**ICPSR 3083** 

# Alameda County [California] Health and Ways of Living Study, 1994 and 1995 Panels

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Codebook for 1995 Data

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## **1994 PANEL**

### HPL (1994) HEALTH & WAYS OF LIVING

#### INTRODUCTION

#### BACKGROUND AND PURPOSE OF THE HEALTH AND WAYS OF LIVING STUDY

In 1965, the Human Population Laboratory (HPL) began a series of studies to determine how health and living patterns are related. The first study involved a random sample of households throughout Alameda County, California. Alameda County had been chosen by the National Institutes of Health because it closely resembled the age and ethnic mix of the United States in 1965. All adult occupants in these households were asked to complete a self-administered questionnaire (SAQ) which asked about their health, activities, and other ways of living. In 1974, a second survey was made of all those who had participated in 1965. With two surveys it was possible to study effects of changes in study participants' lives on their health. In 1983 a third survey was conducted, but because of limited funds only half of the original respondents were contacted. Smaller samples have been interviewed in other limited surveys. (In 1984 and 1990 those participants who were 65 years and older in 1984 were interviewed.)

The importance of the study lies in its design of studying a broad cross-section of people who live, work, and retire in real communities rather than artificial laboratories. Their behaviors are what they do everyday and studying them over a long period of time allows analysis of the long-term effects of health behaviors on mortality, physical functioning, and mental health. A number of important findings have come from this study, including the dangers of smoking and depression, the benefits of exercise, moderate weight, and alcohol consumption, and the surprising health benefits from group membership and other social activities.

The current survey will attempt to contact everyone interviewed in 1965 and 1974 regardless of where they have moved. Half of these people will have also been interviewed in 1983. The 1994 survey will follow analyses of how important consistency of good health behaviors is throughout a lifetime.

#### DATA PROCESSING

The data entry, verification of the data, and the construction of data sets were conducted by the Data Management Unit of the Survey Research Center at the University of California, Berkeley.

- 1. After receiving completed self-administered questionnaires from the field, the cases were numbered sequentially and filed according to work assignments.
- 2. A direct data entry (DDE) instrument using CASES software was designed specifically for this collection instrument. Only valid codes are accepted by the entry program, and some logical checks were added to maintain certain coding conventions.
- 3. All cases were entered into computer memory twice, by two different people at different times. This procedure offers not only 100% verification of the data, but also saves time should there require a revision of the entry instrument (i.e., additional valid codes, increase valid code ranges, or the need for new or improved coding rules).

- 4. Batches of paired cases were compared by a computer program which identifies discrepancies between the two entries. These differences were then checked against the original case document. Once the correction was made to one of the paired entries, the duplicate case was discarded.
  - The "cleaned" batch of data cases was then checked yet again by another computer program which is very similar to the entry program (i.e., only valid codes are accepted and all logical checks are enforced). The cases which successfully complete this process are not only considered "cleaned" but "certified."
- 5. Certified data cases were then submitted for output. The cases become part of an ASCII file which is in card image format, fixed length, and rectangular in shape.
- 6. The ASCII file was used as input to create a permanent data set using SAS version 6.12. This code book provides the variable names and codes for data in the SAS data set.

#### GENERAL CODING CONVENTIONS

- 1. All cases delivered to the Data Management Office were considered valid and complete. No preliminary effort was made to delete or exclude any case from the data set.
- 2. When no discriminate choice could be determined, or when no choice or multiple choices were made on a particular question, that item was coded as "missing data." Likewise, if an item was expected to hold data and had none, that item was missing data.
- 3. Responses which were possible but not allowed by the collection instrument, as well as measures which were outside existing ranges, were brought to the attention of the editing staff for discussion and final recommendation. Based on that outcome, adjustments were made to the entry instrument to accommodate these outliers.
- 4. Anytime a respondent provided a range rather than a specific, numeric answer, the midpoint of the range was taken. When an implied range was offered, e.g., "70's," again the midpoint ("75") was taken. An exception here was "early 70's" or late 80's" which would be taken as "73" and "88" respectively, in order to capture the extremes of the range.
- 5. Midpoints which produced fractions were handled the same as any other fractional response, i.e., code UP to the next whole number at half or round DOWN for less than half.

Variable	Codes/Meaning		
ID	HPL Identification Number		
SEX	<ul><li>1 Male</li><li>2 Female</li></ul>		
APETITE9	Is your appetite good?  1 Yes  2 No		
ENERGY9	More energy or less energy than most people your age?  1 Much more energy 2 A little more energy 3 A little less energy 4 A lot less energy		
SLEEP9	Trouble getting to sleep or staying asleep?  1 Often  2 Sometimes  3 Almost never		
SLPHRS9	Hours of sleep per night?  1 6 hours or less  2 7 hours  3 8 hours  4 9 hours or more		
SLPNO9	After sleeping four or five hours, how tired do you feel?  Very tired  Somewhat tired  Not tired at all		
WORN9	How often are you completely worn out at the end of the day?  1 Often		

2

3

Sometimes

Almost never

DENTIST9 Last time went to a dentist just for a general check-up? Dentures: < 1 year Within the last year 1 6 2 1 or 2 years ago 7 Dentures: 1-2 years 3 More than 2 years ago 8 Dentures: 2+ years 4 Never Dentures: never 5 I have dentures DENTAL9 Health insurance that pays for at least part of your dental care? 1 Yes 2 No MDCHCK9 Last time MD check-up when you were <u>not</u> sick? Within the last year 1 2 1 or 2 years ago 3 More than 2 years ago 4 Never HINS9 No health insurance Yes, no health insurance 1 2 No, has insurance MCARE9 Medicare 1 Yes 2 No MGAP9 Medigap Yes 1 2 No MCAL9 MediCal or Medicaid 1 Yes 2 No MVA9 VA or CHAMPUS 1 Yes 2 No KAISER9 Kaiser 1 Yes 2 No HMO9 Any plan other than Kaiser which charges a fixed monthly fee and usually requires you to go to certain doctors or hospitals (often referred to as an HMO) 1 Yes

2

No

BLUCRS9 Blue Cross-Blue Shield

1 Yes2 No

HINSOTH9 Other health insurance

1 Yes2 No

HBILLS9 Hospital services

1 Yes2 No

NRSHOME9 Nursing home care

1 Yes2 No

MHLTHC9 Mental health care

1 Yes2 No

MVISION9 Vision care

1 Yes2 No

MDVIS9 Doctor visits

1 Yes2 No

RX9 Prescription medications

1 Yes2 No

HINSAD9 Is your health insurance adequate for your needs?

1 Yes2 No

SPENT9 Household spent for health care in the last 12 months? < \$500 1 2 \$500-\$999 3 \$1,000-\$1,999 4 \$2,000-\$2,999 5 \$3,000-\$4,999 6 \$5,000 or more HEARTX9 Heart trouble ever? Yes 2 No HEARTB9 Heart: What year did it start? 19\_\_\_\_ HEARTC9 Heart: Did you ever see a doctor about it? 1 Yes 2 No HEARTF9 Heart: Have you ever been hospitalized for it? 1 Yes 2 No HEARTG9 Heart: taken medicines prescribed for it? 1 Yes 2 No Heart: Have you had it in the last 12 months? HEART9 Yes 1 2 No HBP: High blood pressure or hypertension ever? HBPX9 Yes 1 2 No HBPB9 HBP: Year started? 19\_\_\_\_\_ HBPC9 HBP: Did you ever see a doctor about it? Yes 1 2 No HBPF9 HBP: Have you ever been hospitalized for it? 1 Yes 2 No

HBPG9 HBP: taken medicines prescribed for it? Yes 2 No HBP9 HBP: Have you had it in the last 12 months? Yes 1 2 No STROKEX9 Stroke ever? 1 Yes 2 No Stroke: What year did it start? STROKEB9 19\_\_\_\_ STROKEC9 Stroke: Did you ever see a doctor about it? Yes 1 2 No Stroke: Have you ever been hospitalized for it? STROKEF9 1 Yes 2 No STROKEG9 Stroke: taken medicines prescribed for it? 1 Yes 2 No Stroke: Have you had it in the last 12 months? STROKE9 Yes 1 2 No TIAX9 Small stroke or TIA ever? Yes 1 2 No TIAB9 TIA: What year did it start?

19\_\_\_\_

TIAC9 TIA: Did you ever see a doctor about it? Yes 1 2 No TIA: Have you ever been hospitalized for it? TIAF9 1 Yes 2 No TIA: taken medicines prescribed for it? TIAG9 1 Yes 2 No TIA9 TIA: Have you had it in the last 12 months? Yes 2 No Chronic Bronchitis ever? **BRONCHX9** Yes 1 2 No BRONCHB9 Bronchitis: What year did it start? 19\_\_\_\_ Bronchitis: Did you ever see a doctor about it? BRONCHC9 Yes 1 2 No Bronchitis: Have you ever been hospitalized for it? **BRONCHF9** 1 Yes 2 No **BRONCHG9** Bronchitis: taken medicines prescribed for it? Yes 1 2 No **BRONCH9** Bronchitis: Have you had it in the last 12 months? 1 Yes

2

No

ASTHMAX9	Asthma 1 2	a ever? Yes No
ASTHMAB9	Asthma	a: What year did it start? 19
ASTHMAC9	Asthma 1 2	a: Did you ever see a doctor about it? Yes No
ASTHMAF9	Asthma 1 2	a: Have you ever been hospitalized for it? Yes No
ASTHMAG9	Asthma 1 2	a: taken medicines prescribed for it? Yes No
ASTHMA9	Asthma 1 2	a: Have you had it in the last 12 months? Yes No
ARTHX9	Arthriti 1 2	s or Rheumatism ever? Yes No
ARTHB9	Arthriti	s: What year did it start? 19
ARTHC9	Arthriti 1 2	s: Did you ever see a doctor about it? Yes No

Arthritis: Have you ever been hospitalized for it? ARTHF9 Yes 1 2 No ARTHG9 Arthritis: taken medicines prescribed for it? 1 Yes 2 No Arthritis: Have you had it in the last 12 months? ARTH9 Yes 1 2 No DIABX9 Diabetes ever? Yes 2 No Diabetes: What year did it start? DIABB9 19\_\_\_\_ Diabetes: Did you ever see a doctor about it? DIABC9 1 Yes 2 No DIABF9 Diabetes: Have you ever been hospitalized for it? 1 Yes 2 No Diabetes: taken medicines prescribed for it? DIABG9 Yes 1 2 No DIAB9 Diabetes: Have you had it in the last 12 months? Yes 1 2 No CANCERX9 Cancer ever? Yes 1 2 No Cancer: What year did it start? CANCERB9 19\_\_\_\_

