

1984 Screener Survey

1. Sample Person Identification				
Sex I_SEX	Col. 7	Char 1	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
Age WGT_AGE84	Col. 8	Char 3	060- 130 <input type="checkbox"/>	
Regional Office L2ROC84	Col. 89	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	
Sample Component SCOMP84	Col. 91	Char 1	<input type="checkbox"/> A, B, C, S, or T	
RGC (Reduction Group Code) REDCODE	Col. 92	Char 3	001-101 <input type="checkbox"/> 201-297 <input type="checkbox"/> 301-397 <input type="checkbox"/>	
2. Date if Interview INTDATE_MM		Col. 95	Char 4	06-10 <input type="checkbox"/> Month (first two digits) 01-31 <input type="checkbox"/> Day (last two digits)
3. Interviewer Identification SC_FIELD		Col. 99	Char 3	A-Z <input type="checkbox"/> first character 01-99 <input type="checkbox"/> last two digits
4. Is telephone number predetermined? guardian available from any source - <i>Refer to RO supervisor for a personal visit follow-up.</i> DETPHONE		Col. 102	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Schedule personal visit</i>
5. SCREEN TIME SCRTIME		Col. 103	Char 3	001-300 <input type="checkbox"/>
6. Record of telephone calls <i>NOT GIVEN</i>				
INTRODUCTION - Hello, I am (your name) from the United States Bureau of the Census. (Here is my identification card.) We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States.				
7. Does . . . live there (here)? SC_OPEN		Col. 106	Char 1	1 <input type="checkbox"/> Yes - May I speak with . . . ? - <i>Skip to 10</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Deceased - <i>Skip to CHECK ITEM A</i>
8a. 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  PHOADR		Col. 107	Char 1	1 <input type="checkbox"/> Deceased - <i>Skip to CHECK ITEM A</i> 2 <input type="checkbox"/> No Telephone 3 <input type="checkbox"/> DK/Refused

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b. Is this the address of a nursing, convalescent, or rest home, or a home for the aged or needy? INHM Col. 108 Char 1	1 <input type="checkbox"/> Yes - <i>Skip to e</i> 2 <input type="checkbox"/> No
c. Is this the address of another type of institution? INOTHER Col. 109 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>END SCREEN</i>
d. What type of institution is it? TPOTH_1 Col. 110 Char 1	1 <input type="checkbox"/> Mental - <i>Ask e</i> 2 <input type="checkbox"/> Correctional - <i>END INTERVIEW. Mark noninterview reason 9.</i> 3 <input type="checkbox"/> Short stay hospital } <i>Ask e</i> 4 <input type="checkbox"/> Other }
e. What is the name of the place where . . . Is staying? <i>NOT GIVEN</i>	
f. Was . . . Admitted to ( <i>name of place in 8e</i> ) before April 1, 1984? INSADM Col. 111 Char 1	1 <input type="checkbox"/> Yes } <i>END SCREENER</i> 2 <input type="checkbox"/> No }
CHECK ITEM A Sample component in 1 is: SMCOMP Col. 112 Char 1	1 <input type="checkbox"/> S, C, or A - <i>Go to LTC-6</i> 2 <input type="checkbox"/> B or T - <i>Ask 9</i>
9. When did . . . die? DEA_01 Col. 113 Char 4	01-12 <input type="checkbox"/> Month } <i>END INTERVIEW. Mark noninterview reason 7 or 8.</i> 80-84 <input type="checkbox"/> Year }
10. (If talking to different person, repeat introduction) Did . . . receive the letter? - <i>NOT GIVEN</i>	
CHECK ITEM B Type of Interview PROXY Col. 117 Char 1  Reason for proxy SCPR Col. 118 Char 1	1 <input type="checkbox"/> Sample person - <i>Skip to 12a.</i> 2 <input type="checkbox"/> Proxy  3 <input type="checkbox"/> Sample person is mentally pr physically incapable. 4 <input type="checkbox"/> Sample person has hearing/speech problem. 5 <input type="checkbox"/> Sample person cannot speak English. 6 <input type="checkbox"/> Sample person is temporarily absent. 7 <input type="checkbox"/> Other
11a. What is your relationship to . . . ? SCPR_REL Col. 119 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
11b. Do you reside with . . . ? SCPR_RES Col. 121 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12a. What is . . . 's age? - <i>If under 65, verify date of birth</i> SCPR_AGE Col. 122 Char 3	040-150 <input type="checkbox"/> <i>Skip to CHECK ITEM C</i> 001 <input type="checkbox"/> <i>DK/Ref - Ask 12b</i>
b. Is . . . 65 years or older? CALCAGE Col. 125 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM C Is this the correct person (name, sex, age)? VER_PER Col. 126 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>STOP SCREEN, explain in remarks</i>
13. What is . . . 's exact address? VER_ADD Col. 127 Char 1	1 <input type="checkbox"/> Same as label ( <i>or item 1</i> ) 2 <input type="checkbox"/> Different - <i>Correct label (or item 1)</i>
CHECK ITEM D Sample component in item 1 is - SMCOMP2 Col. 128 Char 1	1 <input type="checkbox"/> S or T 2 <input type="checkbox"/> C, A, or B - <i>Skip to CHECK ITEM I</i>

