

**Year-by-Year Interview Questions in the Health ABC Study
(7/17/03)**

	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Questions								
Alcoholic beverages								
- These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum or vodka, and cocktails and mixed drinks containing liquor, such as Manhattans and martinis, and any other drink that contains alcohol. Please answer for all types of alcoholic beverages together. Let's consider one drink to be equal to . . . - one 12 ounce can of beer - one five ounce glass of wine (a full glass), - a drink containing a "shot," a "jigger," or a "finger of liquor" (approximately one and one quarter ounces.)								
- During the past 12 months, how many drinks did you have in a typical week? If you are unsure, please make your best guess. <i>(Interviewer Note: Do NOT read response categories.)</i> Response options: None -- do not drink alcohol at all; an occasional drink, but less than once a week; 1-3 drinks per week; 4-7 drinks per week; 8-14 drinks per week; 15-21 drinks per week; 22-27 drinks per week; 28 or more drinks per week; Don't know; Refused If None or an occasional drink: What is your primary reason for not drinking very much? <i>(Interviewer Note: Do NOT read response options. Please check only one answer.)</i> Response options: No need/not necessary; Don't care for it/dislike it; Medical/health reasons; Religious/moral reasons; Recovering alcoholic; Family member an alcoholic or problem drinker; Costs too much; Other reasons <i>(Please specify)</i>	Q63							
- Did you ever drink more than you do now?	Q64							
- Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverages almost every day? If Yes: During the past 12 months, have you had 5 or more drinks almost every day?	Q65							
Anxiety								
- During the past week, have you felt nervous or shaky inside? If Yes: How nervous or shaky have you felt? Would you say a little, quite a bit, or extremely nervous and shaky inside.	Q179		Q83			Q85		Vitality Substudy p 19 Q7
- During the past week, have you felt fearful? If Yes: How much have you felt fearful? Would you say a little, quite a bit, or extremely fearful?	Q181					Q87		
- During the past week, have you felt tense or keyed up? If Yes: How much have you felt tense or keyed up? Would you say a little, quite a bit, or extremely tense or keyed up?	Q180		Q84			Q86		Vitality Substudy p 19 Q8
Apathy								
- In the past 4 weeks, how often have you been interested in doing your usual activities? <i>(Interviewer Note: Read response options. OPTIONAL - Show card #15).</i> Most or all of the time, Much of the time, Some of the time, Rarely or none of the time, Don't know, Refused						Q69		
- In the past 4 weeks, how often have you been interested in leaving your home and going out? <i>(Interviewer Note: Read response options. OPTIONAL - Show card #15).</i> Most or all of the time, Much of the time, Some of the time, Rarely or none of the time, Don't know, Refused						Q70		
- In the past 4 weeks, how often have you been interested in getting together with friends and relatives? <i>(Interviewer Note: Read response options. OPTIONAL - Show card #15).</i> Most or all of the time, Much of the time, Some of the time, Rarely or none of the time, Don't know, Refused						Q71		
please tell me if you felt that way: Most or all the time; Much of the time; Some of the time; Rarely or none of the time. - Getting things done during the day is important to me. <i>(Interviewer Note: Read response options. OPTIONAL - Show card #15).</i> Most or all of the time, Much of the time, Some of the time, Rarely or none of the time, Don't know, Refused						Q72		
- Seeing a job through to the end is important to me. <i>(Interviewer Note: Read response options. OPTIONAL - Show card #15).</i> Most or all of the time, Much of the time, Some of the time, Rarely or none of the time, Don't know, Refused						Q73		

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Questions								
Appetite and eating behavior								
- The food you eat can affect your health. The next few questions ask about the type and amount of food that is eaten in your household.								
Which statement best describes the food eaten in your household? There is enough of the kinds of food we want to eat. There is enough, but not always the kinds of food we want to eat. Sometimes there is not enough to eat. Often there is not enough to eat.								
If any but the first answer: Why isn't there enough food or the kinds of food that you need? Is it because? a. There isn't enough money or food stamps to buy food. b. There aren't working appliances for storing or preparing foods (like stove or refrigerator). c. There is no transportation or someone to take you to buy groceries. d. Some other reason? If Yes: Please explain.		Q32						
- Do you get the groceries that you need? Would you say . . . All of the time, Most of the time, Some of the time, None of the time, Don't know, Refused	Q42							
- During the past month, have you had enough food to satisfy your hunger? Would you say . . .? All of the time, Most of the time, Some of the time, None of the time, Don't know, Refused	Q43	Q33						
- Do you eat the same thing for several days in a row because you only have a few different kinds of foods on hand? If Yes: How often do you eat the same thing for several days in a row because you only had a few different kinds of food on hand?		Q34						
Do you worry about where the next day's food is going to come from? If Yes: How often do you worry about where the next day's food is going to come from?		Q35						
- Do you get any free or subsidized food, such as food stamps, Meals on Wheels, or special programs at a church or senior center? If Yes: Please describe.	*Q200	Q36						
- Do you have an illness or physical condition that interferes with your appetite or ability to eat? If Yes: Please describe the illness or condition that interferes with your appetite or ability to eat? <i>(Interviewer Note: Do NOT read response options. Check all that apply.)</i> Response options: Problems with your teeth; Swallowing problems; Pain on chewing; Poor taste; Poor smell; Stomach/abdominal pain; Gas/bloating; Indigestion/heartburn; Constipation; Diarrhea; Other (<i>Please specify:</i>)	Q34	Q31				Q37		
Now I have some questions about your appetite.		*Q30 "in the past month"					CQ35 SQ9	Q32
- In general, would you say that your appetite or desire to eat has been . . . ? Very good, Good, Moderate, Poor, Very poor, Don't know, Refused	*Q33		Q63	Q25	Q24	Q34		
- Compared to one year ago, how would you rate your appetite or desire to eat? Much better now than one year ago, Somewhat better now, About the same as one year ago, Somewhat worse now, Much worse now, Don't know, Refused	*Q35	Q28						
- Are there days when you don't feel like eating at all? If Yes: a. About how often? Would you say . . . About once a month, About once a week, More than once a week, Every day, Don't know, Refused b. What do you think are the reason(s) you do not feel like eating? <i>(Interviewer Note: Check all that apply.)</i> Taste of the food, Smell of the food, Look of the food, In general, food is not appealing to me, Stomach pain, Not hungry, No specific reason, Other, Don't know, Refused	Q36							
- Thinking about a usual or normal week, how many days out of the seven days a week do you eat . . . a. Early morning snack b. Breakfast c. Mid-morning snack d. Lunch e. Afternoon snack f. Dinner g. Evening snack	Q37							
- Is mealtime enjoyable? <i>(Interviewer Note: Read response options.)</i> Very enjoyable, Enjoyable, Unenjoyable, Very unenjoyable, Neither enjoyable nor unenjoyable, Don't know, Refused	Q38							
- Do you usually eat meals alone? Would you say . . . All of the time, Most of the time, Some of the time, Never, Don't know, Refused	Q39							
- Have you changed your diet in order to improve your health, such as eating a low-salt diet or following a special diet to control diabetes? If Yes: a. What diet are you following? (Reduced fat intake, Limiting you intake to only 1 or 2 types of foods, Low fat diet, Low salt diet, Low cholesterol diet, Low fiber diet, High fiber diet, Lactose free diet, Diabetic diet to control blood sugar, Other type of diet) b. How long have you been following this diet? c. Was this diet recommended by a doctor, nutritionist, or other health care professional?	*Q44	Q29						
Arthritis and joint pain - General								
- Has a doctor ever told you that you have arthritis? If Yes: What kind of arthritis did the doctor say it was? Did the doctor say you had . . . a. Rheumatoid arthritis? b. Osteoarthritis or degenerative arthritis? If Yes: Did the doctor say it was . . . ? i. Osteoarthritis or degenerative arthritis in your knee? ii. Osteoarthritis or degenerative arthritis in your hip? iii. Osteoarthritis or degenerative arthritis in your hand or fingers? c. Some other type of arthritis?	Q71							

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Questions								
- In the past 12 months, has a doctor told you that you have osteoarthritis or degenerative arthritis? We are specifically interested in learning about osteoarthritis or degenerative arthritis that was diagnosed for the <u>first time</u> in the past 12 months. If Yes: a. Did the doctor say it was . . . ? Osteoarthritis or degenerative arthritis in you knee? Osteoarthritis or degenerative arthritis in your hip? b. Do you take any medicines for arthritis or joint pain?		*Q55 vari- ation	Q48	Q53	Q1 Arthritis p 15 Y5CVW	Y6CVW		
- Have you ever had stiffness in any of your joints in the morning? If Yes: a. Did this stiffness usually last at least one hour? b. Did it last for 6 or more weeks?		Q59						
- Have you ever had nodules or bumps under the skin around the elbow or ankle?		Q60						
- Have you ever had swelling in any of the following joints for 6 or more weeks? a. Finger or fingers (but not the joints nearest the fingernails) If Yes: Which hand? b. Wrist If Yes: Which wrist? c. Elbow If Yes: Which elbow? d. Knee If Yes: Which knee?		Q61						
- Have you had a blood test for rheumatoid arthritis? If Yes: According to the blood test result, do you have rheumatoid arthritis?		Q62						
Cardiovascular history / heart conditions								
- Have you ever had any pain or discomfort in your chest? If No, Don't know, or Refused: Go to Question #52	Q95			Q45				
- Do you get it when you walk uphill or hurry?	Q96			Q46				
- Do you get it when you walk at any ordinary pace on a level surface?	Q97			Q47				
- What do you do if you get any pain or discomfort in your chest while you are walking? Do you . . . (Interviewer Note: Read response options.) Stop or slow down, or continue at same pace after taking nitroglycerine; Continue at same pace; Don't know; Refused	*Q98			Q48				
- If you stand still, what happens to it? Is it relieved or not relieved? If Relieved: How soon is it relieved? 10 minutes or less; More than 10 minutes; Don't know	Q99			Q49				
- Where do you get this pain or discomfort? (Interviewer Note: REQUIRED - Show card #6. Mark only ONE answer. If participant has had chest pain or discomfort in more than one area, ask them to indicate the ONE area where they had the worst pain or discomfort.)	Q100			Q50				
- Have you ever had severe pain across the front of your chest lasting for half an hour or more? If Yes: a. Did you see a doctor because of this pain? If Yes: b. What did your doctor say it was?	Q101			Q51				
- Has a doctor ever told you that you had . . . ? a. Heart attack or myocardial infarction b. Angina pectoris or chest pain due to heart disease? c. Congestive heart failure? d. Intermittent claudication or pain in your legs from a blockage of the arteries? e. TIA, transient ischemic attack, or mini-stroke f. Stroke, CVA, or cerebrovascular accident? g. Rheumatic heart disease or valvular heart disease? h. Hypertension or high blood pressure?	Q93							
- Have you ever had any medical or surgical procedure in your heart, neck, or blood vessels, such as an angioplasty or bypass surgery? If Yes: Have you ever had any of the following medical or surgical procedures. . . ? a. Coronary bypass surgery, heart bypass, or CABG? b. Angioplasty of coronary arteries, which is a dilation of arteries of the heart with a balloon? c. Carotid endarterectomy, which is surgery on the blood vessels in your neck? d. Bypass procedure on the arteries of your legs? e. Angioplasty of lower extremity arteries which is dilation of arteries of the leg with a balloon? f. Pacemaker implant? g. Repair of an aortic aneurysm? h. Replacement of a heart valve?	Q94							
- Do you get pain or discomfort in your leg(s) when you walk? If Yes: a. Does this pain ever begin when you're standing still or sitting? b. Do you get it if you walk uphill or hurry? c. Do you get it when you walk at an ordinary pace on a level surface? d. What happens to it if you stop walking and stand still? Does it usually continue for more than 10 minutes, or does it usually disappear in 10 minutes or less? e. Do you get this pain in your calf (or calves)? f. Have you ever been hospitalized for this problem in your legs?	*Q102			Q52				
Cognitive assessment								

