### Appendix II

#### 1984 Supplement on Aging Questionnaire

**NATIONAL HEALTH INTERVIEW SURVEY**

**SUPPLEMENT BOOKLET**

8. Final status of supplement
   - No SP selected
   - Partial interview (some but not all appropriate pages completed)
   - Noninterview
   - Refused
   - SP temporarily absent, no proxy available
   - SP mentally or physically incapable, no proxy available
   - Other

---

**TABLE A**

<table>
<thead>
<tr>
<th>Age</th>
<th>Name</th>
<th>Sample person</th>
<th>Sample person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4</td>
<td>9 - 10</td>
<td>X</td>
<td>59 - 60</td>
</tr>
<tr>
<td>5 - 9</td>
<td>11 - 12</td>
<td>13 - 14</td>
<td>61 - 62</td>
</tr>
<tr>
<td>10 - 14</td>
<td>15 - 16</td>
<td>17 - 18</td>
<td>63 - 65</td>
</tr>
<tr>
<td>15 - 16</td>
<td>17 - 18</td>
<td>19 - 20</td>
<td>65 - 66</td>
</tr>
<tr>
<td>17 - 18</td>
<td>19 - 20</td>
<td>21 - 22</td>
<td>67 - 68</td>
</tr>
<tr>
<td>18 - 20</td>
<td>19 - 20</td>
<td>21 - 22</td>
<td>69 - 70</td>
</tr>
</tbody>
</table>

**TABLE B**

<table>
<thead>
<tr>
<th>Age</th>
<th>Name</th>
<th>Sample person</th>
<th>Sample person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4</td>
<td>9 - 10</td>
<td>X</td>
<td>59 - 60</td>
</tr>
<tr>
<td>5 - 9</td>
<td>11 - 12</td>
<td>13 - 14</td>
<td>61 - 62</td>
</tr>
<tr>
<td>10 - 14</td>
<td>15 - 16</td>
<td>17 - 18</td>
<td>63 - 65</td>
</tr>
<tr>
<td>15 - 16</td>
<td>17 - 18</td>
<td>19 - 20</td>
<td>65 - 66</td>
</tr>
<tr>
<td>17 - 18</td>
<td>19 - 20</td>
<td>21 - 22</td>
<td>67 - 68</td>
</tr>
<tr>
<td>18 - 20</td>
<td>19 - 20</td>
<td>21 - 22</td>
<td>69 - 70</td>
</tr>
</tbody>
</table>

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**CONTACT PERSON INFORMATION**

- Contact information for this family unit already obtained, transcribe when editing.

**TRANSCRIPTION FROM HIS-1**

16. Area code/telephone number from HIS-1, item 11
   - None
   - Refused

17a. Exact address from HIS-1, item 6a (Please print item 17a - c)
   - City
   - State
   - Zip Code
   - Special Place name (Fill if applicable)

18. Are there any nondeleted persons 65 years old or older in the family?
   - Yes (List by age (oldest to youngest) in upper portion of appropriate table, mark "SP" box on HIS-1 for each, Table A)
   - No (Begin interview(s) using the appropriate "order of interview")

19. Are there any nondeleted persons 55 - 64 years old in the family?
   - 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")
   - No (Begin interview(s) using the appropriate "order of interview")
Supplement on Aging

Section N. Family Structure, Relationships, Support, and Living Arrangements

N1

a. Initial status of sample person
   1 ☐ Available (N1d)
   2 ☐ Callback required (Next SP)

b. Supplement beginning time
   Hour: __________
   Minute: __________
   a.m.  b.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.

<table>
<thead>
<tr>
<th>Person No. on HIS-1</th>
<th>Age on HIS-1</th>
<th>Relationship to Sample Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 12</td>
<td>13 14</td>
<td>19 18</td>
</tr>
<tr>
<td>17 18</td>
<td>19 20</td>
<td>21 22</td>
</tr>
<tr>
<td>22 24</td>
<td>25 26</td>
<td>27 28</td>
</tr>
<tr>
<td>29 30</td>
<td>31 32</td>
<td>33 34</td>
</tr>
<tr>
<td>35 36</td>
<td>37 38</td>
<td>39 40</td>
</tr>
<tr>
<td>41 42</td>
<td>43 44</td>
<td>45 46</td>
</tr>
<tr>
<td>47 48</td>
<td>49 50</td>
<td>51 52</td>
</tr>
<tr>
<td>53 54</td>
<td>55 56</td>
<td>57 58</td>
</tr>
<tr>
<td>59 60</td>
<td>61 62</td>
<td>63 64</td>
</tr>
<tr>
<td>65 66</td>
<td>67 68</td>
<td>69 70</td>
</tr>
<tr>
<td>71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N2

