

HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
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ABCONTAG

TELEPHONE INTERVIEW

NOT COLLECTED

Date of last regularly scheduled interview:

/ /

Month Day Year

★ = Priority questions

(Examiner Note: Refer to Data from Prior Visits Report. If participant agrees to only partial interview, ask ★ questions first.)

- ★ 1. In general, how would you say your health is? Would you say it is. . .
(Examiner Note: Read response options.)

- 1 Excellent 5 Poor
2 Very good 8 Don't know
3 Good 7 Refused
4 Fair
- *ABHSTAT**

- ★ 2. Since we last spoke to you about [# months since last interview] 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.

- 1 Yes 0 No 8 Don't know 7 Refused ***ABBED12**

a. 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.
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

days ***ABBEDDAY**

- ★ 3. Since we last spoke to you about [# months since last interview] months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- 1 Yes 0 No 8 Don't know 7 Refused ***ABCUT12**

a. How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

days ***ABCUTDAY**



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*ACID

AGAGROS

AGCONTAG

MEDICAL STATUS

- ★ 4. Is there anything about your health that causes you concern?
 1 Yes 0 No 8 Don't know 7 Refused *ACHLTCON

★ a. What is your concern(s)? (*Examiner Note: Record below.*)

*ACCONCRN

★ b. *Examiner Note: Do not read the following response options to the participant. Mark all responses that correspond to the concerns recorded above.*

- 1 Symptom *ACCONSYM
- 1 Diagnosis *ACCONDIX
- 1 Diagnostic test *ACCONDGT
- 1 Medical treatment *ACCONMTX
- 1 Surgical procedure *ACCONSUR
- 1 Hearing difficulties *ACCONHR
- 1 Vision difficulties *ACCONVIS
- 1 Loss of memory or cognitive skills *ACCONMEM
- 1 Lack of energy; fatigue *ACCONFAT
- 1 General sense of decline *ACCONDEC
- 1 Something else *ACCONELS

Please specify: *ACCONSPE

- ★ 5. Since we last spoke to you about [# months since last interview] months ago, did you stay overnight as a patient in a nursing home or rehabilitation center?
 1 Yes 0 No 8 Don't know 7 Refused *ACMCNH

- ★ 6. Since we last spoke to you about [# months since last interview] months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide?
 1 Yes 0 No 8 Don't know 7 Refused *ACMCVN

7. Since we last spoke to you about [# months since last interview] months ago, have you seen a doctor, nurse practitioner, or other health care provider?
 1 Yes 0 No 8 Don't know 7 Refused *ACMCPROV

- ★ 8. Since we last spoke to you about [# months since last interview] months ago, have you gone to an emergency room or urgent care center?
 1 Yes 0 No 8 Don't know 7 Refused *ACMCER

* Prefix for ALL variables is YyyQq_ where yy is the year, and q is the quarter. For example Y15Q1_ would be Year 15 quarter 1.

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***AFID**

AFACROS

AFCONTAG

PHYSICAL FUNCTION

★ 11. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?

1 Yes 0 No 8 Don't know 7 Refused ***AFEQUIP**

★ 12. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?

1 Yes 0 No 8 Don't know 7 Refused ***AFDIOYN**

a. Does someone usually help you get in and out of bed or chairs?

1 Yes 0 No 8 Don't know

***AFDIORHY**

★ 13. Do you have any difficulty bathing or showering?

1 Yes 0 No 8 Don't know 7 Refused ***AFBATHYN**

a. Does someone usually help you bathe or shower?

1 Yes 0 No 8 Don't know

***AFBATHRH**

★ 14. Do you have any difficulty dressing?

1 Yes 0 No 8 Don't know 7 Refused ***AFDDYN**

a. Does someone usually help you to dress?

1 Yes 0 No 8 Don't know

***AFDDRHYN**

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

1 Yes 0 No 8 Don't know 7 Refused ***AFDIFSTA**

a. How much difficulty do you have?
(Examiner Note: Read response options.)

- 1 A little difficulty
 - 2 Some difficulty
 - 3 A lot of difficulty
 - 4 Or are you unable to do it
 - 8 Don't know
- *AFDSTAMT**

b. How easy is it for you to stand up from a chair without using your arms?
(Examiner Note: Read response options.)

- 1 Very easy
 - 2 Somewhat easy
 - 3 Or not that easy
 - 8 Don't know
- *AFEZSTA**

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*AGID

AGACROS

AGGONTAG

PHYSICAL FUNCTION

16. Do you have any difficulty stooping, crouching or kneeling?
 (Examiner Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)

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

*AGDIFSCK

a. How much difficulty do you have?
 (Examiner Note: Read response options.)

1 A little difficulty

2 Some difficulty *AGDSCKAM

3 A lot of difficulty

4 Or are you unable to do it

8 Don't know



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PHYSICAL ACTIVITY AND EXERCISE

17. 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?

***AHDIF10**

1 Yes 0 No 8 Don't know 7 Refused

a. How much difficulty do you have?
(*Examiner Note: Read response options.*)

- 1 A little difficulty
- 2 Some difficulty ***AHD10AMT**
- 3 A lot of difficulty
- 4 Or are you unable to do it
- 8 Don't know

b. How easy is it for you to lift or carry something weighing 10 pounds?
(*Examiner Note: Read response options.*)

- 1 Very easy
- 2 Somewhat easy ***AHEZ10LB**
- 3 Or not that easy
- 8 Don't know

c. Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?

1 Yes 0 No 8 Don't know ***AHD20LBS**

1 Yes → Go to Question #18.

d. How easy is it for you to lift or carry something weighing 20 pounds?
(*Examiner Note: Read response options.*)

- 1 Very easy
- 2 Somewhat easy ***AHEZ20LB**
- 3 Or not that easy
- 8 Don't know

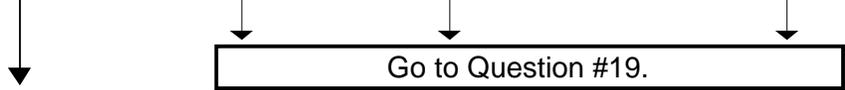


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PHYSICAL ACTIVITY AND EXERCISE AJCONTAG

18. 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?

1 Yes
 0 No
 8 Don't know
 7 Refused
 *AJHC12MO



a. In the past 7 days, did you do heavy chores or home maintenance activities?

1 Yes
 0 No
 8 Don't know
 *AJHC7DAY

Go to Question #19.

b. About how much time did you spend doing heavy chores or home maintenance activities in the past 7 days (not counting rest periods)?
(Examiner Note: If less than 1 hour, record number of minutes.)

AJHC HRS
 AJHC MINS
 Don't know -1
 *AJHCDK

*AJHCTIM

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SYMPTOMS

★ **23.** Now I would like to ask you questions about symptoms you may have had since we last spoke to you about [# months since last interview] months ago. Since we last spoke to you
(Examiner Note: Refer to Data from Prior Visits Report for date of last interview.)

Have you had any . . .	How often did you have it? <i>(Examiner Note: Read response options.)</i>	How much did it distress or bother you? <i>(Examiner Note: Read response options.)</i>
★ a. Pain? *AMSYMPN 1 <input type="radio"/> Yes \longrightarrow 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally *AMSYMPNF 3 <input type="radio"/> Frequently 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *AMSYMPND 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
★ b. Nausea? *AMSYMNA 1 <input type="radio"/> Yes \longrightarrow 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally *AMSYMNAF 3 <input type="radio"/> Frequently 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit 3 <input type="radio"/> Somewhat *AMSYMNAF 4 <input type="radio"/> Quite a bit *AMSYMNAF 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
★ c. Constipation? *AMSYMCO 1 <input type="radio"/> Yes \longrightarrow 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *AMSYMCOF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit *AMSYMCOF 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
★ d. Shortness of breath? 1 <input type="radio"/> Yes *AMSYMSB \longrightarrow 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *AMSYMSBF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit 3 <input type="radio"/> Somewhat *AMSYMSBF 4 <input type="radio"/> Quite a bit *AMSYMSBF 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
★ e. Difficulty sleeping? 1 <input type="radio"/> Yes \longrightarrow 0 <input type="radio"/> No *AMSYMDS 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *AMSYMDSF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit *AMSYMDSF 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
★ f. Difficulty concentrating? 1 <input type="radio"/> Yes \longrightarrow 0 <input type="radio"/> No *AMSYMDC 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *AMSYMDCF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit *AMSYMDCF 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
★ g. Difficulty swallowing? 1 <input type="radio"/> Yes \longrightarrow 0 <input type="radio"/> No *AMSYMDW 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally *AMSYMDWF 3 <input type="radio"/> Frequently 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit *AMSYMDWF 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know

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 For example Y15Q1_ would be Year 15 quarter 1.

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TELEPHONE INTERVIEW FOR COGNITIVE STATUS (TICS)

I am going to ask you some questions that require concentration and memory. Some of these are likely to be easy for you, but some may be difficult. Please try to answer all the questions as best you can. If you can't answer a question, don't worry. Just try your best. Are you ready? ***ANTICSTM**

Start time: ***ANTICSTH** [] [] : [] [] am pm ***ANTICSTA**
Hours Minutes

- ★ 24. Please tell me your full name.
 - a. First name: Correct ***ANTICFN**
 Incorrect
 Refused
 Not attempted due to disability
 - b. Last name: Correct ***ANTICLN**
 Incorrect
 Refused
 Not attempted due to disability

★ 25. What is today's date? [] [] / [] [] / [] [] [] []
 (Examiner Note: Probe for month, date, year, day of week, and season if any not provided spontaneously. (e.g., "What day of the week is it?" or "What season is it?").)