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<p>- Script: "For each of the following activities, please tell me how often you did them in the past 12 months: (Interviewer Note: REQUIRED - Show card #14.) Not at all (0), Once or twice only (1), Less than once a month (2), At least monthly (3), Less than once a week (4), At least every week (5), Several times a week (6), or Daily (7). You can just say the number next to your choice if you want." (Interviewer Note: If the activity is sporadic [e.g., several days in a row, a few times a year] and the participant cannot choose a response, choose at least monthly as the response.) In the past 12 months, how often did you . . . ?</p> <p>a. Do a crossword or other word or jigsaw puzzle. b. Read a newspaper or magazine article. c. Read a novel or non-fiction book, such as a biography. d. Play board games, bingo, bridge, or other card games. e. Use a computer. f. Write a letter, e-mail, article, poem, or story. g. Travel 100 miles or more from your home. h. Do handicrafts, sewing, needlework, carpentry, wood working, model building, art projects, sketching or drawing, photography, or painting. i. Go out to a movie; attend a concert, the theater, or a sports event; or visit a museum, zoo, aquarium, or science center. j. Take a class or adult education course. k. Attend a lecture, discussion, or public meeting. l. Participant in church, community, or social club activities (in</p>								
			Y3 Cogn Vitality Substudy p 5		Y5 Cogn Vitality Substudy p 5	Q68		Y7 Cogn Vitality Substudy p 15
Contacts (proxy, next of kin, power of attorney, etc.)								
<p>- You previously told us the name, address, and telephone number of someone who could provide information and answer questions for you in the event that you were unable to answer yourself. Please tell me if the information I have is still correct. (Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the contact information for someone who could provide information and answer questions for the participant is correct.) Is the contact information for someone who could provide information and answer questions for the participant correct? If No: Interview Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.</p>	*Q1	*Q100	*Q89	*Q81	Q78	Q98	CQ46	Q45
<p>- You previously told us the name, address, and telephone number of two close friends or relatives who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people do not have to be local people. Please tell me if the information I have is still correct. (Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the contact information for two close friends or relatives who do not live with the participant is correct.) Is the contact information for the two close friends or relatives who do not live with the participant and who would know how to reach the participant in case they move correct? If No: Interview Note: Please record the name, street address, city, state, zip code, and telephone number on the HABC Participant Contact Information report. Please determine whether this person is next of kin or has power of attorney.</p>	*Q2	*Q101	*Q90	*Q82	Q79	Q103	CQ47	Q46
<p>- Has the participant identified their next of kin? (Interviewer Note: Refer to the HABC Participant Contact Information report.) If No or Don't know: Go to Question #81; If Refused: Go to Question #82. If Yes: Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the contact information for the next of kin is correct. You previously told us the name and address of your next of kin. Please tell me if the information I have is still correct. If Yes or Refused: Go to Question #82. If No or Don't know: Interviewer Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.</p>			*Q91	*Q83	Q80	Q99	CQ48	Q47
<p>- Please tell me the name, address, and telephone number of your next of kin? How is the person related to you? Interviewer Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report. - Has the participant identified their power of attorney? (Interviewer Note: Refer to the HABC Participant Contact Information report.) If No or Don't know: Go to Question #83; If Refused: Go to Question #84. If Yes: Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the contact information for the power of attorney is correct. You previously told us the name and address of your power of attorney. Please tell me if the information I have is still correct. If Yes or Refused: Go to Question #84. If No or Don't know: Interviewer Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.</p>				*Q84	Q81	Q100		Q48
<p>Have you given anyone power of attorney? If Yes: Interviewer Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.</p>			*Q92	*Q85	Q82	Q101	CQ49	Q49
<p>Have you given anyone power of attorney? If Yes: Interviewer Note: Please record the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant on the HABC Participant Contact Information report.</p>				*Q86	Q83	Q102		Q50
Current Address and Telephone Number								
<p>- We would like to update all of your contact information this year. The address that we currently have listed for you is: (Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the address you have for the participant is correct.) Is the address that we currently have correct? If No: Interviewer Note: Please record the street address, city, state, and zip code for the participant on the HABC Participant Contact Information report.</p>			*Q87	*Q79	Q75	Q95	CQ44	Q42

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Questions								
- The telephone number(s) that we currently have for you is (are): <i>(Interviewer Note: Please review the HABC Participant Contact Information report and confirm that the telephone number(s) that you have for the participant is correct.)</i> Please tell me if these telephone number(s) are correct? If No: <i>Interviewer Note: Please record the telephone number(s) for the participant on the HABC Participant Contact Information report.</i>			*Q87 (con't)	*Q79a	Q76	Q96	CQ44 (con't)	Q43
- Do you expect to move or have a different address in the next 6 months? If Yes: <i>Interviewer Note: Please record the new mailing address, and telephone number, and date the new address and telephone numbers are effective on the HABC Participant Contact Information report.</i>		*Q99	*Q88	*Q80	Q77	Q97	CQ45 SQ21	Q44
Dental history / oral health								
- How would you rate your oral health (teeth, gums, inside of mouth)?								
- How often do you brush your teeth in an average day?								
- How often do you use dental floss in an average week?								
- How often do you go to your dentist for a check-up?								
- Have you ever been told by a dentist or periodontist that you have gum (periodontal) disease? If Yes: When were you last treated for gum disease?								
- Do you have any remaining teeth?	Q135		*Q1 CVW p 28	Q1 Y3 Dental and Periodon tal Exam Wrikk p 1			Q38	
- Have you ever lost any teeth because of gum disease? If Yes: How old were you when you lost your first tooth because of gum disease?								
- Do you wear dentures? If Yes: Do you have problems with the fit or pain from your dentures?	Q136							
- Do you limit the kinds or amounts of food you eat because of problems with your teeth or dentures? Would you say? <i>(Interviewer Note: Read response options.)</i> Always, Often, Sometimes, Seldom, Never, Don't know, Refused							Q32	
- Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? <i>(Interviewer Note: Read response options.)</i> Always, Often, Sometimes, Seldom, Never, Don't know, Refused								
- Does the amount of saliva in your mouth seem to be . . . ? <i>(Interviewer Note: Read response options.)</i> Too little, Too much, Don't notice, Don't know, Refused								
- Does your mouth feel dry when eating?								
- Do you have pain when you chew?	Q137							
- During the past 3 months, how much pain have you had in your gums or teeth? <i>(Interviewer Note: Read response options.)</i> A great deal of pain, Some pain, A little pain, No pain at all, Don't know, Refused								
- During the past 3 months, how often have you had trouble chewing food or eating because of problems with your teeth or gums? <i>(Interviewer Note: Read response options.)</i> Most of the time, Some of the time, A little of the time, None of the time, Don't know, Refused								
- During the past 3 months, how much of the time have problems with the way your teeth or gums look caused you to avoid conversation with people? <i>(Interviewer Note: Read response options.)</i> Most of the time, Some of the time, A little of the time, None of the time, Don't know, Refused								
Depression								
Depression / CES-D long version								
- Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way: Rarely or None of the time; Some of the time; Much of the time; Most or All of the time. <i>(Interviewer Note: REQUIRED - Show card #10.)</i> a. I was bothered by things that usually don't bother me. b. I did not feel like eating; my appetite was poor. c. I felt that I could not shake off the blues even with help from my family and friends. d. I felt that I was just as good as other people. e. I had trouble keeping my mind on what I was doing. f. I was depressed. g. I felt that everything I did was an effort. h. I felt hopeful about the future. i. I thought my life had been a failure. j. I felt fearful. k. My sleep was restless. l. I was happy. m. It seemed that I talked less than usual. n. I felt lonely. o. People were unfriendly. p. I enjoyed life. q. I had crying spells. r. I felt sad. s. I felt that people disliked me. t. I could not get going.	Q185			Q66		Q74	CQ39	
Depression / CES-D short version								

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<p>Questions</p> <p>- Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way: Rarely or None of the time; Some of the time; Much of the time; Most or All of the time. (Interviewer Note: REQUIRED - Show card #10.)</p> <p>a. I was bothered by things that usually don't bother me.</p> <p>b. I had trouble keeping my mind on what I was doing.</p> <p>c. I was depressed.</p> <p>d. I felt that everything I did was an effort.</p> <p>e. I felt hopeful about the future.</p> <p>f. I felt fearful.</p> <p>g. My sleep was restless.</p> <p>h. I was happy.</p> <p>i. I felt lonely.</p> <p>j. I could not get going.</p>			Q70		Q57			Y7 Cogn Vitality Substudy p 30

