Medicare Current Beneficiary Survey

Section Specifications for HFQ

HEALTH STATUS AND FUNCTIONING

ROUND 70

Created on 4/30/2015

Updated on 7/24/2017

BOX HFBEG

BOX INSTRUCTIONS

GO TO HFA1 - GENHELTH.

HFA1

Code 1

QUESTION TEXT

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 . . .

FIELD 1: GENHELTH

FIELD 1 ROUTING

Value	Label	Route
1	excellent,	HFA2 - COMPHLTH
2	very good,	HFA2 - COMPHLTH
3	good,	HFA2 - COMPHLTH
4	fair, or	HFA2 - COMPHLTH
5	poor?	HFA2 - COMPHLTH
	Don't Know	HFA2 - COMPHLTH
	Refused	HFA2 - COMPHLTH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.GENHELTH	1

HFA2

Code 1

QUESTION TEXT

SHOW CARD HF

Compared to one year ago, how would you rate [your/(SP's)] health in general now?

Would you say [your/(SP's)] health is . . .

FIELD 1: COMPHLTH

FIELD 1 ROUTING

Value	Label	Route
1	much better now than one year ago,	HFA3 - HELMTACT
2	somewhat better now than one year ago,	HFA3 - HELMTACT
3	about the same,	HFA3 - HELMTACT
4	somewhat worse now than one year ago, or	HFA3 - HELMTACT
5	much worse now than one year ago?	HFA3 - HELMTACT
	Don't Know	HFA3 - HELMTACT
	Refused	HFA3 - HELMTACT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COMPHLTH	1

HFA3

Code 1

QUESTION TEXT

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 . . .

FIELD 1: HELMTACT

FIELD 1 ROUTING

Value	Label	Route
1	none of the time,	HFB1 - ECHELP
2	some of the time,	HFB1 - ECHELP
3	most of the time, or	HFB1 - ECHELP
4	all of the time?	HFB1 - ECHELP
	Don't Know	HFB1 - ECHELP
	Refused	HFB1 - ECHELP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HELMTACT	1

HFB1

Yes/No

QUESTION TEXT

[Do you/Does (SP)] wear eyeglasses or contact lenses?

FIELD 1: ECHELP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFB2 - ECTROUB
2	NO	HFB2 - ECTROUB
3	SP IS BLIND	HFB6 - EDOCEXAM
	Don't Know	HFB6 - EDOCEXAM
	Refused	HFB6 - EDOCEXAM

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.ECHELP	1

HFB2

Code 1

QUESTION TEXT

Which statement best describes [your/(SP's)] vision (while wearing glasses or contact lenses): no trouble seeing, a little trouble, a lot of trouble, or no usable vision?

FIELD 1: ECTROUB

FIELD 1 ROUTING

Value	Label	Route
1	NO TROUBLE SEEING	HFB6 - EDOCEXAM
2	A LITTLE TROUBLE SEEING	HFB6 - EDOCEXAM
3	A LOT OF TROUBLE SEEING	HFB2A - ECLEGBLI
4	NO USABLE VISION	HFB6 - EDOCEXAM
	Don't Know	HFB6 - EDOCEXAM
	Refused	HFB6 - EDOCEXAM

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.ECTROUB	1

HFB2A

Yes/No

QUESTION TEXT

[Have you/Has (SP)] been told that (you are/he is/she is) legally blind?

[EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot see well enough to drive.]

FIELD 1: ECLEGBLI

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFB6 - EDOCEXAM
2	NO	HFB6 - EDOCEXAM
	Don't Know	HFB6 - EDOCEXAM
	Refused	HFB6 - EDOCEXAM

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.ECLEGBLI	1

HFB6

Yes/No

QUESTION TEXT

[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)?

INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.

FIELD 1: EDOCEXAM

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFB7A - EDOCTYPE
2	NO	HFB7 - EDOCLAST
	Don't Know	BOX HFB1
	Refused	BOX HFB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EDOCEXAM	1

HFB7

Code 1

QUESTION TEXT

How long has it been since [your/(SP's)] last eye examination by an eye doctor?

FIELD 1: EDOCLAST

FIELD 1 ROUTING

Value	Label	Route
1	NEVER HAD EYE EXAM BY EYE DOCTOR	BOX HFB1
2	1 YEAR TO LESS THAN 2 YEARS	HFB7A - EDOCTYPE
3	2 YEARS TO LESS THAN 5 YEARS	HFB7A - EDOCTYPE
4	5 YEARS OR MORE	HFB7A - EDOCTYPE
	Don't Know	BOX HFB1
	Refused	BOX HFB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EDOCLAST	1

HFB7A

Code 1

QUESTION TEXT

I have a couple of questions about [your/(SP's)] last eye examination.

Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care professional?

[EXPLAIN IF NECESSARY: An optometrist is a doctor of optometry (O.D.) who diagnoses and treats visual health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.]

FIELD 1: EDOCTYPE

FIELD 1 ROUTING

Value	Label	Route
1	OPTOMETRIST	HFB7B - EDOCDLAT
2	OPHTHALMOLOGIST	HFB7B - EDOCDLAT
91	OTHER DOCTOR SPECIALTY	HFB7A - EDOCTYOS
	Don't Know	BOX HFB1
	Refused	BOX HFB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EDOCTYPE	1

FIELD 2: EDOCTYOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFB7B - EDOCDLAT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EDOCTYOS	1

HFB7B

Yes/No

QUESTION TEXT

Again, thinking about [your/(SP's)] last eye examination, were dilating drops used in [your/(SP)'s] eyes?

[EXPLAIN IF NECESSARY: Dilating drops are used to enlarge the pupil for eye examinations. The drops often make your eyes more sensitive to bright light and may cause temporary blurry vision.]

FIELD 1: EDOCDLAT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFB7C - ECATARAC
2	NO	HFB7C - ECATARAC
	Don't Know	HFB7C - ECATARAC
	Refused	HFB7C - ECATARAC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EDOCDLAT	1

HFB7C

List

QUESTION TEXT

I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of these conditions.

[Have you/Has (SP)] ever been told by a doctor that (you/he/she) had…

FIELD 1: ECATARAC

Cataracts?

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFB7C - EGLAUCOM
2	NO	HFB7C - EGLAUCOM
	Don't Know	HFB7C - EGLAUCOM
	Refused	HFB7C - EGLAUCOM

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.ECATARAC	1

FIELD 2: EGLAUCOM

Glaucoma?

FIELD 2 ROUTING

Value	Label	Route
1	YES	HFB7C - ERETINOP
2	NO	HFB7C - ERETINOP
	Don't Know	HFB7C - ERETINOP

Value	Label	Route
	Refused	HFB7C - ERETINOP

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EGLAUCOM	1

FIELD 3: ERETINOP

Diabetic retinopathy?

FIELD 3 ROUTING

Value	Label	Route
1	YES	HFB7C - EMACULAR
2	NO	HFB7C - EMACULAR
	Don't Know	HFB7C - EMACULAR
	Refused	HFB7C - EMACULAR

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.ERETINOP	1

FIELD 4: EMACULAR

Macular degeneration or age-related macular degeneration, also called AMD?

FIELD 4 ROUTING

Value	Label	Route
1	YES	HFB10 - ECCATOP
2	NO	HFB10 - ECCATOP

Value	Label	Route
	Don't Know	HFB10 - ECCATOP
	Refused	HFB10 - ECCATOP

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EMACULAR	1

HFB10

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever had an operation for cataracts?

FIELD 1: ECCATOP

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFB1
2	NO	BOX HFB1
	Don't Know	BOX HFB1
	Refused	BOX HFB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.ECCATOP	1

BOX HFB1

BOX INSTRUCTIONS

IF HFB7C - ERETINOP = 1/Yes OR HFB7C - EMACULAR = 1/Yes, GO TO HFB11 - ELASRSUR.

ELSE GO TO HFC1 - HCHELP.

HFB11

Yes/No

QUESTION TEXT

Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration.

[Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions?

[EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct vision.]

FIELD 1: ELASRSUR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFC1 - HCHELP
2	NO	HFC1 - HCHELP
	Don't Know	HFC1 - HCHELP
	Refused	HFC1 - HCHELP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.ELASRSUR	1

HFC1

Yes/No

QUESTION TEXT

[Do you/Does (SP)] use a hearing aid?

FIELD 1: HCHELP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFC2 - HCTROUB
2	NO	HFC2 - HCTROUB
3	SP IS DEAF	HFC3 - HCKNOWMC
	Don't Know	HFD1A - FOODTRBL
	Refused	HFD1A - FOODTRBL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HCHELP	1

HFC2

Code 1

QUESTION TEXT

Which statement best describes [your/(SP's)] hearing (with a hearing aid): no trouble hearing, a little trouble, a lot of trouble, or deaf?

FIELD 1: HCTROUB

FIELD 1 ROUTING

Value	Label	Route
1	NO TROUBLE HEARING	HFD1A - FOODTRBL
2	A LITTLE TROUBLE HEARING	HFC3 - HCKNOWMC
3	A LOT OF TROUBLE HEARING	HFC3 - HCKNOWMC
4	DEAF	HFC3 - HCKNOWMC
	Don't Know	HFD1A - FOODTRBL
	Refused	HFD1A - FOODTRBL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HCTROUB	1

HFC3

Code 1

QUESTION TEXT

How much trouble [do you/does (SP)] have finding out things (you need/he needs/she needs) to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?

FIELD 1: HCKNOWMC

FIELD 1 ROUTING

Value	Label	Route
1	NO TROUBLE	HFC4 - HCCOMDOC
2	A LITTLE TROUBLE	HFC4 - HCCOMDOC
3	A LOT OF TROUBLE	HFC4 - HCCOMDOC
	Don't Know	HFC4 - HCCOMDOC
	Refused	HFC4 - HCCOMDOC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HCKNOWMC	1

HFC4

Code 1

QUESTION TEXT

How much trouble [do you/does (SP)] have communicating with (your/his/her) doctor or other medical personnel because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?

FIELD 1: HCCOMDOC

FIELD 1 ROUTING

Value	Label	Route
1	NO TROUBLE	HFD1A - FOODTRBL
2	A LITTLE TROUBLE	HFD1A - FOODTRBL
3	A LOT OF TROUBLE	HFD1A - FOODTRBL
	Don't Know	HFD1A - FOODTRBL
	Refused	HFD1A - FOODTRBL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HCCOMDOC	1

HFD1A

Code 1

QUESTION TEXT

How much trouble [do you/does (SP)] have eating solid foods because of problems with (your/his/her) mouth or teeth? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?

FIELD 1: FOODTRBL

FIELD 1 ROUTING

Value	Label	Route
1	NO TROUBLE	HFE1 - HEIGHTFT
2	A LITTLE TROUBLE	HFE1 - HEIGHTFT
3	A LOT OF TROUBLE	HFE1 - HEIGHTFT
	Don't Know	HFE1 - HEIGHTFT
	Refused	HFE1 - HEIGHTFT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FOODTRBL	1

HFE1

Numeric

FIELD 1: HEIGHTFT

How tall [are you/is (SP)]?

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFE1 - HEIGHTIN
	Don't Know	HFE1 - HEIGHTIN
	Refused	HFE1 - HEIGHTIN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HEIGHTFT	1

FIELD 2: HEIGHTIN

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFE1 - WEIGHT
	Don't Know	HFE1 - WEIGHT
	Refused	HFE1 - WEIGHT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HEIGHTIN	1

FIELD 3: WEIGHT

How much [do you/does (SP)] weigh?

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFFINTRO - PREVHLTHINTRO
	Don't Know	HFFINTRO - PREVHLTHINTRO
	Refused	HFFINTRO - PREVHLTHINTRO

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.WEIGHT	1

HFFINTRO

No Entry

QUESTION TEXT

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

FIELD 1: PREVHLTHINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HFF1 - BPTAKEN
	Empty	HFF1 - BPTAKEN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HFF1

Code 1

QUESTION TEXT

When was the most recent time [you/(SP)] had (your/his/her) blood pressure taken by a doctor or other health professional?

FIELD 1: BPTAKEN

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN 6 MONTHS AGO	HFF2 - BCTAKEN
2	6 MONTHS TO LESS THAN 1 YEAR AGO	HFF2 - BCTAKEN
3	1 YEAR TO LESS THAN 2 YEARS AGO	HFF2 - BCTAKEN
4	2 YEARS TO LESS THAN 5 YEARS AGO	HFF2 - BCTAKEN
5	5 OR MORE YEARS AGO	HFF2 - BCTAKEN
6	NEVER HAD BLOOD PRESSURE TAKEN	HFF2 - BCTAKEN
	Don't Know	HFF2 - BCTAKEN
	Refused	HFF2 - BCTAKEN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.BPTAKEN	1

HFF2

Code 1

QUESTION TEXT

When was the most recent time [you/(SP)] had (your/his/her) blood cholesterol checked?

FIELD 1: BCTAKEN

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN 6 MONTHS AGO	BOX HFF1
2	6 MONTHS TO LESS THAN 1 YEAR AGO	BOX HFF1
3	1 YEAR TO LESS THAN 2 YEARS AGO	BOX HFF1
4	2 YEARS TO LESS THAN 5 YEARS AGO	BOX HFF1
5	5 OR MORE YEARS AGO	BOX HFF1
6	NEVER HAD CHOLESTEROL CHECKED	BOX HFF1
	Don't Know	BOX HFF1
	Refused	BOX HFF1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.BCTAKEN	1

BOX HFF1

BOX INSTRUCTIONS

IF SP IS FEMALE, GO TO HFF3 - MAMMOGRM.

ELSE GO TO BOX HFF3.

HFF3

Yes/No

QUESTION TEXT

(These next few questions are about preventive health care measures some people take). [Have you/Has (SP)] had a mammogram or a breast X-ray since (LAST HF MONTH YEAR)?

FIELD 1: MAMMOGRM

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFF6 - PAPSMEAR
2	NO	HFF5 - MAMCODE
	Don't Know	HFF6 - PAPSMEAR
	Refused	HFF6 - PAPSMEAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MAMMOGRM	1

HFF5

Code All

QUESTION TEXT

What is the reason that [you have/(SP) has] not had a mammogram since (LAST HF MONTH YEAR)?

CHECK ALL THAT APPLY.

FIELD 1: MAMCODE

FIELD 1 ROUTING

Value	Label	Route
1	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG	HFF6 - PAPSMEAR
2	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE	HFF6 - PAPSMEAR
3	DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS	HFF6 - PAPSMEAR
4	NOT AT RISK FOR BREAST CANCER	HFF6 - PAPSMEAR
5	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	HFF6 - PAPSMEAR
6	DOCTOR RECOMMENDED AGAINST GETTING IT	HFF6 - PAPSMEAR
7	DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS	HFF6 - PAPSMEAR
8	INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY	HFF6 - PAPSMEAR

Value	Label	Route
9	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED	HFF6 - PAPSMEAR
10	COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY	HFF6 - PAPSMEAR
11	AFRAID OF RESULTS/DON'T WANT TO KNOW	HFF6 - PAPSMEAR
12	MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS	HFF6 - PAPSMEAR
13	NEVER HEARD OF MAMMOGRAM	HFF6 - PAPSMEAR
14	APPOINTMENT SCHEDULED FOR FUTURE DATE	HFF6 - PAPSMEAR
15	MASTECTOMY/BREASTS REMOVED	HFF6 - PAPSMEAR
16	TOO ILL, PHYSICALLY/MENTALLY	HFF6 - PAPSMEAR
91	OTHER	HFF5 - MAMNOTHS
	Don't Know	HFF6 - PAPSMEAR
	Refused	HFF6 - PAPSMEAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=HEST.MAMNNEED 2=HEST.MAMNANUL 3=HEST.MAMNGET 4=HEST.MAMNRISK 5=HEST.MAMNPRES 6=HEST.MAMNREC 7=HEST.MAMNLIKE 8=HEST.MAMNLOCA 9=HEST.MAMNMISS 10=HEST.MAMNCOST 11=HEST.MAMNFEAR 12=HEST.MAMNRADI 13=HEST.MAMNHEAR 14=HEST.MAMNAPPT 15= HEST.MAMNMASC 16=HEST.MAMNILL 91=HEST.MAMNOTHR	17

FIELD 2: MAMNOTHS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFF6 - PAPSMEAR

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MAMNOTHS	1

HFF6

Yes/No

QUESTION TEXT

[Have you/Has (SP)] had a Pap smear test since (LAST HF MONTH YEAR)?

FIELD 1: PAPSMEAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFF2
2	NO	HFF8 - PAPCODE
	Don't Know	BOX HFF2
	Refused	BOX HFF2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.PAPSMEAR	1

HFF8

Code All

QUESTION TEXT

What is the reason that [you have/(SP) has] not had a Pap smear test since (LAST HF MONTH YEAR)?

CHECK ALL THAT APPLY.

FIELD 1: PAPCODE

FIELD 1 ROUTING

Value	Label	Route
1	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG	BOX HFF2
2	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE	BOX HFF2
3	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS	BOX HFF2
4	NOT AT RISK FOR CANCER	BOX HFF2
5	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	BOX HFF2
6	DOCTOR RECOMMENDED AGAINST GETTING IT	BOX HFF2
7	DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS	BOX HFF2
8	INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY	BOX HFF2
9	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED	BOX HFF2

Value	Label	Route
10	COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY	BOX HFF2
11	AFRAID OF RESULTS/DON'T WANT TO KNOW	BOX HFF2
12	NEVER HEARD OF PAP SMEAR	BOX HFF2
13	APPOINTMENT SCHEDULED FOR FUTURE DATE	BOX HFF2
14	HAD HYSTERECTOMY/NO UTERUS, OVARIES	BOX HFF2
15	TOO ILL, PHYSICALLY/MENTALLY	BOX HFF2
91	OTHER	HFF8 - PAPNOTHS
	Don't Know	BOX HFF2
	Refused	BOX HFF2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=HEST.PAPNNEED 2=HEST.PAPNANUL 3= HEST.PAPNGET 4=HEST.PAPNRISK 5=HEST.PAPNPRES 6= HEST.PAPNREC 7= HEST.PAPNLIKE 8=HEST.PAPNLOCA 9=HEST.PAPNMISS 10= HEST.PAPNCOST 11=HEST.PAPNFEAR 12=HEST.PAPNHEAR 13=HEST.PAPNAPPT 14=HEST.PAPNHYST 15= HEST.PAPNILL 91=HEST.PAPNOTHR	16

FIELD 2: PAPNOTHS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFF2

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.PAPNOTHS	1

BOX HFF2

BOX INSTRUCTIONS

IF RESPONSE TO HHF8 – PAPCODE DOES NOT INCLUDE 14/HadHysterectomy, GO TO HFF9 - HYSTEREC.

ELSE GO TO HFF15 - FLUSHOT.

HFF9

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever had a hysterectomy?

FIELD 1: HYSTEREC

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFF15 - FLUSHOT
2	NO	HFF15 - FLUSHOT
	Don't Know	HFF15 - FLUSHOT
	Refused	HFF15 - FLUSHOT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYSTEREC	1

BOX HFF3

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING PROSTATE SURGERY IN A PREVIOUS ROUND, GO TO HFF11 - DIGTEXAM.

ELSE GO TO HFF10 - PROSSURG.

HFF10

Yes/No

QUESTION TEXT

[Since (LAST HF MONTH YEAR), [have you/has (SP)/[Have you/has (SP)] ever] had surgery on (your/his) prostate?

[EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surgery can include complete or partial removal of the prostate.]

FIELD 1: PROSSURG

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFF11 - DIGTEXAM
2	NO	HFF11 - DIGTEXAM
	Don't Know	HFF11 - DIGTEXAM
	Refused	HFF11 - DIGTEXAM

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.PROSSURG	1

HFF11

Yes/No

QUESTION TEXT

These next few questions are about [preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery].

[Have you/Has (SP)] had a digital rectal examination (of the prostate) since (LAST HF MONTH YEAR)?

[EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]

FIELD 1: DIGTEXAM

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFF12 - BLOODTST
2	NO	HFF12 - BLOODTST
	Don't Know	HFF12 - BLOODTST
	Refused	HFF12 - BLOODTST

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIGTEXAM	1

HFF12

Yes/No

QUESTION TEXT

[Have you/Has (SP)] had a blood test for detection of prostate cancer, known as a PSA, since (LAST HF MONTH YEAR)?

