

**The CONTENTS Procedure**

<b>Data Set Name</b>	RELY15.PH	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	135
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Tuesday, July 09, 2013 04:34:25 PM	<b>Observation Length</b>	1080
<b>Last Modified</b>	Tuesday, July 09, 2013 04:34:25 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	207
<b>First Data Page</b>	2
<b>Max Obs per Page</b>	15
<b>Obs in First Data Page</b>	12
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\ph.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
3	ACROS	Char	4	\$4.	\$4.	ACROSTIC
113	CV10AGE	Num	8			Age at Year 10 Clinic Visit
28	CV10DATE	Num	8	MMDDYY10.		Date of Year 10 Clinic Visit
114	CV11AGE	Num	8			Age at Year 11 Clinic Visit
30	CV11DATE	Num	8	MMDDYY10.		Date of Year 11 Clinic Visit
115	CV12AGE	Num	8			Age at Year 12 Clinic Visit
32	CV12DATE	Num	8	MMDDYY10.		Date of Year 12 Clinic Visit
116	CV13AGE	Num	8			Age at Year 13 Clinic Visit
34	CV13DATE	Num	8	MMDDYY10.		Date of Year 13 Clinic Visit
117	CV14AGE	Num	8			Age at Year 14 Clinic Visit
36	CV14DATE	Num	8	MMDDYY10.		Date of Year 14 Clinic Visit
118	CV15Q1AGE	Num	8			Age at Year 15 Quarter 1 Telephone Interview
37	CV15Q1DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 1 Telephone Interview
119	CV15Q2AGE	Num	8			Age at Year 15 Quarter 2 Telephone Interview
38	CV15Q2DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 2 Telephone Interview
120	CV15Q3AGE	Num	8			Age at Year 15 Quarter 3 Telephone Interview
39	CV15Q3DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 3 Telephone Interview
121	CV15Q4AGE	Num	8			Age at Year 15 Quarter 4 Telephone Interview
40	CV15Q4DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 4 Telephone Interview
104	CV1AGE	Num	8			Age at Year 1 Clinic Visit
10	CV1DATE	Num	8	MMDDYY10.		Date of Year 1 Clinic Visit
105	CV2AGE	Num	8			Age at Year 2 Clinic Visit
12	CV2DATE	Num	8	MMDDYY10.		Date of Year 2 Clinic Visit

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
106	CV3AGE	Num	8			Age at Year 3 Clinic Visit
14	CV3DATE	Num	8	MMDDYY10.		Date of Year 3 Clinic Visit
107	CV4AGE	Num	8			Age at Year 4 Clinic Visit
16	CV4DATE	Num	8	MMDDYY10.		Date of Year 4 Clinic Visit
108	CV5AGE	Num	8			Age at Year 5 Clinic Visit
18	CV5DATE	Num	8	MMDDYY10.		Date of Year 5 Clinic Visit
109	CV6AGE	Num	8			Age at Year 6 Clinic Visit
20	CV6DATE	Num	8	MMDDYY10.		Date of Year 6 Clinic Visit
110	CV7AGE	Num	8			Age at Year 7 Clinic Visit
22	CV7DATE	Num	8	MMDDYY10.		Date of Year 7 Clinic Visit
111	CV8AGE	Num	8			Age at Year 8 Clinic Visit
24	CV8DATE	Num	8	MMDDYY10.		Date of Year 8 Clinic Visit
112	CV9AGE	Num	8			Age at Year 9 Clinic Visit
26	CV9DATE	Num	8	MMDDYY10.		Date of Year 9 Clinic Visit
4	DOB	Num	8	MMDDYY10.	DATETIME22.3	DATE OF BIRTH
9	DOD	Num	8	MMDDYY10.		Date*of*Death
6	GENDER	Num	8	GENDER.	11.	GENDER
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
2	HCFAID	Num	8	11.	11.	HCFAID
5	RACE	Num	8	RACE.	11.	RACE
103	RACEGEN	Num	8	RACEGEN.		Race and Gender
7	SITE	Num	8	SITE.	11.	CLINIC SITE 1=MEMPHIS 2=PITTSBURGH
122	SV06AGE	Num	8			Age at 6 Mo Semi-annual Contact

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
11	SV06DATE	Num	8	MMDDYY10.		Date of 6-Mo Semi-annual Contact
130	SV102AGE	Num	8			Age at 102 Mo Semi-annual Contact
27	SV102DATE	Num	8	MMDDYY10.		Date of 102-Mo (Year 9.5) Semi-annual Contact
131	SV114AGE	Num	8			Age at 114 Mo Semi-annual Contact
29	SV114DATE	Num	8	MMDDYY10.		Date of 114-Mo (Year 10.5) Semi-annual Contact
132	SV126AGE	Num	8			Age at 126 Mo Semi-annual Contact
31	SV126DATE	Num	8	MMDDYY10.		Date of 126-Mo (Year 11.5) Semi-annual Contact
133	SV138AGE	Num	8			Age at 138 Mo Semi-annual Contact
33	SV138DATE	Num	8	MMDDYY10.		Date of 138-Mo (Year 12.5) Semi-annual Contact
134	SV150AGE	Num	8			Age at 150 Mo Semi-annual Contact
35	SV150DATE	Num	8	MMDDYY10.		Date of 150-Mo (Year 13.5) Semi-annual Contact
123	SV18AGE	Num	8			Age at 18 Mo Semi-annual Contact
13	SV18DATE	Num	8	MMDDYY10.		Date of 18-Mo Semi-annual Contact
124	SV30AGE	Num	8			Age at 30 Mo Semi-annual Contact
15	SV30DATE	Num	8	MMDDYY10.		Date of 30-Mo Semi-annual Contact
125	SV42AGE	Num	8			Age at 42 Mo Semi-annual Contact
17	SV42DATE	Num	8	MMDDYY10.		Date of 42-Mo Semi-annual Contact
126	SV54AGE	Num	8			Age at 54 Mo Semi-annual Contact
19	SV54DATE	Num	8	MMDDYY10.		Date of 54-Mo Semi-annual Contact
127	SV66AGE	Num	8			Age at 66 Mo Semi-annual Contact
21	SV66DATE	Num	8	MMDDYY10.		Date of 66-Mo Semi-annual Contact
128	SV78AGE	Num	8			Age at 78 Mo Semi-annual Contact
23	SV78DATE	Num	8	MMDDYY10.		Date of 78-Mo Semi-annual Contact

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
129	SV90AGE	Num	8			Age at 90 Mo Semi-annual Contact
25	SV90DATE	Num	8	MMDDYY10.		Date of 90-Mo (Year 8.5) Semi-annual Contact
135	VERSIONPH	Num	8	YYMMDD10.		Release Date of Participant History (PH) File
71	VITAL06M	Num	8	STATUS.		Vital Status at 6-Mo Visit
87	VITAL102M	Num	8	STATUS.		Vital Status at 102-Mo (Year 9.5) Visit
88	VITAL108M	Num	8	STATUS.		Vital Status at 108-Mo (Year 10)Visit
89	VITAL114M	Num	8	STATUS.		Vital Status at 114-Mo (Year 10.5) Visit
90	VITAL120M	Num	8	STATUS.		Vital Status at 120-Mo (year 11) Visit
91	VITAL126M	Num	8	STATUS.		Vital Status at 126-Mo (Year 11.5) Visit
72	VITAL12M	Num	8	STATUS.		Vital Status at 12-Mo (Year 2) Visit
92	VITAL132M	Num	8	STATUS.		Vital Status at 132-Mo (Year 12) Visit
93	VITAL138M	Num	8	STATUS.		Vital Status at 138-Mo (Year 12.5) Visit
94	VITAL144M	Num	8	STATUS.		Vital Status at 144-Mo (Year 13) Visit
95	VITAL150M	Num	8	STATUS.		Vital Status at 150-Mo (Year 13.5) Visit
96	VITAL156M	Num	8	STATUS.		Vital Status at 156-Mo (Year 14) Visit
97	VITAL15Q1	Num	8	STATUS.		Vital Status at Year 15 Quarter 1 Telephone Interview
98	VITAL15Q2	Num	8	STATUS.		Vital Status at Year 15 Quarter 2 Telephone Interview
99	VITAL15Q3	Num	8	STATUS.		Vital Status at Year 15 Quarter 3 Telephone Interview
100	VITAL15Q4	Num	8	STATUS.		Vital Status at Year 15 Quarter 4 Telephone Interview
73	VITAL18M	Num	8	STATUS.		Vital Status at 18-Mo Visit
74	VITAL24M	Num	8	STATUS.		Vital Status at 24-Mo (Year 3) Visit
75	VITAL30M	Num	8	STATUS.		Vital Status at 30-Mo Visit
76	VITAL36M	Num	8	STATUS.		Vital Status at 36-Mo (Year 4) Visit

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
77	VITAL42M	Num	8	STATUS.		Vital Status at 42-Mo Visit
78	VITAL48M	Num	8	STATUS.		Vital Status at 48-Mo (Year 5) Visit
79	VITAL54M	Num	8	STATUS.		Vital Status at 54-Mo Visit
80	VITAL60M	Num	8	STATUS.		Vital Status at 60-Mo (Year 6) Visit
81	VITAL66M	Num	8	STATUS.		Vital Status at 66-Mo Visit
82	VITAL72M	Num	8	STATUS.		Vital Status at 72-Mo (Year 7) Visit
83	VITAL78M	Num	8	STATUS.		Vital Status at 78-Mo Visit
84	VITAL84M	Num	8	STATUS.		Vital Status at 84-Mo (Year 8) Visit
85	VITAL90M	Num	8	STATUS.		Vital Status at 90-Mo (Year 8.5) Visit
86	VITAL96M	Num	8	STATUS.		Vital Status at 96-Mo (Year 9) Visit
8	VSTATUS	Num	8	STATUS.		Vital Status as of File Date
41	VTTYPE06	Num	8	VTTYPE.		6-Mo Visit Type
42	VTTYPE12	Num	8	VTTYPE.		12-Mo (Year 2) Visit Type
43	VTTYPE18	Num	8	VTTYPE.		18-Mo Visit Type
44	VTTYPE24	Num	8	VTTYPE.		24-Mo (Year 3) Visit Type
45	VTTYPE30	Num	8	VTTYPE.		30-Mo Visit Type
46	VTTYPE36	Num	8	VTTYPE.		36-Mo (Year 4) Visit Type
47	VTTYPE42	Num	8	VTTYPE.		42-Mo Visit Type
48	VTTYPE48	Num	8	VTTYPE.		48-Mo (Year 5) Visit Type
49	VTTYPE54	Num	8	VTTYPE.		54-Mo Visit Type
50	VTTYPE60	Num	8	VTTYPE.		60-Mo (year 6) Visit Type
51	VTTYPE66	Num	8	VTTYPE.		66-Mo Visit Type
52	VTTYPE72	Num	8	VTTYPE.		72-Mo (Year 7) Visit Type

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
53	VTYPE78	Num	8	VTYPE.		78-Mo Visit Type
54	VTYPE84	Num	8	VTYPE.		84-Mo (Year 8) Visit Type
55	VTYPE90	Num	8	VTYPE.		90-Mo (year 8.5) Visit Type
56	VTYPE96	Num	8	VTYPE.		96-Mo (Year 9) Visit Type
57	VTYPE102	Num	8	VTYPE.		102-Mo (Year 9.5) Visit Type
58	VTYPE108	Num	8	VTYPE.		108-Mo (Year 10) Visit Type
59	VTYPE114	Num	8	VTYPE.		114-Mo (Year 10.5) Visit Type
60	VTYPE120	Num	8	VTYPE.		120-Mo (Year 11) Visit Type
61	VTYPE126	Num	8	VTYPE.		126-Mo (Year 11.5) Visit Type
62	VTYPE132	Num	8	VTYPE.		132-Mo (Year 12) Visit Type
63	VTYPE138	Num	8	VTYPE.		138-Mo (Year 12.5) Visit Type
64	VTYPE144	Num	8	VTYPE.		144-Mo (Year 13) Visit Type
65	VTYPE150	Num	8	VTYPE.		150-Mo (Year 13.5) Visit Type
66	VTYPE156	Num	8	VTYPE.		156-Mo (Year 14) Visit Type
67	VTYPE15Q1	Num	8	VTYPE.		Year 15 Quarter 1 Interview Type
68	VTYPE15Q2	Num	8	VTYPE.		Year 15 Quarter 2 Interview Type
69	VTYPE15Q3	Num	8	VTYPE.		Year 15 Quarter 3 Interview Type
70	VTYPE15Q4	Num	8	VTYPE.		Year 15 Quarter 4 Interview Type
101	dtlastct	Num	8	MMDDYY10.	DATETIME22.3	Date of Last Contact
102	lastctyp	Num	8	VTYPE.		Last Contact Visit Type

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.PH	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	135
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Tuesday, July 09, 2013 04:34:25 PM	<b>Observation Length</b>	1080
<b>Last Modified</b>	Tuesday, July 09, 2013 04:34:25 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	207
<b>First Data Page</b>	2
<b>Max Obs per Page</b>	15
<b>Obs in First Data Page</b>	12
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\ph.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

***The CONTENTS Procedure***

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
2	HCFAID	Num	8	11.	11.	HCFAID
3	ACROS	Char	4	\$4.	\$4.	ACROSTIC
4	DOB	Num	8	MMDDYY10.	DATETIME22.3	DATE OF BIRTH
5	RACE	Num	8	RACE.	11.	RACE
6	GENDER	Num	8	GENDER.	11.	GENDER
7	SITE	Num	8	SITE.	11.	CLINIC SITE 1=MEMPHIS 2=PITTSBURGH
8	VSTATUS	Num	8	STATUS.		Vital Status as of File Date
9	DOD	Num	8	MMDDYY10.		Date*of*Death
10	CV1DATE	Num	8	MMDDYY10.		Date of Year 1 Clinic Visit
11	SV06DATE	Num	8	MMDDYY10.		Date of 6-Mo Semi-annual Contact
12	CV2DATE	Num	8	MMDDYY10.		Date of Year 2 Clinic Visit
13	SV18DATE	Num	8	MMDDYY10.		Date of 18-Mo Semi-annual Contact
14	CV3DATE	Num	8	MMDDYY10.		Date of Year 3 Clinic Visit
15	SV30DATE	Num	8	MMDDYY10.		Date of 30-Mo Semi-annual Contact
16	CV4DATE	Num	8	MMDDYY10.		Date of Year 4 Clinic Visit
17	SV42DATE	Num	8	MMDDYY10.		Date of 42-Mo Semi-annual Contact
18	CV5DATE	Num	8	MMDDYY10.		Date of Year 5 Clinic Visit
19	SV54DATE	Num	8	MMDDYY10.		Date of 54-Mo Semi-annual Contact
20	CV6DATE	Num	8	MMDDYY10.		Date of Year 6 Clinic Visit
21	SV66DATE	Num	8	MMDDYY10.		Date of 66-Mo Semi-annual Contact
22	CV7DATE	Num	8	MMDDYY10.		Date of Year 7 Clinic Visit
23	SV78DATE	Num	8	MMDDYY10.		Date of 78-Mo Semi-annual Contact

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
24	CV8DATE	Num	8	MMDDYY10.		Date of Year 8 Clinic Visit
25	SV90DATE	Num	8	MMDDYY10.		Date of 90-Mo (Year 8.5) Semi-annual Contact
26	CV9DATE	Num	8	MMDDYY10.		Date of Year 9 Clinic Visit
27	SV102DATE	Num	8	MMDDYY10.		Date of 102-Mo (Year 9.5) Semi-annual Contact
28	CV10DATE	Num	8	MMDDYY10.		Date of Year 10 Clinic Visit
29	SV114DATE	Num	8	MMDDYY10.		Date of 114-Mo (Year 10.5) Semi-annual Contact
30	CV11DATE	Num	8	MMDDYY10.		Date of Year 11 Clinic Visit
31	SV126DATE	Num	8	MMDDYY10.		Date of 126-Mo (Year 11.5) Semi-annual Contact
32	CV12DATE	Num	8	MMDDYY10.		Date of Year 12 Clinic Visit
33	SV138DATE	Num	8	MMDDYY10.		Date of 138-Mo (Year 12.5) Semi-annual Contact
34	CV13DATE	Num	8	MMDDYY10.		Date of Year 13 Clinic Visit
35	SV150DATE	Num	8	MMDDYY10.		Date of 150-Mo (Year 13.5) Semi-annual Contact
36	CV14DATE	Num	8	MMDDYY10.		Date of Year 14 Clinic Visit
37	CV15Q1DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 1 Telephone Interview
38	CV15Q2DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 2 Telephone Interview
39	CV15Q3DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 3 Telephone Interview
40	CV15Q4DATE	Num	8	MMDDYY10.		Date of Year 15 Quarter 4 Telephone Interview
41	VTTYPE06	Num	8	VTTYPE.		6-Mo Visit Type
42	VTTYPE12	Num	8	VTTYPE.		12-Mo (Year 2) Visit Type
43	VTTYPE18	Num	8	VTTYPE.		18-Mo Visit Type
44	VTTYPE24	Num	8	VTTYPE.		24-Mo (Year 3) Visit Type
45	VTTYPE30	Num	8	VTTYPE.		30-Mo Visit Type
46	VTTYPE36	Num	8	VTTYPE.		36-Mo (Year 4) Visit Type

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
47	VTTYPE42	Num	8	VTTYPE.		42-Mo Visit Type
48	VTTYPE48	Num	8	VTTYPE.		48-Mo (Year 5) Visit Type
49	VTTYPE54	Num	8	VTTYPE.		54-Mo Visit Type
50	VTTYPE60	Num	8	VTTYPE.		60-Mo (year 6) Visit Type
51	VTTYPE66	Num	8	VTTYPE.		66-Mo Visit Type
52	VTTYPE72	Num	8	VTTYPE.		72-Mo (Year 7) Visit Type
53	VTTYPE78	Num	8	VTTYPE.		78-Mo Visit Type
54	VTTYPE84	Num	8	VTTYPE.		84-Mo (Year 8) Visit Type
55	VTTYPE90	Num	8	VTTYPE.		90-Mo (year 8.5) Visit Type
56	VTTYPE96	Num	8	VTTYPE.		96-Mo (Year 9) Visit Type
57	VTTYPE102	Num	8	VTTYPE.		102-Mo (Year 9.5) Visit Type
58	VTTYPE108	Num	8	VTTYPE.		108-Mo (Year 10) Visit Type
59	VTTYPE114	Num	8	VTTYPE.		114-Mo (Year 10.5) Visit Type
60	VTTYPE120	Num	8	VTTYPE.		120-Mo (Year 11) Visit Type
61	VTTYPE126	Num	8	VTTYPE.		126-Mo (Year 11.5) Visit Type
62	VTTYPE132	Num	8	VTTYPE.		132-Mo (Year 12) Visit Type
63	VTTYPE138	Num	8	VTTYPE.		138-Mo (Year 12.5) Visit Type
64	VTTYPE144	Num	8	VTTYPE.		144-Mo (Year 13) Visit Type
65	VTTYPE150	Num	8	VTTYPE.		150-Mo (Year 13.5) Visit Type
66	VTTYPE156	Num	8	VTTYPE.		156-Mo (Year 14) Visit Type
67	VTTYPE15Q1	Num	8	VTTYPE.		Year 15 Quarter 1 Interview Type
68	VTTYPE15Q2	Num	8	VTTYPE.		Year 15 Quarter 2 Interview Type
69	VTTYPE15Q3	Num	8	VTTYPE.		Year 15 Quarter 3 Interview Type

***The CONTENTS Procedure***

<b>Variables in Creation Order</b>						
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
70	VTYPE15Q4	Num	8	VTYPE.		Year 15 Quarter 4 Interview Type
71	VITAL06M	Num	8	STATUS.		Vital Status at 6-Mo Visit
72	VITAL12M	Num	8	STATUS.		Vital Status at 12-Mo (Year 2) Visit
73	VITAL18M	Num	8	STATUS.		Vital Status at 18-Mo Visit
74	VITAL24M	Num	8	STATUS.		Vital Status at 24-Mo (Year 3) Visit
75	VITAL30M	Num	8	STATUS.		Vital Status at 30-Mo Visit
76	VITAL36M	Num	8	STATUS.		Vital Status at 36-Mo (Year 4) Visit
77	VITAL42M	Num	8	STATUS.		Vital Status at 42-Mo Visit
78	VITAL48M	Num	8	STATUS.		Vital Status at 48-Mo (Year 5) Visit
79	VITAL54M	Num	8	STATUS.		Vital Status at 54-Mo Visit
80	VITAL60M	Num	8	STATUS.		Vital Status at 60-Mo (Year 6) Visit
81	VITAL66M	Num	8	STATUS.		Vital Status at 66-Mo Visit
82	VITAL72M	Num	8	STATUS.		Vital Status at 72-Mo (Year 7) Visit
83	VITAL78M	Num	8	STATUS.		Vital Status at 78-Mo Visit
84	VITAL84M	Num	8	STATUS.		Vital Status at 84-Mo (Year 8) Visit
85	VITAL90M	Num	8	STATUS.		Vital Status at 90-Mo (Year 8.5) Visit
86	VITAL96M	Num	8	STATUS.		Vital Status at 96-Mo (Year 9) Visit
87	VITAL102M	Num	8	STATUS.		Vital Status at 102-Mo (Year 9.5) Visit
88	VITAL108M	Num	8	STATUS.		Vital Status at 108-Mo (Year 10)Visit
89	VITAL114M	Num	8	STATUS.		Vital Status at 114-Mo (Year 10.5) Visit
90	VITAL120M	Num	8	STATUS.		Vital Status at 120-Mo (year 11) Visit
91	VITAL126M	Num	8	STATUS.		Vital Status at 126-Mo (Year 11.5) Visit
92	VITAL132M	Num	8	STATUS.		Vital Status at 132-Mo (Year 12) Visit

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
93	VITAL138M	Num	8	STATUS.		Vital Status at 138-Mo (Year 12.5) Visit
94	VITAL144M	Num	8	STATUS.		Vital Status at 144-Mo (Year 13) Visit
95	VITAL150M	Num	8	STATUS.		Vital Status at 150-Mo (Year 13.5) Visit
96	VITAL156M	Num	8	STATUS.		Vital Status at 156-Mo (Year 14) Visit
97	VITAL15Q1	Num	8	STATUS.		Vital Status at Year 15 Quarter 1 Telephone Interview
98	VITAL15Q2	Num	8	STATUS.		Vital Status at Year 15 Quarter 2 Telephone Interview
99	VITAL15Q3	Num	8	STATUS.		Vital Status at Year 15 Quarter 3 Telephone Interview
100	VITAL15Q4	Num	8	STATUS.		Vital Status at Year 15 Quarter 4 Telephone Interview
101	dtlastct	Num	8	MMDDYY10.	DATETIME22.3	Date of Last Contact
102	lastctyp	Num	8	VTYP.		Last Contact Visit Type
103	RACEGEN	Num	8	RACEGEN.		Race and Gender
104	CV1AGE	Num	8			Age at Year 1 Clinic Visit
105	CV2AGE	Num	8			Age at Year 2 Clinic Visit
106	CV3AGE	Num	8			Age at Year 3 Clinic Visit
107	CV4AGE	Num	8			Age at Year 4 Clinic Visit
108	CV5AGE	Num	8			Age at Year 5 Clinic Visit
109	CV6AGE	Num	8			Age at Year 6 Clinic Visit
110	CV7AGE	Num	8			Age at Year 7 Clinic Visit
111	CV8AGE	Num	8			Age at Year 8 Clinic Visit
112	CV9AGE	Num	8			Age at Year 9 Clinic Visit
113	CV10AGE	Num	8			Age at Year 10 Clinic Visit
114	CV11AGE	Num	8			Age at Year 11 Clinic Visit
115	CV12AGE	Num	8			Age at Year 12 Clinic Visit

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
116	CV13AGE	Num	8			Age at Year 13 Clinic Visit
117	CV14AGE	Num	8			Age at Year 14 Clinic Visit
118	CV15Q1AGE	Num	8			Age at Year 15 Quarter 1 Telephone Interview
119	CV15Q2AGE	Num	8			Age at Year 15 Quarter 2 Telephone Interview
120	CV15Q3AGE	Num	8			Age at Year 15 Quarter 3 Telephone Interview
121	CV15Q4AGE	Num	8			Age at Year 15 Quarter 4 Telephone Interview
122	SV06AGE	Num	8			Age at 6 Mo Semi-annual Contact
123	SV18AGE	Num	8			Age at 18 Mo Semi-annual Contact
124	SV30AGE	Num	8			Age at 30 Mo Semi-annual Contact
125	SV42AGE	Num	8			Age at 42 Mo Semi-annual Contact
126	SV54AGE	Num	8			Age at 54 Mo Semi-annual Contact
127	SV66AGE	Num	8			Age at 66 Mo Semi-annual Contact
128	SV78AGE	Num	8			Age at 78 Mo Semi-annual Contact
129	SV90AGE	Num	8			Age at 90 Mo Semi-annual Contact
130	SV102AGE	Num	8			Age at 102 Mo Semi-annual Contact
131	SV114AGE	Num	8			Age at 114 Mo Semi-annual Contact
132	SV126AGE	Num	8			Age at 126 Mo Semi-annual Contact
133	SV138AGE	Num	8			Age at 138 Mo Semi-annual Contact
134	SV150AGE	Num	8			Age at 150 Mo Semi-annual Contact
135	VERSIONPH	Num	8	YYMMDD10.		Release Date of Participant History (PH) File

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.MISSVIS	<b>Observations</b>	5021
<b>Member Type</b>	DATA	<b>Variables</b>	9
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Tuesday, July 09, 2013 04:34:26 PM	<b>Observation Length</b>	72
<b>Last Modified</b>	Tuesday, July 09, 2013 04:34:26 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	8192
<b>Number of Data Set Pages</b>	45
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	113
<b>Obs in First Data Page</b>	83
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\missvis.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

***The CONTENTS Procedure***

<b>Alphabetic List of Variables and Attributes</b>						
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
<b>1</b>	BJDATE	Num	8	MMDDYY10.	DATETIME22.3	Date Missed Visit Contact Form Completed
<b>2</b>	BJREASON	Num	8	REASON.	4.	Reason Visit Missed
<b>6</b>	GENDER	Num	8	GENDER.	11.	GENDER
<b>4</b>	HABCID	Num	8	11.	11.	Health ABC Participant Id
<b>5</b>	RACE	Num	8	RACE.	11.	RACE
<b>8</b>	RACEGEN	Num	8	RACEGEN.		Race and Gender
<b>7</b>	SITE	Num	8	SITE.	11.	CLINIC SITE 1=MEMPHIS 2=PITTSBURGH
<b>9</b>	VERSIONMV	Num	8	YYMMDD10.		Release Date of Missed Visits File
<b>3</b>	bjid2	Num	8	ID2X.	11.	Visit Missed

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.MISSVIS	<b>Observations</b>	5021
<b>Member Type</b>	DATA	<b>Variables</b>	9
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Tuesday, July 09, 2013 04:34:26 PM	<b>Observation Length</b>	72
<b>Last Modified</b>	Tuesday, July 09, 2013 04:34:26 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	8192
<b>Number of Data Set Pages</b>	45
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	113
<b>Obs in First Data Page</b>	83
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\missvis.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