Refer to marital status (page 46 or 47 on HIS-1)

1 ☐ Sample person is now married (N3)
2 ☐ Sample person is now widowed, divorced, separated (2b)
3 ☐ Sample person has never been married (6b)

N3

Spouse of Sample Person previously interviewed on SOA

1 ☐ Yes (6)
2 ☐ No (2)

2a. How long have you been married to (name of spouse)?
   00 ☐ Less than one year
   _______ Number of years

b. Earlier [you told me] I was told] that you are now (widowed/divorced/separated). How long have you been (widowed/divorced/separated)?
   00 ☐ Less than one year
   _______ Number of years

3a. Including step and adopted children, how many LIVING children do you have?
   _______ Number

b. How many of your children are sons and how many are daughters?
   _______ Number of sons
   _______ Number of daughters
   Total number of children

Compare with 3a, reconcile differences

N4

Refer to relationship roster in 1

1 ☐ Any of SP's children live in household (6)
2 ☐ Other (4)

Footnotes
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?
   □ Minutes □ Hours □ Days
   Number

4b. How often do you see (any one of your children/your son/your daughter)?
   □ Less than once a year/never □ Day □ Week □ Month □ Year
   Number

4c. How often do you talk on the telephone with (any one of your children/your son/your daughter)?
   □ Less than once a year/never □ Day □ Week □ Month □ Year
   Number

4d. How often do you get mail from (any one of your children/your son/your daughter)?
   □ Less than once a year/never □ Day □ Week □ Month □ Year
   Number

5. (Do your children/Does your son/Does your daughter) routinely give you money to help with your living expenses or pay your bills?
   □ Yes □ No

6a. Including step and adopted brothers, how many LIVING brothers do you have?
   □ None
   Number of brothers

6b. Including step and adopted sisters, how many LIVING sisters do you have?
   □ None
   Number of sisters

7. How long have you been living here, in this (house/apartment)?
   □ Less than 1 year
   Number of years

8. Is this (house/apartment) in a RETIREMENT community/building or complex?
   □ Yes □ No

9. Whether you use them or not, are the following services available in THIS retirement community/building or complex?
   □ Yes □ No
   a. Group meals for residents?
   □ Yes □ No
   b. Housekeeping or maid service?
   □ Yes □ No
   c. Medical services?
   □ Yes □ No
   d. Telephone call service to check on your well-being?
   □ Yes □ No
   e. Recreational services?
   □ Yes □ No

10. Is it NECESSARY to go up or down a step to get into this (house/apartment) from the outside?
    □ No
    Yes - If not mentioned, ask: Is it one or more than one?
    □ 1 step □ More than 1 step
    □ Yes □ No

11. Is this (house/apartment) in a RETIREMENT community/building or complex?
    □ Yes □ No (1)

12. Counting basements and stepdown living areas as separate levels, does this (house/apartment) have more than one floor or level?
    □ Yes □ No (1)

Mark if known

N5 Other family member previously interviewed on SDA
   □ Yes (12) □ No (8)

105

106

107

108

109

110

111

112

113
# Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

## 11a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?
- Yes
- No

## 11b. 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?
- Yes
- No

## 12a. Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor or level?
- Yes
- No

## 12b. Because of a health or physical problem, do YOU NEED a walk-in shower?
- Yes
- No

### Footnotes

Section 0: COMMUNITY AND SOCIAL SUPPORT

### Refer to age

- ☐ Sample person is 55-59 (3)
- ☐ Sample person is 60 or older (1)

