, PSU's 3 and 4 form stratum 2, and so forth.

The SAS statements for forming the strata are in appendix VII.

A serious problem for the analyst who wishes to estimate variances or covariances is that, because the NHIS is essentially a self-weighting sample and because the population of the United States is not equally distributed among geographic areas, there are PSU's that have no sample persons in particular subdomains of interest. There are, for example, 61 pseudo-PSU's that have no one in the sample who is 85 years or over (appendix VI, table III). There are PSU's that have no black males ages 65 years and over, and there are certainly PSU's that have no one with the characteristic of interest for other analyses.

One method of dealing with this problem is to collapse PSU's and strata, that is, to combine them so that each PSU has at least one sample person with the characteristic of interest.

If the analysis of interest is focused on only one population characteristic for which there is a problem, such as an analysis of data about people ages 85 and over, the analyst can investigate the distribution of the sample by pseudo-PSU's and combine only those where it is necessary. This will preserve as much of the sample design as feasible. If the analysis uses several such characteristics, more combining may be needed. This should be done with great care to preserve the sample structure.

There is, as far as the authors know, little published literature on the impact of extensive combining of strata, but some investigation at the NCHS suggests that the effect on the variances may be minimal.

Strategies for analysis

After the analyst feels comfortable with the structure of the data file and the way the questions have been translated into variables on the tape, the analysis of the SOA data can be approached in three stages. First. investigate the data without weights as if they were derived from a simple random sample. Second, incorporate the weights to make national estimates. And finally, incorporate both weights and the complex sample design. The three stages are shown in figure 3.

Stage	Type of analysis	Inclusion of: Sample weights	Inclusion of: Complex sample design
1	Preliminary	No	No
2	Weighted	Yes	No
3	Final	Yes	Yes

Figure 3. Stages for the analysis of data from a survey with a complex sample design

Relationship between the questionnaire and the data

The National Health Interview Survey (NHIS) is a complicated survey, and the variables on the public-use data tape reflect that complexity. It is a good idea for the user to check the variables on the SOA tape against the questions on the questionnaire to learn how the questions were translated into data.

There are many skip patterns on the questionnaire, that is, the answer to one question leads the interviewer to one of several choices for the next question. An answer of "No" or "Don't Know" frequently results in subsequent questions on the topic being skipped. Because the questions were not asked, the entry on the tape is a blank. The blank means that the question was not asked because it was not relevant; it does not mean that the data are missing.

For example, if the answer to the first question for each activity of daily living (ADL) about whether the person has any difficulty was "No," "Doesn't do for another reason," or "Don't Know," all of the rest of the questions about that ADL were skipped, and the interviewer started with the next ADL. The entries on the data tape for the subsequent questions relating to that ADL are blanks.

There are many other such examples. Questions about children were asked only if there were children. Questions about retirement were asked only if the person had ever worked. The questions in the section on Health Opinions in SOA Section T were asked only of self-respondents.

The number of the question that is the source of the data is on the public-use tape to make it easy to refer to the questionnaire for the specific question. However, if there was a question that determined whether the question of interest was asked, it is earlier on the questionnaire. Sometimes it is a checkbox that the interviewer marked on the basis of a much earlier question. It is advisable to search for such questions and checkboxes, especially if there appear to be many blank responses.

Preliminary analysis

Although the SOA was designed to make national estimates, much preliminary investigation can be done on the basis of the sample counts. The National Health Interview Survey is essentially a self-weighting survey;[49] there was no oversampling in 1984, and there was no subsampling on the SOA except for the half sample of people ages 55–64 years.

Preliminary, exploratory analysis at this stage has many advantages. There is a great deal of information on the SOA and many variables and possible combinations of variables. Computer programs for simultaneously examining a number of variables under the assumption of simple random sampling are widely available. Using these programs, the user can examine a lot of information, rank the variables in importance according to some predetermined, usually relaxed criterion, and retain only those which may statistically differentiate in later analysis.

The preliminary analysis using sample counts also informs the user about the sample size in each cell; this information is essential for making decisions about the final analysis.

At this stage, estimates of the number of events have little meaning. Because of the recall periods used for some of the NHIS questions, the user must be extremely careful in interpreting data unless a weight is used. For example, 2-week recall questions are used to make estimates of the number of events during a 13-week quarter. The number of, say, contacts with a doctor in the past 2 weeks must be multiplied by 6.5 to produce that quarterly estimate and then summed over the four quarters to produce the annual estimate.

It can be seen from table I of appendix VI that, except at the extremes of the distribution, there is not much variation in the population weights among people ages 55–64 years or among people ages 65 years and over. Therefore, relationships among the variables relating to characteristics of persons can be investigated with a fair degree of certainty that those relationships will hold for the national estimates as long as there is a control for the half sample for ages 55–64 years. Because variance from a sample with a complex design are, on the average, larger than those for a simple random sample of the same size, relationships that are not significant at this stage are not likely to be significant when the complex design is taken into account.

Weighted analysis

Although most computer packages have an option for including weights, the user has to be careful to use the weight that is appropriate for each variable. The weights that are on the public-use data tapes were discussed in some detail previously in this section, and examples of their use are given in appendix VII. Using them is essential if the analyst wishes to make inferences about the population of the United States.

Analysts using standard computer packages and weighted data need to remember that most programs assume that the weighted population estimate is the sample size when they calculate the test statistics. Therefore, when weights are used, the statistical levels are no longer valid.

Final analysis

The final analysis should incorporate both the weights and the complex sample design. The weights are needed to make the point estimates for the population of inference. The complex sample design should be incorporated so that the statistical inferences will be appropriate.

More detailed discussion of these strategies for analyses can be found in Series 2, No. 92 and Series 1, No. 19 of *Vital and Health Statistics.*[49,50]

Chapter 5
Differences between data files from the 1984 NHIS Basic Questionnaire and the Supplement on Aging

Weights

The weights on the Supplement on Aging (SOA) files differ from those on tapes from the basic NHIS as discussed in chapter 4.

The SOA was poststratified to the National Health Interview Survey (NHIS) for the 16 cells (4 age × 2 sex × 2 race) used for poststratification of the NHIS. Therefore, population estimates for those 16 cells are the same except for rounding.

The weights for persons ages 65 and over are slightly larger on the SOA files than on the files from the basic questionnaire. The weights for persons ages 55–64 are slightly more than twice as large.

Respondents

NHIS basic respondent rule

The basic NHIS interview is conducted with an adult member of the household who is knowledgeable about the health of the household members. This individual is usually an adult female household member.

In addition to this basic respondent rule, the NHIS procedure allows for participation in the NHIS basic interview by other household members present at the time of the interview.

Generally, the NHIS basic interview is conducted with one individual as the household respondent.

The basic NHIS interview also has a reference person designated among the household members. This individual is one of the household members who owns or rents the dwelling unit. The reference person is designated primarily as the basis for enumerating household membership; relationships for household members are given in relation to the reference person.

In households where there was an SOA sample person, the basic NHIS information was collected from persons other than the SOA sample person in 17.1 percent of the interviews.

SOA respondent rule

For the SOA, self-response by the selected sample person was the respondent rule. The selected sample person was sought for interview by callback, if necessary. An attempt was made to interview the sample person alone; a suggestion was made that a second sample person might wish to leave and be interviewed after the first. Similarly, it was suggested that other household members might not wish to be present. However, the practical situation, particularly in SOA households with two or more eligible sample persons of older ages, was such that both sample persons were usually present during interviews.

The SOA response rule allowed for proxy response in those instances where sample persons were mentally or physically unable to respond for themselves or when the sample person was absent during the period of data collection. Of the SOA interviews, 8.5 percent were conducted with a proxy respondent. There was a difference in the percent who responded for themselves after the first quarter for the reasons discussed in chapter 3, Data collection. SOA data users should note that younger people and people without limitations in ADL's and IADL's were likely to answer the questions for themselves (table F).

A cross-classification of self-response and proxy response to the SOA by self-response and proxy response to the basic NHIS interview is shown in table G.

Conditions

Condition lists

In the NHIS, six condition lists (one for each body system) are printed on the questionnaire. One list of the six is used for each household. Therefore, the effective sample used to estimate the prevalence of chronic conditions is only one-sixth of the 42,000 households.

In contrast, only one list of chronic conditions was used in the SOA.

The condition list used for the SOA was a compilation of conditions from the six condition lists in the NHIS basic questionnaire that are most prevalent among people ages 55 year or over. The interviewer read the entire list aloud. The respondent had to answer whether or not the sample person had each condition on the list. This differed from the NHIS basic interview wherein only one of the six lists is administered in each household.

This use of one list should result in more reliable estimates of prevalence for persons ages 55 years and over from the SOA than from the NHIS basic data. It also yields the ability to investigate multiple conditions.

Conditions in the SOA, as in the NHIS basic questionnaire, were also derived from responses to questions in addition to those on the condition list, such as cause of trouble with the ADL's and IADL's.

Conditions on the condition file

Only conditions mentioned in response to questions on the SOA are on the SOA condition tape, with one exception. The exception is that conditions mentioned in response to limitation

Table F. Number and percent of self-responses to the Supplement on Aging and number of proxy responses, by selected demographic and health characteristics

Characteristic	Type of response: Total	Self-response	Proxy response	Self-response
	Number of interviews			Percent
Total	16,148	14,783	1,365	91.5
Quarter				
Jan.–Mar.	3,909	3,631	278	92.9
Apr.–June	4,129	3,792	337	91.8
July–Sept.	4,101	3,719	368	90.7
Oct.–Dec.	4,009	3,641	368	90.8
Age				
55–64 years	4,651	4,284	367	92.1
65–74 years	7,093	6,643	450	93.7
75–84 years	3,578	3,250	328	90.8
85 years and over	826	606	220	73.4
Sex				
Male	6,793	6,030	763	88.8
Female	9,355	8,753	602	93.6
Living arrangement				
Alone	4,289	4,206	83	98.1
With others	11,859	10,577	1,282	89.2
Number of ADL's[1] with difficulty				
0	12,893	12,159	824	93.7
1	1,317	1,187	130	90.1
2	646	553	93	85.6
3	403	343	60	85.1
4 or more	799	541	258	67.7
Receives help with 1 or more ADL's[1]				
0	14,853	13,901	952	93.6
1	526	430	96	81.7
2	255	178	77	69.8
3 or more	514	274	240	53.3
Number of IADL's[2] with difficulty				
0	12,360	11,622	738	94.0
1	2,113	1,964	149	92.9
2	586	522	64	89.1
3	325	261	64	80.3
4 or more	764	414	350	54.2
Receives help with 1 or more IADL's[2]				
0	13,040	12,270	770	94.1
1	1,689	1,557	132	92.2
2	484	417	67	86.2
3 or more	935	539	396	57.6

[1]Activities of daily living.
[2]Instrumental activities of daily living.

of activity questions in the NHIS basic interview are also on the SOA condition file. As a result, almost all conditions on the SOA tape are chronic conditions. Acute conditions mentioned in response to NHIS basic questions about restriction of activity or physician visits within the previous 2 weeks are not

Table G. Number and percent of self-responses to the Supplement on Aging (SOA) and number of proxy responses, by type of response to the National Health Interview Survey (NHIS) basic questionnaire

Type of response to NHIS basic questionnaire	Type of response to SOA: Total	Self-response	Proxy response	Self-response
	Number of interviews			Percent
Total	16,148	14,783	1,365	91.5
Self	13,301	12,953	349	97.4
Entirely	12,296	12,066	230	98.1
Partly	1,005	887	118	88.3
Not recorded	86	61	25	70.9
Proxy	2,761	1,769	992	64.1
Percent self-response	82.4	87.6	25.5	80.2
Entirely	76.1	81.6	16.8	74.7

on the SOA condition file. The user who wishes to use them will have to match to the basic NHIS questionnaire condition file.

A count of the number of acute conditions is on the SOA person file in tape locations 118–119. There will generally not be records on the SOA condition file for these conditions.

Family relationship and number of persons

Family relationship

There are two differences in the information about relationships in the SOA and the NHIS basic interview. These differences are:

- The relationships of household members in the SOA are relationships to the SOA sample person.
- The relationships in the SOA are relationships for *all* household members, not only family members of the SOA sample person.

In the NHIS basic interview, family membership and relationships are determined in relation to the reference person. As indicated previously, this individual is an adult member of the household who owns or rents the dwelling unit. Membership and relationship designations are listed only among those persons related by blood, marriage, or adoption. Members of the household who are not related to the reference person (individuals for whom a separate basic NHIS questionnaire is used) constitute a separate family group from those in the initial questionnaire. Consequently, the relationships of these individuals are determined in relation to the reference person in the second (or subsequent) family group.

In contrast, in the SOA the relationships of *all* household members are shown to the SOA sample person regardless of who owns or rents the dwelling unit (that is, the NHIS reference person). This relationship information in the SOA was obtained from the SOA respondent, who was usually the SOA sample person. All household members were listed and relationship to the SOA sample person indicated.

Because the family composition is determined in the NHIS basic interview in a way that could exclude possible household members who are closely associated with or even responsible for the SOA sample person, the SOA interview relisted family

members, added unrelated household members to the list, and, consequently, showed relationships of all household members, both family and unrelated, to the SOA sample person.

Number of persons in the family

The number of persons in the family living in the household, the individual's marital status, and several other such items that can be derived from either the basic NHIS questions or SOA questions do not agree perfectly.

There are several reasons

- The NHIS is a survey of the civilian noninstitutionalized population. If a person listed as living in the household is found to be a member of the Armed Forces on active duty or currently in an institution such as a nursing home, that person is deleted from the NHIS basic household roster. On the basic NHIS, family size and family relationships are coded as if that person does not live in the household. On the SOA, where a much more extensive list of questions about relationships was asked, such a person was retained on the list of household members for relationship coding to the SOA sample persons; and relationships given are the respondents' answers. The codes to indicate relationship on the SOA were the same codes used for coding relationships in the basic NHIS.
- The respondents to the basic household interview and the SOA were not always the same person. A higher proportion of the respondents to the SOA were self-respondents. They could, and in some cases did, give different answers.
- Despite editing and verification, there are interviewer and coder errors on the NHIS. Most are caught and resolved; a few probably remain.

The differences in family size are small (only 2 percent of the person records differ, and almost all of those by only 1 percent), but the analyst should know that they exist and decide which to use. The decision may depend on the analysis of interest.

In general, it is believed that the SOA responses are more accurate. The SOA respondent may know about a marriage long ago that the basic NHIS household respondent did not know about. Conversely, an extremely old person answering the SOA could have been confused or misunderstood the question. This possibility was minimized by using proxy respondents.

For consistency with other data from the NHIS, the NCHS staff uses family size and whether the person was living alone as they are reported on the basic NHIS questionnaire. In any analysis, data from the basic questionnaire should be used for control variables if the analyst wishes to make comparison with other NHIS data.

Chapter 6
Prospective studies

The Supplement on Aging (SOA) was designed as a baseline study for the Longitudinal Study of Aging (LSOA). Specific information was included in the questionnaire to enable followup of the sample persons (appendix II). This included

- Questions asking for the name, address, and telephone number of a person who would know where the sample person would be in the future if the sample person was not available at the 1984 location.
- Questions that provided information necessary to perform matches with the National Death Index.

In addition, the sample persons were informed at the time of the 1984 interview of the intention to recontact them in the future.

NCHS is conducting the LSOA in conjunction with the National Institute on Aging. The study includes, in addition to the information secured from matches with the National Death Index, reinterviews with those sample persons, or their proxies, who were living in 1986 and will include those alive in 1988.

Followup through the National Death Index

The National Death Index (NDI) is a central, computerized index of death record information compiled from magnetic tapes submitted under contractual arrangements to the National Center for Health Statistics (NCHS) by the State vital statistics offices. These tapes (beginning with deaths occurring in 1979) contain a standard set of identifying data for each decedent. The data are used in searches of the NDI to identify and locate death records filed in the United States. The NDI enables investigators conducting statistical studies to determine if persons in their studies may have died; if so, the Index provides the names of the States where the deaths occurred, the corresponding death certificate numbers, and the dates of death. The NDI user can then make the necessary arrangements with the appropriate State offices to procure copies of death certificates or specific statistical information such as cause of death.[34]

The NDI is designed primarily to facilitate prospective studies in medical and health research by reducing the time, expense, and effort involved in State file searches. In the past, investigators conducting such studies have often found it necessary to contact all or most State vital statistics offices, asking each to search its files to see if a death record had been filed for any individual in the entire study group. Studies of this type are frequently very large, including thousands of subjects, because the risk under investigation may be small on a per individual basis. Furthermore, State vital statistics offices cannot always promptly undertake large file searches because of staff limitations. The NDI provides a convenient computerized source for such searches.

Deaths included in the NDI file begin with those occurring in 1979. The data base management system in which the data are stored is updated annually. All State data for a given calendar year are received, processed, and added to the national file approximately 12 to 18 months after the end of the calendar year.

Through matching this file annually, the occurrence of deaths among the SOA sample people will be discovered. This information will provide an important update of the data available in the baseline study, enabling analyses of a number of variables from both the SOA and the NDI. For example, cause of death can be related to conditions and other health status information or to hospital stays or doctor visits indicated in the 12 months prior to the 1984 SOA interview.

The followup of the SOA sample through matching with the NDI will be an important aspect of the longitudinal data on the older population.

Other aspects of the Longitudinal Study of Aging

The initial followup of the LSOA is designed to provide critically needed information on the paths from health through functional disability to institutionalization and death by monitoring changes in living arrangements and functional capacity on a continuing basis. These two factors, living arrangements and functional status, have been identified as the prime risks for institutionalization. If intervention programs are to be designed to reduce institutionalization, the progression from independent living to that status must be studied.

The purpose of the Longitudinal Study of Aging is twofold

- To study changes in functional status and living arrangements with the hope of recognizing potential points for intervention to prevent institutionalization and provide alternative forms of care to extremely elderly people.
- To study length of life and death rates by characteristics of the population that are not reported on death certificates, such as education, whether living alone or with others, frequency of contact with family or friends, and other characteristics for which data were collected on the SOA.

During the initial followup in 1986, LSOA information was collected on current living arrangements and functional status and any changes in living arrangements (including institutionalization) and functional status since the previous interview for those people still living in the community. Death will be verified through matching the NDI.

The design of the LSOA consists of

- Advance mailing of letters explaining the study to sample persons ages 70 years and over at the time of the SOA.
- Telephone contact and interviewing in 1986 and in 1988 among those ages 70 years and over who are still living and who have telephone numbers or contact persons.
- Mail contact with a self-administered questionnaire in 1986 and 1988 among those ages 70 years and over who are still living and who do not have telephone numbers or contact persons.
- Matches of all SOA sample persons to the NDI for years 1984 through 1990.
- Matches of all SOA sample persons ages 65 years and over at the time of the SOA interview to medicare files to obtain information about hospital usage and cost data.

The LSOA will provide comprehensive data on the SOA sample, indicating changes over a 6-year period.

The number of SOA sample persons ages 70 years and over in 1984 and the number and percent selected for the LSOA reinterview are shown in table H.

Table H. Number and percent of persons in the Longitudinal Study of Aging (LSOA) 1986 initial followup reinterview sample, by age and race

Age and race	*SOA*[1]	*LSOA*	*Percent in LSOA*
	Number of sample persons		
Total	7,541	5,151	68.3
Age in 1984			
70–79 years	5,446	3,061	56.3
80 years and over	2,095	2,090	99.8
Race			
White	6,891	4,535	65.8
All other	650	616	94.8
Black	563	560	99.5
Other	87	56	64.4

[1]Supplement on Aging.

References

[1]National Center for Health Statistics, M. G. Kovar and G. S. Poe: The National Health Interview Survey Design, 1973–84, and Procedures, 1975–83. *Vital and Health Statistics.* Series 1, No. 18. DHHS Pub. No. (PHS) 85–1320. Public Health Service. Washington. U.S. Government Printing Office, Aug. 1985.

[2]L. Breslow: The challenge to health statistics in the eighties, *Pub. Health Repts.* 96(3):231–237, May–June 1981.

[3]H. B. Brotman: *Every Ninth American, An Analysis for the Chairman of the Select Committee on Aging, House of Representatives, 97th Congress.* Comm. Pub. No. 97–332. Washington. U.S. Government Printing Office, July 1982.

[4]R. Kane and R. Kane: *Assessing the Elderly.* Livingston Books, 1981.

[5]M. G. Kovar: Demographic trends and health care implications—morbidity and health care utilization. *Proceedings of the Second Conference on the Epidemiology of Aging.* U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. NIH Pub. No. 80–969, July 1980, pp. 317–328.

[6]U.S. Department of Health and Human Services, The Federal Council on the Aging, Long-Term Care Committee: *The Need for Long-Term Care, Information and Issues, A Chartbook of the Federal Council on the Aging.* DHHS Pub. No. (OHDS) 81–20704.

[7]U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Long Term Care Policy: *DHHS Statistical Plan for Nationally Valid Long-Term Care Data, 1980.* Unpublished internal departmental working document.

[8]U.S. Office of Management and Budget, Interagency Statistical Committee on Long Term Care of the Elderly: *Data Coverage of the Functionally Limited Elderly, 1980.* NTIS Pub. No. PB801212558.

[9]U.S. Senate Select Committee on Aging and National Retired Teachers Association/American Association of Retired Persons: *Survey of Delegates to the 1981 White House Conference on Aging: A Preliminary Report,* Mar. 1982.

[10]U.S. Senate Select Committee on Aging: *Report on the 1981 White House Conference on Aging,* Vols. I, II, and III, Staff No. 245–1914, 1982.

[11]L. G. Branch and A. M. Jette: A prospective study of long-term care institutionalization among the aged. *Am. J. Pub. Health.* 72(12):1373–1379, Dec. 1982.

[12]L. G. Branch, S. Katz, K. Kniepmann, and J. A. Papsidero: A prospective study of functional status among community elders. *Am. J. Pub. Health.* 74(3):266–268, Mar. 1984.

[13]National Center for Health Statistics: The statistical design of the health household-interview survey by the staff of the U.S. National Health Survey and the Bureau of the Census. *Health Statistics.* DHEW Pub. No. (PHS) 582–A2. Public Health Service. Washington. U.S. Government Printing Office, July 1958.

[14]National Center for Health Statistics, P. W. Reis: Current estimates from the National Health Interview Survey: United States, 1984. *Vital and Health Statistics.* Series 10, No. 156. DHHS Pub. No. (PHS) 86–1584. Public Health Service. Washington. U.S. Government Printing Office, July 1986.

[15]L. F. Berkman and L. Breslow: *Health and Ways of Living: The Alameda County Study.* New York. Oxford University Press, 1983.

[16]W. E. Broadherd, B. H. Kaplan, S. A. James, E. H. Wagner, et al.: The epidemiologic evidence for a relationship between social support and health. *Am. J. Epidemiol.* 117(5):521–537, May 1983.

[17]S. M. Thornton and V. Fraser: *Understanding "Senility"—A Layperson's Guide.* University Without Walls Faculty, Loretto Heights College, Denver, Colo. Sept. 1978.

[18]B. Sanders: Measuring community health levels. *Amer. J. Pub. Health.* 54(7):1063–1070, July 1984.

[19]R. Wilkins MUrb, and O. B. Adams: Health expectancy in Canada, late 1970's: Demographic, regional, and social dimensions. *Am. J. Pub. Health.* 73(9):1073–1080, Sept. 1983.

[20]R. B. Pearl: Response Effects in Survey Measurement of Net Wealth. Contract No. 100-79-0197, HEW. Urbana, Ill. University of Illinois, May 1982.

[21]Tax Equity and Fiscal Responsibilities Act of 1982, Section 1(b) Part II, Changes in Benefits, Premiums, and Enrollment, 22. Hospice Care: *Conference Report.* 97th Congress, 2nd Session, House of Representatives, Report No. 97–760, Aug. 1982.

[22]Alzheimer's Disease and Related Disorders Association, Inc.: A D Plight Faces States and Feds. *A. D. Newsletter.* 6(1):1–2, Spring 1986.

[23]R. L. Alvin, J. Milton, J. C. Gallager, and B. L. Riggs: The national cost of acute care for hip fractures associated with osteoporosis. *Clinical Orthopedics.* 150:172–176, July–Aug. 1980.

[24]K. W. Haase and E. E. Bryant: Development of a scale designed to measure functional distance vision loss using an interview technique. *Proceedings of the American Statistical Association.* Social Statistics Section, 1973.

[25]R. Heller and D. E. Krueger: Validity of a survey question as a measure of visual acuity impairment. *Am. J. Pub. Health.* 73(1):93–95, Jan. 1983.

[26]R. A. Owen, L. J. Melton, III, K. A. Johnson, et al.: Incidence of Colles' fracture in a North American community. *Am. J. Pub. Health.* 72(6):605–607, June 1982.

[27]L. G. Raisz: *Osteoporosis.* University of Connecticut Health Center, Farmington, Conn. (Draft), 1983.

[28]S. Katz, L. G. Branch, M. H. Branson, et al.: Active life expectancy. *N. Engl. J. Med.* 309(20):1218–1224, Nov. 17, 1983.

[29]R. A. Whitfield: Health status and survival needs of the elderly. *Am. J. Pub. Health.* 72(8):789–790, Aug. 1982.

[30]G. A. Kaplan and T. Camacho: Perceived health and mortality: A nine-year followup of the human population laboratory cohort. *Am. J. Epidemiol.* 117(3):292–304, 1983.

[31]J. M. Mosey and E. Shapiro: Self-related health: A predictor of mortality and morbidity among the elderly, *Am. J. Pub. Health.* 72(8):800–808, Aug. 1982.

[32]D. F. Sullivan: A single index of mortality and morbidity. *HSMHA Health Reports.* 86(4):347–354, Apr. 1971.

[33]E. Shanas: *National Survey of the Aged.* Prepared for the U.S. Department of Health and Human Services, Office on Human Development Services, Administration on Aging. DHHS Pub. No. (OHDS) 83–20425, Dec. 1982.

[34]National Center for Health Statistics: *User's Manual, The National Death Index.* DHHS Pub. No. (PHS) 81–1148. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1981.

[35]U.S. Bureau of the Census: Response Rates for Elderly Respondents. *SMIS Bibliography,* No. 54.

[36]U.S. Bureau of the Census: Nonresponse Bias and Characteristics of Non-respondents. *SMIS Bibliography,* No. 14.

[37]World Health Organization: *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death,* Based on the Recommendations of the Ninth Revision Conference, 1975. Geneva. World Health Organization, 1977.

[38]*SAS User's Guide: Statistics,* Version 5. Cary, N.C. SAS Institute, Inc., 1985.

[39]*SPSS: Statistical Package for the Social Sciences.* New York. McGraw-Hill Book Co., 1975.

[40]K. F. Rust: Variance Estimation for Complex Estimators in Sample Surveys. *Journal of Official Statistics,* Vol. 1, No. 4, 1985.

[41]K. M. Wolter: *Introduction to Variance Estimation.* Springer-Verlag. New York, 1985.

[42]B. V. Shah: *SESUDAAN, Standard Errors Program for Computing of Standardized Rates from Sample Survey Data,* Research Triangle Park, N.C., Research Triangle Institute, 1981.

[43]M. Holt: *SURREGR, Standard Errors of Regression Coefficients From Sample Survey Data,* Research Triangle Park, N.C., Research Triangle Institute, May 1977 (revised Apr. 1982).

[44]B. V. Shah: *RATIOEST, Standard Error Program for Computing Ratio Estimates for Survey Sample Data.* Technical Report, Research Triangle Park, N.C., Research Triangle Institute, 1981.

[45]Survey Research Center Computer Support Group: *OSIRIS IV User's Manual.* Ann Arbor, Mich. Institute for Social Research, University of Michigan, 1979.

[46]M. A. Hidiroglou, W. A. Fuller, and R. D. Hickman: *SUPERCARP.* 6th ed. Ames, Iowa. Survey Section, Statistical Laboratory, Iowa State University, Oct. 1980.

[47]S. B. Cohen, V. L. Burt, and G. K. Jones: Efficiencies in variance estimation for complex surveys. *The American Statistician.* 40(2): 157–164, May 1986.

[48]*SAS for Personal Computers,* Version 6. Cary, N.C. SAS Institute, Inc., 1985.

[49]National Center for Health Statistics, J. Landis, J. Lepkowski, S. Eklund, and S. Stehouwer: A statistical methodology for analyzing data from a complex survey, the First National Health and Nutrition Examination Survey. *Vital and Health Statistics.* Series 2, No. 92. DHHS Pub. No. 82–1366. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1982.

[50]National Center for Health Statistics: Plan and operation of the Hispanic Health and Nutrition Examination Survey, 1982–84. *Vital and Health Statistics.* Series 1, No. 19. DHHS Pub. No. 85–1321. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1985.