***The CONTENTS Procedure***

<b>Variables in Creation Order</b>						
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
1	BJDATE	Num	8	MMDDYY10.	DATETIME22.3	Date Missed Visit Contact Form Completed
2	BJREASON	Num	8	REASON.	4.	Reason Visit Missed
3	bjid2	Num	8	ID2X.	11.	Visit Missed
4	HABCID	Num	8	11.	11.	Health ABC Participant Id
5	RACE	Num	8	RACE.	11.	RACE
6	GENDER	Num	8	GENDER.	11.	GENDER
7	SITE	Num	8	SITE.	11.	CLINIC SITE 1=MEMPHIS 2=PITTSBURGH
8	RACEGEN	Num	8	RACEGEN.		Race and Gender
9	VERSIONMV	Num	8	YYMMDD10.		Release Date of Missed Visits File

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q1_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	207
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:12 PM	<b>Observation Length</b>	7392
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:12 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1540
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	2
<b>Obs in First Data Page</b>	1
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q1_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
207	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q1_PPT
2	Y15Q1_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q1_AASTFID	Char	3	\$3.	\$3.	Staff ID#
5	Y15Q1_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q1_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q1_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q1_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
4	Y15Q1_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
10	Y15Q1_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
20	Y15Q1_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
13	Y15Q1_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
12	Y15Q1_ACCONDX	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
21	Y15Q1_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else
19	Y15Q1_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
16	Y15Q1_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
18	Y15Q1_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
14	Y15Q1_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
22	Y15Q1_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
15	Y15Q1_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
11	Y15Q1_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
17	Y15Q1_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
9	Y15Q1_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
26	Y15Q1_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
23	Y15Q1_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
25	Y15Q1_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
24	Y15Q1_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
32	Y15Q1_ADDW1MEZ	Num	8	EASY.	2.	Q9e How easy is it for you to walk one mile?
31	Y15Q1_ADDW1MYN	Num	8	YNDD.	2.	Q9d Because of a health or physical problem, do you have any difficulty walking a distance of one mile?
28	Y15Q1_ADDWQMDF	Num	8	DIFF.	2.	Q9a How much difficulty do you have walking a quarter of a mile?
30	Y15Q1_ADDWQMEZ	Num	8	EASY.	2.	Q9c How easy is it for you to walk a quarter of a mile?
27	Y15Q1_ADDWQMYN	Num	8	YNDK.	2.	Q9 Because of a health or physical problem, do you have any difficulty walking a quarter of a mile,?
29	Y15Q1_ADDWSMRM	Num	8	YNDK.	2.	Q9b Do you have any difficulty walking across a small room?
34	Y15Q1_AEDIF	Num	8	DIFF.	2.	Q10a How much difficulty do you have walking up 10 steps without resting?
35	Y15Q1_AEDW10EZ	Num	8	EASY.	2.	Q10b How easy is it to walk up 10 steps without resting?
33	Y15Q1_AEDW10YN	Num	8	YNDK.	2.	Q10 Because of a health/physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?
37	Y15Q1_AEDW20EZ	Num	8	EASY.	2.	Q10d How easy is it to walk up 20 steps without resting?
36	Y15Q1_AEDW20YN	Num	8	YNDD.	2.	Q10c Because of a health/physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?
42	Y15Q1_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?
41	Y15Q1_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
44	Y15Q1_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
43	Y15Q1_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
45	Y15Q1_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
40	Y15Q1_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
39	Y15Q1_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
46	Y15Q1_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
38	Y15Q1_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
47	Y15Q1_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
48	Y15Q1_AGDIFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
49	Y15Q1_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
51	Y15Q1_AHD10AMT	Num	8	DIFF.	2.	Q17a How much difficulty do you have carrying 10 pounds?
53	Y15Q1_AHD20LBS	Num	8	YNDK.	2.	Q17c Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?
50	Y15Q1_AHDIF10	Num	8	YNDK.	2.	Q17 Because of a health/physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds?
52	Y15Q1_AHEZ10LB	Num	8	EASY.	2.	Q17b How easy is it to lift or carry something weighing 10 pounds?
54	Y15Q1_AHEZ20LB	Num	8	EASY.	2.	Q17d How easy is it for you to lift or carry something weighing 20 pounds?
55	Y15Q1_AJHC12MO	Num	8	YNDK.	2.	Q18 Did you do heavy or major chores like scrubbing windows or walls, vacuuming, etc. at least 10 times, in the past 12 months?
56	Y15Q1_AJHC7DAY	Num	8	YNDK.	2.	Q18a In the past 7 days, did you do heavy chores or home maintenance activities?
57	Y15Q1_AJHCDK	Num	8	CHECK.	3.	Q18b Don t know how much time I spent doing heavy chores
205	Y15Q1_AJHCTIM	Num	8			Calculated - # Minutes ppt spent doing heavy chores/home maintenance in past 7 days (not counting rest periods)
58	Y15Q1_AKEW12MO	Num	8	YNDK.	2.	Q19 Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months?
59	Y15Q1_AKEW7DAY	Num	8	YNDK.	2.	Q19 In the past 7 days, did you go walking?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q1_AKEWPACE	Num	8	WALK.	2.	Q19c When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll?
64	Y15Q1_AKEWREAS	Num	8	MREAS.	2.	Q19d What is the main reason you did not go walking in the past 7 days?
62	Y15Q1_AKEWTDK	Num	8	CHECK.	3.	Q19b Don t know how much time spend walking in the past 7 days
206	Y15Q1_AKEWTIM	Num	8			Calculated - Average # of Minutes ppt spent walking each time s/he walked in the past 7 days (excluding rest periods)
60	Y15Q1_AKEWTIME	Num	8	3.	3.	Q19a How many times did you go walking in the past 7 days?
61	Y15Q1_AKEWTMDK	Num	8	CHECK.	3.	Q19a Don t know how many times did you go walking in the past 7 days?
65	Y15Q1_AKFS12MO	Num	8	YNDK.	2.	Q20 Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months?
66	Y15Q1_AKFS7DAY	Num	8	YNDK.	2.	Q20a In the past 7 days, did you walk up a flight of stairs?
69	Y15Q1_AKFSLOAD	Num	8	4.	4.	Q20c About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?
70	Y15Q1_AKFSLODK	Num	8	DKN.	3.	Q20c Don t know how many flights I walked up carrying a small load like laundry, groceries, or an infant
67	Y15Q1_AKFSNUM	Num	8	4.	4.	Q20b About how many flights did you walk up in the past 7 days?
68	Y15Q1_AKFSNUMD	Num	8	DKN.	3.	Q20b Don t know how many flights did you walk up in the past 7 days?
71	Y15Q1_ALHI12MO	Num	8	YNDK.	2.	Q21 Did you do any high intensity exercise, such as bicycling, swimming, etc. at least 10 times, in the past 12 months?
72	Y15Q1_ALHI7DAY	Num	8	YNDK.	2.	Q21a In the past 7 days, did you do high intensity exercise?
73	Y15Q1_ALMI12MO	Num	8	YNDK.	2.	Q22 Did you do any moderate intensity exercise, such as golf, bowling, etc. at least 10 times, in the past 12 months?
74	Y15Q1_ALMI7DAY	Num	8	YNDK.	2.	Q22a In the past 7 days, did you do moderate intensity exercise?
81	Y15Q1_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
83	Y15Q1_AMSYMCOD	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?
82	Y15Q1_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
90	Y15Q1_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
92	Y15Q1_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
91	Y15Q1_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
87	Y15Q1_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
89	Y15Q1_AMSYMDSD	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?
88	Y15Q1_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
93	Y15Q1_AMSYMDDW	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
95	Y15Q1_AMSYMDDWD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
94	Y15Q1_AMSYMDDWF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
78	Y15Q1_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
80	Y15Q1_AMSYMNAD	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
79	Y15Q1_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?
75	Y15Q1_AMSYMNP	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
77	Y15Q1_AMSYMNPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
76	Y15Q1_AMSYMPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
84	Y15Q1_AMSYMBS	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
86	Y15Q1_AMSYMBSD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
85	Y15Q1_AMSYMBSF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
97	Y15Q1_ARCOWACN	Num	8	3.	3.	Q36 Word association - total number of words that begin with the letter C
98	Y15Q1_ARCOWAFN	Num	8	3.	3.	Q37 Word association - total number of words that begin with the letter F
99	Y15Q1_ARCOWALN	Num	8	3.	3.	Q38 Word association - total number of words that begin with the letter L
96	Y15Q1_ARCOWARS	Num	8	SAMP.	2.	Q35 Can you tell me another word that begins with the letter R?
102	Y15Q1_ASVWCURA	Num	8	YNDK.	2.	Q41 Do you currently provide any regular care or assistance to a child or a disabled or sick adult?
100	Y15Q1_ASVWCURJ	Num	8	YNDK.	2.	Q39 Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
101	Y15Q1_ASVWCURV	Num	8	YNDK.	2.	Q40 Do you currently do volunteer work?
103	Y15Q1_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
104	Y15Q1_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?
105	Y15Q1_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?
107	Y15Q1_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
108	Y15Q1_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
106	Y15Q1_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?
113	Y15Q1_AU6MFALL	Num	8	YNDK.	2.	Q51 In the past 6 months, have you fallen and landed on the floor or ground?
114	Y15Q1_AU6MFNUM	Num	8	RATE2X.	2.	Q51a How many times have you fallen in the past 6 months?
118	Y15Q1_AUBBNFAL	Num	8	YNDK.	2.	Q51iii Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?
111	Y15Q1_AUHCHBP	Num	8	YNDK.	2.	Q49 In the past 6 months, has a doctor for the first time told you that you had hypertension/high blood press?
117	Y15Q1_AUHOSFAL	Num	8	YNDK.	2.	Q51ii Were you hospitalized after any of your falls?
115	Y15Q1_AUINJFAL	Num	8	YNDK.	2.	Q51b Were you injured in any of your falls?
112	Y15Q1_AUSGDIAB	Num	8	YNDK.	2.	Q50 In the past 6 months, has a doctor for the first time told you that you had diabetes?
110	Y15Q1_AUTILT	Num	8	YNDK.	2.	Q48 Has a doctor or other health care professional ever told you that you have a condition that might be life threatening?
109	Y15Q1_AUTKIDFL	Num	8	YNDK.	2.	Q47 Has a doctor or other health care professional ever told you that you have weak or failing kidneys?
116	Y15Q1_AUTRTFAL	Num	8	YNDK.	2.	Q51i Did you seek medical treatment after any of your falls?
121	Y15Q1_AVCHF	Num	8	YNDK.	2.	Q53 In the past 6 months, has a doctor told you that you had congestive heart failure?
119	Y15Q1_AVHCHAMI	Num	8	YNDK.	2.	Q52 In the past 6 months, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?
120	Y15Q1_AVHOSMI	Num	8	YNDK.	2.	Q52a Were you hospitalized overnight for heart problem?
122	Y15Q1_AVHOSMI3	Num	8	YNDK.	2.	Q53a Were you hospitalized overnight for congestive heart failure?
125	Y15Q1_AWCHMGMT	Num	8	YNDK.	2.	Q55 In the past 6 months, has a doctor told you for the first time that you had cancer?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
123	Y15Q1_AWHCCVA	Num	8	YNDK.	2.	Q54 In the past 6 months, has a doctor told you that you had a stroke, mini-stroke, or TIA?
124	Y15Q1_AWHOSMI2	Num	8	YNDK.	2.	Q54a Were you hospitalized overnight for a stroke, mimi-stroke, or TIA?
126	Y15Q1_AXLCPNEU	Num	8	YNDK.	2.	Q56 In the past 6 months, has a doctor told you that you had pneumonia?
127	Y15Q1_AXOSBR57	Num	8	YNDK.	2.	Q57 In the past 6 months, have you been told by a doctor that you broke or fractured a bone(s)?
130	Y15Q1_AYBLART	Num	8	YNDK.	2.	Q59a Was the same day outpatient surgery to open blocked artery?
132	Y15Q1_AYCATAR	Num	8	YNDK.	2.	Q59c Was the same day outpatient surgery cataract surgery?
131	Y15Q1_AYGALLBL	Num	8	YNDK.	2.	Q59b Was the same day outpatient surgery gall bladder surgery?
128	Y15Q1_AYHOSP12	Num	8	YNDK.	2.	Q58 Were you hospitalized overnight for any other reasons in the past 6 months?
129	Y15Q1_AYOUTPA	Num	8	YNDK.	2.	Q59 Have you had any same day outpatient surgery in the past 6 months?
133	Y15Q1_AYTURP	Num	8	YNDK.	2.	Q59d Was the same day outpatient surgery TURP (transurethral resection of prostate - MEN ONLY)?
137	Y15Q1_AZESCAR	Num	8	YNDK8X.	2.	Q62 Are you currently driving, at least once in a while?
136	Y15Q1_AZESQUAL	Num	8	STAT9AX.	2.	Q61 At the present time, how would you say your eyesight (with glasses or contact lenses, if you wear them) is?
134	Y15Q1_AZOTILL	Num	8	YNDK.	2.	Q60 Is there any other illness or condition for which you see a doctor or other health care professional?
135	Y15Q1_AZOTILSP	Char	1800	\$1800.	\$1800.	Q60a Specify any other illness or conditions for which you saw a doctor or other health care professional?
138	Y15Q1_BMELEV	Num	8	3.	3.	Q63 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.
139	Y15Q1_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual enery level.
141	Y15Q1_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
140	Y15Q1_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
147	Y15Q1_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
146	Y15Q1_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
142	Y15Q1_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
144	Y15Q1_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
145	Y15Q1_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
143	Y15Q1_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
148	Y15Q1_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?
150	Y15Q1_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
151	Y15Q1_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
149	Y15Q1_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?
163	Y15Q1_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
159	Y15Q1_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
157	Y15Q1_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
161	Y15Q1_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
162	Y15Q1_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
160	Y15Q1_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
158	Y15Q1_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
152	Y15Q1_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
156	Y15Q1_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
155	Y15Q1_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
154	Y15Q1_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
153	Y15Q1_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
184	Y15Q1_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
164	Y15Q1_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
182	Y15Q1_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
181	Y15Q1_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?
185	Y15Q1_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
169	Y15Q1_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
170	Y15Q1_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
175	Y15Q1_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?
176	Y15Q1_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
177	Y15Q1_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
178	Y15Q1_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
167	Y15Q1_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
168	Y15Q1_BRDMMEDC	Num	8	DECIAB.	2.	Q72b Type of health care decision about Medications?
183	Y15Q1_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
179	Y15Q1_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
180	Y15Q1_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
173	Y15Q1_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?
174	Y15Q1_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
171	Y15Q1_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
172	Y15Q1_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
166	Y15Q1_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
165	Y15Q1_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
186	Y15Q1_BUHLTCOV	Num	8	YNDK.	2.	Q87 Do you currently have any kind of health care coverage?

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
187	Y15Q1_BUMEDINS	Num	8	YNDK.	2.	Q88 Do you have any health insurance plan that pays for all or part of the cost of prescription medicines?
188	Y15Q1_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
189	Y15Q1_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
190	Y15Q1_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?
192	Y15Q1_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?
191	Y15Q1_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
193	Y15Q1_BYMARSTA	Num	8	MARITAL.	2.	Q98 What is your marital status?
196	Y15Q1_BYRESID	Num	8	HOME.	2.	Q100 In what type of home or residence do you live?
197	Y15Q1_BYRESOTH	Char	500	\$500.	\$500.	Q100 If Other, in what type of home or residence do you live?
195	Y15Q1_BYSSOPIH	Num	8	3.	3.	Q99 # of other people that live in your household?
194	Y15Q1_BYSSOPRF	Num	8	HOUSEH.	2.	Q99 Beside yourself, how many other people live in your household or do you live alone?
199	Y15Q1_CNSSCHRE	Num	8	RATE5X.	2.	Q102 In a typical week, how often do you get together with your children or other relatives?
198	Y15Q1_CNSSFRNE	Num	8	RATE5X.	2.	Q101 In a typical week, how often do you get together with friends or neighbors?
203	Y15Q1_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
200	Y15Q1_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
201	Y15Q1_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
204	Y15Q1_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
202	Y15Q1_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q1_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	207
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:12 PM	<b>Observation Length</b>	7392
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:12 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1540
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	2
<b>Obs in First Data Page</b>	1
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q1_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

***The CONTENTS Procedure***

<b>Variables in Creation Order</b>						
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q1_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q1_AASTFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q1_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
5	Y15Q1_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q1_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q1_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q1_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
9	Y15Q1_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
10	Y15Q1_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
11	Y15Q1_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom
12	Y15Q1_ACCONDX	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
13	Y15Q1_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
14	Y15Q1_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
15	Y15Q1_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
16	Y15Q1_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
17	Y15Q1_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
18	Y15Q1_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
19	Y15Q1_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
20	Y15Q1_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
21	Y15Q1_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
22	Y15Q1_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
23	Y15Q1_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
24	Y15Q1_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
25	Y15Q1_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
26	Y15Q1_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
27	Y15Q1_ADDWQMYN	Num	8	YNDK.	2.	Q9 Because of a health or physical problem, do you have any difficulty walking a quarter of a mile,?
28	Y15Q1_ADDWQMDF	Num	8	DIFF.	2.	Q9a How much difficulty do you have walking a quarter of a mile?
29	Y15Q1_ADDWSMRM	Num	8	YNDK.	2.	Q9b Do you have any difficulty walking across a small room?
30	Y15Q1_ADDWQMEZ	Num	8	EASY.	2.	Q9c How easy is it for you to walk a quarter of a mile?
31	Y15Q1_ADDW1MYN	Num	8	YNDD.	2.	Q9d Because of a health or physical problem, do you have any difficulty walking a distance of one mile?
32	Y15Q1_ADDW1MEZ	Num	8	EASY.	2.	Q9e How easy is it for you to walk one mile?
33	Y15Q1_AEDW10YN	Num	8	YNDK.	2.	Q10 Because of a health/physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?
34	Y15Q1_AEDIF	Num	8	DIFF.	2.	Q10a How much difficulty do you have walking up 10 steps without resting?
35	Y15Q1_AEDW10EZ	Num	8	EASY.	2.	Q10b How easy is it to walk up 10 steps without resting?
36	Y15Q1_AEDW20YN	Num	8	YNDD.	2.	Q10c Because of a health/physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?
37	Y15Q1_AEDW20EZ	Num	8	EASY.	2.	Q10d How easy is it to walk up 20 steps without resting?
38	Y15Q1_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
39	Y15Q1_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
40	Y15Q1_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
41	Y15Q1_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
42	Y15Q1_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
43	Y15Q1_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?
44	Y15Q1_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
45	Y15Q1_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
46	Y15Q1_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
47	Y15Q1_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
48	Y15Q1_AGDIFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
49	Y15Q1_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
50	Y15Q1_AHDIF10	Num	8	YNDK.	2.	Q17 Because of a health/physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds?
51	Y15Q1_AHD10AMT	Num	8	DIFF.	2.	Q17a How much difficulty do you have carrying 10 pounds?
52	Y15Q1_AHEZ10LB	Num	8	EASY.	2.	Q17b How easy is it to lift or carry something weighing 10 pounds?
53	Y15Q1_AHD20LBS	Num	8	YNDK.	2.	Q17c Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?
54	Y15Q1_AHEZ20LB	Num	8	EASY.	2.	Q17d How easy is it for you to lift or carry something weighing 20 pounds?
55	Y15Q1_AJHC12MO	Num	8	YNDK.	2.	Q18 Did you do heavy or major chores like scrubbing windows or walls, vacuuming, etc. at least 10 times, in the past 12 months?
56	Y15Q1_AJHC7DAY	Num	8	YNDK.	2.	Q18a In the past 7 days, did you do heavy chores or home maintenance activities?
57	Y15Q1_AJHC DK	Num	8	CHECK.	3.	Q18b Don t know how much time I spent doing heavy chores
58	Y15Q1_AKEW12MO	Num	8	YNDK.	2.	Q19 Did you walk for exercise, or walk to work, the store, or church, or walk the dog, at least 10 times, in the past 12 months?
59	Y15Q1_AKEW7DAY	Num	8	YNDK.	2.	Q19 In the past 7 days, did you go walking?
60	Y15Q1_AKEWTIME	Num	8	3.	3.	Q19a How many times did you go walking in the past 7 days?
61	Y15Q1_AKEWTMDK	Num	8	CHECK.	3.	Q19a Don t know how many times did you go walking in the past 7 days?
62	Y15Q1_AKEWTDK	Num	8	CHECK.	3.	Q19b Don t know how much time spend walking in the past 7 days

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q1_AKEWPACE	Num	8	WALK.	2.	Q19c When you walk, do you usually walk at a brisk pace (as fast as you can), a moderate pace, or at a leisurely stroll?
64	Y15Q1_AKEWREAS	Num	8	MREAS.	2.	Q19d What is the main reason you did not go walking in the past 7 days?
65	Y15Q1_AKFS12MO	Num	8	YNDK.	2.	Q20 Did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times, in the past 12 months?
66	Y15Q1_AKFS7DAY	Num	8	YNDK.	2.	Q20a In the past 7 days, did you walk up a flight of stairs?
67	Y15Q1_AKFSNUM	Num	8	4.	4.	Q20b About how many flights did you walk up in the past 7 days?
68	Y15Q1_AKFSNUMD	Num	8	DKN.	3.	Q20b Don t know how many flights did you walk up in the past 7 days?
69	Y15Q1_AKFSLOAD	Num	8	4.	4.	Q20c About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?
70	Y15Q1_AKFSLODK	Num	8	DKN.	3.	Q20c Don t know how many flights I walked up carrying a small load like laundry, groceries, or an infant
71	Y15Q1_ALHI12MO	Num	8	YNDK.	2.	Q21 Did you do any high intensity exercise, such as bicycling, swimming, etc. at least 10 times, in the past 12 months?
72	Y15Q1_ALHI7DAY	Num	8	YNDK.	2.	Q21a In the past 7 days, did you do high intensity exercise?
73	Y15Q1_ALMI12MO	Num	8	YNDK.	2.	Q22 Did you do any moderate intensity exercise, such as golf, bowling, etc. at least 10 times, in the past 12 months?
74	Y15Q1_ALMI7DAY	Num	8	YNDK.	2.	Q22a In the past 7 days, did you do moderate intensity exercise?
75	Y15Q1_AMSYMPN	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
76	Y15Q1_AMSYMPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
77	Y15Q1_AMSYMPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
78	Y15Q1_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
79	Y15Q1_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?
80	Y15Q1_AMSYMNAD	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
81	Y15Q1_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
82	Y15Q1_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
83	Y15Q1_AMSYMCOD	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
84	Y15Q1_AMSYMSB	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
85	Y15Q1_AMSYMSBF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
86	Y15Q1_AMSYMSBD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
87	Y15Q1_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
88	Y15Q1_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
89	Y15Q1_AMSYMDSD	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?
90	Y15Q1_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?
91	Y15Q1_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
92	Y15Q1_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
93	Y15Q1_AMSYMDDW	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
94	Y15Q1_AMSYMDDWF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
95	Y15Q1_AMSYMDDWD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
96	Y15Q1_ARCOWARS	Num	8	SAMP.	2.	Q35 Can you tell me another word that begins with the letter R?
97	Y15Q1_ARCOWACN	Num	8	3.	3.	Q36 Word association - total number of words that begin with the letter C
98	Y15Q1_ARCOWAFN	Num	8	3.	3.	Q37 Word association - total number of words that begin with the letter F
99	Y15Q1_ARCOWALN	Num	8	3.	3.	Q38 Word association - total number of words that begin with the letter L
100	Y15Q1_ASVWCURJ	Num	8	YNDK.	2.	Q39 Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?
101	Y15Q1_ASVWCURV	Num	8	YNDK.	2.	Q40 Do you currently do volunteer work?
102	Y15Q1_ASVWCURA	Num	8	YNDK.	2.	Q41 Do you currently provide any regular care or assistance to a child or a disabled or sick adult?
103	Y15Q1_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
104	Y15Q1_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?
105	Y15Q1_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?
106	Y15Q1_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
107	Y15Q1_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
108	Y15Q1_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
109	Y15Q1_AUTKIDFL	Num	8	YNDK.	2.	Q47 Has a doctor or other health care professional ever told you that you have weak or failing kidneys?
110	Y15Q1_AUTILT	Num	8	YNDK.	2.	Q48 Has a doctor or other health care professional ever told you that you have a condition that might be life threatening?
111	Y15Q1_AUHCHBP	Num	8	YNDK.	2.	Q49 In the past 6 months, has a doctor for the first time told you that you had hypertension/high blood press?
112	Y15Q1_AUSGDIAB	Num	8	YNDK.	2.	Q50 In the past 6 months, has a doctor for the first time told you that you had diabetes?
113	Y15Q1_AU6MFALL	Num	8	YNDK.	2.	Q51 In the past 6 months, have you fallen and landed on the floor or ground?
114	Y15Q1_AU6MFNUM	Num	8	RATE2X.	2.	Q51a How many times have you fallen in the past 6 months?
115	Y15Q1_AUINJFAL	Num	8	YNDK.	2.	Q51b Were you injured in any of your falls?
116	Y15Q1_AUTRTFAL	Num	8	YNDK.	2.	Q51i Did you seek medical treatment after any of your falls?
117	Y15Q1_AUHOSFAL	Num	8	YNDK.	2.	Q51ii Were you hospitalized after any of your falls?
118	Y15Q1_AUBBNFAL	Num	8	YNDK.	2.	Q51iii Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?
119	Y15Q1_AVHCHAMI	Num	8	YNDK.	2.	Q52 In the past 6 months, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?
120	Y15Q1_AVHOSMI	Num	8	YNDK.	2.	Q52a Were you hospitalized overnight for heart problem?
121	Y15Q1_AVCHF	Num	8	YNDK.	2.	Q53 In the past 6 months, has a doctor told you that you had congestive heart failure?
122	Y15Q1_AVHOSMI3	Num	8	YNDK.	2.	Q53a Were you hospitalized overnight for congestive heart failure?
123	Y15Q1_AWHCCVA	Num	8	YNDK.	2.	Q54 In the past 6 months, has a doctor told you that you had a stroke, mini-stroke, or TIA?
124	Y15Q1_AWHOSMI2	Num	8	YNDK.	2.	Q54a Were you hospitalized overnight for a stroke, mimi-stroke, or TIA?
125	Y15Q1_AWCHMGMT	Num	8	YNDK.	2.	Q55 In the past 6 months, has a doctor told you for the first time that you had cancer?
126	Y15Q1_AXLCPNEU	Num	8	YNDK.	2.	Q56 In the past 6 months, has a doctor told you that you had pneumonia?
127	Y15Q1_AXOSBR57	Num	8	YNDK.	2.	Q57 In the past 6 months, have you been told by a doctor that you broke or fractured a bone(s)?
128	Y15Q1_AYHOSP12	Num	8	YNDK.	2.	Q58 Were you hospitalized overnight for any other reasons in the past 6 months?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
129	Y15Q1_AYOUTPA	Num	8	YNDK.	2.	Q59 Have you had any same day outpatient surgery in the past 6 months?
130	Y15Q1_AYBLART	Num	8	YNDK.	2.	Q59a Was the same day outpatient surgery to open blocked artery?
131	Y15Q1_AYGALLBL	Num	8	YNDK.	2.	Q59b Was the same day outpatient surgery gall bladder surgery?
132	Y15Q1_AYCATAR	Num	8	YNDK.	2.	Q59c Was the same day outpatient surgery cataract surgery?
133	Y15Q1_AYTURP	Num	8	YNDK.	2.	Q59d Was the same day outpatient surgery TURP (transurethral resection of prostate - MEN ONLY)?
134	Y15Q1_AZOTILL	Num	8	YNDK.	2.	Q60 Is there any other illness or condition for which you see a doctor or other health care professional?
135	Y15Q1_AZOTILSP	Char	1800	\$1800.	\$1800.	Q60a Specify any other illness or conditions for which you saw a doctor or other health care professional?
136	Y15Q1_AZESQUAL	Num	8	STAT9AX.	2.	Q61 At the present time, how would you say your eyesight (with glasses or contact lenses, if you wear them) is?
137	Y15Q1_AZESCAR	Num	8	YNDK8X.	2.	Q62 Are you currently driving, at least once in a while?
138	Y15Q1_BMELEV	Num	8	3.	3.	Q63 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.
139	Y15Q1_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual energy level.
140	Y15Q1_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
141	Y15Q1_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
142	Y15Q1_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?
143	Y15Q1_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
144	Y15Q1_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
145	Y15Q1_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
146	Y15Q1_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
147	Y15Q1_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
148	Y15Q1_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?
149	Y15Q1_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
150	Y15Q1_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
151	Y15Q1_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
152	Y15Q1_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
153	Y15Q1_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?
154	Y15Q1_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
155	Y15Q1_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
156	Y15Q1_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
157	Y15Q1_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
158	Y15Q1_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
159	Y15Q1_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
160	Y15Q1_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
161	Y15Q1_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
162	Y15Q1_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
163	Y15Q1_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
164	Y15Q1_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
165	Y15Q1_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
166	Y15Q1_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
167	Y15Q1_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
168	Y15Q1_BRDMMEDC	Num	8	DECIAB.	2.	Q72b Type of health care decision about Medications?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
169	Y15Q1_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
170	Y15Q1_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
171	Y15Q1_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
172	Y15Q1_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
173	Y15Q1_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?
174	Y15Q1_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
175	Y15Q1_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?
176	Y15Q1_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
177	Y15Q1_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
178	Y15Q1_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
179	Y15Q1_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
180	Y15Q1_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
181	Y15Q1_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?
182	Y15Q1_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
183	Y15Q1_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
184	Y15Q1_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
185	Y15Q1_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
186	Y15Q1_BUHLTCOV	Num	8	YNDK.	2.	Q87 Do you currently have any kind of health care coverage?
187	Y15Q1_BUMEDINS	Num	8	YNDK.	2.	Q88 Do you have any health insurance plan that pays for all or part of the cost of prescription medicines?
188	Y15Q1_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
189	Y15Q1_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
190	Y15Q1_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
191	Y15Q1_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
192	Y15Q1_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?
193	Y15Q1_BYMARSTA	Num	8	MARITAL.	2.	Q98 What is your marital status?
194	Y15Q1_BYSSOPRF	Num	8	HOUSEH.	2.	Q99 Beside yourself, how many other people live in your household or do you live alone?
195	Y15Q1_BYSSOPIH	Num	8	3.	3.	Q99 # of other people that live in your household?
196	Y15Q1_BYRESID	Num	8	HOME.	2.	Q100 In what type of home or residence do you live?
197	Y15Q1_BYRESOTH	Char	500	\$500.	\$500.	Q100 If Other, in what type of home or residence do you live?
198	Y15Q1_CNSSFRNE	Num	8	RATE5X.	2.	Q101 In a typical week, how often do you get together with friends or neighbors?
199	Y15Q1_CNSSCHRE	Num	8	RATE5X.	2.	Q102 In a typical week, how often do you get together with your children or other relatives?
200	Y15Q1_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
201	Y15Q1_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
202	Y15Q1_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?
203	Y15Q1_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
204	Y15Q1_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
205	Y15Q1_AJHCTIM	Num	8			Calculated - # Minutes ppt spent doing heavy chores/home maintenance in past 7 days (not counting rest periods)
206	Y15Q1_AKEWTIM	Num	8			Calculated - Average # of Minutes ppt spent walking each time s/he walked in the past 7 days (excluding rest periods)
207	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q1_PPT

