B1. Next I have some questions about your health. Would you say your health is excellent, very good, good, fair, or poor?

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

B1a. Compared with your health when we talked with you in PREVIOUS WAVE MONTH/YEAR would you say that your health is better now, about the same, or worse?

INAP.............................BLANK
BETTER...............................1
ABOUT SAME.........................2 ØB3
WORSE.................................3 ØB1c
DK...................................8
RF...................................9

B1b. Is it much better or somewhat better?

INAP .............................BLANK
MUCH BETTER..........................1
SOMewhat BETTER.......................2
DK...................................8
RF...................................9

BRANCHPOINT: IF HEALTH BETTER NOW THAN IN PREVIOUS WAVE (B1a=1), GO TO B3.

B1c. Is it much worse or somewhat worse?

INAP.............................BLANK
SOMewhat WORSE.......................4
MUCH WORSE..........................5
DK...................................8
RF...................................9
B3. **IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:**
Has a doctor ever told you that you have high blood pressure or hypertension?

**IF R SAID HE/SHE HAD HIGH BLOOD PRESSURE AT PREVIOUS WAVE:**
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 W2 RECORD

OTHERWISE:
Since we last talked to you, that is since PREVIOUS WAVE MONTH/YEAR, has a doctor told you that you have high blood pressure or hypertension?

INAP........................................BLANK ØB4
YES.............................................1
[VOL] DISPUTES W1 RECORD..............3 ØB4
NO.............................................5 ØB4
DK.............................................8 ØB4
RF.............................................9 ØB4

---

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

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

BRANCHPOINT: IF R DID NOT REPORT HIGH BLOOD PRESSURE IN PREVIOUS WAVE, GO TO B3c.

---

B3b. In order to lower your blood pressure,

**IF R WAS INTERVIEWED AT THE PREVIOUS WAVE:**
have you lost weight or followed a special diet since PREVIOUS WAVE MONTH/YEAR?

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

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

---

B3c. Is your blood pressure generally under control?

INAP...........................................BLANK
YES.............................................1
NO.............................................5
DK.............................................8
RF.............................................9
B3d. Compared to when we interviewed you in PREVIOUS WAVE MONTH/YEAR, is your high blood pressure better, worse, or is it about the same as it was then?

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

B4. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Has a doctor ever told you that you have diabetes or high blood sugar?

IF R SAID HE/SHE HAD DIABETES AT PREVIOUS WAVE:
Our records (from your last interview in PREVIOUS WAVE MONTH/YEAR) show that you have had diabetes or high blood sugar.
IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY DISPUTES W1 RECORD.

OTHERWISE:
(Since we talked last in PREVIOUS WAVE MONTH/YEAR) has a doctor told you that you have diabetes or high blood sugar?

INAP.................................BLANK ØB5
YES.................................1 ØB5
[VOL] DISPUTES W1 RECORD...........3 ØB5
NO....................................5 ØB5
DK....................................8 ØB5
RF....................................9 ØB5

B4a. In order to treat or control your diabetes, are you now taking medication that you swallow?

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

B4b. Are you now using insulin shots or a pump?

INAP.................................BLANK
YES..................................1
NO....................................5
DK....................................8
RF....................................9
B4c. In order to treat or control your diabetes,

IF R WAS INTERVIEWED AT PREVIOUS WAVE:
have you lost weight (since PREVIOUS WAVE MONTH/YEAR)?

OTHERWISE:
have you lost weight in the last two years?

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

B4d. Are you following a special diet?

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

B4e. Is your diabetes generally under control?

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

BRANCHPOINT: IF R DID NOT REPORT DIABETES IN PREVIOUS WAVE, GO TO B4g.

B4f. Compared to when we interviewed you last (in PREVIOUS WAVE MONTH/YEAR), has your diabetes gotten better, worse, or stayed about the same?

INAP............................. BLANK
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?

INAP............................. BLANK
YES................................. 1
NO................................. 5
DK................................. 8
RF................................. 9
B5. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Has a doctor ever told you that you have cancer or a malignant tumor, excluding minor skin cancers?

IF R SAID HE/SHE HAD CANCER AT PREVIOUS WAVE:
Our records (from your last interview in PREVIOUS WAVE MONTH/YEAR) show that you have had cancer.

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

OTHERWISE:
(Since we last talked to you, that is since PREVIOUS WAVE MONTH/YEAR, has a doctor told you that you have) Cancer or a malignant tumor, excluding minor skin cancer?

INAP..................................................BLANK ØB6
YES...................................................1  
[VOL] DISPUTES W1 RECORD........3 ØB6  
NO...................................................5 ØB6  
DK..................................................8 ØB6  
RF..................................................9 ØB6

BRANCHPOINT: IF R REPORTS HAVING CANCER NOW (B5=1) AND R HAS BEEN INTERVIEWED BEFORE BUT DID NOT REPORT CANCER IN PREVIOUS WAVE, GO TO B5b.