Appendixes

Contents

I. 1984 National Health Interview Survey Basic Questionnaire 29

II. 1984 Supplement on Aging Questionnaire 51

III. Bradenton, Florida, Supplement on Aging Pretest Questionnaire 70

IV. Supplement on Aging Reinterview Questions 102

V. Definition of selected terms in the 1984 Supplement on Aging 106

VI. Selected information about the design and estimation of the 1984 Supplement on Aging 108

VII. Examples using SAS 112
- Examples of national estimates 112
- Examples of national estimates with standard errors 112

VIII. Consultants and staff of the 1984 Supplement on Aging 114
- Consultants outside the National Center for Health Statistics 114
- National Center for Health Statistics, Work Group on Surveys on the Aging 115
- National Center for Health Statistics, Division of Health Interview Statistics, Staff for the 1984 Supplement on Aging 115
- U.S. Bureau of the Census, Demographic Surveys Division, Staff for the 1984 Supplement on Aging 116

Tables

I. Annual weights in tape location 219–227 by age: 1984 NHIS Supplement on Aging 108

II. Design effects for selected data on the 1984 NHIS Supplement on Aging 108

III. Number of sample persons in the 1984 NHIS Supplement on Aging, by pseudoprimary sampling unit and age 109

Appendix I
1984 National Health Interview Survey Basic Questionnaire

O.M.B. No. 0937-0021: Approval Expires March 31, 1985

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. Book ____ of ____ books
2. R.O. number
3. Sample

FORM HIS-1 (1984)
(1-9-83)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

4. Segment type
- [ ] Area
- [ ] Permit
- [ ] Address
- [ ] Cen-Sup
- [ ] Special Place

5. Control number

PSU	Segment	Serial

6a. What is your exact address? *(Include House No., Apt. No., or other identification, county and ZIP code)*

LISTING SHEET
Sheet No. ____
Line No. ____

City	State	County	ZIP code

b. Is this your mailing address? *(Mark box or specify if different. Include county and ZIP code.)* [ ] Same as 6a

City	State	County	ZIP code

c. Special place name | Sample unit number | Type code

AREA SEGMENTS ONLY

7. YEAR BUILT
- [ ] Ask
- [ ] Do not ask

When was this structure originally built?
- [ ] Before 4-1-70 *(Continue interview)*
- [ ] After 4-1-70 *(Complete item 8c when required; end interview)*

8. COVERAGE QUESTIONS
- [ ] Ask items that are marked
- [ ] Do not ask

a. [ ] **Are there any occupied or vacant living quarters besides your own in this building?** [ ] Yes *(Fill Table X)* [ ] No

b. [ ] **Are there any occupied or vacant living quarters besides your own on this floor?** [ ] Yes *(Fill Table X)* [ ] No

c. [ ] **Is there any other building on this property for people to live in either occupied or vacant?** [ ] Yes *(Fill Table X)* [ ] No

9a. LAND USE
1 [ ] URBAN *(10)*
2 [ ] RURAL
– Reg. units and SP. PL. units coded 85–88 in 6c – *Ask item 9b*
– SP PL. units not coded 85–88 in 6c – *Mark "No" in item 9b without asking*

b. **During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $1,000 or more?**
1 [ ] Yes
2 [ ] No
(10)

10. CLASSIFICATION OF LIVING QUARTERS – *Mark by observation*

a. LOCATION of unit
Unit is:
- [ ] In a Special Place – *Refer to Table D in Part C of manual; then complete 10d or e*
- [ ] NOT in a Special Place *(10b)*

b. Access
- [ ] Direct *(10d)*
- [ ] Through another unit *(10c)*

c. Complete kitchen facilities
- [ ] For this unit only *(10d)*
- [ ] Also used by another household
- [ ] None

Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

d. HOUSING unit *(Mark one, THEN page 2)*
01 [ ] House, apartment, flat
02 [ ] HU in nontransient hotel, motel, etc.
03 [ ] HU-permanent in transient hotel, motel, etc.
04 [ ] HU in rooming house
05 [ ] Mobile home or trailer with no permanent room added
06 [ ] Mobile home or trailer with one or more permanent rooms added
07 [ ] HU not specified above – *Describe in footnotes*

e. OTHER unit *(Mark one)*
08 [ ] Quarters not HU in rooming or boarding house
09 [ ] Unit not permanent in transient hotel, motel, etc.
10 [ ] Unoccupied tent site or trailer site
11 [ ] OTHER unit not specified above – *Describe in footnotes*

GO TO HOUSEHOLD COMPOSITION PAGE

11. **What is the telephone number here?** Area code number
[ ] None

12. Was this interview observed?
1 [ ] Yes 2 [ ] No

13. Interviewer's name | Code

14. Noninterview reason

TYPE A
01 [ ] Refusal – *Describe in footnotes*
02 [ ] No one at home – repeated calls
03 [ ] Temporarily absent – *Footnote*
04 [ ] Other *(Specify)*
Fill items 1–6a, 7, 9 as applicable, 10, 12–15

TYPE B
05 [ ] Vacant – nonseasonal
06 [ ] Vacant – seasonal
07 [ ] Occupied entirely by persons with URE
08 [ ] Occupied entirely by Armed Forces members
09 [ ] Unfit or to be demolished
10 [ ] Under construction, not ready
11 [ ] Converted to temporary business or storage
12 [ ] Unoccupied tent site or trailer site
13 [ ] Permit granted, construction not started
14 [ ] Other *(Specify)*
Fill items 1–6a, 7, 8, 9 as applicable, 10, 12–15

TYPE C
15 [ ] Unused line of listing sheet
16 [ ] Demolished
17 [ ] House or trailer moved
18 [ ] Outside segment
19 [ ] Converted to permanent business or storage
20 [ ] Merged
21 [ ] Condemned
22 [ ] Built after April 1, 1970
23 [ ] Other *(Specify)*
Fill items 1–6a, 8c if marked, 12–15, Send Inter-Comm.

15. Record of calls

	Month	Date	Beginning time	Ending time	Completed Mark (X)
1			a.m. p.m.	a.m. p.m.	
2			a.m. p.m.	a.m. p.m.	
3			a.m. p.m.	a.m. p.m.	
4			a.m. p.m.	a.m. p.m.	
5			a.m. p.m.	a.m. p.m.	
6			a.m. p.m.	a.m. p.m.	

16. List column numbers of persons requiring callbacks for "Supplement on Aging."
[ ] None

Column number →			

17. Record of additional contacts

	Month	Date		Beginning time	Ending time	Completed Col. No.
1			P T	a.m. p.m.	a.m. p.m.	
2			P T	a.m. p.m.	a.m. p.m.	
3			P T	a.m. p.m.	a.m. p.m.	
4			P T	a.m. p.m.	a.m. p.m.	

☐ SP ☐ Old age ☐ AF

A. HOUSEHOLD COMPOSITION PAGE

1

1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. *Enter name in* **REFERENCE PERSON** *column.*

b. What are the names of all other persons living or staying here? *Enter names in columns.*

c. I have listed *(read names)*. **Have I missed:**

	If "Yes," enter names in columns Yes	No
– any babies or small children?	☐	☐
– any lodgers, boarders, or persons you employ who live here?	☐	☐
– anyone who USUALLY lives here but is now away from home traveling or in a hospital?	☐	☐
– anyone else staying here?	☐	☐

d. Do all of the persons you have named usually live here? ☐ Yes *(2)* ☐ No *(APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.)*

Probe if necessary:
Does -- usually live somewhere else?

1.	First name	Age
	Last name	Sex 1 ☐ M 2 ☐ F
2.	Relationship **REFERENCE PERSON**	
3.	Date of birth Month Date Year	

C1	HOSP.	WORK	RD	2-WK. DV
	00 ☐ None	1 ☐ Wa	☐ Yes	00 ☐ None
	Number	2 ☐ Wb	☐ No	Number

Ask for all persons beginning with column 2:

2. What is -- relationship to *(reference person)*?

3. What is -- date of birth? *(Enter date and age and mark sex.)*

C2: LA RA DV INJ CL LTR HS COND

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

A3 *Refer to ages of all related HH members.*

A3: ☐ All persons 65 and over *(5)* ☐ Other *(4)*

4a. Are any of the persons in this family now on full-time active duty with the armed forces? ☐ Yes ☐ No *(5)*

b. Who is this?

Delete column number(s) _____ *by an "X" from 1 – C2.*

c. Anyone else? ☐ Yes *(Reask 4b and c)* ☐ No

Ask for each person in armed forces:
d. Where does -- usually live and sleep, here or somewhere else?
Mark box in person's column.

4d. ☐ Living at home ☐ Not living at home

If related persons 17 and over are listed in addition to the respondent and are not present, say:
5. We would like to have all adult family members who are at home take part in the interview. Are *(names of persons 17 and over)* **at home now?** *If "Yes," ask:* **Could they join us?** *(Allow time)*

Read to respondent(s):
This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.

HOSPITAL PROBE

6a. Since *(13-month hospital date)* **a year ago, was -- a patient in a hospital OVERNIGHT?** 6a. 1 ☐ Yes 2 ☐ No *(Mark "HOSP." box, THEN NP)*

b. How many different times did -- stay in any hospital overnight or longer since *(13-month hospital date)* **a year ago?** b. _____ Number of times } *(Make entry in "HOSP." box, THEN NP)*

Ask for each child under one:
7a. Was -- born in a hospital? 7a. 1 ☐ Yes 2 ☐ No *(NP)*

Ask for mother and child:
b. Have you included this hospitalization in the number you gave me for --? b. ☐ Yes *(NP)* ☐ No *(Correct 6 and "HOSP." box)*

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

B. LIMITATION OF ACTIVITIES PAGE

B1 *Refer to age.*	B1	1 [ ] 18–69 *(1)* 2 [ ] Other *(NP)*
1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	1.	1 [ ] Working *(2)* 2 [ ] Keeping house *(3)* 3 [ ] Going to school *(5)* 4 [ ] Something else *(5)*
2a. Does any impairment or health problem NOW keep -- from working at a job or business?	2a.	1 [ ] Yes *(7)* [ ] No
b. Is -- limited in the kind OR amount of work -- can do because of any impairment or health problem?	b.	2 [ ] Yes *(7)* 3 [ ] No *(6)*
3a. Does any impairment or health problem NOW keep -- from doing any housework at all?	3a.	4 [ ] Yes *(4)* No
b. Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?	b.	5 [ ] Yes *(4)* 6 No *(5)*
4a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/--have the operation?]** *Ask if operation over 3 months ago:* **For what condition did -- have the operation?** *If pregnancy/delivery or 0–3 months injury or operation –* *Reask question 3 where limitation reported, saying:* **Except for -- (*condition*), . . .?** *OR reask 4b/c.*	4a.	*(Enter condition in C2, THEN 4b)* 1 [ ] Old age *(Mark "Old age" box, THEN 4c)*
b. Besides (*condition*) is there any other condition that causes this limitation?	b.	[ ] Yes *(Reask 4a and b)* [ ] No *(4d)*
c. Is this limitation caused by any (other) specific condition?	c.	[ ] Yes *(Reask 4a and b)* [ ] No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	d.	[ ] Only 1 condition _____ Main cause
5a. Does any impairment or health problem keep -- from working at a job or business?	5a.	1 [ ] Yes *(7)* [ ] No
b. Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?	b.	2 [ ] Yes *(7)* 3 [ ] No
B2 *Refer to questions 3a and 3b.*	B2	1 [ ] "Yes" in 3a or 3b *(NP)* 2 [ ] Other *(6)*
6a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	6a.	1 [ ] Yes 2 [ ] No *(NP)*
b. In what way is -- limited? *Record limitation, not condition.*	b.	_____ Limitation
7a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/--have the operation?]** *Ask if operation over 3 months ago:* **For what condition did -- have the operation?** *If pregnancy/delivery or 0–3 months injury or operation –* *Reask question 2, 5, or 6 where limitation reported, saying:* **Except for -- (*condition*), . . .?** *OR reask 7b/c.*	7a.	*(Enter condition in C2, THEN 7b)* 1 [ ] Old age *(Mark "Old age" box, THEN 7c)*
b. Besides (*condition*) is there any other condition that causes this limitation?	b.	[ ] Yes *(Reask 7a and b)* [ ] No *(7d)*
c. Is this limitation caused by any (other) specific condition?	c.	[ ] Yes *(Reask 7a and b)* [ ] No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	d.	[ ] Only 1 condition _____ Main cause

FORM HIS-1 1984

B. LIMITATION OF ACTIVITIES PAGE, Continued

B3 *Refer to age.*	B3	0 [ ] Under 5 *(10)* 1 [ ] 5–17 *(11)* 2 [ ] 18–69 *(NP)* 3 [ ] 70 and over *(18)*
8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	8.	1 [ ] Working 2 [ ] Keeping house 3 [ ] Going to school 4 [ ] Something else
9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?	9a.	1 [ ] Yes *(13)* [ ] No
b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 [ ] Yes *(13)* 3 [ ] No *(12)*
10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?	10a.	[ ] Yes 0 [ ] No *(13)*
b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?	b.	1 [ ] Yes *(13)* 2 [ ] No *(12)*
11a. Does any impairment or health problem NOW keep -- from attending school?	11a.	1 [ ] Yes *(13)* [ ] No
b. Does -- attend a special school or special classes because of any impairment or health problem?	b.	2 [ ] Yes *(13)* [ ] No
c. Does -- need to attend a special school or special classes because of any impairment or health problem?	c.	3 [ ] Yes *(13)* [ ] No
d. Is -- limited in school attendance because of -- health?	d.	4 [ ] Yes *(13)* 5 [ ] No
12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	12a.	1 [ ] Yes 2 [ ] No *(NP)*
b. In what way is -- limited? *Record limitation, not condition.*	b.	_____ Limitation
13a. What (other) condition causes this? *Ask if injury or operation:* **When did [the (*injury*) occur?/--have the operation?]** *Ask if operation over 3 months ago:* **For what condition did -- have the operation?** *If pregnancy/delivery or 0–3 months injury or operation – Reask question where limitation reported, saying:* **Except for -- (*condition*), . . .?** *OR reask 13b/c.*	13a.	*(Enter condition in C2, THEN 13b)* 1 [ ] Old age *(Mark "Old age" box, THEN 13c)*
b. Besides (*condition*) is there any other condition that causes this limitation?	b.	[ ] Yes *(Reask 13a and b)* [ ] No *(13d)*
c. Is this limitation caused by any (other) specific condition?	c.	[ ] Yes *(Reask 13a and b)* [ ] No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	d.	[ ] Only 1 condition _____ Main cause

FOOTNOTES

FORM HIS-1 (1984) (8-9-85)

B. LIMITATION OF ACTIVITIES PAGE, Continued		
B4 Refer to age.	B4	0 ☐ Under 5 *(NP)* 1 ☐ 5–59 *(B5)* 2 ☐ 60–69 *(14)* 3 ☐ 70 and over *(NP)*
B5 Refer to "Old age," and "LA" boxes. *Mark first appropriate box.*	B5	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*
14a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?	14a.	1 ☐ Yes *(15)* ☐ No
If under 18, skip to next person; otherwise ask: b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 ☐ Yes 3 ☐ No *(NP)*
15a. What (other) condition causes this? *Ask if injury or operation:* When did [the (injury) occur?/ -- have the operation?] *Ask if operation over 3 months ago:* For what condition did -- have the operation? *If pregnancy/delivery or 0–3 months injury or operation – Reask question 14 where limitation reported, saying:* Except for -- (condition), . . .? *OR reask 15b/c.*	15a.	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*
b. Besides (condition) is there any other condition that causes this limitation?	b.	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*
c. Is this limitation caused by any (other) specific condition?	c.	☐ Yes *(Reask 15a and b)* ☐ No
Mark box if only one condition. d. Which of these conditions would you say is the MAIN cause of this limitation?	d.	☐ Only 1 condition _____ Main cause

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (*date*) and ending this past Sunday (*date*).}

D1 *Refer to age.*

[ ] Under 5 (4) [ ] 5–17 (3) [ ] 18 and over (1)

1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business, not counting work around the house? (Include unpaid work in the family [farm/business].)

1 [ ] Yes (*Mark "Wa" box, THEN 2*) 2 [ ] No

b. Even though -- did not work during those 2 weeks, did -- have a job or business?

1 [ ] Yes (*Mark "Wb" box, THEN 2*) 2 [ ] No (4)

2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?

[ ] Yes 00 [ ] No (4)

b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?

00 [ ] None (4) [ ] No. of work-loss days (4)

3a. During those 2 weeks, did -- miss any time from school because of illness or injury?

[ ] Yes 00 [ ] No (4)

b. During that 2-week period, how many days did -- miss more than half of the day from school because of illness or injury?

00 [ ] None [ ] No. of school-loss days

4a. During those 2 weeks, did -- stay in bed because of illness or injury?

[ ] Yes 00 [ ] No (6)

b. During that 2-week period, how many days did -- stay in bed more than half of the day because of illness or injury?

00 [ ] None (6) [ ] No. of bed days (D2)

D2 *Refer to 2b and 3b.*

[ ] No days in 2b or 3b (6)
[ ] 1 or more days in 2b or 3b (5)

5. On how many of the (*number in 2b or 3b*) days missed from [work/school] did -- stay in bed more than half of the day because of illness or injury?

00 None _____ No. of days

Refer to 2b, 3b, and 4b.

6a. (Not counting the day(s) [missed from work / missed from school / (and) in bed]),

Was there any (OTHER) time during those 2 weeks that -- cut down on the things -- usually does because of illness or injury?

Yes 00 No (D3)

b. (Again, not counting the day(s) [missed from work / missed from school / (and) in bed]),

During that period, how many (OTHER) days did -- cut down for more than half of the day because of illness or injury?

00 None [ ] No. of cut-down days

D3 *Refer to 2–6.*

[ ] No days in 2–6 (*Mark "No" in RD, THEN NP*)
[ ] 1 or more days in 2–6 (*Mark "Yes" in RD, THEN 7*)

Refer to 2b, 3b, 4b, and 6b.

7a. What (other) condition caused -- to [miss work / miss school / (or) stay in bed / (or) cut down] during those 2 weeks?

(Enter condition in C2, THEN 7b)

b. Did any other condition cause -- to [miss work / miss school / (or) stay in bed / (or) cut down] during that period?

1 Yes (*Reask 7a and b*) 2 No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s):

These next questions are about health care received during the 2 weeks outlined in red on that calendar.

E1 *Refer to age.*	E1	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*
1a. During those 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)	1a. and b.	00 ☐ None ☐ Number of times } *(NP)*
b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)		
2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. ☐ Yes ☐ No *(3a)*		
b. Who received this care? *Mark "DR Visit" box in person's column.*	2b.	☐ DR Visit
c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No		
Ask for each person with "DR Visit" in 2b: **d. How many times did -- receive this care during that period?**	d.	☐ Number of times
3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? ☐ Yes ☐ No *(E2)*		
b. Who was the phone call about? *Mark "Phone call" box in person's column.*	3b.	☐ Phone call
c. Were there any calls about anyone else? ☐ Yes *(Reask 3b and c)* ☐ No		
Ask for each person with "Phone call" in 3b: **d. How many telephone calls were made about --?**	d.	☐ Number of calls

E2 *Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.*

FOOTNOTES

FORM HIS-1 (1984) (5-9-83)

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

Refer to C1, "2-WK. DV" box.

PERSON NUMBER_____

F1 Refer to age.

F1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

1a.	On what (other) date(s) during those 2 weeks did -- see or talk to a medical doctor, nurse, or doctor's assistant?	
b.	On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about --?	1a. and b. ____ Month ____ Date OR 7777 ☐ Last week; 8888 ☐ Week before
	Ask after last DR visit column for this person:	
c.	Were there any other visits or calls for -- during that period? *Make necessary correction to 2-WK.DV box in C1.*	c. 1 ☐ Yes *(Reask 1a or b and c)*; 2 ☐ No *(Ask 2–5 for each visit)*
2.	Where did -- receive health care on (*date in 1*), at a doctor's office, clinic, hospital, some other place, or was this a telephone call? *If doctor's office:* Was this office in a hospital? *If hospital:* Was it the outpatient clinic or the emergency room? *If clinic:* Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic? *If lab:* Was this lab in a hospital? What was done during this visit? *(Footnote)*	2. 01 ☐ Telephone Not in hospital: 02 ☐ Home; 03 ☐ Doctor's office; 04 ☐ Co. or Ind. clinic; 05 ☐ Other clinic; 06 ☐ Lab; 07 ☐ Other *(Specify)* ____ Hospital: 08 ☐ O.P. clinic; 09 ☐ Emergency room; 10 ☐ Doctor's office; 11 ☐ Lab; 12 ☐ Overnight patient *(Next DR visit)*; 88 ☐ Other *(Specify)* ____
	Ask 3b if under 14.	
3a.	Did -- actually talk to a medical doctor?	3a. and b. 1 ☐ Yes *(3b)*; 2 ☐ No *(3c)*; 8 ☐ DK if M.D. *(3c)*; 9 ☐ DK who was seen *(3b)*
b.	Did anyone actually talk to a medical doctor about --?	
c.	What type of medical person or assistant was talked to?	c. ____ Type; 99 ☐ DK
d.	Does the (*entry in 3c*) work with or for ONE doctor or MORE than one doctor?	d. 1 ☐ One *(3f)*; 2 ☐ More; 3 ☐ None *(4)*; 9 ☐ DK
e.	For this [visit/call] what kind of doctor was the (*entry in 3c*) working with or for – a general practitioner or a specialist?	e. and f. 1 ☐ GP *(4)*; 2 ☐ Specialist *(3g)*; 9 ☐ DK *(4)*
f.	Is that doctor a general practitioner or a specialist?	
g.	What kind of specialist?	g. ____ Kind of specialist
	Ask 4b if under 14.	
4a.	For what condition did -- see or talk to the [doctor/(*entry in 3c*)] on (*date in 1*)? *Mark first appropriate box.*	4a. and b. 1 ☐ Condition *(Item C2, THEN 4g)*; 2 ☐ Pregnancy *(4e)*; 3 ☐ Test(s) or examination *(4c)*; 8 ☐ Other *(Specify)* ____ *(4g)*
b.	For what condition did anyone see or talk to the [doctor/(*entry in 3c*)] about -- on (*date in 1*)? *Mark first appropriate box.*	
c.	Was a condition found as a result of the [test(s)/examination]?	c. ☐ Yes *(4h)*; ☐ No
d.	Was this [test/examination] because of a specific condition -- had?	d. ☐ Yes *(4h)*; ☐ No *(4g)*
e.	During the past 2 weeks was -- sick because of -- pregnancy?	e. ☐ Yes; ☐ No *(4g)*
f.	What was the matter?	f. ____ Condition *(Item C2, THEN 4g)*
g.	During this [visit/call] was the [doctor/(*entry in 3c*)] talked to about any (other) condition?	g. ☐ Yes; ☐ No *(5)*
h.	What was the condition?	h. ☐ Pregnancy *(4e)* ____ Condition *(Item C2, THEN 4g)*
	Mark box if "Telephone" in 2.	
5a.	Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?	5a. 0 ☐ Telephone in 2 *(Next DR visit)*; 1 ☐ Yes; 2 ☐ No *(Next DR visit)*
b.	What was the name of the surgery or operation? *If name of operation not known, describe what was done.*	b. (1) ____ (2) ____
c.	Was there any other surgery or operation during this visit?	c. ☐ Yes *(Reask 5b and c)*; ☐ No

FORM HIS-1 (1984) (R-9 83)

G. HEALTH INDICATOR PAGE

1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?		[ ] Yes [ ] No (2)
b. Who was this? *Mark "Injury" box in person's column.*	1b.	[ ] Injury
c. What was -- injury? *Enter injury(ies) in person's column.*	c.	_____ Injury
d. Did anyone have any other injuries during that period?		[ ] Yes *(Reask 1b, c, and d)* [ ] No
Ask for each injury in 1c: **e. As a result of the** *(injury in 1c)* **did [--/anyone] see or talk to a medical doctor or assistant (about --) or did -- cut down on -- usual activities for more than half of a day?**	e.	[ ] Yes *(Enter injury in C2, THEN 1e for next injury)* [ ] No *(1e for next injury)*
2. During the past 12 months, (that is, since *(12-month date)* **a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)**	2.	000 [ ] None _____ No. of days
3a. During the past 12 months, ABOUT how many times did [--/anyone] see or talk to a medical doctor or assistant (about --)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the *(number in 2-WK DV box)* **visit(s) you already told me about.)**	3a.	000 [ ] None *(3b)* 000 [ ] Only when overnight patient in hospital _____ No. of visits } *(NP)*
b. About how long has it been since [--/anyone] last saw or talked to a medical doctor or assistant (about --)? Include doctors seen while a patient in a hospital.	b.	1 [ ] Interview week *(Reask 3b)* 2 [ ] Less than 1 yr. *(Reask 3a)* 3 [ ] 1 yr., less than 2 yrs. 4 [ ] 2 yrs., less than 5 yrs. 5 [ ] 5 yrs. or more 0 [ ] Never
4. Would you say -- health in general is excellent, very good, good, fair, or poor?	4.	1 [ ] Excellent 4 [ ] Fair 2 [ ] Very good 5 [ ] Poor 3 [ ] Good
Mark box if under 18. **5a. About how tall is -- without shoes?**	5a.	[ ] Under 18 *(NP)* _____ Feet _____ Inches
b. About how much does -- weigh without shoes?	b.	_____ Pounds

FOOTNOTES

FORM H-2-1 1-64 (REVISED)

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:
Now I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.

1

1a. Does anyone in the family (*read names*) NOW have –
If "Yes," ask 1b and c.
b. Who is this?
c. Does anyone else NOW have –
Enter condition and letter in appropriate person's column.

A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? *(Permanent stiffness – joints will not move at all.)*	
B. Paralysis of any kind?	

1d. DURING THE PAST 12 MONTHS, did anyone in the family have – *If "Yes," ask 1e and f.*
e. Who was this?
f. DURING THE PAST 12 MONTHS, did anyone else have –
Enter condition and letter in appropriate person's column.
C–L are conditions affecting the bone and muscle.
M–W are conditions affecting the skin.

C. Arthritis of any kind or rheumatism?		*Reask 1d*	
D. Gout?		**M. A tumor, cyst, or growth of the skin?**	
E. Lumbago?		**N. Skin cancer?**	
F. Sciatica?		**O. Eczema or psoriasis?** (ek'sa-ma) or (so-rye-uh-sis)	
G. A bone cyst or bone spur?		**P. TROUBLE with dry or itching skin?**	
H. Any other disease of the bone or cartilage?		**Q. TROUBLE with acne?**	
I. A slipped or ruptured disc?		**R. A skin ulcer?**	
J. REPEATED trouble with neck, back, or spine?		**S. Any kind of skin allergy?**	
K. Bursitis?		**T. Dermatitis or any other skin trouble?**	
L. Any disease of the muscles or tendons?		**U. TROUBLE with ingrown toenails or fingernails?**	
		V. TROUBLE with bunions, corns, or calluses?	
		W. Any disease of the hair or scalp?	

2

2a. Does anyone in the family (*read names*) NOW have –
If "Yes," ask 2b and c.
b. Who is this?
c. Does anyone else NOW have –
Enter condition and letter in appropriate person's column.
A–L are conditions affecting {*Hearing, Vision, Speech*}
M-AA are impairments.

A. Deafness in one or both ears?		*Reask 2a*	
B. Any other trouble hearing with one or both ears?		**O. A missing joint?**	
C. Tinnitus or ringing in the ears?		**P. A missing breast, kidney, or lung?**	
D. Blindness in one or both eyes?		**Q. Palsy or cerebral palsy?** (ser'a-bral)	
E. Cataracts?		**R. Paralysis of any kind?**	
F. Glaucoma?		**S. Curvature of the spine?**	
G. Color blindness?		**T. REPEATED trouble with neck, back, or spine?**	
H. A detached retina or any other condition of the retina?		**U. Any TROUBLE with fallen arches or flatfeet?**	
I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?		**V. A clubfoot?**	
J. A cleft palate or harelip?		**W. A trick knee?**	
K. Stammering or stuttering?		**X. PERMANENT stiffness or any deformity of the foot, leg, or back?** *(Permanent stiffness – joints will not move at all.)*	
L. Any other speech defect?		**Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?**	
M. Loss of taste or smell which has lasted 3 months or more?		**Z. Mental retardation?**	
N. A missing finger, hand, or arm; toe, foot, or leg?		**AA. Any condition caused by an accident or injury which happened more than 3 months ago?** *If "Yes," ask:* **What is the condition?**	

FORM HIS-1 (1984) (8-9-83)

H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family {*read names*} have –

If "Yes," ask 3b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the digestive system.

		Reask 3a	
A. Gallstones?		N. Enteritis?	
B. Any other gallbladder trouble?		O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)	
C. Cirrhosis of the liver?		P. Colitis?	
D. Fatty liver?		Q. A spastic colon?	
E. Hepatitis?		R. FREQUENT constipation?	
F. Yellow jaundice?		S. Any other bowel trouble?	
G. Any other liver trouble?		T. Any other intestinal trouble?	
H. An ulcer?		U. Cancer of the stomach, intestines, colon or rectum?	
I. A hernia or rupture?			
J. Any disease of the esophagus?		V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system? *If "Yes," ask:* Who was this? – What was the condition? *Enter in item C2, THEN reask V.*	
K. Gastritis?			
L. FREQUENT indigestion?			
M. Any other stomach trouble?			