**The CONTENTS Procedure**

<b>Data Set Name</b>	RELY15.Y15Q1_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	21
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	168
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	32
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	97
<b>Obs in First Data Page</b>	73
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q1_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
21	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q1 Calc
17	Y15Q1_BKTWTIME	Num	8			MINUTES WALKING BRISKLY/WEEK
18	Y15Q1_BRISK90	Num	8	YNDK.		WALKS BRISKLY >= 90 MIN/WEEK
19	Y15Q1_BRISK180	Num	8	YNDK.		WALKS BRISKLY >= 180 MIN/WEEK
7	Y15Q1_CSAINDEX	Num	8	SPMISS.		CLIMBING STAIRS ABILITY INDEX, 9=BEST
8	Y15Q1_EASE10P	Num	8	SPMISS.		EASE LIFT/CARRY 10 LBS, 6=VERY EASY
5	Y15Q1_EASE1F	Num	8	SPMISS.		EASE CLIMBING 1 FLIGHT, 6=VERY EASY
3	Y15Q1_EASE1M	Num	8	SPMISS.		EASE WALKING 1 MILE, 3=VERY EASY
9	Y15Q1_EASE20P	Num	8	SPMISS.		EASE LIFT/CARRY 20 LBS, 3=VERY EASY
6	Y15Q1_EASE2F	Num	8	SPMISS.		EASE CLIMBING 2 FLIGHTS, 3=VERY EASY
2	Y15Q1_EASEQM	Num	8	SPMISS.		EASE WALKING 1/4 MILE, 6=VERY EASY
11	Y15Q1_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
13	Y15Q1_FSCKWK	Num	8			KCAL/KG/WEEK CLIMBING STAIRS
10	Y15Q1_LCAINDEX	Num	8	SPMISS.		LIFT/CARRY ABILITY INDEX, 9=BEST
12	Y15Q1_MCKKWK	Num	8			KCAL/KG/WEEK DOING MAJOR CHORES
14	Y15Q1_TWKKWK	Num	8			KCAL/KG/WEEK TOTAL WALKING
16	Y15Q1_WALKCAT	Num	8	WALK9X.		MINUTES WALKING/WEEK CATEGORY
15	Y15Q1_WALKTIME	Num	8			MINUTES WALKING/WEEK
4	Y15Q1_WKAINDEX	Num	8	SPMISS.		WALKING ABILITY INDEX, 9=BEST
20	Y15Q1_WSKKWK	Num	8			KCAL/KG/WEEK - WALKING + STAIRS

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q1_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	21
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	168
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	32
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	97
<b>Obs in First Data Page</b>	73
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q1_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
2	Y15Q1_EASEQM	Num	8	SPMISS.		EASE WALKING 1/4 MILE, 6=VERY EASY
3	Y15Q1_EASE1M	Num	8	SPMISS.		EASE WALKING 1 MILE, 3=VERY EASY
4	Y15Q1_WKAINDEX	Num	8	SPMISS.		WALKING ABILITY INDEX, 9=BEST
5	Y15Q1_EASE1F	Num	8	SPMISS.		EASE CLIMBING 1 FLIGHT, 6=VERY EASY
6	Y15Q1_EASE2F	Num	8	SPMISS.		EASE CLIMBING 2 FLIGHTS, 3=VERY EASY
7	Y15Q1_CSAINDEX	Num	8	SPMISS.		CLIMBING STAIRS ABILITY INDEX, 9=BEST
8	Y15Q1_EASE10P	Num	8	SPMISS.		EASE LIFT/CARRY 10 LBS, 6=VERY EASY
9	Y15Q1_EASE20P	Num	8	SPMISS.		EASE LIFT/CARRY 20 LBS, 3=VERY EASY
10	Y15Q1_LCAINDEX	Num	8	SPMISS.		LIFT/CARRY ABILITY INDEX, 9=BEST
11	Y15Q1_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
12	Y15Q1_MCKKWK	Num	8			KCAL/KG/WEEK DOING MAJOR CHORES
13	Y15Q1_FSCKWK	Num	8			KCAL/KG/WEEK CLIMBING STAIRS
14	Y15Q1_TWKKWK	Num	8			KCAL/KG/WEEK TOTAL WALKING
15	Y15Q1_WALKTIME	Num	8			MINUTES WALKING/WEEK
16	Y15Q1_WALKCAT	Num	8	WALK9X.		MINUTES WALKING/WEEK CATEGORY
17	Y15Q1_BKTWTIME	Num	8			MINUTES WALKING BRISKLY/WEEK
18	Y15Q1_BRISK90	Num	8	YNDK.		WALKS BRISKLY >= 90 MIN/WEEK
19	Y15Q1_BRISK180	Num	8	YNDK.		WALKS BRISKLY >= 180 MIN/WEEK
20	Y15Q1_WSKKWK	Num	8			KCAL/KG/WEEK - WALKING + STAIRS
21	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q1 Calc

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q1_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	151
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:47 PM	<b>Observation Length</b>	5448
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:47 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	3
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q1_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
151	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q1_PROXY
6	Y15Q1_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
2	Y15Q1_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
4	Y15Q1_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q1_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
3	Y15Q1_V1STFID	Char	3	\$3.	\$3.	Staff ID#
8	Y15Q1_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q1_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
7	Y15Q1_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
10	Y15Q1_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q1_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q1_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q1_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
15	Y15Q1_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
25	Y15Q1_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
18	Y15Q1_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
17	Y15Q1_V3CONDX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
26	Y15Q1_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
24	Y15Q1_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue

**The CONTENTS Procedure****Alphabetic List of Variables and Attributes**

#	Variable	Type	Len	Format	Informat	Label
21	Y15Q1_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
23	Y15Q1_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
19	Y15Q1_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
27	Y15Q1_V3CONSPE	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
20	Y15Q1_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure
16	Y15Q1_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
22	Y15Q1_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
14	Y15Q1_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
29	Y15Q1_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
28	Y15Q1_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
34	Y15Q1_V46MFALL	Num	8	YNDK.	2.	Q15 In the past 6 months, has the participant fallen and landed on the floor or ground?
35	Y15Q1_V46MFNUM	Num	8	RATE2X.	2.	Q15a How many times has the ppt fallen in the past 6 months?
32	Y15Q1_V4HCHBP	Num	8	YNDK.	2.	Q13 In the past 6 months, was the ppt told for the first time by a doctor that s/he had hypertension or high blood pressure?
33	Y15Q1_V4SGDIAB	Num	8	YNDK.	2.	Q14 In the past 6 months, was the ppt told for the first time by a doctor that s/he had diabetes?
31	Y15Q1_V4TILT	Num	8	YNDK.	2.	Q12 Has a doctor or other health care professional ever told ppt that s/he has a condition that might be life threatening?
30	Y15Q1_V4TKIDFL	Num	8	YNDK.	2.	Q11 Has a doctor or other health care professional ever told ppt that s/he has weak or failing kidneys?
38	Y15Q1_V5CHF	Num	8	YNDK.	2.	Q17 In the past 6 months, has the ppt been told by a doctor that s/he had congestive heart failure?
40	Y15Q1_V5HCCVA	Num	8	YNDK.	2.	Q18 In the past 6 months, has the ppt been told by a doctor that s/he had stroke, mini-stroke or TIA?
36	Y15Q1_V5HCHAMI	Num	8	YNDK.	2.	Q16 In the past 6 months, has the ppt been told by a doctor that s/he had a heart attack, angina, or chest pain due to heart disease?
37	Y15Q1_V5HOSMI	Num	8	YNDK.	2.	Q16a In the past 6 months, has the ppt been hospitalized overnight for a heart problem?
41	Y15Q1_V5HOSMI2	Num	8	YNDK.	2.	Q18a In the past 6 months, has the ppt been hospitalized overnight for a stroke, mini-stroke or TIA?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
39	Y15Q1_V5HOSMI3	Num	8	YNDK.	2.	Q17a In the past 6 months, has the ppt been hospitalized overnight for congestive heart failure?
42	Y15Q1_V6CHMGMT	Num	8	YNDK.	2.	Q19 In the past 6 months, has a doctor told the ppt for the first time that s/he had a cancer?
43	Y15Q1_V6LCPNEU	Num	8	YNDK.	2.	Q20 In the past 6 months, was the ppt told by a doctor that s/he had pneumonia?
44	Y15Q1_V6OSBR21	Num	8	YNDK.	2.	Q21 In the past 6 months, was the ppt told by a doctor that s/he broke or fractured a bone(s)?
47	Y15Q1_V7BLART	Num	8	YNDK.	2.	Q23a Was the same day outpatient surgery to open blocked artery?
49	Y15Q1_V7CATAR	Num	8	YNDK.	2.	Q23c Was the same day outpatient surgery cataract surgery?
48	Y15Q1_V7GALLBL	Num	8	YNDK.	2.	Q23b Was the same day outpatient surgery gall bladder surgery?
45	Y15Q1_V7HOSP12	Num	8	YNDK.	2.	Q22 Was the ppt hospitalized overnight for any other reasons in the past 6 months?
46	Y15Q1_V7OUTPA	Num	8	YNDK.	2.	Q23 Has the ppt had any same day outpatient surgery in the past 6 months?
50	Y15Q1_V7TURP	Num	8	YNDK.	2.	Q23d Was the same day outpatient surgery TURP (MEN ONLY)?
53	Y15Q1_V8MEM	Num	8	YNDK.	2.	Q25 Does the ppt have any problems with his/her memory?
54	Y15Q1_V8MEMBEG	Num	8	MEMORY.	2.	Q25a Did his/her trouble with memory begin suddenly or slowly?
56	Y15Q1_V8MEMDR	Num	8	YNDK.	2.	Q25c Is a doctor aware of his/her memory problems?
57	Y15Q1_V8MEMPRB	Num	8	MEMDX.	3.	Q25ci What does the doctor believe is causing his/her memory problems?
55	Y15Q1_V8MEMPRG	Num	8	MEMPROG.	2.	Q25b Has the course of his/her memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?
51	Y15Q1_V8OTILL	Num	8	YNDK.	2.	Q24 Is there any other illness or condition for which the ppt sees a doctor or other health care professional?
52	Y15Q1_V8OTILSP	Char	500	\$500.	\$500.	Q24a Specify any other illness or condition for which the ppt sees a doctor or other health care professional?
60	Y15Q1_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
59	Y15Q1_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
58	Y15Q1_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
61	Y15Q1_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q1_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
64	Y15Q1_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
62	Y15Q1_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?
76	Y15Q1_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
72	Y15Q1_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
70	Y15Q1_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?
74	Y15Q1_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
75	Y15Q1_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
73	Y15Q1_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
71	Y15Q1_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
65	Y15Q1_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
69	Y15Q1_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?
68	Y15Q1_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
67	Y15Q1_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
66	Y15Q1_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
99	Y15Q1_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
77	Y15Q1_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
95	Y15Q1_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
94	Y15Q1_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
100	Y15Q1_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
82	Y15Q1_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
83	Y15Q1_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?
88	Y15Q1_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
89	Y15Q1_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
90	Y15Q1_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?
91	Y15Q1_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
80	Y15Q1_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?
81	Y15Q1_VBDMMEDC	Num	8	DECIAAB.	2.	Q31b Type of health care decision about Medications?
98	Y15Q1_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
96	Y15Q1_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
92	Y15Q1_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
93	Y15Q1_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
86	Y15Q1_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
87	Y15Q1_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
84	Y15Q1_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
85	Y15Q1_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
97	Y15Q1_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
79	Y15Q1_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
78	Y15Q1_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
104	Y15Q1_VFDIF	Num	8	DIFF.	2.	Q47a How much difficulty does the ppt have walking up 10 steps without resting?
103	Y15Q1_VFDW10YN	Num	8	YNDK.	2.	Q47 Because of a health or physical problem, does the ppt have any difficulty walking up 10 steps, that is about 1 flight, without resting?
102	Y15Q1_VFDWQMDF	Num	8	DIFF.	2.	Q46a How much difficulty does the ppt have walking a quarter of a mile?
101	Y15Q1_VFDWQMYN	Num	8	YNDK.	2.	Q46 Because of a health or physical problem, does the ppt have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
112	Y15Q1_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
113	Y15Q1_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
111	Y15Q1_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
109	Y15Q1_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
110	Y15Q1_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
108	Y15Q1_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
105	Y15Q1_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?
107	Y15Q1_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
106	Y15Q1_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
117	Y15Q1_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?
118	Y15Q1_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
115	Y15Q1_VHDDDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
116	Y15Q1_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?
114	Y15Q1_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
119	Y15Q1_VHGNLS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?
120	Y15Q1_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
121	Y15Q1_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
128	Y15Q1_VJSYMCO	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
130	Y15Q1_VJSYMCOD	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
129	Y15Q1_VJSYMCOF	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
137	Y15Q1_VJSYMDC	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
139	Y15Q1_VJSYMDCD	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
138	Y15Q1_VJSYMDCF	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?
134	Y15Q1_VJSYMDS	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
136	Y15Q1_VJSYMDSD	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
135	Y15Q1_VJSYMDSF	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
140	Y15Q1_VJSYMDW	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
142	Y15Q1_VJSYMDWD	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
141	Y15Q1_VJSYMDWF	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?
125	Y15Q1_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
127	Y15Q1_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?
126	Y15Q1_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?
122	Y15Q1_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
124	Y15Q1_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
123	Y15Q1_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?
131	Y15Q1_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
133	Y15Q1_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
132	Y15Q1_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
147	Y15Q1_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?
143	Y15Q1_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
146	Y15Q1_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
144	Y15Q1_VKWBACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
145	Y15Q1_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
149	Y15Q1_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
150	Y15Q1_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
148	Y15Q1_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q1_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	151
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:47 PM	<b>Observation Length</b>	5448
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:47 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	3
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q1_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q1_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q1_V1STFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q1_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q1_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
6	Y15Q1_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
7	Y15Q1_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
8	Y15Q1_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q1_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
10	Y15Q1_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q1_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q1_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q1_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
14	Y15Q1_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
15	Y15Q1_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
16	Y15Q1_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
17	Y15Q1_V3CONDY	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
18	Y15Q1_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
19	Y15Q1_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
20	Y15Q1_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
21	Y15Q1_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
22	Y15Q1_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
23	Y15Q1_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
24	Y15Q1_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue
25	Y15Q1_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
26	Y15Q1_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
27	Y15Q1_V3CONSPE	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
28	Y15Q1_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
29	Y15Q1_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
30	Y15Q1_V4TKIDFL	Num	8	YNDK.	2.	Q11 Has a doctor or other health care professional ever told ppt that s/he has weak or failing kidneys?
31	Y15Q1_V4TILT	Num	8	YNDK.	2.	Q12 Has a doctor or other health care professional ever told ppt that s/he has a condition that might be life threatening?
32	Y15Q1_V4HCHBP	Num	8	YNDK.	2.	Q13 In the past 6 months, was the ppt told for the first time by a doctor that s/he had hypertension or high blood pressure?
33	Y15Q1_V4SGDIAB	Num	8	YNDK.	2.	Q14 In the past 6 months, was the ppt told for the first time by a doctor that s/he had diabetes?
34	Y15Q1_V46MFALL	Num	8	YNDK.	2.	Q15 In the past 6 months, has the participant fallen and landed on the floor or ground?
35	Y15Q1_V46MFNUM	Num	8	RATE2X.	2.	Q15a How many times has the ppt fallen in the past 6 months?
36	Y15Q1_V5HCHAMI	Num	8	YNDK.	2.	Q16 In the past 6 months, has the ppt been told by a doctor that s/he had a heart attack, angina, or chest pain due to heart disease?
37	Y15Q1_V5HOSMI	Num	8	YNDK.	2.	Q16a In the past 6 months, has the ppt been hospitalized overnight for a heart problem?
38	Y15Q1_V5CHF	Num	8	YNDK.	2.	Q17 In the past 6 months, has the ppt been told by a doctor that s/he had congestive heart failure?
39	Y15Q1_V5HOSMI3	Num	8	YNDK.	2.	Q17a In the past 6 months, has the ppt been hospitalized overnight for congestive heart failure?
40	Y15Q1_V5HCCVA	Num	8	YNDK.	2.	Q18 In the past 6 months, has the ppt been told by a doctor that s/he had stroke, mini-stroke or TIA?
41	Y15Q1_V5HOSMI2	Num	8	YNDK.	2.	Q18a In the past 6 months, has the ppt been hospitalized overnight for a stroke, mini-stroke or TIA?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
42	Y15Q1_V6CHMGMT	Num	8	YNDK.	2.	Q19 In the past 6 months, has a doctor told the ppt for the first time that s/he had a cancer?
43	Y15Q1_V6LCPNEU	Num	8	YNDK.	2.	Q20 In the past 6 months, was the ppt told by a doctor that s/he had pneumonia?
44	Y15Q1_V6OSBR21	Num	8	YNDK.	2.	Q21 In the past 6 months, was the ppt told by a doctor that s/he broke or fractured a bone(s)?
45	Y15Q1_V7HOSP12	Num	8	YNDK.	2.	Q22 Was the ppt hospitalized overnight for any other reasons in the past 6 months?
46	Y15Q1_V7OUTPA	Num	8	YNDK.	2.	Q23 Has the ppt had any same day outpatient surgery in the past 6 months?
47	Y15Q1_V7BLART	Num	8	YNDK.	2.	Q23a Was the same day outpatient surgery to open blocked artery?
48	Y15Q1_V7GALLBL	Num	8	YNDK.	2.	Q23b Was the same day outpatient surgery gall bladder surgery?
49	Y15Q1_V7CATAR	Num	8	YNDK.	2.	Q23c Was the same day outpatient surgery cataract surgery?
50	Y15Q1_V7TURP	Num	8	YNDK.	2.	Q23d Was the same day outpatient surgery TURP (MEN ONLY)?
51	Y15Q1_V8OTILL	Num	8	YNDK.	2.	Q24 Is there any other illness or condition for which the ppt sees a doctor or other health care professional?
52	Y15Q1_V8OTILSP	Char	500	\$500.	\$500.	Q24a Specify any other illness or condition for which the ppt sees a doctor or other health care professional?
53	Y15Q1_V8MEM	Num	8	YNDK.	2.	Q25 Does the ppt have any problems with his/her memory?
54	Y15Q1_V8MEMBEG	Num	8	MEMORY.	2.	Q25a Did his/her trouble with memory begin suddenly or slowly?
55	Y15Q1_V8MEMPRG	Num	8	MEMPROG.	2.	Q25b Has the course of his/her memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?
56	Y15Q1_V8MEMDR	Num	8	YNDK.	2.	Q25c Is a doctor aware of his/her memory problems?
57	Y15Q1_V8MEMPRB	Num	8	MEMDX.	3.	Q25ci What does the doctor believe is causing his/her memory problems?
58	Y15Q1_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
59	Y15Q1_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
60	Y15Q1_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
61	Y15Q1_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?
62	Y15Q1_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q1_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
64	Y15Q1_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
65	Y15Q1_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
66	Y15Q1_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
67	Y15Q1_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
68	Y15Q1_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
69	Y15Q1_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?
70	Y15Q1_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?
71	Y15Q1_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
72	Y15Q1_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
73	Y15Q1_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
74	Y15Q1_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
75	Y15Q1_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
76	Y15Q1_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
77	Y15Q1_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
78	Y15Q1_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
79	Y15Q1_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
80	Y15Q1_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?
81	Y15Q1_VBDMMEDC	Num	8	DECIAB.	2.	Q31b Type of health care decision about Medications?
82	Y15Q1_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?
83	Y15Q1_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
84	Y15Q1_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
85	Y15Q1_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
86	Y15Q1_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
87	Y15Q1_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
88	Y15Q1_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
89	Y15Q1_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
90	Y15Q1_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?
91	Y15Q1_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
92	Y15Q1_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
93	Y15Q1_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
94	Y15Q1_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
95	Y15Q1_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
96	Y15Q1_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
97	Y15Q1_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
98	Y15Q1_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
99	Y15Q1_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
100	Y15Q1_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
101	Y15Q1_VFDWQMYN	Num	8	YNDK.	2.	Q46 Because of a health or physical problem, does the ppt have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
102	Y15Q1_VFDWQMDF	Num	8	DIFF.	2.	Q46a How much difficulty does the ppt have walking a quarter of a mile?
103	Y15Q1_VFDW10YN	Num	8	YNDK.	2.	Q47 Because of a health or physical problem, does the ppt have any difficulty walking up 10 steps, that is about 1 flight, without resting?
104	Y15Q1_VFDIF	Num	8	DIFF.	2.	Q47a How much difficulty does the ppt have walking up 10 steps without resting?
105	Y15Q1_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
106	Y15Q1_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
107	Y15Q1_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
108	Y15Q1_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
109	Y15Q1_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
110	Y15Q1_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
111	Y15Q1_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
112	Y15Q1_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
113	Y15Q1_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
114	Y15Q1_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
115	Y15Q1_VHDDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
116	Y15Q1_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?
117	Y15Q1_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?
118	Y15Q1_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
119	Y15Q1_VHGNLS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?
120	Y15Q1_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
121	Y15Q1_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
122	Y15Q1_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
123	Y15Q1_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?
124	Y15Q1_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
125	Y15Q1_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
126	Y15Q1_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?
127	Y15Q1_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
128	Y15Q1_VJSYMC0	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
129	Y15Q1_VJSYMC0F	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
130	Y15Q1_VJSYMC0D	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
131	Y15Q1_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
132	Y15Q1_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
133	Y15Q1_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
134	Y15Q1_VJSYMD5	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
135	Y15Q1_VJSYMD5F	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
136	Y15Q1_VJSYMD5D	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
137	Y15Q1_VJSYMD6	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?
138	Y15Q1_VJSYMD6F	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?
139	Y15Q1_VJSYMD6D	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
140	Y15Q1_VJSYMD7	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
141	Y15Q1_VJSYMD7F	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?
142	Y15Q1_VJSYMD7D	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
143	Y15Q1_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
144	Y15Q1_VKWBACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?
145	Y15Q1_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
146	Y15Q1_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
147	Y15Q1_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
148	Y15Q1_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?
149	Y15Q1_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
150	Y15Q1_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
151	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q1_PROXY

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q2_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	185
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:19 PM	<b>Observation Length</b>	4928
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:19 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1028
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	2
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q2_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
185	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q2_PPT
2	Y15Q2_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q2_AASTFID	Char	3	\$3.	\$3.	Staff ID#
5	Y15Q2_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q2_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q2_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q2_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
4	Y15Q2_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
10	Y15Q2_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
20	Y15Q2_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
13	Y15Q2_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
12	Y15Q2_ACCONDX	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
21	Y15Q2_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else
19	Y15Q2_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
16	Y15Q2_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
18	Y15Q2_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
14	Y15Q2_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
22	Y15Q2_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
15	Y15Q2_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
11	Y15Q2_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
17	Y15Q2_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
9	Y15Q2_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
26	Y15Q2_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
23	Y15Q2_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
25	Y15Q2_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
24	Y15Q2_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
31	Y15Q2_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?
30	Y15Q2_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
33	Y15Q2_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
32	Y15Q2_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?
34	Y15Q2_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
29	Y15Q2_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
28	Y15Q2_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
35	Y15Q2_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
27	Y15Q2_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
36	Y15Q2_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
37	Y15Q2_AGDIFFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
38	Y15Q2_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
45	Y15Q2_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
47	Y15Q2_AMSYMCOD	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?
46	Y15Q2_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
54	Y15Q2_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?

