

SECTION B - HEALTH CONDITIONS

B1 TIME STAMP

(766)

B1.

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

(769)

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

B1a.

The next questions ask about what has happened to your health

~IF REINTERVIEW

since the last time we talked to you in (Wave 1 date). Compared with your health then, would you say that your health is better now, about the same, or worse?

~ELSE

In the last two years. Compared with you health two years ago, would you say that your health is better now, about the same, or worse?

(772)

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

if:(772)ABOUT THE SAME
SKIP to:(781)

if:(772)WORSE
SKIP to:(777)

B1b.

Is it much better or somewhat better?

(776)

- MUCH BETTER.....1
- SOMEWHAT BETTER.....2
- DK.....8
- RF.....9

if:(772)BETTER
SKIP to:(778)

B1c.

Is it much worse or somewhat worse?

(777)

- SOMEWHAT WORSE.....4
- MUCH WORSE.....5
- DK.....8
- RF.....9

if:(772)NOT BETTER
SKIP to:(781)

B1d. Why has your health become better? (778)

B3. ~IF REINTERVIEW AND R DID HAVE HIGH BLOOD PRESSURE IN WAVE 1
 ~IF NEW INTERVIEW
 Has a doctor ever told you that you have high blood pressure or hypertension?
 ~ELSE (IF R HAD HIGH BLOOD PRESSURE IN WAVE 1)
 Our records from your last interview show that you have had high blood pressure or hypertension.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY DISPUTES W1 RECORD

~ELSE
 Since we last talked to you, that is since (Wave 1 date), has a doctor told you that you have high blood pressure or hypertension?

(781)
 YES.....1
 [VOL] DISPUTES W1 RECORD.....3 -Skip-(788)
 NO.....5 -Skip-(788)
 DK.....8 -Skip-(788)
 RF.....9 -Skip-(788)

B3a. In order to lower your blood pressure, are you now taking any medication?

(782)
 YES.....1
 NO.....5
 DK.....8
 RF.....9

if WAVE 1 R HIGH BLOOD PRESSURE (*NOT* YES)
 SKIP to:(784)

B3b. In order to lower your blood pressure,
 ~IF REINTERVIEW
 have you lost weight or followed a special diet since (Wave 1 date)?
 ~ELSE

have you lost weight or followed a special diet in the last 2 years?

(783)
 YES.....1
 NO.....5
 DK.....8
 RF.....9

B3c. Is your blood pressure generally under control?

(784)
 YES.....1
 NO.....5
 DK.....8
 RF.....9

if: WAVE 1 R HIGH BLOOD PRESSURE (*NOT* YES)
 SKIP to:(788)

B3d.

Compared to when we interviewed you in (Wave 1 date),
is your high blood pressure better, worse, or is it
about the same as it was then?

(785)

BETTER.....	1
ABOUT THE SAME.....	2
WORSE.....	3
DK.....	8
RF.....	9

B4.

~IF REINTERVIEW AND R HAD DIABETES IN WAVE 1

~IF NEW INTERVIEW

Has a doctor ever told you that you have diabetes or
high blood sugar?

~ELSE (R HAD DIABETES IN WAVE 1)

Our records from your last interview in (Wave 1 date)
show that you have had diabetes or high blood sugar.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY
DISPUTES W1 RECORD.

~ELSE

Since we talked last in (Wave 1 date) has a doctor told you
that you have diabetes or high blood sugar?

(788)

YES.....	1
[VOL] DISPUTES W1 RECORD.....	3 -Skip-(801)
NO.....	5 -Skip-(801)
DK.....	8 -Skip-(801)
RF.....	9 -Skip-(801)

B4a.

In order to treat or control your diabetes,
Are you now taking medication that you swallow?

(789)

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

B4b.

Are you now using insulin shots or pump?

(790)

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

B4c.

In order to treat or control your diabetes,

~IF REINTERVIEW

have you lost weight since (Wave 1 date)?

~ELSE

have you lost weight in the last two years?

(791)

YES.....	1
----------	---

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

B4d.

Are you following a special diet?

(792)

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

B4e.

Is your diabetes generally under control?

(793)

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

if: WAVE 1 DIABETES (*NOT* YES)

SKIP to:(795)

B4f.

