INTRODUCTION: "The following questions cover basic demographic information. Although you may have answered similar questions in the past, we want to be sure everything is correct and current in our records."

1. What is your date of birth? DEMO01
   Month / Day / Year

2. How old are you today? DEMO02
   Years

3. What is your current marital status? DEMO03
   Married 1   Separated 3   Widowed 5   Don't know 8
   Living with a partner 2   Divorced 4   Never married 6   Refused 7

4. In addition to yourself, how many other people currently live in your household? DEMO04
   Lives alone 0   1 other 1   2 others 2   3 or more 3   Don't know 8   Refused 7

5. In what type of housing do you live? DEMO05
   Single family home 1   Continuing care community 3   Long term care facility 5
   Co-op, condominium, apartment 2   Assisted Living 4   Don't know 8
   Refused 7

6. Were you born in the United States? DEMO06
   Yes 1   No 0   Don't know 8   Refused 7

7. Is English your first language? DEMO07
   Yes 1   No 0   Don't know 8   Refused 7

8. Are you of Spanish, Hispanic, or Latino origin? DEMO08
   Yes 1   No 0   Don't know 8   Refused 7

9. What race do you consider yourself to be? DEMO09
   White 1   American Indian or Alaska Native 3   Don't Know 8
   Black or African American 2   Native Hawaiian or Other Pacific Islander 5
   Asian 4   Two or More Races 6

10. What is the highest grade in school that you completed? (Examiner Note: use 00 for no formal schooling, 12 for high school (or GED equivalent), 14 for two year college / Associate's degree, 16 for four year college, 18 for Master's degree, 19 for Law degree, 20 for MD or PhD, 21 for multiple graduate degrees, 77 for refused and 88 for unknown). DEMO10
    Years of school
INTERVIEW

INTRODUCTION: "The next few questions concern health care and prescription drug coverage."

11. Do you have Medicare? DEMO11

Yes ○ 1  No, under 65 ○ 0  No, age 65+ ○ 2  Don't know ○ 8  Refused ○ 7

Go to Question 12.

11a. What type of Medicare coverage do you have? DEMO11A

Part A and Part B, only ○ 2  Medicare + Choice ○ 3  Part A, only ○ 1  Don't know ○ 8  Refused ○ 7

Go to Question 12.

11b. Do you have a Medigap plan (purchased through Medicare)? DEMO11B

Yes ○ 1  No ○ 0  Don't know ○ 8  Refused ○ 7

12. Do you have private (supplemental) health insurance or any health care coverage through an (former) employer, union, spouse, military service, Medicaid, etc? DEMO12

Yes ○ 1  No ○ 0  Don't know ○ 8  Refused ○ 7

13. Do any of (Does) your health care plan(s) include prescription drug coverage? DEMO13

Yes ○ 1  No ○ 0  Don't know ○ 8  Refused ○ 7

INTRODUCTION: "Now I have just a few general questions about your income and finances."

14. In the most recent calendar year, taking into account all sources, was your personal family income more or less than $10,000? DEMO14

More than $10,000 ○ 1  Less than $10,000 ○ 0  Don't know ○ 8  Refused ○ 7

Go to Question 15.

14a. Was it more than $25,000? DEMO14A

Yes ○ 1  No ○ 0  Don't know ○ 8  Refused ○ 7

14b. Was it more than $50,000? DEMO14B

Yes ○ 1  No ○ 0  Don't know ○ 8  Refused ○ 7

15. How well does your personal family income take care of your (and your family's) needs? Would you say ...? DEMO15

Poorly ○ 1  Fairly well ○ 2  Very well ○ 3  Don't know ○ 8  Refused ○ 7

16. In the past 12 months, have you delayed getting medical care because of money problems? DEMO16

Yes ○ 1  No ○ 0  Don't know ○ 8  Refused ○ 7

17. In the past 12 months, have you gone without medications you needed because of money problems? DEMO17

Yes ○ 1  No ○ 0  Don't know ○ 8  Refused ○ 7
INTERVIEW: PHYSICAL FUNCTION - 1 of 7

INTRODUCTION: "The next several questions concern how well you function in your usual environment, without the use of special equipment or help from another person.

**Examiner Note:** If the participant responds "don't know" or "don't do", probe to determine whether this is due to a health problem. If so, code "yes" for difficulty, then probe to determine level of difficulty (e.g.; a lot or unable to do).

1. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks, without stopping? **PF01**

   Yes 0 1

   1a. How much difficulty do you have walking a quarter of a mile? **PF01A**
   - A little 0 1
   - Unable to do 0 4
   - Some 0 2
   - Don't know 0 8
   - A lot 0 3
   - Refused 0 7

   No 0 0

   1b. How easy is it for you to walk a quarter of a mile? **PF01B**
   - Very easy 0 3
   - Don't know 0 8
   - Somewhat easy 0 2
   - Not so easy 0 1

   1c. Because of a health or physical problem, do you have any difficulty walking a distance of one mile? **PF01C**

   Yes 0 1

   Go to Question 2

   No 0 0

   1d. How easy is it for you to walk one mile? **PF01D**
   - Very easy 0 3
   - Don't know 0 8
   - Somewhat easy 0 2
   - Not so easy 0 1

   Go to Question 2c

2. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting? **PF02**

   Yes 0 1

   2a. How much difficulty do you have walking up 10 steps? **PF02A**
   - A little 0 1
   - Unable to do 0 4
   - Some 0 2
   - Don't know 0 8
   - A lot 0 3
   - Refused 0 7

   Go to Question 3

   No 0 0

   2b. How easy is it for you to walk up 10 steps? **PF02B**
   - Very easy 0 3
   - Don't know 0 8
   - Somewhat easy 0 2
   - Not so easy 0 1

   Go to Question 2c
2c. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is, about 2 flights, without resting?  **PF02C**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
<th>Refused</th>
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<td>1</td>
<td>0</td>
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Go to Question 3

2d. How easy is it for you to walk up 20 steps?  **PF02D**

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<tr>
<th></th>
<th>Very easy</th>
<th>Don't know</th>
<th>Somewhat easy</th>
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<td>2</td>
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</table>

3. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?  **PF03**

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
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<td>1</td>
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3a. How much difficulty do you have lifting or carrying 10 pounds?  **PF03A**

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<tr>
<th></th>
<th>A little</th>
<th>Unable to do</th>
<th>Some</th>
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<td>2</td>
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</table>

Go to Question 4

3b. How easy is it for you to lift or carry something weighing 10 pounds?  **PF03B**

<table>
<thead>
<tr>
<th></th>
<th>Very easy</th>
<th>Don't know</th>
<th>Somewhat easy</th>
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</table>

3c. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 20 pounds, for example a large, full bag of groceries?  **PF03C**

<table>
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
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<td>1</td>
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</table>

Go to Question 4

3d. How easy is it for you to lift or carry something weighing 20 pounds?  **PF03D**

<table>
<thead>
<tr>
<th></th>
<th>Very easy</th>
<th>Don't know</th>
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INTERVIEW: PHYSICAL FUNCTION - 3 of 7

4. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms? PF04

Yes ☐ 1

4a. How much difficulty do you have rising without using your arms? PF04A

A little ☐ 1  Unable to do ☐ 4
Some ☐ 2  Don't know ☐ 8
A lot ☐ 3  Refused ☒ 7

No ☐ 0  Don't know / Don't do ☐ 8  Refused ☐ 7

4b. How easy is it for you to stand up from a chair without using your arms? PF04B