B5a. IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(Since PREVIOUS WAVE MONTH/YEAR) have you seen a doctor about your cancer?

OTHERWISE:
In the last two years have you seen a doctor about your cancer?

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

B5b. Are you now receiving treatment for cancer?

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

BRANCHPOINT:
1. IF R HAS NOT SEEN A DOCTOR ABOUT CANCER SINCE WAVE 2/IN PAST TWO YEARS (B5a NOT = 1) AND R IS NOT NOW RECEIVING TREATMENT FOR CANCER (B5b=5) AND R REPORTED HAVING CANCER IN PREVIOUS WAVE, GO TO B6.
2. IF R IS NOT NOW RECEIVING TREATMENT FOR CANCER (B5b NOT = 1) AND R REPORTED HAVING CANCER IN PREVIOUS WAVE, GO TO B5d.
3. IF R IS NOT NOW RECEIVING TREATMENT FOR CANCER (B5b NOT = 1) AND R DID NOT REPORT HAVING CANCER IN PREVIOUS WAVE, GO TO B5f.
B5c. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
During the last two years,

OTHERWISE:
(Since PREVIOUS WAVE MONTH/YEAR),

what sort of treatments have you received for cancer?

CHOOSE ALL THAT APPLY

INAP................................0,
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,

BRANCHPOINT: IF R DID NOT REPORT CANCER IN PREVIOUS WAVE, GO TO B5f.

B5d. (Since PREVIOUS WAVE MONTH/YEAR,) has the cancer gotten worse, better
or stayed about the same?

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

B5e. (Since PREVIOUS WAVE MONTH/YEAR,) has a doctor told you that you
had a new cancer or malignant tumor, excluding minor skin cancer?

INAP......................................BLANK
YES.................................1
NO......................................5 ØB6
DK.................................8 ØB6
RF......................................9 ØB6

B5f. How many different cancers have you had?

BLANK INAP
1-10 NUMBER OF CANCERS
98 DK
99 RF

BRANCHPOINT: IF R HAS NOT BEEN DIAGNOSED WITH A NEW CANCER SINCE PREVIOUS
WAVE (B5e=5) AND R REPORTED CANCER IN PREVIOUS WAVE, GO TO
B5h.
**B5g. In which organ or part of your body did your cancer(s) start?**

RECORD FOR ALL CANCERS.

---

**B5h. (Has your cancer/Have any of your cancers) spread?**

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<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
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<tr>
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<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

BRANCHPOINT: IF R HAS NOT BEEN DIAGNOSED WITH A NEW CANCER SINCE PREVIOUS WAVE, OR NA/RF WHETHER A NEW CANCER (B5e=5,8,9), GO TO B6.

---

**B5j. In what month and year was your (most recent) cancer diagnosed?**

**MONTH:**

<table>
<thead>
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<th>Month</th>
<th>Code</th>
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<td>FEB</td>
<td>2</td>
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<td>MAR</td>
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<tr>
<td>DK</td>
<td>98</td>
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<tr>
<td>RF</td>
<td>99</td>
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**YEAR:**

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<th>Description</th>
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</thead>
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<tr>
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<td>INAP</td>
</tr>
<tr>
<td>1900-1996</td>
<td>YEAR [R NOT INTERVIEWED BEFORE]</td>
</tr>
<tr>
<td>1993-1996</td>
<td>YEAR [R INTERVIEWED BEFORE]</td>
</tr>
<tr>
<td>9998</td>
<td>DK</td>
</tr>
<tr>
<td>9999</td>
<td>RF</td>
</tr>
</tbody>
</table>
B6. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Has a doctor ever told you that you have chronic lung
disease such as chronic bronchitis or emphysema?

DO NOT INCLUDE ASTHMA

IF R SAID HE/SHE HAD CHRONIC LUNG DISEASE AT PREVIOUS WAVE:
Our records (from your interview in PREVIOUS WAVE MONTH/YEAR)
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.

OTHERWISE:
(Since we last talked with you, that is since PREVIOUS WAVE
MONTH/YEAR, has a doctor told you that you have) Chronic lung
disease, such as chronic bronchitis or emphysema?

DO NOT INCLUDE ASTHMA

INAP.............................BLANK
YES........................................1
[VOL] DISPUTES W1 RECORD..............3 ØB7
NO..........................................5 ØB7
DK..........................................8 ØB7
RF..........................................9 ØB7

BRANCHPOINT: IF R DID NOT REPORT CHRONIC LUNG DISEASE IN PREVIOUS WAVE,
GO TO B6b.

B6a. Since then, has this condition gotten better, worse,
or stayed about the same?

INAP.............................BLANK
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?

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

B6c. Are you receiving oxygen for your lung condition?