Compared to when we interviewed you last in (Wave 1 date),
 has your diabetes gotten better, worse, or stayed about
 the same?

(794)

BETTER.....1
 ABOUT THE SAME.....2
 WORSE.....3
 DK's.....8
 RF's.....9

B4g.

Has your diabetes caused you to have trouble with your
 kidneys or protein in your urine?

(795)

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

B5.

~IF REINTERVIEW AND R DID HAVE CANCER WAVE 1
 SITE: (189)

~IF NEW INTERVIEW

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

~ELSE R HAD CANCER WAVE 1

Our records from your last interview in (Wave 1 date)
 show that you have had cancer.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY
 DISPUTES W1 RECORD.

~ELSE

Since we last talked to you, that is since (Wave 1 date),
 has a doctor told you that you have cancer or a
 malignant tumor, excluding minor skin cancer?

(801)

YES.....1
 [VOL] DISPUTES W1 RECORD.....3 -Skip-(818)
 NO.....5 -Skip-(818)
 DK.....8 -Skip-(818)
 RF.....9 -Skip-(818)

if:(801)(YES) *AND* (WAVE 1 CANCER (*NOT* YES) *AND* (REINTERVIEW)
 SKIP to:(803)

B5a.
 ~IF REINTERVIEW
 Since (Wave 1 date) have you seen a doctor about your cancer?
 ~ELSE
 In the last two years have you seen a doctor about your cancer?

(802)

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

B5b.
 Are you now receiving treatment for cancer?

(803)

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

if:(802)(*NOT* 1) *AND* (803)(5) *AND* (WAVE 1 CANCER)(YES)
 SKIP to:(818)

if:(803)(*NOT* 1) *AND* (WAVE 1 CANCER)(YES)
 SKIP to:(805)

if:(803)(*NOT* 1) *AND* (WAVE 1 CANCER)(*NOT* YES)
 SKIP to:(807)

B5c.
 ~IF NEW INTERVIEW
 During the last two years,
 ~ELSE
 Since (Wave 1 date),

 what sort of treatments have you received for cancer?

CHOOSE ALL THAT APPLY

(804)(A1-A4)

CHEMOTHERAPY OR MEDICATION.....1,
 SURGERY OR BIOPSY.....2,
 RADIATION/ X-RAY.....3,
 MEDICATIONS/TREATMENT FOR
 SYMPTOMS (PAIN, NAUSEA, RASHES).....4,
 NONE.....5,
 OTHER, SPECIFY.....7,
 DK.....8,
 RF.....9,

if: WAVE 1 CANCER (*NOT* YES)

SKIP to:(807)

B5d.

Since (Wave 1 date), has the cancer gotten worse, better or stayed about the same?

(805)

BETTER.....	1
STAYED THE SAME.....	2
WORSE.....	3
DK.....	8
RF.....	9

B5e.

Since (Wave 1 date), has a doctor told you that you had a new cancer or malignant tumor, excluding minor skin cancer?

(806)

YES.....	1
NO.....	5 -Skip-(818)
DK.....	8
RF.....	9

B5f.

How many different cancers have you had?

(807)

if:(806)(5) *AND* (WAVE 1 CANCER)(YES)
SKIP to:(811)

B5g.

In which organ or part of your body did your cancer(s) start?

RECORD FOR ALL CANCERS.

(810)

B5h.

(Has your cancer\Have any of your cancers) spread?

(812)

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

if:(806)(5 *OR* DK *OR* RF)
SKIP to:(818)

B5j.

In what month and year was your (most recent) cancer diagnosed?

MONTH:

(813)

YEAR:

(814)

B6.

~IF REINTERVIEW AND R HAD LUNG CONDITIONS IN WAVE 1

~IF NEW INTERVIEW

Has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

DO NOT INCLUDE ASTHMA

~ELSE R HAD LUNG CONDITIONS IN WAVE 1

Our records from your interview in (Wave 1 date) show that you had a chronic lung disease, such as chronic bronchitis or emphysema.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY DISPUTES W1 RECORD.

~ELSE

Since we last talked with you, that is since (Wave 1 date), has a doctor told you that you have chronic lung disease, such as chronic bronchitis or emphysema?