Very easy ☐ 3  Don't know ☐ 8
Somewhat easy ☐ 2  Refused ☐ 7
Not so easy ☐ 1

5. Because of a health or physical problem, do you have any difficulty stooping, crouching, or kneeling? PF05

Yes ☐ 1

5a. How much difficulty do you have stooping, crouching, or kneeling? PF05A

A little ☐ 1  Unable to do ☐ 4
Some ☐ 2  Don't know ☐ 8
A lot ☐ 3  Refused ☒ 7

No ☐ 0  Don't know / Don't do ☐ 8  Refused ☐ 7

5b. How easy is it for you to stoop, crouch, or kneel? PF05B

Very easy ☐ 3  Don't know ☐ 8
Somewhat easy ☐ 2  Refused ☐ 7
Not so easy ☐ 1

6. Because of a health or physical problem, do you have any difficulty raising your arms up over your head? PF06

Yes ☐ 1

6a. How much difficulty do you have raising your arms over your head? PF06A

A little ☐ 1  Unable to do ☐ 4
Some ☐ 2  Don't know ☐ 8
A lot ☐ 3  Refused ☒ 7

No ☐ 0  Don't know / Don't do ☐ 8  Refused ☐ 7

6b. How easy is it for you to raise your arms up over your head? PF06B

Very easy ☐ 3  Don't know ☐ 8
Somewhat easy ☐ 2  Refused ☐ 7
Not so easy ☐ 1

7. Because of a health or physical problem, do you have any difficulty using your fingers to grasp or handle? PF07

Yes ☐ 1

7a. How much difficulty do you have grasping or handling? PF07A

A little ☐ 1  Unable to do ☐ 4
Some ☐ 2  Don't know ☐ 8
A lot ☐ 3  Refused ☒ 7

No ☐ 0  Don't know / Don't do ☐ 8  Refused ☐ 7

7b. How easy is it for you to use your fingers to grasp or handle? PF07B

Very easy ☐ 3  Don't know ☐ 8
Somewhat easy ☐ 2  Refused ☐ 7
Not so easy ☐ 1
## INTERVIEW: PHYSICAL FUNCTION - 4 of 7

### 8. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs? **PF08**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
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</table>

#### 8a. How much difficulty do you have **PF08A** getting in and out of bed or chairs?

<table>
<thead>
<tr>
<th>A little</th>
<th>Unable to do</th>
<th>Some</th>
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<th>Refused</th>
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</table>

#### 8b. Do you need special equipment or help from another person in getting in and out of bed or chairs? **PF08B**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
<th>Refused</th>
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### 9. Because of a health or physical problem, do you have any difficulty bathing or showering? **PF09**

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<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
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#### 9a. How much difficulty do you have **PF09A** bathing or showering?

<table>
<thead>
<tr>
<th>A little</th>
<th>Unable to do</th>
<th>Some</th>
<th>Don't know</th>
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#### 9b. Do you need special equipment or help from another person in bathing or showering? **PF09B**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
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### 10. Because of a health or physical problem, do you have any difficulty dressing? **PF10**

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<th>Yes</th>
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<th>Don't know / Don't do</th>
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#### 10a. How much difficulty do you have **PF10A** dressing?

<table>
<thead>
<tr>
<th>A little</th>
<th>Unable to do</th>
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<th>Don't know</th>
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#### 10b. Do you need special equipment or help from another person in dressing? **PF10B**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
<th>Refused</th>
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### 11. Because of a health or physical problem, do you have any difficulty eating, for example holding a fork, cutting your food, or drinking from a glass? **PF11**

<table>
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<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
<th>Refused</th>
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<td>O 1</td>
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#### 11a. How much difficulty do you have **PF11A** eating?

<table>
<thead>
<tr>
<th>A little</th>
<th>Unable to do</th>
<th>Some</th>
<th>Don't know</th>
<th>Refused</th>
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#### 11b. Do you need special equipment or help from another person in eating? **PF11B**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know / Don't do</th>
<th>Refused</th>
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</table>
12. Because of a health or physical problem, do you have any difficulty using the toilet, including getting to the toilet? **PF12**

   Yes □ 1
   No □ 0
   Don't know / Don't do □ 8
   Refused □ 7

   **12a.** How much difficulty do you have using the toilet? **PF12A**
   - A little □ 1
   - Unable to do □ 4
   - Some □ 2
   - Don't know □ 8
   - A lot □ 3
   - Refused □ 7

13. Because of a health or physical problem, do you have any difficulty walking across a small room? **PF13**

   Yes □ 1
   No □ 0
   Don't know / Don't do □ 8
   Refused □ 7

   **13a.** How much difficulty do you have walking across a small room? **PF13A**
   - A little □ 1
   - Unable to do □ 4
   - Some □ 2
   - Don't know □ 8
   - A lot □ 3
   - Refused □ 7

14. Because of a health or physical problem, do you have any difficulty doing light housework such as doing dishes, straightening up or light cleaning by yourself? **PF14**

   Yes □ 1
   No □ 0
   Don't know / Don't do □ 8
   Refused □ 7

   **14a.** How much difficulty do you have doing light housework? **PF14A**
   - A little □ 1
   - Unable to do □ 4
   - Some □ 2
   - Don't know □ 8
   - A lot □ 3
   - Refused □ 7

15. Because of a health or physical problem, do you have any difficulty doing heavy housework, such as vacuuming and washing windows, walls, or floors? **PF15**

   Yes □ 1
   No □ 0
   Don't know / Don't do □ 8
   Refused □ 7

   **15a.** How much difficulty do you have doing heavy housework? **PF15A**
   - A little □ 1
   - Unable to do □ 4
   - Some □ 2
   - Don't know □ 8
   - A lot □ 3
   - Refused □ 7

   **15b.** Is that for health-related reasons? **PF15B**
   - Yes □ 1
   - Don't know □ 8
   - No □ 0
   - Refused □ 7
16. Because of a health or physical problem, do you have any difficulty preparing your own meals by yourself? PF16
   Yes ○ 1
   No ○ 0
   Don't know / Don't do ○ 8
   Refused ○ 7

16a. How much difficulty do you have preparing your own meals? PF16A
   A little ○ 1
   Unable to do ○ 4
   Some ○ 2
   Don't know ○ 8
   A lot ○ 3
   Refused ○ 7

16b. Is that for health-related reasons? PF16B
   Yes ○ 1
   Don't know ○ 8
   No ○ 0
   Refused ○ 7

17. Because of a health or physical problem, do you have any difficulty shopping for personal items, such as toilet items or medicine, by yourself? PF17
   Yes ○ 1
   No ○ 0
   Don't know / Don't do ○ 8
   Refused ○ 7

17a. How much difficulty do you have shopping for personal items? PF17A
   A little ○ 1
   Unable to do ○ 4
   Some ○ 2
   Don't know ○ 8
   A lot ○ 3
   Refused ○ 7

17b. Is that for health-related reasons? PF17B
   Yes ○ 1
   Don't know ○ 8
   No ○ 0
   Refused ○ 7

18. Because of a health or physical problem, do you have any difficulty using the telephone by yourself? PF18
   Yes ○ 1
   No ○ 0
   Don't know / Don't do ○ 8
   Refused ○ 7

18a. How much difficulty do you have using the telephone? PF18A
   A little ○ 1
   Unable to do ○ 4
   Some ○ 2
   Don't know ○ 8
   A lot ○ 3
   Refused ○ 7

18b. Is that for health-related reasons? PF18B
   Yes ○ 1
   Don't know ○ 8
   No ○ 0
   Refused ○ 7

19. Because of a health or physical problem, do you have any difficulty taking medications, by yourself? PF19
   Yes ○ 1
   No ○ 0
   Don't know / Don't do ○ 8
   Refused ○ 7

19a. How much difficulty do you have taking medications? PF19A
   A little ○ 1
   Unable to do ○ 4
   Some ○ 2
   Don't know ○ 8
   A lot ○ 3
   Refused ○ 7

19b. Is that for health-related reasons? PF19B
   Yes ○ 1
   Don't know ○ 8
   No ○ 0
   Refused ○ 7
20. Because of a health or physical problem, do you have any difficulty managing your money for example, paying bills or keeping a bank account, by yourself without help from another person?