Cancer: Did you ever see a doctor about it? CANCERC9 1 Yes 2 No CANCERF9 Cancer: Have you ever been hospitalized for it? Yes 2 No CANCERG9 Cancer: taken medicines prescribed for it? Yes 2 No CANCER9 Cancer: Have you had it in the last 12 months? Yes 2 No MENTALX9 Emotional or mental illness ever? Yes 2 No Mental ill: What year did it start? MENTALB9 19 Mental ill: Did you ever see a doctor about it? MENTALC9 1 Yes 2 No Mental ill: Have you ever been hospitalized for it? MENTALF9 Yes 1 2 No MENTALG9 Mental ill: taken medicines prescribed for it? Yes 1 2 No MENTAL9 Mental ill: Have you had it in the last 12 months? Yes 1 2 No DRINKX9 Drinking problem or alcoholism ever? Yes 1 2 No DRINKB9 Alcoholism: What year did it start? 19\_\_\_\_

DRINKC9 Alcoholism: Did you ever see a doctor about it? Yes 1 2 No DRINKF9 Alcoholism: Have you ever been hospitalized for it? Yes 2 No DRINKG9 Alcoholism: taken medicines prescribed for it? Yes 2 No DRINK9 Alcoholism: Have you had it in the last 12 months? Yes 2 No **ULCERX9** Ulcer ever? Yes 2 No **ULCERB9** Ulcer: What year did it start? 19\_\_\_\_ Ulcer: Did you ever see a doctor about it? ULCERC9 1 Yes 2 No Ulcer: Have you ever been hospitalized for it? **ULCERF9** 1 Yes 2 No Ulcer: taken medicines prescribed for it? **ULCERG9** Yes 1 2 No Ulcer: Have you had it in the last 12 months? **ULCER9** 1 Yes

2

No

GALLX9 Chronic Gallbladder trouble ever? Yes 1 2 No Gall bladder: What year did it start? GALLB9 19\_\_\_\_ Gall bladder: Did you ever see a doctor about it? GALLC9 1 Yes 2 No GALLF9 Gall bladder: Have you ever been hospitalized for it? 1 Yes 2 No Gall bladder: taken medicines prescribed for it? GALLG9 1 Yes 2 No GALL9 Gall bladder: Have you had it in the last 12 months? Yes 1 2 No Chronic liver trouble ever? LIVERX9 1 Yes 2 No Liver: What year did it start? LIVERB9 19\_\_\_\_ Liver: Did you ever see a doctor about it? LIVERC9 1 Yes 2 No LIVERF9 Liver: Have you ever been hospitalized for it? 1 Yes 2 No Liver: taken medicines prescribed for it? LIVERG9 Yes 1 2 No

LIVER9	Liver: I 1 2	Have you had it in the last 12 months? Yes No
CATARX9	Catara 1 2	cts ever? Yes No
CATARB9	Catara	cts: What year did it start? 19
CATARC9	Catara 1 2	cts: Did you ever see a doctor about it? Yes No
CATARF9	Catara 1 2	cts: Have you ever been hospitalized for it? Yes No
CATARG9	Catara 1 2	cts: taken medicines prescribed for it? Yes No
CATAR9	Catara 1 2	cts: Have you had it in the last 12 months? Yes No
GLAUX9	Glauco 1 2	ma ever? Yes No
GLAUB9	Glauco	ma: What year did it start? 19
GLAUC9	Glauco 1 2	ma: Did you ever see a doctor about it? Yes No
GLAUF9	Glauco 1 2	ma: Have you ever been hospitalized for it? Yes No

GLAUG9	1	na: taken medicines prescribed for it? Yes No
GLAU9	1	ma: Have you had it in the last 12 months? Yes No
CIRCX9	1	culation to legs ever? Yes No
CIRCB9		ion: What year did it start? 19
CIRCC9	1	ion: Did you ever see a doctor about it? Yes No
CIRCF9	1	ion: Have you ever been hospitalized for it? Yes No
CIRCG9	1	ion: taken medicines prescribed for it? Yes No
CIRC9	1	ion: Have you had it in the last 12 months? Yes No
MIGRX9	1	e headaches ever? Yes No
MIGRB9	_	es: What year did it start? 19
MIGRC9	1	es: Did you ever see a doctor about it? Yes No

MIGRF9	Migrair 1 2	nes: Have you ever been hospitalized for it? Yes No
MIGRG9	Migrair 1 2	nes: taken medicines prescribed for it? Yes No
MIGR9	Migrair 1 2	nes: Have you had it in the last 12 months? Yes No
EMPHX9	Emphy 1 2	sema or chronic obstructive lung disease ever? Yes No
EMPHB9	Emphy	sema: What year did it start? 19
EMPHC9	Emphy 1 2	sema: Did you ever see a doctor about it? Yes No
EMPHF9	Emphy 1 2	sema: Have you ever been hospitalized for it? Yes No
EMPHG9	Emphy 1 2	sema: taken medicines prescribed for it? Yes No
EMPH9	Emphy 1 2	sema: Have you had it in the last 12 months? Yes No
OSTEOX9	Osteop 1 2	orosis ever? Yes No
OSTEOB9	Osteop	orosis: What year did it start? 19

OSTEOC9 Osteoporosis: Did you ever see a doctor about it? 1 Yes 2 No OSTEOF9 Osteoporosis: Have you ever been hospitalized for it? 1 Yes 2 No OSTEOG9 Osteoporosis: taken medicines prescribed for it? Yes 2 No OSTEO9 Osteoporosis: Have you had it in the last 12 months? Yes 2 No CRAMPX9 Frequent cramps in legs ever? Yes 2 No Leg Cramps: What year did it start? CRAMPB9 19\_\_\_ CRAMPC9 Leg Cramps: Did you ever see a doctor about it? 1 Yes 2 No Leg Cramps: Have you ever been hospitalized for it? CRAMPF9 Yes 1 2 No CRAMPG9 Leg Cramps: taken medicines prescribed for it? Yes 1 2 No CRAMP9 Leg Cramps: Have you had it in the last 12 months? Yes 1 2 No CHESTX9 Pain in heart or tightness or heaviness in chest ever? Yes 1 2 No CHESTB9 Chest pain: What year did it start? 19\_\_\_\_

Chest pain: Did you ever see a doctor about it? CHESTC9 Yes 1 2 No CHESTF9 Chest pain: Have you ever been hospitalized for it? 1 Yes 2 No CHESTG9 Chest pain: taken medicines prescribed for it? Yes 2 No CHEST9 Chest pain: Have you had it in the last 12 months? Yes 2 No BREATHX9 Troubling breathing or shortness of breath ever? Yes 1 2 No Short breath: What year did it start? BREATHB9 19 Short breath: Did you ever see a doctor about it? BREATHC9 1 Yes 2 No Short breath: Have you ever been hospitalized for it? BREATHF9 Yes 1 2 No Short breath: taken medicines prescribed for it? BREATHG9 1 Yes 2 No BREATH9 Short breath: Have you had it in the last 12 months? Yes 1 2 No

ANKLEX9 Swollen ankles ever? Yes 1 2 No Swollen ankles: What year did it start? ANKLEB9 19\_\_\_\_ Swollen ankles: Did you ever see a doctor about it? ANKLEC9 1 Yes 2 No Swollen ankles: Have you ever been hospitalized for it? ANKLEF9 1 Yes 2 No ANKLEG9 Swollen ankles: taken medicines prescribed for it? 1 Yes 2 No ANKLE9 Swollen ankles: Have you had it in the last 12 months? 1 Yes 2 No BACKX9 Back pain: Pains in back or spine ever? 1 Yes 2 No Back pain: What year did it start? BACKB9 19\_\_\_\_ BACKC9 Back pain: Did you ever see a doctor about it? 1 Yes 2 No BACKF9 Back pain: Have you ever been hospitalized for it? 1 Yes 2 No Back pain: taken medicines prescribed for it? BACKG9 Yes 1 2 No

BACK9	Back pain: Have you had it in the last 12 months?  1 Yes 2 No
STOMCHX9	Repeated pains in stomach ever?  1 Yes 2 No
STOMCHB9	Stomach pain: What year did it start?  19
STOMCHC9	Stomach pain: Did you ever see a doctor about it?  1 Yes 2 No
STOMCHF9	Stomach pain: Have you ever been hospitalized for it?  1 Yes 2 No
STOMCHG9	Stomach pain: taken medicines prescribed for it?  1 Yes 2 No
STOMCH9	Stomach pain: Have you had it in the last 12 months?  1 Yes 2 No
HEADX9	Frequent headaches ever?  1 Yes 2 No
HEADB9	Headaches: What year did it start?  19
HEADC9	Headaches: Did you ever see a doctor about it?  1 Yes 2 No
HEADF9	Headaches: Have you ever been hospitalized for it?  1 Yes 2 No

HEADG9	Headaches: taken medicines prescribed for it?  1 Yes 2 No
HEAD9	Headaches: Have you had it in the last 12 months?  1 Yes 2 No
COLDSX9	Constant coughing or frequent chest colds ever?  1 Yes 2 No
COLDSB9	Coughing/chest colds: What year did it start?  19
COLDSC9	Coughing/chest colds: Did you ever see a doctor about it?  1 Yes 2 No
COLDSF9	Coughing/chest colds: Have you ever been hospitalized for it?  1 Yes 2 No
COLDSG9	Coughing/chest colds: taken medicines prescribed for it?  1 Yes 2 No
COLDS9	Coughing/chest colds: Have you had it in the last 12 months?  1 Yes 2 No
JOINTX9	Stiffness, swelling, or aching in joint or muscle 1 Yes 2 No
JOINTB9	Stiff joints: What year did it start?  19
JOINTC9	Stiff joints: Did you ever see a doctor about it?  1 Yes 2 No

JOINTF9	Stiff jo 1 2	ints: Have you ever been hospitalized for it? Yes No
JOINTG9	Stiff jo 1 2	ints: taken medicines prescribed for it? Yes No
JOINT9	Stiff jo 1 2	ints: Have you had it in the last 12 months? Yes No
TIREDX9	Gettino 1 2	g very tired in short time ever? Yes No
TIREDB9	Very ti	red: What year did it start? 19
TIREDC9	Very ti 1 2	red: Did you ever see a doctor about it? Yes No
TIREDF9	Very ti 1 2	red: Have you ever been hospitalized for it? Yes No
TIREDG9	Very ti 1 2	red: taken medicines prescribed for it? Yes No
TIRED9	Very ti 1 2	red: Have you had it in the last 12 months? Yes No
DIZZYX9	Dizzine 1 2	ess ever? Yes No
DIZZYB9	Dizzine	ess: What year did it start? 19