PSA = PROSTATE-SPECIFIC ANTIGEN

[EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]

FIELD 1: BLOODTST

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFF15 - FLUSHOT
2	NO	HFF14 - PRONCODE
	Don't Know	HFF15 - FLUSHOT
	Refused	HFF15 - FLUSHOT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.BLOODTST	1

HFF14

Code All

QUESTION TEXT

What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (LAST HF MONTH YEAR)?

CHECK ALL THAT APPLY.

FIELD 1: PRONCODE

FIELD 1 ROUTING

Value	Label	Route
1	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG	HFF15 - FLUSHOT
2	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE	HFF15 - FLUSHOT
3	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS	HFF15 - FLUSHOT
4	NOT AT RISK FOR CANCER	HFF15 - FLUSHOT
5	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	HFF15 - FLUSHOT
6	DOCTOR RECOMMENDED AGAINST GETTING IT	HFF15 - FLUSHOT
7	DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS	HFF15 - FLUSHOT
8	INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY	HFF15 - FLUSHOT
9	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED	HFF15 - FLUSHOT

Value	Label	Route
10	COST OF TEST/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY	HFF15 - FLUSHOT
11	AFRAID OF RESULTS/DON'T WANT TO KNOW	HFF15 - FLUSHOT
12	NEVER HEARD OF PSA	HFF15 - FLUSHOT
13	APPOINTMENT SCHEDULED FOR FUTURE DATE	HFF15 - FLUSHOT
14	PROSTATECTOMY/PROSTATE REMOVED	HFF15 - FLUSHOT
91	OTHER	HFF14 - PRONOTHS
	Don't Know	HFF15 - FLUSHOT
	Refused	HFF15 - FLUSHOT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=HEST.PRONNEED 2=HEST.PRONANUL 3=HEST.PRONGET 4=HEST.PRONRISK 5=HEST.PRONPRES 6=HEST.PRONREC 7=HEST.PRONLIKE 8=HEST.PRONLOCA 9=HEST.PRONMISS 10=HEST.PRONCOST 11=HEST.PRONFEAR 12=HEST.PRONHEAR 13=HEST.PRONAPPT 14=HEST.PRONPROS 91=HEST.PRONOTHR	15

FIELD 2: PRONOTHS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFF15 - FLUSHOT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.PRONOTHS	1

HFF15

Yes/No

QUESTION TEXT

Did [you/(SP)] have a seasonal flu shot for last winter?

[EXPLAIN IF NECESSARY: Did [you/(SP)] have a seasonal flu shot any time during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]

FIELD 1: FLUSHOT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFF18 - FLUSITE
2	NO	HFF17 - FLUCODE
	Don't Know	BOX HFF5
	Refused	BOX HFF5

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FLUSHOT	1

HFF17

Code All

QUESTION TEXT

Why didn't [you/(SP)] get a seasonal flu shot last winter?

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: FLUCODE

FIELD 1 ROUTING

Value	Label	Route
1	DIDN'T KNOW IT WAS NEEDED	BOX HFF4
2	SHOT COULD CAUSE FLU	BOX HFF4
3	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE	BOX HFF4
4	DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY	BOX HFF4
5	FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK	BOX HFF4
6	DOCTOR DID NOT RECOMMEND THE SHOT	BOX HFF4
7	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ALLERGIC TO SHOT/MEDICAL REASONS	BOX HFF4
8	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS	BOX HFF4

Value	Label	Route
9	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION	BOX HFF4
10	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT	BOX HFF4
11	COST OF SHOT/NOT WORTH THE MONEY	BOX HFF4
12	HAD SHOT BEFORE/DIDN'T NEED IT AGAIN	BOX HFF4
13	VACCINE UNAVAILABLE/VACCINE SHORTAGE	BOX HFF4
91	OTHER	HFF17 - FLUOTHOS
	Don't Know	BOX HFF4
	Refused	BOX HFF4

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=HEST.FLUNEED 2=HEST.FLUCAUSE 3=HEST.FLUSIDE 4=HEST.FLUPRVNT 5=HEST.FLURISK 6=HEST.FLUDOCNO 7=HEST.FLUAGNST 8=HEST.FLUREACT 9=HEST.FLULOCAT 10=HEST.FLUMISS 11=HEST.FLUCOST 12=HEST.FLUBEFOR 13=HEST.FLUVACC 91=HEST.FLUOTHER	14

FIELD 2: FLUOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFF4

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FLUOTHOS	1

BOX HFF4

BOX INSTRUCTIONS

IF RESPONSE TO HFF17 – FLUCODE DOES NOT INCLUDE 13/VaccineUnavailable, GO TO HFF21 - NOVACINE.

ELSE GO TO BOX HFF5.

HFF18

Code 1

QUESTION TEXT

Where did [you/(SP)] go for (your/his/her) most recent seasonal flu shot, was that a managed care plan or HMO center, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place?

[IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where was this?]

FIELD 1: FLUSITE

FIELD 1 ROUTING

Value	Label	Route
1	DOCTORS OFFICE OR GROUP PRACTICE	HFF18A - VACPAID
2	MEDICAL CLINIC	HFF18A - VACPAID
3	MANAGED CARE PLAN CENTER/HMO	HFF18A - VACPAID
4	NEIGHBORHOOD/FAMILY HEALTH CENTER	HFF18A - VACPAID
5	FREESTANDING SURGICAL CENTER	HFF18A - VACPAID
6	RURAL HEALTH CLINIC	HFF18A - VACPAID
7	COMPANY CLINIC	HFF18A - VACPAID
8	OTHER CLINIC	HFF18A - VACPAID
9	WALK-IN URGENT CENTER	HFF18A - VACPAID
10	HOSPITAL EMERGENCY ROOM	HFF18A - VACPAID
11	HOSPITAL OUTPATIENT DEPARTMENT/CLINIC	HFF18A - VACPAID
12	VA FACILITY	HFF18A - VACPAID

Value	Label	Route
13	HEALTH FAIR	HFF18A - VACPAID
14	SHOPPING MALL/OTHER STORE	HFF18A - VACPAID
15	SENIOR CENTER	HFF18A - VACPAID
16	AT HOME	HFF18A - VACPAID
17	CHURCH/SCHOOL	HFF18A - VACPAID
18	LIBRARY	HFF18A - VACPAID
19	HOSPITAL INPATIENT	HFF18A - VACPAID
28	HEALTH DEPARTMENT	DATA EDITING ONLY. DO NOT DISPLAY.
29	PLACE OF WORK	DATA EDITING ONLY. DO NOT DISPLAY.
91	OTHER	HFF18 - FLUSITOS
	Don't Know	HFF18A - VACPAID
	Refused	HFF18A - VACPAID

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FLUSITE	1

FIELD 2: FLUSITOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFF18A - VACPAID

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FLUSITOS	1

HFF18A

Yes/No

QUESTION TEXT

Did [you/(SP)] pay some or all of the cost of the flu shot?

Please include any monetary donations that you may have made to cover the cost of the flu shot.

FIELD 1: VACPAID

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFF20 - VACSUPLY
2	NO	HFF20 - VACSUPLY
	Don't Know	HFF20 - VACSUPLY
	Refused	HFF20 - VACSUPLY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.VACPAID	1

HFF20

Yes/No

QUESTION TEXT

Did [you/(SP)] have any trouble getting a seasonal flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable?

FIELD 1: VACSUPLY

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFF5
2	NO	BOX HFF5
	Don't Know	BOX HFF5
	Refused	BOX HFF5

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.VACSUPLY	1

HFF21

Yes/No

QUESTION TEXT

Was one reason that [you/(SP)] did not get a seasonal flu shot last winter because the vaccine was in short supply or unavailable?

FIELD 1: NOVACINE

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFF5
2	NO	BOX HFF5
	Don't Know	BOX HFF5
	Refused	BOX HFF5

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.NOVACINE	1

BOX HFF5

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING A PNEUMONIA SHOT IN A PREVIOUS ROUND, GO TO BOX HFG1.

ELSE GO TO HFF22 - PNEUSHOT.

HFF22

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever had a shot for pneumonia?

FIELD 1: PNEUSHOT

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFG1
2	NO	HFF23 - PNUCODE
	Don't Know	BOX HFG1
	Refused	BOX HFG1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.PNEUSHOT	1

HFF23

Code All

QUESTION TEXT

Why [haven't you/hasn't (SP)] ever had a shot for pneumonia?

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: PNUCODE

FIELD 1 ROUTING

Value	Label	Route
1	DIDN'T KNOW IT WAS NEEDED	BOX HFG1
2	SHOT COULD CAUSE PNEUMONIA	BOX HFG1
3	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE	BOX HFG1
4	DIDN'T THINK IT WOULD PREVENT PNEUMONIA/COULD GET PNEUMONIA ANYWAY	BOX HFG1
5	PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK	BOX HFG1
6	DOCTOR DID NOT RECOMMEND THE SHOT	BOX HFG1
7	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ALLERGIC TO SHOT/MEDICAL REASONS	BOX HFG1
8	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS	BOX HFG1

Value	Label	Route
9	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION	BOX HFG1
10	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT	BOX HFG1
11	COST OF SHOT/NOT WORTH THE MONEY	BOX HFG1
91	OTHER	HFF23 - PNUOTHOS
	Don't Know	BOX HFG1
	Refused	BOX HFG1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=HEST.PNUNEED 2=HEST.PNUCAUSE 3=HEST.PNUSIDE 4=HEST.PNUPRVNT 5=HEST.PNURISK 6=HEST.PNUDOCNO 7=HEST.PNUAGNST 8=HEST.PNUREACT 9=HEST.PNULOCAT 10=HEST.PNUMISS 11=HEST.PNUCOST 91=HEST.PNUOTHER	12

FIELD 2: PNUOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFG1

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.PNUOTHOS	1

BOX HFG1

BOX INSTRUCTIONS

IF SP WAS ASKED IF HE/SHE NOW SMOKES CIGARETTES, CIGARS, OR PIPE TOBACCO IN A PREVIOUS ROUND, GO TO HFG2 - SMOKNOW.

ELSE GO TO HFG1 - EVERSMOK.

HFG1

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever smoked cigarettes, cigars, or pipe tobacco?

FIELD 1: EVERSMOK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFG2 - SMOKNOW
2	NO	BOX HFG1C
	Don't Know	BOX HFG1C
	Refused	BOX HFG1C

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EVERSMOK	1

HFG2

Yes/No

QUESTION TEXT

[Do you/Does (SP)] smoke cigarettes, cigars, or pipe tobacco now?

FIELD 1: SMOKNOW

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFG1A
2	NO	BOX HFG1A
	Don't Know	BOX HFG1C
	Refused	BOX HFG1C

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.SMOKNOW	1

BOX HFG1A

BOX INSTRUCTIONS

IF THIS IS ROUND 70 THEN

IF HFG2-SMOKNOW = 2/No, GO TO BOX HFG1C.

ELSE GO TO HFG5A - DRQTSMOK.

ELSE IF THIS IS NOT ROUND 70 THEN

IF HFG2-SMOKNOW = 2/No, GO TO HFG3 - DIDSMOKE.

ELSE GO TO HFG5 - HAVSMOKE.

HFG3

Numeric

QUESTION TEXT

How many years did [you/(SP)] smoke?

[EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.]

FIELD 1: DIDSMOKE

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFG3 - DIDSMOKE_LESSONE
	Empty	HFG3 - DIDSMOKE_LESSONE
	Don't Know	HFG3 - DIDSMOKE_LESSONE
	Refused	HFG3 - DIDSMOKE_LESSONE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIDSMOKE	1

FIELD 2: DIDSMOKE_LESSONE

FIELD 2 ROUTING

Value	Label	Route
1	LESS THAN ONE YEAR	HFG4 - LASTSMOK
	Empty	HFG4 - LASTSMOK

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELD= If HEST.DIDSMOKE_LESSONE = 1/LessThanOneYear, set HEST.DIDSMOKE = 96.	1

HFG4

Code 1

QUESTION TEXT

About how long has it been since [you/(SP)] last smoked regularly?

FIELD 1: LASTSMOK

FIELD 1 ROUTING

Value	Label	Route
1	WITHIN THE LAST MONTH	BOX HFG1C
2	1 MONTH TO LESS THAN 6 MONTHS AGO	BOX HFG1C
3	6 MONTHS TO LESS THAN 1 YEAR AGO	BOX HFG1C
4	1 YEAR TO LESS THAN 5 YEARS AGO	BOX HFG1C
5	5 YEARS TO LESS THAN 10 YEARS AGO	BOX HFG1C
6	10 OR MORE YEARS AGO	BOX HFG1C
	Don't Know	BOX HFG1C
	Refused	BOX HFG1C

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.LASTSMOKE	1

HFG5

Numeric

QUESTION TEXT

How many years [have you/has (SP)] smoked?

[EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.]

FIELD 1: HAVSMOKE

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFG5 - HAVSMOKE_LESSONE
	Empty	HFG5 - HAVSMOKE_LESSONE
	Don't Know	HFG5 - HAVSMOKE_LESSONE
	Refused	HFG5 - HAVSMOKE_LESSONE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HAVSMOKE	1

FIELD 2: HAVSMOKE_LESSONE

FIELD 2 ROUTING

Value	Label	Route
1	LESS THAN ONE YEAR	HFG5A - DRQTSMOK
	Empty	HFG5A - DRQTSMOK

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELD= If HEST.HAVSMOKE_LESSONE = 1/LessThanOneYear, set HEST.HAVSMOKE = 96.	1

HFG5A

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), has a doctor or other health professional advised [you/(SP)] to quit smoking?

FIELD 1: DRQTSMOK

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFG1B
2	NO	BOX HFG1B
	Don't Know	BOX HFG1B
	Refused	BOX HFG1B

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DRQTSMOK	1

BOX HFG1B

BOX INSTRUCTIONS

IF THIS IS ROUND 70, GO TO BOX HFG1C.

ELISE IF THIS IS NOT ROUND 70, GO TO HFG6 - QUITSMOK.

HFG6

Yes/No

QUESTION TEXT

During the past 12 months, [have you/has (SP)] stopped smoking for one day or longer because (you were/he was/she was) trying to quit smoking?

FIELD 1: QUITSMOK

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFG1C
2	NO	BOX HFG1C
	Don't Know	BOX HFG1C
	Refused	BOX HFG1C

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.QUITSMOK	1

BOX HFG1C

BOX INSTRUCTIONS

IF THIS IS ROUND 70, GO TO HFHINTRO – DIFINTRO.

ELSE IF THIS IS NOT ROUND 70, GO TO HFG7 - DRINKDAY.

HFG7

Numeric

QUESTION TEXT

The next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, mixed drinks, wine, beer, and any other type of alcoholic beverage.

Please think about a typical month in the past year. On how many days did [you/(SP)] drink any type of alcoholic beverage?

ENTER "0" FOR "NEVER DRANK" OR "NONE".

FIELD 1: DRINKDAY

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFG2
	Don't Know	BOX HFG2
	Refused	BOX HFG2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DRINKDAY	1

BOX HFG2

BOX INSTRUCTIONS

IF HFG7 - DRINKDAY = 0, GO TO HFHINTRO - DIFINTRO.

ELSE GO TO HFG8 - DRINKSPD.

HFG8

Numeric

QUESTION TEXT

[Please think about a typical month in the past year.] On those days that [you/(SP)] drank alcohol, how many drinks did (you/he/she) have?

FIELD 1: DRINKSPD

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFG8 - DRINKSPD_LESSONE
	Empty	HFG8 - DRINKSPD_LESSONE
	Don't Know	HFG8 - DRINKSPD_LESSONE
	Refused	HFG8 - DRINKSPD_LESSONE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DRINKSPD	1

FIELD 2: DRINKSPD_LESSONE

FIELD 2 ROUTING

Value	Label	Route
1	LESS THAN ONE	HFG9 - FOURDRNK
	Empty	HFG9 - FOURDRNK

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELD= If HEST.DRINKSPD_LESSONE = 1/LessThanOneAlcoholDrinkPerDay, set HEST.DRINKSPD = 96.	1

HFG9

Numeric

QUESTION TEXT

[Please think about a typical month in the past year.] On how many days did [you/(SP)] have 4 or more drinks in a single day?

ENTER "0" FOR "NEVER" OR "NONE".

FIELD 1: FOURDRNK

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFHINTRO - DIFINTRO
	Don't Know	HFHINTRO - DIFINTRO
	Refused	HFHINTRO - DIFINTRO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FOURDRNK	1

HFHINTRO

No Entry

QUESTION TEXT

Now, I'm going to ask about how difficult it is, on 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 (is/are) not able to do it.

FIELD 1: DIFINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HFH1 - DIFSTOOP
	Empty	HFH1 - DIFSTOOP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HFH1

Code 1

QUESTION TEXT

SHOW CARD HF1

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 (is/are) not able to do it?

FIELD 1: DIFSTOOP

FIELD 1 ROUTING

Value	Label	Route
1	NO DIFFICULTY AT ALL	HFH2 - DIFLIFT
2	A LITTLE DIFFICULTY	HFH2 - DIFLIFT
3	SOME DIFFICULTY	HFH2 - DIFLIFT
4	A LOT OF DIFFICULTY	HFH2 - DIFLIFT
5	NOT ABLE TO DO IT	HFH2 - DIFLIFT
	Don't Know	HFH2 - DIFLIFT
	Refused	HFH2 - DIFLIFT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIFSTOOP	1

HFH2

Code 1

QUESTION TEXT

SHOW CARD HF1

How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes?

[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]

FIELD 1: DIFLIFT

FIELD 1 ROUTING

Value	Label	Route
1	NO DIFFICULTY AT ALL	HFH3 - DIFREACH
2	A LITTLE DIFFICULTY	HFH3 - DIFREACH
3	SOME DIFFICULTY	HFH3 - DIFREACH
4	A LOT OF DIFFICULTY	HFH3 - DIFREACH
5	NOT ABLE TO DO IT	HFH3 - DIFREACH
	Don't Know	HFH3 - DIFREACH
	Refused	HFH3 - DIFREACH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIFLIFT	1

HFH3

Code 1

QUESTION TEXT

SHOW CARD HF1

What about reaching or extending arms above shoulder level?

[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]

FIELD 1: DIFREACH

FIELD 1 ROUTING

Value	Label	Route
1	NO DIFFICULTY AT ALL	HFH4 - DIFWRITE
2	A LITTLE DIFFICULTY	HFH4 - DIFWRITE
3	SOME DIFFICULTY	HFH4 - DIFWRITE
4	A LOT OF DIFFICULTY	HFH4 - DIFWRITE
5	NOT ABLE TO DO IT	HFH4 - DIFWRITE
	Don't Know	HFH4 - DIFWRITE
	Refused	HFH4 - DIFWRITE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIFREACH	1

HFH4

Code 1

QUESTION TEXT

SHOW CARD HF1

How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects?

[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]

FIELD 1: DIFWRITE

FIELD 1 ROUTING

Value	Label	Route
1	NO DIFFICULTY AT ALL	HFH5 - DIFWALK
2	A LITTLE DIFFICULTY	HFH5 - DIFWALK
3	SOME DIFFICULTY	HFH5 - DIFWALK
4	A LOT OF DIFFICULTY	HFH5 - DIFWALK
5	NOT ABLE TO DO IT	HFH5 - DIFWALK
	Don't Know	HFH5 - DIFWALK
	Refused	HFH5 - DIFWALK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIFWRITE	1

HFH5

Code 1

QUESTION TEXT

SHOW CARD HF1

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

[PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?]

FIELD 1: DIFWALK

FIELD 1 ROUTING

Value	Label	Route
1	NO DIFFICULTY AT ALL	BOX HFH1
2	A LITTLE DIFFICULTY	BOX HFH1
3	SOME DIFFICULTY	BOX HFH1
4	A LOT OF DIFFICULTY	BOX HFH1
5	NOT ABLE TO DO IT	BOX HFH1
	Don't Know	BOX HFH1
	Refused	BOX HFH1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIFWALK	1

BOX HFH1

BOX INSTRUCTIONS

IF THIS IS ROUND 70, GO TO HFJINTRO – MEDCONDINTRO.

ELSE IF THIS IS NOT ROUND 70, GO TO HFH10INT - PHYSACTINTRO.

HFH10INT

No Entry

QUESTION TEXT

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that [you do/(SP) does].

FIELD 1: PHYSACTINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HFH10 - VIGUNIT
	Empty	HFH10 - VIGUNIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HFH10

Quantity Unit

QUESTION TEXT

In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate?

IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.

FIELD 1: VIGUNIT

FIELD 1 ROUTING

Value	Label	Route
1	NUMBER OF MINUTES PER DAY	HFH10 - VIGNUM
2	NUMBER OF HOURS PER DAY	HFH10 - VIGNUM
3	NUMBER OF HOURS PER WEEK	HFH10 - VIGNUM
4	NUMBER OF HOURS PER MONTH	HFH10 - VIGNUM
96	NONE	HFH11 - MODUNIT
	Don't Know	HFH11 - MODUNIT
	Refused	HFH11 - MODUNIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.VIGUNIT	1

FIELD 2: VIGNUM

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFH11 - MODUNIT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.VIGNUM	1

HFH11

Quantity Unit

QUESTION TEXT

In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming?

IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.

FIELD 1: MODUNIT

FIELD 1 ROUTING

Value	Label	Route
1	NUMBER OF MINUTES PER DAY	HFH11 - MODNUM
2	NUMBER OF HOURS PER DAY	HFH11 - MODNUM
3	NUMBER OF HOURS PER WEEK	HFH11 - MODNUM
4	NUMBER OF HOURS PER MONTH	HFH11 - MODNUM
96	NONE	HFH12 - MUSUNIT
	Don't Know	HFH12 - MUSUNIT
	Refused	HFH12 - MUSUNIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MODUNIT	1

FIELD 2: MODNUM

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFH12 - MUSUNIT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MODNUM	1

HFH12

Quantity Unit

QUESTION TEXT

Now I'm going to ask you about activities [you/(SP)] may do to increase (your/his/her) muscle strength or flexibility.

In a typical week, how much time [do you/does (SP)] spend doing exercises to increase (your/his/her) muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga?

IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.

FIELD 1: MUSUNIT

FIELD 1 ROUTING

Value	Label	Route
1	NUMBER OF MINUTES PER DAY	HFH12 - MUSNUM
2	NUMBER OF HOURS PER DAY	HFH12 - MUSNUM
3	NUMBER OF HOURS PER WEEK	HFH12 - MUSNUM
4	NUMBER OF HOURS PER MONTH	HFH12 - MUSNUM
96	NONE	HFJINTRO - MEDCONDINTRO
	Don't Know	HFJINTRO - MEDCONDINTRO
	Refused	HFJINTRO - MEDCONDINTRO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MUSUNIT	1

FIELD 2: MUSNUM

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFJINTRO - MEDCONDINTRO

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MUSNUM	1

HFJINTRO

No Entry

QUESTION TEXT

Next, I'm going to read a list of medical conditions. [Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had any of these conditions?

[INTERVIEWER: IF THE SP IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE SP HAS THE CONDITION.]

FIELD 1: MEDCONDINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX HFJ1
	Empty	BOX HFJ1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

BOX HFJ1

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING HARDENING OF THE ARTERIES IN A PREVIOUS ROUND, GO TO HFJ2 - OCHBP.

ELSE GO TO HFJ1 - OCARTERY.

HFJ1

Yes/No

QUESTION TEXT

[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...

hardening of the arteries or arteriosclerosis?

FIELD 1: OCARTERY

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ2 - OCHBP
2	NO	HFJ2 - OCHBP
	Don't Know	HFJ2 - OCHBP
	Refused	HFJ2 - OCHBP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCARTERY	1

HFJ2

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she)...]

hypertension, sometimes called high blood pressure?

FIELD 1: OCHBP

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ2
2	NO	HFJ4 - OCMYOCAR
3	NO, BUT ORIGINALLY YES	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	HFJ4 - OCMYOCAR
	Refused	HFJ4 - OCMYOCAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCHBP	1

BOX HFJ2

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ3 - YRHBP.

ELSE GO TO HFJ4 - OCMYOCAR.

HFJ3

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) still had hypertension or high blood pressure?

FIELD 1: YRHBP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ4 - OCMYOCAR
2	NO	HFJ4 - OCMYOCAR
	Don't Know	HFJ4 - OCMYOCAR
	Refused	HFJ4 - OCMYOCAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRHBP	1

HFJ4

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

a myocardial infarction or heart attack?

FIELD 1: OCMYOCAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ3
2	NO	HFJ6 - OCCHD
	Don't Know	HFJ6 - OCCHD
	Refused	HFJ6 - OCCHD

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCMYOCAR	1

BOX HFJ3

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ5 - YRMYOCAR.

ELSE GO TO HFJ6 - OCCHD.

HFJ5

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a myocardial infarction or heart attack?

FIELD 1: YRMYOCAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ6 - OCCHD
2	NO	HFJ6 - OCCHD
	Don't Know	HFJ6 - OCCHD
	Refused	HFJ6 - OCCHD

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRMYOCAR	1

HFJ6

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

[a new episode of] angina pectoris or coronary heart disease?

FIELD 1: OCCHD

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ4
2	NO	HFJ8 - OCCFAIL
	Don't Know	HFJ8 - OCCFAIL
	Refused	HFJ8 - OCCFAIL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCCHD	1

BOX HFJ4

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ7 - YRCHD.

ELSE GO TO HFJ8 - OCCFAIL.

HFJ7

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of angina pectoris or coronary heart disease?

FIELD 1: YRCHD

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ8 - OCCFAIL
2	NO	HFJ8 - OCCFAIL
	Don't Know	HFJ8 - OCCFAIL
	Refused	HFJ8 - OCCFAIL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRCHD	1

HFJ8

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

[a new episode of] congestive heart failure?

FIELD 1: OCCFAIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ5
2	NO	HFJ10 - OCCVALVE
	Don't Know	HFJ10 - OCCVALVE
	Refused	HFJ10 - OCCVALVE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCCFAIL	1

BOX HFJ5

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ9 - YRCFAIL.

ELSE GO TO HFJ10 - OCCVALVE.

HFJ9

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of congestive heart failure?

FIELD 1: YRCFAIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ10 - OCCVALVE
2	NO	HFJ10 - OCCVALVE
	Don't Know	HFJ10 - OCCVALVE
	Refused	HFJ10 - OCCVALVE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRCFAIL	1

HFJ10

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

[a new episode of] problems with the valves of the heart, such as aortic stenosis?

FIELD 1: OCCVALVE

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ6
2	NO	HFJ12 - OCRHYTHM
	Don't Know	HFJ12 - OCRHYTHM
	Refused	HFJ12 - OCRHYTHM

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCCVALVE	1

BOX HFJ6

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ11 - YRVALVE.

ELSE GO TO HFJ12 - OCRHYTHM.

HFJ11

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of problems with the valves of the heart, such as aortic stenosis?

FIELD 1: YRVALVE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ12 - OCRHYTHM
2	NO	HFJ12 - OCRHYTHM
	Don't Know	HFJ12 - OCRHYTHM
	Refused	HFJ12 - OCRHYTHM

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRVALVE	1

HFJ12

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

(a new episode of) problems with the rhythm of (your/his/her) heartbeat, such as atrial fibrillation?

FIELD 1: OCRHYTHM

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ7
2	NO	HFJ14 - OCOTHHRT
	Don't Know	HFJ14 - OCOTHHRT
	Refused	HFJ14 - OCOTHHRT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCRHYTHM	1

BOX HFJ7

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ13 - YRRHYTHM.

ELSE GO TO HFJ14 - OCOTHHRT.

HFJ13

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of problems with the rhythm of (your/his/her) heart, such as atrial fibrillation?

FIELD 1: YRRHYTHM

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ14 - OCOTHHRT
2	NO	HFJ14 - OCOTHHRT
	Don't Know	HFJ14 - OCOTHHRT
	Refused	HFJ14 - OCOTHHRT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRRHYTHM	1

HFJ14

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

(a new episode of) any other heart condition?

[DO NOT RECORD THE NAME OF THE CONDITION AT THIS QUESTION.]

FIELD 1: OCOTHHRT

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ8
2	NO	HFJ16 - OCSTROKE
	Don't Know	HFJ16 - OCSTROKE
	Refused	HFJ16 - OCSTROKE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCOTHHRT	1

BOX HFJ8

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ15 - YROTHHRT.

ELSE GO TO HFJ16 - OCSTROKE.

HFJ15

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of any other heart condition?

FIELD 1: YROTHHRT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ16 - OCSTROKE
2	NO	HFJ16 - OCSTROKE
	Don't Know	HFJ16 - OCSTROKE
	Refused	HFJ16 - OCSTROKE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YROTHHRT	1

HFJ16

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

a stroke, a brain hemorrhage, or a cerebrovascular accident?

FIELD 1: OCSTROKE

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ9
2	NO	HFJ17A - OCCHOLES
	Don't Know	HFJ17A - OCCHOLES
	Refused	HFJ17A - OCCHOLES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCSTROKE	1

BOX HFJ9

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ17 - YRSTROKE.

ELSE GO TO HFJ17A - OCCHOLES.

HFJ17

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

FIELD 1: YRSTROKE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ17A - OCCHOLES
2	NO	HFJ17A - OCCHOLES
	Don't Know	HFJ17A - OCCHOLES
	Refused	HFJ17A - OCCHOLES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRSTROKE	1

HFJ17A

Yes/No

QUESTION TEXT

Has a doctor ever told [you/(SP)] that (you/he/she) had high cholesterol?

FIELD 1: OCCHOLES

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ17B - YRCHOLES
2	NO	HFJ18 - OCCSKIN
	Don't Know	HFJ18 - OCCSKIN
	Refused	HFJ18 - OCCSKIN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCCHOLES	1

HFJ17B

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had high cholesterol?

FIELD 1: YRCHOLES

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ18 - OCCSKIN
2	NO	HFJ18 - OCCSKIN
	Don't Know	HFJ18 - OCCSKIN
	Refused	HFJ18 - OCCSKIN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRCHOLES	1

HFJ18

Yes/No

QUESTION TEXT

[I've recorded that [you/(SP)] previously reported having had skin cancer.]

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

(a new occurrence of) skin cancer?

FIELD 1: OCCSKIN

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ10
2	NO	HFJ20 - OCCANCER
	Don't Know	HFJ20 - OCCANCER
	Refused	HFJ20 - OCCANCER

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCCSKIN	1

BOX HFJ10

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ19 - YRCSKIN.

ELSE GO TO HFJ20 - OCCANCER.

HFJ19

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an occurrence of skin cancer?

FIELD 1: YRCSKIN

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ20 - OCCANCER
2	NO	HFJ20 - OCCANCER
	Don't Know	HFJ20 - OCCANCER
	Refused	HFJ20 - OCCANCER

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRCSKIN	1

HFJ20

Yes/No

QUESTION TEXT

[I've recorded that [you/(SP)] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].]

[Has a doctor (ever) told [you/(SP)] that (you/he/she) had/Since (LAST HF MONTH YEAR), has a doctor told [you/(SP)] that (you/he/she) had] any (other) kind of cancer, malignancy, or tumor other than skin cancer?

INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.

FIELD 1: OCCANCER

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ11
2	NO	BOX HFJ13
	Don't Know	BOX HFJ13
	Refused	BOX HFJ13

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCCANCER	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report below Question Text.

Display English response text to all responses included in HEST.OCCCODE during any round.

If the only response to HEST.OCCCODE = DK or RF, display “Unknown”
Else for each response included in HEST.OCCCODE, display response on a separate line in

the report:

If HEST.OCCCODE includes 1/Lung, display “Lung”.
If HEST.OCCCODE includes 2/Colon, display “Colon, Rectum, or Bowel”.
If HEST.OCCCODE includes 3/Breast, display “Breast”
If HEST.OCCCODE includes 4/Uterus, display “Uterus”.
If HEST.OCCCODE includes 5/Prostate, display “Prostate”.
If HEST.OCCCODE includes 6/Bladder, display “Bladder”.
If HEST.OCCCODE includes 7/Ovary, display “Ovary”.
If HEST.OCCCODE includes 8/Stomach, display “Stomach”.
If HEST.OCCCODE includes 9/Cervix, display “Cervix”.
If HEST.OCCCODE includes 10/Brain, display Brain”
If HEST.OCCCODE includes 11/Kidney, display “Kidney”
If HEST.OCCCODE includes 12/Throat, display “Throat”
If HEST.OCCCODE includes 13/Head, display “Head”
If HEST.OCCCODE includes 14/Back, display “Back”
If HEST.OCCCODE includes 15/FemalOrgansNotListed, display “Other Female Reproductive Organs”
If HEST.OCCCODE includes 91/Other, display HEST.OCCOS text.

BOX HFJ11

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ21 - YRCANCER.

ELSE GO TO HFJ22 - OCCCODE.

HFJ21

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?

FIELD 1: YRCANCER

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ22 - OCCCODE
2	NO	HFJ22 - OCCCODE
	Don't Know	HFJ22 - OCCCODE
	Refused	HFJ22 - OCCCODE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRCANCER	1

HFJ22

Code All

QUESTION TEXT

[Since the first time a doctor told [you/(SP)] that (you/he/she) had a cancer, malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor other than skin cancer found?

[PROBE: Any other part?]

CHECK ALL THAT APPLY.

FIELD 1: OCCCODE

FIELD 1 ROUTING

Value	Label	Route
1	LUNG	BOX HFJ13
2	COLON, RECTUM, OR BOWEL	BOX HFJ13
3	BREAST	BOX HFJ13
4	UTERUS	BOX HFJ13
5	PROSTATE	BOX HFJ13
6	BLADDER	BOX HFJ13
7	OVARY	BOX HFJ13
8	STOMACH	BOX HFJ13
9	CERVIX	BOX HFJ13
10	BRAIN	BOX HFJ13
11	KIDNEY	BOX HFJ13
12	THROAT	BOX HFJ13
13	HEAD	BOX HFJ13
14	BACK	BOX HFJ13

Value	Label	Route
15	OTHER FEMALE REPRODUCTIVE ORGANS	BOX HFJ13
91	OTHER	HFJ22 - OCCOS
	Don't Know	BOX HFJ13
	Refused	BOX HFJ13

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=HEST.OCCLUNG 2=HEST.OCCCOLON 3=HEST.OCCBREST 4=HEST.OCCUTER 5=HEST.OCCPROST 6=HEST.OCCBLAD 7=HEST.OCCOVARY 8=HEST.OCCSTOM 9=HEST.OCCCERVX 10=HEST.OCCBRAIN 11=HEST.OCCKIDNY 12=HEST.OCCTHROA 13=HEST.OCCHEAD 14=HEST.OCCBACK 15=HEST.OCCFONEC 91=HEST.OCCOTHER	16

FIELD 2: OCCOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFJ13

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCCOS	1

BOX HFJ13

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND, GO TO BOX HFJ14.

ELSE GO TO HFJ24 - OCARTHRH.

HFJ24

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

rheumatoid arthritis?

FIELD 1: OCARTHRH

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ14
2	NO	BOX HFJ14
	Don't Know	BOX HFJ14
	Refused	BOX HFJ14

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCARTHRH	1

BOX HFJ14

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING ARTHRITIS OTHER THAN RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND, GO TO BOX HFJ16.

ELSE GO TO HFJ25 - OCARTH.

HFJ25

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

arthritis, other than rheumatoid arthritis?

[EXPLAIN IF NECESSARY: This includes osteoarthritis.]

FIELD 1: OCARTH

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ15
2	NO	BOX HFJ16
	Don't Know	BOX HFJ16
	Refused	BOX HFJ16

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCARTH	1

BOX HFJ15

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ26 - YRARTHRD.

ELSE GO TO BOX HFJ16A.

HFJ26

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had arthritis, other than rheumatoid arthritis, in any part of (your/his/her) body?

FIELD 1: YRARTHRD

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ16
2	NO	BOX HFJ16
	Don't Know	BOX HFJ16
	Refused	BOX HFJ16

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRARTHRD	1

BOX HFJ16

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ28 - OCMENTAL.

ELSE GO TO BOX HFJ16A.

HFJ28

Yes/No

QUESTION TEXT

[Has a doctor ever told [you/(SP)] that (you/he/she) had...]

an intellectual disability, sometimes called mental retardation?

FIELD 1: OCMENTAL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ16A
2	NO	BOX HFJ16A
	Don't Know	BOX HFJ16A
	Refused	BOX HFJ16A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCMENTAL	1

BOX HFJ16A

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING ALZHEIMER'S DISEASE IN A PREVIOUS ROUND, GO TO HFJ30AA - OCDEPRSS.

ELSE GO TO HFJ29A - OCALZMER.

HFJ29A

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

Alzheimer's disease?

FIELD 1: OCALZMER

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ30AA - OCDEPRSS
2	NO	BOX HFJ16B
	Don't Know	BOX HFJ16B
	Refused	BOX HFJ16B

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCALZMER	1

BOX HFJ16B

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING DEMENTIA IN A PREVIOUS ROUND, GO TO HFJ30AA - OCDEPRSS.

ELSE GO TO HFJ29B - OCDEMENT.

HFJ29B

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

any type of dementia other than Alzheimer's disease?

FIELD 1: OCDEMENT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ30AA - OCDEPRSS
2	NO	HFJ30AA - OCDEPRSS
	Don't Know	HFJ30AA - OCDEPRSS
	Refused	HFJ30AA - OCDEPRSS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCDEMENT	1

HFJ30AA

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

depression?

FIELD 1: OCDEPRSS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ17A
2	NO	HFJ30A - OCPSYCHO
	Don't Know	HFJ30A - OCPSYCHO
	Refused	HFJ30A - OCPSYCHO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCDEPRSS	1

BOX HFJ17A

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ30BB - YRDEPRSS.

ELSE GO TO HFJ30A - OCPSYCHO.

HFJ30BB

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had depression?

FIELD 1: YRDEPRSS

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ30A - OCPSYCHO
2	NO	HFJ30A - OCPSYCHO
	Don't Know	HFJ30A - OCPSYCHO
	Refused	HFJ30A - OCPSYCHO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRDEPRSS	1

HFJ30A

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

a mental or psychiatric disorder other than depression?

[INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.]

FIELD 1: OCPSYCHO

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ17B
2	NO	BOX HFJ19
	Don't Know	BOX HFJ19
	Refused	BOX HFJ19

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCPSYCHO	1

BOX HFJ17B

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ31A - YRPSYCHO.

ELSE GO TO BOX HFJ19.

HFJ31A

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a mental or psychiatric disorder other than depression?

[INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.]

FIELD 1: YRPSYCHO

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ19
2	NO	BOX HFJ19
	Don't Know	BOX HFJ19
	Refused	BOX HFJ19

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRPSYCHO	1

BOX HFJ19

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING OSTEOPOROSIS IN A PREVIOUS ROUND, GO TO HFJ33 - OCBRKHIP.

ELSE GO TO HFJ32 - OCOSTEOP.

HFJ32

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

osteoporosis, sometimes called fragile or soft bones?

FIELD 1: OCOSTEOP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ33 - OCBRKHIP
2	NO	HFJ33 - OCBRKHIP
	Don't Know	HFJ33 - OCBRKHIP
	Refused	HFJ33 - OCBRKHIP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCOSTEOP	1

HFJ33

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

a broken hip?

FIELD 1: OCBRKHIP

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ20
2	NO	BOX HFJ21
	Don't Know	BOX HFJ21
	Refused	BOX HFJ21

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCBRKHIP	1

BOX HFJ20

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ34 - YRBRKHIP.

ELSE GO TO BOX HFJ21.

HFJ34

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a broken hip?

FIELD 1: YRBRKHIP

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ21
2	NO	BOX HFJ21
	Don't Know	BOX HFJ21
	Refused	BOX HFJ21

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRBRKHIP	1

BOX HFJ21

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING PARKINSON'S DISEASE IN A PREVIOUS ROUND, GO TO BOX HFJ22.

ELSE GO TO HFJ35 - OCPARKIN.

HFJ35

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

Parkinson's disease?

FIELD 1: OCPARKIN

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ22
2	NO	BOX HFJ22
	Don't Know	BOX HFJ22
	Refused	BOX HFJ22

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCPARKIN	1

BOX HFJ22

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING EMPHYSEMA, ASTHMA OR COPD IN A PREVIOUS ROUND, GO TO HFJ37 - OCPPARAL.

ELSE GO TO HFJ36 - OCEMPHYS.

HFJ36

Yes/No

QUESTION TEXT

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

emphysema, asthma, or COPD?

COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE

FIELD 1: OCEMPHYS

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ37 - OCPPARAL
2	NO	HFJ37 - OCPPARAL
	Don't Know	HFJ37 - OCPPARAL
	Refused	HFJ37 - OCPPARAL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCEMPHYS	1

HFJ37

Yes/No

QUESTION TEXT

IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK:

[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]

complete or partial paralysis?

