

MAIN STUDY - ROUND 10

COMMUNITY COMPONENT

HS. HEALTH STATUS AND FUNCTIONING

BOX HIS1A	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX SC1A.
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HSRNDSKP

HS1. Now, I would like to ask you about (your/SP's) health. In general, compared to other people (your/SP's) age, would you say that (your/his/her) health is . . .

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

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

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

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

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

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

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

BOX	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS5.
HSA	OTHERWISE, GO TO HS6.

HS5. (Have you/Has SP) ever had an operation for cataracts?

ECCATOP YES..... 1
NO..... 2

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

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

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

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

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

DCTROUB YES..... 1
NO..... 2

BOX	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS9.
HSB	OTHERWISE, GO TO BOX HS1.

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

HEIGHTFT _____
HEIGHTIN FEET INCHES

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

WEIGHT _____
POUNDS

BOX	IF SP IS FEMALE: GO TO INTRODUCTION ABOVE HS11.
HS1	IF SP IS MALE: GO TO HS14.

These next few questions are about preventive health care measures some people take.

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

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

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

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

BOX	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS13.
HSC	OTHERWISE, GO TO HS14.

HS13. (Have you/Has SP) ever had a hysterectomy?

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

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

[EXPLAIN IF NECESSARY: DID SP GET A FLU SHOT ANY TIME DURING THE PERIOD FROM SEPTEMBER 1993 THROUGH DECEMBER 1993?]

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

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

PNEUSHOT

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

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

EVERSMOK

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

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

SMOKNOW

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

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

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

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

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

SHOW
CARD
HS1

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

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

SHOW
CARD
HS1

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

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

SHOW
CARD
HS1

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

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

SHOW
CARD
HS1

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

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

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

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

BOX HS1C	IF ANY PREVIOUS ROUND HS23b=1, GO TO HS23c. OTHERWISE, GO TO HS23a.
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b. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had hypertension, sometimes called high blood pressure?

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

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

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

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

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

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

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

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

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

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

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

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

[INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]

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

- i. On what part or parts of (your/SP's) body was the cancer or tumor found?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

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

BOX HS1E	IF ANY PREVIOUS ROUND HS23j=1, GO TO BOX HS1F. OTHERWISE, GO TO HS23j.
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- j. [Since (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had diabetes, high blood sugar, or sugar in (your/his/her) urine?

[DO NOT INCLUDE BORDERLINE, PREGNANCY, OR PRE-DIABETIC DIABETES.]

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

BOX HS1F	IF ANY PREVIOUS ROUND HS23k=1, GO TO BOX HS23G. OTHERWISE, GO TO HS23k.
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- k. [Since (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

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

BOX HS1G	IF ANY PREVIOUS ROUND HS23=1, GO TO BOX HSE. OTHERWISE, GO TO HS231.
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- l. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had arthritis, other than rheumatoid arthritis?

[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

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

- m. What part or parts of (your/SP's) body have been affected by arthritis?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

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

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

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

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

OCALZHR YES..... 1
 HS23OFLG NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

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

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

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

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

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

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

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

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

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

[COPD=CARDIOPULMONARY DISEASE.]

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

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

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

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

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

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

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

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

 _____GO TO INTRODUCTION ABOVE AC29.

EMCAUSE1 **EMCAUSC1**
EMCAUSE2 **EMCAUSC2**
EMCAUSE3

BOX HS3	<p>IF MORE THAN ONE CONDITION MENTIONED IN HS23a-v, ASK HS26. IF ONLY ONE CONDITION MENTIONED IN HS23a-v, GO TO INTRODUCTION ABOVE AC29.</p>
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HS26. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?

CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.

DISPLAY CONDITIONS FOR WHICH HS23a-v CODED 1. ALLOW "OTHER SPECIFY" (91).

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

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

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

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

AC30. Why was that?

[PRESS ENTER TO LEAVE SCREEN.]

HCTRVB1	HCTRC1
HCTRVB2	HCTRC2
HCTRVB3	HCTRC3

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

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

AC32 OMITTED.

See [Activities of Daily Living](#)

See [Instrumental Activities of Daily Living](#)

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

SHOW CARD HS2

LOSTURIN

More than once a week.....	1
About once a week.....	2
2-3 times a month.....	3
About once a month.....	4
Every 2-3 months.....	5
Once or twice a year.....	6
Not at all.....	7
SP IS ON DIALYSIS OR CATHETERIZATION.....	8
REFUSED.....	-7
DON'T KNOW.....	-8