#### NOTE – Ask 2 immediately after receiving a "Yes" in 1.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past 12 months, did YOU</td>
<td>☐ Yes</td>
<td>44</td>
</tr>
<tr>
<td>a. Use a senior center?</td>
<td>☐ No</td>
<td>44</td>
</tr>
<tr>
<td>b. Use special transportation for the elderly?</td>
<td>☐ Yes</td>
<td>48</td>
</tr>
<tr>
<td>c. Have meals delivered to your home by an agency or organization like Meals on Wheels?</td>
<td>☐ No</td>
<td>48</td>
</tr>
<tr>
<td>d. Eat meals in a senior center or in some place with a special meal program for the elderly?</td>
<td>☐ Yes</td>
<td>52</td>
</tr>
<tr>
<td>e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?</td>
<td>☐ No</td>
<td>52</td>
</tr>
<tr>
<td>f. Use a service which makes routine telephone calls to check on the health of elderly people?</td>
<td>☐ Yes</td>
<td>56</td>
</tr>
<tr>
<td>g. Use a visiting nurse service?</td>
<td>☐ No</td>
<td>56</td>
</tr>
<tr>
<td>h. Use a health aide who comes into the home?</td>
<td>☐ Yes</td>
<td>60</td>
</tr>
<tr>
<td>i. Use adult day care or day care for the elderly?</td>
<td>☐ No</td>
<td>60</td>
</tr>
</tbody>
</table>

| 3a. In the past 12 months, did you do any volunteer work for any organized group? | ☐ Yes | 62 |
| b. How often did you do volunteer work — frequently, sometimes, or rarely? | ☐ No | 62 |

**Hand Calendar**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. During those 2 weeks did you —</td>
<td>☐ Yes</td>
<td>64</td>
</tr>
<tr>
<td>a. Get together socially with friends or neighbors?</td>
<td>☐ No</td>
<td>64</td>
</tr>
<tr>
<td>b. Talk with friends or neighbors on the telephone?</td>
<td>☐ Yes</td>
<td>68</td>
</tr>
<tr>
<td>c. Get together with ANY relatives (not including household members)?</td>
<td>☐ No</td>
<td>68</td>
</tr>
<tr>
<td>d. Talk with ANY relatives on the telephone (not including household members)?</td>
<td>☐ Yes</td>
<td>72</td>
</tr>
<tr>
<td>e. Go to church or temple for services or other activities?</td>
<td>☐ No</td>
<td>72</td>
</tr>
<tr>
<td>f. Go to a show or movie, sports event, club meeting, classes or other group event?</td>
<td>☐ Yes</td>
<td>76</td>
</tr>
<tr>
<td>5. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to do more?</td>
<td>☐ About enough</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>☐ Too much</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>☐ Would like to do more</td>
<td>79</td>
</tr>
</tbody>
</table>
Section P. OCCUPATION AND RETIREMENT

1a. Have you EVER worked at a job or business?
- [ ] Yes
- [ ] No

b. Have you worked at a job or business, at any time since you were 16 years old?
- [ ] Yes
- [ ] No
- [ ] Don't know
- [ ] Refused

1b. For how many weeks in the past 12 months have you worked at any time, including work around the house? Include paid vacations and paid sick leave.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>All year</td>
<td>52</td>
</tr>
<tr>
<td>52 weeks</td>
<td></td>
</tr>
<tr>
<td>11-12</td>
<td></td>
</tr>
</tbody>
</table>

1c. Did you work at all at a job or business in the past 12 months, that is, since (12 month date) a year ago?
- [ ] Yes
- [ ] No

1d. Since (12 month date) a year ago, in how many weeks did you work, all full or part time, not counting work around the house? Include paid vacations and paid sick leave.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>All year</td>
<td>52</td>
</tr>
<tr>
<td>52 weeks</td>
<td></td>
</tr>
<tr>
<td>11-12</td>
<td></td>
</tr>
</tbody>
</table>

1e. In the weeks that you worked, how many hours a week did you usually work at all jobs?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td></td>
</tr>
<tr>
<td>1-12</td>
<td></td>
</tr>
</tbody>
</table>

2a. At this time, do you consider yourself completely retired, partly retired, or not retired at all?
- [ ] Completely retired
- [ ] Partly retired
- [ ] Not retired at all
- [ ] Don't know

2b. Have you retired more than once?
- [ ] Yes
- [ ] No

2c. How long has it been since you retired (the last time)?

<table>
<thead>
<tr>
<th>Number of years</th>
<th>Less than 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td></td>
</tr>
</tbody>
</table>

2d. (The last time you retired) Did you retire mainly because of a health or physical problem you had?
- [ ] Yes
- [ ] No

2e. (That time) Did you retire mainly because you thought your work would cause a health problem?
- [ ] Yes
- [ ] No

P1 Refer to Wa/Wb boxes for SP in C 7 on the 1tn WaorWbmarked (Idl 1 s

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

2a. At this time, do you consider yourself completely retired, partly retired, or not retired at all?