- ★ a. Month: Correct ***ANTICMON**
 Incorrect
 Refused
 Not attempted due to disability
- ★ b. Day: Correct ***ANTICDAY**
 Incorrect
 Refused
 Not attempted due to disability
- ★ c. Year: Correct ***ANTICYR**
 Incorrect
 Refused
 Not attempted due to disability
- ★ d. Day of the week: Correct ***ANTICDYW**
 Incorrect
 Refused
 Not attempted due to disability
- ★ e. Season: Correct ***ANTICDYS**
 Incorrect
 Refused
 Not attempted due to disability

★ 26. Where are you right now?

(Examiner Note: Probe for house number, street, city, state, and zipcode if any not provided spontaneously. If any are not given spontaneously, probe [e.g., "What number is that?" or "What is your zipcode?"])

If the participant is in a facility with no house number [e.g., a hospital or nursing home], the name of the facility may be substituted for the house number.)

- a. House number (or facility name): Correct ***ANTICADN**
 Incorrect
 Refused
 Not attempted due to disability
- b. Street: Correct ***ANTICADS**
 Incorrect
 Refused
 Not attempted due to disability
- c. City: Correct ***ANTICADC**
 Incorrect
 Refused
 Not attempted due to disability
- d. State: Correct ***ANTICADT**
 Incorrect
 Refused
 Not attempted due to disability
- e. Zipcode: Correct ***ANTICADZ**
 Incorrect
 Refused
 Not attempted due to disability



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*AQID

AQACROS

AQCONTAG

TELEPHONE INTERVIEW FOR COGNITIVE STATUS (TICS)

31a. Please repeat this after me:
"No ifs, ands, or buts."

(Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s.")

- 1 Correct
- 0 Incorrect *AQTICIAB
- 7 Refused
- 3 Not attempted due to disability

b. Now please repeat this after me.
"Methodist Episcopal."

- 1 Correct
- 0 Incorrect *AQTICME
- 7 Refused
- 3 Not attempted due to disability

32a. Who is the President of the United States right now?

(Examiner Note: The participant must provide both first and last name in order to receive credit for the question. If only the last name is given, probe for the full name.)

- 1 Correct
- 0 Incorrect *AQTICPRE
- 7 Refused
- 3 Not attempted due to disability

b. Who is the Vice-President?

- 1 Correct
- 0 Incorrect *AQTICVP
- 7 Refused
- 3 Not attempted due to disability

33. With your finger, tap five times on the part of the phone you speak into.

- 1 Five taps are clearly heard
- 2 More than OR fewer than five taps are heard
- 0 No taps are heard *AQTICFTP
- 7 Refused
- 3 Not attempted due to disability

34a. I am going to say a word and I want you to give me its opposite. For example, if I said "hot," you would say "cold."
What is the opposite of "West"?

(Examiner Note: Accept only "East" as correct.)

- 1 Correct
- 0 Incorrect *AQTICWOW
- 7 Refused
- 3 Not attempted due to disability

b. What is the opposite of "generous"?

(Examiner Note: Accept any one of the following antonyms or other correct antonym:

cheap, chintzy, frugal, greedy, hoarding, meager, mean, miserly, niggardly, parsimonious, penurious, restrictive, scotch, scrooge, selfish, skimpy, skinflint, sparse, stingy, tight, tightwad, ungenerous [not generous].)

- 1 Correct
- 0 Incorrect *AQTICWOG
- 7 Refused
- 3 Not attempted due to disability

*AQTICETH *AQTICETM

Stop time:

Hours

Minutes

am pm

*AQTICETA

* Prefix for ALL variables is YyyQq_ where yy is the year, and q is the quarter. For example Y15Q2_ would be Year 15 quarter 2.



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTROLLED ORAL WORD ASSOCIATION ARCOWARS

I am going to say a letter of the alphabet, and I want you to say as quickly as you can all of the words you can think of that begin with that letter. You may say any word at all except proper names such as the names of people or places. So you would not say "Rochester" or "Robert." Also, do not use the same words again with a different ending, such as "run" and "running." For example, if I say R you could say rat, river, or run. Can you think of any other words beginning with the letter R? **Wait for the participant to give a word, indicate if the word is correct, and ask the participant to give another word beginning with the letter R.**

35. Can you tell me another word that begins with R?
(Examiner Note: If participant says another appropriate word that begins with R, tell participant "That is fine," mark "Sample Completed," and go on to timed test.)
- *ARCOWARS**
- 1 Sample completed 2 Unable to complete sample 7 Refused 3 Unable to test

Do NOT go on to timed test. Do not score. Go to Page 17, Question # 39.

36. Now I'm going to give you another letter, and again, say all the words beginning with that letter that you can think of. Remember, no names of people or places, just ordinary words. Also, if you should draw a blank, I want you to keep on trying until the time limit is up. You will have a minute for each one. The first letter is C. Ready, go.
- (Examiner Note: Start the stop watch when the participant provides the first word. If after 15 seconds the participant gives no words, start stopwatch, and repeat the basic instructions and the letter. No extension on the time limit is made in the event that the instructions are repeated. Stop the participant after 60 seconds.)*

1. _____	7. _____	13. _____	19. _____	Number correct words <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> *ARCOWACN
2. _____	8. _____	14. _____	20. _____	
3. _____	9. _____	15. _____	21. _____	
4. _____	10. _____	16. _____	22. _____	
5. _____	11. _____	17. _____	23. _____	
6. _____	12. _____	18. _____	24. _____	

37. Now I am going to give another letter. Tell me as many words as you can that begin with F. Tell me as many words as quickly as you can that begin with F. Ready, go.
- (Examiner Note: See instructions above. Stop the participant after 60 seconds.)*
- | | | | | |
|----------|-----------|-----------|-----------|--|
| 1. _____ | 7. _____ | 13. _____ | 19. _____ | *ARCOWAFN
Number
correct words

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> |
| 2. _____ | 8. _____ | 14. _____ | 20. _____ | |
| 3. _____ | 9. _____ | 15. _____ | 21. _____ | |
| 4. _____ | 10. _____ | 16. _____ | 22. _____ | |
| 5. _____ | 11. _____ | 17. _____ | 23. _____ | |
| 6. _____ | 12. _____ | 18. _____ | 24. _____ | |

38. Now I am going to give another letter. Tell me as many words as you can that begin with L. Tell me as many words as quickly as you can that begin with L. Ready, go.
- (Examiner Note: See instructions above. Stop the participant after 60 seconds.)*
- | | | | | |
|----------|-----------|-----------|-----------|--|
| 1. _____ | 7. _____ | 13. _____ | 19. _____ | *ARCOWALN
Number
correct words

<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> |
| 2. _____ | 8. _____ | 14. _____ | 20. _____ | |
| 3. _____ | 9. _____ | 15. _____ | 21. _____ | |
| 4. _____ | 10. _____ | 16. _____ | 22. _____ | |
| 5. _____ | 11. _____ | 17. _____ | 23. _____ | |
| 6. _____ | 12. _____ | 18. _____ | 24. _____ | |

*** Prefix for ALL variables is YyyQq_ where yy is the year, and q is the quarter. For example Y15Q1_ would be Year 15 quarter 1.** ♦ Page 16 ♦



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***ASID**

ASACROS

ASCONTAG

WORK, VOLUNTEER, AND CAREGIVING ACTIVITIES

39. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?

1 Yes

0 No

8 Don't know

7 Refused

***ASVWCURJ**

40. Do you currently do any volunteer work?

1 Yes

0 No

8 Don't know

7 Refused

***ASVWCURV**



41. Do you currently provide any regular care or assistance to a child or a disabled or sick adult?

1 Yes

0 No

8 Don't know

7 Refused

***ASVWCURA**

HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*ATID

ATAGROS

ATCONTAG

APPETITE AND WEIGHT CHANGE

★ 42. Now I have some questions about your appetite.
In general, would you say that your appetite or desire to eat has been. . . ?
(Examiner Note: Read response options.)

- 1 Very good
- 2 Good
- 3 Moderate
- 4 Poor
- 5 Very poor
- 8 Don't know
- 7 Refused

*ATAPPET

43. Because of a health or physical problem, do you have any difficulty preparing meals?
1 Yes 0 No 9 Does not do 8 Don't know 7 Refused

*ATDFPREP

44. Because of a health or physical problem, do you have any difficulty shopping for food?
1 Yes 0 No 9 Does not do 8 Don't know 7 Refused

*ATDFSHOP

★ 45. How much do you currently weigh?
(Examiner Note: If necessary, probe - "If you are unsure, please make your best guess.")

pounds
*ATWTLBS

- 8 Don't know/don't remember
- 7 Refused

*ATLBS2

★ 46. At the present time, are you trying to lose weight?