   Yes ☐ 1
   No ☐ 0
   Don't know / Don't do ☐ 8
   Refused ☐ 7

**20a. How much difficulty do you have managing your money?**

   A little ☐ 1
   Unable to do ☐ 4
   Some ☐ 2
   Don't know ☐ 8
   A lot ☐ 3
   Refused ☐ 7

**20b. Is that for health-related reasons?**

   Yes ☐ 1
   Don't know ☐ 8
   No ☐ 0
   Refused ☐ 7

21. Because of a health or physical problem, do you have any difficulty driving?

   Yes ☐ 1
   No ☐ 0
   Don't know / Don't do ☐ 8
   Refused ☐ 7

**21a. How much difficulty do you have driving?**

   A little ☐ 1
   Unable to do ☐ 4
   Some ☐ 2
   Don't know ☐ 8
   A lot ☐ 3
   Refused ☐ 7

**21b. What is the primary reason you do not drive?**

   Health ☐ 4
   Never drove ☐ 1
   Refused ☐ 7
   Vision ☐ 3
   Lost license ☐ 5
   No car ☐ 2
   Don't know ☐ 8
INTERVIEW: GENERAL HEALTH AND SYMPTOMS 1 of 5

INTRODUCTION: "I'm going to ask you several questions about your current health and how you have been feeling over the past year."

1. During the past 12 months, have you been a patient in a hospital for one or more nights? GHSX01
   - Yes ☑
   - No ☐
   - Don't know ☐
   - Refused ☒
   - Go to Question 2.

1a. How many different times during the past 12 months were you a patient in a hospital for one or more nights? 
   *Note: NOT asking the number of days in a hospital!* GHSX01A
   - Times with overnight stay

2. During the past 12 months, did you stay in bed all or most of the day because of an illness or injury (including days that you were a patient in a hospital)? GHSX02
   - Yes ☑
   - No ☐
   - Don't know ☐
   - Refused ☒
   - Go to Question 3.

2a. How many days did you stay in bed all or most of the day because of an illness or injury (including days you were a patient in a hospital)? GHSX02A
   - days in bed

3. During the past 12 months, did you cut down on the things you usually do, such as going to work or working around the house, because of illness or injury? GHSX03
   - Yes ☑
   - No ☐
   - Don't know ☐
   - Refused ☒
   - Go to Question 4.

3a. How many days did you cut down on the things you usually do because of an illness or injury (including days in a hospital)? GHSX03A
   - days cut down

INTRODUCTION: "The next few questions refer to how you have been feeling over the past month."

4. In the past month, on average how often have you felt unusually tired during the day? All, most, some, or none of the time? GHSX04
   - All ☑
   - Most ☑
   - Some ☑
   - None ☐
   - Don't know ☐
   - Refused ☒

5. During the past month, how weak did you feel, using a scale from 0 to 10, where 0 is not weak at all and 10 is very weak? GHSX05
   - Not weak at all
   - Very weak
   - DK
   - Refused
   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 88 | 77 |
INTERVIEW: GENERAL HEALTH AND SYMPTOMS - 2 of 5

6. During the past month, what category best describes your usual energy level, using a scale from 0 to 10, where 0 is no energy at all and 10 is the most energy you have ever had? **GHSX06**

<table>
<thead>
<tr>
<th>No energy at all</th>
<th>Most energy</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**INTRODUCTION**: "These questions ask about your sleep habits."

7. ... have trouble falling asleep (w/in 30 min)? **GHSX07**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

8. ... wake up several times at night? **GHSX08**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

9. ... wake up earlier than you planned to? **GHSX03**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

**Examiner Note: If response is "Never" for question 9, do NOT ask question 10, but code "Never".**

10. ... have trouble getting back to sleep after you woke up too early? **GHSX10**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

11. ... take sleeping pills or other medications to help you sleep? **GHSX11**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

12. ... have loud snoring at night? **GHSX12**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

13. ... have choking or gasping while sleeping? **GHSX13**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

14. ... have excessive daytime sleepiness? **GHSX14**

<table>
<thead>
<tr>
<th>Never</th>
<th>&lt; 1/week</th>
<th>1-2/week</th>
<th>3-4/week</th>
<th>5+/week</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

15. Overall, in the past month, was your typical night's sleep ...? **GHSX15**

<table>
<thead>
<tr>
<th>Very sound or restful</th>
<th>Average quality</th>
<th>Very restless</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

16. On average, in the past month, how many hours of sleep did you get each night? **GHSX16**

<table>
<thead>
<tr>
<th>More than 7</th>
<th>More than 6, up to 7</th>
<th>More than 5, up to 6</th>
<th>5 or fewer</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

**INTRODUCTION**: "The next questions concern your appetite and weight."

17. In general, would you say that your appetite or desire to eat has been ...? **GHSX17**

<table>
<thead>
<tr>
<th>Very good</th>
<th>Good</th>
<th>Moderate</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

18. How much do you currently weigh? If you are unsure, please make your best guess. **GHSX18**

**Examiner Note: Enter 888 if unknown and 777 if refused. If participant gives home and clinic weight, code clinic value.**
19. Since this time last year, has your weight changed by 5 or more pounds?  
**GHSX19**
- Yes 1
- No 0
- Don't know 8
- Refused 7

19a. Did you gain or lose weight?  
**GHSX19A**
- Gain 1
- Lose 2
- Don't know 8
- Refused 7

19b. Were you trying to gain (or lose) weight?  
**GHSX19B**
- Yes 1
- No 0
- Don't know 8
- Refused 7

19c. How many pounds did you gain (or lose)?  
**GHSX19C**
*Examiner Note: Enter 88 if unknown and 77 if refused*

20. At the present time, are you trying to lose weight?  
**GHSX20**
- Yes 1
- No 0
- Don't know 8
- Refused 7

21. How would you rate your overall oral health (teeth, gums, inside of mouth)?  
**GHSX21**
- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5
- Don't know 8
- Refused 7

22. Have you ever been told by a dentist, dental hygienist, or periodontist that you have gum (periodontal) disease?  
**GHSX22**
- Yes 1
- No 0
- Don't know 8
- Refused 7

22a. When were you last treated for gum disease?  
**GHSX22A**
- Never 0
- Within 12 months 1
- Over 12 Months ago 2
- Don't know 8
- Refused 7

22b. Have you lost any teeth because of gum (periodontal) disease?  
**GHSX22B**
- Yes 1
- No 0
- Don't know 8
- Refused 7

22c. How old were you when you lost your first tooth because of gum disease?  
(should be 20 years or older)  
**GHSX22C**

23. During the past 3 months, how much pain have you had in your gums or teeth?  
**GHSX23**
- A great deal 3
- Some 2
- A little 1
- None at all 0
- Don't know 8
- Refused 7

24. Does your mouth feel dry when eating?  
**GHSX24**
- Yes 1
- No 0
- Don't know 8
- Refused 7

24a. Do you have problems chewing or swallowing that limit your ability to eat?  
**GHSX25**
- Yes 1
- No 0
- Don't know 8
- Refused 7
INTERVIEW: GENERAL HEALTH AND SYMPTOMS - 4 of 5

INTRODUCTION: "Now I would like to ask you some questions about your eyesight and hearing."

25. Do you have glasses or contact lenses? GHSX25
   - Yes O 1
   - No O 0
   - Don't know O 8
   - Refused O 7
   Go to Question 26.

25a. Do you wear them ...? GHSX25A
   - Most of the time O 3
   - For reading or driving O 1
   - Sometimes O 2
   - Never O 0
   - Don't know O 8
   - Refused O 7

26. How would you rate your current eyesight (with glasses or contacts, if you wear them)? GHSX26
   - Excellent O 5
   - Good O 4
   - Fair O 3
   - Poor O 2
   - Very poor O 1
   - Blind O 0
   - Don't know O 8
   - Refused O 7

[27 - 30. Wearing glasses or contact lenses, if you use them ...]

