

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 1

PROXY (PRIMARY/SECONDARY)

*NOTE TO READERS:* ALL QUESTIONS ALLOW FOR A "DON'T KNOW" (DK) OR "REFUSAL" (RF) RESPONSE. BOXES FOR SUCH RESPONSES MAY NOT BE INCLUDED UNLESS THEY ARE ASSOCIATED WITH "GO TO" INSTRUCTIONS.

B1. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:  
Next I have some questions about (his/her) health during the three months before (he/she) died. Would you say (his/her) health was excellent, very good, good, fair, or poor?

OTHERWISE:

Next I have some questions about your health. Would you say your health is excellent, very good, good, fair, or poor?

1. EXCELLENT

2. VERY  
GOOD

3. GOOD

4. FAIR

5. POOR

BRANCHPOINT: IF WAVE 1 R IS DECEASED, GO TO B4g.

B2. Compared with your health (IF R IS A NEW SPOUSE/PARTNER: 2 years ago / OTHERWISE: in WAVE I MONTH/YEAR), would you say that your health is much better now, somewhat better now, about the same, somewhat worse, or much worse than it was then?

1. MUCH  
BETTER

2. SOMEWHAT  
BETTER

3. SAME

GO TO B3

4. SOMEWHAT  
WORSE

↓

5. MUCH  
WORSE

↓

B2a. Why has your health become (much better/somewhat better/somewhat worse/much worse)?

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B3. What about your emotional health--how good you feel or how stressed, anxious or depressed you feel? Is it excellent, very good, good, fair, or poor?

1. EXCELLENT

2. VERY GOOD

3. GOOD

4. FAIR

5. POOR

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B4. We are interested in how much difficulty people have with various activities because of a health or physical problem. Please tell me how difficult each of the following activities is for you. Exclude any difficulties that you expect to last less than three months.

		B4-1. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Was that a little or a lot of difficulty? OTHERWISE: Is that a little or a lot of difficulty?	
B4. Do you have any difficulty with <u>running or jogging</u> about a mile?	<input type="checkbox"/> 5. NO GO TO B4d	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT
B4a. Do you have any difficulty with <u>walking several blocks</u> ?	<input type="checkbox"/> 5. NO GO TO B4d	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT
B4b. Do you have any difficulty with <u>walking one block</u> ?	<input type="checkbox"/> 5. NO GO TO B4d	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT
B4c. (Do you have any difficulty with) <u>walking across the room</u> ?	<input type="checkbox"/> 5. NO GO TO B4d	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT
B4d. (Do you have any difficulty with) <u>sitting for about 2 hours</u> ?	<input type="checkbox"/> 5. NO ↓	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT
B4e. (Do you have any difficulty with) <u>getting up from a chair after sitting for long periods</u> ?	<input type="checkbox"/> 5. NO ↓	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT
B4f. (Do you have any difficulty with) <u>getting in and out of bed without help</u> ?	<input type="checkbox"/> 5. NO ↓	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT
B4g. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: We are interested in how much difficulty people have with various activities because of a health or physical problem. Please tell me, during the three months prior to (his/her) death, how difficult each of the following activities was for (him/her). OTHERWISE: (Do you have any difficulty with) <u>climbing several flights of stairs without resting</u> ?	<input type="checkbox"/> 5. NO GO TO BRANCHPOINT BEFORE B4j	<input type="checkbox"/> 1. YES →	<input type="checkbox"/> 1. A LITTLE <input type="checkbox"/> 2. A LOT

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<p>B4h. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Did (he/she) have any difficulty with ...</p> <p>OTHERWISE: (Do you have any difficulty with) ...</p> <p><u>climbing one flight of stairs without resting?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO B4n</p>				
<p>B4j. (Do you have any difficulty with) <u>lifting or carrying weights over 10 pounds, like a heavy bag of groceries?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>B4k. (Do you have any difficulty with) <u>stooping, kneeling, or crouching?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>B4m. (Do you have any difficulty with) <u>picking up a dime from a table?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>B4n. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: (Did (he/she) have any difficulty with ...)</p> <p>OTHERWISE: (Do you have any difficulty with ...)</p> <p><u>bathing or showering without help?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO B4r</p>				
<p>B4p. (Do you have any difficulty with) <u>reaching or extending your arms above shoulder level?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>B4q. (Do you have any difficulty with) <u>pulling or pushing large objects like a living room chair?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>B4r. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: (Did (he/she) have any difficulty with ...)</p> <p>OTHERWISE: (Do you have any difficulty with ...)</p> <p><u>eating without help?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>B4s. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: (Did (he/she) have any difficulty with ...)</p> <p>OTHERWISE: (Do you have any difficulty with ...)</p> <p><u>dressing without help?</u></p>	<p>5. NO ↓ V</p>	<p>1. YES →</p>	<p>1. A LITTLE</p>	<p>2. A LOT</p>
<p>BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO B6</p>				

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B5. Here are some other activities that people may have difficulty with.

		B5-1. Is that a little or a lot of difficulty?	
B5.	Do you have any difficulty with <u>using a map to figure out how to get around in a strange place?</u>	5. NO ↓ V	1. YES →  1. A LITTLE    2. A LOT
B5a.	(Do you have any difficulty with) <u>using a calculator to help balance your checkbook?</u>	5. NO ↓ V	1. YES →  1. A LITTLE    2. A LOT
B5b.	(Do you have any difficulty with) <u>managing your money?</u>	5. NO ↓ V	1. YES →  1. A LITTLE    2. A LOT
B5c.	(Do you have any difficulty with) <u>making telephone calls?</u>	5. NO ↓ V	1. YES →  1. A LITTLE    2. A LOT
B5d.	(Do you have any difficulty with) <u>following instructions for taking prescription medications?</u>	5. NO ↓ V	1. YES →  1. A LITTLE    2. A LOT

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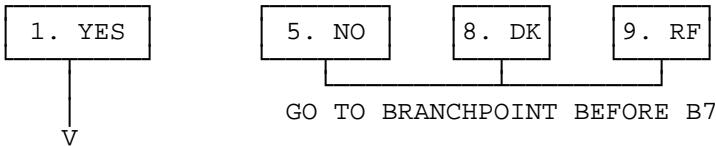
B6. IF R IS A NEW SPOUSE/PARTNER: The next questions are about your health.  
OTHERWISE: The next questions are about how your health has been since we last talked to you, that is, since WAVE I MONTH/YEAR.