DO NOT INCLUDE ASTHMA

(818)

YES.....	1	
[VOL] DISPUTES W1 RECORD.....	3	-Skip-(828)
NO.....	5	-Skip-(828)
DK.....	8	
RF.....	9	

if: LUNG CONDITIONS IN WAVE 1 (*NOT* YES)
SKIP to:(823)

B6a.

Since then, has this condition gotten better, worse, or stayed about the same?

(819)

BETTER.....	1	
ABOUT THE SAME.....	2	
WORSE.....	3	
DK.....	8	
RF.....	9	

B6b.

Are you now taking medication or other treatment for your lung condition?

(823)

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

B6c.

Are you receiving oxygen for your lung condition?

(824)

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

B6d.

Are you receiving physical or respiratory therapy for your lung condition?

(825)

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

B6f.

Does your lung condition limit your usual activities, such as household chores or work?

(826)

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

B7.

~IF REINTERVIEW AND R HAD HEART PROBLEM IN WAVE 1

~IF NEW INTERVIEW

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

~ELSE R HAD HEART PROBLEM IN WAVE 1

Our records from your interview in (Wave 1 date)
 show that you had a heart problem.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY
 DISPUTES W1 RECORD.

~ELSE

Since your interview in (Wave 1 date) has a doctor told you
 that you have had a heart attack, have coronary heart disease,
 angina, congestive heart failure, or other heart problems?

(828)

YES.....1
 [VOL] DISPUTES W1 RECORD.....3 -Skip-(848)
 NO.....5 -Skip-(848)
 DK.....8
 RF.....9

if:(WAVE 1 HEART PROBLEM)(*NOT* YES) *AND* (WAVE 1 INTERVIEW) (REINTERVIEW)
 SKIP to:(834)

B7a.

Are you now taking or carrying medication for your
 heart problem?

(829)

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

B7b.

~IF REINTERVIEW

Since (Wave 1 date),

~ELSE

In the last two years,

have you seen a doctor for your heart problem?

(830)

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

if:(829)(5) *AND* (830)(5)
 SKIP to:(848)

if: WAVE 1 HEART PROBLEM (*NOT* YES)
 SKIP to:(832)

B7c.

Since (Wave 1 date), has this condition gotten better,

worse, or stayed about the same?

(831)

BETTER.....	1
STAYED THE SAME.....	2
WORSE.....	3
DK.....	8
RF.....	9

B7d.

Have you had a heart attack or myocardial infarction
~IF REINTERVIEW
since (Wave 1 date)?
~ELSE
In the past two years?

(834)

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

if:(834)(*NOT* 1)
SKIP to:(838)

B7e.

(Since we talked to you last,) Have you seen a doctor IN
connection with your heart attack?

(836)

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

B7f.

Are you now taking medication because of your heart attack?

(837)

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

if:(834)(5 *OR* DK *OR* RF)
SKIP to:(839)

B7g.

In what month and year was your (most recent) heart attack?

MONTH:

(838)

YEAR:

(839)

B7i.

~IF NEW INTERVIEW
In the last two years,

~ELSE REINTERVIEW
Since (Wave 1 date),

have you had any angina or chest pains due to
your heart?

(840)

YES.....1
 NO.....5 -Skip-(843)
 DK.....8 -Skip-(843)
 RF.....9 -Skip-(843)

B7j.

Are you now taking or carrying medications
 because of angina or chest pain?

(841)

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

B8k.

Are you limiting your usual activities
 because of your angina?

(842)

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

B7k.

~IF REINTERVIEW

Since we last talked to you, that is, since (Wave 1 date),
 has a doctor told you that

~ELSE

In the last two years has a doctor told you that
 you have congestive heart failure?

(843)

YES.....1
 NO.....5 -Skip-(847)
 DK.....8 -Skip-(847)
 RF.....9 -Skip-(847)

B7m.

~IF NEW INTERVIEW

In the past two years

~ELSE

Since (Wave 1 date)

Have you been admitted to the hospital overnight because
 of it (congestive heart failure)?

(844)

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

B7n.

Are you taking any medication for congestive heart failure?

(845)

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

B7p.

~IF REINTERVIEW

Since (Wave 1 date)

~ELSE

In the past 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 or angioplasty)?

(846)

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

B7q.

~IF REINTERVIEW

Since (Wave 1 date)

~ELSE

In the past two years

have you had surgery on your heart?