27. How much difficulty do you have reading ordinary print in newspapers? Would you say you have ...? GHSX27
   - No difficulty O 0
   - Moderate difficulty O 2
   - Stopped due to eyesight O 4
   - Don't know O 8
   - A little difficulty O 1
   - Extreme difficulty O 3
   - Don't do, other reasons O 5
   - Refused O 7

28. Because of your eyesight, how much difficulty do you have recognizing people you know from across a room? Would you say you have ...? GHSX28
   - No difficulty O 0
   - Moderate difficulty O 2
   - Extreme difficulty O 3
   - Don't do, other reasons O 5
   - A little difficulty O 1
   - Refused O 7

29. Because of your eyesight, how much difficulty do you have going down steps, stairs, or curbs in dim light or at night? Would you say you have ...? GHSX29
   - No difficulty O 0
   - Moderate difficulty O 2
   - Extreme difficulty O 3
   - Don't do, other reasons O 5
   - A little difficulty O 1
   - Refused O 7

30. Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along? Would you say you have ...? GHSX30
   - No difficulty O 0
   - Moderate difficulty O 2
   - Extreme difficulty O 3
   - Don't do, other reasons O 5
   - A little difficulty O 1
   - Refused O 7

31. Do you wear a hearing aid? GHSX31
   - Yes O 1
   - No O 0
   - Don't know O 8
   - Refused O 7

32. How would you rate your current hearing ability (with a hearing aid, if used)? GHSX32
   - Excellent O 5
   - Good O 4
   - Fair O 3
   - Poor O 2
   - Very poor O 1
   - Deaf O 0
   - Don't know O 8
   - Refused O 7
INTERVIEW: GENERAL HEALTH AND SYMPTOMS - 5 of 5

INTRODUCTION: "The next several questions concern your balance, dizziness, fainting episodes and falls."

33. Do you have any problem with keeping your balance when you are walking on a level surface? Would you say ...? GHSX33
   Always 4 Very often 3 Often 2 Sometimes 1 Never 0 Don't know 8 Refused 7

34. Do you have any problem with keeping your balance when you are standing with your eyes closed, such as standing in the shower? Would you say ...? GHSX34
   Always 4 Very often 3 Often 2 Sometimes 1 Never 0 Don't know 8 Refused 7

35. Do you ever feel dizzy or light-headed after standing up? GHSX35
   Yes 1 No 0 Don't know 8 Refused 7

36. In the past 12 months, have you fainted, blacked-out, or lost consciousness? GHSX36
   Yes 1 No 0 Don't know 8 Refused 7

36a. How many times has this happened in the past 12 months? GHSX36A
   One 1 Two or three 2 Four or more 3 Don't know 8 Refused 7

37. In the past 12 months, have you fallen and landed on the ground or floor? GHSX37
   Yes 1 No 0 Don't know 8 Refused 7

37a. How many times did you fall to the ground in the past 12 months? GHSX37A
   One 1 Two or three 2 Four or five 3 Six or more 4 Don't know 8 Refused 7

37b. Did you break or fracture a bone on any fall in the past 12 months? GHSX37B
   Yes 1 No 0 Don't know 8 Refused 7

37c. Did you hit or injure your head on any fall in the past 12 months? GHSX37C
   Yes 1 No 0 Don't know 8 Refused 7

37d. Did you have a sprain or strain on any fall in the past 12 months? GHSX37D
   Yes 1 No 0 Don't know 8 Refused 7

37e. Did you have a bruise or bleeding on any fall in the past 12 months? GHSX37E
   Yes 1 No 0 Don't know 8 Refused 7

37f. What type of activity were you doing at the time of your (worst/most injurious) fall? GHSX37F
   Normal/Usual 1 Unusual/Risky 2 Intoxicated 3 Don't know 8 Refused 7

38. In the past 12 months, did you limit your activities, for example, what you did or where you went because you were afraid of falling? GHSX38
   Yes 1 No 0 Don't know 8 Refused 7

38a. How often did you limit your activities because you were afraid of falling? GHSX38A
   Rarely 1 Some of the time 2 Most of the time 3 All of the time 4 DK 8 Refused 7
INTERVIEW: ACHES AND PAINS - 1 of 8

INTRODUCTION: "Now I'm going to ask you questions about recent and current aches and pains."

1. In the past year, have you had any low back pain? **AP01**
   - Yes **1**
   - No **0**
   - Don't know **8**
   - Refused **7**
   - Go to Question 2.

1a. Please rate your usual back pain over the past year using a scale from 0 to 10, where 0 indicates NO PAIN and 10 indicates EXTREMELY INTENSE PAIN **AP01A**

<table>
<thead>
<tr>
<th>No pain</th>
<th>Extremely intense pain</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>88</td>
</tr>
<tr>
<td>77</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b. Have you needed to limit your typical daily activities as a result of your low back pain during the past year? **AP01B**
   - Yes **1**
   - No **0**
   - Don't know **8**
   - Refused **7**
   - Go to Question 1d.

1c. Please estimate how many days you have needed to limit your activities in the past year due to low back pain. **AP01C**
   
   days

1d. In the past year, what is the longest consecutive time period (in weeks) that you have had low back pain (If less than 1 week, code as 1)? **AP01D**

1e. Do you currently have low back pain? **AP01E**
   - Yes **1**
   - No **0**
   - Don't know **8**
   - Refused **7**
   - Go to Question 2.

1f. Please rate your pain over the past week, using the scale below. **AP01F**

<table>
<thead>
<tr>
<th>No pain</th>
<th>Extremely intense pain</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>88</td>
</tr>
<tr>
<td>77</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Draft
2. Have you ever had pain or aching on most days for at least one month in or around either knee? This includes pain in the front, back and sides of the knee. *(Examiner Note: Pain lasting at least a month includes intermittent and/or continuous pain for at least 15 of 30 days.)*

**AP02**

Yes ☐ 1  
No ☐ 0  
Don't know ☐ 8  
Refused ☐ 7  

---

2a. In the past 12 months, have you had knee pain lasting at least one month? **AP02A**

Yes ☐ 1  
No ☐ 0  
Don't know ☐ 8  
Refused ☐ 7  

---

2b. In the past 12 months, have you had this pain in the left knee, right knee or both knees? **AP02B**

Right only ☐ 1  
Left only ☐ 2  
Both ☐ 3  
Don't know ☐ 8  
Refused ☐ 7  

---

2c. In the past 12 months, how often did you have pain in your left knee? **AP02C**

Rarely ☐ 1  
Monthly ☐ 2  
Daily ☐ 3  
Always ☐ 8  
Don't know ☐ 7  

2d. In the past 30 days, how much pain have you had in your left knee during each of the following situations? **AP02D**

<table>
<thead>
<tr>
<th>Situation</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP02D1 1) Walking on a flat surface</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>AP02D2 2) Going up or down stairs</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>AP02D3 3) While sitting or lying down</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>AP02D4 4) Standing</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
<tr>
<td>AP02D5 5) Getting in or out of a chair</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 8</td>
</tr>
</tbody>
</table>

---

If left knee only, go to Question 2g
### INTERVIEW: ACHES AND PAINS - 3 of 8

#### 2e. In the past 12 months, how often did you have pain in your right knee?
- Rarely 0
- Monthly 2
- Daily 3
- Always 4
- Don't know 8

#### 2f. In the past 30 days, how much pain have you had in your right knee during each of the following situations?

<table>
<thead>
<tr>
<th>Situation</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Walking on a flat surface</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>2) Going up or down stairs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>3) While sitting or lying down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>4) Standing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>5) Getting in or out of a chair</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

#### 2g. On most days, in the past 12 months, did you have stiffness in either of your knees? AP02G
- Yes 1
- No 0
- Don't know 8
- Refused 7

Go to Question 3.