DIZZYC9 Dizziness: Did you ever see a doctor about it? 1 Yes 2 No DIZZYF9 Dizziness: Have you ever been hospitalized for it? 1 Yes 2 No DIZZYG9 Dizziness: taken medicines prescribed for it? Yes 1 2 No DIZZY9 Dizziness: Have you had it in the last 12 months? 2 No EARSX9 Frequent ringing in ears ever? Yes 2 No EARSB9 Ringing Ears: What year did it start? 19\_\_ EARSC9 Ringing Ears: Did you ever see a doctor about it? 1 Yes 2 No EARSF9 Ringing Ears: Have you ever been hospitalized for it? Yes 1 2 No Ringing Ears: taken medicines prescribed for it? EARSG9 Yes 1 2 No Ringing Ears: Have you had it in the last 12 months? EARS9 Yes 1 2 No FEETX9 Problems with feet that cause pain or limits ability to walk ever? 1 Yes 2 No FEETB9 Foot problems: What year did it start? 19\_\_\_\_

Foot problems: Did you ever see a doctor about it? FEETC9 Yes 1 2 No FEETF9 Foot problems: Have you ever been hospitalized for it? 1 Yes 2 No FEETG9 Foot problems: taken medicines prescribed for it? Yes 2 No FEET9 Foot problems: Have you had it in the last 12 months? Yes 2 No SIGHTX9 Trouble seeing even with contacts or glasses ever? Yes 2 No SIGHTB9 Trouble seeing: What year did it start? 19\_\_\_\_ SIGHTC9 Trouble seeing: Did you ever see a doctor about it? 1 Yes 2 No SIGHTF9 Trouble seeing: Have you ever been hospitalized for it? Yes 1 2 No SIGHTG9 Trouble seeing: taken medicines prescribed for it? 1 Yes 2 No SIGHT9 Trouble seeing: Have you had it in the last 12 months? 1 Yes 2 No

HEARX9 Trouble hearing even w/hearing aid ever? 1 Yes 2 No Hearing problems: What year did it start? HEARB9 19\_\_\_\_ HEARC9 Hearing problems: Did you ever see a doctor about it? 1 Yes 2 No Hearing problems: Have you ever been hospitalized for it? HEARF9 1 Yes 2 No HEARG9 Hearing problems: taken medicines prescribed for it? 1 Yes 2 No HEAR9 Hearing problems: Have you had it in the last 12 months? 1 Yes 2 No INDIGX9 Frequent indigestion ever? 1 Yes 2 No INDIGB9 Indigestion: What year did it start? 19\_\_\_\_ Indigestion: Did you ever see a doctor about it? INDIGC9 1 Yes 2 No INDIGF9 Indigestion: Have you ever been hospitalized for it? 1 Yes 2 No INDIGG9 Indigestion: taken medicines prescribed for it? 1 Yes 2 No

INDIG9	Indigestion: Have you had it in the last 12 months?  1 Yes 2 No
HOLDX9	Difficult to hold urine until you get to toilet 1 Yes 2 No
HOLDB9	Prob holding urine: What year did it start?  19
HOLDC9	Prob holding urine: Did you ever see a doctor about it?  1 Yes 2 No
HOLDF9	Prob holding urine: Have you ever been hospitalized for it?  1 Yes 2 No
HOLDG9	Prob holding urine: taken medicines prescribed for it?  1 Yes 2 No
HOLD9	Prob holding urine: Have you had it in the last 12 months?  1 Yes 2 No
LEAKX9	Leakage of urine when cough, sneeze, laugh or exert yourself 1 Yes 2 No
LEAKB9	Leaking urine: What year did it start?  19
LEAKC9	Leaking urine: Did you ever see a doctor about it?  1 Yes 2 No
LEAKF9	Leaking urine: Have you ever been hospitalized for it?  1 Yes 2 No

LEAKG9 Leaking urine: taken medicines prescribed for it?

1 Yes2 No

LEAK9 Leaking urine: Have you had it in the last 12 months?

1 Yes2 No

HATTACK9 Have you ever had a heart attack?

1 Yes2 No

HATTYRA9 Year 1<sup>st</sup> heart attack

HATTYRB9 Year 2<sup>nd</sup> heart attack

HATTYRC9 Year 3<sup>rd</sup> heart attack

HOPER9 Have you ever had an operation involving heart

1 Yes2 No

HOPYRA9 Year 1<sup>st</sup> operation

HOPYRB9 Year 2<sup>nd</sup> operation

HOPYRC9 Year 3<sup>rd</sup> operation

FALL9 < 12 moths: Had a fall that caused you to go to a doctor,

emergency room or hospital

1 Yes 2 No

ARTHZ9 Do you have arthritis?

1 Yes2 No

AKNEES9 Arthritis: in knees?

1 Yes2 No

AHANDS9 Arthritis: in hands? 1 Yes 2 No SEESIGN9 Difficulty seeing well enough to read street signs at night (with glasses)? 1 a great deal 2 some 3 a little 4 None RECOG9 How much difficulty do you have seeing well enough to recognize friend across the street (with glasses)? 1 a great deal 2 some 3 a little 4 None RPAPER9 How much difficulty do you have seeing to read well enough to read the newspaper (with glasses)? a great deal 1 2 some 3 a little 4 None HCONV9 Difficulty hearing and understanding words in normal conversation (with hearing aid)? a great deal 1 2 some 3 a little 4 None

How much difficulty do you have hearing words over the

telephone (with hearing aid)?

a great deal

some

a little

None

**HPHONE9** 

1

2

3

4

#### **HNOISY9** Difficulty hearing well enough to carry on conversation in noisy room (with hearing aid)? a great deal 1 2 some 3 a little 4 None BALANCE9 Sudden loss of balance 1 very often 2 often 3 sometimes 4 rarely or never Difficulty remembering things NOMEMRY9 very often 1 2 often 3 sometimes 4 rarely or never NOWORDS9 Trouble finding right word when talking 1 very often 2 often 3 sometimes 4 rarely or never WKLEGS9 Weakness in legs very often 1 2 often 3 sometimes 4 rarely or never Weakness in your arms WKARMS9 Very often 1 2 Often 3 Sometimes 4 Rarely or Never Dizziness or fainting when quickly stand up DIZFNT9 Very often 1 2 Often

3

4

Sometimes

Rarely or Never

FORGET9	Forget where put something  1 Very often  2 Often  3 Sometimes  4 Rarely or Never
NOGETGO9	Trouble "getting going"  1 Very often  2 Often  3 Sometimes  4 Rarely or Never
NOATTEN9	Finding it hard to pay attention  1 Very often  2 Often  3 Sometimes  4 Rarely or Never
NOAPPET9	Loss of appetite or skip meals  1 Very often  2 Often  3 Sometimes  4 Rarely or Never
WTLOSS9	Loss of weight not due to dieting or increased activity  1 Very often  2 Often  3 Sometimes  4 Rarely or Never
DRIFT9	Drifting off in middle of doing something  1 Very often  2 Often  3 Sometimes  4 Rarely or Never
FEEDING9	Trouble feeding themselves, trouble dressing themselves, or trouble moving around  1 Yes 2 No

FEEDB9 If Yes, how long?

1 < 6 months

2 6 months or more

STAIRS9 Trouble climbing stairs or trouble getting outdoors

1 Yes

2 No

STAIRSB9 If Yes, how long?

1 < 6 months

2 6 months or more

UNWORK9 Unable to work because of illness?

1 Yes

2 No

UNWORKB9 If Yes, how long?

1 < 6 months

2 6 months or more

CHWORK9 Change work or cut down hours because of health?

1 Yes

2 No

CHWORKB9 If Yes, how long?

1 < 6 months

2 6 months or more

STOPWK9 Cut down or stop any activity because of illness or injury?

1 Yes

2 No

STOPWKB9 If Yes, how long?

1 < 6 months

2 6 months or more

WALKRM9 Walking across a small room

1 No difficulty

2 some difficulty

a lot of difficulty

4 only do it with help of person/ equipment

BATHE9	Bathing-sponge bath, shower or tub  1 No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment
BRUSH9	Brushing hair, teeth or washing face  1 No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment
EAT9	Eating-holding fork, cutting food, drinking from glass  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment
DRESS9	Dressing putting on shirt, buttoning, zipping or putting on shoes  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment
MOVE9	Moving from bed to chair  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment
TOILET9	Using toilet  1 No difficulty  2 some difficulty  3 a lot of difficulty  4 only do it with help of person/ equipment
PUSHOBJ9	Pulling or pushing large object i.e., living room chair  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment

STOOP9	Stooping, crouching or kneeling  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment	
LIFT9	Lifting or carrying weights over 10 lbs., i.e., heavy grocery bag 1 No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment	
REACH9	Reaching or extending arms above shoulder  1    No difficulty 2    some difficulty 3    a lot of difficulty 4    only do it with help of person/ equipment	
GETUP9	Getting up from kneeling, stooping or crouching position  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment	
STANDUP9	Standing up after sitting in chair  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment	
WALKUP9	Walking up one flight of stairs  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment	
WRITE9	Writing or handling small objects  1    No difficulty 2    some difficulty 3    a lot of difficulty 4    only do it with help of person/ equipment	

COOK9	Do all cooking yourself if had to  1 No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment
HSWK9	Do heavy housework yourself if had to  1 No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment
SHOPALL9	Do all shopping if had to  1 No difficulty  2 some difficulty  3 a lot of difficulty  4 only do it with help of person/ equipment
WKMILE9	Walk 2-3 blocks without help (¼ mile)  1 No difficulty  2 some difficulty  3 a lot of difficulty  4 only do it with help of person/ equipment
WK10ST9	Walk 10 steps without resting  1 No difficulty  2 some difficulty  3 a lot of difficulty  4 only do it with help of person/ equipment
PHONE9	Using phone 1 No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment
PAYBILL9	Managing your money (keeping track of expenses, paying bills)  No difficulty  some difficulty  a lot of difficulty  only do it with help of person/ equipment

REGMD9 Do you have a particular doctor or clinic

l Yes

2 No

MDSEEN9 Last 12 months see a MD about your health?