4

4a. DURING THE PAST 12 MONTHS, did anyone in the family {*read names*} have –

If "Yes," ask 4b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

A–B are conditions affecting the glandular system

C is a blood condition

D–I are conditions affecting the nervous system

J–Y are conditions affecting the genito-urinary system

		Reask 4a	
A. A goiter or other thyroid trouble?		N. Any other kidney trouble?	
B. Diabetes?		O. Bladder trouble?	
C. Anemia of any kind?		P. Any disease of the genital organs?	
D. Epilepsy?		Q. A missing breast?	
E. REPEATED seizures, convulsions, or blackouts?		R. Breast cancer?	
F. Multiple sclerosis?		S. * Cancer of the prostate?	
G. Migraine?		T. * Any other prostate trouble?	
H. FREQUENT headaches?		U. ** Trouble with menstruation?	
I. Neuralgia or neuritis?		V. ** A hysterectomy? *If "Yes," ask:* For what condition did –– have a hysterectomy?	
J. Nephritis?			
K. Kidney stones?		W. ** A tumor, cyst, or growth of the uterus or ovaries?	
L. REPEATED kidney infections?		X. ** Any other disease of the uterus or ovaries?	
M. A missing kidney?		Y. ** Any other female trouble?	

*Ask only if males in family.
** Ask only if females in family.

FORM HIS-1 (1984) (8-9-83)

H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

5

5a. Has anyone in the family {*read names*} EVER had –

If "Yes," ask 5b and c.

b. Who was this?

c. Has anyone else EVER had –

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

A. Rheumatic fever?		**G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)**	
B. Rheumatic heart disease?			
C. Hardening of the arteries or arteriosclerosis?		**H. A hemorrhage of the brain?**	
D. Congenital heart disease?		**I. Angina pectoris? (pek'to-ris)**	
E. Coronary heart disease?		**J. A myocardial infarction?**	
F. Hypertension, sometimes called high blood pressure?		**K. Any other heart attack?**	

5d. DURING THE PAST 12 MONTHS, did anyone in the family have –

If "Yes," ask 5e and f.

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

L. Damaged heart valves?		**Q. Any blood clots?**	
M. Tachycardia or rapid heart?		**R. Varicose veins?**	
N. A heart murmur?		**S. Hemorrhoids or piles?**	
O. Any other heart trouble?		**T. Phlebitis or thrombophlebitis?**	
P. An aneurysm? (an yoo-rizm)		**U. Any other condition affecting blood circulation?**	

6

6a. DURING THE PAST 12 MONTHS, did anyone in the family {*read names*} have –

If "Yes," ask 6b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the respiratory system.

		Reask 6a.	
A. Bronchitis?		**K. A missing lung?**	
B. Asthma?		**L. Lung cancer?**	
C. Hay fever?		**M. Emphysema?**	
D. Sinus trouble?		**N. Pleurisy?**	
E. A nasal polyp?		**O. Tuberculosis?**	
F. A deflected or deviated nasal septum?		**P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?**	
G. * Tonsillitis or enlargement of the tonsils or adenoids?			
H. * Laryngitis?		**Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition?** *If "Yes," ask:* **Who was this?—What was the condition?** *Enter in item C2, THEN reask Q.*	
I. A tumor or growth of the throat, larynx, or trachea?			
J. A tumor or growth of the bronchial tube or lung?			

**If reported in this list only, ask:*

1. How many times did –– have (*condition*) in the past 12 months?

If 2 or more times, enter condition in item C2.

If only 1 time, ask:

2. How long did it last? *If 1 month or longer, enter in item C2.*

If less than 1 month, do not record.

If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.

FORM HIS-1 (1984) (8-9-83)

J. HOSPITAL PAGE

HOSPITAL STAY 1

1. *Refer to C1, "HOSP." box.*	1.	PERSON NUMBER _____
2. **You said earlier that -- was a patient in the hospital since (*13-month hospital date*) a year ago. On what date did -- enter the hospital ([the last time/the time before that])?** *Record each entry date in a separate Hospital Stay column.*	2.	Month / Date / Year 19 ___
3. **How many nights was -- in the hospital?**	3.	0000 ☐ None *(Next HS)* _____ Nights
4. **For what condition did -- enter the hospital?** • *For delivery ask:* **Was this a normal delivery?** *If "No," ask:* **What was the matter?** • *For newborn ask:* **Was the baby normal at birth?** *If "No," ask:* **What was the matter?** • *For initial "No condition" ask:* **Why did -- enter the hospital?** • *For tests, ask:* **What were the results of the tests?** *If no results, ask:* **Why were the tests performed?**	4.	1 ☐ Normal delivery 2 ☐ Normal at birth 3 ☐ No condition } *(5)* ☐ Condition → _____
J1 *Refer to questions 2, 3, and 2-week reference period.*	J1	☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)* ☐ No nights in 2-week reference period *(5)*
5a. **Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?**	5a.	1 ☐ Yes 2 ☐ No *(6)*
b. **What was the name of the surgery or operation?** *If name of operation not known, describe what was done.*	b.	(1) _____ (2) _____ (3) _____
c. **Was there any other surgery or operation during this stay?**	c.	☐ Yes *(Reask 5b and c)* ☐ No
6. **What is the name and address of this hospital?**	6.	Name Number and street City or County State

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

CONDITION 1 | **PERSON NO.____**

1. Name of condition

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [--/anyone] last see or talk to a doctor or assistant about -- (condition)?

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen } *(3b)*
9 ☐ Dr. never seen } *(3b)*

3a. (Earlier you told me about -- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? _____ *Specify*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy, normal delivery, vasectomy } *(5)*
4 ☐ Old age *(NC)*
8 ☐ Other *(3c)*

c. What was the cause of -- (condition in 3b)? *(Specify)*

_____

Mark box if accident or injury. 0 ☐ Accident/injury *(5)*

d. Did the (condition in 3b) result from an accident or injury?

1 ☐ Yes *(5)* 2 ☐ No

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

e. What kind of (condition in 3b) is it? _____ *Specify*

Ask 3f only if allergy or stroke in 3b–e:

f. How does the [allergy/stroke] NOW affect --? *(Specify)*

_____

_____

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b–f:

Abscess	Damage	Palsy
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boil	Inflammation	Stiff(ness)
Cancer	Nauralgia	Tumor
Cramps (except menstrual)	Neuritis	Ulcer
Cyst	Pain	Varicose veins
		Weak(ness)

g. What part of the body is affected? _____ *Specify*

Show the following detail:

Head . . . . . skull, scalp, face
Back/spine/vertebrae . . . . . upper, middle, lower
Side . . . . . left or right
Ear . . . . . inner or outer; left, right, or both
Eye . . . . . left, right, or both
Arm . . . . . shoulder, upper, elbow, lower or wrist; left, right, or both
Hand . . . . . entire hand or fingers only; left, right, or both
Leg . . . . . hip, upper, knee, lower, or ankle; left, right, or both
Foot . . . . . entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b–f:

Infection Sore Soreness

h. What part of the (part of body in 3b–g) is affected by the [infection/sore/soreness] – the skin, muscle, bone, or some other part?

Specify _____

Ask if there are any of the following entries in 3b–f:

Tumor Cyst Growth

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5
a. When was -- (condition in 3b/3f) first noticed?
b. When did -- (name of injury in 3b)?

1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)
(Was it less than 3 months or more than 3 months ago?)
(Was it less than 1 year or more than 1 year ago?)
(Was it less than 5 years or more than 5 years ago?)

FORM HIS-1 (1984) (8-9-83)

K1 *Refer to RD and C2.*
[ ] "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
[ ] Other *(K2)*

6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cause -- to cut down on the things -- usually does?
[ ] Yes [ ] No *(K2)*

b. During that period, how many days did -- cut down for more than half of the day?
00 [ ] None *(K2)* _____ Days

7. During those 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition?
00 [ ] None _____ Days

Ask if "Wa/Wb" box marked in C1:
8. During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition?
00 [ ] None _____ Days

Ask if age 5–17:
9. During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition?
00 [ ] None _____ Days

K2
[ ] Condition has "CL LTR" in C2 as source *(10)*
[ ] Condition does not have "CL LTR" in C2 as source *(K4)*

10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)
000 [ ] None _____ Days

11. Was -- ever hospitalized for -- (condition in 3a)?
1 [ ] Yes 2 [ ] No

K3
[ ] Missing extremity or organ *(K4)*
[ ] Other *(12)*

12a. Does -- still have this condition?
1 [ ] Yes *(K4)* [ ] No

b. Is this condition completely cured or is it under control?
2 [ ] Cured 8 [ ] Other *(Specify)* _____ *(K4)*
3 [ ] Under control *(K4)*

c. About how long did -- have this condition before it was cured?
[ ] Less than 1 month **OR** _____ Number { [ ] Months [ ] Years

d. Was this condition present at any time during the past 12 months?
1 [ ] Yes 2 [ ] No

K4
0 [ ] Not an accident/injury *(NC)*
1 [ ] First accident/injury for this person *(14)*
8 [ ] Other *(13)*

13. Is this (condition in 3b) the result of the same accident you already told me about?
[ ] Yes *(Record condition page number where accident questions first completed.)* → _____ *(NC)* Page No.
[ ] No

14. Where did the accident happen?
1 [ ] At home (inside house)
2 [ ] At home (adjacent premises)
3 [ ] Street and highway (includes roadway and public sidewalk)
4 [ ] Farm
5 [ ] Industrial place (includes premises)
6 [ ] School (includes premises)
7 [ ] Place of recreation and sports, except at school
8 [ ] Other *(Specify)* _____

Mark box if under 18. [ ] Under 18 *(16)*

15a. Was -- under 18 when the accident happened?
1 [ ] Yes *(16)* [ ] No

b. Was -- in the Armed Forces when the accident happened?
2 [ ] Yes *(16)* [ ] No

c. Was -- at work at -- job or business when the accident happened?
3 [ ] Yes 4 [ ] No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1 [ ] Yes 2 [ ] No *(17)*

b. Was more than one vehicle involved?
1 [ ] Yes 2 [ ] No

c. Was [it/either one] moving at the time?
1 [ ] Yes 2 [ ] No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:
b. What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way?

Part(s) of body *	Present effects **

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

FORM HIS-1 (1984) (8-9-83)

L. DEMOGRAPHIC BACKGROUND PAGE

L1 Refer to age.	L1	[ ] Under 5 *(NP)* [ ] 5–17 *(2)* [ ] 18 and over *(1)*
1a. Did -- EVER serve on active duty in the Armed Forces of the United States?	1a.	1 [ ] Yes – *(Mark "AF" box, THEN 1b)* 2 [ ] No *(2)*
b. When did -- serve? *Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea, mark VN.* Vietnam Era (Aug. '64 to April '75) . . . . . VN Korean War (June '50 to Jan. '55) . . . . . KW World War II (Sept. '40 to July '47) . . . . . WWII World War I (April '17 to Nov. '18) . . . . . WWI Post Vietnam (May '75 to present) . . . . . PVN Other Service (all other periods) . . . . . OS	b.	1 [ ] VN 5 [ ] PVN 2 [ ] KW 8 [ ] OS 3 [ ] WWII 9 [ ] DK 4 [ ] WWI
c. Was -- EVER an active member of a National Guard or military reserve unit?	c	[ ] Yes 2 [ ] No *(2)* 7 [ ] DK *(2)*
d. Was ALL of -- active duty service related to National Guard or military reserve training?	d	1 [ ] Yes 3 [ ] No 9 [ ] DK
2a. What is the highest grade or year of regular school -- has ever attended?	2a.	00 [ ] Never attended or kindergarten *(NP)* Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Did -- finish the (*number in 2a*) **[grade/year]?**	b.	1 [ ] Yes 2 [ ] No
Hand Card R. Ask first alternative for first person; ask second alternative for other persons. **3a. [What is the number of the group or groups which represents -- race?** **What is -- race?]** *Circle all that apply* 1 – Aleut, Eskimo, or American Indian 2 – Asian or Pacific Islander 3 – Black 4 – White 5 – Another group not listed – Specify	3a.	1 2 3 4 5 *Specify* _____
Ask if multiple entries: **b. Which of those groups; that is,** (*entries in 3a*) **would you say BEST represents -- race?**	b.	1 2 3 4 5 *Specify* _____
c. *Mark observed race of respondent(s) only.*	c.	1 [ ] W 2 [ ] B 3 [ ] O
Hand Card O. **4a. Are any of those groups -- national origin or ancestry? (Where did -- ancestors come from?)**	4a.	1 [ ] Yes 2 [ ] No *(NP)*
b. Please give me the number of the group. *Circle all that apply* 1 – Puerto Rican 2 – Cuban 3 – Mexican/Mexicano 4 – Mexican American 5 – Chicano 6 – Other Latin American 7 – Other Spanish	b.	1 2 3 4 5 6 7

FORM HIS-1 (1984) (8-9-83)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2	*Refer to "Age" and "Wa/Wb" boxes in C1.*	L2	0 ☐ Under 18 *(NP)* 1 ☐ Wa box marked *(6a)* 2 ☐ Wb box marked *(5a)* 3 ☐ Neither box marked *(5b)*
5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?		5a.	1 ☐ Yes *(5c)* 2 ☐ No *(6b)*
b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks?		b.	1 ☐ Yes 2 ☐ No *(NP)*
c. Which, looking for work or on layoff from a job?		c.	1 ☐ Looking *(6c)* 3 ☐ Both *(6b)* 2 ☐ Layoff *(6b)*
6a. Earlier you said that -- worked last week or the week before. *Ask 6b.*			
b. For whom did -- work? *Enter name of company, business, organization, or other employer.*		6b. and c.	Employer ☐ NEV *(6g)* ☐ AF *(6e)*
c. For whom did -- work at -- last full-time job or business lasting 2 consecutive weeks or more? *Enter name of company, business, organization, or other employer or mark "NEV" or "AF" box in person's column*			
d. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*		d.	Industry
e. What kind of work was -- doing? *For example, electrical engineer, stock clerk, typist, farmer. If "AF" in 6b/c, mark "AF" box in person's column without asking.*		e.	Occupation ☐ AF *(NP)*
f. What were -- most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*		f.	Duties
Complete from entries in 6b–f. If not clear, ask: **g. Was --** **An employee of a PRIVATE company, business or individual for wages, salary, or commission?** . . . . . P **A FEDERAL government employee?** . . . . . F **A STATE government employee?** . . . . . S **A LOCAL government employee?** . . . . . L **Self-employed in OWN business, professional practice, or farm?** *Ask:* **Is the business incorporated?** Yes . . . . . I No. . . . . SE **Working WITHOUT PAY in family business or farm?** . . . . . WP **NEVER WORKED** or never worked at a full-time job lasting 2 weeks or more. . . . . NEV		g.	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

Mark box if under 14. If "Married" refer to household composition and mark accordingly.

7. Is -- now married, widowed, divorced, separated, or has -- never been married?

7.
- 0 ☐ Under 14
- 1 ☐ Married – spouse in HH
- 2 ☐ Married – spouse not in HH
- 3 ☐ Widowed
- 4 ☐ Divorced
- 5 ☐ Separated
- 6 ☐ Never married

8a. Was the total combined FAMILY income during the past 12 months – that is, yours, (*read names, including Armed Forces members living at home*) more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

8a.
- 1 ☐ $20,000 or more *(Hand Card I)*
- 2 ☐ Less than $20,000 *(Hand Card J)*

Read parenthetical phrase if Armed Forces member living at home or if necessary.

b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (*read names, including Armed Forces members living at home*))? Include wages, salaries, and the other items we just talked about.

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

b.

00 ☐ A	10 ☐ K	20 ☐ U
01 ☐ B	11 ☐ L	21 ☐ V
02 ☐ C	12 ☐ M	22 ☐ W
03 ☐ D	13 ☐ N	23 ☐ X
04 ☐ E	14 ☐ O	24 ☐ Y
05 ☐ F	15 ☐ P	25 ☐ Z
06 ☐ G	16 ☐ Q	26 ☐ ZZ
07 ☐ H	17 ☐ R	
08 ☐ I	18 ☐ S	
09 ☐ J	19 ☐ T	

R

a. *Mark first appropriate box.*

Ra.
- 0 ☐ Under 17
- 1 ☐ Present for all questions
- 2 ☐ Present for some questions
- 3 ☐ Not present

b. *Enter person number of respondent.*

b. _____ Person number(s) of respondent(s)

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

M. HEALTH INSURANCE PAGE

Read to respondent(s):

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this.

Show card.

1a. Is anyone in this family, that is *(read names)*, **now covered by Medicare?** ☐ Yes ☐ No *(4)* ☐ DK

b. Is — — now covered? — **1b.** 1 ☐ Covered 9 ☐ DK 2 ☐ Not covered

Ask for each person with "Covered" in 1b:

2a. Is — — now covered by the part of Social Security Medicare which pays for hospital bills? *Mark box in person's column.* — **2a.** 1 ☐ Yes 9 ☐ DK 2 ☐ No

b. Is — — now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which — — or some agency must pay a certain amount each month. *Mark box in person's column.* — **b.** 1 ☐ Yes 9 ☐ DK 2 ☐ No

Ask for each person with "DK" in 2a and/or b:

3. May I please see the Social Security Medicare card(s) for — — (and — —) to determine the type of coverage? *Transcribe the information from the card or mark the "Card N.A." box.* — **3.** 1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.

We are interested in all kinds of health insurance plans except those which pay only for accidents.

4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? ☐ Yes ☐ No *(M1)* ☐ DK *(M1)*

b. What is the name of the plan? *Record in Table H.I.*

c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? ☐ Yes *(Reask 4b and c)* ☐ No *(5)*

TABLE H.I.

PLAN 1 **5a. Was this** *(name)* **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No *(6)* 9 ☐ DK *(6)* **b. Is it now carried through an employer or union?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**6a. Does this plan pay any part of hospital expenses?** 1 ☐ Yes 2 ☐ No 9 ☐ DK **b. Does this plan pay any part of doctor's or surgeon's bills for operations?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**7. Is — — covered under this** *(name)* **plan?**	**7.** 1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*
PLAN 2 **5a. Was this** *(name)* **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No *(6)* 9 ☐ DK *(6)* **b. Is it now carried through an employer or union?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**6a. Does this plan pay any part of hospital expenses?** 1 ☐ Yes 2 ☐ No 9 ☐ DK **b. Does this plan pay any part of doctor's or surgeon's bills for operations?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**7. Is — — covered under this** *(name)* **plan?**	**7.** 1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*
PLAN 3 **5a. Was this** *(name)* **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No *(6)* 9 ☐ DK *(6)* **b. Is it now carried through an employer or union?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**6a. Does this plan pay any part of hospital expenses?** 1 ☐ Yes 2 ☐ No 9 ☐ DK **b. Does this plan pay any part of doctor's or surgeon's bills for operations?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**7. Is — — covered under this** *(name)* **plan?**	**7.** 1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*

M1 *Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."* — **M1** 1 ☐ Covered *(NP)* 2 ☐ Not covered under 65 *(NP)* 3 ☐ Not covered 65 and over *(NP)*

Ask for each person "Not covered" in M1. If "Not covered 65 and over," include "or Medicare."

8a. Many people do not carry health insurance for various reasons. *Hand Card M.* **Which of those statements describes why — — is not covered by any health insurance (or Medicare)? Any other reason?** *Circle all reasons given.* — **8a.** 1 2 3 4 5 6 7 8 *Specify*

Mark box if only one reason. If "Not covered 65 and over," in M1, include "or Medicare."

b. What is the MAIN reason — — is not covered by any health insurance (or Medicare)? — **b.** 00 ☐ Only one reason 1 2 3 4 5 6 7 8 *Specify*

FORM HIS-1 (1984) (8-9-83)

M. HEALTH INSURANCE PAGE, Continued

Ask only if persons under 20 in family:

9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?

☐ Yes ☐ No *(10)* ☐ DK

b. Does — — now receive AFDC or ADC? — **9b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check?

☐ Yes ☐ No *(11)* ☐ DK

b. Does — — now receive this check? — **10b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called *(name)*).

During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or *(name)*)?

☐ Yes ☐ No *(12)* ☐ DK

b. Has — — received this care in the past 12 months? — **11b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

12a. Does anyone in the family now have a Medicaid (or *(name)*) card which looks like this? *Show Medicaid card(s).*

☐ Yes ☐ No *(13)* ☐ DK

b. Does — — now have this card? — **12b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask for each person with "Yes" in 12b:

c. May I please see — — (and — —) card(s)?

Mark appropriate box(es) in person's column.

c. ☐ Medicaid card seen
1 ☐ Current
2 ☐ Expired
3 ☐ No card seen
8 ☐ Other card seen

_____ *Specify*

13a. Is anyone in the family now covered by any other public assistance program that pays for health care?

☐ Yes ☐ No *(Next page)* ☐ DK

b. Is — — now covered? — **13b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

FORM HIS-1 (1984) (8-9-83)

M. HEALTH INSURANCE PAGE, Continued

14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation. ☐ Yes ☐ No *(15)* ☐ DK		
b. Does — — now receive military retirement or a VA pension?	**14b.**	1 ☐ Yes 2 ☐ No 9 ☐ DK
Ask for each person with "Yes" in 14b: **c. Which does — — receive — the Armed Forces retirement, the VA pension or both?** *Mark box in person's column.*	**c.**	1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both
15a. Is anyone in the family now covered by CHAMP—VA, which is medical insurance for dependents or survivors of disabled veterans? ☐ Yes ☐ No *(16)* ☐ DK		
b. Is — — now covered by CHAMP—VA?	**15b.**	1 ☐ Yes 2 ☐ No 9 ☐ DK
16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? ☐ Yes ☐ No *(M2)* ☐ DK		
b. Is — — now covered?	**16b.**	1 ☐ Yes 2 ☐ No 9 ☐ DK
M2 *Refer to "AF" box above person's column.*	**M2**	1 ☐ AF box marked *(17)* 2 ☐ Other *(NP)*
17a. Does — — have a disability related to — — service in the Armed Forces of the United States?	**17a.**	1 ☐ Yes 2 ☐ No *(NP)*
b. Does — — now receive compensation for this disability from the Veterans Administration?	**b.**	1 ☐ Yes 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

M. HEALTH INSURANCE PAGE, Continued

18a. During the past 12 months, that is since *(12-month date)* **a year ago, have** *(read names of related HH members 18 or over)* **been laid off from a job or lost a job?** ☐ Yes ☐ No *(M4)* ☐ DK *(M4)*		
b. Who was this? *Mark "Laid off/lost job" box in person's column.*	**18b.**	1 ☐ Laid off/lost job
c. Anyone else? ☐ Yes *(Reask 18b and c)* ☐ No		
Ask 18d, e, and f for each person with "Laid off/lost job" in 18b.		
d. How many times has — — been laid off or lost a job during the past 12 months?	**d.**	_____ Times
e. In what month was — — laid off or did — — lose a job ([the last time/the time before that])?	**e.**	☐ Time 1 ☐ Time 2 ☐ Time 3
f. For ANYTIME during [that/those] job layoff(s) or job loss(es), did — — receive unemployment insurance benefits?		1 ☐ Yes 2 ☐ No
19a. Because of *(names of persons in 18b)* **job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)?** ☐ Yes ☐ No *(M4)* ☐ DK *(M4)*		
b. Who was this? *Mark "Lost coverage" box in person's column.*	**19b.**	1 ☐ Lost coverage
c. Anyone else? ☐ Yes *(Reask 19b and c)* ☐ No		
M3 *Refer to 19b and mark appropriate box.*	**M3**	1 ☐ Lost coverage *(20)* 2 ☐ Did not lose coverage *(NP)*
20a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — without any type of health insurance coverage? (Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.)	**20a.**	1 ☐ Yes 2 ☐ No *(NP)*
b. For how long was — — without some type of health insurance coverage? (How many months is that?)	**b.**	00 ☐ Less than 1 month _____ Months
21a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — covered by any health care program, such as Medicaid, AFDC, or a military benefit program?	**21a.**	1 ☐ Yes 2 ☐ No *(NP)*
b. For how long was — — covered by some health care program? (How many months is that?)	**b.**	00 ☐ Less than 1 month _____ Months
M4 *Refer to age(s) and mark appropriate box.*	**M4**	1 ☐ No person 55+ in family *(HH pg.)* 8 ☐ Other *(Supplement on Aging)*

FORM HIS-1 (1984) (8-9-83)

Appendix II
1984 Supplement on Aging Questionnaire

OMB No. 0937-0021: Approval Expires March 31, 1985

FORM **HIS-1(SB) (1984)**
(3 13 84)

U S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

SUPPLEMENT BOOKLET

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. RT 60 — **Book** ____ **of** ____ **books**
2. R.O. Number 3–4
3. Sample 5–7
4. Control number PSU 8–10 — Segment 11–14 — Serial 15–16
5. Person number 17–18
6. Sex 19 — 1 ☐ Male 2 ☐ Female
7. Sample Person name 20–39 Last — First 40–54 — Middle initial 55
8. Final status of supplement 56
0 ☐ No SP selected
Interview
1 ☐ Complete interview (all appropriate pages completed)
2 ☐ Partial interview (some but not all appropriate pages completed) *(Explain in notes)*
Noninterview
3 ☐ Refused *(Explain in notes)*
4 ☐ SP temporarily absent, no proxy available
5 ☐ SP mentally or physically incapable, no proxy available
8 ☐ Other *(Explain in notes)*
9. Date supplement completed 57–60 — Month | Date
10. Interviewer identification 61–62 — Name — Code
NOTES

CONTACT PERSON INFORMATION

☐ Contact information for this family unit already obtained, transcribe when editing. *Fill item 15 below, THEN go to HIS-1 Household Page or next SOA.*

Read to SOA respondent at end of interview — **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a close relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.)** *Please print items 11, 12, 14.* RT 62 3–4

11. Contact Person name RT 61 3–4 5–24 Last — First 25–39 — Middle initial 40
12a. Address *(Number and street)* 41–65
b. City 66–85 — State 86–87 — Zip Code 88–96
13. Area code/telephone number 5–14
1 ☐ None 2 ☐ Refused 9 ☐ DK 15
14. Relationship to Sample Person 16–17
15. Supplement ending time 18–21 22
Hour | Minutes — 1 ☐ a.m. 2 ☐ p.m. — *Go to HIS-1 Household Page or next SOA* RT 63

TRANSCRIPTION FROM HIS-1

3–4
16. Area code/telephone number from HIS-1, item 11 23–32
1 ☐ None 2 ☐ Refused 33
17a. Exact address from HIS-1, item 6a *(Please print items 17a – c)* 34–58
Number and street/description
City 59–78 — State 79–80 — Zip Code 81–89
17b. Mailing address from HIS-1, item 6b 5 — 1 ☐ Same as 6a on HIS-1 6–30
Number and street
City 31–50 — State 51–52 — Zip Code 53–61
c. Special Place name *(Fill if applicable)* 62–97

SUPPLEMENT ON AGING SAMPLE SELECTION

Use Table A or B as indicated on HIS-1 Household Composition Page. Circle that letter and enter number below to indicate the order of interview (1 = down from the top of the listing, 2 = up from the bottom). Follow this order whenever two or more sample persons are at home at the same time. RT 64 3–4

18. Are there any nondeleted persons 65 years old or older in the family? 5
1 ☐ Yes *(List by age (oldest to youngest) in upper portion of appropriate table, mark "SP" box on HIS-1 for each, THEN 19)*
2 ☐ No *(19)*

19. Are there any nondeleted persons 55–64 years old in the family? 6
1 ☐ Yes *(List by age (oldest to youngest) in lower portion of appropriate table, mark "SP" box on HIS-1 for each "X" person, and begin supplement using the appropriate "order of interview")*
2 ☐ No *(Begin interview(s) using the appropriate "order of interview")*

TABLE A ____

Age	Name	Person number	Sample person
7–8		9–10	X
11–12		13–14	X
15–16		17–18	X
19–20		21–22	X
23–24		25–26	X
27–28		29–30	
31–32		33–34	X
35–36		37–38	

TABLE B ____

Age	Name	Person number	Sample person
39–40		41–42	X
43–44		45–46	X
47–48		49–50	X
51–52		53–54	X
55–56		57–58	
59–60		61–62	X
63–64		65–66	
67–68		69–70	X

RT 65 3–4

SUPPLEMENT ON AGING

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS

N1

a. *Initial status of sample person* — 5
1 ☐ Available *(N1b)*
2 ☐ Callback required *(Next SP)*

b. *Supplement beginning time* — 6–9 (Hour), 10 (Minutes)
1 ☐ a.m.
2 ☐ p.m.

