Well Being 60

IF Respondent gender = EMPTY THEN

<table>
<thead>
<tr>
<th>gender</th>
<th>Respondent gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is your gender?</td>
</tr>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
</tr>
</tbody>
</table>

ENDIF

IF Respondent age = EMPTY THEN

<table>
<thead>
<tr>
<th>calcage</th>
<th>Respondent age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is your age?</td>
</tr>
<tr>
<td></td>
<td>Integer</td>
</tr>
</tbody>
</table>

ENDIF

C001_ RATE HEALTH
First, we have some questions about your health. Would you say your health is excellent, very good, good, fair, or poor?
1 (EXCELLENT) Excellent
2 (VERYGOOD) Very good
3 (GOOD) Good
4 (FAIR) Fair
5 (POOR) Poor

IF Reinterview R = (REIWR) Reinterview r THEN

<table>
<thead>
<tr>
<th>C002_ COMPARE HEALTH TO PREVIOUS WAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compared with your health when we last surveyed you in [PREVIOUS INTERVIEW MONTH STRING],</td>
</tr>
<tr>
<td>[], would you say that your health is better now, about the</td>
</tr>
<tr>
<td>same, or worse?</td>
</tr>
<tr>
<td>1 (BETTER) Better</td>
</tr>
<tr>
<td>2 (STAYABTTHESAME) About the same</td>
</tr>
<tr>
<td>3 (WORSE) Worse</td>
</tr>
</tbody>
</table>

ENDIF

C005_ HIGH BLOOD PRESSURE
[PREVIOUS WAVE: ] [PREVIOUS WAVE: ]b (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
3 (DISPUTPWRECORDHASCONDITION) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

IF HIGH BLOOD PRESSURE = (YES) Yes OR HIGH BLOOD PRESSURE =
(DISPUTPWRECORDHASCONDITION) ^FLDispute[1] THEN

| **C006_HBPMeds** BLOOD PRESSURE MEDICATION |
| In order to lower your blood pressure, are you now taking any medication? |
| 1 (YES) Yes |
| 5 (NO) No |

| **C008** BLOOD PRESSURE UNDER CONTROL |
| Is your blood pressure generally under control? |
| 1 (YES) Yes |
| 5 (NO) No |

IF High Bloodpressure Previous wave = (YES) Yes AND HIGH BLOOD PRESSURE <>
(DISPUTPWRECORDHASCONDITION) ^FLDispute[1] THEN

| **C009** HIGH BLOOD PRESSURE- WORSE/SAME |
| Compared to last year, is your high blood pressure better, worse, or is it about the same |
| as it was then? |
| 1 (BETTER) Better |
| 2 (STAYABTTHESAME) About the same |
| 3 (WORSE) Worse |

ENDIF

ELSE

| **C211** BLOOD PRESSURE CHECKED SINCE LAST IW |
| Have you had your blood pressure checked by a doctor or nurse? |
| 1 (YES) Yes |
| 5 (NO) No |

IF BLOOD PRESSURE CHECKED SINCE LAST IW = (YES) Yes AND (Reinterveiw R <>
(REIWR) Reinterview |
| r OR Previous Interview Year < 2004) THEN

| **C212** BLOOD PRESSURE CHECKED-YEAR |
| In what year did you last have it checked? |
| Range: 1900..2009 |

| IF BLOOD PRESSURE CHECKED-YEAR = Previous Interview Year AND Reinterveiw R =
(REIWR) |
| Reinterview r THEN

| **C213** BLOOD PRESSURE CHECK- BF/AFTER LAST IW |
Was that before or after your last survey in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING]?
1 (BEFORELASTIW) BEFORE LAST INTERVIEW
2 (AFTERLASTIW) After last interview

ENDIF

C010_ DIABETES
[PREVIOUS WAVE:] [PREVIOUS WAVE:]b (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
3 (DISPUTPWRECORDHASCONDITION) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

IF DIABETES = (YES) Yes OR DIABETES= (DISPUTPWRECORDHASCONDITION) \^FLDispute[1] THEN

| IF Year First Diagnosed Diabetes = EMPTY OR Year First Diagnosed Diabetes >= year(SYSDATE) THEN

| C214_ YEAR DIABETES FIRST DIAGNOSED
| In what year was your diabetes first diagnosed?
| Range: 1900..2009

| ENDIF

C011_DiabetesMeds SWALLOWED MEDICATION FOR DIABETES
In order to treat or control your diabetes, are you now taking medication that you swallow?
1 (YES) Yes
5 (NO) No

C012_DiabetesInsulin TAKING INSULIN - DIABETES
Are you now using insulin shots or a pump?
1 (YES) Yes
5 (NO) No

IF TAKING INSULIN - DIABETES = (NO) No OR TAKING INSULIN - DIABETES = (NO) NoNRESPONSE THEN
C236_DocRecommendInsulin  DOC RECOMMEND INSULIN - DIABETES
Has a doctor ever recommended to you that you use insulin?
1 (YES) Yes
5 (NO) No

ENDIF

C015_  DIABETES UNDER CONTROL
Is your diabetes generally under control?
1 (YES) Yes
5 (NO) No

IF Diabetes Previous wave = (YES) Yes AND DIABETES <> (DISPUTPWRRECORDHASCONDITION)^FLDispute[1] THEN

C016_  DIABETES BETTER/WORSE/SAME
Compared to when we interviewed you last in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], has your diabetes gotten better, worse, or stayed about the same?
1 (BETTER) Better
2 (STAYABTTHESAME) About the same
3 (WORSE) Worse

ENDIF

C017_  KIDNEY TROUBLE DUE TO DIABETES
Has your diabetes caused you to have trouble with your kidneys or protein in your urine?
1 (YES) Yes
5 (NO) No

ELSE

C215_  BLOOD TEST FOR BLOOD SUGAR
[Have you ever/Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING] have you] had a blood test for your blood sugar?
1 (YES) Yes
2 (NO) No
3 (DK) Do not know

IF BLOOD TEST FOR BLOOD SUGAR = (YES) Yes AND (Reintervieiw R <> (REIWR) Reinterview r OR (Reinterveiw R = (REIWR) Reinterview r AND Previous Interview Year < 2004)) THEN

C216_  BLOOD TEST FOR BLOOD SUGAR- YEAR
In what year did you last have it checked?
Range: 1900..2009
IF BLOOD TEST FOR BLOOD SUGAR- YEAR = Previous Interview Year AND Reinterview
R = (REIWR)
Reinterview r THEN

C217_ BLOOD SUGAR TEST-BF/AFTER LAST IW
Was that before or after we last spoke with you in [PREVIOUS INTERVIEW MONTH
STRING],
[PREVIOUS INTERVIEW YEAR STRING]?
1 (BEFORELASTIW) BEFORE LAST INTERVIEW
2 (AFTERLASTIW) After last interview
ENDIF

C018_ CANCER OF ANY KIND EXCLUDING SKIN
[PREVIOUS WAVE:] [PREVIOUS WAVE:]b (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
3 (DISPUTPWRECORDHASCONDITION) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

IF CANCER OF ANY KIND EXCLUDING SKIN = (YES) Yes or CANCER OF ANY KIND EXCLUDING SKIN = (DISPUTPWRECORDHASCONDITION) ^FLDispute2[1] THEN

IF Reinterview R <> (REIWR) Reinterview r OR DIFFERENT RESPONDENT FROM PREV IW = (YES) Yes OR
Z103_Cancer_V = (YES) Yes OR CANCER OF ANY KIND EXCLUDING SKIN <> ((YES) Yes) THEN