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

*ATTRYLS2



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H [] [] [] [] []	[] [] [] []	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*AUID

AUACROS

AUCONTAG

MEDICAL CONDITIONS

★ 47. Has a doctor or other health care professional ever told you that you have weak or failing kidneys?
 1 Yes 0 No 8 Don't know 7 Refused *AUTKIDFL

★ 48. Has a doctor or other health care professional ever told you that you have a condition that might be life threatening?
 1 Yes 0 No 8 Don't know 7 Refused *AUTILT

Examiner Note: Refer to the Data from Prior Visits Report to see how many months have passed since the following questions on medical conditions were asked.

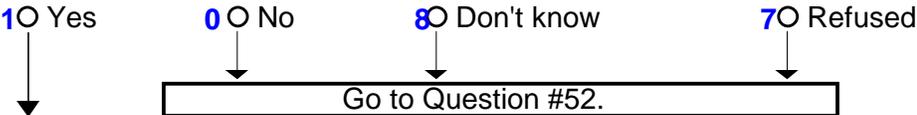
Now I'm going to ask you about some medical problems that you might have had in the past [6] months.

In the past [6] months, has a doctor told you that you had...?

49. 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 [6] months.
 1 Yes 0 No 8 Don't know 7 Refused *AUHCHBP

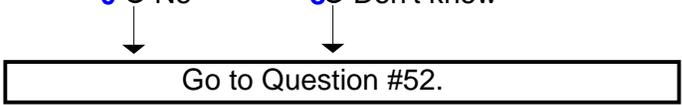
★ 50. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past [6] months.
 1 Yes 0 No 8 Don't know 7 Refused *AUSGDIAB

★ 51. In the past [6] months, have you fallen and landed on the floor or ground?
 1 Yes 0 No 8 Don't know 7 Refused *AU6MFALL



★ a. How many times have you fallen in the past [6] months? If you are unsure, please make your best guess. *AU6MFNUM
 1 One 2 Two or three 4 Four or five 6 Six or more 8 Don't know

★ b. Were you injured in any of your falls? *AUINJFAL
 1 Yes 0 No 8 Don't know



★ i. Did you seek medical treatment after any of your falls? *AUTRTFAL
 1 Yes 0 No 8 Don't know

★ ii. Were you hospitalized after any of your falls? *AUHOSFAL
 1 Yes 0 No 8 Don't know

★ iii. Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?
 1 Yes 0 No 8 Don't know *AUBBNFAL



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***AVID**

AVAGROS

AVGONTAG

MEDICAL CONDITIONS

★ **52.** In the past [6] months, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease? ***AVHCHAMI**

1 Yes 0 No 8 Don't know 7 Refused

★ **A.** Were you hospitalized overnight for this problem?

1 Yes

0 No ***AVHOSMI**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #53.

a. **AVREF52A**

b. **AVREF52B**

c. **AVREF52C**

★ **53.** In the past [6] months, has a doctor told you that you had congestive heart failure? ***AVCHF**

1 Yes 0 No 8 Don't know 7 Refused

★ **A.** Were you hospitalized overnight for this problem?

1 Yes

0 No ***AVHOSMI3**

★ Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #54.

a. **AVREF53A**

b. **AVREF53B**

c. **AVREF53C**

*** Prefix for ALL variables is YyyQq_ where yy is the year, and q is the quarter. For example Y15Q1_ would be Year 15 quarter 1.**



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*AWID

AWAGROS

AWCONTAG

MEDICAL CONDITIONS

★ 54. In the past [6] months, has a doctor told you that you had a stroke, mini-stroke, or TIA ?
 1 Yes 0 No 8 Don't know 7 Refused *AWHCCVA

A. Were you hospitalized overnight for this problem?

1 Yes

0 No *AWHOSMI2

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #55.

- a. AWREF54A
- b. AWREF54B
- c. AWREF54C

★ 55. In the past [6] months, 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 in the past [6] months.

1 Yes 0 No 8 Don't know 7 Refused *AWCHMGMT

Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

- a. AWREF55A
- b. AWREF55B
- c. AWREF55C



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
*AXID	AXACROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		AXCONTAG							

MEDICAL CONDITIONS

★ **56.** In the past [6] months, has a doctor told you that you had pneumonia? ***AXLCPNEU**

1 Yes
 0 No
 8 Don't know
 7 Refused

★ Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

a. **AXREF56A**

b. **AXREF56B**

c. **AXREF56C**

★ **57.** In the past [6] months, have you been told by a doctor that you broke or fractured a bone(s)? ***AXOSBR57**

1 Yes
 0 No
 8 Don't know
 7 Refused

★ Complete a Health ABC Event Form, Section II, for each event. Record reference #'s below:

a. **AXREF57A**

b. **AXREF57B**

c. **AXREF57C**



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*AYID	AYAGROS	17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MEDICAL CONDITIONS

AYCONTAC

★ 58. Were you hospitalized overnight for any other reasons in the past [6] months?

1 Yes 0 No 8 Don't know 7 Refused *AYHOSP12

★ Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AYREF58A	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AYREF58B	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AYREF58C
Reason for hospitalization: _____	Reason for hospitalization: _____	Reason for hospitalization: _____
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AYREF58D	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AYREF58E	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AYREF58F
Reason for hospitalization: _____	Reason for hospitalization: _____	Reason for hospitalization: _____

★ 59. Have you had any same day outpatient surgery in the past [6] months?

1 Yes 0 No 8 Don't know 7 Refused *AYOUTPA

Was it for . . . ?		Reference #
a. A procedure to open a blocked artery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know	Complete a Health ABC Event Form, Section III. Record reference #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *AYBLART AYREF59A
b. Gall bladder surgery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know	*AYGALLBL
c. Cataract surgery	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know	*AYCATAR
d. TURP (MEN ONLY) (transurethral resection of prostate)	1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know	*AYTURP



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*AZID

AZAGROS

AZCONTAG

MEDICAL CONDITIONS AND EYESIGHT

60. Is there any other illness or condition for which you see a doctor or other health care professional?

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused *AZOTILL

Go to Question #61.

a. Please describe:
(Examiner Note: Record below.)

*AZOTILSP

Now I would like to ask you some questions about your eyesight.

61. 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?

- 1 Excellent
- 2 Good
- 3 Fair *AZESQUAL
- 4 Poor
- 5 Very poor
- 6 Completely blind
- 8 Don't know
- 7 Refused

62. Now, I'd like to ask about driving a car. Are you currently driving, at least once in a while?

- 1 Yes
- 0 No, I never drove
- 2 No, I am no longer driving *AZESCAR
- 8 Don't know
- 7 Refused



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
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*BMID

BMAGROS

FATIGUE

BMGONTAG

63. Please describe your usual energy level in the past month, where 0 is no energy and 10 is the most energy that you have ever had.

*BMELEV

Energy level

8 Don't know

7 Refused

*BMELEVRF

★ 64. In the past month, on the average, have you been feeling unusually tired during the day?

1 Yes

0 No

8 Don't know

7 Refused

*BMELTIRE

a. Have you been feeling unusually tired...?
 (Examiner Note: Read response options.)

1 All of the time

2 Most of the time

3 Some of the time

*BMELOFTN

8 Don't know

7 Refused



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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INFORMED CARE

BNCONTAG

65. Since we last spoke to you about [# months since last interview] months ago, did anyone go with you the last time that you saw a doctor or other health care professional?

- 1 Yes
 0 No
 8 Don't know
 2 Hasn't seen a doctor or other health care professional
 7 Refused
- * BNICDRW**

Go to Page 27, Question #71.

a. Who was that person?
(Examiner Note: Record below.)

*** BNICDRWW**

b. What is this person's relationship to you?
(Examiner Note: Mark only one response.)

1 Family member/relative
 2 Friend *** BNICDRWR**
 3 Neighbor
 4 Other
 8 Don't know

-1 * BNICDRWD
 Don't know

66. Did your doctor or other health care professional check to see if you understood your condition and care?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
- * BNICDRUN**

67. How much information did the doctor or other health care professional give you about your medical condition? Would you say not enough information, just the right amount, or more than was needed?

- 1 Not enough
 2 Just right amount *** BNICDRIN**
 3 More than was needed
 8 Don't know
 7 Refused

68. Did the doctor or other health care professional order any new medicines for you?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
- * BNICNME**

a. Did you have an opportunity to ask questions about this medicine?
 1 Yes
 0 No
 8 Don't know *** BNICNMEQ**

b. Did you have the opportunity to express any concerns or your opinion about it?
 1 Yes
 0 No
 8 Don't know *** BNICNMEC**

c. How much information did you get about possible side effects or complications?
Would you say not enough information, just the right amount, or more than was needed?

1 Not enough
 2 Just right amount *** BNICNMEI**
 3 More than was needed
 8 Don't know



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*BPID

BPACROS

INFORMED CARE

BPCONTAG

69. Did the doctor or other health care professional order any new tests?

1 Yes

0 No

8 Don't know

7 Refused *BPICT

a. What test was ordered? (*Examiner Note: Record below.*)

*BPICTWHA

*BPICTWDK

Don't know
-1

b. Did you have an opportunity to ask questions about this test?

1 Yes

0 No

8 Don't know

*BPICTQ

c. Did you have the opportunity to express any concerns or your opinion about it?

