IF random number for order of SHARE/HRS questions = Respondent receives QSHARE1 in beginning and QHRS2 at end THEN
|
| **QSHARE1** limit work yes/no
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 1 Yes
| 2 No
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QSHARE2 in beginning
| and QHRS1 at end THEN
|
| **QSHARE2** limit work scale
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 3 None
| 4 Mild
| 5 Moderate
| 6 Severe
| 7 Extreme
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QSHARE1 in beginning
| and QSHARE2 at end THEN
|
| **QSHARE1** limit work yes/no
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 1 Yes
| 2 No
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QSHARE2 in beginning
| and QSHARE1 at end THEN
|
| **QSHARE2** limit work scale
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 3 None
| 4 Mild
| 5 Moderate
| 6 Severe
| 7 Extreme
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QHRS1 in beginning
| and QSHARE2 at end THEN
|
| **QHRS1** paid work limit
| Do you have any impairment or health problem that limits the kind or amount of paid work you can
| do?
| 1 Yes
| 5 No
| 6 Too old to work

|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QHRS2 in beginning
| and QSHARE1 at end THEN
|
| **QHRS2** paid work limited scale
| To what extent are you limited in the kind or amount of work you can do because of an impairment
| or health problem?
| 1 Not at all limited
| 2 Mildly limited
| 3 Moderately limited
| 4 Severely limited
| 5 Cannot do any work
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QHRS1 in beginning
| and QHRS2 at end THEN
|
| **QHRS1** paid work limit
| Do you have any impairment or health problem that limits the kind or amount of paid work you can
| do?
| 1 Yes
| 5 No
| 6 Too old to work
|
ELSE
|
| **QHRS2** paid work limited scale
| To what extent are you limited in the kind or amount of work you can do because of an impairment
| or health problem?
| 1 Not at all limited
| 2 Mildly limited
| 3 Moderately limited
| 4 Severely limited
| 5 Cannot do any work
|
ENDIF

IF (randomizer indicating the order in which the domain questions are asked = (MOBILITYFIRST)
Mobility questions first) THEN
|
| IF (randomizer indicating order of (SELF) Self-assessment first -assessment/true health
| description questions = SELF) THEN
||
|| **QM1** moving around
|| Overall in the last 30 days, how much of a problem did you have with moving around?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
| ENDIF
|
| **QM2** walking
| Please indicate which of the following best describes your own situation:

| 1 I have no problems walking four miles and I actually sometimes go for a long walk.
| 2 I would have no problems with walking three or four miles if I had to.
| 3 I can walk one or two miles but I would have problems going farther than that without taking a rest
| 4 I can walk about half a mile without any problems but after that I feel tired and need to rest.
| 5 I can walk two blocks without problems but feel tired when I walk farther than that.
| 6 Moving around at home is OK for me but my health prevents me from going for more than a very short walk outside.
| 7 I have to make an effort to move around my home.
| 8 My health prevents me from moving around my home.
|
| **QM3** stairs
| Please indicate which of the following best describes your own situation:
| 1 I can climb five sets of stairs in a row without getting tired.
| 2 I can climb two or three flights of stairs in a row but then I need a little rest to recover.
| 3 I can climb one flight of stairs but then I need some time to recover.
| 4 I can climb one flight of stairs but I have to stop and take a little rest once or twice.
| 5 Climbing one flight of stairs is a large effort for me and I have to take several breaks.
| 6 I am not able to climb one flight of stairs.
|
| IF (randomizer indicating order of self-assessment/true health description questions =
| (HEALTHDESC) True health descriptions first) THEN
||
|| **QM1** moving around
|| Overall in the last 30 days, how much of a problem did you have with moving around?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
| ENDIF
|
| IF (randomizer indicating order of (SELF) Self-assessment first -assessment/true health
| description questions = SELF) THEN
||
|| **QC1** concertrating
|| Overall in the last 30 days, how much of a problem did you have with concentrating or
|| remembering things?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
| ENDIF
|
| **QC2** five people next day
| When a friend introduces you to five people you have never met before, and you have a polite
| conversation with these people for just a few minutes, how many of their names will you still
| remember the next day?
| 1 0
| 2 1
| 3 2
| 4 3

