

SUPPLEMENT ON AGING

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS

N1	a. Initial status of sample person	<input type="checkbox"/> Available (N1b) <input type="checkbox"/> Callback required (Next SP)	8			
	b. Supplement beginning time	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">Hour</td> <td style="width: 50px;">Minutes</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> { <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Hour	Minutes		
Hour	Minutes					

Read to respondent — We are interested in obtaining further information about the health of people 55 years of age and older in the United States. I will also ask you some questions about your family and social activities.

<p>Ask or verify for each HH member</p> <p>1. How is (name on HIS-1) related to you?</p> <p>Enter "Sample Person" on appropriate line.</p> <p>Enter "Unrelated" for persons not related to the sample person.</p> <p>Enter "Deleted" for any deleted persons, except AF members living at home and babies born during interview week.</p> <p>Enter ages from HIS-1.</p>	<table border="1" style="font-size: small;"> <tr> <th>Person No. on HIS-1</th> <th>Age on HIS-1</th> <th>Relationship to Sample Person</th> </tr> <tr><td>11-12</td><td>13-14</td><td></td></tr> <tr><td>01</td><td></td><td></td></tr> <tr><td>17-18</td><td>19-20</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> <tr><td>23-24</td><td>25-26</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> <tr><td>29-30</td><td>31-32</td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> <tr><td>35-36</td><td>37-38</td><td></td></tr> <tr><td>05</td><td></td><td></td></tr> <tr><td>41-42</td><td>43-44</td><td></td></tr> <tr><td>06</td><td></td><td></td></tr> <tr><td>47-48</td><td>49-50</td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> <tr><td>53-54</td><td>55-56</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> <tr><td>59-60</td><td>61-62</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> <tr><td>65-66</td><td>67-68</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table>	Person No. on HIS-1	Age on HIS-1	Relationship to Sample Person	11-12	13-14		01			17-18	19-20		02			23-24	25-26		03			29-30	31-32		04			35-36	37-38		05			41-42	43-44		06			47-48	49-50		07			53-54	55-56		08			59-60	61-62		09			65-66	67-68		10			
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N2	Refer to marital status (page 46 or 47) on HIS-1	<input type="checkbox"/> Sample person is now married (N3) <input type="checkbox"/> Sample person is now widowed, divorced, separated (2b) <input type="checkbox"/> Sample person has never been married (6)	71
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N3	Spouse of Sample Person previously interviewed on SOA	<input type="checkbox"/> Yes (6) <input type="checkbox"/> No (2)	72
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<p>2a. How long have you been married (to (name of spouse))?</p> <p>00 <input type="checkbox"/> Less than one year _____ Number of years } (3)</p>	73-74
<p>b. Earlier [you told me/I was told] that you are now [widowed/divorced/separated]. How long have you been [widowed/divorced/separated]?</p> <p>00 <input type="checkbox"/> Less than one year _____ Number of years</p>	75-76

<p>3a. Including step and adopted children, how many LIVING children do you have?</p> <p>00 <input type="checkbox"/> None (6) _____ Number</p>	77-78
<p>b. How many of your children are sons and how many are daughters?</p> <p>_____ Number of sons</p> <p>_____ Number of daughters</p> <p><input style="width: 50px; height: 20px;" type="text"/> Total number of children</p> <p>Compare with 3a, reconcile differences</p>	79-80 81-82 83-84

N4	Refer to relationship roster in 1	<input type="checkbox"/> Any of SP's children live in household (6) <input type="checkbox"/> Other (4)	85
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FOOTNOTES

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued		
4a. How quickly can [any one of your children/your son/your daughter] get here?	_____ Number $\left\{ \begin{array}{l} 1 \square \text{ Minutes} \\ 2 \square \text{ Hours} \\ 3 \square \text{ Days} \end{array} \right.$	88-89
b. How often do you see [any one of your children/your son/your daughter]?	000 <input type="checkbox"/> Less than once a year/never _____ Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \end{array} \right.$	89-91
c. How often do you talk on the telephone with [any one of your children/your son/your daughter]?	000 <input type="checkbox"/> Less than once a year/never _____ Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \end{array} \right.$	92-94
d. How often do you get mail from [any one of your children/ your son/your daughter]?	000 <input type="checkbox"/> Less than once a year/never _____ Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \end{array} \right.$	95-97
5. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	98
6a. Including step and adopted brothers, how many LIVING brothers do you have?	00 <input type="checkbox"/> None _____ Number of brothers	99-100
b. Including step and adopted sisters, how many LIVING sisters do you have?	00 <input type="checkbox"/> None _____ Number of sisters	101-102
7. How long have you been living here, in this [house/apartment]?	00 <input type="checkbox"/> Less than 1 year _____ Number of years	103-104
N5 Other family member previously interviewed on SOA	1 <input type="checkbox"/> Yes (12) 2 <input type="checkbox"/> No (8)	105
Mark if known 8. Is this [house/apartment] in a RETIREMENT [community/building or complex]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10)	106
9. Whether you use them or not, are the following services available in THIS retirement [community/building or complex]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	107
a. Group meals for residents?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	108
b. Housekeeping or maid service?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	109
c. Medical services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	110
d. Telephone call service to check on your well-being?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	111
e. Recreational services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	112
10a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?	1 <input type="checkbox"/> No Yes — If not mentioned, ask: Is it one or more than one? 2 <input type="checkbox"/> 1 step 3 <input type="checkbox"/> More than 1 step	113
b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (11b)	113