***The CONTENTS Procedure***

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
56	Y15Q2_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
55	Y15Q2_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
51	Y15Q2_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
53	Y15Q2_AMSYMDSD	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?
52	Y15Q2_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
57	Y15Q2_AMSYMDW	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
59	Y15Q2_AMSYMDWD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
58	Y15Q2_AMSYMDWF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
42	Y15Q2_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
44	Y15Q2_AMSYMNAD	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
43	Y15Q2_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?
39	Y15Q2_AMSYMPN	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
41	Y15Q2_AMSYMPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
40	Y15Q2_AMSYMPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
48	Y15Q2_AMSYMSB	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
50	Y15Q2_AMSYMSBD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
49	Y15Q2_AMSYMSBF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
69	Y15Q2_ANTICADC	Num	8	CORRECTN.	2.	Q26c TICS - What city are you in?
67	Y15Q2_ANTICADN	Num	8	CORRECTN.	2.	Q26a TICS - What is your house number (or facility name)?
68	Y15Q2_ANTICADS	Num	8	CORRECTN.	2.	Q26b TICS - What is your street name?
70	Y15Q2_ANTICADT	Num	8	CORRECTN.	2.	Q26d TICS - What state are you in?
71	Y15Q2_ANTICADZ	Num	8	CORRECTN.	2.	Q26e TICS - What is your your zip code?
63	Y15Q2_ANTICDAY	Num	8	CORRECTN.	2.	Q25b TICS - What day is it?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
66	Y15Q2_ANTICDYS	Num	8	CORRECTN.	2.	Q25e TICS - What season is it?
65	Y15Q2_ANTICDYW	Num	8	CORRECTN.	2.	Q25d TICS - What day of the week is it?
60	Y15Q2_ANTICFN	Num	8	CORRECTN.	2.	Q24a TICS - Tell me your first name
61	Y15Q2_ANTICLN	Num	8	CORRECTN.	2.	Q24b TICS - Tell me your last name
62	Y15Q2_ANTICMON	Num	8	CORRECTN.	2.	Q25a TICS - What month is it?
64	Y15Q2_ANTICYR	Num	8	CORRECTN.	2.	Q25c TICS - What year is it?
78	Y15Q2_APTIC12	Num	8	CORRECTN.	2.	Q30b TICS - How many things are in a dozen?
72	Y15Q2_APTICCB	Num	8	CORRECTO.	2.	Q27 TICS - Count backwards from 20 to 1
77	Y15Q2_APTICCP	Num	8	CORRECTN.	2.	Q30a TICS - What do people usually use to cut paper?
75	Y15Q2_APTICNB	Num	8	2.	2.	Q29 TICS - # of correct answers (0-5) when subtracting 7 from 100
76	Y15Q2_APTICNBR	Num	8	CORRECTN.	2.	Q29 TICS - Participant refused to subtract 7 from 100 or could not due to disability
79	Y15Q2_APTICPG	Num	8	CORRECTN.	2.	Q30c TICS - What do you call the prickly green plant that lives in the desert?
80	Y15Q2_APTICWL	Num	8	CORRECTN.	2.	Q30d TICS - What animal does wool come from?
73	Y15Q2_APTICWR	Num	8	3.	3.	Q28 TICS - # of correct words remembered from list of 10
74	Y15Q2_APTICWRR	Num	8	CORRECTN.	2.	Q28 TICS - Participant refused to list any of the 10 words or could not due to disability
85	Y15Q2_AQTICFTP	Num	8	TAPS.	2.	Q33 TICS - With your finger, tap five times on the part of the phone you speak into.
81	Y15Q2_AQTICIAB	Num	8	CORRECTN.	2.	Q31a TICS - Repeat the phrase No ifs, ands or Buts
82	Y15Q2_AQTICME	Num	8	CORRECTN.	2.	Q31b TICS - Repeat the phrase Methodist Episcopal
83	Y15Q2_AQTICPRE	Num	8	CORRECTN.	2.	Q32a TICS - Who is president of United States right now?
184	Y15Q2_AQTICSTIM	Num	8			Calculated - Time it took in minutes for ppt to complete Telephone Interview for Cognitive Status (TICS)
84	Y15Q2_AQTICVP	Num	8	CORRECTN.	2.	Q32b TICS - Who is vice president?
87	Y15Q2_AQTICWOG	Num	8	CORRECTN.	2.	Q34b TICS - What is the opposite of generous?
86	Y15Q2_AQTICWOW	Num	8	CORRECTN.	2.	Q34a TICS - What is the opposite of West?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
88	Y15Q2_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
89	Y15Q2_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?
90	Y15Q2_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?
92	Y15Q2_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
93	Y15Q2_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
91	Y15Q2_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?
94	Y15Q2_BMELEV	Num	8	3.	3.	Q63 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.
95	Y15Q2_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual enery level.
97	Y15Q2_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
96	Y15Q2_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
103	Y15Q2_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
102	Y15Q2_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
98	Y15Q2_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?
100	Y15Q2_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
101	Y15Q2_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
99	Y15Q2_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
104	Y15Q2_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?
106	Y15Q2_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
107	Y15Q2_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
105	Y15Q2_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
119	Y15Q2_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
115	Y15Q2_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
113	Y15Q2_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
117	Y15Q2_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
118	Y15Q2_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
116	Y15Q2_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
114	Y15Q2_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
108	Y15Q2_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
112	Y15Q2_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
111	Y15Q2_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
110	Y15Q2_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
109	Y15Q2_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?
140	Y15Q2_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
120	Y15Q2_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
138	Y15Q2_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
137	Y15Q2_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?
141	Y15Q2_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
125	Y15Q2_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
126	Y15Q2_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
131	Y15Q2_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
132	Y15Q2_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
133	Y15Q2_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
134	Y15Q2_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
123	Y15Q2_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
124	Y15Q2_BRDMMEDC	Num	8	DECIAA.	2.	Q72b Type of health care decision about Medications?
139	Y15Q2_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
135	Y15Q2_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
136	Y15Q2_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
129	Y15Q2_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?
130	Y15Q2_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
127	Y15Q2_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
128	Y15Q2_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
122	Y15Q2_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
121	Y15Q2_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
142	Y15Q2_BSPREF	Num	8	PREFCARE.	2.	Q73 I am going to read three sentences to you and then ask which one best matches how you prefer to make medical care decisions.
143	Y15Q2_BSPREFOD	Num	8	OPINION.	2.	Q73a If you and your doctor were to have different opinions, would you be more inclined to respect your doctors opinion or go with your own opinion?
144	Y15Q2_BSPRFCPR	Num	8	YNNREF.	2.	Q74 If your heart stopped, would you want CPR (cardio-pulmonary resuscitation, where your heart is started up again)?
147	Y15Q2_BSPRFDIA	Num	8	DIALYSIS.	2.	Q77If your kidneys started to fail, would you want kidney dialysis (where your blood is pumped through a machine)?
146	Y15Q2_BSPRFFT	Num	8	YNNREF.	2.	Q76 If you were unable to eat, would you want a feeding tube for longer than 1 week?
148	Y15Q2_BSPRFOHS	Num	8	YNNREF.	2.	Q78 If a doctor suggested it, would you consider having open-heart surgery?
145	Y15Q2_BSPRFVEN	Num	8	YNNREF.	2.	Q75 If you had trouble breathing, would you want a ventilator or breathing machine?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
150	Y15Q2_BTPRFBIO	Num	8	YNNREF.	2.	Q80 If a doctor suggested it, would you have a biopsy (a medical test involving the removal of cells or tissues for examination)?
149	Y15Q2_BTPRFFIB	Num	8	DEFIBR.	2.	Q79 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)?
154	Y15Q2_BTPRFHPA	Num	8	YNDK.	2.	Q84 Do you have a legal document designating someone as your power of attorney for health care?
152	Y15Q2_BTPRFLS	Num	8	YNDK.	2.	Q82 Have you ever talked with a doctor about your preferences for life-sustaining treatments?
155	Y15Q2_BTPRFLW	Num	8	YNDK.	2.	Q85 Do you have a signed and witnessed living will or other similar document?
151	Y15Q2_BTPRFMRI	Num	8	YNNREF.	2.	Q81 If a doctor suggested it, would you have an MRI, ultrasound, or angiogram?
153	Y15Q2_BTPRFNW	Num	8	YNDK.	2.	Q83 Have you ever had any treatment or medical procedures that you did not want?
156	Y15Q2_BTPRFPAL	Num	8	YNDK.	2.	Q86 Have you heard about hospice or palliative care?
158	Y15Q2_BTPRFPF	Num	8	YNNREF.	2.	Q86b Have you talked about hospice with your family?
157	Y15Q2_BTPRFPS	Num	8	YNNREF.	2.	Q86a Is hospice or palliative care what you would want if you were approaching death?
159	Y15Q2_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
160	Y15Q2_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
161	Y15Q2_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?
171	Y15Q2_BWREBLF	Num	8	YNNREF.	2.	Q95 Your belief in yourself gets you through hard times. Do you agree?
172	Y15Q2_BWREBLFA	Num	8	AGREEX.	2.	Q95 Completely or mostly agree that your belief in yourself gets you through hard times
173	Y15Q2_BWREBLFD	Num	8	AGREE_D.	2.	Q95 Completely or mostly disagree that your belief in yourself gets you through hard times
174	Y15Q2_BWREHND	Num	8	YNNREF.	2.	Q96 You feel that you can handle many things at a time. Do you agree?
175	Y15Q2_BWREHNDA	Num	8	AGREEX.	2.	Q96 Completely or mostly agree that you feel that you can handle many things at a time
176	Y15Q2_BWREHNDD	Num	8	AGREE_D.	2.	Q96 Completely or mostly disagree that you feel that you can handle many things at a time
165	Y15Q2_BWREINT	Num	8	YNNREF.	2.	Q93 You keep interested in things. Do you agree?
166	Y15Q2_BWREINTA	Num	8	AGREEX.	2.	Q93 Completely or mostly agree that you keep interested in things
167	Y15Q2_BWREINTD	Num	8	AGREE_D.	2.	Q93 Completely or mostly disagree that you keep interested in things

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
168	Y15Q2_BWRELGH	Num	8	YNNREF.	2.	Q94 You can usually find something to laugh about. Do you agree?
169	Y15Q2_BWRELGHA	Num	8	AGREEX.	2.	Q94 Completely or mostly agree that you can usually find something to laugh about
170	Y15Q2_BWRELGHD	Num	8	AGREE_D.	2.	Q94 Completely or mostly disagree that you can usually find something to laugh about
162	Y15Q2_BWREPRD	Num	8	YNNREF.	2.	Q92 You feel proud that you have accomplished things in my life. Do you agree?
163	Y15Q2_BWREPRDA	Num	8	AGREEX.	2.	Q92 Completely or mostly agree that you feel proud that you have accomplished things in my life
164	Y15Q2_BWREPRDD	Num	8	AGREE_D.	2.	Q92 Completely or mostly disagree that you feel proud that you have accomplished things in my life
178	Y15Q2_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?
177	Y15Q2_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
182	Y15Q2_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
179	Y15Q2_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
180	Y15Q2_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
183	Y15Q2_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
181	Y15Q2_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q2_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	185
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:19 PM	<b>Observation Length</b>	4928
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:19 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1028
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	2
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q2_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q2_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q2_AASTFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q2_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
5	Y15Q2_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q2_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q2_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q2_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
9	Y15Q2_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
10	Y15Q2_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
11	Y15Q2_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom
12	Y15Q2_ACCONDY	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
13	Y15Q2_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
14	Y15Q2_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
15	Y15Q2_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
16	Y15Q2_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
17	Y15Q2_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
18	Y15Q2_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
19	Y15Q2_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
20	Y15Q2_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
21	Y15Q2_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else

***The CONTENTS Procedure***

<b>Variables in Creation Order</b>						
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
22	Y15Q2_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
23	Y15Q2_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
24	Y15Q2_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
25	Y15Q2_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
26	Y15Q2_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
27	Y15Q2_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
28	Y15Q2_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
29	Y15Q2_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
30	Y15Q2_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
31	Y15Q2_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?
32	Y15Q2_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?
33	Y15Q2_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
34	Y15Q2_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
35	Y15Q2_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
36	Y15Q2_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
37	Y15Q2_AGDIFFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
38	Y15Q2_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
39	Y15Q2_AMSYMPN	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
40	Y15Q2_AMSYMPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
41	Y15Q2_AMSYMPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
42	Y15Q2_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
43	Y15Q2_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
44	Y15Q2_AMSYMNA	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
45	Y15Q2_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
46	Y15Q2_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
47	Y15Q2_AMSYMCO	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?
48	Y15Q2_AMSYMBS	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
49	Y15Q2_AMSYMBSF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
50	Y15Q2_AMSYMBSD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
51	Y15Q2_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
52	Y15Q2_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
53	Y15Q2_AMSYMDS	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?
54	Y15Q2_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?
55	Y15Q2_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
56	Y15Q2_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
57	Y15Q2_AMSYMDD	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
58	Y15Q2_AMSYMDDF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
59	Y15Q2_AMSYMDD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
60	Y15Q2_ANTICFN	Num	8	CORRECTN.	2.	Q24a TICS - Tell me your first name
61	Y15Q2_ANTICLN	Num	8	CORRECTN.	2.	Q24b TICS - Tell me your last name
62	Y15Q2_ANTICMON	Num	8	CORRECTN.	2.	Q25a TICS - What month is it?
63	Y15Q2_ANTICDAY	Num	8	CORRECTN.	2.	Q25b TICS - What day is it?
64	Y15Q2_ANTICYR	Num	8	CORRECTN.	2.	Q25c TICS - What year is it?
65	Y15Q2_ANTICDYW	Num	8	CORRECTN.	2.	Q25d TICS - What day of the week is it?
66	Y15Q2_ANTICDYS	Num	8	CORRECTN.	2.	Q25e TICS - What season is it?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
67	Y15Q2_ANTICADN	Num	8	CORRECTN.	2.	Q26a TICS - What is your house number (or facility name)?
68	Y15Q2_ANTICADS	Num	8	CORRECTN.	2.	Q26b TICS - What is your street name?
69	Y15Q2_ANTICADC	Num	8	CORRECTN.	2.	Q26c TICS - What city are you in?
70	Y15Q2_ANTICADT	Num	8	CORRECTN.	2.	Q26d TICS - What state are you in?
71	Y15Q2_ANTICADZ	Num	8	CORRECTN.	2.	Q26e TICS - What is your your zip code?
72	Y15Q2_APTICCB	Num	8	CORRECTO.	2.	Q27 TICS - Count backwards from 20 to 1
73	Y15Q2_APTICWR	Num	8	3.	3.	Q28 TICS - # of correct words remembered from list of 10
74	Y15Q2_APTICWRR	Num	8	CORRECTN.	2.	Q28 TICS - Participant refused to list any of the 10 words or could not due to disability
75	Y15Q2_APTICNB	Num	8	2.	2.	Q29 TICS - # of correct answers (0-5) when subtracting 7 from 100
76	Y15Q2_APTICNBR	Num	8	CORRECTN.	2.	Q29 TICS - Participant refused to subtract 7 from 100 or could not due to disability
77	Y15Q2_APTICCP	Num	8	CORRECTN.	2.	Q30a TICS - What do people usually use to cut paper?
78	Y15Q2_APTIC12	Num	8	CORRECTN.	2.	Q30b TICS - How many things are in a dozen?
79	Y15Q2_APTICPG	Num	8	CORRECTN.	2.	Q30c TICS - What do you call the prickly green plant that lives in the desert?
80	Y15Q2_APTICWL	Num	8	CORRECTN.	2.	Q30d TICS - What animal does wool come from?
81	Y15Q2_AQTIC1AB	Num	8	CORRECTN.	2.	Q31a TICS - Repeat the phrase No ifs, ands or Buts
82	Y15Q2_AQTICME	Num	8	CORRECTN.	2.	Q31b TICS - Repeat the phrase Methodist Episcopal
83	Y15Q2_AQTICPRE	Num	8	CORRECTN.	2.	Q32a TICS - Who is president of United States right now?
84	Y15Q2_AQTICVP	Num	8	CORRECTN.	2.	Q32b TICS - Who is vice president?
85	Y15Q2_AQTICFTP	Num	8	TAPS.	2.	Q33 TICS - With your finger, tap five times on the part of the phone you speak into.
86	Y15Q2_AQTICWOW	Num	8	CORRECTN.	2.	Q34a TICS - What is the opposite of West?
87	Y15Q2_AQTICWOG	Num	8	CORRECTN.	2.	Q34b TICS - What is the opposite of generous?
88	Y15Q2_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
89	Y15Q2_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
90	Y15Q2_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?
91	Y15Q2_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?
92	Y15Q2_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
93	Y15Q2_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
94	Y15Q2_BMELEV	Num	8	3.	3.	Q63 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.
95	Y15Q2_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual enery level.
96	Y15Q2_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
97	Y15Q2_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
98	Y15Q2_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?
99	Y15Q2_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
100	Y15Q2_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
101	Y15Q2_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
102	Y15Q2_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
103	Y15Q2_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
104	Y15Q2_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?
105	Y15Q2_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?
106	Y15Q2_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
107	Y15Q2_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
108	Y15Q2_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
109	Y15Q2_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
110	Y15Q2_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
111	Y15Q2_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
112	Y15Q2_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
113	Y15Q2_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
114	Y15Q2_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
115	Y15Q2_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
116	Y15Q2_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
117	Y15Q2_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
118	Y15Q2_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
119	Y15Q2_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
120	Y15Q2_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
121	Y15Q2_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
122	Y15Q2_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
123	Y15Q2_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
124	Y15Q2_BRDMMEDC	Num	8	DECIAB.	2.	Q72b Type of health care decision about Medications?
125	Y15Q2_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
126	Y15Q2_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
127	Y15Q2_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
128	Y15Q2_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
129	Y15Q2_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
130	Y15Q2_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
131	Y15Q2_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?
132	Y15Q2_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
133	Y15Q2_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
134	Y15Q2_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
135	Y15Q2_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
136	Y15Q2_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
137	Y15Q2_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?
138	Y15Q2_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
139	Y15Q2_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
140	Y15Q2_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
141	Y15Q2_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
142	Y15Q2_BSPREF	Num	8	PREFCARE.	2.	Q73 I am going to read three sentences to you and then ask which one best matches how you prefer to make medical care decisions.
143	Y15Q2_BSPREFOD	Num	8	OPINION.	2.	Q73a If you and your doctor were to have different opinions, would you be more inclined to respect your doctors opinion or go with your own opinion?
144	Y15Q2_BSPRFCPR	Num	8	YNNREF.	2.	Q74 If your heart stopped, would you want CPR (cardio-pulmonary resuscitation, where your heart is started up again)?
145	Y15Q2_BSPRFVEN	Num	8	YNNREF.	2.	Q75 If you had trouble breathing, would you want a ventilator or breathing machine?
146	Y15Q2_BSPRFFT	Num	8	YNNREF.	2.	Q76 If you were unable to eat, would you want a feeding tube for longer than 1 week?
147	Y15Q2_BSPRFDIA	Num	8	DIALYSIS.	2.	Q77If your kidneys started to fail, would you want kidney dialysis (where your blood is pumped through a machine)?
148	Y15Q2_BSPRFOHS	Num	8	YNNREF.	2.	Q78 If a doctor suggested it, would you consider having open-heart surgery?
149	Y15Q2_BTPRFFIB	Num	8	DEFIBR.	2.	Q79 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)?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
150	Y15Q2_BTPRFBIO	Num	8	YNNNSREF.	2.	Q80 If a doctor suggested it, would you have a biopsy (a medical test involving the removal of cells or tissues for examination)?
151	Y15Q2_BTPRFMRI	Num	8	YNNNSREF.	2.	Q81 If a doctor suggested it, would you have an MRI, ultrasound, or angiogram?
152	Y15Q2_BTPRFLS	Num	8	YNDK.	2.	Q82 Have you ever talked with a doctor about your preferences for life-sustaining treatments?
153	Y15Q2_BTPRFNW	Num	8	YNDK.	2.	Q83 Have you ever had any treatment or medical procedures that you did not want?
154	Y15Q2_BTPRFHPA	Num	8	YNDK.	2.	Q84 Do you have a legal document designating someone as your power of attorney for health care?
155	Y15Q2_BTPRFLW	Num	8	YNDK.	2.	Q85 Do you have a signed and witnessed living will or other similar document?
156	Y15Q2_BTPRFPAL	Num	8	YNDK.	2.	Q86 Have you heard about hospice or palliative care?
157	Y15Q2_BTPRFPS	Num	8	YNNNSREF.	2.	Q86a Is hospice or palliative care what you would want if you were approaching death?
158	Y15Q2_BTPRFPF	Num	8	YNNNSREF.	2.	Q86b Have you talked about hospice with your family?
159	Y15Q2_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
160	Y15Q2_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
161	Y15Q2_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?
162	Y15Q2_BWREPRD	Num	8	YNNNSREF.	2.	Q92 You feel proud that you have accomplished things in my life. Do you agree?
163	Y15Q2_BWREPRDA	Num	8	AGREEEX.	2.	Q92 Completely or mostly agree that you feel proud that you have accomplished things in my life
164	Y15Q2_BWREPRDD	Num	8	AGREE_D.	2.	Q92 Completely or mostly disagree that you feel proud that you have accomplished things in my life
165	Y15Q2_BWREINT	Num	8	YNNNSREF.	2.	Q93 You keep interested in things. Do you agree?
166	Y15Q2_BWREINTA	Num	8	AGREEEX.	2.	Q93 Completely or mostly agree that you keep interested in things
167	Y15Q2_BWREINTD	Num	8	AGREE_D.	2.	Q93 Completely or mostly disagree that you keep interested in things
168	Y15Q2_BWRELGH	Num	8	YNNNSREF.	2.	Q94 You can usually find something to laugh about. Do you agree?
169	Y15Q2_BWRELGHA	Num	8	AGREEEX.	2.	Q94 Completely or mostly agree that you can usually find something to laugh about
170	Y15Q2_BWRELGHD	Num	8	AGREE_D.	2.	Q94 Completely or mostly disagree that you can usually find something to laugh about
171	Y15Q2_BWREBLF	Num	8	YNNNSREF.	2.	Q95 Your belief in yourself gets you through hard times. Do you agree?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
172	Y15Q2_BWREBLFA	Num	8	AGREEEX.	2.	Q95 Completely or mostly agree that your belief in yourself gets you through hard times
173	Y15Q2_BWREBLFD	Num	8	AGREE_D.	2.	Q95 Completely or mostly disagree that your belief in yourself gets you through hard times
174	Y15Q2_BWREHND	Num	8	YNNREF.	2.	Q96 You feel that you can handle many things at a time. Do you agree?
175	Y15Q2_BWREHNDA	Num	8	AGREEEX.	2.	Q96 Completely or mostly agree that you feel that you can handle many things at a time
176	Y15Q2_BWREHNDD	Num	8	AGREE_D.	2.	Q96 Completely or mostly disagree that you feel that you can handle many things at a time
177	Y15Q2_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
178	Y15Q2_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?
179	Y15Q2_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
180	Y15Q2_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
181	Y15Q2_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?
182	Y15Q2_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
183	Y15Q2_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
184	Y15Q2_AQTICSTIM	Num	8			Calculated - Time it took in minutes for ppt to complete Telephone Interview for Cognitive Status (TICS)
185	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q2_PPT

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q2_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	5
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	40
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	4096
<b>Number of Data Set Pages</b>	31
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	101
<b>Obs in First Data Page</b>	56
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q2_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
5	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q2 Calc
2	Y15Q2_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
4	Y15Q2_TICSdisabled	Num	8			TICS Number of Responses where a Disability prevented ppt from responding
3	Y15Q2_TICSscore	Num	8			Total Score on Telephone Interview Cognitive Status Test (TICS)

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q2_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	5
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	40
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	4096
<b>Number of Data Set Pages</b>	31
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	101
<b>Obs in First Data Page</b>	56
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q2_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
2	Y15Q2_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
3	Y15Q2_TICSscore	Num	8			Total Score on Telephone Interview Cognitive Status Test (TICS)
4	Y15Q2_TICSdisabled	Num	8			TICS Number of Responses where a Disability prevented ppt from responding
5	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q2 Calc