<table>
<thead>
<tr>
<th>Retirement status</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely retired</td>
<td></td>
</tr>
<tr>
<td>Partly retired</td>
<td></td>
</tr>
<tr>
<td>Not retired at all</td>
<td></td>
</tr>
</tbody>
</table>

2b. Have you retired more than once?

<table>
<thead>
<tr>
<th>Retirement status</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

2c. How long has it been since you retired (the last time)?

<table>
<thead>
<tr>
<th>Number of years</th>
<th>Less than 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td></td>
</tr>
</tbody>
</table>

2d. (The last time you retired) Did you retire mainly because of a health or physical problem you had?

<table>
<thead>
<tr>
<th>Health problem</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

2e. (That time) Did you retire mainly because you thought your work would cause a health problem?

<table>
<thead>
<tr>
<th>Work problem</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Hand card SOA 1 or read sources for a telephone interview

3a. (Even though you do not consider yourself retired) Are you receiving retirement income from any of these sources? Do NOT include any disability income.

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Railroad retirement</td>
<td></td>
</tr>
<tr>
<td>A private employer or union pension</td>
<td></td>
</tr>
<tr>
<td>A government employee pension (if federal, state, or local)</td>
<td></td>
</tr>
<tr>
<td>Military retirement</td>
<td></td>
</tr>
<tr>
<td>Some other source - Specify</td>
<td></td>
</tr>
</tbody>
</table>

4. How long have you been receiving retirement income from any of these sources?

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Railroad retirement</td>
<td></td>
</tr>
<tr>
<td>A private employer or union pension</td>
<td></td>
</tr>
<tr>
<td>A government employee pension (if federal, state, or local)</td>
<td></td>
</tr>
<tr>
<td>Military retirement</td>
<td></td>
</tr>
<tr>
<td>Some other source - Specify</td>
<td></td>
</tr>
</tbody>
</table>

5. Do you receive retirement income because of your own work experience or because you are a dependent or survivor of someone else?

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own</td>
<td></td>
</tr>
<tr>
<td>Someone else</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td></td>
</tr>
</tbody>
</table>

Footnotes

Page 56
Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source?
   1. Yes
   2. No (9)

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

8. How long have you been receiving disability payments?
   If more than one, record the longest one.
   0□ Less than 1 year

9. Have you EVER received any disability payments from Social Security?
   1. Yes
   2. No
   3. DK

---

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

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)?
      1. Yes
      2. No
      3. NA/DK

   b. Walking up 10 steps without resting?
      1. Yes
      2. No
      3. NA/DK

   c. Standing or being on your feet for about 2 hours?
      1. Yes
      2. No
      3. NA/DK

   d. Sitting for about 2 hours?
      1. Yes
      2. No
      3. NA/DK

   e. Stooping, crouching, or kneeling?
      1. Yes
      2. No
      3. NA/DK

   f. Reaching up over your head?
      1. Yes
      2. No
      3. NA/DK

   g. Reaching out (as to shake someone’s hand)?
      1. Yes
      2. No
      3. NA/DK

   h. Using your fingers to grasp or handle?
      1. Yes
      2. No
      3. NA/DK

   i. Lifting or carrying something as heavy as 10 pounds?
      1. Yes
      2. No
      3. NA/DK

   j. Lifting or carrying something as heavy as 20 pounds (such as two full bags of groceries)?
      1. Yes
      2. No
      3. NA/DK

11. How much difficulty do you have (activity in 10a, c, g, h, i, j, A lot, or are you unable to do it?
   1. Some
   2. A lot
   3. Unable

12. For how long have you (had some difficulty/had a lot of difficulty/been unable to)
   (activity in 10a—j)
   1. Number of years

Note — Ask 11 and 12 for each “Yes” in 10a—j.