FIELD 1: OCPPARAL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ23
2	NO	BOX HFJ24
	Don't Know	BOX HFJ24
	Refused	BOX HFJ24

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCPPARAL	1

BOX HFJ23

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ38 - YRPPARAL.

ELSE GO TO BOX HFJ24.

HFJ38

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had complete or partial paralysis?

FIELD 1: YRPPARAL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ24
2	NO	BOX HFJ24
	Don't Know	BOX HFJ24
	Refused	BOX HFJ24

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRPPARAL	1

BOX HFJ24

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED AN ABSENCE OR LOSS OF ARM OR LEG IN A PREVIOUS ROUND, GO TO BOX HFJ25.

ELSE GO TO HFJ39 - OCAMPUTE.

HFJ39

Yes/No

QUESTION TEXT

IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK:

What about absence or loss of an arm or a leg?

FIELD 1: OCAMPUTE

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ25
2	NO	BOX HFJ25
	Don't Know	BOX HFJ25
	Refused	BOX HFJ25

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCAMPUTE	1

BOX HFJ25

BOX INSTRUCTIONS

IF SP IS FEMALE, GO TO HFJ41A - OCBETES.

ELSE GO TO HFJ40 - HAVEPROS.

HFJ40

Yes/No

QUESTION TEXT

[[Before [you/(SP)] had prostate surgery, did a doctor ever tell/Since (LAST HF MONTH YEAR), has/Has]] a doctor (ever) told] [you/(SP)] that (you/he) had...]

an enlarged prostate or benign prostatic hypertrophy (BPH)?

FIELD 1: HAVEPROS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ26
2	NO	HFJ41A - OCBETES
	Don't Know	HFJ41A - OCBETES
	Refused	HFJ41A - OCBETES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HAVEPROS	1

BOX HFJ26

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ41 - YRPROST.

ELSE GO TO HFJ41A - OCBETES.

HFJ41

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

FIELD 1: YRPROST

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ41A - OCBETES
2	NO	HFJ41A - OCBETES
	Don't Know	HFJ41A - OCBETES
	Refused	HFJ41A - OCBETES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.YRPROST	1

HFJ41A

Yes/No

QUESTION TEXT

Has a doctor ever told [you/(SP)] that (you/he/she) had any type of diabetes, including: sugar diabetes, high blood sugar, (borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes)?

FIELD 1: OCBETES

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFJ41B - OCDTYPE
2	NO	BOX HFJ27
	Don't Know	BOX HFJ27
	Refused	BOX HFJ27

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCBETES	1

HFJ41B

Code 1

QUESTION TEXT

SHOW CARD HF5

Looking at this card, please tell me which type of diabetes the doctor said that [you have/(SP) has].

[IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.]

[EXPLAIN IF NECESSARY: "Type 1" was formerly called "insulin dependent" or "juvenile-onset" diabetes. This type of diabetes usually develops during childhood or adolescence; but, it also can develop in adults.
"Type 2" was formerly called "non-insulin dependent" or "adult-onset" diabetes. Until recently, this type of diabetes was found only in adults; but, now it is also occurring in children.]

FIELD 1: OCDTYPE

FIELD 1 ROUTING

Value	Label	Route
1	TYPE 1	HFJ41C - OCDVISIT
2	TYPE 2	HFJ41C - OCDVISIT
3	BORDERLINE	HFJ41C - OCDVISIT
4	PRE-DIABETES	HFJ41C - OCDVISIT
5	GESTATIONAL (PREGNANCY-RELATED)	HFJ41C - OCDVISIT
91	SOME OTHER TYPE	HFJ41B - OCDTYPOS
	Don't Know	HFJ41C - OCDVISIT
	Refused	HFJ41C - OCDVISIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCDTYPE	1

FIELD 2: OCDTYPOS

SOME OTHER TYPE (SPECIFY)

[IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.]

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFJ41C - OCDVISIT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCDTYPOS	1

HFJ41C

Yes/No

QUESTION TEXT

[Were you/Was (SP)] told on two or more different visits that (you/he/she) had diabetes?

FIELD 1: OCDVISIT

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ27
2	NO	BOX HFJ27
	Don't Know	BOX HFJ27
	Refused	BOX HFJ27

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OCDVISIT	1

BOX HFJ27

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE AND SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS UNDER 65 THEN

IF SP REPORTED “YES” TO AT LEAST ONE HFJ CONDITION, GO TO HFJ42 - EMCOND.

ELSE IF SP REPORTED “NO” TO ALL HFJ CONDITIONS , GO TO HFJ43 - EMCAUSEVB.

ELSE IF SP IS NOT IN THE SUPPLEMENTAL SAMPLE OR SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS NOT UNDER 65 THEN GO TO BOX HFP0.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

SP responded "YES" to at least one HFJ Condition where HEST.HESTRND = current round=
IF HEST.OCARTERY = 1/Yes, or
HEST.OCHBP = 1/Yes, or
HEST.OCMYOCAR = 1/Yes, or
HEST.OCCHD = 1/Yes, or
HEST.OCCFAIL = 1/Yes, or
HEST.OCCVALVE = 1/Yes, or
HEST.OCRHYTHM = 1/Yes, or
HEST.OCOTHHRT = 1/Yes, or
HEST.OCSTROKE = 1/Yes, or
HEST.OCCSKIN = 1/Yes, or
HEST.OCCANCER = 1/Yes, or
HEST.OCARTHRH = 1/Yes, or
HEST.OCARTH = 1/Yes, or
HEST.OCMENTAL = 1/Yes, or
HEST.OCALZMER = 1/Yes, or
HEST.OCDEMENT = 1/Yes, or
HEST.OCDEPRSS = 1/Yes, or
HEST.OCPSYCHO = 1/Yes, or
HEST.OCOSTEOP = 1/Yes, or
HEST.OCBRKHIP = 1/Yes, or
HEST.OCPARKIN = 1/Yes, or
HEST.OCEMPHYS = 1/Yes, or
HEST.OCPPARAL = 1/Yes, or
HEST.OCAMPUTE = 1/Yes, or

HEST.OCBETES = 1/Yes.

SP responded "NO" to all HFJ Conditions where HEST.HESTRND = current round =
IF (HEST.OCARTERY =2/No, DK, OR RF), and
(HEST.OCHBP =2/No, DK, OR RF), and
(HEST. OCMYOCAR =2/No, DK, OR RF), and
(HEST.OCCHD =2/No, DK, OR RF), and
(HEST.OCCFAIL =2/No, DK, OR RF), and
(HEST.OCCVALVE =2/No, DK, OR RF), and
(HEST.OCRHYTHM =2/No, DK, OR RF), and
(HEST.OCOTHHRT =2/No, DK, OR RF), and
(HEST.OCSTROKE =2/No, DK, OR RF), and
(HEST.OCCSKIN =2/No, DK, OR RF), and
(HEST.OCCANCER =2/No, DK, OR RF), and
(HEST.OCARTHRH =2/No, DK, OR RF), and
(HEST.OCARTH =2/No, DK, OR RF), and
(HEST.OCMENTAL =2/No, DK, RF), and
(HEST.OCALZMER =2/No, DK, OR RF), and
(HEST.OCDEMENT =2/No, DK, OR RF), and
(HEST.OCDEPRSS =2/No, DK, OR RF), and
(HEST.OCPSYCHO =2/No, DK, OR RF), and
(HEST.OCOSTEOP =2/No, DK, OR RF), and
(HEST.OCBRKHIP =2/No, DK, OR RF), and
(HEST.OCPARKIN =2/No, DK, OR RF), and
(HEST.OCEMPHYS =2/No, DK, OR RF), and
(HEST.OCPPARAL =2/No, DK, OR RF), and
(HEST.OCAMPUTE =2/No, DK, OR RF), and
(HEST.OCBETES = 2/No, DK, OR RF).

NOTES:
We do not include a check for HEST.OCCHOLES since High Cholesterol cannot be a reason for why SP is eligible for Medicare.

HFJ42

Yes/No

QUESTION TEXT

You told me that [you have/(SP) has] had [READ CONDITIONS LISTED BELOW]. (Was this/Were any of these) the original cause of [your/(SP's)] becoming eligible for Medicare?

[NOTE THAT CONDITIONS MAY NOT BE DISPLAYED WITH THE EXACT CONDITION NAME THAT WAS USED EARLIER IN THE INTERVIEW (E.G., HYPERTENSION CAN ALSO BE CALLED HIGH BLOOD PRESSURE AT DIFFERENT QUESTIONS).]

FIELD 1: EMCOND

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFJ28
2	NO	HFJ43 - EMCAUSEVB
	Don't Know	BOX HFP0
	Refused	BOX HFP0

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EMCOND	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report below Question text.

For each HFJ condition reported in any round, where HEST.HESTRND < = current round, display as a separate line in report:

IF HEST.OCARTERY = 1/Yes in any round, display “ARTERIES HARDENING”.
IF HEST.OCHBP = 1/Yes in any round, display “HYPERTENSION”.
IF HEST.OCMYOCAR = 1/Yes in any round, display “HEART ATTACK”.

IF HEST.OCCHD = 1/Yes in any round, display “HEART DISEASE”.
IF HEST.OCCFAIL = 1/Yes in any round, display “CONGESTIVE HEART FAILURE”.
IF HEST.OCCVALVE = 1/Yes in any round, display “HEART VALVE PROBLEM”.
IF HEST.OCRHYTHM = 1/Yes in any round, display “HEART RHYTHM PROBLEM”.
IF HEST.OCOTHHRT = 1/Yes in any round, display “OTHER HEART PROBLEM”.
IF HEST.OCSTROKE = 1/Yes in any round, display “.STROKE OR HEMORRHAGE”.
IF HEST.OCCSKIN = 1/Yes in any round, display “SKIN CANCER”.
IF HEST.OCCANCER = 1/Yes in any round, display “CANCER/TUMOR”.
IF HEST.OCARTHRH = 1/Yes in any round, display “RHEUMATOID ARTHRITIS”.
IF HEST.OCARTH = 1/Yes in any round, display “OTHER ARTHRITIS”.
IF HEST.OCMENTAL = 1/Yes in any round, display “MENTAL RETARDATION”.
IF HEST.OCALZMER = 1/Yes in any round, display “ALZHEIMER'S”.
IF HEST.OCDEMENT = 1/Yes in any round, display “DEMENTIA”.
IF HEST.OCDEPRSS = 1/Yes in any round, display “DEPRESSION”.
IF HEST.OCPSYCHO = 1/Yes in any round, display “MENTAL DISORDER”.
IF HEST.OCOSTEOP = 1/Yes in any round, display “OSTEOPOROSIS”.
IF HEST.OCBRKHIP = 1/Yes in any round, display “BROKEN HIP”.
IF HEST.OCPARKIN = 1/Yes in any round, display “PARKINSON'S”.
IF HEST.OCEMPHYS = 1/Yes in any round, display “EMPHYSEMA/ASTHMA/COPD”.
IF HEST.OCPPARAL = 1/Yes in any round, display “PARALYSIS”.
IF HEST.OCAMPUTE = 1/Yes in any round, display “LOSS OF LIMB”.
IF HEST.OCBETES = 1/Yes in any round, display “DIABETES”.

DESIGN NOTES

SP responded “YES” to only one HFJ Condition in any round where HEST.HESTRND < = current round=

Only one of the following fields = 1/Yes in any round where HEST.HESTRND < = current round:
HEST.OCARTERY = 1/Yes in any round, or
HEST.OCHBP = 1/Yes in any round, or
HEST.OCMYOCAR = 1/Yes in any round, or
HEST.OCCHD = 1/Yes in any round, or
HEST.OCCFAIL = 1/Yes in any round, or
HEST.OCCVALVE = 1/Yes in any round, or
HEST.OCRHYTHM = 1/Yes in any round, or
HEST.OCOTHHRT = 1/Yes in any round, or
HEST.OCSTROKE = 1/Yes in any round, or
HEST.OCCSKIN = 1/Yes in any round, or
HEST.OCCANCER = 1/Yes in any round, or
HEST.OCARTHRH = 1/Yes in any round, or
HEST.OCARTH = 1/Yes in any round, or
HEST.OCMENTAL = 1/Yes in any round, or
HEST.OCALZMER = 1/Yes in any round, or
HEST.OCDEMENT = 1/Yes in any round, or

HEST.OCDEPRSS = 1/Yes in any round, or
HEST.OCPSYCHO = 1/Yes in any round, or
HEST.OCOSTEOP = 1/Yes in any round, or
HEST.OCBRKHIP = 1/Yes in any round, or
HEST.OCPARKIN = 1/Yes in any round, or
HEST.OCEMPHYS = 1/Yes in any round, or
HEST.OCPPARAL = 1/Yes in any round, or
HEST.OCAMPUTE = 1/Yes in any round, or
HEST.OCBETES = 1/Yes in any round.

NOTE: We do not include a check for HEST.OCCHOLES since High Cholesterol cannot be a reason for why SP is eligible for Medicare.

HFJ43

Verbatim Text

QUESTION TEXT

What was the original cause of [your/(SP's)] becoming eligible for Medicare?

RECORD VERBATIM.

FIELD 1: EMCAUSEVB

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP0

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES CHESHIRE VARIABLES: HEST.EMCAUSE1 HEST.EMCAUSE2 HEST.EMCAUSE3 DATA EDITING CODING VARIABLES: HEST.EMCAUSC1 HEST.EMCAUSC2	1

BOX HFJ28

BOX INSTRUCTIONS

IF SP RESPONDED “YES” TO ONLY ONE HFJ CONDITION, GO TO BOX HFP0.

ELSE GO TO HFJ44 - EMCODE.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

SP responded “YES” to only one HFJ Condition in any round where HEST.HESTRND < = current round =

Only one of the following fields = 1/Yes in any round where HEST.HESTRND < = current round:
HEST.OCARTERY = 1/Yes in any round, or
HEST.OCHBP = 1/Yes in any round, or
HEST.OCMYOCAR = 1/Yes in any round, or
HEST.OCCHD = 1/Yes in any round, or
HEST.OCCFAIL = 1/Yes in any round, or
HEST.OCCVALVE = 1/Yes in any round, or
HEST.OCRHYTHM = 1/Yes in any round, or
HEST.OCOTHHRT = 1/Yes in any round, or
HEST.OCSTROKE = 1/Yes in any round, or
HEST.OCCSKIN = 1/Yes in any round, or
HEST.OCCANCER = 1/Yes in any round, or
HEST.OCARTHRH = 1/Yes in any round, or
HEST.OCARTH = 1/Yes in any round, or
HEST.OCMENTAL = 1/Yes in any round, or
HEST.OCALZMER = 1/Yes in any round, or
HEST.OCDEMENT = 1/Yes in any round, or
HEST.OCDEPRSS = 1/Yes in any round, or
HEST.OCPSYCHO = 1/Yes in any round, or
HEST.OCOSTEOP = 1/Yes in any round, or
HEST.OCBRKHIP = 1/Yes in any round, or
HEST.OCPARKIN = 1/Yes in any round, or
HEST.OCEMPHYS = 1/Yes in any round, or
HEST.OCPPARAL = 1/Yes in any round, or
HEST.OCAMPUTE = 1/Yes in any round, or
HEST.OCBETES = 1/Yes in any round.

NOTE: We do not include a check for HEST.OCCHOLES since High Cholesterol cannot be a reason for why SP is eligible for Medicare.

HFJ44

Code All

QUESTION TEXT

Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare?

[PROBE: Any other condition?]

CHECK UP TO 8 CONDITIONS.

FIELD 1: EMCODE

FIELD 1 ROUTING

Value	Label	Route
1	ARTERIES HARDENING	BOX HFP0
2	HYPERTENSION	BOX HFP0
3	HEART ATTACK	BOX HFP0
4	HEART DISEASE	BOX HFP0
5	CONGESTIVE HEART FAILURE	BOX HFP0
6	HEART VALVE PROBLEM	BOX HFP0
7	HEART RHYTHM PROBLEM	BOX HFP0
8	OTHER HEART PROBLEM	BOX HFP0
9	STROKE OR HEMORRHAGE	BOX HFP0
10	SKIN CANCER	BOX HFP0
11	CANCER/TUMOR	BOX HFP0
12	RHEUMATOID ARTHRITIS	BOX HFP0
13	OTHER ARTHRITIS	BOX HFP0
14	MENTAL RETARDATION	BOX HFP0
15	ALZHEIMER'S	BOX HFP0
16	DEMENTIA	BOX HFP0

Value	Label	Route
17	DEPRESSION	BOX HFP0
18	MENTAL DISORDER	BOX HFP0
19	OSTEOPOROSIS	BOX HFP0
20	BROKEN HIP	BOX HFP0
21	PARKINSON'S	BOX HFP0
22	EMPHYSEMA/ASTHMA/COPD	BOX HFP0
23	PARALYSIS	BOX HFP0
24	LOSS OF LIMB	BOX HFP0
25	DIABETES	BOX HFP0
91	OTHER	HFJ44 - EMOS
	Don't Know	BOX HFP0
	Refused	BOX HFP0

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELDS: 1=HEST.EMARTERY 2=HEST.EMHBP 3=HEST.EMMYOCAR 4=HEST.EMCHD 5=HEST.EMCFAIL 6=HEST.EMCVALVE 7=HEST.EMRHYTHM 8=HEST.EMOTHHRT 9=HEST.EMSTROKE 10=HEST.EMCSKIN 11=HEST.EMCANCER 12=HEST.EMARTHRH 13=HEST.EMARTH 14=HEST.EMMENTAL 15=HEST.EMALZMER 16=HEST.EMDEMENT 17=HEST.EMDEPRSS 18=HEST.EMPSYCHO 19=HEST.EMOSTEOP 20=HEST.EMBRKHIP 21=HEST.EMPARKIN 22=HEST.EMEMPHYS 23=HEST.EMPPARAL 24=HEST.EMAMPUTE 25=HEST.EMDIABTS 91=HEST.EMOTHOS	8

FIELD 2: EMOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP0

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.EMOS	1

BOX HFP0

BOX INSTRUCTIONS

IF THIS IS ROUND 70, GO TO HFPINTRO – HLTHCAREINTRO.

ELSE IF THIS IS NOT ROUND 70, GO TO BOX HFR1.

HFPINTRO

No Entry

QUESTION TEXT

Now I want to ask you about some things that [you/(SP)] may be doing to maintain (your/his/her) health, either by getting tested for health problems or by taking care of conditions that (you have/she has/he has).

FIELD 1: HLTHCAREINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX HFP1A
	Empty	BOX HFP1A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

BOX HFP1A

BOX INSTRUCTIONS

IF (HFJ41A – OCBETES = 1/Yes) AND (HFJ41B - OCDTYPE = 1/TypeOne, 2/TypeTwo, 3/Borderline, 4/PreDiabetes, 91/Other, DK, or RF), GO TO HFP1 - DIAAGE.

ELSE GO TO HFP21 - DIAEVERT.

HFP1

Numeric

QUESTION TEXT

I recorded that [you were/(SP) was] told by a doctor that (you have/she has/he has) (Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes).

How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had diabetes?

FIELD 1: DIAAGE

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFP1 - DIAAGE_LESSONE
	Empty	HFP1 - DIAAGE_LESSONE
	Don't Know	HFP1 - DIAAGE_LESSONE
	Refused	HFP1 - DIAAGE_LESSONE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAAGE	1

FIELD 2: DIAAGE_LESSONE

FIELD 2 ROUTING

Value	Label	Route
1	LESS THAN ONE YEAR OLD	BOX HFP2
2	SP WAS NEVER TOLD HE/SHE HAS DIABETES	HFP21 - DIAEVERT
	Empty	BOX HFP2

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELD= If HEST.DIAAGE_LESSONE = 1/LessThanOneYearOld, set HEST.DIAAGE = 996. Else if HEST.DIAAGE_LESSONE = 2/NeverToldDiabetes, set HEST.DIAAGE = 997.	1

BOX HFP2

BOX INSTRUCTIONS

IF THE SP IS FEMALE AND (HFP1 – DIAAGE is >= 12 and is <= 45) OR (HFP1 – DIAAGE = DK OR RF), GO TO HFP2 - DIAPRGNT.

ELSE GO TO HFP4 - DIAINSUL.