Read to respondent — **We are interested in obtaining further information about the health of people 55 years of age and older in the United States. I will also ask you some questions about your family and social activities.**

Ask or verify for each HH member

1. How is *(name on HIS-1)* **related to you?**

Enter "Sample Person" on appropriate line.

Enter "Unrelated" for persons not related to the sample person.

Enter "Deleted" for any deleted persons, except AF members living at home and babies born during interview week.

Enter ages from HIS-1.

	Person No. on HIS-1	Age on HIS-1	Relationship to Sample Person
01	11–12	13–14	15–16
02	17–18	19–20	21–22
03	23–24	25–26	27–28
04	29–30	31–32	33–34
05	35–36	37–38	39–40
06	41–42	43–44	45–46
07	47–48	49–50	51–52
08	53–54	55–56	57–58
09	59–60	61–62	63–64
10	65–66	67–68	69–70

N2 *Refer to marital status (page 46 or 47) on HIS-1* — 71
1 ☐ Sample person is now married *(N3)*
2 ☐ Sample person is now widowed, divorced, separated *(2b)*
3 ☐ Sample person has never been married *(6)*

N3 *Spouse of Sample Person previously interviewed on SOA* — 72
1 ☐ Yes *(6)*
2 ☐ No *(2)*

2a. How long have you been married (to *(name of spouse)***)?** — 73–74
00 ☐ Less than one year
_____ Number of years
(3)

b. Earlier [you told me/I was told] that you are now [widowed/divorced/separated]. How long have you been [widowed/divorced/separated]? — 75–76
00 ☐ Less than one year
_____ Number of years

3a. Including step and adopted children, how many LIVING children do you have? — 77–78
00 ☐ None *(6)*
_____ Number

b. How many of your children are sons and how many are daughters?
_____ Number of sons — 79–80
_____ Number of daughters — 81–82
☐ Total number of children — 83–84
Compare with 3a, reconcile differences

N4 *Refer to relationship roster in 1* — 85
1 ☐ Any of SP's children live in household *(6)*
8 ☐ Other *(4)*

FOOTNOTES

FORM HIS-1 SR 1984 (3-13-84)

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

4a. How quickly can [any one of your children/your son/your daughter] get here?	_____ Number { 1 ☐ Minutes, 2 ☐ Hours, 3 ☐ Days }	86–88
b. How often do you see [any one of your children/your son/your daughter]?	000 ☐ Less than once a year/never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year }	89–91
c. How often do you talk on the telephone with [any one of your children/your son/your daughter]?	000 ☐ Less than once a year/never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year }	92–94
d. How often do you get mail from [any one of your children/ your son/your daughter]?	000 ☐ Less than once a year/never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year }	95–97
5. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?	1 ☐ Yes 2 ☐ No	98
6a. Including step and adopted brothers, how many LIVING brothers do you have?	00 ☐ None _____ Number of brothers	99–100
b. Including step and adopted sisters, how many LIVING sisters do you have?	00 ☐ None _____ Number of sisters	101–102
7. How long have you been living here, in this [house/apartment]?	00 ☐ Less than 1 year _____ Number of years	103–104
N5 *Other family member previously interviewed on SOA*	1 ☐ Yes *(12)* 2 ☐ No *(8)*	105
Mark if known **8. Is this [house/apartment] in a RETIREMENT [community/building or complex]?**	1 ☐ Yes 2 ☐ No *(10)*	106
9. Whether you use them or not, are the following services available in THIS retirement [community/building or complex]?		107
a. Group meals for residents?	1 ☐ Yes 2 ☐ No	
b. Housekeeping or maid service?	1 ☐ Yes 2 ☐ No	108
c. Medical services?	1 ☐ Yes 2 ☐ No	109
d. Telephone call service to check on your well-being?	1 ☐ Yes 2 ☐ No	110
e. Recreational services?	1 ☐ Yes 2 ☐ No	111
10a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?	1 ☐ No Yes — *If not mentioned, ask:* **Is it one or more than one?** 2 ☐ 1 step 3 ☐ More than 1 step	112
b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?	1 ☐ Yes 2 ☐ No *(11b)*	113

FORM HIS 1 (SBI 1984) (3 13 84)

RT 66

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

3–4

11a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the SAME floor or level? — 5
1 ☐ Yes
2 ☐ No

b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower? — 6
1 ☐ Yes
2 ☐ No

12a. Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor or level? — 7
1 ☐ Yes
2 ☐ No

b. Because of a health or physical problem, do YOU NEED a walk-in shower? — 8
1 ☐ Yes
2 ☐ No

N6 *Mark first appropriate box* — 9
1 ☐ Sample person lives alone *(14)*
2 ☐ Sample person lives with spouse only
3 ☐ Sample person lives only with persons under 18 years old (and spouse)
} *(N7)*
8 ☐ All other *(13a)*

13a. Do you and *(read names of all other household members)* **live together NOW because YOU need to share living expenses?** — 10
1 ☐ Yes
2 ☐ No

b. Do you and *(read names of all other household members)* **live together NOW because of a health or physical problem YOU have?** — 11
1 ☐ Yes
2 ☐ No

N7 *Spouse of SP previously interviewed on SOA* — 12
1 ☐ Yes *(Section O)*
2 ☐ No *(14)*

14a. Is this [house/apartment] now —

(1) Owned or being bought by you (OR someone in the household)? — 13
1 ☐ Yes *(14b)* ☐ No

(2) Rented for money? — 14
1 ☐ Yes *(14h)* ☐ No

(3) Occupied without payment of money rent? — 15
1 ☐ Yes *(Section O)*

b. Who owns or is buying it? — 16
1 ☐ Sample person } *(14c)*

Anyone else? — 17, 18, 19, 20, 21
2 ☐ Spouse
3 ☐ Child
4 ☐ Grandchild
5 ☐ Other relative
6 ☐ Nonrelative
} *(Section O)*

Follow skip instructions for lowest numbered box marked.

c. Is this place fully paid for or is there a mortgage being paid? — 22
1 ☐ Fully paid for *(14f)*
2 ☐ Mortgage being paid
9 ☐ DK *(14f)*

d. Do you know about how much principal is still owed on the mortgage? — 23
1 ☐ Yes
2 ☐ No/DK *(14f)*

e. How much principal is still owed? — 24–29
$ _____
Amount

f. Do you know the present value of this place, that is, about how much it would bring if you sold it on today's market? — 30
1 ☐ Yes
2 ☐ No/DK *(Section O)*

g. What is the present value? — 31–36
$ _____ *(Section O)*
Amount

h. Who is paying rent for it? — 37
1 ☐ Sample person

Anyone else? — 38, 39, 40, 41, 42
2 ☐ Spouse
3 ☐ Child
4 ☐ Grandchild
5 ☐ Other relative
6 ☐ Nonrelative

FOOTNOTES

FORM HIS 1 (SB) (1984) (3-13-84)

Section O. COMMUNITY AND SOCIAL SUPPORT

O1 *Refer to age* — 1 ☐ Sample person is 55–59 *(3)* / 2 ☐ Sample person is 60 or older *(1)* [43]

NOTE *— Ask 2 immediately after receiving a "Yes" in 1.*

Read to respondent — **The next questions are about community services.**

	1. In the past 12 months, did YOU —	2. How often did you use it — frequently, sometimes, or rarely?
a. Use a senior center?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [44]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [45]
b. Use special transportation for the elderly?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [46]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [47]
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [48]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [49]
d. Eat meals in a senior center or in some place with a special meal program for the elderly?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [50]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [51]
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [52]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [53]
f. Use a service which makes routine telephone calls to check on the health of elderly people?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [54]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [55]
g. Use a visiting nurse service?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [56]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [57]
h. Use a health aide who comes into the home?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(Next service)* [58]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely *Reask 1 and resume list* [59]
i. Use adult day care or day care for the elderly?	1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(3)* [60]	1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely [61]

3a. In the past 12 months, did you do any volunteer work for any organized group? — 1 ☐ Yes / 2 ☐ No / 9 ☐ DK *(4)* [62]

b. How often did you do volunteer work — frequently, sometimes, or rarely? — 1 ☐ Frequently / 2 ☐ Sometimes / 3 ☐ Rarely [63]

Hand Calendar

Read to respondent — **The next questions refer to the 2 weeks (outlined in red on that calendar), beginning Monday** *(date)* **and ending this past Sunday** *(date)*.

4. During those 2 weeks did you — [64]

a. Get together socially with friends or neighbors?	1 ☐ Yes	2 ☐ No
b. Talk with friends or neighbors on the telephone?	1 ☐ Yes	2 ☐ No [65]
c. Get together with ANY relatives (not including household members)?	1 ☐ Yes	2 ☐ No [66]
d. Talk with ANY relatives on the telephone (not including household members)?	1 ☐ Yes	2 ☐ No [67]
e. Go to church or temple for services or other activities?	1 ☐ Yes	2 ☐ No [68]
f. Go to a show or movie, sports event, club meeting, classes or other group event?	1 ☐ Yes	2 ☐ No [69]

O2 *Respondent* — 1 ☐ Self *(5)* / 2 ☐ Proxy *(Section P)* [70]

5. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more? — 1 ☐ About enough / 2 ☐ Too much / 3 ☐ Would like to do more [71]

FORM HIS 1 SB -1984 3 13 84

RT 67 3–4

Section P. OCCUPATION AND RETIREMENT

P1 *Refer to Wa/Wb boxes for SP in C1 on the HIS-1, Household Composition Page*

1 ☐ Wa or Wb marked *(1d)*
8 ☐ Other *(1a)* — 5

1a. Have you EVER worked at a job or business?
1 ☐ Yes
2 ☐ No *(2)* — 6

b. Have you worked at a job or business, at any time since you were 45 years old?
1 ☐ Yes
2 ☐ No
9 ☐ DK } *(2)* — 7

c. Did you work at all at a job or business in the past 12 months, that is, since *(12 month date)* **a year ago?**
1 ☐ Yes
2 ☐ No *(2)* — 8

d. Since *(12 month date)* **a year ago, in how many weeks did you work, either full or part time, not counting work around the house? Include paid vacations and paid sick leave.**
52 ☐ All year — 52 weeks
_____ Weeks — 9–10

e. In the weeks that you worked, how many hours a week did you USUALLY work at ALL jobs?
_____ Hours — 11–12

2a. At this time, do you consider yourself completely retired, partly retired, or not retired at all?
1 ☐ Completely retired
2 ☐ Partly retired
3 ☐ Not retired at all
4 ☐ Never worked } *(3)* — 13

P2 *Refer to SP's work status in 1a and 1b*

1 ☐ "No" in 1a or 1b *(3)*
8 ☐ All other *(2b)* — 14

2b. Have you retired more than once?
1 ☐ Yes
2 ☐ No — 15

c. How long has it been since you retired (the last time)?
00 ☐ Less than 1 year
_____ Number of years — 16–17

d. (The last time you retired) Did you retire mainly because of a health or physical problem you had?
1 ☐ Yes *(3)*
2 ☐ No — 18

e. (That time) Did you retire mainly because you thought your work would cause a health problem?
1 ☐ Yes
2 ☐ No — 19

Hand card SOA 1 or read sources for a telephone interview

3a. (Even though you do not consider yourself retired) Are you NOW receiving RETIREMENT income from any of these sources? Do NOT include any disability income.
1 ☐ Yes
2 ☐ No *(6)* — 20

b. Which ones? *Mark all sources given*

Note *— Ask 4 and 5 for each source marked in 3b*

Any other source?		4. How long have you been receiving *(source in 3b)*?		5. Do you NOW receive it because of your OWN work experience or because you are a dependent or survivor of someone else?	
1 ☐ Social Security	21	00 ☐ Less than 1 year _____ Number of years	22–23	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	24
2 ☐ Railroad retirement	25	00 ☐ Less than 1 year _____ Number of years	26–27	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	28
3 ☐ A private employer or union pension	29	00 ☐ Less than 1 year _____ Number of years	30–31	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	32
4 ☐ A government employee pension (Federal, State, or local)	33	00 ☐ Less than 1 year _____ Number of years	34–35	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	36
5 ☐ Military retirement	37	00 ☐ Less than 1 year _____ Number of years	38–39	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	40
6 ☐ Some other source — *Specify*	41	FOOTNOTES			
	42–43				

Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source?	1 ☐ Yes 2 ☐ No *(9)*	44
7. Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else?	1 ☐ Own 2 ☐ Someone else *(9)* 3 ☐ Both	45
8. How long have you been receiving disability payments? *If more than one, record the longest one.*	00 ☐ Less than 1 year _____ Number of years	46–47
9. Have you EVER received any disability payments from Social Security?	1 ☐ Yes 2 ☐ No 9 ☐ DK	48

Note *— Ask 10a—j before asking 11 and 12.*

Note *— Ask 11 and 12 for each "Yes" in 10a—j.*

Read to respondent — **Please tell me if you have ANY difficulty when you do the following activities —**		**11. How much difficulty do you have** *(activity in 10)*, **some, a lot, or are you unable to do it?**	**12. For how long have you [had some difficulty/had a lot of difficulty/been unable to]** *(activity in 10)*?
10. By yourself and not using aids, do you have any difficulty — **a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?**	49 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	50 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	51–52 00 ☐ Less than 1 year _____ Number of years
b. Walking up 10 steps without resting?	53 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	54 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	55–56 00 ☐ Less than 1 year _____ Number of years
c. Standing or being on your feet for about 2 hours?	57 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	58 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	59–60 00 ☐ Less than 1 year _____ Number of years
d. Sitting for about 2 hours?	61 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	62 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	63–64 00 ☐ Less than 1 year _____ Number of years
Reask 10 **e. Stooping, crouching, or kneeling?**	65 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	66 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	67–68 00 ☐ Less than 1 year _____ Number of years
f. Reaching up over your head?	69 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	70 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	71–72 00 ☐ Less than 1 year _____ Number of years
g. Reaching out (as if to shake someone's hand)?	73 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	74 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	75–76 00 ☐ Less than 1 year _____ Number of years
h. Using your fingers to grasp or handle?	77 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	78 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	79–80 00 ☐ Less than 1 year _____ Number of years
Reask 10 **i. Lifting or carrying something as heavy as 25 pounds (such as two full bags of groceries)?**	81 1 ☐ Yes 2 ☐ No *(11)* 9 ☐ NA/DK	82 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	83–84 00 ☐ Less than 1 year _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	85 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	86 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	87–88 00 ☐ Less than 1 year _____ Number of years

FORM HIS-1 (SB) (1984) (3-13-84)

Section P. OCCUPATION AND RETIREMENT, Continued

P3	*Refer to Wa/Wb boxes for SP in C1 on the HIS-1 Household Composition Page*	1 ☐ Wa or Wb box marked *(Section Q)* 8 ☐ Other *(P4)*	89
P4	*Mark first appropriate box*	1 ☐ SP is 75 + } *(Section Q)* 2 ☐ Proxy } *(Section Q)* 3 ☐ Self response *(13)*	90
13a. Do you think there are some kinds of work you could do now if jobs were available?		1 ☐ Yes 2 ☐ No } *(Section Q)* 9 ☐ DK/maybe } *(Section Q)*	91
b. Do you WANT to work at a job or business?		1 ☐ Yes 2 ☐ No	92

FOOTNOTES

FORM HIS 1 (SB) (1984) (3 13 84)

RT 68

Section Q. CONDITIONS AND IMPAIRMENTS

3–4

Read to respondent — **Now tell me if you have any of these eye conditions, even if you have mentioned them before.**

1. Do you NOW have —

5

a. Cataracts? 1☐ Yes 2☐ No 9☐ DK

6

b. Glaucoma? 1☐ Yes 2☐ No 9☐ DK

7

c. Color blindness? 1☐ Yes 2☐ No 9☐ DK

8

d. A detached retina or any other condition of the retina?
Circle appropriate condition 1☐ Yes 2☐ No 9☐ DK

9

e. Blindness in one or both eyes?
If "Yes," ask: **Which — one or both?**
Yes
0☐ One
1☐ Both *(Q1)*
2☐ No 9☐ DK

10

f. Any other trouble seeing with one or both eyes EVEN when wearing glasses? 1☐ Yes 2☐ No 9☐ DK

11

Q1 *Refer to answers in 1a–f*
1☐ All "No" or "DK" in 1a–f *(2)*
8☐ Other — *Enter "Yes" responses in EYE LTR box on Condition Summary Chart, THEN Q2*

12

Q2 *Blindness in BOTH eyes reported in 1e*
1☐ Yes *(4a THEN 9)*
2☐ No *(2)*

13

2a. Do you use eyeglasses? Include eyeglasses that just magnify.
1☐ Yes
2☐ No *(3)*

14

b. Were these eyeglasses prescribed for you?
1☐ Yes
2☐ No

15

3. Do you use contact lenses?
1☐ Yes
2☐ No

16

4a. Have you ever had an operation for cataracts?
1☐ Yes
2☐ No *(5)*

17

b. Do you have a lens implant?
1☐ Yes
2☐ No

18

5. Do you use a magnifying glass to read or to do other close work?
1☐ Yes
2☐ No

Read to respondent — **The next few questions are about how well you can see (wearing your [glasses/(or) contact lenses] if that's how you see best).**

19

6a. Can you see well enough to recognize the features of people if they are within two or three feet?
1☐ Yes
2☐ No

20

b. Can you see well enough to watch T.V. 8 to 12 feet away?
1☐ Yes
2☐ No

21

c. Can you see well enough to read newspaper print?
1☐ Yes
2☐ No

22

7a. Can you see well enough to step off a curb or down a step?
1☐ Yes
2☐ No

23

b. Can you see well enough to recognize a friend walking on the other side of the street?
1☐ Yes
2☐ No

24

8. Which statement best describes your vision (wearing [glasses/(or) contact lenses]) — no trouble seeing, a little trouble, or a lot of trouble?
1☐ No trouble
2☐ Little trouble
3☐ Lot of trouble

FORM HIS 1 (SB) (1984) (3-13-84)

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

Read to respondent — **These next questions are about hearing.**

9. Do you NOW have —

a. Tinnitus or ringing in the ears? *Circle appropriate condition.*	1 ☐ Yes 2 ☐ No 9 ☐ DK	25
b. Deafness in one or both ears? *If "Yes," ask:* **Which — one or both?**	Yes 0 ☐ One 2 ☐ No 9 ☐ DK 1 ☐ Both *(Q3)*	26
c. Any other trouble hearing with one or both ears?	1 ☐ Yes 2 ☐ No 9 ☐ DK	27
Q3 *Refer to answers in 9a—c*	1 ☐ All "No" or "DK" in 9a—c *(10)* 8 ☐ Other — *Enter "Yes" responses in EAR LTR box on Condition Summary Chart, THEN 10*	28
10a. Do you use a hearing aid?	1 ☐ Yes 2 ☐ No	29
b. (With your hearing aid) Can you hear MOST of the things people say?	1 ☐ Yes *(11)* 2 ☐ No	30
c. (With your hearing aid) Can you hear ONLY A FEW WORDS people say or LOUD noises?	1 ☐ Yes 2 ☐ No	31
11. Which statement best describes your hearing (with your hearing aid) — no trouble hearing, a little trouble, or a lot of trouble?	1 ☐ No trouble 2 ☐ Little trouble 3 ☐ Lot of trouble	32

Read to respondent — **Please tell me if you have EVER had any of the following conditions, even if you have mentioned them before.**

12. Have you EVER had —

a. Osteoporosis, sometimes called fragile or soft bones? (os tee o po ro' sis)	1 ☐ Yes 2 ☐ No 9 ☐ DK	33
b. A broken hip?	1 ☐ Yes 2 ☐ No 9 ☐ DK	34
c. Hardening of the arteries or arteriosclerosis? *Circle appropriate condition*	1 ☐ Yes 2 ☐ No 9 ☐ DK	35
d. Hypertension, sometimes called high blood pressure?	1 ☐ Yes 2 ☐ No 9 ☐ DK	36
e. Rheumatic fever?	1 ☐ Yes 2 ☐ No 9 ☐ DK	37
f. Rheumatic heart disease?	1 ☐ Yes 2 ☐ No 9 ☐ DK	38
g. Coronary heart disease?	1 ☐ Yes 2 ☐ No 9 ☐ DK	39
h. Angina pectoris? (pek' to ris)	1 ☐ Yes 2 ☐ No 9 ☐ DK	40
i. A myocardial infarction?	1 ☐ Yes 2 ☐ No 9 ☐ DK	41
j. Any other heart attack?	1 ☐ Yes 2 ☐ No 9 ☐ DK	42
k. A stroke or a cerebrovascular accident? (ser' a-bro vas ku lar) *Circle appropriate condition*	1 ☐ Yes 2 ☐ No 9 ☐ DK	43
l. Alzheimer's disease? (al' zī mers)	1 ☐ Yes 2 ☐ No 9 ☐ DK	44
m. Cancer of any kind?	1 ☐ Yes 2 ☐ No 9 ☐ DK	45
Q4 *Refer to answers in 12a—m*	1 ☐ All "No" or "DK" in 12a—m *(13)* 8 ☐ Other — *Enter "Yes" responses in EVER LTR box on Condition Summary Chart, THEN 13*	46

FORM HIS 11(SB)(1984) (3-13-84)

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

13. During the PAST 12 MONTHS, did you have —

a. Arthritis of any kind or rheumatism? *Circle appropriate condition* — 1 ☐ Yes 2 ☐ No 9 ☐ DK [47]

b. Diabetes? — 1 ☐ Yes 2 ☐ No 9 ☐ DK [48]

c. An aneurysm? (an' yoo rizm) — 1 ☐ Yes 2 ☐ No 9 ☐ DK [49]

d. Any blood clots? — 1 ☐ Yes 2 ☐ No 9 ☐ DK [50]

e. Varicose veins? — 1 ☐ Yes 2 ☐ No 9 ☐ DK [51]

Q5 *Refer to answers in 13a—e* — 1 ☐ All "No" or "DK" in 13a—e *(14)* [52]
8 ☐ Other — *Enter "Yes" responses in 12-MO LTR box on Condition Summary Chart, THEN 14*

14a. During the past 12 months, that is, since *(12-month date)* **a year ago, have you fallen?** — 1 ☐ Yes 2 ☐ No *(14d)* [53]

b. How many times? — 1 ☐ One 2 ☐ More than one [54]

c. [Did you fall/Were any of these falls] because you felt dizzy? — 1 ☐ Yes *(14e)* 2 ☐ No [55]

d. Do you sometimes have trouble with dizziness? — 1 ☐ Yes 2 ☐ No *(15)* [56]

e. Does dizziness prevent you in any way from doing things you otherwise could do? — 1 ☐ Yes 2 ☐ No [57]

15. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? *If asked — includes wearing false teeth/dentures.* — 1 ☐ Yes 2 ☐ No [58]

Read to respondent — **In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.** [RT 69] [3—4]

16a. I have your date of birth as *(birthdate from item 3 on HIS-1 Household Composition page)*. **Is that correct?** [5—11]

Date of birth

Month	Date	Year

b. In what State or country were you born? [12—13]

Write in the full name of the State or mark the appropriate box if the sample person was not born in the United States.

99 ☐ DK

_____ State

01 ☐ Puerto Rico
02 ☐ Virgin Islands
03 ☐ Guam
04 ☐ Canada
05 ☐ Cuba
06 ☐ Mexico
98 ☐ All other countries

c. To verify the spelling, what is your full name, including middle initial?

Last [14—33]

First [34—48]

Middle initial [49]

Verify for males; ask for females. [50—69]

d. What was your father's LAST name? *Verify spelling. DO NOT write "Same."*

_____ Father's LAST name

Read to respondent — **We also need your Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on your benefits and no information will be given to any other government or nongovernment agency.** [70—78]

999999999 ☐ DK

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number

Read if necessary — **The Public Health Service Act is title 42, United States Code, section 242k.**

e. What is your Social Security Number?

Mark if number obtained from → 1 ☐ Memory 2 ☐ Records [79]

FORM HIS 1(SB)(1984) (3 13 84)

RT 70

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S) 3–4

Read to respondent — **The next questions are about how well you are able to do certain activities — by yourself and without using special equipment.**

	(1)	(2)	(3)
1. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	5 **Bathing or showering?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	22 **Dressing?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	39 **Eating?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 2 – 5 for each ADL marked "Yes" in 1. **2. By yourself and without using special equipment, how much difficulty do you have (ADL), some, a lot, or are you unable to do it?**	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	23 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	40 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from another person in (ADL)?	7 1 ☐ Yes 2 ☐ No *(5)*	24 1 ☐ Yes 2 ☐ No *(5)*	41 1 ☐ Yes 2 ☐ No *(5)*
4a. Who gives this help? **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents.* **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	**4a.** Source of help 8–11 / **4b.** Paid 12–15: HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . — 0 ☐ S/C/P *(5)*; 1 ☐ Yes 2 ☐ No; 1 ☐ Yes 2 ☐ No. Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . — 1 ☐ Yes 2 ☐ No; 1 ☐ Yes 2 ☐ No	**4a.** Source of help 25–28 / **4b.** Paid 29–32: HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . — 0 ☐ S/C/P *(5)*; 1 ☐ Yes 2 ☐ No; 1 ☐ Yes 2 ☐ No. Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . — 1 ☐ Yes 2 ☐ No; 1 ☐ Yes 2 ☐ No	**4a.** Source of help 42–45 / **4b.** Paid 46–49: HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . — 0 ☐ S/C/P *(5)*; 1 ☐ Yes 2 ☐ No; 1 ☐ Yes 2 ☐ No. Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . — 1 ☐ Yes 2 ☐ No; 1 ☐ Yes 2 ☐ No
5a. Do you use any special equipment or aids in (ADL)?	16 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	33 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	50 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*
b. What special equipment or aids do you use? **Anything else?**	Special equipment or aids _____ 17–18 _____ 19–20	Special equipment or aids _____ 34–35 _____ 36–37	Special equipment or aids _____ 51–52 _____ 53–54
Ask 6 if any ADL marked "Yes" in 1. **6a. What (other) condition causes the trouble in (read ADL(s))?** *Ask if injury or operation:* **When did [the (injury) occur? / you have the operation?]** *Enter injury if over 3 months ago.* *Ask or reask 6b, if 0 – 3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	☐ Old age *(6c)*		
b. Besides (condition), is there any other condition which causes this trouble in (read ADL(s))?	☐ Yes *(Reask 6a and b)* ☐ No *(6d)*		
c. Is this trouble in (read ADL(s)) caused by any (other) specific condition?	☐ Yes *(Reask 6a and b)* ☐ No		
If multiple conditions, including old age, are listed in 6a, ask 6d for each ADL with a "Yes" in 1. Otherwise, mark appropriate box or transcribe the only listed condition for each ADL. **d. Which of these conditions, that is (read conditions in 6a) would you say is the MAIN cause of the trouble in (ADL)?**	21 1 ☐ 0 – 3 month Inj/Op ONLY 2 ☐ Old age } *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	38 1 ☐ 0 – 3 month Inj/Op ONLY 2 ☐ Old age } *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	55 1 ☐ 0 – 3 month Inj/Op ONLY 2 ☐ Old age } *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*

FOOTNOTES

FORM HIS-1 (SBI (1984) (3 13 84)

RT 71
3–4

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

(4) 56	(5) 73	(6) 90	(7) 5
Reask 1 **Getting in and out of bed or chairs?**	**Walking?**	**Getting outside?**	**Using the toilet, including getting to the toilet?**
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
57 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	74 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	91 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
58 1 ☐ Yes 2 ☐ No *(5)*	75 1 ☐ Yes 2 ☐ No *(5)*	92 1 ☐ Yes 2 ☐ No *(5)*	7 1 ☐ Yes 2 ☐ No *(5)*
4a. Source of help 59–62 / **4b.** Paid 63–66	**4a.** Source of help 76–79 / **4b.** Paid 80–83	**4a.** Source of help 93–96 / **4b.** Paid 97–100	**4a.** Source of help 8–11 / **4b.** Paid 12–15
HH member 1 ☐ Relative . . . . 0 ☐ S/C/P *(5)* 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 0 ☐ S/C/P *(5)* 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 0 ☐ S/C/P *(5)* 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 0 ☐ S/C/P *(5)* 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No
67 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	84 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	101 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	16 1 ☐ Yes 2 ☐ No *(6)*
Special equipment or aids _____ 68–69 _____ 70–71	Special equipment or aids _____ 85–86 _____ 87–88	Special equipment or aids _____ 102–103 _____ 104–105	Special equipment or aids _____ 17–18 _____ 19–20
(4) 72	(5) 89	(6) 106	(7) 21
1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *(Next page)* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN next page.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