| 5 4
| 6 5
|
| **QC2a** five people week later
| And a week later?
| 1 0
| 2 1
| 3 2
| 4 3
| 5 4
| 6 5
|
| **QC3** ten news items hour later
| When you watch the news with full concentration, and ten news items are presented, how many of
| these do you think you will still remember an hour later?
| 1 0
| 2 1
| 3 2
| 4 3
| 5 4
| 6 5
| 7 6
| 8 7
| 9 8
| 10 9
| 11 10
|
| **QC3a** ten news items next day
| And the next day?
| 1 0
| 2 1
| 3 2
| 4 3
| 5 4
| 6 5
| 7 6
| 8 7
| 9 8
| 10 9
| 11 10
|
| **QC4** look
| How often do you have to look for your keys, wallet, glasses, or similar things you use daily,
| since you don't know where you last put them?
| 1 Never
| 2 At most once a month
| 3 Between one and four times a month
| 4 Once or twice a week
| 5 More than twice a week but not every day
| 6 About once a day
| 7 More than once a day
|
| **QC5** go out
| How often do you go out and then realize later that you did not take everything you needed with

| you, like your wallet, your keys, the letter you wanted to post, the coupons you wanted to
| exchange at the supermarket, etc.?
| 1 Never
| 2 At most once a month
| 3 Between one and four times a month
| 4 Once or twice a week
| 5 More than twice a week but not every day
| 6 At least once a day, if I go out
| 7 If I go out I almost always forget something
|
| IF (randomizer indicating order of self-assessment/true health description questions =
| (HEALTHDESC) True health descriptions first) THEN
| |
| | **QC1** concertrating
| | Overall in the last 30 days, how much of a problem did you have with concentrating or
| | remembering things?
| | 1 None
| | 2 Mild
| | 3 Moderate
| | 4 Severe
| | 5 Extreme
| |
| ENDIF
|
ELSE
|
| IF (randomizer indicating order of (SELF) Self-assessment first -assessment/true health
| description questions = SELF) THEN
| |
| | **QC1** concertrating
| | Overall in the last 30 days, how much of a problem did you have with concentrating or
| | remembering things?
| | 1 None
| | 2 Mild
| | 3 Moderate
| | 4 Severe
| | 5 Extreme
| |
| ENDIF
|
| **QC2** five people next day
| When a friend introduces you to five people you have never met before, and you have a polite
| conversation with these people for just a few minutes, how many of their names will you still
| remember the next day?
| 1 0
| 2 1
| 3 2
| 4 3
| 5 4
| 6 5
|
| **QC2a** five people week later
| And a week later?
| 1 0

| 2 1
| 3 2
| 4 3
| 5 4
| 6 5
|
| **QC3** ten news items hour later
| When you watch the news with full concentration, and ten news items are presented, how many of
| these do you think you will still remember an hour later?
| 1 0
| 2 1
| 3 2
| 4 3
| 5 4
| 6 5
| 7 6
| 8 7
| 9 8
| 10 9
| 11 10
|
| **QC3a** ten news items next day
| And the next day?
| 1 0
| 2 1
| 3 2
| 4 3
| 5 4
| 6 5
| 7 6
| 8 7
| 9 8
| 10 9
| 11 10
|
| **QC4** look
| How often do you have to look for your keys, wallet, glasses, or similar things you use daily,
| since you don't know where you last put them?
| 1 Never
| 2 At most once a month
| 3 Between one and four times a month
| 4 Once or twice a week
| 5 More than twice a week but not every day
| 6 About once a day
| 7 More than once a day
|
| **QC5** go out
| How often do you go out and then realize later that you did not take everything you needed with
| you, like your wallet, your keys, the letter you wanted to post, the coupons you wanted to
| exchange at the supermarket, etc.?
| 1 Never
| 2 At most once a month
| 3 Between one and four times a month
| 4 Once or twice a week

| 5 More than twice a week but not every day
| 6 At least once a day, if I go out
| 7 If I go out I almost always forget something
|
| IF (randomizer indicating order of self-assessment/true health description questions =
| (HEALTHDESC) True health descriptions first) THEN
| |
| | **QC1** concertrating
| | Overall in the last 30 days, how much of a problem did you have with concentrating or
| | remembering things?
| | 1 None
| | 2 Mild
| | 3 Moderate
| | 4 Severe
| | 5 Extreme
| |
| ENDIF
|
| IF (randomizer indicating order of (SELF) Self-assessment first -assessment/true health
| description questions = SELF) THEN
| |
| | **QM1** moving around
| | Overall in the last 30 days, how much of a problem did you have with moving around?
| | 1 None
| | 2 Mild
| | 3 Moderate
| | 4 Severe
| | 5 Extreme
| |
| ENDIF
|
| **QM2** walking
| Please indicate which of the following best describes your own situation:
| 1 I have no problems walking four miles and I actually sometimes go for a long walk.
| 2 I would have no problems with walking three or four miles if I had to.
| 3 I can walk one or two miles but I would have problems going farther than that without taking a rest
| 4 I can walk about half a mile without any problems but after that I feel tired and need to rest.
| 5 I can walk two blocks without problems but feel tired when I walk farther than that.
| 6 Moving around at home is OK for me but my health prevents me from going for more than a very short walk
outside.
| 7 I have to make an effort to move around my home.
| 8 My health prevents me from moving around my home.
|
| **QM3** stairs
| Please indicate which of the following best describes your own situation:
| 1 I can climb five sets of stairs in a row without getting tired.
| 2 I can climb two or three flights of stairs in a row but then I need a little rest to recover.
| 3 I can climb one flight of stairs but then I need some time to recover.
| 4 I can climb one flight of stairs but I have to stop and take a little rest once or twice.
| 5 Climbing one flight of stairs is a large effort for me and I have to take several breaks.
| 6 I am not able to climb one flight of stairs.
|
| IF (randomizer indicating order of self-assessment/true health description questions =
| (HEALTHDESC) True health descriptions first) THEN

