SECTION B: HEALTH STATUS

B1. 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

B2. Compared with 1 year ago, 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  4. SOMEWHAT WORSE  5. MUCH WORSE

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
B4. (RB, TOP OF P. 1) We are interested in how much difficulty people have with various activities because of a health or physical problem. Please look at the answer categories at the top of page one of the booklet and tell me how difficult each activity is for you. Exclude any difficulties that you expect to last less than three months.

<table>
<thead>
<tr>
<th>How difficult is it for you to...</th>
<th>NOT AT ALL DIFFICULT (1)</th>
<th>A LITTLE DIFFICULT (2)</th>
<th>SOMEWHAT DIFFICULT (3)</th>
<th>VERY DIFFICULT/CAN'T DO (4)</th>
<th>DON'T DO (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4a. ...run or jog about a mile? (Is this not at all difficult, a little difficult, somewhat difficult, very difficult, or something that you can't do at all?)</td>
<td>GO TO B4e</td>
<td></td>
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<tr>
<td>B4b. ...walk several blocks?</td>
<td>GO TO B4e</td>
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<tr>
<td>B4c. ...walk one block?</td>
<td>GO TO B4e</td>
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<tr>
<td>B4d. ...walk across a room?</td>
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<td>B4e. ...sit for about 2 hours?</td>
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<tr>
<td>B4f. ...get up from a chair after sitting for long periods?</td>
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<tr>
<td>B4g. ...get in and out of bed without help?</td>
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<tr>
<td>B4h. How difficult is it for you to climb several flights of stairs without resting?</td>
<td>GO TO B4k</td>
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<tr>
<td>B4j. ...climb one flight of stairs without resting?</td>
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<tr>
<td>B4k. ...lift or carry weights over 10 pounds, like a heavy bag of groceries?</td>
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<tr>
<td>B4m. How difficult is it for you to stoop, kneel, or crouch?</td>
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<tr>
<td>B4n. ...pick up a dime from a table?</td>
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<tr>
<td>Activity</td>
<td>NOT AT ALL DIFFICULT (1)</td>
<td>A LITTLE DIFFICULT (2)</td>
<td>SOMEWHAT DIFFICULT (3)</td>
<td>VERY DIFFICULT/CAN'T DO (4)</td>
<td>DON'T DO (6)</td>
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<tr>
<td>Bathe or shower without help?</td>
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<td>Reach or extend your arms above shoulder level?</td>
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<tr>
<td>Pull or push large objects like a living room chair?</td>
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<tr>
<td>Eat without help?</td>
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<tr>
<td>Dress without help?</td>
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<tr>
<td>Use a map to figure out how to get around in a strange place?</td>
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<tr>
<td>Use a microwave oven after reading the instructions?</td>
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<tr>
<td>Use a calculator to help balance your checkbook?</td>
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<tr>
<td>Use a computer or wordprocessor?</td>
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</table>

B5. Here are some other activities that people may have difficulty with.
B6. Now, not using the booklet, has a doctor ever told you that you have high blood pressure or hypertension?

1. YES | 5. NO —GO TO B7

B6a. Are you taking medication for your blood pressure now?

1. YES | 5. NO

B6b. Do you have high blood pressure or hypertension at the present time?

1. YES | 5. NO

  2. CONTROLLED BY MEDICINE [VOL]

B7. (Has a doctor ever told you that you have) Diabetes or high blood sugar?

1. YES | 5. NO —NEXT PAGE, B9

B7a. In what year was that first diagnosed? __________ YEAR

B7b. Have you ever been hospitalized because of your diabetes or high blood sugar?

1. YES | 5. NO

B7c. Do you have diabetes now?

1. YES | 5. NO

B7d. During the last 12 months, have you seen a doctor for your diabetes?

1. YES | 5. NO

B8. Are you now using any of the following to treat or control your diabetes?

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<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
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<tbody>
<tr>
<td>B8a. A special diet?</td>
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<tr>
<td>B8b. Weight loss?</td>
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<td>B8c. Medication that you swallow?</td>
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<tr>
<td>B8d. Insulin injection?</td>
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</table>
B9. (Has a doctor ever told you that you have) Cancer or a malignant tumor of any kind except skin cancer?

1. YES 5. NO  NEXT PAGE, B15

V

B9a. How many such cancers have you had?  # OF CANCERS

<table>
<thead>
<tr>
<th>ONLY OR MOST RECENT CANCER</th>
<th>SECOND MOST RECENT CANCER</th>
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</table>

B10. In what year was your (most recent/next most recent) cancer diagnosed?

