



	CND_2_03	Length	2	-8,-9	<input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
2d.	A stroke?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_04	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2e.	Circulation trouble in (your/)[SAMPNAME]'s arms or legs?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_05	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2f.	(Have you/Has) [SAMPNAME] had Pneumonia in LAST 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_06	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2g.	Bronchitis?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_07	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2h.	Flu?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_08	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2i.	Emphysema?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_09	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2j.	Asthma?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_10	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2k.	A broken hip?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_11	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
2l.	Other broken bones?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CND_2_12	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused

END CONDITION LIST

CND END  
Set end time.

**CONDITIONS COMPLETION CHECK**  
CAPI: If 50% of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.  
CND\_1A01, CND\_1A02, CND\_1A03, CND\_1A04, CND\_1A05, CND\_1A06, CND\_1A07, CND\_1A08, CND\_1A09, CND\_1A10, CND\_1A11, CND\_1A12, CND\_1A13, CND\_1A14, CND\_1A15, CND\_1A16, CND\_1A17, CND\_2\_01, CND\_2\_02, CND\_2\_03, CND\_2\_04, CND\_2\_05, CND\_2\_06, CND\_2\_07, CND\_2\_08, CND\_2\_09, CND\_2\_10, CND\_2\_11, CND\_2\_12  
COND\_COMPLETE Length 2  Complete—Set COND\_COMPLETE = 1  
 Incomplete

**CHECK GROUP**  
CAPI: Refer to GROUP variable set in Screener Interview.  
CND\_CK3\_R Length 2  Unimpaired aged-in Healthy group - SKIP TO RMI BEGIN  
 Screened-In Disabled Group  
 Screened-In Longitudinal Group  
 Screened-In Institutionalized Group - SKIP TO AMN1 BEGIN IN INSTITUTIONAL INTERVIEW

Part 2 - ACTIVITIES OF DAILY LIVING (ADL)

ADL BEGIN  
Set Start Time

**PROXY2**  
FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?  
ADLPROXY Length 2  Sample Person  
 Proxy  
 Sample Person and Proxy  
1a. During the past week, that is, since last (FILL day), did any person help (you/)[SAMPNAME] eat?  
ADL\_1A Length 2  Yes - SKIP TO 1d (ADL\_1D)  
 No  
 Did not eat at all - SKIP TO 1i (ADL\_1I)  
 Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**  
EATING  
Getting food from a plate into the mouth with a utensil. The amount of time it takes the sample person to eat, the way he/she eats, or how sloppy he/she is while eating is irrelevant. The important thing is eating the food independently. If the sample person was fed intravenously, or was fed by tube, enter "did not eat at all."  
1b. Did (you/)[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?  
ADL\_1B Length 2  Yes  
 No - SKIP TO 2a (ADL\_2A)  
 Don't Know, Refused - SKIP TO 2a (ADL\_2A)

**>HELP SCREEN< [REFERENCE]**  
SPECIAL EQUIPMENT FOR EATING  
Special equipment used for eating include special utensils or special dishes such as a special spoon that directs all the food on it into the mouth, a forked knife, a plate guard, a hand splint.  
1c. Did someone usually stay nearby just in case (you/)[SAMPNAME] might need help?  
ADL\_1C Length 2  Yes  
 No  
 Don't Know, Refused  
**ALL SKIP TO 1g (ADL\_1G)**

1d. Did someone feed (you/)[SAMPNAME]?  
ADL\_1D Length 2  Yes - SKIP TO 1f (ADL\_1F)  
 No  
 Don't Know, Refused

1e. Did someone help (you/)[SAMPNAME] cut meat or butter bread?  
ADL\_1E Length 2  Yes  
 No  
 Don't Know, Refused

1f. Did (you/)[SAMPNAME] also use special utensils or special dishes to help (you/him/her) eat?  
ADL\_1F Length 2  Yes  
 No  
 Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**  
SPECIAL EQUIPMENT FOR EATING  
Special equipment used for eating include special utensils or special dishes such as a special spoon that directs all the food on it into the mouth, a plate guard, a hand splint. False teeth are NOT included as special equipment used for eating.  
1g. How often did (you/)[SAMPNAME] receive help or use special utensils or special dishes - most of the time, some of the time, or only occasionally?  
ADL\_1G Length 2  Most of the time  
 Some of the time  
 Only occasionally  
 Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**  
LENGTH OF TIME USING HELP AND SPECIAL EQUIPMENT  
If the sample person has had active help as well as used special equipment but for different periods of time, mark the longer response. For example: if the sample person has had active help eating for 4 months, but has only used special dishes for the past 2 months, the correct response is 4 months.  
If the sample person used different forms of equipment for different lengths of time, mark the total period during which any form of equipment was used. For example: the sample person states, "I've used the walker for 2 months but before that I used a cane for over a year." The correct response is the entire time the sample person used special equipment, that is over a year and 2 months.

1h. About how long (have you/has) [SAMPNAME] had help eating or used special dishes or special utensils?  
FR: PROBE AS NECESSARY, CODE FOR LONGEST.  
ADL\_1H Length 2  Less than 3 months  
 3 months to less than 6 months  
 6 months to less than 1 year  
 1 year to less than 5 years  
 5 years or over

-8, -9  Don't Know, Refused  
**ALL SET ADL\_EAT = 1 - SKIP TO 2a (ADL\_2A)**

**>HELP SCREEN< [REFERENCE]**

**LENGTH OF TIME USING HELP AND SPECIAL EQUIPMENT**

If the sample person has had active help as well as used special equipment but for different periods of time, mark the longer response. For example: if the sample person has had active help eating for 4 months, but has only used special dishes for the past 2 months, the correct response is 4 months.

If the sample person used different forms of equipment for different lengths of time, mark the total period during which any form of equipment was used. For example: the sample person states, "I've used the walker for 2 months but before that I used a cane for over a year." The correct response is the entire time the sample person used special equipment, that is over a year and 2 months.

1a.	About how long (have you/has) [SAMPNAME] not eaten? <b>FR: PROBE AS NECESSARY, CODE FOR LONGEST.</b>	ADL_11	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL Set ADL_EAT = 1</b>
2a.	Since last (FILL day), did any person help (you)/[SAMPNAME] get in or out of bed (or didn't (you/he/she) get out of bed at all for any reason whatever)?	ADL_2A	Length	2	1 <input type="checkbox"/> Yes - SKIP TO 2d (ADL_2D) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not get out of bed at all - SKIP TO 2i (ADL_2I) -8, -9 <input type="checkbox"/> Don't Know, Refused
2b.	Did (you)/[SAMPNAME] use special equipment like a wheelchair, walker, or cane to help (you/him/her) to get in or out of bed?	ADL_2B	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 3a (ADL_3A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 3a (ADL_3A)
2c.	Did someone usually stay nearby (you)/[SAMPNAME] just in case (you/he/she) might need help?	ADL_2C	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL SKIP TO 2f (ADL_2F_1)</b>
2d.	Did someone actually LIFT (you)/[SAMPNAME] in or out of bed?	ADL_2D	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
2e.	Did (you)/[SAMPNAME] also use special equipment like a wheelchair, railing, walker, or cane to help (you/him/her) to get out of bed?	ADL_2E	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 2g (ADL_2G) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 2g (ADL_2G)

2f.	What kind of special equipment did (you)/[SAMPNAME] use? Anything else? <b>FR: ENTER EACH KIND OF SPECIAL EQUIPMENT MENTIONED ENTER (N) FOR NO MORE.</b>				
(1)	Wheelchair ADL_2F_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(2)	Railing ADL_2F_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3)	Walker ADL_2F_3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(4)	Cane ADL_2F_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(5)	Crutches ADL_2F_5	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(6)	Lift ADL_2F_6	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(7)	Other Device - Specify ADL_2F_7	Length	2	1 <input type="checkbox"/> Yes - if other device is used, specify in ADL_2F_8 below 2 <input type="checkbox"/> No	
(D)	Don't Know ADL_2F_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(R)	Refused ADL_2F_RF ADL_2F_8	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <input type="checkbox"/> Specify device	

2g.	Since last week, how often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally?	ADL_2G	Length	2	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally -8, -9 <input type="checkbox"/> Don't Know, Refused
2h.	About how long (have you/has) [SAMPNAME] had help or used special equipment to get in or out of bed? <b>FR: PROBE AS NECESSARY. CODE FOR LONGEST.</b>	ADL_2H	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL SET ADL_BED = 1, SKIP TO 3a (ADL_3A)</b>

**>HELP SCREEN< [REFERENCE]**

**LENGTH OF TIME USING HELP AND SPECIAL EQUIPMENT**

If the sample person has had active help as well as used special equipment but for different periods of time, mark the longer response. For example: if the sample person has had active help eating for 4 months, but has only used special dishes for the past 2 months, the correct response is 4 months.

If the sample person used different forms of equipment for different lengths of time, mark the total period during which any form of equipment was used. For example: the sample person states, "I've used the walker for 2 months but before that I used a cane for over a year." The correct response is the entire time the sample person used special equipment, that is over a year and 2 months.

2i.	About how long (have you/has) [SAMPNAME] been unable to get out of bed? <b>FR: PROBE AS NECESSARY. CODE FOR LONGEST.</b>	ADL_2I	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL Set ADL_BED, ADL_INS, ADL_DRS, ADL_NAR, &amp; ADL_IBD = 1 - SKIP TO 4h (ADL_4H)</b>
3a.	Since last (FILL current system day) did any person help (you)/[SAMPNAME] get around inside or didn't (you/he/her) get around inside at all?	ADL_3A	Length	2	1 <input type="checkbox"/> Yes - SKIP TO 3d (ADL_3D) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not get around inside at all - SKIP TO 3j (ADL_3J) -8, -9 <input type="checkbox"/> Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**

**GETTING AROUND INSIDE**

Getting around inside is defined as "moving around inside the living quarters." If the sample person received active personal help or used special equipment only to get up or down stairs within the living quarters, but was otherwise able to get around inside without active personal help or the use of special equipment, he/she is considered as being able to get around inside without help.

If the sample person answers that he/she gets around inside by holding onto the walls or furniture, consider that as having help getting around inside using an "other device."

3b.	Did (you)/[SAMPNAME] use special equipment like a wheelchair, cane, or other device to help (you/him/her) get around inside?	ADL_3B	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 4a (ADL_4A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (ADL_4A)
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3c.	Did someone usually stay nearby just in case (you)/[SAMPNAME] might need some help? ADL_3C	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL SKIP TO 3e (ADL_3E)</b>
<b>FR: MARK YES WITHOUT ASKING, IF APPARENT BY OBSERVATION.</b>				
3d.	Did (you)/[SAMPNAME] also use special equipment like a wheelchair, cane, other device to help (you/him/her) get around inside? ADL_3D	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 3h (ADL_3H) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 3h (ADL_3H)
3e.	Did (you)/[SAMPNAME] use a wheelchair? ADL_3E	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 3g (ADL_3G) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 3g (ADL_3G)
3f.	(Are you/)[SAMPNAME] able to get around inside at all without the wheelchair? ADL_3F	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No—Set ADL_WHL = 1 -8, -9 <input type="checkbox"/> Don't Know, Refused—Set ADL_WHL = 1
3g.	Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? <b>FR: ENTER EACH KIND OF SPECIAL EQUIPMENT MENTIONED ENTER (N) FOR NO MORE SPECIAL EQUIPMENT.</b>			
(1)	Railing ADL_3G01	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	Walker ADL_3G02	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Cane ADL_3G03	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Crutches ADL_3G04	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Elevator/escalator ADL_3G05	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Orthopedic shoes ADL_3G06	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	Brace (leg or back) ADL_3G07	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Prosthesis ADL_3G08	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Oxygen/respirator ADL_3G09	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10)	Furniture/walls ADL_3G10	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Chairlift on stairs ADL_3G11	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12)	Other device - Specify ADL_3G12	Length	2	1 <input type="checkbox"/> Yes - if other device is used, specify in ADL_3G14 below 2 <input type="checkbox"/> No
(13)	None ADL_3G13	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(D)	Don't Know ADL_3G_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused ADL_3G_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14)	ADL_3G14	Length	40	<input type="checkbox"/> Specify:
3h.	How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally? ADL_3H	Length	2	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally -8, -9 <input type="checkbox"/> Don't Know, Refused
3i.	About how long (have you/has) [SAMPNAME] had help or used special equipment to get around inside? ADL_3I <b>FR: PROBE AS NECESSARY. CODE FOR LONGEST.</b>	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused <b>All Set ADL_INS = 1; SKIP TO 4a (ADL_4A)</b>
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
LENGTH OF TIME USING HELP AND SPECIAL EQUIPMENT				
If the sample person has had active help as well as used special equipment but for different periods of time, mark the longer response. For example: if the sample person has had active help eating for 4 months, but has only used special dishes for the past 2 months, the correct response is 4 months.				
If the sample person used different forms of equipment for different lengths of time, mark the total period during which any form of equipment was used. For example: the sample person states, "I've used the walker for 2 months but before that I used a cane for over a year." The correct response is the entire time the sample person used special equipment, that is over a year and 2 months.				
3j.	About how long (have you/has) [SAMPNAME] been unable to get around inside? ADL_3J <b>FR: PROBE AS NECESSARY. CODE FOR LONGEST.</b>	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL VALUES—Set ADL_INS, ADL_NAR = 1</b>
4a.	The next questions are about dressing, that is, getting and putting on the clothes that (you)/[SAMPNAME] wear(s) during the day. Since last (FILL day), did any person usually help (you)/[SAMPNAME] to get dressed or didn't (you/he/she) get dressed at all? ADL_4A	Length	2	1 <input type="checkbox"/> Yes - SKIP TO 4d (ADL_4D) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not dress at all - SKIP TO 4h (ADL_4H) -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
DRESSING				
Dressing includes getting clothes and putting them on, but does not include undressing.				
DIDN'T DRESS				
The sample person went the whole preceding week without changing clothes. Whether the sample person spent the week in nightclothes or in street clothes is not relevant.				
HELP DRESSING				
Any assistance in putting on clothes, such as help buttoning a shirt or putting on shoes. If a sample person receives nominal help with fasteners or zippers, like the help any woman might receive to zip a dress, you should not consider this "help." If, however, a sample person needs help with all or most buttons, or with zippers no matter where they are, this is considered active help.				
4b.	Did (you)/[SAMPNAME] wear special clothing or use special equipment			1 <input type="checkbox"/> Yes

	to help (you/him/her) get dressed? ADL_4B	Length	2	2	<input type="checkbox"/> No - SKIP TO 5a (ADL_5A)
				-8,-9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (ADL_5A)
4c.	Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?			1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
				-8,-9	<input type="checkbox"/> Don't Know, Refused
	ADL_4C	Length	2		<b>ALL SKIP TO 4f (ADL_4F)</b>
4d.	Did someone put on all (your)/[SAMPNAME] clothes for him/her?	Length	2	1	<input type="checkbox"/> Yes
	ADL_4D			2	<input type="checkbox"/> No
				-8,-9	<input type="checkbox"/> Don't Know, Refused
4e.	Did someone also use special equipment to help (you)/[SAMPNAME] dress or use special clothing?	Length	2	1	<input type="checkbox"/> Yes
	ADL_4E			2	<input type="checkbox"/> No
				-8,-9	<input type="checkbox"/> Don't Know Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>					
<b>SPECIAL CLOTHING</b>					
Clothes made especially to accommodate one's limitations, other than special shoes. An example would be clothes with Velcro fasteners instead of buttons for someone who does not have the dexterity necessary to fasten buttons.					
4f.	How often did (you)/[SAMPNAME] receive help or use special equipment or clothing - most of the time, some of the time, or only occasionally?	Length	2	1	<input type="checkbox"/> Most of the time
	ADL_4F			2	<input type="checkbox"/> Some of the time
				3	<input type="checkbox"/> Only occasionally
				-8,-9	<input type="checkbox"/> Don't Know, Refused
4g.	About how long (have you/has) [SAMPNAME] had help dressing or used special equipment or clothing? <b>FR: PROBE AS NECESSARY. CODE FOR LONGEST.</b>	Length	2	1	<input type="checkbox"/> Less than 3 months
	ADL_4G			2	<input type="checkbox"/> 3 months to less than 6 months
				3	<input type="checkbox"/> 6 months to less than 1 year
				4	<input type="checkbox"/> 1 year to less than 5 years
				5	<input type="checkbox"/> 5 years or over
				-8,-9	<input type="checkbox"/> Don't Know, Refused
					<b>ALL SET ADL_DRS = 1, SKIP TO 5a (ADL_5A)</b>
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>					
<b>LENGTH OF TIME USING HELP AND SPECIAL EQUIPMENT</b>					
If the sample person has had active help as well as used special equipment but for different periods of time, mark the longer response. For example: if the sample person has had active help eating for 4 months, but has only used special dishes for the past 2 months, the correct response is 4 months.					
If the sample person used different forms of equipment for different lengths of time, mark the total period during which any form of equipment was used. For example: the sample person states, "I've used the walker for 2 months but before that I used a cane for over a year." The correct response is the entire time the sample person used special equipment, that is over a year and 2 months.					
4h.	During the past week, did someone help (you)/[SAMPNAME] change (your/his/her) pajamas or gown?	Length	2	1	<input type="checkbox"/> Yes
	ADL_4H			2	<input type="checkbox"/> No
				-8,-9	<input type="checkbox"/> Don't Know, Refused
4i.	About how long (have you/has) [SAMPNAME] been unable to dress?	Length	2	1	<input type="checkbox"/> Less than 3 months
	ADL_4I			2	<input type="checkbox"/> 3 months to less than 6 months
				3	<input type="checkbox"/> 6 months to less than 1 year
				4	<input type="checkbox"/> 1 year to less than 5 years
				5	<input type="checkbox"/> 5 years or over
				-8,-9	<input type="checkbox"/> Don't Know, Refused
					<b>ALL SET ADL_DRS = 1</b>
<b>ADL CK2</b>					
<b>CAPI: Refer to ADL_IBD. If bedfast (ADL_IBD=1), SKIP TO 5k (ADL_5K).</b>					
5a.	Since last (FILL day), did any person help (you)/[SAMPNAME] bathe or (were/was) (you/he/she) unable to bathe at all?	Length	2	1	<input type="checkbox"/> Yes - SKIP TO 5d (ADL_5D)
	ADL_5A			2	<input type="checkbox"/> No
				3	<input type="checkbox"/> Unable to bathe - SKIP TO 5j (ADL_5J)
				-8,-9	<input type="checkbox"/> Don't Know, Refused
5b.	Did (you)/[SAMPNAME] use special equipment like a shower seat, tub stool or grab bar to help (you/him/her) bathe?	Length	2	1	<input type="checkbox"/> Yes
	ADL_5B			2	<input type="checkbox"/> No - SKIP TO 6a (ADL_6A)
				-8,-9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 6a (ADL_6A)
5c.	Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?	Length	2	1	<input type="checkbox"/> Yes
	ADL_5C			2	<input type="checkbox"/> No
				-8,-9	<input type="checkbox"/> Don't Know, Refused
					<b>ALL SKIP TO 5G (ADL_5G_1)</b>
5d.	Did someone bathe (you)/ [SAMPNAME]?	Length	2	1	<input type="checkbox"/> Yes - SKIP TO 5f (ADL_5F)
	ADL_5D			2	<input type="checkbox"/> No
				-8,-9	<input type="checkbox"/> Don't Know, Refused
5e.	Did someone help (you)/[SAMPNAME] get into or out of the bathtub or shower?	Length	2	1	<input type="checkbox"/> Yes
	ADL_5E			2	<input type="checkbox"/> No
				-8,-9	<input type="checkbox"/> Don't Know, Refused
5f.	Did (you)/[SAMPNAME] also use special equipment like a shower seat, tub stool, or grab bars to help (you/him/her) bathe?	Length	2	1	<input type="checkbox"/> Yes
	ADL_5F			2	<input type="checkbox"/> No - SKIP TO 5h (ADL_5H)
				-8,-9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 5h (ADL_5H)
5g.	What kind of special equipment did (you)/[SAMPNAME] use? Anything else? <b>FR: ENTER (N) FOR NO MORE SPECIAL EQUIPMENT.</b>				
	(1) Shower seat/tub stool ADL_5G_1	Length	2	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
	(2) Grab bars/handle bars at sink ADL_5G_2	Length	2	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
	(3) Hand-held shower ADL_5G_3	Length	2	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
	(4) Walker/cane ADL_5G_4	Length	2	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
	(5) Rubber mat ADL_5G_5	Length	2	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
	(6) Other device - Specify ADL_5G_6	Length	2	1	<input type="checkbox"/> Yes - if other device is used, specify in ADL_5G_7 below
				2	<input type="checkbox"/> No
	(D) Don't Know ADL_5G_DK	Length	2	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
	(R) Refused ADL_5G_RF	Length	2	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
	ADL_5G_7 ADL_5G_KEY	Length	40		<input type="checkbox"/> Specify: _____
				N	<input type="checkbox"/> No More
5h.	How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally?	Length	2	1	<input type="checkbox"/> Most of the time
	ADL_5H			2	<input type="checkbox"/> Some of the time
				3	<input type="checkbox"/> Only occasionally
				-8,-9	<input type="checkbox"/> Don't Know, Refused
5i.	About how long (have you/has) [SAMPNAME] had help or used special equipment to bathe?	Length	2	1	<input type="checkbox"/> Less than 3 months
	ADL_5I			2	<input type="checkbox"/> 3 months to less than 6 months
				3	<input type="checkbox"/> 6 months to less than 1 year

FR: PROBE AS NECESSARY. CODE FOR LONGEST.

- 4  1 year to less than 5 years
  - 5  5 years or over
  - 8, -9  Don't Know, Refused
- ALL SET ADL\_BTH = 1, SKIP TO 6a (ADL\_6A)**

>HELP SCREEN< [REFERENCE]

LENGTH OF TIME USING HELP AND SPECIAL EQUIPMENT

If the sample person has had active help as well as used special equipment but for different periods of time, mark the longer response. For example: if the sample person has had active help eating for 4 months, but has only used special dishes for the past 2 months, the correct response is 4 months.

If the sample person used different forms of equipment for different lengths of time, mark the total period during which any form of equipment was used. For example: the sample person states, "I've used the walker for 2 months but before that I used a cane for over a year." The correct response is the entire time the sample person used special equipment, that is over a year and 2 months.

5j.	Did (you)/[SAMPNAME] wash (your/his/her) body at a sink or basin?				1 <input type="checkbox"/> Yes - SKIP TO 6L (ADL_6L) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_5J	Length	2		
5k.	During the past week, did (you)/[SAMPNAME] have a bed bath?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_5K	Length	2		
5l.	About how long (have you/has) [SAMPNAME] been unable to bathe?				1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_5L	Length	2		
					<b>FR: PROBE AS NECESSARY. CODE FOR LONGEST.</b>
6a.	Since last (FILL day), did any person help (you)/[SAMPNAME] get to the bathroom or use the toilet, or didn't (you/he/she) use the toilet at all?				1 <input type="checkbox"/> Yes - SKIP TO 6d (ADL_6D) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not use toilet seat at all - SKIP TO 6i (ADL_6I_1) -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_6A	Length	2		
6b.	Did (you)/[SAMPNAME] use special equipment like a raised toilet, bedside commode, or grab bar to help (you/him/her) to use the toilet?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6o (ADL_6O) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6o (ADL_6O)
	ADL_6B	Length	2		
6c.	Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help to use the toilet?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_6C	Length	2		
6d.	Did someone usually help (you)/[SAMPNAME] get to the toilet?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_6D	Length	2		
6e.	Did someone help (you)/[SAMPNAME] to get on or off the toilet, arrange (your/his/her) clothes, or clean (you/him/her)?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_6E	Length	2		
6f.	Did (you)/[SAMPNAME] also use special equipment like a raised toilet, bedside commode, or grab bar to help (you/him/her) use the toilet?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6j (ADL_6J) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6j (ADL_6J)
	ADL_6F	Length	2		
6g.	What kind of special equipment did (you)/[SAMPNAME] use? Anything else? <b>FR: ENTER EACH KIND OF SPECIAL EQUIPMENT MENTIONED. ENTER (N) FOR NO MORE SPECIAL EQUIPMENT.</b>				
	(1) Raised toilet ADL_6G_1	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(2) Portable toilet/bedside commode ADL_6G_2	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(3) Rail/grab bar ADL_6G_3	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(4) Bedpan or urinal ADL_6G_4	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(5) Cane/walker ADL_6G_5	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(6) Specify other device ADL_6G_6	Length	2		1 <input type="checkbox"/> Yes - if other device is used, specify in ADL_6G_7 below 2 <input type="checkbox"/> No
	(D) Don't Know ADL_6G_DK	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(R) Refused ADL_6G_RF	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	ADL_6G_7	Length	40		Specify: _____
6h.	Did (you)/[SAMPNAME] take care of (your/his/her) toilet needs by using any OTHER special equipment like a bedpan, portable toilet, or special underwear?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6j (ADL_6J) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6j (ADL_6J)
	ADL_6H	Length	2		
6i.	What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? <b>FR: ENTER EACH KIND OF SPECIAL EQUIPMENT MENTIONED. ENTER (N) FOR NO MORE SPECIAL EQUIPMENT.</b>				
	(1) Bed pan ADL_6I_1	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(2) Portable toilet/bedside commode ADL_6I_2	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(3) Special underwear/diapers ADL_6I_3	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(4) Specify other device ADL_6I_4	Length	2		1 <input type="checkbox"/> Yes - if other device used, specify in ADL_6I_5 below 2 <input type="checkbox"/> No
	(D) Don't Know ADL_6I_DK	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(R) Refused ADL_6I_RF	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	ADL_6I_5	Length	40		Specify: _____
6j.	How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally?				1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally -8, -9 <input type="checkbox"/> Don't Know, Refused
	ADL_6J	Length	2		
6k.	About how long (have you/has) [SAMPNAME] had help using the toilet or used special equipment? <b>FR: PROBE AS NECESSARY, CODE FOR LONGEST.</b>				1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years
	ADL_6K	Length	2		

5  5 years or over  
 -8, -9  Don't Know, Refused  
**ALL SET ADL\_TOI = 1; SKIP TO 6o (ADL\_6O)**

**>HELP SCREEN< [REFERENCE]**

**LENGTH OF TIME USING HELP AND SPECIAL EQUIPMENT**

If the sample person has had active help as well as used special equipment but for different periods of time, mark the longer response. For example: if the sample person has had active help eating for 4 months, but has only used special dishes for the past 2 months, the correct response is 4 months.

If the sample person used different forms of equipment for different lengths of time, mark the total period during which any form of equipment was used. For example: the sample person states, "I've used the walker for 2 months but before that I used a cane for over a year." The correct response is the entire time the sample person used special equipment, that is over a year and 2 months.

6l.	Did (you) [SAMPNAME] take care of (your/his/her) toilet needs by using any OTHER special equipment like a bedpan, portable toilet, or special underwear? ADL_6L	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6n (ADL_6N) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6n (ADL_6N)
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6m.	What special equipment did (you) [SAMPNAME] use? Anything else? <b>FR: ENTER EACH KIND OF SPECIAL EQUIPMENT MENTIONED. ENTER (N) FOR NO MORE SPECIAL EQUIPMENT.</b>			
(1)	Bed pan ADL_6M_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	Portable toilet/bedside commode ADL_6M_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Special underwear/diapers ADL_6M_3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Catheter ADL_6M_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Specify other device ADL_6M_5	Length	2	1 <input type="checkbox"/> Yes - if other device is used, specify in ADL_6M_6 below 2 <input type="checkbox"/> No
(D)	Don't Know ADL_6M_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused ADL_6M_RF ADL_6M_6	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		Length	40	<input type="checkbox"/> Specify: _____

6n.	About how long (have you/has) [SAMPNAME] been unable to use the toilet? <b>FR: PROBE AS NECESSARY, CODE FOR LONGEST.</b>	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL--SET ADL_TOI = 1</b>
	ADL_6N			

6o.	(Do you/Does) [SAMPNAME] use a device such as a urinary catheter or a colostomy bag? ADL_6O	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6r (ADL_6R) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6r (ADL_6R)
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6p.	(Do you/Does) [SAMPNAME] take care of it by (yourself/himself/herself) OR does someone help (you/him/her) to take care of it? ADL_6P	Length	2	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help -8, -9 <input type="checkbox"/> Don't Know, Refused
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6q.	About how long (have you/has) [SAMPNAME] been using it? ADL_6Q <b>FR: PROBE AS NECESSARY, CODE FOR LONGEST.</b>	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused
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6r.	During the past week, (have you/has) [SAMPNAME] sometimes had trouble controlling (your/his/her) bladder or bowels so that (you/him/her) accidentally wet or soiled (yourself/himself/herself) either day or night? ADL_6R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO ADL_CK3 -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO ADL_CK3
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6s.	Does someone help (you) [SAMPNAME] clean up OR (do you/does) (he/she) take care of it by (yourself/himself/herself)? ADL_6S	Length	2	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help -8, -9 <input type="checkbox"/> Don't Know, Refused
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**CLEANING WHEN ONE ACCIDENTALLY WETS OR SOILS HIMSELF/HERSELF**

For sample persons who may wet or soil themselves, we want to determine if he/she cleans up or if he/she has assistance in cleaning. We consider the sample person being capable of self care only if he/she was able to clean himself/herself as well as any soiled clothes or bedclothes. Care with help occurs even when the sample person is able to clean himself/herself but needs help in changing bedclothes.

6t.	About how long (have you/has) [SAMPNAME] had this problem? ADL_6T <b>FR: PROBE AS NECESSARY, CODE FOR LONGEST.</b>	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused
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**ADL CK3**

	<b>CAPI: Refer to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI. Are all six ADL variables = 1?</b> ADL_CK3	Length	2	1 <input type="checkbox"/> Yes - SKIP TO ADL_CK4 2 <input type="checkbox"/> No
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7a.	You said that (you) [SAMPNAME] didn't get any help during the past week with: (FILL with ADL item(s) = 0 from ADL CK3). Did someone usually stay nearby just in case (you/he/she) might need help with any of these things? ADL_7A	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 8a (ADL_8A_1) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 8a (ADL_8A_1)
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**>HELP SCREEN< [REFERENCE]**

**STANDBY OR PASSIVE HELP**

Standby or passive personal help means that someone (the helper) watched over or was specifically present in the room to be available to help the sample person, if necessary, to perform the activity. The helper must be present for the express purpose of being available in case the sample person needs help.

An example of standby or passive help is the spouse who specifically comes into the bathroom to be available to help, if necessary, while the sample person bathes. If the spouse happens to be in the room doing laundry while the sample person is bathing, but is not necessarily watching over him/her, this would not constitute standby help. The helper must be there specifically to watch over the sample person during an ADL activity. If the helper is in the room by coincidence, we do not consider this as standby help.

7b.	<b>FR: ENTER EACH ACTIVITY MENTIONED. ENTER (N) FOR NO MORE.</b> For which of these things did someone usually stay nearby? Anything else?			
(1)	Eating ADL_7B_1	Length	2	1 <input type="checkbox"/> Yes--Set ADL_EAT = 1 2 <input type="checkbox"/> No
(2)	Getting in/out of bed ADL_7B_2	Length	2	1 <input type="checkbox"/> Yes--Set ADL_BED = 1 2 <input type="checkbox"/> No

(3)	Getting around inside ADL_7B_4	Length	2	1 <input type="checkbox"/> Yes—Set ADL_INS = 1 2 <input type="checkbox"/> No
(4)	Dressing ADL_7B_7	Length	2	1 <input type="checkbox"/> Yes—Set ADL_DRS = 1 2 <input type="checkbox"/> No
(5)	Bathing ADL_7B_8	Length	2	1 <input type="checkbox"/> Yes—Set ADL_BTH = 1 2 <input type="checkbox"/> No
(6)	Getting to the bathroom or using the toilet ADL_7B_9	Length	2	1 <input type="checkbox"/> Yes—Set ADL_TOI = 1 2 <input type="checkbox"/> No
(D)	Don't Know ADL_7B_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused ADL_7B_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7c.	About how long (have you/has) [SAMPNAME] had someone stay nearby just in case (you/he/she) might need help with any of those things?  ADL_7C	Length	2	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused

FR: PROBE AS NECESSARY, CODE FOR LONGEST.