| |
| | **QM1** moving around
| | Overall in the last 30 days, how much of a problem did you have with moving around?
| | 1 None
| | 2 Mild
| | 3 Moderate
| | 4 Severe
| | 5 Extreme
| |
| ENDIF
|
ENDIF

IF (randomizer indicating order of (SELF) Self-assessment first -assessment/true health description
questions = SELF) THEN
|
| **QS1** difficulty sleeping
| Overall during the last 30 days, how much difficulty have you had with sleeping, such as falling
| asleep, waking up frequently during the night or waking up too early in the morning?
| 1 None
| 2 Mild
| 3 Moderate
| 4 Severe
| 5 Extreme
|
ENDIF

QS2 fall asleep
Please indicate which of the following best describes your own situation during the last 30 days:
1 When I go to bed at night I always immediately fall asleep.
2 When I go to bed at night I usually fall asleep immediately but sometimes, at most once a week, it takes me more than an hour.
3 It usually takes me some time to fall asleep, like half an hour or more.
4 It almost always takes me an hour or more to fall asleep.
5 It usually takes me a few hours to fall asleep.
6 I hardly sleep at all.

QS3 wake up
Please indicate which of the following best describes your own situation during the last 30 days:
1 Once I am asleep I don't wake up until it is time to get out of bed.
2 I occasionally wake up during the night but then easily fall asleep again.
3 I often wake up during the night and then it is sometimes hard to fall asleep again.
4 I often wake up in the middle of the night and then do not usually fall asleep again until the morning.
5 I never sleep more than three or four hours and remain awake the rest of the night.

QS4 well-rested
Please indicate which of the following best describes your own situation during the last 30 days:
1 I always sleep well enough to feel completely well-rested in the morning.
2 I sometimes do not feel well-rested in the morning but this is because I have to wake up early or go to bed too late, not because I cannot sleep.
3 I usually feel well-rested in the morning but once a month or so, I cannot sleep well and do not feel well rested when I get up.
4 I often feel well-rested in the morning but once or twice a week, I cannot sleep well and do not feel well rested when I get up.

5 I usually do not feel well-rested in the morning, since I do not sleep well enough.
6 I never feel well-rested in the morning, since I never sleep well.

IF (randomizer indicating order of self-assessment/true health description questions =
(HEALTHDESC) True health descriptions first) THEN
|
| **QS1** difficulty sleeping
| Overall during the last 30 days, how much difficulty have you had with sleeping, such as falling
| asleep, waking up frequently during the night or waking up too early in the morning?
| 1 None
| 2 Mild
| 3 Moderate
| 4 Severe
| 5 Extreme
|
ENDIF

IF (walking != empty AND stairs != empty) OR (five people next day != empty AND five people
week later != empty AND ten news items hour later != empty AND ten news items next day != empty
AND look != empty AND go out != empty) OR (fall asleep != empty AND wake up != empty AND
well-rested != empty) THEN
|
| **introvignette** We will now give you some examples of persons with serious and less serious health problems. We
would like to know how you evaluate the health of...
| We will now give you some examples of persons with serious and less serious health problems. We
| would like to know how you evaluate the health of these persons. Please assume that the persons
| have the same age and background that you have. (Please choose one of the five answers for
| every question.)
|
ENDIF