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<thead>
<tr>
<th>ORGAN/PART OF BODY</th>
<th>ORGAN/PART OF BODY</th>
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</table>

B11. In which organ or part of your body did this cancer occur?

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<tr>
<th>ORGAN/PART OF BODY</th>
<th>ORGAN/PART OF BODY</th>
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</table>

B12. During the last 12 months, have you seen a doctor about this cancer?

1. YES 5. NO

B13. During the last 12 months, what sort of treatments have you received for this cancer? [CHECK ALL THAT APPLY.]

A. CHEMOTHERAPY/ MEDICATION

B. SURGERY OR BIOPSY

C. RADIATION/ X-RAY

D. OTHER (SPECIFY:)

NONE

B14. INTERVIEWER CHECKPOINT

SEE B9a

□ TWO OR MORE CANCERS—GO BACK TO B10, SECOND MOST RECENT CANCER

□ ALL OTHERS -->NEXT PAGE, B15
B15. Not including asthma, has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

1. YES  5. NO  GO TO B16

V

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<thead>
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<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>B15a. Are you taking medication or other treatments for your lung condition?</td>
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<tr>
<td>B15b. Are you sometimes short of breath because of your lung condition?</td>
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<tr>
<td>B15c. Do you sometimes have wheezing or persistent cough, or bring up phlegm because of your lung condition?</td>
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<tr>
<td>B15d. Does your condition limit your usual activities such as household chores or going to work?</td>
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</tbody>
</table>

B16. (Has a doctor ever told you that you had) A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

1. YES  5. NO  TURN TO P.12, B22

V

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>B16a. Did you have a heart attack or myocardial infarction?</td>
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<tr>
<td>B16b. In what year did you have your (last) heart attack or myocardial infarction?</td>
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</tbody>
</table>

B17. Do you currently have any angina or chest pains due to your heart?

1. YES  5. NO  NEXT PAGE, B18

V

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>B17a. Are you taking or carrying any medications because of your chest pain?</td>
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</tbody>
</table>
B18. Has a doctor *ever* told you that you have congestive heart failure?

1. YES

5. NO → GO TO B19

B18a. Are you taking any medications for this?

1. YES

5. NO

B18b. Does your congestive heart failure sometimes cause you to be weak or short of breath?

1. YES

5. NO

B19. During the last 12 months, have you seen a doctor for any of your heart problems?

1. YES

5. NO

B20. Have you *ever* 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

B21. Have you *ever* had surgery on your heart?

1. YES

5. NO
B22. Has a doctor ever told you that you had a stroke?

1. YES  5. NO — GO TO B23

V

B22a. In what year did you last have a stroke?

________ YEAR

B22b. Do you still have any remaining health problems because of your stroke, such as muscle weakness or difficulty speaking?

1. YES  5. NO

B22c. During the last 12 months, have you seen a doctor because of your stroke?

1. YES  5. NO

B22d. Are you taking any medications because of your stroke and its complications?

1. YES  5. NO

B23. (Has a doctor ever told you that you had) Emotional, nervous, or psychiatric problems?

1. YES  5. NO

B24. During the last 12 months, have you had any emotional, nervous, or psychiatric problems?

1. YES  5. NO — NEXT PAGE, B25

V

B24a. Do you now get psychiatric or psychological treatment for your problems?

1. YES  5. NO

B24b. Do you now use tranquilizers, antidepressants, or pills for nerves?

1. YES  5. NO
B25. Have you ever had, or has a doctor ever told you that you have, arthritis or rheumatism?

1. YES  5. NO  GO TO B26

B25a. Do you sometimes have pain, stiffness, or swelling in your joints?

1. YES  5. NO

B25b. Are you currently taking any medication or other treatments for your arthritis or rheumatism?

1. YES  5. NO

B25c. During the last 12 months, have you seen a doctor specifically for your arthritis or rheumatism?

1. YES  5. NO

B26. Do you have any of the following health problems?