BRANCHPOINT: IF HYPERTENSION REPORTED AT WAVE I, GO TO BRANCHPOINT BEFORE B7.  
ALL OTHERS—CONTINUE WITH B6a

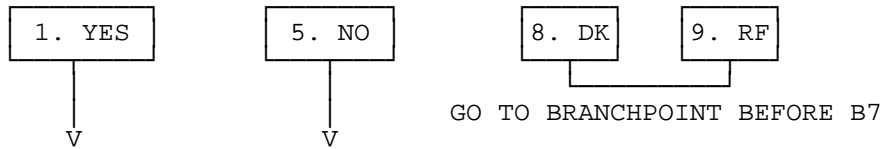
B6a. IF R IS NOT A NEW RESPONDENT:  
Since we last talked to you, that is, since WAVE I MONTH/YEAR, has a doctor told you that you have high blood pressure or hypertension?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:  
Since we last talked to (him/her), that is, since WAVE I MONTH/YEAR, did a doctor tell (him/her) that (he/she) had high blood pressure or hypertension?

OTHERWISE:  
Has a doctor told you that you have high blood pressure or hypertension?



B6b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:  
Was (he/she) taking medication for (his/her) blood pressure 3 months before (his/her) death?  
  
OTHERWISE:  
Are you taking medication for your blood pressure now?



BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO BRANCHPOINT BEFORE B7.

B6c. Do you have high blood pressure or hypertension at the present time?

1. YES      2. CONTROLLED BY MEDICATION      5. NO

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BRANCHPOINT: IF DIABETES REPORTED AT WAVE I, GO TO BRANCHPOINT BEFORE B9  
ALL OTHERS—CONTINUE WITH B7

B7. IF R IS A NEW SPOUSE/PARTNER: Has a doctor told you that you have diabetes or high blood sugar?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: (Since we last talked with (him/her), that is, since WAVE I MONTH/YEAR, did a doctor tell (him/her) that (he/she) had diabetes or high blood sugar?

OTHERWISE: (Since we last talked with you, that is, since WAVE I MONTH/YEAR,) has a doctor told you that you have diabetes or high blood sugar?

1. YES

5. NO

8. DK

9. RF

↓  
V

GO TO BRANCHPOINT BEFORE B9

B7a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Had (he/she been hospitalized because of (his/her) diabetes or high blood sugar?

OTHERWISE:

Have you been hospitalized because of your diabetes or high blood sugar?

1. YES

5. NO

BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO B7c.

B7b. Do you have diabetes now?

1. YES

5. NO

B7c. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:

During the three months prior to (his/her) death, had (he/she) seen a doctor for (his/her) diabetes?

OTHERWISE:

During the last 12 months, have you seen a doctor for your diabetes?

1. YES

5. NO

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B8. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:  
Was (he/she) using any of the following to treat or control (his/her) diabetes three months prior to (his/her) death?

OTHERWISE:

Are you now using any of the following to treat or control your diabetes?

	YES (1)	NO (5)
B8a. A special diet?		
B8b. Weight loss?		
B8c. Medication that you swallow?		
B8d. Insulin injection?		

BRANCHPOINT: IF CANCER REPORTED AT WAVE I, GO TO B9a

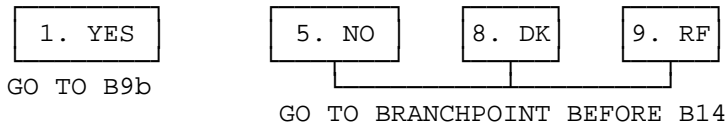
ALL OTHERS—CONTINUE WITH B9

B9. IF R IS A NEW SPOUSE/PARTNER: (Has a doctor told you that you have:)

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: (Since we last talked with (him/her), that is, since WAVE I MONTH/YEAR, has a doctor told (him/her) that (he/she) had)

OTHERWISE: (Since we last talked with you, that is, since WAVE I MONTH/YEAR, has a doctor told you that you have)

cancer or a malignant tumor of any kind except skin cancer?



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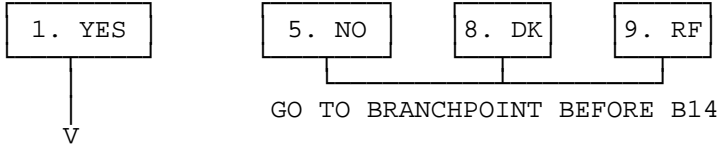
B9a. IF R IS A NEW SPOUSE/PARTNER: In the last two years has your doctor told you that you had a new cancer? By new cancer we mean any occurrence in a new organ.

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:

Last time we spoke with (him/her), (he/she) told us about [CATI inserts name of cancer reported in Wave I]. Since WAVE 1 MONTH/YEAR, has a doctor told (him/her) that (he/she) had a new cancer. By new cancer we mean any occurrence in a new organ.

OTHERWISE:

Last time we spoke with you, you told us about [CATI inserts name of cancer reported in Wave I]. In the last two years, since WAVE I MONTH/YEAR, has your doctor told you that you had a new cancer? By new cancer we mean any occurrence in a new organ.



B9b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:  
How many such cancers did (he/she) have? \_\_\_\_\_ # OF CANCERS

OTHERWISE:

How many such cancers have you had? \_\_\_\_\_ # OF CANCERS



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	ONLY OR MOST RECENT CANCER	SECOND MOST RECENT CANCER
<p>B10. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: In what year was (his/her) (most recent/second most recent) cancer diagnosed?</p> <p>OTHERWISE: In what year was your (most recent/second most recent) cancer diagnosed?</p> <p>[IF R GIVES DATE BEFORE WAVE I:] We are looking for cancers diagnosed since MONTH/YEAR OF WAVE I.</p>	<p>_____ YEAR</p>	<p>_____ YEAR</p>
<p>B11. In which organ or part of (IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: the body/ OTHERWISE: your body) did this cancer occur?</p>	<p>_____</p> <p>ORGAN/PART OF BODY</p>	<p>_____</p> <p>ORGAN/PART OF BODY</p>
<p>BRANCHPOINT:</p>	<p>1. CANCER REPORTED AT WAVE I AND ONLY ONE CANCER REPORTED HERE— GO TO BRANCHPOINT BEFORE B14</p> <p>2. CANCER REPORTED AT WAVE I AND 2 OR MORE CANCERS REPORTED HERE— GO BACK TO B10, NEXT COLUMN</p> <p>3. ALL OTHERS— CONTINUE WITH B12</p>	<p>1. CANCER REPORTED AT WAVE I—GO TO BRANCHPOINT BEFORE B14</p> <p>2. ALL OTHERS— CONTINUE WITH B12</p>
<p>B12. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: In the 3 months before (his/her) death, did (he/she) see a doctor about this cancer?</p> <p>OTHERWISE: During the last 12 months, have you seen a doctor about this cancer?</p>	<p><input type="checkbox"/> 1. YES      <input type="checkbox"/> 5. NO</p>	<p><input type="checkbox"/> 1. YES      <input type="checkbox"/> 5. NO</p>

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B13. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW:  
 What sort of treatments did (he/she) receive for this cancer during the three months before (his/her) death?  
  