---

Please tell me if you have ANY difficulty when you do the following activities —

1. Some
2. A lot
3. Unable

---

MM HIS-1 Is1ll19841 13-13.841

---

MM HIS-1 Is1ll19841 13-13.841
### Section P. OCCUPATION AND RETIREMENT, Continued

**P3**
Refer to Wa/Wb boxes for SP in C1 on the HHS-1 Household Composition Page

- ☐ Wa or Wb box marked (Section Q)
- ☐ Other (P4)

**P4**
Mark first appropriate box

- ☐ SP is 75+
- ☐ Proxy
- ☐ Self response (13)

#### 13a. Do you think there are some kinds of work you could do now if jobs were available?
- ☐ Yes
- ☐ No
- ☐ DK/maybe

#### 13b. Do you WANT to work at a job or business?
- ☐ Yes
- ☐ No
### Section G. CONDITIONS AND IMPAIRMENTS

1. **Do you NOW have** —
   - a. Cataracts?  & Yes & No & DK
   - b. Glaucoma?  & Yes & No & DK
   - c. Color blindness?  & Yes & No & DK
   - d. A detached retina or any other condition of the retina?  & Yes & No & DK
     - Circle appropriate condition
   - e. Blindness in one or both eyes?  & Yes & No & DK
     - If "Yes," ask: Which - one or both?  & Yes & No & DK
     - 1. Any other trouble seeing with one or both eyes EVEN when wearing glasses?  & Yes & No & DK

Q1 **Refer to answers in 1a–f**  & Yes (4a THEN 9) & No (2)  &

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

2a. **Do you use eyeglasses? Include eyeglasses that just magnify.**  & Yes & No &
   - a. Were these eyeglasses prescribed for you?  & Yes & No

3. **Do you use contact lenses?**  & Yes & No &
   - 4a. Have you ever had an operation for cataracts?  & Yes & No &
   - b. Do you have a lens implant?  & Yes & No

5. **Do you use a magnifying glass to read or to do other close work?**  & Yes & 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).

6a. **Can you see well enough to recognize the features of people if they are within two or three feet?**  & Yes & No &
   - b. Can you see well enough to watch T.V. 8 to 12 feet away?  & Yes & No &
   - c. Can you see well enough to read newspaper print?  & Yes & No

7a. **Can you see well enough to step off a curb or down a step?**  & Yes & No &
   - b. Can you see well enough to recognize a friend walking on the other side of the street?  & Yes & No

8. **Which statement best describes your vision (wearing [glasses/or contact lenses]) - no trouble seeing, a little trouble, or a lot of trouble?**  & No trouble & Little trouble & Lot of trouble
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.
   b. Deafness in one or both ears? If "Yes," ask: Which — one or both?
   c. Any other trouble hearing with one or both ears?

10. Do you use a hearing aid? 
   a. With your hearing aid can you hear MOST of the things people say?
   b. With your hearing aid can you hear ONLY A FEW WORDS people say or LOUD noise?

11. Which statement best describes your hearing (with your hearing aid) — no trouble hearing, a little trouble, or a lot of trouble?

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? 
   b. A broken hip? 
   c. Hardening of the arteries or arteriosclerosis? Circle appropriate condition 
   d. Hypertension, sometimes called high blood pressure? 
   e. Rheumatic fever? 
   f. Rheumatic heart disease? 
   g. Coronary heart disease? 
   h. Angina pectoris? 
   i. A myocardial infarction? 
   j. Any other heart attack? 
   k. A stroke or a cerebrovascular accident? Circle appropriate condition 
   l. Alzheimer's disease? 
   m. Cancer of any kind?

Refer to answers in 9a–c 
Refer to answers in 12a–m
Section Q. CONDITIONS AND IMPAIRMENTS, Continued

<table>
<thead>
<tr>
<th>Q5 Refer to answers in 13a-e</th>
<th>67</th>
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</thead>
</table>

14a. During the past 12 months, that is, since (12-month date)  
1 a year ago, have you fallen?  
☐ Yes  ☐ No  ☐ DK  
64

14b. How many times?  
☐ One  ☐ More than one  
63

14c. (Did you fall/Were any of these falls) because you felt dizzy?  
☐ Yes (14e)  ☐ No  
55

14d. Do you sometimes have trouble with dizziness?  
☐ Yes (15d)  ☐ No  
56

14e. Does dizziness prevent you in any way from doing things you  
otherwise could do?  
☐ Yes  ☐ No  
57

15. Do you have trouble biting or chewing any kind of food,  
such as firm meat or apples?  
☐ Yes  ☐ No  
58

16a. I have your date of birth as (birthdate from item 3 on HIS-1 Household)  
Composition page). Is that correct?  
Date of birth  
Month  Day  Year  
9–11