**The CONTENTS Procedure**

<b>Data Set Name</b>	RELY15.Y15Q2_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	137
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:50 PM	<b>Observation Length</b>	4848
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:50 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	2
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	1
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q2_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
137	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q2_PROXY
6	Y15Q2_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
2	Y15Q2_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
4	Y15Q2_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q2_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
3	Y15Q2_V1STFID	Char	3	\$3.	\$3.	Staff ID#
8	Y15Q2_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q2_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
7	Y15Q2_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
10	Y15Q2_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q2_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q2_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q2_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
15	Y15Q2_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
25	Y15Q2_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
18	Y15Q2_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
17	Y15Q2_V3CONDX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
26	Y15Q2_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
24	Y15Q2_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
21	Y15Q2_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
23	Y15Q2_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
19	Y15Q2_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
27	Y15Q2_V3CONSP	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
20	Y15Q2_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure
16	Y15Q2_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
22	Y15Q2_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
14	Y15Q2_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
29	Y15Q2_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
28	Y15Q2_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
32	Y15Q2_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
31	Y15Q2_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
30	Y15Q2_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
33	Y15Q2_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?
35	Y15Q2_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
36	Y15Q2_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
34	Y15Q2_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?
48	Y15Q2_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
44	Y15Q2_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
42	Y15Q2_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
46	Y15Q2_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
47	Y15Q2_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
45	Y15Q2_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
43	Y15Q2_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
37	Y15Q2_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
41	Y15Q2_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?
40	Y15Q2_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
39	Y15Q2_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
38	Y15Q2_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
71	Y15Q2_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
49	Y15Q2_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
67	Y15Q2_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
66	Y15Q2_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
72	Y15Q2_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
54	Y15Q2_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?
55	Y15Q2_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?
60	Y15Q2_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
61	Y15Q2_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
62	Y15Q2_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?
63	Y15Q2_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
52	Y15Q2_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
53	Y15Q2_VBDMMEDC	Num	8	DECIAB.	2.	Q31b Type of health care decision about Medications?
70	Y15Q2_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
68	Y15Q2_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
64	Y15Q2_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
65	Y15Q2_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
58	Y15Q2_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
59	Y15Q2_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
56	Y15Q2_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
57	Y15Q2_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
69	Y15Q2_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
51	Y15Q2_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
50	Y15Q2_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
74	Y15Q2_VCOREFOD	Num	8	OPINION.	2.	Q32a If you and your doctor were to have different opinions, would you be more inclined to respect your doctor opinion or go with your own opinion?
73	Y15Q2_VCPREF	Num	8	PREFCARE.	2.	Q32 I am going to read three sentences to you, the proxy, and ask which one best matches how you prefer to make medical care decisions about yourself.
75	Y15Q2_VCPRFCPR	Num	8	YNNsREF.	2.	Q33 If the ppt heart stopped, would the ppt want CPR (cardio-pulmonary resuscitation, where the heart is started up again)?
78	Y15Q2_VCPRFDIA	Num	8	DIALYSIS.	2.	Q36 If the ppt kidneys started to fail, would the ppt want kidney dialysis (where blood is pumped through a machine)?
77	Y15Q2_VCPRFFT	Num	8	YNNsREF.	2.	Q35 If the ppt were unable to eat, would the ppt want a feeding tube for longer than 1 week?
79	Y15Q2_VCPRFOHS	Num	8	YNNsREF.	2.	Q37 If a doctor suggested it, would the ppt consider having open-heart surgery?
76	Y15Q2_VCPRFVEN	Num	8	YNNsREF.	2.	Q34 If the ppt had trouble breathing, would the ppt want a ventilator or breathing machine?
81	Y15Q2_VDPRFBIO	Num	8	YNNsREF.	2.	Q39 If a doctor suggested it, would the ppt have a biopsy?
80	Y15Q2_VDPRFFIB	Num	8	DEFIBR.	2.	Q38 If a doctor suggested it, would the ppt accept an implanted defibrillator?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
85	Y15Q2_VDPRFHPA	Num	8	YNDK.	2.	Q43 Does the ppt have a legal document designating someone as his/her power of attorney for health care?
86	Y15Q2_VDPRFHPP	Num	8	YNDK.	2.	Q43a Are you his/her designated power of attorney for health care?
83	Y15Q2_VDPRFLS	Num	8	YNDK.	2.	Q41 Has the ppt ever talked with a doctor about his/her preferences for life-sustaining treatments?
82	Y15Q2_VDPRFMRI	Num	8	YNNREF.	2.	Q40 If a doctor suggested it, would the ppt have an MRI, ultrasound or angiogram?
84	Y15Q2_VDPRFNW	Num	8	YNDK.	2.	Q42 Has the ppt ever had any treatment or medical procedures that the ppt did not want?
87	Y15Q2_VEPRFLW	Num	8	YNDK.	2.	Q44 Does the ppt have a signed and witnessed living will or other similar document?
88	Y15Q2_VEPRFPAL	Num	8	YNDK.	2.	Q45 Have you heard about hospice or palliative care?
90	Y15Q2_VEPRFPF	Num	8	YNNREF.	2.	Q45b Has the ppt talked about hospice with his/her family?
89	Y15Q2_VEPRFPS	Num	8	YNNREF.	2.	Q45a Would the ppt want to have hospice or palliative care if s/he were approaching death?
98	Y15Q2_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
99	Y15Q2_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
97	Y15Q2_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
95	Y15Q2_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
96	Y15Q2_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
94	Y15Q2_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
91	Y15Q2_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?
93	Y15Q2_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
92	Y15Q2_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
103	Y15Q2_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?
104	Y15Q2_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
101	Y15Q2_VHDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
102	Y15Q2_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
100	Y15Q2_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
105	Y15Q2_VHGNLS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?
106	Y15Q2_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
107	Y15Q2_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
114	Y15Q2_VJSYMCO	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
116	Y15Q2_VJSYMCOD	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
115	Y15Q2_VJSYMCOF	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
123	Y15Q2_VJSYMDC	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?
125	Y15Q2_VJSYMDCD	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
124	Y15Q2_VJSYMDCF	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?
120	Y15Q2_VJSYMDS	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
122	Y15Q2_VJSYMDSD	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
121	Y15Q2_VJSYMDSF	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
126	Y15Q2_VJSYMDW	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
128	Y15Q2_VJSYMDWD	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
127	Y15Q2_VJSYMDWF	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?
111	Y15Q2_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
113	Y15Q2_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?
112	Y15Q2_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?
108	Y15Q2_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
110	Y15Q2_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
109	Y15Q2_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
117	Y15Q2_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
119	Y15Q2_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
118	Y15Q2_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
133	Y15Q2_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?
129	Y15Q2_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
132	Y15Q2_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
130	Y15Q2_VKWBAACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?
131	Y15Q2_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
135	Y15Q2_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
136	Y15Q2_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
134	Y15Q2_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?

**The CONTENTS Procedure**

<b>Data Set Name</b>	RELY15.Y15Q2_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	137
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:50 PM	<b>Observation Length</b>	4848
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:50 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	2
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	1
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q2_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q2_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q2_V1STFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q2_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q2_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
6	Y15Q2_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
7	Y15Q2_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
8	Y15Q2_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q2_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
10	Y15Q2_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q2_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q2_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q2_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
14	Y15Q2_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
15	Y15Q2_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
16	Y15Q2_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
17	Y15Q2_V3CONDY	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
18	Y15Q2_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
19	Y15Q2_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
20	Y15Q2_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
21	Y15Q2_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
22	Y15Q2_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
23	Y15Q2_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
24	Y15Q2_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue
25	Y15Q2_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
26	Y15Q2_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
27	Y15Q2_V3CONSPE	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
28	Y15Q2_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
29	Y15Q2_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
30	Y15Q2_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
31	Y15Q2_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
32	Y15Q2_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
33	Y15Q2_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?
34	Y15Q2_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?
35	Y15Q2_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
36	Y15Q2_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
37	Y15Q2_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
38	Y15Q2_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
39	Y15Q2_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
40	Y15Q2_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
41	Y15Q2_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
42	Y15Q2_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?
43	Y15Q2_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
44	Y15Q2_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
45	Y15Q2_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
46	Y15Q2_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
47	Y15Q2_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
48	Y15Q2_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
49	Y15Q2_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
50	Y15Q2_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
51	Y15Q2_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
52	Y15Q2_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?
53	Y15Q2_VBDMMEDC	Num	8	DECIAB.	2.	Q31b Type of health care decision about Medications?
54	Y15Q2_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?
55	Y15Q2_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?
56	Y15Q2_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
57	Y15Q2_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
58	Y15Q2_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
59	Y15Q2_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
60	Y15Q2_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
61	Y15Q2_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
62	Y15Q2_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q2_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
64	Y15Q2_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
65	Y15Q2_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
66	Y15Q2_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
67	Y15Q2_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
68	Y15Q2_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
69	Y15Q2_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
70	Y15Q2_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
71	Y15Q2_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
72	Y15Q2_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
73	Y15Q2_VCPREF	Num	8	PREFCARE.	2.	Q32 I am going to read three sentences to you, the proxy, and ask which one best matches how you prefer to make medical care decisions about yourself.
74	Y15Q2_VCOREFOD	Num	8	OPINION.	2.	Q32a If you and your doctor were to have different opinions, would you be more inclined to respect your doctor opinion or go with your own opinion?
75	Y15Q2_VCPRFCPR	Num	8	YNSREF.	2.	Q33 If the ppt heart stopped, would the ppt want CPR (cardio-pulmonary resuscitation, where the heart is started up again)?
76	Y15Q2_VCPRFVEN	Num	8	YNSREF.	2.	Q34 If the ppt had trouble breathing, would the ppt want a ventilator or breathing machine?
77	Y15Q2_VCPRFFT	Num	8	YNSREF.	2.	Q35 If the ppt were unable to eat, would the ppt want a feeding tube for longer than 1 week?
78	Y15Q2_VCPRFDIA	Num	8	DIALYSIS.	2.	Q36 If the ppt kidneys started to fail, would the ppt want kidney dialysis (where blood is pumped through a machine)?
79	Y15Q2_VCPRFOHS	Num	8	YNSREF.	2.	Q37 If a doctor suggested it, would the ppt consider having open-heart surgery?
80	Y15Q2_VDPRFFIB	Num	8	DEFIBR.	2.	Q38 If a doctor suggested it, would the ppt accept an implanted defibrillator?
81	Y15Q2_VDPRFBIO	Num	8	YNSREF.	2.	Q39 If a doctor suggested it, would the ppt have a biopsy?
82	Y15Q2_VDPRFMRI	Num	8	YNSREF.	2.	Q40 If a doctor suggested it, would the ppt have an MRI, ultrasound or angiogram?
83	Y15Q2_VDPRFLS	Num	8	YNDK.	2.	Q41 Has the ppt ever talked with a doctor about his/her preferences for life-sustaining treatments?

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
84	Y15Q2_VDPRFNW	Num	8	YNDK.	2.	Q42 Has the ppt ever had any treatment or medical procedures that the ppt did not want?
85	Y15Q2_VDPRFHPA	Num	8	YNDK.	2.	Q43 Does the ppt have a legal document designating someone as his/her power of attorney for health care?
86	Y15Q2_VDPRFHPP	Num	8	YNDK.	2.	Q43a Are you his/her designated power of attorney for health care?
87	Y15Q2_VEPRFLW	Num	8	YNDK.	2.	Q44 Does the ppt have a signed and witnessed living will or other similar document?
88	Y15Q2_VEPRFPAL	Num	8	YNDK.	2.	Q45 Have you heard about hospice or palliative care?
89	Y15Q2_VEPRFPS	Num	8	YNNREF.	2.	Q45a Would the ppt want to have hospice or palliative care if s/he were approaching death?
90	Y15Q2_VEPRFPF	Num	8	YNNREF.	2.	Q45b Has the ppt talked about hospice with his/her family?
91	Y15Q2_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?
92	Y15Q2_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
93	Y15Q2_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
94	Y15Q2_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
95	Y15Q2_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
96	Y15Q2_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
97	Y15Q2_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
98	Y15Q2_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
99	Y15Q2_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
100	Y15Q2_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
101	Y15Q2_VHDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
102	Y15Q2_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?
103	Y15Q2_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?
104	Y15Q2_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
105	Y15Q2_VHGNS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
106	Y15Q2_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
107	Y15Q2_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
108	Y15Q2_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
109	Y15Q2_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?
110	Y15Q2_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
111	Y15Q2_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
112	Y15Q2_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?
113	Y15Q2_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?
114	Y15Q2_VJSYMCO	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
115	Y15Q2_VJSYMCOF	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
116	Y15Q2_VJSYMCOD	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
117	Y15Q2_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
118	Y15Q2_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
119	Y15Q2_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
120	Y15Q2_VJSYMDS	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
121	Y15Q2_VJSYMDSF	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
122	Y15Q2_VSYMDSD	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
123	Y15Q2_VSYMDC	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?
124	Y15Q2_VSYMDCF	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?
125	Y15Q2_VSYMDCD	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
126	Y15Q2_VSYMDW	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
127	Y15Q2_VSYMDWF	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
128	Y15Q2_VJSYMDWD	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
129	Y15Q2_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
130	Y15Q2_VKWBACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?
131	Y15Q2_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
132	Y15Q2_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
133	Y15Q2_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?
134	Y15Q2_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?
135	Y15Q2_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
136	Y15Q2_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
137	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q2_PROXY

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q3_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	178
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:24 PM	<b>Observation Length</b>	6664
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:24 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1540
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	2
<b>Obs in First Data Page</b>	2
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q3_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
178	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q3_PPT
2	Y15Q3_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q3_AASTFID	Char	3	\$3.	\$3.	Staff ID#
5	Y15Q3_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q3_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q3_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q3_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
4	Y15Q3_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
10	Y15Q3_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
20	Y15Q3_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
13	Y15Q3_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
12	Y15Q3_ACCONDX	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
21	Y15Q3_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else
19	Y15Q3_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
16	Y15Q3_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
18	Y15Q3_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
14	Y15Q3_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
22	Y15Q3_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
15	Y15Q3_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
11	Y15Q3_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
17	Y15Q3_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
9	Y15Q3_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
26	Y15Q3_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
23	Y15Q3_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
25	Y15Q3_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
24	Y15Q3_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
32	Y15Q3_ADDW1MEZ	Num	8	EASY.	2.	Q9e How easy is it for you to walk one mile?
31	Y15Q3_ADDW1MYN	Num	8	YNDD.	2.	Q9d Because of a health or physical problem, do you have any difficulty walking a distance of one mile?
28	Y15Q3_ADDWQMDF	Num	8	DIFF.	2.	Q9a How much difficulty do you have walking a quarter of a mile?
30	Y15Q3_ADDWQMEZ	Num	8	EASY.	2.	Q9c How easy is it for you to walk a quarter of a mile?
27	Y15Q3_ADDWQMYN	Num	8	YNDK.	2.	Q9 Because of a health or physical problem, do you have any difficulty walking a quarter of a mile,?
29	Y15Q3_ADDWSMRM	Num	8	YNDK.	2.	Q9b Do you have any difficulty walking across a small room?
34	Y15Q3_AEDIF	Num	8	DIFF.	2.	Q10a How much difficulty do you have walking up 10 steps without resting?
35	Y15Q3_AEDW10EZ	Num	8	EASY.	2.	Q10b How easy is it to walk up 10 steps without resting?
33	Y15Q3_AEDW10YN	Num	8	YNDK.	2.	Q10 Because of a health/physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?
37	Y15Q3_AEDW20EZ	Num	8	EASY.	2.	Q10d How easy is it to walk up 20 steps without resting?
36	Y15Q3_AEDW20YN	Num	8	YNDD.	2.	Q10c Because of a health/physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?
42	Y15Q3_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?
41	Y15Q3_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
44	Y15Q3_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
43	Y15Q3_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
45	Y15Q3_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
40	Y15Q3_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
39	Y15Q3_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
46	Y15Q3_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
38	Y15Q3_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
47	Y15Q3_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
48	Y15Q3_AGDIFFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
49	Y15Q3_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
51	Y15Q3_AHD10AMT	Num	8	DIFF.	2.	Q17a How much difficulty do you have carrying 10 pounds?
53	Y15Q3_AHD20LBS	Num	8	YNDK.	2.	Q17c Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?
50	Y15Q3_AHDIF10	Num	8	YNDK.	2.	Q17 Because of a health/physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds?
52	Y15Q3_AHEZ10LB	Num	8	EASY.	2.	Q17b How easy is it to lift or carry something weighing 10 pounds?
54	Y15Q3_AHEZ20LB	Num	8	EASY.	2.	Q17d How easy is it for you to lift or carry something weighing 20 pounds?
61	Y15Q3_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
63	Y15Q3_AMSYMCOD	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?
62	Y15Q3_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
70	Y15Q3_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?
72	Y15Q3_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
71	Y15Q3_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
67	Y15Q3_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
69	Y15Q3_AMSYMDS	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
68	Y15Q3_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
73	Y15Q3_AMSYMDDW	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
75	Y15Q3_AMSYMDDWD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
74	Y15Q3_AMSYMDDWF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
58	Y15Q3_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
60	Y15Q3_AMSYMNAAD	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
59	Y15Q3_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?
55	Y15Q3_AMSYMNP	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
57	Y15Q3_AMSYMNPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
56	Y15Q3_AMSYMNPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
64	Y15Q3_AMSYMNSB	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
66	Y15Q3_AMSYMNSBD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
65	Y15Q3_AMSYMNSBF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
77	Y15Q3_ARCOWACN	Num	8	3.	3.	Q36 Word association - total number of words that begin with the letter C
78	Y15Q3_ARCOWAFN	Num	8	3.	3.	Q37 Word association - total number of words that begin with the letter F
79	Y15Q3_ARCOWALN	Num	8	3.	3.	Q38 Word association - total number of words that begin with the letter L
76	Y15Q3_ARCOWARS	Num	8	SAMP.	2.	Q35 Can you tell me another word that begins with the letter R?
82	Y15Q3_ASVWCURA	Num	8	YNDK.	2.	Q41 Do you currently provide any regular care or assistance to a child or a disabled or sick adult?
80	Y15Q3_ASVWCURJ	Num	8	YNDK.	2.	Q39 Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?
81	Y15Q3_ASVWCURV	Num	8	YNDK.	2.	Q40 Do you currently do volunteer work?
83	Y15Q3_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
84	Y15Q3_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?
85	Y15Q3_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
87	Y15Q3_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
88	Y15Q3_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
86	Y15Q3_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?
93	Y15Q3_AU6MFALL	Num	8	YNDK.	2.	Q51 In the past 6 months, have you fallen and landed on the floor or ground?
94	Y15Q3_AU6MFNUM	Num	8	RATE2X.	2.	Q51a How many times have you fallen in the past 6 months?
98	Y15Q3_AUBBNFAL	Num	8	YNDK.	2.	Q51iii Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?
91	Y15Q3_AUHCHBP	Num	8	YNDK.	2.	Q49 In the past 6 months, has a doctor for the first time told you that you had hypertension/high blood press?
97	Y15Q3_AUHOSFAL	Num	8	YNDK.	2.	Q51ii Were you hospitalized after any of your falls?
95	Y15Q3_AUINJFAL	Num	8	YNDK.	2.	Q51b Were you injured in any of your falls?
92	Y15Q3_AUSGDIAB	Num	8	YNDK.	2.	Q50 In the past 6 months, has a doctor for the first time told you that you had diabetes?
90	Y15Q3_AUTILT	Num	8	YNDK.	2.	Q48 Has a doctor or other health care professional ever told you that you have a condition that might be life threatening?
89	Y15Q3_AUTKIDFL	Num	8	YNDK.	2.	Q47 Has a doctor or other health care professional ever told you that you have weak or failing kidneys?
96	Y15Q3_AUTRTEFAL	Num	8	YNDK.	2.	Q51i Did you seek medical treatment after any of your falls?
101	Y15Q3_AVCHF	Num	8	YNDK.	2.	Q53 In the past 6 months, has a doctor told you that you had congestive heart failure?
99	Y15Q3_AVHCHAMI	Num	8	YNDK.	2.	Q52 In the past 6 months, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?
100	Y15Q3_AVHOSMI	Num	8	YNDK.	2.	Q52a Were you hospitalized overnight for heart problem?
102	Y15Q3_AVHOSMI3	Num	8	YNDK.	2.	Q53a Were you hospitalized overnight for congestive heart failure?
105	Y15Q3_AWCHMGMT	Num	8	YNDK.	2.	Q55 In the past 6 months, has a doctor told you for the first time that you had cancer?
103	Y15Q3_AWHCCVA	Num	8	YNDK.	2.	Q54 In the past 6 months, has a doctor told you that you had a stroke, mini-stroke, or TIA?
104	Y15Q3_AWHOSMI2	Num	8	YNDK.	2.	Q54a Were you hospitalized overnight for a stroke, mimi-stroke, or TIA?
106	Y15Q3_AXLCPNEU	Num	8	YNDK.	2.	Q56 In the past 6 months, has a doctor told you that you had pneumonia?
107	Y15Q3_AXOSBR57	Num	8	YNDK.	2.	Q57 In the past 6 months, have you been told by a doctor that you broke or fractured a bone(s)?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
110	Y15Q3_AYBLART	Num	8	YNDK.	2.	Q59a Was the same day outpatient surgery to open blocked artery?
112	Y15Q3_AYCATAR	Num	8	YNDK.	2.	Q59c Was the same day outpatient surgery cataract surgery?
111	Y15Q3_AYGALLBL	Num	8	YNDK.	2.	Q59b Was the same day outpatient surgery gall bladder surgery?
108	Y15Q3_AYHOSP12	Num	8	YNDK.	2.	Q58 Were you hospitalized overnight for any other reasons in the past 6 months?
109	Y15Q3_AYOUTPA	Num	8	YNDK.	2.	Q59 Have you had any same day outpatient surgery in the past 6 months?
113	Y15Q3_AYTURP	Num	8	YNDK.	2.	Q59d Was the same day outpatient surgery TURP (transurethral resection of prostate - MEN ONLY)?
117	Y15Q3_AZESCAR	Num	8	YNDK8X.	2.	Q62 Are you currently driving, at least once in a while?
116	Y15Q3_AZESQUAL	Num	8	STAT9AX.	2.	Q61 At the present time, how would you say your eyesight (with glasses or contact lenses, if you wear them) is?
114	Y15Q3_AZOTILL	Num	8	YNDK.	2.	Q60 Is there any other illness or condition for which you see a doctor or other health care professional?
115	Y15Q3_AZOTILSP	Char	1800	\$1800.	\$1800.	Q60a Specify any other illness or conditions for which you saw a doctor or other health care professional?
118	Y15Q3_BMELEV	Num	8	3.	3.	Q63 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.
119	Y15Q3_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual energy level.
121	Y15Q3_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
120	Y15Q3_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
127	Y15Q3_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
126	Y15Q3_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
122	Y15Q3_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?
124	Y15Q3_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
125	Y15Q3_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
123	Y15Q3_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
128	Y15Q3_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
130	Y15Q3_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
131	Y15Q3_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
129	Y15Q3_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?
143	Y15Q3_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
139	Y15Q3_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
137	Y15Q3_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
141	Y15Q3_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
142	Y15Q3_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
140	Y15Q3_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
138	Y15Q3_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
132	Y15Q3_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
136	Y15Q3_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
135	Y15Q3_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
134	Y15Q3_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
133	Y15Q3_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?
164	Y15Q3_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
144	Y15Q3_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
162	Y15Q3_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
161	Y15Q3_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
165	Y15Q3_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
149	Y15Q3_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
150	Y15Q3_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
155	Y15Q3_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?
156	Y15Q3_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
157	Y15Q3_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
158	Y15Q3_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
147	Y15Q3_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
148	Y15Q3_BRDMMEDC	Num	8	DECIAA.	2.	Q72b Type of health care decision about Medications?
163	Y15Q3_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
159	Y15Q3_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
160	Y15Q3_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
153	Y15Q3_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?
154	Y15Q3_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
151	Y15Q3_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
152	Y15Q3_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
146	Y15Q3_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
145	Y15Q3_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
166	Y15Q3_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
167	Y15Q3_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
168	Y15Q3_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?
170	Y15Q3_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
169	Y15Q3_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
172	Y15Q3_CNSSCHRE	Num	8	RATE5X.	2.	Q102 In a typical week, how often do you get together with your children or other relatives?
171	Y15Q3_CNSSFRNE	Num	8	RATE5X.	2.	Q101 In a typical week, how often do you get together with friends or neighbors?
176	Y15Q3_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
173	Y15Q3_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
174	Y15Q3_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
177	Y15Q3_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
175	Y15Q3_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q3_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	178
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:24 PM	<b>Observation Length</b>	6664
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:24 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1540
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	2
<b>Obs in First Data Page</b>	2
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q3_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q3_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q3_AASTFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q3_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
5	Y15Q3_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q3_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q3_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q3_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
9	Y15Q3_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
10	Y15Q3_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
11	Y15Q3_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom
12	Y15Q3_ACCONDX	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
13	Y15Q3_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
14	Y15Q3_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
15	Y15Q3_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
16	Y15Q3_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
17	Y15Q3_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
18	Y15Q3_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
19	Y15Q3_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
20	Y15Q3_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
21	Y15Q3_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
22	Y15Q3_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
23	Y15Q3_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
24	Y15Q3_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
25	Y15Q3_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
26	Y15Q3_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
27	Y15Q3_ADDWQMYN	Num	8	YNDK.	2.	Q9 Because of a health or physical problem, do you have any difficulty walking a quarter of a mile,?
28	Y15Q3_ADDWQMDF	Num	8	DIFF.	2.	Q9a How much difficulty do you have walking a quarter of a mile?
29	Y15Q3_ADDWSMRM	Num	8	YNDK.	2.	Q9b Do you have any difficulty walking across a small room?
30	Y15Q3_ADDWQMEZ	Num	8	EASY.	2.	Q9c How easy is it for you to walk a quarter of a mile?
31	Y15Q3_ADDW1MYN	Num	8	YNDD.	2.	Q9d Because of a health or physical problem, do you have any difficulty walking a distance of one mile?
32	Y15Q3_ADDW1MEZ	Num	8	EASY.	2.	Q9e How easy is it for you to walk one mile?
33	Y15Q3_AEDW10YN	Num	8	YNDK.	2.	Q10 Because of a health/physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?
34	Y15Q3_AEDIF	Num	8	DIFF.	2.	Q10a How much difficulty do you have walking up 10 steps without resting?
35	Y15Q3_AEDW10EZ	Num	8	EASY.	2.	Q10b How easy is it to walk up 10 steps without resting?
36	Y15Q3_AEDW20YN	Num	8	YNDD.	2.	Q10c Because of a health/physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?
37	Y15Q3_AEDW20EZ	Num	8	EASY.	2.	Q10d How easy is it to walk up 20 steps without resting?
38	Y15Q3_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
39	Y15Q3_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
40	Y15Q3_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
41	Y15Q3_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
42	Y15Q3_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?