 OTHERWISE:  
 During the last 2 years, what sort of treatments have you received for this cancer?

[CHECK ALL THAT APPLY.]

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1. CHEMOTHERAPY/ MEDICATION</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2. SURGERY OR BIOPSY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3. RADIATION/ X-RAY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">7. OTHER (SPECIFY:) _____</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">6. NONE</div>		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1. CHEMOTHERAPY/ MEDICATION</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2. SURGERY OR BIOPSY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3. RADIATION/ X-RAY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">7. OTHER (SPECIFY:) _____</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">6. NONE</div>
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BRANCHPOINT	SEE B9b  <input type="checkbox"/> TWO OR MORE CANCERS—GO BACK TO B10, SECOND MOST RECENT CANCER  <input type="checkbox"/> ALL OTHERS -->GO TO BRANCHPOINT BEFORE B14
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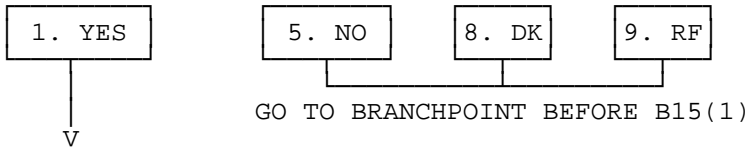
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BRANCHPOINT: IF CHRONIC LUNG DISEASE REPORTED AT WAVE I, GO TO BRANCHPOINT BEFORE B15(1)

B14. IF R IS A NEW SPOUSE/PARTNER: Not including asthma, has a doctor ever told you during the last two years that you have chronic lung disease such as chronic bronchitis or emphysema?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Not including asthma, did a doctor tell (him/her) since WAVE I MONTH/YEAR, that (he/she) had chronic lung disease such as chronic bronchitis or emphysema?

OTHERWISE: Not including asthma, has a doctor told you since WAVE I MONTH/YEAR that you have chronic lung disease such as chronic bronchitis or emphysema?



	YES (1)	NO (5)
<p>B14a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Was (he/she) taking medication or other treatments for (his/her) lung condition three months before (his/her) death?</p> <p>OTHERWISE: Are you taking medication or other treatments for your lung condition?</p>		
<p>B14b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Three months before (he/she) died, was (he/she) sometimes short of breath because of (his/her) lung condition?</p> <p>OTHERWISE: Are you sometimes short of breath because of your lung condition?</p>		
<p>B14c. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Three months before (he/she) died, did (he/she) sometimes have wheezing or persistent cough, or bring up phlegm because of (his/her) lung condition?</p> <p>OTHERWISE: Do you sometimes have wheezing or persistent cough, or bring up phlegm because of your lung condition?</p>		
<p>B14d. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Three months before (he/she) died, did (his/her) condition limit (his/her) usual activities such as household chores or going to work?</p> <p>OTHERWISE: Does your condition limit your usual activities such as household chores or going to work?</p>		

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BRANCHPOINT: IF HEART DISEASE REPORTED AT WAVE I, CONTINUE WITH B15(1)  
ALL OTHERS—GO TO B15(2)

B15(1). IF R IS A NEW SPOUSE/PARTNER: (During the last two years), has your doctor told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Last time we spoke with (him/her), (he/she) told us about [*heart condition reported in Wave I*]. Since WAVE I MONTH/YEAR, did a doctor tell (him/her) that (he/she) had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

OTHERWISE: Last time we spoke with you, you told us about [*heart condition reported in Wave I*]. Since WAVE I MONTH/YEAR, has your doctor told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

1. YES

5. NO

—>GO TO BRANCHPOINT BEFORE B21

GO TO B15a

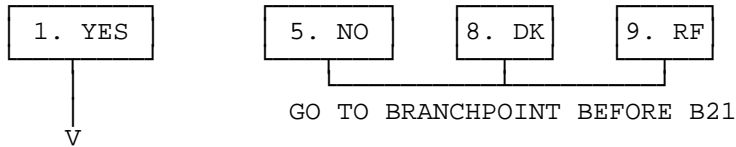
[FOR B15(1) AND (2):] IF R GIVES DATE BEFORE WAVE I READ: We are looking for a heart attack or myocardial infarction diagnosed since WAVE I MONTH/YEAR.

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B15(2). IF R IS A NEW SPOUSE/PARTNER: Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since WAVE I MONTH/YEAR, did a doctor tell (him/her) that (he/she) had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

OTHERWISE: Since WAVE I MONTH/YEAR, has your doctor told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?



B15a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Did (he/she) have a heart attack or myocardial infarction?

OTHERWISE: Did you have a heart attack or myocardial infarction?

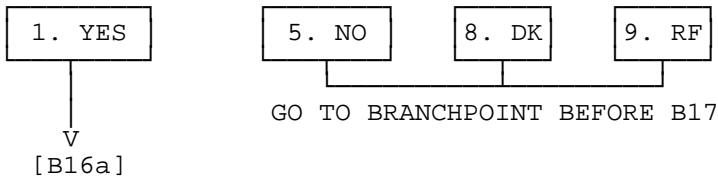
B15b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: In what year did (he/she) have (his/her) (most recent) heart attack or myocardial infarction?

OTHERWISE: In what year did you have your (most recent) heart attack or myocardial infarction?

\_\_\_\_\_ YEAR

B16. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Three months before (his/her) death, did (he/she) have any angina or chest pains due to (his/her) heart?

OTHERWISE: Do you currently have any angina or chest pains due to your heart?



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B16a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Three months before (his/her) death, was (he/she) taking or carrying any medications because of (his/her) chest pain?

OTHERWISE: Are you taking or carrying any medications because of your chest pain?

1. YES

5. NO

BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO BRANCHPOINT BEFORE B21.

B17. IF R IS A NEW SPOUSE/PARTNER: Has a doctor ever told you that you have congestive heart failure?

OTHERWISE: Since WAVE I MONTH/YEAR, has a doctor told you that you have congestive heart failure?

1. YES

5. NO

8. DK

9. RF

GO TO BRANCHPOINT BEFORE B18

B17a. Are you taking any medications for this?

1. YES

5. NO

B17b. Does your congestive heart failure sometimes cause you to be weak or short of breath?

1. YES

5. NO

BRANCHPOINT: IF "YES" ANSWER GIVEN TO B15a OR B16a OR B17a, CONTINUE WITH B18 OTHERWISE, GO TO B21

B18. During the last 12 months, have you seen a doctor for any of your heart problems?