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Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued		RT 66 3-4
11a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	5
b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6
12a. Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor or level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7
b. Because of a health or physical problem, do YOU NEED a walk-in shower?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8
N6 Mark first appropriate box	1 <input type="checkbox"/> Sample person lives alone (14) 2 <input type="checkbox"/> Sample person lives with spouse only 3 <input type="checkbox"/> Sample person lives only with persons under 18 years old (and spouse) 4 <input type="checkbox"/> All other (13a)	9 } (N7)
13a. Do you and (read names of all other household members) live together NOW because YOU need to share living expenses?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	10
b. Do you and (read names of all other household members) live together NOW because of a health or physical problem YOU have?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11
N7 Spouse of SP previously interviewed on SOA	1 <input type="checkbox"/> Yes (Section O) 2 <input type="checkbox"/> No (14)	12
14a. Is this [house/apartment] now --		
(1) Owned or being bought by you (OR someone in the household)?	1 <input type="checkbox"/> Yes (14b) <input type="checkbox"/> No	13
(2) Rented for money?	1 <input type="checkbox"/> Yes (14h) <input type="checkbox"/> No	14
(3) Occupied without payment of money rent?	1 <input type="checkbox"/> Yes (Section O)	15
b. Who owns or is buying it? Anyone else? Follow skip instructions for lowest numbered box marked.	1 <input type="checkbox"/> Sample person } (14c) 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Grandchild } (Section O) 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative	16 17 18 19 20 21
c. Is this place fully paid for or is there a mortgage being paid?	1 <input type="checkbox"/> Fully paid for (14f) 2 <input type="checkbox"/> Mortgage being paid 9 <input type="checkbox"/> DK (14f)	22
d. Do you know about how much principal is still owed on the mortgage?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No/DK (14f)	23
e. How much principal is still owed?	\$ _____ Amount	24-29
f. Do you know the present value of this place, that is, about how much it would bring if you sold it on today's market?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No/DK (Section O)	30
g. What is the present value?	\$ _____ (Section O) Amount	31-36
h. Who is paying rent for it? Anyone else?	1 <input type="checkbox"/> Sample person 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Child 4 <input type="checkbox"/> Grandchild 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative	37 38 39 40 41 42
FOOTNOTES		

Section O. COMMUNITY AND SOCIAL SUPPORT

01	Refer to age	1 <input type="checkbox"/> Sample person is 55-59 (3) 2 <input type="checkbox"/> Sample person is 60 or older (1)	43
NOTE — Ask 2 immediately after receiving a "Yes" in 1. Read to respondent — The next questions are about community services.		2. How often did you use it — frequently, sometimes, or rarely?	
1. In the past 12 months, did YOU — a. Use a senior center?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	44
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	45
b. Use special transportation for the elderly?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	46
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	47
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	48
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	49
d. Eat meals in a senior center or in some place with a special meal program for the elderly?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	50
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	51
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	52
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	53
f. Use a service which makes routine telephone calls to check on the health of elderly people?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	54
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	55
g. Use a visiting nurse service?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	56
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	57
h. Use a health aide who comes into the home?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next service)	58
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	59
i. Use adult day care or day care for the elderly?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3)	60
		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	61
3a. In the past 12 months, did you do any volunteer work for any organized group?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4)	62
b. How often did you do volunteer work — frequently, sometimes, or rarely?		1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely	63
Hand Calendar Read to respondent — The next questions refer to the 2 weeks (outlined in red on that calendar), beginning Monday (date) and ending this past Sunday (date).			
4. During those 2 weeks did you — a. Get together socially with friends or neighbors?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	64
b. Talk with friends or neighbors on the telephone?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	65
c. Get together with ANY relatives (not including household members)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	66
d. Talk with ANY relatives on the telephone (not including household members)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	67
e. Go to church or temple for services or other activities?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	68
f. Go to a show or movie, sports event, club meeting, classes or other group event?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	69
			70
02	Respondent	1 <input type="checkbox"/> Self (5) 2 <input type="checkbox"/> Proxy (Section P)	
5. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?		1 <input type="checkbox"/> About enough 2 <input type="checkbox"/> Too much 3 <input type="checkbox"/> Would like to do more	71