IF (randomizer indicating the order in which the domain questions are asked = (MOBILITYFIRST)
Mobility questions first) THEN
|
| IF (walking != empty AND stairs != empty) THEN
||
|| **VM1** difficulty moving around vignette random one
|| [fill for VM1] How much of a problem does [fill for name] have with moving around?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
|| **VM2** difficulty moving around vignette random two
|| [fill for VM2] How much of a problem does [fill for name] have with moving around?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
| ENDIF
|

| IF (five people next day != empty AND five people week later != empty AND ten news items hour
| later != empty AND ten news items next day != empty AND look != empty AND go out != empty) THEN
||
|| **VC1** difficulty concentrating vignette random one
|| [actual fill for VC1] How much of a problem does [fill for name] have with concentrating or
|| remembering things?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
|| **VC2** difficulty concentrating vignette random two
|| [actual fill for VC2] How much of a problem does [fill for name] have with concentrating or
|| remembering things?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
| ENDIF
|
ELSE
|
| IF (five people next day != empty AND five people week later != empty AND ten news items hour
| later != empty AND ten news items next day != empty AND look != empty AND go out != empty) THEN
||
|| **VC1** difficulty concentrating vignette random one
|| [actual fill for VC1] How much of a problem does [fill for name] have with concentrating or
|| remembering things?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
|| **VC2** difficulty concentrating vignette random two
|| [actual fill for VC2] How much of a problem does [fill for name] have with concentrating or
|| remembering things?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
| ENDIF
|
| IF (walking != empty AND stairs != empty) THEN
||
|| **VM1** difficulty moving around vignette random one
|| [fill for VM1] How much of a problem does [fill for name] have with moving around?
|| 1 None
|| 2 Mild

|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
|| **VM2** difficulty moving around vignette random two
|| [fill for VM2] How much of a problem does [fill for name] have with moving around?
|| 1 None
|| 2 Mild
|| 3 Moderate
|| 4 Severe
|| 5 Extreme
||
| ENDIF
|
ENDIF

IF (fall asleep != empty AND wake up != empty AND well-rested != empty) THEN
|
| **VS1** difficulty sleeping vignette random one
| [actual fill for VS1] How much difficulty does [fill for name] have with sleeping?
| 1 None
| 2 Mild
| 3 Moderate
| 4 Severe
| 5 Extreme
|
| **VS2** difficulty sleeping vignette random two
| [actual fill for VS2] How much difficulty does [fill for name] have with sleeping?
| 1 None
| 2 Mild
| 3 Moderate
| 4 Severe
| 5 Extreme
|
ENDIF

IF random number for order of SHARE/HRS questions = Respondent receives QSHARE1 in beginning and
QHRS2 at end THEN
|
| **QHRS2** paid work limited scale
| To what extent are you limited in the kind or amount of work you can do because of an impairment
| or health problem?
| 1 Not at all limited
| 2 Mildly limited
| 3 Moderately limited
| 4 Severely limited
| 5 Cannot do any work
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QSHARE2 in beginning
| and QHRS1 at end THEN
|
| **QHRS1** paid work limit
| Do you have any impairment or health problem that limits the kind or amount of paid work you can
| do?

| 1 Yes
| 5 No
| 6 Too old to work
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QSHARE1 in beginning
| and QSHARE2 at end THEN
|
| **QSHARE2** limit work scale
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 3 None
| 4 Mild
| 5 Moderate
| 6 Severe
| 7 Extreme
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QSHARE2 in beginning
| and QSHARE1 at end THEN
|
| **QSHARE1** limit work yes/no
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 1 Yes
| 2 No
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QHRS1 in beginning
| and QSHARE2 at end THEN
|
| **QSHARE2** limit work scale
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 3 None
| 4 Mild
| 5 Moderate
| 6 Severe
| 7 Extreme
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QHRS2 in beginning
| and QSHARE1 at end THEN
|
| **QSHARE1** limit work yes/no
| Do you have any impairment or health problem that limits you in the kind or amount of work you can
| do?
| 1 Yes
| 2 No
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QHRS1 in beginning
| and QHRS2 at end THEN
|
| **QHRS2** paid work limited scale
| To what extent are you limited in the kind or amount of work you can do because of an impairment
| or health problem?
| 1 Not at all limited
| 2 Mildly limited

| 3 Moderately limited
| 4 Severely limited
| 5 Cannot do any work
|
ELSEIF random number for order of SHARE/HRS questions = Respondent receives QHRS2 in beginning
| and QHRS1 at end THEN
|
| **QHRS1** paid work limit
| Do you have any impairment or health problem that limits the kind or amount of paid work you can
| do?
| 1 Yes
| 5 No
| 6 Too old to work
|
ENDIF

CS_001 HOW PLEASANT INTERVIEW
Could you tell us how interesting or uninteresting you found the questions in this interview?
1 Very interesting
2 Interesting
3 Neither interesting nor uninteresting
4 Uninteresting
5 Very uninteresting