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Depression / GDS								
- Now I have some questions about your feelings <u>during the past week</u> . a. Are you basically satisfied with your life? b. Have you dropped many of your activities and interests? c. Do you feel that your life is empty? d. Do you often get bored? e. Are you in good spirits most of the time? f. Are you afraid that something bad is going to happen to you? g. Do you feel happy most of the time? h. Do you often feel helpless? i. Do you prefer to stay at home, rather than going out and doing new things? j. Do you feel you have more problems with memory than most? k. Do you think it is wonderful to be alive? l. Do you feel pretty worthless the way you are now? m. Do you feel full of energy? n. Do you feel that your situation is hopeless? o. Do you think that most people are better off than you are?		Q84						
Education								
- What is the highest grade or year of school that you completed?	Q194							
Ethnicity								
- How would you describe your primary racial or ethnic group?	Q193							
Eyesight								
- Do you have glasses or contact lenses? If Yes: Do you wear them . . . ? Most of the time, Sometimes, For special reasons, such as reading or driving, Never, Don't know	Q138							
- Has a doctor ever told you that you had any of the following? a. A cataract in one eye? b. Cataracts in both eyes, at the same time? c. Glaucoma? d. Problems with your retina, retinopathy, or retinal disease or changes? e. Macular degeneration?	Q139		Q53			Q63c-d		
- At the present time, would you say your eyesight (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?	Q140		Q54			Q62		
- How much of the time do you worry about your eyesight?	Q141		Q55					
- The next questions are about how much difficulty, if any, you have doing certain activities wearing your glasses or contact lenses if you use them. Wearing glasses or contact lenses if you use them, how much difficulty do you have <u>reading ordinary print in newspapers</u> ? would you say you have . . . ? No difficulty at all, A little difficulty, Moderate difficulty, Extreme difficulty, Stopped doing it because of your eyesight, Stopped doing it for other reasons or not interested in doing this, Don't know, Refused	Q142		Q56			Q64		
- How much difficulty do you have doing work or hobbies that require you to <u>see well up close</u> , such as cooking, sewing, fixing things around the house, or using hand tools? Would you say you have . . . ?	Q143		Q57			Q65		
- Because of your eyesight, how much difficulty do you have <u>recognizing people you know from across a room</u> ?	Q144		Q58					
- Because of your eyesight, how much difficulty do you have <u>going down steps, stairs, or curbs in dim light or at night</u> ?			Q59					
- Because of your eyesight, how much difficulty do you have <u>noticing objects off to the side while you are walking along</u> ?			Q60					
- The next question is about daily activities that might be affected by your vision, such as your job, housework, child care, school, or community activities. Are you limited in the kinds or amount of work or other activities you can do? All of the time, Most of the time, Some of the time, A little of the time, None of the time, Don't know, Refused	Q145		Q61			Q66		
- Now, I'd like to ask you about driving a car. Are you currently driving, at least once in a while? If No, Don't know, Refused: a. When did you stop driving? b. Did you stop driving because of your eyesight?	*Q146 and *Q147 variation		Q62			Q67		
Falls and fractures (also see Osteoporosis)								
- In the past 12 months, have you fallen and landed on the floor or ground? If Yes: How many times have you fallen in the past 12 months? If you are unsure, please make your best guess. Response options: One, Two or three, Four or five, Six or more, Don't know	Q82	*Q68	Q36	Q33	Q30	Q41	CQ22	Q21
- Since we last spoke to you about 6 months ago, has a doctor told you that you broke or fractured a bone(s)? If Yes: Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:		*Q76	Q42	Q39	Q44	Q54	CQ28 SQ18	Q27
Family history								
- Is your mother still living? Please answer for your natural mother -- the mother who gave birth to you. If Yes: How old is your mother now? If No: How old was your mother when she died? (<i>Interviewer Note: If participant is unsure, please encourage them to make their best guess.</i>)		Q97						
- Is your father still living? If No: How old was your father when he died? (<i>Interviewer Note: If participant is unsure, please encourage them to make their best guess.</i>)		Q98						
Family in Health ABC								
- Now I'm going to ask you about relatives of yours that are now or may have been in the Health ABC study. This information is important to help us understand how certain health conditions might run in families. Do you have any full-or half-brothers or sisters? A <u>full</u> brother or sister has the same mother and father as you. A half-brother or sister has either the same mother or father as you, but not both.								Q37

**Year-by-Year Interview Questions in the Health ABC Study
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	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Questions								
- Do you have any <u>full</u> -brothers or <u>full</u> -sisters who were <u>ever</u> in the Health ABC study? A full brother or sister has the same mother and father as you. If Yes, Please tell me their name and birthdate. If you are not sure of their birthdate, please make your best guess.								Q38
- Do you have any <u>half</u> -brothers or <u>half</u> -sisters who were <u>ever</u> in the Health ABC study? A half brother or sister has <u>either</u> the same mother and father as you, <u>but not both</u> . If Yes, Please tell me their name and birthdate. If you are not sure of their birthdate, please make your best guess.								Q39
- Do you have any first cousins who were <u>ever</u> in the Health ABC study? A cousin is the son or daughter of your aunt or uncle. If Yes, Please tell me their name and birthdate. If you are not sure of their birthdate, please make your best guess.								Q40
- Do you have a husband/wife who was <u>ever</u> in the Health ABC study? If Yes, Please tell me their name and birthdate. If you are not sure of their birthdate, please make your best guess.								Q41
Fatigue / Energy Level								
- This next question refers to the <u>past month</u> . In the past month, on the average, have you been feeling unusually tired during the day? If Yes: have you been feeling unusually tired . . . ? (<i>Interviewer Note: read response options.</i>) All of the time/Most of the time/Some of the time/Don't know		*Q26	Q46	Q43	Q48	Q60	CQ32	Q31
- During the past month, how weak did you feel? Using this card, please choose the best category, where 0 is "not weak at all" and 10 is "very weak." (<i>Interviewer Note: REQUIRED - Show card #4.</i>)					Q49			
- During the past month, how sleepy did you feel during the day? Using this card, please choose the best category, where 0 is "not sleepy at all" and 10 is "very sleepy." (<i>Interviewer Note: REQUIRED - Show card #5.</i>)					Q50			
- During the past month, how lively did you feel? Using this card, please choose the best category, where 0 is "not lively at all" and 10 is "very lively." (<i>Interviewer Note: REQUIRED - Show card #6.</i>)					Q51			
- During the past month, how tired did you feel? Using this card, please choose the best category, where 0 is "not tired at all" and 10 is "very tired." (<i>Interviewer Note: REQUIRED - Show card #7.</i>)					Q52			
- Using this card, please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy you that you have ever had. (<i>Interviewer Note: REQUIRED - Show card #8.</i>)		Q27	Q47	Q44	Q53	Q61		
Female history								
- Have you ever been pregnant? If Yes: a. How many of your pregnancies resulted in the birth of a life child? b. How old were you when your first child was born? Do not include adopted children.								Q87
- How old were you at the time of your last natural menstrual period? Do not include menstrual bleeding due to taking female hormone pills.								Q88
- Have you ever had a hysterectomy (surgery to remove your uterus or womb)? If Yes: How old were you when you had this surgery?								Q89
- Have you ever had an ovary removed? If Yes: a. How many ovaries were removed? b. At what age(s) did you have this done?								Q90
- Have you ever had a mammogram? If Yes: When was the last mammogram that you had?								Q91
- During the past 12 months, have you had a mammogram?		Q83						
- Since menopause, have you taken estrogen or female hormone pills by mouth, such as Premarin, Ogen, or Estrace? If Yes: a. How old were you when you started taking estrogen or female hormone pills? If you are unsure, please make your best guess. b. For how many years did you take estrogen or female hormone pills by mouth every day or nearly every day? If you are unsure, please make your best guess.								Q92

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Questions	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Finances and income								
- The next set of questions deals with income and family economic situations. Health ABC is a study of health but research shows that income and resources can affect health in ways that are sometimes important and surprising. We are asking a few questions for this reason.								
- The following question refers to your personal family income for the last year including all sources such as wages, salaries, Social Security or retirement benefits, help from relatives, rent from property and so forth.								
Was it more than \$25,000? If Yes: \$50,000 or more? If Yes: \$100,000 or more? If No: \$10,000 or more?								
	Q195				Q71			
- (Interviewer Note: ASK THE FOLLOWING QUESTION ONLY IF THE PARTICIPANT LIVES IN A HOUSE.) Do you (and your husband/wife/partner) own this house and the land immediately surrounding it? If Yes: The following question refers to your house and the land immediately surrounding it. What is its present value? I mean, about what would it bring if it were sold today? Is it more than \$100,000? If Yes: \$200,000 or more? If No: \$50,000 or more?								
	Q196							
- (Interviewer Note: ASK THE FOLLOWING QUESTION ONLY IF THE PARTICIPANT LIVES IN AN APARTMENT) Do you (and your husband/wife/partner) own this apartment, rent it, or have some other arrangement? If Own: The following question refers to your apartment. What is its present value? I mean, about what would it bring if it were sold today? Is it more than \$100,000? If Yes: \$200,000 or more? If No: \$50,000 or more?								
	Q197							
- How well does the amount of money you (and your husband/wife/partner) have take care of your needs -- poorly, fairly well, or very well?								
	Q198				Q72			
In the past 12 months, have you delayed getting medical care because of money problems?								
					Q73			
In the past 12 months, have you gone without medications because of money problems?								
					Q74			
- Do you always have enough money to buy the food that you need?								
	Q199							
- In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?								
	Q201		Q21					
- Our last question in this area involves savings and investments which may play an important part of family economic situations and may have an impact on health care. Please tell me if you (and your husband/wife/partner) own any of the following: a. Checking or savings account b. Money market account c. CDs (Certificates of deposit), Savings Bonds, or Treasury Bills d. Investment property or housing other than where you currently live e. A business or farm which you own f. Stock or stock mutual funds g. An IRA or KEOGH account h. Other investments								
	Q202							
Health care								
- Have you changed your doctor or place that you usually go for health care or advice about your health care in the past 12 months? If Yes: a. Where do you usually go for health care or advice about health care? (Interviewer Note: Read response options. Mark only ONE answer.) : Private doctor's office [individual or group practice], Public clinic such as a neighborhood health center, Health Maintenance Organization [HMO], Hospital outpatient clinic, Emergency room, Other b. Interviewer Note: Please update the name, address, and telephone number of the doctor or place that the participant usually goes to for health care on the HABC Participant Contact Information report.								
	*Q152 variation	*Q80	*Q86	*Q78	Q67		Q93 ("a" only)	Q36
- In addition to Medicare, are you currently covered by any other federal government health insurance programs such as Medicaid, CHAMPUS/VA or other military programs? If Yes: What federal government health insurance program are you covered by? Medicaid [TennCare in Tennessee], CHAMPUS or CHAMP-VA [health insurance for family members of military personnel], Other								
	*Q153 variation				Q68			
- In addition to Medicare, do you have a health insurance plan, Medigap, or other supplemental coverage which pays for any part of a hospital, doctor's or surgeon's bill? If Yes: What type of health insurance do you have? (Interviewer Note: Please record all types below.) Private insurance, Health Maintenance Organization, Medigap, Other								
	Q154				Q69			
- Do you have a health insurance plan or other supplemental coverage which pays for a visit to a doctor? If Yes: What type of health insurance do you have? (Interviewer Note: Please record all types below. If participant is unsure whether they have Part B Medicare, ask if you may look at their Medicare card.) Part B Medicare, Medicaid/public medical assistance (e.g., Family Care Network; Health Choices; Health Pass, Tenn Care) (Please specify) ; Health Maintenance Organization (e.g., Best; Gateway; MedPlus; Access; Health Horizons) (Please specify) ; Medigap, Private insurance (Please specify) ; Other								
						Q94		

