

Name :

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Visit No.

Tester ID

Date Completed **IDATE**

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Age :

INTERVIEW

INTRODUCTION: "The following questions cover basic demographic information. Although you may have answered similar questions in the past, we want to be sure everything is correct and current in our records."

- 0.** Interview was conducted with: **ITYPE** Participant only **0** Participant and proxy **1** Proxy only **2** **3** Telephone interview **3** Interview not done **4** *Only circled questions*
- (Default is participant only)

1. What is your date of birth? DEMO01

/ /

Month Day Year

2. How old are you today?

Years **DEMO02**

3. What is your current marital status? DEMO03

- Married **1** Separated **3** Widowed **5** Don't know **8**
 Living with a partner **2** Divorced **4** Never married **6** Refused **7**

4. In addition to yourself, how many other people currently live in your household? DEMO04

- Lives alone **0** 1 other **1** 2 others **2** 3 or more **3** Don't know **8** Refused **7**

5. In what type of housing do you live? DEMO05

- Single family home **1** Continuing care community **3** Long term care facility **5**
 Co-op, condominium, apartment **2** Assisted Living **4** Don't know **8**
 Refused **7**

6. Were you born in the United States? DEMO06

- Yes **1** No **0** Don't know **8** Refused **7**

7. Is English your first language? DEMO07

- Yes **1** No **0** Don't know **8** Refused **7**

8. Are you of Spanish, Hispanic, or Latino origin? DEMO08

- Yes **1** No **0** Don't know **8** Refused **7**

9. What race do you consider yourself to be? DEMO09

- White **1** American Indian or Alaska Native **3** Don't Know **8**
 Black or African American **2** Native Hawaiian or Other Pacific Islander **5** Refused **7**
 Asian **4** Two or More Races **6**

10. What is the highest grade in school that you completed? (Examiner Note: use 00 for no formal schooling, 12 for high school (or GED equivalent), 14 for two year college / Associate's degree, 16 for four year college, 18 for Master's degree, 19 for Law degree, 20 for MD or PhD, 21 for multiple graduate degrees, 77 for refused and 88 for unknown).

DEMO10
 Years of school

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INTERVIEW

INTRODUCTION: "The next few questions concern health care and prescription drug coverage."

11. Do you have Medicare ? DEMO11

Yes 1



No, under 65 0 No, age 65+ 2 Don't know 8 Refused 7

Go to Question 12.

11a. What type of Medicare coverage do you have? DEMO11A

Part A and Part B, only 2 Medicare + Choice 3 Part A, only 1 Don't know 8 Refused 7



Go to Question 12.

11b. Do you have a Medigap plan (purchased through Medicare)? DEMO11B

Yes 1 No 0 Don't know 8 Refused 7

12. Do you have private (supplemental) health insurance or any health care coverage through an (former) employer, union, spouse, military service, Medicaid, etc? DEMO12

Yes 1

No 0

Don't know 8 Refused 7

13. Do any of (Does) your health care plan(s) include prescription drug coverage? DEMO13

Yes 1

No 0

Don't know 8 Refused 7

INTRODUCTION: "Now I have just a few general questions about your income and finances."

14. In the most recent calendar year, taking into account all sources, was your personal family income more or less than \$10,000? DEMO14

More than \$10,000 1



Less than \$10,000 0 Don't know 8 Refused 7

Go to Question 15.

14a. Was it more than \$25,000? DEMO14A

Yes 1 No 0 Don't know 8 Refused 7



14b. Was it more than \$50,000? DEMO14B

Yes 1 No 0 Don't know 8 Refused 7

15. How well does your personal family income take care of your (and your family's) needs? Would you say ...? DEMO15

Poorly 1 Fairly well 2 Very well 3

Don't know 8 Refused 7

16. In the past 12 months, have you delayed getting medical care because of money problems? DEMO16

Yes 1

No 0

Don't know 8 Refused 7

17. In the past 12 months, have you gone without medications you needed because of money problems? DEMO17

Yes 1

No 0

Don't know 8 Refused 7



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INTERVIEW: PHYSICAL FUNCTION - 1 of 7

INTRODUCTION: "The next several questions concern how well you function in your usual environment, without the use of special equipment or help from another person."

Examiner Note: *If the participant responds "don't know" or "don't do", probe to determine whether this is due to a health problem. If so, code "yes" for difficulty, then probe to determine level of difficulty (e.g.; a lot or unable to do).*

1. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks, without stopping? **PF01**

Yes 1



1a. How much difficulty do you have walking a quarter of a mile? PF01A

A little 1 Unable to do 4

Some 2 Don't know 8

A lot 3 Refused 7

Go to Question 2

No 0 Don't know / Don't do 8 Refused 7



1b. How easy is it for you to walk a quarter of a mile? PF01B

Very easy 3 Don't know 8

Somewhat easy 2 Refused 7

Not so easy 1



1c. Because of a health or physical problem, do you have any difficulty walking a distance of one mile? PF01C

Yes 1



Go to Question 2

No 0 Don't know / Don't do 8 Refused 7



1d. How easy is it for you to walk one mile? PF01D

Very easy 3 Don't know 8

Somewhat easy 2 Refused 7

Not so easy 1

2. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting? **PF02**

Yes 1



2a. How much difficulty do you have walking up 10 steps? PF02A

A little 1 Unable to do 4

Some 2 Don't know 8

A lot 3 Refused 7

Go to Question 3

No 0 Don't know / Don't do 8 Refused 7



2b. How easy is it for you to walk up 10 steps? PF02B

Very easy 3 Don't know 8

Somewhat easy 2 Refused 7

Not so easy 1

Go to Question 2c



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INTERVIEW: PHYSICAL FUNCTION - 2 of 7

2c. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is, about 2 flights, without resting? **PF02C**

Yes 1



Go to Question 3

No 0 Don't know / Don't do 8 Refused 7



2d. How easy is it for you to walk up 20 steps? **PF02D**

Very easy 3

Don't know 8

Somewhat easy 2

Refused 7

Not so easy 1

3. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant? **PF03**

Yes 1



3a. How much difficulty do you have lifting or carrying 10 pounds? **PF03A**

A little 1 Unable to do 4

Some 2 Don't know 8

A lot 3 Refused 7

Go to Question 4

No 0 Don't know / Don't do 8 Refused 7



3b. How easy is it for you to lift or carry something weighing 10 pounds? **PF03B**

Very easy 3

Don't know 8

Somewhat easy 2

Refused 7

Not so easy 1



3c. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 20 pounds, for example a large, full bag of groceries? **PF03C**

Yes 1



Go to Question 4

No 0 Don't know / Don't do 8 Refused 7



3d. How easy is it for you to lift or carry something weighing 20 pounds? **PF03D**

Very easy 3

Don't know 8

Somewhat easy 2

Refused 7

Not so easy 1



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INTERVIEW: PHYSICAL FUNCTION - 3 of 7

4. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms? **PF04**

Yes 1



4a. How much difficulty do you have rising without using your arms? PF04A

A little 1 Unable to do 4
 Some 2 Don't know 8
 A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



4b. How easy is it for you to stand up from a chair without using your arms? PF04B

Very easy 3 Don't know 8
 Somewhat easy 2 Refused 7
 Not so easy 1

5. Because of a health or physical problem, do you have any difficulty stooping, crouching, or kneeling? **PF05**

Yes 1



5a. How much difficulty do you have stooping, crouching, or kneeling? PF05A

A little 1 Unable to do 4
 Some 2 Don't know 8
 A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



5b. How easy is it for you to stoop, crouch, or kneel? PF05B

Very easy 3 Don't know 8
 Somewhat easy 2 Refused 7
 Not so easy 1

6. Because of a health or physical problem, do you have any difficulty raising your arms up over your head? **PF06**

Yes 1



6a. How much difficulty do you have raising your arms over your head? PF06A

A little 1 Unable to do 4
 Some 2 Don't know 8
 A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



6b. How easy is it for you to raise your arms up over your head? PF06B

Very easy 3 Don't know 8
 Somewhat easy 2 Refused 7
 Not so easy 1

7. Because of a health or physical problem, do you have any difficulty using your fingers to grasp or handle? **PF07**

Yes 1



7a. How much difficulty do you have grasping or handling? PF07A

A little 1 Unable to do 4
 Some 2 Don't know 8
 A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



7b. How easy is it for you to use your fingers to grasp or handle? PF07B

Very easy 3 Don't know 8
 Somewhat easy 2 Refused 7
 Not so easy 1

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INTERVIEW: PHYSICAL FUNCTION - 4 of 7

8. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs? **PF08**

Yes 1

No 0 Don't know / Don't do 8 Refused 7



8a. How much difficulty do you have **PF08A** getting in and out of bed or chairs?