INAP.............................BLANK
YES........................................1
NO..........................................5
DK..........................................8
RF..........................................9
B6d. Are you receiving physical or respiratory therapy for your lung condition?

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

B6f. Does your lung condition limit your usual activities, such as household chores or work?

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

B7. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

IF R SAID HE/SHE HAD HEART DISEASE AT PREVIOUS WAVE:
Our records (from your interview in PREVIOUS WAVE MONTH/YEAR) show that you had a heart problem.

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

OTHERWISE:
(Since your interview in PREVIOUS WAVE MONTH/YEAR has a doctor told you that you have had) A heart attack, have coronary heart disease, angina, congestive heart failure, or other heart problems?

INAP............................................BLANK
YES.............................................1
[VOL] DISPUTES W1 RECORD.............3 ØB9
NO..............................................5 ØB9
DK..............................................8 ØB9
RF..............................................9 ØB9

BRANCHPOINT: IF R WAS INTERVIEWED IN PREVIOUS WAVE AND DID NOT REPORT HEART DISEASE, GO TO B7d.

B7a. Are you now taking or carrying medication for your heart problem?

INAP............................................BLANK
YES.............................................1
NO..............................................5
DK..............................................8
RF..............................................9
B7b. IF R WAS INTERVIEWED IN PREVIOUS WAVE:
(Show PREVIOUS WAVE MONTH/YEAR,)

OTHERWISE:
In the last two years,

have you seen a doctor for your heart problem?

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

BRANCHPOINT:
1. IF R IS NOT TAKING/CARRYING MEDICATION FOR HEART DISEASE (B7a=5)
AND HAS NOT SEEN A DOCTOR FOR HEART DISEASE SINCE PREVIOUS
INTERVIEW/IN LAST TWO YEARS (B7b=5), GO TO B9.

2. IF R DID NOT REPORT HEART DISEASE IN PREVIOUS INTERVIEW, GO TO B7d.

B7c. (Show PREVIOUS WAVE MONTH/YEAR,) has this condition gotten better,
worse, or stayed about the same?

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

B7d. Have you had a heart attack or myocardial infarction

IF R WAS INTERVIEWED IN PREVIOUS WAVE:
(since PREVIOUS WAVE MONTH/YEAR)?

OTHERWISE:
in the past two years?

INAP.............................BLANK ØB7g
YES.................................1
NO.................................5 ØB7g
DK.................................8 ØB7g
RF.................................9 ØB7g

B7e. (Since we talked to you last,) Have you seen a doctor in
connection with your heart attack?

INAP.............................BLANK
YES.................................1
NO.................................5
DK.................................8
RF.................................9
B7f. Are you now taking or carrying medication because of your heart attack?

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

BRANCHPOINT: IF R HAS NOT HAD A HEART ATTACK (MI) SINCE PREVIOUS INTERVIEW/IN PAST TWO YEARS, OR NA/RF WHETHER HAS HAD A HEART ATTACK (B7d=5,8,9), GO TO B7i.

B7g. In what month and year was your (most recent) heart attack?

MONTH:

INAP.........................................0
JAN.......................................1
FEB.......................................2
MAR.......................................3
APR.......................................4
MAY.......................................5
JUN.......................................6
JUL.......................................7
AUG.......................................8
SEP.......................................9
OCT......................................10
NOV......................................11
DEC......................................12
DK.......................................98
RF.......................................99

(B7y.) YEAR:

BLANK INAP
1993-1996 YEAR
9998 DK
9999 RF

B7i. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
In the last two years,

IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(Since PREVIOUS WAVE MONTH/YEAR,)

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

INAP.................................BLANK ØB7kb
YES..................................1
NO...................................5 ØB7kb
DK...................................8 ØB7kb
RF...................................9 ØB7kb

B7j. Are you now taking or carrying medications because of angina or chest pain?

INAP.................................BLANK
YES..................................1
NO...................................5
DK...................................8
RF...................................9
B7ka. Are you limiting your usual activities because of your angina?

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

B7kb. IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(Since we last talked to you, that is, since PREVIOUS WAVE MONTH/YEAR,) has a doctor told you that you have congestive heart failure?

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

INAP.............................BLANK ØB7q
YES..................................1
NO...................................5 ØB7q
DK...................................8 ØB7q
RF...................................9 ØB7q

B7m. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
In the past two years

OTHERWISE:
(Since PREVIOUS WAVE MONTH/YEAR)
Have you been admitted to the hospital overnight because of it (congestive heart failure)?

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

B7n. Are you taking or carrying any medication for congestive heart failure?

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

B7p. IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(Since PREVIOUS WAVE MONTH/YEAR)

OTHERWISE:
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)?

INAP.............................BLANK
YES..................................1
NO...................................5
DK...................................8
RF...................................9
B7q. IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(Since PREVIOUS WAVE MONTH/YEAR)

OTHERWISE:
In the past two years

have you had surgery on your heart?