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	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Questions								
- Have you changed your health insurance since your last clinic visit, about 12 months ago? If Yes: What type of change did you make?		Q81						
- In addition to Medicare, do you have any health insurance plan that pays for prescription medicines?	Q155				Q70			
Health status								
- In general, how would you say your health is? Would you say it is . . . Response options: Excellent, Very good, Good, Fair, Poor, Don't know, Refused	Q3	Q1	Q1	Q1	Q1	Q1	CQ1 SQ1	Q1
- During the past 12 months, have you been a patient in a hospital for one or more nights? If Yes: How many different times during the past 12 months were you a patient in a hospital for one or more nights?	Q4							
- Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital. If Yes: About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.	*Q5	*Q2	Q2	Q2	Q2	Q2	CQ2 SQ2	Q2
- Since we last spoke to you about 6 months ago, 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? If Yes: How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.	*Q6	*Q3	Q3	Q3	Q3	Q3	CQ3 SQ3	Q3
- Since we last spoke to you about 6 months ago, did you stay <u>overnight</u> as a patient in a nursing home or rehabilitation center?		*Q70	Q4	Q4	Q4	Q4	CQ4 SQ4	Q4
- Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?		*Q71	Q5	Q5	Q5	Q5	CQ5 SQ5	Q5
- Since we last spoke to you about 6 months ago, have you had a cold or flu that was bad enough to keep you in bed for all or most of the day? If Yes: a. Was your temperature taken? If Yes: Was your temperature 100 degrees or higher? b. Did a doctor or nurse tell you that you had the flu or a fever?	*Q7		*Q6 (3 mo)	Q6	Q6	Q6	*CQ6 *SQ6	
Hearing								
- Do you have frequent ear infections? If Yes: In which ear?					Q1 Hearing Test Y5CVW			
- Do you have buzzing or ringing in your ear? If Yes: In which ear?					Q2 Hearing Test Y5CVW			
- Have you ever had ear surgery? If Yes: In which ear?					Q3 Hearing Test Y5CVW			
- Do you wear a hearing aid? If Yes: a. In which ear? b. Do you wear it . . .? (Examiner Note: Read response options.) Most of the time, Some of the time, A little of the time, Don't know	*Q148				Q4 Hearing Test Y5CVW			
- Can you hear well enough (with a hearing aid if necessary) to carry on a conversation in a crowded room?	Q149				Q5 Hearing Test Y5CVW			
- Do you have any difficulty with your hearing that limits or hampers your personal or social life?	*Q150				Q6 Hearing Test Y5CVW			
- Did you ever work in a job, military service, or hobby that was so noisy or loud that you had to raise your voice to speak to someone? If Yes: Was this for a year or more?					Q7 Hearing Test Y5CVW			

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Questions	Year 1 (1997-1998)	Year 2 (1998-1999)	Year 3 (1999-2000)	Year 4 (2000-2001)	Year 5 (2001-2002)	Year 6 (2002-2003)	Core Home / Semi-Annual	Year 7 (2003-2004)
Height at age 25								
- How tall were you without shoes at about age 25? If you don't remember exactly, please make your best	Q46							
Leg cramps and neurologic symptoms								
- In the past 12 months, have you had muscle cramps in your legs or feet? If No: Go to Question #10				Q1 Periph Neuro p 6 Y4CVW				
- How often do you get them? <i>(Examiner Note: Read response options. Mark only ONE answer.)</i>				Q2 Periph Neuro p 6 Y4CVW				
- Where are the cramps the most severe . . . In your thigh or upper leg, calf or lower leg, feet, toes, or some other place? <i>(Examiner Note: Read response options. Mark only ONE answer.)</i>				Q3 Periph Neuro p 6 Y4CVW				
- Do you usually get cramps in both legs or feet?				Q4 Periph Neuro p 6 Y4CVW				
- Do the cramps usually occur during the day or at night? <i>(Examiner Note: Read response options. Mark only ONE answer.)</i>				Q5 Periph Neuro p 6 Y4CVW				
- Do the cramps usually occur when you are . . .? <i>(Examiner Note: Read response options. Mark only ONE answer.)</i> Sitting, Sleeping or lying still, Standing, Walking, Don't know, Refused				Q6 Periph Neuro p 7 Y4CVW				
- Do the cramps usually get worse at night?				Q7 Periph Neuro p 7 Y4CVW				
- Do the cramps usually get worse when you walk?				Q8 Periph Neuro p 7 Y4CVW				
- Do the cramps usually get better when you walk?				Q9 Periph Neuro p 7 Y4CVW				
- In the past 12 months, have you had any of the following, while sitting or lying still? a. A repeated urge to move your legs? b. Strange or uncomfortable feelings in your legs? c. Several leg jerks or jumps in a row? If the participant didn't answer Yes to any of the feelings described above, go to Q15.				Q10 Periph Neuro p 7 Y4CVW				
- Which of these feelings bothers you the <u>most</u> ? ___ A repeated urge to move your legs? ___ Strange or uncomfortable feelings in your legs? ___ Several leg jerks or jumps in a row? - Now I'm going to ask you three questions about these feelings.				Q11 Periph eral Neurop athy p 7 Y4CVW				
<i>(Examiner Note: For the following three questions, ask the participant about the most bothersome feelings that are noted in Question #11. Read response options. Mark only ONE answer.)</i> How often do you get these feelings? Less than once a month, At least once a month, At least once a week, Every day, Don't know, Refused				Q12 Periph eral Neurop athy p 8 Y4CVW				
- Do these feelings get better when you start walking?				Q13 Periph eral Neurop athy p 8 Y4CVW				

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- Do these feelings get worse at night?				Q14 Periph Neuro p 8 Y4CVW				
- In the past 12 months, have you ever had numbness, an "asleep feeling," a prickly feeling or tingling in your legs or feet?				Q15 Periph Neuro p 8 Y4CVW				
- In the past 12 months, have you ever had a sudden stabbing or burning pain, or a deep aching in your legs or feet?				Q16 Periph Neuro p 8 Y4CVW				
- In the past 12 months, have you had an open or persistent sore, or gangrene on either of your feet or legs?				Q17 Periph Neuro p 8 Y4CVW				
Life events / Bereavement								
- Has a close friend or family member had a serious accident or illness in the past 12 months?	Q186	Q95	Q72	Q67	Q58	Q54	CQ42	
- Did a pet die in the past 12 months?	Q189							
- Has your relationship with a family member or close friend changed for the worse in the past 12 months?	Q190							
- Have you or a family member been assaulted or robbed in the past 12 months?	Q191							
- Has a close friend or family member been arrested or had trouble with the law in the past 12 months?	Q192							
- Did a child, grandchild, close friend, or relative die in the past 12 months? <i>(Interviewer Note: The death of a spouse or partner should only be recorded in the next question, Question #60.)</i>	Q188	Q94	Q73	Q68	Q59	Q75	CQ41	
- Did your spouse or partner die in the past 12 months?	Q187	Q85	Q74	Q69	Q60	Q76	CQ40	
- Please tell me which best describes how you've been feeling lately. <i>(Interviewer Note: REQUIRED - Show card #11.)</i> a. I think about this person so much that it's hard for me to do the things I normally do. b. Memories of the person who died upset me. c. I feel I cannot accept the death of the person who died. d. I feel myself longing for the person who died. e. I feel drawn to places and things associated with the person who died. f. I can't help feeling angry about his/her death. g. I feel disbelief over what happened. h. I feel stunned or dazed over what happened. i. Ever since s/he died it is hard for me to trust people. j. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about. k. I have pain in the same area of my body or have some of the same symptoms as the person who died. l. I go out of my way to avoid reminders of the person who died. m. I feel that life is empty without the person who died. n. I hear the voice of the person who died speak to me. o. I see the person who died stand before me. p. I feel that it is unfair that I should live when this person died. q. I feel bitter over this person's death. r. I feel envious of others who have not lost someone close. s. I feel lonely a great deal of the time ever since s/he died. Never, Rarely, Sometimes, Often, Always, Refused		*Q86	*Q75	*Q70	Q61	Q77		
- Using this card, where 0 is extremely happy and 10 is very happy, please tell me how happy you are? <i>(Interviewer Note: REQUIRED - Show card #12.)</i>	Q176	Q91	Q80	Q71	Q62	Q78		
- Using this card, where 0 is extremely dissatisfied and 10 is very satisfied, how satisfied are you with the meaning and purpose of your life? <i>(Interviewer Note: REQUIRED - Show card #13.)</i>	Q175	Q90	Q79	Q72	Q63	Q79		
- Using this card, where 0 is extremely dissatisfied and 10 is very satisfied, how satisfied are you with how often you see or talk to your family and friends? <i>(Interviewer Note: REQUIRED - Show card #13.)</i>	Q173	Q88	Q77	Q73	Q64	Q80		
- Using this card, where 0 is extremely dissatisfied and 10 is very satisfied, how satisfied are you with the help you get from your family and friends, for example, helping in an emergency, fixing your house, or doing errands? <i>(Interviewer Note: REQUIRED - Show card #13.)</i>	Q174	Q89	Q78	Q74	Q65	Q81		
- In the past year, could you have used more emotional support than you received? If Yes: Would you say you needed a lot more, some more, or a little more?	Q172	Q87	Q76	Q75	Q66	Q82		
Marital status and household occupancy								
- What is your marital status? Are you . . . ? Married, Widowed, Divorced, Separated, Never married, Don't know, Refused				Q63		Q88		
- Beside yourself, how many other people live in your household?	Q158	Q96	Q71	Q64		Q89		
- Who else lives in your household? Spouse, Parents, Siblings, Children/Children-in-law, Grandchildren, Other relatives, Friends, Other non-relatives, Refused	Q159			Q65				
- Who is the head of household?	Q160							

