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HRS 2004



# *Physical Measures Booklet*

**IWER:** Text in *bold and italics* is to be read to the respondent. Normal text is interviewer instructions or questions that are to be answered by you.

**(J1803)** Mark an 'X' by each measurement for which R is eligible.

- Breathing Test
- Hand Strength Test
- Walking Test
- Height
- Weight

**(J1802) IWER:**

Before beginning the physical measurements, you must have a signed consent from the Respondent.

Logging ID

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# BREATHING TEST

Equipment needed: Peak flow meter  
Disposable mouthpiece(s)

***“Now let’s talk about the first activity.”***

***“I’m going to ask you to perform a simple test that will measure how fast you can expel air from your lungs. When you blow into this instrument, the value of the biggest, fastest “huff” of air that you can expel will be recorded. It is important that you blow as hard and as fast as you can. I would like you to perform the test three times.”***

***“When we are ready to begin, I’ll ask you to stand up. Take as deep a breath as possible. Open your mouth and close your lips firmly around the outside of the mouthpiece, and then blow as hard and as fast as you can into the mouthpiece. Like this...”***

DEMONSTRATE THE TEST

**(JI804) IWER CHECKLIST: CONFIRM WITH RESPONDENT AND CIRCLE RESPONSE**

IWER: DO YOU FEEL IT WOULD BE SAFE TO DO THE TEST	Yes	No
<b><i>Do you feel safe and are you willing to do this test?</i></b>	Yes	No
<b><i>Do you understand the directions for this test?</i></b>	Yes	No

**\*\*IF ‘NO’ TO ANYTHING IN CHECKLIST, DO NOT CONDUCT THIS TEST. GO TO THE QUESTION IN THE BOX BELOW. OTHERWISE, CONTINUE WITH THE TEST.\*\***

**(JI805) Why didn’t R complete the breathing test? (SELECT ALL THAT APPLY)**

R felt it would not be safe ..... 1  
IWER felt it would not be safe ..... 2  
R refused or was not willing to complete the test ..... 3  
R tried but was unable to complete test ..... 4  
R did not understand the instructions ..... 5  
Other (Specify) \_\_\_\_\_ 97

**\*\*GO TO NEXT MEASUREMENT TO BE ADMINISTERED.\*\***

# BREATHING TEST

## INSTRUCTIONS FOR ADMINISTERING THE BREATHING TEST:

- Hand the R the instrument and a disposable mouthpiece and have the R firmly place the mouthpiece on the instrument.
- R should hold the instrument lightly with the slot facing away from the R's hand so that the R's fingers do not obstruct the slot.
- Ask R to stand up and take a deep breath and then place lips around the outside of the mouthpiece
- Ask the R to blow as hard and as fast as he or she can.
- Record the value indicated by the marker in the space below.
- Reset the marker and repeat for a total of three tries.
- Allow 30 seconds between tries.

- Record 30 if less than 60
- Record 890 if past last tick mark
- Record 993 if R tried but was unable
- Record 999 if R chose not to do it

(J1807) First Reading: \_\_\_\_\_

(J1808) Second Reading: \_\_\_\_\_

(J1809) Third Reading: \_\_\_\_\_

### (J1810) How much effort did R give to this test? (CIRCLE RESPONSE)

- R gave full effort..... 1
- R was prevented from giving full effort by illness, pain, or other symptoms or discomforts..... 2
- R did not appear to give full effort, but no obvious reason for this. .... 3

### (J1811) What was R's position for this test? (CIRCLE RESPONSE)

- Standing..... 1
- Sitting ..... 2
- Lying down..... 3

**THANK R AND GO TO THE NEXT MEASUREMENT**

# HAND STRENGTH TEST

Equipment needed: Dynamometer

***“Now I would like to assess the strength of your hand in a gripping action. I will ask you to squeeze this handle as hard as you can, just for a couple of seconds and then let go. I will take alternately two measurements from your right and your left hand.”***

DEMONSTRATE THE TEST

***“Before we begin, I’d like to make sure it is safe for you to do this test. Have you had surgery or experienced any swelling, inflammation, severe pain, or injury in one or both hands within the last 6 months?”***

IF “YES,” PROBE TO DETERMINE WHICH HAND(S). (CIRCLE RESPONSE)

1. Yes, both hands (DO NOT PERFORM THIS TEST. GO TO THE QUESTION IN THE BOX BELOW.)
2. Yes, left hand only (DO NOT PERFORM TEST ON LEFT HAND)
3. Yes, right hand only (DO NOT PERFORM TEST ON RIGHT HAND)
4. No