1. YES

5. NO

B19. Have you had a special test or treatment of your heart where tubes were inserted into your veins or arteries (cardiac catheterization, coronary angiogram or angioplasty)?

1. YES

5. NO

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B20. Have you had surgery on your heart?

1. YES

5. NO

BRANCHPOINT: IF STROKE REPORTED AT WAVE I, GO TO BRANCHPOINT BEFORE B23

B21. IF R IS A NEW SPOUSE/PARTNER: Has a doctor ever told you that you had a stroke?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since WAVE I MONTH/YEAR, did a doctor tell (him/her) that (he/she) had a stroke?

OTHERWISE: Since WAVE I MONTH/YEAR, has a doctor told you that you had a stroke?

1. YES

5. NO

8. DK

9. RF

GO TO BRANCHPOINT BEFORE B23



B21a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: In what year did (he/she) have a stroke?  
  
OTHERWISE: In what year did you have a stroke?  
  
(IF R GIVES DATE BEFORE WAVE I MONTH/YEAR, READ: We are looking for strokes diagnosed since WAVE I MONTH/YEAR.)  
  
\_\_\_\_\_ YEAR

BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO BRANCHPOINT BEFORE B23.

B21b. Do you still have any remaining health problems because of your stroke, such as muscle weakness or difficulty speaking?  
  
1. YES      5. NO

B21c. During the last 12 months, have you seen a doctor because of your stroke?  
  
1. YES      5. NO

B21d. Are you taking any medications because of your stroke and its complications?  
  
1. YES      5. NO

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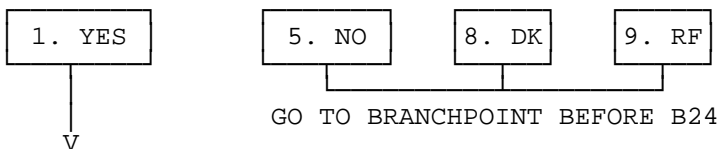
[NO QUESTION B22.]

BRANCHPOINT: IF EMOTIONAL/NERVOUS/PSYCHIATRIC PROBLEMS REPORTED AT WAVE I, GO TO BRANCHPOINT BEFORE B24.

B23. IF R IS A NEW SPOUSE/PARTNER: Have you ever had any emotional, nervous, or psychiatric problems?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since WAVE I MONTH/YEAR, did (he/she) have, or did a doctor tell (him/her) that (he/she) had any emotional, nervous, or psychiatric problems?

OTHERWISE: Since WAVE I MONTH/YEAR, have you had or has a doctor told you that you have any emotional, nervous, or psychiatric problems?



BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO BRANCHPOINT BEFORE B24

B23a. Do you now get psychiatric or psychological treatment for your problems?

1. YES                      5. NO

B23b. Do you now use tranquilizers, antidepressants, or pills for nerves?

1. YES                      5. NO



SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 17

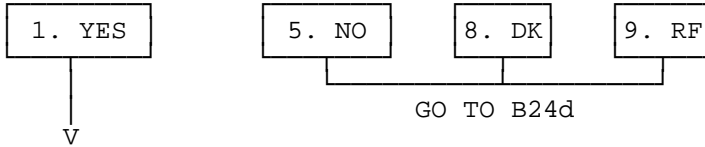
BRANCHPOINT: IF ARTHRITIS/RHEUMATISM REPORTED AT WAVE I, GO TO B24d

ALL OTHERS—CONTINUE WITH B24

B24. IF R IS A NEW SPOUSE/PARTNER: Have you ever had, or has a doctor ever told you that you have, arthritis or rheumatism?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since WAVE I MONTH/YEAR, did (he/she) have, or did a doctor tell (him/her) that (he/she) had, arthritis or rheumatism?

OTHERWISE: Since WAVE I MONTH/YEAR, have you had, or has a doctor told you that you have, arthritis or rheumatism?



B24a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: During the three months prior to (his/her) death, did (he/she) sometimes have pain, stiffness, or swelling in (his/her) joints?

OTHERWISE: Do you sometimes have pain, stiffness, or swelling in your joints?

1. YES

5. NO

B24b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: During the three months prior to (his/her) death, was (he/she) taking any medication or other treatment for (his/her) arthritis or rheumatism?

OTHERWISE: Are you currently taking any medication or other treatments for your arthritis or rheumatism?

1. YES

5. NO

B24c. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: In the three months prior to (his/her) death, had (he/she) seen a doctor specifically for (his/her) arthritis or rheumatism?

OTHERWISE: During the last 12 months, have you seen a doctor specifically for your arthritis or rheumatism?

1. YES

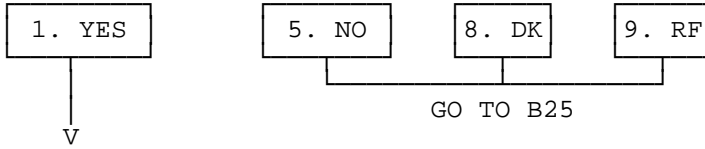
5. NO

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 18

B24d. IF R IS A NEW SPOUSE/PARTNER: Have you had any important surgical procedures during the last two years?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since we last spoke to (him/her), that is, since WAVE I MONTH/YEAR, had (he/she) had any important surgical procedures?

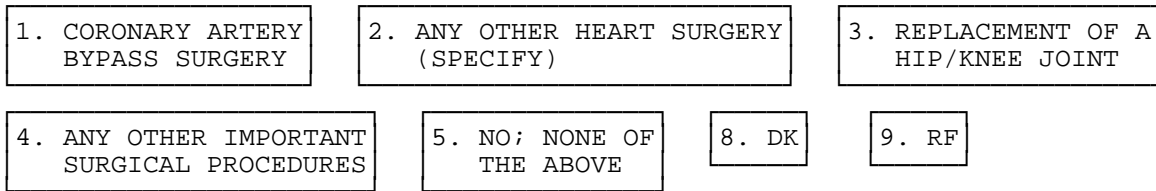
OTHERWISE: Since WAVE I MONTH/YEAR, have you had any important surgical procedures?



B24d-1. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Let me read you a list and you tell me any (he/she) had.

OTHERWISE: Let me read you a list and you tell me any you have had.

[READ CATEGORIES BELOW.]



B25a-g. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Did (he/she) have any of the following health problems?

OTHERWISE: Do you have any of the following health problems?

[ENTER ALL THAT APPLY.]

- 01. Asthma?
- 02. Problems with your back?
- 03. Problems with your feet and legs?
- 04. Kidney or bladder problems?
- 05. Stomach or intestinal ulcers?
- 06. A recent accident or injury?
- 96. None of the above
- 98. DK
- 99. RF

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 19

B26. IF R IS A NEW SPOUSE/PARTNER: Have you ever had a fracture or a broken bone?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Had (he/she) ever had a fracture or a broken bone?