HFP2

Yes/No

QUESTION TEXT

Did [you/(SP)] have diabetes only during a pregnancy?

FIELD 1: DIAPRGNT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP21 - DIAEVERT
2	NO	HFP4 - DIAINSUL
	Don't Know	HFP21 - DIAEVERT
	Refused	HFP21 - DIAEVERT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAPRGNT	1

HFP4

List

QUESTION TEXT

Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]…

FIELD 1: DIAINSUL

take insulin?

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP4 - DIAMEDS
2	NO	HFP4 - DIAMEDS
	Don't Know	HFP4 - DIAMEDS
	Refused	HFP4 - DIAMEDS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAINSUL	1

FIELD 2: DIAMEDS

take prescription diabetes pills or oral diabetes medicine?

FIELD 2 ROUTING

Value	Label	Route
1	YES	HFP4 - DIATEST
2	NO	HFP4 - DIATEST
	Don't Know	HFP4 - DIATEST
	Refused	HFP4 - DIATEST

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAMEDS	1

FIELD 3: DIATEST

test (your/his/her) blood for sugar or glucose?

FIELD 3 ROUTING

Value	Label	Route
1	YES	HFP4 - DIASORES
2	NO	HFP4 - DIASORES
	Don't Know	HFP4 - DIASORES
	Refused	HFP4 - DIASORES

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIATEST	1

FIELD 4: DIASORES

check for sores or irritations on (your/his/her) feet?

FIELD 4 ROUTING

Value	Label	Route
1	YES	HFP4 - DIAPRESS
2	NO	HFP4 - DIAPRESS
	Don't Know	HFP4 - DIAPRESS
	Refused	HFP4 - DIAPRESS

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIASORES	1

FIELD 5: DIAPRESS

measure (your/his/her) blood pressure at home?

FIELD 5 ROUTING

Value	Label	Route
1	YES	HFP4 - DIAASPRN
2	NO	HFP4 - DIAASPRN
	Don't Know	HFP4 - DIAASPRN
	Refused	HFP4 - DIAASPRN

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAPRESS	1

FIELD 6: DIAASPRN

take aspirin regularly for (your/his/her) diabetes?

FIELD 6 ROUTING

Value	Label	Route
1	YES	BOX HFP3
2	NO	BOX HFP3
	Don't Know	BOX HFP3
	Refused	BOX HFP3

FIELD 6 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAASPRN	1

BOX HFP3

BOX INSTRUCTIONS

IF HFP4 - DIAINSUL = 1/Yes, GO TO HFP5 - INSUTAKE.

ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE.

ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE.

ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK.

ELSE GO TO HFP10 - DIATENYR.

HFP5

Quantity Unit

QUESTION TEXT

How often [do you/does (SP)] take insulin?

FIELD 1: INSUTAKE

FIELD 1 ROUTING

Value	Label	Route
1	NUMBER OF TIMES PER DAY	HFP5 - INSUDAY
2	NUMBER OF TIMES PER WEEK	HFP5 - INSUWEEK
3	USE INSULIN PUMP	BOX HFP4
	Don't Know	BOX HFP4
	Refused	BOX HFP4

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.INSUTAKE	1

FIELD 2: INSUDAY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP4

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.INSUDAY	1

FIELD 3: INSUWEEK

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP4

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.INSUWEEK	1

BOX HFP4

BOX INSTRUCTIONS

IF HFP4 – DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE.

ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE.

ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHEK.

ELSE GO TO HFP10 - DIATENYR.

HFP6

Quantity Unit

QUESTION TEXT

How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?

FIELD 1: MEDSTAKE

FIELD 1 ROUTING

Value	Label	Route
1	NUMBER OF TIMES PER DAY	HFP6 - MEDDAY
2	NUMBER OF TIMES PER WEEK	HFP6 - MEDWEEK
3	NUMBER OF TIMES PER MONTH	HFP6 - MEDMONTH
	Don't Know	BOX HFP5
	Refused	BOX HFP5

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MEDSTAKE	1

FIELD 2: MEDDAY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP5

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MEDDAY	1

FIELD 3: MEDWEEK

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP5

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MEDWEEK	1

FIELD 4: MEDMONTH

FIELD 4 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP5

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MEDMONTH	1

BOX HFP5

BOX INSTRUCTIONS

IF HFP4 – DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE.

ELSE IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK.

ELSE GO TO HFP10 - DIATENYR.

HFP7

Quantity Unit

QUESTION TEXT

How often [do you/does (SP)] test (your/his/her) blood for sugar or glucose?

[PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]

FIELD 1: TESTTAKE

FIELD 1 ROUTING

Value	Label	Route
1	NUMBER OF TIMES PER DAY	HFP7 - TESTDAY
2	NUMBER OF TIMES PER WEEK	HFP7 - TESTWEEK
3	NUMBER OF TIMES PER MONTH	HFP7 - TESTMNTH
4	NUMBER OF TIMES PER YEAR	HFP7 - TESTYEAR
	Don't Know	BOX HFP6
	Refused	BOX HFP6

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TESTTAKE	1

FIELD 2: TESTDAY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP6

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TESTDAY	1

FIELD 3: TESTWEEK

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP6

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TESTWEEK	1

FIELD 4: TESTMNTH

FIELD 4 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP6

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TESTMONTH	1

FIELD 5: TESTYEAR

FIELD 5 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFP6

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TESTYEAR	1

BOX HFP6

BOX INSTRUCTIONS

IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHEK.

ELSE GO TO HFP10 - DIATENYR.

HFP8

Quantity Unit

QUESTION TEXT

How often [do you/does (SP)] check (your/his/her) feet for sores or irritations?

[PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]

FIELD 1: SORECHEK

FIELD 1 ROUTING

Value	Label	Route
1	NUMBER OF TIMES PER DAY	HFP8 - SOREDAY
2	NUMBER OF TIMES PER WEEK	HFP8 - SOREWEEK
3	NUMBER OF TIMES PER MONTH	HFP8 - SOREMNTH
4	NUMBER OF TIMES PER YEAR	HFP8 - SOREYEAR
	Don't Know	HFP10 - DIATENYR
	Refused	HFP10 - DIATENYR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.SORECHEK	1

FIELD 2: SOREDAY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFP10 - DIATENYR

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.SOREDAY	1

FIELD 3: SOREWEEK

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFP10 - DIATENYR

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.SOREWEEK	1

FIELD 4: SOREMNTH

FIELD 4 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFP10 - DIATENYR

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.SOREMNTH	1

FIELD 5: SOREYEAR

FIELD 5 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFP10 - DIATENYR

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.SOREYEAR	1

HFP10

Yes/No

QUESTION TEXT

In the past year has a doctor or other medical professional examined (your/his/her) feet for sores or irritations?

FIELD 1: DIATENYR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP11 - DIADRSAW
2	NO	HFP11 - DIADRSAW
	Don't Know	HFP11 - DIADRSAW
	Refused	HFP11 - DIADRSAW

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIATENYR	1

HFP11

Numeric

QUESTION TEXT

About how many times in the past year [have you/has (SP)] seen a doctor or other health professional for (your/his/her) diabetes?

FIELD 1: DIADRSAW

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFP13 - DIAHEMOC
	Don't Know	HFP13 - DIAHEMOC
	Refused	HFP13 - DIAHEMOC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIADRSAW	1

HFP13

Numeric

QUESTION TEXT

A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked [you/(SP)] for hemoglobin "A one C"?

FIELD 1: DIAHEMOC

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFP14 - DIACTRLD
	Don't Know	HFP14 - DIACTRLD
	Refused	HFP14 - DIACTRLD

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAHEMOC	1

HFP14

Code 1

QUESTION TEXT

SHOW CARD HF4

Would you say that [your/(SP's)] blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less.

FIELD 1: DIACTRLD

FIELD 1 ROUTING

Value	Label	Route
1	ALL OF THE TIME	HFP14A1 - DIAHYPO
2	MOST OF THE TIME	HFP14A1 - DIAHYPO
3	SOME OF THE TIME	HFP14A1 - DIAHYPO
4	A LITTLE OF THE TIME	HFP14A1 - DIAHYPO
5	NONE OF THE TIME	HFP14A1 - DIAHYPO
	Don't Know	HFP14A1 - DIAHYPO
	Refused	HFP14A1 - DIAHYPO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIACTRLD	1

HFP14A1

Yes/No

QUESTION TEXT

In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction?

FIELD 1: DIAHYPO

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP14A2 - DIAHYPTR
2	NO	HFP14A - DIAFEET
	Don't Know	HFP14A - DIAFEET
	Refused	HFP14A - DIAFEET

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAHYPO	1

HFP14A2

Code 1

QUESTION TEXT

Please think about the most serious episode of hypoglycemia that [you have/(SP)has] experienced in the past year.

[Were you/Was (SP)] able to treat (yourself/himself/herself) by taking some form of sugar, did (you/he/she) require treatment from others, or did (you/he/she) require treatment by a hospital?

[EXPLAIN IF NECESSARY: Treatment by a hospital includes being treated in the emergency room or outpatient department of a hospital, or being admitted as an inpatient.]

FIELD 1: DIAHYPTR

FIELD 1 ROUTING

Value	Label	Route
1	SELF TREATMENT	HFP14A3 - DIAFTEVR
2	TREATMENT FROM OTHERS	HFP14A3 - DIAFTEVR
3	HOSPITAL TREATMENT	HFP14A3 - DIAFTEVR
	Don't Know	HFP14A3 - DIAFTEVR
	Refused	HFP14A3 - DIAFTEVR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAHYPTR	1

HFP14A3

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever had any problems with (your/his/her) feet as a result of (your/his/her) diabetes?

FIELD 1: DIAFTEVR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP14A - DIAFEET
2	NO	HFP15 - DIAEYPRB
	Don't Know	HFP15 - DIAEYPRB
	Refused	HFP15 - DIAEYPRB

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAFTEVR	1

HFP14A

Yes/No

QUESTION TEXT

[Do you/Does (SP)] currently have any problems with (your/his/her) feet as a result of (your/his/her) diabetes?

FIELD 1: DIAFEET

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP14B - DIANEURO
2	NO	HFP14B - DIANEURO
	Don't Know	HFP14B - DIANEURO
	Refused	HFP14B - DIANEURO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAFEET	1

HFP14B List

QUESTION TEXT

People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of the following problems with (your/his/her) feet as a result of (your/his/her) diabetes.

[Have you/Has (SP)] ever been told by a doctor that (you/he/she) had…

FIELD 1: DIANEURO

Neuropathy or nerve damage , which may cause pain or numbness in the feet?

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP14B - DIACIRCF
2	NO	HFP14B - DIACIRCF
	Don't Know	HFP14B - DIACIRCF
	Refused	HFP14B - DIACIRCF

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIANEURO	1

FIELD 2: DIACIRCF

Poor circulation or blood flow in the feet?

FIELD 2 ROUTING

Value	Label	Route
1	YES	HFP14B - DIAULCER
2	NO	HFP14B - DIAULCER

Value	Label	Route
	Don't Know	HFP14B - DIAULCER
	Refused	HFP14B - DIAULCER

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIACIRCF	1

FIELD 3: DIAULCER

Foot ulcers?

FIELD 3 ROUTING

Value	Label	Route
1	YES	HFP14B - DIASKINC
2	NO	HFP14B - DIASKINC
	Don't Know	HFP14B - DIASKINC
	Refused	HFP14B - DIASKINC

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAULCER	1

FIELD 4: DIASKINC

Calluses, infections, or other skin changes affecting the feet?

FIELD 4 ROUTING

Value	Label	Route
1	YES	HFP15 - DIAEYPRB

Value	Label	Route
2	NO	HFP15 - DIAEYPRB
	Don't Know	HFP15 - DIAEYPRB
	Refused	HFP15 - DIAEYPRB

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIASKINC	1

HFP15

Yes/No

QUESTION TEXT

[Do you/Does (SP)] have any problems with (your/his/her) eyes as a result of (your/his/her) diabetes?

FIELD 1: DIAEYPRB

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP16A1 - DIAKDPEV
2	NO	HFP16A1 - DIAKDPEV
	Don't Know	HFP16A1 - DIAKDPEV
	Refused	HFP16A1 - DIAKDPEV

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAEYPRB	1

HFP16A1

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever had any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?

[EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]

FIELD 1: DIAKDPEV

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP16 - DIAKDPRB
2	NO	HFP17 - DIAMNGE
	Don't Know	HFP17 - DIAMNGE
	Refused	HFP17 - DIAMNGE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAKDPEV	1

HFP16

Yes/No

QUESTION TEXT

[Do you/Does (SP)] currently have any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?

FIELD 1: DIAKDPRB

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP16A - DIAKIDNY
2	NO	HFP17 - DIAMNGE
	Don't Know	HFP17 - DIAMNGE
	Refused	HFP17 - DIAMNGE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAKDPRB	1

HFP16A

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever been told by a doctor that (you have/she has/he has) chronic kidney disease?

FIELD 1: DIAKIDNY

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP17 - DIAMNGE
2	NO	HFP17 - DIAMNGE
	Don't Know	HFP17 - DIAMNGE
	Refused	HFP17 - DIAMNGE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAKIDNY	1

HFP17

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever participated in a diabetes self-management course or class, or received special training on how (you/he/she) can manage (your/his/her) diabetes?

FIELD 1: DIAMNGE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP18 - DIATRAIN
2	NO	BOX HFP7
	Don't Know	BOX HFP7
	Refused	BOX HFP7

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAMNGE	1

HFP18

Code 1

QUESTION TEXT

When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class or received special training on how (you/he/she) can manage (your/his/her) diabetes?

[IF THE RESPONDENT HAS GONE TO MORE THAN ONE COURSE OR TRAINING, PROBE FOR THE MOST RECENT TIME.]

FIELD 1: DIATRAIN

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN 1 YEAR AGO	BOX HFP7
2	1 YEAR TO LESS THAN 2 YEARS AGO	BOX HFP7
3	2 YEARS TO LESS THAN 3 YEARS AGO	BOX HFP7
4	3 YEARS TO LESS THAN 5 YEARS AGO	BOX HFP7
5	5 OR MORE YEARS AGO	BOX HFP7
	Don't Know	BOX HFP7
	Refused	BOX HFP7

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIATRAIN	1

BOX HFP7

BOX INSTRUCTIONS

IF THE SP IS THE RESPONDENT, GO TO HFP19 - DIAKNOW.

ELSE GO TO BOX HFR1.

HFP19

Code 1

QUESTION TEXT

SHOW CARD HF3

How much do you think you know about managing your diabetes? Do you know . . .

FIELD 1: DIAKNOW

FIELD 1 ROUTING

Value	Label	Route
1	just about everything you need to know,	HFP20 - DIASUPPS
2	most of what you need to know,	HFP20 - DIASUPPS
3	some of what you need to know,	HFP20 - DIASUPPS
4	a little of what you need to know, or	HFP20 - DIASUPPS
5	almost none of what you need to know about managing your diabetes?	HFP20 - DIASUPPS
	Don't Know	HFP20 - DIASUPPS
	Refused	HFP20 - DIASUPPS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAKNOW	1

HFP20

Yes/No

QUESTION TEXT

Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes?

FIELD 1: DIASUPPS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFR1
2	NO	BOX HFR1
	Don't Know	BOX HFR1
	Refused	BOX HFR1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIASUPPS	1

HFP21

Yes/No

QUESTION TEXT

[I have recorded that [you have/(SP) has] never been told by a doctor that (you have/she has/he has) diabetes.]

[Have you/Has (SP)] ever had a blood test to see if (you have/she has/he has) diabetes?

FIELD 1: DIAEVERT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP22 - DIARECNT
2	NO	BOX HFP8
	Don't Know	BOX HFP8
	Refused	BOX HFP8

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAEVERT	1

HFP22

Code 1

QUESTION TEXT

When was the most recent time [you were/(SP) was] tested for diabetes?

FIELD 1: DIARECNT

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN 1 YEAR AGO	HFP24 - DIARISK
2	1 YEAR TO LESS THAN 2 YEARS AGO	HFP24 - DIARISK
3	2 YEARS TO LESS THAN 3 YEARS AGO	HFP24 - DIARISK
4	3 YEARS TO LESS THAN 5 YEARS AGO	HFP24 - DIARISK
5	5 OR MORE YEARS AGO	HFP24 - DIARISK
	Don't Know	HFP24 - DIARISK
	Refused	HFP24 - DIARISK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIARECNT	1

BOX HFP8

BOX INSTRUCTIONS

IF THE SP IS THE RESPONDENT, GO TO HFP23 - DIAAWARE.

ELSE GO TO HFP24 - DIARISK.

HFP23

Yes/No

QUESTION TEXT

Before today, were you aware that there is a blood test to determine if a person has diabetes?

FIELD 1: DIAAWARE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP24 - DIARISK
2	NO	HFP24 - DIARISK
	Don't Know	HFP24 - DIARISK
	Refused	HFP24 - DIARISK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIAAWARE	1

HFP24

Yes/No

QUESTION TEXT

Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for diabetes?

FIELD 1: DIARISK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFP25 - DIASIGNS
2	NO	HFP25 - DIASIGNS
	Don't Know	HFP25 - DIASIGNS
	Refused	HFP25 - DIASIGNS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIARISK	1

HFP25

Yes/No

QUESTION TEXT

In the past year, [have you/has (SP)] received any information about the signs, symptoms, or risk factors for diabetes?

FIELD 1: DIASIGNS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFR1
2	NO	BOX HFR1
	Don't Know	BOX HFR1
	Refused	BOX HFR1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.DIASIGNS	1

BOX HFR1

BOX INSTRUCTIONS

IF (SP HAS EVER HEARD ABOUT COLORECTAL OR COLON CANCER IS UNKNOWN) AND (SP HAS NOT REPORTED HAVING COLON, RECTAL OR BOWEL CANCER IN THE CURRENT ROUND OR IN A PREVIOUS ROUND), GO TO HFR1 - COLHEAR.

ELSE GO TO BOX HFS0.

HFR1

Yes/No

QUESTION TEXT

Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines.

Before today, had you ever heard of colorectal or colon cancer?

FIELD 1: COLHEAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR3 - COLHTEST
2	NO	HFR3 - COLHTEST
	Don't Know	HFR3 - COLHTEST
	Refused	HFR3 - COLHTEST

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLHEAR	1

HFR3

Yes/No

QUESTION TEXT

The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined.

Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool?

FIELD 1: COLHTEST

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR5 - COLCARD
2	NO	HFR4 - COLHKIT
	Don't Know	HFR4 - COLHKIT
	Refused	HFR4 - COLHKIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLHTEST	1

HFR4

Yes/No

QUESTION TEXT

Have you ever heard of this home testing kit?

FIELD 1: COLHKIT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR4A - COLFDOC
2	NO	HFR4A - COLFDOC
	Don't Know	HFR4A - COLFDOC
	Refused	HFR4A - COLFDOC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLHKIT	1

HFR4A

Yes/No

QUESTION TEXT

Has a doctor or other health professional ever performed a fecal occult blood test to test for blood in the stool while [you/(SP)] [were/was] at the doctor's office?

FIELD 1: COLFDOC

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR7 - COLRECNT
2	NO	HFR8 - COLSCOPY
	Don't Know	HFR8 - COLSCOPY
	Refused	HFR8 - COLSCOPY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLFDOC	1

HFR5

Yes/No

QUESTION TEXT

Did [you/(SP)] complete the samples and return them for (your/his/her) most recent test?

FIELD 1: COLCARD

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR7 - COLRECNT
2	NO	HFR7 - COLRECNT
	Don't Know	HFR7 - COLRECNT
	Refused	HFR7 - COLRECNT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLCARD	1

HFR7

Code 1

QUESTION TEXT

When did [you/(SP)] have (your/his/her) most recent blood stool test(using a home testing kit)?

FIELD 1: COLRECNT

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN 1 YEAR AGO	HFR8 - COLSCOPY
2	1 YEAR TO LESS THAN 2 YEARS AGO	HFR8 - COLSCOPY
3	2 YEARS TO LESS THAN 3 YEARS AGO	HFR8 - COLSCOPY
4	3 YEARS TO LESS THAN 5 YEARS AGO	HFR8 - COLSCOPY
5	5 OR MORE YEARS AGO	HFR8 - COLSCOPY
	Don't Know	HFR8 - COLSCOPY
	Refused	HFR8 - COLSCOPY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLRECNT	1

HFR8

Yes/No

QUESTION TEXT

Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy.

[Have you/Has (SP)] ever had this exam?

