Well Being 60

IF Respondent gender = EMPTY THEN
|
| **gender** Respondent gender
| What is your gender?
| 1 Male
| 2 Female
|
ENDIF

IF Respondent age = EMPTY THEN
|
| **calcage** Respondent age
| What is your age?
| Integer
|
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 Reinterveiw R = (REIWR) Reinterview r THEN
|
| **C002_** COMPARE HEALTH TO PREVIOUS WAVE
| Compared with your health when we last surveyed you in [PREVIOUS INTERVIEW MONTH
STRING],
| [], would you say that your health is better now, about the
| same, or worse?
| 1 (BETTER) Better
| 2 (STAYABTTHESAME) About the same
| 3 (WORSE) Worse
|
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 Bloodpresure 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
||
| ENDIF
|
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 <>
(DISPUTPWRECORDHASCONDITION)
| ^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 (Reinterveiw 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 Reinterveiw 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
||
| ENDIF
|
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 Reinterveiw 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) 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 Reinterveiw R <> (REIWR) Reinterview r OR (Reinterveiw 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 Reinterveiw
R <> (REIWR)
|| Reinterview r) 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 Reinterveiw 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
|
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 (STAYABTTHESAME) 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 Reinterveiw 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 <>
(DISPUTPWRECORDHASCONDITION)
|| ^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 Reinterveiw 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
| |
| ENDIF
|
ENDIF

C053_Stroke STROKE
[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
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
| [Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR
STRING], /During the last
| two years,] have you seen a doctor because of this or any other 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
|
| **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
|
ENDIF

C065_ EMOTIONAL/PSYCHIATRIC PROBLEMS
[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 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
||

| ENDIF
|
| **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
|
ENDIF

C069_ MEMORY RELATED 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

C070_ ARTHRITIS
[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 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
||

| ENDIF
|
| **C072_** R SEEN DOCTOR FOR ARTHRITIS
| [Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR
STRING], /In the last two
| years,] have you seen a doctor specifically for your arthritis or rheumatism? (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
|
| **C074_** ARTHRITIS MEDICATION
| Are you currently taking any medication or other treatments for your arthritis or rheumatism?
| 1 (YES) Yes
| 5 (NO) No
|
| **C075_** ARTHRITIS LIMIT ACTIVITY
| Does your arthritis sometimes limit your usual activities?
| 1 (YES) Yes
| 5 (NO) No
|
| **C076_** ARTHRITIS JOINT REPLACE
| [Since [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW YEAR
STRING], /In the last two
| years,] have you had surgery or any joint replacement because of arthritis?
| 1 (YES) Yes
| 5 (NO) No
|
| 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
| | |

||| **C078S** WHICH JOINT - SPECIFY
||| Which joint was that? Other (Specify):
||| Memo
|||
|| ENDIF
||
| ENDIF
|
| IF Reinterveiw 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

|
| **C241_** DIFFERENT TIMES HAD SHINGLES
| How many different times have you had shingles?
| Integer
|
| **C242_** 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
| |
| | **C243_** 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
|
| **C244_** DOCTOR SHINGLES
| Did you see a doctor or other healthcare provider for your [last episode of] shingles?
| 1 (YES) Yes
| 5 (NO) No
|
| **C245_** 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_RAskShingles <> (YesHadVaccine) Yes, has had vaccine THEN
|
| **C246_** 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]?/Have you ever fractured your hip?]
| 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
||
|| **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 (Sometimes2) 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 (Sometimes2) Some of the time
|| 3 (Rarely) Rarely or never
||
| ENDIF
|
ENDIF

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

| poor?)
| 1 (EXCELLENT) Excellent
| 2 (VERYGOOD) Very good
| 3 (GOOD) Good
| 4 (FAIR) Fair
| 5 (POOR) Poor
|
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
||

| ENDIF
|
ENDIF

IF Reinterveiw R <> (REIWR) Reinterview r OR (Reinterveiw R = (REIWR) Reinterview r and OFFSET
2006 INTERVAL 3 = 0) THEN
|
| **C237_Lostpermteeth** 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
|
ENDIF

IF Z090_HearAid_V <> (YES) Yes or DIFFERENT RESPONDENT FROM PREV IW = (YES)
(YES) Yes THEN
|
| **C102_** EVER WEAR A HEARING AID
| Do you ever wear a hearing aid?
| 1 (YES) Yes
| 5 (NO) No
|
ENDIF

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

IF Reinterveiw R <> (REIWR) Reinterview r or OFFSET 2010 INTERVAL 2 = 0 THEN
|
| **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 (Sometimes2) 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 (Sometimes2) 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 (Sometimes2) 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 (Sometimes2) 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

| 5 (NO) No
|
ENDIF

IF Reinterveiw 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 Reinterveiw 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 /In the last two years, 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 /In the last two years, 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 /In the last two years, have you had any of] the
|| following medical tests or procedures? Do you check your breasts for lumps monthly?
|| 1 (YES) Yes

||5 (NO) No
||
||**C112_** MAMMOGRAM/XRAY OF BREAST SINCE PREV WAVE
||[Since we last talked with you in [PREVIOUS INTERVIEW MONTH STRING], [PREVIOUS INTERVIEW
|| YEAR STRING], 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
|| STRING]?/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 STRING], 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 STRING], 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
|
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
|||
||| [Questions C118_intro to C119_ are displayed as a table]
|||
||| **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
| |
| | 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
|||||

|||||Range: 0..96
|||||
|||||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
|||||
||||ENDIF
||||
|||ENDIF
|||
||ENDIF
||
| ENDIF
|
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 Reinterveiw 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
||

| ENDIF
|
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
||
|| **C143_** SWELLING FEET/ANKLES
|| [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?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| **C144_** SHORTNESS OF BREATH
|| [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?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| **C145_** EVER BEEN DIZZY
|| [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?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| **C146_** BACK PAIN OR PROBLEMS
|| [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?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| **C147_** PERSISTENT HEADACHE
|| [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?
|| 1 (YES) Yes

| | 5 (NO) No
| |
| | **C148_** SEVERE FATIGUE
| | [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?] 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
| | STRING], 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
| |
| ENDIF
|
| IF A028_RInNHome <> (YES) Yes THEN
| |
| | **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
| |
| ENDIF
|
ENDIF

IF Reinterveiw R <> (REIWR) Reinterview r THEN
|
| **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 (VolNoFeelDeprADMedi) I did not feel depressed because I was on anti-depressant medication
| 5 (No) No
|
| IF FELT DEPRESSED IN PAST YR = (Yes) Yes THEN
| |
| | **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 (LESSOFTEN) 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
| | |
| | ENDIF
| |
| ENDIF
|
ENDIF

C183_AssistC 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