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- Who do you live with (for example, with your spouse, relatives, or friends)? Response options: Live alone, Live with spouse, Live with romantic partner, Live with children, Live with other relatives or friends, Live with someone else, Don't know, Refused						Q90		
Medical conditions								
- Has a doctor ever told you that you had shingles? If Yes: When was the last time you had an outbreak or flare-up? If you are unsure, please make your best guess.		Q63						
- Has a doctor ever told you that you had pneumonia If Yes: Have you been treated for pneumonia in the past 12 months?	Q107							
- Now I'm going to ask you about some medical problems that you might have had in the past 12 months. In the past 12 months, has a doctor told you that you had . . . ?								
Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months.		*Q66	Q34	Q31	Q28	Q39	CQ19	Q18
- Diabetes or sugar diabetes? We are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months.		*Q67	Q35	Q32	Q29	Q40	CQ20	Q19
- In the past 12 months, have you seen a health care professional for new or worsening symptoms of a. chest pain, b. shortness of breath, or c. angina?							CQ21	Q20
- Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?	Q109	Q64			Q31	Q42		
- Do you ever have to stop for breath when walking at your own pace on a level surface?	Q110	Q65			Q32	Q43		
- Do you have to walk slower than people your own age when on a level surface because of breathlessness?					Q33			
- Have you fainted, blacked out, or lost consciousness? If Yes: How many times has this happened to you in the past 12 months?		*Q83	Q69					
- During the past 12 months, were there times when you had a cough almost every morning? If Yes: How often did you have this morning cough? (<i>Interviewer Note: The months do not have to be consecutive.</i>)					Q34			
- In the past 12 months, have you had wheezing or whistling in your chest at any time? If Yes: Did you require medicine or treatment for any of the times you had wheezing or whistling in your chest?					Q35			
- Has a doctor ever told you that you had asthma? If Yes: a. Do you still have asthma? b. Have you had an attack of asthma in the past 12 months?		*Q103 variation			Q36			
- In the past 12 months, have you gone to a doctor's office or hospital emergency room for asthma or breathing problems?					Q37			
- Has a doctor ever told you that you had any of the following? a. Emphysema? b. Chronic obstructive pulmonary disease or COPD? c. Chronic bronchitis? If yes: Do you still have chronic bronchitis?		*Q104 *Q105 *Q106 variation			Q38			
- Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on:								
- Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease? If Yes: Were you hospitalized overnight for this problem? If Yes: Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:		*Q72	Q37	Q34	Q39	Q49	CQ23 SQ13	Q22
- Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure? If Yes: Were you hospitalized overnight for this problem? If Yes: Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:			Q39	Q35	Q40	Q50	CQ25 SQ15	Q24
- Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA? If Yes: Were you hospitalized overnight for this problem? If Yes: Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:		*Q73	Q38	Q36	Q41	Q51	CQ24 SQ14	Q23
- Has a doctor ever told you that you had cancer, a malignant growth, or malignant tumor? If Yes: a. What kind of cancer or malignant growth did you have? b. How old were you when a doctor first told you that you had this cancer? If you are unsure, please make your best guess.	Q111							
- Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you. If Yes: Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:		*Q74	Q40	Q37	Q42	Q52	CQ26 SQ16	Q25
- Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia? If Yes: Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:		*Q75	Q41	Q38	Q43	Q53	CQ27 SQ17	Q26
- Has a doctor ever told you that you had a stomach, or duodenal ulcer? If Yes: a. Where did the doctor say your ulcer was? b. Have you ever had any of the following tests to help diagnose your ulcer? An upper GI series (for an upper GI series, you drink a chalky white liquid called barium, and then x-rays are taken)? An upper endoscopy (a long flexible tube with a light on the end is inserted down the throat so that the lining of the stomach and the upper intestine can be examined)?	Q112							
- Have you ever seen a doctor for bleeding in the stomach or intestines?	Q113							
- Have you ever had surgery to remove all or part of your stomach? If yes: How old were you when you had this surgery?	Q114							
- Has a doctor ever told you that you had gallstones? If Yes: Was your gallbladder surgically removed?	Q115							

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Questions								
- Has a doctor ever told you that you have diabetes or sugar diabetes? For women: Please do not include diabetes or sugar diabetes that occurred only during pregnancy.								
If Yes:								
a. How old were you when a doctor first told you that you had diabetes or sugar diabetes? If you are unsure, please make your best guess.								
b. Are you currently taking insulin?								
c. Are you currently taking diabetes pills to lower your blood sugar (sometimes called oral agents or oral hypoglycemic agents)?	Q116							
- Has a doctor ever told you that you had high thyroid, Grave's disease, or an over-active thyroid gland?	Q117							
- Has a doctor ever told you that you had low thyroid or hypothyroidism?	Q118							
- Has a doctor ever told you that you had Parkinson's Disease?	Q119							

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	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Questions								
- Has a doctor ever told you that you had kidney disease (do not include kidney stones or bladder infections)?	Q120							
- Has a doctor ever told you that you had gout?	Q121							
- During your adult life, have you had surgery to repair a hernia in your groin or abdomen?	Q122							
- Have you ever been treated for depression?	Q123							
- Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago? If Yes: Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.		*Q77	Q43	Q40	Q45	Q55	CQ29 SQ19	Q28
- Have you had any same day outpatient surgery since we last spoke to you about 6 months ago? If Yes: Was it for . . . ? a. A procedure to open a blocked artery b. Gall bladder surgery c. Cataract surgery d. Hernia repair (Inguinal abdominal hernia.) e. TURP (MEN ONLY) (transurethral resection of prostate) f. Other		Q78	Q44	Q41	Q46	Q56	CQ30 SQ20	Q29
- Is there any other illness or condition for which you see a doctor or other health care professional? If Yes: Please describe for what:	Q151	Q79	Q45	Q42	Q47	Q57	CQ31	Q30
Medicare and Social Security								
- What is your Medicare number?	Q156							
- What is your Social Security Number?	Q157							
Osteoporosis (also see Falls and fractures)								
- Has a doctor ever told you that you have osteoporosis, sometimes called thin or brittle bones?	Q84							
- Has a doctor ever told you that you broke or fractured a bone after the age of 45? If Yes: Has a doctor ever told you that you broke or fractured your hip? If Yes: How old were you when a doctor first told you this? If you are unsure, please make your best guess.	Q85							
- Has a doctor ever told you that you had a fracture of the spine or fracture of the vertebrae? If Yes: How old were you when a doctor first told you this? If you are unsure, please make your best guess.	Q86							
Pain, Back								
- In the past 12 months, have you had any pain in your back? If Yes: a. How often did you have back pain in the past 12 months? (Interviewer Note: Read response options. OPTIONAL - Show card #16.) Once or twice, A few times, Fairly often, Very often, Every day or nearly everyday, Don't know b. How severe was the pain usually? (Interviewer Note: Read response options.) Mild, Moderate, Severe, Extreme, Don't know c. In what part of your back was the pain usually located? (Interviewer Note: REQUIRED - Show card #17. Check all that apply.) Upper, Middle, Lower, Buttocks, Don't know d. In the past 12 months, have you limited your activities because of pain in your back? If Yes: On how many days did you limit your activities because of pain in your back? Your answer can range from 0 to 365 days. If you are unsure, please make your best guess. (Interviewer Note: Include days in bed.)	Q81	Q58				Q44		

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	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Questions								
Pain, Bodily								
- The following questions are about the pain or pains you have experienced in the past 30 days. If you had more than one pain, answer the questions by describing your feelings of pain in general. Did you experience any bodily pain in the past 30 days? (<i>Interviewer Note: Headaches and stomach aches are considered bodily pain.</i>) If Yes: a. During the past 30 days, how often have you had pain? b. During the past 30 days, how severe was the pain usually? c. During the past 30 days, on how many days did pain interfere with the things you usually do? Your answer may range from 0 to 30 days.								
	Q70					Y6CVW		
Pain - Feet, toes, ankles								
- In the past 12 months, have you had pain on most days for at least one month in your feet, toes, or ankles? If Yes: a. Please show me on this diagram which toes or parts of your foot have been painful for at least a month in the past 12 months (<i>Interviewer Note: REQUIRED - Show card #14. Check all that apply.</i>) b. Now think about the past 30 days. In the past 30 days, how much pain have you had in your feet, ankles or toes during each situation I will describe? How much pain have you had while . . . ? (<i>Interviewer Note: Read response options. OPTIONAL - Show card #15. If pain on both right and left, say "Answer for worse side."</i>) i. Walking on a flat surface ii. Going up or down stairs iii. Standing upright								
	Q77	Q57				Q47		