1 Yes

0 No

8 Don't know

*BPICTC

70. Did the doctor or other health care professional order any new treatments or procedures?

1 Yes

0 No

8 Don't know

7 Refused *BPICNTX

a. What was ordered? (*Examiner Note: Record below.*)

*BPICNTXW

*BPICNTDK

Don't know
-1

b. Did you have an opportunity to ask questions about this?

1 Yes

0 No

8 Don't know

*BPICNTXQ

c. Did you have the opportunity to express any concerns or your opinion about it?

1 Yes

0 No

8 Don't know

*BPICNTXC

d. How much information did you get about possible side effects or complications? Would you say not enough information, just the right amount, or more than was needed?

1 Not enough

2 Just right amount

3 More than was needed

8 Don't know

*BPICNTXI

71. Have you or someone else looked on the internet for information related to your health?

1 Yes

0 No

8 Don't know

7 Refused *BPICINTR

HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*BRID	BRACROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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DECISION-MAKING

BRCONTAC

★ 72. Since we last spoke to you about [# months since last interview] months ago, have you made any decisions or choices about your health or medical care?

(Examiner Note: Refer to Data from Prior Visits Report for date of last interview.)

- 1 Yes 0 No 8 Don't know 7 Refused ***BRDMANY**

★ a. What decisions or choices have you made?

Examiner Note: Record below.

***BRDMWHAT**

***BRDMWDK**
 Don't know
-1

★ b. **Examiner Note: Do not read the following response options to the participant. Mark all responses that correspond to the decisions or choices recorded above. If the participant made more than one decision for any of the categories below, e.g., made a decision about medications or a diagnostic test more than once, please record their answer for the first decision.**

- *BRDMMEDC**
- 1 Medications ***BRDMMED** → 1 Changed 2 Started 3 Stopped 4 Reduced 5 Refused
 - 1 Diagnostic test ***BRDMDT** → 1 Accepted 2 Declined ***BRDMDTAD**
 - 1 Treatment, such as radiation ***BRDMTX** → 1 Accepted 2 Declined ***BRDMTXCD**
 - 1 Surgical procedure(s) ***BRDMSU** → 1 Accepted 2 Declined ***BRDMSUCD**
 - 1 ER / urgent care visit ***BRDMER** → 1 Accepted 2 Declined ***BRDMERCD**
 - 1 Hospital admission ***BRDMHO** → 1 Accepted 2 Declined ***BRDMHOCDD**
 - 1 Physical, occupational, or speech therapy ***BRDMPT** → 1 Accepted 2 Declined ***BRDMPTCD**
 - 1 Chose to change healthcare provider(s) ***BRDMCHP**
 - 1 Change in health habit(s) ***BRDMCHH**
 - 1 Other ***BRDMOTH**

★ c. Did you ask your family to help you make that decision?

- 1 Yes 0 No 8 Don't know ***BRDMAFH**

★ d. Did you make that decision with full agreement among your family members?

- 1 Yes 0 No 8 Don't know ***BRDMDFH**



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*BSID

BSACROS

BSCONTAG

PREFERENCES

After a certain age, many people give some thought about their medical care preferences. We would like to know about your preferences.

★ 73. I'm going to read three sentences to you and then ask which one best matches your own preference. (Examiner Note: Read response options.)

- 1 I prefer to make the decision about which treatment I will receive.
- 2 I prefer that my doctor and I share responsibility for deciding which treatment is best for me. *BSPREF
- 3 I prefer to leave all decisions regarding treatment to my doctor.
- 8 Don't know
- 7 Refused



- a. If you and your doctor were to have different opinions, would you be more inclined to respect your doctor's opinion or go with your own opinion? *BSPREFOD
- 1 Own opinion
 - 2 Doctor's opinion
 - 8 Don't know

Now I would like to ask you about some different types of care that you may or may not want to have in the future.

74. If your heart stopped, would you want CPR (cardio-pulmonary resuscitation, where your heart is started up again)?

1 Yes 2 Not sure 0 No 7 Refused *BSPRFCPR

75. If you had trouble breathing, would you want a ventilator or breathing machine?

1 Yes 2 Not sure 0 No 7 Refused *BSPRFVEN

76. If you were unable to eat, would you want a feeding tube for longer than 1 week?

1 Yes 2 Not sure 0 No 7 Refused *BSPRFFT

77. If your kidneys started to fail, would you want kidney dialysis (where your blood is pumped through a machine)?

1 Yes 3 Already receiving dialysis 2 Not sure 0 No 7 Refused *BSPRFDIA

78. If a doctor suggested it, would you consider having open-heart surgery?

1 Yes 2 Not sure 0 No 7 Refused *BSPRFOHS



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*BTID

BTAGROS

PREFERENCES

BTCONTAG

79. If a doctor suggested it, would you agree to have an implanted defibrillator (an electrical device placed in your body to make your heart have a normal rhythm)?

1 Yes 3 Already has defibrillator 2 Not sure 0 No 7 Refused *BTPRFIB

80. If a doctor suggested it, would you have a biopsy (a medical procedure involving the removal of cells or tissues for examination)?

1 Yes 2 Not sure 0 No 7 Refused *BTPRFBIO

81. If a doctor suggested it, would you have an MRI, ultrasound, or angiogram?

1 Yes 2 Not sure 0 No 7 Refused *BTPRFMRI

82. Have you ever talked with a doctor about your preferences for life-sustaining treatments?

1 Yes 0 No 8 Don't know 7 Refused *BTPRFLS

83. Have you ever had any treatment or medical procedures that you did not want?

1 Yes 0 No 8 Don't know 7 Refused *BTPRFNW

84. Do you have a legal document designating someone as your power of attorney for health care? A power of attorney for health care is a person who can make decisions for you about your health care if you are unable to make your own decisions.

1 Yes 0 No 8 Don't know 7 Refused *BTPRFHPA

85. Do you have a signed and witnessed living will or other similar document?

1 Yes 0 No 8 Don't know 7 Refused *BTPRFLW

★ 86. Have you heard about hospice or palliative care? Hospice or palliative care is primarily for relief of symptoms.

1 Yes 0 No 8 Don't know 7 Refused *BTPRFPAL

★ a. Is this a type of care that you would want to have yourself if you were approaching death?

1 Yes 2 Not sure 0 No *BTPRFPS

★ b. Have you talked about hospice with your family?

1 Yes 2 Not sure 0 No *BTPRFPF



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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BUGONTAG

HEALTH INSURANCE

The next couple of questions are about health insurance. Research shows that resources such as insurance and access to medical care can affect health in ways that are sometimes important and surprising. We are asking these questions for this reason. Please note that all Health ABC exams and measurements will be at no cost to you.

- 87.** Do you currently have any kind of health care coverage? This would include private health insurance (such as Blue Cross), prepaid plans (such as HMO's, health maintenance organizations), PPO's, or any government-sponsored plans, such as Medicare, Medicaid, or VA coverage?
- Yes
 No
 Don't know
 Refused ***BUHLTCOV**

- 88.** Do you have any health insurance plan that pays for all or part of the cost of prescription medicines?
- Yes
 No
 Don't know
 Refused ***BUMEDINS**



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*BVID	BVACROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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WELL-BEING

BVCONTAG

★ 89. In general, how would you describe your quality of life? Would you say that it is . . .
(Examiner Note: Read response options.)

- 1 Excellent
- 2 Very good
- 3 Good ***BVGQUALF**
- 4 Fair
- 5 Poor
- 8 Don't know
- 7 Refused

90. Since we last spoke to you about [# months since last interview] months ago, has a close friend or family member had a serious accident or illness?
(Examiner Note: Refer to Data from Prior Visits Report for date of last interview.)

- 1 Yes 0 No 8 Don't know 7 Refused ***BVWBACC**

91. Since we last spoke to you about [# months since last interview] months ago, has a close friend or family member died?
(Examiner Note: Refer to Data from Prior Visits Report for date of last interview.)

- 1 Yes 0 No 8 Don't know 7 Refused ***BVWBRDIE**



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*BWID

BWAGROS

RESILIENCE

BWCONTAC

Next I will ask you to rate how you feel about five statements.