16b. In what State or country 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.  
☐ USA  ☐ Puerto Rico  ☐ Cuba  ☐ Virgin Islands  ☐ Mexico  ☐ Guam  ☐ All other countries  ☐ Canada  
17–19

16c. To verify the spelling, what is your full name, including  
middle initial?  
Last  
First  
Middle initial  
14–22

16d. What was your father’s LAST name?  
Verify spelling. DO NOT write “Same.”  
Father’s LAST name  
50–69

16e. What is 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.  
Social Security Number  
70–78

Mark if number obtained from  
☐ Memory  ☐ Records  
79
Section R1. ACTIVITIES OF DAILY LIVING (ADL'S)

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. Because of a health or physical problem, do you have ANY difficulty?
   - Yes
   - No
   - Doesn't do for other reason

2. By yourself and without using special equipment, how much difficulty do you have with these ADLs?
   - Some
   - A lot
   - Unable

3. Do you receive help from another person in these ADLs?
   - Yes
   - No

4a. Who gives this help?
   - HH member
   - Non-HH member
   - Relative
   - Nonrelative

4b. Paid for this help?
   - Yes
   - No

5a. Do you use any special equipment or aids in these ADLs?
   - Yes
   - No

5b. Special equipment or aids used:
   - Special equipment or aids
   - Special equipment or aids
   - Special equipment or aids

6. What (other) condition causes the trouble in these ADLs?
   - Old age
   - Other condition

7. Is this trouble in these ADLs caused by any (other) condition?
   - Yes
   - No

FOOTNOTES

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

<table>
<thead>
<tr>
<th>Reasl</th>
<th>1</th>
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<th>(6)</th>
<th>(7)</th>
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<td>Getting in and out of bed or chair?</td>
<td>1</td>
<td>Yes</td>
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<td>Getting out of bed?</td>
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<td>Yes</td>
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### Footnotes
- **Reasl 1 (4)**
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids

- **Reasl 1 (5)**
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids

- **Reasl 1 (6)**
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids

- **Reasl 1 (7)**
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids
  - Special equipment or aids

- **FOOTNOTES**
  - Condition - Enter in ADL box on Condition Summary Chart, THEN ask
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  - Condition - Enter in ADL box on Condition Summary Chart, THEN ask
### Section R1. ACTIVITIES OF DAILY LIVING (ADL's), Continued

#### 7a. Do you have difficulty controlling your bowels?

- **Yes**
- **No**

#### b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?

- **Daily**
- **Several times a week**
- **Once a week**
- **Less than once a week**
- **DK**

#### c. Do you have a colostomy or a device to help control bowel movements?

- **Yes**
- **No**

#### d. Do you need help from another person in taking care of this device?

- **Yes**
- **No**

#### 8a. Do you have difficulty controlling urination?

- **Yes**
- **No**

#### b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?

- **Daily**
- **Several times a week**
- **Once a week**
- **Less than once a week**
- **DK**

#### c. Do you have a urinary catheter or a device to help control urination?

- **Yes**
- **No**

#### d. Do you need help from another person in taking care of this device?

- **Yes**
- **No**

---

#### 10a. What other condition causes you to stay in bed or a chair?

- **Old age**

Ask if injury or operation:

- When did the injury occur? Have you had 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.

- Besides condition, is there any other condition which causes this?

- **Yes** (Reask 10a and b)
- **No** (10a)

- 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.

- **U–3 month Injury/Op ONLY**
- **Old age**

Condition — Enter "9" in ADL box on Condition Summary Chart, THEN next page.
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.

11. Because of a health or physical problem, do you have ANY difficulty —

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Preparing your own meals? Shopping for personal items, such as toilet items or medicines?

- [ ] Yes
- [ ] No
- [ ] Doesn't do for other reason

Ask if "Doesn't do": 1 Cl Yes 1 Cl Yes
Is this because of a HEALTH or PHYSICAL problem?
If "Yes," mark box 1; if "No," mark box 3.

Ask 12-14 for each IADL marked "Yes" in 11.

12. Be yourself, how much difficulty do you have IADL, some, a lot, or are you unable to do it?

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By yourself, how much difficulty do you have (IADL, some, a lot, or are you unable to do it?)

- [ ] Yes
- [ ] A lot
- [ ] Some
- [ ] Unable

Do you receive help from another person in IADL?