<table>
<thead>
<tr>
<th>B26a. Asthma?</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B26b. Problems with your back?</td>
<td>YES (1)</td>
<td>NO (5)</td>
</tr>
<tr>
<td>B26c. Problems with your feet and legs?</td>
<td>YES (1)</td>
<td>NO (5)</td>
</tr>
<tr>
<td>B26d. Kidney or bladder problems?</td>
<td>YES (1)</td>
<td>NO (5)</td>
</tr>
<tr>
<td>B26e. Stomach or intestinal ulcers?</td>
<td>YES (1)</td>
<td>NO (5)</td>
</tr>
<tr>
<td>B26f. High cholesterol?</td>
<td>YES (1)</td>
<td>NO (5)</td>
</tr>
</tbody>
</table>
B27. Have you had a fracture or broken bone since you were 45 years old?

1. YES

5. NO

0. R IS NOT YET 45 YEARS OLD

GO TO B28

B27a. In what year did you last break a bone?

YEAR

B28. Have you ever been unconscious due to a head injury?

1. YES

5. NO

8. DON'T KNOW

B29. Are you often troubled with pain?

1. YES

5. NO

8. DON'T KNOW

NEXT PAGE, B30

B29a. When the pain is at its worst, is it mild, moderate, or severe?

1. MILD

2. MODERATE

3. SEVERE

GO TO B29c

B29b. How bad is the pain most of the time: mild, moderate or severe?

1. MILD

2. MODERATE

3. SEVERE

B29c. Does the pain make it difficult for you to do normal work?

1. YES

5. NO

B29d. Is any of the pain in your lower back?

1. YES

5. NO

NEXT PAGE, B30

B29e. Does your back pain ever get severe enough for you to miss work?

1. YES

5. NO

6. NOT WORKING FOR PAY

B29f. 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:)

____________________
B30. Do you usually spend more than 10 minutes a day on your own health problems or conditions, such as preparing and taking medicines, applying treatments, taking care of surgical problems or doing any kind of rehabilitation?

1. YES 5. NO --->GO TO B31

B30a. On average, how many minutes a day do you spend on this?

____________MINUTES/DAY 998. DON'T KNOW

B31. Do you wear eyeglasses or contact lenses?

1. YES 5. NO

B32. (With your glasses) Is your eyesight excellent, very good, good, fair, or poor?

1. EXCELLENT 2. VERY GOOD 3. GOOD 4. FAIR 5. POOR

B33. Do you wear a hearing aid?

1. YES 5. NO --->GO TO B34

B33a. 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

B34. (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
B35. Have you ever smoked cigarettes?

1. YES  5. NO  --->GO TO B36

DEFINITION:  BY SMOKING WE MEAN MORE THAN 100 CIGARETTES IN R’S LIFETIME; DO NOT INCLUDE PIPES OR CIGARS.

---

B35a. Do you smoke cigarettes now?

1. YES  5. NO  --->GO TO B35c

V

B35b. About how many cigarettes or packs do you usually smoke in a day now? [ACCEPT A RANGE]

CIGARETTES/DAY OR PACKS/DAY

GO TO B36

B35c. About how many years ago did you stop smoking?

______________ YEARS AGO  96. LESS THAN 1 YEAR AGO

B35d. When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day? [ACCEPT A RANGE]

CIGARETTES/DAY OR PACKS/DAY

---

B36. Do you ever drink any alcoholic beverages such as beer, wine, or liquor?

1. YES  5. NO

NEXT PAGE, B37a

V

B36a. 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
B37a. Have you ever felt you should cut down on your drinking?  

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
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</table>

B37b. Have people ever annoyed you by criticizing your drinking?  

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
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B37c. Have you ever felt bad or guilty about drinking?  

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
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B37d. Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?  

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
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B38. (RB, BOTTOM OF P. 1) The next few questions are about exercise. Looking at the answer categories at the bottom of page 1, how often do you participate in light physical activity--such as walking, dancing, gardening, golfing, bowling, etc.?  (Would you say 3 or more times a week, 1 or 2 times a week, 1 to 3 times a month, less than once a month, or never?)

<table>
<thead>
<tr>
<th>1. 3+ TIMES A WEEK</th>
<th>2. 1-2 TIMES A WEEK</th>
<th>3. 1 TO 3 TIMES A MONTH</th>
<th>4. LESS THAN ONCE A MONTH</th>
<th>5. NEVER</th>
</tr>
</thead>
</table>

B39. (RB, STILL ON BOTTOM OF P. 1) How often do you participate in vigorous physical exercise or sports--such as aerobics, running, swimming, or bicycling?  (Would you say 3 or more times a week, 1 or 2 times a week, 1 to 3 times a month, less than once a month, or never?)