92. I feel proud that I have accomplished things in my life. Do you agree?

- 1 Yes —————> Do you completely agree or mostly agree?
- 0 No —————> Do you mostly disagree or completely disagree?
- 2 Not sure
- 7 Refused

*BWREPRD

- 1 Completely agree
 - 2 Mostly agree
 - 3 Not sure
- *BWREPRDA
- 1 Mostly disagree
 - 2 Completely disagree
 - 3 Not sure
- *BWREPRDD

93. I keep interested in things. Do you agree?

- 1 Yes —————> Do you completely agree or mostly agree?
- 0 No —————> Do you mostly disagree or completely disagree?
- 2 Not sure
- 7 Refused

*BWREINT

- 1 Completely agree
 - 2 Mostly agree
 - 3 Not sure
- *BWREINTA
- 1 Mostly disagree
 - 2 Completely disagree
 - 3 Not sure
- *BWREINTD

94. I can usually find something to laugh about. Do you agree?

- 1 Yes —————> Do you completely agree or mostly agree?
- 0 No —————> Do you mostly disagree or completely disagree?
- 2 Not sure
- 7 Refused

*BWRELGH

- 1 Completely agree
 - 2 Mostly agree
 - 3 Not sure
- *BWRELGHA
- 1 Mostly disagree
 - 2 Completely disagree
 - 3 Not sure
- *BWRELGHD

95. My belief in myself gets me through hard times. Do you agree?

- 1 Yes —————> Do you completely agree or mostly agree?
- 0 No —————> Do you mostly disagree or completely disagree?
- 2 Not sure
- 7 Refused

*BWREBLF

- 1 Completely agree
 - 2 Mostly agree
 - 3 Not sure
- *BWREBLFA
- 1 Mostly disagree
 - 2 Completely disagree
 - 3 Not sure
- *BWREBLFD

96. I feel that I can handle many things at a time. Do you agree?

- 1 Yes —————> Do you completely agree or mostly agree?
- 0 No —————> Do you mostly disagree or completely disagree?
- 2 Not sure
- 7 Refused

*BWREHND

- 1 Completely agree
 - 2 Mostly agree
 - 3 Not sure
- *BWREHND A
- 1 Mostly disagree
 - 2 Completely disagree
 - 3 Not sure
- *BWREHND D

HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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DEPRESSION SCREEN **BXCONTAG**

★ 97. Over the past 2 weeks, how often have you been bothered by any of the following problems?

★ a. Little interest or pleasure in doing things.
(Examiner Note: Read response options.)

- 1 Never
 - 2 Once in a while
 - 3 More than half the time
 - 4 Nearly every day
 - 8 Don't know
 - 7 Refused
- *BXLITLPL

★ b. Feeling down, depressed or hopeless.
(Examiner Note: Read response options.)

- 1 Never
 - 2 Once in a while
 - 3 More than half the time
 - 4 Nearly every day
 - 8 Don't know
 - 7 Refused
- *BXFLDWN



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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***BYID**

BYACROS

BYCONTAC

MARITAL STATUS AND HOUSEHOLD OCCUPANCY

98. What is your marital status? Are you...?
(Examiner Note: Read response options.)

- 1 Married
- 2 Widowed
- 3 Divorced ***BYMARSTA**
- 4 Separated
- 5 Never married
- 8 Don't know
- 7 Refused

99. Beside yourself, how many other people live in your household?

- 1 Participant lives alone
- *BYSSOPIH** Other people in household ***BYSSOPRF**
- 8 Don't know
- 7 Refused

100. In what type of home or residence do you live?
(Examiner Note: Read response options.)

- 1 Community-dwelling single family home or apartment
- 2 Home, apartment, or other unit where optional services are provided such as meals or housekeeping
- *BYRESID** 3 Facility where you are provided with assistance in most or all of your daily needs
- 4 Other *Please specify:* ***BYRESOTH**
- 8 Don't know
- 7 Refused



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*CNID

GNAGROS

CNCONTAG

SOCIAL NETWORK AND SUPPORT

101. In a typical week, how often do you get together with friends or neighbors? Would you say...
 (Examiner Note: Read response options.)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week *CNSSFRNE
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused

102. In a typical week, how often do you get together with your children or other relatives?
 Would you say...
 (Examiner Note: Read response options.)

- 1 At least once a day
- 2 4 to 6 times per week
- 3 2 to 3 times per week *CNSSCHRE
- 4 1 time per week
- 5 Less than once per week
- 8 Don't know
- 7 Refused



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HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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CPID

CPACROS

CPCONTAC

CURRENT ADDRESS AND TELEPHONE NUMBER

★ 103. We would like to update all of your contact information this year. The address that we currently have listed for you is:
(Examiner Note: Please confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

Yes

No

Examiner Note: Please update street address, city, state and zip code for the participant.

★ 104. The telephone number(s) that we currently have for you is (are):
(Examiner Note: Please confirm that the telephone number(s) that you have for the participant are correct.)

Please tell me if these telephone number(s) are correct.

Are the telephone number(s) that we currently have correct?

Yes

No

Examiner Note: Please update the telephone number(s) for the participant.

★ 105. Do you expect to move or have a different address in the next 6 months?

Yes

No

Don't know

Refused

Examiner Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective.



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HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
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		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CQID

CQACROS

CQCONTAG

CONTACT INFORMATION

★ 106. You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.
(Examiner Note: Please 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?

Yes No

Go to Question #107.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for someone who could provide information and answer questions for the participant. Please determine whether this person is next of kin or has power of attorney.

★ 107. Has the participant identified their next of kin?
(Examiner Note: Refer to the participant's chart.)

Yes No Don't know Refused

Go to Question #108.

Go to Question #109.

Examiner Note: Please 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.

Is the name and address of the next of kin correct?

Yes No Don't know Refused

Go to Question #109.

Go to Question #109.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number, and how the person is related to the participant.

Go to Question #109.

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clinic use only

HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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GRID

GRACROS

GRCONTAG

CONTACT INFORMATION

★ 108. Please tell me the name, address, and telephone number of your next of kin.
How is this person related to you?

Examiner Note: Please record the name, street address, city, state, zip code, and telephone number for the next of kin, and how the person is related to the participant.

★ 109. Has the participant identified their power of attorney?
(**Examiner Note: Refer to the participant's chart.**)

Yes

No

Don't know

Refused

Go to Question #110.

Go to Question #111.

Examiner Note: Please 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.

Is the name and address of the power of attorney correct?

Yes

No

Don't know

Refused

Go to Question #111.

Go to Question #111.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number of the power of attorney, and how the person is related to the participant.

Go to Question #111.

★ 110. Have you given anyone power of attorney?

Yes

No

Don't know

Refused

Examiner Note: Please update the name, street address, city, state, zip code, telephone number of the power of attorney, and how the person is related to the participant.



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
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CTID

CTACROS

CTCONTAG

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CONTACT INFORMATION

★ 111. You previously told us the name, address, and telephone number of two friends, relatives, or a clergy person 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 did not have to be local people. Please tell me if the information I have is still correct.

(Examiner Note: Please confirm that the contact information for two, friends, relatives, or a clergy person 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?

Yes

No

Go to Question #112.

Examiner Note: Please update the name, street address, city, state, zip code, and telephone number for two close friends, relatives, or clergy person. Please determine whether this person is next of kin or has power of attorney.

HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
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* CUID	CUACROS	17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
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CUCONTAG

HEARING AND RELIABILITY

Examiner Note: Please do not ask the participant the following questions. The examiner should answer Question #113 and Question #114 based on their judgment.

★ **112.** During the administration of this interview

a. Did the participant complain about not being able to hear the questions?

Yes

No

Don't know

*** CUHEAR**

i. Did the participant complain throughout the interview or only during the cognitive test, ie., the COWA or the TICS?

Throughout the interview

Only during cognitive (COWA or TICS) tests

Don't know

*** CUHEARC**

b. Did the participant speak with or listen to another person in the room?

Yes

No

Don't know

*** CUSPEAK**

c. Were there distractions in the room, such as a ringing telephone, noisy TV, etc.?

Yes

No

Don't know

*** CUDISTRA**

★ **113.** On the whole, how reliable do you think the participant's responses to this questionnaire are?

Very reliable

*** CURELY**

Fairly reliable

Not very reliable

Don't know

Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. We will be calling you in a few months from now to find out how you've been doing.



HABC Enrollment ID #	Acrostic	Date Form Completed			Staff ID #
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*V1ID	V1ACROS	Month	Day	Year	*V1STFID

PROXY INTERVIEW *V1DATE

Year and Quarter of Interview:

Year 15:	15Q1 <input type="radio"/>	15Q2 <input type="radio"/>	15Q3 <input type="radio"/>	15Q4 <input type="radio"/>
Year 16:	16Q1 <input type="radio"/>	16Q2 <input type="radio"/>	16Q3 <input type="radio"/>	16Q4 <input type="radio"/>
Year 17:	17Q1 <input type="radio"/>	17Q2 <input type="radio"/>	17Q3 <input type="radio"/>	17Q4 <input type="radio"/>
Year 18:	18Q1 <input type="radio"/>	18Q2 <input type="radio"/>	18Q3 <input type="radio"/>	18Q4 <input type="radio"/>
Year 19:	19Q1 <input type="radio"/>	19Q2 <input type="radio"/>	19Q3 <input type="radio"/>	19Q4 <input type="radio"/>
Year 20:	20Q1 <input type="radio"/>	20Q2 <input type="radio"/>	20Q3 <input type="radio"/>	20Q4 <input type="radio"/>

*V1CONTAG

Date of last interview (either participant or proxy):

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Month		Day		Year

*V1DATES

1. What is your relationship to [name of Health ABC participant]?

- 1 Spouse or partner
- 2 Child
- 3 Family member (other than spouse or child) *Please specify:* _____
- 4 Close friend
- 5 Health care provider
- 6 Other *Please specify:* _____
- 7 Refused

*V1REL

2. How often do you have contact with [him/her]?

(Interviewer Note: Please mark only one answer.)

- 1 Live together → Go to Question #4
- 2 Daily (but does not live together)
- 3 3 or more times a week
- 4 Less than 3 times a week
- 8 Don't know
- 7 Refused

*V1CONFRQ

PROXY INTERVIEW

V2CONTAG



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3. What is the most frequent type of contact?