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7



8b. Do you need special equipment or help from another person in getting in and out of bed or chairs? **PF08B**

Yes 1 Don't know 8
No 0 Refused 7

9. Because of a health or physical problem, do you have any difficulty bathing or showering? **PF09**

Yes 1

No 0 Don't know / Don't do 8 Refused 7



9a. How much difficulty do you have **PF09A** bathing or showering?

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7



9b. Do you need special equipment or help from another person in bathing or showering? **PF09B**

Yes 1 Don't know 8
No 0 Refused 7

10. Because of a health or physical problem, do you have any difficulty dressing? **PF10**

Yes 1

No 0 Don't know / Don't do 8 Refused 7



10a. How much difficulty do you have **PF10A** dressing?

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7



10b. Do you need special equipment or help from another person in dressing? **PF10B**

Yes 1 Don't know 8
No 0 Refused 7

11. Because of a health or physical problem, do you have any difficulty eating, for example holding a fork, cutting your food, or drinking from a glass? **PF11**

Yes 1

No 0 Don't know / Don't do 8 Refused 7



11a. How much difficulty do you have **PF11A** eating?

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7



11b. Do you need special equipment or help from another person in eating? **PF11B**

Yes 1 Don't know 8
No 0 Refused 7

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INTERVIEW: PHYSICAL FUNCTION - 5 of 7

12. Because of a health or physical problem, do you have any difficulty using the toilet, including getting to the toilet? **PF12**

Yes 1



12a. How much difficulty do you have using the toilet? **PF12A**

- A little 1 Unable to do 4
- Some 2 Don't know 8
- A lot 3 Refused 7



No 0 Don't know / Don't do 8 Refused 7



12b. Do you need special equipment or help from another person in using or getting to the toilet? **PF12B**

- Yes 1 Don't know 8
- No 0 Refused 7

13. Because of a health or physical problem, do you have any difficulty walking across a small room? **PF13**

Yes 1



13a. How much difficulty do you have walking across a small room? **PF13A**

- A little 1 Unable to do 4
- Some 2 Don't know 8
- A lot 3 Refused 7



No 0 Don't know / Don't do 8 Refused 7



13b. Do you need special equipment or help from another person in walking across a small room? **PF13B**

- Yes 1 Don't know 8
- No 0 Refused 7

14. Because of a health or physical problem, do you have any difficulty doing light housework such as doing dishes, straightening up or light cleaning by yourself? **PF14**

Yes 1



14a. How much difficulty do you have doing light housework? **PF14A**

- A little 1 Unable to do 4
- Some 2 Don't know 8
- A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



14b. Is that for health-related reasons? **PF14B**

- Yes 1 Don't know 8
- No 0 Refused 7

15. Because of a health or physical problem, do you have any difficulty doing heavy housework, such as vacuuming and washing windows, walls, or floors? **PF15**

Yes 1



15a. How much difficulty do you have doing heavy housework? **PF15A**

- A little 1 Unable to do 4
- Some 2 Don't know 8
- A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



15b. Is that for health-related reasons? **PF15B**

- Yes 1 Don't know 8
- No 0 Refused 7



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INTERVIEW: PHYSICAL FUNCTION - 6 of 7

16. Because of a health or physical problem, do you have any difficulty preparing your own meals by yourself? **PF16**

Yes 1



16a. How much difficulty do you have preparing your own meals? **PF16A**

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



16b. Is that for health-related reasons? **PF16B**

Yes 1 Don't know 8
No 0 Refused 7

17. Because of a health or physical problem, do you have any difficulty shopping for personal items, such as toilet items or medicine, by yourself? **PF17**

Yes 1



17a. How much difficulty do you have shopping for personal items? **PF17A**

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



17b. Is that for health-related reasons? **PF17B**

Yes 1 Don't know 8
No 0 Refused 7

18. Because of a health or physical problem, do you have any difficulty using the telephone by yourself? **PF18**

Yes 1



18a. How much difficulty do you have using the telephone? **PF18A**

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



18b. Is that for health-related reasons? **PF18B**

Yes 1 Don't know 8
No 0 Refused 7

19. Because of a health or physical problem, do you have any difficulty taking medications, by yourself? **PF19**

Yes 1



19a. How much difficulty do you have taking medications? **PF19A**

A little 1 Unable to do 4
Some 2 Don't know 8
A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



19b. Is that for health-related reasons? **PF19B**

Yes 1 Don't know 8
No 0 Refused 7



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INTERVIEW: PHYSICAL FUNCTION - 7 of 7

20. Because of a health or physical problem, do you have any difficulty managing your money for **PF20** example, paying bills or keeping a bank account, by yourself without help from another person?

Yes 1



20a. How much difficulty do you have managing your money? PF20A

A little 1 Unable to do 4

Some 2 Don't know 8

A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



20b. Is that for health-related reasons? PF20B

Yes 1 Don't know 8

No 0 Refused 7

21. Because of a health or physical problem, do you have any difficulty driving? **PF21**

Yes 1



21a. How much difficulty do you have driving? PF21A

A little 1 Unable to do 4

Some 2 Don't know 8

A lot 3 Refused 7

No 0 Don't know / Don't do 8 Refused 7



21b. What is the primary reason you do not drive? PF21B

Health 4 Never drove 1 Refused 7

Vision 3 Lost license 5

No car 2 Don't know 8



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INTERVIEW: GENERAL HEALTH AND SYMPTOMS 1 of 5

INTRODUCTION: "I'm going to ask you several questions about your current health and how you have been feeling over the past year."

1. During the past 12 months, have you been a patient in a hospital for one or more nights? **GHSX01**

Yes 1



No 0 Don't know 8 Refused 7

Go to Question 2.

1a. How many different times during the past 12 months were you a patient in a hospital for one or more nights? *Note: NOT asking the number of days in a hospital!* **GHSX01A**

 Times with overnight stay

2. During the past 12 months, did you stay in bed all or most of the day because of an illness or injury (including days that you were a patient in a hospital)? **GHSX02**

Yes 1



No 0 Don't know 8 Refused 7

Go to Question 3.

2a. How many days did you stay in bed all or most of the day because of an illness or injury (including days you were a patient in a hospital)? **GHSX02A**

 days in bed

3. During the past 12 months, did you cut down on the things you usually do, such as going to work or working around the house, because of illness or injury? **GHSX03**

Yes 1



No 0 Don't know 8 Refused 7

Go to Question 4.

3a. How many days did you cut down on the things you usually do because of an illness or injury (including days in a hospital)? **GHSX03A**

 days cut down

INTRODUCTION: "The next few questions refer to how you have been feeling over the past month."

4. In the past month, on average how often have you felt unusually tired during the day? All, most, some, or none of the time? **GHSX04**

All 3

Most 2

Some 1

None 0

Don't know 8 Refused 7

5. During the past month, how weak did you feel, using a scale from 0 to 10, where 0 is not weak at all and 10 is very weak? **GHSX05**

Not weak at all										Very weak	DK	Refused
<input type="radio"/>												
0	1	2	3	4	5	6	7	8	9	10	88	77



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INTERVIEW: GENERAL HEALTH AND SYMPTOMS - 2 of 5

6. During the past month, what category best describes your usual energy level, using a scale from 0 to 10, where 0 is no energy at all and 10 is the most energy you have ever had? **GHSX06**

No energy at all										Most energy	DK	Refused	
<input type="radio"/>													
0	1	2	3	4	5	6	7	8	9	10	88	77	

INTRODUCTION: "These questions ask about your sleep habits."

- In the past month, how often did you:
- | | Never | < 1/week | 1-2/week | 3-4/week | 5+/week | DK |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 7. ... have trouble falling asleep (w/in 30 min)? GHSX07 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| 8. ... wake up several times at night? GHSX08 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| 9. ... wake up earlier than you planned to? GHSX03 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |

Examiner Note: If response is "Never" for question 9, do NOT ask question 10, but code "Never".

- | | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 10. ... have trouble getting back to sleep after you woke up too early? GHSX10 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| 11. ... take sleeping pills or other medications to help you sleep? GHSX11 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| 12. ... have loud snoring at night? GHSX12 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| 13. ... have choking or gasping while sleeping? GHSX13 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |
| 14. ... have excessive daytime sleepiness? GHSX14 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 8 |
15. Overall, in the past month, was your typical night's sleep ...? **GHSX15**
- | | | | |
|---|---|---------------------------------------|------------------------------------|
| Very sound or restful <input type="radio"/> 0 | Average quality <input type="radio"/> 2 | Very restless <input type="radio"/> 4 | Don't know <input type="radio"/> 8 |
| Sound or restful <input type="radio"/> 1 | Restless <input type="radio"/> 3 | | Refused <input type="radio"/> 7 |
16. On average, in the past month, how many hours of sleep did you get each night? **GHSX16**
- | | | | | |
|-------------------------------------|--|--|------------------------------------|------------------------------------|
| More than 7 <input type="radio"/> 0 | More than 6, up to 7 <input type="radio"/> 1 | More than 5, up to 6 <input type="radio"/> 2 | 5 or fewer <input type="radio"/> 3 | Don't know <input type="radio"/> 8 |
| | | | | Refused <input type="radio"/> 7 |

INTRODUCTION: "The next questions concern your appetite and weight."