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

B9. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Has a doctor ever told you that you had a stroke?

IF R SAID HE/SHE HAD A STROKE AT PREVIOUS WAVE:
Our records (from your last interview in PREVIOUS WAVE MONTH/YEAR)
show that you had a stroke.

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

OTHERWISE:
(Since your interview in PREVIOUS WAVE MONTH/YEAR has a doctor told
you that you have had) A stroke?

INAP.............................BLANK
YES..................................1
[VOL] POSSIBLE OR TIA..............2
[VOL] DISPUTES W1 RECORD..........3 ØB10
NO...................................5 ØB10
DK...................................8 ØB10
RF...................................9 ØB10

B9a. IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(Since PREVIOUS WAVE MONTH/YEAR)

OTHERWISE:
In the past two years

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

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

B9b. Do you still have any remaining problems
because of your stroke(s)?

INAP.............................BLANK
YES..................................1
NO...................................5
DK...................................8
RF...................................9
BRANCHPOINT:

1. IF R HAS NOT SEEN A DOCTOR BECAUSE OF A STROKE SINCE PREVIOUS WAVE/IN PAST TWO YEARS (B9a=5) AND R DOES NOT HAVE ANY REMAINING PROBLEMS BECAUSE OF STROKE(S) (B9b=5), GO TO B10.

2. IF R DOES NOT HAVE ANY REMAINING PROBLEMS BECAUSE OF STROKE(S) (B9b=5), GO TO B9g.

B9c. Do you have weakness in your arms and legs, or decreased ability to move or use them?

<table>
<thead>
<tr>
<th>INAP</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
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<tbody>
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<td>9</td>
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</table>

B9d. Difficulty speaking or swallowing?

<table>
<thead>
<tr>
<th>INAP</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLANK</td>
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<td>9</td>
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B9e. Difficulty with your vision?

<table>
<thead>
<tr>
<th>INAP</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
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<td>BLANK</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
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</tbody>
</table>

B9f. Difficulty in thinking or finding the right words to say?

<table>
<thead>
<tr>
<th>INAP</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>BLANK</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

B9g. Are you now taking any medications because of your stroke or its complications?

<table>
<thead>
<tr>
<th>INAP</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLANK</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
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</tbody>
</table>

B9h. Are you receiving physical or occupational therapy because of your stroke or its complications?

<table>
<thead>
<tr>
<th>INAP</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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<td>5</td>
<td>8</td>
<td>9</td>
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BRANCHPOINT: IF R DID NOT REPORT STROKE IN PREVIOUS WAVE, GO TO B9m.
B9j. (Since PREVIOUS WAVE MONTH/YEAR,)
has a doctor told you that you had another stroke?

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

BRANCHPOINT: IF R HAS NOT BEEN TOLD THAT HE/SHE HAD ANOTHER STROKE, OR DK/RF WHETHER HAS BEEN TOLD (B9j=5,8,9) OR R HAS VOLUNTEERED INFORMATION ABOUT A "POSSIBLE" STROKE OR TIA (B9=2), GO TO B10.

B9m. In what month and year was your (most recent) stroke?

MONTH:

INAP.................................0
JAN..................................1
FEB..................................2
MAR..................................3
APR..................................4
MAY..................................5
JUN..................................6
JUL..................................7
AUG..................................8
SEP..................................9
OCT..................................10
NOV..................................11
DEC..................................12
DK..................................98
RF..................................99

YEAR:

BLANK
1993-1996 YEAR
9998  DK
9999  RF

B10. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Have you ever had or has a doctor ever told you that you have any emotional, nervous, or psychiatric problems?

IF R SAID HE/SHE HAD PSYCHIATRIC PROBLEMS AT PREVIOUS WAVE:
When we talked with you (in PREVIOUS WAVE MONTH/YEAR,) you said that you had some emotional, nervous, or psychiatric problems.
IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY DISPUTES W1 RECORD.

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

INAP.................................BLANK ØB11
YES..................................1
[VOL] DISPUTES W1 RECORD.............3 ØB11
NO...................................5 ØB11
DK...................................8 ØB11
RF...................................9 ØB11
BRANCHPOINT: IF R DID NOT REPORT PSYCHIATRIC PROBLEMS IN PREVIOUS WAVE, GO TO B10b.

B10a. Have these problems gotten better, worse, or stayed about the same?

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

B10b. Do you now get psychiatric or psychological treatment for your problems?

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

B10c. Do you now take tranquilizers, antidepressants, or pills for nerves?

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

B11. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?

IF R SAID HE/SHE HAD ARTHRITIS/RHEUMATISM AT WAVE 2:
Our records (from your last interview in PREVIOUS WAVE MONTH/YEAR) show that you have had arthritis.

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

OTHERWISE:
(Since your interview in PREVIOUS WAVE MONTH/YEAR have you had or has a doctor told you that you have) Arthritis or rheumatism?