C019_ R SEEN DOC CONCERNING CANCER
[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR
STRING], have you seen a
doctor about your cancer?/In the last two years, have you seen a doctor about your cancer?]
(Medical doctors include specialists such as Dermatologists,
Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
5 (NO) No
ENDIF

IF Reinterview R <> (REIWR) Reinterview r OR (Reinterview R = (REIWR) Reinterview r and OFFSET 2002 INTERVAL 2 = 0) THEN

| **C020** PAST CANCER TREATED |
| We want to know about any cancer treatment that may have taken place during the last two years. [Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you received any treatment for cancer?/During the last two years, have you received any treatment for cancer?] |
| 1 (YES) Yes |
| 5 (NO) No |

ENDIF

IF BRANCHPOINT FOR C232Y <> 1 THEN

IF (BRANCHPOINT FOR C232Y = 0) AND (OFFSET 2002 INTERVAL 2 = 0 OR Reinterview R <> (REIWR)) THEN

| **C021M** CANCER TREATMENT-TYPE |
| [During the last two years, what/Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], what/What/] sort of treatments have you received for cancer? Choose all that apply |
| 1 (ChemothapyOrMedication) Chemotherapy or medication |
| 2 (SurgeryOrBiopsy) Surgery or biopsy |
| 3 (RadiationXRay) Radiation/ x-ray |
| 4 (MedsTreatSymtoms) Medications/treatment for symptoms (pain, nausea, rashes) |
| 5 (None) None |
| 7 (othspecify) Other (Specify) |

IF none in CANCER TREATMENT-TYPE and ((ChemothapyOrMedication) Chemotherapy or medication in CANCER TREATMENT-TYPE or (SurgeryOrBiopsy) Surgery or biopsy in CANCER TREATMENT-TYPE or (RadiationXRay) Radiation/ x-ray in CANCER TREATMENT-TYPE or (MedsTreatSymtoms) Medications/treatment for symptoms (pain, nausea, rashes) in CANCER TREATMENT-TYPE or (othspecify) Other (Specify) in CANCER TREATMENT-TYPE) THEN

| **checkMoreThanNone** NONE CHOSE WITH ANOTHER RESPONSE |
| You selected none together with another code. Please go back and review your answer. |

ENDIF
IF OthSpecify IN CANCER TREATMENT-TYPE THEN

C022S CANCER TREATMENT - SPECIFY

[During the last two years, what/Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], what/What/] sort of treatments have you received for cancer?

Other (Specify):

Memo

ENDIF

ENDIF

IF Z103_Cancer_V = (YES) Yes AND CANCER OF ANY KIND EXCLUDING SKIN <> (DISPUTPWRECORDHASCONDITION) ^FLDispute2[1] AND Reinterviev R = (REIWR) Reinterview r THEN

C023_CANCER BETTER/WORSE/SAME NOW

Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], has the cancer gotten worse, better or stayed about the same?

1 (BETTER) Better
2 (STAYABTTHESAME) About the same
3 (WORSE) Worse

C024_NEW CANCER EXCLUDING SKIN

Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], has a doctor told you that you had a new cancer or malignant tumor, excluding minor skin cancer?

(Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)

1 (YES) Yes
5 (NO) No

ENDIF

IF BRANCHPOINT FOR C232Y = 3 OR (NEW CANCER EXCLUDING SKIN <> (NO) No and NEW CANCER EXCLUDING SKIN <> NONRESPONSE) THEN

C026_Where cancer start

In which organ or part of your body did your cancer(s) start?

String

ENDIF

IF NEW CANCER EXCLUDING SKIN <> (NO) No THEN
C028_ YEAR RECENT CANCER
In what year was your (most recent) cancer diagnosed?
Range: 1900..2009

IF YEAR RECENT CANCER > current date year THEN

checkEnteredYearGreater YEAR ENTERED IS GREATER THAN CURRENT YEAR
The year you entered is greater than today. Please go back and correct your answer.
ENDIF

IF YEAR RECENT CANCER >= year 2 years ago AND YEAR RECENT CANCER <> NONRESPONSE THEN

C029_MonLastCancer MONTH RECENT CANCER
In what month was that?
1 (JAN) Jan
2 (FEB) Feb
3 (MAR) Mar
4 (APR) Apr
5 (MAY) May
6 (JUN) Jun
7 (JUL) Jul
8 (AUG) Aug
9 (SEP) Sep
10 (OCT) Oct
11 (NOV) Nov
12 (DEC) Dec
ENDIF
ENDIF

ENDIF

C030_ LUNG DISEASE
[PREVIOUS WAVE: ] [PREVIOUS WAVE: ]b (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
3 (DISPUTPWRECORDHASCONDITION) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

IF LUNG DISEASE = (YES) Yes OR LUNG DISEASE=
(DISPUTPWRECORDHASCONDITION) ^FLDispute2[1] THEN
| IF Z104_Lung_V = (YES) Yes AND LUNG DISEASE <>
(DISPUTPWRECORDHASCONDITION) ^FLDispute2[1]
| THEN
| |
| C031_ LUNG DISEASE BETTER/WORSE/SAME
| Since then, has this condition gotten better, worse, or stayed about the same?
| 1 (BETTER) Better
| 2 (STAYABOUTTHESAME) About the same
| 3 (WORSE) Worse
| |
| ENDIF
|
| C032_ LUNG MEDICATION
| Are you now taking medication or other treatment for your lung condition?
| 1 (YES) Yes
| 5 (NO) No
|
| C033_ LUNG OXYGEN
| Are you receiving oxygen for your lung condition?
| 1 (YES) Yes
| 5 (NO) No
|
| C034_ LUNG RESPIRATORY THERAPY
| Are you receiving physical or respiratory therapy for your lung condition?
| 1 (YES) Yes
| 5 (NO) No
|
| C035_ LUNG LIMIT ACTIVITY
| Does your lung condition limit your usual activities, such as household chores or work?
| 1 (YES) Yes
| 5 (NO) No
|
| ENDIF
|
| C036_ HEART CONDITION
| [PREVIOUS WAVE:] [PREVIOUS WAVE:] b (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
| 1 (YES) Yes
| 3 (DISPUTPWRECORDHASCONDITION) []
| 4 (DISPUTPWRECNOTHAVECOND) []
| 5 (NO) No
| |
| IF HEART CONDITION = (YES) Yes OR HEART CONDITION= (DISPUTPWRECORDHASCONDITION) ^FLDispute2[1]
| THEN
IF Z105_Heart_V = (YES) Yes OR Reinterview R <> (REIWR) Reinterview r or DIFFERENT RESPONDENT FROM PREV IW = (YES) (YES) Yes THEN

C037_HeartMeds HEART MEDICATION
Are you now taking or carrying medication for your heart problem?
1 (YES) Yes
5 (NO) No

C038_ HAS R SEEN HEART DOCTOR
[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], /In the last two years, ] have you seen a doctor for your heart problem? (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
5 (NO) No

ENDIF

IF HEART MEDICATION <> (NO) No OR HAS R SEEN HEART DOCTOR <> (NO) No THEN

IF Z105_Heart_V = (YES) Yes AND HEART CONDITION <> (DISPUTPWERCORDHASCONDITION) ^FLDispute2[1] THEN

C039_ HEART BETTER/WORSE/SAME
Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], has this condition gotten better, worse, or stayed about the same?
1 (BETTER) Better
2 (STAYABTTHESAME) About the same
3 (WORSE) Worse