7a. Do you have difficulty controlling your bowels?	1☐ Yes 2☐ No *(7c)*	22
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1☐ Daily 2☐ Several times a week 3☐ Once a week 4☐ Less than once a week 9☐ DK	23
c. Do you have a colostomy or a device to help control bowel movements?	1☐ Yes 2☐ No *(8)*	24
d. Do you need help from another person in taking care of this device?	1☐ Yes 2☐ No	25
8a. Do you have difficulty controlling urination?	1☐ Yes 2☐ No *(8c)*	26
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1☐ Daily 2☐ Several times a week 3☐ Once a week 4☐ Less than once a week 9☐ DK	27
c. Do you have a urinary catheter or a device to help control urination?	1☐ Yes 2☐ No *(R1)*	28
d. Do you need help from another person in taking care of this device?	1☐ Yes 2☐ No	29
R1 *Mark first appropriate box*	1☐ Respondent is a proxy 2☐ Sample person has only been seen in a bed or chair } *(9)* 3☐ Telephone interview 8☐ All other *(Next page)*	30
Mark if known **9. Because of a health or physical problem, do you usually —** **a. Stay in bed all or most of the time?**	1☐ Yes *(10)* 2☐ No	31
b. Stay in a chair all or most of the time?	1☐ Yes *(10)* 2☐ No *(Next page)*	32
10a. What (other) condition causes you to stay in [bed/a chair]? *Ask if injury or operation:* **When did [the** *(injury)* **occur? / you have the operation?]** *Enter injury if over 3 months ago.* *Ask or reask 10b, if 0—3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	☐ Old age *(10c)*	
b. Besides *(condition)*, **is there any other condition which causes this?**	☐ Yes *(Reask 10a and b)* ☐ No *(10d)*	
c. Is this caused by any (other) specific condition?	☐ Yes *(Reask 10a and b)* ☐ No	
Ask if multiple conditions, including old age, are listed in 10a. Otherwise, mark appropriate box or transcribe the only listed condition. **d. Which of these conditions, that is** *(read conditions in 10a)* **would you say is the MAIN cause of your staying in [bed/a chair] all or most of the time?**	1☐ 0—3 month Inj/Op ONLY } *(Next page)* 2☐ Old age 3☐ _____ Condition — *Enter "9" in ADL box on Condition Summary Chart, THEN next page.*	33

FORM HIS-1 (SB) (1984) (3-13-84)

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S)

Read to respondent — **Now I will ask about some other activities. Tell me about doing them by yourself.**

	(1)	(2)
11. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3.*	34 **Preparing your own meals?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	46 **Shopping for personal items, (such as toilet items or medicines)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 12—14 for each IADL marked "Yes" in 11. **12. By yourself, how much difficulty do you have (IADL), some, a lot, or are you unable to do it?**	35 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	47 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
13. Do you receive help from another person in (IADL)?	36 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	48 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*

14a. Who gives this help? **Anyone else?**	Source of help 14a. 37—40	Paid 14b. 41—44	Source of help 14a. 49—52	Paid 14b. 53—56
Mark the S/C/P box without asking if ONLY help is from spouse/children/parents. THEN 12 for next IADL with "Yes" in 11.	HH member 1 ☐ Relative 2 ☐ Nonrelative	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative 2 ☐ Nonrelative	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
b. Is this help paid for? *Ask if necessary:* **Which helpers are paid?**	Non-HH member 3 ☐ Relative 4 ☐ Nonrelative	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative 4 ☐ Nonrelative	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

Ask 15 if any IADL marked "Yes" in 11. **15a. What (other) condition causes the trouble in (read IADL(s))?**	☐ Old age *(15c)*
Ask if injury or operation: **When did [the (injury) occur? / you have the operation?]** *Enter injury if over 3 months ago.*	
Ask or reask 15b, if 0—3 months injury or operation.	
Ask if operation over 3 months ago: **For what condition did you have the operation?** *Enter condition.*	
b. Besides (condition), is there any other condition which causes the trouble in (read IADL(s))?	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*
c. Is the trouble in (read IADL(s)) caused by any (other) specific condition?	☐ Yes *(Reask 15a and b)* ☐ No

	(1)	(2)
If multiple conditions, including old age, are listed in 15a, ask 15d for each IADL with a "Yes" in 11. Otherwise, mark appropriate box or transcribe the only listed condition. **d. Which of these conditions, that is (read conditions in 15a) would you say is the MAIN cause of the trouble in (IADL)?**	45 1 ☐ 0—3 month Inj/ Op ONLY 2 ☐ Old age } *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition — *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	57 1 ☐ 0—3 month Inj/ Op ONLY 2 ☐ Old age } *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition — *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S), Continued

(3) 58	(4) 70	(5) 82	(6) 94
Managing your money, (such as keeping track of expenses or paying bills)?	*Reask 11* **Using the telephone?**	**Doing heavy housework, (like scrubbing floors, or washing windows)?**	**Doing light housework, (like doing dishes, straightening up, or light cleaning)?**
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
59 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	71 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	83 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	95 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
60 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	72 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	84 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	96 1 ☐ Yes 2 ☐ No *(15)*
Source of help 14a. 61–64 / Paid 14b. 65–68	Source of help 14a. 73–76 / Paid 14b. 77–80	Source of help 14a. 85–88 / Paid 14b. 89–92	Source of help 14a. 97–100 / Paid 14b. 101–104
HH member 1 ☐ Relative . . . . / 0 ☐ S/C/P 2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . / 0 ☐ S/C/P 2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . / 0 ☐ S/C/P 2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . / 0 ☐ S/C/P 2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No / 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . / 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No
(3) 69 1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	(4) 81 1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	(5) 93 1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	(6) 105 1 ☐ 0–3 month Inj/ Op ONLY } *Next page* 2 ☐ Old age 3 ☐ _____ Condition – *Enter in IADL box on Condition Summary Chart, THEN next page*

FOOTNOTES

FORM HIS 1-SB--1984--3 13 84

RT 72

Section S. NURSING HOME STAY, HELP WITH CARE, AND HOSPICE

3–4

1a. Have you ever been a resident or patient in a nursing home? 5

1 ☐ Yes
2 ☐ No } *(S2)*
9 ☐ DK

b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home? 6–7

_____ Number of times

c. When were you admitted (the FIRST time)? 8–11

_____ 19_____
Month Year

d. When were you discharged (the LAST time)? 12–15

Month	Year
	19___

e. How long were you in the nursing home (the LAST time)? 16–17

00 ☐ Less than 1 month

_____ Number of months

S1 *Refer to 1d* 18

1 ☐ Date discharged is since the 12-month reference date *(1f)*
8 ☐ All other *(S2)*

1f. How many weeks in the past 12 months, that is, since *(12 month date)* **a year ago, were you in a nursing home?** 19–20

00 ☐ Less than 1 week

_____ Number of weeks

S2 *Refer to age* 21

1 ☐ Sample person is 55–64 *(2)*
2 ☐ Sample person is 65 or older *(1g)*

1g. Are you now on a waiting list to go into a nursing home? 22

1 ☐ Yes
2 ☐ No
9 ☐ DK

2a. Is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary? (Include the people you live with.) 23

Mark one box only.

Yes — **Who is this person?**
2 ☐ No

HH member		Non-HH member
3 ☐ Relative	OR	5 ☐ Relative
4 ☐ Nonrelative		6 ☐ Nonrelative

b. Is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? (Include the people you live with.) 24

Mark one box only

Yes — **Who is this person?**
2 ☐ No

HH member		Non-HH member
3 ☐ Relative	OR	5 ☐ Relative
4 ☐ Nonrelative		6 ☐ Nonrelative

Skip to Section T if a proxy

3a. Are you familiar with the term "HOSPICE," that is, a service for the terminally ill? 25

1 ☐ Yes
2 ☐ No/DK *(Section T)*

b. Is there a hospice or an in-home hospice service in the [metropolitan area/county] that you could use if you needed one? 26

1 ☐ Yes
2 ☐ No
9 ☐ DK

FOOTNOTES

FORM HIS-1 (S8) (1984) (3-13-84)

Section T. HEALTH OPINIONS

T1	*Respondent*	1 ☐ Self response *(1)* 2 ☐ Proxy *(T2)*
	Read to respondent — **Now I'd like to ask your personal opinions about health related matters.** **1. How good a job do you feel you are doing in TAKING CARE of your health? Would you say excellent, very good, good, fair, or poor?**	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor
	2. Compared with 1 year ago, would you say that your health is now better, worse, or about the same as it was then?	1 ☐ Better 2 ☐ Worse 3 ☐ Same
	3. During the PAST YEAR, has your overall health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?	1 ☐ A great deal of worry 2 ☐ Some worry 3 ☐ Hardly any worry 4 ☐ No worry at all
	4a. Compared to other people your age, would you say you are physically more active, less active, or about as active?	1 ☐ More active 2 ☐ Less active 3 ☐ About as active *(5)*
	b. Is that [a lot more or a little more active/a lot less or a little less active]?	1 ☐ Lot more 2 ☐ Little more 3 ☐ Lot less 4 ☐ Little less
	5a. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?	1 ☐ More active 2 ☐ Less active 3 ☐ About the same *(6)*
	b. Is that [a lot more or a little more active/a lot less or a little less active]?	1 ☐ Lot more 2 ☐ Little more 3 ☐ Lot less 4 ☐ Little less
	6. How much control do you think YOU have over your future health? Would you say you have a great deal of control, some, very little, or none at all?	1 ☐ A great deal of control 2 ☐ Some control 3 ☐ Very little control 4 ☐ None at all
	7. Do you feel that you get as much exercise as you need, or less than you need?	1 ☐ As much as needed 2 ☐ Less than needed
	8. Do you follow a REGULAR routine of physical exercise?	1 ☐ Yes 2 ☐ No
	9. How often do you walk a mile or more at a time, without resting? *(Note: One mile equals 8—12 blocks.)* *Probe if necessary:* **About how many days a week is that?**	1 ☐ Every day 2 ☐ 4—6 days a week 3 ☐ 2—3 days a week 4 ☐ 1 day a week 5 ☐ Less than 1 day a week 0 ☐ Never
	10a. People find that they sometimes have more trouble remembering things as they get older. In the PAST YEAR, about how often did you have trouble remembering things — frequently, sometimes, rarely, or never?	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 0 ☐ Never *(11)*
	b. Compared with a year ago, does this now happen more often, less often, or about the same?	1 ☐ More often 2 ☐ Less often 3 ☐ About the same
	11a. People find that they sometimes get confused as they get older. In the PAST YEAR, about how often did you get confused — frequently, sometimes, rarely, or never?	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 0 ☐ Never *(T2)*
	b. Compared with a year ago, does this now happen more often, less often, or about the same?	1 ☐ More often 2 ☐ Less often 3 ☐ About the same
T2	*Type of interview*	1 ☐ Self-personal 2 ☐ Self-telephone 3 ☐ Proxy personal 4 ☐ Proxy telephone } *Go to Condition Summary Chart (T3)*
T3	**a.** *Proxy Reason*	1 ☐ Sample person temporarily absent 2 ☐ Sample person mentally/physically incapable of responding *(Explain)* 8 ☐ Other *(Explain)* _____
	b. *Enter person number of proxy respondent, or mark box.*	00 ☐ Non-HH member _____ Proxy Person No. } *Go to Condition Summary Chart*

FORM HIS-1 (5B) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION A 3–4 5–6

1. Name of condition

2. **When did you last see or talk to a doctor or assistant about your** *(condition)*? 7

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
(3b)

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?** 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

b. **What did he or she call it?** *(Specify)*

1 ☐ Color Blindness *(NC)* 3 ☐ Vasectomy *(5)* 13
2 ☐ Cancer *(3e)* 8 ☐ Other *(3c)*

c. **What was the cause of your** *(condition in 3b)*? *(Specify)*

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

d. **Did the** *(condition in 3b)* **result from an accident or injury?**

1 ☐ Yes *(5)* 2 ☐ No

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	**Cancer**	**Disease**	**Problem**
Anemia	**Condition**	**Disorder**	**Rupture**
Asthma	**Cyst**	**Growth**	**Trouble**
Attack	**Defect**	**Measles**	**Tumor**
Bad			**Ulcer**

e. **What kind of** *(condition in 3b)* **is it?** *(Specify)*

Ask 3f only if allergy or stroke in 3b–e:

f. **How does the [allergy/stroke] NOW affect you?** *(Specify)*

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b–f:

Abscess	**Cancer**	**Infection**	**Rupture**
Ache (except head or ear)	**Cramps (except menstrual)**	**Inflammation**	**Sore(ness)**
		Neuralgia	**Stiff(ness)**
Bleeding (except menstrual)	**Cyst**	**Neuritis**	**Tumor**
	Damage	**Pain**	**Ulcer**
Blood clot	**Growth**	**Palsy**	**Varicose veins**
Boil	**Hemorrhage**	**Paralysis**	**Weak(ness)**

g. **What part of the body is affected?** *(Specify)*

Show the following detail:

Head ..... **skull, scalp, face**
Back/spine/vertebrae ..... **upper, middle, lower**
Side ..... **left or right**
Ear ..... **inner or outer; left, right, or both**
Eye ..... **left, right, or both**
Arm ..... **shoulder, upper, elbow, lower or wrist; left, right, or both**
Hand ..... **entire hand or fingers only; left, right, or both**
Leg ..... **hip, upper, knee, lower, or ankle; left, right, or both**
Foot ..... **entire foot, arch, or toes only; left, right, or both**

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b–f:

Infection **Sore** **Soreness**

3h. **What part of the** *(part of body in 3b–g)* **is affected by the [infection/sore/soreness] — the skin, muscle, bone, or some other part?** *(Specify)*

Ask if there are any of the following entries in 3b–f: 15

Tumor **Cyst** **Growth**

4. **Is this [tumor/cyst/growth] malignant or benign?**

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. **When was your** *(condition in 3b/3f)* **first noticed?** 16
b. **When did you** *(name of injury in 3b)*?

1 ☐ 2-week ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:
(Was it on or since *(first date of 2-week ref. period)* **or was it before that date?)**
(Was it less than 3 months or more than 3 months ago?)
(Was it less than 1 year or more than 1 year ago?)
(Was it less than 5 years or more than 5 years ago?)

U1 (K3) 17
1 ☐ Missing extremity or organ in 3b/*3f (U2)*
8 ☐ Other *(12)*

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No

b. **Is this condition completely cured or is it under control?** 18

2 ☐ Cured 8 ☐ Other *(Specify)*
3 ☐ Under control *(U2)* *(U2)*

c. **About how long did you have this condition before it was cured?** 19–21

000 ☐ Less than 1 month **OR** ____ Number { 1 ☐ Months 2 ☐ Years

d. **Was this condition present at any time during the past 12 months?** 22

1 ☐ Yes 2 ☐ No

U2 (K4) 23
1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. ____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3 25

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

Appendix III
Bradenton, Florida, Supplement on Aging Pretest Questionnaire

OMB No. 0937-0H2 Approval Expires September 30, 1983

FORM HIS-1(SA)X (1983)
(3 10 83)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U S. PUBLIC HEALTH SERVICE

SUPPLEMENT ON AGING

NATIONAL HEALTH INTERVIEW SURVEY

NOTICE: Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. ____ **Book ___ of ___ books**

2. R.O. Number ____

3. Sample ____

4. Control number ____
PSU | Segment | Serial

5. Sample Person ____
Name | Age | Person No.

6. Interviewer identification ____
Name | Code

9. Length of interview
Time began ___ a.m. / p.m. | Time ended ___ a.m. / p.m. | Number of minutes

7. Type of interview ____
1 ☐ Self-personal
2 ☐ Self-telephone
} (9)
3 ☐ Proxy-personal
4 ☐ Proxy-telephone

8. Proxy information — *Fill for all proxy interviews*

a. Name/relationship to sample person

_____

b. Reason for proxy interview

_____

10. Reason for supplement noninterview — *Mark box, describe situation below* ____
1 ☐ Refused
2 ☐ Sample person temporarily absent and no proxy available
3 ☐ Sample person incapable and no proxy available
4 ☐ Other *(Specify)* _____

Describe situation —

_____

_____

_____

SUPPLEMENT ON AGING SAMPLE SELECTION

1 ☐ Sample selection completed on previous booklet ____

11. Are there any nondeleted persons 65 years old or older in the family?
1 ☐ Yes *(Mark "SP" box on HIS-1 for each, THEN 12)*
2 ☐ No

12. Are there any nondeleted persons 55—64 years old in the family? ____
1 ☐ Yes *(13)*
2 ☐ No *(Begin supplement interview(s) if any family members 65 or older, otherwise end interview.)*

13. *List by age (youngest to oldest) each nondeleted family member 55—64 years of age. Then mark the "SP" box on the HIS-1 for each listed person with an "X" in the sample person column and begin supplement interview(s).*

Age	Name	Person number	Sample person
			X
			X
			X
			X
			X
			X

Section M. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS

Read to respondent — **We are interested in obtaining further information about the health of people 55 years of age and older in the United States. I will ask you some (additional) questions about your family, social activities, any health problems you may have and how you deal with them. First I'd like to ask about your family.**

Ask or verify for each HH member

1. How is *(name on HIS-1)* **related to you?**

Enter "Sample Person" on appropriate line.

Enter "Unrelated" for persons not related to the sample person.

Enter "Deleted" for any deleted persons, except AF members living at home and babies born during interview week.

Enter ages from HIS-1.

Person No. on HIS-1	Age on HIS-1	Relationship to Sample Person
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

M1 *Refer to marital status (page 46) on HIS-1*

1 ☐ Sample person is now married *(2a)*
2 ☐ Sample person is now widowed, divorced, separated *(2b)*
3 ☐ Sample person has never been married *(4)*

2a. Earlier [you told me/I was told] that you are now married. How long have you been married (to *(neme of spouse)***)?**

1 ☐ Less than one year
_____ Number of years } *(3)*

b. Earlier [you told me/I was told] that you are now [widowed/divorced/separated]. How long have you been [widowed/divorced/separated]?

1 ☐ Less than one year
_____ Number of years

Mark box if S.P. has children 18+ in HH.

3a. Do you have any living children 18 years old or older? Include stepchildren and adopted children.

1 ☐ Sample person has children 18+ in HH
2 ☐ Yes
3 ☐ No *(4)*

b. How many of your children 18 years old or older are sons and how many are daughters? (Include stepchildren and adopted children.)

_____ Number of sons 18+
_____ Number of daughters 18+
☐ Total number of children 18+
Verify total with respondent

Skip to 3e if no sons 18+, otherwise mark box or ask

c. [How many of your sons are/Is your son] now married?

☐ All sons 18+ live in HH *(3e)*
_____ Number of married sons

d. [How many of your sons/Does your son] live close enough to get here within one hour, by the usual way? (Include *(names of sons 18+ living in HH)* **as well as sons not living here.)**

_____ Number of close sons

Skip to 4 if no daughters 18+, otherwise mark box or ask

e. [How many of your daughters are/Is your daughter] now married?

☐ All daughters 18+ live in HH *(4)*
_____ Number of married daughters

f. [How many of your daughters/Does your daughter] live close enough to get here within one hour, by the usual way? (Include *(names of daughters 18+ living in the HH)* **as well as daughters not living here.)**

_____ Number of close daughters

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10 83)

Section M. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT AND LIVING ARRANGEMENTS, Continued

Mark box if S.P. has brother(s) in HH **4a. Do you have any living brothers, including step brothers?**	1 ☐ Sample person has brother(s) in HH 2 ☐ Yes 3 ☐ No *(4d)*
b. How many living brothers do you have altogether? (Include step brothers.)	_____ Number of brothers
c. *Mark box if all brothers live in HH* **[How many/Does he] live close enough to get here within one hour, by the usual way? (Include** *(names of brothers living in HH)* **as well as brothers not living here.)**	☐ All brothers live in HH _____ Number of close brothers
Mark box if S.P. has sister(s) in HH **d. Do you have any living sisters, including step sisters?**	1 ☐ Sample person has sister(s) in HH 2 ☐ Yes 3 ☐ No *(M2)*
e. How many living sisters do you have altogether? (Include step sisters.)	_____ Number of sisters
f. *Mark box if all sisters live in HH* **[How many/Does she] live close enough to get here within one hour, by the usual way? (Include** *(names of sisters living in HH)* **as well as sisters not living here.)**	☐ All sisters live in HH _____ Number of close sisters
M2 *Refer to age*	1 ☐ Sample person is 75 or older *(M3)* 2 ☐ All other *(5)*
Mark box if S.P. has mother in HH **5a. Is your mother still living?**	1 ☐ Sample person's mother in HH *(5c)* 2 ☐ Yes 3 ☐ No *(5c)*
b. Does your mother live close enough to get here within one hour, by the usual way?	1 ☐ Yes 2 ☐ No
Mark box if S.P. has father in HH **c. Is your father still living?**	1 ☐ Sample person's father in HH *(M3)* 2 ☐ Yes 3 ☐ No *(M3)*
d. Does your father live close enough to get here within one hour, by the usual way?	1 ☐ Yes 2 ☐ No
M3 *Refer to 3–5*	1 ☐ Any relatives in 3–5 *(M4)* 2 ☐ No relatives in 3–5 *(Next page)*
M4 *Refer to relationship roster in 1 and 3–5*	1 ☐ All relatives in 3–5 are HH members *(Next page)* 2 ☐ Other *(6)*
6a. (NOT including anyone living here) About how often do you see any of the relatives you just told me about?	1 ☐ Every day 2 ☐ 2–6 times a week 3 ☐ Once a week 4 ☐ 2 or 3 times a month 5 ☐ Once a month 6 ☐ Less than once a month 7 ☐ Never 8 ☐ DK
b. (NOT including anyone living here) About how often do you talk on the telephone with any of the relatives you just told me about?	1 ☐ Every day 2 ☐ 2–6 times a week 3 ☐ Once a week 4 ☐ 2 or 3 times a month 5 ☐ Once a month 6 ☐ Less than once a month 7 ☐ Never 8 ☐ DK

FOOTNOTES

FORM HIS 1(SA)X (1983) (3 10 83)

Section M. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT AND LIVING ARRANGEMENTS, Continued

Note — Ask 8 immediately after receiving a "yes" in 7. Repeat question 7 when resuming the list.

Read to respondent — **I'm going to read a list of things that people sometimes get help with.**

	7. Do you usually receive —	8. Who usually gives this help, a (spouse), relative, friend, neighbor or some other person? Anyone else?
a. Help with fixing things around the house, such as home repairs or yard work?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
b. Help with housekeeping or housework, such as mending, sewing, or laundry?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
c. Help with cooking or preparing your meals?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
d. Help when you are ill?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
e. Help taking your medication?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
f. Help with your personal care, such as washing hair or clipping toe nails?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
g. REGULAR financial assistance or financial contributions?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
h. Money GIFTS?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
i. Other gifts, such as clothing or food?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
j. Regular vacations, excursions or holiday trips provided by someone else?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
k. Transportation, that is, does anyone regularly drive you to the doctor, grocery, or send a taxi?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
l. Help with managing money?	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't apply } *(Next activity)*	1 ☐ Spouse 2 ☐ Relative *(Specify)* _____ 3 ☐ Friend/neighbor 4 ☐ Other *(Specify)* _____
m. Help in any other way?	1 ☐ Yes → **What ways? Anything else?** *(Specify)* _____ _____ _____ 2 ☐ No	

FORM HIS-1(SA)X (1983) (3-10-83)

Section M. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT AND LIVING ARRANGEMENTS, Continued

Read to respondent — **Now I'm going to ask some questions about your living arrangements.**

9. How long have you been living here, in this [house/apartment]?

Number { 1 ☐ Days; 2 ☐ Weeks; 3 ☐ Months; 4 ☐ Years }

M5 *Mark first appropriate box*

1 ☐ Sample person lives alone
2 ☐ Sample person lives ONLY with spouse and/or any children under 18 years old } *(11)*
3 ☐ All other *(M6)*

M6 *Refer to 9*

1 ☐ Sample person has lived here less than 5 years *(10a)*
2 ☐ Sample person has lived here 5 years or more *(10e)*

10a. Did you move in with other HOUSEHOLD members who were already living here?

1 ☐ Yes
2 ☐ No *(10c)*

b. Did you move in because of health, finances, or for some other reason?

Any other reason?

If unclear ask — **Whose [health/finances] — yours or someone else's?**

Health
1 ☐ Sample person
2 ☐ Other person
Finances
3 ☐ Sample person
4 ☐ Other person
5 ☐ Other *(Specify)* _____

c. Did any other HOUSEHOLD members move in with you after you were already living here?

1 ☐ Yes
2 ☐ No *(10e)*

d. Did the other household members move in because of health, finances, or for some other reason?

Any other reason?

If unclear ask — **Whose [health/finances] — yours or someone else's?**

Health
1 ☐ Sample person
2 ☐ Other person
Finances
3 ☐ Sample person
4 ☐ Other person
5 ☐ Other *(Specify)* _____

e. What is the MAIN reason you are NOW living together? Is it for health, finances, or some other reason?

If unclear ask — **Whose [health/finances] — yours or someone else's?**

Health
1 ☐ Sample person
2 ☐ Other person
Finances
3 ☐ Sample person
4 ☐ Other person
5 ☐ Other *(Specify)* _____

Read to respondent — **Many things influence a person's choice of a place to live. I'm going to read you a list of reasons that people have said are important in deciding whether or not to live in a particular home.**

11a. Which of these statements are reasons why you are NOW living in THIS [house/apartment] —

(1) It is close to needed services	1 ☐ Yes	2 ☐ No
(2) It has features I need for health reasons	1 ☐ Yes	2 ☐ No
(3) It has features ANOTHER household member needs for health reasons	1 ☐ Yes	2 ☐ No
(4) It is close to friends or relatives	1 ☐ Yes	2 ☐ No
(5) It is the only place I can afford	1 ☐ Yes	2 ☐ No
(6) Some other reason	1 ☐ Yes *(Specify)*	2 ☐ No

_____

Mark box if only one "Yes" in 11a

0 ☐ Only one "Yes" in 11a

b. If you had to choose, which of those reasons would you say is the MAIN reason you are NOW living in THIS [house/apartment]? *Circle main reason.*

1 2 3 4 5 6 *(Specify)*

_____

FOOTNOTES

FORM HIS-11(SA)X (1983) (3-10-83)

Section M. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT AND LIVING ARRANGEMENTS, Continued

12a. Is this [house/apartment] now —

(1) Owned or being bought by you (or someone in the household)? . . . . . 1 ☐ Yes *(12b)* 2 ☐ No

(2) Rented for cash? . . . . . 1 ☐ Yes *(12f)* 2 ☐ No

(3) Occupied without payment of cash rent? . . . . . 1 ☐ Yes *(Section N)*

b. Who owns or is buying it?

1 ☐ Sample person and/or spouse
2 ☐ Sample person and/or spouse with other HH members
3 ☐ Others in HH *(Specify)*_____

c. Is this place fully paid for or is there a mortgage being paid?

1 ☐ Fully paid for *(12e)*
2 ☐ Mortgage being paid
3 ☐ DK *(12e)*

d. How much principal is still owed on the mortgage?

$ _____
Amount

0 ☐ DK

Hand card SM12

e. What is the present value of this place, that is, about how much would it bring if you sold it on today's market?

1 ☐ Under $20,000
2 ☐ $20,000 – 34,999
3 ☐ 35,000 – 49,999
4 ☐ 50,000 – 74,999
5 ☐ 75,000 – 99,999
6 ☐ 100,000 and over
7 ☐ DK

} *(Section N)*

f. Who is paying rent for it?

1 ☐ Sample person and/or spouse
2 ☐ Sample person and/or spouse with other HH members
3 ☐ Others in HH *(Specify)*_____

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section N. COMMUNITY AND SOCIAL SUPPORT

Read to respondent — **The next questions are about community services for older people.**

Note — Ask 2–5 immediately after receiving a "Yes" in 1. Then resume reading list.