17. In general, would you say that your appetite or desire to eat has been ...? **GHSX17**
- | | | | | | | |
|-----------------------------------|------------------------------|----------------------------------|------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| Very good <input type="radio"/> 4 | Good <input type="radio"/> 3 | Moderate <input type="radio"/> 2 | Poor <input type="radio"/> 1 | Very Poor <input type="radio"/> 0 | Don't know <input type="radio"/> 8 | Refused <input type="radio"/> 7 |
|-----------------------------------|------------------------------|----------------------------------|------------------------------|-----------------------------------|------------------------------------|---------------------------------|
18. How much do you currently weigh? If you are unsure, please make your best guess. **GHSX18**

Examiner Note: Enter 888 if unknown and 777 if refused. If participant gives home and clinic weight, code clinic value.

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 pounds

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INTERVIEW: GENERAL HEALTH AND SYMPTOMS - 3 of 5

19. Since this time last year, has your weight changed by 5 or more pounds? **GHSX19**

Yes 1

No 0

Don't know 8

Refused 7



Go to Question 20.

19a. Did you gain or lose weight? **GHSX19A**

Gain 1

Lose 2

Don't know 8

Refused 7

19b. Were you trying to gain (or lose) weight? **GHSX19B**

Yes 1

No 0

Don't know 8

Refused 7

19c. How many pounds did you gain (or lose)? **GHSX19C**

Examiner Note: Enter 88 if unknown and 77 if refused

 pounds

20. At the present time, are you trying to lose weight? **GHSX20**

Yes 1

No 0

Don't know 8

Refused 7

INTRODUCTION: "The next set of questions concern your oral health, mouth, teeth and gums."

21. How would you rate your overall oral health (teeth, gums, inside of mouth)? **GHSX21**

Excellent 1

Very good 2

Good 3

Fair 4

Poor 5

Don't know 8

Refused 7

22. Have you ever been told by a dentist, dental hygienist, or periodontist that you have gum (periodontal) disease? **GHSX22**

Yes 1

No 0

Don't know 8

Refused 7



Go to Question 23.

22a. When were you last treated for gum disease? **GHSX22A**

Never 0

Within 12 months 1

Over 12 Months ago 2

Don't know 8

Refused 7

22b. Have you lost any teeth because of gum (periodontal) disease? **GHSX22B**

Yes 1

No 0

Don't know 8

Refused 7



Go to Question 23.

22c. How old were you when you lost your first tooth because of gum disease?

(should be 20 years or older)

GHSX22C years

23. During the past 3 months, how much pain have you had in your gums or teeth? **GHSX23**

A great deal 3

Some 2

A little 1

None at all 0

Don't know 8

Refused 7

24. Does your mouth feel dry when eating? **GHSX24**

Yes 1

No 0

Don't know 8

Refused 7

24a. Do you have problems chewing or swallowing that limit your ability to eat? **GHSX25**

Yes 1

No 0

Don't know 8

Refused 7



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INTERVIEW: GENERAL HEALTH AND SYMPTOMS - 4 of 5

INTRODUCTION: "Now I would like to ask you some questions about your eyesight and hearing."

25. Do you have glasses or contact lenses? GHSX25

Yes 1
↓

No 0 Don't know 8 Refused 7

Go to Question 26.

25a. Do you wear them ...? GHSX25A
Most of the time 3 For reading or driving 1 Don't know 8
Sometimes 2 Never 0 Refused 7

26. How would you rate your current eyesight (with glasses or contacts, if you wear them)? GHSX26

Excellent 5 Good 4 Fair 3 Poor 2 Very poor 1 Blind 0 Don't know 8 Refused 7

[27 - 30. Wearing glasses or contact lenses, if you use them ...]

27. How much difficulty do you have reading ordinary print in newspapers? Would you say you have ...? GHSX27

No difficulty 0 Moderate difficulty 2 Stopped due to eyesight 4 Don't know 8
A little difficulty 1 Extreme difficulty 3 Don't do, other reasons 5 Refused 7

28. Because of your eyesight, how much difficulty do you have recognizing people you know from across a room? Would you say you have ...? GHSX28

No difficulty 0 Moderate difficulty 2 Don't know 8
A little difficulty 1 Extreme difficulty 3 Refused 7

29. Because of your eyesight, how much difficulty do you have going down steps, stairs, or curbs in dim light or at night? Would you say you have ...? GHSX29

No difficulty 0 Moderate difficulty 2 Stopped due to eyesight 4 Don't know 8
A little difficulty 1 Extreme difficulty 3 Don't do, other reasons 5 Refused 7

30. Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along? Would you say you have ...? GHSX30

No difficulty 0 Moderate difficulty 2 Stopped due to eyesight 4 Don't know 8
A little difficulty 1 Extreme difficulty 3 Don't do, other reasons 5 Refused 7

31. Do you wear a hearing aid? GHSX31

Yes 1

No 0 Don't know 8 Refused 7

32. How would you rate your current hearing ability (with a hearing aid, if used)? GHSX32

Excellent 5 Good 4 Fair 3 Poor 2 Very poor 1 Deaf 0 Don't know 8 Refused 7



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INTERVIEW: GENERAL HEALTH AND SYMPTOMS - 5 of 5

INTRODUCTION: "The next several questions concern your balance, dizziness, fainting episodes and falls."

33. Do you have any problem with keeping your balance when you are walking on a level surface?

Would you say ... ? **GHSX33**

Always 4 Very often 3 Often 2 Sometimes 1 Never 0 Don't know 8 Refused 7

34. Do you have any problem with keeping your balance when you are standing with your eyes closed, such as standing in the shower? Would you say ...? GHSX34

Always 4 Very often 3 Often 2 Sometimes 1 Never 0 Don't know 8 Refused 7

35. Do you ever feel dizzy or light-headed after standing up? GHSX35

Yes 1 No 0 Don't know 8 Refused 7

36. In the past 12 months, have you fainted, blacked-out, or lost consciousness? GHSX36

Yes 1 No 0 Don't know 8 Refused 7



Go to Question 37.

36a. How many times has this happened in the past 12 months? GHSX36A

One 1 Two or three 2 Four or more 3 Don't know 8 Refused 7

37. In the past 12 months, have you fallen and landed on the ground or floor? GHSX37

Yes 1 No 0 Don't know 8 Refused 7



Go to Question 38.

37a. How many times did you fall to the ground in the past 12 months? GHSX37A

One 1 Two or three 2 Four or five 3 Six or more 4 Don't know 8 Refused 7

37b. Did you break or fracture a bone on any fall in the past 12 months? GHSX37B

Yes 1 No 0 Don't know 8 Refused 7

37c. Did you hit or injure your head on any fall in the past 12 months? GHSX37C

Yes 1 No 0 Don't know 8 Refused 7

37d. Did you have a sprain or strain on any fall in the past 12 months? GHSX37D

Yes 1 No 0 Don't know 8 Refused 7

37e. Did you have a bruise or bleeding on any fall in the past 12 months? GHSX37E

Yes 1 No 0 Don't know 8 Refused 7

37f. What type of activity were you doing at the time of your (worst/most injurious) fall? GHSX37F

Normal/Usual 1 Unusual/Risky 2 Intoxicated 3 Don't know 8 Refused 7

38. In the past 12 months, did you limit your activities, for example, what you did or where you went because you were afraid of falling? GHSX38

Yes 1 No 0 Don't know 8 Refused 7



Go to next section.

38a. How often did you limit your activities because you were afraid of falling? GHSX38A

Rarely 1 Some of the time 2 Most of the time 3 All of the time 4 DK 8 Refused 7

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INTERVIEW: ACHES AND PAINS - 1 of 8

INTRODUCTION: "Now I'm going to ask you questions about recent and current aches and pains."

1. In the past year, have you had any low back pain? **AP01**

Yes 1



No 0

Don't know 8

Refused 7

Go to Question 2.