ENDIF

ENDIF

IF (HEART MEDICATION <> (NO) No OR HAS R SEEN HEART DOCTOR <> (NO) No) OR (Z105_Heart_V <> (YES) Yes AND Reinterview R = (REIWR) Reinterview r) THEN

C040_HeartAttack HEART ATTACK
[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], /In the last two years, ] have you had a heart attack or myocardial infarction?
1 (YES) Yes
5 (NO) No

IF HEART ATTACK = (YES) Yes THEN

C041_ R SEEN DOCTOR FOR HEART ATTACK
[Since then, /Have ] you seen a doctor in connection with your heart attack? (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians’ assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
5 (NO) No

C042_ HEART ATTACK MEDICATION
Are you now taking or carrying medication because of your heart attack?
1 (YES) Yes
5 (NO) No

C043_ YR RECENT HEART ATTACK
In what year was your (most recent) heart attack?
Range: 1900..2009

IF YR RECENT HEART ATTACK > current date year THEN

checkEnteredYearGreater YEAR ENTERED IS GREATER THAN CURRENT YEAR
The year you entered is greater than today. Please go back and correct your answer.

ENDIF

IF YR RECENT HEART ATTACK >= year 2 years ago THEN

C044_ MO RECENT HEART ATTACK
In what month was that?
1 (JAN) Jan
2 (FEB) Feb
3 (MAR) Mar
4 (APR) Apr
5 (MAY) May
6 (JUN) Jun
7 (JUL) Jul
8 (AUG) Aug
9 (SEP) Sep
10 (OCT) Oct
11 (NOV) Nov
12 (DEC) Dec

ENDIF

ENDIF
**C045_ ANGINA**

[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], /In the last two years, ] have you had any angina or chest pains due to your heart?

1 (YES) Yes
5 (NO) No

IF ANGINA = (YES) Yes THEN

**C046_AnginaMeds ANGINA MEDICATION**

Are you now taking or carrying medications because of angina or chest pain?

1 (YES) Yes
5 (NO) No

**C047_ LIMIT ACTIVITIES DUE TO ANGINA**

Are you limiting your usual activities because of your angina?

1 (YES) Yes
5 (NO) No

ENDIF

**C048_ CONGESTIVE HEART FAILURE**

[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], has a doctor told you that you have congestive heart failure?/In the last two years has a doctor told you that you have congestive heart failure?] (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)

1 (YES) Yes
5 (NO) No

IF CONGESTIVE HEART FAILURE = (YES) Yes THEN

**C049_ HOSPITALIZED DUE TO HEART FAILURE**

[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], /In the last two years, ] have you been admitted to the hospital overnight because of it (congestive heart failure)?

1 (YES) Yes
5 (NO) No

**C050_HeartFailMeds CONGESTIVE HEART FAILURE MEDICATION**

Are you taking or carrying any medication for congestive heart failure?

1 (YES) Yes
5 (NO) No

ENDIF
**C051_ HEART TREATMENT**

[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], /In the last two years, ] have you had a special test or treatment of your heart where tubes were inserted into your veins or arteries (cardiac catheterization, coronary angiogram, angioplasty, or bypass graft notation)?

1 (YES) Yes
5 (NO) No

**C052_ HEART SURGERY**

[Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], /In the last two years, ] have you had surgery on your heart?

1 (YES) Yes
5 (NO) No

**C053_ Stroke**

1 (YES) Yes
2 (VolPossStrokeOrTIA) Possible stroke or TIA (transient ischemic attack)
3 (DISPUTPWRECORDHASCOND) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

IF STROKE = (YES) Yes or STROKE = (VolPossStrokeOrTIA) Possible stroke or TIA (transient ischemic attack) or STROKE = (DISPUTPWRECORDHASCOND) ^FLDispute[1] THEN

**C054_ R SEEN DOCTOR FOR STROKE**

1 (YES) Yes
5 (NO) No

**C055_ STROKE PROBLEMS**

Do you still have any remaining problems because of your stroke(s)?

1 (YES) Yes
5 (NO) No
IF R SEEN DOCTOR FOR STROKE <> (NO) No OR STROKE PROBLEMS <> (NO) No OR Z106_Stroke_V <> (YES) Yes THEN

C060_StrokeMeds STROKE MEDICATION
Are you now taking any medications because of your stroke or its complications?
1 (YES) Yes
5 (NO) No

C061_ STROKE THERAPY
Are you receiving physical or occupational therapy because of your stroke or its complications?
1 (YES) Yes
5 (NO) No

IF (Z106_Stroke_V = (YES) Yes AND STROKE <> (DISPUTPWRECORDHASCOND) ^FLDispute[1] ) THEN

C062_OthStroke2yr ANOTHER STROKE SINCE PREVIOUS WAVE
Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], has a doctor
told you that you had another stroke? (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
5 (NO) No

ENDIF

IF (ANOTHER STROKE SINCE PREVIOUS WAVE = (YES) Yes OR Z106_Stroke_V <> (YES) Yes) Yes OR STROKE = (DISPUTPWRECORDHASCOND) ^FLDispute[1]) AND STROKE <> (VolPossStrokeOrTIA) Possible stroke or TIA (transient ischemic attack) THEN

C064_ MOST RECENT STROKE-YEAR
In what year was your most recent stroke?
Range: 1900..2009

IF MOST RECENT STROKE-YEAR > current date year THEN

checkEnteredYearGreater YEAR ENTERED IS GREATER THAN CURRENT YEAR
The year you entered is greater than today. Please go back and correct your answer.

ENDIF

IF MOST RECENT STROKE-YEAR >= year 2 years ago THEN
C063_ MOST RECENT STROKE-MONTH
In what month was that?
1 (JAN) Jan
2 (FEB) Feb
3 (MAR) Mar
4 (APR) Apr
5 (MAY) May
6 (JUN) Jun
7 (JUL) Jul
8 (AUG) Aug
9 (SEP) Sep
10 (OCT) Oct
11 (NOV) Nov
12 (DEC) Dec

ENDIF

ENDIF

ENDIF

C065_ EMOTIONAL/PSYCHIATRIC PROBLEMS
[PREVIOUS WAVE:] b (Medical doctors include specialists such as
Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family
doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or
Nurses/Nurse Practitioners.)
1 (YES) Yes
3 (DISPUTPWRECORDHASCONDITION) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

IF EMOTIONAL/PSYCHIATRIC PROBLEMS = (YES) Yes or EMOTIONAL/PSYCHIATRIC
PROBLEMS = (DISPUTPWRECORDHASCONDITION) ^FLDispute2[1] THEN

IF Z107_Psychiatric_V = (YES) Yes AND EMOTIONAL/PSYCHIATRIC PROBLEMS <>
(DISPUTPWRECORDHASCONDITION) ^FLDispute2[1] THEN

C066_ PSYCHIATRIC PROBLEMS BETTER/WORSE/SAME
Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have these
problems gotten better, worse, or stayed about the same?
1 (BETTER) Better
2 (STAYABTTHESAME) About the same
3 (WORSE) Worse
**C067_ PSYCHIATRIC TREATMENT**
Do you now get psychiatric or psychological treatment for your problems?
1 (YES) Yes
5 (NO) No

**C068_PsychMeds  PSYCHIATRIC MEDICATION**
Do you now take tranquilizers, antidepressants, or pills for nerves?
1 (YES) Yes
5 (NO) No