**ADL CK4**  
**CAPI: Refer to ADL\_EAT, ADL\_BED, ADL\_INS, ADL\_DRS, ADL\_BTH, and ADL\_TOI. Are all six ADL variables = 1?**  
 ADL\_CK4

Length	2	1 <input type="checkbox"/> Yes - SKIP TO ADL_CK5 2 <input type="checkbox"/> No
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8a. (Do you/Does) [SAMPNAME] NEED help with:  
 (FILL with ADL item(s) = 0 from ADL CK4 and ask yes/no)

(1)	Eating ADL_8A_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(2)	Getting in/out of bed ADL_8A_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(3)	Getting around inside ADL_8A_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(4)	Dressing ADL_8A_7	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(5)	Bathing ADL_8A_8	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(6)	Getting to the bathroom or using the toilet ADL_8A_9	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused

>HELP SCREEN< [REFERENCE]

NEED HELP WITH ACTIVITIES

For the activities with which the sample person did not receive help, we want to determine if the sample person needed help with any of these activities. Mark only the items with which the sample person needs help but is not receiving this necessary help.

**ADL CK5**  
**CAPI: Was the Sample Person helped by another person in any ADL item?**  
 Refer to ADL\_1A, ADL\_1C, ADL\_7B\_1 or ADL\_2A, ADL\_2C, ADL\_7B\_2 or ADL\_3A, ADL\_3C, ADL\_7B\_4 or ADL\_4A, ADL\_4C, ADL\_4H, ADL\_7B\_7 or ADL\_5A, ADL\_5C, ADL\_5K, ADL\_7B\_8 or ADL\_6A, ADL\_6C or ADL\_7B\_9. Are any of these variables equal to 1?  
 ADL\_CK5

Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO ADL END
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FR: HELP INCLUDES ACTIVE HELP AND STANDBY HELP.

9a. You said that (you)/[SAMPNAME] got help during the past week in: (CAPI fills ALL items equal to 1 from ADL\_EAT, ADL\_BED, ADL\_INS, ADL\_DRS, ADL\_BTH, and ADL\_TOI.) Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait to do or did (you/he/she) not do at all because (you/he/she) did not have enough help?

FR: ENTER EACH ACTIVITY MENTIONED.

ENTER (N) FOR NO MORE.

(1)	Eating ADL_9A_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	Getting in/out of bed ADL_9A_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Getting around inside ADL_9A_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Dressing ADL_9A_7	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Bathing ADL_9A_8	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Getting to the bathroom or using the toilet ADL_9A_9	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	None ADL_9A_0	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(D)	Don't Know ADL_9A_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused ADL_9A_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

ADL\_9A\_KEY

9b.	How often did this happen in the past week-often, sometimes or almost never?			N <input type="checkbox"/> No More 1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Almost never
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ADL_9B	Length 2	-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>- OPEN PERSON ROSTER -</b>			
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>			
10a. You said that (you)/[SAMPNAME] has had help in (CAPI fills ALL items equal to 1 from ADL CK4). Who regularly helps with this? Anyone else? <b>FR: ENTER LINE NUMBER.</b> <b>ENTER (P) FOR PERSON NOT LISTED.</b> <b>ENTER (O) FOR ORGANIZATION NOT LISTED.</b> <b>ENTER (H) TO DESCRIBE IF NO NAME GIVEN.</b> <b>ENTER (N) FOR NO MORE HELPERS GIVEN.</b>			
ROS_NAME_2 - ROS_NAME_20	Length 35		<input type="checkbox"/> Name
ROS_TYPE_2 - ROS_TYPE_20	Length 2		<input type="checkbox"/> Roster Entry added, person name <input type="checkbox"/> Roster Entry added, description <input type="checkbox"/> Roster Entry added, organization
Set appropriate HLP_FLG_2-20 = 1 and ADLFLG02-20 = 1.			
HLP_FLG_2 - HLP_FLG_20	Length 2		<input type="checkbox"/> Helper -5 otherwise
ADLFLG02 - ADLFLG20	Length 2		<input type="checkbox"/> Helped with ADL -5 otherwise
ADL_10B_I	Length 2		<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> No More
<b>- CLOSE PERSON ROSTER -</b>			
<b>Note: Question 10c not used in 2004.</b>			
<b>ADL CK6</b>			
<b>CAPI: Number of ADL helpers.</b>			
ADL_CK6	Length 2		<input type="checkbox"/> 0 Helpers - SKIP TO ADL END <input type="checkbox"/> 1 Helper - Enter Person Number in ADL_10D - SKIP TO ADL END <input type="checkbox"/> 2-19 Helpers
10d. Who helps (you)/[SAMPNAME] the most with (CAPI fills all ADL items equal to 1 from ADL CK4)? <b>FR: ENTER PERSON NUMBER.</b>			
ADL_10D	Length 2		<input type="checkbox"/> 2-20 Person Number <input type="checkbox"/> -8, -9 Don't Know, Refused
<b>ADL END</b>			
Set end time			
<b>ADL COMPLETION CHECK</b>			
CAPI: If 50% of the below listed variables do not contain 'D', 'R', or '-5', then the module is complete.			
ADL_1A, ADL_2A, ADL_3A, ADL_4A, ADL_5A, ADL_6A, ADL_6O, ADL_6R, ADL_7A ADL_COMPLETE	Length 2		<input type="checkbox"/> 1 Complete <input type="checkbox"/> 2 Incomplete
<b>Part 3 - INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IDL)</b>			
<b>IDL BEGIN</b>			
Set Start Time			
<b>PROXY3</b>			
<b>FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?</b>			
IDLPROXY3	Length 2		<input type="checkbox"/> 1 Sample Person <input type="checkbox"/> 2 Proxy <input type="checkbox"/> 3 Sample Person and Proxy
<b>IDL CK2</b>			
<b>CAPI: Refer to ADL_IBD, ADL_NAR (bedfast, no inside activity). Are either or both of these variables equal to 1?</b>			
IDL_CK2	Length 2		<input type="checkbox"/> 1 Yes—Set IDL_HVV, IDL_LTW, IDL_LND, IDL_MLS, IDL_SHP, IDL_OUT, & IDL_WLK = 1, and SKIP TO 8a1 (IDL_8A1) <input type="checkbox"/> 2 No
1a. (Do you/Does) [SAMPNAME] usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows? IDL_1A			
Length 2			<input type="checkbox"/> 1 Yes - SKIP TO 3a (IDL_3A) <input type="checkbox"/> 2 No <input type="checkbox"/> -8, -9 Don't Know, Refused
1b. If (you)/[SAMPNAME] had to do heavy work around the house, could (you/he/she) do it? IDL_1B			
Length 2			<input type="checkbox"/> 1 Yes - SKIP TO 3a (IDL_3A) <input type="checkbox"/> 2 No <input type="checkbox"/> -8, -9 Don't Know, Refused
1c. What is the reason (you)/[SAMPNAME] cannot do heavy work around the house - is that because of a disability or health problem, or is there some other reason? IDL_1C_1 IDL_1C_2			
Length 2			<input type="checkbox"/> 1 Disability or health problem (including old age)—Set IDL_HVV = 1 <input type="checkbox"/> 2 Other reason-specify in IDL_1C_2 below <input type="checkbox"/> -8, -9 Don't Know, Refused
Length 60			<input type="checkbox"/> Specify: _____
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>			
<b>DISABILITY OR HEALTH PROBLEM</b>			
A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.			
2a. (Do you/Does) [SAMPNAME] usually do light work around the house such as straightening up, putting things away, or washing dishes? IDL_2A			
Length 2			<input type="checkbox"/> 1 Yes - SKIP TO 3a (IDL_3A) <input type="checkbox"/> 2 No <input type="checkbox"/> -8, -9 Don't Know, Refused
2b. If (you)/[SAMPNAME] had to do light work around the house, could (you/he/she) do it? IDL_2B			
Length 2			<input type="checkbox"/> 1 Yes - SKIP TO 3a (IDL_3A) <input type="checkbox"/> 2 No <input type="checkbox"/> -8, -9 Don't Know, Refused
2c. What is the reason (you)/[SAMPNAME] cannot do light work around the house - is that because of a disability or health problem, or is there some other reason? IDL_2C_1 IDL_2C_2			
Length 2			<input type="checkbox"/> 1 Disability or health problem (including old age)—Set IDL_LTW = 1 <input type="checkbox"/> 2 Other reason - specify in IDL_2C_2 below <input type="checkbox"/> -8, -9 Don't Know, Refused
Length 60			<input type="checkbox"/> Specify: _____
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>			
<b>DISABILITY OR HEALTH PROBLEM</b>			
A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.			
3a. (Do you/Does) [SAMPNAME] usually do (your/his/her) own laundry? IDL_3A			
Length 2			<input type="checkbox"/> 1 Yes - SKIP TO IDL_CK3 <input type="checkbox"/> 2 No <input type="checkbox"/> -8, -9 Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>			
<b>DOING LAUNDRY</b>			
Washing and drying clothes, with or without the help of a machine. If the sample person washes his/her own clothes but does not do linens, consider that he/she does his/her own laundry.			
If the sample person does laundry by machine, doing laundry includes putting the laundry into the machine, adding soap, and getting the laundry out of the machine. This definition holds no matter where the machine is located.			
If a person cannot do his/her own laundry because the washing machine is located on another floor and he/she is not able to go up or down the stairs because of a disability or health problem, consider this to be a disability or health problem that prevents the sample person from doing laundry.			
3b. If (you)/[SAMPNAME] had to do (your/his/her) own laundry, could (you/he/she) do it? IDL_3B			
Length 2			<input type="checkbox"/> 1 Yes - SKIP TO IDL_CK3 <input type="checkbox"/> 2 No <input type="checkbox"/> -8, -9 Don't Know, Refused
3c. What is the reason (you)/[SAMPNAME] cannot do (your/his/her) own laundry - is that because of a disability or health problem, or is there some other reason? IDL_3C_1 IDL_3C_2			
Length 2			<input type="checkbox"/> 1 Disability or health problem (including old age)—SET IDL_LND = 1 <input type="checkbox"/> 2 Other reason - specify in IDL_3C_2 below <input type="checkbox"/> -8, -9 Don't Know, Refused
Length 60			<input type="checkbox"/> Specify: _____

>HELP SCREEN< [REFERENCE]

DISABILITY OR HEALTH PROBLEM

A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.

**IDL CK3**  
**CAPI: Refer to IDL\_1C\_1, IDL\_2C\_1, and IDL\_3C\_1.**  
**Are any of the three IDL variables = 1?**  
 IDL\_CK3 Length 2 1  Yes - SKIP TO 3d (IDL04\_3D)  
 2  No

**IDL CK3B**  
**CAPI: If ADL\_CK5 = 1, then refer to IDL\_1B, IDL\_2B, and IDL\_3B.**  
**Are any of the three IDL variables = 2?**  
 IDL\_CK3B Length 2 1  Yes  
 2  No - SKIP TO 3h (IDL04\_3H)

3d. Does someone usually help (you/)[SAMPNAME] with work around the house or with (your/his/her) laundry or do it for (you/him/her)?  
 IDL04\_3D Length 2 1  Yes  
 2  No - SKIP TO 3h (IDL04\_3H)  
 -8, -9  Don't Know, Refused - SKIP TO 3h (IDL04\_3H)

- OPEN PERSON ROSTER -  
 Note: For a brief discussion of the Person Roster, please refer to the Control Card.

3e, f. Who regularly helps with this? Anyone else?

FR: ENTER LINE NUMBER.

ENTER (P) FOR PERSON NOT LISTED.  
 ENTER (O) FOR ORGANIZATION NOT LISTED.  
 ENTER (H) TO DESCRIBE IF NO NAME GIVEN.  
 ENTER (N) FOR NO MORE HELPERS GIVEN.

ROS\_NAME\_2 - Length 35  Name  
 ROS\_NAME\_20  
 ROS\_TYPE\_2 - Length 2 P  Roster Entry added, person name  
 ROS\_TYPE\_20 H  Roster Entry added, description  
 O  Roster Entry added, organization  
 Set appropriate LND\_FLG\_2-20 = 1.  
 LND\_FLG\_2 - Length 2 1  Helped with housework/laundry  
 LND\_FLG\_20 -5 otherwise  
 Set appropriate HLP\_FLG\_2-20 = 1 and IDLFLG\_2-20 = 1.  
 HLP\_FLG\_2 - Length 2 1  Helper  
 HLP\_FLG\_20 -5 otherwise  
 IDLFLG\_2 - Length 2 1  Helped with IDL  
 IDLFLG\_20 -5 otherwise  
 IDL\_3E\_I Length 2 N  No More  
 D, R  Don't Know, Refused

When last helper or organization in roster, SKIP TO 4a (IDL\_4A)

- CLOSE PERSON ROSTER -

Note: Question 3g not used in 2004.

3h. (Do you/Does) [SAMPNAME] NEED any help doing work around the house or with (your/his/her) laundry?  
 IDL04\_3H Length 2 1  Yes  
 2  No  
 -8, -9  Don't Know, Refused

4a. (Do you/Does) [SAMPNAME] usually prepare (your/his/her) own meals?  
 IDL\_4A Length 2 1  Yes - SKIP TO 4h (IDL04\_4H)  
 2  No  
 -8, -9  Don't Know, Refused

4b. If (you/)[SAMPNAME] had to prepare (your/his/her) own meals, could (you/he/she) do it?  
 IDL\_4B Length 2 1  Yes - SKIP TO 4h (IDL04\_4H)  
 2  No  
 -8, -9  Don't Know, Refused

4c. What is the reason (you/)[SAMPNAME] cannot prepare (your/his/her) own meals - is that because of a disability or health problem, or is there some other reason?  
 IDL\_4C\_1 Length 2 1  Disability or health problem (including old age) SET IDL\_MLS = 1 - SKIP TO 4d (IDL04\_4D)  
 2  Other reason - specify in IDL\_4C\_2 below  
 -8, -9  Don't Know, Refused  
 IDL\_4C\_2 Length 60  Specify: \_\_\_\_\_

>HELP SCREEN< [REFERENCE]

DISABILITY OR HEALTH PROBLEM

A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.

**IDL CK4C**  
**CAPI: Is ADL\_CK5 = 1 AND IDL\_4B = 2?**  
 IDL\_CK4C Length 2 1  Yes  
 2  No - SKIP TO 4h (IDL04\_4H)

4d. Does another person or organization usually prepare meals for (you/)[SAMPNAME] to eat here?  
 IDL04\_4D Length 2 1  Yes  
 2  No - SKIP TO 4h (IDL04\_4H)  
 -8, -9  Don't Know, Refused - SKIP TO 4h (IDL04\_4H)

- OPEN PERSON ROSTER -  
 Note: For a brief discussion of the Person Roster, please refer to the Control Card.

4e, f. Who regularly helps with this? Anyone else?

FR: ENTER LINE NUMBER.

ENTER (P) FOR PERSON NOT LISTED.  
 ENTER (O) FOR ORGANIZATION NOT LISTED.  
 ENTER (H) TO DESCRIBE IF NO NAME GIVEN.  
 ENTER (N) FOR NO MORE HELPERS GIVEN.

ROS\_NAME\_2 - Length 35  Name  
 ROS\_NAME\_20  
 ROS\_TYPE\_2 - Length 2 P  Roster Entry added, person name  
 ROS\_TYPE\_20 H  Roster Entry added, description  
 O  Roster Entry added, organization  
 Set appropriate MLS\_FLG\_2-20 = 1.  
 MLS\_FLG\_2 - Length 2 1  Helped with meal preparation  
 MLS\_FLG\_20 -5 otherwise  
 Set appropriate HLP\_FLG\_2-20 = 1 and IDLFLG\_2-20 = 1.  
 HLP\_FLG\_2 - Length 2 1  Helper  
 HLP\_FLG\_20 -5 otherwise  
 IDLFLG\_2 - Length 2 1  Helped with IDL  
 IDLFLG\_20 -5 otherwise  
 IDL\_4E\_I Length 2 N  No More  
 D, R  Don't Know, Refused

When last helper or organization in roster, SKIP TO 5a (IDL\_5A)

- CLOSE PERSON ROSTER -

Note: Question 4g not used in 2004.

4h.	(Do you/Does) [SAMPNAME] NEED someone to prepare meals for (you/him/her)? IDL04_4H	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
5a.	(Do you/Does) [SAMPNAME] usually shop for groceries, that is, go to the store, select the items, and get them home? IDL_5A	Length 2	1 <input type="checkbox"/> Yes - SKIP TO 5h (IDL04_5H) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
5b.	If (you)/[SAMPNAME] had to do (your/his/her) own grocery shopping, could (you/he/she) do it? IDL_5B	Length 2	1 <input type="checkbox"/> Yes - SKIP TO 5h (IDL04_5H) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
5c.	What is the reason (you)/[SAMPNAME] cannot shop for groceries - is that because of a disability or health problem, or is there some other reason? IDL_5C_1 IDL_5C_2	Length 2 Length 60	1 <input type="checkbox"/> Disability or health problem (including old age)—SET IDL_SHP = 1 - SKIP TO 5d (IDL04_5D) 2 <input type="checkbox"/> Other reason - specify in IDL_5C_2 below -8, -9 <input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Specify: _____
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b> DISABILITY OR HEALTH PROBLEM A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.			
<b>IDL CK5</b> <b>CAP1: Is ADL_CK5 = 1 AND IDL_5B = 2?</b> IDL_CK5C			
5d.	Does someone usually help (you)/[SAMPNAME] shop for groceries or do it for (you/him/her)? IDL04_5D	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 5h (IDL04_5H) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 5h (IDL04_5H)
- OPEN PERSON ROSTER - <b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>			
5e, f.	Who regularly helps with this? Anyone else? <b>FR: ENTER LINE NUMBER. ENTER (P) FOR PERSON NOT LISTED. ENTER (O) FOR ORGANIZATION NOT LISTED. ENTER (H) TO DESCRIBE IF NO NAME GIVEN. ENTER (N) FOR NO MORE HELPERS GIVEN.</b> ROS_NAME_2 - ROS_NAME_20	Length 35	<input type="checkbox"/> Name
	ROS_TYPE_2 - ROS_TYPE_20	Length 2	P <input type="checkbox"/> Roster Entry added, person name H <input type="checkbox"/> Roster Entry added, description O <input type="checkbox"/> Roster Entry added, organization
	Set appropriate SHP_FLG_2-20 = 1. SHP_FLG_2 - SHP_FLG_20	Length 2	1 <input type="checkbox"/> Helped with grocery shopping -5 otherwise
	Set appropriate HLP_FLG_2-20 = 1 and IDLFLG_2-20 = 1. HLP_FLG_2 - HLP_FLG_20	Length 2	1 <input type="checkbox"/> Helper -5 otherwise
	IDLFLG_2 - IDLFLG_20	Length 2	1 <input type="checkbox"/> Helped with IDL -5 otherwise
	IDL_5E_I	Length 2	N <input type="checkbox"/> No More D, R <input type="checkbox"/> Don't Know, Refused <b>When last helper or organization in roster, SKIP TO 6a (IDL_6A)</b>
- CLOSE PERSON ROSTER -			
<b>Note: Question 5g not used in 2004.</b>			
5h.	(Do you/Does) [SAMPNAME] NEED any help shopping for groceries? IDL04_5H	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
6a.	(Do you/Does) [SAMPNAME] get around outside at all, either with help or without help? IDL_6A	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6j (IDL_6J_1) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6j (IDL_6J_1)
6b.	When (you go)/[SAMPNAME] goes outside, does someone usually help (you/him/her) get around? IDL_6B	Length 2	1 <input type="checkbox"/> Yes—Set IDL_OUT = 1 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>Note: Questions 6c &amp; 6d moved; Question 6e not used in 2004.</b>			
6f.	When (you go)/[SAMPNAME] goes outside, (do you/does) (he/she) use special equipment like a cane or walker or a guide dog to help (you/him/her) get around? IDL_6F	Length 2	1 <input type="checkbox"/> Yes—Set IDL_OUT = 1 2 <input type="checkbox"/> No - SKIP TO IDL_CK6 -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO IDL_CK6
6g.	What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? <b>FR: ENTER EACH KIND OF SPECIAL EQUIPMENT MENTIONED. ENTER (N) FOR NO MORE SPECIAL EQUIPMENT.</b>		
(1)	Guide dog IDL_6G01	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	Cane IDL_6G02	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Walker IDL_6G03	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Wheelchair IDL_6G04	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Crutches IDL_6G05	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Orthopedic shoes IDL_6G06	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	Brace (leg or back) IDL_6G07	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Prosthesis IDL_6G08	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Oxygen/respirator IDL_6G09	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10)	Ramp IDL_6G10	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Handrail		1 <input type="checkbox"/> Yes

IDL_6G11	Length	2	2	<input type="checkbox"/> No
(12) Other device - Specify IDL_6G12	Length	2	1	<input type="checkbox"/> Yes - if other device used, specify in IDL_6G13 below
			2	<input type="checkbox"/> No
(D) Don't Know IDL_6G_DK	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
(R) Refused IDL_6G_RF	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
IDL_6G13	Length	60		<input type="checkbox"/> Specify: _____
IDL_6G_KEY			N	<input type="checkbox"/> No more
6h. (Do you/Does) [SAMPNAME] usually use [IDL_6G01-12] by (yourself/himself/herself) or with help from another person?			1	<input type="checkbox"/> By self
			2	<input type="checkbox"/> With help
IDL_6H	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>IDL CK6</b>				
<b>CAPI: Is IDL_6B = 1 OR IDL_6H = 2?</b>				
IDL_CK6	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 6i (IDL04_6i)
- OPEN PERSON ROSTER -				
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>				
6c. d. Who regularly helps with this? Anyone else?				
<b>FR: ENTER LINE NUMBER.</b>				
<b>ENTER (P) FOR PERSON NOT LISTED.</b>				
<b>ENTER (O) FOR ORGANIZATION NOT LISTED.</b>				
<b>ENTER (H) TO DESCRIBE IF NO NAME GIVEN.</b>				
<b>ENTER (N) FOR NO MORE HELPERS GIVEN.</b>				
ROS_NAME_2 - ROS_NAME_20	Length	35		<input type="checkbox"/> Name
ROS_TYPE_2 - ROS_TYPE_20	Length	2	P	<input type="checkbox"/> Roster Entry added, person name
			H	<input type="checkbox"/> Roster Entry added, description
			O	<input type="checkbox"/> Roster Entry added, organization
Set appropriate OUT_FLG_2-20 = 1. OUT_FLG_2 - OUT_FLG_20	Length	2	1	<input type="checkbox"/> Helped with getting around outside
				<input type="checkbox"/> -5 otherwise
Set appropriate HLP_FLG_2-20 = 1 and IDLFLG_2-20 = 1. HLP_FLG_2 - HLP_FLG_20	Length	2	1	<input type="checkbox"/> Helper
				<input type="checkbox"/> -5 otherwise
IDLFLG_2 - IDLFLG_20	Length	2	1	<input type="checkbox"/> Helped with IDL
				<input type="checkbox"/> -5 otherwise
IDL_6C_I	Length	2	N	<input type="checkbox"/> No More
			D, R	<input type="checkbox"/> Don't Know, Refused
			O	<input type="checkbox"/> Organization Not Listed
<b>When last helper or organization in roster, SKIP TO 7A (IDL_7A_1)</b>				
- CLOSE PERSON ROSTER -				
6i. (Do you/Does) [SAMPNAME] NEED any help getting around outside?	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>ALL SKIP TO 7a (IDL_7A_1)</b>				
6j. What is the reason (you)/[SAMPNAME] (do/does) not get around outside? Is it because of a disability or health problem, or is there some other reason?	Length	2	1	<input type="checkbox"/> Disability or health problem (including old age)—Set IDL_OUT, IDL_WLK = 1
IDL_6J_1			2	<input type="checkbox"/> Other reason - specify in IDL_6J_2 below
IDL_6J_2	Length	60	-8, -9	<input type="checkbox"/> Don't Know, Refused
				<input type="checkbox"/> Specify: _____
<b>ALL SKIP TO 9a (IDL_9A)</b>				
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
<b>DISABILITY OR HEALTH PROBLEM</b>				
<b>A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.</b>				
<b>FR: SHOW FLASHCARD 5.</b>				
7a. How (do you/does) [SAMPNAME] USUALLY go places outside of walking distance?			1	<input type="checkbox"/> Car
			2	<input type="checkbox"/> Van
			3	<input type="checkbox"/> Taxi
			4	<input type="checkbox"/> Bus
			5	<input type="checkbox"/> Other public transportation
			6	<input type="checkbox"/> Other- specify in IDL_7A_SP below
			7	<input type="checkbox"/> Does not travel at all - SKIP TO 7h (IDL_7H)
			-8, -9	<input type="checkbox"/> Don't Know, Refused
				<input type="checkbox"/> Specify: _____
IDL_7A_SP	Length	60		
7b. Does someone usually help (you)/[SAMPNAME] go places outside of walking distance?	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 7i (IDL_7I)
IDL_7B			-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 7i (IDL_7I)
7c. If (you)/[SAMPNAME] had to go places outside of walking distance by (yourself/himself/herself), could (you/he/she) do it?	Length	2	1	<input type="checkbox"/> Yes - SKIP TO 9a (IDL_9A)
			2	<input type="checkbox"/> No
IDL_7C	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>Note: Questions 7d &amp; 7e moved; Question 7f not used in 2004.</b>				
7g. Is the reason (you)/[SAMPNAME] (do/does) not go places outside of walking distance by self because of a disability or health problem, or is there some other reason?			1	<input type="checkbox"/> Disability or health problem (including old age) - Set IDL_WLK = 1 and SKIP TO 7d (ROS_NAME_2-20)
IDL_7G_1	Length	2	2	<input type="checkbox"/> Other Reason -specify in IDL_7G_2 below
			-8, -9	<input type="checkbox"/> Don't Know, Refused
IDL_7G_2	Length	60		<input type="checkbox"/> Specify: _____
<b>IDL CK7</b>				
<b>CAPI: Is ADL_CK5 = 1 AND IDL_7C = 2?</b>				
IDL_CK7	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 9a (IDL_9A)
- OPEN PERSON ROSTER -				
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>				
7d. e. Who regularly helps with this? Anyone else?				
<b>FR: ENTER LINE NUMBER.</b>				
<b>ENTER (P) FOR PERSON NOT LISTED.</b>				
<b>ENTER (O) FOR ORGANIZATION NOT LISTED.</b>				
<b>ENTER (H) TO DESCRIBE IF NO NAME GIVEN.</b>				
<b>ENTER (N) FOR NO MORE HELPERS GIVEN.</b>				
ROS_NAME_2 - ROS_NAME_20	Length	35		<input type="checkbox"/> Name - SKIP TO 9a (IDL_9A)
ROS_TYPE_2 - ROS_TYPE_20	Length	2	P	<input type="checkbox"/> Roster Entry added, person name
			H	<input type="checkbox"/> Roster Entry added, description
			O	<input type="checkbox"/> Roster Entry added, organization

Set appropriate WLK\_FLG\_2-20 = 1.  
 WLK\_FLG\_2 - Length 2  Helped with going places beyond walking distance  
 WLK\_FLG\_20  -5 otherwise

Set appropriate HLP\_FLG\_2-20 = 1 and IDLFLG\_2-20 = 1.  
 HLP\_FLG\_2 - Length 2  Helper  
 HLP\_FLG\_20  -5 otherwise

IDLFLG\_2 - Length 2  Helped with IDL  
 IDLFLG\_20  -5 otherwise

IDL\_7D\_I Length 2 N  No More  
 D, R  Don't Know, Refused  
**When last helper or organization in roster, SKIP TO 9A (IDL\_9A)**

**NOTE: Question 7f not used in 2004.**

**- CLOSE PERSON ROSTER -**

7h. If (you/)[SAMPNAME] had to go places outside of walking distance by (yourself/himself/herself), could (you/he/she) do it?  
 IDL\_7H Length 2 1  Yes  
 2  No  
 -8, -9  Don't Know, Refused

7i. (Do you/Does) [SAMPNAME] NEED any help getting around outside of walking distance?  
 IDL\_7I Length 2 1  Yes  
 2  No  
 -8, -9  Don't Know, Refused  
**ALL SKIP TO 9a (IDL\_9A)**

8a1. Does someone regularly help (you/)[SAMPNAME] with housework and laundry or (do you/does) (he/she) do housework and laundry for (yourself/himself/herself)?  
 IDL\_8A1 Length 2 1  No one helps - SKIP TO 8b1 (IDL\_8B1)  
 2  Someone helps—SET IDL\_HVW = 1, IDL\_LTW = 1, IDL\_LND = 1  
 -8, -9  Don't Know, Refused - SKIP TO 8b1 (IDL\_8B1)

**>HELP SCREEN< [REFERENCE]**

**DOING LAUNDRY**  
 Washing and drying clothes, with or without the help of a machine. If the sample person washes his/her own clothes but does not do linens, consider that he/she does his/her own laundry.

If the sample person does laundry by machine, doing laundry includes putting the laundry into the machine, adding soap, and getting the laundry out of the machine. This definition holds no matter where the machine is located.

If a person cannot do his/her own laundry because the washing machine is located on another floor and he/she is not able to go up or down the stairs because of a disability or health problem, consider this to be a disability or health problem that prevents the sample person from doing laundry.

**- OPEN PERSON ROSTER -**

**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

8a2. Who regularly helps with this? Anyone else?

**FR: ENTER LINE NUMBER.  
 ENTER (P) FOR PERSON NOT LISTED.  
 ENTER (O) FOR ORGANIZATION NOT LISTED.  
 ENTER (H) TO DESCRIBE IF NO NAME GIVEN.  
 ENTER (N) FOR NO MORE HELPERS GIVEN.**

ROS\_NAME\_2 - Length 35  Name  
 ROS\_NAME\_20

ROS\_TYPE\_2 - Length 2 P  Roster Entry added, person name  
 ROS\_TYPE\_20 H  Roster Entry added, description  
 O  Roster Entry added, organization

Set appropriate LND\_FLG\_2-20 = 1.  
 LND\_FLG\_2 - Length 2  Helped with housework/laundry  
 LND\_FLG\_20  -5 otherwise

Set appropriate HLP\_FLG\_2-20 = 1 and IDLFLG\_2-20 = 1.  
 HLP\_FLG\_2 - Length 2  Helper  
 HLP\_FLG\_20  -5 otherwise

IDLFLG\_2 - Length 2  Helped with IDL  
 IDLFLG\_20  -5 otherwise

IDL\_8A2\_I Length 2 N  No More  
 D, R  Don't Know, Refused

**- CLOSE PERSON ROSTER -**

8b1. Does someone regularly prepare meals for (you/)[SAMPNAME] to eat here?  
 IDL\_8B1 Length 2 1  No one helps - SKIP TO 8c1 (IDL\_8C1)  
 2  Someone helps—SET IDL\_MLS = 1  
 -8, -9  Don't Know, Refused - SKIP TO 8c1 (IDL\_8C1)

**>HELP SCREEN< [REFERENCE]**

**PREPARING MEALS**  
 The amount or kind of food prepared is not relevant in this item. Preparing meals may be as simple as heating up a TV dinner or boiling an egg, or as elaborate as creating a meal from scratch.

**- OPEN PERSON ROSTER -**

**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

8b2. Who regularly helps with this? Anyone else?