(847)

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

B9.

~IF REINTERVIEW AND R HAD A STROKE IN WAVE 1

~IF NEW INTERVIEW

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

~ELSE IF R HAD A STROKE IN WAVE 1

Our records from your last interview in (Wave 1 date) show that you had a stroke.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY DISPUTES W1 RECORD.

~ELSE

Since your interview in (Wave 1 date) has a doctor told you that you have had a stroke?

(848)

YES.....	1
[VOL] POSSIBLE OR TIA.....	2
[VOL] DISPUTES W1 RECORD.....	3 -Skip-(861)
NO.....	5 -Skip-(861)
DK.....	8
RF.....	9

B9a.

~IF REINTERVIEW

Since (Wave 1 date)

~ELSE

In the past two years

have you seen a doctor because of this or any other stroke?

(850)

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

B9b.

Do you still have any remaining problems
 because of your stroke(s)?

(851)

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

-Skip-(856)

if:(850)(5) *AND* (851)(5)
 SKIP to:(861)

B9c.

Do you have weakness in your arms and legs,
 or decreased ability to move or use them?

(852)

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

B9d.

Difficulty speaking or swallowing?

(853)

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

B9e.

Difficulty with your vision?

(854)

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

B9f.

Difficulty in thinking or finding the right words to say?

(855)

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

B9g.

Are you now taking any medications because of your stroke
 or its complications?

(856)

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

B9h.

Are you receiving physical or occupational therapy because of your stroke or its complications?

	(857)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

if: WAVE 1 STROKE (*NOT* YES)
SKIP to:(859)

B9j.

Since (Wave 1 date), has a doctor told you that you had another stroke?

	(858)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

if:(858)(5 *OR* DK *OR* RF) *OR* (848)(2)
SKIP to:(861)

B9m.

In what month and year was your (most recent) stroke?

MONTH:	(859)
YEAR:	(860)

B10.

~IF REINTERVIEW AND R HAD PSYCHIATRIC PROBLEMS IN WAVE 1

~IF NEW INTERVIEW

Have you ever had or has a doctor ever told you that you have any emotional, nervous, or psychiatric problems?

~ELSE R HAD PSYCHIATRIC PROBLEMS IN WAVE 1

When we talked with you in (Wave 1 date), you said that you had some emotional, nervous, or psychiatric problems.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY DISPUTES W1 RECORD.

~ELSE

Since (Wave 1 date), have you had or has a doctor told you that you have any emotional, nervous, or psychiatric problems?

	(861)
YES.....	1
[VOL] DISPUTES W1 RECORD.....	3 -Skip-(866)
NO.....	5 -Skip-(866)
DK.....	8 -Skip-(866)
RF.....	9 -Skip-(866)

if: WAVE 1 PSYCHIATRIC PROBLEMS (*NOT* YES)
SKIP to:(863)

B10a.

Have these problems gotten better, worse, or stayed about the same?

(862)

BETTER.....	1
STAYED THE SAME.....	2
WORSE.....	3
DK.....	8
RF.....	9

B10b.

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

(863)

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

B10c.

Do you now take tranquilizers, antidepressants, or pills for nerves?

(864)

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

B11.

~IF REINTERVIEW AND R HAD ARTHRITIS IN WAVE 1

~IF NEW INTERVIEW

Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?

~ELSE R HAD ARTHRITIS IN WAVE 1

Our records from your last interview in (Wave 1 date) show that you have had arthritis.

IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY DISPUTES W1 RECORD.

~ELSE

Since your interview in (Wave 1 date) have you had or has a doctor told you that you have arthritis or rheumatism?

(866)

YES.....	1
[VOL] DISPUTES W1 RECORD.....	3 -Skip-(878)
NO.....	5 -Skip-(878)
DK.....	8
RF.....	9

if:(866)(1) *AND* (116)(*NOT* 1)
SKIP to:(868)

B11a.

Has this arthritis gotten better, worse, or stayed about the same?

(867)

BETTER.....1
 ABOUT THE SAME.....2
 WORSE.....3
 DK.....8
 RFS.....9

B11b.

~IF REINTERVIEW

Since (Wave 1 date)

~ELSE

In the past two years

have you seen a doctor specifically for your arthritis
 or rheumatism?

(868)

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

B11c.