- INAP.................................BLANK
- YES....................................1
- [VOL] DISPUTES W1 RECORD.............3 ØB12
- NO.....................................5 ØB12
- DK......................................8 ØB12
- RF......................................9 ØB12

BRANCHPOINT: IF ARTHRITIS/RHEUMATISM HAS BEEN DIAGNOSED EVER/SINCE PREVIOUS WAVE (B11=1) AND R DID NOT REPORT ARTHRITIS/RHEUMATISM IN PREVIOUS WAVE, GO TO B11b.
B11a. Has this arthritis gotten better, worse, or stayed about the same?

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

B11b. IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(Since PREVIOUS WAVE MONTH/YEAR)

OTHERWISE:
In the past two years

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

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

B11c. Do you sometimes have pain, stiffness, or swelling in your joints?

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

B11d. Are you currently taking any medication or other treatments for your arthritis or rheumatism?

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

B11e. Does your arthritis sometimes limit your usual activities?

INAP.............................BLANK
YES.................................1
NO...................................5
DK..................................8
RF...................................9
B11f. Have you had surgery or any joint replacement because of arthritis

IF R WAS INTERVIEWED AT PREVIOUS WAVE: (since PREVIOUS WAVE MONTH/YEAR)?

OTHERWISE:

in the last two years?

INAP.............................BLANK ØB12
YES.................................1
NO....................................5 ØB12
DK....................................8 ØB12
RF....................................9 ØB12

B11g. Which joint was that?

SELECT ALL THAT APPLY

INAP................................0,
HIP(S)..............................1,
KNEE(S)............................2,
OTHER(SPECIFY)......................7,
DK....................................8,
RF....................................9,

BRANCHPOINT: IF R IS LESS THAN 68 YEARS OLD, GO TO B15.

B12. Have you fallen down

IF R WAS INTERVIEWED AT PREVIOUS WAVE: (since PREVIOUS WAVE MONTH/YEAR)?

OTHERWISE:

in the last two years?

INAP.............................BLANK ØB13
YES.................................1
NO....................................5 ØB13
DK....................................8 ØB13
RF....................................9 ØB13

B12a. How many times have you fallen

IF R WAS INTERVIEWED AT PREVIOUS WAVE: (since PREVIOUS WAVE MONTH/YEAR)?

OTHERWISE:

in the last two years?

BLANK INAP
1-20 NUMBER OF TIMES
98 DK
99 RF
B12b. IF R HAS FALLEN ONCE,
In that fall, did you injure yourself seriously enough

OTHERWISE:
In any of these falls, did you injure yourself seriously enough
to need medical treatment?

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

B13. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Have you ever fractured your hip?

OTHERWISE:
Have you fractured your hip since we talked (in PREVIOUS WAVE MONTH/YEAR)?

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

B15. This might not be easy to talk about, but during the last
12 months, have you lost any amount of urine beyond
your control?

INAP.............................BLANK ØB16
YES..................................1 ØB16
NO..................................5 ØB16
DK..................................8 ØB16
RF..................................9 ØB16

B15a. On about how many days in the last month have you lost
any urine?

USE 31 FOR "EVERY DAY"

BLANK INAP ØB15d
1-31 NUMBER OF DAYS ØB15d
98 DK
99 RF

B15b. Was that more than 5 days?

INAP.............................BLANK
YES..................................1
NO..................................5 ØB15d
DK..................................8 ØB15d
RF..................................9 ØB15d

B15c. More than 15 days?

INAP.............................BLANK
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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
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<tbody>
<tr>
<td>INAP</td>
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</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
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</table>

**B15e.** During the last 12 months, have you ever lost control over your stool or bowel movements?

<table>
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<tbody>
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<td>NO</td>
<td>5</td>
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<tr>
<td>DK</td>
<td>8</td>
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<tr>
<td>RF</td>
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</table>

**B16.** Is your eyesight excellent, very good, good, fair, or poor?

**(USING GLASSES OR CORRECTIVE LENS AS USUAL)**

<table>
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<tr>
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<tbody>
<tr>
<td>INAP</td>
<td>BLANK</td>
</tr>
<tr>
<td>EXCELLENT</td>
<td>1</td>
</tr>
<tr>
<td>VERY GOOD</td>
<td>2</td>
</tr>
<tr>
<td>GOOD</td>
<td>3</td>
</tr>
<tr>
<td>FAIR</td>
<td>4</td>
</tr>
<tr>
<td>POOR</td>
<td>5</td>
</tr>
<tr>
<td>[VOL] LEGALLY BLIND</td>
<td>6 ØB16c</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
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</table>

**B16a.** How good is your eyesight for seeing things at a distance, like recognizing a friend across the street? (Is it excellent, very good, good, fair, or poor?)

