

1982 SCREENER LONG-TERM SURVEY

1. Sample Person Identification			
a. Control Number			
PSU			
CS_PSU	Col. 7	Char 3	100-989 <input type="checkbox"/> Blank
Serial			0001-
SER_NUM	Col. 10	Char 4	9999 <input type="checkbox"/> Blank
b. RGC (Reduction Group Code)			
REDCODE	Col. 160	Char 3	001-101 <input type="checkbox"/> 201-297 <input type="checkbox"/> 301-397 <input type="checkbox"/>
2. Last Name <i>NOT GIVEN</i>			
First Name <i>NOT GIVEN</i>			
3. Address of sample person <i>NOT GIVEN</i>			
4a. Date of birth			
Year			00-19
DOB_YY	Col. 23	Char 2	54-99 <input type="checkbox"/>
Month			01-12 <input type="checkbox"/>
DOM_MM	Col. 25	Char 2	
Day			01-31 <input type="checkbox"/>
DOB_DD	Col. 27	Char 2	
b. Age (As of 08/01/82)			
WGT_AGE82	Col. 17	Char 3	060- 130 <input type="checkbox"/>
<i>NOTE: This age is used for weighting up to 08/01/82 Population Controls</i>			
c. Sex			
I_SEX	Col. 15	Char 1	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
5. Date of Interview			
INTDATE_MM	Col. 163	Char 2	01-12 <input type="checkbox"/> Month (first two digits)
INTDATE_DD	Col. 165	Char 2	01-31 <input type="checkbox"/> Day (last two digits)
6. Letter Sent <i>NOT GIVEN</i>			
7. Interviewer Identification			
FR_CODE	Col. 167	Char 3	A-Z <input type="checkbox"/> first character 01-99 <input type="checkbox"/> last two digits
8. Regional Office			
L2ROC82	Col. 158	Char 2	00 <input type="checkbox"/> Foreign Country 21 <input type="checkbox"/> Boston 22 <input type="checkbox"/> New York 23 <input type="checkbox"/> Philadelphia 24 <input type="checkbox"/> Detroit 25 <input type="checkbox"/> Chicago 26 <input type="checkbox"/> Kansas City 27 <input type="checkbox"/> Seattle 28 <input type="checkbox"/> Charlotte 29 <input type="checkbox"/> Atlanta 30 <input type="checkbox"/> Dallas 31 <input type="checkbox"/> Denver 32 <input type="checkbox"/> Los Angles

9. Is telephone number predetermined? DETPHONE Col. 170 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Schedule personal visit</i>
10. SCREEN TIME SCRTIME Col. 171 Char 3	001-999 <input type="checkbox"/>
11a. Does . . . live there (here)? SC_OPEN Col. 174 Char 1	1 <input type="checkbox"/> Yes - May I speak to . . . ? 2 <input type="checkbox"/> No - <i>SKIP to 16a</i>
<i>If not talking to person who answered the telephone or door, repeat introduction.</i>	
b. Did . . . receive our letter? <i>NOT GIVEN</i>	
CHECK ITEM A	
Type of Interview PROXY Col. 176 Char 1	1 <input type="checkbox"/> Self - <i>SKIP to 13</i> 2 <input type="checkbox"/> Proxy - <i>Give name (NOT GIVEN)</i>
Reason for proxy SCPR Col. 177 Char 1	1 <input type="checkbox"/> Sample person is mentally or physically incapable 2 <input type="checkbox"/> Sample person has hearing/speech problem 3 <input type="checkbox"/> Sample person cannot speak English 4 <input type="checkbox"/> Sample person is temporary absent 5 <input type="checkbox"/> Other
12a. What is your relationship to . . . ? SCPR_REL Col. 178 Char 2	02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Son / Daughter 04 <input type="checkbox"/> Son-in-law / Daughter-in-law 05 <input type="checkbox"/> Parent 06 <input type="checkbox"/> Parent-in-law 07 <input type="checkbox"/> Brother / Sister 08 <input type="checkbox"/> Brother-in-law / Sister-in-law 09 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Employee 12 <input type="checkbox"/> Other Nonrelative 13 <input type="checkbox"/> Unable to be determined
b. Do you reside with . . . ? SCPR_RES Col. 180 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13a. What is . . . 's age? SCPR_AGE Col. 181 Char 3	040-150 <input type="checkbox"/> <i>Skip to 14</i> 001 <input type="checkbox"/> DK/REF
b. Is . . . 65 years or older? CALCAGE Col. 184 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>SHOW FLASHCARD D</i>	
14. What is . . . 's race? SCN_25B1 Col. 221 Char 1	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian or Pacific Islander 4 <input type="checkbox"/> American Indian, Eskimo, or Aleut 5 <input type="checkbox"/> Other
CHECK ITEM B	
Is this the correct person (name, sex, age)? VER_PER Col. 185 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>STOP SCREEN, explain in remarks</i>
15. What is . . . 's exact address? VER_ADD Col. 186 Char 1	1 <input type="checkbox"/> Same as label (<i>or item 3</i>) 2 <input type="checkbox"/> Different - <i>Correct label (or item 3)</i>
CHECK ITEM C	
Is this Screen being conducted by telephone or personal visit? SC_VISIT Col. 187 Char 1	1 <input type="checkbox"/> Telephone - <i>Skip to Introduction</i> 2 <input type="checkbox"/> Personal Visit - <i>Skip to 17</i>
16a. What is . . . 's current address and telephone number? Address:	