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	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Questions								
Pain - Hands								
- In the past 12 months, have you had pain on most days for at least one month in any of the joints of your hands? If Yes: Please show me on this diagram which joints of your hand or wrist have been painful in the past 12 months. (<i>Interviewer Note: OPTIONAL - show Card H</i>) If No, Don't know, or Refused: In the past 12 months, have you had pain lasting less than one month in any of the joints of your hands? If Yes: Please show me on this diagram which joints of your hand or wrist have been painful in the past 12 months. (<i>Interviewer Note: OPTIONAL - show Card H. If the participant says their hands hurt all over, ask if they can localize the pain to a particular row of joints (e.g., DIPs, PIPs, MCPs). If the pain is in the joints, but they can't say which ones in particular, mark all the joints as painful.</i>)								
	*Q78 variation	Q1 Joint Exam: Hand Pain p 40 Y2CVW				Q48		
Pain - Hip								
- Now I am going to ask you a question about pain in your hip. In the past 12 months, have you had hip pain on most days for at least one month? 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. (<i>Examiner Note: REQUIRED - Show Card B.</i>) If Yes: In the past 12 months, have you had this pain in the right hip, left hip, or both hips?		*Q56			Q8 Arthritis p 18 Y5CVW	Y6CVW		
- Have you ever had pain lasting 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. (<i>Examiner Note: REQUIRED - Show Card #17</i>) If Yes: In the past 12 months, have you had hip pain lasting at least one month? If Yes: a. In the past 12 months, have you had hip pain lasting at least one month? b. In the past 12 months, have you had this pain in the right hip, left hip, or both hips? c. How severe was that pain usually? d. Now, Please think about the past 30 days. In the past 30 days how much pain have you had in your hips during each situation I will describe? a) Walking on a flat surface b) Going up or down stairs c) At night while in bed d) Standing upright e) Getting in or out of a chair (<i>Examiner Note: A relatively hard, supportive chair.</i>) f) Getting in or out of a car None, Mild, Moderate, Severe, Extreme, Don't know						Y6CVW		
Pain and stiffness - Knee								
- Now I am going to ask you some questions about pain, aching or stiffness in or around your knee. This includes the front, back and sides of the knee. In the past 12 months, have you had any pain, aching or stiffness in either knee? If Yes: In the past 12 months, have you had pain, aching or stiffness in either knee on most days for at least one month? If Yes: Have you had this pain in your right knee, left knee, or both knees?	*Q72 variation		Q49	Q54			CQ33	
- Now I am going to ask you some questions regarding any pain or stiffness in your joints. I will also examine your knees. These questions are about pain, aching or stiffness in or around your knee. This includes the front, back and sides of the knee. First, I'll ask about your left knee. In the past 12 months, have you had any pain, aching or stiffness in your left knee? If Yes: In the past 12 months, have you had pain, aching or stiffness in your left knee on most days for at least one month?		*Q1 Assess ment of Knee Pain p 35 Y2CVW			Q2 Arthritis p 15 Y5CVW	Y6CVW		
- Now, please think about the past 30 days. In the past 30 days, have you had any pain, aching, or stiffness in your left knee? If Yes: a. In the past 30 days, have you had pain, aching or stiffness in your left knee on most days? b. In the past 30 days, how much pain have you had in your left knee for each activity I will describe. How much pain have you had while . . . ? (<i>Examiner Note: Read each activity separately. Read response options. OPTIONAL - Show Card A.</i>) a) Walking on a flat surface b) Going up or down stairs c) At night while in bed d) Standing upright e) Getting in or out of a chair (<i>Examiner Note: A relatively hard, supportive chair.</i>) f) Getting in or out of a car None, Mild, Moderate, Severe, Extreme, Don't know	*Q73 variation	Q2 Assess ment of Knee Pain p 35 Y2CVW		Q56	Q3 Arthritis p 16 Y5CVW	Y6CVW		
- Now I am going to ask about your right knee. In the past 12 months, have you had any pain, aching, or stiffness in your right knee? If Yes: In the past 12 months, have you had pain, aching, or stiffness in your right knee on most days for at least one month?		Q3 Assess ment of Knee Pain p 36 Y2CVW			Q4 Arthritis p 17 Y5CVW	Y6CVW		

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Questions	Year 1 (1997-1998)	Year 2 (1998-1999)	Year 3 (1999-2000)	Year 4 (2000-2001)	Year 5 (2001-2002)	Year 6 (2002-2003)	Core Home / Semi-Annual	Year 7 (2003-2004)
- Now, please think about the past 30 days. In the past 30 days, have you had any pain, aching, or stiffness in your right knee? If Yes: a. In the past 30 days, have you had pain, aching or stiffness in your right knee <u>on most days</u> ? b. In the past 30 days, how much pain have you had in your <u>right</u> knee for each activity I will describe. How much pain have you had while . . . ? (<i>Examiner Note: Read each activity separately. Read response options. OPTIONAL - Show Card A.</i>) a) Walking on a flat surface b) Going up or down stairs c) At night while in bed d) Standing upright e) Getting in or out of a chair (<i>Examiner Note: A relatively hard, supportive chair.</i>) f) Getting in or out of a car None, Mild, Moderate, Severe, Extreme, Don't know		Q4 Assessment of Knee Pain p 36		Q55	Q5 Arthritis p 17	Y6CVW		
- Now, please think about the past 30 days. In the past 30 days, have you had any pain, aching, or stiffness in either knee? If Yes: a. In the past 30 days, have you had pain, aching or stiffness in either knee <u>on most days</u> ? b. In the past 30 days, how much pain have you had in your knees for each activity I will describe. How much pain have you had while . . . ? (<i>Interviewer Note: Read each activity separately. Read response options.</i>) a) Walking on a flat surface b) Going up or down stairs c) At night while in bed d) Standing upright e) Getting in or out of a chair (<i>Interviewer Note: A relatively hard, supportive chair.</i>) f) Getting in or out of a car None, Mild, Moderate, Severe, Extreme, Don't know Have you had this pain in your right knee, left knee, or both knees?			Q50				CQ34	
- In the past 30 days, have you limited your activities because of pain, aching, or stiffness in your knees? If Yes: On how many days did you limit your activities because of pain, aching, or stiffness?	*Q75 plus Q75a variation	Q5 Assessment of Knee Pain p 37	Q51	Q57	Q6 Arthritis p 18	Y6CVW		
- Have you ever injured your knee badly enough to limit your ability to walk for at least a week? If Yes: Which knee?		Q7 Assessment of Knee Pain p 37						
- In the past 30 days, have you changed, cut back, or avoided any activities in order to avoid knee pain or reduce the amount of knee pain?		Q6 Assessment of Knee Pain p 37	*Q52 w/out "past 30 days"	Q58	Q7 Arthritis p 18	Y6CVW		
Pain - Neck								
- In the past 12 months, have you had pain lasting at least one month in your neck? If Yes: How severe was the pain usually?	Q80					Q46		
Pain - Shoulder								
- In the past 12 months, have you had pain lasting at least one month in either shoulder? If Yes: a. In the past 12 months, have you had this pain in the right, left, or both shoulders? b. How severe was the pain usually?	Q79					Q45		
Personal Mastery								
- 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? If Agree: Do you agree strongly or agree somewhat? If Disagree: Do you disagree strongly or disagree somewhat?	Q177	Q92	Q81	Q76		Q83		Y7 Cogn Vitality Substudy p 20 Q9
- 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? If Agree: Do you agree strongly or agree somewhat? If Disagree: Do you disagree strongly or disagree somewhat?	*Q178	*Q93	Q82	Q77		Q84		Y7 Cogn Vitality Substudy p 20 Q10

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Physical activity and exercise								
- Did you do heavy or major chores like scrubbing windows or walls, vacuuming, or cleaning gutters; home maintenance activities like painting; gardening or yardwork; or anything like these activities, at least 10 times, in the past 12 months? If Yes: a. In the past 7 days, did you do heavy chores or home maintenance activities? If Yes: b. About how much time did you spend doing heavy chores or home maintenance activities in the past 7 days (not counting rest periods)?	*Q16 and *Q17	*Q20		Q16	Q18	Q20		
- In the past 12 months, did you do light work around the house like cooking meals, baking, washing dishes, making beds, straightening up, dusting or light cleaning, at least 10 times? If Yes: a. In the past 7 days did you do light work around the house? If Yes: b. About how much time did you spend doing light housework?	Q18							
- In the past 12 months, did you go or help with grocery shopping at least 10 times? If Yes: a. In the past 7 days did you go or help with grocery shopping? If Yes: b. About how many bags of groceries did you buy or help with in the past 7 days (for yourself and others)? c. About how many of these bags did you carry yourself? d. About how many of these bags did you unpack yourself?	Q19							
- In the past 12 months, did you do or help with laundry at least 10 times? If Yes: a. In the past 7 days did you do or help with laundry? If Yes: b. About how many loads of laundry did you do or help with in the past 7 days (for yourself and others)? c. About how many of these loads did you fold and put away?	Q20							
- Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months? If Yes: a. In the past 7 days did you walk up a flight of stairs? If Yes: b. About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess. c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?	*Q21	*Q16	*Q25	Q18	Q20	Q22	CQ16	Q14
- Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months? If Yes: In the past 7 days, did you go walking? If Yes: a. How many times did you go walking in the past 7 days? b. About how much time, on average, did you spend walking each time you walked (excluding rest periods)? c. When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll? If No: What is the main reason you did not go walking in the past 7 days?	*Q22 and *Q23	*Q17 and *Q18	*Q23 and *Q24	Q17	Q19	Q21	*CQ17	Q15
- In the past 12 months, did you do aerobics, calisthenics, slimnastics, at least 10 times? If Yes: a. In the past 7 days did you do aerobics, calisthenics, slimnastics? If Yes: b. In the past 7 days, about how much time did you spend doing aerobics, calisthenics, slimnastics?	Q24							
- In the past 12 months, did you do any weight or circuit training, at least 10 times? If Yes: a. In the past 7 days did you do weight or circuit training? If Yes: b. In the past 7 days, about how much time did you spend doing weight or circuit training?	Q25							
- Did you do any <u>high intensity exercise</u> activities such as bicycling, swimming, jogging, racquet sports or using a stair-stepping, rowing or cross country ski machine or exercycle, at least 10 times, in the past 12 months? If Yes: In the past 7 days, did you do high intensity exercise activities? If Yes: a. What activity(ies) did you do? b. In the past 7 days, about how much time did you spend doing (first activity named by participant)? c. In the past 7 days, about how much time did you spend doing (second named activity)? If No: What is the main reason you have not done any high intensity exercise in the past 7 days?	*Q26	*Q19	*Q26	Q19	Q21	Q23		Q16
- In the past 12 months, did you do any moderate intensity exercise activities such as golf, bowling, dancing, skating, bocce, table tennis, hunting, sailing or fishing, at least 10 times? If Yes: In the past 7 days, did you do moderate intensity exercise activities? If Yes: a. What activity(ies) did you do? b. In the past 7 days, about how much time did you spend doing (first named activity)? c. Did you do (first named activity) with a light, moderate, or vigorous effort? d. In the past 7 days, about how much time did you spend doing (second named activity)? e. Did you do (second named activity) with a light, moderate, or vigorous effort? f. In the past 7 days, about how much time did you spend doing (third named activity)? g. Did you do (third named activity) with a light, moderate, or vigorous effort? h. In the past 7 days, about how much time did you spend doing (fourth named activity)? i. Did you do (fourth named activity) with a light, moderate, or vigorous effort? If No: What is the main reason you have not done any moderate intensity exercise in the past 7 days?	Q27							
						Q24		
Now I'm going to ask you about your physical activity and exercise habits when you were around 50 years old. Thinking back to when you were 50 years old -- the late 1960's to early 1970's; the Vietnam War era . . . In a typical week, did you do any regular walking--for exercise, to get to work, while at work, to walk the dog--for at least one hour per week? If Yes: Did you do regular walking for at least three hours per week?					Q22			