**FR: ENTER LINE NUMBER.  
 ENTER (P) FOR PERSON NOT LISTED.  
 ENTER (O) FOR ORGANIZATION NOT LISTED.  
 ENTER (H) TO DESCRIBE IF NO NAME GIVEN.  
 ENTER (N) FOR NO MORE HELPERS GIVEN.**

ROS\_NAME\_2 - Length 35  Name  
 ROS\_NAME\_20

ROS\_TYPE\_2 - Length 2 P  Roster Entry added, person name  
 ROS\_TYPE\_20 H  Roster Entry added, description  
 O  Roster Entry added, organization

Set appropriate MLS\_FLG\_2-20 = 1.  
 MLS\_FLG\_2 - Length 2  Helped with meal preparation  
 MLS\_FLG\_20  -5 otherwise

Set appropriate HLP\_FLG\_2-20 = 1 and IDLFLG\_2-20 = 1.  
 HLP\_FLG\_2 - Length 2  Helper  
 HLP\_FLG\_20  -5 otherwise

IDLFLG\_2 - Length 2  Helped with IDL  
 IDLFLG\_20  -5 otherwise

IDL\_8B2\_I Length 2 N  No More  
 D, R  Don't Know, Refused

**- CLOSE PERSON ROSTER -**

8c1. Does someone regularly help (you/)[SAMPNAME] shop for groceries or  No one helps - SKIP TO 9a (IDL\_9A)

do (your/his/her) grocery shopping for (you/him/her)?  
 IDL\_8C1 Length 2 2  Someone helps—SET IDL\_SHP = 1  
 -8, -9  Don't Know, Refused - SKIP TO 9a (IDL\_9A)

- OPEN PERSON ROSTER -

**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

8c2. Who regularly helps with this? Anyone else?  
**FR: ENTER LINE NUMBER.**  
**ENTER (P) FOR PERSON NOT LISTED.**  
**ENTER (O) FOR ORGANIZATION NOT LISTED.**  
**ENTER (H) TO DESCRIBE IF NO NAME GIVEN.**  
**ENTER (N) FOR NO MORE HELPERS GIVEN.**

ROS\_NAME\_2 - Length 35  Name  
 ROS\_NAME\_20

ROS\_TYPE\_2 - Length 2 P  Roster Entry added, person name  
 ROS\_TYPE\_20 H  Roster Entry added, description  
 O  Roster Entry added, organization

Set appropriate SHP\_FLG\_2-20 = 1.  
 SHP\_FLG\_2 - Length 2 1  Helped with grocery shopping  
 SHP\_FLG\_20  -5 otherwise

Set appropriate HLP\_FLG\_2-20 = 1 and IDLFLG\_2-20 = 1.  
 HLP\_FLG\_2 - Length 2 1  Helper  
 HLP\_FLG\_20  -5 otherwise

IDLFLG\_2 - Length 2 1  Helped with IDL  
 IDLFLG\_20  -5 otherwise

IDL\_8C2\_I Length 2 N  No More  
 D, R  Don't Know, Refused

- CLOSE PERSON ROSTER -

9a. (Do you/Does) [SAMPNAME] usually manage (your/his/her) own money by (yourself/himself/herself) including things like keeping track of bills or handling cash?  
 IDL\_9A Length 2 1  Yes - SKIP TO 9h (IDL04\_9H)  
 2  No  
 -8, -9  Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**  
**MANAGING MONEY**  
 Managing money refers to everyday uses of money such as paying bills, handling cash transactions, and generally keeping track of money coming in and being paid out. It does not refer to managing investments or taxes.  
 If the sample person has his/her Social Security check mailed to the bank or voluntarily has the bank automatically pay certain bills, consider that the sample person manages his/her own money. Similarly, if the bank clerk helps the sample person complete forms at the sample person's request, consider this as managing his/her own money.

9b. If (you/[SAMPNAME]) had to manage (your/his/her) own money, could (you/he/she) do it?  
 IDL\_9B Length 2 1  Yes - SKIP TO 9h (IDL04\_9H)  
 2  No  
 -8, -9  Don't Know, Refused

9c. Is the reason (you/[SAMPNAME]) cannot manage (your/his/her) own money because of a disability or health problem, or is there some other reason?  
 IDL\_9C\_1 Length 2 1  Disability or health problem (including old age) Set IDL\_MON = 1 - SKIP TO 9d (IDL04\_9D)  
 IDL\_9C\_2 Length 60 2  Other reason - specify in IDL\_9C\_2 below  
 -8, -9  Don't Know, Refused  
 Specify: \_\_\_\_\_

**>HELP SCREEN< [REFERENCE]**  
**DISABILITY OR HEALTH PROBLEM**  
 A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.

**IDL CK9**  
**CAP1: Is ADL\_CK5 = 1 and IDL\_9B = 2?**  
 IDL\_CK9 Length 2 1  Yes  
 2  No - SKIP TO 9h (IDL04\_9H)

9d. Does someone usually help (you/him/her) with managing (your/his/her) money, like keeping track of (your/his/her) bills or handling cash for (you/him/her)?  
 IDL04\_9D Length 2 1  Yes  
 2  No - SKIP TO 9h (IDL04\_9H)  
 -8, -9  Don't Know, Refused - SKIP TO 9h (IDL04\_9H)

- OPEN PERSON ROSTER -

**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

9e. f. Who regularly helps with this? Anyone else?  
**FR: ENTER LINE NUMBER.**  
**ENTER (P) FOR PERSON NOT LISTED.**  
**ENTER (O) FOR ORGANIZATION NOT LISTED.**  
**ENTER (H) TO DESCRIBE IF NO NAME GIVEN.**  
**ENTER (N) FOR NO MORE HELPERS GIVEN.**

ROS\_NAME\_2 - Length 35  Name  
 ROS\_NAME\_20

ROS\_TYPE\_2 - Length 2 P  Roster Entry added, person name  
 ROS\_TYPE\_20 H  Roster Entry added, description  
 O  Roster Entry added, organization

Set appropriate MON\_FLG\_2-20 = 1.  
 MON\_FLG\_2 - Length 2 1  Helped with managing money  
 MON\_FLG\_20  -5 otherwise

Set appropriate HLP\_FLG\_2-20 = 1 and IDLFLG\_2-20 = 1.  
 HLP\_FLG\_2 - Length 2 1  Helper  
 HLP\_FLG\_20  -5 otherwise

IDLFLG\_2 - Length 2 1  Helped with IDL  
 IDLFLG\_20  -5 otherwise

IDL\_9E\_I Length 2 N  No More  
 D, R  Don't Know, Refused  
**When last helper or organization in roster, SKIP TO 10a (IDL\_10A)**

- CLOSE PERSON ROSTER -

**Note: Question 9g not used in 2004.**  
 9h. (Do you/Does) [SAMPNAME] NEED any help managing (your/his/her) money like keeping track of your/his/her bills or handling cash for (you/him/her)?  
 IDL04\_9H Length 2 1  Yes  
 2  No  
 -8, -9  Don't Know, Refused

10a. Does someone usually help (you/)[SAMPNAME] take (your/his/her) medicine?  
 IDL\_10A Length 2 1  Yes  
 2  No - SKIP TO 10e (IDL04\_10E)  
 3  Does not take at all - SKIP TO 11a (IDL\_11A)  
 -8, -9  Don't Know, Refused - SKIP TO 10e (IDL04\_10E)

10a1. Is the reason (you/[SAMPNAME]) cannot take (your/his/her) own medicine because of a disability or health problem, or is there some other reason?  
 IDL\_10A1 Length 2 1  Yes - Disability or health problem (including old age)  
 IDL10A1\_SP Length 60 2  Other reason - Specify in IDL10A1\_SP below and SKIP TO 10e (IDL04\_10E)  
 -8, -9  Don't Know, Refused  
 Specify: \_\_\_\_\_

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

10b. c. Who regularly helps with this? Anyone else?  
**FR: ENTER LINE NUMBER.**  
**ENTER (P) FOR PERSON NOT LISTED.**  
**ENTER (O) FOR ORGANIZATION NOT LISTED.**  
**ENTER (H) TO DESCRIBE IF NO NAME GIVEN.**  
**ENTER (N) FOR NO MORE HELPERS GIVEN.**

ROS_NAME_2 - ROS_NAME_20	Length	35	<input type="checkbox"/> Name
ROS_TYPE_2 - ROS_TYPE_20	Length	2	<input type="checkbox"/> Roster Entry added, person name <input type="checkbox"/> Roster Entry added, description <input type="checkbox"/> Roster Entry added, organization
Set appropriate RX_FLG_2-20 = 1. RX_FLG_2 - RX_FLG_20	Length	2	<input type="checkbox"/> Helped with taking medicines <input type="checkbox"/> -5 otherwise
Set appropriate HLP_FLG_2-20 = 1 and IDLFLG_2-20 = 1. HLP_FLG_2 - HLP_FLG_20	Length	2	<input type="checkbox"/> Helper <input type="checkbox"/> -5 otherwise
IDLFLG_2 - IDLFLG_20	Length	2	<input type="checkbox"/> Helped with IDL <input type="checkbox"/> -5 otherwise
IDL_10B_I	Length	2	<input type="checkbox"/> No More <input type="checkbox"/> Don't Know, Refused

**When last helper or organization in roster, SKIP TO 11a (IDL\_11A)**

- CLOSE PERSON ROSTER -

**Note: Question 10d not used in 2004.**

10e. (Do you/Does) [SAMPNAME] NEED any help taking (your/his/her) medicine?  
 IDL04\_10E Length 2  Yes  
 No  
 -8, -9 Don't Know, Refused

11a. Is there a telephone in this house/apartment?  
 IDL\_11A Length 2  Yes  
 No - SKIP TO 11d (IDL\_11D)  
 -8, -9 Don't Know, Refused - SKIP TO 11d (IDL\_11D)

11b. Is this a regular phone or a phone with special equipment such as an amplifier or an enlarged dialer?  
 IDL\_11B Length 2  Regular  
 Specially equipped  
 -8, -9 Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**  
**PHONE WITH SPECIAL EQUIPMENT**  
 Special equipment in common use includes amplifiers for people with speech and hearing impairments, enlarged dials or number stickers on push button phones for people who are visually impaired, telephones that are modified for use with hearing aids, and signals such as loud bells or lights that show the phone is ringing for someone who might not hear a normal phone bell. Speaker phones and headsets are also considered special equipment.

11c. (Do you/Does) [SAMPNAME] usually make (your/his/her) own telephone calls without the help of another person?  
 IDL\_11C Length 2  Yes - SKIP TO IDL\_CKH  
 No  
 -8, -9 Don't Know, Refused

11d. If (you)/[SAMPNAME] had to make (your/his/her) own telephone calls, could (you/he/she) do it?  
 IDL\_11D Length 2  Yes - SKIP TO IDL\_CKH  
 No  
 -8, -9 Don't Know, Refused

11e. Is the reason (you)/[SAMPNAME] cannot make (your/his/her) own telephone calls because of a disability or health problem (including old age), or is there another reason?  
 IDL\_11E1 Length 2  Disability or health problem (including old age)—Set IDL\_TEL = 1  
 Other reason - specify in IDL\_11E2 below  
 IDL\_11E2 Length 60  Don't Know, Refused  
 Specify: \_\_\_\_\_

**>HELP SCREEN< [REFERENCE]**  
**DISABILITY OR HEALTH PROBLEM**  
 A disability or health problem would include any physical or mental problem that prevents normal functioning. If the respondent answers "old age," accept this as a disability or health problem.

**IDL\_CKH**  
**CAPI: Number of IDL helpers.**  
 IDL\_CKH Length 2  Helpers - SKIP TO IDL\_CK4  
 Helper - CAPI: enter person number in 11f (IDL\_11F) - SKIP TO IDL\_CK4  
 -2-20 Helpers

**FR: ENTER PERSON NUMBER**  
 11f. Who helps (you)/[SAMPNAME] the most with (CAPI fills IDL items receiving help:  
 IDL04\_3D = 1, fill "Doing Housework or Laundry"  
 IDL04\_4D = 1, fill "Preparing Meals"  
 IDL04\_5D = 1, fill "Shopping for Groceries"  
 IDL\_CK6 = 1, fill "Getting Around Outside"  
 (IDL\_7G\_1 OR IDL\_CK7) = 1, fill "Going Places Outside of Walking Distance"  
 IDL04\_9D = 1, fill "Managing Money"  
 IDL\_10A\_1 = 1, fill "Taking Medicine"  
 IDL\_8A1 = 2, fill "Doing Housework or Laundry"  
 IDL\_8B1 = 2, fill "Preparing Meals"  
 IDL\_8C1 = 2, fill "Shopping for Groceries")?  
 IDL\_11F Length 2  Person Number  
 -8, -9 Don't Know, Refused

**IDL\_CK4**  
**CAPI: Refer to (IDLs) IDL\_HVV, IDL\_LTW, IDL\_LND, IDL\_MLS, IDL\_SHP, IDL\_OUT, or IDL\_WLK, OR IDL\_MON, IDL\_TEL, and (ADLs) ADL\_EAT, ADL\_BED, ADL\_IBD, ADL\_INS, ADL\_NAR, ADL\_WHL, ADL\_DRS, ADL\_BTH, ADL\_TOI.**  
 IDL\_CK4 Length 2  IADL Disabled  
 No IADL disability, ADL Disabled - SKIP TO 13a (IDL\_1301)  
 No IADL or ADL Disability - SKIP TO HELPER SELECTION (SELHLP\_FLG\_2-20)

12. You said that (your)/[SAMPNAME]'s health or age has kept (you/him/her) from (CAPI inserts  
 IDL\_HVV = 1, fill Doing Heavy House Work  
 IDL\_LTW = 1, fill Doing Light Work  
 IDL\_LND = 1, fill Doing Laundry  
 IDL\_MLS = 1, fill Preparing Meals  
 IDL\_SHP = 1, fill Shopping for Groceries  
 IDL\_OUT = 1, fill Getting Around Outside  
 IDL\_WLK = 1, fill Going Places Outside of Walking Distance  
 IDL\_MON = 1, fill Managing Money  
 IDL\_TEL = 1, fill Making Telephone Calls  
 About how long has health or age kept (you)/[SAMPNAME] from doing (this/any of these things)?  
**FR: PROBE AS NECESSARY. CODE FOR LONGEST.**  
 IDL\_12\_R Length 2  Less than 3 months  
 3 months to less than 6 months  
 6 months to less than 1 year  
 1 year to less than 5 years  
 5 years or over  
 -8, -9 Don't Know, Refused

13a. What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disabilities)? Any other condition?  
**FR: PROBE FOR SPECIFIC CONDITION. ENTER VERBATIM RESPONSE WITH EACH NEW CONDITION ON A SEPARATE LINE. RE-ASK UNTIL NO MORE CONDITIONS ARE NAMED. ENTER (N) FOR NO OTHER CONDITIONS.**

IDL_1301	Length 40	<input type="checkbox"/> Condition <input type="checkbox"/> No Other Conditions - SKIP TO HELPER SELECTION (SELHLP_FLG_2-20) <input type="checkbox"/> Don't Know, Refused - SKIP TO HELPER SELECTION (SELHLP_FLG_2-20)
IDL_1302	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1303	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1304	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1305	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1306	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1307	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1308	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1309	Length 40	<input type="checkbox"/> Condition or 'N'
IDL_1310	Length 40	<input type="checkbox"/> Condition or 'N'

**>HELP SCREEN< [REFERENCE]**  
 If the respondent's answers include vague words like "problem" or "trouble," probe by asking, "What kind of (problem/trouble) is it?" Another useful probe is, "What did the doctor say it was?" For example:  
 Sample Person: "I have back trouble." FR: "What kind of trouble is it?"  
 Sample Person: "My back aches and it's stiff." FR: "What did the doctor say it was?"  
 Sample Person: "She said it was pressure on a disc."  
 Record: Back trouble-back aches and it's stiff-pressure on a disc  
 If the sample person reports a vague symptom or a limitation, probe, "What condition causes ...?" For Example:  
 Sample Person: "It hurts when I move my leg." FR: "What condition causes your leg to hurt?"  
 Sample Person: "My arthritis."  
 Record: Hurts when I move my leg-arthritis  
 Record each condition or symptom verbatim and on a separate line. For example, in the above sample, if the respondent finally answered "My arthritis and poor circulation," you would list the conditions arthritis and poor circulation on separate lines, as follow:  
 On the first line record: Hurts when I move my leg-arthritis  
 On the second line record: Hurts when I move my leg-poor circulation

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**IDL CK5A**  
**CAPI: Main Condition**  
 If IDL\_1302 equal to -5, N, D, R, store 1 in ICH\_DL\_13B.  
 ICH\_DL\_CK5 Length 2  IDL\_1301 is main condition, SKIP TO HELPER SELECTION (SELHLP\_FLG\_2-20)

13b. What is the MAIN condition?  
 FR: ENTER THE MAIN CONDITION.  
 ICH\_DL\_13B Length 2 1-10  Number of main condition in 13a (IDL\_1301)  
 -8, -9  Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**  
 MAIN CONDITION  
 The main condition is the condition which is the main cause for the sample person needing help with any ADL or IADL.

**HELPER SELECTION**  
**CAPI: If ADLFLG02-20 = 1 or IDLFLG\_2-20 = 1, set SELHLP\_FLG\_2-20 = 1.**  
 SELHLP\_FLG\_2 - Length 2  Helper  
 SELHLP\_FLG\_20 -5 otherwise

**HELPER CHECK**  
**CAPI: Refer to SELHLP\_FLG\_2-20. Are there any helpers listed in the person roster?**  
 ICH\_DL\_CK6A Length 2  Yes  
 2  No - SKIP TO SEL BEGIN

**IDL END**  
 Set end time

**IDL COMPLETION CHECK**  
 CAPI: If 50% of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.  
 IDL\_1A, IDL\_3A, IDL\_4A, IDL\_5A, IDL\_6A, IDL\_7A, IDL\_9A, IDL\_10A, IDL\_11A  
 IDL\_COMPLETE Length 2  Complete  
 2  Incomplete

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**Part 4 - HELPERS (HLP)**

**HLP BEGIN**  
 Set Start Time:

**HLP PROXY**  
**FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?**  
 HLP PROXY Length 2  Sample Person  
 2  Proxy  
 3  Sample Person and Proxy

**FR: MUST ENTER THE NUMBER OF HOURS AND/OR MINUTES OR D, R. CANNOT ENTER 0 FOR BOTH HOURS AND MINUTES.**

1. How much time on an average day (are you/is) [SAMPNAME] receiving helper assistance from persons or organizations?  
 HLP\_1H Length 2 0-24  Hours and/or  
 HLP\_1M 0-59  Minutes  
 -8, -9  Don't Know, Refused

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**- OPEN PERSON ROSTER -**  
**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

**CHECK HELPER STATUS**  
**CAPI: Refer to HLP\_FLG\_2-20. Is person a helper?**  
**If HLP\_FLG\_2-20 equal 1, continue. Otherwise, continue to next person in roster.**  
 Person is helper  
 -5 otherwise--continue to next person.

1a. During the past week, that is since last (FILL day), how many days were there when [ROS\_NAME\_2-20] helped (you)/[SAMPNAME] because of a disability or health problem?  
 HPA\_1A\_02 - Length 2 0  None - Set HPA\_1AH02-20 = 0, SKIP TO HLP CKH1 (HCKH102-120)  
 HPA\_1A\_20 1-7  Days  
 -8, -9  Don't Know, Refused

1ah. During the past week, that is since last (FILL day), how much time did [ROS\_NAME\_2-20] help (you)/[SAMPNAME] because of a disability or health problem?  
 HPA\_1AH02-- Length 3 0-168  Hours and/or  
 HPA\_1AH20 -8, -9  Don't Know, Refused  
 HPA\_1AM02 - Length 2 0-59  Minutes  
 HPA\_1AM20 -8, -9  Don't Know, Refused

**HLP CKH1**  
**CAPI: Refer to 1ah (HPA\_1AH02-20, HPA\_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store 2 in HCKH102-20, else store 1 in HCKH102-20.**  
 HCKH102-- Length 2  Time recorded  
 HCKH120 2  0, Don't Know, or Refused hours recorded

1ah2. Now, thinking about a typical week, how much time did [ROS\_NAME\_2-20] help (you)/[SAMPNAME] because of a disability or health problem?  
 H1HH02-- Length 3 0-168  Hours - If hours = 168, store 0 in minutes, SKIP TO 1b (HPA\_1B\_02-20)  
 H1HH20  
 H1HM02-- Length 2 0-59  Minutes  
 H1HM20 -8, -9  Don't Know, Refused

1b. For how long has [ROS\_NAME\_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?  
 HPA\_1B\_02-- Length 2  Less than 3 months  
 HPA\_1B\_20  3 months to less than 6 months  
 6 months to less than 1 year  
 1 year to less than 5 years



			5 <input type="checkbox"/> 5 years or over
			-8, -9 <input type="checkbox"/> Don't Know, Refused
<b>HLP CK2</b>			
<i>CAPI: Refer to ADLFLG01-20.</i>			
HCK202--	Length 2	1 <input type="checkbox"/>	Has ADL help
HCK220		2 <input type="checkbox"/>	All others - SKIP TO HLP CK4 (HCK402-420)
1c. You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI). Which activities does ROS_NAME_2-20] help (you/him/her) with?			
<b>FR: MARK ALL THAT APPLY. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) WHEN DONE.</b>			
(1) Eating	Length 2	1 <input type="checkbox"/>	Yes
HPA1C1_02--		2 <input type="checkbox"/>	No
HPA1C1_20			
(2) Getting in/out of bed	Length 2	1 <input type="checkbox"/>	Yes
HPA1C2_02--		2 <input type="checkbox"/>	No
HPA1C2_20			
(4) Getting around inside	Length 2	1 <input type="checkbox"/>	Yes
HPA1C4_02--		2 <input type="checkbox"/>	No
HPA1C4_20			
(7) Dressing	Length 2	1 <input type="checkbox"/>	Yes
HPA1C7_02--		2 <input type="checkbox"/>	No
HPA1C7_20			
(8) Bathing	Length 2	1 <input type="checkbox"/>	Yes
HPA1C8_02--		2 <input type="checkbox"/>	No
HPA1C8_20			
(9) Getting to the bathroom or using the toilet	Length 2	1 <input type="checkbox"/>	Yes
HPA1C9_02--		2 <input type="checkbox"/>	No
HPA1C9_20			
(D) Don't Know	Length 2	1 <input type="checkbox"/>	Yes
HPA1C_02_DK--		2 <input type="checkbox"/>	No
HPA1C_20_DK			
(R) Refused	Length 2	1 <input type="checkbox"/>	Yes
HPA1C_02_RF		2 <input type="checkbox"/>	No
HPA1C_20_RF			
<b>HP C02 KEY</b>			
		N <input type="checkbox"/>	No More
<b>HLP CK3</b>			
<i>CAPI: Refer to HLP CKH1.</i>			
HCK302--	Length 2	1 <input type="checkbox"/>	Helping time recorded
HCK320		2 <input type="checkbox"/>	0 hours recorded—SET HPA_1D_02-20 & HPA_1E_02-20 equal to HPA_1AH02-20. SET HPA_1DM_02-20 & HPA_1EM_02-20 equal to HPA_1AM02-20 - SKIP TO HLP CK5.
		-8, -9 <input type="checkbox"/>	Don't Know, Refused—SET HPA_1D_02-20 & HPA_1E_02-20 equal to HPA_1AH02-20. SET HPA_1DM_02-20 & HPA_1EM_02-20 equal to HPA_1AM02-20 - SKIP TO HLP CK5.
1d. You said during the past week, that is since last (FILL day), [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or a health problem (including old age). During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marked ADL items from 1c).			
<b>FR: MUST ENTER THE NUMBER OF HOURS AND/OR MINUTES OR D, R. ENTER ZERO IF NONE TO PROCEED.</b>			
HPA_1DH_02--	Length 3	0-168 <input type="checkbox"/>	Hours and/or
HPA_1DH_20		-8, -9 <input type="checkbox"/>	Don't Know, Refused
HPA_1DM_02--	Length 2	0-59 <input type="checkbox"/>	Minutes
HPA_1DM_20		-8, -9 <input type="checkbox"/>	Don't Know, Refused
<b>HLP CK4</b>			
<i>CAPI: Refer to IDLFLG_2-20.</i>			
HCK402--	Length 2	1 <input type="checkbox"/>	Has IDL help
HCK420		2 <input type="checkbox"/>	All Others - SKIP TO HLP CK5
1e. During the past week, that is, since last (FILL day), you said [ROS_NAME_2-20] helped (you)/[SAMPNAME]. You said (you get)/[SAMPNAME] gets help from (helper) with (CAPI refers to LND_FLG_2-20, MLS_FLG_2-20, SHP_FLG_2-20, OUT_FLG_2-20, WLK_FLG_2-20, MON_FLG_2-20, RX_FLG_2-20, NRSFLG02-20). During this past week, how much time did [ROS_NAME_2-20] spend helping (you)/[SAMPNAME] with those things?			
<b>FR: MUST ENTER THE NUMBER OF HOURS AND/OR MINUTES OR D, R. ENTER ZERO IF NONE TO PROCEED.</b>			
HPA_1EH_02--	Length 3	0-168 <input type="checkbox"/>	Hours and
HPA_1EH_20		-8, -9 <input type="checkbox"/>	Don't Know, Refused
HPA_1EM_02--	Length 2	0-59 <input type="checkbox"/>	Minutes
HPA_1EM_20		-8, -9 <input type="checkbox"/>	Don't Know, Refused
<b>Note: CAPI consistency checks for helper hours not conducted in 2004.</b>			
<b>HLP CK5</b>			
<i>CAPI: Refer to ROS_REL_2-20 in the Control Card.</i>			
	Length 2	-5 <input type="checkbox"/>	No relationship recorded
		1 <input type="checkbox"/>	Sample Person
		2 <input type="checkbox"/>	Spouse/Spousal Equivalent - SKIP TO next helper. If last helper, SKIP TO HLP_END
		3 <input type="checkbox"/>	Son - SKIP TO next helper. If last helper, SKIP TO HLP_END
		4 <input type="checkbox"/>	Daughter - SKIP TO next helper. If last helper, SKIP TO HLP_END
		5 <input type="checkbox"/>	Son-in-law - SKIP TO next helper. If last helper, SKIP TO HLP_END
		6 <input type="checkbox"/>	Daughter-in-law - SKIP TO next helper. If last helper, SKIP TO HLP_END
		7 <input type="checkbox"/>	Mother - SKIP TO next helper. If last helper, SKIP TO HLP_END
		8 <input type="checkbox"/>	Father - SKIP TO next helper. If last helper, SKIP TO HLP_END
		9 <input type="checkbox"/>	Mother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP_END
		10 <input type="checkbox"/>	Father-in-law - SKIP TO next helper. If last helper, SKIP TO HLP_END
		11 <input type="checkbox"/>	Brother - SKIP TO next helper. If last helper, SKIP TO HLP_END
		12 <input type="checkbox"/>	Sister - SKIP TO next helper. If last helper, SKIP TO HLP_END
		13 <input type="checkbox"/>	Brother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP_END
		14 <input type="checkbox"/>	Sister-in-law - SKIP TO next helper. If last helper, SKIP TO HLP_END
		15 <input type="checkbox"/>	Other male relative - SKIP TO next helper. If last helper, SKIP TO HLP_END
		16 <input type="checkbox"/>	Other female relative - SKIP TO next helper. If last helper, SKIP TO HLP_END
		17 <input type="checkbox"/>	Male friend - SKIP TO 1G (HPA_1G_03-20)
		18 <input type="checkbox"/>	Female friend - SKIP TO 1G (HPA_1G_03-20)
		19 <input type="checkbox"/>	Male neighbor - SKIP TO 1G (HPA_1G_03-20)
		20 <input type="checkbox"/>	Female neighbor - SKIP TO 1G (HPA_1G_03-20)
		21 <input type="checkbox"/>	Employee / Someone hired - SKIP TO 1G (HPA_1G_03-20)
		22 <input type="checkbox"/>	Someone from helping organization - SKIP TO 1G (HPA_1G_03-20)

			23 <input type="checkbox"/> Someone else (specify) - SKIP TO 1G (HPA_1G_03-20) 24 <input type="checkbox"/> Legal Guardian - SKIP TO 1G (HPA_1G_03-20) 25 <input type="checkbox"/> Unable to determine - SKIP TO 1G (HPA_1G_03-20) 26 <input type="checkbox"/> Institution / Assisted Living Center - SKIP TO 1G (HPA_1G_03-20) 99 <input type="checkbox"/> Child gender unknown -8,-9 <input type="checkbox"/> Don't Know, Refused
1f.	You mentioned that [ROS_NAME_3-20] helps (you)[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired to help (you/him/her), someone from a helping organization, or someone else? <b>FR: IF RESPONDENT RESPONDS "RELATIVE," ASK:</b>  How is [ROS_NAME_3-20] related to (you)[SAMPNAME]?  <b>FR: IF OBVIOUS, CODE WITHOUT ASKING. MARK ONLY ONE.</b>  HPA1F1_03-- Length 2 HPA1F1_20  <b>CAPI store HPA1F1_03 - HPA1F1_20 into ROS_REL_3 - ROS_REL_20</b>  HPA1F1_SP_03-- Length 40 HPA1F1_SP_20		2 <input type="checkbox"/> Spouse/Spousal Equivalent - SKIP TO next helper. If last helper, SKIP TO HLP END. 3 <input type="checkbox"/> Son - SKIP TO next helper. If last helper, SKIP TO HLP END. 4 <input type="checkbox"/> Daughter - SKIP TO next helper. If last helper, SKIP TO HLP END. 5 <input type="checkbox"/> Son-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 6 <input type="checkbox"/> Daughter-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 7 <input type="checkbox"/> Mother - SKIP TO next helper. If last helper, SKIP TO HLP END. 8 <input type="checkbox"/> Father - SKIP TO next helper. If last helper, SKIP TO HLP END. 9 <input type="checkbox"/> Mother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 10 <input type="checkbox"/> Father-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 11 <input type="checkbox"/> Brother - SKIP TO next helper. If last helper, SKIP TO HLP END. 12 <input type="checkbox"/> Sister - SKIP TO next helper. If last helper, SKIP TO HLP END. 13 <input type="checkbox"/> Brother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 14 <input type="checkbox"/> Sister-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 15 <input type="checkbox"/> Other male relative - SKIP TO next helper. If last helper, SKIP TO HLP END. 16 <input type="checkbox"/> Other female relative - SKIP TO next helper. If last helper, SKIP TO HLP END. 17 <input type="checkbox"/> Male friend 18 <input type="checkbox"/> Female friend 19 <input type="checkbox"/> Male neighbor 20 <input type="checkbox"/> Female neighbor 21 <input type="checkbox"/> Employee / Someone hired 22 <input type="checkbox"/> Someone from helping organization 23 <input type="checkbox"/> Institution / Assisted Living Center 24 <input type="checkbox"/> Legal Guardian 25 <input type="checkbox"/> Unable to determine 26 <input type="checkbox"/> Someone else, specify in HPA1F1_SP_03-20 below 99 <input type="checkbox"/> Child gender unknown -8,-9 <input type="checkbox"/> Don't Know, Refused  <input type="checkbox"/> Specify: _____
1g.	Is [ROS_NAME_3-20] paid to help (you)[SAMPNAME]? HPA_1G_03-- Length 2 HPA_1G_20		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO next helper, if last helper - SKIP TO HLP END -8,-9 <input type="checkbox"/> Don't Know, Refused - SKIP TO next helper. If last helper - SKIP TO HLP END.
1h.	Is [ROS_NAME_3-20] paid by the hour to help (you)[SAMPNAME]? HPA_1H_03-- Length 2 HPA_1H_20		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 1j (HPA_1J_03-20) -8,-9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 1j (HPA_1J_03-20)
1i.	What was (FILL helper's) hourly pay rate at the end of (FILL previous month)? <b>FR: ENTER (A) IF AMOUNT OF PAY IS INCLUDED IN TOTAL MONTHLY FEE FOR ASSISTED LIVING COMMUNITIES.</b> HPADLHR03-- Length 3 HPADLHR20  HPACTHR03-- Length 2 HPACTHR20		-2 <input type="checkbox"/> A - Included in monthly fee for assisted living community 0-999 <input type="checkbox"/> Dollars  0-99 <input type="checkbox"/> Cents -8,-9 <input type="checkbox"/> Don't Know, Refused
1j.	What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)[SAMPNAME] in (FILL previous month)? <b>FR: ENTER (A) IF AMOUNT OF PAY IS INCLUDED IN TOTAL MONTHLY FEE FOR ASSISTED LIVING COMMUNITIES.</b> HPA_1J_03-- Length 4 HPA_1J_20		0-9999 <input type="checkbox"/> Dollars -2 <input type="checkbox"/> A - Included in monthly fee for assisted living community -8,-9 <input type="checkbox"/> Don't Know, Refused
1k.	Will (you)[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FILL previous month)? HPA_1K_03-- Length 2 HPA_1K_20		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 1m (HPA_1M_03-20) 3 <input type="checkbox"/> A - Included in monthly fee for assisted living community -8,-9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 1m (HPA_1M_03-20)
>HELP SCREEN< [REFERENCE] END UP PAYING The sample person will actually end up paying some or all of the costs for the helper out of his/her own resources. This cost to the sample person will never be reimbursed by Medicare, health insurance, family member, or any other source.			
1l.	How much? <b>FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) RECEIVED FROM [ROS_NAME_3-20]. ENTER (A) IF THE AMOUNT OF PAY IS INCLUDED IN THE TOTAL MONTHLY FEE FOR ASSISTED LIVING CENTERS.</b> HPAPAY_03-- Length 4 HPAPAY_20  Per? HPAPER_03-- Length 2 HPAPER_20  HPA1L1_03-- Length 20 HPA1L1_20		0-9999 <input type="checkbox"/> Dollars -2 <input type="checkbox"/> A - Included in monthly fee for assisted living community - SKIP TO 1m (HPA_1M_03-20) -8,-9 <input type="checkbox"/> Don't Know, Refused  Dollars per 1 <input type="checkbox"/> Hour 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Other - specify in HPA1L1_03-20 below -8,-9 <input type="checkbox"/> Don't Know, Refused  Specify: _____
1m.	Did insurance, Medicare, Medicaid, or anyone else, including any members of (you)[SAMPNAME]'s family, pay any of the charge for this? HPA_1M_03-- Length 2 HPA_1M_20		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO next helper. If last helper - SKIP TO HLP END. -8,-9 <input type="checkbox"/> Don't Know, Refused - SKIP TO next helper. If last helper - SKIP TO HLP END.
1n.	<b>FR: SHOW FLASHCARD 24.</b> Who paid? Anyone else? <b>FR: MARK ALL THAT APPLY. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) FOR NO OTHER PERSON PAYING.</b> (1) Fee for service insurance plans Length 2 HPA1N1103-- HPA1N1120  (2) HMO/prepaid group Length 2 HPA1N1203-- HPA1N1220  (3) Medicare 1 <input type="checkbox"/> Yes		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  1 <input type="checkbox"/> Yes

	HPA1N1303-- HPA1N1320	Length	2	2 <input type="checkbox"/> No
(4)	Medicaid HPA1N1403-- HPA1N1420	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Household member(s) HPA1N1503-- HPA1N1520	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Child(ren) not in household HPA1N1603-- HPA1N1620	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	Father HPA1N1703-- HPA1N1720	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Mother HPA1N1803-- HPA1N1820	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Son-in-law HPA1N1903-- HPA1N1920	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10)	Daughter-in-law HPA1N2003-- HPA1N2020	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Brother HPA1N2103-- HPA1N2120	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12)	Sister HPA1N2203-- HPA1N2220	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13)	Other male relative HPA1N2303-- HPA1N2320	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14)	Other female relative HPA1N2403-- HPA1N2420	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15)	Male friend HPA1N2503-- HPA1N2520	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(16)	Female friend HPA1N2603-- HPA1N2620	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17)	Other- specify in (18 (HA1N_03-20_SP)) below HPA1N2703-- HPA1N2720	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18)	Specify if 'other' marked in (17 (HPA1N2703-20)) above HPA1N_03_SP-- HPA1N_20_SP	Length	40	<input type="checkbox"/> Specify relationship
(D)	Don't Know HPA1N_DK03-- HPA1N_DK20	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused HPA1N_RF03-- HPA1N_RF20	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	H1N_02_KEY-- H1N_20_KEY			N <input type="checkbox"/> No Other Person Paying

NOTE: Due to an error in coding, questions 1o and 1p were not asked in 2004 and HHMMXD03-20 and REL\_XA03-20 were not collected.