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

(869)

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

B11d.

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

(870)

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

B11e.

Does your arthritis sometimes limit your usual activities?

(871)

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

B11f.

Have you had surgery or any joint replacement
 because of arthritis

~IF REINTERVIEW

since (Wave 1 date)?

~ELSE

In the last two years?

(872)

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

if:(872)(*NOT* 1)
SKIP to:(878)

B11g.

Which joint was that?

SELECT ALL THAT APPLY

HIP(S).....1, (875)(A1-A2)
KNEE(S).....2,
OTHER(SPECIFY).....7,
DK.....8,
RF.....9,

B12.

Have you fallen down

~IF REINTERVIEW

since (Wave 1 date)?

~ELSE

In the last two years?

YES.....1 (878)
NO.....5 -Skip-(887)
DK.....8 -Skip-(887)
RF.....9 -Skip-(887)

B12a.

How many times have you fallen

~IF REINTERVIEW

since (Wave 1 date)?

~ELSE

In the last two years?

TIMES:

(879)

B12b.

In (any of these falls/that fall), did you injure
yourself seriously enough to need medical treatment?

YES.....1 (884)
NO.....5
DK.....8
RF.....9

B13.

~IF NEW INTERVIEW

Have you ever fractured your hip?

~ELSE

IF R HAD BROKEN HIP IN WAVE 1

Have you fractured your hip since we talked In (Wave 1 date)?

YES.....1 (887)
NO.....5
DK.....8
RF.....9

B15 TIMESTAMP

(890)

B15.

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?

	(892)
YES.....	1
NO.....	5 -Skip-(900)
DK.....	8 -Skip-(900)
RF.....	9 -Skip-(900)

B15a.

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

USE 31 FOR "EVERY DAY"

(893)

if:(893)(*NOT* DK *AND* *NOT* RF)
SKIP to:(896)

B15b.

Was that more than 5 days?

	(894)
YES.....	1
NO.....	5 -Skip-(896)
DK.....	8
RF.....	9

B15c.

More than 15 days?

	(895)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B15d.

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

	(896)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B15e.

During the last 12 months, have you ever lost control over your stool or bowel movements?

	(897)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B16.

Now some questions about your vision. Is your eyesight excellent, very good, good, fair, or poor?

(USING GLASSES OR CORRECTIVE LENS AS USUAL)

	(900)
EXCELLENT.....	1
VERY GOOD.....	2
GOOD.....	3
FAIR.....	4
POOR.....	5
[VOL] LEGALLY BLIND.....	6 -Skip-(903)
DK.....	8
RF.....	9

B16a.

How good is your eyesight for seeing things at a distance, like recognizing a friend across the street?

(USING GLASSES OR CORRECTIVE LENS AS USUAL)

	(901)
EXCELLENT.....	1
VERY GOOD.....	2
GOOD.....	3
FAIR.....	4
POOR.....	5
DK.....	8
RF.....	9

B16b.

How good is your eyesight for seeing things up close, like reading ordinary newspaper print?

(USING GLASSES OR CORRECTIVE LENS AS USUAL)

	(902)
EXCELLENT.....	1
VERY GOOD.....	2
GOOD.....	3
FAIR.....	4
POOR.....	5
DK.....	8
RF.....	9

B16b.

~IF REINTERVIEW AND R HAD CATARACT SURGERY IN WAVE 1

~IF NEW INTERVIEW

Have you ever had cataract surgery?

~ELSE R HAD CATARACT SURGERY IN WAVE 1

Have you had cataract surgery since (Wave 1 date) other than what you told us about then?

~ELSE

Have you had cataract surgery since (Wave 1 date)?

	(903)
YES.....	1
NO.....	5 -Skip-(906)
DK.....	8 -Skip-(906)
RF.....	9 -Skip-(906)

B16d.

Have you had cataract surgery on both eyes, or just one?

	(904)
ONE EYE ONLY.....	1
BOTH EYES.....	2

DK.....8
RF.....9

B16e.

Did the cataract surgery (on either eye) include implanting a lens?

(905)

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

B16f.

Has a doctor ever treated you for glaucoma?

(906)

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

B17.

Do you ever wear a hearing aid?

(907)

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

B17a.

Is your hearing excellent, very good, good, fair, or poor?