- 1 Mostly in person *V2CONTYP
- 2 Mostly by phone
- 3 Both in person and by phone
- 4 Other **Please specify:** _____
- 8 Don't know
- 7 Refused

4. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, did [he/she] stay in bed all or most of the day because of an illness or injury? Please include days that [he/she] was a patient in a hospital.

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused *V2BED12

a. About how many days did [he/she] stay in bed all or most of the day because of an illness or injury? Please include days that [he/she] was a patient in a hospital.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days *V2BEDDAY

5. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, did [he/she] cut down on the things [he/she] usually did, such as going to work or working around the house, because of an illness or injury? Please include days in bed.

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused *V2CUT12

a. How many days did [he/she] cut down on the things [he/she] usually did because of illness or injury? Please include days in bed.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

days *V2CUTDAY

6. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, did [he/she] stay overnight as a patient in a nursing home or rehabilitation center? *V2MCNH

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

7. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, did [he/she] receive care at home from a visiting nurse, home health aide, or nurse's aide? *V2MCVN

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



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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PROXY INTERVIEW

8. Is there anything about [name of Health ABC participant's] health that causes you concern?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 *V3ID *V3ACROS *V3CONTAG *V3HLTCON

a. What is your concern(s)? (Interviewer Note: Record below.)

*V3CONCRN

b. Interviewer Note: Do not read the following response options to the participant. Mark all responses that correspond to the concerns recorded above.

- 1 Symptom *V3CONSYM
- 1 Diagnosis *V3CONDX
- 1 Diagnostic test *V3CONDGT
- 1 Medical treatment *V3CONMTX
- 1 Surgical procedure *V3CONSUR
- 1 Hearing difficulties *V3CONHR
- 1 Vision difficulties *V3CONVIS
- 1 Loss of memory or cognitive skills *V3CONMEM
- 1 Lack of energy; fatigue *V3CONFAT
- 1 General sense of decline *V3CONDEC
- 1 Something else *V3CONELS

Please specify: *V3CONSPE

9. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, has [he/she] been to see a doctor, nurse practitioner, or other health care provider?

- 1 Yes
 0 No
 8 Don't know
 7 Refused *V3MCPROV

10. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, has [he/she] gone to an emergency room or urgent care center?

- 1 Yes
 0 No
 8 Don't know
 7 Refused *V3MCER



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*V4ID	V4AGROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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V4CONTAG

PROXY INTERVIEW

11. Has a doctor or other health care professional ever told *[name of Health ABC participant]* that *[he/she]* has weak or failing kidneys?

- 1 Yes 0 No 8 Don't know 7 Refused ***V4TKIDFL**

12. Has a doctor or other health care professional ever told *[name of Health ABC participant]* that *[he/she]* has a condition that might be life threatening?

- 1 Yes 0 No 8 Don't know 7 Refused ***V4TILT**

Interviewer Note: Refer to Data from Prior Visits Report to see how many months have passed since the following questions on medical conditions were asked.

Now I'm going to ask you about some medical problems that *[name of Health ABC participant]* might have had since we spoke to *[him/her]* about *[6]* months ago.

In the past *[6]* months, was *[name of Health ABC participant]* told by a doctor that *[he/she]* had...?

13. 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 *[6]* months.

- 1 Yes 0 No 8 Don't know 7 Refused ***V4HCHBP**

14. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past *[6]* months.

- 1 Yes 0 No 8 Don't know 7 Refused ***V4SGDIAB**

15. In the past *[6]* months, has *[name of Health ABC participant]* fallen and landed on the floor or ground?

- 1 Yes 0 No 8 Don't know 7 Refused ***V46MFALL**

Go to Question #16.

a. How many times has *[he/she]* fallen in the past *[6]* months? If you are unsure, please make your best guess.

- 1 One
 2 Two or three
 4 Four or five
 6 Six or more
 8 Don't know

***V46MFNUM**



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*V5ID	V5ACROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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PROXY INTERVIEW

V5GONTAG

16. In the past [6] months, has [name of Health ABC participant] been told by a doctor that [he/she] had a heart attack, angina, or chest pain due to heart disease?

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

***V5HCHAMI**

A. Was [he/she] hospitalized overnight for this problem?

- 1 Yes

***V5HOSMI**

- 0 No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #17.

a. b. c.

17. In the past [6] months, has [name of Health ABC participant] been told by a doctor that [he/she] had congestive heart failure?

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

***V5CHF**

A. Was [he/she] hospitalized overnight for this problem?

- 1 Yes

***V5HOSMI3**

- 0 No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #18.

a. b. c.

18. In the past [6] months, has [name of Health ABC participant] been told by a doctor that [he/she] had a stroke, mini-stroke, or TIA?

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

***V5HCCVA**

A. Was [he/she] hospitalized overnight for this problem?

- 1 Yes

***V5HOSMI2**

- 0 No

Complete a Health ABC Event Form, Section I, for each overnight hospitalization. Record reference #'s below:

Go to Question #19.

a. b. c.



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
*V6ID	V6AGROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROXY INTERVIEW

V6CONTAG

19. In the past [6] months, has [name of Health ABC participant] been told by a doctor that [he/she] had cancer? We are specifically interested in hearing about a cancer that was diagnosed for the first time in the past [6] months.

- 1 Yes 0 No 8 Don't know 7 Refused ***V6CHMGMT**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a. **b.** **c.**

20. In the past [6] months, was [name of Health ABC participant] told by a doctor that [he/she] had pneumonia?

- 1 Yes 0 No 8 Don't know 7 Refused ***V6LCPNEU**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a. **b.** **c.**

21. In the past [6] months, was [name of Health ABC participant] told by a doctor that [he/she] broke or fractured a bone(s)?

- 1 Yes 0 No 8 Don't know 7 Refused ***V6OSBR21**

Complete a Health ABC Event Form, Section II, for each event.
Record reference #'s below:

a. **b.** **c.**



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*V7ID

V7ACROS

V7GONTAG

PROXY INTERVIEW

22. Was [name of Health ABC participant] hospitalized overnight for any other reasons in the past [6] months?
 Yes No Don't know Refused *V7HOSP12

Complete a Health ABC Event Form, Section I, for each event. Record reference #'s and reason for hospitalization below.

a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Reason for hospitalization: V7REF22A	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Reason for hospitalization: V7REF22B	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Reason for hospitalization: V7REF22G
d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Reason for hospitalization: V7REF22D	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Reason for hospitalization: V7REF22E	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Reason for hospitalization: V7REF22F

23. Has [name of Health ABC participant] had any same day outpatient surgery in the past [6] months?
 Yes No Don't know Refused *V7OUTPA

Was it for. . . ?			Reference #
a. A procedure to open a blocked artery	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	→ Complete a Health ABC Event Form, Section III. Record reference #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> V7RE23A
b. Gall bladder surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	*V7GALLBL	
c. Cataract surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	*V7CATAR	
d. TURP (MEN ONLY) (transurethral resection of prostate)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	*V7TURP	



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
*V8ID	V8AGROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROXY INTERVIEW

V8CONTAC

24. Is there any other illness or condition for which [name of Health ABC participant] sees a doctor or other health care professional?

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

***V8OTILL**

Go to Question #25.

a. Please describe:
(Interviewer Note: Record below.)

***V8OTILSP**

25. Does [name of Health ABC participant] have any problems with [his/her] memory?

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

***V8MEM**

Go to Question #26.

a. Did [his/her] trouble with memory begin suddenly or slowly?

1 Suddenly ***V8MEMBEG**
 2 Slowly
 8 Don't know

b. Has the course of memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?

1 Steady downhill progression
 2 Abrupt decline ***V8MEMPRG**
 3 Stayed the same (no decline)
 4 Gotten better
 8 Don't know

c. Is a doctor aware of [his/her] memory problems?

1 Yes
 0 No
 8 Don't know
 ***V8MEMDR**

i. What does the doctor believe is causing [his/her] memory problems?
(Interviewer Note: Please mark only one answer.)

<input type="radio"/> 1 Alzheimer's disease	<input type="radio"/> 7 Parkinson's disease
<input type="radio"/> 2 Confusion	<input type="radio"/> 9 Stroke *V8MEMPRB
<input type="radio"/> 3 Delirium	<input type="radio"/> 10 Nothing wrong
<input type="radio"/> 4 Dementia	<input type="radio"/> 11 Other <i>Please specify</i>
<input type="radio"/> 5 Depression	_____
<input type="radio"/> 6 Multiinfarct	<input type="radio"/> 8 Don't know



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROXY INTERVIEW

V9CONTAG

26. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, have you had any contact with [his/her] doctor or other health care professional, either by telephone or in person?

- 1 Yes 0 No 8 Don't know 7 Refused *V9ICDRW

Go to Page 10, Question #30.