**C069_ MEMORY RELATED DISEASE**
[PREVIOUS WAVE:] b (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
3 (DISPUTPWRECORDHASCONDITION) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

**C070_ ARTHRITIS**
[PREVIOUS WAVE:] b (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.)
1 (YES) Yes
3 (DISPUTPWRECORDHASCONDITION) []
4 (DISPUTPWRECNOTHAVECOND) []
5 (NO) No

IF ARTHRITIS = (YES) Yes or ARTHRITIS = (DISPUTPWRECORDHASCONDITION) ^FLDispute2[1] THEN
   | IF Z108_Arthritis_V = (YES) Yes AND ARTHRITIS <> (DISPUTPWRECORDHASCONDITION) ^FLDispute2[1] THEN
   |   | **C071_ ARTHRITIS BETTER/WORSE/SAME**
   |   |   | Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], has this
   |   |   | arthritis gotten better, worse, or stayed about the same?
   |   |   | 1 (BETTER) Better
   |   |   | 2 (STAYABTTHESAME) About the same
   |   |   | 3 (WORSE) Worse
If ARTHRITIS JOINT REPLACE = (YES) Yes THEN

C218_ ARTHRITIS JOINT REPLACE- TYPE
| Which did you have: joint replacement, surgery not involving joint replacement, or both?
| 1 (JOINTREPLACEMENT) Joint replacement
| 2 (SURGERYNOREPLACEMENT) Surgery without joint replacement
| 3 (BOTH) Both

C077M WHICH JOINT
| Which joint was (replaced/affected)? (select all that apply)
| 1 (Hips) Hip(s)
| 2 (Knees) Knee(s)
| 3 (HandWrist) Hand/wrist area
| 4 (FootAnkle) Foot/ankle area
| 5 (Shoulder) Shoulder(s)
| 6 (Spine) Spine
| 7 (OthSpecify) Other (Specify)

IF OthSpecify IN WHICH JOINT THEN
WHICH JOINT - SPECIFY
Which joint was that? Other (Specify):

ENDIF

ENDIF

IF Reinterview R <> (REIWR) Reinterview r or (ARTHritis = (YES) Yes and Z108_Arthritis_V <> (YES) Yes) or (Z108_Arthritis_V = (YES) Yes and OFFSET 2008 INTERVAL 2 = 0) THEN

C219_ ARTHRITIS TYPE- OSTEOARTHRITIS
Do you have osteoarthritis? (Osteoarthritis is also called degenerative or 'wear and tear' arthritis)
1 (YES) Yes
5 (NO) No

C220_ ARTHRITIS TYPE- RHEUMATOID
Do you have rheumatoid arthritis? (Rheumatoid arthritis is sometimes called autoimmune arthritis)
1 (YES) Yes
5 (NO) No

C221_ ARTHRITIS TYPE- GOUT/LUPUS
Do you have gout or lupus?
1 (YES) Yes
5 (NO) No

C222_ ARTHRITIS TYPE- RELATED TO INJURY
Do you have arthritis related to a previous injury?
1 (YES) Yes
5 (NO) No

ENDIF

ENDIF

C240_ HAS HAD SHINGLES
[Have you ever had shingles?/Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had shingles?]
1 (YES) Yes
5 (NO) No

IF (Z242_PW_RAskShingles <> ((YES) YesNotVaccine) (YES) Yes, but has not had vaccine and Z242_PW_RAskShingles <> ((YES) YesHadVaccine) (YES) Yes, has had vaccine) and HAS HAD SHINGLES = (YES) Yes THEN
DIFFERENT TIMES HAD SHINGLES
How many different times have you had shingles?
Integer

AGE FIRST SHINGLES
How old were you when you [first] had shingles?
Range: 0..120

IF AGE FIRST SHINGLES >= 100 THEN
  checkAge  check age 100 or more
  You have entered an age of 100 or more. If this is incorrect, please go back and enter the correct value.
ENDIF

IF DIFFERENT TIMES HAD SHINGLES > 1 THEN
  AGE LAST SHINGLES
  How old were you when you last had shingles?
  Range: 0..120

  IF AGE LAST SHINGLES >= 100 THEN
    checkAge  check age 100 or more
    You have entered an age of 100 or more. If this is incorrect, please go back and enter the correct value.
  ENDIF
  ENDIF
ENDIF

DOCTOR SHINGLES
Did you see a doctor or other healthcare provider for your [last episode of] shingles?
1 (YES) Yes
5 (NO) No

SHINGLES PAIN
Using a scale from 0 to 10, with 0 being 'no pain' and 10 being 'pain as bad as you can imagine', please rate the shingles pain you experienced by indicating the number that best describes your shingles pain when it was at its worst.
Range: 0..10

ENDIF

IF Z242_PW_RAAskShingles <> (YesHadVaccine) Yes, has had vaccine THEN
  SHINGLES VACCINE
Have you ever had the shingles vaccine?
1 (YES) Yes
5 (NO) No

IF SHINGLES VACCINE = (YES) Yes THEN

C247_ YEAR SHINGLES VACCINE
In what year did you get the shingles vaccine?
Range: 1900..2009

IF YEAR SHINGLES VACCINE > current date year THEN

checkEnteredYearGreater YEAR ENTERED IS GREATER THAN CURRENT YEAR
The year you entered is greater than today. Please go back and correct your answer.

ENDIF

ENDIF

ENDIF

IF RESPONDENT AGE >= 65 THEN

C079_ FALLEN DOWN
Have you fallen down [since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING]/in the last two years]?
1 (YES) Yes
5 (NO) No

IF FALLEN DOWN = (YES) Yes THEN

C080_ NUMBER TIMES FALLEN
How many times have you fallen [since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING]/in the last two years]?
Range: 0..50

IF NUMBER TIMES FALLEN > 20 THEN

checkTimesFallen check fell 21-50 times
You said you have fallen [NUMBER TIMES FALLEN] times. If this is incorrect, please go back and enter the correct value.

ENDIF

C081_ INJURY DUE TO FALL
[In that fall, did you injure yourself seriously enough/In any of these falls, did you injure yourself seriously enough/] to need medical treatment?
| 1 (YES) Yes |
| 5 (NO) No |

ENDIF

C082_ BROKEN HIP
[Have you fractured your hip since we talked in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING]?
1 (YES) Yes
5 (NO) No

ENDIF

C087_ INCONTINENCE
This might not be easy to talk about, but during the last 12 months, have you lost any amount of urine beyond your control?
1 (YES) Yes
5 (NO) No

IF INCONTINENCE = (YES) Yes THEN

| C088_ INCONTINENCE # DAYS |
| On about how many days in the last month have you lost any urine? |
| Range: 0..31 |

| IF (INCONTINENCE # DAYS <> 0 and INCONTINENCE # DAYS <> 1) or INCONTINENCE # DAYS = |
| NONRESPONSE THEN |
| |
| IF INCONTINENCE # DAYS = NONRESPONSE THEN |
| |
| |

| C089_ INCONTINENCE 5 DAYS DK-1 |
| Was that more than 5 days? |
| 1 (YES) Yes |
| 5 (NO) No |

| IF INCONTINENCE 5 DAYS DK-1 = (YES) Yes THEN |
| |
| |

| C090_ INCONTINENCE 15 DAYS DK-2 |
| More than 15 days? |
| 1 (YES) Yes |
| 5 (NO) No |

| ENDIF |
| ENDIF |
| ENDIF |

C091_ LEAK URINE- AMOUNT
In the last month, how much urine did you usually leak -- just a few drops, a small amount, or a large amount?
1 (AFewDrops) A few drops
2 (ASmallAmount) A small amount
3 (ALargeAmount) A large amount