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CHECK ITEM E			
Is this Screen being conducted by telephone or by personal visit?			1 <input type="checkbox"/> Telephone - <i>Skip to Introduction</i>
SC_TYPE	Col. 129	Char 1	2 <input type="checkbox"/> Personal Visit
14. What is . . . 's telephone number?			1 <input type="checkbox"/> No telephone } <i>Go to</i>
SCH_PHO	Col. 130	Char 1	2 <input type="checkbox"/> DK/Refused } <i>Introduction</i>
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.			
INSTRUCTION - activity.			
s" box without asking, if apparent by observation.			
15. Does . . . Have any problem -			1 <input type="checkbox"/> Yes
a. Eating without the help of another person or special equipment?			2 <input type="checkbox"/> No
SCN_15_A	Col. 131	Char 1	
b. Getting in or out of bed without help?			
SCN_15_B	Col. 132	Char 1	
c. Getting in or out of chairs without help?			
SCN_15_C	Col. 133	Char 1	
d. Walking around inside without help?			
SCN_15_D	Col. 134	Char 1	
e. Going outside without the help of another person or special equipment?			
SCN_15_E	Col. 135	Char 1	
f. Dressing without help?			
SCN_15_F	Col. 136	Char 1	
g. Bathing without help?			
SCN_15_G	Col. 137	Char 1	
h. Getting to the bathroom or using the toilet?			
SCN_15_H	Col. 138	Char 1	
i. Does . . . have any accidents or any problem controlling bowel movements or urination?			
SCN_15_I	Col. 139	Char 1	
CHECK ITEM F			
Is "Yes" marked in any part of 15?			1 <input type="checkbox"/> Yes
ADL_FLAG	Col. 140	Char 1	2 <input type="checkbox"/> No - <i>Skip to 17</i>
16a. You said that . . . has a problem ( <i>Read ADL's marked "Yes" in 15</i> ). Has . . . had this problem/any of these problems) for 3 months or longer?			1 <input type="checkbox"/> Yes - <i>Skip to 17</i>
SCN_16A	Col. 141	Char 1	2 <input type="checkbox"/> No
b. Do you expect that (this problem/any or these problems) will last for the next 3 months or longer?			1 <input type="checkbox"/> Yes - <i>Skip to 17</i>
SCN_16B	Col. 142	Char 1	2 <input type="checkbox"/> No
c. Altogether, from beginning to end, will (this problem/any of these problems) have lasted 3 months or longer?			1 <input type="checkbox"/> Yes
SCN_16C	Col. 143	Char 1	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.			1 <input type="checkbox"/> Yes
17. Is . . . able to:			2 <input type="checkbox"/> No
a. Prepare meals without help?			
SCN_17_A	Col. 144	Char 1	
b. Do laundry without help?			
SCN_17_B	Col. 145	Char 1	
c. Do light housework such as washing dishes?			
SCN_17_C	Col. 146	Char 1	
d. Shop for groceries without help?			
SCN_17_D	Col. 147	Char 1	