1a. Please rate your usual back pain over the past year using a scale from 0 to 10, where 0 indicates NO PAIN and 10 indicates EXTREMELY INTENSE PAIN **AP01A**

No pain											Extremely intense pain	DK	Refused
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
0	1	2	3	4	5	6	7	8	9	10	88	77	

1b. Have you needed to limit your typical daily activities as a result of your low back pain during the past year? **AP01B**

Yes 1



No 0

Don't know 8

Refused 7

Go to Question 1d.

1c. Please estimate how many days you have needed to limit your activities in the past year due to low back pain. **AP01C**

□ □ □ days

1d. In the past year, what is the longest consecutive time period (in weeks) that you have had low back pain (If less than 1 week, code as 1)? **AP01D**

□ □ weeks

1e. Do you currently have low back pain? **AP01E**

Yes 1



No 0

Don't know 8

Refused 7

Go to Question 2.

1f. Please rate your pain over the past week, using the scale below. **AP01F**

No pain											Extremely intense pain	DK	Refused
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
0	1	2	3	4	5	6	7	8	9	10	88	77	



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INTERVIEW: ACHES AND PAINS - 2 of 8

2. Have you ever had pain or aching on most days for at least one month in or around either knee? This includes pain in the front, back and sides of the knee. (Examiner Note: Pain lasting at least a month includes intermittent and/or continuous pain for at least 15 of 30 days.) **AP02**

Yes 1



No 0

Don't know 8

Refused 7

Go to Question 2g.

2a. In the past 12 months, have you had knee pain lasting at least one month? **AP02A**

Yes 1



No 0

Don't know 8

Refused 7

Go to Question 2g.

2b. In the past 12 months, have you had this pain in the left knee, right knee or both knees? **AP02B**

Right only 1

Left only 2

Both 3

Don't know 8

Refused 7

Go to Question 2e.



2c. In the past 12 months, how often did you have pain in your left knee? **AP02C**

Rarely 1

Monthly 2

Daily 3

Always 8

Don't know 7

2d. In the past 30 days, how much pain have you had in your left knee during each of the following situations? **AP02D**

	None	Mild	Moderate	Severe	Extreme	DK
AP02D1 1) Walking on a flat surface	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02D2 2) Going up or down stairs	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02D3 3) While sitting or lying down	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02D4 4) Standing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02D5 5) Getting in or out of a chair	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8

If left knee only, go to Question 2g



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INTERVIEW: ACHES AND PAINS - 3 of 8

AP02E 2e. In the past 12 months, how often did you have pain in your right knee?
Rarely 1 Monthly 2 Daily 3 Always 4 Don't know 8

AP02F 2f. In the past 30 days, how much pain have you had in your right knee during each of the following situations?

	None	Mild	Moderate	Severe	Extreme	DK
AP02F1 1) Walking on a flat surface	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02F2 2) Going up or down stairs	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02F3 3) While sitting or lying down	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02F4 4) Standing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
AP02F5 5) Getting in or out of a chair	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8

2g. On most days, in the past 12 months, did you have stiffness in either of your knees? **AP02G**

Yes 1 No 0 Don't know 8 Refused 7



Go to Question 3.

2h. Is this stiffness in the left knee, right knee or both knees? AP02H

Right only 1 Left only 2 Both 3 Don't know 8 Refused 7

2i. How severe is this stiffness after you first wake up or after sitting or lying down? AP02I

Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8 Refused 7



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INTERVIEW: ACHES AND PAINS - 4 of 8

3. Have you ever had pain on most days for at least one month in or around either hip? This includes pain in the groin and either side of the upper thigh. Do not include pain that was only in your lower back or buttocks. **AP03**

Yes 1

No 0 Don't know 8 Refused 7



Go to Question 4.

3a. In the past 12 months, have you had hip pain lasting at least one month? **AP03A**

Yes 1

No 0 Don't know 8 Refused 7



Go to Question 4.

3b. In the past 12 months, have you had this pain in the left hip, right hip or both hips? **AP03B**

Right only 1 Left only 2 Both 3 Don't know 8 Refused 7



Go to Question 3e.



3c. In the past 12 months, how severe was the pain in your left hip usually? **AP03C**

Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8

3d. In the past 30 days, how much pain have you had in your left hip during each of the following situations?

	None	Mild	Moderate	Severe	Extreme	DK
1) Walking on a flat surface AP03D1	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
2) Going up or down stairs AP03D2	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
3) While sitting or lying down AP03D3	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
4) Standing upright AP03D4	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8
5) Getting in or out of a chair AP03D5	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8

If left hip only, go to Question 4



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INTERVIEW: ACHES AND PAINS - 5 of 8

3e. In the past 12 months, how severe was the pain in your right hip usually? **AP03E**

Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8

3f. In the past 30 days, how much pain have you had in your right hip during each of the following situations?

	None	Mild	Moderate	Severe	Extreme	DK
1) Walking on a flat surface	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8 AP03F1
2) Going up or down stairs	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8 AP03F2
3) While sitting or lying down	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8 AP03F3
4) Standing upright	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8 AP03F4
5) Getting in or out of a chair	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8 AP03F5

4. In the past 12 months have you had pain lasting at least one month in either shoulder? **AP04**

Yes 1 No 0 Don't know 8 Refused 7



Go to Question 5.

4a. In the past 12 months, have you had this pain in the left, right or both shoulders? **AP04A**

Right only 1 Left only 2 Both 3 Don't know 7 Refused 8

4b. How severe was the pain in your (most painful) shoulder usually? **AP04B**

Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8

5. In the past 12 months have you had pain lasting at least one month in your neck? **AP05**

Yes 1 No 0 Don't know 8 Refused 7



Go to Question 6.

5a. How severe was the pain in your neck usually? **AP05A**

Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8

6. In the past 12 months have you ever had numbness, an "asleep feeling", a prickly feeling or tingling, a sudden stabbing or burning pain or deep aching in your legs or feet? **AP06**

Yes 1 No 0 Don't know 8 Refused 7



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INTERVIEW: ACHES AND PAINS - 6 of 8

7. In the past 12 months have you had a headache lasting more than 4 hours? **AP07**

Yes 1

No 0

Don't know 8 Refused 7



Go to Question 8.

7a. About how often did you have headaches lasting more than 4 hours in the past 12 months? **AP07A**

< 1 /month 1 1 - 3 /month 2 1 - 2 /week 3 > 2/week 4 Don't know 8 Refused 7

7b. Is the pain usually mostly on one side of your head? **AP07B**

Yes 1

No 0

Don't know 8 Refused 7

7c. Does your headache usually throb, pulsate or pound? **AP07C**

Yes 1

No 0

Don't know 8 Refused 7

7d. Is your headache usually accompanied by nausea and/or vomiting? **AP07D**

Yes 1

No 0

Don't know 8 Refused 7

7e. During your headache, do lights usually bother you or make the headache worse? **AP07E**

Yes 1

No 0

Don't know 8 Refused 7

7f. During your headache do sounds bother you or make the headache worse? **AP07F**

Yes 1

No 0

Don't know 8 Refused 7

7g. Did you ever notice spots, jagged lines or heat waves in one or both eyes before you got the headache? **AP07G**

Yes 1

No 0

Don't know 8 Refused 7

8. Do you have, or have you had recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down? **AP08**

Yes 1

No 0

Don't know 8 Refused 7

9. Do you have, or have you had, a feeling of a recurrent need or urge to move your legs while you are sitting or lying down? **AP09**

Yes 1

No 0

Don't know 8 Refused 7

If response to Question 8 or 9 is YES, ask Questions 9a-d, below; otherwise go to Question 10.

9a. Are you more likely to have these feelings when you are resting (sitting or lying down) or when you are physically active? **AP09A**

Resting 1

Active 0

Don't know 8 Refused 7

9b. When you have these feelings, do they get better while you are actually moving around? **AP09B**

Yes 1

No 0

Don't know 8 Refused 7

9c. Are these feelings worse at night or in the evening than at other times of the day? **AP09C**

Yes 1

No 0

Don't know 8 Refused 7

9d. In the past 12 months, how often did you experience these feelings in your legs? **AP09D**

Daily 6 4-6/week 5 2-3/week 4 1/week 3 2/month 2 <=1/month 1 DK 8

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INTERVIEW: ACHES AND PAINS - 7 of 8

10. In the past 12 months have you had pain lasting at least one month in your feet, toes, or ankles?

Yes 1

No 0

Don't know 8

Refused 7

AP10

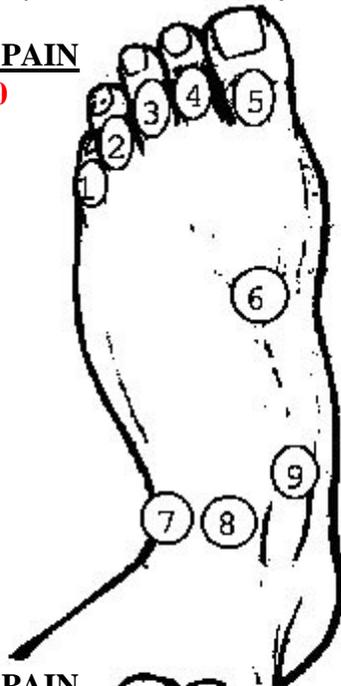
Go to Question 11.