<b>HLP CK6</b>				
	<b>CAPI: Refer to HPA1N1103 - HPA1N2720 above, household member helped pay.</b>	Length	2	1 <input type="checkbox"/> Marked 2 <input type="checkbox"/> Not Marked - SKIP TO HLP CK7

1o.	You said that a household member paid for at least a portion of the charges? Which household member is that? Anyone else? (Note that children in the household roster are displayed here.) FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE HOUSEHOLD MEMBERS GIVEN. HHMMXD03-- HHMMXD20	Length	2	1 <input type="checkbox"/> Marked 2 <input type="checkbox"/> Not Marked - If last helper - SKIP TO HLP END (END_T109) <b>Otherwise, return to 1a (HPA_1A_02-20)</b>
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<b>HLP CK7</b>				
	<b>CAPI: Refer to HP1N1603 - HP1N1620 above, child not in household helped pay.</b>	Length	2	1 <input type="checkbox"/> Marked 2 <input type="checkbox"/> Not Marked - If last helper - SKIP TO HLP END (END_T109) <b>Otherwise, return to 1a (HPA_1A_02-20)</b>

1p.	You said that one of your children not living in your household would pay for at least a portion of the charges? Which of your child(ren) would that be? Anyone else? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE CHILDREN GIVEN. REL_XA03-- REL_XA20	Length	2	1 <input type="checkbox"/> Marked, -5 otherwise N <input type="checkbox"/> No More Children Given - SKIP TO NEXT HELPER, IF LAST HELPER, SKIP TO HLP END D, R <input type="checkbox"/> No More Children Given, Don't Know, Refused - SKIP TO NEXT HELPER, IF LAST HELPER, SKIP TO HLP END
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- CLOSE PERSON ROSTER -

<b>HLP END</b>				
Set end time				
<b>Part 5 - CAREGIVER SELECTION (SELECT)</b>				

<b>SEL BEGIN</b>				
Set Start Time				

<b>SELPRXY</b>	FR: DO NOT READ ALOUD. IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?	Length	2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample Person and Proxy
	SELPROXY	Length	2	

**CHECK DISABILITY**

CAPI: Refer to (IDLs) IDL\_HVW, IDL\_LTW, IDL\_LND, IDL\_MLS, IDL\_SHP, IDL\_OUT, or IDL\_WLK, OR IDL\_MON, IDL\_TEL, and (ADLs) ADL\_EAT, ADL\_BED, ADL\_IBD, ADL\_INS, ADL\_NAR, ADL\_WHL, ADL\_DRS, ADL\_BTH, ADL\_TOI.  
Are any of these variables equal to 1?

CKDISAB Length 2  1 Yes  
 2 No - SKIP TO SELECTED

**SELECT**

CAPI: Does this sample person have a helper in his/her person roster?  
Refer to HLP\_FLG\_2-20 in person roster.

Length 2  1 Yes  
 2 No - SKIP TO 6a1 (SEL\_6A)

**- OPEN PERSON ROSTER -**

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

**SELECT1**

1. CAPI: How many unpaid helpers, excluding organizations, does the Sample Person have in his/her person roster? If HPA\_1G\_03 - HPA\_1G\_20 equal 1, helper is paid. Otherwise, helper is unpaid.

SELECT1 Length 2  0 None - SKIP TO 6a1 (SEL\_6A)  
 1 One helper - SKIP TO CHECK CGREL1 (CGREL\_R)  
 2+ Two or more

**SELECT2**

2. CAPI: Display the names of all unpaid helpers (excluding organizations).  
In a typical week, who helps the most because of your disability or health problem?  
FR: READ THE LIST OF HELPERS.

SELECT2 Length 2  2-20 Person Number  
 -8, -9 Don't Know, Refused - SKIP TO 6a1 (SEL\_6A)

**- CLOSE PERSON ROSTER -**

**CHECK CGREL1**

CAPI set CGL\_NO = person number of helper  
CGL\_NO

Length 2  2-20 Person Number

CAPI set CGNAME = ROS\_NAME\_2-20 (name of helper)

CGNAME Length 35  Name

CAPI set LTC\_FLAG = 3  
LTC\_FLAG

Length 2  1 Institutional  
 2 Community, no caregiver  
 3 Community, with caregiver

CAPI: If ROS\_REL\_(CGL\_NO) is not missing, set CGREL\_R = ROS\_REL\_(CGL\_NO).  
Otherwise, FR ask:

What is [CGNAME]'s relationship to [SAMPNAME]?

CGREL\_R

Length 2  2 Spouse/Spousal Equivalent  
 3 Son  
 4 Daughter  
 5 Son-in-law  
 6 Daughter-in-law  
 7 Mother  
 8 Father  
 9 Mother-in-law  
 10 Father-in-law  
 11 Brother  
 12 Sister  
 13 Brother-in-law  
 14 Sister-in-law  
 15 Other male relative  
 16 Other female relative  
 17 Male friend  
 18 Female friend  
 19 Male neighbor  
 20 Female neighbor  
 21 Employee / Someone hired  
 22 Someone from helping organization  
 23 Institution / Assisted Living Center  
 24 Legal Guardian  
 25 Unable to determine  
 26 Someone else (specify)  
 99 Child gender unknown  
 -8, -9 Don't Know, Refused

CAPI store CGREL\_R into the appropriate ROS\_REL\_3 - ROS\_REL\_20

CGREL1\_SP

Length 40  ALL SKIP TO 7 (CGPRES)

6a1. (You)[SAMPNAME] indicated that (you/he/she) had difficulty with:  
(CAPI fills in items marked '1' from:  
(IDLs) IDL\_HVW, IDL\_LTW, IDL\_LND, IDL\_MLS, IDL\_SHP, IDL\_OUT, IDL\_WLK, IDL\_MON, OR IDL\_TEL and/or  
(ADLs) ADL\_EAT, ADL\_BED, ADL\_IBD, ADL\_INS, ADL\_NAR, ADL\_WHL, ADL\_DRS, ADL\_BTH, ADL\_TOI.

Is there anyone among your[SAMPNAME]'s friends and family who helps with these activities who is NOT paid to help?

SEL\_6A Length 2  1 Yes  
 2 No - SKIP TO SELECTED  
 -8, -9 Don't Know, Refused - SKIP TO SELECTED

**- OPEN PERSON ROSTER -**

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

**6a2.**

Who is the person who helps with these activities?

FR: ENTER LINE NUMBER.  
ENTER (P) FOR PERSON NOT LISTED.  
ENTER (H) TO DESCRIBE IF NO NAME GIVEN.  
ENTER (N) FOR NO MORE HELPERS GIVEN.

FR: YOU HAVE TO CHOOSE AT LEAST ONE OF THE ROSTER ENTRIES.  
YOU CAN CHOOSE ONLY ONE OF THE ROSTER ENTRIES.

ROS\_NAME\_2 - Length 35  Name  
ROS\_NAME\_20

CAPI store appropriate ROS\_NAME\_2 - ROS\_NAME\_20 into CGNAME  
CGNAME Length 35  Name

ROS\_TYPE\_2 - Length 2  P Roster Entry added, person name  
ROS\_TYPE\_20  H Roster Entry added, description

CAPI set CGL\_NO = person number of helper  
CGL\_NO Length 2  2-20 Person Number

CAPI set appropriate SEL\_A\_2 - SEL\_A\_20 to 1  
SEL\_A\_2 - Length 2  1 Helper  
SEL\_A\_20  5 otherwise

**CAPI set appropriate HLP\_FLG\_2 - HLP\_FLG\_20 to 1**  
 HLP\_FLG\_2 - Length 2  Helper  
 HLP\_FLG\_20 -  -5 otherwise

SEL\_6A2\_I Length 2 D,R  Don't Know, Refused - SKIP TO SELECTED  
 N  No More

- CLOSE PERSON ROSTER -

**NEW HELPER CHECK:**  
**CAPI: If helper named in 6a2 above is already entered in the person roster, SKIP TO SELECT6A. Otherwise, continue.**

6a3. **FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING.**  
 What [CGNAME]'s gender?  
 SELGEN02\_A-- Length 2  Male  
 SELGEN20\_A  Female

6a4. What is [CGNAME]'s relationship to (you)[SAMPNAME]?  
 SELREL02\_A-- Length 2  
 SELREL20\_A--  
**CAPI store appropriate SELREL02\_A - SELREL20\_A into ROS\_REL\_2 - ROS\_REL\_20**

SELREL02\_REL\_OTH- Length 40  
 SELREL20\_REL\_OTH

- 2  Spouse/Spousal Equivalent
- 3  Son
- 4  Daughter
- 5  Son-in-law
- 6  Daughter-in-law
- 7  Mother
- 8  Father
- 9  Mother-in-law
- 10  Father-in-law
- 11  Brother
- 12  Sister
- 13  Brother-in-law
- 14  Sister-in-law
- 15  Other male relative
- 16  Other female relative
- 17  Male friend
- 18  Female friend
- 19  Male neighbor
- 20  Female neighbor
- 21  Employee / Someone hired
- 22  Someone from helping organization
- 23  Institution / Assisted Living Center
- 24  Legal Guardian
- 25  Unable to determine
- 26  Someone else, specify in SELREL02\_REL\_OTH02 - 20 below
- 99  Child gender unknown
- 8, -9  Don't Know, Refused
- Specify: \_\_\_\_\_

**SELECT6A**

**CAPI set CGL\_NO = person number of helper**  
 CGL\_NO Length 2 2-20  Person Number

**CAPI set appropriate SEL\_A\_2 - SEL\_A\_20 to 1**  
 SEL\_A\_2 - Length 2  Helper  
 SEL\_A\_20  -5 otherwise

**CAPI set appropriate HLP\_FLG\_2 - HLP\_FLG\_20 to 1**  
 HLP\_FLG\_2 - Length 2  Helper  
 HLP\_FLG\_20  -5 otherwise

**CAPI set LTC\_FLAG to 3**  
 LTC\_FLAG Length 2  Institutional  
 Community, no caregiver  
 Community, with caregiver

**CAPI set CGREL\_R to appropriate ROS\_REL\_2 - ROS\_REL\_20**

- CLOSE PERSON ROSTER -

**Note: Questions 6b, 6b1, 6c, 6c1, 6c2, 6c3, 6c4, 6d1m 6d2 not used in 2004.**

7. **FR: INTERVIEWER MUST ANSWER: "(CAREGIVER) HAS BEEN IDENTIFIED AS THE PRIMARY CAREGIVER FOR (SAMPLE PERSON). IS (CAREGIVER) CURRENTLY RESPONDING FOR (SAMPLE PERSON) OR IS (CAREGIVER) CURRENTLY PRESENT?"**  
 CGPRES Length 2  Primary Caregiver is currently responding for sample person  
 Primary Caregiver is not responding for sample person but is present  
 Primary Caregiver is not responding and is not present

**CAPI: Is primary caregiver a member of sample person's household? (Refer to the appropriate HHMEM\_02-20 in the Control Card household roster.)**  
 CGHOME Length 2  Yes - SKIP TO 12b (CGWHEN)  
 No

**Note: Question 8 not used in 2004.**

9. What is [CGNAME]'s address?  
 SEL\_9\_CGAD\_AD1 Length 54  Street Address  
 SEL\_9\_CGAD\_AD2 Length 54  Street Address 2  
 SEL\_9\_CGAD\_PO Length 20  City  
 SEL\_9\_CGAD\_ST Length 2  State  
 SEL\_9\_CGAD\_ZP5 Length 5  Zip Code - 5  
 SEL\_9\_CGAD\_ZP4 Length 4  Zip Code - 4  
 -8, -9  Don't Know, Refused

10. **FR: PRESS (N) IF NO TELEPHONE NUMBER AVAILABLE.**  
 What is [CGNAME]'s telephone number?  
 SEL\_10\_CGPHN\_AR Length 3  Area Code  
 SEL\_10\_CGPHN\_NM Length 7  Phone Number  
 SEL\_10\_CGPHN\_EX Length 4  Extension  
 N  No Telephone Number  
 D, R  Don't Know, Refused

**Note: Question 11 and 12a not used in 2004.**

12b. We will have some questions to ask [CGNAME] about the experience of helping (you)[SAMPNAME]. When will be the best time to call [CGNAME]?  
 CGWHEN Length 2  Morning (9am - 12 noon)  
 Noon/Lunchtime (11am - 1pm)  
 Afternoon (12 noon - 4pm)  
 Suppertime/Early Evening/Dinner Time (4 - 7pm)  
 Evening (6pm - 9pm)  
 Anytime (9am - 9pm)  
 Late Evening/Night (7pm - 9pm)  
 Daytime  
 After 5pm  
 Other - specify in CGWHEN\_2 below  
 CGWHEN\_2 Length 30  Specify: \_\_\_\_\_

**SELECTED**  
**CAPI: Refer to 7 (CGPRES) above. If CGPRES is coded 1-3, SELECTED equals 1; otherwise, SELECTED equals 2.**

What is caregiver status? SELECTED	Length 2	1 <input type="checkbox"/> Primary Caregiver selected 2 <input type="checkbox"/> No Primary Caregiver was selected
<b>SEL END</b>		
Set end time		
<b>Part 6 - RANGE OF MOTION AND IMPAIRMENT (RMI)</b>		
<b>RMI BEGIN</b>		
Set start time:		
<b>PROXY5</b>		
FR: <b>IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?</b> RMIPROXY	Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample Person and Proxy IF GROUP = 1, SKIP TO 3A1 (RMI_3A_1)
1a. FR: <b>IF OBVIOUS - FILL WITHOUT ASKING.</b> Now we'll talk about other problems some people have. (Are you/ls) [SAMPNAME] missing any fingers, a hand, or an arm? RMI_1A	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 2a (RMI_2A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 2a (RMI_2A)
1b. FR: <b>IF OBVIOUS - FILL WITHOUT ASKING.</b> What (are you/ls) [SAMPNAME] missing? Anything else? FR: <b>ENTER ALL THAT ARE MENTIONED.</b> <b>ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.</b> <b>ENTER (N) WHEN DONE.</b> RMI_1B_KEY		N <input type="checkbox"/> No More
(1) Entire arm - left RMI_1B01	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Entire arm - right RMI_1B03	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Entire arm - both RMI_1B05	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Lower arm - left RMI_1B07	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Lower arm - right RMI_1B09	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Lower arm - both RMI_1B11	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Hand only - left RMI_1B02	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Hand only - right RMI_1B04	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Hand only - both RMI_1B06	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Fingers only - left RMI_1B08	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Fingers only - right RMI_1B10	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Fingers only - both hands RMI_1B12	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(D) Don't Know RMI_1B_DK	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R) Refused RMI_1B_RF	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2a. FR: <b>IF OBVIOUS - FILL WITHOUT ASKING.</b> (Are you/ls) [SAMPNAME] missing any toes, a foot or a leg? RMI_2A	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO RMI_CK2 -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO RMI_CK2
2b. FR: <b>IF OBVIOUS - FILL WITHOUT ASKING.</b> What (are you/ls) [SAMPNAME] missing? Anything else? FR: <b>ENTER ALL THAT ARE MENTIONED.</b> <b>ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.</b> <b>ENTER (N) WHEN DONE.</b> RMI_2B_KEY		N <input type="checkbox"/> No More D, R <input type="checkbox"/> Don't Know, Refused
(1) Entire leg - left RMI_2B01	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Entire leg - right RMI_2B03	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Entire leg - both RMI_2B05	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Lower leg - left RMI_2B07	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Lower leg - right RMI_2B09	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Lower leg - both RMI_2B11	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Foot only - left RMI_2B02	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Foot only - right RMI_2B04	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Foot only - both RMI_2B06	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

(10)	Toes only - left RMI_2B08	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Toes only - right RMI_2B10	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12)	Toes only - both feet RMI_2B12	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(D)	Don't Know RMI_2B_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused RMI_2B_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>RMI CK2</b>				
<b>CAPI: Refer to ADL_IBD (bedfast), ADL_NAR (no inside activity), and ADL_WHL (requires wheelchair).</b>				
	RMI_CK2	Length	2	1 <input type="checkbox"/> ADL_IBD = 1 - SKIP TO 3c1 (RMI_3C_1) 2 <input type="checkbox"/> ADL_NAR = 1 or ADL_WHL = 1 - SKIP TO 3b1 (RMI_3B_1) 3 <input type="checkbox"/> All others
<i>Source for RMI_3A_1 - RMI_3C_4: Nagi SZ. An epidemiology of disability among adults in the United States. Milbank Mem Fund Quart 1976;6:493-508.</i>				
<b>FR: SHOW FLASHCARD 6.</b>				
3a1.	How difficult is it for (you)/[SAMPNAME] to - Climb one flight of stairs?  RMI_3A_1	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3a2.	Walk to the end of a room and back?  RMI_3A_2	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3a3.	Bend to put on (your)/[SAMPNAME]'s socks or stockings?  RMI_3A_3	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3a4.	Lift a 10-pound package like a bag of groceries and hold it for a few minutes?  RMI_3A_4	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3a5.	Reach above (your)/[SAMPNAME]'s head?  RMI_3A_5	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3a6.	Comb or brush (your)/[SAMPNAME]'s hair?  RMI_3A_6	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3a7.	Wash (your)/[SAMPNAME]'s hair?  RMI_3A_7	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3a8.	Use (your)/[SAMPNAME]'s fingers to grasp and handle small objects? RMI_3A_8	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL SKIP TO 4 (RMI_4)</b>
<b>FR: SHOW FLASHCARD 6.</b>				
3b1.	How difficult is it for (you)/[SAMPNAME] to - Bend to put on (your)/[SAMPNAME]'s socks or stockings?  RMI_3B_1	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3b2.	Lift a 10-pound package like a bag of groceries and hold it for a few minutes?  RMI_3B_2	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3b3.	Reach above (your)/[SAMPNAME]'s head?  RMI_3B_3	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3b4.	Comb or brush (your)/[SAMPNAME]'s hair?  RMI_3B_4	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3b5.	Wash (your)/[SAMPNAME]'s head?  RMI_3B_5	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3b6.	Use (your)/[SAMPNAME]'s fingers to grasp and handle small objects? RMI_3B_6	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL SKIP TO 4 (RMI_4)</b>
<b>FR: SHOW FLASHCARD 6.</b>				
3c1.	How difficult is it for (you)/[SAMPNAME] to - Reach above (your)/[SAMPNAME]'s head?  RMI_3C_1	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all -8, -9 <input type="checkbox"/> Don't Know, Refused
3c2.	Comb or brush (your)/[SAMPNAME]'s hair?  RMI_3C_2	Length	2	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all

3c3.	Wash (your)/[SAMPNAME]'s hair? RMI_3C_3	Length 2	-8, -9 1 Not difficult 2 Somewhat difficult 3 Very difficult 4 Can't do it at all -8, -9 Don't Know, Refused
3c4.	Use (your)/[SAMPNAME]'s fingers to grasp and handle small objects? RMI_3C_4	Length 2	-8, -9 1 Not difficult 2 Somewhat difficult 3 Very difficult 4 Can't do it at all -8, -9 Don't Know, Refused
4.	(Do you/Does) [SAMPNAME] usually see well enough to read ordinary newspaper, with or without glasses or contact lenses? RMI_4	Length 2	-8, -9 1 Yes 2 No -8, -9 Don't Know, Refused
<b>RMI CK3</b>			
<b>CAPI: Refer to RMIPROXY at beginning of this part.</b>			
	RMI_CK3	Length 2	1 Sample Person - SKIP TO 7 (RMI_7_1) 2 Proxy 3 Sample Person and Proxy- SKIP TO 7 (RMI_7_1)
5a.	Can most people understand [SAMPNAME]'s speech? RMI_5A	Length 2	1 Yes - SKIP TO 6a (RMI_6A) 2 No -8, -9 Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>			
<b>UNDERSTAND SPEECH</b>			
When we ask if a sample person's speech is understandable to most people, we want to know if he/she has any speech impediments, problems or irregularities that prevent normal conversation. We are not interested in accents or speech patterns, even if they make it difficult for one to understand the sample person's responses.			
In addition to the clarity of the words, we are interested in whether the sample person speaks rationally enough to convey his/her thoughts.			
5b.	How does [SAMPNAME] usually make (himself/herself) understood? <b>FR: MARK ONLY ONE.</b> RMI_5B_1	Length 2	1 Writing 2 Standard sign language 3 Gestures, grunts, or some other motion 4 Talking slow/ repeating himself/herself 5 Using an interpreter 6 Computer 7 Some other way - Specify in RMI_5B_2 below 8 Does not make self understood -8, -9 Don't Know, Refused
	RMI_5B_2	Length 40	Specify:
6a.	Does [SAMPNAME] usually hear and understand what is being said to (you/him/her) without difficulty either with or without a hearing aid? RMI_6A	Length 2	1 Yes - SKIP TO 7 (RMI_7_1) 2 No -8, -9 Don't Know, Refused
6b.	What means does [SAMPNAME] usually use to understand what is being said to (him/her)? <b>FR: MARK ONLY ONE.</b> RMI_6B_1	Length 2	1 Reading written materials or lip reading 2 Standard sign language 3 Gestures, grunts, or some other motion 4 Hearing aid 5 Talking loudly/talking slowly/repeating/facing speaker 6 With interpreter/facilitator 7 Some other way - Specify in RMI_6B_2 below 8 Does not understand what is being said to ... -8, -9 Don't Know, Refused
	RMI_6B_2	Length 40	Specify:
7.	<b>FR: SHOW FLASHCARD 7.</b> Which of these devices (do you/does) [SAMPNAME] use? Any other? <b>FR: ENTER ALL THAT ARE MENTIONED.</b> <b>ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.</b> <b>ENTER (N) WHEN DONE.</b>		
(1)	Glasses/contact lenses RMI_7_1	Length 2	1 Yes 2 No
(2)	Hearing aid RMI_7_2	Length 2	1 Yes 2 No
(3)	Artificial larynx (voice box) RMI_7_3	Length 2	1 Yes 2 No
(4)	Other - Specify in RMI_7_6_SP RMI_7_4	Length 2	1 Yes 2 No
(5)	None of the above RMI_7_5	Length 2	1 Yes 2 No
(D)	Don't Know RMI_7_DK	Length 2	1 Yes 2 No
(R)	Refused RMI_7_RF	Length 2	1 Yes 2 No
(N)	RMI_7_KEY RMI_7_6_SP	Length 40	N No More Specify
<b>RMI END</b>			
Set end time			
<b>RMI COMPLETION CHECK</b>			
CAPI: If 50% of the below listed variables do not contain 'D', 'R', or '-5, then the module is complete. RMI_3A_1, RMI_3A_2, RMI_3A_3, RMI_3A_4, RMI_3A_5, RMI_3A_6, RMI_3A_7, RMI_3A_8 RMI_4, RMI_7_1, RMI_7_2, RMI_7_3, RMI_7_4, RMI_7_5			
	RMI_COMPLETE	Length 2	1 Complete 2 Incomplete
<b>Part 7 - NUTRITION AND SOCIAL ACTIVITIES (NSA)</b>			
<b>NSA BEGIN</b>			
Set Start Time:			
<b>PROXY6</b>			
	<b>FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?</b> NSAPROXY	Length 2	1 Sample Person 2 Proxy 3 Sample Person and Proxy
1.	Now I would like to ask you some questions about health and nutrition. What is (your)/[SAMPNAME]'s current height (without shoes on)? NSA_1_T1 NSA_1_T2	Length 2 Length 2	0-9 Feet 0-11 Inches -8, -9 Don't Know, Refused
2.	What is (your)/[SAMPNAME]'s current weight? NSA_2	Length 3	0-999 Pounds -8, -9 Don't Know, Refused
3.	What was (your)/[SAMPNAME]'s weight when (you/he/she) (were/was) 50 years of age? NSA_3	Length 3	0-999 Pounds -8, -9 Don't Know, Refused
4.	What was (your)/[SAMPNAME]'s weight last [fill current month] one year ago? NSA_4	Length 3	0-999 Pounds -8, -9 Don't Know, Refused
5a.	(Do you/Does) [SAMPNAME] regularly go to a senior center?		1 Yes



NSA_5A	Length	2	2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
SENIOR CENTER				
A senior center is a place where older people gather for social and/or educational activities.				
5b. (Do you/Does) [SAMPNAME] regularly go to an adult day care center? NSA_5B	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 6a (NSA_6A)
			-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 6a (NSA_6A)
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
ADULT DAY CARE CENTERS				
An adult day care center is a place where an adult who has difficulty taking care of himself/herself can be left during the day. The adult will obtain all necessary physical and medical care and possibly some socializing. Having such centers available reduces some of the burden on the caretakers and gives them "time off."				
<b>Note: Question 5c not used in 2004.</b>				
5d. Does this adult day care center provide (you)/[SAMPNAME] with transportation between the center and (your/his/her) home? NSA_5D	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
6a. On a typical day, how many meals (do you/does) [SAMPNAME] eat? NSA_6A	Length	2	0-24	<input type="checkbox"/> Total number of meals
			-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>Note: Question 6b not used in 2004.</b>				
7a. In a typical week, how many meals (do you/does) [SAMPNAME] eat at home? NSA_7A	Length	2	0-99	<input type="checkbox"/> Total number of meals
			-8, -9	<input type="checkbox"/> Don't Know, Refused
7b. In a typical week, of those meals eaten at home, how many are brought in for (you)/[SAMPNAME] by someone else? NSA_7B	Length	2	0-99	<input type="checkbox"/> Total number of meals
			-8, -9	<input type="checkbox"/> Don't Know, Refused
7c,d. In a typical week, how many meals (do you/does) [SAMPNAME] eat in a senior center or some other place with special meals for older people? NSA_7D	Length	2	0-99	<input type="checkbox"/> Total number of meals
			-8, -9	<input type="checkbox"/> Don't Know, Refused
7e. (Do you/Does) [SAMPNAME] have meals delivered to (your/his/her) home by an agency or organization like MEALS ON WHEELS? NSA_7E	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 8a (NSA_8A)
			-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 8a (NSA_8A)
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
AGENCY OR ORGANIZATION SUCH AS MEALS ON WHEELS				
Meals may be delivered by special programs sponsored by private or governmental agencies, churches, religious groups, etc. The sample person may pay a nominal fee or nothing at all for the service.				
7f. In a typical week, how many of (your)/[SAMPNAME]'s meals are from home delivered meals programs like MEAL ON WHEELS? NSA_7F	Length	2	0-99	<input type="checkbox"/> Total number of meals
			-8, -9	<input type="checkbox"/> Don't Know, Refused
8a. (Do you/Does) [SAMPNAME] usually take a vitamin and/or mineral supplement once a week or more? NSA_8A	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>NSA CK5</b>				
<b>CAPI: Refer to ADL_IBD (bedfast) and ADL_NAR (no inside activity). Does ADL_IBD and/or ADL_NAR equal 1?</b>				
NSA_CK5	Length	2	1	<input type="checkbox"/> Yes - SKIP TO 11a (NSA_11A)
			2	<input type="checkbox"/> No
<b>Note: Questions 8b - 8e not used in 2004.</b>				
9a. On a usual day, how much time (do you/does) [SAMPNAME] spend on vigorous activities such as digging in the garden, strenuous sports, jogging, chopping wood, sustained swimming, brisk walking, carpentry, bicycling on hills, etc? NSA_9A_1 NSA_9A_2	Length	2	0-16	<input type="checkbox"/> Hours
	Length	2	0-59	<input type="checkbox"/> Minutes
			-8, -9	<input type="checkbox"/> Don't Know, Refused
9b. On a usual day, how much time (do you/does) [SAMPNAME] spend on - moderate activities such as housework, light sports, walking outside, golf, yard work, lawn mowing, painting, repairing, dancing, bicycling on level ground, etc? NSA_9B_1 NSA_9B_2	Length	2	0-16	<input type="checkbox"/> Hours
	Length	2	0-59	<input type="checkbox"/> Minutes
			-8, -9	<input type="checkbox"/> Don't Know, Refused
9c. On a usual day, how much time (do you/does) [SAMPNAME] spend on light activities such as office work, driving a car, strolling, walking inside, etc? NSA_9C_1 NSA_9C_2	Length	2	0-16	<input type="checkbox"/> Hours
	Length	2	0-59	<input type="checkbox"/> Minutes
			-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>Note: Question 10 not used in 2004.</b>				
11a. (Do you/does) [SAMPNAME] eat at least one serving of dairy products (milk, cheese, yogurt) per day? NSA_11A	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
11b. (Do you/does) [SAMPNAME] eat at least two or more servings of legumes, beans, or eggs per week? NSA_11B	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
11c. (Do you/does) [SAMPNAME] eat meat, fish or poultry every day? NSA_11C	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
12. (Do you/does) [SAMPNAME] eat at least two or more servings of fruits or vegetables per day? NSA_12	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
13. How many cups of fluid (water, juice, coffee, tea, milk) (do you/does) [SAMPNAME] consume per day? NSA_13	Length	2	1	<input type="checkbox"/> Less than three cups
			2	<input type="checkbox"/> 3 to 5 cups
			3	<input type="checkbox"/> More than 5 cups
			-8, -9	<input type="checkbox"/> Don't Know, Refused
14. Regarding nutrition in general, (do you/does) [SAMPNAME] consider (yourself/ himself/herself) to be malnourished, or (do you/does) (he/she) have no nutritional problems, or (are you/is) (your/he/she) uncertain of his/her nutritional status? NSA_14	Length	2	1	<input type="checkbox"/> Malnourished
			2	<input type="checkbox"/> No nutritional problems
			3	<input type="checkbox"/> Uncertain of nutritional status
			-8, -9	<input type="checkbox"/> Don't Know, Refused
<b>NSA END</b>				
Set end time				
<b>NSA COMPLETION CHECK</b>				
CAPI: If 50% of the below listed variables do not contain 'D', 'R', or '-5, then the module is complete.				
NSA_1_T1, NSA_1_T2, NSA_2, NSA_3, NSA_4, NSA_5A, NSA_5B, NSA_6A, NSA_7A, NSA_7B, NSA_7D, NSA_7E, NSA_8A, NSA_11A, NSA_11B, NSA_11C, NSA_12, NSA_13, NSA_14				
NSA_COMPLETE	Length	2	1	<input type="checkbox"/> Complete
			2	<input type="checkbox"/> Incomplete
<b>Part 8 - ALCOHOL CONSUMPTION AND SMOKING (ACS)</b>				
<b>ACS BEGIN</b>				
Set Start Time:				
<b>PROXY7</b>				
<b>FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?</b>				
ACS_PROXY	Length	2	1	<input type="checkbox"/> Sample Person
			2	<input type="checkbox"/> Proxy
			3	<input type="checkbox"/> Sample Person and Proxy
1. The next questions are about drinking alcoholic beverages and smoking. (Do you/Does) [SAMPNAME] currently drink any kind of alcoholic beverages, such as beer, wine, or liquor? ACS_1	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 4a (ACS_4A)
			-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (ACS_4A)