	1. Which of the following services are available in this area? *When resuming list —* Is *(service)* available in this area?	2. Have you ever used it?	3. When did you last use *(service)*?
a. A senior center?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
b. Transportation for the elderly?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
c. Meals on wheels or meals brought into the home?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
d. Group meals or meals outside the home?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
e. Advice about nutrition?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
f. Homemaker service to help with household chores like cleaning, shopping, and cooking?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
g. Routine telephone call service to check on your health or well-being?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
h. Visiting nurse service?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
i. A health aide who comes into the home?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
j. Adult day care or day care for the elderly?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
k. Geriatric Day Rehabilitation Center, that is, a place for physical therapy?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
l. Legal services for the elderly?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(Next service)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(Next service)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago (5)*
m. A hospice for the terminally ill or an in-home hospice service?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *(6)*	1 ☐ Yes 2 ☐ No *(5)* 3 ☐ DK *(6)*	Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years *ago* } *(5)*

FORM HIS-1(SA)X (1983) (3-10-83)

Section N. COMMUNITY AND SOCIAL SUPPORT, Continued

Hand card SN5

	4. How often do you use it — every day, at least once a week, at least once a month, or less than once a month?	5. Who is the sponsor of the program — the local health department, some other State or local government agency, a religious group, or some other organization? Anyone else?	
a.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
b.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
c.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
d.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
e.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
f.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
g.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
h.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
i.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
j.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
k.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
l.	1 ☐ Every day 2 ☐ At least once a week 3 ☐ At least once a month 4 ☐ Less than once a month	1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK
m.		1 ☐ Local health department 2 ☐ Other State/local government agency 3 ☐ Religious group	4 ☐ Some other organization *(Specify)* _____ 5 ☐ DK

FORM HIS-1(SA)X (1983) (3-10-83)

Section N. COMMUNITY AND SOCIAL SUPPORT, Continued

Read to respondent — **We are interested in learning how often people participate in certain activities.**

6. In the past week, (that would be from last *(day)* through today,) did you —	
a. Get together with neighbors at each other's residence or outside the home?	1☐ Yes 2☐ No
b. Talk with any neighbors on the telephone?	1☐ Yes 2☐ No
c. Get together with friends, OTHER THAN NEIGHBORS, at each other's residence or outside the home?	1☐ Yes 2☐ No
d. Talk with friends, OTHER THAN NEIGHBORS, on the telephone?	1☐ Yes 2☐ No
e. Get together with ANY relatives at each other's residence or outside the home?	1☐ Yes 2☐ No
f. Talk with ANY relatives on the telephone?	1☐ Yes 2☐ No
g. Watch television with another person?	1☐ Yes 2☐ No
h. Go to church or temple for services?	1☐ Yes 2☐ No
i. Go to church or temple for other activities?	1☐ Yes 2☐ No
j. Go to the grocery store?	1☐ Yes 2☐ No
k. Go to a show or movie, sports event, club meeting, classes or other group event?	1☐ Yes 2☐ No
l. Exercise or participate in sports?	1☐ Yes 2☐ No
m. Take an overnight trip away from home?	1☐ Yes 2☐ No
7a. At the present time, do you do any volunteer work such as helping in charity work, working in a shop for a nonprofit organization, working in a hospital or nursing home without pay, or doing community work without pay?	1☐ Yes 2☐ No *(8)*
b. About how often do you do any volunteer work — every day, at least once a week, at least once a month or less than once a month?	1☐ Every day 2☐ At least once a week 3☐ At least once a month 4☐ Less than once a month *(8)*
c. About how many hours [per day/each week/each month] do you do volunteer work?	_____ Hours
8. At the present time do you ever participate in any ORGANIZED senior citizen activities?	1☐ Yes 2☐ No
N1 *Respondent*	1☐ Self *(9)* 2☐ Proxy *(Section O)*
9. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?	1☐ About enough 2☐ Too much 3☐ Would like to do more

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section O. OCCUPATION AND RETIREMENT

Read to respondent — **Now I would like to ask you some questions about your work background. This includes work for pay or profit, unpaid work in a family farm or business, or military service.**

1a. Have you EVER worked at a job or business full or part time?
1 ☐ Yes
2 ☐ No *(3)*

b. Did you work at all at a job or business in the past 12 months, that is, since *(12 month date)* a year ago?
1 ☐ Yes
2 ☐ No *(2)*

c. Since *(12 month date)* a year ago, in how many weeks did you work, either full or part time, not counting work around the house? Include paid vacations and paid sick leave?
52 ☐ All year — 52 weeks
_____ Weeks

d. In the weeks that you worked, how many hours a week did you USUALLY work at ALL jobs?
_____ Hours

2a. Now, think about ALL of your work experience, including work for pay or profit, unpaid work in a family farm or business, or military service. What KIND of work did you do for the LONGEST period of time? (What was your occupation?)
For example, electrical engineer, stock clerk.
_____ Occupation

b. What were your most important activities or duties as a *(occupation)*?
For example, typed, kept account books, filed, sold cars, operated a printing press, finished concrete.
_____ Activities/Duties

c. Altogether, for how many years did you work as a *(occupation)*?
0 ☐ Less than one month
_____ Number { 1 ☐ Months / 2 ☐ Years

d. For WHOM did you work as a *(occupation)* the LONGEST?
Enter name of company, business, organization, or other employer.
If military service, enter "Armed Forces," THEN skip to 3.
_____ Name of longest employer

e. What kind of business or industry is this?
For example, TV and radio manufacturing, retail shoe store, state labor department, etc.
_____ Industry

f. Were you —

An employee of a PRIVATE company, business or individual for wages or commission?	1 ☐ P
A FEDERAL government employee?	2 ☐ F
A STATE government employee?	3 ☐ S
A LOCAL government employee?	4 ☐ L
Self-employed in OWN business, professional practice, or farm? *Ask:* **Is this business incorporated?**	
Yes	5 ☐ I
No	6 ☐ SE
Working without pay in family business or farm?	7 ☐ WP

3a. At this time, do you consider yourself completely retired, partly retired or not retired at all?
1 ☐ Completely retired
2 ☐ Partly retired
3 ☐ Not retired at all
4 ☐ Never worked
} *(4)*

b. About how long ago did you retire?
0 ☐ Less than one month ago
_____ Number { 1 ☐ Months ago / 2 ☐ Years ago

Hand card SO3
Read categories if telephone interview

c. Why did you retire?
Any other reason?
1 ☐ Because of your health
2 ☐ Because of a family member's health
3 ☐ Forced to retire because of age (compulsory retirement)
4 ☐ Company moved away
5 ☐ Job was eliminated
6 ☐ Wanted to retire
7 ☐ Other *(Specify)*
_____

Mark box if only one reason in 3c.
0 ☐ Only one reason

d. If you had to choose, which of those reasons would you say was the MAIN reason you retired? *Circle main reason.*
1 2 3 4 5 6 7 *(Specify)*
_____

FORM HIS-1(SA)X (1983) (3-10-83)

Section O. OCCUPATION AND RETIREMENT, Continued

NOTE — Ask 4a–j before asking 5–8	NOTE — Ask 5–8, as appropriate, for each "Yes" in 4a–j			
4. During the past 12 months, did you receive any payments or benefits from—	**5. How long have you been receiving** *(source in 4)*?	**6. Did you receive it because you qualified for the payment, or because you are a dependent or survivor of someone else?**	**7. Is the** *(source in 4)* **received because of a disability YOU may have?**	**8. What was the main condition or health problem for which you received benefits or payments from** *(source in 4)*?
a. A private union or employer pension? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
b. A (Federal, state, or local) government employee pension? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
c. Military Retirement? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
d. Railroad Retirement? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
e. Social Security? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
f. Workman's compensation? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own *(8)* 2 ☐ Someone else *(Next source)* 3 ☐ Both *(8)*		
g. Supplemental Security Income, known as SSI (from Federal, state, or local government)? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
h. The Veterans Administration? *Use when asking 5 and 7:* **Payment or benefit from the VA?** 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
i. State public welfare or assistance? 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own 2 ☐ Someone else *(Next source)* 3 ☐ Both	1 ☐ Yes 2 ☐ No *(Next source)*	
j. During the past 12 months, did you receive any payments or benefits from any (other) source because of a DISABILITY to you or someone else? *If "Yes," ask:* **What was the source?** *Specify all types, fill 5–8 for first one mentioned.* 1 ☐ Yes 2 ☐ No	Number 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	1 ☐ Own *(8)* 2 ☐ Someone else *(Next page)* 3 ☐ Both *(8)*		

FORM HIS 1(SA)X (1983) (3 10 83)

Section O. OCCUPATION AND RETIREMENT, Continued

Read to respondent — **The next questions deal with your ability to do certain things that some people have difficulty with when they work at a job or business, or do chores around the house.**

Hand card S09

Please tell me how much difficulty, if any, you have doing EACH activity, by yourself, and not using any aids.

9. Do you have no difficulty, some difficulty, much difficulty or are you unable at all to —	(1) **Walk for a quarter of a mile, (which is about 2 or 3 city blocks,) without resting?**	(2) **Walk up and down one flight of stairs without resting?**	(3) **Stand for long periods, (about 2 hours)?**	(4) **Sit for long periods, (about 2 hours)?**
	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable
Ask 10a—e for each activity marked "much" or "unable" in 9. **10a. For how long have you [had much difficulty /been unable to]** *(activity)*?	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years
b. What (other) condition causes you to [have much difficulty/be unable to] *(activity)*?	1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*	1 ☐ Old age *(10d)*
Ask if injury or operation: **When did [the** *(injury)* **occur?/you have the operation]?** *Enter injury if over 3 months ago.*	1.	1.	1.	1.
	2.	2.	2.	2.
Ask or reask 10c, if 0—3 months injury or operation.	3.	3.	3.	3.
Ask if operation over 3 months ago: **For what condition did you have the operation?** *Enter condition.*	4.	4.	4.	4.
	5.	5.	5.	5.
c. Besides *(condition)* **is there any other condition which causes this?**	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*
d. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 10b. Otherwise, mark appropriate box or transcribe the only listed condition. **e. Which of these conditions, that is** *(read conditions)* **would you say is the MAIN cause of the trouble?**	1 ☐ 0—3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	1 ☐ 0—3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	1 ☐ 0—3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	1 ☐ 0—3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"* Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*

FOOTNOTES

FORM HIS-1(SA)X (1983) (3 10-83)

Section O. OCCUPATION AND RETIREMENT, Continued

(5)	(6)	(7)	(8)	(9)	(10)
Reask 9 **Stoop, crouch, or kneel?**	**Reach up (as if to get something from a shelf)?**	**Reach out (as if to shake someone's hand)?**	**Use fingers to grasp or handle?**	*Reask 9* **Lift or carry something as heavy as 25 lbs., (such as two full bags of groceries)?**	**Lift or carry something as heavy as 10 lbs., (such as a 10 lb. sack of potatoes)?**
1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty *(10)* 2 ☐ Some 3 ☐ Much 4 ☐ Unable	1 ☐ No difficulty 2 ☐ Some 3 ☐ Much 4 ☐ Unable
Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }	Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }
1 ☐ Old age *(10d)* 1.	1 ☐ Old age *(10d)* 1.	1 ☐ Old age *(10d)* 1.	1 ☐ Old age *(10d)* 1.	1 ☐ Old age *(10d)* 1.	1 ☐ Old age *(10d)* 1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.
1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No *(10e)*
1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c).* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No	1 ☐ Yes *(Reask 10b and c)* 2 ☐ No
1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *10 for next activity with "much"/"unable"*	1 ☐ 0–3 Inj/ Op. ONLY 2 ☐ Old age *(Next page)*
Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN ask 10 for next activity with "much"/"unable."*	Condition — *Enter on Condition Summary Chart, THEN next page.*

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section O. OCCUPATION AND RETIREMENT, Continued

Read to respondent — **We would like to know how health practices and conditions are related to how long people live. The following information will only be used to check against the vital statistics records maintained by the National Center for Health Statistics of the U.S. Public Health Service. The results will only be used for statistical purposes and no individual will be identified.**

11a. To make sure that our records are complete, what is your full name, including middle name?

First

Middle

Last

b. I have your date of birth as *(birthdate from item 3 on HIS-1 Household Composition page)*. **Is that correct?**

Month	Day	Year

Verify/transfer from HIS-1

c. In what State were you born?
Write in the full name of the State or mark the appropriate box if the sample person was not born in the United States.

State

1 ☐ Puerto Rico
2 ☐ Virgin Islands
3 ☐ Guam
4 ☐ Canada
5 ☐ Cuba
6 ☐ Mexico
7 ☐ All other

d. What is your father's last name?
Verify spelling. DO NOT write "Same."

Father's last name

Read to respondent — **We would like to have your Social Security Number. This will have no effect in any way on your benefits. It will not be given to anyone in any other government or nongovernment agency. This information is voluntary and is collected under the authority of the Public Health Service Act and Title 42, United States Code, section 242k.**

e. What is your Social Security Number?

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number

1 ☐ DK

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section P. CONDITIONS AND IMPAIRMENTS

Read to respondent — **Now I am going to read a list of eye conditions. Tell me if you have any of these conditions, even if you have mentioned them before.**

1. Do you NOW have —	
a. Blindness in one or both eyes?	1 ☐ Yes 2 ☐ No
b. Cataracts?	1 ☐ Yes 2 ☐ No
c. Glaucoma?	1 ☐ Yes 2 ☐ No
d. Color blindness?	1 ☐ Yes 2 ☐ No
e. A detached retina?	1 ☐ Yes 2 ☐ No
f. Any other condition of the retina?	1 ☐ Yes 2 ☐ No
g. Trouble with close vision EVEN when wearing glasses?	1 ☐ Yes 2 ☐ No
h. Trouble with distance vision EVEN when wearing glasses?	1 ☐ Yes 2 ☐ No
i. Any other trouble seeing with one or both eyes EVEN when wearing glasses?	1 ☐ Yes 2 ☐ No
P1 *Refer to answers in 1a—i*	1 ☐ All "No" in 1a—i *(2)* 2 ☐ Other — *Enter "Yes" responses in Condition Summary Chart, THEN 2*
2a. Do you use prescription eyeglasses, including bifocals?	1 ☐ Yes 2 ☐ No *(3)*
b. Did you get or replace your eyeglasses in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No *(3)*
c. Was this because of a new or changed prescription?	1 ☐ Yes 2 ☐ No
3a. Do you use contact lenses?	1 ☐ Yes 2 ☐ No *(4)*
b. Did you get or replace your contact lenses in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No *(4)*
c. Was this because of a new or changed prescription?	1 ☐ Yes 2 ☐ No
4a. Do you have intraocular lenses?	1 ☐ Yes 2 ☐ No *(5)*
b. Did you get your intraocular lenses in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No
5. Do you use a magnifying glass to read or to do other close work?	1 ☐ Yes 2 ☐ No

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section P. CONDITIONS AND IMPAIRMENTS, Continued

Read to respondent — **The next few questions are about how well you can see (using your [glasses/(or) contacts] when you have to).**

6a. Can you see well enough to see ordinary newsprint?	1 ☐ Yes 2 ☐ No
b. Can you see well enough to recognize the features of people you know if they are two or three feet away?	1 ☐ Yes 2 ☐ No
c. Can you see moving objects, such as cars moving or people walking?	1 ☐ Yes 2 ☐ No
d. Can you see well enough to step off a curb or down a step?	1 ☐ Yes 2 ☐ No
e. Can you see well enough to recognize a friend walking on the other side of the street?	1 ☐ Yes 2 ☐ No
P2 *Refer to answers in 6a—e*	1 ☐ All "No" in 6a—e *(7a)* 2 ☐ Other *(7b)*
7a. Can you see well enough to tell if a light is on?	1 ☐ Yes 2 ☐ No
b. Which statement best describes your vision, (wearing [glasses/(or) contact lenses] when you have to), — good, a little trouble seeing, a lot of trouble seeing, or blind?	1 ☐ Good 2 ☐ Little trouble 3 ☐ Lot of trouble 4 ☐ Blind

Read to respondent — **These next questions are about hearing.**

8. Do you NOW have —	
a. Deafness in one or both ears?	1 ☐ Yes — *Enter on Condition Summary Chart, THEN 9* 2 ☐ No
b. Any other trouble hearing?	1 ☐ Yes — *Enter on Condition Summary Chart, THEN 9* 2 ☐ No
9a. Do you use a hearing aid?	1 ☐ Yes 2 ☐ No *(9d)*
b. Did you get or replace your hearing aid in the past 12 months, that is, since *(12 month date)* **a year ago?**	1 ☐ Yes 2 ☐ No *(9d)*
c. Was this because of a new or changed prescription?	1 ☐ Yes 2 ☐ No
d. (With your hearing aid) Can you hear well enough to hear MOST of the things a person says without seeing his or her face?	1 ☐ Yes *(9f)* 2 ☐ No
e. (With your hearing aid) Can you hear ONLY A FEW WORDS a person says or only LOUD noises?	1 ☐ Yes 2 ☐ No
f. Which statement best describes your hearing (when wearing a hearing aid) — good, a little trouble hearing, a lot of trouble hearing, or deaf?	1 ☐ Good 2 ☐ Little trouble 3 ☐ Lot of trouble 4 ☐ Deaf

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section P. CONDITIONS AND IMPAIRMENTS, Continued

Note — *Ask 11 immediately after receiving a "Yes" in 10, then reask 10 when resuming list.*

Read to respondent — **I'm going to read a list of OTHER medical conditions. Please tell me if you have EVER had any of these conditions, even if you have mentioned them before.**

	10. Have you EVER had —	11. Are you NOW prevented in any way from doing any activities because of *(condition)*?
a. Arthritis of any kind or rheumatism?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
b. Osteoporosis, sometimes called brittle or soft bones? (os tee o po ro´sis)	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
c. A broken hip?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
d. Diabetes?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
e. An aneurysm? (an´yoo rizm)	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
f. Any blood clots?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
g. Varicose veins?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
h. Hypertension, sometimes called high blood pressure?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
i. Rheumatic fever?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
j. Rheumatic heart disease?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
k. Coronary heart disease?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
l. Angina pectoris? (pek´to ris)	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
m. A myocardial infarction?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
n. Any other heart attack?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Next condition*	1 ☐ Yes 2 ☐ No } *Reask 10 and resume list*
o. Cancer of any kind?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *P3*	1 ☐ Yes 2 ☐ No

P3 *Refer to answers in 10a — o*

☐ All "No" or "DK" in 10a—o *(12)*

☐ Other — *Enter "Yes" responses in Condition Summary Chart, THEN 12*

FORM HIS-1(SA)X (1983) (3-10-83)

Section P. CONDITIONS AND IMPAIRMENTS, Continued

12a. Do you sometimes feel dizzy?	1 ☐ Yes 2 ☐ No *(12c)*
b. Are you prevented in any way from doing any activities because of dizziness?	1 ☐ Yes 2 ☐ No
c. Have you fallen in the past month?	1 ☐ Yes 2 ☐ No *(13)*
d. Did you fall because you felt dizzy or for some other reason?	1 ☐ Felt dizzy 2 ☐ Other reason
13a. Do you now have all, most, only a few, or none of your own teeth?	1 ☐ All *(Section Q)* 2 ☐ Most 3 ☐ Only a few 4 ☐ None 5 ☐ DK *(Section Q)*
b. Do you now have false teeth?	1 ☐ Yes 2 ☐ No *(Section Q)*
c. Do you have an upper plate, a lower plate, or something else?	1 ☐ Upper 2 ☐ Lower 3 ☐ Both 4 ☐ Other *(Specify)* _____
d. Did you get or replace your false teeth in the past 12 months, that is, since *(12 month date)* a year ago?	1 ☐ Yes 2 ☐ No 3 ☐ DK

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS

Read to respondent — **Now I will ask you some questions about housing. It is easier for people to get around in some homes than in others because of certain features.**

1a. Do you HAVE to climb ANY steps to get into this [house/apartment] from the outside?	1 ☐ No Yes — *If not mentioned ask:* **How many?** 2 ☐ 1 step 3 ☐ More than 1 step
b. Does this [house/apartment] have more than 1 floor or level? Count basements and step down living areas as separate levels.	1 ☐ Yes 2 ☐ No

Note — Ask 2a—e before asking 3a—e.	**2. Does this [house/apartment] now have —**	**3. Because of a health or physical problem, do you NEED —**
a. A walk-in shower?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
b. Your bedroom and a bath on the same floor?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
c. A bath or half bath ON THE FLOOR where you spend most of your time?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
d. A bedroom ON THE FLOOR where you spend most of your time?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
e. A kitchen on the same floor as your bedroom?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

Read to respondent — **Some people receive or need help to do certain daily activities.**

4a. Because of a health or physical problem, do you RECEIVE help from another person when you go up or down steps? *Ask if "doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?**	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do because of a health/physical problem *(5)* 4 ☐ Doesn't do for other reason *(5)*
b. Do you NEED help going up or down steps?	1 ☐ Yes 2 ☐ No

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

5a. Because of a health or physical problem, do you RECEIVE help from another person to bathe, shower, or take a sponge bath? *Ask if "doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?**	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do because of health/physical problem *(5e)* 4 ☐ Doesn't do for other reason *(6)*
b. Do you NEED help from another person to bathe, shower, or take a sponge bath?	1 ☐ Yes 2 ☐ No *(5d)*
c. Do you NEED this help most of the time, some of the time or once in a while?	1 ☐ Most of the time 2 ☐ Some of the time 3 ☐ Once in a while
d. Because of a health or physical problem do you USE any special equipment to do this?	1 ☐ Yes *(5e)* 2 ☐ No
Q1 *Refer to 5b*	1 ☐ Yes in 5b *(5e)* 2 ☐ Other *(6)*
5e. What (other) condition causes you to need [help/(and) special equipment] to bathe, shower, or take a sponge bath? *Ask if injury or operation:* **When did [the** *(injury)* **occur/you have the operation]?** *Enter injury if over 3 months ago.* *Ask or reask 5f if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	1 ☐ Old age *(5g)* 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
f. Besides *(condition)*, **is there any other condition that causes this?**	1 ☐ Yes *(Reask 5e and f)* 2 ☐ No *(5h)*
g. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 5e and f)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 5e. Otherwise, mark appropriate box or transcribe the only listed condition. **h. Which of these conditions, that is** *(read conditions)*, **would you say is the MAIN condition that causes you to need [help/(and) special equipment] to bathe, shower, or take a sponge bath?**	1 ☐ 0–3 months injury/operation ONLY 2 ☐ Old age } *(6)* _____ Condition *Enter on Condition Summary Chart, THEN 6.*
6a. Because of a health or physical problem, do you RECEIVE help from another person to dress? *Ask if "doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?**	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do because of health/physical problem *(6f)* 4 ☐ Doesn't do for other reason *(7)*
b. Do you usually dress in street clothes?	1 ☐ Yes 2 ☐ No
c. Do you NEED help from another person to dress?	1 ☐ Yes 2 ☐ No *(6e)*
d. Do you NEED this help most of the time, some of the time or once in a while?	1 ☐ Most of the time 2 ☐ Some of the time 3 ☐ Once in a while
e. Because of a health or physical problem do you USE any special equipment to do this?	1 ☐ Yes *(6f)* 2 ☐ No
Q2 *Refer to 6c*	1 ☐ Yes in 6c *(6f)* 2 ☐ Other *(7)*
6f. What (other) condition causes you to need [help/(and) special equipment] to dress? *Ask if injury or operation:* **When did [the** *(injury)* **occur/you have the operation]?** *Enter injury if over 3 months ago.* *Ask or reask 6g if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	1 ☐ Old age *(6h)* 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
g. Besides *(condition)*, **is there any other condition that causes this?**	1 ☐ Yes *(Reask 6f and g)* 2 ☐ No *(6i)*
h. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 6f and g)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 6f. Otherwise, mark appropriate box or transcribe the only listed condition. **i. Which of these conditions, that is** *(read conditions)*, **would you say is the MAIN condition that causes you to need [help/(and) special equipment] to dress?**	1 ☐ 0–3 months injury/operation ONLY 2 ☐ Old age } *(7)* _____ Condition *Enter on Condition Summary Chart, THEN 7.*

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

7a. Because of a health or physical problem, do you RECEIVE help from another person to eat? *Ask if "doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?**	1 ☐ Yes *(7b)* 2 ☐ No *(7c)* 3 ☐ Doesn't do because of health/physical problem *(7f)* 4 ☐ Doesn't do for other reason *(8)*
b. Are you fed totally by another person?	1 ☐ Yes *(7e)* 2 ☐ No
c. Do you NEED help from another person to eat?	1 ☐ Yes 2 ☐ No *(7e)*
d. Do you NEED this help most of the time, some of the time or once in a while?	1 ☐ Most of the time 2 ☐ Some of the time 3 ☐ Once in a while
e. Because of a health or physical problem do you USE any special equipment to do this?	1 ☐ Yes *(7f)* 2 ☐ No
Q3 *Refer to 7c*	1 ☐ Yes in 7c *(7f)* 2 ☐ Other *(8)*
7f. What (other) condition causes you to need [help/(and) special equipment] to eat? *Ask if injury or operation:* **When did [the** *(injury)* **occur/you have the operation]?** *Enter injury if over 3 months ago.* *Ask or reask 7g if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	1 ☐ Old age *(7h)* 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
g. Besides *(condition)*, **is there any other condition that causes this?**	1 ☐ Yes *(Reask 7f and g)* 2 ☐ No *(7i)*
h. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 7f and g)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 7f. Otherwise, mark appropriate box or transcribe the only listed condition. **i. Which of these conditions, that is** *(read conditions)*, **would you say is the MAIN condition that causes you to need [help/(and) special equipment] to eat?**	1 ☐ 0–3 months injury/operation ONLY 2 ☐ Old age } *(8)* _____ Condition *Enter on Condition Summary Chart, THEN 8.*
8a. Because of a health or physical problem, do you RECEIVE help from another person to use the toilet, including getting to the toilet? *Ask if "doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?**	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do because of health/physical problem *(8e)* 4 ☐ Doesn't do for other reason *(9)*
b. Do you NEED help from another person to use the toilet, including getting to the toilet?	1 ☐ Yes 2 ☐ No *(8d)*
c. Do you NEED this help most of the time, some of the time or once in a while?	1 ☐ Most of the time 2 ☐ Some of the time 3 ☐ Once in a while
d. Because of a health or physical problem do you USE any special equipment to do this?	1 ☐ Yes *(8e)* 2 ☐ No
Q4 *Refer to 8b*	1 ☐ Yes in 8b *(8e)* 2 ☐ Other *(9)*
8e. What (other) condition causes you to need [help/(and) special equipment] to use the toilet, including getting to the toilet? *Ask if injury or operation:* **When did [the** *(injury)* **occur/you have the operation]?** *Enter injury if over 3 months ago.* *Ask or reask 8f if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	1 ☐ Old age *(8g)* 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
f. Besides *(condition)*, **is there any other condition that causes this?**	1 ☐ Yes *(Reask 8e and f)* 2 ☐ No *(8h)*
g. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 8e and f)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 8e. Otherwise, mark appropriate box or transcribe the only listed condition. **h. Which of these conditions, that is** *(read conditions)*, **would you say is the MAIN condition that causes you to need [help/(and) special equipment] to use the toilet, including getting to the toilet?**	1 ☐ 0–3 months injury/operation ONLY 2 ☐ Old age } *(9)* _____ Condition *Enter on Condition Summary Chart, THEN 9.*

FORM HIS 1(SA)X (1983) (3 10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

9a. Because of a health or physical problem, do you RECEIVE help from another person to get about the [house/apartment], that is, going from one room to another on the same floor or level? *Ask if "doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?**	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do because of health/physical problem *(9e)* 4 ☐ Doesn't do for other reason *(10)*
b. Do you NEED help from another person to get about the [house/apartment], (that is, going from one room to another on the same floor or level)?	1 ☐ Yes 2 ☐ No *(9d)*
c. Do you NEED this help most of the time, some of the time or once in a while?	1 ☐ Most of the time 2 ☐ Some of the time 3 ☐ Once in a while
d. Because of a health or physical problem do you USE any special equipment to do this?	1 ☐ Yes *(9e)* 2 ☐ No
Q5 *Refer to 9b*	1 ☐ Yes in 9b *(9e)* 2 ☐ Other *(10)*
9e. What (other) condition causes you to need [help/(and) special equipment] to get about the [house/apartment], (that is, going from one room to another on the same floor or level)? *Ask if injury or operation:* **When did [the (injury) occur/you have the operation]?** *Enter injury if over 3 months ago.* *Ask or reask 9f if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	1 ☐ Old age *(9g)* 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
f. Besides (condition), is there any other condition that causes this?	1 ☐ Yes *(Reask 9e and f)* 2 ☐ No *(9h)*
g. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 9e and f)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 9e. Otherwise, mark appropriate box or transcribe the only listed condition. **h. Which of these conditions, that is (read conditions), would you say is the MAIN condition that causes you to need [help/(and) special equipment] to get about the [house/apartment], (that is, going from one room to another on the same floor or level)?**	1 ☐ 0–3 months injury/operation ONLY 2 ☐ Old age } *(10)* _____ Condition *Enter on Condition Summary Chart, THEN 10.*
10a. Because of a health or physical problem, do you RECEIVE help from another person to get in and out of bed or chairs? *Ask if "doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?**	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do because of health/physical problem *(10e)* 4 ☐ Doesn't do for other reason *(11)*
b. Do you NEED help from another person to get in and out of bed or chairs?	1 ☐ Yes 2 ☐ No *(10d)*
c. Do you NEED this help most of the time, some of the time or once in a while?	1 ☐ Most of the time 2 ☐ Some of the time 3 ☐ Once in a while
d. Because of a health or physical problem do you USE any special equipment to do this?	1 ☐ Yes *(10e)* 2 ☐ No
Q6 *Refer to 10b*	1 ☐ Yes in 10b *(10e)* 2 ☐ Other *(11)*
10e. What (other) condition causes you to need [help/(and) special equipment] to get in and out of bed or chairs? *Ask if injury or operation:* **When did [the (injury) occur/you have the operation]?** *Enter injury if over 3 months ago.* *Ask or reask 10f if 0–3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	1 ☐ Old age *(10g)* 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
f. Besides (condition), is there any other condition that causes this?	1 ☐ Yes *(Reask 10e and f)* 2 ☐ No *(10h)*
g. Is this caused by any (other) specific condition?	1 ☐ Yes *(Reask 10e and f)* 2 ☐ No
Ask if multiple conditions, including old age, are listed in 10e. Otherwise, mark appropriate box or transcribe the only listed condition. **h. Which of these conditions, that is (read conditions), would you say is the MAIN condition that causes you to need [help/(and) special equipment] to get in and out of bed or chairs?**	1 ☐ 0–3 months injury/operation ONLY 2 ☐ Old age } *(11)* _____ Condition *Enter on Condition Summary Chart, THEN 11.*

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

11a. Because of a health or physical problem, do you RECEIVE help from another person to prepare your own meals?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(11d)*
4 ☐ Doesn't do for other reason *(12)*

b. Do you NEED help from another person to prepare your own meals?