1 Yes

2 No

MDTIMES9 Number of times seen MD <12 months

\_\_\_\_\_

MDVISYR9 Year last saw MD

\_\_\_\_\_

HOSPNT9 Overnight hospital patient < 12mos

1 Yes

2 No

HOSPNX9 Number of hospital stays overnight < 12mos.

NHOME9 Overnight nursing home patient < 12mos.

1 Yes

2 No

NHOMEN9 Number overnight nursing home stays < 12mos.

OPER3DY9 Last 12 mos. operation kept you in hospital 3 or more days

1 Yes

2 No

OPERN9 How many operations?

SICKDYS9 Number of days indoors ill < 12mos.

BEDDYS9 Number of days in bed ill < 12 mos.

HLTHBWB9 Health better or worse than others

1 Better

2 Worse

3 About the same

HEALTH9 Health Exc, Good, Fair or Poor Excellent 1 2 Good 3 Fair 4 Poor SEXQX9 What is your sex? Female 2 Male BREXNOW9 Examine own breasts now? Yes 1 2 No BRTIMES9 Examine your breasts: About how often? Every month 2 Every 2 months 3 or 4 times a year 3 4 Less often than that MAMMO9 Had mammogram in last 5 years? Yes 2 No MAMMON9 Number of mammograms in last 5 years mammograms Ever had breast exam by MD BRMD9 Yes 1 2 No How many breast exams by MD in last 5 years BRMDN9 Age at last breast exam by MD BRMDAGE9 Ever had pap smear test done PAP9 Yes 1 2 No 3 Don't know

PAPTIME9 When last pap smear test last 12 months 1 2 1 or 2 years 3 2 to 5 years > 5 years 4 MENSAGE9 Age began menses Still menstruating? MENSYN9 1 Yes 2 No MENO9 Gone through menopause? Yes 2 No Age at last natural menses MENOAGE9 HYST9 Had a hysterectomy 1 Yes 2 No 3 Don't know Age at hysterectomy **HYSTAGE9** OVEC9 Ever had ovaries removed Yes, one 1 2 Yes, both 3 No Don't know OVECAGE9 Age at ovarectomy \_ years old HORM9 Ever taken hormones? Yes 1 2 No 3 Don't know

## Number of years took hormones HORMYRS9 <1 year 1 2 1-3 years 3 4-6 years 4 7-9 years 5 > 10 years Still taking hormones HORMNOW9 1 Yes 2 No Ever taken birth control pills BC9 1 Yes 2 No 3 Don't know BCYR9 Year started birth control pills 19 \_\_\_\_\_ Number of years took bc pills BCTOT9 < 1 year 1 2 1-3 years 3 4-6 years 4 7-9 years 5 > 10 years RETIRD9 Retired Yes 1 2 No I keep house KEEPHS9 Yes 1 2 No STUDENT9 I am a student Yes 1 2 No VOL9 I volunteer Yes 1 2 No

VOLHRS9	hrs/wk volunteer HRS/WK		
NONE9	Not retired, volunteer, student or keep house 1 Yes 2 No		
EMP9	Currently employed at paid job  Yes  Not now, but I used to  I've never been employed		
EMPHRS9	If yes, hours worked/week hours per week		
LASTWKD9	If not now, how long ago last work months ago		
LOOKJOB9	If not now, looked for another job since last worked Yes No		
LOOKNOW9	If not now, are you currently looking for work  Yes  No, not now		
SELFEMP9	Are/were you self employed or do/did work for someone else  Self employed  Work for someone else		
INDUST9	What kind of business or industry do/did you work in? (See Appendix 1)		
OCCRAW9	What kind of work exactly? (See Appendix 1)		
HDWKYRS9	N years of hard physical labor Years		
JOBMOS9	Months at current job months		

JQUIT9	How often wished to quit job  1 Very often  2 Often  3 Sometimes  4 Never
JTIMEMD9	Employer gives sick leave with pay 1 Yes 2 No 3 Self-employed
JOBSAT9	How satisfied with present job  Very satisfied  Somewhat satisfied  Not satisfied
JHARDWK9	How much hard physical work on job 1 Quite a lot 2 Some 3 Little or None
JWORRY9	Ever worry about keeping job  Yes, frequently  Yes, sometimes  No, never
JBOSS9	Get along with boss  1 Very well  2 Well  3 Fairly well  4 Poorly  5 Work alone
JCOWKR9	How well get along with others at job  1 Very well 2 Well 3 Fairly well 4 Poorly 5 Work alone

How much job stress JSTRESS9 A great deal 1 2 Some 3 Hardly any EV1ILL9 Never: serious illness 1 Yes 2 No EV1X74 <1974 serious illness 1 Yes 2 No EV1X82 1974-82 serious illness 1 Yes 2 No EV1X92 1983-92 serious illness 1 Yes 2 No 1993 serious illness EV1X93 1 Yes 2 No EV1X94 1994 serious illness 1 Yes 2 No EV7ACC9 Never: bad auto accident 1 Yes 2 No EV7X74 < 1974: bad auto accident 1 Yes 2 No

1974-82: bad auto accident

Yes

No

EV7X82

1

2

EV7X92 1983-92: bad auto accident

1 Yes2 No

EV7X93 1993: bad auto accident

1 Yes2 No

EV7X94 1994: bad auto accident

1 Yes2 No

EV8BURG9 Never: burglary of residence

1 Yes2 No

EV8X74 <1974: burglary of residence

1 Yes2 No

EV8X82 1974-82: burglary of residence

1 Yes2 No

EV8X92 1983-93: burglary of residence

1 Yes2 No

EV8X93 1993: burglary of residence

1 Yes2 No

EV8X94 1994: burglary of residence

1 Yes2 No

EV9DIV9 Never: divorced/separated

EV9X74 <1974: divorced/separated

1 Yes2 No

EV9X82 1974-82: divorced/separated

1 Yes2 No

EV9X92 1983-92: divorced/separated

1 Yes2 No

EV9X93 1993: divorced/separated

1 Yes2 No

EV9X94 1994: divorced/separated

1 Yes2 No

EV10MAR9 Never: love problems

1 Yes2 No

EV10X74 <1974: love problems

1 Yes2 No

EV10X82 1974-82: love problems

1 Yes2 No

EV10X92 1983-92: love problems

1 Yes2 No

EV10X93 1993: love problems

EV10X94 1994: love problems

1 Yes2 No

EV12SEX9 never: sexual problems

1 Yes2 No

EV12X74 <1974: sexual problems

1 Yes2 No

EV12X82 1974-82: sexual problems

1 Yes2 No

EV12X92 1983-92: sexual problems

1 Yes2 No

EV12X93 1993: sexual problems

1 Yes2 No

EV12X94 1994: sexual problems

1 Yes2 No

EV16FIN9 never: financial problems

1 Yes2 No

EV16X74 <1974: financial problems

1 Yes2 No

EV16X82 1974-82: financial problems

1983-92: financial problems EV16X92 Yes 1 2 No 1993: financial problems EV16X93 1 Yes 2 No 1994: financial problems EV16X94 Yes 2 No Never: changed residence EV17RES9 Yes 2 No <1974: changed residence EV17X74 1 Yes 2 No EV17X82 1974-82: changed residence Yes 2 No 1983-92: changed residence EV17X92 Yes 2 No 1993: changed residence EV17X93 Yes 2 No EV17X94 1994: changed residence Yes 1 2 No Never: deteriorating neighborhood EV18DET9 1 Yes 2 No EV18X74 <1974: deteriorating neighborhood 1 Yes 2 No 1974:82: deteriorating neighborhood EV18X82 1 Yes 2 No

EV18X92 1983-92: deteriorating neighborhood 1 Yes 2 No EV18X93 1993: deteriorating neighborhood 1 Yes 2 No EV18X94 1994: deteriorating neighborhood 1 Yes 2 No Never: job loss or problems EV19JOB9 Yes No 2 <1974: job loss or problems EV19X74 1 Yes 2 No EV19X82 1974-82: job loss or problems 1 Yes 2 No 1983-92: job loss or problems EV19X92 1 Yes 2 No EV19X93 1993: job loss or problems 1 Yes 2 No

1994: job loss or problems

Yes

No

1

EV19X94

EV21DSP9 Never: death of spouse Yes 1 2 No <1974: job loss or problems EV21X74 1 Yes 2 No 1974-82: job loss or problems EV21X82 Yes 2 No 1983-92: job loss or problems EV21X92 Yes 2 No 1993: job loss or problems EV21X93 Yes 1 2 No EV21X94 1994: job loss or problems Yes 2 No EV24DFR9 Never: death of close one Yes 2 No EV24X74 <1974: death of close one Yes 2 No EV24X82 1974-82: death of close one Yes 2 No EV24X92 1983-92: death of close one 1 Yes 2 No EV24X93 1993: death of close one 1 Yes 2 No EV24X94 1994: death of close one 1 Yes 2 No

EV3ILLS9 Never: spouse illness Yes 1 2 No <1974: spouse illness EV3X74 Yes 1 2 No EV3X82 1974-82: spouse illness 1 Yes 2 No 1983-92: spouse illness EV3X92 Yes 1 2 No 1993: spouse illness EV3X93 1 Yes 2 No 1994: spouse illness EV3X94 Yes 1 2 No EV2ILLC9 Never: child illness 1 Yes 2 No EV2X74 <1974: child illness 1 Yes 2 No EV2X82 1974-82: child illness 1 Yes 2 No EV2X92 1983-92: child illness 1 Yes 2 No 1993: child illness EV2X93 Yes 1 2 No EV2X94 1994: child illness Yes 1 2 No

EV5BADC9 Never: bad happened to child

1 Yes2 No

EV5X74 <1974: bad happened to child

1 Yes2 No

EV5X82 1974-82: bad happened to child

1 Yes2 No

EV5X92 1983-92: bad happened to child

1 Yes2 No

EV5X93 1993: bad happened to child

1 Yes2 No

EV5X94 1994: bad happened to child

1 Yes2 No

EV4ILLR9 Never: close relative ill

1 Yes2 No

EV4X74 <1974: close relative ill

1 Yes2 No

EV4X82 1974-82: close relative ill

EV4X92 1983-92: close relative ill Yes 1 2 No 1993: close relative ill EV4X93 1 Yes 2 No EV4X94 1994: close relative ill Yes 2 No EV6BADR9 Never: bad happened to relative Yes 2 No EV6X74 <1974: bad happened to relative 1 Yes 2 No EV6X82 1974-82: bad happened to relative 1 Yes 2 No 1982-92: bad happened to relative EV6X92