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In a typical week, did you participate in any vigorous exercise or sports, such as bicycling, swimming, jogging, or racquet sports, for at least <u>one</u> hour per week? If Yes: Did you participate in any vigorous exercise or sports for at least <u>three</u> hours per week?					Q23			
Physical function								
- 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? (<i>Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, mark "Yes." If the participant doesn't walk for other reasons, mark "Don't do."</i>) If Yes: a. How much difficulty do you have? b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason? c. Do you have any difficulty walking across a small room? If No, Don't know, or Refused: d. How easy is it for you to walk a quarter of a mile? e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks? If No or Don't know/don't do: f. How easy is it for you to walk one mile?		*Q4	*Q8	*Q8	Q8	Q9	CQ8 SQ7	Q6
- Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting? (<i>Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Don't do."</i>) If Yes: a. How much difficulty do you have? b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason? If No, Don't know, or Refused: c. How easy is it for you to walk up 10 steps without resting? d. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? If No or Don't know/don't do: e. How easy is it for you to walk up 20 steps without resting?		*Q5	*Q9	Q9	Q9	Q10	CQ9 SQ8	Q7
- Do you <u>have to</u> use a cane, walker, crutches, or other special equipment to help you get around?		Q6	Q10	Q10	Q10	Q11	CQ10	Q8
- Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs? If Yes: Do you usually receive help, from another person when you get in and out of bed or chairs?		*Q9	*Q11	Q11	Q11	Q12	CQ11	Q9
- Do you have any difficulty bathing or showering? If Yes: Do you usually receive help from another person in bathing and showering?		*Q10	*Q12	Q12	Q12	Q13	CQ12	Q10
- Do you have any difficulty dressing? If Yes: Do you usually receive help from another person in dressing?		*Q11	*Q13	Q13	Q13	Q14	CQ13	Q11
- Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms? If Yes: How much difficulty do you have? If No: How easy is it for you to stand up from a chair without using your arms?	Q9	*Q7		Q14	Q14	Q15		
- Do you have any difficulty doing heavy work around the house like vacuuming, shoveling snow, mowing or raking the lawn, gardening, or scrubbing windows, walls or floors? If Yes: How much difficulty do you have? If No: How easy is it for you to do heavy work around the house?		*Q15	Q15					
- Because of a health or physical problem, do you have any difficulty shopping for food?	Q41	Q38	Q16				CQ15	Q13
- Because of a health or physical problem, do you have any difficulty preparing meals?	Q40	Q37	Q17				CQ14	Q12
- Because of a health or physical problem, do you have any difficulty taking medications by yourself? If No: Go to Question #20.			Q18					
- Do you usually receive help from another person in taking your medication?			Q19		Q15			
- Do you have any difficulty managing your money, for example, paying bills or keeping a bank account, by yourself and without help from another person?			Q20					
- Are you less involved in managing your money than you used to be because your health or physical condition makes it difficult?			Q21					
- Does another person usually help you with managing money?			Q22		Q16			
- 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? If Yes: How much difficulty do you have? If No, Don't know, or Refused: How easy is it for you to lift or carry something weighing 10 pounds? Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries? If No or Don't know: How easy is it for you to lift or carry something weighing 20 pounds?	*Q10	Q14	Q14	Q15	Q17	Q19		
- Because of a health or physical problem, do you have any difficulty stooping, crouching or kneeling? If Yes: How much difficulty do you have? If No: How easy is it for you to stoop, crouch, or kneel?	*Q11	Q8				Q16		
- Do you have any difficulty pulling or pushing large objects like a living room chair? If Yes: How much difficulty do you have?	Q12							
- Do you have any difficulty doing heavy work around the house like vacuuming, shoveling snow, mowing or raking the lawn, gardening, or scrubbing windows, walls, or floors? If Yes: How much difficulty do you have? If able to do: Do you do heavy work around the house less often compared to 12 months ago? If No: How easy is it for you to do heavy work around the house? Do you do heavy work around the house less often compared to 12 months ago?	Q13							
- Do you have any difficulty using your fingers to grasp or handle? If Yes: How much difficulty do you have?	Q14	Q13				Q18		

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Questions								
- Do you have any difficulty raising your arms up over your head? If Yes: How much difficulty do you have? If No: How easy is it for you to raise your arms up over your head?	Q15	Q12				Q17		
- How often does someone help you shop for groceries or personal items? (Interviewer Note: Read response options.) Never, Seldom, Sometimes, Always or very often, Don't know, Refused						Q28		
- How often does someone help you prepare or provide you with meals? (Interviewer Note: Read response options.) Never, Seldom, Sometimes, Always or very often, Don't know, Refused						Q29		
- How often does someone help you do light housework, such as washing dishes, straightening up, dusting, or light cleaning? (Interviewer Note: Read response options.) Never, Seldom, Sometimes, Always or very often, Don't know, Refused						Q30		
- How often does someone help you do heavy or major chores, such as washing windows, walls, or floors, vacuuming; home maintenance activities like painting or cleaning gutters; or gardening or yardwork? (Interviewer Note: Read response options.) Never, Seldom, Sometimes, Always or very often, Don't know, Refused						Q31		
Reliability								
Interviewer Note: Please answer the following question based on your judgment of the participant's responses to this questionnaire.								
On the whole, how reliable do you think the participant's responses to this questionnaire are?			Q93	Q87	Q84	Q104	*CQ50	Q51
Religion								
- What is your religion?	Q182							
- How often do you usually attend religious services, meetings, or activities?	Q183							
- How important is your spirituality or religious faith to you?	Q184							
Sleep habits								
- How many hours of sleep do you usually get at night?	Q66				Q54			
- During a usual week, how many times do you nap for 5 minutes or more? (Interviewer Note: Write in "0" if participant does not take any naps.)	Q67		Q68		Q55			
- The next question is about snoring during sleep. To answer these questions, please consider both what others have told you AND what you know about yourself.								
Have you ever snored (now or at any time in the past)? If Yes: Of often do you snore now?	Q69							
- Please indicate how often you experience each of the following: (Interviewer Note: Read one question at a time. REQUIRED - Show card #9) a. Have trouble falling asleep. b. Wake up during the night and have difficulty getting back to sleep. c. Wake up too early in the morning and be unable to get back to sleep. d. Feel excessively (overly) sleepy during the day. e. Take sleeping pills or other medication to help you sleep. Never/Rarely/Sometimes/Often/Almost always/Don't know/Refused	*Q68 with 3 more response options		Q69		Q56			
Smoking habits								
Do you currently smoke cigarettes? If Yes: On the average, about how many cigarettes a day do you smoke?			*Q67		Q27			
- Have you smoked at least 100 cigarettes in your entire life? (Interviewer Note: 100 cigarettes is equal to 5 packs.) If Yes: a. How old were you when you first started smoking cigarettes fairly regularly? b. On the average of the entire time you have smoked, how many cigarettes did you usually smoke per day? c. Do you smoke cigarettes now? If Yes: On the average, about how many cigarettes a day do you smoke now? If No: How old were you when you stopped smoking?	Q61							
- Have you ever smoked a pipe or cigars? If Yes: a. How old were you when you first started smoking a pipe or cigars fairly regularly? b. Do you smoke a pipe or cigar now? If No: How old were you when you stopped smoking a pipe or cigars?	Q62							