#### 2h. Is this stiffness in the left knee, right knee or both knees? AP02H
- Right only 1
- Left only 2
- Both 3
- Don't know 8
- Refused 7

#### 2i. How severe is this stiffness after you first wake up or after sitting or lying down? AP02I
- Mild 1
- Moderate 2
- Severe 3
- Extreme 4
- Don't know 8
- Refused 7
3. Have you ever had pain on most days for at least one month in or around either hip? This includes pain in the groin and either side of the upper thigh. Do not include pain that was only in your lower back or buttocks. **AP03**

Yes [ ] 1  No [ ] 0  Don't know [ ] 8  Refused [ ] 7

Go to Question 4.

3a. In the past 12 months, have you had hip pain lasting at least one month? **AP03A**

Yes [ ] 1  No [ ] 0  Don't know [ ] 8  Refused [ ] 7

Go to Question 4.

3b. In the past 12 months, have you had this pain in the left hip, right hip or both hips? **AP03B**

Right only [ ] 1  Left only [ ] 2  Both [ ] 3  Don't know [ ] 8  Refused [ ] 7

Go to Question 3e.

3c. In the past 12 months, how severe was the pain in your left hip usually? **AP03C**

Mild [ ] 1  Moderate [ ] 2  Severe [ ] 3  Extreme [ ] 4  Don't know [ ] 8

3d. In the past 30 days, how much pain have you had in your left hip during each of the following situations?

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Walking on a flat surface</td>
<td>[ ] 0</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td><strong>AP03D1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Going up or down stairs</td>
<td>[ ] 0</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td><strong>AP03D2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) While sitting or lying down</td>
<td>[ ] 0</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td><strong>AP03D3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Standing upright</td>
<td>[ ] 0</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td><strong>AP03D4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Getting in or out of a chair</td>
<td>[ ] 0</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td><strong>AP03D5</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

If left hip only, go to Question 4
3e. In the past 12 months, how severe was the pain in your right hip usually?  
Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8

3f. In the past 30 days, how much pain have you had in your right hip during each of the following situations?

<table>
<thead>
<tr>
<th>Situation</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Walking on a flat surface</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2) Going up or down stairs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3) While sitting or lying down</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4) Standing upright</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5) Getting in or out of a chair</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

4. In the past 12 months have you had pain lasting at least one month in either shoulder? AP04

Yes 1 No 0 Don't know 8 Refused 7

4a. In the past 12 months, have you had this pain in the left, right or both shoulders? AP04A

Right only 1 Left only 2 Both 3 Don't know 7 Refused 8

4b. How severe was the pain in your (most painful) shoulder usually? AP04B

Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8

5. In the past 12 months have you had pain lasting at least one month in your neck? AP05

Yes 1 No 0 Don't know 8 Refused 7

5a. How severe was the pain in your neck usually? AP05A

Mild 1 Moderate 2 Severe 3 Extreme 4 Don't know 8

6. In the past 12 months have you ever had numbness, an "asleep feeling", a prickly feeling or tingling, a sudden stabbing or burning pain or deep aching in your legs or feet? AP06

Yes 1 No 0 Don't know 8 Refused 7
7. In the past 12 months have you had a headache lasting more than 4 hours?  AP07

Yes  O1  No  O0  Don't know  O8  Refused  O7

7a. About how often did you have headaches lasting more than 4 hours in the past 12 months?  AP07A

< 1/month O1  1 - 3/month O2  1 - 2/week O3  > 2/week O4  Don't know O8  Refused O7

7b. Is the pain usually mostly on one side of your head?  AP07B

Yes O1  No O0  Don't know O8  Refused O7

7c. Does your headache usually throb, pulsate or pound?  AP07C

Yes O1  No O0  Don't know O8  Refused O7

7d. Is your headache usually accompanied by nausea and/or vomiting?  AP07D

Yes O1  No O0  Don't know O8  Refused O7

7e. During your headache, do lights usually bother you or make the headache worse?  AP07E

Yes O1  No O0  Don't know O8  Refused O7

7f. During your headache do sounds bother you or make the headache worse?  AP07F

Yes O1  No O0  Don't know O8  Refused O7

7g. Did you ever notice spots, jagged lines or heat waves in one or both eyes before you got the headache?  AP07G

Yes O1  No O0  Don't know O8  Refused O7

8. Do you have, or have you had recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down?  AP08

Yes O1  No O0  Don't know O8  Refused O7

9. Do you have, or have you had, a feeling of a recurrent need or urge to move your legs while you are sitting or lying down?  AP09

Yes O1  No O0  Don't know O8  Refused O7

If response to Question 8 or 9 is YES, ask Questions 9a-d, below; otherwise go to Question 10.

9a. Are you more likely to have these feelings when you are resting (sitting or lying down) or when you are physically active?  AP09A

Resting O1  Active O0  Don't know O8  Refused O7

9b. When you have these feelings, do they get better while you are actually moving around?  AP09B

Yes O1  No O0  Don't know O8  Refused O7

9c. Are these feelings worse at night or in the evening than at other times of the day?  AP09C

Yes O1  No O0  Don't know O8  Refused O7

9d. In the past 12 months, how often did you experience these feelings in your legs?  AP09D

Daily O6  4-6/week O5  2-3/week O4  1/week O3  2/month O2  <=1/month O1  DK O8
10. In the past 12 months have you had pain lasting at least one month in your feet, toes, or ankles?

Yes ☐ 1  No ☐ 0  Don't know ☐ 8  Refused ☐ 7  

Go to Question 11.

10a. Please show me on this diagram which toes or parts of your foot have been painful for at least one month in the past 12 months? *Examiner note: Mark "Yes" for pain areas only, as "No" is the default value; use 18 for arch pain.*
10b. In the past 30 days, how much pain have you had in your feet, ankles or toes during each of the following situations?

<table>
<thead>
<tr>
<th>Situation</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Walking on a flat surface</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Going up or down stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Standing upright</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. In the past 12 months have you had pain lasting at least one month in the joints of your hands or wrists? AP11

Yes ☐ 1
No ☐ 0
Don't know ☐ 8
Refused ☐ 7

Go to next section.

11a. Please show me on this diagram which joints of your hand or wrist have been painful for at least one month in the past 12 months? Examiner note: You need only mark "Yes" for pain areas, as "No" is the default value.
INTRODUCTION: "The following questions will help us learn about the amount and types of physical activity you normally do, such as walking, climbing stairs, doing things in and around the home, participating in recreational activities, exercise, and sports."

1. In the past 2 weeks, did you walk up any flights of stairs, a flight is about 10 steps? **PA01**

   - Yes **0**
   - No **0**
   - DK **8**
   - Refused **0**

   1a. About how many flights did you walk up in the past 2 weeks? **PA01A**

   - flights

   Examiner note: If participant climbs stairs daily, have them estimate flights per day and multiply by 14.

   1b. About how many of these flights did you walk up carrying something weighing at least 10 pounds, like laundry, groceries, small parcels or an infant? **PA01B**

   - flights

   Examiner note: Value in 1b. must be the same or less than the value in 1a.

2. In the past 2 weeks, did you walk down any flights of stairs, a flight is about 10 steps? **PA02**

   - Yes **0**
   - No **0**
   - DK **8**
   - Refused **0**

   2a. About how many flights did you walk down in the past 2 weeks? **PA02A**

   - flights

   Examiner note: If participant descends stairs daily, have them estimate flights per day and multiply by 14.

   2b. About how many of these flights did you walk down carrying something weighing at least 10 pounds, like laundry, groceries, small parcels or an infant? **PA02B**

   - flights

   Examiner note: Value in 2b. must be the same or less than the value in 2a.