EV6X93 1993: bad happened to relative

Yes

No

1 Yes 2 No

1

2

EV6X94 1994: bad happened to relative

1 Yes2 No

NCRIME9 Crime in your neighborhood

1 Very serious problem

2 Somewhat serious problem

3 Minor problem4 Not really a problem

NTRAFC9	Traffic problems  1 Very serious problem  2 Somewhat serious problem  3 Minor problem  4 Not really a problem		
NNOISE9	Excessive Noise  1 Very serious problem  2 Somewhat serious problem  3 Minor problem  4 Not really a problem		
NTRASH9	Trash and litter  1 Very serious problem  2 Somewhat serious problem  3 Minor problem  4 Not really a problem		
NLIGHT9	Lighting at night  Very serious problem  Somewhat serious problem  Minor problem  Not really a problem		
NTRANS9	Availability public transportation  1 Very serious problem  2 Somewhat serious problem  3 Minor problem  4 Not really a problem		
CRIME9	Victim of violent crime  1 Yes happened more than once  2 Yes, happened once  3 No		
FEAR9	Restrict any of your activity because of fear of violence <12mos 1 Yes 2 No		
PABUSE9	Physically abused by family member or friend <12mos  1 Yes  2 No		
VABUSE9	Verbally abused by family member or friend <12mos.  1 Yes 2 No		

BRKFST9	How often eat breakfast?  1 Almost every day 2 Sometimes 3 Rarely or never		
SNACK9	How often eat between meals?  1 Almost every day 2 Sometimes 3 Rarely or never		
VEGGIES9	N servings of fruits and veggies per day servings		
DWINE9	How often do you drink wine?  Never  Less than once a week  Once or twice a week  More than twice a week		
DBEER9	How often do you drink beer?  Never  Less than once a week  Once or twice a week  More than twice a week		
DLIQUOR9	How often drink liquor? rum, vodka, gin, whiskey  Never  Less than once a week  Once or twice a week  More than twice a week		
DNEVER9	If checked "Never" to all three has this always been true?  1 Yes  2 No		
DNWINE9	How many drinks of wine?  1 I never drink it 2 One or two drinks 3 Three or four drinks 4 Five or more drinks		
DNBEER9	How many drinks of beer  1 I never drink it  2 One or two drinks  3 Three or four drinks  4 Five or more drinks		

How many drinks of liquor? DNLIQU9 I never drink it 1 2 One or two drinks 3 Three or four drinks 4 Five or more drinks Ever smoked cigar or pipe regularly? PIPE9 Yes 1 2 No PIPEC9 Which is it-cigar or pipe Cigar 1 2 Pipe 3 Both PIPED9 Do you still smoke at present time 1 Yes 2 No Smoked cigarettes regularly? SMOKER9 Yes 1 2 No SMNOW9 Do you smoke any cigarettes now? Yes 1 2 No Now: how many cigs per day SMPACKA9 Less than 5 1 2 ½ pack 3 1 pack

1 1/2 packs

2 packs or more

4 5

INHALEA9	Do you inhale?  1 No 2 Yes, some 3 Yes, deeply		
SMYRSA9	How many years have you been smokingyears		
SMSTPA9	Now: Times stopped 1+month  Never stopped for that long  Stopped times for more than a month at a time		
SMSTMOS9	Now: Months stopped smokingmonths		
SMPACKB9	Before: How many cigs per day  1 Less than 5  2 ½ pack  3 1 pack  4 1 1/2 packs  5 2 packs or more		
INHALEB9	Before: did you inhale?  1 No 2 Yes, some 3 Yes, deeply		
SMYRSB9	Before: how many years smoked cigsyears		
SMAGEB9	Age first began smoking regularlyage		
SMAGO9	Before: how long stoppedmonths		
SMSTPB9	Before: time stopped, 1+mos  O Never stopped for that long stopped times before this last time.		
SMTOTYR9	Total years smokedyears		
WALK9	Take long walks  1 Often  2 Sometimes  3 Never		

GARDEN9	Work in 1 2 3	n Garden Often Sometimes Never
READ9	Read b 1 2 3	ooks, mags, newspapers Often Sometimes Never
CLEANHS9	Clean h 1 2 3	nouse Often Sometimes Never
ENT9	Go out 1 2 3	to plays, movies Often Sometimes Never
SWIM9	Swim 1 2 3	Often Sometimes Never
SHOP9	Shoppi 1 2 3	ng groc, clothing, other things Often Sometimes Never
EXER9	Physica 1 2 3	al exercise Often Sometimes Never
GAMES9	Got to 1 2 3	sports events Often Sometimes Never
SPORTS9	Do acti 1 2 3	ve sports Often Sometimes Never

COMVOL9	Commu 1 2 3	unity activities or volunteering Often Sometimes Never
HNTFISH9	Hunt of 1 2 3	r fish Often Sometimes Never
CAMP9	Go can 1 2 3	nping Often Sometimes Never
TV9	Watch 1 2 3	TV Often Sometimes Never
VISIT9	Visit fa 1 2 3	mily or friends Often Sometimes Never
SWEAT9	Exercis 1 2 3	e enough to work up sweat Yes, at least once a week Yes, but less than once a week No, never
MORTIME9	How of 1 2 3 4	ten find time on your hands Frequently Sometimes Rarely Never

FRETIME9 How much enjoy free time A lot 1 Some 2 Not very much 3 GSOCIAL9 Belong to social or recreational group 1 No 2 Yes GSOCA9 How much do you take part? 1 Very active 2 Somewhat active 3 Inactive **GWORK9** Belong to labor union, commercial group or professional assoc. No 1 2 Yes GWORKA9 How much do you take part? Very active 1 2 Somewhat active 3 Inactive GPOLIT9 Belong to political group or club 1 No 2 Yes How much do you take part? GPOLA9 Very active 1 2 Somewhat active 3 Inactive GCHILD9 A group concerned with children 1 No 2 Yes GCHILDA9 How much do you take part? Very active 1 2 Somewhat active 3 Inactive

A group concerned with community, charity or service? GSERV9 No 2 Yes How much take part? GSERVA9 Very active 1 2 Somewhat active 3 Inactive GCHURCH9 Belong to church connected group No 2 Yes GCHRCHA9 How much do you take part? Very active 1 2 Somewhat active 3 Inactive GCIVIL9 Belong to group concerned with public issues No 2 Yes How much take part? GCIVILA9 Very active 1 2 Somewhat active 3 Inactive Belong to environmental group? **GENVIR9** 1 No 2 Yes How much take part? GENVIRA9 Very active 1 2 Somewhat active 3 Inactive Belong to self-help group? GIMPR9 1 No

2

Yes

GIMPRA9 How much take part 1 Very active 2 Somewhat active 3 Inactive **GOTHER9** Any other groups No 2 Yes GOTHFRA9 How much take part Very active 2 Somewhat active 3 Inactive NFRNDS9 How many close friends? 0-9 = Number of friends10 = 10 or moreNREL9 How many close relatives? 0-9 = Number of friends10 = 10 or moreFR1XMO9 See close friends and relatives at least 1 month 0-9 = Number of friends10 = 10 or moreFRPHONE9 How often phone friends and relatives? More than once per week 1 2 Once per week 3 A few times a month 4 Once a month 5 Less than once per month FRWRITE9 How often write friends and relatives? More than once per week 1 2 Once per week 3 A few times a month 4 Once a month Less than once per month FRBORRO9 How many friends and relatives can you turn to when need help? 0-9 = Number of friends

FRADV9 How many friends and relatives can you ask advice? 0-9 = Number of friends

10 = 10 or more

10 = 10 or more

FRTALK9 How many friends or relatives can you talk to about personal

things?

0-9 = Number of friends

10 = 10 or more

FRTURN9 How many friends or relatives turn to you for advice?

0-9 = Number of friends

10 = 10 or more

FRCONF9 How many people confide in you about personal matters?

0-9 = Number of people

10 = 10 or more

NBORROW9 How many friends or relatives borrow things from you?

0-9 = Number of friends

10 = 10 or more

LOVED9 Do you feel loves and cared about?

1 Very much

2 Somewhat

3 Little

4 Very little

FRSAT9 Overall, how satisfied with relationships

1 Very

2 Somewhat

3 Not at all

CCLERGY9 See clergy for help w/personal problem

1 No

2 Yes

CLERGYA9 See clergy last 12 months?

1 No

2 Yes

See marriage or family counselor for help with personal problem CMFCC9 1 No 2 Yes CMFCCA9 See counselor in last 12 months 1 No 2 Yes CSOCWKR9 See social worker for help with personal problems No 1 2 Yes See social worker last 12 months CSOCWKA9 No 2 Yes CMD9 See MD (Not psych) for help with personal problems No 2 Yes CMDA9 See MD (Not psych) in last 12 months 1 No 2 Yes CPSYCH9 See psychiatrist or psychologist for help with personal problems No 2 Yes CPSYCHA9 See psychiatrist or psychologist in last 12 months No 2 Yes COTHER9 Someone else for help with personal problems? (who?) 1 No 2 Yes COTHERA9 See this person in last 12 months. 1 No

2

Yes

CFRND9 See friend for help with personal problem 1 No 2 Yes CFRNDA9 Saw this person in last 12 months 1 No 2 Yes CREL9 See relative for help with personal problem No 2 Yes CRELA9 Saw this person in last 12 months No 2 Yes CSUPGR9 See support group for help with personal problem No 2 Yes CSUPGRA9 Saw support group in last 12 months. 1 No 2 Yes See attorney for help with personal problems CATTY9 1 No 2 Yes CATTYA9 Saw attorney in last 12 months No 2 Yes CONFIDE9 Someone to confide in, talk about self or problems. All of the time 1 2 Most of the time 3 Some of the time

A little of the time

None of the time

4

5

GOMD9	Someo 1 2 3 4 5	ne to take you to doctor All of the time Most of the time Some of the time A little of the time None of the time
COOK4U9	Someo 1 2 3 4 5	ne to prepare meals for you All of the time Most of the time Some of the time A little of the time None of the time
HELPU9	Someo 1 2 3 4 5	ne to help with daily chores if unable All of the time Most of the time Some of the time A little of the time None of the time
LENDU9	Someo 1 2 3 4 5	ne to lend small amount of money All of the time Most of the time Some of the time A little of the time None of the time
MARRIED9	Have you ever been married  1 Yes  2 No	
LIVETOG9	Not married and living with someone 1 No 2 Yes	
MARITAL9	Now m 0 1 2 3 4	arried, separated, divorced or widowed?  Never married  Married  Separated  Divorced  Widowed

NMARRY9 How many times married? MAR1AGE9 Age at first marriage MAR1YRS9 Number of Years married MAR1END9 Whether marriage ended and how Still married 1 2 Separated