- a. Did the doctor or other health care professional check to see what you understood about [name of Health ABC participant's] condition and care?
 1 Yes 0 No 8 Don't know *V9ICDRUN
- b. How much information did the doctor or other health care professional give you about [name of Health ABC participant's] medical condition? Would you say not enough information, just the right amount, or more than was needed?
 1 Not enough
 2 Just right amount
 3 More than was needed *V9ICDRIN
 8 Don't know

27. Did the doctor or other health care professional order any new medicines for [him/her]? *V9ICNME

1 Yes 0 No 8 Don't know 7 Refused

- a. Did you or [name of Health ABC participant] have an opportunity to ask questions about this medicine?
 1 Yes 0 No 8 Don't know *V9ICNMEQ
- b. Did you or [name of Health ABC participant] have the opportunity to express any concerns or your opinion about it?
 1 Yes 0 No 8 Don't know *V9ICNMEC
- c. How much information did you or [name of Health ABC participant] get about possible side effects or complications? Would you say not enough information, just the right amount, or more than was needed?
 1 Not enough
 2 Just right amount
 3 More than was needed *V9ICNMEI
 8 Don't know



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H		15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROXY INTERVIEW

VAGONTAG

28. Did [name of Health ABC participant's] doctor or other health care professional order any new tests?

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused
- *VAICT

a. What test was ordered? (Interviewer Note: Record below.)

*VAICTWDK
-1 Don't know

b. Did you or [name of Health ABC participant] have an opportunity to ask questions about this test?
1 Yes 0 No 8 Don't know *VAICTQ

c. Did you or [name of Health ABC participant] have the opportunity to express any concerns or your opinion about it?
1 Yes 0 No 8 Don't know *VAICTC

29. Did [name of Health ABC participant's] doctor or other health care professional order any new treatments or procedures?

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused
- *VAICNTX

a. What was ordered? (Interviewer Note: Record below.)

-1 *VAICNTDK
 Don't know

b. Did you or [name of Health ABC participant] have an opportunity to ask questions about this?
1 Yes 0 No 8 Don't know *VAICNTXQ

c. Did you or [name of Health ABC participant] have the opportunity to express any concerns or your opinion about it?
1 Yes 0 No 8 Don't know *VAICNTXC

d. How much information did you or [name of Health ABC participant] get about possible side effects or complications? Would you say not enough information, just the right amount, or more than was needed?

- 1 Not enough
- 2 Just right amount
- 3 More than was needed
- 8 Don't know

*VAICNTXI

30. Have you or someone else looked on the internet for information related to [name of Health ABC participant's] health?

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused
- *VAICINTR



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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PROXY INTERVIEW

VBCONTAG

31. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, have you been involved in any decisions or choices about [name of Health ABC participant's] health or medical care? Yes No Don't know Refused *VBDMANY

a. What decisions or choices were made? (Interviewer Note: Record below.)

*VBDMWHAT

*VBDMWDK
 Don't know

b. Interviewer Note: Do not read the following response options to the proxy.

Mark all responses that correspond to the decisions or choices recorded above. If the participant made more than one decision for any of the categories below, e.g., made a decision about medications or a diagnostic test more than once, please record their answer for the first decision. *VBDMMEDC

-1 Medications *VBDMMED Changed Started Stopped Reduced Refused
(include prescription, chemotherapy, or over-the-counter medications.)

-1 Diagnostic test *VBDMDT Accepted Declined *VBDMDTAD

-1 Treatment, such as radiation *VBDMTX Accepted Declined *VBDMTXCD

-1 Surgical procedure(s) *VBDMSU Accepted Declined *VBDMSUCD

-1 ER / urgent care visit *VBDMER Accepted Declined *VBDMERCD

-1 Hospital admission *VBDMHO Accepted Declined *VBDMHOCD

-1 Physical, occupational, or speech therapy *VBDMPT Accepted Declined *VBDMPTCD

-1 Chose to change healthcare provider(s) *VBDMCHP

-1 Change in health habit(s) *VBDMCHH

-1 Other *VBDMOTH

c. Was [name of Health ABC participant] able to understand [his/her] options for care and make a decision independently?

Yes No Don't know *VBDMUND

i. Was [name of Health ABC participant] able to express some opinion about [his/her] options for care? Yes No Don't know *VBDMOPIN

d. Did other family members help to make the decision?

Yes No Don't know *VBDMAFH

i. Were the decisions made with full agreement among all of the family members? Yes No Don't know *VBDMDFH



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
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*VCID

VGAGROS

PROXY INTERVIEW

VGCONTAG

After a certain age, many people give some thought about their medical care preferences. We would like to know about your preferences for decisions you make about your own health care and decisions you make with or for *[name of Health ABC participant]*.

32. I'm going to read three sentences to you and then ask which one best matches how you make decisions about your own health care. (**Interviewer Note: Read response options.**)

- 1 I prefer to make the decision about which treatment I will receive.
- 2 I prefer that my doctor and I share responsibility for deciding which treatment is best for me. *VCPREF
- 3 I prefer to leave all decisions regarding treatment to my doctor.
- 8 Don't know
- 7 Refused

a. If you and your doctor were to have different opinions, would you be more inclined to respect your doctor's opinion or go with your own opinion? *VCOREFOD

- 1 Own opinion
- 2 Doctor's opinion
- 8 Don't know

Now I would like to ask you about some different types of care that *[name of Health ABC participant]* may or may not want to have in the future.

33. If *[his/her]* heart stopped, would *[he/she]* want CPR (cardio-pulmonary resuscitation, where the heart is started up again)?

- 1 Yes
 - 2 Not sure
 - 0 No
 - 7 Refused
- *VCPRFCPR

34. If *[he/she]* had trouble breathing, would *[he/she]* want a ventilator or breathing machine?

- 1 Yes
 - 2 Not sure
 - 0 No
 - 7 Refused
- *VCPRFVEN

35. If *[he/she]* were unable to eat, would *[he/she]* want a feeding tube for longer than 1 week?

- 1 Yes
 - 2 Not sure
 - 0 No
 - 7 Refused
- *VCPRFFT

36. If *[his/her]* kidneys started to fail, would *[he/she]* want kidney dialysis (where blood is pumped through a machine)?

- 1 Yes
 - 3 Already receiving dialysis
 - 2 Not sure
 - 0 No
 - 7 Refused
- *VCPRFDIA

37. If a doctor suggested it, would *[he/she]* consider having open-heart surgery?

- 1 Yes
 - 2 Not sure
 - 0 No
 - 7 Refused
- *VCPRFOHS



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*VDID

VDACROS

PROXY INTERVIEW

V D G O N T A G

38. If a doctor suggested it, would [he/she] accept an implanted defibrillator (an electrical device placed in the body to make the heart have a normal rhythm)?

1 Yes 3 Already has defibrillator 2 Not sure 0 No 7 Refused *VDPRFFIB

39. If a doctor suggested it, would [he/she] have a biopsy (a medical procedure involving the removal of cells or tissues for examination)?

1 Yes 2 Not sure 0 No 7 Refused *VDPRFBIO

40. If a doctor suggested it, would [he/she] have an MRI, ultrasound, or angiogram?

1 Yes 2 Not sure 0 No 7 Refused *VDPRFMRI

41. Has [he/she] ever talked with a doctor about [his/her] preferences for life-sustaining treatments?

1 Yes 0 No 8 Don't know 7 Refused *VDPRFLS

42. Has [he/she] ever had any treatment or medical procedures that [he/she] did not want?

1 Yes 0 No 8 Don't know 7 Refused *VDPRFNW

43. Does [name of Health ABC participant] have a legal document designating someone as [his/her] power of attorney for health care? A power of attorney for health care is a person who can make decisions about health care if [he/she] is unable to make [his/her] own decisions.

1 Yes 0 No 8 Don't know 7 Refused *VDPRFHPA

a. Are you their designated power of attorney for health care?

1 Yes 0 No 8 Don't know *VDPRFHPP



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H		15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*VEID

VEACROS

VEGONTAG

PROXY INTERVIEW

44. Does [name of Health ABC participant] have a signed and witnessed living will or other similar document?
 1 Yes 0 No 8 Don't know 7 Refused *VEPRFLW

45. Have you heard about hospice or palliative care? Hospice or palliative care is primarily for relief of symptoms.
 1 Yes 0 No 8 Don't know 7 Refused *VEPRFPAL

a. Is this a type of care that [name of Health ABC participant] would want to have if [he/she] were approaching death?
 1 Yes 2 Not sure 0 No *VEPRFPS

b. Has [name of Health ABC participant] talked about hospice with [his/her] family?
 1 Yes 2 Not sure 0 No *VEPRFPF



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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*VFID

VFACROS

VFCONTAG

PROXY INTERVIEW

46. Because of a health or physical problem, does [name of Health ABC participant] have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this was 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 "Does not do.")

- 1 Yes
 - 0 No
 - 8 Don't know
 - 7 Refused
 - 9 Does not do
- *VFDWQMYN
- Go to Question #47.

a. How much difficulty does [he/she] have?
(Interviewer Note: Read response options.)

- 1 A little difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are they unable to do it?
- 8 Don't know

*VFDWQMDF

47. Because of a health or physical problem, does [name of Health ABC participant] have any difficulty walking up 10 steps, that is about 1 flight, without resting?
(Interviewer Note: If the proxy responds "Doesn't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, mark "Yes." If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, mark "Does not do.")

- 1 Yes
 - 0 No
 - 8 Don't know
 - 7 Refused
 - 9 Does not do
- *VFDW10YN
- Go to Question #48.

a. How much difficulty does [he/she] have?
(Interviewer Note: Read response options.)