**C092_ LEAK URINE - COUGHING**
In the last month, how often did you leak urine during such activities as coughing, sneezing, lifting or exercise -- most of the time, some of the time, or rarely or never?
1 (Most) Most of the time
2 (Sometimes) Some of the time
3 (Rarely) Rarely or never

**C093_ LEAK URINE - WITH URGE TO URINATE**
In the last month, how often did you leak urine with an urge to urinate and could not get to the bathroom fast enough -- most of the time, some of the time, or rarely or never?
1 (Most) Most of the time
2 (Sometimes) Some of the time
3 (Rarely) Rarely or never

**C095_ RATE EYESIGHT**
Is your eyesight excellent, very good, good, fair, or poor using glasses or corrective lenses as usual?
1 (Excellent) Excellent
2 (VeryGood) Very good
3 (Good) Good
4 (Fair) Fair
5 (Poor) Poor
6 (VolLegallyBlind) I am legally blind

IF RATE EYESIGHT <> (VolLegallyBlind) I am legally blind THEN

**C096_ RATE DISTAL VISION**
How good is your eyesight for seeing things at a distance, like recognizing a friend across the street, using glasses or corrective lenses as usual? (Is it excellent, very good, good, fair, or poor?)
1 (EXCELLENT) Excellent
2 (VERYGOOD) Very good
3 (GOOD) Good
4 (FAIR) Fair
5 (POOR) Poor

**C097_ RATE NEAR VISION**
How good is your eyesight for seeing things up close, like reading ordinary newspaper print, using glasses or corrective lenses as usual? (Is it excellent, very good, good, fair, or...
ENDIF

IF RESPONDENT AGE >= 65 THEN

IF Z112_Cataract_V <> (YESBTHEYESDONE) Yes, both eyes done THEN

C098_ Cataract surgery
| [Have you ever had cataract surgery?/Have you had cataract surgery since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], other than what you told us about then?/Have you had cataract surgery since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING]?] |
| 1 (YES) Yes |
| 5 (NO) No |

IF Cataract surgery = (YES) Yes THEN

C099_ CATARACT SURGERY ON ONE OR BOTH EYES
| Have you had cataract surgery on both eyes, or just one? |
| 1 (OneEyeOnly) One eye only |
| 2 (BthEyes) Both eyes |

C100_ CATARACT IMPLANT LENS
| Did the cataract surgery (on either eye) include implanting a lens? |
| 1 (YES) Yes |
| 5 (NO) No |

ENDIF

ENDIF

IF Z089_Glaucoma V <> (YES) Yes or DIFFERENT RESPONDENT FROM PREV IW = (YES) (YES) Yes THEN

C101_ GLAUCOMA
| Has a doctor ever treated you for glaucoma? (Medical doctors include specialists such as Dermatologists, Psychiatrists, Ophthalmologists, Osteopaths, Cardiologists, as well as family doctors, internists and physicians' assistants. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.) |
| 1 (YES) Yes |
| 5 (NO) No |
**C237_Lostpermanent** LOST PERMANENT TEETH
This next question is about your teeth. Have you lost all of your upper and lower natural permanent teeth?
1 (YES) Yes
5 (NO) No

**C102_EVER WEAR A HEARING AID**
Do you ever wear a hearing aid?
1 (YES) Yes
5 (NO) No

**C103_RATE HEARING**
Is your hearing excellent, very good, good, fair, or poor [using a hearing aid as usual]?  
1 (EXCELLENT) Excellent  
2 (VERYGOOD) Very good  
3 (GOOD) Good  
4 (FAIR) Fair  
5 (POOR) Poor

**C083_TROUBLE FALLING ASLEEP**
How often do you have trouble falling asleep? (Would you say most of the time, sometimes, or rarely or never?)  
1 (Most) Most of the time  
2 (Sometimes) Sometimes  
3 (Rarely) Rarely or never

**C084_TROUBLE WAKING UP DURING NIGHT**
How often do you have trouble with waking up during the night? (Would you say most of the time, sometimes, or rarely or never?)  
1 (Most) Most of the time  
2 (Sometimes) Sometimes  
3 (Rarely) Rarely or never
C085_ TROUBLE WAKING UP TOO EARLY
How often do you have trouble with waking up too early and not being able to fall asleep again? (Would you say most of the time, sometimes, or rarely or never?)
1 (Most) Most of the time
2 (Sometimes) Sometimes
3 (Rarely) Rarely or never
ENDIF

C086_ FEEL RESTED IN MORNING
How often do you feel really rested when you wake up in the morning? (Would you say most of the time, sometimes, or rarely or never?)
1 (Most) Most of the time
2 (Sometimes) Sometimes
3 (Rarely) Rarely or never

C232_ MEDICATIONS TO SLEEP
In the past two weeks, have you taken any medications or used other treatments to help you sleep?
1 (YES) Yes
5 (NO) No
IF MEDICATIONS TO SLEEP = (YES) Yes THEN
C233_MEDICATIONS MEDICATIONS RECOMMENDED BY DOCTOR
Were these medications or other treatments recommended to you by a doctor?
1 (YES) Yes
5 (NO) No
ENDIF

C104_ TROUBLED WITH PAIN
Are you often troubled with pain?
1 (YES) Yes
5 (NO) No
IF TROUBLED WITH PAIN = (YES) Yes THEN
C105_ DEGREE PAIN MOST OF TIME
How bad is the pain most of the time: mild, moderate or severe?
1 (Mild) Mild
2 (Moderate) Moderate
3 (Severe) Severe
C106_ DOES PAIN LIMIT ACTIVITIES
Does the pain make it difficult for you to do your usual activities such as household chores or work?
1 (YES) Yes
IF Reinterview R <> (REIWR) Reinterview r OR OFFSET 2002 INTERVAL 2 = 0 THEN

| C107_ OTHER MEDICAL CONDITIONS
| Are there any medical diseases or conditions that are important to your health now, that we have not talked about?
| 1 (YES) Yes
| 5 (NO) No

IF OTHER MEDICAL CONDITIONS = (YES) Yes THEN

| C108S OTHER MEDICAL CONDITIONS - SPECIFY
| What are they?
| Memo

ENDIF

ENDIF

IF Reinterview R <> (REIWR) Reinterview r OR OFFSET 1996 INTERVAL 2 = 0 THEN

| C109_ PREVENTATIVE FLU SHOT SINCE PREV WAVE
| [Since we last talked with you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of] the following medical tests or procedures? A flu shot? (A flu shot may now be given by a mist in the nose)
| 1 (YES) Yes
| 5 (NO) No

| C110_ CHOLESTEROL TEST SINCE PREV WAVE
| [Since we last talked with you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of] the following medical tests or procedures? A blood test for cholesterol?
| 1 (YES) Yes
| 5 (NO) No

IF X060ASex = (FEMALE) Female THEN

| C111_ CHECK FOR BREAST LUMPS SINCE PREV WAVE
| [Since we last talked with you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of] the following medical tests or procedures? Do you check your breasts for lumps monthly?
| 1 (YES) Yes
C112_ MAMMOGRAM/XRAY OF BREAST SINCE PREV WAVE
[Since we last talked with you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR], have you had any of /In the last two years, have you had any of] the following medical tests or procedures? Did you have a mammogram or x-ray of the breast, [to search for cancer since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR]?/to search for cancer in the last two years]?
1 (YES) Yes
5 (NO) No