3 Divorced 4 Widowed

2<sup>nd</sup> marriage: Age MAR2AGE9

2<sup>nd</sup> marriage: Number of years married MAR2YRS9

2<sup>nd</sup> marriage: Whether ended and how MAR2END9

Still married 1 2 Separated 3 Divorced Widowed

3<sup>rd</sup> marriage: age MAR3AGE9

3<sup>rd</sup> marriage: number of years married MAR3YRS9

3<sup>rd</sup> marriage: Whether ended and how MAR3END9

> Still married 1 2 Separated 3 Divorced Widowed

MGOODSP9 How often felt not good spouse

Often 1 2 Sometimes 3 A few times 4 Never

How good is your spouse MGOODA9

> Very good 1 2 Quite good

3 Fair

4 Not too good

MGET9	How well get along with spouse?  1 Very well 2 Quite well 3 Fairly well 4 Not too well
MREGRET9	Do you ever regret marriage?  1 Often  2 Sometimes  3 A few times  4 Never
MDIV9	Recently considered separating or divorcing 1 Yes 2 No
MUNDER9	Does spouse understand you  1 Yes, completely  2 Yes, but Not completely  3 No, Not really
MAFFEC9	Does spouse give affection  1 More than I like 2 As much as I like 3 Less than I like
MPROBS9	How often have problems getting along 1 Often 2 Sometimes 3 A few times 4 Never
MHAPPY9	Overall, how happy has your marriage or relationship been 1 Very happy 2 Happy 3 Somewhat happy 4 Somewhat unhappy 5 Unhappy 6 Very unhappy

MARBW9 Marriage better or worse than expected Better 1 2 Worse 3 About the same KIDS9 Ever had any children Yes 2 No NKIDS9 How many children have you had Age when 1st child born AGEKBRN9 \_ years old All my children were adopted or stepchildren KLIVING9 Number of living children living children None, No living children KIDS05X9 Number of children < 5 KID612X9 Number of children 5-12 K1318X9 Number of children 13-18 KGT18X9 Number of children > 18 KFIN9 Kids with financial problems Yes 2 No 3 Have No idea KFINS9 Kids financial problems stressful to you Not at all stressful 1 2 A little stressful 3 Somewhat stressful 4 Very stressful

KSCH9	Kids with 1 2 3 4	n school problems Yes No Have no idea No children in school	
KSCHS9	How stre 1 2 3 4	essful is this for you?  Not at all stressful  A little stressful  Somewhat stressful  Very stressful	
KEMP9	Kids with 1 2 3 4	n employment problems Yes No Neither employed or seeking employment Have No idea	
KEMPS9	How stre 1 2 3 4	essful for you  Not at all stressful  A little stressful  Somewhat stressful  Very stressful	
KHLTH9	Kids with health problems?  1 Yes  2 No  3 Have No idea		
KHLTHS9	How stressful is this for you?  Not at all stressful  A little stressful  Somewhat stressful  Very stressful		
KREL9	Kids with 1 2 3	n relationship problems Yes No Have no idea	

KRELS9	How stressful for you?	
	1	Not at all stressful
	2	A little stressful
	3	Somewhat stressful
	4	Very stressful
KPAR9	Kids with parent problems	
	1	Yes
	2	No
KPARS9	How stressful for you	
	1	Not at all stressful
	2	A little stressful
	3	Somewhat stressful
	4	Very stressful
KMENT9	Childrer 1	n with emotional problems Yes
	2	No
	3	Have No idea
KMENTS9		essful for you
	1	Not at all stressful
	2 3	A little stressful Somewhat stressful
	4	Very stressful
KCARE9	Take care of child <18 Not son or daughter?	
	1	Yes
	2	No
KCARES9	How stressful for you	
	1	Not at all stressful
	2 3	A little stressful Somewhat stressful
	4	Very stressful
	·	-
KGRAND9	_	randchild
	1	Yes
	2	No

KNN9 Kid is niece Yes 1 2 No KKIN9 Some other relative Yes 2 No KNOKIN9 Kid that is not related to me Yes 2 No KBABSIT9 Baby-sit kid Yes 2 No Financially help kid KFINHLP9 Yes 1 2 No KLIVE9 Kid lives with me at times Yes 2 No I am raising child KRAISE9 Yes 2 No Other kind of help (describe) KHELP9 Yes 2 No KQUIT9 Quit work to take care of kid Yes 2 No KLESS9 Reduced other activities to take care of kid Yes 1 2 No KADJ9 Adjusted hours to take care of kid Yes 2 No No changes in activities KNONE9 Yes 1

2

No

UCARE9 Adult: Care for family member or friend 18 or older? Yes 2 No NCARE9 Adult: How many people do you care for? One 1 2 Two or more CAREWHO9 Adult: One person help the most 1 Husband Partner 11 2 Wife 12 Offspring/stepchild 3 Foster child Mother 14 4 Father 15 Grandchild 5 Mother-in-law 16 Niece/Nephew Other relative Father-in-law 6 18 7 19 Child 18 years old or older Other non-relative 8 Neighbor 9 Friend Other 10 CARELIV9 Adult: Does this person live with you Yes 1 2 No CFIN9 Adult: Help financial assistance Yes 1 2 No CSHOP9 Adult: Help shop or run errands Yes 1 2 No CTRANS9 Adult: Help transportation Yes 1 2 No CCHORES9 Adult: Help household chores Yes 1 2 No CCARE9 Adult: Help arrange care for person Yes 1 2 No **CBILLS** Adult: Help with financial matters (pay bills, balance checkbook) Yes 1 2 No

CDRESS9 Adult: Help with personal care

1 Yes2 No

CMEDS9 Adult: Help with medications or other medical treatments

1 Yes 2 No

CSUPP9 Adult: Help give emotional support

1 Yes 2 No

COTH9 Adult: Other

1 Yes2 No

HAPPY9 How happy are you these days?

Very happyPretty happyNot too happy

FONTOP9 Feel on top of the world

1 Often

2 Sometimes

3 Never

FALONE9 Very lonely or remote from other people

1 Often

2 Sometimes

3 Never

FEXCITE9 Excited or interested

1 Often

2 Sometimes

3 Never

FDEPRSD9	Depress 1 2 3	sed or unhappy Often Sometimes Never
FPLEASD9	Pleased 1 2 3	about an accomplishment Often Sometimes Never
FBORED9	Bored 1 2 3	Often Sometimes Never
FPROUD9	Proud b 1 2 3	ecause someone had complimented you Often Sometimes Never
FRESTLS9	Restless 1 2 3	s can't sit still in a chair for long Often Sometimes Never
FUNEASY9	Uneasy 1 2 3	about something w/out knowing why Often Sometimes Never
FRUIN9	Things   1 2	parents stood for are going to ruin True False
FRULES9	Not sure 1 2	e what rules to follow True False
FUNCERT9	Everyth 1 2	ing uncertain-anything can happen True False

Lacking in world today-old friendships FNOFRND9 True 1 2 False Everything in disorder-hard to know where person stands FDISORD9 True 2 False Trouble with world today-most people don't believe in anything FBELIEV9 True 2 False FEXPECT9 Better off in old days-everyone knew just how supposed to act True 2 False FCLOSE9 Hard for me to feel close to others True 2 False FLFTOUT9 Feel left out in groups of people True False 2 Keep people at distance FDIST9 True 2 False Feel too tired to do anything FTIRED9 True 2 False FUNSAT9 I'm never quite satisfied with what I do True 1 2 False I can usually relax easily RELAX9

True

False

1

FFATE9	When I become ill it is fate  1 Very well  2 Fairly well  3 Somewhat  4 Not at all
FHPROFS9	Health Professionals keep me healthy  1 Very well  2 Fairly well  3 Somewhat  4 Not at all
FHIMP9	Good health more important  Very well  Fairly well  Somewhat  Not at all
FPROPER9	When I get ill, it's because I'm not taking good care of myself  Very well  Fairly well  Somewhat  Not at all
CONSULT9	Only maintain my health by consulting with professionals  1 Very well  2 Fairly well  3 Somewhat  4 Not at all
RSPSBL9	I am directly responsible for my health  Very well  Fairly well  Somewhat  Not at all
ACCID9	Health is influenced by accidental happenings  1 Very well  2 Fairly well  3 Somewhat  4 Not at all

DDMNDS9	Demands of everyday life often get me down  Agree strongly  Agree somewhat  Disagree somewhat  Disagree strongly
DBLIEV9	Believe in silver lining in every cloud  Agree strongly  Agree somewhat  Disagree somewhat  Disagree strongly
DWRONG9	If something can go wrong it will  Agree strongly  Agree somewhat  Disagree somewhat  Disagree strongly
DDONE9	Feel I've done all there is to do in life  1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DLIKE9	I like most parts of my personality 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DNOTRY9	I gave up trying to make big improvements in my life Agree strongly Agree somewhat Disagree somewhat Disagree strongly
DWANDER9	I do not wander aimlessly through life  Agree strongly  Agree somewhat  Disagree somewhat  Disagree strongly

DHONEST9	Most people are honest for fear of getting caught 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DNOTRST9	Safer to trust Nobody 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DOPT9	Always optimistic about future  1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DINFL9	Influenced by people with strong opinions 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DUSEFUL9	Make friends because can be useful 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DMNGE9	Good at managing my life 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DSITU9	Feel in charge of my situation  1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly

DCONF9	<ul> <li>I have confidence in my opinions</li> <li>1 Agree strongly</li> <li>2 Agree somewhat</li> <li>3 Disagree somewhat</li> <li>4 Disagree strongly</li> </ul>
DDSLKE9	Most people dislike putting themselves out for other people 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DUNCERT9	In uncertain times, I always expect the best 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DGROW9	Life has been a process of learning, challenging and growth  1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DUNFAIR9	Most people use unfair means to gain profit  Agree strongly  Agree somewhat  Disagree somewhat  Disagree strongly
DGOOD9	Expect more good things than bad things 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DUNCARE9	No one cares what happens to me 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly

DJUDGE9	Judge myself by what I think is important Not other people 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DNOWAY9	Hardly ever expect things to go my way  1 Agree strongly  2 Agree somewhat  3 Disagree somewhat  4 Disagree strongly
DBRITE9	Always look on bright side of things 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DNEVERX9	Things never work out the way I want them to 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DRARELY9	I rarely count on good things happening to me 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DNEWEX9	New experiences important-make you think about self & world 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
DACHVE9	Disappointed with achievements in life  1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly

DPLEASD9	Pleased 1 2 3 4	with how my life turned out Agree strongly Agree somewhat Disagree somewhat Disagree strongly
DLIE9	Most pe 1 2 3 4	ople would lie to get ahead Agree strongly Agree somewhat Disagree somewhat Disagree strongly
DLIVE9	Live one 1 2 3 4	e day at a time and don't think about future Agree strongly Agree somewhat Disagree somewhat Disagree strongly
QDPRSD9	Feeling 1 2	sad, blue or depressed, last two weeks Yes No
QNOINT9	Loss of 1 2	interest or pleasure in most things Yes No
QTIRED9	Feeling 1 2	tired or low on energy most of the time Yes No
QWTLOSS	Loss of 1 2	appetite or weight loss Yes No
QWTGAIN9	Overeat 1 2	ing or weight gain Yes No
QNOSLP9	Trouble 1 2	falling asleep or staying asleep Yes No

QSLP9 Sleeping too much Yes 2 No More trouble than usual concentrating QCONC9 Yes 2 No Feeling down on yourself QDOWN9 Yes 2 No QRESTLS9 Fidgety or restless Yes 2 No QSLOW9 Moved or spoke slowly that other people noticed Yes 2 No QDTH9 Thought about death more than usual, yours or someone else's 1 Yes No 2 MHLTH9 Emotional or mental health Excellent 2 Good 3 Fair Poor How tall are you? (shoes off) HEIGHT9 inches How much do you weigh? WEIGHT9 \_\_pounds Where were you born? POBUS9 In the United States 1 2 In some other country If born in U.S., which city POB2X9 City given

POBST9 If born in U.S., which state (See Appendix 2 for codes)

POBCTRY9 Other country? (See Appendix 3 for codes)

MLIVING9 Is your mother still living?

1 Yes2 No

MAGE9 If alive, how old is your mother?

MAGEDTH9 If dead, how old when she died?

FLIVING9 Is your father still alive?

1 Yes2 No

FAGE9 If alive, how old is father?

FAGEDTH9 If dead, how old when he died?

RELIG9 What is your religion?

1 Protestant
2 Catholic
3 Jewish
4 Other
5 None

RELPROT9 If Protestant, what denomination? (See Appendix 4 for codes)

RELOTH9 If other, what religion? (See Appendix 5 for codes)

CHTIME9 How often do you go to religious services?

Every week or more
Once to twice a month
every month or so
Once or twice a year

5 Never

CHACT9	How often 1 2 3 4 5	en do other church activities? Every week or more Once to twice a month every month or so Once or twice a year Never
CHRADIO9	Listen to 1 2 3 4 5	o religious programs on TV or radio? Every week or more Once to twice a month every month or so Once or twice a year Never
CHPRAY9	How oft 1 2 3 4 5	en pray? Every week or more Once to twice a month every month or so Once or twice a year Never
CHMEAN9	Religion 1 2 3 4	a source of meaning? Very important Fairly important A little important Not at all important
CHDAILY9	How imp 1 2 3 4	oortant religious beliefs daily? Very important Fairly important A little important Not at all important
EDUC9	Years of 0-17	education?
INCNONE9	I had no 1 2	income of my own Yes No

INCWAGE9 Wages or salaries

1 Yes

2 No

INCPROF9 Profits or fees

Yes

2 No

INCRENT9 Rental or investments

1 Yes

2 No

INCPENS9 Annuities or pensions

l Yes

2 No

INCDIV9 Dividends or interest

1 Yes

2 No

INCUNEM9 Unemployment insurance

1 Yes

2 No

INCDIS9 Disability payments

1 Yes

2 No

INCSSI9 Social security or veterans payments

1 Yes

2 No

INCWELF9 Welfare payments

1 Yes

2 No

INCALI9 Child Support or Alimony

1 Yes

2 No

INCOTH9 Other

1 Yes

2 No

```
INCOME9
             Total income in 1993
                     <$5,000
             1
             2
                     $5,000-9,999
             3
                     $10,000-$14,999
             4
                     $15,000-$19,999
             5
                     $20,000-$24,999
             6
                     $25,000-$29,999
             7
                     $30,000-$34,999
                     $35,000-$39,999
             8
                    $40,000-$44,999
             9
                     $45,000-$49,999
             10
             11
                     $50,000-$74,999
                     $75,000-$99,999
             12
             13
                     $100,000-$149,999
             14
                     $150,000 or more
NOCLOTH9
             <12 months, how many times without money for clothes?
                     Never
             1
             2
                     1-2
             3
                     3-4
             4
                     5 or more
             <12 months, how many times w/out money for prescription
NOMEDS9
                     Never
             1
             2
                     1-2
                     3-4
             3
             4
                     5 or more
             <12 months, find without money to see a doctor
NOMD9
             1
                     Never
             2
                     1-2
             3
                     3-4
                     5 or more
             <12 months, find w/out money for rent or mortgage
NORENT9
             1
                     Never
             2
                     1-2
             3
                     3-4
                     5 or more
```

NOFOOD9 <30 days, find w/out money for food 1 Never 2 1-3 3 4-7 4 8 or more QXDATE9 Today's date QXINT9 Find questionnaire interesting Very interesting 2 Somewhat interesting 3 Not at all interesting **QXUNDER9** Trouble understanding questions Little or No trouble 1 2 Some trouble 3 A lot of trouble Help from another person to answer questionnaire QXHELP9 I had little or No help 1 2 Some help 3 A lot of help AGE9 Age in 1965 + 29 years Race/Ethnicity **RACE** White 1 2 Black 3 Native American 4 Asian 5 Chinese 6 Japanese 7 Filipino 8 Hispanic 9 Other **BDAY** Day of birth **BMO** Month of Birth

Year of birth

BYR

QDAY Day Questionnaire returned

QMO Month Q returned

QYR Year Q returned

## **Industry and Occupation Codes**

For Industry (INDUST9) and Occupation (OCCRAW9) codes refer to:

1980 Census of Population: Classified Index of Industries and Occupations. First ed. U.S. Department of Commerce, Bureau of the Census, p. VII – XVIII

# POBST9 – Where were you born? Which state?

1	Alabama
2	Alaska
3	Arizona
4	Arkansas
5	California
6	Colorado
7	Connecticut
8	Delaware
9	Florida
10	Georgia
11	Hawaii
12	Idaho
13	Illinois
14	Indiana
15	Iowa
16	Kansas
17	Kentucky
18	Louisianna
20	Maryland
21	Massachusetts
22	Michigan
23	Minnesota
24	Mississippi
25	Missouri
26	Montana
27	Nebraska
28	Nevada
29	New Hampshire
30	New Jersey
31	New Mexico
32	New York
33	North Carolina

34	North Dakota
35	Ohio
36	Oklahoma
37	Oregon
38	Pennsylvania
39	Rhode Island
40	South Carolina
41	South Dakota
42	Tennessee
43	Texas
44	Utah
45	Vermont
46	Virginia
47	Washington
48	West Virginia
49	Wisconsin
50	Wyoming
51	Washington, D.C.

# POBCTRY9 Where were you born? What country?

1	Afghanistan
7	Argentina
8	Australia
9	Austria
11	Belgium/Luxembourg
16	Burma
19	Canada
23	China/Taiwan/Hong Kong
27	Cuba
29	Denmark
30	Dominican Republic
33	El Salvador
34	England/Scotland/Wales
35	Finland
36	France/Monaco
38	Germany
40	Greece
46	Hungary
48	India
49	Indonesia
50	Iraq/Iran
51	Ireland
52	Israel
53	Italy
54	Jamaica
55	Japan
67	Mexico
71	Netherlands

73	Nicaragua
75	Norway
81	Peru
82	Philippines
83	Poland
84	Portugal
85	Puerto Rico
87	Russia (USSR, Armenia, Estonia, Latvia, Lithuania, Ukraine, Turkemenistan)
92	Spain
94	Sudan
96	Switzerland/Lichtenstein
108	Yugoslavia (Croatia, Serbia, Slovenia)
112	Honduras
917	Hawaiian Islands

# RELPROT9 If Protestant, which denomination?

0	Protestant, nfs
1	Apostolic Churches
2	Baptist, nfs
3	Baptist, American
4	Baptist, Southern
5	Baptist, other
6	Christian Church/Disciples of Christ
7	Community Churches, no denomination
9	Episcopalian, nfs
10	Anglican/Church of England/Anglo-Catholic
12	Lutheran, nfs
17	Methodist, nfs
18	United Methodist
19	Presbyterian, nfs
21	Presbyterian, USA or US
22	Presbyterian, other
23	Unitarian/Universalist
24	United Church of Christ, nfs
25	United Church of Christ, Evangelical & Reformed
26	United Church of Christ, Congregationalist
27	Christian, nfs
28	Reformed Church of America/Reformed, nfs exc Dutch Reformed
29	Protestant, other churches

30	African Methodist Episcopal, CME
31	Assembly of God
32	Church of Christ, nfs
33	Church of God, cf. Reformation Church of God
34	Fundamentalist Sects
35	Methodist Sects, e.g., Free Methodists
36	Church of the Nazarene
37	Pentecostals
38	Seventh Day Adventists
39	Other Protestant Sects
41	Christian Scientists
42	Jehovah's Witnesses
43	Quakers/Society of Friends
44	Salvation Army
46	Mormons/Church of Latter Day Saints
47	Unity/Practical Christianity
48	Born Again Christian
49	Other Christian Groups

RELOTH9	If other: What religion?
64	Eastern Orthodox
65	Armenian Apostolic
66	Greek Orthodox
67	Russian Orthodox
68	Serbian Orthodox
70	Buddhism
73	Islam
76	Shinto
78	Tao
79	Other Oriental and Eastern Faiths
82	Esoteric Cults
85	Mental Science or New Thought Cults
86	Mysticism
87	Multiple Religions
89	Other Religions, n.e.c.
90	Agnostic
91	Atheist
95	"personal" Religions, e.g., "my own"

# **1995 PANEL**

### HPL (1995) HEALTH & WAYS OF LIVING

### INTRODUCTION

### BACKGROUND AND PURPOSE OF THE HEALTH AND WAYS OF LIVING STUDY

In 1965, the Human Population Laboratory (HPL) began a series of studies to determine how health and living patterns are related. The first study involved a random sample of households throughout Alameda County, California. Alameda County had been chosen by the National Institutes of Health because it closely resembled the age and ethnic mix of the United States in 1965. All adult occupants in these households were asked to complete a self-administered questionnaire (SAQ) which asked about their health, activities, and other ways of living. In 1974, a second survey was made of all those who had participated in 1965. With two surveys it was possible to study effects of changes in study participants' lives on their health. In 1983 a third survey was conducted, but because of limited funds only half of the original respondents were contacted. In 1994, a fourth survey was conducted of all those who responded in 1965 and 1974 and were still available. Smaller samples have been interviewed in other limited surveys. (In 1984 and 1990 those participants who were 65 years and older in 1984 were interviewed.)

