

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
- 8.DK
- 9.RF

B2. Compared with 1 year ago, would you say that your health is better now, about the same, or worse than it was then?

- 1.BETTER
- 2.SAME
- 3.WORSE
- 8.DK
- 9.RF

B3. Has a doctor ever told you that you have high blood pressure or hypertension?

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

B4. Do you have diabetes?

- 1.YES

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

GO TO B5

B4a. Are you now using medication that you swallow to treat or control your diabetes?

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

B4b. Are you now using insulin injections?

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

B5. Has a doctor ever told you that you have cancer or a malignant tumor, excluding minor skin cancers?

1.YES

5.NO
8.DK
9.RF

GO TO B6

B5a. In which organ or part of your body did your (most recent) cancer start?

ORGAN: _____

DK
RF

B5b. During the last 12 months, what sort of treatments have you received for cancer?

[IWER: CHOOSE ALL THAT APPLY]

1.CHEMOTHERAPY/MEDICATION
2.SURGERY OR BIOPSY
3.RADIATION/X-RAY
4.OTHER (SPECIFY) _____
6.NONE
8.DK
9.RF

B6. 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
8.DK
9.RF

GO TO B7

B6a. Does your condition limit your usual activities such as household chores?

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

B7. 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
8.DK
9.RF

GO TO B8

B7a. Have you had a heart attack in the past five years?

[IWER: INCLUDES MYOCARDIAL INFARCTION]

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

B7b. Have you recently had any angina or chest pains due to your heart?

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

B8. Has a doctor ever told you that you had a stroke?

1.YES
2.[VOLUNTEERED] POSSIBLE OR TIA

5.NO
8.DK
9.RF

GO TO B9

B8a. Do you still have any remaining health problems because of your stroke?

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

B9. Have you ever seen a doctor for emotional, nervous, or psychiatric problems?

1.YES

5.NO
8.DK
9.RF

GO TO B10

B9a. Have you had any of these problems in the last 12 months?

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

B10. During the last 12 months, have you seen a doctor specifically for arthritis or rheumatism?

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

B11. Have you fallen down in the last 12 months?

1.YES

5.NO
8.DK
9.RF

GO TO B12

B11a. In that fall, did you injure yourself seriously enough to need medical treatment?

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

B12. Have you ever fractured your hip?

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

B13. Have you ever had surgical replacement of a joint?

1.YES

5.NO
8.DK
9.RF

GO TO B14

B13a. Which joint was that?

[IWER: SELECT ALL THAT APPLY]

1.HIP(S)
2.KNEE(S)
7.OTHER (SPECIFY) _____
8.DK
9.RF

B14. The next question might not be easy to talk about, but it is very important for research on health and aging.

During the last 12 months, have you lost any amount of urine beyond your control?

1.YES

5.NO
8.DK
9.RF

GO TO B15

B14a. On about how many days in the last month have you lost any urine?

NUMBER OF DAYS: _____

97.EVERY DAY
DK
RF

B14b. Do you ever use any absorbent products such as pads, special garments, sanitary napkins, or toilet paper for your urine loss condition?

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

B15. Do you usually wear glasses or contact lenses?

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

B15a. (With your glasses,) Is your eyesight excellent, very good, good, fair, or poor?

1.EXCELLENT
2.VERY GOOD
3.GOOD
4.FAIR
5.POOR
6.[VOL] LEGALLY BLIND
8.DK
9.RF

B15b. Have you ever had cataract surgery?

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

B16. Do you ever wear a hearing aid?

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

B16a. (With your hearing aid) Is your hearing excellent, very good, good, fair, or poor?

1.EXCELLENT
2.VERY GOOD
3.GOOD
4.FAIR
5.POOR
8.DK
9.RF

B17. Are you often bothered with pain?

1.YES

5.NO
8.DK
9.RF

GO TO B18

B17a. During the last 12 months, has pain often kept you from doing things you wanted to do?

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

B18. Do you have any other major health problems which you haven't told me about?

[IWER: IF YES, SPECIFY ON NEXT SCREEN]

1.YES

5.NO
8.DK
9.RF

GO TO B19

B18a. What is that?

SPECIFY: _____

DK
RF

B19. How would you describe yourself; as a current smoker, as a former smoker, or as someone who has never smoked?

1.CURRENT SMOKER

2.FORMER SMOKER
3.NEVER SMOKED
8.DK
9.RF

GO TO B20

B19a. About how many cigarettes or packs do you usually smoke in a day now?

[IWER: PROBE A RANGE]

CIGARETTES/DAY: _____

PACKS/DAY: _____

DK
RF

B20. Do you ever drink any alcoholic beverages such as beer, wine, or liquor?

1.YES

5.NO
8.DK
9.RF

GO TO B21

B20a. In general, do you have less than one drink a day, one or two drinks a day, three or four drinks a day, or five or more drinks a day?

1.LESS THAN 1 A DAY
2.1-2 A DAY
3.3-4 A DAY
4.5 OR MORE A DAY
8.DK
9.RF

B21. At any time in your life, have you ever felt that you should cut down on drinking?

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

B22. About how much do you weigh?

WEIGHT: _____

DK
RF

B23. About how tall are you?

FEET: _____ INCHES: _____

DK
RF

BRANCHPOINT: IF PROXY INTERVIEW, GO TO SECTION PC

B24. Now think about the past week and the feelings you have experienced.
Please answer yes or no to the following statements.

		1.YES	5.NO	8.DK	9.RF
	Much of the time during the past week, I felt depressed. (Would you say yes or no?)				
B24a.	(Much of the time during the past week) I felt that everything I did was an effort.				
B24b.	(Much of the time during the past week) My sleep was restless.				
B24c.	(Much of the time during the past week) I was happy.				
B24d.	(Much of the time during the past week) I felt lonely.				
B24e.	(Much of the time during the past week) I felt interested in things.				
B24f.	(Much of the time during the past week) I enjoyed life.				
B24g.	(Much of the time during the past week) I felt sad.				
B24h.	(Much of the time during the past week) I could not "get going."				
B24j.	(Much of the time during the past week) I had a lot of energy.				

GO TO SECTION C