FIELD 1: COLSCOPY

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR9 - WHENSCOP
2	NO	HFR10 - HEARSCOP
	Don't Know	HFR10 - HEARSCOP
	Refused	HFR10 - HEARSCOP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLSCOPY	1

HFR9

Code 1

QUESTION TEXT

When did [you/(SP)] have (your/his/her) most recent sigmoidoscopy or colonoscopy?

FIELD 1: WHENSCOP

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN 1 YEAR AGO	HFR13 - COLSCRNS
2	1 YEAR TO LESS THAN 2 YEARS AGO	HFR13 - COLSCRNS
3	2 YEARS TO LESS THAN 3 YEARS AGO	HFR13 - COLSCRNS
4	3 YEARS TO LESS THAN 5 YEARS AGO	HFR13 - COLSCRNS
5	5 OR MORE YEARS AGO	HFR13 - COLSCRNS
	Don't Know	HFR13 - COLSCRNS
	Refused	HFR13 - COLSCRNS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.WHENSCOP	1

HFR10

Yes/No

QUESTION TEXT

Before today, had you ever heard of a sigmoidoscopy or colonoscopy?

FIELD 1: HEARSCOP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR11 - COLDRREC
2	NO	BOX HFR2
	Don't Know	BOX HFR2
	Refused	BOX HFR2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HEARSCOP	1

BOX HFR2

BOX INSTRUCTIONS

IF HFR3 - COLHTEST = 1/Yes or HFR4 - COLHKIT = 1/Yes, GO TO HFR13 - COLSCRNS.

ELSE GO TO BOX HFS0.

HFR11

Yes/No

QUESTION TEXT

Has a doctor ever recommended that [you/(SP)] have this test?

FIELD 1: COLDRREC

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFR13 - COLSCRNS
2	NO	HFR13 - COLSCRNS
	Don't Know	HFR13 - COLSCRNS
	Refused	HFR13 - COLSCRNS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLDRREC	1

HFR13

Yes/No

QUESTION TEXT

Before today, did you know that Medicare now pays the cost of screening tests for colorectal cancer?

FIELD 1: COLSCRNS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFS0
2	NO	BOX HFS0
	Don't Know	BOX HFS0
	Refused	BOX HFS0

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.COLSCRNS	1

BOX HFS0

BOX INSTRUCTIONS

IF THIS IS ROUND 70, GO TO BOX HFS1.

ELSE IF THIS IS NOT ROUND 70, GO TO HFAC29 - HCTROUBL.

BOX HFS1

BOX INSTRUCTIONS

IF SP HAS EVER REPORTED HAVING OSTEPOPORIS IN THE CURRENT ROUND OR IN A PREVIOUS ROUND, GO TO HFS3 - OSTTEST.

ELSE GO TO HFSINTRO - OSTINTRO.

HFSINTRO

No Entry

QUESTION TEXT

Now I'd like to talk about a disease called osteoporosis, which can be treated if found early. In osteoporosis, the bones lose their calcium and become fragile and more easily broken.

FIELD 1: OSTINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HFS1 - OSTEVERT
	Empty	HFS1 - OSTEVERT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HFS1

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever talked with (your/his/her) doctor or other health professional about osteoporosis?

FIELD 1: OSTEVERT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFS2 - OSTHRISK
2	NO	HFS3 - OSTTEST
	Don't Know	HFS3 - OSTTEST
	Refused	HFS3 - OSTTEST

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OSTEVERT	1

HFS2

Yes/No

QUESTION TEXT

Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for osteoporosis?

FIELD 1: OSTHRISK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFS2A - OSTFRACT
2	NO	HFS2A - OSTFRACT
	Don't Know	HFS2A - OSTFRACT
	Refused	HFS2A - OSTFRACT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OSTHRISK	1

HFS2A

Yes/No

QUESTION TEXT

Have [you/(SP)] ever experienced a fracture that (your/his/her) doctor told (you/him/her) was related to osteoporosis?

FIELD 1: OSTFRACT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFS3 - OSTTEST
2	NO	HFS3 - OSTTEST
	Don't Know	HFS3 - OSTTEST
	Refused	HFS3 - OSTTEST

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OSTFRACT	1

HFS3

Yes/No

QUESTION TEXT

There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement, or DEXA scan.

[Have you/Has (SP)] ever had a Bone Mass or Bone Density Measurement test?

FIELD 1: OSTTEST

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFS5 - OSTRECNT
2	NO	HFS4 - OSTHEAR
	Don't Know	HFS4 - OSTHEAR
	Refused	HFS4 - OSTHEAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OSTTEST	1

HFS4

Yes/No

QUESTION TEXT

Before today, had you ever heard of this test?

FIELD 1: OSTHEAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFS6 - OSTMASS
2	NO	HFAC29 - HCTROUBL
	Don't Know	HFAC29 - HCTROUBL
	Refused	HFAC29 - HCTROUBL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OSTHEAR	1

HFS5

Code 1

QUESTION TEXT

When was the most recent time that [you/(SP)] had a Bone Mass or Bone Density Measurement test?

FIELD 1: OSTRECNT

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN 1 YEAR AGO	HFS6 - OSTMASS
2	1 YEAR TO LESS THAN 2 YEARS AGO	HFS6 - OSTMASS
3	2 YEARS TO LESS THAN 3 YEARS AGO	HFS6 - OSTMASS
4	3 YEARS TO LESS THAN 5 YEARS AGO	HFS6 - OSTMASS
5	5 OR MORE YEARS AGO	HFS6 - OSTMASS
	Don't Know	HFS6 - OSTMASS
	Refused	HFS6 - OSTMASS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OSTRECNT	1

HFS6

Yes/No

QUESTION TEXT

Before today, did you know that Medicare would pay for Bone Mass or Bone Density Measurement tests for Medicare beneficiaries who are at risk for osteoporosis?

FIELD 1: OSTMASS

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFAC29 - HCTROUBL
2	NO	HFAC29 - HCTROUBL
	Don't Know	HFAC29 - HCTROUBL
	Refused	HFAC29 - HCTROUBL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.OSTMASS	1

HFAC29

Yes/No

QUESTION TEXT

Next, we are going to ask some questions about [your/(SP's)] health care needs during the past year.

Since (LAST HF MONTH YEAR), [have you/has (SP)] had any trouble getting health care that (you/he/she) wanted or needed?

FIELD 1: HCTROUBL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFAC30A - HCTCODE
2	NO	HFAC31 - HCDELAY
	Don't Know	HFAC31 - HCDELAY
	Refused	HFAC31 - HCDELAY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.HCTROUBL	1

HFAC30A

Code All

QUESTION TEXT

Why was that?

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: HCTCODE

FIELD 1 ROUTING

Value	Label	Route
1	SP DOES NOT HAVE MONEY	BOX HFF6
2	COST IS TOO HIGH	BOX HFF6
3	SERVICES/SUPPLIES NOT COVERED	BOX HFF6
4	NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL	BOX HFF6
5	DIFFICULTY GETTING HOME HEALTH CARE	BOX HFF6
6	NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT	BOX HFF6
7	WAIT TOO LONG/DOCTOR TOO BUSY	BOX HFF6
8	OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE	BOX HFF6
9	NOT ELIGIBLE FOR PUBLIC COVERAGE	BOX HFF6
10	DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE	BOX HFF6

Value	Label	Route
11	DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR	BOX HFF6
12	HMO REFERRAL PROCESS (DIFFICULTY GETTING)	BOX HFF6
13	PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE	BOX HFF6
14	HMO WOULD NOT COVER OR PROVIDE SERVICE	BOX HFF6
91	OTHER	HFAC30A - HCTOTHOS
	Don't Know	BOX HFF6
	Refused	BOX HFF6

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELDS: 1=ACCS.HCTMONEY 2=ACCS.HCTHIGH 3=ACCS.HCTNOCOV 4=ACCS.HCTTRANS 5=ACCS.HCTHOMEH 6=ACCS.HCTNTREA 7=ACCS.HCTWAIT 8=ACCS.HCTACPMC 9=ACCS.HCTELIG 10=ACCS.HCTDELAY 11=ACCS.HCTSPECL 12=ACCS.HCTHMORF 13=ACCS.HCTHMOMD 14=ACCS.HCTHMOCV 91=ACCS.HCTOTHER	15

FIELD 2: HCTOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFF6

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.HCTOTHOS	1

BOX HFF6

BOX INSTRUCTIONS

IF RESPONSE TO HFAC30A - HCTCODE INCLUDES 8/DrDoesNotAcceptMedicare OR 10/DifficultyGettingAppt, GO TO HFAC30D - OFFEXPLN.

ELSE GO TO HFAC30B - CGETAPPT.

HFAC30B

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), [have you/has (SP)] been told by a doctor's office that they cannot schedule an appointment with [you/(SP)]?

FIELD 1: CGETAPPT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFAC30C - CGETCODE
2	NO	HFAC31 - HCDELAY
	Don't Know	HFAC31 - HCDELAY
	Refused	HFAC31 - HCDELAY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.CGETAPPT	1

HFAC30C

Code All

QUESTION TEXT

What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with [you/(SP)]?

[PROBE: Any other reason?]

CHECK ALL THAT APPLY

FIELD 1: CGETCODE

FIELD 1 ROUTING

Value	Label	Route
1	DOCTOR DOES NOT ACCEPT INSURANCE PLAN	BOX HFF7
2	ALL OF DOCTORS APPOINTMENTS WERE FULL	BOX HFF7
3	DOCTOR IS NOT ACCEPTING ANY NEW PATIENTS	BOX HFF7
4	DOCTOR IS NOT ACCEPTING NEW MEDICARE PATIENTS	BOX HFF7
5	DOCTRS HOURS CONFLICTED WITH REQUIREMENTS OF SP	BOX HFF7
6	DOCTOR DOES NOT ACCEPT MEDICAID	BOX HFF7
7	DOCTOR DOES NOT ACCEPT MEDICARE AT ALL	BOX HFF7
8	DOCTOR DOES NOT ACCEPT MEDICARE ASSIGNMENT	BOX HFF7
9	DOCTOR FELT ANOTHER PROVIDER WOULD BE BETTER FOR SP	BOX HFF7
91	OTHER	HFAC30C - CGETOTOS

Value	Label	Route
	Don't Know	BOX HFF7
	Refused	BOX HFF7

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELDS: 1=ACCS.CGETINSR 2=ACCS.CGETFULL 3=ACCS.CGETNNEW 4=ACCS.CGETNNMP 5=ACCS.CGETHOUR 6=ACCS.CGETCAID 7=ACCS.CGETNAMC 8=ACCS.CGETNAMA 9=ACCS.CGETAPRV 91=ACCS.CGETOTHR	10

FIELD 2: CGETOTOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFF7

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.CGETOTOS	1

BOX HFF7

BOX INSTRUCTIONS

IF RESPONSE TO HFAC30C - CGETCODE INCLUDES 4/DocNotAcceptNewMedicare OR 7/DocNotAcceptMCAR, GO TO HFAC30D - OFFEXPLN.

ELSE GO TO HFAC31 - HCDELAY.

HFAC30D

Yes/No

QUESTION TEXT

Did the doctor’s office explain why (it is difficult for Medicare patients to get an appointment/Medicare is not accepted) at that practice?

FIELD 1: OFFEXPLN

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFAC30E - OFFEXVB
2	NO	HFAC31 - HCDELAY
	Don't Know	HFAC31 - HCDELAY
	Refused	HFAC31 - HCDELAY

HFAC30E Verbatim Text

QUESTION TEXT

What was that explanation?

RECORD VERBATIM.

FIELD 1: OFFEXVB

FIELD 1 ROUTING

Value	Label	Route
1	Missing Label	HFAC31 - HCDELAY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES CHESHIRE VARIABLES: ACCS.OFFEXVB1 ACCS.OFFEXVB2 DATA EDITING CODING VARIABLES: ACCS.OFFEXVC1 ACCS.OFFEXVC2 ACCS.OFFEXVC3	1

HFAC31

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), [have you/has (SP)] delayed seeking medical care because (you were/he was/she was) worried about the cost?

FIELD 1: HCDELAY

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKINTRO - IADLINTRO
2	NO	HFKINTRO - IADLINTRO
	Don't Know	HFKINTRO - IADLINTRO
	Refused	HFKINTRO - IADLINTRO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.HCDELAY	1

HFKINTRO

No Entry

QUESTION TEXT

Now I'm going to ask about some everyday activities and whether [you have/(SP) has] any difficulty doing them by (yourself/himself/herself).

FIELD 1: IADLINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HFKA1 - PRBTELE
	Empty	HFKA1 - PRBTELE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HFKA1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

using the telephone?

FIELD 1: PRBTELE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKB1 - PRBLHWK
2	NO	HFKB1 - PRBLHWK
3	DOESN'T DO	HFKA2 - DONTTELE
	Don't Know	HFKB1 - PRBLHWK
	Refused	HFKB1 - PRBLHWK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.PRBTELE	1

HFKA2

Yes/No

QUESTION TEXT

[You said that using the telephone is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTTELE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKB1 - PRBLHWK
2	NO	HFKB1 - PRBLHWK
	Don't Know	HFKB1 - PRBLHWK
	Refused	HFKB1 - PRBLHWK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.DONTTELE	1

HFKB1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

doing light housework (like washing dishes, straightening up, or light cleaning)?

FIELD 1: PRBLHWK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKC1 - PRBHHWK
2	NO	HFKC1 - PRBHHWK
3	DOESN'T DO	HFKB2 - DONTLHWK
	Don't Know	HFKC1 - PRBHHWK
	Refused	HFKC1 - PRBHHWK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.PRBLHWK	1

HFKB2

Yes/No

QUESTION TEXT

[You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTLHWK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKC1 - PRBHHWK
2	NO	HFKC1 - PRBHHWK
	Don't Know	HFKC1 - PRBHHWK
	Refused	HFKC1 - PRBHHWK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.DONTLHWK	1

HFKC1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

doing heavy housework (like scrubbing floors or washing windows)?

FIELD 1: PRBHHWK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKD1 - PRBMEAL
2	NO	HFKD1 - PRBMEAL
3	DOESN'T DO	HFKC2 - DONTHHWK
	Don't Know	HFKD1 - PRBMEAL
	Refused	HFKD1 - PRBMEAL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.PRBHHWK	1

HFKC2

Yes/No

QUESTION TEXT

[You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTHHWK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKD1 - PRBMEAL
2	NO	HFKD1 - PRBMEAL
	Don't Know	HFKD1 - PRBMEAL
	Refused	HFKD1 - PRBMEAL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.DONTHHWK	1

HFKD1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

preparing (your/his/her) own meals?

FIELD 1: PRBMEAL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKE1 - PRBSHOP
2	NO	HFKE1 - PRBSHOP
3	DOESN'T DO	HFKD2 - DONTMEAL
	Don't Know	HFKE1 - PRBSHOP
	Refused	HFKE1 - PRBSHOP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.PRBMEAL	1

HFKD2

Yes/No

QUESTION TEXT

[You said that preparing (your/his/her) own meals is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTMEAL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKE1 - PRBSHOP
2	NO	HFKE1 - PRBSHOP
	Don't Know	HFKE1 - PRBSHOP
	Refused	HFKE1 - PRBSHOP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.DONTMEAL	1

HFKE1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

shopping for personal items (such as toilet items or medicines)?

FIELD 1: PRBSHOP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKF1 - PRBBILS
2	NO	HFKF1 - PRBBILS
3	DOESN'T DO	HFKE2 - DONTSHOP
	Don't Know	HFKF1 - PRBBILS
	Refused	HFKF1 - PRBBILS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.PRBSHOP	1

HFKE2

Yes/No

QUESTION TEXT

[You said that shopping for personal items (such as toilet items or medicines) is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTSHOP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKF1 - PRBBILS
2	NO	HFKF1 - PRBBILS
	Don't Know	HFKF1 - PRBBILS
	Refused	HFKF1 - PRBBILS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.DONTSHOP	1

HFKF1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

managing money (like keeping track of expenses or paying bills)?

FIELD 1: PRBBILS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFKA1
2	NO	BOX HFKA1
3	DOESN'T DO	HFKF2 - DONTBILS
	Don't Know	BOX HFKA1
	Refused	BOX HFKA1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.PRBBILS	1

HFKF2

Yes/No

QUESTION TEXT

[You said that managing money (like keeping track of expenses or paying bills) is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTBILS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFKA1
2	NO	BOX HFKA1
	Don't Know	BOX HFKA1
	Refused	BOX HFKA1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.DONTBILS	1

BOX HFKA1

BOX INSTRUCTIONS

IF HFKA1 - PRBTELE = 1/Yes OR HFKA2 – DONTTELE = 1/Yes, GO TO HFKA3 - HELPTELE.

ELSE GO TO BOX HFKB1.

HFKA3

Yes/No

QUESTION TEXT

[[You said that [your/(SP's)] health makes using the telephone difficult./You said that using the telephone is something that [you don't do/(SP) doesn't do].]]

[Do you/Does (SP)] receive help from another person with...

using the telephone?

FIELD 1: HELPTELE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKA4 - PERSON_HLPRTELE
2	NO	BOX HFKB1
	Don't Know	BOX HFKB1
	Refused	BOX HFKB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.HELPTELE	1

HFKA4 Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRTELE

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFKB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HLPR.HLPRTELE	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	Set HLPR.HLPRTELE = 1/Indicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFKB1

BOX INSTRUCTIONS

IF HFKB1 - PRBLHWK = 1/Yes or HFKB2 - DONTLHWK = 1/Yes, GO TO HFKB3 - HELPLHWK.

ELSE GO TO BOX HFKC1.

HFKB3

Yes/No

QUESTION TEXT

[[You said that [your/(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult./You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do/(SP) doesn't do].]]

[Do you/Does (SP)] receive help from another person with...

doing light housework (like washing dishes, straightening up, or light cleaning)?

FIELD 1: HELPLHWK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKB4 - PERSON_HLPRLHWK
2	NO	BOX HFKC1
	Don't Know	BOX HFKC1
	Refused	BOX HFKC1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.HELPLHWK	1

HFKB4 Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes, straightening up, or light cleaning). Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRLHWK

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFKC1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HLPR.HLPRLHWK	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	Set HLPR.HLPRLHWK = 1/Indicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFKC1

BOX INSTRUCTIONS

IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - DONTHHWK = 1/Yes, GO TO HFKC3 - HELPHHWK.

ELSE GO TO BOX HFKD1.

HFKC3

Yes/No

QUESTION TEXT

[[You said that [your/(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult./You said that heavy housework (like scrubbing floors or washing windows) is something that [you don't do/(SP) doesn't do].]]

[Do you/Does (SP)] receive help from another person with...

doing heavy housework (like scrubbing floors or washing windows)?

FIELD 1: HELPHHWK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKC4 - PERSON_HLPRHHWK
2	NO	BOX HFKD1
	Don't Know	BOX HFKD1
	Refused	BOX HFKD1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.HELPHHWK	1

HFKC4

Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRHHWK

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFKD1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HLPR.HLPRHHWK	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	Set HLPR.HLPRHHWK = 1/Indicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFKD1

BOX INSTRUCTIONS

IF HFKD1 – PRBMEAL = 1/Yes or HFKD2 – DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL.

ELSE GO TO BOX HFKE1.

HFKD3

Yes/No

QUESTION TEXT

[[You said that [your/(SP's)] health makes preparing (your/his/her) own meals difficult./You said that preparing (your/his/her) own meals is something that [you don't do/(SP) doesn't do].]]

[Do you/Does (SP)] receive help from another person with...

preparing (your/his/her) own meals?

FIELD 1: HELPMEAL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKD4 - PERSON_HLPRMEAL
2	NO	BOX HFKE1
	Don't Know	BOX HFKE1
	Refused	BOX HFKE1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.HELPMEAL	1

HFKD4 Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with preparing (your/his/her) own meals. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRMEAL

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFKE1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HLPR.HLPRMEAL	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	Set HLPR.HLPRMEAL = 1/Indicated.
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFKE1

BOX INSTRUCTIONS

IF HFKE1 – PRBSHOP = 1/Yes or HFKE2 – DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP.

ELSE GO TO BOX HFKF1.

HFKE3

Yes/No

QUESTION TEXT

[[You said that [your/(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult./You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do/(SP) doesn't do].]]

[Do you/Does (SP)] receive help from another person with...

shopping for personal items (such as toilet items or medicines)?