C113_ PAP SMEAR SINCE PREV WAVE
[Since we last talked with you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR], have you had any of /In the last two years, have you had any of] the following medical tests or procedures? A PAP smear?
1 (YES) Yes
5 (NO) No

ELSE

C114_ PROSTATE EXAM SINCE PREV WAVE
[Since we last talked with you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR], have you had any of /In the last two years, have you had any of] the following medical tests or procedures? An examination of your prostate to screen for cancer?
1 (YES) Yes
5 (NO) No

ENDIF

C223_VigAct HOW OFTEN VIGOROUS ACTIVITY
We would like to know the type and amount of physical activity involved in your daily life. How often do you take part in sports or activities that are vigorous, such as running or jogging, swimming, cycling, aerobics or gym workout, tennis, or digging with a spade or shovel: more than once a week, once a week, one to three times a month, or hardly ever or never?
1 (MORETHANONCEAWEEK) More than once a week
2 (ONCEAWEEK) Once a week
3 (ONCETOTHREETIMESAMONTH) One to three times a month
4 (HARDLYEVERORNEVER) Hardly ever or never
7 (EVERYDAY) Every day

C224_ModAct HOW OFTEN MODERATE ACTIVITY
And how often do you take part in sports or activities that are moderately energetic such as,
gardening, cleaning the car, walking at a moderate pace, dancing, floor or stretching exercises: (more than once a week, once a week, one to three times a month, or hardly ever or never)?
1 (MORETHANONCEAWEEK) More than once a week
2 (ONCEAWEEK) Once a week
3 (ONCETOTHREETIMESAMONTH) One to three times a month
4 (HARDLYEVERORNEVER) Hardly ever or never
7 (EVERYDAY) Every day

C225_MildAct HOW OFTEN MILD ACTIVITY
And how often do you take part in sports or activities that are mildly energetic, such as vacuuming, laundry, home repairs: (more than once a week, once a week, one to three times a month, or hardly ever or never)?
1 (MORETHANONCEAWEEK) More than once a week
2 (ONCEAWEEK) Once a week
3 (ONCETOTHREETIMESAMONTH) One to three times a month
4 (HARDLYEVERORNEVER) Hardly ever or never
7 (EVERYDAY) Every day

IF Reinterveiw R <> (REIWR) Reinterview r OR Z205_EverSmoked_V = yes THEN

IF Reinterveiw R <> (REIWR) Reinterview r THEN

C116_ EVER SMOKE
Have you ever smoked cigarettes? (By smoking we mean more than 100 cigarettes in your lifetime. Do not include pipes or cigars.)
1 (YES) Yes
5 (NO) No

ENDIF

IF EVER SMOKE = (YES) Yes OR Reinterveiw R = (REIWR) Reinterview r THEN

C117_ SMOKE CIGARETTES NOW
Do you smoke cigarettes now?
1 (YES) Yes
5 (NO) No

IF SMOKE CIGARETTES NOW = (YES) Yes THEN

C118_intro CIGARETTES OR PACKS IN A DAY INTRO
About how many cigarettes or packs do you smoke in a day now? (There are 20 cigarettes in a pack.)

C118_ NUM CIGARETTES SMOKED PER DAY

Range: 0..100
C119_ NUM PACKS SMOKED PER DAY

Range: 1..5

IF NUM CIGARETTES SMOKED PER DAY = empty and NUM PACKS SMOKED PER DAY = empty THEN

checkOneAnswered  check one answer
You must pick one option. Please go back and answer.

ENDIF

ENDIF

ENDIF

IF DATE STARTED SMOKING ASKED OR NOT <> (StartDateAskPrev) No Need to collect - Start date asked previously THEN

[Questions C120_intro to C122_ are displayed as a table]

C120_intro  AGE START SMOKING INTRO
[In a prior interview you told us you have smoked cigarettes.] About how old were you when you started smoking?

C120_ AGE START SMOKING

Range: 0..96

C121_ YR STARTED SMOKING

Range: 1880..2009

C122_ YRS AGO STARTED SMOKING

Range: 0..96

IF YR STARTED SMOKING > current date year THEN

checkEnteredYearGreater  YEAR ENTERED IS GREATER THAN CURRENT YEAR
The year you entered is greater than today. Please go back and correct your answer.

ENDIF

IF AGE START SMOKING = empty and YR STARTED SMOKING = empty and YRS AGO STARTED SMOKING = empty THEN

checkOneAnswered  check one answer
You must pick one option. Please go back and answer.

**ENDIF**

**IF SMOKE CIGARETTES NOW <> (YES) Yes THEN**

[Questions C123_intro to C124_ are displayed as a table]

**C123_intro**  NUM CIGS PER DAY- WHEN SMOKED MOST INTRO

[In a prior interview you told us you have smoked cigarettes.] When you were smoking
the most, about how many cigarettes or packs did you usually smoke in a day? (There
are 20 cigarettes in a pack.)

**C123_**  NUM CIGS PER DAY- WHEN SMOKED MOST

Range: 0..100

**C124_**  NUM PACKS PER DAY- WHEN SMOKED MOST

Range: 1..5

**IF NUM CIGS PER DAY- WHEN SMOKED MOST = empty and NUM PACKS PER DAY-
WHEN SMOKED MOST = empty THEN**

**checkOneAnswered**  check one answer

You must pick one option. Please go back and answer.

**ENDIF**

**IF DATE STOPPED SMOKING ASKED OR NOT <> (StopDateAskPrev) No Need to collect
- Stop date asked previously THEN**

[Questions C125_intro to C127_ are displayed as a table]

**C125_intro**  YRS AGO STOP SMOKING INTRO

About how many years ago did you stop smoking?

**C125_**  YRS AGO STOP SMOKING

Range: 1..96

**C126_**  YR STOP SMOKING

Range: 1880..2009

**C127_**  AGE STOP SMOKING
IF YR STOP SMOKING > current date year THEN

checkEnteredYearGreater  YEAR ENTERED IS GREATER THAN CURRENT YEAR
The year you entered is greater than today. Please go back and correct your answer.

ENDIF

IF YRS AGO STOP SMOKING = empty and YR STOP SMOKING = empty and AGE STOP SMOKING =
empty THEN

checkOneAnswered  check one answer
You must pick one option. Please go back and answer.

ENDIF

C128_  EVER DRINK ALCOHOL
Do you ever drink any alcoholic beverages such as beer, wine, or liquor?
1 (Yes) Yes
3 (VolNvrHaveUsedAlcohol) I never have used alcohol
5 (No) No

IF EVER DRINK ALCOHOL <> (VolNvrHaveUsedAlcohol) I never have used alcohol THEN

IF EVER DRINK ALCOHOL = (Yes) Yes THEN

C129_  NUMBER DAYS PER WEEK- DRINK ALCOHOL
In the last three months, on average, how many days per week have you had any alcohol to
drink? (For example, beer, wine, or any drink containing liquor.) (Select 0 for none
or less than once a week)
Range: 0..7

ENDIF

IF (NUMBER DAYS PER WEEK- DRINK ALCOHOL <> 0 OR NUMBER DAYS PER WEEK-
DRINK ALCOHOL =
NONRESPONSE) AND EVER DRINK ALCOHOL = (Yes) Yes THEN
C130_ NUMBER DRINKS- PER DAY
In the last three months, on the days you drink, about how many drinks do you have?
Range: 0..15