OTHERWISE: Since WAVE I MONTH/YEAR, have you had a fracture or a broken bone?

1. YES

5. NO

B27. IF R IS A NEW SPOUSE/PARTNER: Have you ever been unconscious due to a head injury?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Had (he/she) ever been unconscious due to a head injury?

OTHERWISE: Since WAVE I MONTH/YEAR, have you been unconscious due to a head injury?

1. YES

5. NO

B28. IF R IS A NEW SPOUSE/PARTNER: Have you ever had any other serious health problems during the last two years?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Has (he/she) ever had any other serious health problems since we last talked to (him/her) that is, since WAVE I MONTH/YEAR?

OTHERWISE: Have you had any other serious health problems since WAVE I MONTH/YEAR?

1. YES

5. NO

8. DK

9. RF

GO TO B29

↓

B28a. What are they?

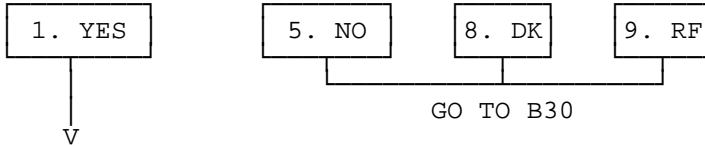
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SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 20

B29. IF R IS A NEW SPOUSE/PARTNER: In the last two years, since WAVE I MONTH/YEAR, have you been a patient in a hospital overnight?

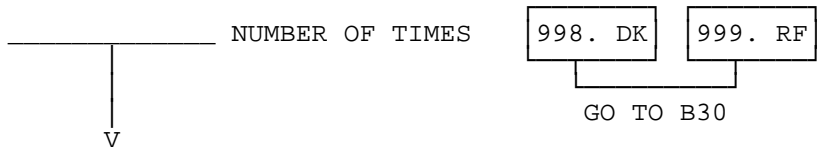
IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since WAVE I MONTH/YEAR, was (he/she) a patient in a hospital overnight?

OTHERWISE: Since WAVE I MONTH/YEAR, have you been a patient in a hospital overnight?



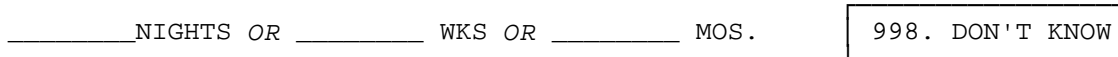
B29a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: How many times was (he/she) a patient in a hospital overnight?

OTHERWISE: How many times were you a patient in a hospital overnight?



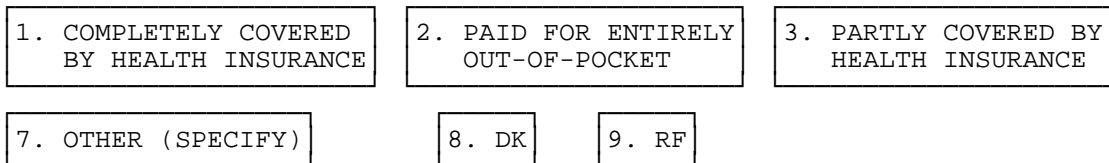
B29b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Altogether, since WAVE I MONTH/YEAR, how many nights was (he/she) a patient in the hospital?

OTHERWISE: Altogether, since WAVE I MONTH/YEAR, how many nights were you a patient in the hospital?



B29c. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Were the costs for (his/her) hospital stay completely covered by Health Insurance, paid for entirely out-of-pocket by (him/her) [and (his/her) spouse], partly by insurance, or what?

OTHERWISE: Were the costs for your hospital stay completely covered by Health Insurance, paid for entirely out-of-pocket by you [and your (husband/wife/partner)], partly by insurance, or what?



SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 21

B30. IF R IS A NEW SPOUSE/PARTNER: In the last two years, since WAVE I MONTH/YEAR, have you been a patient in a nursing home overnight?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since WAVE I MONTH/YEAR, was (he/she) a patient in a nursing home overnight?

OTHERWISE: Since WAVE I MONTH/YEAR, have you been a patient in a nursing home overnight?

1. YES	5. NO	8. DK	9. RF
↓	GO TO B31		

B30a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: How many times was (he/she) a patient in a nursing home overnight?

OTHERWISE: How many times were you a patient in a nursing home overnight?

_____	NUMBER OF TIMES	998. DK	999. RF
↓		GO TO B31	

B30b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Altogether, since WAVE I MONTH/YEAR, how many nights was (he/she) a patient in a nursing home during that time?

OTHERWISE: Altogether, since WAVE I MONTH/YEAR, how many nights were you a patient in a nursing home during that time?

_____ NIGHTS OR _____ WKS OR _____ MOS	998. DON'T KNOW
--	-----------------

B30c. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Were the costs for (his/her) nursing home stay completely covered by Health Insurance, paid for entirely out-of-pocket by (him/her) [and (his/her) spouse], partly by insurance, or what?

OTHERWISE: Were the costs for your nursing home stay completely covered by Health Insurance, paid for entirely out-of-pocket by you [and your (husband/wife/partner)], partly by insurance, or what?

1. COMPLETELY COVERED BY HEALTH INSURANCE	2. PAID FOR ENTIRELY OUT-OF-POCKET	3. PARTLY COVERED BY HEALTH INSURANCE
7. OTHER (SPECIFY)	8. DK	9. RF

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 22

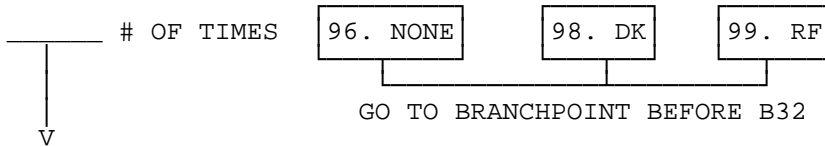
B31. (Not counting overnight hospital or nursing home stays,)

IF R IS A NEW SPOUSE/PARTNER: During the last two years, since WAVE I MONTH/YEAR, how many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Since WAVE I MONTH/YEAR, how many times did (he/she) see or talk to a medical doctor about (his/her) health, including emergency room or clinic visits?

OTHERWISE: Since WAVE I MONTH/YEAR, how many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits?

**DEFINITION:** DOCTORS INCLUDE SPECIALISTS SUCH AS DERMATOLOGISTS, PSYCHIATRISTS, OPHTHALMOLOGISTS, AS WELL AS GENERAL PRACTITIONERS AND OSTEOPATHS.