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Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source?		44
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)		
7. Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else?		45
1 <input type="checkbox"/> Own 2 <input type="checkbox"/> Someone else (9) 3 <input type="checkbox"/> Both		
8. How long have you been receiving disability payments? <i>If more than one, record the longest one.</i>		46-47
oo <input type="checkbox"/> Less than 1 year _____ Number of years		
9. Have you EVER received any disability payments from Social Security?		48
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
Note — Ask 10a-j before asking 11 and 12.		Note — Ask 11 and 12 for each "Yes" in 10a-j.
Read to respondent — Please tell me if you have ANY difficulty when you do the following activities —		
10. By yourself and not using aids, do you have any difficulty —	49	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		
a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	50	11. How much difficulty do you have (activity in 10), some, a lot, or are you unable to do it?
1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable		12. For how long have you [had some difficulty/had a lot of difficulty/been unable to] (activity in 10)?
b. Walking up 10 steps without resting?	53	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
c. Standing or being on your feet for about 2 hours?	57	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
d. Sitting for about 2 hours?	61	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
Reask 10		
e. Stooping, crouching, or kneeling?	65	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
f. Reaching up over your head?	69	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
g. Reaching out (as if to shake someone's hand)?	73	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
h. Using your fingers to grasp or handle?	77	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
Reask 10		
i. Lifting or carrying something as heavy as 25 pounds (such as two full bags of groceries)?	81	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (11) 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	85	oo <input type="checkbox"/> Less than 1 year _____ Number of years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK		oo <input type="checkbox"/> Less than 1 year _____ Number of years

Section S. NURSING HOME STAY, HELP WITH CARE, AND HOSPICE		RT 22				
		3-4				
1a. Have you ever been a resident or patient in a nursing home?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK } (S2)	5				
b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home?	_____ Number of times	6-7				
c. When were you admitted (the FIRST time)?	_____ 19 _____ Month Year	8-11				
d. When were you discharged (the LAST time)?	<table border="1" style="display: inline-table;"> <tr> <td>Month</td> <td>Year</td> </tr> <tr> <td></td> <td>19</td> </tr> </table>	Month	Year		19	12-15
Month	Year					
	19					
e. How long were you in the nursing home (the LAST time)?	<input type="checkbox"/> 00 Less than 1 month _____ Number of months	16-17				
S1 Refer to 1d	<input type="checkbox"/> 1 Date discharged is since the 12-month reference date (1f) <input type="checkbox"/> 2 All other (S2)	18				
1f. How many weeks in the past 12 months, that is, since (12 month date) a year ago, were you in a nursing home?	<input type="checkbox"/> 00 Less than 1 week _____ Number of weeks	19-20				
S2 Refer to age	<input type="checkbox"/> 1 Sample person is 55-64 (2) <input type="checkbox"/> 2 Sample person is 65 or older (1g)	21				
1g. Are you now on a waiting list to go into a nursing home?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	22				
2a. Is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary? (Include the people you live with.) <i>Mark one box only.</i>	Yes - Who is this person? <input type="checkbox"/> 2 No HH member <input type="checkbox"/> 3 Relative OR <input type="checkbox"/> 5 Non-HH member <input type="checkbox"/> 4 Nonrelative <input type="checkbox"/> 6 Nonrelative	23				
b. Is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? (Include the people you live with.) <i>Mark one box only.</i>	Yes - Who is this person? <input type="checkbox"/> 2 No HH member <input type="checkbox"/> 3 Relative OR <input type="checkbox"/> 5 Non-HH member <input type="checkbox"/> 4 Nonrelative <input type="checkbox"/> 6 Nonrelative	24				
<i>Skip to Section T if a proxy</i> 3a. Are you familiar with the term "HOSPICE," that is, a service for the terminally ill?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No/DK (Section T)	25				
b. Is there a hospice or an in-home hospice service in the [metropolitan area/county] that you could use if you needed one?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	26				
FOOTNOTES						