2.	How often (do you/does) [SAMPNAME] drink any alcoholic beverages, such as beer, wine, or liquor? ACS_2	Length 2	1 Every day 2 3 to 6 times a week 3 1 to 2 times a week 4 1 to 3 times a month 5 Less than once a month -8, -9 Don't Know, Refused
3.	On the days that (you)/[SAMPNAME] (drink/drinks), how many drinks (do you/does) [SAMPNAME] have on the average, per day? ACS_3	Length 2	1 12 or more 2 7 to 11 3 5 or 6 4 3 or 4 5 2 6 1 -8, -9 Don't Know, Refused
4a.	(Have you/Has) [SAMPNAME] smoked at least 100 cigarettes in (your/his/her) entire life? FR: (NOTE: 100 CIGARETTES = APPROXIMATELY 5 PACKS) ACS_4A	Length 2	1 Yes 2 No - SKIP TO ACS_END -8, -9 Don't Know, Refused - SKIP TO ACS_END
4b.	How old (were you/was) [SAMPNAME] when (you/he/she) first started smoking cigarettes fairly regularly? ACS_4B	Length 2	1-99 Years -8, -9 Don't Know, Refused
4c.	(Do you/Does) [SAMPNAME] now smoke cigarettes every day, some days, or not at all? ACS_4C	Length 2	1 Every day 2 Some days - SKIP TO 5d 3 Not at all - SKIP TO 5b -8, -9 Don't Know, Refused - SKIP TO ACS_END
5a.	On the average, how many cigarettes (do you/does) [SAMPNAME] usually smoke in a day? FR: (ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT). ACS_5_T1	Length 2	0-99 Cigarettes -8, -9 Don't Know, Refused ALL SKIP TO ACS_END
5b.	(Approximately) how old (were you/was) [SAMPNAME] when (you/he/she) quit? ACS_5B	Length 2	1-99 Years -8, -9 Don't Know, Refused
5c.	When (you)/[SAMPNAME] smoked regularly, on the average, how many cigarettes did (you/he/she) usually smoke in a day? FR: (ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT). ACS_5CT1	Length 2	0-99 Cigarettes -8, -9 Don't Know, Refused ALL SKIP TO ACS_END
5d.	On how many of the past 30 days did (you)/[SAMPNAME] smoke cigarettes? ACS_5D	Length 2	0 days - SKIP TO ACS_END 1-30 days -8, -9 Don't Know, Refused - SKIP TO ACS_END
5e.	On the average, on those (fill number from ACS_5D) days, how many cigarettes did (you)/[SAMPNAME] smoke? FR: (ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT). ACS_5E	Length 2	0-99 Cigarettes -8, -9 Don't Know, Refused
<b>ACS END</b> Set end time			
<b>ACS COMPLETION CHECK</b> CAPI: If 50% of the below listed variables do not contain 'D', 'R', or -5, then the module is complete. ACS_1, ACS_4A ACS_COMPLETE			
		Length 2	1 Complete 2 Incomplete
<b>CHECK MENTAL</b> CAPI: If PROXY (ACSPROXY) Equals 2, SKIP TO OFN BEGIN. Everything else continue to MNT BEGIN.			
<b>Part 9 - COGNITIVE FUNCTIONING (MNT)</b>			
<b>Cognitive Functioning (Short Portable Mental Status Questionnaire) (SPSMQ) Module</b>			
<b>MNT BEGIN</b> Set Start Time			
<b>MNT CK1</b> FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS? MNTPROXY			
		Length 2	1 Sample Person 2 Proxy 3 Sample Person and Proxy
<b>MNT I1A</b> FR: THIS SECTION IS TO BE ASKED OF THE SAMPLE PERSON ONLY. IF THE SAMPLE PERSON IS UNABLE TO RESPOND, DO NOT ATTEMPT TO ADMINISTER THIS SECTION OF THE QUESTIONNAIRE. PLEASE NOTE THAT THESE MODULES SHOULD BE ADMINISTERED EVEN IF THE SAMPLE PERSON SHOWS SIGNS OF DEMENTIA, ALZHEIMER'S, OR MENTAL RETARDATION. MNT_I1A_R			
		Length 2	0 Sample person can do, but not available 1 Continue 2 Unable to administer - SKIP TO 11 (MNT_11TG_1)
THE SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ) SCORING: 0-2 errors: normal mental functioning 3-4 errors: mild cognitive impairment 5-7 errors: moderate cognitive impairment 8 or more errors: severe cognitive impairment *One more error is allowed in the scoring if a sample person has had a grade school education or less. *One less error is allowed if the sample person has had education beyond the high school level. Source: Pfeiffer, E. (1975). A short portable mental status questionnaire for the assessment of organic brain deficit in elderly patients. <i>Journal of American Geriatrics Society</i> , 23, 433-41.			
<b>MNT INTRO</b> FR: IF SPEAKING TO THE SAMPLE PERSON FOR THE FIRST TIME, READ THE FIRST PARAGRAPH INTRODUCTION. IF NOT, START READING THE SECOND PARAGRAPH. Hello. I am (your name) from the United States Bureau of the Census. We are taking a survey of Long Term Care in the United States. This is a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States. As part of this survey, we now have some questions to ask you.  Sometimes when people get older, they have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. It's very normal. If you DO know the answers, the questions may seem very simple.			
1.	What is the date today? FR: ANSWER - TODAY IS [CURRENT SYSTEM DATE]. MNT_1	Length 2	1 Correct (+) 2 Incorrect (-) -8, -9 Don't Know, Refused -1 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
2.	What day of the week is it? FR: ANSWER - TODAY IS [CURRENT SYSTEM DAY]. MNT_2	Length 2	1 Correct (+) 2 Incorrect (-) -8, -9 Don't Know, Refused -1 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
<b>COMMUNITY QUESTIONNAIRE CHECK</b> Question 3a not used in Community questionnaire in 2004.			
3b.	What is your street address? FR: ANSWER - STREET ADDRESS IS [ADDRESS]. MNT_3	Length 2	1 Correct (+) 2 Incorrect (-) -8, -9 Don't Know, Refused -1 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

4.	In what State is this? FR: ANSWER - STATE IS [STATE]. MNT_4	Length 2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
5.	How old are you? FR: ANSWER - [SAMPNAME]'S AGE IS [AGE]. MNT_5	Length 2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
6.	When were you born? FR: ANSWER - [SAMPNAME]'S BIRTHDATE IS [BIRTHDATE]. MNT_6	Length 2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
7.	Who is the President of the United States now? FR: ANSWER - GEORGE W. BUSH. MNT_7	Length 2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
8.	Who was the President just before him? FR: ANSWER - WILLIAM J. CLINTON. MNT_8	Length 2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
9.	What was your mother's maiden name? FR: ACCEPT ANY NAME EXCEPT FOR THE RESPONDENT'S LAST NAME. MNT_9	Length 2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
10.	Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. FR: PROBE: CAN YOU SUBTRACT 3 FROM THAT? MNT_10  Correct answer: 17, 14, 11, 8, 5, 2	Length 2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
<b>MNT CK4</b>			
CAPI: Refer to all Cognitive Functioning questions 1 through 10. Are any of these questions coded 'D' or 'R'?			
	MNT CK4		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO MNT END
11.	FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.		
	(1) FR was denied access to sample person MNT_11TG_1	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(2) Sample person is mentally incapable MNT_11TG_2	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(3) Sample person is physically incapable MNT_11TG_3	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(4) Sample person has hearing/speech problem MNT_11TG_4	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(5) Sample person cannot speak English MNT_11TG_5	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(6) Sample person has had a stroke MNT_11TG_6	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(7) Sample person has Alzheimer's disease MNT_11TG_7	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(8) Sample person comatose MNT_11TG_8	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(9) Sample person is a danger to self or others MNT_11TG_9	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(10) Specify other MNT_11TG_10	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	MNT_11 SP	Length 40	Specify:
<b>MNT END</b>			
Set end time			
<b>MNT COMPLETION CHECK</b>			
CAPI: If MNT_11 is answered or 50% of the below listed variables do not contain 'R', then the module is complete. MNT_1, MNT_2, MNT_3, MNT_4, MNT_5, MNT_6, MNT_7, MNT_8, MNT_9, MNT_10			
	MNT COMPLETE	Length 2	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Incomplete
<b>End Cognitive Functioning Module</b>			
<b>Part 10 - OTHER FUNCTIONING (OFN)</b>			
<b>OFN BEGIN</b>			
Set Start Time:			
<b>PROXY8</b>			
FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?			
	OFNPROXY	Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample Person and Proxy
1.	Compared to other persons the same age, would you say that (your)/[SAMPNAME]'s health is excellent, good, fair, or poor?	Length 2	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor -8, -9 <input type="checkbox"/> Don't Know, Refused
	OFN_1	Length 2	
<b>OFN CK2</b>			
CAPI: Refer to OFNPROXY at the beginning of this part. Respondent is:			
	OFN CK2	Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - SKIP TO 4a (OFN_4A) 3 <input type="checkbox"/> Sample Person and Proxy
2.	FR: SHOW FLASHCARD 9. How often (do you/does)/[SAMPNAME] avoid doing things because (you/he/she) (do/does) not have enough energy to do them - would you say all of the time, most of the time, some of the time, once in awhile, or never?	Length 2	1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Once in awhile 5 <input type="checkbox"/> Never -8, -9 <input type="checkbox"/> Don't Know, Refused
	OFN_2	Length 2	
3.	(Do you/Does) [SAMPNAME] ever feel (you/he/she) needs the help of a		1 <input type="checkbox"/> Yes

doctor or counselor for a mental or emotional problem? OFN_3		Length 2	2 -8, -9	<input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
DOCTOR OR COUNSELOR Any physician or mental health specialist such as a psychiatrist, psychologist, social worker, psychiatric nurse, educational, rehabilitation and pastoral counselor.				
MENTAL OR EMOTIONAL PROBLEM Any problem, disorder, or condition that relates to the sample person's mental health, such as anxiety, fears, worry, troubles, depression or "nerves." It includes but is not limited to the more severe psychiatric disorders such as senility, manic-depressive psychosis, and schizophrenia.				
4a. (Were you/Was) [SAMPNAME] ever hospitalized for a mental or emotional problem? OFN_4A		Length 2	1 2 -8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 5a (OFN_5A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (OFN_5A)
4b. (Were you/Was) [SAMPNAME] hospitalized for a mental or emotional problem in the last 5 years? OFN_4B		Length 2	1 2 -8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused <b>ALL SKIP TO 8a (OFN_8A)</b>
5a. Has a doctor EVER advised (you)/[SAMPNAME] either recently or a long time ago - to get treatment for a mental or emotional problem? OFN_5A		Length 2	1 2 -8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 8a (OFN_8A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 8a (OFN_8A)
5b. Has a doctor told (you)/[SAMPNAME] to get treatment for a mental or emotional problem in the last 5 years? OFN_5B		Length 2	1 2 -8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
<b>Note: Question 6 and 7a-7c not used in 2004.</b>				
8a. Does anyone phone or check on (you)/[SAMPNAME] regularly just to make sure (you/he/she) is all right? OFN_8A		Length 2	1 2 -8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 8c (OFN_8C) <input type="checkbox"/> Don't Know, Refused - SKIP TO 8c (OFN_8C)
8b. Who regularly does this? Anyone else? <b>FR: REASK UNTIL ANSWER IS "NO ONE ELSE" UP TO A MAXIMUM OF 30 TIMES. ENTER (N) FOR NO MORE.</b>  OFN18B1_R- OFN18B28_R		Length 2		<input type="checkbox"/> Sample Person <input type="checkbox"/> Spouse/Spousal Equivalent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Son-in-law <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Father-in-law <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Brother-in-law <input type="checkbox"/> Sister-in-law <input type="checkbox"/> Other male relative <input type="checkbox"/> Other female relative <input type="checkbox"/> Male friend <input type="checkbox"/> Female friend <input type="checkbox"/> Male neighbor <input type="checkbox"/> Female neighbor <input type="checkbox"/> Employee / Someone hired <input type="checkbox"/> Someone from helping organization <input type="checkbox"/> Institution / Assisted Living Center <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Unable to determine <input type="checkbox"/> Someone else - specify in OFN_8B_SP below <input type="checkbox"/> Child gender unknown <input type="checkbox"/> No More -8, -9 <input type="checkbox"/> Don't Know, Refused <b>ALL SKIP TO 9b. (OFN_9B)</b>
OFN_8B_SP		Length 40		
8c. (Do you/Does) [SAMPNAME] NEED someone to phone or check on (you/him/her) regularly just to make sure (you/he/she) (are/is) all right? OFN_8C		Length 2	1 2 -8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
<b>Note: Question 9a not used in 2004.</b>				
9b. Now I have some questions about being in touch with relatives and friends. First, I'd like to ask about (your)/[SAMPNAME]'s relatives who don't live with (you/him/her) including (your/his/her) children. <b>FR: SHOW FLASHCARD 10.</b> Not counting relatives who live here, how many times in the past month did (you)/[SAMPNAME] see (your/his/her) relatives, including children? <b>FR: CODE FOR ALL RELATIVES' VISITS COMBINED.</b> OFN_9B		Length 2	1 2 3 4 5 6 -8, -9	<input type="checkbox"/> None <input type="checkbox"/> Once or twice <input type="checkbox"/> Three to five times <input type="checkbox"/> Six to ten times <input type="checkbox"/> Eleven to twenty-nine times <input type="checkbox"/> Thirty or more <input type="checkbox"/> Don't Know, Refused
9c. <b>FR: SHOW FLASHCARD 10.</b> In the past month, how often did (you)/[SAMPNAME] speak with (your/his/her) relatives, on the telephone?  OFN_9C		Length 2	1 2 3 4 5 6 -8, -9	<input type="checkbox"/> None <input type="checkbox"/> Once or twice <input type="checkbox"/> Three to five times <input type="checkbox"/> Six to ten times <input type="checkbox"/> Eleven to twenty-nine times <input type="checkbox"/> Thirty or more <input type="checkbox"/> Don't Know, Refused
<b>OFN CK3</b> <i>CAPI refers to OFNPROXY at the beginning of this part. Respondent is:</i>				
OFN_CK3		Length 2	1 2 3	<input type="checkbox"/> Sample Person <input type="checkbox"/> Proxy - SKIP TO 10b (OFN_10B) <input type="checkbox"/> Sample Person and Proxy
9d. Would you like to see or talk to your relatives more often, less often, or as often as you do now?  OFN_9D		Length 2	1 2 3 -8, -9	<input type="checkbox"/> More often <input type="checkbox"/> Less often <input type="checkbox"/> As often as now <input type="checkbox"/> Don't Know, Refused
<b>Note: Question 10a not used in 2004.</b>				
10b. You've told me about (your)/[SAMPNAME]'s relatives. Now I want to ask about (your/his/her) friends. <b>FR: SHOW FLASHCARD 10.</b> How often in the past month did (you/he/she) see (your/his/her) friends? <b>FR: CODE FOR ALL FRIENDS' VISITS COMBINED.</b> OFN_10B		Length 2	1 2 3 4 5 6 -8, -9	<input type="checkbox"/> None <input type="checkbox"/> Once or twice <input type="checkbox"/> Three to five times <input type="checkbox"/> Six to ten times <input type="checkbox"/> Eleven to twenty-nine times <input type="checkbox"/> Thirty or more <input type="checkbox"/> Don't Know, Refused
10c. <b>FR: SHOW FLASHCARD 10.</b> How often in the past month did (you)/[SAMPNAME] speak with (your/his/her) friends, on the telephone?  OFN_10C		Length 2	1 2 3 4 5 6 -8, -9	<input type="checkbox"/> None <input type="checkbox"/> Once or twice <input type="checkbox"/> Three to five times <input type="checkbox"/> Six to ten times <input type="checkbox"/> Eleven to twenty-nine times <input type="checkbox"/> Thirty or more <input type="checkbox"/> Don't Know, Refused
<b>OFN CK4</b> <i>CAPI refers to OFNPROXY at the beginning of this part. Respondent is:</i>				
OFN_CK4		Length 2	1 2 3	<input type="checkbox"/> Sample Person <input type="checkbox"/> Proxy - SKIP TO 12a (OFN_12A) <input type="checkbox"/> Sample Person and Proxy
10d. Would you like to see or talk to your friends more often, less often, or as			1	<input type="checkbox"/> More often

often as you do now? OFN_10D	Length 2	2 <input type="checkbox"/> Less often 3 <input type="checkbox"/> As often as now -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>Note: OFN CK5 not used in 2004.</b>		
11. Sometimes people feel that they have nobody to tell their troubles to. Would you say you feel this way most of the time, some of the time, hardly ever, or never? OFN_11	Length 2	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Hardly ever 4 <input type="checkbox"/> Never -8, -9 <input type="checkbox"/> Don't Know, Refused
12a. Now I'm going to ask you some questions about things people often do indoors. About how many hours a day (do you/does) [SAMPNAME] usually listen to the radio? OFN_12A	Length 2	1-24 <input type="checkbox"/> Hours -1 <input type="checkbox"/> Less than 1 hour -2 <input type="checkbox"/> None -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>Note: Question 12b not used in 2004.</b>		
13a. About how many hours a day (do you/does) [SAMPNAME] usually watch television? OFN_13A	Length 2	1-24 <input type="checkbox"/> Hours -1 <input type="checkbox"/> Less than 1 hour -2 <input type="checkbox"/> None -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>Note: Question 13b not used in 2004.</b>		
14. (Do you/Does) [SAMPNAME] have any pets? OFN_14	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
15a. During the past week did (you)/[SAMPNAME] read a book, magazine, or newspaper? OFN_15_1	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
15b. During the past week did (you)/[SAMPNAME] work on a hobby, like painting, sewing, or arts and crafts? OFN_15_2	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
15c. During the past week did (you)/[SAMPNAME] play games such as cards, solitaire, or work on a puzzle? OFN_15_3	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
15d. During the past week did (you)/[SAMPNAME] listen to records, tapes, or compact discs? OFN_15_4	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
16a. During the past month did (you)/[SAMPNAME] go to a religious service? OFN_16_1	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
16b. During the past month did (you)/[SAMPNAME] attend a meeting of a civic, religious, professional or recreational club or organization? OFN_16_2	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>OFN CK6</b> <i>CAPI: Refer to OFNPROXY at the beginning of this part. Respondent is:</i> OFN CK6	Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - SKIP TO OFN_END 3 <input type="checkbox"/> Sample Person and Proxy
17. During the last two weeks, have you felt so sad, blue, or depressed that you - 17a. Did not feel like doing the things you usually do? OFN_17_1	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
17b. Could not sleep like you usually do? OFN_17_2	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
17c. Lost your appetite or could not eat like you usually do? OFN_17_3	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
18. Taken all together, how would you say things are these days - would you say that you are very happy, pretty happy, or not too happy? OFN_18	Length 2	1 <input type="checkbox"/> Very happy 2 <input type="checkbox"/> Pretty happy 3 <input type="checkbox"/> Not too happy -8, -9 <input type="checkbox"/> Don't Know, Refused
19. Generally speaking, how satisfied are you with your life as a whole - would you say you are very satisfied, satisfied, or not satisfied? OFN_19	Length 2	1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Satisfied 3 <input type="checkbox"/> Not satisfied -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>OFN END</b> Set end time		
<b>OFN COMPLETION CHECK</b> CAPI: If 50% of the below listed variables do not contain 'D', 'R', or -5, then the module is complete. OFN_1, OFN_4A, OFN_5A, OFN_8A, OFN_8C, OFN_9B, OFN_9C, OFN_9D, OFN_10B, OFN_10C, OFN_12A, OFN_13a, OFN_14, OFN_15_1, OFN_15_2, OFN_15_3, OFN_15_4, OFN_16A, OFN_16B OFN COMPLETE		
Length 2	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Incomplete	
<b>Part 11 - HOUSING AND NEIGHBORHOOD CHARACTERISTICS (HNC)</b>		
<b>HNC BEGIN</b> Set Start Time:		
<b>PROXY9</b> FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS? HNC PROXY		
Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample Person and Proxy	
<b>HNC CK2</b> FR: IN WHAT TYPE OF AREA IS THIS ADDRESS? HNC CK2		
Length 2	1 <input type="checkbox"/> Open country/not a farm 2 <input type="checkbox"/> A rural or farming community 3 <input type="checkbox"/> A small city/town/village of fewer than 50,000 people that is not a suburb of a larger city 4 <input type="checkbox"/> A medium-sized city (50,000 to 100,000 people) 5 <input type="checkbox"/> A suburb of a medium-sized city 6 <input type="checkbox"/> A large city (100,000 to 500,000 people) 7 <input type="checkbox"/> A suburb of a large city 8 <input type="checkbox"/> A very large city (over 500,000) people 9 <input type="checkbox"/> A suburb of a very large city 10 <input type="checkbox"/> An Indian reservation	
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>		
1. OPEN COUNTRY/NOT A FARM: An area that is unincorporated and primarily nonagricultural, located more than 30 miles from a large city. If located within 30 miles of a large city, code as a suburb of a large city.		
2. RURAL/FARMING COMMUNITY: An area that is unincorporated and primarily agricultural, located more than 30 miles from a large city. If located within 30 miles of a large city, code as a suburb of a large city.		
3. SMALL CITY/TOWN/VILLAGE: An incorporated community of fewer than 50,000 people. If within 30 miles of a large city, code as a suburb of a large city.		
4. MEDIUM-SIZED CITY: An incorporated community of 50,000-100,000 people.		
5. SUBURB OF A MEDIUM-SIZED CITY: Any area within 30 miles of a medium-sized city. If an area qualifies as both a medium-sized city of 50,000-100,000 people and a suburb of a medium-sized city, code as a suburb of a medium-sized city.		
6. LARGE CITY: An incorporated community of over 100,000 to 500,000 people.		
7. SUBURB OF A LARGE CITY: Any area within 30 miles of a large city. If an area qualifies as both a large city of 100,000-500,000 people and a suburb of a large city, code as a suburb of a large city.		
8. A VERY LARGE CITY: An incorporated community of over 500,000 people.		
9. SUBURB OF A VERY LARGE CITY: Any area within 30 miles of a very large city. If an area qualifies as both a very large city of over 500,000 people and a suburb of a very large city code as a suburb of a very large city.		
<b>HNC CK31</b> FR: WHAT ARE THE LIVING QUARTERS? ASK ABOUT ELEVATOR ONLY		
		1 <input type="checkbox"/> Detached house 2 <input type="checkbox"/> Duplex or row house

<b>IF NOT OBVIOUS.</b>				
HNC_CK31	Length	2	3	<input type="checkbox"/> Apartment or flat in building with elevator
			4	<input type="checkbox"/> Apartment or flat in building without elevator
			5	<input type="checkbox"/> Room in hotel/motel with elevator
			6	<input type="checkbox"/> Room in hotel/motel without elevator
			7	<input type="checkbox"/> Room in rooming or boarding house
			8	<input type="checkbox"/> Rented room in private house
			9	<input type="checkbox"/> Mobile home or trailer with no permanent room added
			10	<input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added
			11	<input type="checkbox"/> Other - Specify in HNC_CK32 below
HNC_CK32	Length	40		<input type="checkbox"/> Specify: _____
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
1. DETACHED HOUSE: A single family dwelling with some property around it.				
2. DUPLEX OR ROW HOUSE: A single family dwelling attached to another on one or both sides.				
3 & 4. APARTMENT: A separate housing unit within a multiple dwelling unit. It may be in a two or more family dwelling unit or in an apartment house. This category is divided by the availability of an elevator.				
5 & 6. ROOM IN HOTEL/MOTEL: A room used as a permanent residence within a hotel or motel. This category is divided by the availability of an elevator.				
7. ROOM IN ROOMING OR BOARDING HOUSE: A boarding house is a building which has five or more units for rent and which serves regular meals to residents. The occupant pays a flat rate which includes a room and meals on a weekly or monthly basis. A rooming house is an establishment with five or more units for rent to persons who usually pay on a weekly or monthly basis. No regular meals are served, but linens and maid service may be provided.				
8. RENTED ROOM IN A PRIVATE HOUSE: A room to sleep in, either with or without added kitchen privileges.				
9. TRAILER (MOBILE): A home which can be transported to different sites, usually by attachment to a car.				
10. TRAILER (PERMANENT): A trailer which is built on a foundation and cannot be moved.				
<b>HNC CK4</b>				
<i>CAPI: Refer to Person Roster: HHMEM_03 - HHMEM_20, ROS_AGE_3 - ROS_AGE_20, and ROS_REL_3 - ROS_REL_20 in the Control Card. If HHMEM_03-20=1 and (ROS_AGE_3-20 GT 18 or ROS_AGE_3-20 GT 18), goto HNC_1A. Otherwise goto HNC_CK5.</i>				
Are person(s), other than spouse, older than 18 years of age, currently living with (you)[SAMPNAME] ?				
HNC_CK4	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO HNC_CK5
1a.	What is the reason that (you)[SAMPNAME] and the other household member(s) are living together NOW?		1	<input type="checkbox"/> Yes
	Is that because of a health or physical problem (you/he/she) has?		2	<input type="checkbox"/> No
HNC_1A	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
1b.	Is it to share living expenses?		1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
HNC_1B	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
1c.	Did (you)[SAMPNAME] come to live with the other household member(s), or did the other household member(s) come to live with (you/him/her)?		1	<input type="checkbox"/> Sample person came to live with other(s)
HNC_1C_1	Length	2	2	<input type="checkbox"/> Other(s) came to live with sample person
			3	<input type="checkbox"/> Other - Specify in HNC_1C_2 below
HNC_1C_2	Length	40	-8,-9	<input type="checkbox"/> Don't Know, Refused
				<input type="checkbox"/> Specify: _____
<b>Note: Only month and year are asked in question 1d in NLTC 2004.</b>				
1d.	When did (you)[SAMPNAME] and (any of) other household member(s) start living together?		01-12	<input type="checkbox"/> Month
HNC_1D_1	Length	2	-8,-9	<input type="checkbox"/> Don't Know, Refused
HNC_1D_3	Length	4	1900-2005	<input type="checkbox"/> Year
			-8,-9	<input type="checkbox"/> Don't Know, Refused
<b>HNC CK5</b>				
<i>CAPI: Refer to HNCPROXY at the beginning of this part. Respondent is:</i>				
HNC_CK5	Length	2	1	<input type="checkbox"/> Sample Person
			2	<input type="checkbox"/> Proxy - SKIP TO 2b (HNC_2B)
			3	<input type="checkbox"/> Sample Person and Proxy
2a.	All things considered, how satisfied are you with the place in which you are living - would you say that you are very satisfied, satisfied, or not satisfied?		1	<input type="checkbox"/> Very satisfied
			2	<input type="checkbox"/> Satisfied
HNC_2A	Length	2	3	<input type="checkbox"/> Not satisfied
			-8,-9	<input type="checkbox"/> Don't Know, Refused
<b>FR: IF OBVIOUS, MARK WITHOUT ASKING.</b>				
2b.	Is this place part of a building or community intended for older or retired, or disabled persons?		1	<input type="checkbox"/> Yes
HNC_2B	Length	2	2	<input type="checkbox"/> No
			-8,-9	<input type="checkbox"/> Don't Know, Refused
<b>3. FR: SHOW FLASHCARD 11.</b>				
Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else?				
<b>FR: ENTER EACH ITEM MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) WHEN DONE.</b>				
(1)	Extra handrails or grab bars		1	<input type="checkbox"/> Yes
HNC_3_1	Length	2	2	<input type="checkbox"/> No
(2)	Ramps		1	<input type="checkbox"/> Yes
HNC_3_2	Length	2	2	<input type="checkbox"/> No
(3)	Elevators or stair lifts		1	<input type="checkbox"/> Yes
HNC_3_3	Length	2	2	<input type="checkbox"/> No
(4)	Extra wide doors or hallways		1	<input type="checkbox"/> Yes
HNC_3_4	Length	2	2	<input type="checkbox"/> No
(5)	Push bars on doors		1	<input type="checkbox"/> Yes
HNC_3_5	Length	2	2	<input type="checkbox"/> No
(6)	Raised toilet		1	<input type="checkbox"/> Yes
HNC_3_6	Length	2	2	<input type="checkbox"/> No
(7)	None		1	<input type="checkbox"/> Yes
HNC_3_0	Length	2	2	<input type="checkbox"/> No
(D)	Don't Know		1	<input type="checkbox"/> Yes
HNC_3_DK	Length	2	2	<input type="checkbox"/> No
(R)	Refused		1	<input type="checkbox"/> Yes
HNC_3_RF	Length	2	2	<input type="checkbox"/> No
<b>HNC3_KEY</b>				
			N	<input type="checkbox"/> No More
<b>4. FR: SHOW FLASHCARD 11.</b>				
Which of these things would make things easier or more comfortable for (you)[SAMPNAME]? Anything else?				
<b>FR: ENTER EACH ITEM MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. (ENTER (N) WHEN DONE).</b>				
(1)	Extra handrails or grab bars		1	<input type="checkbox"/> Yes
HNC_4_1	Length	2	2	<input type="checkbox"/> No
(2)	Ramps		1	<input type="checkbox"/> Yes