***The CONTENTS Procedure***

<b>Variables in Creation Order</b>						
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
43	Y15Q3_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?
44	Y15Q3_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
45	Y15Q3_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
46	Y15Q3_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
47	Y15Q3_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
48	Y15Q3_AGDIFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
49	Y15Q3_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
50	Y15Q3_AHDIF10	Num	8	YNDK.	2.	Q17 Because of a health/physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds?
51	Y15Q3_AHD10AMT	Num	8	DIFF.	2.	Q17a How much difficulty do you have carrying 10 pounds?
52	Y15Q3_AHEZ10LB	Num	8	EASY.	2.	Q17b How easy is it to lift or carry something weighing 10 pounds?
53	Y15Q3_AHD20LBS	Num	8	YNDK.	2.	Q17c Do you have any difficulty lifting or carrying something weighing 20 pounds, for example, a large full bag of groceries?
54	Y15Q3_AHEZ20LB	Num	8	EASY.	2.	Q17d How easy is it for you to lift or carry something weighing 20 pounds?
55	Y15Q3_AMSYMPN	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
56	Y15Q3_AMSYMPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
57	Y15Q3_AMSYMPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
58	Y15Q3_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
59	Y15Q3_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?
60	Y15Q3_AMSYMNAD	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
61	Y15Q3_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
62	Y15Q3_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
63	Y15Q3_AMSYMCOD	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
64	Y15Q3_AMSYMSB	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
65	Y15Q3_AMSYMSBF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
66	Y15Q3_AMSYMSBD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
67	Y15Q3_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
68	Y15Q3_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
69	Y15Q3_AMSYMDSD	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?
70	Y15Q3_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?
71	Y15Q3_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
72	Y15Q3_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
73	Y15Q3_AMSYMDDW	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
74	Y15Q3_AMSYMDDWF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
75	Y15Q3_AMSYMDDWD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
76	Y15Q3_ARCOWARS	Num	8	SAMP.	2.	Q35 Can you tell me another word that begins with the letter R?
77	Y15Q3_ARCOWACN	Num	8	3.	3.	Q36 Word association - total number of words that begin with the letter C
78	Y15Q3_ARCOWAFN	Num	8	3.	3.	Q37 Word association - total number of words that begin with the letter F
79	Y15Q3_ARCOWALN	Num	8	3.	3.	Q38 Word association - total number of words that begin with the letter L
80	Y15Q3_ASVWCURJ	Num	8	YNDK.	2.	Q39 Do you currently work for pay, either at a regular job, consulting, or doing odd jobs?
81	Y15Q3_ASVWCURV	Num	8	YNDK.	2.	Q40 Do you currently do volunteer work?
82	Y15Q3_ASVWCURA	Num	8	YNDK.	2.	Q41 Do you currently provide any regular care or assistance to a child or a disabled or sick adult?
83	Y15Q3_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
84	Y15Q3_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?
85	Y15Q3_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?
86	Y15Q3_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
87	Y15Q3_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
88	Y15Q3_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
89	Y15Q3_AUTKIDFL	Num	8	YNDK.	2.	Q47 Has a doctor or other health care professional ever told you that you have weak or failing kidneys?
90	Y15Q3_AUTILT	Num	8	YNDK.	2.	Q48 Has a doctor or other health care professional ever told you that you have a condition that might be life threatening?
91	Y15Q3_AUHCHBP	Num	8	YNDK.	2.	Q49 In the past 6 months, has a doctor for the first time told you that you had hypertension/high blood press?
92	Y15Q3_AUSGDIAB	Num	8	YNDK.	2.	Q50 In the past 6 months, has a doctor for the first time told you that you had diabetes?
93	Y15Q3_AU6MFALL	Num	8	YNDK.	2.	Q51 In the past 6 months, have you fallen and landed on the floor or ground?
94	Y15Q3_AU6MFNUM	Num	8	RATE2X.	2.	Q51a How many times have you fallen in the past 6 months?
95	Y15Q3_AUINJFAL	Num	8	YNDK.	2.	Q51b Were you injured in any of your falls?
96	Y15Q3_AUTRTFAL	Num	8	YNDK.	2.	Q51i Did you seek medical treatment after any of your falls?
97	Y15Q3_AUHOSFAL	Num	8	YNDK.	2.	Q51ii Were you hospitalized after any of your falls?
98	Y15Q3_AUBBNFAL	Num	8	YNDK.	2.	Q51iii Have you been told by a doctor that you broke or fractured a bone(s) because of any of your falls?
99	Y15Q3_AVHCHAMI	Num	8	YNDK.	2.	Q52 In the past 6 months, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease?
100	Y15Q3_AVHOSMI	Num	8	YNDK.	2.	Q52a Were you hospitalized overnight for heart problem?
101	Y15Q3_AVCHF	Num	8	YNDK.	2.	Q53 In the past 6 months, has a doctor told you that you had congestive heart failure?
102	Y15Q3_AVHOSMI3	Num	8	YNDK.	2.	Q53a Were you hospitalized overnight for congestive heart failure?
103	Y15Q3_AWHCCVA	Num	8	YNDK.	2.	Q54 In the past 6 months, has a doctor told you that you had a stroke, mini-stroke, or TIA?
104	Y15Q3_AWHOSMI2	Num	8	YNDK.	2.	Q54a Were you hospitalized overnight for a stroke, mimi-stroke, or TIA?
105	Y15Q3_AWCHMGMT	Num	8	YNDK.	2.	Q55 In the past 6 months, has a doctor told you for the first time that you had cancer?
106	Y15Q3_AXLCPNEU	Num	8	YNDK.	2.	Q56 In the past 6 months, has a doctor told you that you had pneumonia?
107	Y15Q3_AXOSBR57	Num	8	YNDK.	2.	Q57 In the past 6 months, have you been told by a doctor that you broke or fractured a bone(s)?
108	Y15Q3_AYHOSP12	Num	8	YNDK.	2.	Q58 Were you hospitalized overnight for any other reasons in the past 6 months?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
109	Y15Q3_AYOUTPA	Num	8	YNDK.	2.	Q59 Have you had any same day outpatient surgery in the past 6 months?
110	Y15Q3_AYBLART	Num	8	YNDK.	2.	Q59a Was the same day outpatient surgery to open blocked artery?
111	Y15Q3_AYGALLBL	Num	8	YNDK.	2.	Q59b Was the same day outpatient surgery gall bladder surgery?
112	Y15Q3_AYCATAR	Num	8	YNDK.	2.	Q59c Was the same day outpatient surgery cataract surgery?
113	Y15Q3_AYTURP	Num	8	YNDK.	2.	Q59d Was the same day outpatient surgery TURP (transurethral resection of prostate - MEN ONLY)?
114	Y15Q3_AZOTILL	Num	8	YNDK.	2.	Q60 Is there any other illness or condition for which you see a doctor or other health care professional?
115	Y15Q3_AZOTILSP	Char	1800	\$1800.	\$1800.	Q60a Specify any other illness or conditions for which you saw a doctor or other health care professional?
116	Y15Q3_AZESQUAL	Num	8	STAT9AX.	2.	Q61 At the present time, how would you say your eyesight (with glasses or contact lenses, if you wear them) is?
117	Y15Q3_AZESCAR	Num	8	YNDK8X.	2.	Q62 Are you currently driving, at least once in a while?
118	Y15Q3_BMELEV	Num	8	3.	3.	Q63 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.
119	Y15Q3_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual energy level.
120	Y15Q3_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
121	Y15Q3_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
122	Y15Q3_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?
123	Y15Q3_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
124	Y15Q3_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
125	Y15Q3_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
126	Y15Q3_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
127	Y15Q3_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
128	Y15Q3_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?
129	Y15Q3_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
130	Y15Q3_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
131	Y15Q3_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
132	Y15Q3_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
133	Y15Q3_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?
134	Y15Q3_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
135	Y15Q3_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
136	Y15Q3_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
137	Y15Q3_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
138	Y15Q3_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
139	Y15Q3_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
140	Y15Q3_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
141	Y15Q3_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
142	Y15Q3_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
143	Y15Q3_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
144	Y15Q3_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
145	Y15Q3_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
146	Y15Q3_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
147	Y15Q3_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
148	Y15Q3_BRDMMEDC	Num	8	DECIAB.	2.	Q72b Type of health care decision about Medications?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
149	Y15Q3_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
150	Y15Q3_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
151	Y15Q3_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
152	Y15Q3_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
153	Y15Q3_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?
154	Y15Q3_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
155	Y15Q3_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?
156	Y15Q3_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
157	Y15Q3_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
158	Y15Q3_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
159	Y15Q3_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
160	Y15Q3_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
161	Y15Q3_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?
162	Y15Q3_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
163	Y15Q3_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
164	Y15Q3_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
165	Y15Q3_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
166	Y15Q3_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
167	Y15Q3_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
168	Y15Q3_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?
169	Y15Q3_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
170	Y15Q3_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?

***The CONTENTS Procedure***

<b>Variables in Creation Order</b>						
<b>#</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
171	Y15Q3_CNSSFRNE	Num	8	RATE5X.	2.	Q101 In a typical week, how often do you get together with friends or neighbors?
172	Y15Q3_CNSSCHRE	Num	8	RATE5X.	2.	Q102 In a typical week, how often do you get together with your children or other relatives?
173	Y15Q3_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
174	Y15Q3_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
175	Y15Q3_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?
176	Y15Q3_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
177	Y15Q3_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
178	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q3_PPT

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q3_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	12
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	96
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	8192
<b>Number of Data Set Pages</b>	37
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	84
<b>Obs in First Data Page</b>	56
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q3_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
12	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q3 Calc
7	Y15Q3_CSAINDEX	Num	8	SPMISS.		CLIMBING STAIRS ABILITY INDEX, 9=BEST
8	Y15Q3_EASE10P	Num	8	SPMISS.		EASE LIFT/CARRY 10 LBS, 6=VERY EASY
5	Y15Q3_EASE1F	Num	8	SPMISS.		EASE CLIMBING 1 FLIGHT, 6=VERY EASY
3	Y15Q3_EASE1M	Num	8	SPMISS.		EASE WALKING 1 MILE, 3=VERY EASY
9	Y15Q3_EASE20P	Num	8	SPMISS.		EASE LIFT/CARRY 20 LBS, 3=VERY EASY
6	Y15Q3_EASE2F	Num	8	SPMISS.		EASE CLIMBING 2 FLIGHTS, 3=VERY EASY
2	Y15Q3_EASEQM	Num	8	SPMISS.		EASE WALKING 1/4 MILE, 6=VERY EASY
11	Y15Q3_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
10	Y15Q3_LCAINDEX	Num	8	SPMISS.		LIFT/CARRY ABILITY INDEX, 9=BEST
4	Y15Q3_WKAINDEX	Num	8	SPMISS.		WALKING ABILITY INDEX, 9=BEST

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q3_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	12
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	96
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	8192
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<b>Max Obs per Page</b>	84
<b>Obs in First Data Page</b>	56
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q3_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
2	Y15Q3_EASEQM	Num	8	SPMISS.		EASE WALKING 1/4 MILE, 6=VERY EASY
3	Y15Q3_EASE1M	Num	8	SPMISS.		EASE WALKING 1 MILE, 3=VERY EASY
4	Y15Q3_WKAINDEX	Num	8	SPMISS.		WALKING ABILITY INDEX, 9=BEST
5	Y15Q3_EASE1F	Num	8	SPMISS.		EASE CLIMBING 1 FLIGHT, 6=VERY EASY
6	Y15Q3_EASE2F	Num	8	SPMISS.		EASE CLIMBING 2 FLIGHTS, 3=VERY EASY
7	Y15Q3_CSAINDEX	Num	8	SPMISS.		CLIMBING STAIRS ABILITY INDEX, 9=BEST
8	Y15Q3_EASE10P	Num	8	SPMISS.		EASE LIFT/CARRY 10 LBS, 6=VERY EASY
9	Y15Q3_EASE20P	Num	8	SPMISS.		EASE LIFT/CARRY 20 LBS, 3=VERY EASY
10	Y15Q3_LCAINDEX	Num	8	SPMISS.		LIFT/CARRY ABILITY INDEX, 9=BEST
11	Y15Q3_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
12	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q3 Calc

**The CONTENTS Procedure**

<b>Data Set Name</b>	RELY15.Y15Q3_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	151
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:56 PM	<b>Observation Length</b>	5448
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:56 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	3
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q3_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
151	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q3_PROXY
6	Y15Q3_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
2	Y15Q3_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
4	Y15Q3_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q3_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
3	Y15Q3_V1STFID	Char	3	\$3.	\$3.	Staff ID#
8	Y15Q3_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q3_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
7	Y15Q3_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
10	Y15Q3_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q3_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q3_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q3_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
15	Y15Q3_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
25	Y15Q3_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
18	Y15Q3_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
17	Y15Q3_V3CONDX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
26	Y15Q3_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
24	Y15Q3_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue

**The CONTENTS Procedure****Alphabetic List of Variables and Attributes**

#	Variable	Type	Len	Format	Informat	Label
21	Y15Q3_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
23	Y15Q3_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
19	Y15Q3_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
27	Y15Q3_V3CONSPE	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
20	Y15Q3_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure
16	Y15Q3_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
22	Y15Q3_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
14	Y15Q3_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
29	Y15Q3_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
28	Y15Q3_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
34	Y15Q3_V46MFALL	Num	8	YNDK.	2.	Q15 In the past 6 months, has the participant fallen and landed on the floor or ground?
35	Y15Q3_V46MFNUM	Num	8	RATE2X.	2.	Q15a How many times has the ppt fallen in the past 6 months?
32	Y15Q3_V4HCHBP	Num	8	YNDK.	2.	Q13 In the past 6 months, was the ppt told for the first time by a doctor that s/he had hypertension or high blood pressure?
33	Y15Q3_V4SGDIAB	Num	8	YNDK.	2.	Q14 In the past 6 months, was the ppt told for the first time by a doctor that s/he had diabetes?
31	Y15Q3_V4TILT	Num	8	YNDK.	2.	Q12 Has a doctor or other health care professional ever told ppt that s/he has a condition that might be life threatening?
30	Y15Q3_V4TKIDFL	Num	8	YNDK.	2.	Q11 Has a doctor or other health care professional ever told ppt that s/he has weak or failing kidneys?
38	Y15Q3_V5CHF	Num	8	YNDK.	2.	Q17 In the past 6 months, has the ppt been told by a doctor that s/he had congestive heart failure?
40	Y15Q3_V5HCCVA	Num	8	YNDK.	2.	Q18 In the past 6 months, has the ppt been told by a doctor that s/he had stroke, mini-stroke or TIA?
36	Y15Q3_V5HCHAMI	Num	8	YNDK.	2.	Q16 In the past 6 months, has the ppt been told by a doctor that s/he had a heart attack, angina, or chest pain due to heart disease?
37	Y15Q3_V5HOSMI	Num	8	YNDK.	2.	Q16a In the past 6 months, has the ppt been hospitalized overnight for a heart problem?
41	Y15Q3_V5HOSMI2	Num	8	YNDK.	2.	Q18a In the past 6 months, has the ppt been hospitalized overnight for a stroke, mini-stroke or TIA?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
39	Y15Q3_V5HOSMI3	Num	8	YNDK.	2.	Q17a In the past 6 months, has the ppt been hospitalized overnight for congestive heart failure?
42	Y15Q3_V6CHMGMT	Num	8	YNDK.	2.	Q19 In the past 6 months, has a doctor told the ppt for the first time that s/he had a cancer?
43	Y15Q3_V6LCPNEU	Num	8	YNDK.	2.	Q20 In the past 6 months, was the ppt told by a doctor that s/he had pneumonia?
44	Y15Q3_V6OSBR21	Num	8	YNDK.	2.	Q21 In the past 6 months, was the ppt told by a doctor that s/he broke or fractured a bone(s)?
47	Y15Q3_V7BLART	Num	8	YNDK.	2.	Q23a Was the same day outpatient surgery to open blocked artery?
49	Y15Q3_V7CATAR	Num	8	YNDK.	2.	Q23c Was the same day outpatient surgery cataract surgery?
48	Y15Q3_V7GALLBL	Num	8	YNDK.	2.	Q23b Was the same day outpatient surgery gall bladder surgery?
45	Y15Q3_V7HOSP12	Num	8	YNDK.	2.	Q22 Was the ppt hospitalized overnight for any other reasons in the past 6 months?
46	Y15Q3_V7OUTPA	Num	8	YNDK.	2.	Q23 Has the ppt had any same day outpatient surgery in the past 6 months?
50	Y15Q3_V7TURP	Num	8	YNDK.	2.	Q23d Was the same day outpatient surgery TURP (MEN ONLY)?
53	Y15Q3_V8MEM	Num	8	YNDK.	2.	Q25 Does the ppt have any problems with his/her memory?
54	Y15Q3_V8MEMBEG	Num	8	MEMORY.	2.	Q25a Did his/her trouble with memory begin suddenly or slowly?
56	Y15Q3_V8MEMDR	Num	8	YNDK.	2.	Q25c Is a doctor aware of his/her memory problems?
57	Y15Q3_V8MEMPRB	Num	8	MEMDX.	3.	Q25ci What does the doctor believe is causing his/her memory problems?
55	Y15Q3_V8MEMPRG	Num	8	MEMPROG.	2.	Q25b Has the course of his/her memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?
51	Y15Q3_V8OTILL	Num	8	YNDK.	2.	Q24 Is there any other illness or condition for which the ppt sees a doctor or other health care professional?
52	Y15Q3_V8OTILSP	Char	500	\$500.	\$500.	Q24a Specify any other illness or condition for which the ppt sees a doctor or other health care professional?
60	Y15Q3_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
59	Y15Q3_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
58	Y15Q3_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
61	Y15Q3_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q3_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
64	Y15Q3_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
62	Y15Q3_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?
76	Y15Q3_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
72	Y15Q3_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
70	Y15Q3_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?
74	Y15Q3_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
75	Y15Q3_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
73	Y15Q3_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
71	Y15Q3_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
65	Y15Q3_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
69	Y15Q3_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?
68	Y15Q3_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
67	Y15Q3_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
66	Y15Q3_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
99	Y15Q3_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
77	Y15Q3_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
95	Y15Q3_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
94	Y15Q3_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
100	Y15Q3_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
82	Y15Q3_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
83	Y15Q3_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?
88	Y15Q3_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
89	Y15Q3_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
90	Y15Q3_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?
91	Y15Q3_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
80	Y15Q3_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?
81	Y15Q3_VBDMMEDC	Num	8	DECIAAB.	2.	Q31b Type of health care decision about Medications?
98	Y15Q3_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
96	Y15Q3_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
92	Y15Q3_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
93	Y15Q3_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
86	Y15Q3_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
87	Y15Q3_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
84	Y15Q3_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
85	Y15Q3_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
97	Y15Q3_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
79	Y15Q3_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
78	Y15Q3_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
104	Y15Q3_VFDIF	Num	8	DIFF.	2.	Q47a How much difficulty does the ppt have walking up 10 steps without resting?
103	Y15Q3_VFDW10YN	Num	8	YNDK.	2.	Q47 Because of a health or physical problem, does the ppt have any difficulty walking up 10 steps, that is about 1 flight, without resting?
102	Y15Q3_VFDWQMDF	Num	8	DIFF.	2.	Q46a How much difficulty does the ppt have walking a quarter of a mile?
101	Y15Q3_VFDWQMYN	Num	8	YNDK.	2.	Q46 Because of a health or physical problem, does the ppt have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
112	Y15Q3_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
113	Y15Q3_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
111	Y15Q3_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
109	Y15Q3_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
110	Y15Q3_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
108	Y15Q3_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
105	Y15Q3_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?
107	Y15Q3_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
106	Y15Q3_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
117	Y15Q3_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?
118	Y15Q3_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
115	Y15Q3_VHDDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
116	Y15Q3_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?
114	Y15Q3_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
119	Y15Q3_VHGNLS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?
120	Y15Q3_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
121	Y15Q3_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
128	Y15Q3_VJSYMCO	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
130	Y15Q3_VJSYMCOD	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
129	Y15Q3_VJSYMCOF	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
137	Y15Q3_VJSYMDC	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
139	Y15Q3_VJSYMDCD	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
138	Y15Q3_VJSYMDCF	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?
134	Y15Q3_VJSYMDS	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
136	Y15Q3_VJSYMDSD	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
135	Y15Q3_VJSYMDSF	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
140	Y15Q3_VJSYMDW	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
142	Y15Q3_VJSYMDWD	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
141	Y15Q3_VJSYMDWF	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?
125	Y15Q3_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
127	Y15Q3_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?
126	Y15Q3_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?
122	Y15Q3_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
124	Y15Q3_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
123	Y15Q3_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?
131	Y15Q3_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
133	Y15Q3_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
132	Y15Q3_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
147	Y15Q3_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?
143	Y15Q3_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
146	Y15Q3_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
144	Y15Q3_VKWBACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
145	Y15Q3_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
149	Y15Q3_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
150	Y15Q3_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
148	Y15Q3_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q3_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	151
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:56 PM	<b>Observation Length</b>	5448
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:56 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	3
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q3_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q3_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q3_V1STFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q3_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q3_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
6	Y15Q3_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
7	Y15Q3_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
8	Y15Q3_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q3_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
10	Y15Q3_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q3_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q3_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q3_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
14	Y15Q3_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
15	Y15Q3_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
16	Y15Q3_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
17	Y15Q3_V3CONDX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
18	Y15Q3_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
19	Y15Q3_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
20	Y15Q3_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
21	Y15Q3_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
22	Y15Q3_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
23	Y15Q3_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
24	Y15Q3_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue
25	Y15Q3_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
26	Y15Q3_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
27	Y15Q3_V3CONSPE	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
28	Y15Q3_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
29	Y15Q3_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
30	Y15Q3_V4TKIDFL	Num	8	YNDK.	2.	Q11 Has a doctor or other health care professional ever told ppt that s/he has weak or failing kidneys?
31	Y15Q3_V4TILT	Num	8	YNDK.	2.	Q12 Has a doctor or other health care professional ever told ppt that s/he has a condition that might be life threatening?
32	Y15Q3_V4HCHBP	Num	8	YNDK.	2.	Q13 In the past 6 months, was the ppt told for the first time by a doctor that s/he had hypertension or high blood pressure?
33	Y15Q3_V4SGDIAB	Num	8	YNDK.	2.	Q14 In the past 6 months, was the ppt told for the first time by a doctor that s/he had diabetes?
34	Y15Q3_V46MFALL	Num	8	YNDK.	2.	Q15 In the past 6 months, has the participant fallen and landed on the floor or ground?
35	Y15Q3_V46MFNUM	Num	8	RATE2X.	2.	Q15a How many times has the ppt fallen in the past 6 months?
36	Y15Q3_V5HCHAMI	Num	8	YNDK.	2.	Q16 In the past 6 months, has the ppt been told by a doctor that s/he had a heart attack, angina, or chest pain due to heart disease?
37	Y15Q3_V5HOSMI	Num	8	YNDK.	2.	Q16a In the past 6 months, has the ppt been hospitalized overnight for a heart problem?
38	Y15Q3_V5CHF	Num	8	YNDK.	2.	Q17 In the past 6 months, has the ppt been told by a doctor that s/he had congestive heart failure?
39	Y15Q3_V5HOSMI3	Num	8	YNDK.	2.	Q17a In the past 6 months, has the ppt been hospitalized overnight for congestive heart failure?
40	Y15Q3_V5HCCVA	Num	8	YNDK.	2.	Q18 In the past 6 months, has the ppt been told by a doctor that s/he had stroke, mini-stroke or TIA?
41	Y15Q3_V5HOSMI2	Num	8	YNDK.	2.	Q18a In the past 6 months, has the ppt been hospitalized overnight for a stroke, mini-stroke or TIA?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
42	Y15Q3_V6CHMGMT	Num	8	YNDK.	2.	Q19 In the past 6 months, has a doctor told the ppt for the first time that s/he had a cancer?
43	Y15Q3_V6LCPNEU	Num	8	YNDK.	2.	Q20 In the past 6 months, was the ppt told by a doctor that s/he had pneumonia?
44	Y15Q3_V6OSBR21	Num	8	YNDK.	2.	Q21 In the past 6 months, was the ppt told by a doctor that s/he broke or fractured a bone(s)?
45	Y15Q3_V7HOSP12	Num	8	YNDK.	2.	Q22 Was the ppt hospitalized overnight for any other reasons in the past 6 months?
46	Y15Q3_V7OUTPA	Num	8	YNDK.	2.	Q23 Has the ppt had any same day outpatient surgery in the past 6 months?
47	Y15Q3_V7BLART	Num	8	YNDK.	2.	Q23a Was the same day outpatient surgery to open blocked artery?
48	Y15Q3_V7GALLBL	Num	8	YNDK.	2.	Q23b Was the same day outpatient surgery gall bladder surgery?
49	Y15Q3_V7CATAR	Num	8	YNDK.	2.	Q23c Was the same day outpatient surgery cataract surgery?
50	Y15Q3_V7TURP	Num	8	YNDK.	2.	Q23d Was the same day outpatient surgery TURP (MEN ONLY)?
51	Y15Q3_V8OTILL	Num	8	YNDK.	2.	Q24 Is there any other illness or condition for which the ppt sees a doctor or other health care professional?
52	Y15Q3_V8OTILSP	Char	500	\$500.	\$500.	Q24a Specify any other illness or condition for which the ppt sees a doctor or other health care professional?
53	Y15Q3_V8MEM	Num	8	YNDK.	2.	Q25 Does the ppt have any problems with his/her memory?
54	Y15Q3_V8MEMBEG	Num	8	MEMORY.	2.	Q25a Did his/her trouble with memory begin suddenly or slowly?
55	Y15Q3_V8MEMPRG	Num	8	MEMPROG.	2.	Q25b Has the course of his/her memory problems been a steady downhill progression, an abrupt decline, stayed the same, or gotten better?
56	Y15Q3_V8MEMDR	Num	8	YNDK.	2.	Q25c Is a doctor aware of his/her memory problems?
57	Y15Q3_V8MEMPRB	Num	8	MEMDX.	3.	Q25ci What does the doctor believe is causing his/her memory problems?
58	Y15Q3_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
59	Y15Q3_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
60	Y15Q3_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
61	Y15Q3_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?
62	Y15Q3_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q3_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
64	Y15Q3_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
65	Y15Q3_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
66	Y15Q3_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
67	Y15Q3_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
68	Y15Q3_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
69	Y15Q3_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?
70	Y15Q3_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?
71	Y15Q3_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
72	Y15Q3_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
73	Y15Q3_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
74	Y15Q3_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
75	Y15Q3_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
76	Y15Q3_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
77	Y15Q3_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
78	Y15Q3_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
79	Y15Q3_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
80	Y15Q3_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?
81	Y15Q3_VBDMMEDC	Num	8	DECIAB.	2.	Q31b Type of health care decision about Medications?
82	Y15Q3_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?
83	Y15Q3_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
84	Y15Q3_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
85	Y15Q3_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
86	Y15Q3_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
87	Y15Q3_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
88	Y15Q3_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
89	Y15Q3_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
90	Y15Q3_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?
91	Y15Q3_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
92	Y15Q3_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
93	Y15Q3_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
94	Y15Q3_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
95	Y15Q3_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
96	Y15Q3_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
97	Y15Q3_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
98	Y15Q3_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
99	Y15Q3_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
100	Y15Q3_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
101	Y15Q3_VFDWQMYN	Num	8	YNDK.	2.	Q46 Because of a health or physical problem, does the ppt have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks?
102	Y15Q3_VFDWQMDF	Num	8	DIFF.	2.	Q46a How much difficulty does the ppt have walking a quarter of a mile?
103	Y15Q3_VFDW10YN	Num	8	YNDK.	2.	Q47 Because of a health or physical problem, does the ppt have any difficulty walking up 10 steps, that is about 1 flight, without resting?
104	Y15Q3_VFDIF	Num	8	DIFF.	2.	Q47a How much difficulty does the ppt have walking up 10 steps without resting?
105	Y15Q3_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
106	Y15Q3_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
107	Y15Q3_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
108	Y15Q3_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
109	Y15Q3_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
110	Y15Q3_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
111	Y15Q3_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
112	Y15Q3_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
113	Y15Q3_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
114	Y15Q3_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
115	Y15Q3_VHDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
116	Y15Q3_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?
117	Y15Q3_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?
118	Y15Q3_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
119	Y15Q3_VHGNLS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?
120	Y15Q3_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
121	Y15Q3_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
122	Y15Q3_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
123	Y15Q3_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?
124	Y15Q3_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
125	Y15Q3_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
126	Y15Q3_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?
127	Y15Q3_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
128	Y15Q3_VJSYMCO	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
129	Y15Q3_VJSYMCOF	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
130	Y15Q3_VJSYMCOD	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
131	Y15Q3_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
132	Y15Q3_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
133	Y15Q3_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
134	Y15Q3_VJSYMDS	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
135	Y15Q3_VJSYMDSF	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
136	Y15Q3_VJSYMDSD	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
137	Y15Q3_VJSYMDC	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?
138	Y15Q3_VJSYMDCF	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?
139	Y15Q3_VJSYMDCD	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
140	Y15Q3_VJSYMDW	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
141	Y15Q3_VJSYMDWF	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?
142	Y15Q3_VJSYMDWD	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
143	Y15Q3_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
144	Y15Q3_VKWBACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?
145	Y15Q3_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
146	Y15Q3_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
147	Y15Q3_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
148	Y15Q3_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?
149	Y15Q3_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
150	Y15Q3_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
151	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q3_PROXY