Section T. HEALTH OPINIONS

T1	<i>Respondent</i>	1 <input type="checkbox"/> Self response (1) 2 <input type="checkbox"/> Proxy (T2)	27
	<p><i>Read to respondent — Now I'd like to ask your personal opinions about health related matters.</i></p> <p>1. How good a job do you feel you are doing in TAKING CARE of your health? Would you say excellent, very good, good, fair, or poor?</p> <p>2. Compared with 1 year ago, would you say that your health is now better, worse, or about the same as it was then?</p> <p>3. During the PAST YEAR, has your overall health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?</p> <p>4a. Compared to other people your age, would you say you are physically more active, less active, or about as active?</p> <p>b. Is that [a lot more or a little more active/a lot less or a little less active]?</p> <p>5a. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?</p> <p>b. Is that [a lot more or a little more active/a lot less or a little less active]?</p> <p>6. How much control do you think YOU have over your future health? Would you say you have a great deal of control, some, very little, or none at all?</p> <p>7. Do you feel that you get as much exercise as you need, or less than you need?</p> <p>8. Do you follow a REGULAR routine of physical exercise?</p> <p>9. How often do you walk a mile or more at a time, without resting? (Note: One mile equals 8-12 blocks.) Probe if necessary: About how many days a week is that?</p> <p>10a. People find that they sometimes have more trouble remembering things as they get older. In the PAST YEAR, about how often did you have trouble remembering things — frequently, sometimes, rarely, or never?</p> <p>b. Compared with a year ago, does this now happen more often, less often, or about the same?</p> <p>11a. People find that they sometimes get confused as they get older. In the PAST YEAR, about how often did you get confused — frequently, sometimes, rarely, or never?</p> <p>b. Compared with a year ago, does this now happen more often, less often, or about the same?</p>		<p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p> <p>1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> Same</p> <p>1 <input type="checkbox"/> A great deal of worry 2 <input type="checkbox"/> Some worry 3 <input type="checkbox"/> Hardly any worry 4 <input type="checkbox"/> No worry at all</p> <p>1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About as active (5)</p> <p>1 <input type="checkbox"/> Lot more 2 <input type="checkbox"/> Little more 3 <input type="checkbox"/> Lot less 4 <input type="checkbox"/> Little less</p> <p>1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About the same (6)</p> <p>1 <input type="checkbox"/> Lot more 2 <input type="checkbox"/> Little more 3 <input type="checkbox"/> Lot less 4 <input type="checkbox"/> Little less</p> <p>1 <input type="checkbox"/> A great deal of control 2 <input type="checkbox"/> Some control 3 <input type="checkbox"/> Very little control 4 <input type="checkbox"/> None at all</p> <p>1 <input type="checkbox"/> As much as needed 2 <input type="checkbox"/> Less than needed</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> 4-6 days a week 3 <input type="checkbox"/> 2-3 days a week 4 <input type="checkbox"/> 1 day a week 5 <input type="checkbox"/> Less than 1 day a week 6 <input type="checkbox"/> Never</p> <p>1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never (11)</p> <p>1 <input type="checkbox"/> More often 2 <input type="checkbox"/> Less often 3 <input type="checkbox"/> About the same</p> <p>1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never (T2)</p> <p>1 <input type="checkbox"/> More often 2 <input type="checkbox"/> Less often 3 <input type="checkbox"/> About the same</p>
T2	<i>Type of interview</i>	<p>1 <input type="checkbox"/> Self-personal 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy personal 4 <input type="checkbox"/> Proxy telephone</p> <p>} Go to Condition Summary Chart (T3)</p>	43
T3	a. Proxy Reason	<p>1 <input type="checkbox"/> Sample person temporarily absent 2 <input type="checkbox"/> Sample person mentally/physically incapable of responding (Explain) 3 <input type="checkbox"/> Other (Explain)</p>	44
	b. Enter person number of proxy respondent, or mark box.	<p>oo <input type="checkbox"/> Non-HH member _____ Proxy Person No.</p> <p>} Go to Condition Summary Chart</p>	45-46

FORM HIS-1 (SB) (1984) (3-13-84)

Card M

1. Job layoff, job loss, or any reasons related to unemployment
2. Can't obtain insurance because of poor health, illness, or age
3. Too expensive, can't afford health insurance
4. Dissatisfied with previous insurance
5. Don't believe in insurance
6. Have been healthy, not much sickness in the family, haven't needed health insurance
7. Covered by some other health plan
8. Some other reason — Specify

Medicare

Card M

(Cut along broken line)

FD-44 (HS 501) (10-64) (P 2-52)

CARD SOA 1

1. Social Security
2. Railroad Retirement
3. A private employer or union pension
4. A government employee pension — Federal, State, or local
5. Military retirement
6. Some other source — Specify

State names for Medicaid

Card SOA 1

(Cut along broken line)

HS 501 (10-64) (P 2-52)