**(USING GLASSES OR CORRECTIVE LENS AS USUAL)**

<table>
<thead>
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</tr>
<tr>
<td>EXCELLENT</td>
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</tr>
<tr>
<td>VERY GOOD</td>
<td>2</td>
</tr>
<tr>
<td>GOOD</td>
<td>3</td>
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<tr>
<td>FAIR</td>
<td>4</td>
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<td>POOR</td>
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<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
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</tbody>
</table>

**B16b.** How good is your eyesight for seeing things up close, like reading ordinary newspaper print? (Is it excellent, very good, good, fair, or poor?)

**(USING GLASSES OR CORRECTIVE LENS AS USUAL)**

<table>
<thead>
<tr>
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<td>EXCELLENT</td>
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<tr>
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<td>2</td>
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<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
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</table>
B16b. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Have you ever had cataract surgery?

IF R SAID HE/SHE HAD HAD CATARACT SURGERY AT WAVE 2:
Have you had cataract surgery since PREVIOUS WAVE MONTH/YEAR
other than what you told us about then?

OTHERWISE:
Have you had cataract surgery since PREVIOUS WAVE MONTH/YEAR?

INAP.................................BLANK ØB16f
YES.................................1 ØB16f
NO....................................5 ØB16f
DK....................................8 ØB16f
RF....................................9 ØB16f

B16d. Have you had cataract surgery on both eyes, or just one?

INAP.................................BLANK
ONE EYE ONLY........................1
BOTH EYES.............................2
DK......................................8
RF.....................................9

B16e. Did the cataract surgery (on either eye) include implanting
a lens?

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

B16f. Has a doctor ever treated you for glaucoma?

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

B17. Do you ever wear a hearing aid?

INAP.................................BLANK
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)

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

B18. Are you often troubled with pain?

INAP..............................BLANK ØB19
YES..................................1 ØB19
NO...................................5 ØB19
DK...................................8 ØB19
RF...................................9 ØB19

B18a. When the pain is at its worst, is it mild, moderate or severe?

INAP..............................BLANK ØB18c
MILD.................................1 ØB18c
MODERATE.............................2
SEVERE...............................3
DK...................................8 ØB18c
RF...................................9

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

INAP..............................BLANK
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?

INAP..............................BLANK
YES..................................1
NO...................................5
DK...................................8
RF...................................9
B19. IF R WAS INTERVIEWED AT PREVIOUS WAVE:
Since we talked to you last in PREVIOUS WAVE MONTH/YEAR,
have you had any other

OTHERWISE:
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

INAP.............................BLANK ØB19b
YES..................................1 ØB19b
NO..................................5 ØB19b
DK..................................8 ØB19b
RF..................................9 ØB19b

B19a. What is that?

(B19b- IF R WAS INTERVIEWED AT PREVIOUS WAVE:
(B19q.) Since we talked to you last in PREVIOUS WAVE MONTH/YEAR,
have you had any of

OTHERWISE:
In the last two years, have you had any of

the following medical tests or procedures?

PRESS "1" FOR "YES" AND "5" FOR "NO"

B19b. A flu shot?

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

B19c. A blood test for cholesterol?

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

BRANCHPOINT: IF R IS MALE, GO TO B19k.

B19f. Do you check your breasts for lumps monthly?

INAP.............................BLANK
YES..................................1
NO..................................5
DK..................................8
RF..................................9
B19g. Did you have a mammogram or x-ray of the breast,

IF R WAS INTERVIEWED AT PREVIOUS WAVE:
to search for cancer since PREVIOUS WAVE MONTH/YEAR?

OTHERWISE:
to search for cancer in the last two years?

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

B19h. A PAP smear?

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

BRANCHPOINT: IF R IS FEMALE, GO TO B19q.

B19k. An examination of your prostate to screen for cancer?

INAP.............................BLANK
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.

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

BRANCHPOINT: IF R SAID NO TO "HAVE YOU EVER SMOKED" IN PREVIOUS WAVE, GO TO B21.

B20. Do you smoke cigarettes now?

INAP.............................BLANK
YES..................................1
NO..................................5 ØB21
DK..................................8
RF..................................9
B20a. About how many cigarettes or packs do you usually smoke in a day now?

PROBE A RANGE

CIGARETTES/DAY:

BLANK INAP
1-100 NUMBER CIGARETTES
998 DK
999 RF

PACKS/DAY:

BLANK INAP
1-5 NUMBER PACKS
98 DK
99 RF

B21. Do you ever drink any alcoholic beverages such as beer, wine, or liquor?

INAP.........................BLANK
YES.........................1
[VOl] NEVER HAVE USED ALCOHOL........3 ØB22
NO..........................5 ØB22
DK..........................8 ØB22
RF.........................9 ØB22

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.)