HNC_4_2	Length	2	2	<input type="checkbox"/> No
(3) Elevators or stair lifts HNC_4_3	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Extra wide doors or hallways HNC_4_4	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Push bars on doors HNC_4_5	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Raised toilet HNC_4_6	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) None HNC_4_0	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(D) Don't Know HNC_4_DK	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(R) Refused HNC_4_RF	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
HNC4 KEY	Length	2	N	<input type="checkbox"/> No More
5a. Is there a toilet conveniently located to the room in which (you)/[SAMPNAME] sleep(s)? This includes portable toilets. HNC_5A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
5b. Is there a toilet conveniently located to the room in which (you)/[SAMPNAME] spend(s) most of (your/his/her) day? This includes portable toilets. HNC_5B	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
HNC CK6 CAPI: Refer to HNCPROXY at the beginning of this part. Respondent is: HNC_CK6	Length	2	1, 2, 3	<input type="checkbox"/> Sample Person <input type="checkbox"/> Proxy - SKIP TO 7a (HNC_7A) <input type="checkbox"/> Sample Person and Proxy
6. All things considered, how satisfied are you with this neighborhood - would you say that you are very satisfied, satisfied, or not satisfied? HNC_6	Length	2	-8, -9	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied <input type="checkbox"/> Don't Know, Refused
7a. Is there a conveniently located food or grocery store in this neighborhood? HNC_7A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
7b. Is there a conveniently located drug store or pharmacy in this neighborhood? HNC_7B	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
8a. Is crime a serious problem in this neighborhood? HNC_8A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
8b. During the past year, (have you/has) [SAMPNAME] (or any other members of (your/his/her) household) been a victim of a crime in this neighborhood? HNC_8B	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
HNC END Set end time				
<b>Part 12 - HEALTH INSURANCE (INS)</b>				
INS BEGIN Set Start Time:				
PROXY10 FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS? INS_PROXY	Length	2	1, 2, 3	<input type="checkbox"/> Sample Person <input type="checkbox"/> Proxy <input type="checkbox"/> Sample Person and Proxy
1. Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. (Are you/ls) [SAMPNAME] now covered by Medicare? INS_1	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
MEDICARE Medicare is a federal program which provides financing of health care costs for persons 65 and over, and for certain disabled persons under 65 who have been eligible for Social Security payments for at least 2 years. Part A covers the cost of hospital care. Part B provides insurance for medical services. (Are you/ls) [SAMPNAME] covered by a Medicare HMO? In this state, such programs include: (CAPI fills in the names of state-specific Medicare HMOs).				
1b. INS_1B	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
2a. There is a national program called Medicaid which pays for health care for persons in need. In this state it is called (CAPI fills in the names of state-specific Medicaid program). During the past 12 months, (have you/has) [SAMPNAME] received health care which has been or will be paid for by Medicaid or (FILL name)? INS_2A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
MEDICAID A Federally-assisted state program, which offers health benefits to persons on public assistance, & in some states, to those deemed medically needy because their incomes are only slightly above welfare standards. All states currently have Medicaid programs. Persons may have Medicare coverage & also receive benefits from Medicaid. Below is a list of the different names of state Medicaid programs.				
STATE	STATE PROGRAM			
Alaska	Medical Assistance Program			
Arizona	AHCCCS, Acute Care Program or Long term Care System (ALTCS)			
California	Medi-Cal			
Connecticut	Connecticut Access (CONNECT CARD)			
Florida	MediPass			
Georgia	Better Health Care Program or Medical Assistance			
Hawaii	Med-QUEST, Maluhia or Medical Assistance			
Idaho	Healthy Connections or Medical Assistance			
Illinois	MediPlan			
Indiana	Hoosier Healthwise			
Iowa	MediPAS (Medical Assistance)			
Kansas	PrimeCare, Community Care Kansas (CCK) or HealthConnect			
Kentucky	KY Patient Access & Care System (KenPAC) or Medical Assistance			
Louisiana	CommunityCARE Program			
Maine	PrimeCare			
Maryland	Maryland Access to Care (MAC) or Medical Assistance			
Massachusetts	MassHealth			
Minnesota	Prepaid Medical Assistance Program (PMAP)/Health Care Programs			
Mississippi	HealthMACS			
Missouri	MC Plus			
Montana	Passport to Health			
Nebraska	Primary Care Plus (+) or Health Connection			
Nevada	MAPnet			

New Jersey	New Jersey Care 2000
New Mexico	Primary Care Network
New York	MAX
North Carolina	Carolina Access
North Dakota	North Dakota Access to Care
Ohio	Accessing Better Care (ABC) Program
Oklahoma	SoonerCare
Oregon	Oregon Health Plan (OHP), Kaiser-S/HMO or Medical Assistance
Pennsylvania	HealthPASS, Family Care Network (FCN), Lancaster Community Health Plan, Blue Card or Green Card or ACCESS
Rhode Island	Rite Care or Medical Assistance
South Carolina	South Carolina Health Access Plan (SCHAP)
South Dakota	Primary Care Provider Program
Tennessee	TennCare
Texas	LoneSTAR (State of Texas Access Reform)
Vermont	Dr. Dynosaur, Vermont Health Access Program (VHAP) or AIM
Virginia	Medallion, Options or Medical Assistance
Washington	Health Access Spokane, Kaiser-S/HMO or Healthy Options
Washington, D.C.	Medical Assistance
West Virginia	West Virginia Physician Assured Access System (PASS)
Wisconsin	Medical Assistance Program

2b. (Do you/Does) [SAMPNAME] NOW have a Medicaid card?  
 INS\_2B Length 2

1  Yes  
 2  No - SKIP TO 3a (INS\_3A)  
 -8, -9  Don't Know, Refused - SKIP TO 3a (INS\_3A)

2c. May I please see (your/your)[SAMPNAME]'s card?  
 INS\_2C\_1 Length 2

1  Current Medicaid card seen - SKIP TO 2d (INS\_2D)  
 2  Expired Medicaid card seen - SKIP TO 3a (INS\_3A)  
 3  No card seen - SKIP TO 3a (INS\_3A)  
 4  Other card seen - Specify in INS\_2C\_2 below - SKIP TO 3a (INS\_3A)  
 -8, -9  Don't Know, Refused - SKIP TO 2d (INS\_2D)  
 Specify: \_\_\_\_\_

FR: MARK FIRST APPLICABLE BOX.  
 INS\_2C\_2 Length 40

**>HELP SCREEN< [REFERENCE]**

You will be asking to see the sample person's Medicaid card. Most Medicaid cards include an expiration date and for them it will be easy to determine whether the card is current or expired. If no expiration date is shown on the Medicaid card, code as current. If the respondent shows a card for another public assistance program (other than Medicaid), enter the name of the program under the category Other card seen--Specify.  
 A white card with a red and blue stripe is a Medicare card. Check the card to see if it is for Medicare. If it is, ask to see the Medicaid card.

2d. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicaid records for other health information in this study. Providing (your/your)[SAMPNAME]'s Medicaid number is voluntary and WILL NOT AFFECT (your/his/her) BENEFITS in any way.  
 What is (your/your)[SAMPNAME]'s Medicaid number?  
 INS\_2D Length 13

1  Medicaid Number  
 2  Don't Know, Refused  
 -8, -9  Don't Know, Refused

3a. (Are you/Is) [SAMPNAME] NOW covered by any OTHER public assistance program that pays for health care?  
 INS\_3A Length 2

1  Yes  
 2  No - SKIP TO 4 (INS\_4)  
 -8, -9  Don't Know, Refused - SKIP TO 4 (INS\_4)

3b. What is the name of that program?  
 INS\_3B Length 80

1  Insurance Program  
 -8, -9  Don't Know, Refused

4. (Are you/Is) [SAMPNAME] NOW covered by TRICARE/CHAMPUS or CHAMPVA, or some other military health care, which are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans?  
 INS\_4 Length 2

1  Yes  
 2  No  
 -8, -9  Don't Know, Refused

**>HELP SCREEN< [REFERENCE]**

TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors.  
 CHAMPUS: The Civilian Health and Medical Program for Uniformed Services, administered by the Department of Defense. (TRICARE- Standard)  
 CHAMPVA: The Civilian Health and Medical Program administered by the Veteran's Administration. It is pronounced "champ-vah."

5a. In addition to Medicare and Medicaid, (are you/Is) [SAMPNAME] now covered by a private health insurance plan or an HMO which pays any part of a hospital, doctor's or surgeon's bill?  
 INS\_5A Length 2

1  Yes  
 2  No - SKIP TO 6A (INS\_6A)  
 -8, -9  Don't Know, Refused - SKIP TO 6A (INS\_6A)

**>HELP SCREEN< [REFERENCE]**

**PRIVATE HEALTH INSURANCE**

Includes Prepaid Health Plans (PHP's) and Health Maintenance Organizations (HMO's), such as the Kaiser-Permenente in the west and the Health Insurance Plan (HIP) in New York. Prepaid Health Plans are also called Group Practice Prepayment Plans. Under HMO's and PHP's, the covered person pays a regular monthly or yearly amount, and then can use the facilities of the plan without charge or for a nominal charge. HMO's and PHP's may also reimburse the covered person for some medical services received outside of the plan's own facilities.

Blue Cross and Blue Shield may be reported separately, or as a single plan. Record as given by the respondent. Blue Cross and Blue Shield also have a health plan (Medicare Plus) that supplements the payment by Medicare. Other health insurance companies also have such supplementary plans. These, if mentioned, should be included as private health insurances.

The following programs are not included:

1. Disability insurance that pays only on the basis of the number of days missed from work.
2. Veterans' benefits.
3. "Income maintenance" insurance which pays a fixed amount of money to persons both in and out of the hospital.
4. Worker's Compensation.
5. Insurance plans which pay only for contact lenses or glasses.
6. Army Health Plan and plans with similar names (e.g., Air Force Health Plan). They are medical benefits accorded to enlisted personnel, their dependents, and some civilian employees.
7. Dread Disease Plans which are limited to certain illnesses or diseases, such as cancer, heart attack, or stroke.
8. Extra Cash Policies which pay a fixed amount of money only while a person is a patient in a hospital. (Also called Cash Only Policies.)
9. Care received through research programs such as the National Institute of Health.
10. Plans that cover only dental care.

**- CREATE AN INSURANCE ROSTER -**

FR: IF THE RESPONDENT REFUSES TO NAME THE PRIVATE HEALTH INSURANCE PROGRAM, OR DOESN'T KNOW THE NAME, ENTER WHATEVER RESPONSE YOU GET FROM THE RESPONDENT, OR ENTER 'PRIVATE HEALTH INSURANCE PLAN.' IF THERE IS MORE THAN ONE, ENTER 'PRIVATE HEALTH INSURANCE PLAN 1,' 'PRIVATE HEALTH INSURANCE PLAN 2,' AND SO ON, UP TO 20 PLANS.

5b. What is the name of this plan?  
 A5B01\_INS\_5B01-- Length 40  
 A5B20\_INS\_5B20

1  Name  
 -8, -9  Don't Know, Refused

5c. Is [fill name from A5B01\_INS\_5B01-20] an HMO?  
 INS\_5C1 - Length 2  
 INS\_5C20

1  Yes  
 2  No  
 -8, -9  Don't Know, Refused

5d. Does [fill name from A5B01\_INS\_5B01-20] pay any part of hospital expenses?  
 INS\_5D1 - Length 2  
 INS\_5D20

1  Yes  
 2  No  
 -8, -9  Don't Know, Refused

5e. Does [fill name from A5B01\_INS\_5B01-20] pay any part of doctors' or surgeons' bills for operations?  
 INS\_5E1 - Length 2  
 INS\_5E20

1  Yes  
 2  No  
 -8, -9  Don't Know, Refused

5f. (Do you/Does) [SAMPNAME] have any more health insurance plans?  
 A5B01\_A - Length 2  
 A5B20\_A

1  Yes - Return to 5b (A5B01\_INS\_5B01-20)  
 2  No  
 -8, -9  Don't Know, Refused

**- CLOSE INSURANCE ROSTER -**

6a. (Are you/Is) [SAMPNAME] now covered by a Medicare Supplement Policy?  
 INS\_6A Length 2

1  Yes  
 2  No - SKIP TO 6c1 (INS\_6C1)



6b.	(Do you/Does) [SAMPNAME] pay for this policy or(does (your/[SAMPNAME]s) employer pay for this policy or both? INS_6B	Length 2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 6c1 (INS_6C1) <input type="checkbox"/> Sample Person pays <input type="checkbox"/> Employer Pays - SKIP TO 6c1 (INS_6C1) <input type="checkbox"/> Both Pay
6b1.	What is the amount of the Medicare Supplement Policy premium that (you)/[SAMPNAME] pays? INS_6B1	Length 5	0 - 20,000 -8, -9	<input type="checkbox"/> Dollars - Continue to INS_6B3 below <input type="checkbox"/> Don't Know, Refused - SKIP TO 6c1 (INS_6C1)
	Per: INS_6B3	Length 2		<input type="checkbox"/> Month <input type="checkbox"/> One quarter <input type="checkbox"/> Six months <input type="checkbox"/> Year <input type="checkbox"/> Other - Specify in INS_6B4 below
	INS_6B4	Length 40	-8, -9	<input type="checkbox"/> Don't Know, Refused Specify:
6c1.	(Excluding any Medicare Supplement Policy), (do you/does) [SAMPNAME] have a long-term care policy that covers nursing home care, assisted living, or long-term care services in the home? INS_6C1	Length 2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO INS END <input type="checkbox"/> Don't Know, Refused - SKIP TO INS END
6c2.	(Do you/Does) [SAMPNAME] pay for the policy or does an employer, a former employer, or some other group pay, or both? INS_6C2	Length 2	-8, -9	<input type="checkbox"/> Sample Person pays <input type="checkbox"/> Employer or Other Group Pays - SKIP TO INS END <input type="checkbox"/> Both Pay <input type="checkbox"/> Don't Know, Refused
6c3.	(Do you/Does) [SAMPNAME] pay ongoing premiums or is this coverage part of another form of insurance? INS_6C3	Length 2	-8, -9	<input type="checkbox"/> Ongoing <input type="checkbox"/> Part of another insurance <input type="checkbox"/> Don't Know, Refused
6d.	What is the amount of the premium that (you)/[SAMPNAME] (pay/pays)? INS_6D_1	Length 5	0 - 20,000 -8, -9	<input type="checkbox"/> Dollars - Continue to INS_6D_3 <input type="checkbox"/> Don't Know, Refused - SKIP TO INS END
	Per: INS_6D_3	Length 2		<input type="checkbox"/> Month <input type="checkbox"/> One quarter <input type="checkbox"/> Six months <input type="checkbox"/> Year <input type="checkbox"/> Other - Specify in INS_6D_4 below
	INS_6D_4	Length 40	-8, -9	<input type="checkbox"/> Don't Know, Refused Specify:
<b>Note: Questions 7a and 7b not used in 2004.</b>				
INS END				
Set end time				
<b>Part 13 - MEDICAL PROVIDERS AND PRESCRIPTION MEDICINES (MPP)</b>				
<b>MPP1 BEGIN</b>				
Set Start Time				
<b>PROXY11</b>				
<b>FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?</b>		Length 2		<input type="checkbox"/> Sample Person <input type="checkbox"/> Proxy <input type="checkbox"/> Sample Person and Proxy
1a.	How many times (have you/has) [SAMPNAME] EVER been a patient in a nursing home, convalescent, or rest home? MPP_1A	Length 2	1-99 0 -8, -9	<input type="checkbox"/> Time(s) <input type="checkbox"/> SKIP TO 1e (MPP_1E) <input type="checkbox"/> SKIP TO 1e (MPP_1E)
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
<b>NURSING HOME</b>				
An establishment with three or more beds whose primary function is to serve unrelated persons who do not need hospitalization but require nursing services and other health-related services. Included are places certified or licensed as skilled nursing facilities, and/or intermediate or extended care facilities, and uncertified facilities that provide the equivalent levels of skilled or limited nursing services.				
<b>Note: Question 1b not used in 2004.</b>				
1c1.	When (were you/was) [SAMPNAME] admitted the last time? MPP_1C_1	Length 2	01-12 -8, -9	<input type="checkbox"/> Month <input type="checkbox"/> Don't Know, Refused
	MPP_1C_2	Length 4	1900-2005 -8, -9	<input type="checkbox"/> Year <input type="checkbox"/> Don't Know, Refused
1d1.	How long (were you/was) [SAMPNAME] in the nursing home the last time (days or months)? MPP_1D_1 MPP_1D_2	Length 2 Length 2	1-99 1-99 -8, -9	<input type="checkbox"/> Days OR <input type="checkbox"/> Months <input type="checkbox"/> Don't Know, Refused
<b>MPP CK2</b>				
<b>CAPI: If MPP_1A less than or equal to 1, or equal to D, or R, SKIP TO MPP_1E.</b>				
1c2.	When (were you/was) [SAMPNAME] admitted the time before that? MPP_1C21 MPP_1C22	Length 2 Length 4	01-12 -8, -9 1900-2005 -8, -9	<input type="checkbox"/> Months <input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Year <input type="checkbox"/> Don't Know, Refused
1d2.	How long (were you/was) [SAMPNAME] in the nursing home that time? MPP_1D21 MPP_1D22	Length 2 Length 2	1-99 1-99 -8, -9	<input type="checkbox"/> Days OR <input type="checkbox"/> Months <input type="checkbox"/> Don't Know, Refused
1e.	(Are you/Is) [SAMPNAME] now on a waiting list to go into a nursing home? MPP_1E	Length 2	1 2 -8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
2a.	How many times (have you/has) [SAMPNAME] been a patient in a hospital overnight or longer, in the last 12 months? MPP_2A	Length 2	1-99 0 -8, -9	<input type="checkbox"/> Time(s) <input type="checkbox"/> SKIP TO 3a (MPP_3A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 3a (MPP_3A)
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
<b>HOSPITAL</b>				
An establishment that provides patients with medical services, continuous nursing care, diagnosis and treatment (both surgical and non-surgical), through an organized medical or professional staff and permanent facilities that include six or more inpatient beds.				
<b>Note: Question 2b not used in 2004.</b>				
2c1.	When (were you/was) [SAMPNAME] admitted the last time? MPP_2C_1 MPP_2C_2	Length 2 Length 4	01-12 -8, -9 2003-2005 -8, -9	<input type="checkbox"/> Month <input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Year <input type="checkbox"/> Don't Know, Refused
2d1.	How long (were you/was) [SAMPNAME] in the hospital the last time? MPP_2D_1 MPP_2D_2	Length 2 Length 2	1-99 1-99 -8, -9	<input type="checkbox"/> Days OR - If MPP_2A=1 - SKIP TO 3a (MPP_3A) <input type="checkbox"/> Months - If MPP_2A=1 - SKIP TO 3a (MPP_3A) <input type="checkbox"/> Don't Know, Refused
<b>MPP CK4</b>				
<b>CAPI: If MPP_2A less than or equal to 1, or equal to D, or R, SKIP TO MPP_3A.</b>				
2c2.	When (were you/was) [SAMPNAME] admitted the time before that?			

MPP_2C21	Length	2	01-12	<input type="checkbox"/> Month
MPP_2C22	Length	4	2003-2005	<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Year <input type="checkbox"/> Don't Know, Refused
2d2.	How long (were you/was) [SAMPNAME] in the hospital that time?			
MPP_2D21	Length	2	1-99	<input type="checkbox"/> Days OR
MPP_2D22	Length	2	1-99	<input type="checkbox"/> Months <input type="checkbox"/> Don't Know, Refused
3a.	In the last month, that is, since (FILL date), did (you)/[SAMPNAME] see a physical therapist, occupational therapist, speech therapist, or hearing therapist (not counting when (you)/he/she was in the hospital)?			
MPP_3A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 4a (MPP_4A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (MPP_4A)
3b.	Which of these therapists did (you)/[SAMPNAME] see? Anyone else? FR: ENTER EACH THERAPIST MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) FOR NO MORE THERAPIST SEEN.			
(1) Physical therapist MPP_3B_1	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Occupational therapist MPP_3B_2	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Speech therapist MPP_3B_3	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Hearing therapist MPP_3B_4	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(D) Don't Know MPP_3B_DK	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(R) Refused MPP_3B_RF	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(N) MPP_3B_KEY	Length	2	N	<input type="checkbox"/> No More
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
PHYSICAL THERAPIST: A person trained in the treatment of bodily ailments by various physical or non-medical means. Physical therapy attempts to restore function, relieve pain, and prevent disability following disease, injury, or loss of body part.				
OCCUPATIONAL THERAPIST: Someone trained to help others develop manual skills. The goal of occupational therapy varies with the patient's needs and may include activities that improve muscle strength, retraining for employment, or relearning activities necessary for daily living, such as dressing.				
SPEECH THERAPIST: A person trained in the evaluation and treatment of speech/language disorders.				
HEARING THERAPIST (AUDILOGIST): A person trained in the non-medical evaluation and treatment of hearing disorders.				
<b>MPP CKP</b>				
CAPI: If MPP_3B_1 = 1 continue, else SKIP TO MPP_CKO.				
3b1.	How many times did (you)/[SAMPNAME] see the physical therapist in the last month?			
MPP_3CP	Length	2	1-31	<input type="checkbox"/> Time(s) <input type="checkbox"/> Don't Know, Refused
3b2.	Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else?			
MPP_3DP - Physical therapist	Length	2	1-3	<input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> Don't Know, Refused
<b>MPP CKO</b>				
CAPI: If MPP_3B_2 = 1 continue, else SKIP TO MPP_CKS				
3b3.	How many times did (you)/[SAMPNAME] see the occupational therapist in the last month?			
MPP_3CO	Length	2	1-31	<input type="checkbox"/> Time(s) <input type="checkbox"/> Don't Know, Refused
3b4.	Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else?			
MPP_3DO - Occupational Therapist	Length	2	1-3	<input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> Don't Know, Refused
<b>MPP CKS</b>				
CAPI: If MPP_3B_3 = 1 continue, else SKIP TO MPP_CKH				
3b5.	How many times did (you)/[SAMPNAME] see the speech therapist in the last month?			
MPP_3CS	Length	2	1-31	<input type="checkbox"/> Time(s) <input type="checkbox"/> Don't Know, Refused
3b6.	Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else?			
MPP_3DS -Speech Therapist	Length	2	1-3	<input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> Don't Know, Refused
<b>MPP CKH</b>				
CAPI: If MPP_3B_4 = 1 continue, else SKIP TO 3e (MPP_3E)				
3b7.	How many times did (you)/[SAMPNAME] see the hearing therapist in the last month?			
MPP_3CH	Length	2	1-31	<input type="checkbox"/> Time(s) <input type="checkbox"/> Don't Know, Refused
3b8.	Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else?			
MPP_3DH - Hearing therapist	Length	2	1-3	<input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> Don't Know, Refused
3e.	Will (you)/[SAMPNAME] end up paying any of the charges for (that visit/ all those visits)?			
MPP_3E	Length	2	1-3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Included with other charges <input type="checkbox"/> Don't Know, Refused
<b>Note: Question 3f not used in 2004.</b>				
3g.	Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/ [SAMPNAME]'s family, end up paying any of the charges for (that visit/all those visits)?			
MPP_3G	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 4a (MPP_4A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (MPP_4A)
<b>Note: Question 3h not used in 2004.</b>				
FR: SHOW FLASHCARD 26.				
3i.	Who will end up paying? Anyone else? FR: ENTER EACH ITEM MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) FOR NO OTHER PERSON PAYING.			
(1) Fee for service insurance plans MPP_3I01	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) HMO/prepaid group MPP_3I03	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Medicare MPP_3I05	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Medicaid MPP_3I07	Length	2	1-2	<input type="checkbox"/> Yes <input type="checkbox"/> No

(5)	Veterans Administration (VA) MPP_3109	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Household member(s) MPP_3111	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	Child(ren) of sample person (non-household member(s)) MPP_3113	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Father MPP_3116	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Mother MPP_3118	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10)	Son-in-law MPP_3102	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Daughter-in-law MPP_3104	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12)	Brother MPP_3106	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13)	Sister MPP_3108	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14)	Other male relative MPP_3110	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15)	Other female relative MPP_3112	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(16)	Male friend MPP_3114	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17)	Female friend MPP_3115	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18)	Other - Specify MPP_3117	Length	2	1 <input type="checkbox"/> Yes - specify in MPP_31_SP below 2 <input type="checkbox"/> No
	MPP_31_SP	Length	40	<input type="checkbox"/> Specify: _____
(D)	Don't Know MPP_31_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused MPP_31_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(N)	MPP_31_KEY	Length	2	N <input type="checkbox"/> No More
<b>Note: Question 3j not used in 2004.</b>				
4a.	In the last month, that is, since (FILL date), did (you)/[SAMPNAME] discuss any personal problems with a psychiatrist, psychologist, or any other mental health professional? MPP_4A	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 5a (MPP_5A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (MPP_5A)
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b> MENTAL HEALTH PROFESSIONAL Mental health professionals other than psychiatrists and psychologists include psychiatric nurses, psychiatric social workers, drug or alcohol rehabilitation therapists, and pastoral counselors.				
4b.	How many times (have you/has) [SAMPNAME] seen one of these mental health professionals in the last month? MPP_4B	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
4c.	Will (you)/[SAMPNAME] end up paying any of the charges for (that visit/all those visits)? MPP_4C	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Included with other charges -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>Note: Question 4d not used in 2004.</b>				
4e.	Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, end up paying any of the charges for (that visit/all those visits)? MPP_4E	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 5a (MPP_5A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (MPP_5A)
<b>Note: Question 4f not used in 2004.</b>				
FR: SHOW FLASHCARD 26. ENTER EACH ITEM MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) FOR NO OTHER PERSON PAYING.				
4g.	Who will end up paying? Anyone else?			
(1)	Fee for service insurance plans MPP_4G01	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	HMO/prepaid group MPP_4G03	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Medicare MPP_4G05	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Medicaid MPP_4G07	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Veterans Administration (VA) MPP_4G09	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Household member(s) MPP_4G11	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	Child(ren) of sample person (non-household member(s)) MPP_4G13	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Father MPP_4G16	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Mother MPP_4G18	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

(10)	Son-in-law MPP_4G02	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Daughter-in-law MPP_4G04	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12)	Brother MPP_4G06	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13)	Sister MPP_4G08	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14)	Other male relative MPP_4G10	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15)	Other female relative MPP_4G12	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(16)	Male friend MPP_4G14	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17)	Female friend MPP_4G15	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18)	Specify other MPP_4G17	Length	2	1 <input type="checkbox"/> Yes - specify in MPP_4G_SP below 2 <input type="checkbox"/> No
	MPP_4G_SP	Length	40	<input type="checkbox"/> Specify: _____
(D)	Don't Know MPP_4G_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused MPP_4G_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(N)	MPP_4G_KEY	Length	2	N <input type="checkbox"/> No More

Note: Question 4h not used in 2004.

5a.	In the last month, that is, since (FILL date), did (you)/(SAMPNAME) receive care from a dentist, foot doctor/podiatrist, optometrist/eye doctor, or chiropractor? MPP_5A	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6a (MPP_6A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6a (MPP_6A)
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>HELP SCREEN< [REFERENCE]

FOOT DOCTOR: Usually a podiatrist or chiropractor who is not a medical doctor.

OPTOMETRIST: A health professional who measures vision and prepares lenses for the aid of vision. An optometrist cannot perform surgery and must have specific licensure in order to prescribe medications.

CHIROPRACTOR: A medical person who manipulates the body by aligning the muscles and bones. Chiropractors are not usually medical doctors.

5b.	Which of these did (you)/(SAMPNAME) see? Anyone else? <b>FR: ENTER EACH DOCTOR MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) WHEN DONE.</b>			
(1)	Dentist MPP_5B_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	Foot doctor/Podiatrist MPP_5B_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Optometrist/Eye Doctor MPP_5B_3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Chiropractor MPP_5B_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(D)	Don't Know MPP_5B_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused MPP_5B_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(N)	MPP_5B_KEY	Length	2	N <input type="checkbox"/> No More

MPP CKD

CAP: If MPP\_5B\_1 = 1, continue, else SKIP TO MPP\_5CF.

5c1.	How many times did (you)/(SAMPNAME) see the Dentist in the last month? MPP_5CD	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
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MPP CKF

CAP: If MPP\_5B\_2 = 1, continue, else SKIP TO MPP\_CKT.

5c2.	How many times did (you)/(SAMPNAME) see the Podiatrist/Foot Doctor in the last month? MPP_5CF	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
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MPP CKT

CAP: If MPP\_5B\_3 = 1, continue, else SKIP TO MPP\_CKC.

5c3.	How many times did (you)/(SAMPNAME) see the Optometrist/Eye Doctor in the last month? MPP_5CT	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
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MPP CKC

CAP: If MPP\_5B\_4 = 1, continue, else SKIP TO MPP\_5E.

5c4.	How many times did (you)/(SAMPNAME) see the Chiropractor in the last month? MPP_5CC	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
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Note: Question 5d not used in 2004.

5e.	Will (you)/(SAMPNAME) end up paying any of the charges for (that visit/all those visits)? MPP_5E	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Included with other charges -8, -9 <input type="checkbox"/> Don't Know, Refused
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5f.	Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/(SAMPNAME)'s family, end up paying any of the charges for (that visit/all those visits)? MPP_5F	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6a (MPP_6A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6a (MPP_6A)
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5g.	<b>FR: SHOW FLASHCARD 26.</b> Who will end up paying? Anyone else? <b>FR: ENTER EACH ITEM MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) FOR NO OTHER PERSON PAYING.</b>			
(1)	Fee for service insurance plans MPP_5G01	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	HMO/prepaid group MPP_5G03	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

(3)	Medicare MPP_5G05	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Medicaid MPP_5G07	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Veterans Administration (VA) MPP_5G09	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Household member(s) MPP_5G11	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	Child(ren) of sample person (non-household member(s)) MPP_5G13	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Father MPP_5G16	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Mother MPP_5G18	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10)	Son-in-law MPP_5G02	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Daughter-in-law MPP_5G04	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12)	Brother MPP_5G06	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13)	Sister MPP_5G08	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14)	Other male relative MPP_5G10	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15)	Other female relative MPP_5G12	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(16)	Male friend MPP_5G14	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17)	Female friend MPP_5G15	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18)	Specify other MPP_5G17	Length	2	1 <input type="checkbox"/> Yes - specify in MPP_5G_SP below 2 <input type="checkbox"/> No
	MPP_5G_SP	Length	40	<input type="checkbox"/> Specify: _____
(D)	Don't Know MPP_5G_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused MPP_5G_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	MPP_5G_KEY	Length	2	N <input type="checkbox"/> No Other Person Paying -8, -9 <input type="checkbox"/> Don't Know, Refused
6a.	How many times in the last month, that is, since (FILL date), did (you)/[SAMPNAME] go to an emergency room, hospital clinic or freestanding treatment center such as dialysis or radiation treatment when (you/he/she) did NOT stay overnight? (Do not include any visits you have already told me about.) MPP_6A	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
7a.	(Not counting any visits you've already told me about) in the last month, that is, since (FILL date), how many times did (you)/[SAMPNAME] receive medical care in a doctor's office? (Do NOT count doctors seen in a hospital emergency room or hospital clinic, or while a patient in the hospital.) MPP_7A	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
8a.	In the last month, that is, since (FILL date), how many times did (you)/[SAMPNAME] see a doctor in (your/his/her) home? (Do NOT count any visits you already told me about.) MPP_8A	Length	2	1-31 <input type="checkbox"/> Time(s) -8, -9 <input type="checkbox"/> Don't Know, Refused
9.	(Do you/Does) [SAMPNAME] have a regular source of medical care, like a family doctor, a clinic, or some other medical person or place? MPP_9	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
10a.	In the last month, that is, since (FILL date), how many times did (you)/[SAMPNAME] receive nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide? MPP_10A	Length	2	1-31 <input type="checkbox"/> Times 0 <input type="checkbox"/> Times - SKIP TO MPP1_END -8, -9 <input type="checkbox"/> SKIP TO MPP1_END
- OPEN PERSON ROSTER -				
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>				
10b.	Who provided these at home nursing services to (you)/[SAMPNAME]? Anyone else? (If person or organization is not already listed in the roster, add to roster.) NOTE: IF ANY NEW HELPERS ARE ADDED TO THE ROSTER IN 10B, HELPER QUESTIONS MUST BE COMPLETED FOR EACH NEW HELPER. FR: <b>ENTER LINE NUMBER.</b> <b>ENTER (P) FOR PERSON NOT LISTED.</b> <b>ENTER (O) FOR ORGANIZATION NOT LISTED.</b> <b>ENTER (H) TO DESCRIBE IF NO NAME GIVEN.</b> <b>ENTER (N) FOR NO MORE HELPERS GIVEN.</b>			
	ROS_NAME_3 - ROS_NAME_20	Length	35	<input type="checkbox"/> Name
	ROS_TYPE_3 - ROS_TYPE_20	Length	2	P <input type="checkbox"/> Roster Entry added, person name H <input type="checkbox"/> Roster Entry added, description O <input type="checkbox"/> Roster Entry added, organization
	Set appropriate NRSFLG03-20, HLP_FLG_3-20, IDLFLG_2-20, and QNEWFG_3-20 = 1. NRSFLG02 - NRSFLG20	Length	2	1 <input type="checkbox"/> Helped with home nursing services 5 otherwise
	HLP_FLG_3 - HLP_FLG_20	Length	2	1 <input type="checkbox"/> Helper 5 otherwise

IDLFLG_3 - IDLFLG_20	Length 2	1 <input type="checkbox"/> Helped with IDL 5 <input type="checkbox"/> otherwise
QNEWFG_3 QNEWFG_20	Length 2	1 <input type="checkbox"/> New Helper 5 <input type="checkbox"/> otherwise
MPP_10B_I	Length 2	1-20 <input type="checkbox"/> N <input type="checkbox"/> No More D, R <input type="checkbox"/> Don't Know, Refused

- CLOSE PERSON ROSTER -

MPP HELPERS SECTION

**NOTE: IF ANY NEW HELPERS WERE ADDED TO THE ROSTER IN 10b ABOVE (I.E., HELPERS NOT ADDED IN THE ADL, IADL, or CAREGIVER SELECT SECTIONS), HELPER QUESTIONS MUST BE COMPLETED FOR EACH NEW HELPER ADDED. OTHERWISE, CONTINUE TO BEGIN MPP TWO.**