B31c. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Were the costs for (his/her) doctors' visits completely covered by Health Insurance, paid for entirely out-of-pocket by (him/her) [and (his/her) spouse], partly by insurance, or what?

OTHERWISE: Were the costs for your doctors' visits completely covered by Health Insurance, paid for entirely out-of-pocket by you [and your (husband/wife/partner)], partly by insurance, or what?

- |   |                                    |                                       |
|---|------------------------------------|---------------------------------------|
| 1. COMPLETELY COVERED BY HEALTH INSURANCE | 2. PAID FOR ENTIRELY OUT-OF-POCKET | 3. PARTLY COVERED BY HEALTH INSURANCE |
| 7. OTHER (SPECIFY)                        | 8. DK                              | 9. RF                                 |

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 23

BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO B33

B32. (Aside from any hospital or nursing home stays,) How many days did you stay in bed more than half the day because of ...

IF R IS A NEW SPOUSE/PARTNER: illness or injury during the last two years, since WAVE I MONTH/YEAR?

OTHERWISE: illness or injury since WAVE I MONTH/YEAR?

996. NONE

\_\_\_\_\_ DAYS OR \_\_\_\_\_ WKS OR \_\_\_\_\_ MOS

998. DON'T KNOW

B33. IF R IS A NEW SPOUSE/PARTNER: And, during the last two years, since WAVE I MONTH/YEAR did you require any professional nursing care in your own home?

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: And, since WAVE I MONTH/YEAR, did (he/she) require any professional nursing care in (his/her) home?

OTHERWISE: And, since WAVE I MONTH/YEAR, did you require any professional nursing care in your own home?

1. YES

5. NO

8. DK

9. RF

GO TO B33-1a

↓

B33a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: On how many days during that time did (he/she) have home nursing care?

OTHERWISE: On how many days during that time did you have home nursing care?

\_\_\_\_\_ DAYS OR \_\_\_\_\_ WKS OR \_\_\_\_\_ MOS

998. DON'T KNOW

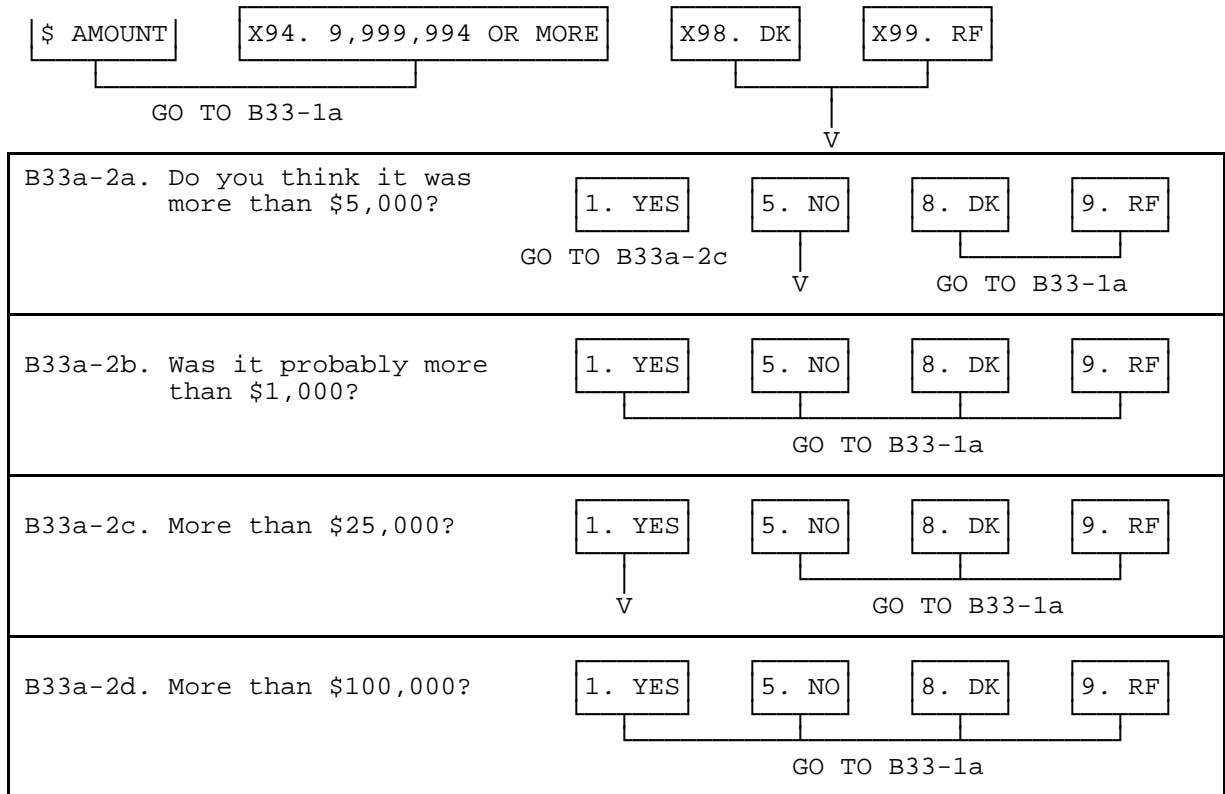
BRANCHPOINT: IF B29c, B30c, OR B31c = 1 (COMPLETELY COVERED BY HEALTH INSURANCE) OR 2 (COMPLETELY OUT-OF-POCKET), GO TO B33a-2, THEN TO B34

OTHERWISE, GO TO B33a-3, THEN B33a-4

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 24

B33a-2. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Roughly how much were the total costs of [FILL FROM B29, B30, B31: (his/her) hospital stay/(his/her) nursing home stay/(his/her) visits to a doctor]?

OTHERWISE: Roughly how much were the total costs of [FILL FROM B29, B30, B31: your hospital stay/your nursing home stay/your visits to a doctor]?