3. In the past 2 weeks, did you do any outdoor work, such as washing/waxing a car, or yardwork like mowing or raking the lawn, weeding, gardening, cleaning gutters or shoveling snow? **PA03**

   - Yes **0**
   - No **0**
   - DK **8**
   - Refused **0**

   3a. About how many hours did you spend doing outdoor work in the past 2 weeks (not including rest periods)? **PA03A**

   - hours
4. In the past 2 weeks, did you do any household updating, maintenance or repair activities such as painting, scraping, sanding, caulking, hanging wall paper, laying tile, building walls or shelves?

   Yes ☐ 1
   No ☐ 0
   DK ☐ 8
   Refused ☐ 7

4a. About how many hours did you spend doing household maintenance in the past 2 weeks (not including rest periods)? PA04A

5. In the past 2 weeks, did you do any heavy or major chores like scrubbing windows, walls or floors, sweeping or vacuuming?

   Yes ☐ 1
   No ☐ 0
   DK ☐ 8
   Refused ☐ 7

5a. About how many hours did you spend doing heavy or major chores in the past 2 weeks (not including rest periods)? PA05A

Examiner note: If participant does light housework daily, have them estimate hours/minutes per day and multiply by 14.

6. In the past 2 weeks, did you do light housework like washing dishes, making beds, straightening-up, dusting or light cleaning, or cooking and baking?

   Yes ☐ 1
   No ☐ 0
   DK ☐ 8
   Refused ☐ 7

6a. About how many hours did you spend doing light housework in the past 2 weeks (not including rest periods)? PA06A

7. In the past 2 weeks, did you do any shopping for groceries?

   Yes ☐ 1
   No ☐ 0
   DK ☐ 8
   Refused ☐ 7

7a. About how many bags of groceries did you buy in the past 2 weeks? PA07A

8. In the past 2 weeks, did you do any laundry?

   Yes ☐ 1
   No ☐ 0
   DK ☐ 8
   Refused ☐ 7

8a. About how many loads of laundry did you do in the past 2 weeks? PA08A
9. In the past 2 weeks, did you do any brisk walking (walking at a fast pace where it may be difficult for you to speak normally, sometimes called power walking)?

Yes 9
No 0
DK 8
Refused 7

9a. Did you do any brisk walking in the past 12 months?

Yes 9
No 0
DK 8
Refused 7

9b. What is the main reason you have not done any brisk walking in the past 2 weeks?

- bad weather 9
- injury 3
- other 9
- too busy / no time 2
- lost interest / partner 5
- don't know 8
- health / illness 4
- felt unsafe 6
- refused 7

9c. About how many times did you go for a brisk walk in the past 2 weeks?

9d. About how many minutes did you walk each time, on average?

9e. About how far did you walk each time, on average (in blocks or miles)?

- blocks
- miles

Examiner Note: Enter 88.8 if unknown
10. In the past 2 weeks, did you do any casual walking, such as walking around the neighborhood, to the store or to church or walking the dog? **PA10**

- Yes 01
- No 00
- DK 08
- Refused 07

10a. Did you do any casual walking in the past 12 months? **PA10A**

- Yes 01
- No 00
- DK 08
- Refused 07

10b. What is the main reason you have not done any casual walking in the past 2 weeks? **PA10B**

- bad weather 01
- injury 03
- other 09
- too busy / no time 02
- lost interest / partner 05
- don't know 08
- health / illness 04
- felt unsafe 06
- refused 07

10c. About how many times did you go for a casual walk in the past 2 weeks? **PA10C**

10d. About how many minutes did you walk each time, on average? **PA10D**

10e. About how far did you walk each time, on average (in blocks or miles)? **PA10E1** blocks, **PA10E2** miles

- Examiner Note: Enter 88.8 if unknown

10f. When you walk casually, do you usually walk at a brisk pace, a moderate pace, or at a leisurely stroll? **PA10F**

- brisk 02
- moderate 01
- stroll 00
- don't know 08
INTERVIEW: PHYSICAL ACTIVITY - 5 of 7

11. In the past 2 weeks, did you do any weight or circuit training activities? **PA11**
   - Yes 1
   - No 0
   - DK 8
   - Refused 7

11a. Did you do any weight or circuit training in the past 12 months? **PA11A**
   - Yes 1
   - No 0
   - DK 8
   - Refused 7

11b. What is the main reason you have not done any weight or circuit training in the past 2 weeks? **PA11B**
   - bad weather 1
   - injury 3
   - other 9
   - too busy / no time 2
   - lost interest / partner 5
   - don't know 8
   - health / illness 4
   - felt unsafe 6
   - refused 7

11c. About how many times did you do weight training in the past 2 weeks? **PA11C**
11d. About how many minutes did you weight-train each time, on average? **PA11D**

12. In the past 2 weeks, did you do yoga, Pilates, or other flexibility training? **PA12**
   - Yes 1
   - No 0
   - DK 8
   - Refused 7

12a. Did you do yoga, Pilates or flexibility training in the past 12 months? **PA12A**
   - Yes 1
   - No 0
   - DK 8
   - Refused 7

12b. What is the main reason you have not done any yoga, Pilates or flexibility training in the past 2 weeks? **PA12B**
   - bad weather 1
   - injury 3
   - other 9
   - too busy / no time 2
   - lost interest / partner 5
   - don't know 8
   - health / illness 4
   - felt unsafe 6
   - refused 7

12c. About how many times did you do yoga or flexibility training in the past 2 weeks? **PA12C**
12d. About how many minutes did you do flexibility training each time, on average? **PA12D**
13. In the past 2 weeks, did you do any vigorous exercise activities, like bicycling, swimming, running, aerobics, basketball, soccer, rowing, racquet sports, stair-stepping, elliptical, or cross-country ski machine, or exercycle?  

Yes ☐  
No ☐  
DK ☐  
Refused ☐  

13a. Did you do any exercise activities in the past 12 months?  

Yes ☐  
No ☐  
DK ☐  
Refused ☐  

13b. What is the main reason you have not done any exercise activities in the past 2 weeks?  

- bad weather ☐  
- injury ☐  
- too busy / no time ☐  
- lost interest / partner ☐  
- health / illness ☐  
- felt unsafe ☐  
- don't know ☐  
- refused ☐  
- other ☐  

13c. What exercise activities did you do in the past 2 weeks?  
Anything else?  

First activity named ☐  
Second activity named ☐  
Third activity named ☐  
Fourth activity named ☐  

PA13C1 ☐  PA13D1 ☐  hours  
PA13C2 ☐  PA13D2 ☐  hours  
PA13C3 ☐  PA13D3 ☐  hours  
PA13C4 ☐  PA13D4 ☐  hours  

Level ☐  
Level ☐  
Level ☐  
Level ☐  

13d. In the past 2 weeks, how many hours (to the nearest quarter) did you name of activity?  

13e. Did you activity at a vigorous, moderate or leisurely level?  

- Vigorous = 3  
- Moderate = 2  
- Leisurely = 1  
- Don’t know = 8  
- Refused = 7  

Note: if participant runs on a treadmill use code 3.  
If participant walks briskly go to question 9 on page 25.  
Please avoid using codes 12 or 13 (other) whenever possible.
INTERVIEW: PHYSICAL ACTIVITY - 7 of 7

14. In the past 2 weeks, did you do any recreational activities, like golf, bowling, social dancing, skating, boccie, table tennis, hunting, sailing, horseback riding, or fishing?  

Yes □ No □ DK □ Refused □

14a. Did you do any recreational activities in the past 12 months?  

Yes □ No □ DK □ Refused □

14b. What is the main reason you have not done any recreational activities in the past 2 weeks?  

- bad weather □  
- injury □  
- other □  
- too busy / no time □  
- lost interest / partner □  
- don't know □  
- health / illness □  
- felt unsafe □  
- refused □

14c. What recreational activities did you do in the past 2 weeks?  

Anything else?