10a. Please show me on this diagram which toes or parts of your foot have been painful for at least one month in the past 12 months? *Examiner note: Mark "Yes" for pain areas only, as "No" is the default value; use 18 for arch pain.*

LEFT FOOT PAIN

Yes 1 No 0

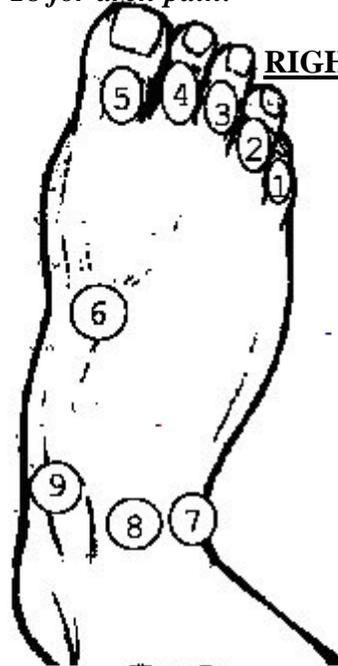
- AP10AL1 1
- AP10AL2 2
- AP10AL3 3
- AP10AL4 4
- AP10AL5 5
- AP10AL6 6
- AP10AL7 7
- AP10AL8 8
- AP10AL9 9



RIGHT FOOT PAIN

Yes 1 No 0

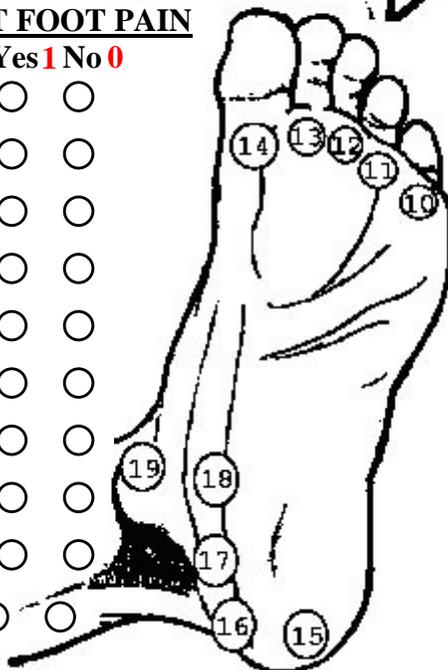
- 1 AP10AR1
- 2 AP10AR2
- 3 AP10AR3
- 4 AP10AR4
- 5 AP10AR5
- 6 AP10AR6
- 7 AP10AR7
- 8 AP10AR8
- 9 AP10AR9



LEFT FOOT PAIN

Yes 1 No 0

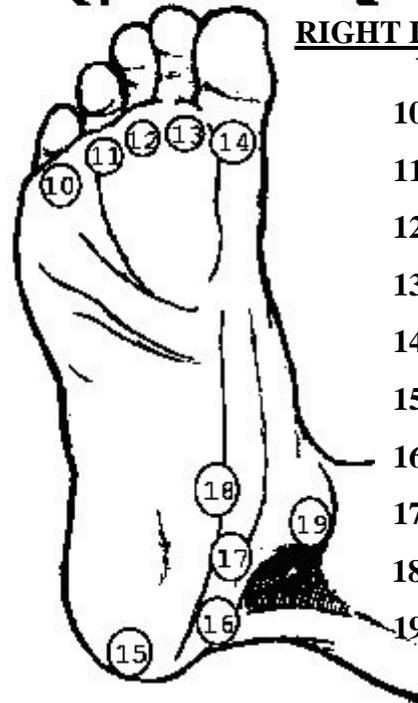
- AP10AL10 10
- AP10AL11 11
- AP10AL12 12
- AP10AL13 13
- AP10AL14 14
- AP10AL15 15
- AP10AL16 16
- AP10AL17 17
- AP10AL18 18
- AP10AL19 19



RIGHT FOOT PAIN

Yes 1 No 0

- 10 AP10AR10
- 11 AP10AR11
- 12 AP10AR12
- 13 AP10AR13
- 14 AP10AR14
- 15 AP10AR15
- 16 AP10AR16
- 17 AP10AR17
- 18 AP10AR18
- 19 AP10AR19



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INTERVIEW: ACHES AND PAINS - 8 of 8

10b. In the past 30 days, how much pain have you had in your feet, ankles or toes during each of the following situations?

	None	Mild	Moderate	Severe	Extreme	DK
	0	1	2	3	4	8
1) Walking on a flat surface	<input type="radio"/> AP10B1					
2) Going up or down stairs	<input type="radio"/> AP10B2					
3) Standing upright	<input type="radio"/> AP10B3					

11. In the past 12 months have you had pain lasting at least one month in the joints of your hands or wrists? **AP11**

Yes 1

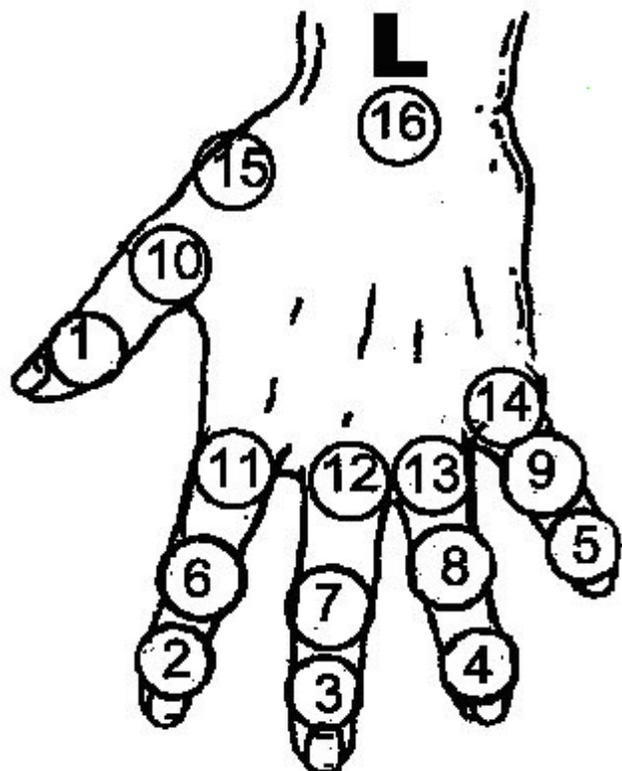
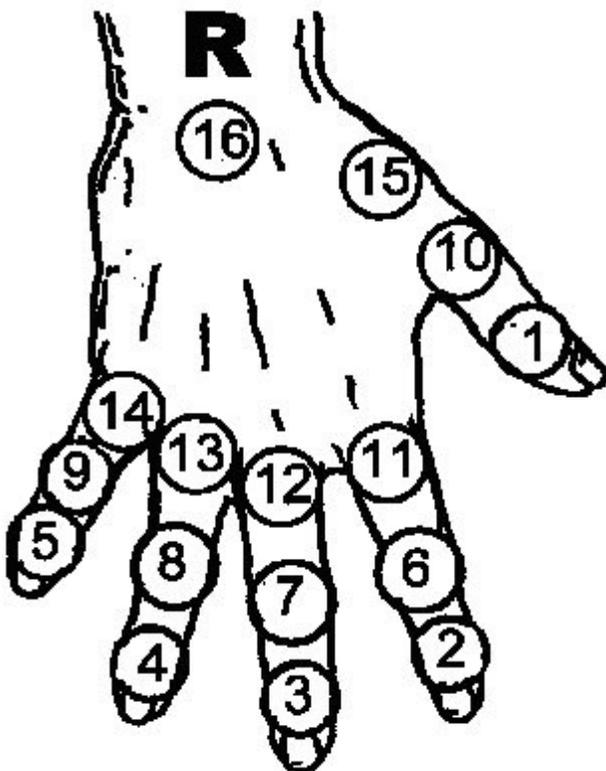
No 0

Don't know 8

Refused 7

Go to next section.