**(J1812) CHECKLIST: CONFIRM EACH WITH R AS NEEDED AND CIRCLE RESPONSE**

IWER: R CAN PERFORM TEST WITH AT LEAST ONE HAND	Yes	No
<b><i>Do you feel safe and are you willing to do this test?</i></b>	Yes	No
<b><i>Do you understand the directions for the test?</i></b>	Yes	No

**\*\*IF ‘NO’ TO ANYTHING IN CHECKLIST, DO NOT CONDUCT THIS TEST. GO TO THE QUESTION IN THE BOX BELOW. OTHERWISE, CONTINUE WITH THE TEST.\*\***

**(J1813) Why didn’t R complete the hand strength test? (SELECT ALL THAT APPLY)**

- R felt it would not be safe ..... 1
- IWER felt it would not be safe ..... 2
- R refused or was not willing to complete the test..... 3
- R tried but was unable to complete test ..... 4
- R did not understand the instructions ..... 5
- R had surgery, injury, swelling, etc. on both hands in past 6 months ..... 6
- Other (Specify)\_\_\_\_\_ 97

**\*\*IF YOU ARE NOT CONDUCTING TIMED WALK OR HEIGHT/WEIGHT MEASUREMENTS, THANK R FOR HIS/HER COOPERATION AND RETURN TO THE LAPTOP TO ENTER INFORMATION FROM BOOKLET.\*\***

# HAND STRENGTH TEST

**(JI815) “Which is your dominant hand?” (CIRCLE RESPONSE)**

1. Right hand
2. Left hand
3. Both hands equally dominant

**INSTRUCTIONS FOR ADMINISTERING THE HAND STRENGTH TEST:**

- Suggest R removes rings or other hand jewelry.
- Position the respondent correctly, standing with arm at side.
- Adjust dynamometer to hand size by turning the lever.
- Reset arrow at zero.
- Explain the procedure once again.
- Let respondent have a practice with their dominant hand.
- Record measurements to the nearest whole number in the table below:

- Record 993 if R tried but was unable  
 - Record 999 if R chose not to do it

	Left Hand	Right Hand
<b>1<sup>st</sup> reading</b>	<b>(JI816)</b>	<b>(JI851)</b>
<b>2<sup>nd</sup> reading</b>	<b>(JI852)</b>	<b>(JI853)</b>

**(JI817) How much effort did R give to this measurement? (CIRCLE RESPONSE)**

- R gave full effort..... **1**  
 R was prevented from giving full effort by illness, pain, or other symptoms or discomforts..... **2**  
 R did not appear to give full effort, but no obvious reason for this. .... **3**

**(JI818) What was the R’s position for this test? (CIRCLE RESPONSE)**

- Standing..... **1**  
 Sitting ..... **2**  
 Lying down..... **3**

**(JI819) Did R rest their arm on a support while performing this test? (CIRCLE RESPONSE)**

- Yes..... **1**  
 No..... **5**

**\*\*IF YOU ARE NOT CONDUCTING TIMED WALK OR HEIGHT/WEIGHT MEASUREMENTS, THANK R FOR HIS/HER COOPERATION AND RETURN TO THE LAPTOP TO ENTER INFORMATION FROM BOOKLET.**

**LET THE R KNOW THAT IT WILL TAKE YOU A MOMENT TO ENTER THE INFORMATION IN THE COMPUTER.\*\***

**THANK R AND GO TO THE NEXT MEASUREMENT**

# WALKING TEST

Equipment needed:   Tape measure  
                              Stopwatch  
                              Masking Tape

***“Next, I would like to test whether you can walk a very short distance comfortably (using a walking stick or other aid if necessary). First, I want to make sure it is safe to carry out the test. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking?”***

(CIRCLE RESPONSE)

1. No apparent restriction
2. Yes, recent surgery (DO NOT PERFORM TEST)
3. Yes, injury (DO NOT PERFORM TEST)
4. Yes, other health condition (DO NOT PERFORM TEST)

IWER: IF YES TO ANY OF THE CONDITIONS (2, 3 OR 4) DO NOT PERFORM THIS TEST. GO TO THE QUESTION IN THE BOX AT THE BOTTOM OF THE PAGE

***“Now let’s find a place where we can conduct the test. We will need a clear space about 8 to 9 feet long in a non-carpeted area, if possible. I’m going to place the measuring tape alongside the space where the walk will take place.”***

SET UP THE COURSE (98.5 INCHES)

***“This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to go to the store. Walk all the way past the other end of the tape before you stop. Now I’d like to demonstrate how to do the test. You will start by lining your feet up at the starting point. ”***