(USING A HEARING AID AS USUAL)

(908)

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

B18.

Are you often troubled with pain?

(911)

YES.....1
NO.....5 -Skip-(915)
DK.....8 -Skip-(915)
RF.....9 -Skip-(915)

B18a.

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

(912)

MILD.....1 -Skip-(914)
MODERATE.....2
SEVERE.....3
DK.....8
RF.....9

B18b. How bad is the pain most of the time: mild, moderate or severe? (913)

MILD.....	1
MODERATE.....	2
SEVERE.....	3
DK.....	8
RF.....	9

B18c. Does the pain make it difficult for you to do your usual activities such as household chores or work? (914)

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

B19. ~IF REINTERVIEW
 Since we talked to you last in (Wave 1 date), have you had any other
 ~ELSE
 In the last two years, have you had any other
 major health problems which you haven't told me about?
 IF YES, SPECIFY ON NEXT SCREEN

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

B19A TIMESTAMP (916)

if:(915)(*NOT* 1)
 SKIP to:(919)

B19a. What is that? (918)

B19b. ~IF REINTERVIEW
 Since we talked to you last in (Wave 1 date), have you had any of
 ~ELSE
 In the last two years, have you had any of
 the following medical tests or procedures?
 A flu shot?

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

B19c.

A blood test for cholesterol?

(920)

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

if: MALE
SKIP to:(928)

B19f.

Do you check your breasts for lumps monthly?

(925)

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

B19g.

Did you have a mammogram or x-ray of the breast, to search for cancer

~IF REINTERVIEW

since (Wave 1 date)?

~ELSE

In the last two years?

(926)

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

B19h.

A PAP smear?

(927)

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

B19k.

An examination of your prostate to screen for cancer?

(929)

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

B19q.

On average over the last 12 months have you participated in vigorous physical activity or exercise three times a week or more? By vigorous physical activity, we mean things like, sports, heavy housework, or a job that involves physical labor.

(934)

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

B20.

Do you smoke cigarettes now?

(942)

YES.....1
 NO.....5 -Skip-(949)
 DK.....8
 RF.....9

B20a.

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

PROBE A RANGE

CIGARETTES/DAY:

(943)

PACKS/DAY:

(944)

B21.

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

(949)

YES.....1
 [VOL] NEVER HAVE USED ALCOHOL.....3 -Skip-(954)
 NO.....5 -Skip-(953)
 DK.....8
 RF.....9

B21a.

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.)

0 NONE
 1 - 6
 7 EVERY DAY

DAYS:

(950)

if:(950)(0)
SKIP to:(952)

B21b.

In the last three months, on the days you drink, about how many drinks do you have?

DRINKS:

(951)

B21c.

In the last three months, on how many days have you had four or more drinks on one occasion?

USE ZERO FOR NONE

(952)

B21d.

Have you ever felt that you should cut down on drinking?

(953)

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

B22.

About how much do you weigh?

POUNDS:

(954)

B22a.

Have you gained or lost ten or more pounds

~IF NEW INTERVIEW

In the last 2 years?

~ELSE

since we talked in (Wave 1 date)?

(955)

YES, GAINED.....	1
YES, LOST.....	2
NO.....	5
DK.....	8
RF.....	9

if REINTERVIEW

SKIP to:(960)

B22d.

About how tall are you?

FEET:

(958)

INCHES:

(959)

B23 TIMESTAMP

(960)

B23.

~IF NEW INTERVIEW

Have you had any of the following persistent or troublesome problems?

~ELSE

Since we last talked to you in (Wave 1 date), have you had any of the following persistent or troublesome problems?

Pain or cramps in your legs at night?

(961)

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

B23b. Persistent swelling in your feet or ankles? (963)

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

B23c. Shortness of breath while awake? (964)

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

B23f. Persistent dizziness or lightheadedness? (967)

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

B23g. Back pain or problems? (968)

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

B23h. Have you had persistent headaches? (969)

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

B23m. Severe fatigue or exhaustion? (972)

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

B23n. Persistent wheezing, cough, or bringing up phlegm? (973)

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

B23p. Difficulty or burning when urinating?

(974)

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

(976)

B24 TIMESTAMP

if Proxy Respondent
 SKIP to:(1046)

B24.

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 during the past week.

Much of the time during the past week, you felt depressed. (Would you say yes or no?)