Name if Institution/Caregivers: NOT GIVEN
Number and street: NOT GIVEN
City: NOT GIVEN
County: NOT GIVEN
State: NOT GIVEN
Zip: NOT GIVEN

Sample person current phone number:
Area code: NOT GIVEN
Number: NOT GIVEN
PHONE: NOT GIVEN

b. Is this the address of a nursing, convalescent, or rest home, or a home for the aged or needy?

INHM Col. 175 Char 1

- 1 Yes - Stop Screen, mark code 9 or 10 in 26
2 No

17. What is . . . 's telephone number (at his/her new address)?

SCN_PHO Col. 188 Char 1

- 1 No telephone
2 DK
3 Refused } If a mover, contact supervisor. Otherwise, go to introduction.

18. Record of telephone calls -
NOT GIVEN

ACTIVITIES OF DAILY LIVING (ADL)

INTRODUCTION

First, I'd like to ask about . . . 's ability to do everyday activities without help. By help, I mean either the help of another person, including people who lived with . . . , or the help of special equipment.

INTERVIEWER INSTRUCTION - If the person cannot or does not do an activity listed below, mark the "Yes" box for that activity.

19. Do you Have any problem -

a. Eating without the help of another person or special equipment?

SCN_15_A Col. 189 Char 1

b. Getting in or out of bed without help?

SCN_15_B Col. 190 Char 1

c. Getting in or out of chairs without help?

SCN_15_C Col. 191 Char 1

d. Walking around inside without help?

SCN_15_D Col. 192 Char 1

e. Going outside without the help of another person or special equipment?

SCN_15_E Col. 193 Char 1

f. Dressing without help?

SCN_15_F Col. 194 Char 1

g. Bathing without help?

SCN_15_G Col. 195 Char 1

h. Getting to the bathroom or using the toilet?

SCN_15_H Col. 196 Char 1

i. Do you have any accidents or any problem controlling bowel movements or urination?

SCN_15_I Col. 197 Char 1

- 1 Yes
2 No

CHECK ITEM D

Is "Yes" marked in any part of 19?

ADL_FLAG Col. 198 Char 1

- 1 Yes
2 No - Skip to 21

20a. You said that . . . has a problem (Read ADL's marked "Yes" in 19). Have you had (this problem/any of these problems) for 3 months or longer?