DEMONSTRATE THE TEST

**(J1820) CHECKLIST: CONFIRM EACH WITH R AS NEEDED AND CIRCLE RESPONSE**

<b><i>Do you feel safe and are you willing to do this test?</i></b>	Yes	No
IWER: APPROPRIATE SPACE IS AVAILABLE FOR TEST	Yes	No
<b><i>Do you understand the directions for the test?</i></b>	Yes	No

\*\*IF ‘NO’ TO ANYTHING IN CHECKLIST, DO NOT CONDUCT THIS TEST. GO TO THE QUESTION IN THE BOX BELOW. OTHERWISE, CONTINUE WITH THE TEST.\*\*

**(J1821) Why didn’t R complete the timed walk test? (SELECT ALL THAT APPLY)**

R felt it would not be safe.....	1
IWER felt it would not be safe.....	2
R refused or was not willing to complete the test .....	3
R tried but was unable to complete test.....	4
R did not understand the instructions .....	5
R had surgery, injury, or other health condition that prevented R from walking.....	6
No suitable space available .....	7
Other (Specify).....	97

\*\*IF YOU ARE NOT CONDUCTING THE NEXT MEASUREMENT, THANK R FOR THEIR COOPERATION AND RETURN TO THE LAPTOP TO ENTER INFORMATION.\*

# WALKING TEST

Ensure that the respondent is wearing appropriate footwear at this point. If not, ask R to change shoes or to put shoes on.

***“I am going to time you as you walk the course. I will be asking you to walk the course two times. I’ll walk along side you the whole time during the test. I’d like you to stand here with your feet lined up. Start walking when I say ‘Begin’.”***

***“Are you ready to go now? Begin.”***

- Record 993 if R tried but was unable
- Record 999 if R chose not to do it

**(J1823) First Trial:** \_\_\_\_\_ . \_\_\_\_\_

For the second trial, ensure that the respondent walks back along the course he/she has already covered.

***“Now I want you to repeat the walk. Remember to walk at your usual pace and go all the way past the other end of the course. I’d like you to stand here with your feet lined up. Start walking when I say ‘Begin.’ Ready? Begin.”***

- Record 993 if R tried but was unable
- Record 999 if R chose not to do it

**(J1824) Second Trial:** \_\_\_\_\_ . \_\_\_\_\_

**(J1825) Record type of floor surface (CIRCLE RESPONSE)**

- Linoleum/tile/wood ..... 1
- Low-pile carpet ..... 2
- High-pile carpet ..... 3
- Concrete ..... 4
- Not sure ..... 5
- Other (Specify) \_\_\_\_\_ ..... 97

**(J1828) Record type of aid used (CIRCLE RESPONSE)**

- None ..... 1
- Walking stick or cane ..... 2
- Elbow crutches ..... 3
- Walking frame ..... 4
- Other (Specify) \_\_\_\_\_ ..... 97

**(J1830) How much effort did the R give to this test? (CIRCLE RESPONSE)**

- R gave full effort ..... 1
- R was prevented from giving full effort by illness, pain, or other symptoms or discomforts ..... 2
- R did not appear to give full effort, but no obvious reason for this ..... 3

**\*\*IWER: IF YOU ARE NOT CONDUCTING HEIGHT/WEIGHT MEASUREMENTS, THANK R FOR HIS/HER COOPERATION AND RETURN TO THE LAPTOP TO ENTER INFORMATION FROM BOOKLET. LET THE R KNOW THAT IT WILL TAKE YOU A FEW MOMENTS TO ENTER THE INFORMATION IN THE COMPUTER.\*\***

**THANK R AND GO TO THE NEXT MEASUREMENT**

# HEIGHT

Equipment needed:   Tape measure  
                          Rafter's square  
                          Self-adhesive note

***“Finally, I would like to measure your height and weight. Let’s measure your height first. To complete this measurement, I’ll be asking you to take off your shoes and stand up against a wall.”***

IF NECESSARY, DESCRIBE THE PROCESS IN MORE DETAIL FOR THE R.

**(J1831)** CHECKLIST: Confirm each with R as needed and circle response

<b><i>Do you feel safe doing the test and are you willing to do it?</i></b>	Yes	No
IWER: APPROPRIATE SPACE IS AVAILABLE FOR MEASUREMENT	Yes	No
<b><i>Do you understand the directions for the test?</i></b>	Yes	No

**\*\*IF 'NO' TO ANYTHING IN CHECKLIST, DO NOT CONDUCT THIS TEST. GO TO THE QUESTION IN THE BOX BELOW. OTHERWISE, CONTINUE WITH THE TEST.\*\***