- OPEN PERSON ROSTER -

**HLP2 BEGIN**

Set Start Time

**Note: For each MPP helper name collected in 10b above, ask MPP questions 1a through 1p.**  
During the past week, that is since last (FILL day), how many days were there when [ROS\_NAME\_03-20] helped (you)/[SAMPNAME] because of a disability or health problem?  
[ROS\_NAME\_03-20] helped (you)/[SAMPNAME] because of a disability or health problem?  
HPB\_1A\_03 - Length 2 0  None - Set HP\_1AH02-20 = 0, SKIP TO HLP\_CKH1 (HPCKH102-120)  
HPB\_1A\_20 1-7  Days  
-8, -9  Don't Know, Refused

1ah. During the past week, that is since last (FILL day), how much time did [ROS\_NAME\_03-20] help (you)/[SAMPNAME] because of a disability or health problem?  
[ROS\_NAME\_03-20] help (you)/[SAMPNAME] because of a disability or health problem?  
HPB\_1AH03-- Length 3 0-168  Hours and/or  
HPB\_1AH20 -8, -9  Don't Know, Refused  
HPB\_1AM03 - Length 2 0-59  Minutes  
HPB\_1AM20 -8, -9  Don't Know, Refused

**HLP CKH1**  
*CAPI: Refer to 1ah (HP\_1AH02-20, HP\_1AM03-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store 2 in HLP\_CKH1, else store 1 in HLP\_CKH1.*

HCKH1B03-- Length 2 1  Time recorded  
HCKH1B20 2  0, Don't Know, or Refused hours recorded

1ah2. Now, thinking about a typical week, how much time did [ROS\_NAME\_03-20] help (you)/[SAMPNAME] because of a disability or health problem?  
[ROS\_NAME\_03-20] help (you)/[SAMPNAME] because of a disability or health problem?  
H1HHB03-- Length 3 0-168  Hours - If hours = 168, store 0 in minutes, SKIP TO 1b (HP\_1B\_02-20)  
H1HHB20  
H1HMB03-- Length 2 0-59  Minutes  
H1HMB20 -8, -9  Don't Know, Refused

1b. For how long has [ROS\_NAME\_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?  
[ROS\_NAME\_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?  
HPB\_1B\_03-- Length 2 1  Less than 3 months  
HPB\_1B\_20 2  3 months to less than 6 months  
3  6 months to less than 1 year  
4  1 year to less than 5 years  
5  5 years or over  
-8, -9  Don't Know, Refused

**NOTE: Questions 1c & 1d not used in 2004.**

1e. During the past week, that is, since last (FILL day), you said [ROS\_NAME\_2-20] helped (you)/[SAMPNAME]. You said (you get)/[SAMPNAME] gets help from (helper) with (CAPI refers to LND\_FLG\_2-20, MON\_FLG\_2-20, RX\_FLG\_2-20, SHP\_FLG\_2-20, OUT\_FLG\_2-20, WLK\_FLG\_2-20, MON\_FLG\_2-20, RX\_FLG\_2-20, NRSFLG02-20). During this past week, how much time did [ROS\_NAME\_2-20] spend helping (you)/[SAMPNAME] with those things?  
[ROS\_NAME\_2-20] helped (you)/[SAMPNAME] with those things?  
**ENTER ZERO IF NONE TO PROCEED.**  
**FR: MUST ENTER THE NUMBER OF HOURS AND/OR MINUTES OR D, R.**

HPB\_1EH\_03-- Length 3 0-168  Hours and  
HPB\_1EH\_20 -8, -9  Don't Know, Refused  
HPB\_1EM\_03-- Length 2 0-59  Minutes  
HPB\_1EM\_20 -8, -9  Don't Know, Refused

**Note: CAPI consistency checks for helper hours not conducted in 2004.**

**HLP CK5**  
*CAPI: Refer to ROS\_REL\_1-20 in the Control Card.*

- 5  No relationship recorded
- 1  Sample Person
- 2  Spouse/Spousal Equivalent - SKIP TO next helper. If last helper, SKIP TO HLP END
- 3  Son - SKIP TO next helper. If last helper, SKIP TO HLP END
- 4  Daughter - SKIP TO next helper. If last helper, SKIP TO HLP END
- 5  Son-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END
- 6  Daughter-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END
- 7  Mother - SKIP TO next helper. If last helper, SKIP TO HLP END
- 8  Father - SKIP TO next helper. If last helper, SKIP TO HLP END
- 9  Mother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END
- 10  Father-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END
- 11  Brother - SKIP TO next helper. If last helper, SKIP TO HLP END
- 12  Sister - SKIP TO next helper. If last helper, SKIP TO HLP END
- 13  Brother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END
- 14  Sister-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END
- 15  Other male relative - SKIP TO next helper. If last helper, SKIP TO HLP END
- 16  Other female relative - SKIP TO next helper. If last helper, SKIP TO HLP END
- 17  Male friend - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 18  Female friend - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 19  Male neighbor - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 20  Female neighbor - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 21  Employee / Someone hired - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 22  Someone from helping organization - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 23  Someone else (specify) - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 24  Legal Guardian - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 25  Unable to determine - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 26  Institution / Assisted Living Center - SKIP TO 1G (H1GS03\_HP1GS03-20)
- 99  Child gender unknown
- 8, -9  Don't Know, Refused

1f. You mentioned that [ROS\_NAME\_03-20] helps (you)/[SAMPNAME]. Is [HLP\_FLG\_01-20] a relative, friend, someone hired to help (you/him/her), someone from a helping organization, or someone else?  
[ROS\_NAME\_03-20] helps (you)/[SAMPNAME]. Is [HLP\_FLG\_01-20] a relative, friend, someone hired to help (you/him/her), someone from a helping organization, or someone else?  
**FR: IF RESPONDENT RESPONDS "RELATIVE," ASK:**  
How is [ROS\_NAME\_03-20] related to (you)/[SAMPNAME]?  
**FR: IF OBVIOUS, CODE WITHOUT ASKING. MARK ONLY ONE.**

- 2  Spouse/Spousal Equivalent - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 3  Son - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 4  Daughter - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 5  Son-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 6  Daughter-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 7  Mother - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 8  Father - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 9  Mother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END.
- 10  Father-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END.

HPB1F1_03-- HPB1F1_20	Length 2	11 <input type="checkbox"/> Brother - SKIP TO next helper. If last helper, SKIP TO HLP END. 12 <input type="checkbox"/> Sister - SKIP TO next helper. If last helper, SKIP TO HLP END. 13 <input type="checkbox"/> Brother-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 14 <input type="checkbox"/> Sister-in-law - SKIP TO next helper. If last helper, SKIP TO HLP END. 15 <input type="checkbox"/> Other male relative - SKIP TO next helper. If last helper, SKIP TO HLP END. 16 <input type="checkbox"/> Other female relative - SKIP TO next helper. If last helper, SKIP TO HLP END. 17 <input type="checkbox"/> Male friend 18 <input type="checkbox"/> Female friend 19 <input type="checkbox"/> Male neighbor 20 <input type="checkbox"/> Female neighbor 21 <input type="checkbox"/> Employee / Someone hired 22 <input type="checkbox"/> Someone from helping organization 23 <input type="checkbox"/> Institution / Assisted Living Center 24 <input type="checkbox"/> Legal Guardian 25 <input type="checkbox"/> Unable to determine 26 <input type="checkbox"/> Someone else, specify in HPA1F1_SP_03-20 below 99 <input type="checkbox"/> Child gender unknown -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>CAPI store HPB1F1_03 - HPB1F1_20 into ROS_REL_3 - ROS_REL_20</b>		
HPB1F1_SP_03 -- HPB1F1_SP_20	Length 40	<input type="checkbox"/> Specify: _____
1g. Is [ROS_NAME_03-20] paid to help (you)[SAMPNAME]? HPB_1G_03-- HPB_1G_20	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO next helper, if last helper - SKIP TO HLP2 END -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO next helper. If last helper - SKIP TO HLP2 END.
1h. Is [ROS_NAME_03-20] paid by the hour to help (you)[SAMPNAME]? HPB_1H_03-- HPB_1H_20	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 1j (HPA_1J_02-20) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 1j (HPA_1J_02-20)
1i. What was (FILL helper's) hourly pay rate at the end of (FILL previous month)? <b>FR: ENTER (A) IF AMOUNT OF PAY IS INCLUDED IN TOTAL MONTHLY FEE FOR ASSISTED LIVING COMMUNITIES.</b> HPBDLHR03-- HPBDLHR20	Length 3	-2 <input type="checkbox"/> A - Included in monthly fee for assisted living community 0-999 <input type="checkbox"/> Dollars
HPBCTHR03-- HPBCTHR20	Length 2	0-99 <input type="checkbox"/> Cents -8, -9 <input type="checkbox"/> Don't Know, Refused
1j. What was the total amount of pay that [HLPFLG01-20] received BEFORE deductions to help (you)[SAMPNAME] in (FILL previous month)? <b>FR: ENTER (A) IF AMOUNT OF PAY IS INCLUDED IN TOTAL MONTHLY FEE FOR ASSISTED LIVING COMMUNITIES.</b> HPB_1J_03-- HPB_1J_20	Length 4	0 - 9999 <input type="checkbox"/> Dollars -2 <input type="checkbox"/> A - Included in monthly fee for assisted living community -8, -9 <input type="checkbox"/> Don't Know, Refused
1k. Will (you)[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous month)? HPB_1K_03-- HPB_1K_20	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 1m (HPA_1M_03-20) -2 <input type="checkbox"/> A - Included in monthly fee for assisted living community for assisted living community -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 1m (HPA_1M_03-20)
<b>&gt;HLP1K HELP&lt; [REFERENCE]</b> END UP PAYING The sample person will actually end up paying some or all of the costs for the helper out of his/her own resources. This cost to the sample person will never be reimbursed by Medicare, health insurance, family member, or any other source.		
1l. How much? <b>FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) RECEIVED FROM [ROS_NAME_03-20]. ENTER (A) IF THE AMOUNT OF PAY IS INCLUDED IN THE TOTAL MONTHLY FEE FOR ASSISTED LIVING CENTERS.</b> HPBPAY_03-- HPBPAY_20	Length 4	0-9999 <input type="checkbox"/> Dollars -2 <input type="checkbox"/> A - Included in monthly fee for assisted living community - SKIP TO 1m (HP_1M_20-20) -8, -9 <input type="checkbox"/> Don't Know, Refused
Per? HPBPER_03-- HPBPER_20	Length 2	Dollars per 1 <input type="checkbox"/> Hour 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> Other - specify in HPA1L1_03-20 below -8, -9 <input type="checkbox"/> Don't Know, Refused
HPB1L1_03-- HPB1L1_20	Length 20	<input type="checkbox"/> Specify: _____
1m. Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)[SAMPNAME]'s family, pay any of the charge for this? HPB_1M_03-- HPB_1M_20	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO next helper. If last helper - SKIP TO HLP2 END. -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO next helper. If last helper - SKIP TO HLP2 END.
1n. Who paid? Anyone else? <b>FR: SHOW FLASHCARD 24.</b> <b>FR: MARK ALL THAT APPLY.</b> <b>ENTER (N) FOR NO OTHER PERSON PAYING.</b> (1) Fee for service insurance plans HPB1N1103-- HPB1N1120	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) HMO/prepaid group HPB1N1203-- HPB1N1220	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Medicare HPB1N1303-- HPB1N1320	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Medicaid HPB1N1403-- HPB1N1420	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Household member(s) HPB1N1503-- HPB1N1520	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Child(ren) not in household HPB1N1603-- HPB1N1620	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

(7)	Father HPB1N1703-- HPB1N1720	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Mother HPB1N1803-- HPB1N1820	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Son-in-law HPB1N1903-- HPB1N1920	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10)	Daughter-in-law HPB1N2003-- HPB1N2020	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11)	Brother HPB1N2103-- HPB1N2120	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12)	Sister HPB1N2203-- HPB1N2220	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13)	Other male relative HPB1N2303-- HPB1N2320	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14)	Other female relative HPB1N2403-- HPB1N2420	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15)	Male friend HPB1N2503-- HPB1N2520	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(16)	Female friend HPB1N2603-- HPB1N2620	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17)	Other- specify in (18 (H1N_02-20_SP)) below HPB1N2703-- HPB1N2720	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18)	Specify if 'other' marked in (17 (HP1N2702-20)) above HPB1N_03_SP-- HPB1N_20_SP	Length	40	<input type="checkbox"/> Specify relationship
(D)	Don't Know HPB1N_DK03-- HPB1N_DK20	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R)	Refused HPB1N_RF03-- HPB1N_RF20	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	H1NB03_KEY-- H1NB20_KEY	Length	2	N <input type="checkbox"/> No Other Person Paying

**HLP CK6**  
**CAPI: Refer to HP1N1103 - HP1N2720 above, household member helped pay.**  
 1  Marked  
 Not Marked - SKIP TO HLP CK7

**NOTE: Due to an error in coding, questions 1o and 1p were not asked in 2004 and HHMMXD03-20 and REL\_XA03-20 were not collected.**

1o. You said that a household member paid for at least a portion of the charges?  
 Which household member is that? Anyone else?  
 (Note that children in the household roster are displayed here.)  
**FR: ENTER LINE NUMBER.**  
**ENTER (N) FOR NO MORE HOUSEHOLD MEMBERS GIVEN.**  
 HHMMXDS\_3--  
 HHMMXDS\_20

**HLP CK7**  
**CAPI: Refer to HP1N1603 - hp1n1620 above, child not in household helped pay.**  
 HLP\_CK7

1p. You said that one of your children not living in your household would pay for at least a portion of the charges? Which of your child(ren) would that be? Anyone else?  
**FR: ENTER LINE NUMBER.**  
**ENTER (N) FOR NO MORE CHILDREN GIVEN.**  
 RELXAXDS\_3--  
 RELXAXDS\_20

- CLOSE PERSON ROSTER -

**HLP2 END**  
 Set end time

**MPP1 END**  
 Set end time

**MPP 2 BEGIN**  
 Set Start Time

**MPP CK12**  
**CAPI: Refer to MPPPROXY at beginning of this part. Respondent is:**  
 1  Sample Person  
 2  Proxy - SKIP TO 12a (MPP\_12A)  
 3  Sample Person and Proxy

11a. In the last month, that is since (FILL date), did you have any health problem or condition about which you would have liked to see a doctor or medical person, but did not?  
 MPP\_11A

11b. What is the reason that you didn't see a doctor or other medical person? Any other reason?  
**FR: RECORD VERBATIM RESPONSE.**  
 MPP\_1101 Length 40  Response 1  
 MPP\_1102 Length 40  Response 2  
 MPP\_1103 Length 40  Response 3  
 -8, -9  Don't Know, Refused

**FR: THEN ENTER EACH REASON MENTIONED.**  
**ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.**  
**ENTER (N) WHEN DONE.**



(1) Financial MPP_1105	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Time MPP_1106	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Availability of a doctor MPP_1107	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Transportation MPP_1108	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Not free to leave MPP_1109	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Problem not serious MPP_1110	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Afraid to find out what's wrong MPP_1111	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Weather MPP_1112	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Other reason(s) MPP_1113	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(D) Don't Know MPP_11_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R) Refused MPP_11_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

12a. How many different prescription medicines were taken by or obtained for (you)/[SAMPNAME] in the last month?  
MPP\_12A

Length 2 1-99  Medicines  
0, -8, -9  Medicines, Don't Know, Refused - SKIP TO MPP2\_END

**>HELP SCREEN< [REFERENCE]**

**PRESCRIPTION MEDICINES**

Prescription medicines are those ordered by a medical provider through written or verbal prescriptions. Medicines administered to persons as part of treatment, such as injections, intravenous medication, chemotherapy, inhalant therapy, ointments, salves, irrigants, drops, and oxygen are considered prescribed medicines. Medicines dispensed by a physician or clinic (e.g., samples) are included. Devices such as colostomy bags, catheters, syringes, test paper, and bandages are not considered prescribed medicines.

Medicines are regulated differently in different states. In one state a medicine may require a prescription while in another state the same medicine does not. Insulin is an example of such a medicine. Therefore, consider any medication as prescribed if a respondent reports it as prescribed. This would also include aspirin or other "over the counter" drugs prescribed by a medical provider.

If the sample person volunteers that he/she is taking vitamins on the advice of a doctor, read the question again, stressing the word "prescription."

12b. Will (you)/[SAMPNAME] end up paying any of the charges for (this/these) prescription(s)?  
MPP\_12B

Length 2 1  Yes  
2  No  
3  Included with other charges  
-8, -9  Don't Know, Refused

**Note: Question 12c not used in 2004.**

12d. Will insurance, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, end up paying any of the charges for (this/these) prescription(s)?  
MPP\_12D

Length 2 1  Yes  
2  No - SKIP TO 13a (MPP\_13A)  
-8, -9  Don't Know, Refused - SKIP TO 13a (MPP\_13A)

**Note: Question 12e not used in 2004.**

**FR: SHOW FLASHCARD 26.**

12f. Who will end up paying? Anyone else?

**FR: ENTER EACH ITEM MENTIONED.**

**ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.**

**ENTER (N) FOR NO OTHER PERSON PAYING.**

(1) Fee for service insurance plans MPP_1213	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) HMO/prepaid group MPP_1215	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Medicare MPP_1217	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Medicaid MPP_1219	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Veterans Administration (VA) MPP_1221	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Household member(s) MPP_1223	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Child(ren) of sample person (non-household member(s)) MPP_1225	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Father MPP_1228	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Mother MPP_1230	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Son-in-law MPP_1214	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Daughter-in-law MPP_1216	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Brother MPP_1218	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Sister MPP_1220	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14) Other male relative MPP_1222	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15) Other female relative MPP_1224	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

(16) Male friend MPP_1226	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17) Female friend MPP_1227	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18) Other - specify MPP_1229	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
MPP12F_SP	Length 40	<input type="checkbox"/> Specify: _____
(D) Don't Know MPP12FTG_19	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R) Refused MPP12FTG_20	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(N) MPP12F_KEY		N <input type="checkbox"/> No More

**Note: Question 12g not used in 2004.**

13a. (Are you/ls) [SAMPNAME] taking any prescription medicine now to help calm (you/him/her) down? MPP_13A	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
13b. (Are you/ls) [SAMPNAME] taking any prescription medicine now to help raise (your/his/her) spirits or to relieve depression? MPP_13B	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
13c. (Are you/ls) [SAMPNAME] taking any prescription medicine now to help (you/him/her) sleep? MPP_13C	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused

**MPP2 END**  
Set end time

**Part 14 - INCOME AND ASSETS (INC)**

**INC BEGIN**  
Set Start Time

**PROXY12**  
**FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?**  
INCPROXY

Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample Person and Proxy
----------	--

**Note: Questions 1, 2, 3a and b are collected in the Screener in 2004.**

4. <b>FR: SHOW FLASHCARD 12.</b> Which of these types of places (are you/ls) [SAMPNAME] living in now? INC_4_1	Length 2	1 <input type="checkbox"/> Alone or with others in a house/apartment (independent living) 2 <input type="checkbox"/> In a retirement home 3 <input type="checkbox"/> In a boarding home, rooming house, or rented room 4 <input type="checkbox"/> In a foster or family care home 5 <input type="checkbox"/> In a group home or community residential facility 6 <input type="checkbox"/> In assisted living setting with board and/or personal care services available 7 <input type="checkbox"/> In another place - specify in INC_4_2 below -8, -9 <input type="checkbox"/> Don't Know, Refused
INC_4_2	Length 40	<input type="checkbox"/> Specify: _____

5a. During the last month, that is, in the month of (FILL previous month), did (you) [SAMPNAME] receive Social Security benefits or Railroad Retirement benefits? INC_5A	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO INC CK5 -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO INC CK5
---	----------	--

**>HELP SCREEN< [REFERENCE]**  
SOCIAL SECURITY: Do not include Medicare premium amounts deducted from the Social Security check in the reported Social Security benefits.  
RAILROAD RETIREMENT: Railroad Retirement is a retirement program for employees of the nation's railroads that is comparable to Social Security.

5b. How much did (you) [SAMPNAME] receive in (FILL previous month)? INC_5B	Length 4	1-5000 <input type="checkbox"/> Dollars - SKIP TO INC CK5 -8, -9 <input type="checkbox"/> Don't Know, Refused
5c. <b>FR: SHOW FLASHCARD 13.</b> Which category would you say best represents the amount (you) [SAMPNAME] received in (FILL previous month)? <b>FR: ENTER LINE NUMBER OF CATEGORY.</b> INC_5C	Length 2	1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused

**INC CK5**  
**CAPI: Refer to HHMEM\_02 - HHMEM\_20, ROS\_REL\_2 - ROS\_REL\_20, and ROS\_AGE\_2 - ROS\_AGE\_20 in the Control Card.**  
How many family members in the household are 15 years of age or older?  
INC\_CK5

Length 2	0 <input type="checkbox"/> Members - SKIP TO 7a (INC_7A) 1-20 <input type="checkbox"/> Members
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5d. During (FILL previous month), did any family members who live with (you) [SAMPNAME] receive Social Security benefits or Railroad Retirement benefits? INC_5D	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 7a (INC_7A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 7a (INC_7A)
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**>HELP SCREEN< [REFERENCE]**  
SOCIAL SECURITY: Do not include Medicare premium amounts deducted from the Social Security check in the reported Social Security benefits.  
RAILROAD RETIREMENT: Railroad Retirement is a retirement program for employees of the nation's railroads that is comparable to Social Security.

**- OPEN PERSON ROSTER -**  
**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

5e. Did (FILL family member name, age 15+) receive these payments? INC_5E02 - INC_5E20	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Continue to next person in roster. If last person - SKIP TO 7a (INC_7A) -8, -9 <input type="checkbox"/> Don't Know, Refused -Continue to next person in roster. If last person SKIP TO 7a (INC_7A)
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5f. How much did (FILL family member name, age 15+) receive in (FILL previous month)? INC_5F02 - INC_5F20	Length 4	1-5000 <input type="checkbox"/> Dollars - Continue to next person in roster. If last person, SKIP TO 7a (INC_7A) -8, -9 <input type="checkbox"/> Don't Know, Refused
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5g. <b>FR: SHOW FLASHCARD 13.</b> Which category would you say best represents the amount (FILL family member name, age 15+) received in (FILL previous month)? <b>FR: ENTER LINE NUMBER OF CATEGORY.</b> INC_5G02 - INC_5G20	Length 2	1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
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**For all responses, continue to next person in roster. If last person, close roster.**

**- CLOSE PERSON ROSTER -**

**Note: Question 6 not used in 2004.**

7a. During the last month, that is, in the month of (FILL previous month), did (you)/(SAMPNAME) receive any other retirement, pension, or annuity income?  
 (you)/(SAMPNAME) receive any other retirement, pension, or annuity income?  
 INC\_7A Length 2 -8, -9  1 Yes  
 2 No - SKIP TO INC\_CK7  
 -8, -9 Don't Know, Refused - SKIP TO INC\_CK7

7b. How much did (you)/(SAMPNAME) receive in (FILL previous month)?  
 INC\_7B Length 4 -8, -9  1-5000 Dollars - SKIP TO INC\_CK7  
 -8, -9 Don't Know, Refused

7c. **FR: SHOW FLASHCARD 13.**  
 Which category would you say best represents the amount (you)/(SAMPNAME) received in (FILL previous month)?  
 INC\_7C Length 2  1 Under \$200  
 2 \$200-\$399  
 3 \$400-\$599  
 4 \$600-\$799  
 5 \$800-\$999  
 6 \$1000-\$1499  
 7 \$1500-\$1999  
 8 \$2000-\$2999  
 9 \$3000-\$3999  
 10 Over \$4000  
 -8, -9 Don't Know, Refused  
**FR: ENTER LINE NUMBER OF CATEGORY.**

**INC CK7**

**CAPI: Refer to HHMEM\_02 - HHMEM\_20, ROS\_REL\_2 - ROS\_REL\_20, and ROS\_AGE\_2 - ROS\_AGE\_20 in the Control Card.**  
 How many family members in the household are 15 years of age or older?  
 INC\_CK7 Length 2 1-20  0 Members - SKIP TO 9a (INC\_9A)  
 Members

7d. During (FILL previous month), did any family members who live with (you)/(SAMPNAME) receive any other retirement, pension, or annuity income?  
 INC\_7D Length 2 -8, -9  1 Yes  
 2 No - SKIP TO 9a (INC\_9A)  
 -8, -9 Don't Know, Refused - SKIP TO 9a (INC\_9A)

**- OPEN PERSON ROSTER -**

**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

7e. Did (FILL family member name, age 15+) receive these payments?  
 INC\_7E02 Length 2  1 Yes  
 INC\_7E20  2 No - Continue to next person. If last person in roster - SKIP TO 9a (INC\_9A)  
 -8, -9 Don't Know, Refused - Continue to next person If last person in roster SKIP TO 9a (INC\_9A)

7f. How much did (FILL family member name, age 15+) receive in (FILL previous month)?  
 INC\_7F02 Length 4 1-5000  Dollars - Continue to next person in roster. If last person, SKIP TO 9a (INC\_9A)  
 INC\_7F20  -8, -9 Don't Know, Refused

7g. **FR: SHOW FLASHCARD 13.**  
 Which category would you say best represents the amount (FILL family member name, age 15+) received in (FILL previous month)?  
 INC\_7G02 Length 2  1 Under \$200  
 INC\_7G20  2 \$200-\$399  
 3 \$400-\$599  
 4 \$600-\$799  
 5 \$800-\$999  
 6 \$1000-\$1499  
 7 \$1500-\$1999  
 8 \$2000-\$2999  
 9 \$3000-\$3999  
 10 Over \$4000  
 -8, -9 Don't Know, Refused  
**FR: ENTER LINE NUMBER OF CATEGORY.**  
**For all responses, continue to next person in roster. If last person, close roster.**

**- CLOSE PERSON ROSTER -**

**Note: Question 8 not used in 2004.**

9a. During the last month, that is, in the month of (FILL previous month), did (you)/(SAMPNAME) receive Supplemental Security Income, that is, SSI payments? These can come from either the Federal government or the State government.  
 INC\_9A Length 2 -8, -9  1 Yes  
 2 No - SKIP TO INC\_CK9  
 -8, -9 Don't Know, Refused - SKIP TO INC\_CK9

**>HELP SCREEN< [REFERENCE]**  
**SUPPLEMENTAL SECURITY INCOME (SSI)**  
 The Supplemental Security Income Program (SSI) is administered by the Social Security Administration and makes assistance payments to low-income blind, disabled, and aged persons. A person may be receiving either or both SSI and Social Security checks.

9b. How much did (you)/(SAMPNAME) receive in (FILL previous month)?  
 INC\_9B Length 4 1-5000  Dollars - SKIP TO INC\_CK9  
 -8, -9 Don't Know, Refused

9c. **FR: SHOW FLASHCARD 13.**  
 Which category would you say best represents the amount (you)/(SAMPNAME) received in (FILL previous month)?  
 INC\_9C Length 2  1 Under \$200  
 2 \$200-\$399  
 3 \$400-\$599  
 4 \$600-\$799  
 5 \$800-\$999  
 6 \$1000-\$1499  
 7 \$1500-\$1999  
 8 \$2000-\$2999  
 9 \$3000-\$3999  
 10 Over \$4000  
 -8, -9 Don't Know, Refused  
**FR: ENTER LINE NUMBER OF CATEGORY.**

**INC CK9**

**CAPI: Refer to INC\_CK7.**  
 How many family members in the household are 15 years of age or older?  
 INC\_CK9 Length 2 1-20  0 Members - SKIP TO INC\_13AC  
 Members

9d. During (FILL previous month), did any family members who live with (you)/(SAMPNAME) receive Supplemental Security Income, that is, SSI payments? These can come from either the Federal government or the State government.  
 INC\_9D Length 2 -8, -9  1 Yes  
 2 No - SKIP TO INC\_13AC  
 -8, -9 Don't Know, Refused - SKIP TO INC\_13AC

**>HELP SCREEN< [REFERENCE]**  
**SUPPLEMENTAL SECURITY INCOME (SSI)**  
 The Supplemental Security Income Program (SSI) is administered by the Social Security Administration and makes assistance payments to low-income blind, disabled, and aged persons. A person may be receiving either or both SSI and Social Security checks.

**- OPEN PERSON ROSTER -**

**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

9e. Did (FILL family member name, age 15+) receive these payments?  
 INC\_9E02 Length 2  1 Yes  
 INC\_9E20  2 No - Continue to next person. If last person in roster, SKIP TO INC\_13AC  
 -8, -9 Don't Know, Refused - Continue to next person. If last person in roster, SKIP TO INC\_13AC

9f. How much did (FILL family member name, age 15+) receive in (FILL previous month)?  
 INC\_9F02 Length 4 1-5000  Dollars - Continue to next person in roster. If last person, SKIP TO INC\_13AC  
 INC\_9F20  -8, -9 Don't Know, Refused

9g. **FR: SHOW FLASHCARD 13.**  
 Which category would you say best represents the amount (FILL family member name, age 15+) received in (FILL previous month)?  
 INC\_9G02 Length 2  1 Under \$200  
 INC\_9G20  2 \$200-\$399  
 3 \$400-\$599  
 4 \$600-\$799  
**FR: ENTER LINE NUMBER OF CATEGORY.**

INC_9G02 - INC_9G20	Length 2	5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
- CLOSE PERSON ROSTER -		
<b>Note: Questions 10-12 not used in 2004.</b>		
<b>INC 13AC</b>		
<i>CAPI: Refer to HHMEM_02 - HHMEM_20 and ROS_REL_2 - ROS_REL_20 in the Control Card.</i>		
How many family members are in the household?		
INC_13AC	Length 2	1-20 <input type="checkbox"/> Members
13a. Did (you)/[SAMPNAME] (or any family member who lives here) receive food stamps in (FILL previous month)?	INC_13A	Length 2
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO INC_CK2A -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO INC_CK2A
13b1. What was the value of the stamps received in (FILL previous month)?	INC_13B1	Length 4
		1-5000 <input type="checkbox"/> Dollars - SKIP TO 13c (INC_13C1) -8, -9 <input type="checkbox"/> Don't Know, Refused
13b2. <b>FR: SHOW FLASHCARD 13.</b> Which category best represents the total value of the stamps received in (FILL previous month)?	INC_13B2	Length 2
<b>FR: ENTER LINE NUMBER OF BEST CATEGORY.</b>		1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
13c. How long (have you/has) [SAMPNAME] received food stamps?	INC_13C1 INC_13C2	Length 2 Length 2
		0-40 <input type="checkbox"/> Years 0-12 <input type="checkbox"/> Months -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>INC CK2A</b>		
<i>CAPI: Refer to HHMEM_02 - HHMEM_20, ROS_REL_2 - ROS_REL_20, and ROS_AGE_2 - ROS_AGE_20 in the Control Card.</i>		
Are there any family members in the household with ages less than or equal to 21?		
INC_CK2A	Length 2	0 <input type="checkbox"/> Members - SKIP TO 15a (INC_15A) 1-20 <input type="checkbox"/> Members
14a. In (1 month prior to current system month), did (you)/[SAMPNAME] (or any members of (your/his/her) family who live here) receive any payments from Temporary Aid to Needy Families?	INC_14A	Length 2
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 15a (INC_15A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 15a (INC_15A)
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>		
<b>INC CK2A</b>		
14b. Whose name was on the check? <b>FR: ENTER LINE NUMBER.</b> <b>ENTER (N) FOR NO MORE PEOPLE GIVEN.</b>		
FAM_XA01 - FAM_XA20	Length 2	1 <input type="checkbox"/> Selected
INC_14B_I	Length 2	1-20 <input type="checkbox"/> N <input type="checkbox"/> No More D, R <input type="checkbox"/> Don't Know, Refused
- CLOSE PERSON ROSTER -		
14c1. How much was the check for?	INC_14C1	Length 4
		1-5000 <input type="checkbox"/> Dollars - SKIP TO 14d (FAM_XB01-20) -8, -9 <input type="checkbox"/> Don't Know, Refused
14c2. <b>FR: SHOW FLASHCARD 13.</b> Which category would you say best represents the amount the check was for? <b>FR: ENTER LINE NUMBER OF BEST CATEGORY.</b>	INC_14C2	Length 2
		1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
- OPEN PERSON ROSTER -		
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>		
14d. Whom did the check cover? Anyone else? <b>FR: ENTER LINE NUMBER.</b> <b>ENTER (N) FOR NO MORE PEOPLE GIVEN.</b>	FAM_XB01 - FAM_XB20	Length 2
		1 <input type="checkbox"/> Covered
INC_14D_I	Length 2	1-20 <input type="checkbox"/> N <input type="checkbox"/> No More D, R <input type="checkbox"/> Don't Know, Refused
- CLOSE PERSON ROSTER -		
15a. Did (you)/[SAMPNAME] (or any members of (your/his/her) family who live here) receive any (other) welfare payments in (FILL previous month)?	INC_15A	Length 2
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 18a (INC_18A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 18a (INC_18A)
<b>INC 15BC</b>		
<i>CAPI: Refer to HHMEM_02 - HHMEM_20 and ROS_REL_2 - ROS_REL_20 in the Control Card.</i>		
Are there any family members in the household?		
INC_15BC	Length 2	0 <input type="checkbox"/> Members - SKIP TO 15c1 (INC_15C1) 1-20 <input type="checkbox"/> Members
- OPEN PERSON ROSTER -		
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>		
15b. Whose name was on the check? <b>FR: ENTER LINE NUMBER.</b> <b>ENTER (N) FOR NO MORE PEOPLE GIVEN.</b>		
FAM_XC01 - FAM_XC20	Length 2	1 <input type="checkbox"/> Selected
INC_15B_I	Length 2	1-20 <input type="checkbox"/> N <input type="checkbox"/> No More D, R <input type="checkbox"/> Don't Know, Refused
- CLOSE PERSON ROSTER -		
15c1. How much was the check for?	INC_15C1	Length 4
		1-5000 <input type="checkbox"/> Dollars - SKIP TO 15d (FAM_XD01-20) -8, -9 <input type="checkbox"/> Don't Know, Refused
15c2. <b>FR: SHOW FLASHCARD 13.</b>		1 <input type="checkbox"/> Under \$200

Which category would you say best represents the amount the check was for?  
**FR: ENTER LINE NUMBER OF BEST CATEGORY.**

INC\_15C3

Length 2

- 2  \$200-\$399
- 3  \$400-\$599
- 4  \$600-\$799
- 5  \$800-\$999
- 6  \$1000-\$1499
- 7  \$1500-\$1999
- 8  \$2000-\$2999
- 9  \$3000-\$3999
- 10  Over \$4000
- 8, -9  Don't Know, Refused

**- OPEN PERSON ROSTER -**

**Note: For a brief discussion of the Person Roster, please refer to the Control Card.**

15d. Whom did the check cover? Anyone else?

