

MAIN STUDY - ROUND 13
 COMMUNITY COMPONENT
 HS. HEALTH STATUS AND FUNCTIONING

BOX HS1A	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX SC1A .
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HS1. Now, I would like to ask you about (your/SP's) health. In general, compared to other people (your/SP's) age, would you say that (your/his/her) health is . . .

GENHELTH	excellent,	1
	very good,	2
	good,	3
	fair, or	4
	poor?	5

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

HELMTACT	None of the time	1
	Some of the time	2
	Most of the time	3
	All of the time	4

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

ECHHELP	YES	1 (HS4)
	NO	2 (HS4)
	SP IS BLIND	3 (HS6)
	REFUSED	-7 (HS6)
	DON'T KNOW	-8 (HS6)

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

ECTROUB	NO TROUBLE SEEING	1
	A LITTLE TROUBLE SEEING	2
	A LOT OF TROUBLE SEEING	3

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

ECCATOP YES 1
 NO 2

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

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

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

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

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

DCTROUB YES 1
 NO 2

BOX HSB	OMITTED.
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HS9. How tall (are you/is SP)?

HEIGHTFT _____
HEIGHTIN FEET INCHES

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

WEIGHT _____
 POUNDS

BOX HS1	IF SP IS FEMALE: GO TO INTRODUCTION ABOVE HS11. IF SP IS MALE: GO TO HS14.
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These next few questions are about preventive health care measures some people take.

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

MAMMOGRM YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

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

PAPSMEAR YES 1 (HS14)
 NO 2 **BOX HSC**
 REFUSED -7 **BOX HSC**
 DON'T KNOW -8 **BOX HSC**

BOX HSC	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS13. OTHERWISE, GO TO HS14.
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HS13. (Have you/Has SP) ever had a hysterectomy?

HYSTEREC YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

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

[EXPLAIN IF NECESSARY: DID SP GET A FLU SHOT ANY TIME DURING THE PERIOD FROM SEPTEMBER (DISPLAY PREVIOUS YEAR AS 19XX) THROUGH DECEMBER (DISPLAY PREVIOUS YEAR AS 19XX)?]

FLUSHOT YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HSD	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS15. IF SP IN THE CONTINUING SAMPLE AND ANY PREVIOUS ROUND HS15 = 1, GO TO BOX HS1AA . OTHERWISE, GO TO HS15.
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HS15. (Have you/Has SP) ever had a shot for pneumonia?

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

BOX HS1AA	IF ANY PREVIOUS ROUND HS16 = 1, GO TO HS17. OTHERWISE, GO TO HS16.
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HS16. The next couple of questions are about smoking. (Have you/Has SP) ever smoked cigarettes, cigars or pipe tobacco?

- EVERSMOK** YES 1
- HS16FLG** NO 2 (INTRODUCTION ABOVE HS18)
- REFUSED -7
- DON'T KNOW -8

HS17. (Do you/Does SP) smoke now?

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

Now, I'm going to ask about how difficult it is, on the average, for (you/SP) to do certain kinds of activities. Please tell me for each activity whether (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it. [PRESS ENTER TO CONTINUE.]

HS18. How much difficulty, if any, (do you/does SP) have stooping, crouching, or kneeling? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

- | | | |
|------------------------------|-----------------|------------------------------|
| SHOW
CARD
HS1 | DIFSTOOP | NO DIFFICULTY AT ALL 1 |
| | | A LITTLE DIFFICULTY 2 |
| | | SOME DIFFICULTY 3 |
| | | A LOT OF DIFFICULTY 4 |
| | | NOT ABLE TO DO IT 5 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

i. On what part or parts of (your/SP's) body was the cancer or tumor found?
(CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.)

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

BOX HS1E	IF ANY PREVIOUS ROUND HS23j = 1, GO TO BOX HS1F . OTHERWISE, GO TO HS23j.
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j. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had diabetes, high blood sugar, or sugar in (your/his/her) urine?
[DO NOT INCLUDE BORDERLINE, PREGNANCY, OR PRE-DIABETIC DIABETES.]

OCDIABTS YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1F	IF ANY PREVIOUS ROUND HS23k = 1, GO TO BOX HS1G . OTHERWISE, GO TO HS23k.
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k. Once (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

OCARTH RH YES 1
HS23KFLG NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1G	IF ANY PREVIOUS ROUND HS23l = 1, GO TO BOX HSE . OTHERWISE, GO TO HS23l.
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l. Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had arthritis, other than rheumatoid arthritis?
[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

OCARTH YES 1 (m)
HS23LFLG NO 2 **BOX HSE**
 REFUSED -7 **BOX HSE**
 DON'T KNOW -8 **BOX HSE**

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

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

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

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

BOX HS1H	IF ANY PREVIOUS ROUND HS23o = 1, GO TO BOX HS1I . OTHERWISE, GO TO HS23o.
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o. Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

OCALZHR	YES	1
HS230FLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

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

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

BOX HS1J	IF ANY PREVIOUS ROUND HS23q = 1, GO TO HS23r. OTHERWISE, GO TO HS23q.
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q. Since (PREV. SUPP. RD. INT. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

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

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

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

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

- OCPARKIN** YES 1
- HS23SFLG** NO 2
- REFUSED -7
- DON'T KNOW -8

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

OCEMPHYS YES 1
HS23TFLG NO 2
 REFUSED -7
 DON'T KNOW -8

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

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

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

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

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

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

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

_____ GO TO INTRODUCTION ABOVE AC29.

EMCAUSE1 EMCAUSC1
EMCAUSE2 EMCAUSC2
EMCAUSE3

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

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

EMARTERY	EMHBP	EMMYOCAR	EMCHD	EMOTHART	EMSTROKE	EMCSKIN
EMCANCER	EMDIABTS	EMARTH RH	EMARTH	EMMENTAL	EMALZHMR	EMPSYCH
EMOSTEOP	EMBRKHIP	EMPARKIN	EMEMPHYS	EMPPARAL	EMAMPUTE	EMOTHOS
EMOS						

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

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

HCTROUBL	YES	1 (AC30)
	NO	2 (AC31)
	REFUSED	-7 (AC31)
	DON'T KNOW	-8 (AC31)

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

HCTRVB1 HCTRC1
HCTRVB2 HCTRC2
HCTRVB3 HCTRC3

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

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

AC32 OMITTED.

See [Activities of Daily Living](#)

See [Instrumental Activities of Daily Living](#)

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



LOSTURIN	MORE THAN ONCE A WEEK	1
	ABOUT ONCE A WEEK	2
	2-3 TIMES A MONTH	3
	ABOUT ONCE A MONTH	4
	EVERY 2-3 MONTHS	5
	ONCE OR TWICE A YEAR	6
	NOT AT ALL	7
	SP IS ON DIALYSIS OR CATHETERIZATION	8
	REFUSED	-7
	DON'T KNOW	-8