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q4_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	168
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:33 PM	<b>Observation Length</b>	4792
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:33 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	3
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q4_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
168	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q4_PPT
2	Y15Q4_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q4_AASTFID	Char	3	\$3.	\$3.	Staff ID#
5	Y15Q4_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q4_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q4_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q4_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
4	Y15Q4_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
10	Y15Q4_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
20	Y15Q4_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
13	Y15Q4_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
12	Y15Q4_ACCONDX	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
21	Y15Q4_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else
19	Y15Q4_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
16	Y15Q4_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
18	Y15Q4_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
14	Y15Q4_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
22	Y15Q4_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
15	Y15Q4_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
11	Y15Q4_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
17	Y15Q4_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
9	Y15Q4_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
26	Y15Q4_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
23	Y15Q4_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
25	Y15Q4_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
24	Y15Q4_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
31	Y15Q4_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?
30	Y15Q4_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
33	Y15Q4_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
32	Y15Q4_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?
34	Y15Q4_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
29	Y15Q4_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
28	Y15Q4_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
35	Y15Q4_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
27	Y15Q4_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
36	Y15Q4_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
37	Y15Q4_AGDIFFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
38	Y15Q4_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
45	Y15Q4_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
47	Y15Q4_AMSYMCOD	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?
46	Y15Q4_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
54	Y15Q4_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
56	Y15Q4_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
55	Y15Q4_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
51	Y15Q4_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
53	Y15Q4_AMSYMDSD	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?
52	Y15Q4_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
57	Y15Q4_AMSYMDW	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
59	Y15Q4_AMSYMDWD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
58	Y15Q4_AMSYMDWF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
42	Y15Q4_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
44	Y15Q4_AMSYMNAD	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
43	Y15Q4_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?
39	Y15Q4_AMSYMPN	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
41	Y15Q4_AMSYMPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
40	Y15Q4_AMSYMPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
48	Y15Q4_AMSYMSB	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
50	Y15Q4_AMSYMSBD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
49	Y15Q4_AMSYMSBF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
69	Y15Q4_ANTICADC	Num	8	CORRECTN.	2.	Q26c TICS - What city are you in?
67	Y15Q4_ANTICADN	Num	8	CORRECTN.	2.	Q26a TICS - What is your house number (or facility name)?
68	Y15Q4_ANTICADS	Num	8	CORRECTN.	2.	Q26b TICS - What is your street name?
70	Y15Q4_ANTICADT	Num	8	CORRECTN.	2.	Q26d TICS - What state are you in?
71	Y15Q4_ANTICADZ	Num	8	CORRECTN.	2.	Q26e TICS - What is your your zip code?
63	Y15Q4_ANTICDAY	Num	8	CORRECTN.	2.	Q25b TICS - What day is it?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
66	Y15Q4_ANTICDYS	Num	8	CORRECTN.	2.	Q25e TICS - What season is it?
65	Y15Q4_ANTICDYW	Num	8	CORRECTN.	2.	Q25d TICS - What day of the week is it?
60	Y15Q4_ANTICFN	Num	8	CORRECTN.	2.	Q24a TICS - Tell me your first name
61	Y15Q4_ANTICLN	Num	8	CORRECTN.	2.	Q24b TICS - Tell me your last name
62	Y15Q4_ANTICMON	Num	8	CORRECTN.	2.	Q25a TICS - What month is it?
64	Y15Q4_ANTICYR	Num	8	CORRECTN.	2.	Q25c TICS - What year is it?
78	Y15Q4_APTIC12	Num	8	CORRECTN.	2.	Q30b TICS - How many things are in a dozen?
72	Y15Q4_APTICCB	Num	8	CORRECTO.	2.	Q27 TICS - Count backwards from 20 to 1
77	Y15Q4_APTICCP	Num	8	CORRECTN.	2.	Q30a TICS - What do people usually use to cut paper?
75	Y15Q4_APTICNB	Num	8	2.	2.	Q29 TICS - # of correct answers (0-5) when subtracting 7 from 100
76	Y15Q4_APTICNBR	Num	8	CORRECTN.	2.	Q29 TICS - Participant refused to subtract 7 from 100 or could not due to disability
79	Y15Q4_APTICPG	Num	8	CORRECTN.	2.	Q30c TICS - What do you call the prickly green plant that lives in the desert?
80	Y15Q4_APTICWL	Num	8	CORRECTN.	2.	Q30d TICS - What animal does wool come from?
73	Y15Q4_APTICWR	Num	8	3.	3.	Q28 TICS - # of correct words remembered from list of 10
74	Y15Q4_APTICWRR	Num	8	CORRECTN.	2.	Q28 TICS - Participant refused to list any of the 10 words or could not due to disability
85	Y15Q4_AQTICFTP	Num	8	TAPS.	2.	Q33 TICS - With your finger, tap five times on the part of the phone you speak into.
81	Y15Q4_AQTICIAB	Num	8	CORRECTN.	2.	Q31a TICS - Repeat the phrase No ifs, ands or Buts
82	Y15Q4_AQTICME	Num	8	CORRECTN.	2.	Q31b TICS - Repeat the phrase Methodist Episcopal
83	Y15Q4_AQTICPRE	Num	8	CORRECTN.	2.	Q32a TICS - Who is president of United States right now?
167	Y15Q4_AQTICSTIM	Num	8			Calculated - Time it took in minutes for ppt to complete Telephone Interview for Cognitive Status (TICS)
84	Y15Q4_AQTICVP	Num	8	CORRECTN.	2.	Q32b TICS - Who is vice president?
87	Y15Q4_AQTICWOG	Num	8	CORRECTN.	2.	Q34b TICS - What is the opposite of generous?
86	Y15Q4_AQTICWOW	Num	8	CORRECTN.	2.	Q34a TICS - What is the opposite of West?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
88	Y15Q4_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
89	Y15Q4_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?
90	Y15Q4_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?
92	Y15Q4_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
93	Y15Q4_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
91	Y15Q4_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?
94	Y15Q4_BMELEV	Num	8	3.	3.	Q63 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.
95	Y15Q4_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual enery level.
97	Y15Q4_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
96	Y15Q4_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
103	Y15Q4_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
102	Y15Q4_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
98	Y15Q4_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?
100	Y15Q4_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
101	Y15Q4_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
99	Y15Q4_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
104	Y15Q4_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?
106	Y15Q4_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
107	Y15Q4_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
105	Y15Q4_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?

The CONTENTS Procedure

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
119	Y15Q4_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
115	Y15Q4_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
113	Y15Q4_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
117	Y15Q4_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
118	Y15Q4_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
116	Y15Q4_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
114	Y15Q4_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
108	Y15Q4_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
112	Y15Q4_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
111	Y15Q4_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
110	Y15Q4_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
109	Y15Q4_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?
140	Y15Q4_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
120	Y15Q4_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
138	Y15Q4_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
137	Y15Q4_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?
141	Y15Q4_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
125	Y15Q4_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
126	Y15Q4_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
131	Y15Q4_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
132	Y15Q4_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
133	Y15Q4_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
134	Y15Q4_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
123	Y15Q4_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
124	Y15Q4_BRDMMEDC	Num	8	DECIAB.	2.	Q72b Type of health care decision about Medications?
139	Y15Q4_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
135	Y15Q4_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
136	Y15Q4_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
129	Y15Q4_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?
130	Y15Q4_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
127	Y15Q4_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
128	Y15Q4_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
122	Y15Q4_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
121	Y15Q4_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
142	Y15Q4_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
143	Y15Q4_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
144	Y15Q4_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?
154	Y15Q4_BWREBLF	Num	8	YNNREF.	2.	Q95 Your belief in yourself gets you through hard times. Do you agree?
155	Y15Q4_BWREBLFA	Num	8	AGREEX.	2.	Q95 Completely or mostly agree that your belief in yourself gets you through hard times
156	Y15Q4_BWREBLFD	Num	8	AGREE_D.	2.	Q95 Completely or mostly disagree that your belief in yourself gets you through hard times
157	Y15Q4_BWREHND	Num	8	YNNREF.	2.	Q96 You feel that you can handle many things at a time. Do you agree?
158	Y15Q4_BWREHNDA	Num	8	AGREEX.	2.	Q96 Completely or mostly agree that you feel that you can handle many things at a time
159	Y15Q4_BWREHNDD	Num	8	AGREE_D.	2.	Q96 Completely or mostly disagree that you feel that you can handle many things at a time

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
148	Y15Q4_BWREINT	Num	8	YNNREF.	2.	Q93 You keep interested in things. Do you agree?
149	Y15Q4_BWREINTA	Num	8	AGREEEX.	2.	Q93 Completely or mostly agree that you keep interested in things
150	Y15Q4_BWREINTD	Num	8	AGREE_D.	2.	Q93 Completely or mostly disagree that you keep interested in things
151	Y15Q4_BWRELGH	Num	8	YNNREF.	2.	Q94 You can usually find something to laugh about. Do you agree?
152	Y15Q4_BWRELGHA	Num	8	AGREEEX.	2.	Q94 Completely or mostly agree that you can usually find something to laugh about
153	Y15Q4_BWRELGHD	Num	8	AGREE_D.	2.	Q94 Completely or mostly disagree that you can usually find something to laugh about
145	Y15Q4_BWREPRD	Num	8	YNNREF.	2.	Q92 You feel proud that you have accomplished things in my life. Do you agree?
146	Y15Q4_BWREPRDA	Num	8	AGREEEX.	2.	Q92 Completely or mostly agree that you feel proud that you have accomplished things in my life
147	Y15Q4_BWREPRDD	Num	8	AGREE_D.	2.	Q92 Completely or mostly disagree that you feel proud that you have accomplished things in my life
161	Y15Q4_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?
160	Y15Q4_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
165	Y15Q4_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
162	Y15Q4_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
163	Y15Q4_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
166	Y15Q4_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
164	Y15Q4_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q4_PPT	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	168
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:18:33 PM	<b>Observation Length</b>	4792
<b>Last Modified</b>	Thursday, July 11, 2013 01:18:33 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	3
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	3
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q4_ppt.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q4_AADATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q4_AASTFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q4_ABHSTAT	Num	8	STAT.	2.	Q1 In general, how would you say your health is?
5	Y15Q4_ABBED12	Num	8	YNDK.	2.	Q2 Since we last spoke to you did you stay in bed all or most of the day because of an illness or injury?
6	Y15Q4_ABBEDDAY	Num	8	4.	4.	Q2a 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.
7	Y15Q4_ABCUT12	Num	8	YNDK.	2.	Q3 Since we last spoke to you did you cut down on the things you usually do because of an illness or injury? Please include days in bed.
8	Y15Q4_ABCUTDAY	Num	8	4.	4.	Q3a How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
9	Y15Q4_ACHLTCON	Num	8	YNDK.	2.	Q4 Is there anything about your health that causes you concern?
10	Y15Q4_ACCONCRN	Char	1000	\$1000.	\$1000.	Q4a What are your health concerns?
11	Y15Q4_ACCONSYM	Num	8	CHECK.	3.	Q4b Health Concern - Symptom
12	Y15Q4_ACCONDX	Num	8	CHECK.	3.	Q4b Health Concern - Diagnosis
13	Y15Q4_ACCONDGT	Num	8	CHECK.	3.	Q4b Health Concern - Diagnostic test
14	Y15Q4_ACCONMTX	Num	8	CHECK.	3.	Q4b Health Concern - Medical treatment
15	Y15Q4_ACCONSUR	Num	8	CHECK.	3.	Q4b Health Concern - Surgical procedure
16	Y15Q4_ACCONHR	Num	8	CHECK.	3.	Q4b Health Concern - Hearing difficulties
17	Y15Q4_ACCONVIS	Num	8	CHECK.	3.	Q4b Health Concern - Vision Difficulties
18	Y15Q4_ACCONMEM	Num	8	CHECK.	3.	Q4b Health Concern - Loss of memory or cognitive skills
19	Y15Q4_ACCONFAT	Num	8	CHECK.	3.	Q4b Health Concern - Lack of energy; fatigue
20	Y15Q4_ACCONDEC	Num	8	CHECK.	3.	Q4b Health Concern - General sense of decline
21	Y15Q4_ACCONELS	Num	8	CHECK.	3.	Q4b Health Concern - Something else

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
22	Y15Q4_ACCONSPE	Char	500	\$500.	\$500.	Q4b Health Concern - Something else - specify
23	Y15Q4_ACMCNH	Num	8	YNDK.	2.	Q5 Since we last spoke to you, did you stay overnight as a patient in a nursing home or rehabilitation center?
24	Y15Q4_ACMCVN	Num	8	YNDK.	2.	Q6 Since we last spoke to you, did you receive care at home from a visiting nurse, home health aide, or nurses aide?
25	Y15Q4_ACMCPROV	Num	8	YNDK.	2.	Q7 Since we last spoke to you, have you seen a doctor, nurse practitioner, or other health care provider?
26	Y15Q4_ACMCER	Num	8	YNDK.	2.	Q8 Since we last spoke to you, have you gone to an emergency room or urgent care center?
27	Y15Q4_AFEQUIP	Num	8	YNDK.	2.	Q11 Do you have to use a cane, walker, crutches, or other special equipment to help you get around?
28	Y15Q4_AFDIOYN	Num	8	YNDK.	2.	Q12 Because of a health/physical problem, do you have any difficulty getting in and out of bed or chairs?
29	Y15Q4_AFDIORHY	Num	8	YNDK.	2.	Q12a Does someone usually help you get in and out of bed or chairs?
30	Y15Q4_AFBATHYN	Num	8	YNDK.	2.	Q13 Do you have any difficulty bathing or showering?
31	Y15Q4_AFBATHRH	Num	8	YNDK.	2.	Q13a Does someone usually help you bathe or shower?
32	Y15Q4_AFDDYN	Num	8	YNDK.	2.	Q14 Do you have any difficulty dressing?
33	Y15Q4_AFDDRHYN	Num	8	YNDK.	2.	Q14a Does someone usually help you to dress?
34	Y15Q4_AFDIFSTA	Num	8	YNDK.	2.	Q15 Because of a health/physical problem, do you have any difficulty standing up from a chair without using your arms?
35	Y15Q4_AFDSTAMT	Num	8	DIFF.	2.	Q15a How much difficulty do you have standing up from chair?
36	Y15Q4_AFEZSTA	Num	8	EASY.	2.	Q15b How easy is it for you to stand up from a chair without using your arms?
37	Y15Q4_AGDIFFSCK	Num	8	YNDK.	2.	Q16 Do you have any difficulty stooping, crouching or kneeling?
38	Y15Q4_AGDSCKAM	Num	8	DIFF.	2.	Q16a How much difficulty do you have stooping, crouching or kneeling?
39	Y15Q4_AMSYMPN	Num	8	YNDK.	2.	Q23a Since we last spoke to you, have you had any Pain?
40	Y15Q4_AMSYMPNF	Num	8	OFTEN.	2.	Q23a How often did you have pain?
41	Y15Q4_AMSYMPND	Num	8	HOWMUCH.	2.	Q23a How much did pain distress or bother you?
42	Y15Q4_AMSYMNA	Num	8	YNDK.	2.	Q23b Since we last spoke to you, have you had any Nausea?
43	Y15Q4_AMSYMNAF	Num	8	OFTEN.	2.	Q23b How often did you have nausea?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
44	Y15Q4_AMSYMNA	Num	8	HOWMUCH.	2.	Q23b How much did nausea distress or bother you?
45	Y15Q4_AMSYMCO	Num	8	YNDK.	2.	Q23c Since we last spoke to you, have you had any Constipation?
46	Y15Q4_AMSYMCOF	Num	8	OFTEN.	2.	Q23c How often did you have constipation?
47	Y15Q4_AMSYMCO	Num	8	HOWMUCH.	2.	Q23c How much did constipation distress or bother you?
48	Y15Q4_AMSYMBS	Num	8	YNDK.	2.	Q23d Since we last spoke to you, have you had any Shortness of Breath?
49	Y15Q4_AMSYMBSF	Num	8	OFTEN.	2.	Q23d How often did you have shortness of breath?
50	Y15Q4_AMSYMBSD	Num	8	HOWMUCH.	2.	Q23d How much did shortness of breath distress or bother you?
51	Y15Q4_AMSYMDS	Num	8	YNDK.	2.	Q23e Since we last spoke to you, have you had any Difficulty Sleeping?
52	Y15Q4_AMSYMDSF	Num	8	OFTEN.	2.	Q23e How often did you have difficulty sleeping?
53	Y15Q4_AMSYMDS	Num	8	HOWMUCH.	2.	Q23e How much did difficulty sleeping distress or bother you?
54	Y15Q4_AMSYMDC	Num	8	YNDK.	2.	Q23f Since we last spoke to you, have you had any Difficulty Concentrating?
55	Y15Q4_AMSYMDCF	Num	8	OFTEN.	2.	Q23f How often did you have difficulty concentrating?
56	Y15Q4_AMSYMDCD	Num	8	HOWMUCH.	2.	Q23f How much did difficulty concentrating distress or bother you?
57	Y15Q4_AMSYMDDW	Num	8	YNDK.	2.	Q23g Since we last spoke to you, have you had any Difficulty Swallowing?
58	Y15Q4_AMSYMDDWF	Num	8	OFTEN.	2.	Q23g How often did you have difficulty swallowing?
59	Y15Q4_AMSYMDDWD	Num	8	HOWMUCH.	2.	Q23g How much did difficulty swallowing distress or bother you?
60	Y15Q4_ANTICFN	Num	8	CORRECTN.	2.	Q24a TICS - Tell me your first name
61	Y15Q4_ANTICLN	Num	8	CORRECTN.	2.	Q24b TICS - Tell me your last name
62	Y15Q4_ANTICMON	Num	8	CORRECTN.	2.	Q25a TICS - What month is it?
63	Y15Q4_ANTICDAY	Num	8	CORRECTN.	2.	Q25b TICS - What day is it?
64	Y15Q4_ANTICYR	Num	8	CORRECTN.	2.	Q25c TICS - What year is it?
65	Y15Q4_ANTICDYW	Num	8	CORRECTN.	2.	Q25d TICS - What day of the week is it?
66	Y15Q4_ANTICDYS	Num	8	CORRECTN.	2.	Q25e TICS - What season is it?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
67	Y15Q4_ANTICADN	Num	8	CORRECTN.	2.	Q26a TICS - What is your house number (or facility name)?
68	Y15Q4_ANTICADS	Num	8	CORRECTN.	2.	Q26b TICS - What is your street name?
69	Y15Q4_ANTICADC	Num	8	CORRECTN.	2.	Q26c TICS - What city are you in?
70	Y15Q4_ANTICADT	Num	8	CORRECTN.	2.	Q26d TICS - What state are you in?
71	Y15Q4_ANTICADZ	Num	8	CORRECTN.	2.	Q26e TICS - What is your your zip code?
72	Y15Q4_APTICCB	Num	8	CORRECTO.	2.	Q27 TICS - Count backwards from 20 to 1
73	Y15Q4_APTICWR	Num	8	3.	3.	Q28 TICS - # of correct words remembered from list of 10
74	Y15Q4_APTICWRR	Num	8	CORRECTN.	2.	Q28 TICS - Participant refused to list any of the 10 words or could not due to disability
75	Y15Q4_APTICNB	Num	8	2.	2.	Q29 TICS - # of correct answers (0-5) when subtracting 7 from 100
76	Y15Q4_APTICNBR	Num	8	CORRECTN.	2.	Q29 TICS - Participant refused to subtract 7 from 100 or could not due to disability
77	Y15Q4_APTICCP	Num	8	CORRECTN.	2.	Q30a TICS - What do people usually use to cut paper?
78	Y15Q4_APTIC12	Num	8	CORRECTN.	2.	Q30b TICS - How many things are in a dozen?
79	Y15Q4_APTICPG	Num	8	CORRECTN.	2.	Q30c TICS - What do you call the prickly green plant that lives in the desert?
80	Y15Q4_APTICWL	Num	8	CORRECTN.	2.	Q30d TICS - What animal does wool come from?
81	Y15Q4_AQTIC1AB	Num	8	CORRECTN.	2.	Q31a TICS - Repeat the phrase No ifs, ands or Buts
82	Y15Q4_AQTICME	Num	8	CORRECTN.	2.	Q31b TICS - Repeat the phrase Methodist Episcopal
83	Y15Q4_AQTICPRE	Num	8	CORRECTN.	2.	Q32a TICS - Who is president of United States right now?
84	Y15Q4_AQTICVP	Num	8	CORRECTN.	2.	Q32b TICS - Who is vice president?
85	Y15Q4_AQTICFTP	Num	8	TAPS.	2.	Q33 TICS - With your finger, tap five times on the part of the phone you speak into.
86	Y15Q4_AQTICWOW	Num	8	CORRECTN.	2.	Q34a TICS - What is the opposite of West?
87	Y15Q4_AQTICWOG	Num	8	CORRECTN.	2.	Q34b TICS - What is the opposite of generous?
88	Y15Q4_ATAPPET	Num	8	STAT15X.	2.	Q42 In general, how would you say that your appetite or desire to eat has been?
89	Y15Q4_ATDFPREP	Num	8	YNDND.	2.	Q43 Because of a health/physical problem, do you have any difficulty preparing meals?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
90	Y15Q4_ATDFSHOP	Num	8	YNDND.	2.	Q44 Because of a health/physical problem, do you have any difficulty shopping for food?
91	Y15Q4_ATWTLBS	Num	8	4.	4.	Q45 How much do you currently weigh in pounds?
92	Y15Q4_ATLBS2	Num	8	YNDK.	2.	Q45 Current weight: don t know/don t remember or refused to answer
93	Y15Q4_ATTRYLS2	Num	8	YNDK.	2.	Q46 At the present time, are you trying to lose weight?
94	Y15Q4_BMELEV	Num	8	3.	3.	Q63 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.
95	Y15Q4_BMELEVRF	Num	8	YNDK.	2.	Q63a Answered don t know or refused when asked to describe usual enery level.
96	Y15Q4_BMELTIRE	Num	8	YNDK.	2.	Q64 In the past month, on the average, have you been feeling unusually tired during the day?
97	Y15Q4_BMELOFTN	Num	8	TIME1X.	2.	Q64a In the past month how much of the time have you been feeling unusually tired during the day?
98	Y15Q4_BNICDRW	Num	8	SAWDOC.	2.	Q65 Since we last spoke to you, did anyone go with you when you last saw a doctor or other health care professional?
99	Y15Q4_BNICDRWW	Char	500	\$500.	\$500.	Q65a Who was the person who went to the doctor with you the last time you went?
100	Y15Q4_BNICDRWD	Num	8	CHECK.	3.	Q65a Don t know who went with you to the doctor the last time you went.
101	Y15Q4_BNICDRWR	Num	8	GODOC.	2.	Q65b Relationship of the person who went with you to the doctor the last time you went.
102	Y15Q4_BNICDRUN	Num	8	YNDK.	2.	Q66 Did your doctor or other health care professional check to see if you understood your condition and care the last time you went?
103	Y15Q4_BNICDRIN	Num	8	AMTINFO.	2.	Q67 How much information did the doctor or other health care professional give you about your medical condition the last time you went?
104	Y15Q4_BNICNME	Num	8	YNDK.	2.	Q68 Did the doctor or other health care professional order any new medicines for you the last time you went?
105	Y15Q4_BNICNMEQ	Num	8	YNDK.	2.	Q68a Did you have an opportunity to ask questions about this new medicine the last time you went?
106	Y15Q4_BNICNMEC	Num	8	YNDK.	2.	Q68b Did you have the opportunity to express any concerns or your opinion about this new medicine the last time you went?
107	Y15Q4_BNICNMEI	Num	8	AMTINFO.	2.	Q68c How much information did you get about possible side effects or complications of this new medicine the last time you went?
108	Y15Q4_BPICT	Num	8	YNDK.	2.	Q69. Did the doctor or other health care professional order any new tests the last time you went?
109	Y15Q4_BPICTWHA	Char	500	\$500.	\$500.	Q69a What new tests were ordered the last time you went to the doctor?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
110	Y15Q4_BPICTWDK	Num	8	CHECK.	3.	Q69a Don t know what new tests were ordered the last time I went to the doctor.
111	Y15Q4_BPICTQ	Num	8	YNDK.	2.	Q69b Did you have an opportunity to ask questions about these new tests that were ordered the last time you went to a doctor?
112	Y15Q4_BPICTC	Num	8	YNDK.	2.	Q69c Could you express your concerns or your opinion about these new tests that were ordered the last time you went to a doctor?
113	Y15Q4_BPICNTX	Num	8	YNDK.	2.	Q70 The last time you went, did the doctor or other health care professional order any new treatments or procedures?
114	Y15Q4_BPICNTXW	Char	500	\$500.	\$500.	Q70a What new treatments or procedures were ordered the last time you went to a doctor?
115	Y15Q4_BPICNTDK	Num	8	CHECK.	3.	Q70a Don t know what new treatments or procedures were ordered the last time you went to a doctor.
116	Y15Q4_BPICNTXQ	Num	8	YNDK.	2.	Q70b Did you have an opportunity to ask questions about any new treatments or procedures the last time you went to a doctor?
117	Y15Q4_BPICNTXC	Num	8	YNDK.	2.	Q70c Could you express concerns or your opinion about any new treatments or procedures the last time you went to a doctor?
118	Y15Q4_BPICNTXI	Num	8	AMTINFO.	2.	Q70d How much information did you get about possible side effects or complications about any new treatments or procedures the last time you went to a doctor?
119	Y15Q4_BPICINTR	Num	8	YNDK.	2.	Q71 Have you or someone else looked on the internet for information related to your health?
120	Y15Q4_BRDMANY	Num	8	YNDK.	2.	Q72 Since we last spoke to you, have you made any decisions or choices about your health or medical care?
121	Y15Q4_BRDMWHAT	Char	500	\$500.	\$500.	Q72a What health or medical care decisions you have made since last we spoke?
122	Y15Q4_BRDMWDK	Num	8	CHECK.	3.	Q72a Don t know what health or medical care decisions I have made since last we spoke.
123	Y15Q4_BRDMMED	Num	8	CHECK.	3.	Q72b Health care decision was made about Medications?
124	Y15Q4_BRDMMEDC	Num	8	DECIAB.	2.	Q72b Type of health care decision about Medications?
125	Y15Q4_BRDMDT	Num	8	CHECK.	3.	Q72b Health care decision was made about Diagnostic Test?
126	Y15Q4_BRDMDTAD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Diagnostic tests?
127	Y15Q4_BRDMTX	Num	8	CHECK.	3.	Q72b Health care decision was made about Treatment?
128	Y15Q4_BRDMTXCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Treatment?
129	Y15Q4_BRDMSU	Num	8	CHECK.	3.	Q72b Health care decision made about Surgery?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
130	Y15Q4_BRDMSUCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Surgery?
131	Y15Q4_BRDMER	Num	8	CHECK.	3.	Q72b Health care decision made about ER / urgent care?
132	Y15Q4_BRDMERCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about ER / urgent?
133	Y15Q4_BRDMHO	Num	8	CHECK.	3.	Q72b Health care decision made about Hospital admission?
134	Y15Q4_BRDMHOCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about Hospital admission?
135	Y15Q4_BRDMPT	Num	8	CHECK.	3.	Q72b Health care decision made about PT/OT/speech therapy?
136	Y15Q4_BRDMPTCD	Num	8	DECIAA.	2.	Q72b Type of health care decision about PT/OT/speech therapy?
137	Y15Q4_BRDMCHP	Num	8	CHECK.	3.	Q72b Health care decision made to Change health provider(s)?
138	Y15Q4_BRDMCHH	Num	8	CHECK.	3.	Q72b Made decision to change Health habits?
139	Y15Q4_BRDMOTH	Num	8	CHECK.	3.	Q72b Made other Health care decision?
140	Y15Q4_BRDMAFH	Num	8	YNDK.	2.	Q72c Did you ask your family to help you make that (any of those) decision(s)?
141	Y15Q4_BRDMDFH	Num	8	YNDK.	2.	Q72d Did you make that (any of those) decision(s) with full agreement among your family members?
142	Y15Q4_BVGQUALF	Num	8	STAT.	2.	Q89 In general, how would you describe your quality of life?
143	Y15Q4_BVWBACC	Num	8	YNDK.	2.	Q90 Since we last spoke to you, has a close friend or family member had a serious accident or illness?
144	Y15Q4_BVWBRDIE	Num	8	YNDK.	2.	Q91 Since we last spoke to you, has a close friend or family member died?
145	Y15Q4_BWREPRD	Num	8	YNNREF.	2.	Q92 You feel proud that you have accomplished things in my life. Do you agree?
146	Y15Q4_BWREPRDA	Num	8	AGREEX.	2.	Q92 Completely or mostly agree that you feel proud that you have accomplished things in my life
147	Y15Q4_BWREPRDD	Num	8	AGREE_D.	2.	Q92 Completely or mostly disagree that you feel proud that you have accomplished things in my life
148	Y15Q4_BWREINT	Num	8	YNNREF.	2.	Q93 You keep interested in things. Do you agree?
149	Y15Q4_BWREINTA	Num	8	AGREEX.	2.	Q93 Completely or mostly agree that you keep interested in things
150	Y15Q4_BWREINTD	Num	8	AGREE_D.	2.	Q93 Completely or mostly disagree that you keep interested in things
151	Y15Q4_BWRELGH	Num	8	YNNREF.	2.	Q94 You can usually find something to laugh about. Do you agree?
152	Y15Q4_BWRELGHA	Num	8	AGREEX.	2.	Q94 Completely or mostly agree that you can usually find something to laugh about