(985)

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

B24a.

(Much of the time during the past week)
 You felt that everything you did was an effort.

(987)

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

B24b.

(Much of the time during the past week)
 Your sleep was restless.

(989)

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

B24c.

(Much of the time during the past week)
 You were happy.

(991)

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

B24d.

(Much of the time during the past week)
 You felt lonely.

(993)

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

DK.....8
RF.....9

B24e.

(Much of the time during the past week)
You enjoyed life.

(995)

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

B24g.

(Much of the time during the past week)
You felt sad.

(999)

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

B24h.

(Much of the time during the past week)
You could not "get going".

(1001)

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

B24j.

(Much of the time during the past week)
You had a lot of energy.

(1003)

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

B26 TIMESTAMP

(1004)

B26.

During the past 12 months, was there ever a time when you
felt sad, blue, or depressed for two weeks or more in a row?

(1006)

YES.....1
[VOL] DID NOT FEEL DEPRESSED
BECAUSE ON ANTI-DEPRESSANT
MEDICATION.....3 -Skip-(1028)
NO.....5 -Skip-(1028)
DK.....8 -Skip-(1028)
RF.....9 -Skip-(1028)

B27.

Please think of the two-week period during the past
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?

	(1007)
ALL DAY LONG.....	1
MOST OF THE DAY.....	2
ABOUT HALF THE DAY.....	3 -Skip-(1028)
LESS THAN HALF THE DAY.....	4 -Skip-(1028)
DK.....	8 -Skip-(1028)
RF.....	9 -Skip-(1028)

B27a.

During those two weeks, did you feel this way every day, almost every day, or less often than that?

	(1008)
EVERY DAY.....	1
ALMOST EVERY DAY.....	2
LESS OFTEN THAN THAT.....	3 -Skip-(1028)
DK.....	8 -Skip-(1028)
RF.....	9 -Skip-(1028)

B28.

During those two weeks, did you lose interest in most things?

IF R SAYS USUALLY NO INTEREST IN THINGS: REPEAT Q ADDING: "...MORE THAN IS USUAL FOR YOU."

	(1009)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B29.

Thinking about those same two weeks, did you ever feel more tired out or low in energy than is usual for you?

	(1010)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B30.

During those same two weeks, did you lose your appetite?

	(1011)
YES.....	1 -Skip-(1013)
NO.....	5
DK.....	8
RF.....	9

B30a.

Did your appetite increase during those same two weeks?

	(1012)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

B31.

Did you have more trouble falling asleep than you usually do during those two weeks?

	(1013)
YES.....	1

NO.....5 -Skip-(1015)
 DK.....8 -Skip-(1015)
 RF.....9 -Skip-(1015)

B31a.

Did that happen every night, nearly every night, or
 less often during those two weeks?

(1014)
 EVERY NIGHT.....1
 NEARLY EVERY NIGHT.....2
 LESS OFTEN.....3
 DK.....8
 RF.....9

B32.

During that same two week period did you have a lot
 more trouble concentrating than usual?

(1015)
 YES.....1
 NO.....5
 DK.....8
 RF.....9

B33.

People sometimes feel down on themselves, and no good or
 worthless. During that two week period, did you feel this
 way?

(1016)
 YES.....1
 NO.....5
 DK.....8
 RF.....9

B34.

Did you think a lot about death -- either your own,
 someone else's, or death in general -- during those two weeks?

(1017)
 YES.....1
 NO.....5
 DK.....8
 RF.....9

IF ONE OR MORE "YES" RESPONSES IN (B28, B29, B30, B30a, B31,
 B32, B33, B34) ASSIGN: 1

(1018)
 1.....1

B36 TIMESTAMP (1019)

if:(1018)(*NOT* 1)
 SKIP to:(1046)

B36.

To review, you had two weeks in a row during the past
 12 months when you were sad, blue, or depressed
 and also had some other feelings or problems like -
 (READ UP TO THE FIRST 3 'YES' RESPONSES TO B28 - B34).

~IF 1009(1)
 losing interest

~IF 1010(1)
 feeling tired

~IF 1011(1)
 lose appetite

~IF 1012(1)
 appetite increase

~IF 1013(1)
 trouble falling asleep

~IF 1015(1)
 trouble concentrating

~IF 1016(1)
 feeling down on yourself

~IF 1017(1)
 thoughts about death

About how many weeks altogether -- out of 52 -- did you feel this way during the past 12 months?