FIELD 1: HELPSHOP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKE4 - PERSON_HLPRSHOP
2	NO	BOX HFKF1
	Don't Know	BOX HFKF1
	Refused	BOX HFKF1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.HELPSHOP	1

HFKE4 Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or medicines). Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRSHOP

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFKF1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HLPR.HLPRSHOP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	Set HLPR.HLPRSHOP = 1/Indicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFKF1

BOX INSTRUCTIONS

IF HFKF1- PRBBILS = 1/Yes or HFKF2 – DONTBILS = 1/Yes, GO TO HFKF3 - HELPBILS.

ELSE GO TO HFLINTRO - ADLSINTRO.

HFKF3

Yes/No

QUESTION TEXT

[[You said that [your/(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult./You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do/(SP) doesn't do].]]

[Do you/Does (SP)] receive help from another person with...

managing money (like keeping track of expenses or paying bills)?

FIELD 1: HELPBILS

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFKF4 - PERSON_HLPRBILS
2	NO	HFLINTRO - ADLSINTRO
	Don't Know	HFLINTRO - ADLSINTRO
	Refused	HFLINTRO - ADLSINTRO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
IADL.HELPBILS	1

HFKF4

Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or paying bills). Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRBILS

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFLINTRO - ADLSINTRO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HLPR.HLPRBILS	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	Set HLPR.HLPRBILS = 1/Indicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

HFLINTRO

No Entry

QUESTION TEXT

Now I'll ask about some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each one by (yourself/himself/herself) and without special equipment.

FIELD 1: ADLSINTRO

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HFLA1 - HPPDBATH
	Empty	HFLA1 - HPPDBATH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HFLA1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

bathing or showering?

FIELD 1: HPPDBATH

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLB1 - HPPDDRES
2	NO	HFLB1 - HPPDDRES
3	DOESN'T DO	HFLA2 - DONTBATH
	Don't Know	HFLB1 - HPPDDRES
	Refused	HFLB1 - HPPDDRES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HPPDBATH	1

HFLA2

Yes/No

QUESTION TEXT

[You said that bathing or showering is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTBATH

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLB1 - HPPDDRES
2	NO	HFLB1 - HPPDDRES
	Don't Know	HFLB1 - HPPDDRES
	Refused	HFLB1 - HPPDDRES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.DONTBATH	1

HFLB1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

dressing?

FIELD 1: HPPDDRES

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLC1 - HPPDEAT
2	NO	HFLC1 - HPPDEAT
3	DOESN'T DO	HFLB2 - DONTDRES
	Don't Know	HFLC1 - HPPDEAT
	Refused	HFLC1 - HPPDEAT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HPPDDRES	1

HFLB2

Yes/No

QUESTION TEXT

[You said that dressing is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTDRES

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLC1 - HPPDEAT
2	NO	HFLC1 - HPPDEAT
	Don't Know	HFLC1 - HPPDEAT
	Refused	HFLC1 - HPPDEAT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.DONTDRES	1

HFLC1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

eating?

FIELD 1: HPPDEAT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLD1 - HPPDCHAR
2	NO	HFLD1 - HPPDCHAR
3	DOESN'T DO	HFLC2 - DONTEAT
	Don't Know	HFLD1 - HPPDCHAR
	Refused	HFLD1 - HPPDCHAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HPPDEAT	1

HFLC2

Yes/No

QUESTION TEXT

[You said that eating is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTEAT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLD1 - HPPDCHAR
2	NO	HFLD1 - HPPDCHAR
	Don't Know	HFLD1 - HPPDCHAR
	Refused	HFLD1 - HPPDCHAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.DONTEAT	1

HFLD1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

getting in or out of bed or chairs?

FIELD 1: HPPDCHAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLE1 - HPPDWALK
2	NO	HFLE1 - HPPDWALK
3	DOESN'T DO	HFLD2 - DONTCHAR
	Don't Know	HFLE1 - HPPDWALK
	Refused	HFLE1 - HPPDWALK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HPPDCHAR	1

HFLD2

Yes/No

QUESTION TEXT

[You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTCHAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLE1 - HPPDWALK
2	NO	HFLE1 - HPPDWALK
	Don't Know	HFLE1 - HPPDWALK
	Refused	HFLE1 - HPPDWALK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.DONTCHAR	1

HFLE1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

walking?

FIELD 1: HPPDWALK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLF1 - HPPDTOIL
2	NO	HFLF1 - HPPDTOIL
3	DOESN'T DO	HFLE2 - DONTWALK
	Don't Know	HFLF1 - HPPDTOIL
	Refused	HFLF1 - HPPDTOIL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HPPDWALK	1

HFLE2

Code 1

QUESTION TEXT

[You said that walking is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTWALK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLF1 - HPPDTOIL
2	NO	HFLF1 - HPPDTOIL
	Don't Know	HFLF1 - HPPDTOIL
	Refused	HFLF1 - HPPDTOIL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.DONTWALK	1

HFLF1

Code 1

QUESTION TEXT

Because of a health or physical problem, [do you/does (SP)] have any difficulty...

using the toilet?

FIELD 1: HPPDTOIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLA1
2	NO	BOX HFLA1
3	DOESN'T DO	HFLF2 - DONTTOIL
	Don't Know	BOX HFLA1
	Refused	BOX HFLA1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HPPDTOIL	1

HFLF2

Yes/No

QUESTION TEXT

[You said that using the toilet is something that [you don't/(SP) doesn't] do.]

Is this because of a health or physical problem?

FIELD 1: DONTTOIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLA1
2	NO	BOX HFLA1
	Don't Know	BOX HFLA1
	Refused	BOX HFLA1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.DONTTOIL	1

BOX HFLA1

BOX INSTRUCTIONS

IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH.

ELSE GO TO BOX HFLB1.

HFLA3

Yes/No

QUESTION TEXT

[[You said [your/(SP's)] health makes bathing or showering difficult./You said that bathing or showering is something [you don't/(SP) doesn't] do.]]

[Do you/Does (SP)] receive help from another person with bathing or showering?

FIELD 1: HELPBATH

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLA5 - EQIPBATH
2	NO	HFLA4 - PCHKBATH
	Don't Know	HFLA4 - PCHKBATH
	Refused	HFLA4 - PCHKBATH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HELPBATH	1

HFLA4

Yes/No

QUESTION TEXT

Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering?

[That is, does someone usually stay or come into the room to check on (you/him/her)?]

FIELD 1: PCHKBATH

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLA5 - EQIPBATH
2	NO	HFLA5 - EQIPBATH
	Don't Know	HFLA5 - EQIPBATH
	Refused	HFLA5 - EQIPBATH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.PCHKBATH	1

HFLA5

Yes/No

QUESTION TEXT

[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with bathing or showering?

FIELD 1: EQIPBATH

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLA2
2	NO	BOX HFLA2
	Don't Know	BOX HFLA2
	Refused	BOX HFLA2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.EQIPBATH	1

BOX HFLA2

BOX INSTRUCTIONS

IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH.

ELSE GO TO BOX HFLB1.

HFLA6

Code 1

QUESTION TEXT

How long [have you/has (SP)] needed help with bathing or showering? Has it been . . .

FIELD 1: LONGBATH

FIELD 1 ROUTING

Value	Label	Route
1	less than three months,	HFLA7 - STILBATH
2	three months or more but less than one year, or	BOX HFLB1
3	one year or more?	BOX HFLB1
	Don't Know	BOX HFLB1
	Refused	BOX HFLB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.LONGBATH	1

HFLA7

Yes/No

QUESTION TEXT

Do you expect that [you/(SP)] will still need help with bathing or showering three months from now?

FIELD 1: STILBATH

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLB1
2	NO	BOX HFLB1
	Don't Know	BOX HFLB1
	Refused	BOX HFLB1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.STILBATH	1

BOX HFLB1

BOX INSTRUCTIONS

IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES.

ELSE GO TO BOX HFLC1.

HFLB3

Yes/No

QUESTION TEXT

[[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP) doesn't] do.]]

[Do you/Does (SP)] receive help from another person with dressing?

FIELD 1: HELPDRES

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLB5 - EQIPDRES
2	NO	HFLB4 - PCHKDRES
	Don't Know	HFLB4 - PCHKDRES
	Refused	HFLB4 - PCHKDRES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HELPDRES	1

HFLB4

Yes/No

QUESTION TEXT

Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing?

[That is, does someone usually stay or come into the room to check on (you/him/her)?]

FIELD 1: PCHKDRES

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLB5 - EQIPDRES
2	NO	HFLB5 - EQIPDRES
	Don't Know	HFLB5 - EQIPDRES
	Refused	HFLB5 - EQIPDRES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.PCHKDRES	1

HFLB5

Yes/No

QUESTION TEXT

[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with dressing?

FIELD 1: EQIPDRES

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLB2
2	NO	BOX HFLB2
	Don't Know	BOX HFLB2
	Refused	BOX HFLB2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.EQIPDRES	1

BOX HFLB2

BOX INSTRUCTIONS

IF HFLB3 – HELPDRES = 1/Yes, GO TO HFLB6 - LONGDRES.

ELSE GO TO BOX HFLC1.

HFLB6

Code 1

QUESTION TEXT

How long [have you/has (SP)] needed help with dressing? Has it been . . .

FIELD 1: LONGDRES

FIELD 1 ROUTING

Value	Label	Route
1	less than three months,	HFLB7 - STILDRES
2	three months or more but less than one year, or	BOX HFLC1
3	one year or more?	BOX HFLC1
	Don't Know	BOX HFLC1
	Refused	BOX HFLC1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.LONGDRES	1

HFLB7

Yes/No

QUESTION TEXT

Do you expect that [you/(SP)] will still need help with dressing three months from now?

FIELD 1: STILDRES

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLC1
2	NO	BOX HFLC1
	Don't Know	BOX HFLC1
	Refused	BOX HFLC1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.STILDRES	1

BOX HFLC1

BOX INSTRUCTIONS

IF HFLC1 - HPPDEAT = 1/Yes OR HFLC2 – DONTEAT = 1/Yes, GO TO HFLC3 - HELPEAT.

ELSE GO TO BOX HFLD1.

HFLC3

Yes/No

QUESTION TEXT

[[You said [your/(SP's)] health makes eating difficult./You said that eating is something [you don't/(SP) doesn't] do.]]

[Do you/Does (SP)] receive help from another person with eating?

FIELD 1: HELPEAT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLC5 - EQIPEAT
2	NO	HFLC4 - PCHKEAT
	Don't Know	HFLC4 - PCHKEAT
	Refused	HFLC4 - PCHKEAT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HELPEAT	1

HFLC4

Yes/No

QUESTION TEXT

Does someone usually stay nearby just in case [you need/(SP) needs] help with eating?

[That is, does someone usually stay or come into the room to check on (you/him/her)?]

FIELD 1: PCHKEAT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLC5 - EQIPEAT
2	NO	HFLC5 - EQIPEAT
	Don't Know	HFLC5 - EQIPEAT
	Refused	HFLC5 - EQIPEAT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.PCHKEAT	1

HFLC5

Yes/No

QUESTION TEXT

[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with eating?

FIELD 1: EQIPEAT

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLC2
2	NO	BOX HFLC2
	Don't Know	BOX HFLC2
	Refused	BOX HFLC2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.EQIPEAT	1

BOX HFLC2

BOX INSTRUCTIONS

IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC6 - LONGEAT.

ELSE GO TO BOX HFLD1.

HFLC6

Code 1

QUESTION TEXT

How long [have you/has (SP)] needed help with eating? Has it been . . .

FIELD 1: LONGEAT

FIELD 1 ROUTING

Value	Label	Route
1	less than three months,	HFLC7 - STILEAT
2	three months or more but less than one year, or	BOX HFLD1
3	one year or more?	BOX HFLD1
	Don't Know	BOX HFLD1
	Refused	BOX HFLD1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.LONGEAT	1

HFLC7

Yes/No

QUESTION TEXT

Do you expect that [you/(SP)] will still need help with eating three months from now?

FIELD 1: STILEAT

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLD1
2	NO	BOX HFLD1
	Don't Know	BOX HFLD1
	Refused	BOX HFLD1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.STILEAT	1

BOX HFLD1

BOX INSTRUCTIONS

IF HFLD1 – HPPDCHAR = 1/Yes OR HFLD2 - DONTCHAR = 1/Yes, GO TO HFLD3 - HELPCHAR.

ELSE GO TO BOX HFLE1.

HFLD3

Yes/No

QUESTION TEXT

[[You said [your/(SP's)] health makes getting in or out of bed or chairs difficult./You said that getting in or out of bed or chairs is something [you don't/(SP) doesn't] do.]]

[Do you/Does (SP)] receive help from another person with getting in or out of bed or chairs?

FIELD 1: HELPCHAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLD5 - EQIPCHAR
2	NO	HFLD4 - PCHKCHAR
	Don't Know	HFLD4 - PCHKCHAR
	Refused	HFLD4 - PCHKCHAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HELPCHAR	1

HFLD4

Yes/No

QUESTION TEXT

Does someone usually stay nearby just in case [you need/(SP) needs] help with getting in or out of bed or chairs?

[That is, does someone usually stay or come into the room to check on (you/him/her)?]

FIELD 1: PCHKCHAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLD5 - EQIPCHAR
2	NO	HFLD5 - EQIPCHAR
	Don't Know	HFLD5 - EQIPCHAR
	Refused	HFLD5 - EQIPCHAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.PCHKCHAR	1

HFLD5

Yes/No

QUESTION TEXT

[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with getting in or out of bed or chairs?

FIELD 1: EQIPCHAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLD2
2	NO	BOX HFLD2
	Don't Know	BOX HFLD2
	Refused	BOX HFLD2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.EQIPCHAR	1

BOX HFLD2

BOX INSTRUCTIONS

IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR.

ELSE GO TO BOX HFLE1.

HFLD6

Code 1

QUESTION TEXT

How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been . . .

FIELD 1: LONGCHAR

FIELD 1 ROUTING

Value	Label	Route
1	less than three months,	HFLD7 - STILCHAR
2	three months or more but less than one year, or	BOX HFLE1
3	one year or more?	BOX HFLE1
	Don't Know	BOX HFLE1
	Refused	BOX HFLE1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.LONGCHAR	1

HFLD7

Yes/No

QUESTION TEXT

Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from now?

FIELD 1: STILCHAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLE1
2	NO	BOX HFLE1
	Don't Know	BOX HFLE1
	Refused	BOX HFLE1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.STILCHAR	1

BOX HFLE1

BOX INSTRUCTIONS

IF HFLE1- HPPDWALK = 1/Yes OR HFLE2 – DONTWALK = 1/Yes, GO TO HFLE3 - HELPWALK.

ELSE GO TO BOX HFLF1.

HFLE3

Yes/No

QUESTION TEXT

[[You said [your/(SP's)] health makes walking difficult./You said that walking is something [you don't/(SP) doesn't] do.]]

[Do you/Does (SP)] receive help from another person with walking?

FIELD 1: HELPWALK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLE5 - EQIPWALK
2	NO	HFLE4 - PCHKWALK
	Don't Know	HFLE4 - PCHKWALK
	Refused	HFLE4 - PCHKWALK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HELPWALK	1

HFLE4

Yes/No

QUESTION TEXT

Does someone usually stay nearby just in case [you need/(SP) needs] help with walking?

[That is, does someone usually stay or come into the room to check on (you/him/her)?]

FIELD 1: PCHKWALK

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLE5 - EQIPWALK
2	NO	HFLE5 - EQIPWALK
	Don't Know	HFLE5 - EQIPWALK
	Refused	HFLE5 - EQIPWALK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.PCHKWALK	1

HFLE5

Yes/No

QUESTION TEXT

[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with walking?

FIELD 1: EQIPWALK

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLE2
2	NO	BOX HFLE2
	Don't Know	BOX HFLE2
	Refused	BOX HFLE2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.EQIPWALK	1

BOX HFLE2

BOX INSTRUCTIONS

IF HFLE3 - HELPWALK = 1/Yes, GO TO HFLE6 - LONGWALK.

ELSE GO TO BOX HFLF1.

HFLE6

Code 1

QUESTION TEXT

How long [have you/has (SP)] needed help with walking? Has it been . . .

FIELD 1: LONGWALK

FIELD 1 ROUTING

Value	Label	Route
1	less than three months,	HFLE7 - STILWALK
2	three months or more but less than one year, or	BOX HFLF1
3	one year or more?	BOX HFLF1
	Don't Know	BOX HFLF1
	Refused	BOX HFLF1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.LONGWALK	1

HFLE7

Yes/No

QUESTION TEXT

Do you expect that [you/(SP)] will still need help with walking three months from now?

FIELD 1: STILWALK

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLF1
2	NO	BOX HFLF1
	Don't Know	BOX HFLF1
	Refused	BOX HFLF1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.STILWALK	1

BOX HFLF1

BOX INSTRUCTIONS

IF HFLF1 – HPPDTOIL = 1/Yes OR HFLF2 – DONTTOIL = 1/Yes, GO TO HFLF3 - HELPTOIL.

ELSE GO TO BOX HFLA3.

HFLF3

Yes/No

QUESTION TEXT

[[You said [your/(SP's)] health makes using the toilet difficult./You said that using the toilet is something [you don't/(SP) doesn't] do.]]

[Do you/Does (SP)] receive help from another person with using the toilet?

FIELD 1: HELPTOIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLF5 - EQIPTOIL
2	NO	HFLF4 - PCHKTOIL
	Don't Know	HFLF4 - PCHKTOIL
	Refused	HFLF4 - PCHKTOIL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.HELPTOIL	1

HFLF4

Yes/No

QUESTION TEXT

Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet?

[That is, does someone usually stay or come into the room to check on (you/him/her)?]

FIELD 1: PCHKTOIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFLF5 - EQIPTOIL
2	NO	HFLF5 - EQIPTOIL
	Don't Know	HFLF5 - EQIPTOIL
	Refused	HFLF5 - EQIPTOIL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.PCHKTOIL	1

HFLF5

Yes/No

QUESTION TEXT

[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with using the toilet?

FIELD 1: EQIPTOIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLF2
2	NO	BOX HFLF2
	Don't Know	BOX HFLF2
	Refused	BOX HFLF2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.EQIPTOIL	1

BOX HFLF2

BOX INSTRUCTIONS

IF HFLF3 - HELPTOIL = 1/Yes, GO TO HFLF6 - LONGTOIL.

ELSE GO TO BOX HFLA3.

HFLF6

Code 1

QUESTION TEXT

How long [have you/has (SP)] needed help with using the toilet? Has it been . . .

FIELD 1: LONGTOIL

FIELD 1 ROUTING

Value	Label	Route
1	less than three months,	HFLF7 - STILTOIL
2	three months or more but less than one year, or	BOX HFLA3
3	one year or more?	BOX HFLA3
	Don't Know	BOX HFLA3
	Refused	BOX HFLA3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.LONGTOIL	1

HFLF7

Yes/No

QUESTION TEXT

Do you expect that [you/(SP)] will still need help with using the toilet three months from now?

FIELD 1: STILTOIL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFLA3
2	NO	BOX HFLA3
	Don't Know	BOX HFLA3
	Refused	BOX HFLA3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ADLS.STILTOIL	1

BOX HFLA3

BOX INSTRUCTIONS

IF HFLA3 - HELPBATH = 1/Yes, GO TO HFLA9 - PERSON_HLPRBATH.

ELSE GO TO BOX HFLB3.

HFLA9 Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRBATH

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFLB3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	Set HLPR.HLPRBATH = 1/Indicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFLB3

BOX INSTRUCTIONS

IF HFLB3 - HELPDRES = 1/Yes, GO TO HFLB9 - PERSON_HLPRDRES.

ELSE GO TO BOX HFLC3.

HFLB9

Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRDRES

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFLC3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	Set HLPR.HLPRDRES = 1/Indicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFLC3

BOX INSTRUCTIONS

IF HFLC3 – HELPEAT = 1/Yes, GO TO HFLC9 - PERSON_HLPREAT.

ELSE GO TO BOX HFLD3.

HFLC9

Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with eating. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPREAT

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFLD3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	Set HLPR.HLPREAT = 1/Indicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFLD3

BOX INSTRUCTIONS

IF HFLD3 – HELPCHAR = 1/Yes, GO TO HFLD9 - PERSON_HLPRCHAR.

ELSE GO TO BOX HFLE3.

HFLD9 Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRCHAR

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFLE3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	Set HLPR.HLPRCHAR = 1/Indicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFLE3

BOX INSTRUCTIONS

IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - PERSON_HLPRWALK.