**FR: ENTER LINE NUMBER.  
 ENTER (N) FOR NO MORE PEOPLE GIVEN.**

FAM\_XD01 -  
 FAM\_XD20

Length 2

1  Selected

INC\_15D\_1

Length 2

- 1-20
- N  No More
- D, R  Don't Know, Refused

**- CLOSE PERSON ROSTER -**

**Note: Questions 16 and 17 not used in 2004.**

**FR: SHOW FLASHCARD 14.**

18a. Which category on this card represents (your)/[SAMPNAME]'s total family household income before deductions during the LAST 12 months? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments etc.

INC\_18A

Length 2

- 1  Under \$3000 - SKIP TO INC\_CK3
- 2  \$3000-\$3999 - SKIP TO INC\_CK3
- 3  \$4000-\$4999 - SKIP TO INC\_CK3
- 4  \$5000-\$5999 - SKIP TO INC\_CK3
- 5  \$6000-\$6999 - SKIP TO INC\_CK3
- 6  \$7000-\$7999 - SKIP TO INC\_CK3
- 7  \$8000-\$8999 - SKIP TO INC\_CK3
- 8  \$9000-\$9999 - SKIP TO INC\_CK3
- 9  \$10000-\$11999 - SKIP TO INC\_CK3
- 10  \$12000-\$14999 - SKIP TO INC\_CK3
- 11  \$15000-\$19999 - SKIP TO INC\_CK3
- 12  \$20000-\$24999 - SKIP TO INC\_CK3
- 13  \$25000-\$29999 - SKIP TO INC\_CK3
- 14  \$30000-\$39999 - SKIP TO INC\_CK3
- 15  \$40000-\$49999 - SKIP TO INC\_CK3
- 16  \$50000-\$59999 - SKIP TO INC\_CK3
- 17  \$60000-\$69999 - SKIP TO INC\_CK3
- 18  \$70000-\$79999 - SKIP TO INC\_CK3
- 19  \$80000-\$99999 - SKIP TO INC\_CK3
- 20  \$100000 or more - SKIP TO INC\_CK3
- 8, -9  Don't Know, Refused

18a1. Would it be \$25,000 or more?

INC\_18A1

Length 2

- 1  Yes - SKIP TO 18a4 (INC18A4)
- 2  No
- 8, -9  Don't Know, Refused - SKIP TO INC\_CK3

18a2. Would it be \$10,000 or more?

INC\_18A2

Length 2

- 1  Yes - SKIP TO INC\_CK3
- 2  No
- 8, -9  Don't Know, Refused - SKIP TO INC\_CK3

18a3. Would it be \$5,000 or more?

INC\_18A3

Length 2

- 1  Yes
- 2  No
- 8, -9  Don't Know, Refused
- ALL SKIP TO INC\_CK3**

18a4. Would it be \$50,000 or more?

INC\_18A4

Length 2

- 1  Yes
- 2  No - SKIP TO INC\_CK3
- 8, -9  Don't Know, Refused - SKIP TO INC\_CK3

18a5. Would it be \$75,000 or more?

INC\_18A5

Length 2

- 1  Yes
- 2  No
- 8, -9  Don't Know, Refused

**INC CK3**

**CAP: Refer to HHMEM\_03 - HHMEM\_20, ROS\_REL\_3 - ROS\_REL\_20, and ROS\_AGE\_3 - ROS\_AGE\_20 in the Control Card.**

How many family members over 15 years of age -- other than spouse -- are living in the household?

INC\_CK3

Length 2

- 0  Members - SKIP TO 19 (INC\_19)
- 1-20  Members

18b. **FR: SHOW FLASHCARD 14.** Now only consider [SAMPNAME]/([SAMPNAME] and spouse). Which category on this card represents the total combined income before deductions during the LAST 12 months for [SAMPNAME]/([SAMPNAME] and spouse)? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments and any other money income received by [SAMPNAME]/([SAMPNAME] and spouse).

INC\_18B

Length 2

- 1  Under \$3000 - SKIP TO 19 (INC\_19)
- 2  \$3000-\$3999 - SKIP TO 19 (INC\_19)
- 3  \$4000-\$4999 - SKIP TO 19 (INC\_19)
- 4  \$5000-\$5999 - SKIP TO 19 (INC\_19)
- 5  \$6000-\$6999 - SKIP TO 19 (INC\_19)
- 6  \$7000-\$7999 - SKIP TO 19 (INC\_19)
- 7  \$8000-\$8999 - SKIP TO 19 (INC\_19)
- 8  \$9000-\$9999 - SKIP TO 19 (INC\_19)
- 9  \$10000-\$11999 - SKIP TO 19 (INC\_19)
- 10  \$12000-\$14999 - SKIP TO 19 (INC\_19)
- 11  \$15000-\$19999 - SKIP TO 19 (INC\_19)
- 12  \$20000-\$24999 - SKIP TO 19 (INC\_19)
- 13  \$25000-\$29999 - SKIP TO 19 (INC\_19)
- 14  \$30000-\$39999 - SKIP TO 19 (INC\_19)
- 15  \$40000-\$49999 - SKIP TO 19 (INC\_19)
- 16  \$50000-\$59999 - SKIP TO 19 (INC\_19)
- 17  \$60000-\$69999 - SKIP TO 19 (INC\_19)
- 18  \$70000-\$79999 - SKIP TO 19 (INC\_19)
- 19  \$80000-\$99999 - SKIP TO 19 (INC\_19)
- 20  \$100,000 or more - SKIP TO 19 (INC\_19)
- 8, -9  Don't Know, Refused

18b1. Would it be \$25,000 or more?

INC\_18B1

Length 2

- 1  Yes - SKIP TO 18b4 (INC\_18B4)
- 2  No
- 8, -9  Don't Know, Refused - SKIP TO 19 (INC\_19)

18b2. Would it be \$10,000 or more?

INC\_18B2

Length 2

- 1  Yes - SKIP TO 19 (INC\_19)
- 2  No
- 8, -9  Don't Know, Refused - SKIP TO 19 (INC\_19)

18b3. Would it be \$5,000 or more?

INC\_18B3

Length 2

- 1  Yes
- 2  No
- 8, -9  Don't Know, Refused
- ALL SKIP TO 19 (INC\_19)**

18b4. Would it be \$50,000 or more?

INC\_18B4

Length 2

- 1  Yes
- 2  No - SKIP TO 19 (INC\_19)
- 8, -9  Don't Know, Refused - SKIP TO 19 (INC\_19)

18b5. Would it be \$75,000 or more?

INC\_18B5

Length 2

- 1  Yes
- 2  No
- 8, -9  Don't Know, Refused

19.	How many vehicles, including cars, vans, trailers, motorcycles, or other vehicles are owned by (you)/[SAMPNAME] (and all members of (your/his/her)) family who live with (you/him/her)? INC_19	Length 2		0-99 <input type="checkbox"/> Vehicles -8, -9 <input type="checkbox"/> Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
VEHICLES				
Include recreational vehicles (RV's), trucks, and mopeds that are titled to the sample person or to someone in the sample person's family in the household and that are for personal use.				
If the respondent should ask, do not include:				
1.Vehicles supplied by a person's employer, unless the person has title to the vehicle				
2.Trucks or other vehicles used primarily in the person's own business				
3.Farm vehicles such as tractors				
4.A trailer which is the sample person's principal place of residence				
5.Nonoperating or "junk" vehicles				
20a.	Since 1999, (have you/has) ([SAMPNAME] or your/his/her spouse) sold a house? Include primary residence, secondary or vacation homes, and investment homes. INC_20A	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 21a (INC_21A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 21a (INC_21A)
20b.	What year did (you)/[SAMPNAME] or spouse) sell this house? INC_20B	Length 4		1999- 2004 <input type="checkbox"/> Year -8, -9 <input type="checkbox"/> Don't Know, Refused
20c.	Why did (you)/[SAMPNAME] or spouse) sell this house? <b>FR: ENTER EACH REASON MENTIONED. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) WHEN DONE.</b>			
	(1) No longer needed/wanted/able to maintain home INC_2002	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(2) Wanted less expensive house to maintain INC_2003	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(3) Married/widowed/divorced/separated INC_2004	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(4) To be closer to family/friends INC_2005	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(5) To help cover medical expenses INC_2006	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(6) Employment related INC_2007	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(7) Retired and relocated INC_2008	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(8) To be convenient to public transportation/public services INC_2009	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(9) Other - Specify INC_2010	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	INC20C_SP	Length 40		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(D) Don't Know INC_20_DK	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(R) Refused INC_20_RF	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	(N) INC20C_KEY			N <input type="checkbox"/> No More
INC CK20				
<b>CAPI: Refer to 20c at (5) (INC_2006) above. Is "help cover medical expenses" marked?</b>				
				<input type="checkbox"/> Yes - SKIP TO 21a (INC_21A) <input type="checkbox"/> No
20d.	Were any of the proceeds from the sale of this house used to cover health care costs? INC_2013	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
21a.	(Were you/Was) [SAMPNAME]'s living quarters owned or being bought by someone in (your/his/her) household? INC_21A	Length 2		1 <input type="checkbox"/> Yes - SKIP TO 24a (INC_24A) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
21b.	(Were you/Was) [SAMPNAME]'s living quarters rented for cash OR are they occupied without payment of cash rent? INC_21B	Length 2		1 <input type="checkbox"/> Rented for cash 2 <input type="checkbox"/> Occupied without payment of cash rent - SKIP TO INC END -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO INC END
22a.	About how much is the rent each month? INC_22A	Length 5		1 - 10,000 <input type="checkbox"/> Dollars - SKIP TO 23 (PER_XA01) -8, -9 <input type="checkbox"/> Don't Know, Refused
22b.	<b>FR: SHOW FLASHCARD 13.</b> Which category would (you)/[SAMPNAME] say best represents the amount of the rent? <b>FR: ENTER LINE NUMBER OF BEST CATEGORY.</b>	Length 2		1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
- OPEN PERSON ROSTER -				
Note: For a brief discussion of the Person Roster, please refer to the Control Card.				
23.	In whose name is this house/apartment rented? Anyone else? <b>FR: ENTER LINE NUMBER. ENTER (O) FOR OTHER PERSON NOT LISTED. ENTER (N) FOR NO MORE PEOPLE GIVEN.</b> PER_XA01 - PER_XA20  INC_23_1	Length 2		1 <input type="checkbox"/> Selected - If last person, SKIP TO INC END  O <input type="checkbox"/> Person Not Listed N <input type="checkbox"/> No More D, R <input type="checkbox"/> Don't Know, or Refused <b>ALL SKIP TO INC END</b>
- CLOSE PERSON ROSTER -				

24a.	What is the present value of this home (and lot/farm), that is, how much would it bring if (you)/[SAMPNAME] sold it on today's market? INC_24A	Length 7	0 - 9,999,999 -8, -9	<input type="checkbox"/> Dollars - SKIP TO 24c (INC_24C) <input type="checkbox"/> Don't Know, Refused
<b>FR: SHOW FLASHCARD 15.</b>				
24b.	Which category on this card would you say best represents the present value of this home? INC_24B	Length 2		<input type="checkbox"/> 1 Under \$20,000 <input type="checkbox"/> 2 \$20,000-\$34,999 <input type="checkbox"/> 3 \$35,000-\$49,999 <input type="checkbox"/> 4 \$50,000-\$74,999 <input type="checkbox"/> 5 \$75,000-\$99,999 <input type="checkbox"/> 6 \$100,000-\$149,999 <input type="checkbox"/> 7 \$150,000-\$249,999 <input type="checkbox"/> 8 \$250,000 or more <input type="checkbox"/> -8, -9 Don't Know, Refused
24c.	Is there a mortgage or other indebtedness on this home (and lot/farm) at the present time? INC_24C	Length 2		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP TO 25 (INC_25_I) <input type="checkbox"/> -8, -9 Don't Know, Refused - SKIP TO 25 (INC_25_I)
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
<b>INDEBTEDNESS ON HOME</b>				
Includes trust deeds, trusts, mortgage bonds, land contracts, lenders' liens, back taxes (not current taxes), or other loans, such as improvement loans or installment loans.				
24d1.	About how much is still owed? INC_24D1	Length 6	1 - 500,000 -8, -9	<input type="checkbox"/> Dollars - SKIP TO 24e1 (INC_24E1) <input type="checkbox"/> Don't Know, Refused
<b>FR: SHOW FLASHCARD 15.</b>				
24d2.	Which category on this card would you say best represents the present amount still owed? INC_24D2	Length 2		<input type="checkbox"/> 1 Under \$20,000 <input type="checkbox"/> 2 \$20,000-\$34,999 <input type="checkbox"/> 3 \$35,000-\$49,999 <input type="checkbox"/> 4 \$50,000-\$74,999 <input type="checkbox"/> 5 \$75,000-\$99,999 <input type="checkbox"/> 6 \$100,000-\$149,999 <input type="checkbox"/> 7 \$150,000-\$249,999 <input type="checkbox"/> 8 \$250,000 or more <input type="checkbox"/> -8, -9 Don't Know, Refused
24e1.	About how much is (your)/[SAMPNAME]'s monthly mortgage payment? INC_24E1	Length 5	1 - 10,000 -8, -9	<input type="checkbox"/> Dollars - SKIP TO 25 (PER_XB01) <input type="checkbox"/> Don't Know, Refused
<b>&gt;HELP SCREEN&lt; [REFERENCE]</b>				
<b>MORTGAGE PAYMENT</b>				
Report the total amount paid, which may include principal, interest, insurance, and taxes.				
24e2.	Which category would you say best represents (your)/[SAMPNAME]'s monthly mortgage payment? <b>FR: ENTER LINE NUMBER OF BEST CATEGORY.</b> INC_24E2	Length 2		<input type="checkbox"/> 1 Under \$200 <input type="checkbox"/> 2 \$200-\$399 <input type="checkbox"/> 3 \$400-\$599 <input type="checkbox"/> 4 \$600-\$799 <input type="checkbox"/> 5 \$800-\$999 <input type="checkbox"/> 6 \$1000-\$1499 <input type="checkbox"/> 7 \$1500-\$1999 <input type="checkbox"/> 8 \$2000-\$2999 <input type="checkbox"/> 9 \$3000-\$3999 <input type="checkbox"/> 10 Over \$4000 <input type="checkbox"/> -8, -9 Don't Know, Refused
<b>- OPEN PERSON ROSTER -</b>				
<b>Note: For a brief discussion of the Person Roster, please refer to the Control Card.</b>				
25.	Who owns this (house/apartment)? Anyone else? <b>FR: ENTER LINE NUMBER(S).</b> <b>ENTER (O) FOR OTHER PERSON NOT LISTED.</b> <b>ENTER (N) FOR NO MORE.</b> PER_XB01 - PER_XB20 INC_25_I	Length 2		<input type="checkbox"/> Selected  <input type="checkbox"/> O Person Not Listed <input type="checkbox"/> N No More <input type="checkbox"/> D, R Don't Know, Refused
<b>- CLOSE PERSON ROSTER -</b>				
<b>Note: Questions 26, 27, and 28 not used in 2004.</b>				
<b>INC END</b>				
<b>Part 15 - SIBLINGS (SIB)</b>				
<b>SIB BEGIN</b>				
Set Start Time Time:				
<b>SIB WHO</b>				
<b>FR: COMPLETE THIS SECTION WITH (THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER).</b>				
1.	Respondent is: SIB_WHO1_R  S_WHO1_SIB_WHO2 S_WHO1_SIB_WHO3	Length 2  Length 40 Length 40		<input type="checkbox"/> 1 Sample Person <input type="checkbox"/> 2 Spouse <input type="checkbox"/> 3 Son/Daughter <input type="checkbox"/> 4 Other relative - Specify below in S_WHO1_SIB_WHO2 <input type="checkbox"/> 5 Other Nonrelative - Specify below in S_WHO1_SIB_WHO3 Specify: _____ Specify: _____
1a.	(Do you/Does) [SAMPNAME] have any living brothers or sisters? SIBALIVE	Length 2		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP TO SIB END <input type="checkbox"/> -8, -9 Don't Know, Refused - SKIP TO SIB END
Next we will ask for the names, addresses, and telephone numbers of all siblings (brothers and sisters). A private contractor working for Duke University may contact the family members you mention at a later date. Any information (your/[SAMPNAME]'s) family may provide will be protected from unauthorized use, just as (your/[SAMPNAME]'s) survey responses are protected. Providing this information is voluntary and there are no penalties for refusing to answer any questions. However, your cooperation is extremely important to ensure the completeness and accuracy of the data.				
<b>Note: Information on living children not collected in 2004.</b>				
<b>- OPEN SIBLING ROSTER -</b>				
2.	What is (your)/[SAMPNAME]'s brother's or sister's name? (1) First Name SIBNMF1 - SIBNMF20	Length 15		<input type="checkbox"/> First Name <input type="checkbox"/> -8, -9 Don't Know, Refused
	(2) Last Name SIBNML1 - SIBNML20	Length 20		<input type="checkbox"/> Last Name <input type="checkbox"/> -8, -9 Don't Know, Refused
3.	What is (FILL sibling)'s address? a. Name of Street SIB1AD1 - SIB1AD20  SIB2AD1 - SIB2AD20  b. Name of City SIB_PO1 -	Length 54  Length 54  Length 20		<input type="checkbox"/> Street Address  <input type="checkbox"/> Street Address 2  <input type="checkbox"/> City

	<b>SIB_PO20</b>				
	c. Name of State SIB_ST1 - SIB_ST20	Length 2	<input type="checkbox"/> State		
	d. Zip Code: first 5 digits SIB5ZP1 - SIB5ZP20	Length 5	<input type="checkbox"/> Zip Code 5		
	e. Zip Code: last 4 digits (optional) SIB4ZP1 - SIB4ZP20	Length 4	<input type="checkbox"/> Zip Code 4		
			-8, -9 <input type="checkbox"/> Don't Know, Refused		
4.	What is (FILL sibling's) telephone number? <b>FR: PRESS (N) IF NO TELEPHONE NUMBER IS AVAILABLE.</b>				
	a. Area Code SIB_AR1 - SIB_AR20	Length 3	<input type="checkbox"/> Area Code <input type="checkbox"/> No Phone		
	b. telephone Number SIB_NM1 - SIB_NM20	Length 7	<input type="checkbox"/> Phone Number <input type="checkbox"/> No Phone		
	c. Extension (optional) SIB_EX1 - SIB_EX20	Length 4	<input type="checkbox"/> Extension <input type="checkbox"/> No Phone		
			-8, -9 <input type="checkbox"/> Don't Know, Refused		
5.	(Do you/Does) [SAMPNAME] have any other living brothers or sisters? INSMOR1 - INSMOR19	Length 2	<input type="checkbox"/> Yes - SKIP BACK TO 2 (SIB_NM1 - 20) <input type="checkbox"/> No		
			-8, -9 <input type="checkbox"/> Don't Know, Refused		
<b>- CLOSE SIBLING ROSTER -</b>					
<b>SIB END</b>					
Set end time					
<b>SIB COMPLETION CHECK</b>					
	SIBALIVE EQUAL 1 OR 2 SIB_COMPLETE	Length 2	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete		
<b>End Siblings Module and Return to Options Menu</b>					
<b>CHECK MENTAL 3</b>					
<b>CAPI: Is Cognitive Functioning Section completed? (Refer to MNT_CK4 and MNT_11_1 - MNT_11_10).</b>					
<i>If not complete, SKIP TO MNT BEGIN.</i>					
<i>If complete and LTC_FLAG equals 2 or 3, CONTINUE with OBS BEGIN in COMMUNITY INTERVIEW.</i>					
<i>If complete and LTC_FLAG equals 1, CONTINUE with AMN1 BEGIN in INSTITUTIONAL INTERVIEW.</i>					
<b>OBS BEGIN</b>					
Set Start Time					
	<b>FR: DO NOT READ TO RESPONDENT!</b> WHO ANSWERED QUESTIONS DURING THIS SURVEY? OBS_FR1	Length 2	<input type="checkbox"/> Sample person answered all questions - SKIP TO 7 (OBS_7_KEY) <input type="checkbox"/> Proxy answered all questions <input type="checkbox"/> Both sample person and proxy answered all questions -Proxy is currently answering for the sample person <input type="checkbox"/> Both sample person and proxy answered all questions - Sample Person is currently answering all questions		
1a.	<b>FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY.</b> <b>ENTER (H) IF NO CONFUSION.</b>				
	(1) FR was denied access to sample person. OBS_WH01	Length 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(2) Sample person is mentally incapable OBS_WH02	Length 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(3) Sample person is physically incapable OBS_WH03	Length 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Sample person has hearing/speech problem OBS_WH04	Length 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Sample person cannot speak English OBS_WH05	Length 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(6) Sample person is temporarily absent OBS_WH06	Length 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(7) Other - Specify OBS_WH07	Length 2	<input type="checkbox"/> Other - Specify in OBS_WHY_SP below <input type="checkbox"/> No		
	OBS_WHY_SP	Length 40	Specify: _____		
	OBS_WHY_KEY		<input type="checkbox"/> No More <input type="checkbox"/> No Confusion		
<b>CAPI: Display Person Roster. If OBS_FR1 equals 4 (sample person is currently answering, FR asks:</b>					
1a1.	During this interview someone assisted you with some of your responses. Next, I am going to ask you a few questions about this person and their relationship to you. What is their name? <b>If OBS_FR1 = 2,3 (proxy answering), FR asks:</b> Next, I am going to ask a few questions about you and your relationship with [SAMPNAME]. What is your name? <b>FR: ENTER LINE NUMBER.</b> <b>ENTER (P) FOR PERSON NOT LISTED.</b> <b>ENTER (E) TO ERASE A NEWLY ADDED NAME.</b> <b>ENTER (S) FOR SAME PROXY PREVIOUSLY IDENTIFIED IN FRONT OF THE</b> <b>OF THE INSTRUMENT ONLY IF HE/SHE IS NOT LISTED.</b> <b>ENTER (N) FOR NO MORE HELPERS GIVEN.</b>				
	ROS_NAME_2 - ROS_NAME_20	Length 35	<input type="checkbox"/> Name		
	ROS_TYPE_2 - ROS_TYPE_20	Length 2	<input type="checkbox"/> Roster Entry added, person name <input type="checkbox"/> Proxy name collected previously		
	PRX_XA_2 - PRX_XA_20	Length 2	<input type="checkbox"/> Person listed in Person Roster - SKIP TO OBS_CKP		
	OBS_1A1_J		<input type="checkbox"/> New person not listed <input type="checkbox"/> Not in Person Roster but identified elsewhere - SKIP TO OBS_CKP		



<b>OBS CKP</b>		N	<input type="checkbox"/> No more
OBS_CKP	Length 2	1	<input type="checkbox"/> Proxy in Person Roster
		2	<input type="checkbox"/> Proxy identified elsewhere in survey - SKIP TO 3 (OBS_3)
		5	<input type="checkbox"/> New listing - SKIP TO 2 (OBS_2_1)
<b>OPEN PERSON ROSTER</b>			
<b>OBS CKH</b>			
<i>CAPI: Refer to HHMEM_02- HHMEM_20 in the Control Card. If HHMEM_02-20 equals '1', set OBS_CKH equal to '1'.</i>			
OBS_CKH	Length 2	0	<input type="checkbox"/> Persons - SKIP TO 5c (OBS_5C_PRXADD)
		1	<input type="checkbox"/> Yes - SKIP TO OBS_CK4
<b>CLOSE PERSON ROSTER</b>			
2. What is [OBS_1A1_NM]'s in 2,3,4) relationship to (you)[SAMPNAME]? <b>FR: MARK ONLY ONE. IF OBVIOUS MARK WITHOUT ASKING.</b>			
OBS_2_1	Length 2	2	<input type="checkbox"/> Spouse/Spousal Equivalent - SKIP TO 4 (OBS_4)
		3	<input type="checkbox"/> Son - SKIP TO 4 (OBS_4)
		4	<input type="checkbox"/> Daughter - SKIP TO 4 (OBS_4)
		5	<input type="checkbox"/> Son-in-law - SKIP TO 4 (OBS_4)
		6	<input type="checkbox"/> Daughter-in-law - SKIP TO 4 (OBS_4)
		7	<input type="checkbox"/> Mother - SKIP TO 4 (OBS_4)
		8	<input type="checkbox"/> Father - SKIP TO 4 (OBS_4)
		9	<input type="checkbox"/> Mother-in-law - SKIP TO 4 (OBS_4)
		10	<input type="checkbox"/> Father-in-law - SKIP TO 4 (OBS_4)
		11	<input type="checkbox"/> Brother - SKIP TO 4 (OBS_4)
		12	<input type="checkbox"/> Sister - SKIP TO 4 (OBS_4)
		13	<input type="checkbox"/> Brother-in-law - SKIP TO 4 (OBS_4)
		14	<input type="checkbox"/> Sister-in-law - SKIP TO 4 (OBS_4)
		15	<input type="checkbox"/> Other male relative - SKIP TO 4 (OBS_4)
		16	<input type="checkbox"/> Other female relative - SKIP TO 4 (OBS_4)
		17	<input type="checkbox"/> Male friend
		18	<input type="checkbox"/> Female friend
		19	<input type="checkbox"/> Male neighbor
		20	<input type="checkbox"/> Female neighbor
		21	<input type="checkbox"/> Employee / Someone hired
		22	<input type="checkbox"/> Someone from helping organization
		23	<input type="checkbox"/> Institution / Assisted Living Center
		24	<input type="checkbox"/> Legal Guardian
		25	<input type="checkbox"/> Unable to determine
		26	<input type="checkbox"/> Someone else (specify)
		99	<input type="checkbox"/> Child gender unknown
		-8,-9	<input type="checkbox"/> Don't Know, Refused
OBS_2_2	Length 30		Specify:
3. How many years (have you/has) [OBS_1A1_NM] known sample person?			
OBS_3	Length 2	1	<input type="checkbox"/> Less than 1 year
		2	<input type="checkbox"/> 1 year to less than 3 years
		3	<input type="checkbox"/> 3 years to less than 6 years
		4	<input type="checkbox"/> 6 years to less than 11 years
		5	<input type="checkbox"/> 11 years to less than 16 years
		6	<input type="checkbox"/> 16 years to less than 21 years
		7	<input type="checkbox"/> 21 years to less than 31 years
		8	<input type="checkbox"/> 31 years or more
		-8,-9	<input type="checkbox"/> Don't Know, Refused
4. Is [OBS_1A1_NM] paid to help?			
OBS_4	Length 2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
		-8,-9	<input type="checkbox"/> Don't Know, Refused
<b>OBS CK3</b>			
<i>CAPI: Refer to OBS_FR1. Is proxy or sample person answering?</i>			
5a. Do (you)[SAMPNAME] and [OBS_1A1_NM] live together?			
OBS_5A	Length 2		<input type="checkbox"/> Proxy
			<input type="checkbox"/> Sample Person - SKIP TO 5b (OBS_5B)
		1	<input type="checkbox"/> Yes - SKIP TO 8 (OBS_6_PRXMTH)
		2	<input type="checkbox"/> No - SKIP TO 5c (OBS_5C_PRXADD)
		-8,-9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 5c (OBS_5C_PRXADD)
5b. Does [OBS_1A1_NM] live with (you)[SAMPNAME]?			
OBS_5B	Length 2	1	<input type="checkbox"/> Yes - SKIP TO 6 (OBS_6_PRXMTH)
		2	<input type="checkbox"/> No
5c. What is [OBS_1A1_NM] mailing address?			
OBS_5C_PRXADD	Length 40		<input type="checkbox"/> Street Address
OBS_5C_PRXCTY	Length 25		<input type="checkbox"/> City
OBS_5C_PRXSTE	Length 2		<input type="checkbox"/> State
OBS_5C_PRXZIP5	Length 5		<input type="checkbox"/> Zip 5
OBS_5C_PRXZIP4	Length 4		<input type="checkbox"/> Zip 4
6. What is [OBS_1A1_NM] date of birth?			
OBS_6_PRXMTH	Length 2		<input type="checkbox"/> Month
OBS_6_PRXDAY	Length 2		<input type="checkbox"/> Day
OBS_6_P3	Length 4		<input type="checkbox"/> Year
<b>OBS CK4</b>			
<i>CAPI: Refer to OBS_FR1. Did proxy answer all questions?</i>			
			<input type="checkbox"/> Yes - SKIP TO 8 (OBS_8)
			<input type="checkbox"/> No
7. <b>FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY IN REMEMBERING DATES, PLACES, OR OTHER THINGS? ENTER (N) FOR NO MORE.</b>			
(N) OBS_7_KEY		N	<input type="checkbox"/> No More
(1) General confusion OBS_7_1	Length 2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
(2) Dates OBS_7_2	Length 2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
(3) Places OBS_7_3	Length 2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
(4) Other things you asked sample person about OBS_7_4	Length 2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
(5) Other things - Specify OBS_7_5	Length 2	1	<input type="checkbox"/> 1 if other - Specify in OBS_7_6 below
		2	<input type="checkbox"/> No
OBS_7_SP	Length 60		Specify: _____
(6) Sample person did not show any signs of confusion OBS_7_6	Length 2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
8. <b>FR: HOW WAS THE COMMUNITY INTERVIEW, EXCLUSIVE OF THE SCREENER INTERVIEW, CONDUCTED?</b>			
OBS_8	Length 2	1	<input type="checkbox"/> In Person
		2	<input type="checkbox"/> By Telephone
		3	<input type="checkbox"/> Both In Person and By Telephone
<b>OBS END</b>			
Set end time			
<b>COMMUNITY COMPLETION CHECK</b>			
<i>CAPI: If GROUP = 1 (aged-in, healthy) and less than 50% of the following variables are marked 'D', 'R', or -5, then the interview is complete.</i>			