- 1 A little difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are they unable to do it?
- 8 Don't know

*VFDIF



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*VGID	VGACROS	17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROXY INTERVIEW

VGGONTAG

48. Does [name of Health ABC participant] have any difficulty walking across a small room?
 1 Yes 0 No 8 Don't know 7 Refused ***VGDWSMRM**

49. Does someone usually help [name of Health ABC participant] walk across a room?
 1 Yes 0 No 8 Don't know 7 Refused ***VGHWSMRM**

50. Does [name of Health ABC participant] have to use a cane, walker, crutches, or other special equipment to help [him/her] get around?
 1 Yes 0 No 8 Don't know 7 Refused ***VGEQUIP**

51. Because of a health or physical problem, does [name of Health ABC participant] have any difficulty getting in and out of bed or chairs?
 1 Yes 0 No 8 Don't know 7 Refused ***VGDIQYN**

a. How much difficulty does [he/she] have?
(Interviewer Note: Read response options.)

1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty ***VGDIODIF**
 4 Or are they unable to do it?
 8 Don't know

b. Does [he/she] usually receive help from another person when [he/she] gets in and out of bed or chairs?
 1 Yes 0 No 8 Don't know 7 Refused ***VGDIORHY**

52. Does [name of Health ABC participant] have any difficulty bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused ***VGBATHYN**

a. How much difficulty does [he/she] have?
(Interviewer Note: Read response options.)

1 A little difficulty
 2 Some difficulty
 3 A lot of difficulty ***VGBATHDF**
 4 Or are they unable to do it?
 8 Don't know

b. Does [he/she] usually receive help from another person in bathing or showering?
 1 Yes 0 No 8 Don't know 7 Refused ***VGBATHRH**

HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
*VHID	VHACROS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROXY INTERVIEW

VHCONTAG

53. Does [name of Health ABC participant] have any difficulty dressing?

- 1 Yes 0 No 8 Don't know 7 Refused ***VHDDYN**

a. How much difficulty does [he/she] have?
(Interviewer Note: Read response options.)

- 1 A little difficulty
2 Some difficulty
3 A lot of difficulty ***VHDDIF**
4 Or are they unable to do it?
8 Don't know

b. Does [he/she] usually receive help from another person in dressing?

- 1 Yes 0 No 8 Don't know ***VHDDRHYN**

54. In general, would you say that [name of Health ABC participant's] appetite or desire to eat has been. . . ?
(Interviewer Note: Read response options.)

- 1 Very good 5 Very poor
2 Good 8 Don't know ***VHAPPET**
3 Moderate 7 Refused
4 Poor

55. Since we last spoke to [name of Health ABC participant] about [# months since last interview] months ago, has [his/her] weight changed by 5 or more pounds?

(Interviewer Note: We are interested in net gain or loss during this time period.
In other words, is the participant either 5 or more pounds heavier or lighter?)

- 1 Yes 0 No 8 Don't know 7 Refused ***VHCHN5LB**

a. Did [he/she] gain or lose weight?
(Interviewer Note: We are interested in net gain or loss during this time period.)

- 1 Gain 2 Lose 8 Don't know ***VHGNSL**

b. How many pounds did [he/she] gain/lose during this time period?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

- VHHOW6** 8 Don't know ***VHHOW6DN**
pounds



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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		17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		19Q1	19Q2	19Q3	19Q4	20Q1	20Q2	20Q3	20Q4
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*VJID

VJACROS

PROXY INTERVIEW

VJCONTAG

56. Now I would like to ask you questions about symptoms that [name of Health ABC participant] may have had since we last spoke to [him/her] about [# months since last interview] months ago.

Have you noticed or has [participant] complained of any. . .	How often did [he/she] have it? (Examiner Note: Read response options.)	How much did it distress or bother [him/her]? (Examiner Note: Read response options.)
a. Pain? *VJSYMPN 1 <input type="radio"/> Yes <input checked="" type="radio"/> 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *VJSYMPNF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *VJSYMPND 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
b. Nausea? *VJSYMNA 1 <input type="radio"/> Yes <input checked="" type="radio"/> 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *VJSYMNAF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *VJSYMNAD 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
c. Constipation? *VJSYMCO 1 <input type="radio"/> Yes <input checked="" type="radio"/> 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *VJSYMCOF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *VJSYMCOD 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
d. Shortness of breath? *VJSYMSB 1 <input type="radio"/> Yes <input checked="" type="radio"/> 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *VJSYMSBF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *VJSYMSBD 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
e. Difficulty sleeping? *VJSYMDS 1 <input type="radio"/> Yes <input checked="" type="radio"/> 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *VJSYMSDF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *VJSYMDSD 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
f. Difficulty concentrating? *VJSYMDC 1 <input type="radio"/> Yes <input checked="" type="radio"/> 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *VJSYMDCF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *VJSYMDCD 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know
g. Difficulty swallowing? *VJSYMDW 1 <input type="radio"/> Yes <input checked="" type="radio"/> 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused	1 <input type="radio"/> Rarely 2 <input type="radio"/> Occasionally 3 <input type="radio"/> Frequently *VJSYMDWF 4 <input type="radio"/> Almost constantly 8 <input type="radio"/> Don't know	1 <input type="radio"/> Not at all 2 <input type="radio"/> A little bit *VJSYMDWD 3 <input type="radio"/> Somewhat 4 <input type="radio"/> Quite a bit 5 <input type="radio"/> Very much 8 <input type="radio"/> Don't know

* Prefix for ALL variables is YyyQq_ where yy is the year, and q is the quarter. For example Y15Q1_ would be Year 15 quarter 1.



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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*VKID

VKACROS

VKCONTAG

PROXY INTERVIEW

57. In general, how would you describe *[name of Health ABC participant's]* quality of life? Would you say that it is . . . **(Interviewer Note: Read response options.)**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 7 Refused

*VKGQUALF

58. Since we last spoke to *[name of Health ABC participant]* about *[# months since last interview]* months ago, has a close friend or family member of *[his/hers]* had a serious accident or illness? **(Interviewer Note: Refer to Data from Prior Visits Report for date of last interview.)**

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

*VKWBACC

59. Since we last spoke to *[name of Health ABC participant]* about *[# months since last interview]* months ago, has a close friend or family member of *[his/hers]* died? **(Interviewer Note: Refer to Data from Prior Visits Report for date of last interview.)**

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

*VKWBRDIE

60. Over the past 2 weeks, how often have you noticed that *[name of Health ABC participant]* seemed bothered by any of the following?

a. Little interest or pleasure in doing things. **(Interviewer Note: Read response options.)**

- 1 Never
- 2 Once in a while
- 3 More than half the time
- 4 Nearly every day
- 8 Don't know
- 7 Refused

*VKLITLPL

b. Feeling down, depressed or hopeless. **(Interviewer Note: Read response options.)**

- 1 Never
- 2 Once in a while
- 3 More than half the time
- 4 Nearly every day
- 8 Don't know
- 7 Refused

*VKFLDWN



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROXY INTERVIEW

VLCONTAG

61. We would like to update all of [name of Health ABC participant's] contact information this year. The address that we currently have listed for [name of Health ABC participant] is:
(Interviewer Note: Please confirm that the address you have for the participant is correct.)

Is the address that we currently have correct?

Yes

No

NOT COLLECTED

Interviewer Note: Please update the street address, city, state and zip code for the participant.

62. The telephone number(s) that we currently have for [name of Health ABC participant] is (are)
(Interviewer Note: Please confirm that the telephone number(s) that you have for the participant are correct.)

Please tell me if these telephone numbers are correct.

Are the telephone number(s) that we currently have correct?

Yes

No

NOT COLLECTED

Interviewer Note: Please update the telephone number(s) for the participant.

63. Do you expect [name of Health ABC participant] to move or have a different mailing address in the next 6 months?

Yes

No

Don't know

Refused

VLMOVE

Interviewer Note: Please record the new mailing address and telephone number, and date the new address and telephone numbers are effective.



HABC Enrollment ID #	Acrostic	Year and Quarter of Interview							
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4
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* VMID

VMACROS

VMCONTAG

PROXY INTERVIEW

Interviewer Note: Please answer the following question based on your judgment of the proxy's responses to the Proxy Interview.

64. On the whole, how reliable do you think the proxy's responses to the Proxy Interview are?
- 1 Very reliable
 - 2 Fairly reliable
 - 3 Not very reliable
 - 8 Don't know

* VMRELY

65. What is the primary reason a proxy was contacted for the Participant Interview? Please mark only one reason.

- 1 Illness/health problem(s)
- 2 Hearing difficulties
- 3 Cognitive difficulties
- 4 In nursing home/long-term care facility
- 5 Refused to give reason
- 6 Other *Please specify:*

* VMPROXY

* VMPRXYOT

Thank you very much for answering these questions. Please remember to call us if [name of Health ABC participant] is admitted to a hospital or nursing home for any reason so that we can better understand changes in [his/her] health. We would also like to hear from you if [name of Health ABC participant] moves or if [his/her] mailing address changes. If we are unable to interview [name of Health ABC participant], we will be calling you in 3 months from now to find out how [name of Health ABC participant] has been doing.