First activity named □ □ □ □  
Second activity named □ □ □ □  
Third activity named □ □ □ □  
Fourth activity named □ □ □ □

hours  

- golf = 1  
- billiards = 6  
- skiing = 11  
- bowl / boccie = 2  
- horseback riding = 7  
- other1 = 12  
- dancing = 3  
- hunting = 8  
- other2 = 13  
- skating, etc. = 4  
- sailing/boating = 9  
- don't know = 88  
- table tennis = 5  
- fishing = 10  
- refused = 77

14d. In the past 2 weeks, how many hours (to the nearest quarter) did you name of activity?
INTERVIEW: OTHER ACTIVITY - 1 of 3

INTRODUCTION: "The following questions concern any paid work, volunteer, or caregiving activities that you do and how often you see your friends and family."

1. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs? OACT01
   Yes ○ 1
   No ○ 0
   Don't Know ○ 8
   Refused ○ 7

   1a. On average, how many hours do you work per week (all jobs combined)? OACT01A
   1b. How many months of the year do you work? OACT01B
   1c. Which of the following categories best describes the type of activity you do at work?
      mainly sitting ○ 1
      mostly standing and walking ○ 3
      don't know ○ 8
      some standing and walking ○ 2
      walking and heavy manual work ○ 4
      refused ○ 7

2. Do you currently do any volunteer work? OACT02
   Yes ○ 1
   No ○ 0
   Don't Know ○ 8
   Refused ○ 7

   2a. On average, how many hours do you volunteer per week? OACT02A
   2b. How many months of the year do you do this? OACT02B
   2c. Which of the following categories best describes the type of activity you do?
      mainly sitting ○ 1
      mostly standing and walking ○ 3
      don't know ○ 8
      some standing and walking ○ 2
      walking and heavy manual work ○ 4
      refused ○ 7

3. Do you currently provide any regular care or assistance (like dressing or bathing) to a child or a disabled or sick adult? OACT03
   Yes ○ 1
   No ○ 0
   Don't Know ○ 8
   Refused ○ 7

   3a. About how many hours per week do you provide care to another person? OACT03A

4. In a typical week, how often do you get together with friends or neighbors? Would you say ... OACT04
   At least once a day ○ 4
   2 to 3 times per week ○ 2
   Less than once per week ○ 0
   4 to 6 times per week ○ 3
   1 time per week ○ 1
   Don't know ○ 8
   Refused ○ 7

5. In a typical week, how often do you get together with your children or other relatives? Would you say ...
   OACT05
   At least once a day ○ 4
   2 to 3 times per week ○ 2
   Less than once per week ○ 0
   4 to 6 times per week ○ 3
   1 time per week ○ 1
   Don't know ○ 8
   Refused ○ 7
### INTERVIEW: OTHER ACTIVITY - 2 of 3

**INTRODUCTION**: "For each of the following activities, please tell me how often you did them in the past 12 months: NOT AT ALL, LESS THAN ONCE A MONTH, LESS THAN ONCE A WEEK, AT LEAST EVERY WEEK, or ALMOST DAILY" 

#### 6. In the past 12 months, how often did you ...?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at All</th>
<th>Less than once a month</th>
<th>Less than once a week</th>
<th>At least every week</th>
<th>Almost Daily</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
</table>
| a. do a crossword or other word puzzle  
**OACT06A** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| b. work on a jigsaw puzzle  
**OACT06B** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| c. read a newspaper or magazine article  
**OACT06C** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| d. read (from) a book  
**OACT06D** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| e. play board games, bingo, bridge or other card games  
**OACT06E** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| f. use a computer  
**OACT06F** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| g. play a musical instrument  
**OACT06G** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| h. do recreational games like darts, horseshoes, pool  
**OACT06H** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| i. write a letter, article, poem, or story  
**OACT06I** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| j. travel 100 miles or more from your home  
**OACT06J** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
| k. do handcrafts, needlework, sewing, carpentry, wood working, model building  
**OACT06K** | 0          | 1                      | 2                     | 3                  | 4            | 8  | 7       |
INTERVIEW: OTHER ACTIVITY - 3 of 3

<table>
<thead>
<tr>
<th>In the past 12 months, how often did you ...?</th>
<th>Not at all</th>
<th>Less than once a month</th>
<th>Less than once a week</th>
<th>At least every week</th>
<th>Almost Daily</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>l. do art projects, photography, sketch, draw, paint, sculpt</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>m. go out to a movie, the theater, a concert, or show</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>n. visit a museum, aquarium, zoo, or science center</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>o. attend a sports event (e.g., baseball or football game)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>p. attend a course, class, lecture, discussion, public meeting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>q. participate in church, club or community activities apart from any mentioned above</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

7. About how many hours per week on average, do you watch television? OACT07

- Zero 0
- More than 14, up to 21 hours 3
- More than 35 hours 6
- More than 0, up to 7 hours 1
- More than 21, up to 28 hours 4
- Don't know 8
- More than 7, up to 14 hours 2
- More than 28, up to 35 hours 5
- Refused 7

8. About how many hours per week on average, do you spend reading, including books, newspapers, and magazines (to the nearest quarter hour)? OACT08

Examiner note: if "don't know" after probing, enter 88.88 and 77.77 for refusal
INTERVIEW: SMOKING HISTORY 1 of 2

1. Have you smoked at least 100 cigarettes (5 packs) over your entire life? SMK01
   - Yes 1
   - No 0
   - Don't know 8
   - Refused 7
   Go to Question 2.

1a. Have you ever smoked on a regular basis; that is, daily for at least 6 months? SMK01A
   - Yes 1
   - No 0
   - Don't know 8
   - Refused 7
   Go to Question 2.

1b. How old were you when you first started smoking cigarettes regularly? SMK01B
   - years

1c. On average, over the entire time you have smoked, how many cigarettes have you usually smoked per day? SMK01C
   - cigarettes

1d. Do you smoke cigarettes now? SMK01D
   - Yes 1
   - No 0
   - Don't know 8
   - Refused 7

1e. On average, how many cigarettes a day do you smoke now? SMK01E
   - cigarettes

1f. How many times have you seriously tried to quit smoking? SMK01F
   - times

1g. How old were you when you stopped smoking? SMK01G
   - years

2. Have you smoked at least 50 cigars over your entire life? SMK02
   - Yes 1
   - No 0
   - Don't know 8
   - Refused 7
   Go to Question 3 (see note)

Note: If "Yes" is pre-filled and participant says "No", please remind him/her that in a previous visit he/she answered "Yes" and confirm information from Questions 2a to 2e.
INTERVIEW: SMOKING HISTORY 2 of 2

2a. How old were you when you first started smoking cigars? [Years]

2b. On average, over the entire time you have smoked cigars, how many cigars have you usually smoked per week? [Cigars per week]

2c. Do you smoke cigars now? [Yes, No, Don't know, Refused]

2d. On average, how many cigars a week do you smoke now? [Cigars]

2e. How old were you when you stopped smoking cigars? [Years]

3. Have you smoked at least 3 packages of pipe tobacco over your entire life? [Yes, No, Don't know, Refused]

3a. How old were you when you first started smoking a pipe? [Years]

3b. On average, over the entire time you have smoked a pipe, how many pipefuls have you usually smoked per week? [Pipefuls per week]

3c. Do you smoke a pipe now? [Yes, No, Don't know, Refused]

3d. On average, how many pipefuls a week do you smoke now? [Pipefuls]

3e. How old were you when you stopped smoking a pipe? [Years]
**INTERVIEW: ALCOHOL USE**

**INTRODUCTION:** "The next questions concern your consumption of alcoholic beverages, including beer, ale, wine, wine coolers, liquor (e.g., whisky, gin, rum, vodka), cocktails and mixed drinks containing alcohol (e.g., martinis, margaritas). For the following questions consider one drink or serving of alcohol to be equal to one 12 ounce beer, one 5 ounce glass of wine (the amount a restaurant would serve), a drink containing a "shot", "jigger", "or "one finger of liquor" (about 1.25 ounces)."