BLANK INAP
0 NONE OR LESS THAN ONCE A WEEK ØB22
1-6 DAYS PER WEEK
7 EVERY DAY
8 DK
9 RF

B21b. In the last three months, on the days you drink, about how many drinks do you have?

BLANK INAP
1-15 NUMBER OF DRINKS
98 DK
99 RF

B21c. In the last three months, on how many days have you had four or more drinks on one occasion?

USE ZERO FOR NONE

BLANK INAP
0 NONE
1-92 NUMBER OF DAYS
98 DK
99 RF
B22. About how much do you weigh?

BLANK  INAP
50-400 POUNDS
998    DK
999    RF

B22a. Have you gained or lost ten or more pounds

IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
in the last 2 years?

OTHERWISE:
since we talked in PREVIOUS WAVE MONTH/YEAR?

INAP.............................BLANK
YES, GAINED.........................1
YES, LOST.........................2
YES, GAINED AND LOST..............3
NO.................................5
DK...................................8
RF...................................9

BRANCHPOINT: IF R WAS INTERVIEWED AT PREVIOUS WAVE, GO TO B23.

B22d. About how tall are you?

FEET:

BLANK  INAP
3-7     FEET
 8      DK
 9      RF

INCHES:

BLANK  INAP
0-12    INCHES
98      DK
99      RF

B23. IF R WAS NOT INTERVIEWED AT PREVIOUS WAVE:
Have you had any of the following persistent or troublesome problems?

OTHERWISE:
Since we last talked to you in PREVIOUS WAVE MONTH/YEAR, have you had any of the following persistent or troublesome problems?

PRESS "1" FOR "YES" AND "5" FOR "NO"

B23b. Persistent swelling in your feet or ankles?

INAP.............................BLANK
YES.................................1
NO.................................5
DK...................................8
RF...................................9
B23c. Shortness of breath while awake?

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

B23f. Persistent dizziness or lightheadedness?

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

B23g. Back pain or problems?

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

B23h. Have you had persistent headaches?

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

B23m. Severe fatigue or exhaustion?

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

B23n. Persistent wheezing, cough, or bringing up phlegm?

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

BRANCHPOINT: IF THIS IS A PROXY INTERVIEW, GO TO BASSIST (AT END OF SECTION).

(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.

PRESS "1" FOR "YES" AND "5" FOR "NO"
B24. Much of the time during the past week, you felt depressed.
(Would you say yes or no?)

INAP.................................BLANK
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.

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

B24b. Your sleep was restless.

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

B24c. You were happy.

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

B24d. You felt lonely.

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

B24e. You enjoyed life.

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

B24g. You felt sad.

INAP.................................BLANK
YES.....................................1
NO.....................................5
DK.....................................8
RF.....................................9
B24h. You could not get going.

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

B24j. You had a lot of energy.

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

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?

INAP.............................BLANK ØB38
YES..................................1 ØB38
[VOL] DID NOT FEEL DEPRESSED
BECAUSE ON ANTI-DEPRESSANT
MEDICATION.........................3 ØB38
NO....................................5 ØB38
DK.....................................8 ØB38
RF.....................................9 ØB38

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?

INAP.............................BLANK ØB38
ALL DAY LONG.........................1 ØB38
MOST OF THE DAY....................2 ØB38
ABOUT HALF THE DAY...............3 ØB38
LESS THAN HALF THE DAY.........4 ØB38
DK.....................................8 ØB38
RF.....................................9 ØB38

B27a. During those two weeks, did you feel this way every day, almost every day, or less often than that?

INAP.............................BLANK ØB38
EVERY DAY..........................1 ØB38
ALMOST EVERY DAY...............2 ØB38
LESS OFTEN THAN THAT.........3 ØB38
DK.....................................8 ØB38
RF.....................................9 ØB38

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."

INAP.............................BLANK
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?

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

B30. During those same two weeks, did you lose your appetite?

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

B30a. Did your appetite increase during those same two weeks?

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

B31. Did you have more trouble falling asleep than you usually do during those two weeks?

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

B31a. Did that happen every night, nearly every night, or less often during those two weeks?

INAP.............................BLANK
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?

INAP.............................BLANK
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?

INAP.............................BLANK
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?

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

BRANCHPOINT: IF R DID NOT ANSWER "YES" TO ANY OF QUESTIONS B28, B29, B30, B30a, B31, B32, B33, OR B34, GO TO BASSIST (AT END OF SECTION).