11a. Please show me on this diagram which joints of your hand or wrist have been painful for at least one month in the past 12 months? *Examiner note: You need only mark "Yes" for pain areas, as "No" is the default value.*



AP11AR1 TO AP11AR16

	1	2	3	4	5	6	7	8
Yes	<input type="radio"/> 1	<input type="radio"/>						
No	<input type="radio"/> 0	<input type="radio"/>						
	9	10	11	12	13	14	15	16
Yes	<input type="radio"/> 1	<input type="radio"/>						
No	<input type="radio"/> 0	<input type="radio"/>						

RIGHT HAND PAIN SITES

	1	2	3	4	5	6	7	8
Yes	<input type="radio"/> 1	<input type="radio"/>						
No	<input type="radio"/> 0	<input type="radio"/>						
	9	10	11	12	13	14	15	16
Yes	<input type="radio"/> 1	<input type="radio"/>						
No	<input type="radio"/> 0	<input type="radio"/>						

LEFT HAND PAIN SITES

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INTERVIEW: PHYSICAL ACTIVITY - 1 of 7

INTRODUCTION: "The following questions will help us learn about the amount and types of physical activity you **normally** do, such as walking, climbing stairs, doing things in and around the home, participating in recreational activities, exercise, and sports."

1. In the **past 2 weeks**, did you walk **up** any flights of stairs, a flight is about 10 steps? **PA01**

Yes 1

No 0 DK 8 Refused 7



1a. About how many flights did you walk **up** in the past 2 weeks? **PA01A**

 flights

Examiner note: If participant climbs stairs daily, have them estimate flights per day and multiply by 14.

1b. About how many of **these** flights did you walk up carrying something weighing at least 10 pounds, like laundry, groceries, small parcels or an infant? **PA01B**

 flights

Examiner note: Value in 1b. must be the same or less than the value in 1a.

2. In the **past 2 weeks**, did you walk **down** any flights of stairs, a flight is about 10 steps? **PA02**

Yes 1

No 0 DK 8 Refused 7



2a. About how many flights did you walk **down** in the past 2 weeks? **PA02A**

 flights

Examiner note: If participant descends stairs daily, have them estimate flights per day and multiply by 14.

2b. About how many of **these** flights did you walk down carrying something weighing at least 10 pounds, like laundry, groceries, small parcels or an infant? **PA02B**

 flights

Examiner note: Value in 2b. must be the same or less than the value in 2a.

3. In the **past 2 weeks**, did you do any **outdoor work**, such as washing/waxing a car, or yardwork like mowing or raking the lawn, weeding, gardening, cleaning gutters or shoveling snow? **PA03**

Yes 1

No 0 DK 8 Refused 7



3a. About how many hours did you spend doing outdoor work in the past 2 weeks (**not** including rest periods)? **PA03A**

 . hours

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INTERVIEW: PHYSICAL ACTIVITY - 2 of 7

4. In the past 2 weeks, did you do any household updating, maintenance or repair activities such as painting, scrapping, sanding, caulking, hanging wall paper, laying tile, building walls or shelves?

Yes 1

PA04

No 0 DK 8 Refused 7



4a. About how hours did you spend doing household maintenance in the past 2 weeks (not including rest periods)? PA04A

 . hours

5. In the past 2 weeks, did you do any heavy or major chores like scrubbing windows, walls or floors, sweeping or vacuuming? PA05

Yes 1

No 0 DK 8 Refused 7



5a. About how many hours did you spend doing heavy or major chores in the past 2 weeks (not including rest periods)? PA05A

 . hours

6. In the past 2 weeks, did you do light housework like washing dishes, making beds, straightening-up, dusting or light cleaning, or cooking and baking? PA06

Yes 1

No 0 DK 8 Refused 7



6a. About how many hours did you spend doing light housework in the past 2 weeks (not including rest periods)? PA06A

Examiner note: If participant does light housework daily, have them estimate hours/minutes per day and multiply by 14.

 . hours

7. In the past 2 weeks, did you do any shopping for groceries? PA07

Yes 1

No 0 DK 8 Refused 7



7a. About how many bags of groceries did you buy in the past 2 weeks? PA07A

 bags

8. In the past 2 weeks, did you do any laundry? PA08

Yes 1

No 0 DK 8 Refused 7



8a. About how many loads of laundry did you do in the past 2 weeks? PA08A

 loads

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Visit No.

INTERVIEW: PHYSICAL ACTIVITY - 3 of 7

9. In the past 2 weeks, did you do any brisk walking (walking at a fast pace where it may be difficult for you to speak normally, sometimes called power walking)? **PA09**

Yes 1

No 0

DK 8

Refused 7

9a. Did you do any brisk walking in the past 12 months? **PA09A**

Yes 1 No 0 DK 8 Refused 7

9b. What is the main reason you have not done any brisk walking in the past 2 weeks? **PA09B**

bad weather 1 injury 3 other 9

too busy / no time 2 lost interest / partner 5 don't know 8

health / illness 4 felt unsafe 6 refused 7

9c. About how many times did you go for a brisk walk in the past 2 weeks? **PA09C**

times

9d. About how many minutes did you walk each time, on average? **PA09D**

minutes

9e. About how far did you walk each time, on average (in blocks or miles)?

. **PA09E1** blocks . **PA09E2** miles

Examiner Note: Enter 88.8 if unknown



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INTERVIEW: PHYSICAL ACTIVITY - 4 of 7

10. In the past 2 weeks, did you do any casual walking, such as walking around the neighborhood, to the store or to church or walking the dog? **PA10**

Yes 1

No 0

DK 8

Refused 7

10a. Did you do any casual walking in the past 12 months? **PA10A**

Yes 1

No 0

DK 8

Refused 7

10b. What is the main reason you have not done any casual walking in the past 2 weeks? **PA10B**

bad weather 1

injury 3

other 9

too busy / no time 2

lost interest / partner 5

don't know 8

health / illness 4

felt unsafe 6

refused 7

10c. About how many times did you go for a casual walk in the past 2 weeks? **PA10C**

 times

10d. About how many minutes did you walk each time, on average? **PA10D**

 minutes

10e. About how far did you walk each time, on average (in blocks or miles)?

 · **PA10E1** blocks · **PA10E2** miles

Examiner Note: Enter 88.8 if unknown

10f. When you walk casually, do you usually walk at a brisk pace, a moderate pace, or at a leisurely stroll? **PA10F**

brisk 2 moderate 1 stroll 0 don't know 8



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Visit No.

INTERVIEW: PHYSICAL ACTIVITY - 5 of 7

11. In the past 2 weeks, did you do any weight or circuit training activities? **PA11**

Yes 1

No 0

DK 8

Refused 7

11a. Did you do any weight or circuit training in the past 12 months? **PA11A**

Yes 1

No 0

DK 8

Refused 7

11b. What is the main reason you have not done any weight or circuit training in the past 2 weeks? **PA11B**

bad weather 1

injury 3

other 9

too busy / no time 2

lost interest / partner 5

don't know 8

health / illness 4

felt unsafe 6

refused 7

11c. About how many times did you do weight training in the past 2 weeks? **PA11C**

times

11d. About how many minutes did you weight-train each time, on average? **PA11D**

minutes

12. In the past 2 weeks, did you do yoga, Pilates, or other flexibility training? **PA12**

Yes 1

No 0

DK 8

Refused 7

12a. Did you do yoga, Pilates or flexibility training in the past 12 months? **PA12A**

Yes 1

No 0

DK 8

Refused 7

12b. What is the main reason you have not done any yoga, Pilates or flexibility training in the past 2 weeks? **PA12B**

bad weather 1

injury 3

other 9

too busy / no time 2

lost interest / partner 5

don't know 8

health / illness 4

felt unsafe 6

refused 7

12c. About how many times did you do yoga or flexibility training in the past 2 weeks? **PA12C**

times

12d. About how many minutes did you do flexibility training each time, on average? **PA12D**

minutes

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INTERVIEW: PHYSICAL ACTIVITY - 6 of 7

13. In the past 2 weeks, did you do any vigorous exercise activities, like bicycling, swimming, running, aerobics, basketball, soccer, rowing, racquet sports, stair-stepping, elliptical, or cross-country ski machine, or exercycle ? **PA13**

Yes **1**

No **0**

DK **8**

Refused **7**

13a. Did you do any exercise activities in the past 12 months? **PA13A**

Yes **1**

No **0**

DK **8**

Refused **7**

13b. What is the main reason you have not done any exercise activities in the past 2 weeks? **PA13B**

bad weather **1**

injury **3**

other **9**

too busy / no time **2**

lost interest / partner **5**

don't know **8**

health / illness **4**

felt unsafe **6**

refused **7**

13c. What exercise activities did you do in the past 2 weeks? Anything else?

13d. In the past 2 weeks, how many hours (to the nearest quarter) did you name of activity?

13e. Did you activity at a vigorous, moderate or leisurely level?