ELSE GO TO BOX HFLF3.

HFLE9

Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with walking. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRWALK

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFLF3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	Set HLPR.HLPRWALK = 1/Indicated.
HLPRTOIL	If creating a new HLPR for person selected, and HLPR.HLPRTOIL = empty, set default HLPR.HLPRTOIL = 2/NotIndicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFLF3

BOX INSTRUCTIONS

IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL.

ELSE GO TO BOX HFL4.

HFLF9 Roster

QUESTION TEXT

You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help?

ENTER ALL HELPERS.

FIELD 1: PERSON_HLPRTOIL

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFL4

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except SP.
Do not display SP, ROST.ROSTNUM = '01'.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:
ROST.ROSTNUM
ROST.ROSTRNDC
ROST.ROSTFNAM
ROST.ROSTLNAM
ROST.ROSTREL
ROST.ROSTREOS
Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.
The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper.

Variable Name	Assignment Instructions
ROSTREAS	If person added to person roster, set ROST.ROSTREAS =4/AdlIadlHelper.
HLPRROST	If creating a new HLPR for person selected, set HLPR.HLPRROST = this person's ROST.ROSTNUM.
HLPRRND	If creating a new HLPR for person selected, set HLPR.HLPRRND = current round.
HLPRRESP	If creating a new HLPR for person selected, set HLPR.HLPRRESP = '01'.
HLPRTELE	If creating a new HLPR for person selected, and HLPR.HLPRTELE = empty, set default HLPR.HLPRTELE = 2/NotIndicated.
HLPRLHWK	If creating a new HLPR for person selected, and HLPR.HLPRLHWK = empty, set default HLPR.HLPRLHWK = 2/NotIndicated.
HLPRHHWK	If creating a new HLPR for person selected, and HLPR.HLPRHHWK = empty, set default HLPR.HLPRHHWK = 2/NotIndicated.
HLPRMEAL	If creating a new HLPR for person selected, and HLPR.HLPRMEAL = empty, set default HLPR.HLPRMEAL = 2/NotIndicated..
HLPRSHOP	If creating a new HLPR for person selected, and HLPR.HLPRSHOP = empty, set default HLPR.HLPRSHOP = 2/NotIndicated.
HLPRBILS	If creating a new HLPR for person selected, and HLPR.HLPRBILS = empty, set default HLPR.HLPRBILS = 2/NotIndicated.
HLPRBATH	If creating a new HLPR for person selected, and HLPR.HLPRBATH = empty, set default HLPR.HLPRBATH = 2/NotIndicated.
HLPRDRES	If creating a new HLPR for person selected, and HLPR.HLPRDRES = empty, set default HLPR.HLPRDRES = 2/NotIndicated.

Variable Name	Assignment Instructions
HLPREAT	If creating a new HLPR for person selected, and HLPR.HLPREAT = empty, set default HLPR.HLPREAT = 2/NotIndicated.
HLPRCHAR	If creating a new HLPR for person selected, and HLPR.HLPRCHAR = empty, set default HLPR.HLPRCHAR = 2/NotIndicated.
HLPRWALK	If creating a new HLPR for person selected, and HLPR.HLPRWALK = empty, set default HLPR.HLPRWALK = 2/NotIndicated.
HLPRTOIL	Set HLPR.HLPRTOIL = 1/Indicated.
HLPRREL	Always update HLPR.HLPRREL = this person's current ROST.ROSTREL.
HLPRREOS	Always update HLPR.HLPRREOS = this person's current ROST.ROSTREOS.

BOX HFL4

BOX INSTRUCTIONS

IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND/OR HFLF9, GO TO HFL10 - PERSON_HLPRMOST.

ELSE GO TO BOX HFM1.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

The design intent is to check each roster where helpers are identified and if more than one person is identified as a helper, we route to HFL10 to determine who helps the most.

HFL10 Roster

QUESTION TEXT

Which of these persons gives [you/(SP)] the most help with these things?

SELECT ONLY ONE.

FIELD 1: PERSON_HLPRMOST

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HFM1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons selected at HFLA9, HFLB9, HFLC9, HFLD9, HFLE9 and HFLF9 rosters.

Display in order of entry.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.
HLPR.HLPRRND = current round.
HLRP.HLPRRESP = 01.

Set flag that person selected helps SP the most. See instructions below.

Variable Name	Assignment Instructions
HLPRMOST	Set HLPR.HLPRMOST = 1/Yes on HLPR where HLPR.HLPRROST = ROST.ROSTNUM of person selected and HLPR.HLPRRND = current round.
MOSTADLS	Set current round ADLS.MOSTADLS = ROST.ROSTNUM of person selected.

BOX HFM1

BOX INSTRUCTIONS

IF THIS IS ROUND 70, GO TO HFN1 – MEMLOSS.

ELSE IF THIS IS NOT ROUND 70, GO TO HFM1 - FALLANY.

HFM1

Yes/No

QUESTION TEXT

Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down?

FIELD 1: FALLANY

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFM2 - FALLTIME
2	NO	HFN1 - MEMLOSS
	Don't Know	HFN1 - MEMLOSS
	Refused	HFN1 - MEMLOSS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FALLANY	1

HFM2

Numeric

QUESTION TEXT

Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down?

ENTER "95" IF 95 OR MORE FALLS REPORTED.

FIELD 1: FALLTIME

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFM3A - FALLHELP
	Don't Know	HFM3A - FALLHELP
	Refused	HFM3A - FALLHELP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FALLTIME	1

HFM3A

Yes/No

QUESTION TEXT

Thinking about the [most recent) time that [you/(SP)] fell, did (you/he/she) hurt (yourself/himself/herself) badly enough to get medical help?

FIELD 1: FALLHELP

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFM3B - FALCODE
2	NO	HFM3B - FALCODE
	Don't Know	HFM3B - FALCODE
	Refused	HFM3B - FALCODE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FALLHELP	1

HFM3B

Code All

QUESTION TEXT

What kind of injury did [you/(SP)] have in that (most recent) fall?

[PROBE: Anything else?]

CHECK ALL THAT APPLY.

FIELD 1: FALCODE

FIELD 1 ROUTING

Value	Label	Route
1	BROKEN BONE/FRACTURE	HFM3C - FALLIMIT
2	SPRAIN/STRAIN	HFM3C - FALLIMIT
3	BRUISE	HFM3C - FALLIMIT
4	CUT/WOUND/LACERATION	HFM3C - FALLIMIT
5	CONCUSSION	HFM3C - FALLIMIT
6	DISLOCATION	HFM3C - FALLIMIT
91	OTHER	HFM3B - FALOTHOS
96	NO INJURY	HFM3C - FALLIMIT
	Don't Know	HFM3C - FALLIMIT
	Refused	HFM3C - FALLIMIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=HEST.FALFRACT 2=HEST.FALSPRAN 3=HEST.FALBRUIS 4=HEST.FALCUT 5=HEST.FALCONC 6=HEST.FALDISLO 91=HEST.FALOTHER 96=HEST.FALNOINJ	7

FIELD 2: FALOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFM3C - FALLIMIT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FALOTHOS	1

HFM3C

Yes/No

QUESTION TEXT

Did [your/(SP's)] (most recent) fall cause (you/him/her) to limit (your/his/her) regular activities?

FIELD 1: FALLIMIT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFM3D - FALLBACK
2	NO	HFM3E - FALLFEAR
	Don't Know	HFM3E - FALLFEAR
	Refused	HFM3E - FALLFEAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FALLIMIT	1

HFM3D

Code 1

QUESTION TEXT

How long did it take [you/(SP)] to get back to regular activities after (your/his/her) (most recent) fall?

FIELD 1: FALLBACK

FIELD 1 ROUTING

Value	Label	Route
1	LESS THAN ONE WEEK	HFM3E - FALLFEAR
2	ONE WEEK OR MORE	HFM3E - FALLFEAR
3	NEVER RESUMED REGULAR ACTIVITIES	HFM3E - FALLFEAR
	Don't Know	HFM3E - FALLFEAR
	Refused	HFM3E - FALLFEAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FALLBACK	1

HFM3E

Numeric

QUESTION TEXT

How would you rate [your/(SP's)] fear of falling on a scale of 1 to 6, where 1 is "Not at all afraid of falling" and 6 is "Extremely afraid of falling"?

FIELD 1: FALLFEAR

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFN1 - MEMLOSS
	Don't Know	HFN1 - MEMLOSS
	Refused	HFN1 - MEMLOSS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FALLFEAR	1

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

The visual scale located in the question text is designed to provide the interviewer with a conceptual example of the scale used in the question. The end points (values 1 and 6) should be labeled with text above the number and the numbers should be displayed on one line of text with the digits appearing equidistant.

HFN1

Yes/No

QUESTION TEXT

[Do you/Does (SP)] experience memory loss such that it interferes with daily activities?

FIELD 1: MEMLOSS

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFN2 - PROBDECS
2	NO	HFN2 - PROBDECS
	Don't Know	HFN2 - PROBDECS
	Refused	HFN2 - PROBDECS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.MEMLOSS	1

HFN2

Yes/No

QUESTION TEXT

[Do you/Does (SP)] have problems making decisions to the point that it interferes with daily activities?

FIELD 1: PROBDECS

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFN3 - TROBCONC
2	NO	HFN3 - TROBCONC
	Don't Know	HFN3 - TROBCONC
	Refused	HFN3 - TROBCONC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.PROBDECS	1

HFN3

Yes/No

QUESTION TEXT

[Do you/Does (SP)] have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?

FIELD 1: TROBCONC

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFN4 - TIMESAD
2	NO	HFN4 - TIMESAD
	Don't Know	HFN4 - TIMESAD
	Refused	HFN4 - TIMESAD

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TROBCONC	1

HFN4

Code 1

QUESTION TEXT

SHOW CARD HF4

In the past 12 months, how much of the time did [you/(SP)] feel sad, blue, or depressed? Would you say [you were/(SP) was] sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time?

[WE ARE ASKING FOR A SUBJECTIVE EVALUATION OF THE RESPONDENT'S EMOTIONAL STATE; WE ARE NOT LOOKING FOR A MEDICAL DIAGNOSIS AT THIS QUESTION.]

FIELD 1: TIMESAD

FIELD 1 ROUTING

Value	Label	Route
1	ALL OF THE TIME	HFN5 - LOSTINTR
2	MOST OF THE TIME	HFN5 - LOSTINTR
3	SOME OF THE TIME	HFN5 - LOSTINTR
4	A LITTLE OF THE TIME	HFN5 - LOSTINTR
5	NONE OF THE TIME	HFN5 - LOSTINTR
	Don't Know	HFN5 - LOSTINTR
	Refused	HFN5 - LOSTINTR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TIMESAD	1

HFN5

Yes/No

QUESTION TEXT

In the past 12 months, [have you/has (SP)] had 2 weeks or more when (you/he/she) lost interest or pleasure in things that (you/he/she) usually cared about or enjoyed?

FIELD 1: LOSTINTR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFQ1 - LOSTURIN
2	NO	HFQ1 - LOSTURIN
	Don't Know	HFQ1 - LOSTURIN
	Refused	HFQ1 - LOSTURIN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.LOSTINTR	1

HFQ1

Code 1

QUESTION TEXT

SHOW CARD HF2

I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] lost urine because (you/he/she) could not control (your/his/her) bladder.

FIELD 1: LOSTURIN

FIELD 1 ROUTING

Value	Label	Route
1	MORE THAN ONCE A WEEK	HFQ2 - TALKURIN
2	ABOUT ONCE A WEEK	HFQ2 - TALKURIN
3	2-3 TIMES A MONTH	HFQ2 - TALKURIN
4	ABOUT ONCE A MONTH	HFQ2 - TALKURIN
5	EVERY 2-3 MONTHS	HFQ2 - TALKURIN
6	ONCE OR TWICE A YEAR	HFQ2 - TALKURIN
7	NOT AT ALL	BOX HFT0
8	SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG	BOX HFT0
	Don't Know	BOX HFT0
	Refused	BOX HFT0

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.LOSTURIN	1

HFQ2

Yes/No

QUESTION TEXT

[Have you/Has (SP)] talked about this problem with [your/(SP's)] doctor or other medical professional?

FIELD 1: TALKURIN

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFQ3 - FEELURIN
2	NO	BOX HFT0
	Don't Know	BOX HFT0
	Refused	BOX HFT0

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.TALKURIN	1

HFQ3

Yes/No

QUESTION TEXT

Has [your/(SP's)] doctor or other medical professional asked (you/him/her) about how (you/he/she) (feel/feels) about this problem?

FIELD 1: FEELURIN

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFQ4 - REASURIN
2	NO	HFQ4 - REASURIN
	Don't Know	HFQ4 - REASURIN
	Refused	HFQ4 - REASURIN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.FEELURIN	1

HFQ4

Yes/No

QUESTION TEXT

Has [your/(SP's)] doctor or other medical professional examined (you/him/her) to figure out why (you/he/she) (lose/loses) urine?

FIELD 1: REASURIN

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFQ5 - SURGURIN
2	NO	HFQ5 - SURGURIN
	Don't Know	HFQ5 - SURGURIN
	Refused	HFQ5 - SURGURIN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.REASURIN	1

HFQ5

Yes/No

QUESTION TEXT

Has [your/(SP's)] doctor or other medical professional talked with (you/him/her) about taking medicine or having surgery for this problem?

FIELD 1: SURGURIN

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFT0
2	NO	BOX HFT0
	Don't Know	BOX HFT0
	Refused	BOX HFT0

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.SURGURIN	1

BOX HFT0

BOX INSTRUCTIONS

IF THIS IS ROUND 70, GO TO BOX HFEND.

ELSE IF THIS IS NOT ROUND 70, GO TO BOX HFT1.

BOX HFT1

BOX INSTRUCTIONS

IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD.

ELSE GO TO BOX HFEND.

HFT1

Code 1

QUESTION TEXT

We have recorded that [you were/(SP) was] told by a doctor that (you had/he had/she had) hypertension, also called high blood pressure.

[Were you/Was (SP)] told on two or more different medical visits that (you/he/she) had high blood pressure or hypertension?

[EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.]

FIELD 1: HYPETOLD

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFT2 - HYPEAGE
2	NO	HFT2 - HYPEAGE
3	SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR	BOX HFEND
	Don't Know	HFT2 - HYPEAGE
	Refused	HFT2 - HYPEAGE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPETOLD	1

HFT2

Numeric

QUESTION TEXT

How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had high blood pressure?

FIELD 1: HYPEAGE

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFT2 - HYPEAGE_LESSONE
	Don't Know	HFT2 - HYPEAGE_LESSONE
	Refused	HFT2 - HYPEAGE_LESSONE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPEAGE	1

FIELD 2: HYPEAGE_LESSONE

FIELD 2 ROUTING

Value	Label	Route
1	LESS THAN ONE YEAR OLD	HFT6D - HYPEHOME
	Empty	HFT6D - HYPEHOME

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELD= If HEST.HYPEAGE_LESSONE = 1/LessThanOneYear, set HEST.HYPEAGE = 996.	1

HFT6D

Yes/No

QUESTION TEXT

Because of (your/his/her) high blood pressure, [are you/is (SP)] now measuring (your/his/her) blood pressure at home?

FIELD 1: HYPEHOME

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFT6G - HYPEMEDS
2	NO	HFT6G - HYPEMEDS
	Don't Know	HFT6G - HYPEMEDS
	Refused	HFT6G - HYPEMEDS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPEHOME	1

HFT6G

Yes/No

QUESTION TEXT

Because of (your/his/her) high blood pressure, [are you/is (SP)] now taking prescribed medicine for (your/his/her) high blood pressure?

FIELD 1: HYPEMEDS

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFT6J - HYPEDRNK
2	NO	HFT6J - HYPEDRNK
	Don't Know	HFT6J - HYPEDRNK
	Refused	HFT6J - HYPEDRNK

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPEMEDS	1

HFT6J

Yes/No

QUESTION TEXT

(You mentioned that in a typical month in the past year [you/(SP)] did not drink alcohol. Is that because of (your/his/her) high blood pressure?/[Have you/Has (SP)] cut down on drinking alcoholic beverages because of (your/his/her) high blood pressure?)

FIELD 1: HYPEDRNK

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFT2
2	NO	BOX HFT2
	Don't Know	BOX HFT2
	Refused	BOX HFT2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPEDRNK	1

BOX HFT2

BOX INSTRUCTIONS

IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG.

ELSE GO TO HFT12A - HYPECTRL.

HFT7

Numeric

QUESTION TEXT

How long [have you/has (SP)] been treated with prescribed medicines for (your/his/her) high blood pressure?

FIELD 1: HYPELONG

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFT7 - HYPELONG_LESSONE
	Don't Know	HFT7 - HYPELONG_LESSONE
	Refused	HFT7 - HYPELONG_LESSONE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPELONG	1

FIELD 2: HYPELONG_LESSONE

FIELD 2 ROUTING

Value	Label	Route
1	LESS THAN ONE YEAR	BOX HFT3
	Empty	BOX HFT3

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE FIELD= If HEST.HYPELONG_LESSONE = 1/LessThanOneYear, set HEST.HYPELONG = 996.	1

BOX HFT3

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFT8 - HYPEMANY.

ELSE GO TO HFT11A - HYPECOND.

HFT8

Numeric

QUESTION TEXT

How many different prescribed medicines [do you/does (SP)] take for (your/his/her) high blood pressure?

[WE ARE ASKING ABOUT HOW MANY DIFFERENT PRESCRIBED MEDICINES FOR HIGH BLOOD PRESSURE ARE TAKEN BY THE RESPONDENT, NOT THE NUMBER OF PILLS THEY MIGHT TAKE IN ONE DAY.]

FIELD 1: HYPEMANY

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HFT11A - HYPECOND
	Don't Know	HFT11A - HYPECOND
	Refused	HFT11A - HYPECOND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPEMANY	1

HFT11A

Code 1

QUESTION TEXT

How often [do you/does (SP)] have trouble with side effects from (your/his/her) blood pressure (medicine/medicines)? Please tell me if (you/he/she) always, sometimes, or never (have/has) trouble with side effects.

[EXPLAIN IF NECESSARY: By "side effects", I mean that the medicine causes any condition such as fatigue, headache, or coughing.]

FIELD 1: HYPECOND

FIELD 1 ROUTING

Value	Label	Route
1	ALWAYS	HFT12A - HYPECTRL
2	SOMETIMES	HFT12A - HYPECTRL
3	NEVER	HFT12A - HYPECTRL
	Don't Know	HFT12A - HYPECTRL
	Refused	HFT12A - HYPECTRL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPECOND	1

HFT12A

Code 1

QUESTION TEXT

Doctors often recommend changing your habits or lifestyle, such as changing your diet, or getting regular exercise in order to control blood pressure. How confident are you that [you/(SP)] can follow this recommendation?

Would you say that you are very confident, confident, somewhat confident, or not at all confident?

FIELD 1: HYPECTRL

FIELD 1 ROUTING

Value	Label	Route
1	VERY CONFIDENT	BOX HFT4
2	CONFIDENT	BOX HFT4
3	SOMEWHAT CONFIDENT	BOX HFT4
4	NOT AT ALL CONFIDENT	BOX HFT4
	Don't Know	BOX HFT4
	Refused	BOX HFT4

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPECTRL	1

BOX HFT4

BOX INSTRUCTIONS

IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT13 - HYPEPAY.

ELSE GO TO BOX HFEND.

HFT13

Yes/No

QUESTION TEXT

[Do you/Does (SP)] have difficulty paying for the (medicine/medicines) (your/his/her) doctor prescribes for (your/his/her) high blood pressure?

FIELD 1: HYPEPAY

FIELD 1 ROUTING

Value	Label	Route
1	YES	HFT14 - HYPESKIP
2	NO	HFT14 - HYPESKIP
	Don't Know	HFT14 - HYPESKIP
	Refused	HFT14 - HYPESKIP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPEPAY	1

HFT14

Yes/No

QUESTION TEXT

[Do you/Does (SP)] ever skip taking (your/his/her) medicine, take less medicine than prescribed, or share medicine because of the cost of the medicine?

FIELD 1: HYPESKIP

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HFEND
2	NO	BOX HFEND
	Don't Know	BOX HFEND
	Refused	BOX HFEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HEST.HYPESKIP	1

BOX HFEND

BOX INSTRUCTIONS

GO TO NEXT SECTION