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 "YES" TO "LOSING INTEREST": losing interest

IF "YES" TO "FEELING TIRED": feeling tired

IF "YES" TO "LOSE APPETITE": lose appetite

IF "YES" TO "APPETITE INCREASE": appetite increase

IF "YES" TO "TROUBLE FALLING ASLEEP": trouble falling asleep

IF "YES" TO "TROUBLE CONCENTRATING": trouble concentrating

IF "YES" TO "FEELING DOWN ON YOURSELF": feeling down on yourself

IF "YES" TO "THOUGHTS ABOUT DEATH": thoughts about death

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

(B36.) WEEKS:

BLANK  INAP
1-52  WEEKS
98  DK
99  RF

B36a. MONTHS:

BLANK  INAP
1-12  MONTHS
98  DK
99  RF

B36b. ENTIRE YEAR:

INAP.............................BLANK
ENTIRE YEAR..........................1
DK....................................8
RF....................................9
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:

INAP........................................0
JAN........................................1
FEB.........................................2
MAR.........................................3
APR.........................................4
MAY.........................................5
JUN.........................................6
JUL.........................................7
AUG.........................................8
SEP.........................................9
OCT........................................10
NOV.........................................11
DEC.........................................12
DK..........................................98
RF..........................................99

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?

INAP........................................BLANK ØBASSIST
YES.........................................1
[VOL] NOT FEEL LOSS OF INTEREST BECAUSE ON ANTI-DEPRESSANT MEDICATION.................................3 ØBASSIST
NO.........................................5 ØBASSIST
DK.........................................8 ØBASSIST
RF.........................................9 ØBASSIST

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?

INAP........................................BLANK ØBASSIST
ALL DAY LONG..............................1
MOST OF THE DAY............................2
ABOUT HALF THE DAY.....................3 ØBASSIST
LESS THAN HALF THE DAY..............4 ØBASSIST
DK.........................................8 ØBASSIST
RF.........................................9 ØBASSIST
B39a. Did you feel this way every day, almost every day, or less often during the two weeks?

   INAP..........................BLANK ØBASSIST  
   EVERY DAY.......................1  
   ALMOST EVERY DAY...............2  
   LESS OFTEN.......................3 ØBASSIST  
   DK................................8 ØBASSIST  
   RF.................................9 ØBASSIST  

B40. During those two weeks, did you feel tired out or low on energy all the time?

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

B41. During those same two weeks, did you lose your appetite?

   INAP..........................BLANK  
   YES...............................1 ØB43  
   NO..................................5  
   DK................................8  
   RF..................................9  

B42. Did your appetite increase during those same two weeks?

   INAP..........................BLANK  
   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?

   INAP..........................BLANK  
   YES...............................1  
   NO..................................5 ØB44  
   DK................................8 ØB44  
   RF..................................9 ØB44  

B43a. Did that happen every night, nearly every night, or less often during those two weeks?

   INAP..........................BLANK  
   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?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
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<tbody>
<tr>
<td>INAP</td>
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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
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<tr>
<td>RF</td>
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</tbody>
</table>

B45. People sometimes feel down on themselves, no good or worthless. Did you feel this way during that two-week period?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>INAP</td>
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</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
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<td>RF</td>
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</table>

B46. Did you think a lot about death during those two weeks --either your own, someone else's, or death in general?

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>INAP</td>
<td>BLANK</td>
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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
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</tbody>
</table>

BRANCHPOINT: IF R DID NOT ANSWER "YES" TO ANY OF QUESTIONS B40, B41, B42, B43, B44, B45, OR B46, GO TO BASSIST (AT END OF SECTION).
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 B40 - B46).

IF "YES" TO "FEELING TIRED":
feeling tired

IF "YES" TO "LOSE APPETITE":
lose appetite

IF "YES" TO "APPETITE INCREASE":
appetite increase

IF "YES" TO "TROUBLE FALLING ASLEEP":
trouble falling asleep

IF "YES" TO "TROUBLE CONCENTRATING":
trouble concentrating

IF "YES" TO "FEELING DOWN ON YOURSELF":
feeling down on yourself

IF "YES" TO "THOUGHTS ABOUT DEATH":
thoughts about death

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

(B48.) WEEKS:

BLANK INAP
1-52 WEEKS
98 DK
99 RF

B48a. MONTHS:

BLANK INAP
1-12 MONTHS
98 DK
99 RF

B48b. ENTIRE YEAR:

INAP.............................BLANK
ENTIRE YEAR.........................1
DK..................................8
RF..................................9

BRANCHPOINT: IF R LOST INTEREST IN THINGS DURING ALL OF THE PAST 12 MONTHS (B48=52 OR B48a=12 OR B48b=1), GO TO BASSIST.
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:

INAP .............................................. 0
JAN. .............................................. 1
FEB. .............................................. 2
MAR. .............................................. 3
APR. .............................................. 4
MAY .............................................. 5
JUN. .............................................. 6
JUL .............................................. 7
AUG. .............................................. 8
SEP .............................................. 9
OCT ............................................. 10
NOV. ............................................. 11
DEC. ............................................. 12
DK ............................................. 98
RF ............................................. 99

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

INAP .............................................. 0
NEVER ........................................... 1
A FEW TIMES ................................. 2
MOST OR ALL OF THE TIME ............. 3

END OF SECTION B