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
153	Y15Q4_BWRELGH	Num	8	AGREE_D.	2.	Q94 Completely or mostly disagree that you can usually find something to laugh about
154	Y15Q4_BWREBLF	Num	8	YNNREF.	2.	Q95 Your belief in yourself gets you through hard times. Do you agree?
155	Y15Q4_BWREBLFA	Num	8	AGREEX.	2.	Q95 Completely or mostly agree that your belief in yourself gets you through hard times
156	Y15Q4_BWREBLFD	Num	8	AGREE_D.	2.	Q95 Completely or mostly disagree that your belief in yourself gets you through hard times
157	Y15Q4_BWREHND	Num	8	YNNREF.	2.	Q96 You feel that you can handle many things at a time. Do you agree?
158	Y15Q4_BWREHNDA	Num	8	AGREEX.	2.	Q96 Completely or mostly agree that you feel that you can handle many things at a time
159	Y15Q4_BWREHNDD	Num	8	AGREE_D.	2.	Q96 Completely or mostly disagree that you feel that you can handle many things at a time
160	Y15Q4_BXLITLPL	Num	8	INTEREST.	2.	Q97a Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?
161	Y15Q4_BXFLDWN	Num	8	INTEREST.	2.	Q97b Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?
162	Y15Q4_CUHEAR	Num	8	YNDK.	2.	Q112a During this interview did the participant complain about not being able to hear the questions?
163	Y15Q4_CUHEARC	Num	8	COMPLAIN.	2.	Q112i Did the participant complain about not being able to hear throughout the interview or only during the cognitive test?
164	Y15Q4_CUSPEAK	Num	8	YNDK.	2.	Q112b During the interview did the participant speak or listen to another person in the room?
165	Y15Q4_CUDISTRA	Num	8	YNDK.	2.	Q112c During the interview were there distractions in room, such as a ringing telephone, noisy TV, etc.?
166	Y15Q4_CURELY	Num	8	FFQ9X.	2.	Q113 On the whole, how reliable does the interviewer think the participant responses to this questionnaire are?
167	Y15Q4_AQTICSTIM	Num	8			Calculated - Time it took in minutes for ppt to complete Telephone Interview for Cognitive Status (TICS)
168	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q4_PPT

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q4_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	5
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	40
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	4096
<b>Number of Data Set Pages</b>	31
<b>First Data Page</b>	1
<b>Max Obs per Page</b>	101
<b>Obs in First Data Page</b>	56
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q4_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

*The CONTENTS Procedure*

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
5	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q4 Calc
2	Y15Q4_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
4	Y15Q4_TICSdisabled	Num	8			TICS Number of Responses where a Disability prevented ppt from responding
3	Y15Q4_TICSscore	Num	8			Total Score on Telephone Interview Cognitive Status Test (TICS)

***The CONTENTS Procedure***

<b>Data Set Name</b>	RELY15.Y15Q4_CALC	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	5
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Observation Length</b>	40
<b>Last Modified</b>	Thursday, July 11, 2013 01:29:36 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	4096
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<b>Obs in First Data Page</b>	56
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q4_calc.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

*The CONTENTS Procedure*

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	HABC ENROLLMENT ID
2	Y15Q4_EASEUP	Num	8	SPMISS.		EASE STANDING FROM CHAIR WITHOUT USING ARMS, 6=VERY EASY
3	Y15Q4_TICSscore	Num	8			Total Score on Telephone Interview Cognitive Status Test (TICS)
4	Y15Q4_TICSdisabled	Num	8			TICS Number of Responses where a Disability prevented ppt from responding
5	VERSION	Num	8	YYMMDD10.		Release Date for this Version of Y15Q4 Calc

**The CONTENTS Procedure**

<b>Data Set Name</b>	RELY15.Y15Q4_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	119
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:19:00 PM	<b>Observation Length</b>	4704
<b>Last Modified</b>	Thursday, July 11, 2013 01:19:00 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	2
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	1
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q4_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
119	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q4_PROXY
6	Y15Q4_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
2	Y15Q4_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
4	Y15Q4_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q4_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
3	Y15Q4_V1STFID	Char	3	\$3.	\$3.	Staff ID#
8	Y15Q4_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q4_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
7	Y15Q4_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
10	Y15Q4_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q4_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q4_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q4_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
15	Y15Q4_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
25	Y15Q4_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
18	Y15Q4_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
17	Y15Q4_V3CONDX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
26	Y15Q4_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
24	Y15Q4_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
21	Y15Q4_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
23	Y15Q4_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
19	Y15Q4_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
27	Y15Q4_V3CONSPE	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
20	Y15Q4_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure
16	Y15Q4_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
22	Y15Q4_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
14	Y15Q4_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
29	Y15Q4_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
28	Y15Q4_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
32	Y15Q4_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
31	Y15Q4_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
30	Y15Q4_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
33	Y15Q4_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?
35	Y15Q4_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
36	Y15Q4_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
34	Y15Q4_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?
48	Y15Q4_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
44	Y15Q4_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
42	Y15Q4_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
46	Y15Q4_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
47	Y15Q4_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
45	Y15Q4_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
43	Y15Q4_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
37	Y15Q4_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
41	Y15Q4_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?
40	Y15Q4_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
39	Y15Q4_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
38	Y15Q4_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
71	Y15Q4_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
49	Y15Q4_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
67	Y15Q4_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
66	Y15Q4_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
72	Y15Q4_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
54	Y15Q4_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?
55	Y15Q4_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?
60	Y15Q4_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
61	Y15Q4_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
62	Y15Q4_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?
63	Y15Q4_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
52	Y15Q4_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
53	Y15Q4_VBDMMEDC	Num	8	DECIAB.	2.	Q31b Type of health care decision about Medications?
70	Y15Q4_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
68	Y15Q4_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
64	Y15Q4_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
65	Y15Q4_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
58	Y15Q4_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
59	Y15Q4_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
56	Y15Q4_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
57	Y15Q4_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
69	Y15Q4_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
51	Y15Q4_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
50	Y15Q4_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
80	Y15Q4_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
81	Y15Q4_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
79	Y15Q4_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
77	Y15Q4_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
78	Y15Q4_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
76	Y15Q4_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
73	Y15Q4_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?
75	Y15Q4_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
74	Y15Q4_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
85	Y15Q4_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
86	Y15Q4_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
83	Y15Q4_VHDDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
84	Y15Q4_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?
82	Y15Q4_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
87	Y15Q4_VHGNLS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?
88	Y15Q4_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
89	Y15Q4_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
96	Y15Q4_VJSYMCO	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
98	Y15Q4_VJSYMCOD	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
97	Y15Q4_VJSYMCOF	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
105	Y15Q4_VJSYMDC	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?
107	Y15Q4_VJSYMDCD	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
106	Y15Q4_VJSYMDCF	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?
102	Y15Q4_VJSYMDS	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
104	Y15Q4_VJSYMDSD	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
103	Y15Q4_VJSYMDSF	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
108	Y15Q4_VJSYMDW	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
110	Y15Q4_VJSYMDWD	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
109	Y15Q4_VJSYMDWF	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?
93	Y15Q4_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
95	Y15Q4_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?
94	Y15Q4_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?

**The CONTENTS Procedure**

Alphabetic List of Variables and Attributes						
#	Variable	Type	Len	Format	Informat	Label
90	Y15Q4_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
92	Y15Q4_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
91	Y15Q4_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?
99	Y15Q4_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
101	Y15Q4_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
100	Y15Q4_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
115	Y15Q4_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?
111	Y15Q4_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
114	Y15Q4_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
112	Y15Q4_VKWBACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?
113	Y15Q4_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
117	Y15Q4_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
118	Y15Q4_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
116	Y15Q4_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?

**The CONTENTS Procedure**

<b>Data Set Name</b>	RELY15.Y15Q4_PROXY	<b>Observations</b>	3075
<b>Member Type</b>	DATA	<b>Variables</b>	119
<b>Engine</b>	V9	<b>Indexes</b>	0
<b>Created</b>	Thursday, July 11, 2013 01:19:00 PM	<b>Observation Length</b>	4704
<b>Last Modified</b>	Thursday, July 11, 2013 01:19:00 PM	<b>Deleted Observations</b>	0
<b>Protection</b>		<b>Compressed</b>	NO
<b>Data Set Type</b>		<b>Sorted</b>	NO
<b>Label</b>			
<b>Data Representation</b>	WINDOWS_32		
<b>Encoding</b>	wlatin1 Western (Windows)		

<b>Engine/Host Dependent Information</b>	
<b>Data Set Page Size</b>	16384
<b>Number of Data Set Pages</b>	1027
<b>First Data Page</b>	2
<b>Max Obs per Page</b>	3
<b>Obs in First Data Page</b>	1
<b>Number of Data Set Repairs</b>	0
<b>Filename</b>	V:\Data Analysis File\Programs\Year 15 Data\Release20130701\y15q4_proxy.sas7bdat
<b>Release Created</b>	9.0202M0
<b>Host Created</b>	XP_PRO

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
1	HABCID	Num	8	11.	11.	Health ABC Id
2	Y15Q4_V1DATE	Num	8	MMDDYY10.	DATETIME20.	Date Interview Completed
3	Y15Q4_V1STFID	Char	3	\$3.	\$3.	Staff ID#
4	Y15Q4_V1DATES	Num	8	MMDDYY10.	DATETIME20.	Date of last participant or proxy interview
5	Y15Q4_V1REL	Num	8	PROXREL.	2.	Q1 What is your relationship to the Health ABC participant?
6	Y15Q4_V1CONFRQ	Num	8	CONTAC2X.	2.	Q2 How often have do you have contact with the participant?
7	Y15Q4_V2CONTYP	Num	8	CONTAC3X.	2.	Q3 What is the most frequent type of contact you have with the participant?
8	Y15Q4_V2BED12	Num	8	YNDK.	2.	Q4 Since we last spoke to the ppt, did s/he stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
9	Y15Q4_V2BEDDAY	Num	8	4.	4.	Q4a About how many days did ppt stay in bed all or most of the day because of an illness or injury? Please include days in a hospital.
10	Y15Q4_V2CUT12	Num	8	YNDK.	2.	Q5 Since we last spoke to ppt, did ppt cut down on the things s/he usually did, such as going to work/housework, because of an illness or injury? Include days in bed.
11	Y15Q4_V2CUTDAY	Num	8	4.	4.	Q5a How many days did ppt cut down on the things s/he usually did because of illness or injury? Please include days in bed.
12	Y15Q4_V2MCNH	Num	8	YNDK.	2.	Q6 Since we last spoke to ppt, did s/he stay overnight as a patient in a nursing home or rehabilitation center?
13	Y15Q4_V2MCVN	Num	8	YNDK.	2.	Q7 Since we last spoke to ppt, did s/he receive care at home from a visiting nurse, home health aide, or nurses aide?
14	Y15Q4_V3HLTCON	Num	8	YNDK.	2.	Q8 Is there anything about the participant health that causes you concern?
15	Y15Q4_V3CONCRN	Char	1000	\$1000.	\$1000.	Q8a What are proxy health concerns about the participant?
16	Y15Q4_V3CONSYM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Symptom
17	Y15Q4_V3CONDY	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnosis
18	Y15Q4_V3CONDGT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Diagnostic test
19	Y15Q4_V3CONMTX	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Medical treatment
20	Y15Q4_V3CONSUR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Surgical procedure

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
21	Y15Q4_V3CONHR	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Hearing difficulties
22	Y15Q4_V3CONVIS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Vision difficulties
23	Y15Q4_V3CONMEM	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Loss of memory or cognitive skills
24	Y15Q4_V3CONFAT	Num	8	CHECK.	3.	Q8b Proxy health concern about participant lack of energy/fatigue
25	Y15Q4_V3CONDEC	Num	8	CHECK.	3.	Q8b Proxy health concern about participant General sense of decline
26	Y15Q4_V3CONELS	Num	8	CHECK.	3.	Q8b Proxy health concern about participant Something else
27	Y15Q4_V3CONSPE	Char	500	\$500.	\$500.	Q8b If Proxy health concern about something else then please specify
28	Y15Q4_V3MCPROV	Num	8	YNDK.	2.	Q9 Since we last spoke to participant, has s/he been to see a doctor, nurse practitioner, or other health care provider?
29	Y15Q4_V3MCER	Num	8	YNDK.	2.	Q10 Since we last spoke to ppt, has s/he gone to an emergency room or urgent care center?
30	Y15Q4_V9ICDRW	Num	8	YNDK.	2.	Q26 Since we last spoke to ppt, have you had any contact with his/her doctor or other health care professional, either by telephone or in person?
31	Y15Q4_V9ICDRUN	Num	8	YNDK.	2.	Q26a Did the doctor or other health care professional check to see what you understood about his/her condition and care?
32	Y15Q4_V9ICDRIN	Num	8	AMTINFO.	2.	Q26b How much information did the doctor or other health care professional give you about his/her medical condition?
33	Y15Q4_V9ICNME	Num	8	YNDK.	2.	Q27 Did the doctor or other health care professional order any new medicines for the ppt?
34	Y15Q4_V9ICNMEQ	Num	8	YNDK.	2.	Q27a Did you or the ppt have an opportunity to ask questions about the new medicine?
35	Y15Q4_V9ICNMEC	Num	8	YNDK.	2.	Q27b Did you or the ppt have the opportunity to express any concerns or your opinion about it?
36	Y15Q4_V9ICNMEI	Num	8	AMTINFO.	2.	Q27c How much information did you or the ppt get about possible side effects or complications?
37	Y15Q4_VAICT	Num	8	YNDK.	2.	Q28. Did his/her doctor or other health care professional order any new tests?
38	Y15Q4_VAICTWHA	Char	500	\$500.	\$500.	Q28a What new tests did his/her doctor order?
39	Y15Q4_VAICTWDK	Num	8	CHECK.	3.	Q28a Don t know what new tests his/her doctor ordered?
40	Y15Q4_VAICTQ	Num	8	YNDK.	2.	Q28b Did you or the ppt have an opportunity to ask questions about this new test?
41	Y15Q4_VAICTC	Num	8	YNDK.	2.	Q28c Did you or the ppt have the opportunity to express any concerns or your opinion about it?

The CONTENTS Procedure

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
42	Y15Q4_VAICNTX	Num	8	YNDK.	2.	Q29 Did his/her doctor or other health care professional order any new treatments or procedures?
43	Y15Q4_VAICNTXW	Char	500	\$500.	\$500.	Q29a What new treatments or procedures did his/her doctor or other health care professional order?
44	Y15Q4_VAICNTDK	Num	8	CHECK.	3.	Q29a Don t know what new treatments or procedures his/her doctor ordered?
45	Y15Q4_VAICNTXQ	Num	8	YNDK.	2.	Q29b Did you or the ppt have an opportunity to ask questions about the new treatments or procedures?
46	Y15Q4_VAICNTXC	Num	8	YNDK.	2.	Q29c Did you or the ppt have the opportunity to express any concerns or your opinion about the new treatment or procedure?
47	Y15Q4_VAICNTXI	Num	8	AMTINFO.	2.	Q29d How much information did you or the ppt get about possible side effects or complications of the treatment or procedure?
48	Y15Q4_VAICINTR	Num	8	YNDK.	2.	Q30 Have you or someone else looked on the internet for information related to his/her health?
49	Y15Q4_VBDMANY	Num	8	YNDK.	2.	Q31 Since we last spoke to the ppt, have you been involved in any decisions or choices about his/her health or medical care?
50	Y15Q4_VBDMWHAT	Char	800	\$800.	\$800.	Q31a What decisions or choices about his/her health or medical care did you make?
51	Y15Q4_VBDMWDK	Num	8	CHECK.	3.	Q31a Don t know what decisions or choices about his/her health or medical care were made
52	Y15Q4_VBDMMED	Num	8	CHECK.	3.	Q31b Health care decision was made about Medications?
53	Y15Q4_VBDMMEDC	Num	8	DECIAB.	2.	Q31b Type of health care decision about Medications?
54	Y15Q4_VBDMDT	Num	8	CHECK.	3.	Q31b Health care decision was made about Diagnostic Test?
55	Y15Q4_VBDMDTAD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Diagnostic test?
56	Y15Q4_VBDMTX	Num	8	CHECK.	3.	Q31b Health care decision was made about Treatment?
57	Y15Q4_VBDMTXCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Treatment?
58	Y15Q4_VBDMSU	Num	8	CHECK.	3.	Q31b Health care decision was made about Surgery?
59	Y15Q4_VBDMSUCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Surgery?
60	Y15Q4_VBDMER	Num	8	CHECK.	3.	Q31b Health care decision was made about ER / urgent care?
61	Y15Q4_VBDMERCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about ER / urgent care?
62	Y15Q4_VBDMHO	Num	8	CHECK.	3.	Q31b Health care decision was made about Hospital admission?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
63	Y15Q4_VBDMHOCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about Hospital admission?
64	Y15Q4_VBDMPT	Num	8	CHECK.	3.	Q31b Health care decision was made about PT/OT/speech therapy?
65	Y15Q4_VBDMPTCD	Num	8	DECIAA.	2.	Q31b Type of health care decision about PT/OT/speech therapy?
66	Y15Q4_VBDMCHP	Num	8	CHECK.	3.	Q31b Health care decision was made about changing health provider?
67	Y15Q4_VBDMCHH	Num	8	CHECK.	3.	Q31b Health care decision about change in health habits?
68	Y15Q4_VBDMOTH	Num	8	CHECK.	3.	Q31b Made other Health care decision?
69	Y15Q4_VBDMUND	Num	8	YNDK.	2.	Q31c Was the ppt able to understand the options for care and make a decision independently?
70	Y15Q4_VBDMOPIN	Num	8	YNDK.	2.	Q31ci Was the ppt able to express some opinion about his/her options for care?
71	Y15Q4_VBDMAFH	Num	8	YNDK.	2.	Q31d Did other family members help to make the health care decision(s)?
72	Y15Q4_VBDMDFH	Num	8	YNDK.	2.	Q31di Were the health care decisions made with full agreement among all of the family members?
73	Y15Q4_VGDWSMRM	Num	8	YNDK.	2.	Q48 Because of a health or physical problem, does the ppt have any difficulty walking across a small room?
74	Y15Q4_VGHWSMRM	Num	8	YNDK.	2.	Q49 Does someone usually help the ppt walk across a room?
75	Y15Q4_VGEQUIP	Num	8	YNDK.	2.	Q50 Because of a health or physical problem, does the ppt have to use a cane, walker, crutches, or other special equipment to help him/her get around?
76	Y15Q4_VGDIOYN	Num	8	YNDK.	2.	Q51 Because of a health or physical problem, does the ppt have any difficulty getting in and out of bed or chairs?
77	Y15Q4_VGDIODIF	Num	8	DIFF.	2.	Q51a How much difficulty does the ppt have getting in and out of bed or chairs?
78	Y15Q4_VGDIORHY	Num	8	YNDK.	2.	Q51b Does the ppt usually receive help from another person when s/he gets in and out of bed or chairs?
79	Y15Q4_VGBATHYN	Num	8	YNDK.	2.	Q52 Because of a health or physical problem, does the ppt have any difficulty bathing or showering?
80	Y15Q4_VGBATHDF	Num	8	DIFF.	2.	Q52a How much difficulty does the ppt have bathing or showering?
81	Y15Q4_VGBATHRH	Num	8	YNDK.	2.	Q52b Does the ppt usually receive help from another person in bathing or showering?
82	Y15Q4_VHDDYN	Num	8	YNDK.	2.	Q53 Does the ppt have any difficulty dressing?
83	Y15Q4_VHDDIF	Num	8	DIFF.	2.	Q53a How much difficulty does s/he have dressing?
84	Y15Q4_VHDDRHYN	Num	8	YNDK.	2.	Q53b Does the ppt usually receive help from another person in dressing?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
85	Y15Q4_VHAPPET	Num	8	STAT15X.	2.	Q54 In general, how would you say that his/her appetite or desire to eat has been?
86	Y15Q4_VHCHN5LB	Num	8	YNDK.	2.	Q55 Since we last spoke to the ppt, has his/her weight changed by 5 or more pounds?
87	Y15Q4_VHGNLS	Num	8	WEIGHT3X.	2.	Q55a Did the ppt gain or lose weight?
88	Y15Q4_VHHOW6	Num	8	3.	3.	Q55b How many pounds did the ppt gain/lose since we last spoke?
89	Y15Q4_VHHOW6DN	Num	8	YNDK.	2.	Q55b Don t know how many pounds the ppt gained or lost since we last spoke?
90	Y15Q4_VJSYMPN	Num	8	YNDK.	2.	Q56a Since we last spoke to the ppt, have you noticed or has the ppt complained of any Pain?
91	Y15Q4_VJSYMPNF	Num	8	OFTEN.	2.	Q56a How often did the ppt have Pain?
92	Y15Q4_VJSYMPND	Num	8	HOWMUCH.	2.	Q56a How much did Pain distress or bother the ppt?
93	Y15Q4_VJSYMNA	Num	8	YNDK.	2.	Q56b Since we last spoke to the ppt, have you noticed or has the ppt complained of any Nausea?
94	Y15Q4_VJSYMNAF	Num	8	OFTEN.	2.	Q56b How often did the ppt have nausea?
95	Y15Q4_VJSYMNAD	Num	8	HOWMUCH.	2.	Q56b How much did nausea distress or bother the ppt?
96	Y15Q4_VJSYMCOC	Num	8	YNDK.	2.	Q56c Since we last spoke to the ppt, have you noticed or has the ppt complained of any Constipation?
97	Y15Q4_VJSYMCOF	Num	8	OFTEN.	2.	Q56c How often did the ppt have constipation?
98	Y15Q4_VJSYMCOD	Num	8	HOWMUCH.	2.	Q56c How much did constipation distress or bother the ppt?
99	Y15Q4_VJSYMSB	Num	8	YNDK.	2.	Q56d Since we last spoke to the ppt, have you noticed or has the ppt complained of any Shortness of breath?
100	Y15Q4_VJSYMSBF	Num	8	OFTEN.	2.	Q56d How often did the ppt have shortness of breath?
101	Y15Q4_VJSYMSBD	Num	8	HOWMUCH.	2.	Q56d How much did shortness of breath distress or bother the ppt?
102	Y15Q4_VJSYMDS	Num	8	YNDK.	2.	Q56e Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty sleeping?
103	Y15Q4_VJSYMDSF	Num	8	OFTEN.	2.	Q56e How often did the ppt have difficulty sleeping?
104	Y15Q4_VSYMDSD	Num	8	HOWMUCH.	2.	Q56e How much did difficulty sleeping distress or bother the ppt?
105	Y15Q4_VSYMDC	Num	8	YNDK.	2.	Q56f Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty concentrating?
106	Y15Q4_VSYMDCF	Num	8	OFTEN.	2.	Q56f How often did the ppt have difficulty concentrating?

**The CONTENTS Procedure**

Variables in Creation Order						
#	Variable	Type	Len	Format	Informat	Label
107	Y15Q4_VJSYMDCD	Num	8	HOWMUCH.	2.	Q56f How much did difficulty concentrating distress or bother the ppt?
108	Y15Q4_VJSYMDW	Num	8	YNDK.	2.	Q56g Since we last spoke to the ppt, have you noticed or has the ppt complained of any Difficulty swallowing?
109	Y15Q4_VJSYMDWF	Num	8	OFTEN.	2.	Q56g How often did the ppt have difficulty swallowing?
110	Y15Q4_VJSYMDWD	Num	8	HOWMUCH.	2.	Q56g How much did difficulty swallowing distress or bother the ppt?
111	Y15Q4_VKGQUALF	Num	8	STAT.	2.	Q57 In general, how would you describe his/her quality of life?
112	Y15Q4_VKWBACC	Num	8	YNDK.	2.	Q58 Since we last spoke to the ppt, has a close friend or family member of the ppt had a serious accident or illness?
113	Y15Q4_VKWBRDIE	Num	8	YNDK.	2.	Q59 Since we last spoke to the ppt, has a close friend or family member of the ppt died?
114	Y15Q4_VKLITLPL	Num	8	INTEREST.	2.	Q60a Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by little interest or pleasure doing things?
115	Y15Q4_VKFLDWN	Num	8	INTEREST.	2.	Q60b Over the past 2 weeks, how often have you noticed that the ppt seemed bothered by feeling down, depressed or hopeless?
116	Y15Q4_VMRELY	Num	8	FFQ9X.	2.	Q64 On the whole, how reliable do you, the interviewer, think the proxy responses to the Proxy Interview are?
117	Y15Q4_VMPROXY	Num	8	REASON2X.	2.	Q65 What is the primary reason a proxy was contacted for the Participant Interview?
118	Y15Q4_VMPRXYOT	Char	500	\$500.	\$500.	Q65a If the reason a proxy was contacted is something other than the reasons listed, what is the other reason?
119	VERSION	Num	8	YYMMDD10.		Release date for the version of Y15Q4_PROXY