WEEKS: (1020)

MONTHS: (1021)

ENTIRE YEAR: (1022)

if:(1020)(52) *OR* (1021)(12) *OR* (1022)(1)
 SKIP to:(1046)

B37.

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)?

RECORD MOST RECENT MONTH

MONTH: (1024)

B38 TIMESTAMP (1026)

if:(1006)(1) *AND* (1007)(1 *TO* 2) *AND* (1008)(1 *TO* 2)
 SKIP to:(1046)

B38.

During the past 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?

(1028)

YES.....1

[VOL] NOT FEEL LOSS OF INTEREST

BECAUSE ON ANTI-DEPRESSANT

MEDICATION.....3 -Skip-(1046)

NO.....5 -Skip-(1046)

DK.....8 -Skip-(1046)

RF.....9 -Skip-(1046)

B39.

Please think of the two-week period during the past 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?

(1029)
ALL DAY LONG.....1
MOST OF THE DAY.....2
ABOUT HALF THE DAY.....3 -Skip-(1046)
LESS THAN HALF THE DAY.....4 -Skip-(1046)
DK.....8 -Skip-(1046)
RF.....9 -Skip-(1046)

B39a.

Did you feel this way every day, almost every day, or
less often during the two weeks?

(1030)
EVERY DAY.....1
ALMOST EVERY DAY.....2
LESS OFTEN.....3 -Skip-(1046)
DK.....8 -Skip-(1046)
RF.....9 -Skip-(1046)

B40.

During those two weeks, did you feel tired out or
low on energy all the time?

(1031)
YES.....1
NO.....5
DK.....8
RF.....9

B41.

During those same two weeks, did you lose your appetite?

(1032)
YES.....1 -Skip-(1034)
NO.....5
DK.....8
RF.....9

B42.

Did your appetite increase during those same two weeks?

(1033)
YES.....1
NO.....5
DK.....8
RF.....9

B43.

During those same two weeks, did you have more trouble falling
asleep than you usually do?

(1034)
YES.....1
NO.....5 -Skip-(1036)
DK.....8
RF.....9

B43a.

Did that happen every night, nearly every night, or
less often during those two weeks?

(1035)
EVERY NIGHT.....1

NEARLY EVERY NIGHT.....2
 LESS OFTEN.....3
 DK.....8
 RF.....9

B44.

During those two weeks, did you have more trouble
 concentrating than usual?

(1036)

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

B45.

People sometimes feel down on themselves, no good or worthless.
 Did you feel this way during that two-week period?

(1037)

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

B46.

Did you think a lot about death during those two weeks
 --either your own, someone else's, or death in general?

(1038)

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

IF ONE OR MORE "1" RESPONSES IN (B40, B41, B42, B43, B44, B45, B46)
 ASSIGN: 1 ALL OTHERS GO TO B50

B48 TIMESTAMP

(1040)

if:(1039)(*NOT* 1)
 SKIP to:(1046)

B48.

To review, you had two weeks in a row during the past
 12 months when you were sad, blue, or depressed
 and also had some other feelings or problems like -
 (READ UP TO THE FIRST 3 'YES' RESPONSES TO B28 - B33).

~IF 1031(1)
 feeling tired

~IF 1032(1)
 lose appetite

~IF 1033(1)
 appetite increase

~IF 1034(1)
 trouble falling asleep

~IF 1036(1)
 trouble concentrating

~IF 1037(1)

feeling down on yourself

~IF 1038(1)

thoughts about death

About how many weeks altogether--out of 52--did you feel this way during the past 12 months?

WEEKS: (1041)

MONTHS: (1042)

ENTIRE YEAR: (1043)

if:(1041)(52) *OR* (1042)(12) *OR* (1043)(1)
SKIP to:(1046)

B49.

Think about the most recent time when you had two weeks in a row when you felt this way. In what month was this?

MONTH: (1045)

BASSIST

IWER:

HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION B - HEALTH?

(1046)
INAPs.....0
NEVER.....1
A FEW TIMES.....2
MOST OR ALL OF THE TIME.....3

B END TIMESTAMP (1047)