1. **In the past 12 months, did you drink any alcoholic beverages?**
   - Yes ☐ 1
   - No ☐ 0
   - Don't know ☐ 8
   - Refused ☐ 7

1a. **In a typical week, over the past 12 months, how many alcoholic beverages did you have?**
   - less than one ☐ 0
   - 1-3 drinks ☐ 1
   - 4-7 drinks ☐ 2
   - 8-14 drinks ☐ 3
   - 15-21 drinks ☐ 4

1b. **In a typical week, over the past 12 months, how many of these drinks were red wine?**
   - less than one ☐ 0
   - 1-3 drinks ☐ 1
   - 4-7 drinks ☐ 2
   - 8-14 drinks ☐ 3
   - 15-21 drinks ☐ 4

1c. **What is the primary reason you did not drink any alcoholic beverages in the past 12 months?**
   - Dislike alcohol ☐ 1
   - Religious/moral reasons ☐ 2
   - Health reasons ☐ 3
   - Former alcoholic ☐ 4
   - Alcohol abuse in family ☐ 5
   - No occasion ☐ 6
   - Dietary issues ☐ 7
   - Other ☐ 8
   - Don't know ☐ 88
   - Refused ☐ 77

2. **Did you ever drink more alcoholic beverages than you do now?**
   - Yes ☐ 1
   - No ☐ 0
   - Don't know ☐ 8
   - Refused ☐ 7

3. **Was there ever a time in your life when you had 5 or more drinks of any alcoholic beverage almost every day?**
   - Yes ☐ 1
   - No ☐ 0
   - Don't know ☐ 8
   - Refused ☐ 7
1. Now, using a scale from 0 to 10, with 0 indicating extremely unhappy and 10 being very happy, please tell me how happy you are. **PSY01**

<table>
<thead>
<tr>
<th>Extremely Unhappy</th>
<th>Very Happy</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

2. Please tell me whether you agree or disagree with this statement. "I can do just about anything I really set my mind to." Would you say you agree or disagree? **PSY02**

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

2a. Do you agree strongly or agree somewhat? **PSY02A**

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Somewhat</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

2b. Do you disagree strongly or disagree somewhat? **PSY02B**

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Somewhat</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

3. Please tell me whether you agree or disagree with this statement. "I often feel helpless in dealing with the problems of life." Would you say you agree or disagree? **PSY03**

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

3a. Do you agree strongly or agree somewhat? **PSY03A**

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Somewhat</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

3b. Do you disagree strongly or disagree somewhat? **PSY03B**

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Somewhat</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

4. In the past year, could you have used more emotional support than you received? **PSY04**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

4a. Would you say you needed a lot more, some more, or a little more? **PSY04A**

<table>
<thead>
<tr>
<th>A lot more</th>
<th>Some more</th>
<th>A little more</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>
INTERVIEW: PSYCHOLOGICAL HEALTH - 2 of 2

Perceived Stress Scale: INTRODUCTION: "For each of the following questions, please tell me how often you felt or thought that way in the past month: NEVER, ALMOST NEVER, SOMETIMES, FAIRLY OFTEN, or VERY OFTEN"

In the last month, how often have you ...

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
<th>DK</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. felt that you were unable to control the important things in your life?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>2. felt nervous and &quot;stressed&quot;?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>3. felt that things were going your way?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>4. felt confident about your ability to handle your personal problems?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>5. been angered because of things that happened that were outside of your control?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>6. felt difficulties were piling up so high that you could not overcome them?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

Community Mobility Questionnaire: INTRODUCTION: "The following questions concern your activities when you are away from your home and out and about doing errands in and around town."

1. In a typical week, within the past month, how many times did you leave your home for any reason (e.g., work, grocery shopping, barber/hair dresser, doctor's appointment, to have lunch, go to a movie)?
   - At least once a day **4**
   - 2-3 times/week **2**
   - 4-6 times/week **3**
   - Once a week **1**
   - Less than once a week **0**
   - Don't know **8**
   - Refused **7**

2. When you leave your home how often do you go alone? **CMQ02**
   - Never **0**
   - Rarely **1**
   - Sometimes **2**
   - Often **3**
   - Always **4**
   - Don't know **8**
   - Refused **7**

3. When you are away from your home, how often do you purposely limit the amount you have to walk? **CMQ03**
   - Never **0**
   - Rarely **1**
   - Sometimes **2**
   - Often **3**
   - Always **4**
   - Don't know **8**
   - Refused **7**

4. How often do you purposely **avoid** leaving your home when it is dark or raining? **CMQ04**
   - Never **0**
   - Rarely **1**
   - Sometimes **2**
   - Often **3**
   - Always **4**
   - Don't know **8**
   - Refused **7**

5. How often do you purposely **avoid** a situation in which you would have to walk on an uneven surface? **CMQ05**
   - Never **0**
   - Rarely **1**
   - Sometimes **2**
   - Often **3**
   - Always **4**
   - Don't know **8**
   - Refused **7**
**INTERVIEW: THE SF-12**

**INTRODUCTION:** "This brief survey asks how you feel and how well you are able to do your usual activities."

1. In general, would you say your health is: **SF01**
   - Excellent ○ 1
   - Very good ○ 2
   - Good ○ 3
   - Fair ○ 4
   - Poor ○ 5
   - DK ○ 8
   - Refused ○ 7

2. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? **SF02**
   - Yes, limited a lot ○ 1
   - Yes, limited a little ○ 2
   - No, not limited at all ○ 3
   - DK ○ 8
   - Refused ○ 7

3. Does your health now limit you in climbing several flights of stairs? **SF03**
   - Yes, limited a lot ○ 1
   - Yes, limited a little ○ 2
   - No, not limited at all ○ 3
   - DK ○ 8
   - Refused ○ 7

4. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of your physical health? **SF04**
   - Yes ○ 1
   - No ○ 2
   - DK ○ 8
   - Refused ○ 7

5. During the past 4 weeks, were you limited in the kind of work or other activities as a result of your physical health? **SF05**
   - Yes ○ 1
   - No ○ 2
   - DK ○ 8
   - Refused ○ 7

6. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems? **SF06**
   - Yes ○ 1
   - No ○ 2
   - DK ○ 8
   - Refused ○ 7

7. During the past 4 weeks, have you not done work or other activities as carefully as usual as a result of any emotional problems? **SF07**
   - Yes ○ 1
   - No ○ 2
   - DK ○ 8
   - Refused ○ 7

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? **SF08**
   - Not at all ○ 1
   - Slightly ○ 2
   - Moderately ○ 3
   - Quite a bit ○ 4
   - Extremely ○ 5
   - DK ○ 8
   - Refused ○ 7

9. How much of the time during the past 4 weeks, have you felt calm and peaceful? **SF09**
   - All ○ 1
   - Most ○ 2
   - A good bit ○ 3
   - Some ○ 4
   - A little ○ 5
   - None ○ 6
   - DK ○ 8
   - Refused ○ 7

10. How much of the time during the past 4 weeks, did you have a lot of energy? **SF10**
    - All ○ 1
    - Most ○ 2
    - A good bit ○ 3
    - Some ○ 4
    - A little ○ 5
    - None ○ 6
    - DK ○ 8
    - Refused ○ 7

11. How much of the time during the past 4 weeks, have you felt downhearted and blue? **SF11**
    - All ○ 1
    - Most ○ 2
    - A good bit ○ 3
    - Some ○ 4
    - A little ○ 5
    - None ○ 6
    - DK ○ 8
    - Refused ○ 7

12. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? **SF12**
    - All ○ 1
    - Most ○ 2
    - Some ○ 3
    - A little ○ 4
    - None ○ 5
    - DK ○ 8
    - Refused ○ 7

Please continue to the next page: Weight History!!!

Thanks