C131_ BINGE DRINKING
In the last three months, on how many days have you had four or more drinks on one occasion? (enter zero for none)
Range: 0..92

ENDIF

IF Reintervieiw R <> (REIWR) Reinterview r THEN

IF EVER DRINK ALCOHOL <> (Yes) Yes THEN

C134_ EVER DRUNK ALCOHOL
Have you ever drunk alcoholic beverages?
1 (YES) Yes
5 (NO) No

ENDIF

IF (EVER DRINK ALCOHOL = (YES) Yes OR EVER DRUNK ALCOHOL = (YES) Yes) THEN

C135_ R FELT NEED TO CUT DOWN DRINKING
Have you ever felt that you should cut down on drinking?
1 (YES) Yes
5 (NO) No

C136_ FELT ANNOYED BY CRITICISM ABOUT DRINKING
Have people ever annoyed you by criticizing your drinking?
1 (YES) Yes
5 (NO) No

C137_ GUILT OVER DRINKING
Have you ever felt bad or guilty about drinking?
1 (YES) Yes
5 (NO) No

C138_ EVER DRINK IN THE MORNING
Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?
1 (YES) Yes
5 (NO) No

ENDIF
C139_ WEIGHT IN POUNDS
About how much do you weigh?
Range: 50..400

IF Reinterveiw R <> (REIWR) Reinterview r THEN

C140_ WEIGHT GAIN/LOSS 10 LBS. SINCE PREV WAVE
Have you gained or lost ten or more pounds in the last 2 years?
1 (YesGained) Yes, gained
2 (YesLost) Yes, lost
3 (YesGainedAndLost) Yes, gained and lost
5 (No) No

ENDIF

IF Reinterveiw R <> (REIWR) Reinterview r OR Previous Interview Year < 2004 THEN

C226_ MOST EVER WEIGH- POUNDS
Up to the present time, what is the most you have ever weighed? [Do not include weight during pregnancy.]
Integer

IF MOST EVER WEIGH- POUNDS <> nonresponse THEN

C228_ MOST EVER WEIGH- WHAT AGE
How old were you then? (If you don't know your exact age, please make your best guess.)
Integer

ENDIF

ENDIF

[Questions C141_intro to C142_ are displayed as a table]

C141_intro TALL INTRO
About how tall are you? Record to the quarter of an inch. For example, record 7 1/4 inches as 7.25. Record 7 inches as 7.00

C141_ HEIGHT FEET
Range: 3..7

C142_ HEIGHT INCHES
Range: 0.00..12.00
IF Reinterveiw R <> (REIWR) Reinterview r or ALTERNATE WAVE Q ASKING FLAG = (ASKQUESTIONS) Ask questions THEN

IF Reinterveiw R <> (REIWR) Reinterview r or (Reinterveiw R = (REIWR) Reinterview r and
OFFSET 1996 INTERVAL 2 = 0) THEN

<table>
<thead>
<tr>
<th>C143_ SWELLING FEET/ANKLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of the following persistent or troublesome problems?/Have you had any of the following persistent or troublesome problems?] Persistent swelling in your feet or ankles?</td>
</tr>
<tr>
<td>1 (YES) Yes</td>
</tr>
<tr>
<td>5 (NO) No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C144_ SHORTNESS OF BREATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of the following persistent or troublesome problems?/Have you had any of the following persistent or troublesome problems?] Shortness of breath while awake?</td>
</tr>
<tr>
<td>1 (YES) Yes</td>
</tr>
<tr>
<td>5 (NO) No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C145_ EVER BEEN DIZZY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of the following persistent or troublesome problems?/Have you had any of the following persistent or troublesome problems?] Persistent dizziness or lightheadedness?</td>
</tr>
<tr>
<td>1 (YES) Yes</td>
</tr>
<tr>
<td>5 (NO) No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C146_ BACK PAIN OR PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of the following persistent or troublesome problems?/Have you had any of the following persistent or troublesome problems?] Back pain or problems?</td>
</tr>
<tr>
<td>1 (YES) Yes</td>
</tr>
<tr>
<td>5 (NO) No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C147_ PERSISTENT HEADACHE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR STRING], have you had any of the following persistent or troublesome problems?/Have you had any of the following persistent or troublesome problems?] Have you had persistent headaches?</td>
</tr>
<tr>
<td>1 (YES) Yes</td>
</tr>
</tbody>
</table>
C148_ SEVERE FATIGUE
[Since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR], have you had any of the following persistent or troublesome problems?/Have you had any of the following persistent or troublesome problems?] Severe fatigue or exhaustion?
1 (YES) Yes
5 (NO) No

C149_ PERSISTENT COUGH/WHEEZE/PHLEGM
[Since we last talked to you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR], have you had any of the following persistent or troublesome problems?/Have you had any of the following persistent or troublesome problems?] Persistent wheezing, cough, or bringing up phlegm?
1 (YES) Yes
5 (NO) No

C229_DaysInBed DAYS IN BED
Aside from any hospital or nursing home stays, about how many days did you stay in bed more than half the day because of illness or injury during the last month? (enter 0 for none)
Range: 0..31

C150_ FELT DEPRESSED IN PAST YR
During the last 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?
1 (Yes) Yes
3 (VolNoFeelDeprADMed) I did not feel depressed because I was on anti-depressant medication
5 (No) No

C151_ DEPRESSED WHAT PORTION OF DAY
Please think of the two-week period during the last 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?
1 (AllDayLong) All day long
2 (MostOfTheDay) Most of the day
3 (AbtHalfTheDay) About half the day
4 (LessThanHalfTheDay) Less than half the day

IF DEPRESSED WHAT PORTION OF DAY = (AllDayLong) All day long or DEPRESSED WHAT PORTION OF DAY = (MostOfTheDay) Most of the day THEN

**C152_** DEPRESSED EVERY DAY
During those two weeks, did you feel this way every day, almost every day, or less often than that?
1 (EVERYDAY) Every day
2 (ALMOSTEVERYDAY) Almost every day
3 (LESSEOFEN) Less often

IF DEPRESSED EVERY DAY = (EVERYDAY) Every day or DEPRESSED EVERY DAY = (ALMOSTEVERYDAY)
Almost every day THEN

**C153_** LOSS OF INTEREST
During those two weeks, did you lose interest in most things?
1 (YES) Yes
5 (NO) No

**C154_** FEELING TIRED
Thinking about those same two weeks, did you ever feel more tired out or low in energy than is usual for you?
1 (YES) Yes
5 (NO) No

**C155_** LOSE APPETITE
During those same two weeks, did you lose your appetite?
1 (YES) Yes
5 (NO) No

IF LOSE APPETITE <> (YES) Yes THEN

**C156_** APPETITE INCREASE
Did your appetite increase during those same two weeks?
1 (YES) Yes
5 (NO) No

ENDIF

**C157_** TROUBLE FALL ASLEEP
Did you have more trouble falling asleep than you usually do during those two weeks?
1 (YES) Yes
5 (NO) No
IF TROUBLE FALL ASLEEP = (YES) Yes THEN

C158_ FREQ OF TROUBLE FALLING ASLEEP
Did that happen every night, nearly every night, or less often during those two weeks?
1 (EVERYNIGHT) Every night
2 (NEARLYEVERYNIGHT) Nearly every night
3 (LESSOFTEN) Less often

ENDIF

C159_ TROUBLE CONCENTRATING
During that same two-week period, did you have a lot more trouble concentrating than usual?
1 (YES) Yes
5 (NO) No