1 ☐ Yes
2 ☐ No *(12)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help preparing your own meals?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 11e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1 ☐ Old age *(11f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 11d and e)*
2 ☐ No *(11g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 11d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 11d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to prepare your own meals?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(12)*

_____ Condition

Enter on Condition Summary Chart, THEN 12.

12a. Because of a health or physical problem, do you RECEIVE help from another person to shop for personal items, such as toilet items or medicines?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(12d)*
4 ☐ Doesn't do for other reason *(13)*

b. Do you NEED help from another person to shop for personal items, (such as toilet items or medicines)?

1 ☐ Yes
2 ☐ No *(13)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to shop for personal items, (such as toilet items or medicines)?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 12e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1 ☐ Old age *(12f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 12d and e)*
2 ☐ No *(12g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 12d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 12d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help from another person to shop for personal items, (such as toilet items or medicines)?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(13)*

_____ Condition

Enter on Condition Summary Chart, THEN 13.

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

13a. Because of a health or physical problem, do you RECEIVE help from another person to do light housework, like doing dishes, straightening up, or light cleaning?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(13d)*
4 ☐ Doesn't do for other reason *(14)*

b. Do you NEED help from another person to do light housework, (like doing dishes, straightening up, or light cleaning)?

1 ☐ Yes
2 ☐ No *(14)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to do light housework, (like doing dishes, straightening up, or light cleaning)?

Ask if injury or operation: **When did [the** *(injury)* **occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 13e if 0–3 months injury or operation.

Ask if operation over 3 months ago: **For what condition did you have the operation?**

Enter condition.

1 ☐ Old age *(13f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, **is there any other condition that causes this?**

1 ☐ Yes *(Reask 13d and e)*
2 ☐ No *(13g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 13d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 13d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, **would you say is the MAIN condition that causes you to need help to do light housework, (like doing dishes, straightening up, or light cleaning)?**

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(14)*

_____ Condition

Enter on Condition Summary Chart, THEN 14.

14a. Because of a health or physical problem, do you RECEIVE help from another person to do heavy housework like vacuuming, scrubbing floors, or washing windows?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(14d)*
4 ☐ Doesn't do for other reason *(15)*

b. Do you NEED help from another person to do heavy housework (like vacuuming, scrubbing floors, or washing windows)?

1 ☐ Yes
2 ☐ No *(15)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to do heavy housework (like vacuuming, scrubbing floors, or washing windows)?

Ask if injury or operation: **When did [the** *(injury)* **occur/you have the operation]?**

Enter injury if over 3 months ago.

Ask or reask 14e if 0–3 months injury or operation.

Ask if operation over 3 months ago: **For what condition did you have the operation?**

Enter condition.

1 ☐ Old age *(14f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, **is there any other condition that causes this?**

1 ☐ Yes *(Reask 14d and e)*
2 ☐ No *(14g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 14d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 14d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, **would you say is the MAIN condition that causes you to need help to do heavy housework (like vacuuming, scrubbing floors, or washing windows)?**

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(15)*

_____ Condition

Enter on Condition Summary Chart, THEN 15.

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

15a. Because of a health or physical problem, do you RECEIVE help from another person to dial the telephone or to receive calls on the telephone?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(15d)*
4 ☐ Doesn't do for other reason *(16)*

b. Do you NEED help from another person to dial the telephone or to receive calls on the telephone?

1 ☐ Yes
2 ☐ No *(16)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to dial the telephone or to receive calls on the telephone?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 15e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1 ☐ Old age *(15f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 15d and e)*
2 ☐ No *(15g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 15d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 15d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to dial the telephone or to receive calls on the telephone?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(16)*

_____ Condition

Enter on Condition Summary Chart, THEN 16.

16a. Because of a health or physical problem, do you RECEIVE help from another person to get outside?

Ask if "doesn't do": **Is this because of a HEALTH or PHYSICAL problem?**

1 ☐ Yes
2 ☐ No
3 ☐ Doesn't do because of health/physical problem *(16d)*
4 ☐ Doesn't do for other reason *(Q7)*

b. Do you NEED help from another person to get outside?

1 ☐ Yes
2 ☐ No *(Q7)*

c. Do you NEED this help most of the time, some of the time or once in a while?

1 ☐ Most of the time
2 ☐ Some of the time
3 ☐ Once in a while

d. What (other) condition causes you to need help to get outside?

Ask if injury or operation: **When did [the *(injury)* occur/you have the operation]?**
Enter injury if over 3 months ago.
Ask or reask 16e if 0–3 months injury or operation.
Ask if operation over 3 months ago: **For what condition did you have the operation?**
Enter condition.

1 ☐ Old age *(16f)*
1. _____
2. _____
3. _____
4. _____
5. _____

e. Besides *(condition)*, is there any other condition that causes this?

1 ☐ Yes *(Reask 16d and e)*
2 ☐ No *(16g)*

f. Is this caused by any (other) specific condition?

1 ☐ Yes *(Reask 16d and e)*
2 ☐ No

Ask if multiple conditions, including old age, are listed in 16d. Otherwise, mark appropriate box or transcribe the only listed condition.

g. Which of these conditions, that is *(read conditions)*, would you say is the MAIN condition that causes you to need help to get outside?

1 ☐ 0–3 months injury/operation ONLY
2 ☐ Old age
} *(Q7)*

_____ Condition

Enter on Condition Summary Chart, THEN Q7.

FORM HIS-1(SA)X (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL'S AND SPECIAL AIDS, Continued

Q7	*Mark first appropriate box*	1 ☐ Respondent is a proxy 2 ☐ Sample person is or appears to be confined to a bed or chair } *(17)* 3 ☐ All other *(Q8)*
	Mark if known **17. Because of a health or physical problem, do you usually —**	
	a. Stay in bed all or most of the time?	1 ☐ Yes *(Q8)* 2 ☐ No
	b. Stay in a chair all or most of the time?	1 ☐ Yes 2 ☐ No
Q8	*Refer to age*	1 ☐ Sample person is 55–69 *(20)* 2 ☐ Sample person is 70 or older *(18)*
	18a. Do you have difficulty in controlling your bowels?	1 ☐ Yes 2 ☐ No *(18d)*
	b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week 4 ☐ Less than once a week 5 ☐ DK
	c. Does this difficulty restrict your activity, that is, limit your getting around?	1 ☐ Yes 2 ☐ No
	d. Do you have a colostomy or other device to help control bowel movements?	1 ☐ Yes 2 ☐ No *(19)*
	e. Do you need help from another person in taking care of this device?	1 ☐ Yes 2 ☐ No *(19)*
	f. How frequently do you RECEIVE this help — everytime you need help, most of the time, some of the time, or once in a while?	1 ☐ Everytime help is needed 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Once in a while 5 ☐ Not at all
	19a. Do you have difficulty in controlling your urination?	1 ☐ Yes 2 ☐ No *(19d)*
	b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week 4 ☐ Less than once a week 5 ☐ DK
	c. Does this difficulty restrict your activity, that is, limit your getting around?	1 ☐ Yes 2 ☐ No
	d. Do you have a urinary catheter or other device to help control urination?	1 ☐ Yes 2 ☐ No *(20)*
	e. Do you need help from another person in taking care of this device?	1 ☐ Yes 2 ☐ No *(20)*
	f. How frequently do you RECEIVE this help — everytime you need help, most of the time, some of the time, or once in a while?	1 ☐ Everytime help is needed 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Once in a while 5 ☐ Not at all

FOOTNOTES

FORM HIS-1(SAIX (1983) (3-10-83)

Section Q. HOUSING STRUCTURAL CHARACTERISTICS, ADL's AND SPECIAL AIDS, Continued

20. Do you NOW use (any of the following special aids) — *If known, mark without asking*	
a. An artificial arm?	1 ☐ Yes 2 ☐ No
b. An artificial leg?	1 ☐ Yes 2 ☐ No
c. A brace of any kind? *If "Yes," ask:* **On what part of the body is the brace worn?**	1 ☐ Yes *(Specify)* _____ Part of body 2 ☐ No
d. Crutches?	1 ☐ Yes 2 ☐ No
e. A cane or walking stick?	1 ☐ Yes 2 ☐ No
f. Orthopedic, corrective shoes?	1 ☐ Yes 2 ☐ No
g. A wheel chair?	1 ☐ Yes 2 ☐ No
h. A walker?	1 ☐ Yes 2 ☐ No
i. A guide dog?	1 ☐ Yes 2 ☐ No
j. Any other kind of aid for getting around? *If "Yes" specify, then ask:* **Anything else?**	1 ☐ Yes *(Specify)* _____ 2 ☐ No

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section R. REGULAR MEDICAL CARE AND NURSING HOME STAY

Read to respondent — **These next questions refer to where you get regular medical care.**

1a. Is there a particular clinic, health center, doctor's office or some other place outside this home where you usually go if you are sick or need advice about your health?
1 ☐ Yes *(1c)*
2 ☐ No

b. Do you usually receive medical care at home?
1 ☐ Yes *(2)*
2 ☐ No *(3)*

c. What kind of place is it — a clinic, a health center, a doctor's office or some other place?

If clinic: **Is this a hospital outpatient clinic, a company or school clinic, or some other kind of clinic?**

If hospital: **Is this an outpatient clinic or an emergency room?**
1 ☐ Doctor's office/group practice/doctor's clinic
2 ☐ Company or school clinic
3 ☐ Hospital outpatient clinic
4 ☐ Hospital emergency room
5 ☐ Health center *(Specify)*_____
6 ☐ Other *(Specify)*_____

2a. Do you [go to *(source in 1c)*/receive medical care at home] on a regular basis or only when you are sick?
1 ☐ Only when sick *(3)*
2 ☐ Regularly
3 ☐ Both

b. About how often do you usually [go to *(source in 1c)*/receive medical care at home]?
1 ☐ Daily
2 ☐ Weekly
3 ☐ Monthly
4 ☐ About every 6 months
5 ☐ Once a year
6 ☐ Less than once a year

3. About how long has it been since a doctor or medical person —

a. Gave you a diabetes test?
0 ☐ Less than one month ago
____ Number { 1 ☐ Months ago, 2 ☐ Years ago } 3 ☐ Never 4 ☐ DK

b. Last checked your blood pressure?
0 ☐ Less than one month ago
____ Number { 1 ☐ Months ago, 2 ☐ Years ago } 3 ☐ Never 4 ☐ DK

c. Gave you a general physical check-up?
0 ☐ Less than one month ago
____ Number { 1 ☐ Months ago, 2 ☐ Years ago } 3 ☐ Never 4 ☐ DK

4a. Since *(13 month hospital date)* a year ago, were you a resident in a nursing home overnight?
1 ☐ Yes
2 ☐ No *(5)*

b. How many different times did you stay in a nursing home overnight or longer since *(13 month hospital date)*?
_____ Number of times

Note — Ask 4c—e, as indicated for each stay, starting with the most recent.	STAY 1	STAY 2	STAY 3
4c. When were you discharged ([the last time/the time before that])?	____ Month 19____ Year	____ Month 19____ Year	____ Month 19____ Year
d. How long were you in the nursing home (that time)?	____ Number { 1 ☐ Nights, 2 ☐ Months }	____ Number { 1 ☐ Nights, 2 ☐ Months }	____ Number { 1 ☐ Nights, 2 ☐ Months }
e. What is the name and address of this nursing home?	Name Number and street City (or county) / State		

Skip to 5b if any entries in 4c—e.

5a. Have you ever been a resident in a nursing home?
1 ☐ Yes
2 ☐ No
3 ☐ DK

b. Are you now on a waiting list to go into a nursing home?
1 ☐ Yes
2 ☐ No
3 ☐ DK

FORM HIS-1(SA)X (1983) (3-10-83)

Section S. HEALTH OPINIONS AND BEHAVIOR

S1	*Respondent*	1 ☐ Self response *(1)* 2 ☐ Proxy *(9)*
	Read to respondent — **The next group of questions asks your personal opinions about health related matters.**	
1.	**How good a job do you feel you are doing in TAKING CARE of your health? Would you say excellent, good, fair, or poor?**	1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor 5 ☐ Other *(Specify)* _____
2.	**Compared with two years ago, would you say that your health is now better, worse, or about the same as it was then?**	1 ☐ Better 2 ☐ Worse 3 ☐ Same 4 ☐ Other *(Specify)* _____
3.	**Over the PAST YEAR, has your health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?**	1 ☐ A great deal of worry 2 ☐ Some worry 3 ☐ Hardly any worry 4 ☐ No worry at all 5 ☐ Other *(Specify)* _____
4.	**How would you rate your current level of physical activity? Would you say you are very active, active, moderately active, or rarely active?**	1 ☐ Very active 2 ☐ Active 3 ☐ Moderately active 4 ☐ Rarely active (inactive) 5 ☐ Other *(Specify)* _____
5.	**Compared to your level of physical activity two years ago, would you say you are now more active, less active, or about the same?**	1 ☐ More active 2 ☐ Less active 3 ☐ About the same 4 ☐ Other *(Specify)* _____
6.	**Do you feel that you get as much exercise as you need, or less than you need?**	1 ☐ As much as I need 2 ☐ Less than I need 3 ☐ Other *(Specify)* _____
7.	**How much control do you think you have over your health? Would you say you have a great deal of control, some, very little, or none at all?**	1 ☐ A great deal of control 2 ☐ Some control 3 ☐ Very little control 4 ☐ None at all 5 ☐ Other *(Specify)* _____
S2	*Interview*	1 ☐ Personal interview *(8)* 2 ☐ Telephone interview *(9)*

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section S. HEALTH OPINIONS AND BEHAVIOR, Continued

Hand card SS8

Read to respondent — **I am going to read a list of ways you may sometimes feel. Please tell me how often you have felt this way DURING THE PAST WEEK: rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.**

8. During the past week, (that would be from last *(day)* through today,) how often —	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)
a. Were you bothered by things that usually don't bother you?	1 ☐	2 ☐	3 ☐	4 ☐
b. Did you not feel like eating; your appetite was poor?	1 ☐	2 ☐	3 ☐	4 ☐
c. Did you feel that you could not shake off the blues even with help from your family or friends?	1 ☐	2 ☐	3 ☐	4 ☐
Reask 8 **d. Did you feel that you were just as good as other people?**	1 ☐	2 ☐	3 ☐	4 ☐
e. Did you have trouble keeping your mind on what you were doing?	1 ☐	2 ☐	3 ☐	4 ☐
f. Did you feel depressed?	1 ☐	2 ☐	3 ☐	4 ☐
Reask 8 **g. Did you feel that everything you did was an effort?**	1 ☐	2 ☐	3 ☐	4 ☐
h. Did you feel hopeful about the future?	1 ☐	2 ☐	3 ☐	4 ☐
i. Did you think your life had been a failure?	1 ☐	2 ☐	3 ☐	4 ☐
j. Did you feel fearful?	1 ☐	2 ☐	3 ☐	4 ☐
Reask 8 **k. Was your sleep restless?**	1 ☐	2 ☐	3 ☐	4 ☐
l. Were you happy?	1 ☐	2 ☐	3 ☐	4 ☐
m. Did you talk less than usual?	1 ☐	2 ☐	3 ☐	4 ☐
n. Did you feel lonely?	1 ☐	2 ☐	3 ☐	4 ☐
Reask 8 **o. Were people unfriendly?**	1 ☐	2 ☐	3 ☐	4 ☐
p. Did you enjoy life?	1 ☐	2 ☐	3 ☐	4 ☐
q. Did you have crying spells?	1 ☐	2 ☐	3 ☐	4 ☐
r. Did you feel sad?	1 ☐	2 ☐	3 ☐	4 ☐
s. Did you feel that people disliked you?	1 ☐	2 ☐	3 ☐	4 ☐
t. Could you not get "going"?	1 ☐	2 ☐	3 ☐	4 ☐

9. Now I'm going to read you a list of things people have told us they have sometimes done. In the past week, that would be from last *(day)* through today, —	
a. Did you forget any important things like taking medicine or paying bills?	1 ☐ Yes 2 ☐ No 3 ☐ DK
b. Did you have difficulty remembering dates?	1 ☐ Yes 2 ☐ No 3 ☐ DK
c. Did you have difficulty remembering the time, like the time for an appointment?	1 ☐ Yes 2 ☐ No 3 ☐ DK
d. Did you lose your way or have difficulty finding your way back?	1 ☐ Yes 2 ☐ No 3 ☐ DK
10. Are you now taking any prescription medicine for your nerves, like medicine to calm you down or to help depression?	1 ☐ Yes 2 ☐ No 3 ☐ DK
11. (Besides the medicine) Are you now receiving treatment or counseling for a mental or emotional problem?	1 ☐ Yes 2 ☐ No 3 ☐ DK } *Go to Condition Summary Chart*

FORM HIS 1(SAIX (1983) (3 10 83)

Section T. SUPPLEMENT CONDITION PAGES

CONDITION A

1. Name of condition

2. When did you last see or talk to a doctor or assistant about your (condition) ?

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen } *(3b)*
9 ☐ Dr. never seen } *(3b)*

3a. Did the doctor or assistant call the (condition) by a more technical or specific name?

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? *(Specify)*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)*

c. What was the cause of your (condition in 3b) ? *(Specify)*

Mark box if accident or injury. 0 ☐ Accident/injury

d. Did the (condition in 3b) result from an accident or injury?

1 ☐ Yes 2 ☐ No

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

e. What kind of (condition in 3b) is it? *(Specify)*

Ask 3f only if allergy or stroke in 3b—e:

f. How does the [allergy/stroke] NOW affect you? *(Specify)*

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b—f:

Abscess	Cyst	Palsy
Ache (except head or ear)	Damage	Paralysis
Bleeding (except menstrual)	Growth	Rupture
Blood clot	Hemorrhage	Sore(ness)
Boil	Infection	Stiff(ness)
Cancer	Inflammation	Tumor
Cramps (except menstrual)	Neuralgia	Ulcer
	Neuritis	Varicose veins
	Pain	Weak(ness)

g. What part of the body is affected? *(Specify)*

Show the following detail:

Head ..... skull, scalp, face
Back/spine/vertebrae ..... upper, middle, lower
Side ..... left or right
Ear ..... inner or outer; left, right, or both
Eye ..... left, right, or both
Arm ..... shoulder, upper, elbow, lower or wrist; left, right, or both
Hand ..... entire hand or fingers only; left, right, or both
Leg ..... hip, upper, knee, lower, or ankle; left, right, or both
Foot ..... entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b—f:

Infection	Sore	Soreness

h. What part of the (part of body in 3b—g) is affected by the [infection/sore/soreness] — the skin, muscle, bone, or some other part? *(Specify)*

Ask if there are any of the following entries in 3b—f:

Tumor	Cyst	Growth

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. When was your (condition in 3b) first noticed?

b. When did you (name of injury in 3b) ?

1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

FOOTNOTES

FORM HIS-1(SA)X (1983) (3-10-83)

Section U. CONDITION SUMMARY CHART

INSTRUCTIONS — If no entries in Summary Chart, complete cover page and any additional supplement booklets required.

All conditions in Summary Chart must be accounted for. Compare to C2 in HIS-1 for sample person.

1. If a condition page is already filled, enter the condition number in the diagonal space on the Summary Chart.
2. If a condition page is not filled, complete a lettered supplement condition page and enter the letter in the diagonal space.
3. If the condition wording on the HIS-1 and the Summary Chart are similar but not identical, probe: **Is the** *(supplement condition)* **the same condition as the** *(HIS-1 condition)* **I was told about earlier?**

   If any doubt, fill a supplement condition page.

JOB TASKS (O)	EYE CL LTR (P)	EAR LTR (P)	OTHER CL LTR (P)	ADL'S (Q)

FOOTNOTES

FORM HIS 11SAIX (1983) (3 10 83)

Appendix IV
Supplement on Aging Reinterview Questions

N. SUPPLEMENT ON AGING RT 66

☐ No eligible sample person (*end interview*) RT 68

Sample Person Name _____

Sample Person Number _____

N1
0 ☐ Noninterview (*Specify, THEN end interview*)
1 ☐ Available (*Check item N7*)
2 ☐ Callback required (*arrange callback*)

CHECK ITEM N7
1 ☐ *If marked skip to section Q introduction above item 12 on page 22*
2 ☐ *If marked go to 14a*

14a. Is this (house/apartment) now –		
(1) Owned or being bought by you (or someone in the household)?	1 ☐ Yes (*14b*) ☐ No	13
(2) Rented for money?	1 ☐ Yes (*14h*) ☐ No	14
(3) Occupied without payment of money rent?	1 ☐ Yes (*Section Q*)	15
b. Who owns or is buying it?	1 ☐ Sample person } (*14c*)	16
	2 ☐ Spouse } (*14c*)	17
Anyone else?	3 ☐ Child } (*Section Q*)	18
	4 ☐ Grandchild } (*Section Q*)	19
Follow skip instructions for lowest numbered box marked.	5 ☐ Other relative } (*Section Q*)	20
	6 ☐ Nonrelative } (*Section Q*)	21
c. Is this place fully paid for or is there a mortgage being paid?	1 ☐ Fully paid for (*14f*) 2 ☐ Mortgage being paid 3 ☐ DK (*14f*)	22
d. Do you know about how much principal is still owed on the mortgage?	1 ☐ Yes 2 ☐ No (*14f*)	23
e. How much principal is still owed?	$ _____ Amount	24–29
f. Do you know the present value of this place, that is, about how much it would bring if you sold it on today's market?	1 ☐ Yes 2 ☐ No (Section Q)	30
g. What is the present value?	$ _____ (*Section Q*) Amount	31–36
h. Who is paying rent for it?	1 ☐ Sample person	37
	2 ☐ Spouse	38
Anyone else?	3 ☐ Child	39
	4 ☐ Grandchild	40
	5 ☐ Other relative	41
	6 ☐ Nonrelative	42

FORM HIS-R-1 (1984) (1-15-84)

Q. CONDITIONS AND IMPAIRMENTS

RT 68

Read to respondent – **Please tell me if you have EVER had any of these other conditions, even if you have mentioned them before.**

12. Have you EVER had –				
a. Osteoporosis, sometimes called fragile or soft bones? (os tee o po ro' sis)	1 ☐ Yes	2 ☐ No	9 ☐ DK	33
b. A broken hip?	1 ☐ Yes	2 ☐ No	9 ☐ DK	34
c. Hardening of the arteries or arteriosclerosis? *Circle appropriate condition*	1 ☐ Yes	2 ☐ No	9 ☐ DK	35
d. Hypertension, sometimes called high blood pressure?	1 ☐ Yes	2 ☐ No	9 ☐ DK	36
e. Rheumatic fever?	1 ☐ Yes	2 ☐ No	9 ☐ DK	37
f. Rheumatic heart disease?	1 ☐ Yes	2 ☐ No	9 ☐ DK	38
g. Coronary heart disease?	1 ☐ Yes	2 ☐ No	9 ☐ DK	39
h. Angina pectoris? (pek' to ris)	1 ☐ Yes	2 ☐ No	9 ☐ DK	40
i. A myocardial infarction?	1 ☐ Yes	2 ☐ No	9 ☐ DK	41
j. Any other heart attack?	1 ☐ Yes	2 ☐ No	9 ☐ DK	42
k. A stroke or a cerebrovascular accident? (ser' a-bro vas ku lar) *Circle appropriate condition*	1 ☐ Yes	2 ☐ No	9 ☐ DK	43
l. Alzheimer's disease? (al' zi mers)	1 ☐ Yes	2 ☐ No	9 ☐ DK	44
m. Cancer of any kind?	1 ☐ Yes	2 ☐ No	9 ☐ DK	45

FOOTNOTES

FORM HIS-R-1 (1984) (1-15-84)

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S) [3–4]

Read to respondent – The next questions are about how well you are able to do certain activities – by yourself and without using special equipment.

	(1)	(2)	(3)
1. Because of a health or physical problem, do you have ANY difficulty –	[5] **Bathing or showering?**	[22] **Dressing?**	[39] **Eating?**
Ask if "Doesn't do": **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 2–5 for each ADL marked "Yes" in 1. **2. By yourself and without using special equipment, how much difficulty do you have (ADL), some, a lot, or are you unable to do it?**	[6] 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	[23] 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	[40] 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from another person in (ADL)?	[7] 1 ☐ Yes 2 ☐ No *(5)*	[24] 1 ☐ Yes 2 ☐ No *(5)*	[41] 1 ☐ Yes 2 ☐ No *(5)*
4a. Who gives this help?	Source of help [8–11] / Paid [12–15]	Source of help [25–28] / Paid [29–32]	Source of help [42–45] / Paid [46–49]
Anyone else?	HH member 1 ☐ Relative . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . 4 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . 4 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . 4 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
Mark the S/C/P box without asking if ONLY help is from spouse/children/parents. **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**						
5a. Do you use any special equipment or aids in (ADL)?	[16] 1 ☐ Yes 2 ☐ No *(2 for all with "YES" in 1)*	[33] 1 ☐ Yes 2 ☐ No *(2 for all with "YES" in 1)*	[50] 1 ☐ Yes 2 ☐ No *(2 for all with "YES" in 1)*
b. What special equipment or aids do you use? **Anything else?**	Special equipment or aids _____ [17–18] _____ [19–20]	Special equipment or aids _____ [34–35] _____ [36–37]	Special equipment or aids _____ [51–52] _____ [53–54]

FOOTNOTES

FORM HIS-R-1 (1984) (1-15-84)

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

RT 71 | 3–4

(4) 56	(5) 73	(6) 90	(7) 5
Reask 1 **Getting in and out of bed or chairs?**	**Walking?**	**Getting outside?**	**Using the toilet, including getting to the toilet?**
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
57 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	74 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	91 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
58 1 ☐ Yes 2 ☐ No *(5)*	75 1 ☐ Yes 2 ☐ No *(5)*	92 1 ☐ Yes 2 ☐ No *(5)*	7 1 ☐ Yes 2 ☐ No *(5)*
Source of help 59–62 / Paid 63–66	Source of help 76–79 / Paid 80–83	Source of help 93–96 / Paid 97–100	Source of help 8–11 / Paid 12–13
HH member 1 ☐ Relative . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . 4 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . 4 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . 4 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . 2 ☐ Nonrelative . Non-HH member 3 ☐ Relative . . . 4 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
67 1 ☐ Yes 2 ☐ No *(2 for all with "YES" in 1)*	84 1 ☐ Yes 2 ☐ No *(2 for all with "YES" in 1)*	101 1 ☐ Yes 2 ☐ No *(2 for all with "YES" in 1)*	16 1 ☐ Yes 2 ☐ No *(END INTERVIEW)*
Special equipment or aids _____ 68–69 _____ 70–71	Special equipment or aids _____ 85–86 _____ 87–88	Special equipment or aids _____ 102–103 _____ 104–105	Special equipment or aids _____ 17–18 _____ 19–20

FOOTNOTES

FORM HIS-R-1 (1984) (1-15-84)

Appendix V
Definition of selected terms in the 1984 Supplement on Aging (Taken from the SOA Interviewer's Manual)

Community services

Meals on Wheels—A service that delivers hot meals to the persons in their homes.

Special meal program—Meals provided by a program or group on a regular or daily basis at a location outside the participants' homes.

Homemaker service—A program that provides help in the home with cleaning, cooking, and, sometimes, shopping.

Visiting nurse service—A registered nurse employed by a social service agency to provide medical care to persons in their homes.

Health aide—An individual, not a registered nurse or doctor (as defined by NHIS), employed in the health profession to provide medical or health assistance to people in their homes.

Adult day care or day care for the elderly—A place, operated by public or private funds, that provides day care for older persons on a nonresident basis.

Retirement terms

Retired (Completely, partially, or not at all)—These terms are respondent defined.

Retirement income—This term is respondent defined.

Dependent or survivor—Persons who receive payment as a result of their relationship to someone who is or was eligible for payments from some program.

Pension—Income paid following termination of work to a person who was employed by the particular business, company, or organization providing the benefits. Pensions may also be paid to the survivors of deceased employees.

Military retirement and Veterans Administration (VA) pensions—Income paid by the Federal Government to persons who retire from the military after 20 or more years of service as military retirement. Payments may be made to survivors. VA pensions differ from military retirement in that they are based on need, number of dependents, and nonservice connected disabilities or age. A VA pension received because of a disability should be reported in question 6. A VA pension received for other reasons should be reported as "some other source" in 3b. Interviewers probed for the distinction, if necessary.