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Questions								
Social network and support								
- Do you have pets that live with you? If Yes: What kind of pet do you have? If Dog: How many times a week do you walk your dog(s)?			Q85					
- In a typical week, how often do you get together with friends or neighbors?	Q161					Q91		Y7 Cogn Vitality Substudy p 16 Q1
- In a typical week, how often do you get together with your children or other relatives?	Q162					Q92		Y7 Cogn Vitality Substudy p 16 Q2
- About how many relatives do you see or hear from at least once a month?	Q163					Q70		
- For the one relative that you see or hear from most, how often do you see or hear from that person?	Q164					Q71		
- About how many relatives do you feel close to, feel at ease with, can talk to about private matters, and can call on for help?	Q165					Q72		
- About how many friends do you feel close to, feel at ease with, can talk to about private matters, and can call on for help?	Q166					Q73		
- About how many of these friends do you see or hear from at least once a month?	Q167					Q74		
- For the one friend that you see or hear from most, how often do you see or hear from that person?	Q168					Q75		
- When you have an important decision to make, do you have someone you can talk to about it?	Q169					Q76		
- When other people you know have an important decision to make, do they talk to you about it?	Q170					Q77		
- Does anybody rely on you to do something for them each day, like shopping, cooking, cleaning, repairs, child care, etc? If No: Do you help anybody with things like shopping, house cleaning, cooking, providing child care, filling out forms, etc.?	Q171					Q78		
Television watching, reading, sleeping and lying down, sitting								
- About how many hours per week do you spend watching television? If not "0": Do you usually use a remote control for your TV?	*Q31	Q24	Q30			Q32		Y7 Cogn Vitality Substudy p 18 Q5
- About how many hours per week do you spend reading, including books, newspapers, and magazines?	Q32	Q25	Q31			Q33		Y7 Cogn Vitality Substudy p 18 Q6
- During an average 24-hour day, about how many hours do you usually spend sleeping and lying down with your feet up? Be sure to include time sleeping at night or trying to sleep, resting or stretched out on the sofa watching T.V., etc.			Q32			Q58		
- During an average 24-hour day, about how many hours do you usually spend sitting upright? Be sure to include time sitting at the table eating, driving or riding in a car or bus, sitting watching T.V. or talking, etc.			Q33			Q59		
Urinary history								
- The following questions concern your urinary or bladder habits. These questions are personal, but your answers are important in helping us better understand these health issues. On average, how many times a day do you go to the bathroom to urinate . . . ? a. From when you get up in the morning until you go to bed? b. During the night after going to bed?				Q59				
- In the past 12 months, did a doctor tell you that you had a urinary tract infection, that is, an infection in your bladder or kidneys? If Yes: How many times in the past 12 months were you told by a doctor that you had a urinary tract infection?				Q60				
- In the past 12 months, did you leak even a small amount of urine? If Yes: a. In the past 12 months, how often have you leaked urine? b. When did you <u>usually</u> leak urine? Less than once per month, One or more times per month, One or more times per week, Every day, Don't know	*Q124 w/ more detail			Q62				
MEN ONLY - During the past 30 days, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	Q125							
MEN ONLY - During the past 30 days, how often have you had to urinate again less than 2 hours after you finished urinating?	Q126							
MEN ONLY - During the past 30 days, how often have you found you stopped and started again several times when you urinated?	Q127							
MEN ONLY - During the past 30 days, how often have you found it difficult to postpone urination?	Q128							
MEN ONLY - During the past 30 days, how often have you had a weak urinary stream?	Q129							
MEN ONLY - During the past 30 days, how often have you had to push or strain to begin urination?	Q130							
MEN ONLY - During the past 30 days, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	Q131							
MEN ONLY - Have you ever had emergency treatment because you were unable to pass water or urinate? If Yes: How old were you when you first required emergency treatment for this problem?	Q132							
MEN ONLY - Has a doctor ever told you that you had an enlarged prostate? If Yes: Have you ever had surgery for an enlarged prostate (do not include surgery for prostate cancer)? - During the past 12 months, have you leaked or passed stool at unwanted times? If Yes: How often did you leak or pass stool at unwanted times during the past 12 months?	Q133 Q134							

Year-by-Year Interview Questions in the Health ABC Study
(7/17/03)

Questions	Year 1 (1997-1998)	Year 2 (1998-1999)	Year 3 (1999-2000)	Year 4 (2000-2001)	Year 5 (2001-2002)	Year 6 (2002-2003)	Core Home / Semi-Annual	Year 7 (2003-2004)
- Many people complain that they accidentally leak urine. In the past 7 days, did you leak even a small amount of urine? If Yes: During the past 7 days, how many times did you leak urine . . . a. With an activity like coughing, lifting, or exercise? _ times in the past 7 days, Don't know b. With a physical sense of urgency? You may have felt that you were unable to make it to the bathroom in time. _ times in the past 7 days, Don't know c. Unrelated to an activity or urge to urinate? _ times in the past 7 days, Don't know				Q61				
Vaccinations								
- Did you get a flu shot in the past 12 months? If Yes: When did you get your most recent flu shot? If you are unsure, please make your best guess.	*Q8	*Q82	Q7	Q7	Q7	Q7	CQ7	
- Did you get a shot to prevent pneumonia (the Pneumo-Vax vaccination) in the past 12 months?	*Q108					Q8		
Weight								
- What was your usual weight at about age 25 (women answer for a time when you were not pregnant)?	Q45							
- What was your usual weight at age 50? If you don't remember exactly, please make your best guess.	Q47							
- What is the <u>most</u> you ever weighed (women answer for a time when you were not pregnant)? If you don't remember exactly, please make your best guess.	Q48							
- How old were you when you were at this maximum weight? (<i>Interviewer Note: Check all that apply.</i>) Less than 18 years old, 18-25 years old, 26-29 years old, 30-39 years old, 40-49 years old, 50-59 years old, 60-69 years old, 70 years or older, Don't know, Refused	Q49							
- What is the least you ever weighed as an adult since age 18? If you don't remember exactly, please make your best guess.	Q50							
- How old were you when you were at this minimum weight? (<i>Interviewer Note: Check all that apply.</i>) Less than 18 years old, 18-25 years old, 26-29 years old, 30-39 years old, 40-49 years old, 50-59 years old, 60-69 years old, 70 years or older, Don't know, Refused	Q51							
- How much do you currently weigh?	*Q56		Q64	Q26			CQ36 SQ10	Q33
- At this time, how satisfied are you with your weight? Would you say . . . (<i>Interviewer Note: Read response options.</i>) Very, Moderately, A little, Not at all, Don't know, Refused	Q57							
- At the present time, do you feel like you are underweight, about the right weight, or overweight?	Q58							
- Since we last spoke to you about 6 months ago, has your weight changed by 5 or more pounds? (<i>Interviewer Note: We are interested in net gain or loss during the past 6 months. In other words, is the participant currently either 5 or more pounds heavier or lighter than they were 6 months ago?</i>) If Yes: a. Did you gain or lose weight? (<i>Interviewer Note: We are interested in net gain or loss during the past 6 months.</i>) b. Were you trying to gain/lose weight?			Q65	Q27	Q25	Q35	CQ37 SQ11	Q34
- Now think about the past year. - Did you lose 5 or more pounds <u>at any one time</u> over the past 12 months? If Yes: a. Thinking about the past 12 months, what was the greatest amount of weight that you lost at any one time? If you are unsure, please make your best guess. b. Were you trying to <u>lose</u> weight?	*Q52 but much more detailed			Q28				
- Did you gain 5 or more pounds <u>at any one time</u> over the past 12 months? If Yes: a. Thinking about the past 12 months, what was the greatest amount of weight that you gained <u>at any one time</u> ? If you are unsure, please make your best guess. b. Were you trying to <u>gain</u> weight?	*Q53 but much more detailed			Q29				
- People's weights change during their adult lives. During your adult life, would you say that . . . Women should not include times when you were pregnant. (<i>Interviewer Note: Read response options.</i>) Your weight has stayed about the same (within 10 pounds) You have had a gradual gain in weight (more than 10 pounds) You have had a gradual loss in weight You have had a marked loss in weight and then kept it off Your weight has repeatedly gone up and down again Don't know/Refused	Q54							
- Since your last clinic visit, about 12 months ago, would you say that . . .? Your weight has stayed about the same You have gained weight -- If checked: Were you trying to gain weight? You have lost weight -- If checked: Were you trying to lose weight? Your weight has gone up and down Don't know Refused		Q39						
- Do you have a scale in your home that you can use to weigh yourself? If Yes: On average, how often do you weigh yourself? Would you say . . . (<i>Interviewer Note: Read response options.</i>) Daily, Weekly, Monthly, Only occasionally, Never, Don't know	Q55							
- At the present time, are you trying to <u>lose</u> weight?	Q59	Q40	Q66	Q30	Q26	Q36	CQ38 SQ12	Q35
- At the present time, are you trying to <u>gain</u> weight?	Q60							
- Do you eat less than you want to because you are concerned about what you weigh? Would you say . . .? Always, Usually, Sometimes, Rarely, Never, Don't know, Refused		Q41						

**Year-by-Year Interview Questions in the Health ABC Study
(7/17/03)**

	Year 1 (1997- 1998)	Year 2 (1998- 1999)	Year 3 (1999- 2000)	Year 4 (2000- 2001)	Year 5 (2001- 2002)	Year 6 (2002- 2003)	Core Home / Semi- Annual	Year 7 (2003-2004)
Questions								
Work, volunteer, and caregiving activities								
- The next set of questions are about any work, volunteer, and caregiving activities that you do. For most of your adult life, did you work for pay, either at a regular job, consulting, or doing odd jobs? If Yes: Now please think about the paid job that you had for the longest period of time. a. Did you hold a managerial position? b. As an official part of this job, did you supervise the work of other employees, have responsibility for, or tell other employees what work to do? c. Did you participate in making decisions about such things as the products or services offered, the total number of people employed, budgets, and so forth?				Q20				
- Do you currently work for pay, either at a regular job, consulting, or doing odd jobs? If Yes: a. On average, how many hours do you work per week? b. How many months of the year do you work? c. Which of the following categories best describes the type of activity that you do in your job? Would you say . . . (Interviewer Note: REQUIRED - Show card #4.) Mainly sitting; Sitting, some standing and/or walking; Mostly standing and/or walking; Mostly walking and lifting and/or carrying; heavy manual work; Don't know	Q28	Q21	Q27	Q22		Q25		Y7 Cogn Vitality Substudy p 17 Q3
- Do you currently do any volunteer work? If Yes: a. On average, how many hours do you do your volunteer work per week? b. How many months of the year do you do this? c. Which of the following categories best describes the type of activity that you do? (Interviewer Note: REQUIRED - Show card #4.) Mainly sitting; Sitting, some standing and/or walking; Mostly standing and/or walking; Mostly walking and lifting and/or carrying; heavy manual work; Don't know	*Q29	*Q22	Q28	Q23		Q26		Y7 Cogn Vitality Substudy p 18 Q4
Do you currently provide any regular care or assistance to a child or a disabled or sick adult? If Yes: About how many hours per week do you provide care to another person? If you are unsure, please make your best guess.	Q30		Q29	Q24		Q27	CQ18	