SCN_16_A Col. 199 Char 1

- 1 Yes - Skip to 21
2 No

b. Do you expect that (this problem/any or these

problems) will last for the next 3 months or longer? SCN_16_B Col. 200 Char 1	1 <input type="checkbox"/> Yes - <i>Skip to 21</i> 2 <input type="checkbox"/> No
c. Altogether, from beginning to end, will (this problem/any of these problems) have lasted 3 months or longer? SCN_16_C Col. 201 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)	
INSTRUCTION - If a person does not do, but is able to do, an activity listed below, mark "Yes" for the activity.	
<p>21. Are you able to:</p> <p>a. Prepare meals without help? SCN_17_A Col. 202 Char 1</p> <p>b. Do laundry without help? SCN_17_B Col. 203 Char 1</p> <p>c. Do light housework such as washing dishes? SCN_17_C Col. 204 Char 1</p> <p>d. Shop for groceries without help? SCN_17_D Col. 205 Char 1</p> <p>e. Manage money such as keeping track of bills and handling case? SCN_17_E Col. 206 Char 1</p> <p>f. Take medicine without help? SCN_17_F Col. 207 Char 1</p> <p>g. Make telephone calls without help? SCN_17_G Col. 208 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><i>Is 'No' marked in any segment of 21, ask 22, otherwise, SHIP to CHECK ITEM E</i></p> <p>22. Does a disability or a health problem keep . . . from (Read IADL marked "No" in item 21)? SCN_CKD Col. 209 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to <i>CHECK ITEM E</i></p>
<p><i>Ask if more than one IADL marked "No" in item 17. Otherwise, mark without asking</i></p> <p>23. Which of these activities is . . . Unable to do because of a disability or health problem (read IADL's marked "No" in item 17)? Mark (1) all that apply.</p> <p>a. preparing meals? SCN_19_A Col. 210 Char 1</p> <p>b. doing laundry? SCN_19_B Col. 211 Char 1</p> <p>c. doing light housework? SCN_19_C Col. 212 Char 1</p> <p>d. shopping for groceries? SCN_19_D Col. 213 Char 1</p> <p>e. managing money? SCN_19_E Col. 214 Char 1</p> <p>f. taking medicine? SCN_19_F Col. 215 Char 1</p> <p>g. making telephone calls? SCN_19_G Col. 216 Char 1</p>	<p>1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked</p>
<p>24a. Have you had a problem doing (read IADL's marked in 23) for 3 months or longer? SCN_20A Col. 217 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>Skip to CHECK ITEM E</i> 2 <input type="checkbox"/> No</p>
<p>b. Do you expect that . . . 's problem doing (this/any of these things) will last for the next three months or longer?</p>	<p>1 <input type="checkbox"/> Yes - <i>Skip to CHECK ITEM E</i></p>

SCN_20B	Col. 218	Char 1	2 <input type="checkbox"/> No
c. Altogether, from beginning to end, will (this problem/ any or these problems) have lasted 3 months or longer?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
SCN_20C	Col. 219	Char 1	
CHECK ITEM E Is "Yes" marked in any of the following items - 20a, 20b, 20c, 24a, 24b, 24c?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - End contact with household, enter finish line in 10.
SCN_CK_E	Col. 220	Char 1	
CHECK ITEM F Is this screen being conducted by telephone or by personal visit? <i>NOT GIVEN</i>			
25. We would like to visit you to ask further questions about your health and physical activities. When would be the best time to visit? <i>NOT GIVEN</i>			
26. NONINTERVIEW REASON Telephone screening Field type A NIR_TEL			Col. 222 Char 2
Field type C			01 <input type="checkbox"/> No telephone number 02 <input type="checkbox"/> No answer after repeated calls 03 <input type="checkbox"/> Sample person temporarily absent/proxy unavailable 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Sample person unable to respond/proxy unavailable 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> Deceased before April 1, 1984 08 <input type="checkbox"/> Deceased on or after April 1, 1984 09 <input type="checkbox"/> In correctional facility 10 <input type="checkbox"/> Moved outside country before April 1, 1984 11 <input type="checkbox"/> Moved outside country on or after April 1, 1984 12 <input type="checkbox"/> Moved within country, beyond limit 13 <input type="checkbox"/> Other
Personal visit screening Field type A NIR_PV			Col. 224 Char 2
Field type C			01 <input type="checkbox"/> Unable to locate/moved, address unknown 02 <input type="checkbox"/> No one home 03 <input type="checkbox"/> Sample person temporarily absent/proxy unavailable 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Sample person unable to respond/proxy unavailable 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> Deceased before April 1, 1984 08 <input type="checkbox"/> Deceased on or after April 1, 1984 09 <input type="checkbox"/> In correctional facility 10 <input type="checkbox"/> Moved outside country before April 1, 1984 11 <input type="checkbox"/> Moved outside country on or after April 1, 1984 12 <input type="checkbox"/> Moved within country, beyond limit 13 <input type="checkbox"/> Other
27. Record of personal visits <i>NOT GIVEN</i>			
28. Supervisory use <i>NOT GIVEN</i>			