Own work experience—Those persons who receive retirement income because they themselves have worked a certain number of years or otherwise are themselves eligible for the benefit.

Social Security—Includes such programs as retirement insurance and survivor's insurance that provides payments either because the person is eligible or is a dependent or survivor of someone who was eligible because of work experience.

Disability (in disability income)—This term is respondent defined.

Condition related terms

Ever—Present at any time in the person's life through the Sunday night prior to the day of interview. Onset during the interview week is not included.

Now—Present at any time during the past 2 weeks through the Sunday night prior to the day of interview.

Past 12 months—The period beginning with the 12-month date specified for this interview and ending the Sunday night prior to the day of interview.

ADL's and IADL's

Special equipment—Aids or devices used to assist the person in a particular activity, such as canes, walkers, artificial limbs, and special plates. It also includes modifications to the home environment, such as lowered or raised commodes, lowered or raised kitchen equipment, and ramps.

Getting outside—Moving from inside the unit to outside, including to a patio, porch, or to a building hallway. It does *not* imply any real movement or exertion once the person has reached the outside.

Bed—Anything used for lying down or sleeping including sofa, cot, or mattress.

Paid help—A voluntary reimbursement. It also includes cases where no cash is received but the helper gets pay-in-kind or room and board for the help.

Other terms

Adopted children—Children for whom the sample person has been voluntarily or legally declared as the mother, father, or legal guardian.

Stepchildren—Children of the sample person's spouse by a former marriage.

Stepbrother or stepsister—The son or daughter of the sample person's stepfather or stepmother.

Retirement community, building, or complex—A house or an apartment is considered to be a retirement community, building, or complex if there is a formal arrangement or rules setting aside a group of units for this use or purpose. A person is not residing in a retirement community, building, or complex only because the majority of people in the city, neighborhood, building, or complex are retired.

Medical services—Services provided on the premises by trained medical professionals, including doctors, nurses, or medical technicians.

Mortgage—A long-term loan with the property as security. A mortgage can be financed through a bank, a savings and loan, a mortgage loan company, or a private person. A "land contract," "contract to purchase," or "deed of trust" in which the buyer does not receive title until all or part of the price is paid is considered a mortgage.

Mortgage principal—The current principal still owed on the mortgage; the outstanding balance on the loan amount, excluding interest, at the time of the interview.

Volunteer work—Providing a service willingly and without pay for an organization or group. This includes activities such as collecting for the March of Dimes, overseeing playground activities, or working as a hospital volunteer or at church. It does not include such events as going to the store voluntarily for a neighbor or baby sitting if this activity is not through an organized group.

Aid—Equipment or devices used to assist the person in a particular activity, such as a cane or walker, artificial limb, etc. Also include as aids special shoes, chairs, structural modifications to the home such as railings on stairs or walls, and other things normally needed for performing the activity only if they are of special construction, design, etc. or were installed specifically to assist the person in accomplishing the activity.

Eyeglasses—Includes prescription eyeglasses as well as eyeglasses purchased at drug stores, variety stores, and so forth that did not require a prescription.

Prescription eyeglasses—Eyeglasses that were obtained *for the sample person* under the direction or recommendation of an eye specialist, such as an ophthalmologist, an optometrist, or an optician. It does not include eyeglasses prescribed for someone else.

Lens implant—Artificial lenses that are surgically and permanently placed inside the eye. This is sometimes referred to as an intraocular lens.

Hearing aid—A compact amplifier *worn* to aid one's hearing. This does *not* include devices *not* worn by the person, such as telephone amplifiers.

Dizzy or dizziness—These terms are respondent defined.

Difficulty controlling bowels and/or urination—Difficulty controlling bowels includes accidentally soiling one's self as well as chronic inability to empty the bowels, excluding occasional constipation. Difficulty controlling urination includes accidentally wetting one's self, including occasional slight "leaking."

Colostomy or urinary catheter or other device—Surgical openings and/or devices used to aid bowel movement or urination when the person has lost natural control of these functions through illness, disability, surgery, or other causes. This does *not* include enemas or suppositories as devices.

Help in taking care of this device—Personal assistance or supervision is required and/or received in operating, maintaining, or cleaning the device, in emptying the bag, and so forth.

In bed or chair all or most of the time—More than half of the hours the person usually is awake.

Nursing home—A place that provides nursing and/or personal care services in addition to room and board. Nursing care may include such services as providing injections, catheterization, bowel and/or bladder retraining, and blood pressure, pulse, and respiratory checks. Personal care services include help in performing daily activities such as eating, bathing, dressing, or walking. It does not include stays in convalescent homes, sanatoria, mental institutions, or similar places.

Times stayed in a nursing home—This refers to *separate stays* in a nursing home, not to the number of nights in a nursing home. If the person was moved (transferred) from one nursing home to another, include each as a separate stay, even if the stay was not overnight.

Physical activity—This term is respondent defined.

Exercise—Physical activity that the person consciously performs for the sake of his/her well being. The exercise does not have to be part of a formal program or prescribed activity. Exercise includes any kind of exercise such as walking, physical fitness programs, or sports.

Regular routine—Physical exercise performed on a recurring basis at fairly even intervals, consisting of some set type of physical activity. Examples are golfing every Thursday, walking around the block twice a day, or any other activity performed routinely for exercise.

Appendix VI
Selected information about the design and estimation of the 1984 NHIS Supplement on Aging

Table I. Annual weights in tape location 219–227 by age: 1984 NHIS Supplement on Aging

Item	Age in years at last birthday				
		65 and over			
	55–64	Total	65–74	75–84	85 and over
Mean	4,741	2,299	2,296	2,305	2,296
Median	4,485	2,174	2,174	2,168	2,171
Percentile:					
10th	4,162	2,015	2,025	2,117	2,015
25th	4,300	2,067	2,067	2,078	2,094
75th	4,711	2,257	2,236	2,278	2,278
90th	5,627	2,785	2,754	2,810	2,714
Range:					
High	19,279	9,105	8,827	9,105	8,876
Low	1,280	398	398	1,470	1,495

Table II. Design effects for selected data on the 1984 NHIS Supplement on Aging

Item	55–64 years	65 years and over		
		Total	Male	Female
Number of persons	...	...	...	...
Percent of persons:				
Ages 80 years and over	...	1.5678	1.0000	1.3212
Living alone	1.4742	1.9996	1.6921	1.7340
Percent of persons with:				
Some college	1.4334	1.5988	1.4564	1.3142
1 or more children	1.0000	1.9640	1.4791	1.4346
1 or more ADL's[1]	1.0000	1.6118	1.1952	1.3740
1 or more IADL's[2]	1.0797	1.7226	1.0000	1.6698
1 or more bed days in past 12 months	1.1180	1.4663	1.2124	1.0755
1 or more hospital episodes in past 12 months	1.0000	1.0000	1.1794	1.0000
1 or more community services used in past 12 months	1.2551	2.0837	1.5796	1.4146
Average number of:				
Bed days (12 months)	1.0000	1.4072	1.2873	1.1623
Bed days (2-week recall)	1.0941	1.1110	1.0000	1.1260
Doctor contacts (2-week recall)	1.1082	1.0900	1.0000	1.0000
Acute conditions (2-week recall)	1.3088	1.0000	1.0000	1.0000

[1]Activities of daily living.
[2]Instrumental activities of daily living.

NOTE: Design effects are the ratios of variances. For standard errors, take the square root.

Table III: Number of sample persons in the 1984 Supplement on Aging, by pseudoprimary sampling unit (PSU) and age

PSU	All ages	Age in years at last birthday			
		55–64	65–74	75–84	85 and over
Total	16,148	4,651	7,093	3,578	826
1	22	7	8	5	2
2	20	5	8	5	2
3	32	14	9	9	0
4	13	4	4	3	2
5	35	11	14	9	1
6	47	11	23	9	4
7	34	9	15	10	0
8	38	10	18	8	2
9	47	12	23	10	2
10	32	8	14	8	2
11	21	5	8	6	2
12	94	11	44	35	4
13	32	6	13	11	2
14	33	12	14	6	1
15	27	8	15	4	0
16	40	7	17	14	2
17	23	8	11	4	0
18	26	7	13	6	0
19	40	9	18	11	2
20	37	12	13	9	3
21	78	23	37	15	3
22	87	26	34	22	5
23	133	45	62	21	5
24	158	40	75	30	13
25	132	35	61	27	9
26	128	46	52	25	5
27	154	57	62	24	11
28	184	62	77	37	8
29	181	53	76	43	9
30	226	70	104	43	9
31	187	77	72	33	5
32	170	49	71	41	9
33	77	26	32	18	1
34	72	13	33	22	4
35	111	34	43	26	8
36	112	33	54	18	7
37	104	26	51	23	4
38	114	34	47	26	7
39	173	51	87	25	10
40	210	63	96	42	9
41	157	56	70	27	4
42	168	38	91	34	5
43	27	6	9	12	0
44	24	8	10	6	0
45	16	6	6	2	2
46	28	6	15	4	3
47	41	9	22	7	3
48	32	3	16	11	2
49	29	7	10	10	2
50	28	5	15	7	1
51	25	9	10	6	0
52	23	7	8	6	2
53	26	9	11	3	3
54	22	4	11	7	0
55	23	4	11	8	0
56	31	9	12	8	2
57	24	5	7	9	3
58	32	7	15	7	3
59	30	9	12	6	3
60	16	7	3	1	5
61	25	12	7	4	2
62	32	10	19	3	0
63	36	13	14	7	2
64	32	6	13	10	3
65	36	15	14	6	1
66	27	10	11	4	2
67	19	3	4	8	4
68	18	5	6	7	0
69	21	11	6	4	0
70	32	10	13	8	1
71	37	10	14	9	4
72	29	11	12	4	2
73	39	11	16	8	4
74	31	8	12	10	1
75	23	3	9	8	3
76	19	4	6	8	1
77	18	7	5	5	1
78	28	7	11	7	3
79	23	5	11	6	1
80	26	11	8	6	1
81	20	3	6	8	3
82	21	11	7	2	1
83	24	7	9	6	2
84	36	8	15	8	5
85	39	12	18	7	2
86	25	5	10	7	3
87	25	6	13	5	1
88	15	4	7	4	0
89	23	8	10	5	0
90	26	6	15	5	0
91	22	7	9	6	0
92	26	9	10	6	1
93	23	2	13	8	0
94	17	5	7	5	0
95	9	5	2	1	1
96	30	10	3	11	6
97	28	11	9	5	3
98	45	13	17	13	2
99	30	10	13	5	2
100	15	6	3	6	0
101	36	11	9	10	6
102	34	13	12	7	2
103	23	8	10	5	0
104	26	9	5	9	3
105	20	4	10	4	2
106	52	5	18	22	7
107	26	1	16	6	3
108	14	7	3	4	0
109	23	5	13	4	1
110	24	11	8	5	0
111	47	13	22	12	0
112	23	7	10	5	1
113	30	7	16	7	0
114	26	7	10	7	2
115	121	38	56	21	6
116	109	21	52	26	10
117	128	36	58	23	11
118	120	47	42	28	3
119	103	28	56	13	6
120	90	28	41	19	2
121	125	36	53	29	7
122	100	26	47	21	6
123	112	29	49	28	6
124	109	34	46	23	6
125	135	47	53	27	8
126	126	52	50	22	2
127	99	24	39	29	7
128	92	26	50	14	2
129	141	38	80	18	5
130	160	51	71	30	8
131	119	40	46	25	8
132	91	27	38	22	4
133	71	24	32	12	3
134	62	21	28	9	4
135	23	7	7	8	1
136	27	13	8	6	0
137	38	12	20	5	1
138	21	6	10	5	0
139	26	6	12	5	3
140	25	8	10	5	2

Table III: Number of sample persons in the 1984 Supplement on Aging, by pseudoprimary sampling unit (PSU) and age—Con.

PSU	All ages	Age in years at last birthday			
		55–64	65–74	75–84	85 and over
141	24	10	10	4	0
142	39	8	20	10	1
143	31	13	11	4	3
144	52	12	26	12	2
145	25	5	10	6	4
146	27	4	18	4	1
147	42	7	21	11	3
148	28	7	10	9	2
149	35	11	19	5	0
150	27	6	13	7	1
151	34	10	16	7	1
152	36	8	19	9	0
153	55	10	36	9	0
154	35	10	20	5	0
155	16	7	6	3	0
156	24	7	12	4	1
157	22	7	9	4	2
158	30	12	10	5	3
159	31	8	17	6	0
160	51	10	24	8	9
161	27	10	9	7	1
162	30	10	15	4	1
163	13	8	5	0	0
164	28	7	9	10	2
165	51	18	23	8	2
166	25	6	15	3	1
167	31	6	15	8	2
168	21	3	8	10	0
169	22	3	12	6	1
170	33	4	16	12	1
171	28	7	14	6	1
172	25	9	10	4	2
173	24	10	8	3	3
174	20	7	9	4	0
175	25	4	8	13	0
176	6	3	0	3	0
177	25	9	6	6	4
178	19	5	7	7	0
179	23	9	12	1	1
180	22	8	6	6	2
181	21	6	8	6	1
182	18	3	8	7	0
183	16	6	6	4	0
184	26	8	13	3	2
185	38	14	18	5	1
186	28	8	15	3	2
187	39	9	26	3	1
188	14	2	10	2	0
189	38	10	24	3	1
190	30	8	16	6	0
191	18	7	9	2	0
192	19	6	9	4	0
193	86	16	46	18	6
194	28	8	14	6	0
195	16	3	5	6	2
196	32	8	8	13	3
197	11	3	6	2	0
198	23	9	9	4	1
199	20	2	6	8	4
200	62	11	28	18	5
201	26	7	8	10	1
202	31	5	18	4	4
203	33	9	11	10	3
204	23	6	10	5	2
205	29	12	8	8	1
206	42	11	11	18	2
207	28	6	17	4	1
208	26	8	8	9	1
209	27	7	16	3	1
210	34	11	13	9	1
211	21	6	11	4	0
212	35	9	13	11	2
213	22	7	8	6	1
214	21	3	7	10	1
215	37	7	22	7	1
216	25	6	9	7	3
217	21	4	14	3	0
218	23	7	13	2	1
219	33	8	14	10	1
220	20	9	7	3	1
221	43	10	18	15	0
222	40	10	20	9	1
223	20	6	10	3	1
224	48	14	18	14	2
225	24	8	12	3	1
226	37	18	9	9	1
227	35	11	17	4	3
228	35	7	20	5	3
229	32	6	17	7	2
230	18	4	8	6	0
231	32	6	16	9	1
232	25	2	14	8	1
233	22	6	12	2	2
234	29	11	8	8	2
235	36	8	15	10	3
236	60	9	34	17	0
237	126	38	41	43	4
238	129	43	60	22	4
239	94	28	44	17	5
240	107	24	53	26	4
241	110	43	43	15	9
242	119	47	41	26	5
243	69	21	32	13	3
244	73	21	30	19	3
245	107	29	48	28	2
246	112	38	45	24	5
247	84	32	35	14	3
248	109	30	51	21	7
249	105	29	52	22	2
250	115	38	50	25	2
251	119	40	47	24	8
252	126	36	56	26	8
253	254	67	107	67	13
254	279	64	119	84	12
255	61	13	30	14	4
256	59	15	32	11	1
257	41	13	13	15	0
258	62	14	35	10	3
259	36	9	17	10	0
260	71	16	43	9	3
261	45	11	22	11	1
262	32	10	9	11	2
263	38	12	19	6	1
264	40	10	16	14	0
265	39	8	18	6	7
266	31	2	19	8	2
267	25	5	16	3	1
268	19	6	10	2	1
269	28	8	11	9	0
270	52	13	22	14	3
271	29	7	15	6	1
272	15	8	6	1	0
273	28	10	10	5	3
274	32	9	16	7	0
275	12	2	6	3	1
276	27	9	10	7	1
277	35	13	16	4	2
278	14	5	5	4	0
279	23	6	9	5	3
280	5	0	5	0	0
281	31	10	12	8	1
282	24	10	7	6	1

Table III: Number of sample persons in the 1984 Supplement on Aging, by pseudoprimary sampling unit (PSU) and age—Con.

PSU	All ages	Age in years at last birthday				PSU	All ages	Age in years at last birthday			
		55–64	65–74	75–84	85 and over			55–64	65–74	75–84	85 and over
283	157	40	69	31	17	291	112	30	49	24	9
284	158	52	66	34	6	292	119	24	67	24	4
285	143	40	58	37	8	293	186	49	82	44	11
286	136	31	62	32	11	294	141	45	63	30	3
287	99	28	44	22	5	295	106	36	42	24	4
288	81	23	37	17	4	296	81	21	39	15	6
289	150	44	54	42	10	297	109	32	46	26	5
290	122	43	54	20	5	298	106	36	39	24	7

Appendix VII
Examples using SAS

These examples are all based on the assumption that the following scheme has been used to convert the public-use person file for the Supplement on Aging to a SAS file named NEW.SOA

P# = variable from the Basic NHIS persons' file with # indicates the first field of the tape location.
xWGT = a weight with x indicating the kind of weight.
PSU = pseudo primary sampling unit.
S# = variable from the SOA with # indicating the first field of the tape location.

The input statement would have the format:

```
INPUT ;
INFILE
P25 25 P27 27-28
PSU 187-189
QWGT 201-209 SWGT 210-218
AWGT 219-227
BDWGT 246-254
S404 404 S409 409-410 . . . ;
```

IF statements or other recoding statements:

(1) to change the unknowns and nonresponse (usually, but not always, coded as "9" on NHIS tapes) to a SAS format for unknowns, and
(2) to create recodes.

*The user should be careful not to confuse data not recorded because of a skip pattern with data not recorded because the person did not answer the question.
*Recodes are optional; however, the following one is needed to estimate variances:

```
STRATUM = PSU/2 + 0.5 ;
STRATUM = INT(STRATUM) ;
LENGTH 3 ;
*sets 3 as the default to save space;
LENGTH QWGT SWGT AWGT BWGT 8 ;
*the weights need more space;
LABEL and other statements as desired ;
```

Examples of national estimates

```
DATA ;
SET NEW.SOA ;
PROC FREQ ;
TABLES
   S404 * P111 / NOROW NOCOL NOPERCENT:
   WEIGHT AWGT ;
TITLE1 'The number of people age 55 and over' ;
TITLE2 'according to the number of bed days' ;
TITLE3 'in the preceding year' ;
DATA ;
SET NEW.SOA ;
NEWWGT = P132 * SWGT ;
PROC FREQ ;
TABLES
   S404 * P111 ;
   WEIGHT NEWWGT ;
TITLE1 'The number of people age 55 and over' ;
TITLE2 'according to the number of bed days' ;
TITLE3 'in the preceding year' ;
```

Tables can be made much more sophisticated by changing the options, recoding variables, or using PROC TABULATE. Note that in PROC TABULATE if any records have missing values for one variable in the table, those records will be deleted from the entire table.

Users producing tables under such procedures will have to rely on the NHIS variance curves or on average design effects to make adjustments for the sample design if they wish to show confidence intervals or to test hypotheses.

DO NOT rely on the test statistics that can be produced from such tables when weighted. Test statistics that are produced by options are incorrect because (a) they are based on assumptions of simple random sampling and equal probability of selection, and (b) the programs assume that the weighted sample is the true sample.

Examples of national estimates with standard errors

By using SESUDAAN,[42] which runs under SAS but is not available from the SAS Institute, analysts can obtain estimated standard errors for each point estimate. The program also produces design effects if requested as they are in the sample. Data *must* be sorted by stratum and PSU for the program to work properly.

```
DATA ;
SET NEW.SOA ;
```

NOTE: A list of references follows the text.

```
PROC SORT ;
   BY STRATUM PSU ;
PROC SESUDAAN ALLFOILS DEFT
 PSULVL = 2 STRLVL = 1 ;
   REPORT P25 P43 P64 S404 ;
   LEVELS 2 3 4 7 ;
ANALYSIS P71 ;
   FOILS 4 ;
NEST STRATUM PSU ;
WEIGHT AWGT ;
TABLES P25 P43 P64 S404
       P25 * P64
;
SETPRINT CWIDTH = 16 MEANDEC = 6
 PVALDEC = 6 DEFTDEC = 4 ;
TITLE1 'Sampling errors for estimated percent of people
 in each' ;
TITLE2 'limitation of activity group' ;
TITLE3 '1984 SOA people age 55 and over' ;
//
```

Appendix VIII
Consultants and staff of the 1984 Supplement on Aging

Consultants outside the National Center for Health Statistics

Ronald Abeles, Ph.D.
National Institute on Aging
National Institutes of Health
Building 32, Room 5C05
9000 Rockville Pike
Bethesda, Md. 20892

Jacob Brody, M.D.
Dean, School of Public Health
University of Illinois at Chicago
Box 6998
Chicago, Ill. 60680

Herman Brotman
3108 Holmes Run Road
Falls Church, Va. 22046

Robert N. Butler, M.D.
Chairman, Department of Geriatrics and Adult Development
Mount Sinai School of Medicine
The Mount Sinai Medical Center
One Gustave Levy Place
New York, N.Y. 10029

John Busa
Director, Planning, Evaluation, and Analysis
Administration on Aging
330 Independence Avenue, S.W.
North Building, Room 4747
Washington, D.C. 20201

Joan Cornoni-Huntley, Ph.D.
National Institute on Aging
National Institutes of Health
Federal Building, Room 612
7550 Wisconsin Avenue
Bethesda, Md. 20892

Karen Davis, Ph.D.
Johns Hopkins University
10537 Farnham Drive
Bethesda, Md. 20814

Paul Densen, Ph.D.
Harvard Center for Community Health
643 Huntington Avenue
Boston, Mass. 02115

Donald G. Fowles
National Institute on Aging
National Institutes of Health
Building 32, Room 5C11
9000 Rockville Pike
Bethesda, Md. 20892

Sidney Katz, M.D.
Associate Dean of Medicine
Brown University, Box G
Providence, R.I. 02912

Barbara A. McCann
Hospice Project Director
Joint Commission on Accreditation of Hospitals
875 North Michigan Avenue
Chicago, Ill. 60611

Marsha Ory, Ph.D.
National Institute on Aging
National Institutes of Health
Building 32, Room 5C05
9000 Rockville Pike
Bethesda, Md. 20892

Alan Pardini
Department of Social and Behavioral Sciences
School of Nursing N631Y
University of California
San Francisco, Calif. 94143

Jon Pynoos, Ph.D.
Director, Institute for Policy and Program Development
University of Southern California
Andrus Gerontology Center
University Park MC–0191
Los Angeles, Calif. 90089

Dorothy P. Rice
Regents Lecturer
Department of Social and Behavioral Sciences
School of Nursing N631Y
University of California
San Francisco, Calif. 94143

Matilda White Riley, Ph.D.
Associate Director for Behavioral Sciences Research
National Institute on Aging
National Institutes of Health
Building 32, Room 5C05
9000 Rockville Pike
Bethesda, Md. 20892

Eva J. Salber, M.D.
(Formerly—Duke University)
1308 Arboretum Drive
Chapel Hill, N.C. 27514

Ethel Shanus, Ph.D.
222 Main Street, Apt. 301
Evanston, Ill. 60202

Ann R. Somers, D.Sc.
UMDNJ/Rutgers Medical School
31 Scott Lane
Princeton, N.J. 08540

Staff of the U.S. House of Representatives Special Committee on Aging

Staff of the U.S. Senate Select Committee on Aging

Julie Troccio
American Health Care Association
1200 Fifteenth Street, N.W.
Washington, D.C. 20005

Ann Wilder Zimmer, Ph.D.
Special Assistant to the Associate Director for Biomedical Research and Clinical Medicine
National Institute on Aging
National Institutes of Health
Building 32, Room 5C11
9000 Rockville Pike
Bethesda, Md. 20892

The National Center for Health Statistics Work Group on Surveys on the Aging

Chair

Mary Grace Kovar, Dr.P.H.
Special Assistant for Health Data Policy and Analysis
Vital and Health Statistics Systems

Work Group Members

E. Earl Bryant
Formerly Associate Director
Office of Interview and Examination Statistics Program

Clinton E. Burnham
Formerly Chief, Survey Planning and Development Branch
Division of Health Interview Statistics

Thomas Drury, Ph.D.
Chief, Health Status Measurement Branch
Division of Epidemiology and Health Promotion

Jacob J. Feldman, Ph.D.
Associate Director
Office of Epidemiology and Analysis Program

Robert R. Fuchsberg
Formerly Director
Division of Health Interview Statistics

Peter L. Hurley
Associate Director
Vital and Health Statistics Systems

Jennifer Madans, Ph.D.
Deputy Director
Office of Epidemiology and Analysis Program

Stewart C. Rice
Chief, Survey Planning and Development Branch
Division of Health Interview Statistics

Isadore Seeman
Formerly staff member
Vital and Health Care Statistics Program
National Mortality Follow-back Survey

Monroe Sirkin, Ph.D.
Associate Director
Office of Research and Methodology

Owen Thornberry, Ph.D.
Director
Division of Health Interview Statistics

Joan Van Nostrand
Acting Director
Division of Health Care Statistics

Ronald W. Wilson
Director
Division of Epidemiology and Health Promotion

National Center for Health Statistics Division of Health Interview Statistics Staff for the 1984 Supplement on Aging

Survey Planning and Development Branch staff responsible for the development and design of the 1984 Supplement on Aging questionnaire and data collection procedures were

Joseph E. Fitti, Group Leader
Amy Coyle
Marie L. Monsees

Illness and Disability Statistics Branch staff responsible for preparing the specifications for computer edits of the keyed data files were

Susan Jack, Group Leader
Gerry Hendershot, Ph.D.
Charlotte Schoenborn
Robyn Stone, Dr.P.H. (National Center for Health Services Research)

Computer Systems and Programming Branch staff responsible for programming the computer edits and for preparing and documenting the data tapes were

Patricia Sartwell, Group Leader
Nancy Gagne
George Gerhold
Sue Hsiung
Vance Hudgins
Teresa Washington

U.S. Bureau of the Census
Demographic Survey Division
Staff for the 1984 Supplement on Aging

Health Surveys Branch staff responsible for coordinating activities performed by the U.S. Bureau of the Census were

Robert Mangold, Chief
Gemma Furno
Catherine Hester

Vital and Health Statistics series descriptions

SERIES 1. **Programs and Collection Procedures**—Reports describing the general programs of the National Center for Health Statistics and its offices and divisions and the data collection methods used. They also include definitions and other material necessary for understanding the data.

SERIES 2. **Data Evaluation and Methods Research**—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. Studies also include comparison of U.S. methodology with those of other countries.

SERIES 3. **Analytical and Epidemiological Studies**—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.

SERIES 4. **Documents and Committee Reports**—Final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.

SERIES 5. **Comparative International Vital and Health Statistics Reports**—Analytical and descriptive reports comparing U.S. vital and health statistics with those of other countries.

SERIES 10. **Data From the National Health Interview Survey**—Statistics on illness, accidental injuries, disability, use of hospital, medical, dental, and other services, and other health-related topics, all based on data collected in the continuing national household interview survey.

SERIES 11. **Data From the National Health Examination Survey and the National Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement of national samples of the civilian noninstitutionalized population provide the basis for (1) estimates of the medically defined prevalence of specific diseases in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics and (2) analysis of relationships among the various measurements without reference to an explicit finite universe of persons.

SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.

SERIES 13. **Data on Health Resources Utilization**—Statistics on the utilization of health manpower and facilities providing long-term care, ambulatory care, hospital care, and family planning services.

SERIES 14. **Data on Health Resources: Manpower and Facilities**—Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.

SERIES 15. **Data From Special Surveys**—Statistics on health and health-related topics collected in special surveys that are not a part of the continuing data systems of the National Center for Health Statistics.

SERIES 20. **Data on Mortality**—Various statistics on mortality other than as included in regular annual or monthly reports. Special analyses by cause of death, age, and other demographic variables; geographic and time series analyses; and statistics on characteristics of deaths not available from the vital records based on sample surveys of those records.

SERIES 21. **Data on Natality, Marriage, and Divorce**—Various statistics on natality, marriage, and divorce other than as included in regular annual or monthly reports. Special analyses by demographic variables; geographic and time series analyses; studies of fertility; and statistics on characteristics of births not available from the vital records based on sample surveys of those records.

SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys based on vital records are included in Series 20 and 21, respectively.

SERIES 23. **Data From the National Survey of Family Growth**—Statistics on fertility, family formation and dissolution, family planning, and related maternal and infant health topics derived from a periodic survey of a nationwide probability sample of women 15–44 years of age.

For answers to questions about this report or for a list of titles of reports published in these series, contact:

Scientific and Technical Information Branch
National Center for Health Statistics
Public Health Service
Hyattsville, Md. 20782

301–436–8500

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Public Health Service
National Center for Health Statistics
3700 East-West Highway
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

DHHS Publication No. (PHS) 87–1323, Series 1, No. 21
7-0098 (12/96)