<table>
<thead>
<tr>
<th>1. 3+ TIMES A WEEK</th>
<th>2. 1-2 TIMES A WEEK</th>
<th>3. 1 TO 3 TIMES A MONTH</th>
<th>4. LESS THAN ONCE A MONTH</th>
<th>5. NEVER</th>
</tr>
</thead>
</table>

B40. (RB, STILL ON BOTTOM OF P. 1) How often do you do heavy housework like scrubbing floors or washing windows?

<table>
<thead>
<tr>
<th>1. 3+ TIMES A WEEK</th>
<th>2. 1-2 TIMES A WEEK</th>
<th>3. 1 TO 3 TIMES A MONTH</th>
<th>4. LESS THAN ONCE A MONTH</th>
<th>5. NEVER</th>
</tr>
</thead>
</table>

B41. (Not using the booklet,) About how much do you weigh?  

_____________ POUNDS

B42. How much did you weigh a year ago?

_____________ 998. DK

POUNDS

B43. About how tall are you?  

_____ _____
<table>
<thead>
<tr>
<th>FEET</th>
<th>INCHES</th>
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</table>
B44. (RB, TOP OF P. 2) Please look at the top of page 2 of the booklet and tell me how often you have experienced the following feelings during the past week—all or almost all of the time, most of the time, some of the time, or none or almost none of the time.

<table>
<thead>
<tr>
<th></th>
<th>ALL OR ALMOST ALL (1)</th>
<th>MOST OF THE TIME (2)</th>
<th>SOME OF THE TIME (3)</th>
<th>NONE OR ALMOST NONE (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B44a.</strong> During the past week, I felt depressed. (All or almost all of the time, most of the time, some of the time, or none or almost none of the time?)</td>
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<tr>
<td><strong>B44b.</strong> I felt that everything I did was an effort.</td>
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<td><strong>B44c.</strong> My sleep was restless.</td>
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<td><strong>B44d.</strong> (During the past week) I was happy.</td>
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<td><strong>B44e.</strong> I felt lonely.</td>
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<td><strong>B44f.</strong> I felt people were unfriendly.</td>
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<td><strong>B44g.</strong> I enjoyed life.</td>
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<td><strong>B44h.</strong> (During the past week) I felt sad.</td>
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<td><strong>B44j.</strong> I felt that people disliked me.</td>
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<tr>
<td><strong>B44k.</strong> I could not &quot;get going.&quot;</td>
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<tr>
<td><strong>B44m.</strong> I did not feel like eating; my appetite was poor.</td>
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<tr>
<td><strong>B44n.</strong> (During the past week) I had a lot of energy.</td>
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<tr>
<td><strong>B44p.</strong> I felt tired.</td>
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<tr>
<td><strong>B44q.</strong> I felt really rested when I woke up in the morning.</td>
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</table>
B45. During the last 12 months, since (MONTH) of 1991, have you been a patient in a hospital overnight?

1. YES  
5. NO  
8. DON'T KNOW

V  
GO TO B46

B45a. How many times were you a patient in a hospital overnight?

____________ NUMBER OF TIMES  
98. DON'T KNOW  
GO TO B46

V

B45b. Altogether, how many nights were you a patient in a hospital in the last 12 months?

________ NIGHTS OR _______ WKS OR ________ MOS  
998. DON'T KNOW

B46. During the last 12 months, have you been a patient in a nursing home overnight?

1. YES  
5. NO  
8. DON'T KNOW

V  
GO TO B47

B46a. How many times were you a patient in a nursing home overnight?

____________ NUMBER OF TIMES  
98. DON'T KNOW  
GO TO B47

V

B46b. Altogether, how many nights were you a patient in a nursing home in the last 12 months?

________ NIGHTS OR _______ WKS OR ________ MOS  
998. DON'T KNOW

B47. (Not counting overnight hospital or nursing home stays) During the last 12 months, since (MONTH) of 1991, how many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits?

00. NONE  
________ NUMBER OF TIMES  
98. DON'T KNOW

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

B48. (Aside from any hospital or nursing home stays) How many days did you stay in bed more than half the day because of illness or injury during the last 12 months?

00. NONE  
________DAYS OR _______WKS OR ________MOS  
998. DON'T KNOW
B49. During the last 12 months, [since (MONTH) of 1991], did you require any professional nursing care in your own home?

1. YES  5. NO  8. DON'T KNOW

V

NEXT PAGE, SECTION D

B49a. On how many days in the last 12 months did you have home nursing care?

_______ DAYS OR _______ WKS OR _______ MOS  998. DON'T KNOW