First activity named

--	--

PA13C1

--	--

--	--

PA13D1 hours

Level

--

PA13E1

Second activity named

--	--

PA13C2

--	--

--	--

PA13D2 hours

Level

--

PA13E2

Third activity named

--	--

PA13C3

--	--

--	--

PA13D3 hours

Level

--

PA13E3

Fourth activity named

--	--

PA13C4

--	--

--	--

PA13D4 hours

Level

--

PA13E4

cycling, etc. = 1	volleyball = 6	xc skiing = 11
swimming = 2	aerobics, etc. = 7	other1 = 12
running = 3	racquet sports = 8	other2 = 13
soccer = 4	stair-steppers, etc. = 9	don't know = 88
basketball = 5	rowing = 10	refused = 77

Vigorous = 3
Moderate = 2
Leisurely = 1
Don't know = 8
Refused = 7

Note: if participant *runs* on a *treadmill* use code 3.

If participant *walks briskly* go to question 9 on page 25.

Please avoid using codes 12 or 13 (other) whenever possible.



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INTERVIEW: PHYSICAL ACTIVITY - 7 of 7

14. In the past 2 weeks, did you do any recreational activities, like golf, bowling, social dancing, skating, boccie, table tennis, hunting, sailing, horseback riding, or fishing? **PA14**

Yes 1

No 0

DK 8

Refused 7

14a. Did you do any recreational activities in the past 12 months? **PA14A**

Yes 1

No 0

DK 8

Refused 7

14b. What is the main reason you have not done any recreational activities in the past 2 weeks? **PA14B**

bad weather 1

injury 3

other 9

too busy / no time 2

lost interest / partner 5

don't know 8

health / illness 4

felt unsafe 6

refused 7

14c. What recreational activities did you do in the past 2 weeks?
Anything else?

First activity named

PA14C1

Second activity named

PA14C2

Third activity named

PA14C3

Fourth activity named

PA14C4

14d. In the past 2 weeks, how many hours (to the nearest quarter) did you name of activity?

PA14D1
hours

PA14D2
hours

PA14D3
hours

PA14D4
hours

<i>golf</i> = 1	<i>billiards</i> = 6	<i>skiing</i> = 11
<i>bowl / boccie</i> = 2	<i>horseback riding</i> = 7	<i>other1</i> = 12
<i>dancing</i> = 3	<i>hunting</i> = 8	<i>other2</i> = 13
<i>skating, etc.</i> = 4	<i>sailing/boating</i> = 9	<i>don't know</i> = 88
<i>table tennis</i> = 5	<i>fishing</i> = 10	<i>refused</i> = 77



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Visit No.

INTERVIEW: OTHER ACTIVITY - 1 of 3

INTRODUCTION: "The following questions concern any paid work, volunteer, or caregiving activities that you do and how often you see your friends and family."

①. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs? **OACT01**

Yes 1

No 0 Don't Know 8 Refused 7



1a. On average, how many hours do you work per week (all jobs combined)? **OACT01A**

hours

1b. How many months of the year do you work? **OACT01B**

months

1c. Which of the following categories best describes the type of activity you do at work? **OACT01C**

OACT01C

mainly sitting 1

mostly standing and walking 3

don't know 8

some standing and walking 2

walking and heavy manual work 4

refused 7

②. Do you currently do any volunteer work? **OACT02**

Yes 1

No 0 Don't Know 8 Refused 7



2a. On average, how many hours do you volunteer per week? **OACT02A**

hours

2b. How many months of the year do you do this? **OACT02B**

months

2c. Which of the following categories best describes the type of activity you do? **OACT02C**

mainly sitting 1

mostly standing and walking 3

don't know 8

some standing and walking 2

walking and heavy manual work 4

refused 7

③. Do you currently provide any regular care or assistance (like dressing or bathing) to a child or a disabled or sick adult? **OACT03**

Yes 1

No 0 Don't Know 8 Refused 7



3a. About how many hours per week do you provide care to another person? **OACT03A**

hours

④. In a typical week, how often do you get together with friends or neighbors? Would you say ... **OACT04**

At least once a day 4 2 to 3 times per week 2 Less than once per week 0 Don't know 8

4 to 6 times per week 3 1 time per week 1

Refused 7

⑤. In a typical week, how often do you get together with your children or other relatives? Would you say ... **OACT05**

At least once a day 4 2 to 3 times per week 2 Less than once per week 0 Don't know 8

4 to 6 times per week 3 1 time per week 1

Refused 7

Draft



BLSA ID

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Visit No.

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INTERVIEW: OTHER ACTIVITY - 2 of 3

INTRODUCTION: "For each of the following activities, please tell me how often you did them in the past 12 months: NOT AT ALL, LESS THAN ONCE A MONTH, LESS THAN ONCE A WEEK, AT LEAST EVERY WEEK, or ALMOST DAILY"

6.) In the past 12 months, how often did you ...?	Not at All	Less than once a month	Less than once a week	At least every week	Almost Daily	DK	Refused
a. do a crossword or other word puzzle OACT06A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
b. work on a jigsaw puzzle OACT06B	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
c. read a newspaper or magazine article OACT06C	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
d. read (from) a book OACT06D	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
e. play board games, bingo, bridge or other card games OACT06E	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
f. use a computer OACT06F	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
	Not at All	Less than once a month	Less than once a week	At least every week	Almost Daily	DK	Refused
g. play a musical instrument OACT06G	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
h. do recreational games like darts, horseshoes, pool OACT06H	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
i. write a letter, article, poem, or story OACT06I	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
j. travel 100 miles or more from your home OACT06J	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
k. do handcrafts, needlework, sewing, carpentry, wood working, model building OACT06K	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7

Draft



BLSA ID

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Visit No.

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INTERVIEW: OTHER ACTIVITY - 3 of 3

In the past 12 months, how often did you ...?	Not at All	Less than once a month	Less than once a week	At least every week	Almost Daily	DK	Refused
l. do art projects, photography, sketch, draw, paint, sculpt	<input type="radio"/> OACT06L 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
m. go out to a movie, the theater, a concert, or show	<input type="radio"/> OACT06M 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
n. visit a museum, aquarium, zoo, or science center	<input type="radio"/> OACT06N 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
o. attend a sports event (e.g. baseball or football game)	<input type="radio"/> OACT06O 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
p. attend a course, class, lecture, discussion, public meeting	<input type="radio"/> OACT06P 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
q. participate in church, club or community activities apart from any mentioned above	<input type="radio"/> OACT06Q 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7

7. About how many hours per week on average, do you watch television ? **OACT07**

- Zero **0** More than 14, up to 21 hours **3** More than 35 hours **6**
- More than 0, up to 7 hours **1** More than 21, up to 28 hours **4** Don't know **8**
- More than 7, up to 14 hours **2** More than 28, up to 35 hours **5** Refused **7**

8. About how many hours per week on average, do you spend reading, including books, newspapers, and magazines (to the nearest quarter hour)? **OACT08**

		.		
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 hours

Examiner note: if "don't know" after probing, enter 88.88 and 77.77 for refusal



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INTERVIEW: SMOKING HISTORY 1 of 2

1. Have you smoked at least 100 cigarettes (5 packs) over your entire life? **SMK01**

Yes 1

No 0

Don't know 8 Refused 7



Go to Question 2.

1a. Have you ever smoked on a regular basis; that is, daily for at least 6 months? **SMK01A**

Yes 1

No 0

Don't know 8 Refused 7



Go to Question 2.

1b. How old were you when you first started smoking cigarettes regularly ? **SMK01B**

 years

1c. On average, over the entire time you have smoked, how many cigarettes have you usually smoked per day? **SMK01C**

 cigarettes

1d. Do you smoke cigarettes now? **SMK01D**

Yes 1

No 0 Don't know 8 Refused 7



1e. On average, how many cigarettes a day do you smoke now? **SMK01E**

 cigarettes

1g. How old were you when you stopped smoking? **SMK01G**

 years

1f. How many times have you seriously tried to quit smoking? **SMK01F**

 times

2. Have you smoked at least 50 cigars over your entire life? **SMK02**

Yes 1

No 0

Don't know 8 Refused 7



Go to Question 3 (see note)

Go to Question 2a

Note: If "Yes" is pre-filled and participant says "No", please remind him/her that in a previous visit he/she answered "Yes" and confirm information from Questions 2a to 2e.

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Visit No.

INTERVIEW: SMOKING HISTORY 2 of 2

2a. How old were you when you first started smoking cigars? **SMK02A**

 years

2b. On average, over the entire time you have smoked cigars, how many cigars have you usually smoked per week? **SMK02B**

 cigars per week

2c. Do you smoke cigars now? **SMK02C**

Yes 1



2d. On average, how many cigars a week do you smoke now? **SMK02D**

 cigars

No 0 Don't know 8 Refused 7



2e. How old were you when you stopped smoking cigars? **SMK02E**

 years

3. Have you smoked at least 3 packages of pipe tobacco over your entire life? **SMK03**

Yes 1



No 0

Don't know 8 Refused 7

Go to next section.