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e. Manage money such as keeping track of bills and handling case? SCN_17_E                      Col. 148      Char 1	
f. Take medicine without help? SCN_17_F                      Col. 149      Char 1	
g. Make telephone calls without help? SCN_17_G                      Col. 150      Char 1	
CHECK ITEM G Is 'No' marked in any segment of 17? SCN_CKD                      Col. 151      Char 1	1 <input type="checkbox"/> Yes - Ask 18 2 <input type="checkbox"/> No - Skip to CHECK ITEM H
18. Does a disability or a health problem keep . . . from (Read IADL marked "No" in item 17)? SCN_18                      Col. 152      Char 1	1 <input type="checkbox"/> Yes - Ask 19 2 <input type="checkbox"/> No - Skip to CHECK ITEM H
<i>Ask if more than one IADL marked "No" in item 17. Otherwise, mark without asking</i>	
19. 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.	
a. preparing meals? SCN_19_A                      Col. 153      Char 1	1 <input type="checkbox"/> Marked
b. doing laundry? SCN_19_B                      Col. 154      Char 1	1 <input type="checkbox"/> Marked
c. doing light housework? SCN_19_C                      Col. 155      Char 1	1 <input type="checkbox"/> Marked
d. shopping for groceries? SCN_19_D                      Col. 156      Char 1	1 <input type="checkbox"/> Marked
e. managing money? SCN_19_E                      Col. 157      Char 1	1 <input type="checkbox"/> Marked
f. taking medicine? SCN_19_F                      Col. 158      Char 1	1 <input type="checkbox"/> Marked
g. making telephone calls? SCN_19_G                      Col. 159      Char 1	1 <input type="checkbox"/> Marked
h. None SCN_19_H                      Col. 160      Char 1	1 <input type="checkbox"/> Marked
20a. Has . . . had a problem (Read IADL's marked in 19) for 3 months or longer? SCN_20A                      Col. 161      Char 1	1 <input type="checkbox"/> Yes - Skip to CHECK ITEM H 2 <input type="checkbox"/> No
b. Do you expect that . . . 's problem doing (this/any of these things) will last for the next three months or longer? SCN_20B                      Col. 162      Char 1	1 <input type="checkbox"/> Yes - Skip to CHECK ITEM H 2 <input type="checkbox"/> No
c. Altogether, from beginning to end, will (this problem/ any or these problems) have lasted 3 months or longer? SCN_20C                      Col. 163      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM H Is "Yes" marked in any of the following items - 16a, 16b, 16c; 20a, 20b, 20c? SCN_CK_H                      Col. 164      Char 1	1 <input type="checkbox"/> Yes - SKIP to CHECK ITEM I 2 <input type="checkbox"/> No
21a. Has . . . EVER been a patient in a nursing, convalescent, or rest home? SCN_21A1                      Col. 165      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to e.
b. How many times? SCN_21B                      Col. 166      Char 2	01-99 <input type="checkbox"/> Times
c. When was . . . admitted (that time/the time before that)?  <i>Reask c and d if more than one time.</i>	mmyy <input type="checkbox"/> mm = 01-12, yy = 00-84

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That time/Last time SCN_21C	Col. 168	Char 4	
Next to last time SCN_21C3	Col. 172	Char 4	
Time before that SCN_21C5	Col. 176	Char 4	
d1. How long was . . . in the nursing home (that time)? <i>Reask c and d if more than one time.</i> That time/Last time SCN_21D1	Col. 180	Char 2	01-99 <input type="text"/> days
Time before that SCN_21D3	Col. 182	Char 2	
Time before that SCN_21D5	Col. 184	Char 2	
e. Is . . . now on a waiting list to go into a nursing home? SCN_21E5	Col. 186	1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d2. How long was . . . in the nursing home (that time)? <i>Reask c and d if more than one time.</i> That time/Last time SCN_21D7	Col. 187	Char 2	01-99 <input type="text"/> months
Time before that SCN_21D9	Col. 189	Char 2	
Time before that SCN_21D10	Col. 191	Char 2	
22. Including . . . , how many people live in . . .'s household? SCN_22	Col. 193	Char 2	01-30 <input type="text"/> People
23a. Does . . . have any living children? (Include natural, adopted and stepchildren.) SCN_23_A	Col. 195	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to 24.</i>
b. How many do NOT live in . . .'s household? SCN_23_B	Col. 196	2	00-30 <input type="text"/> Children
24. Is . . . Now married, widowed, divorced, separated, or never married? SCN_24	Col. 198	Char 1	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never Married
25. What is . . .'s race? <i>(If personal visit, show Flashcard D).</i> <i>Read categories</i> SCN_25B1	Col. 199	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, Aleut, Eskimo 5 <input type="checkbox"/> Other
CHECK ITEM I Is this screen being conducted by telephone or by personal visit? SCN_CK_J	Col. 200	Char 1	1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit - <i>Go to Control Card, item 7a</i>
26. We would like to visit you to ask further questions about . . .'s health and physical activities. When would be the best time to visit? <i>NOT GIVEN</i>			
27. NONINTERVIEW REASON Telephone screening Field type A NIR_TEL	Col. 201	Char 2	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

END INTERVIEW.  
Enter finish time in item 5

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Field type C

- 05  Sample person unable to respond/proxy unavailable
- 06  Other
  
- 07  Deceased before April 1, 1984
- 08  Deceased on or after April 1, 1984
- 09  In correctional facility
- 10  Moved outside country before April 1, 1984
- 11  Moved outside country on or after April 1, 1984
- 12  Moved within country, beyond limit
- 13  Other

Personal visit screening

Field type A

NIR\_PV

Col. 203

Char 2

- 01  Unable to locate/moved, address unknown
- 02  No one home
- 03  Sample person temporarily absent/proxy unavailable
- 04  Refused
- 05  Sample person unable to respond/proxy unavailable
- 06  Other

Field type C

- 07  Deceased before April 1, 1984
- 08  Deceased on or after April 1, 1984
- 09  In correctional facility
- 10  Moved outside country before April 1, 1984
- 11  Moved outside country on or after April 1, 1984
- 12  Moved within country, beyond limit
- 13  Other

28. Record of personal visits  
NOT GIVEN