**(J1832)** Why weren't you able to measure R's height? (SELECT ALL THAT APPLY)

R felt it would not be safe .....	1
IW felt it would not be safe .....	2
R refused or was not willing to complete the measurement.....	3
R tried but was unable to complete the measurement.....	4
R did not understand the instructions .....	5
Respondent too tall, interviewer could not reach .....	6
No suitable space available.....	7
Other (SPECIFY)_____	97

**\*\*GO TO NEXT MEASUREMENT TO BE ADMINISTERED.\*\***



# HEIGHT

## INSTRUCTIONS FOR MEASURING HEIGHT:

- Ask R for location to conduct measurement.
- Make sure R is standing up as straight as comfortable with his/her heels and shoulders as close to the wall as comfortable.
- Place a self-adhesive note on the wall near the top of the R's head.
- Position your rafter's square against the wall directly over the R's head. It should be parallel to the floor, resting on the R's head but not pressing on it.
- Make a mark on the self-adhesive note at the bottom of the Rafter's square.
- Ask the R to move away from the wall. He/She may sit down again, but shouldn't put on shoes because weight measurement will be next.
- Position the tape measure under a door jam, floor molding or your foot and measure from the floor to the mark on the self-adhesive note.
- Record R's height in **INCHES** (rounded to the nearest quarter inch) on self-adhesive note on the wall and remove it from the wall.

(J1834) ENTER RESPONDENT'S HEIGHT: \_\_\_\_\_ . \_\_\_\_\_ inches

### (J1835) Record type of floor surface (CIRCLE RESPONSE)

Linoleum/tile/wood .....	1
Low-pile carpet .....	2
High-pile carpet .....	3
Concrete .....	4
Not sure .....	5
Other (Specify) _____ .....	97

### (J1837) Was R wearing shoes during the measurement? (CIRCLE RESPONSE)

Yes	1
No .....	5

**THANK R AND GO TO THE NEXT MEASUREMENT**

# WEIGHT

Equipment needed: Scale

**“Lastly, I’d like to measure your weight. To measure your weight, I will ask you to stand, with your shoes off, on this scale while I read the display.”**

**(J1838) CHECKLIST: CONFIRM EACH WITH R AS NEEDED AND CIRCLE RESPONSE**

**Do you feel safe doing the test and are you willing to do it?** Yes No

IWER: APPROPRIATE SPACE IS AVAILABLE FOR MEASUREMENT Yes No

**Do you understand the directions for the test?** Yes No

**\*\*IF ‘NO’ TO ANYTHING IN CHECKLIST, DO NOT CONDUCT THIS TEST. GO TO THE QUESTION IN THE BOX BELOW. OTHERWISE, CONTINUE WITH THE TEST.\*\***

**(J1839) Why weren’t you able to measure R’s weight? (SELECT ALL THAT APPLY)**

- R felt it would not be safe..... 1
- IW felt it would not be safe..... 2
- R refused or was not willing to complete the measurement ..... 3
- R tried but was unable to complete the measurement ..... 4
- R did not understand the instructions ..... 5
- Respondent was too heavy; did not attempt..... 6
- No suitable space available ..... 7
- Scale did not work..... 8
- Other (Specify)\_\_\_\_\_ 97

**\*\*CONCLUDE PHYSICAL MEASURES SECTION.\*\***

# WEIGHT

## INSTRUCTIONS FOR MEASURING WEIGHT:

- Place scale on firm surface – hard-surface floor or low-pile carpet.
- Make sure R's shoes are off/ Ask R to remove shoes.
- Ask R to remove heavy objects from pockets and/or heavy sweaters as needed.
- Position scale so you can see display while R is standing on it.
- Tap middle of scale firmly with foot, and wait for 000.0 to appear.
- Ask R to stand on scale.
- Record measurement while R is on the scale.
- R can sit down and put shoes back on.

**(JI841)** RECORD MEASUREMENT: \_\_\_\_\_ . \_\_\_\_\_ pounds

ENTER RESPONDENT'S WEIGHT IN POUNDS AS RECORDED ON SCALE (TO THE NEAREST 1/2 POUND).

### **(JI842)** Record type of floor surface (CIRCLE RESPONSE)

Linoleum/tile/wood ..... 1  
Low-pile carpet ..... 2  
High-pile carpet ..... 3  
Concrete ..... 4  
Not sure ..... 5  
Other (Specify) \_\_\_\_\_ ..... 97

### **(JI844)** Was R wearing shoes during the measurement? (CIRCLE RESPONSE)

Yes ..... 1  
No ..... 5

*"Thank you for your cooperation. Before we continue with the interview, I need a moment to enter this information in the computer."*

IWER: ENTER ALL INFORMATION INTO THE COMPUTER NOW.

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