3a. How old were you when you first started smoking a pipe? **SMK03A**

 years

3b. On average, over the entire time you have smoked a pipe, how many pipefuls have you usually smoked per week? **SMK03B**

 pipefuls per week

3c. Do you smoke a pipe now? **SMK03C**

Yes 1



3d. On average, how many pipefuls a week do you smoke now? **SMK03D**

 pipefuls

No 0 Don't know 8 Refused 7



3e. How old were you when you stopped smoking a pipe? **SMK03E**

 years

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INTERVIEW: ALCOHOL USE

INTRODUCTION: "The next questions concern your consumption of alcoholic beverages, including beer, ale, wine, wine coolers, liquor (e.g., whisky, gin, rum, vodka), cocktails and mixed drinks containing alcohol (e.g., martinis, margaritas). For the following questions consider one drink or serving of alcohol to be equal to one 12 ounce beer, one 5 ounce glass of wine (the amount a restaurant would serve), a drink containing a "shot", "jigger", "or "one finger of liquor" (about 1.25 ounces)."

1. In the past 12 months, did you drink any alcoholic beverages? **ALC01**

Yes 1



No 0 Don't know 8 Refused 7



1a. In a typical week, over the past 12 months, how many alcoholic beverages did you have? **ALC01A**

- less than one 0 22-28 drinks 5
- 1-3 drinks 1 more than 28 6
- 4-7 drinks 2 don't know 8
- 8-14 drinks 3 refused 7
- 15-21 drinks 4

1b. In a typical week, over the past 12 months, how many of these drinks were red wine? **ALC01B**

- less than one 0 22-28 drinks 5
- 1-3 drinks 1 more than 28 6
- 4-7 drinks 2 don't know 8
- 8-14 drinks 3 refused 7
- 15-21 drinks 4

1c. What is the primary reason you did not drink any alcoholic beverages in the past 12 months? **ALC01C**

- Dislike alcohol 1 No occasion 6
- Religious/moral reasons 2 Dietary issues 7
- Health reasons 3 Other 8
- Former alcoholic 4 Don't know 8
- Alcohol abuse in family 5 Refused 7

2. Did you ever drink more alcoholic beverages than you do now? **ALC02**

Yes 1

No 0 Don't know 8 Refused 7

3. Was there ever a time in your life when you had 5 or more drinks of any alcoholic beverage almost every day? **ALC03**

Yes 1

No 0 Don't know 8 Refused 7



BLSA ID

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Visit No.

□ □

INTERVIEW: PSYCHOLOGICAL HEALTH - 1 of 2

1. Now, using a scale from 0 to 10, with 0 indicating extremely unhappy and 10 being very happy, please tell me how happy you are. **PSY01**

Extremely Unhappy											Very Happy	DK	Refused
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	88	77	

2. Please tell me whether you agree or disagree with this statement. "I can do just about anything I really set my mind to." Would you say you agree or disagree? **PSY02**

Agree 1 Disagree 0 Don't know 8 Refused 7

<p>2a. Do you agree strongly or agree somewhat? PSY02A</p> <p>Strongly <input type="radio"/>2 Somewhat <input type="radio"/>1 DK <input type="radio"/>8</p>	<p>2b. Do you disagree strongly or disagree somewhat? PSY02B</p> <p>Strongly <input type="radio"/>2 Somewhat <input type="radio"/>1 DK <input type="radio"/>8</p>
--	--

3. Please tell me whether you agree or disagree with this statement. "I often feel helpless in dealing with the problems of life." Would you say you agree or disagree? **PSY03**

Agree 1 Disagree 0 Don't know 8 Refused 7

<p>3a. Do you agree strongly or agree somewhat? PSY03A</p> <p>Strongly <input type="radio"/>2 Somewhat <input type="radio"/>1 DK <input type="radio"/>8</p>	<p>3b. Do you disagree strongly or disagree somewhat? PSY03B</p> <p>Strongly <input type="radio"/>2 Somewhat <input type="radio"/>1 DK <input type="radio"/>8</p>
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4. In the past year, could you have used more emotional support than you received? **PSY04**

Yes 1 No 0 Don't Know 8 Refused 7

<p>4a. Would you say you needed a lot more, some more, or a little more? PSY04A</p> <p>A lot more <input type="radio"/>3 Some more <input type="radio"/>2 A little more <input type="radio"/>1 DK <input type="radio"/>8 Refused <input type="radio"/>7</p>
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BLSA ID

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Visit No.

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INTERVIEW: PSYCHOLOGICAL HEALTH - 2 of 2

Perceived Stress Scale: INTRODUCTION: "For each of the following questions, please tell me how often you felt or thought that way in the past month: NEVER, ALMOST NEVER, SOMETIMES, FAIRLY OFTEN, or VERY OFTEN"

<i>In the last month, how often have you ...</i>	Never	Almost Never	Some- times	Fairly Often	Very Often	DK	Refused
1. felt that you were unable to control the important things in your life? PSS02	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
2. felt nervous and "stressed"? PSS03	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
3. felt that things were going your way? PSS07	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
4. felt confident about your ability to handle your personal problems? PSS06	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 7
5. been angered because of things that happened that were outside of your control? PSS11	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7
6. felt difficulties were piling up so high that you could not overcome them? PSS14	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 7

Community Mobility Questionnaire: INTRODUCTION: "The following questions concern your activities when you are away from your home and out and about doing errands in and around town."

- ①. In a typical week, within the past month, how many times did you leave your home for any reason (e.g., work, grocery shopping, barber/hair dresser, doctor's appointment, to have lunch, go to a movie)? **CMQ01**
- At least once a day 4 2-3 times/week 2 Less than once a week 0 Don't know 8 Refused 7
- 4-6 times/week 3 Once a week 1
- Go to next interview section

2. When you leave your home how often do you go alone? **CMQ02**
Never 0 Rarely 1 Sometimes 2 Often 3 Always 4 Don't know 8 Refused 7
3. When you are away from your home, how often do you purposely limit the amount you have to walk? **CMQ03**
Never 0 Rarely 1 Sometimes 2 Often 3 Always 4 Don't know 8 Refused 7
4. How often do you purposely avoid leaving your home when it is dark or raining? **CMQ04**
Never 0 Rarely 1 Sometimes 2 Often 3 Always 4 Don't know 8 Refused 7
5. How often do you purposely avoid a situation in which you would have to walk on an uneven surface? **CMQ05**
Never 0 Rarely 1 Sometimes 2 Often 3 Always 4 Don't know 8 Refused 7



BLSA ID

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INTERVIEW: THE SF-12

INTRODUCTION: "This brief survey asks how you feel and how well you are able to do your usual activities."

1. In general, would you say your health is: **SF01**
Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 DK 8 Refused 7
2. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? **SF02**
Yes, limited a lot 1 Yes, limited a little 2 No, not limited at all 3 DK 8 Refused 7
3. Does your health now limit you in climbing several flights of stairs? **SF03**
Yes, limited a lot 1 Yes, limited a little 2 No, not limited at all 3 DK 8 Refused 7
4. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of your physical health? **SF04**
Yes 1 No 2 DK 8 Refused 7
5. During the past 4 weeks, were you limited in the kind of work or other activities as a result of your physical health? **SF05**
Yes 1 No 2 DK 8 Refused 7
6. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems? **SF06**
Yes 1 No 2 DK 8 Refused 7
7. During the past 4 weeks, have you not done work or other activities as carefully as usual as a result of any emotional problems? **SF07**
Yes 1 No 2 DK 8 Refused 7
8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? **SF08**
Not at all 1 Slightly 2 Moderately 3 Quite a bit 4 Extremely 5 DK 8 Refused 7
9. How much of the time during the past 4 weeks, have you felt calm and peaceful? **SF09**
All 1 Most 2 A good bit 3 Some 4 A little 5 None 6 DK 8 Refused 7
10. How much of the time during the past 4 weeks, did you have a lot of energy? **SF10**
All 1 Most 2 A good bit 3 Some 4 A little 5 None 6 DK 8 Refused 7
11. How much of the time during the past 4 weeks, have you felt downhearted and blue? **SF11**
All 1 Most 2 A good bit 3 Some 4 A little 5 None 6 DK 8 Refused 7
12. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? **SF12**
All 1 Most 2 Some 3 A little 4 None 5 DK 8 Refused 7

Please continue to the next
page: Weight History!!!
Thanks