Ask 12-14 for each IADL marked "Yes" in 11.

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- HH member
- [ ] S/C/P
- HH member
- [ ] S/C/P
- Non-HH member
- [ ] S/C/P
- Non-HH member
- [ ] S/C/P

Who gives this help?
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.

b. Is this help paid for?

Ask if necessary: Which helpers are paid?

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

#### 1a. Have you ever been a resident or patient in a nursing home?
- Yes
- No

#### 1b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home?
- Number of times

#### 1c. When were you admitted (the FIRST time)?
- Month
- Year

#### 1d. When were you discharged (the LAST time)?
- Month
- Year

#### 1e. How long were you in the nursing home (the LAST time)?
- Less than 1 month
- Number of months

#### S1
- Refer to 1d
- Date discharged is since the 12-month reference date (1f)
- All other (S2)

#### 1f. How many weeks in the past 12 months, that is, since the 12-month date a year ago, were you in a nursing home?
- Less than 1 week
- Number of weeks

#### S2
- Refer to age
- Sample person is 55–64 (2)
- Sample person is 65 or older (1g)

#### 1g. Are you now on a waiting list to go into a nursing home?
- Yes
- No

#### 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.)
- Yes — Who is this person?
- No
- HH member
- Relative
- Non-relative
- Non-HH member
- Relative
- Non-relative

#### 2b. 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.)
- Yes — Who is this person?
- No
- HH member
- Relative
- Non-relative
- Non-HH member
- Relative
- Non-relative

#### 3a. Are you familiar with the term "HOSPICE," that is, a service for the terminally ill?
- Yes
- No/DK (Section T)

#### 3b. Is there a hospice or an in-home hospice service in the (metropolitan area/county) that you could use if you needed one?
- Yes
- No
- DK
### Section T. HEALTH OPINIONS

#### T1 Respondent

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?  
   - [ ] Excellent  
   - [ ] Very good  
   - [ ] Good  
   - [ ] Fair  
   - [ ] 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?  
   - [ ] Better  
   - [ ] Worse  
   - [ ] 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?  
   - [ ] A great deal of worry  
   - [ ] Hardly any worry  
   - [ ] No worry at all

4. Compared to other people your age, would you say you are physically more active, less active, or about as active?  
   - [ ] More active  
   - [ ] Less active  
   - [ ] About the same

5. 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?  
   - [ ] More active  
   - [ ] Less active  
   - [ ] About the same

6. How much control do you think YOU have over your future health? Would you say you have a great deal of control, a lot of control, some, very little, or none at all?  
   - [ ] A great deal of control  
   - [ ] Very little control  
   - [ ] None at all

7. Do you feel that you get as much exercise as you need, or less than you need?  
   - [ ] As much as needed  
   - [ ] Less than needed

8. Do you follow a REGULAR routine of physical exercise?  
   - [ ] Yes  
   - [ ] No

9. How often do you walk a mile or more at a time, without resting?  
   - [ ] Every day  
   - [ ] 4–6 days a week  
   - [ ] 2–3 days a week  
   - [ ] 1 day a week  
   - [ ] Less than 1 day a week  
   - [ ] Never

10. 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?  
    - [ ] Frequently  
    - [ ] Sometimes  
    - [ ] Rarely  
    - [ ] Never

11. 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?  
    - [ ] Frequently  
    - [ ] Sometimes  
    - [ ] Rarely  
    - [ ] Never

#### T2 Type of interview

- [ ] Self-personal  
- [ ] Self telephone  
- [ ] Proxy personal  
- [ ] Proxy telephone  

#### T3 Proxy Reason

- [ ] Sample person temporarily absent  
- [ ] Sample person mentally/physically incapable of responding (explain)  
- [ ] Other (explain)  
- [ ] Non-HHH member  

Go to Condition Summary Chart
### Section U. SUPPLEMENT CONDITION PAGES

#### CONDITION A

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
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<tbody>
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<td>2.</td>
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<td>7</td>
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<tr>
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<td>Did the doctor or assistant call the condition by a more technical or specific name?</td>
<td>3</td>
</tr>
<tr>
<td>3b.</td>
<td>What was the cause of your condition?</td>
<td>3</td>
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<tr>
<td>4.</td>
<td>Was this condition completely cured or is it under control?</td>
<td>18</td>
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<td>How does the [allergy/asthma] NOW affect you?</td>
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