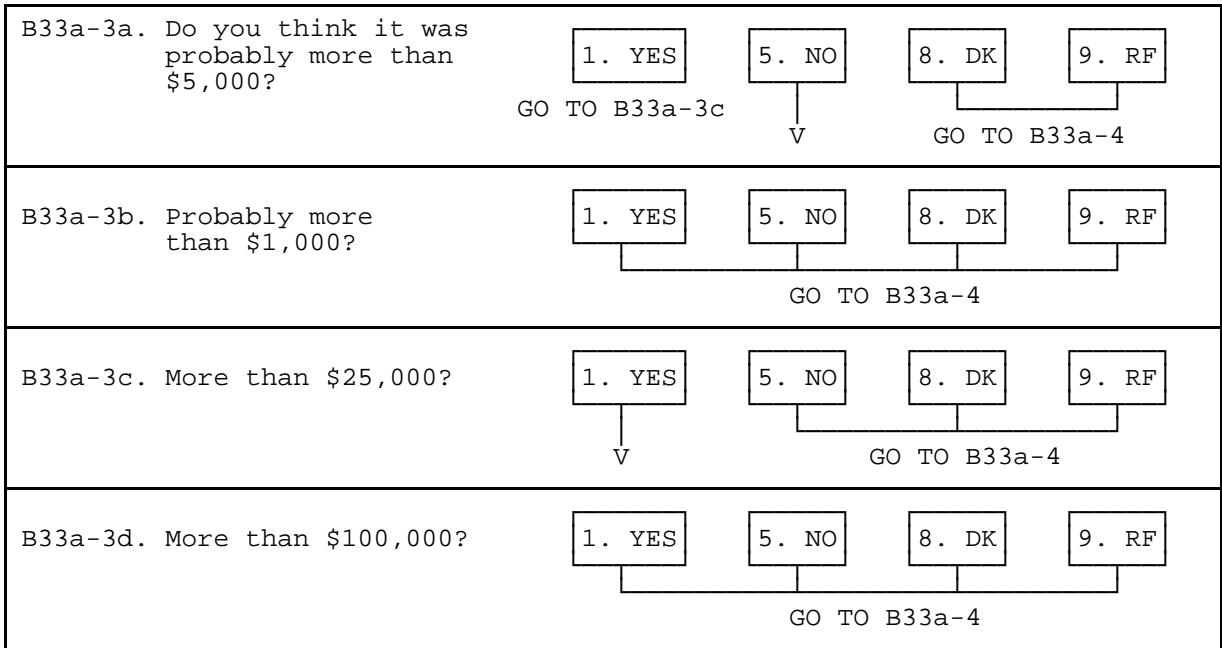
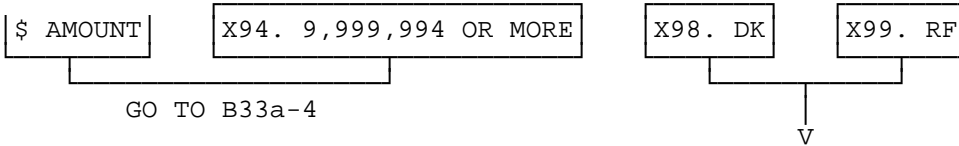




SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 25

B33a-3. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Roughly how much did (he/she) spend out-of-pocket for [FILL FROM B29, B30, B31: (his/her) hospital stay/(his/her) nursing home stay/(his/her) visits to a doctor]?

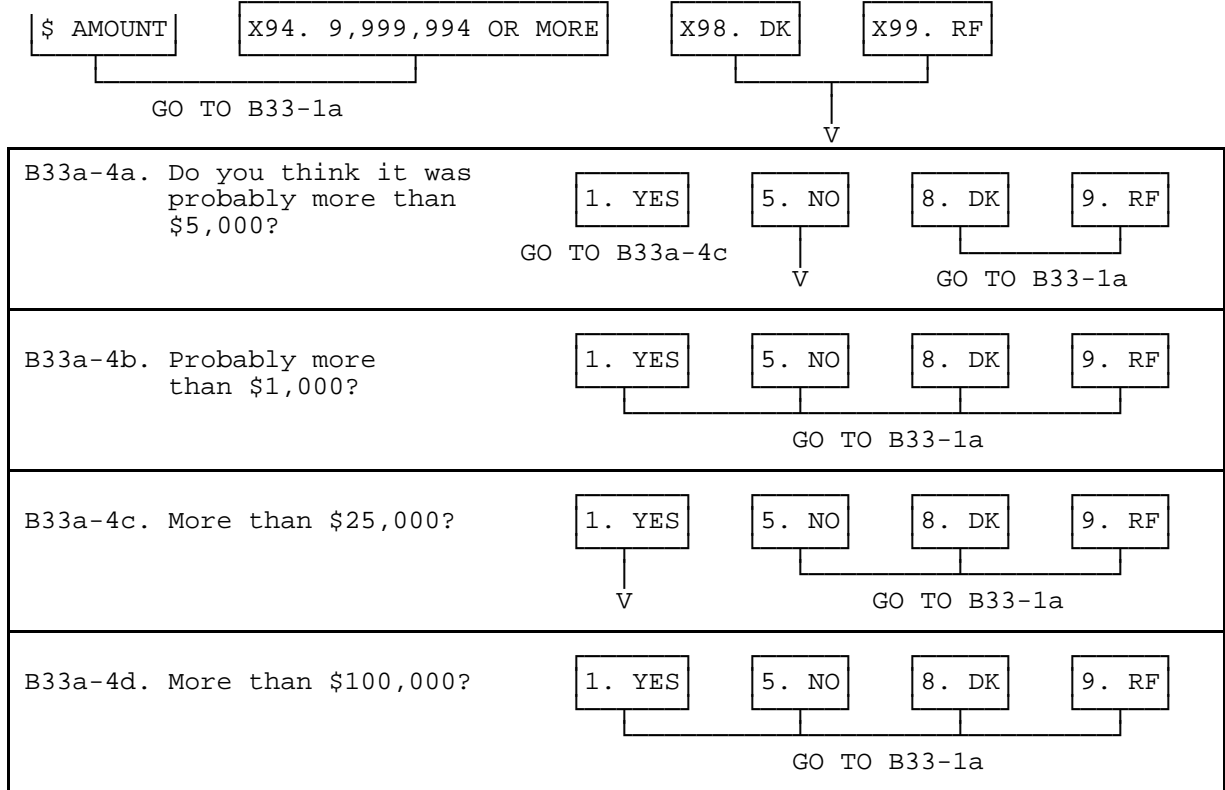
OTHERWISE: Roughly how much did you spend out-of-pocket for [FILL FROM B29, B30, B31: your hospital stay/your nursing home stay/your visits to a doctor]?



SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 26

B33a-4. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Could you give me a rough idea of the total cost of [FILL FROM B29, B30, B31: (his/her) hospital stay/(his/her) nursing home stay/(his/her) visits to a doctor], including those covered by health insurance?

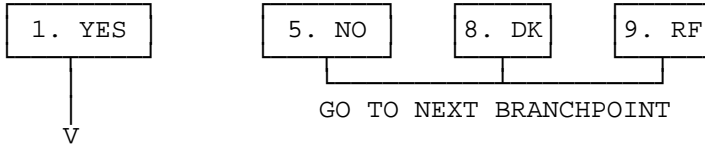
OTHERWISE: Could you give me a rough idea of the total cost of [FILL FROM B29, B30, B31: your hospital stay/your nursing home stay/your visits to a doctor], including those covered by health insurance?



SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 27

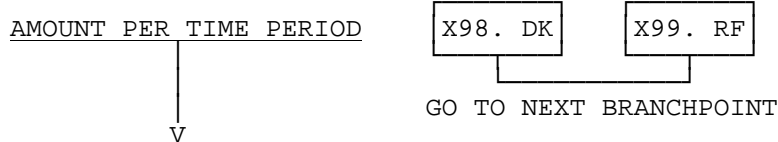
B33-1a. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Did (he/she) regularly purchase medications prescribed for (him/her) by a doctor?

OTHERWISE: Do you regularly purchase medications prescribed for you by a doctor?



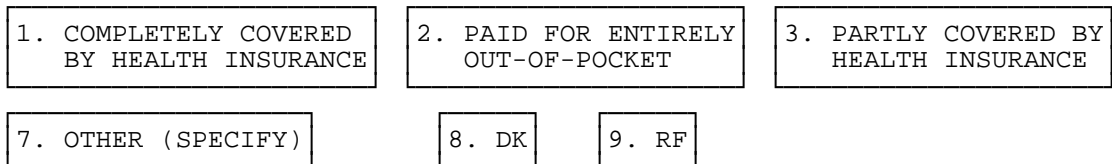
B33-1b. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: How much did (he/she) spend per week, month, or year?

OTHERWISE: How much do you spend per week, month, or year?



B33-1c. IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW: Were the costs completely covered by Health Insurance, paid for entirely out-of-pocket by (him/her) [and (his/her) spouse], partly covered by insurance, or what?

OTHERWISE: Were the costs completely covered by Health Insurance, paid for entirely out-of-pocket by you [and your (husband/wife/partner)], partly covered by insurance, or what?



BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO END OF THIS SECTION.

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 28

B34. Now let's talk about your current health. Are you often troubled with pain?

1. YES	5. NO	8. DK	9. RF
↓	GO TO B35		

B34b. How bad is the pain most of the time: mild, moderate or severe?

1. MILD	2. MODERATE	3. SEVERE
---------	-------------	-----------

B34c. Does the pain make it difficult for you to do normal work?

1. YES	5. NO
--------	-------

B34d. Is any of the pain in your lower back?

1. YES	5. NO	8. DK	9. RF
↓	GO TO B35		

B34e. Does your back pain ever get severe enough for you to miss work?

1. YES	5. NO	6. NOT WORKING FOR PAY
--------	-------	------------------------

B34f. Is your back pain due to a slipped disk, is it due to arthritis, or is it due to some other condition?

01. SLIPPED DISK	02. ARTHRITIS	97. OTHER (SPECIFY:) _____
------------------	---------------	-------------------------------

B35. Do you usually spend more than 10 minutes a day on your own health problems or conditions, "doing things" such as preparing and taking medicines, applying treatments, taking care of surgical problems, or doing any kind of rehabilitation?

1. YES	5. NO	8. DK	9. RF
↓	GO TO B36		

B35a. On average, how many minutes a day do you spend on this?

\_\_\_\_\_ MINUTES/DAY OR \_\_\_\_\_ HOURS/DAY

998. DON'T KNOW
-----------------

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 29

B36. Do you wear eyeglasses or contact lenses?

1. YES

5. NO

B37. (With your glasses) Is your eyesight excellent, very good, good, fair, or poor?

1. EXCELLENT

2. VERY GOOD

3. GOOD

4. FAIR

5. POOR

B38. Do you wear a hearing aid?

1. YES

5. NO

8. DK

9. RF

GO TO B39

B38a. How often do you usually wear a hearing aid these days: almost always, often, sometimes, or almost never?

1. ALMOST ALWAYS

2. OFTEN

3. SOMETIMES

4. ALMOST NEVER

B39. (Using your hearing aid) Is your hearing excellent, very good, good, fair, or poor?

1. EXCELLENT

2. VERY GOOD

3. GOOD

4. FAIR

5. POOR

B40. Do you smoke cigarettes now?

1. YES

5. NO

8. DK

9. RF

GO TO B41

B40a. About how many cigarettes or packs do you usually smoke in a day now?

CODED AS: **NUMBER OF CIGARETTES/PACKS/CARTONS PER DAY/WEEK/MONTH/YEAR**

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 30

B41. Do you ever drink any alcoholic beverages such as beer, wine, or liquor?

1. YES	5. NO	8. DK	9. RF
--------	-------	-------	-------

GO TO B42

↓

B41a. In general, do you have less than one drink a day, one to two drinks a day, three or four drinks a day, or five or more drinks a day?

1. LESS THAN ONE A DAY	2. 1-2 A DAY	3. 3-4 A DAY	4. 5 OR MORE A DAY
------------------------	--------------	--------------	--------------------

B42. The next few questions are about physical activities. Please tell me how often you participate in light physical activity--such as walking, dancing, gardening, golfing, bowling, etc.?

\_\_\_\_\_ TIMES PER WEEK/MONTH/YEAR/OTHER PERIOD--SPECIFY

996. NONE/NEVER	997. OTHER (SPECIFY)	8. DK	9. RF
-----------------	----------------------	-------	-------

B43. How often do you participate in vigorous physical activity or sports--such as heavy housework, aerobics, running, swimming, or bicycling?

\_\_\_\_\_ TIMES PER WEEK/MONTH/YEAR/OTHER PERIOD--SPECIFY

996. NONE/NEVER	997. OTHER (SPECIFY)	8. DK	9. RF
-----------------	----------------------	-------	-------

B45. About how much do you weigh?

\_\_\_\_\_ POUNDS

998. DK	999. RF
---------	---------

B45a. How tall are you without shoes?

\_\_\_\_\_ FEET \_\_\_\_\_ INCHES

X98. DK	X99. RF
---------	---------

SECTION B: HEALTH STATUS (July 21, 1995) – PAGE 31

B46. Now think about the past week and the feelings you have experienced. Please tell me if each of the following was true for you much of the time this past week.

	1. YES	5. NO
B46a. Much of the time during the past week, <u>you felt depressed</u> . (Would you say yes or no?)		
B46b. Much of the time, <u>you felt that everything you did was an effort</u> .		
B46c. Much of the time, <u>your sleep was restless</u> .		
B46d. Much of the time, " <u>you could not get going</u> ".		
B46e. Much of the time, <u>you felt lonely</u> .		
B46f. Much of the time, <u>you enjoyed life</u> .		
B46g. Much of the time, <u>you felt sad</u> .		
B46h. Much of the time, <u>you were happy</u> .		

B46r. In the past year, have you had two weeks or more during which you felt sad, blue or depressed, or lost pleasure in things that you usually cared about or enjoyed?

1. YES

5. NO

8. DK

9. NA

END OF SECTION B