C160_ FEELING DOWN ON YOURSELF
People sometimes feel down on themselves, and no good or worthless. During that two-week period, did you feel this way?
1 (YES) Yes
5 (NO) No

IF CHECKPOINT DEPRESSION = 1 THEN

[Questions C163_intro to C165_ are displayed as a table]

C163_intro DEPRESSED REVIEW INTRO
To review, you had two weeks in a row during the last 12 months when you were sad, blue, or depressed and also had some other feelings or problems like - [(Loss of interest)] [(Feeling tired)] [(Lose appetite)] [(Appetite increase)] [(Trouble falling asleep)] [(Trouble concentrating)] [(Feeling down on yourself)] [(Thoughts about death)]

C163_ DEPRESSED REVIEW WEEKS
About how many weeks altogether -- out of 52 -- did you feel this way during the last 12 months?
Range: 0..52

C164_ DEPRESSED REVIEW MOS
Range: 0..12

C165_ DEPRESSED REVIEW ENTIRE YEAR
1 (EntireYear) Entire year

IF DEPRESSED REVIEW WEEKS = empty and DEPRESSED REVIEW MOS = empty and DEPRESSED
| REVIEW ENTIRE YEAR = empty THEN
checkOneAnswered  check one answer
You must pick one option. Please go back and answer.

ENDIF

IF DEPRESSED REVIEW WEEKS <> 52 AND DEPRESSED REVIEW MOS <> 12 AND DEPRESSED REVIEW
ENTIRE YEAR <> (EntireYear) Entire year THEN

C166_ MOST RECENT MO- SAD/DEPRESSED
Think about the most recent time when you had two weeks in a row when you felt this way. In what month was this (during the last 12 months)?

1 (JAN) Jan
2 (FEB) Feb
3 (MAR) Mar
4 (APR) Apr
5 (MAY) May
6 (JUN) Jun
7 (JUL) Jul
8 (AUG) Aug
9 (SEP) Sep
10 (OCT) Oct
11 (NOV) Nov
12 (DEC) Dec

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

IF CHECKPOINT DEPRESSION <> 2 and (DEPRESSED REVIEW WEEKS <> 52 AND DEPRESSED REVIEW MOS <> 12 AND DEPRESSED REVIEW ENTIRE YEAR <> (EntireYear) Entire year) and ((DEPRESSED EVERY DAY <> (EVERYDAY) Every day and DEPRESSED EVERY DAY <> (ALMOSTEVERYDAY) Almost every day) or (DEPRESSED WHAT PORTION OF DAY <> (AllDayLong) All day long and DEPRESSED WHAT PORTION OF DAY <> (MostOfTheDay) Most of the day) or FELT DEPRESSED IN PAST YR <> (Yes) Yes) THEN

C167_ LOSE INTEREST- CIDI
During the last 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?
| 1 (Yes) Yes |
| 3 (VolNoFeelLossADMedi) I did not feel loss of interest because I was on anti-depressant medication |
| 5 (No) No |

IF LOSE INTEREST- CIDI = (Yes) Yes THEN

C168_ LOSE INTEREST OFTEN- CIDI
Please think of the two-week period during the last 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?
| 1 (AllDayLong) All day long |
| 2 (MostOfTheDay) Most of the day |
| 3 (AbtHalfTheDay) About half the day |
| 4 (LessThanHalfTheDay) Less than half the day |

IF LOSE INTEREST OFTEN- CIDI = (AllDayLong) All day long or LOSE INTEREST OFTEN- CIDI = (MostOfTheDay) Most of the day THEN

C169_ LOSE INTEREST DYSFUNCTION- CIDI
Did you feel this way every day, almost every day, or less often during the two weeks?
| 1 (EVERYDAY) Every day |
| 2 (ALMOSTEVERYDAY) Almost every day |
| 3 (LESSOFTEN) Less often |

IF LOSE INTEREST DYSFUNCTION- CIDI = (EVERYDAY) Every day or LOSE INTEREST DYSFUNCTION- CIDI = (ALMOSTEVERYDAY) Almost every day THEN

C170_ LOST APPETITE- CIDI
During those same two weeks, did you feel tired out or low on energy all the time?
| 1 (YES) Yes |
| 5 (NO) No |

C171_ LOST APPETITE- CIDI
During those same two weeks, did you lose your appetite?
| 1 (YES) Yes |
| 5 (NO) No |

IF LOST APPETITE- CIDI <> (YES) Yes THEN

C172_ APPETITE INCREASE- CIDI
Did your appetite increase during those same two weeks?
| 1 (YES) Yes |
| 5 (NO) No |

ENDIF
C173_ TROUBLE FALLING ASLEEP- CIDI
During those same two weeks, did you have more trouble falling asleep than you usually do?
1 (YES) Yes
5 (NO) No

IF TROUBLE FALLING ASLEEP- CIDI = (YES) Yes THEN

C174_ FREQUENCY OF SLEEP TROUBLE- CIDI
Did that happen every night, nearly every night, or less often during those two weeks?
1 (EVERYNIGHT) Every night
2 (NEARLYEVERYNIGHT) Nearly every night
3 (LESSOFTEN) Less often

ENDIF

C175_ TROUBLE CONCENTRATE- CIDI
During those two weeks, did you have more trouble concentrating than usual?
1 (YES) Yes
5 (NO) No

C176_ FEELING DOWN ON ONESELF- CIDI
People sometimes feel down on themselves, no good or worthless. Did you feel this way during that two-week period?
1 (YES) Yes
5 (NO) No

IF REVIEW CHECKPOINT- SECTION C = 1 THEN

[Questions C179_intro to C181_ are displayed as a table]

C179_Intro  REVIEW LOSS OF INTEREST INTRO
To review, you had two weeks in a row during the last 12 months when you lost interest in most things like hobbies, work, or activities that usually give you pleasure, and also had some other feelings or problems like - [(Feeling tired)] [(Lose appetite)] [(Appetite increase)] [(Trouble falling asleep)] [(Trouble concentrating)] [(Feeling down on yourself)] [(Thoughts about death)]

C179_ REVIEW LOSS OF INTEREST-WEEKS
About how many weeks altogether -- out of 52 -- did you feel this way during the last 12 months?
Range: 0..52

C180_  REVIEW LOSS OF INTEREST-MONTHS

Range: 0..12
C181_ REVIEW LOSS OF INTEREST-ENTIRE YEAR

1 (NtireYear) ENTIRE YEAR

IF REVIEW LOSS OF INTEREST-WEEKS <> 52 AND REVIEW LOSS OF INTEREST-MONTHS <> 12 AND

REVIEW LOSS OF INTEREST-ENTIRE YEAR <> (NtireYear) ENTIRE YEAR THEN

C182_ REVIEW LOSS OF INTEREST- MOST RECENT MO

Think about the most recent time when you had two weeks in a row when you felt this way. In what month was this?

1 (JAN) Jan
2 (FEB) Feb
3 (MAR) Mar
4 (APR) Apr
5 (MAY) May
6 (JUN) Jun
7 (JUL) Jul
8 (AUG) Aug
9 (SEP) Sep
10 (OCT) Oct
11 (NOV) Nov
12 (DEC) Dec

ENDIF

ENDIF

ENDIF

ENDIF

C183_AsistC ASSIST SECTION C - HEALTH
How often did you receive assistance with answers in Section C - health?
1 (NEVER) Never
2 (AFEWTIMES) A few times
3 (MOSTORALLOFTHETIME) Most or all of the time