The importance of the study lies in its design of studying a broad cross-section of people who live, work, and retire in real communities rather than artificial laboratories. Their behaviors are what they do everyday and studying them over a long period of time allows analysis of the long-term effects of health behaviors on mortality, physical functioning, and mental health. A number of important findings have come from this study, including the dangers of smoking and depression, the benefits of exercise, moderate weight, and alcohol consumption, and the surprising health benefits from group membership and other social activities.

The 1995 survey attempted to contact everyone interviewed in 1994 regardless of location. The emphasis in this survey was to assess changes in the status of functional abilities since 1994.

### DATA PROCESSING

The data entry, verification of the data, and the construction of data sets were conducted by the Data Management Unit of the Survey Research Center at the University of California, Berkeley.

- 7. After receiving completed self-administered questionnaires from the field, the cases were numbered sequentially and filed according to work assignments.
- 8. A direct data entry (DDE) instrument using CASES software was designed specifically for this collection instrument. Only valid codes are accepted by the entry program, and some logical checks were added to maintain certain coding conventions.
- 9. All cases were entered into computer memory twice, by two different people at different times. This procedure offers not only 100% verification of the data, but also saves time should there require a revision of the entry instrument (i.e., additional valid codes, increase valid code ranges, or the need for new or improved coding rules).

- 10. Batches of paired cases were compared by a computer program which identifies discrepancies between the two entries. These differences were then checked against the original case document. Once the correction was made to one of the paired entries, the duplicate case was discarded.
  - The "cleaned" batch of data cases was then checked yet again by another computer program which is very similar to the entry program (i.e., only valid codes are accepted and all logical checks are enforced). The cases which successfully complete this process are not only considered "cleaned" but "certified."
- 11. Certified data cases were then submitted for output. The cases become part of an ASCII file which is in card image format, fixed length, and rectangular in shape.
- 12. The ASCII file was used as input to create a permanent data set using SAS version 6.12. This code book provides the variable names and codes for data in the SAS data set.

### GENERAL CODING CONVENTIONS

- 6. All cases delivered to the Data Management Office were considered valid and complete. No preliminary effort was made to delete or exclude any case from the data set.
- 7. When no discriminate choice could be determined, or when no choice or multiple choices were made on a particular question, that item was coded as "missing data." Likewise, if an item was expected to hold data and had none, that item was missing data.
- 8. Responses which were possible but not allowed by the collection instrument, as well as measures which were outside existing ranges, were brought to the attention of the editing staff for discussion and final recommendation. Based on that outcome, adjustments were made to the entry instrument to accommodate these outliers.
- 9. Anytime a respondent provided a range rather than a specific, numeric answer, the midpoint of the range was taken. When an implied range was offered, e.g., "70's," again the midpoint ("75") was taken. An exception here was "early 70's" or late 80's" which would be taken as "73" and "88" respectively, in order to capture the extremes of the range.
  - Midpoints which produced fractions were handled the same as any other fractional response, i.e., code UP to the next whole number at half or round DOWN for less than half

# Variable Codes/Meaning

ID HPL Identification Number

SEX 1 Male

2 Female

RACE Race/Ethnicity

1 White2 Black

3 Native American

4 Asian
5 Chinese
6 Japanese
7 Filipino
8 Hispanic
9 Other

AGE5 Age in 1965 + 29 years

APETITE5 Is your appetite good?

1 Yes2 No

ENERGY5 More energy or less energy than most people your age?

Much more energyA little more energyA little less energyA lot less energy

WALK5 Take long walks

1 Often

2 Sometimes

3 Never

GARDEN5 Work in Garden

1 Often

2 Sometimes

3 Never

Read books, mags, newspapers READ5 Often Sometimes 2 3 Never CLEANHS5 Clean house 1 Often 2 Sometimes 3 Never Go out to plays, movies ENT5 1 Often 2 Sometimes 3 Never SWIM5 Swim Often 1 2 Sometimes 3 Never SHOP5 Shopping groc, clothing, other things 1 Often 2 Sometimes 3 Never Physical exercise EXER5 Often 1 2 Sometimes 3 Never GAMES5 Got to sports events Often 1 2 Sometimes 3 Never SPORTS5 Do active sports Often 1 2 Sometimes

3

Never

COMVOL5 Community activities or volunteering Often 1 2 Sometimes 3 Never HNTFISH5 Hunt or fish 1 Often 2 Sometimes 3 Never CAMP5 Go camping Often 1 2 Sometimes 3 Never TV5 Watch TV 1 Often 2 Sometimes 3 Never VISIT5 Visit family or friends 1 Often 2 Sometimes 3 Never Exercise enough to work up sweat SWEAT5 Yes, at least once a week 1 2 Yes, but less than once a week 3 No, never How much enjoy free time FRETIME5 A lot 1 2 Some Not very much 3 SLEEP5 Trouble getting to sleep or staying asleep? Often 1 2 Sometimes 3 Almost never TIRED5 Very tired in short time in <12 months Yes 1 2 No

#### BALANCE5 Sudden loss of balance very often 1 2 often 3 sometimes rarely or never 4 NOMEMRY5 Difficulty remembering things very often 2 often 3 sometimes 4 rarely or never NOWORDS5 Trouble finding right word when talking very often 2 often 3 sometimes 4 rarely or never WKLEGS5 Weakness in legs very often 2 often 3 sometimes rarely or never WKARMS5 Weakness in your arms very often 1 2 often 3 sometimes rarely or never Dizziness or fainting when quickly stand up DIZFNT5 very often 1 2 often 3 sometimes rarely or never FORGET5 Forget where put something very often 1

2

3

often

sometimes rarely or never

#### NOATTEN5 Finding it hard to pay attention 1 very often 2 often 3 sometimes 4 rarely or never DRIFT5 Drifting off in middle of doing something 1 very often 2 often 3 sometimes 4 rarely or never WALKRM5 Walking across a small room No difficulty 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment 4 BATHE5 Bathing-sponge bath, shower or tub No difficulty 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment BRUSH5 Brushing hair, teeth or washing face No difficulty 1 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment 4 EAT5 Eating-holding fork, cutting food, drinking from glass No difficulty 1 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment DRESS5 Dressing putting on shirt, buttoning, zipping or putting on shoes 1 No difficulty 2 some difficulty

a lot of difficulty

only do it with help of person/ equipment

3

#### MOVE5 Moving from bed to chair No difficulty 1 some difficulty 2 a lot of difficulty 3 only do it with help of person/ equipment 4 TOILET5 Using toilet No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment PUSHOBJ5 Pulling or pushing large object i.e., living room chair No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment STOOP5 Stooping, crouching or kneeling No difficulty 1 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment LIFT5 Lifting or carrying weights over 10 lbs., i.e., heavy grocery bag No difficulty 1 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment 4 REACH5 Reaching or extending arms above shoulder No difficulty 1 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment **GETUP5** Getting up from kneeling, stooping or crouching position 1 No difficulty 2 some difficulty

a lot of difficulty

only do it with help of person/ equipment

3

#### Standing up after sitting in chair STANDUP5 No difficulty 1 2 some difficulty a lot of difficulty 3 only do it with help of person/ equipment 4 WALKUP5 Walking up one flight of stairs No difficulty 2 some difficulty 3 a lot of difficulty 4 only do it with help of person/ equipment WRITE5 Writing or handling small objects No difficulty 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment 4 COOK5 Do all cooking yourself if had to No difficulty 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment HSWK5 Do heavy housework yourself if had to No difficulty 1 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment SHOPALL5 Do all shopping if had to No difficulty 1 2 some difficulty 3 a lot of difficulty only do it with help of person/ equipment WKMILE5 Walk 2-3 blocks without help (1/4 mile) 1 No difficulty 2 some difficulty a lot of difficulty 3

only do it with help of person/ equipment

WK10ST5 Walk 10 steps without resting No difficulty 1 some difficulty 2 a lot of difficulty 3 only do it with help of person/ equipment 4 PHONE5 Using phone No difficulty some difficulty 2 a lot of difficulty 3 only do it with help of person/ equipment 4 PAYBILL5 Managing your money (keeping track of expenses, paying bills) No difficulty 2 some difficulty a lot of difficulty 3 only do it with help of person/ equipment 4 Overnight hospital patient < 12mos **HOSPNT5** Yes 2 No NHOME5 Overnight nursing home patient < 12mos. Yes 1 2 No HEALTH5 Health in general Excellent 1 2 Good 3 Fair 4 Poor RETIRD5 Retired 1 Yes 2 No KEEPHS5 I keep house Yes 1 2 No STUDENT5 I am a student Yes 1 2 No

VOL5 I volunteer 1 Yes 2 No VOLHRS5 hrs/wk volunteer HRS/WK NONE5 Not retired, volunteer, student or keep house 1 Yes 2 No Currently employed at paid job EMP5 1 Yes 2 Not now, but I used to I've never been employed 3 EMPHRS5 If yes, hours worked/week \_\_\_\_ hours per week How many close friends? NFRNDS5 Number of friends or relatives >1 Number of friends or relatives 0 NREL5 How many close relatives? Number of friends or relatives Number of friends or relatives >1 0 NFRIXMO5 How many of these close friends and relatives see at least once per month Number of friends or relatives 0-9 Number of friends or relatives >1 0 FRPHONE5 How often phone friends and relatives? More than once per week 2 Once per week A few times a month 3 Once a month 4 5 Less than once per month

#### FRWRITE5 How often write friends and relatives? More than once per week 2 Once per week 3 A few times a month 4 Once a month 5 Less than once per month Do you feel loved and cared about? LOVED5 Very much 2 Somewhat 3 Little 4 Very little HAPPY5 How happy are you? Very happy 1 2 Pretty happy 3 Not too happy CONFIDE5 Someone to confide in, talk about self or problems. 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time GOMD5 Someone to take you to doctor All of the time 1 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time COOK4U5 Someone to prepare meals for you All of the time 1 2 Most of the time 3 Some of the time

A little of the time

None of the time

4 5

HELPU5	Someone to help with daily chores if unable  All of the time  Most of the time  Some of the time  A little of the time  None of the time
LENDU5	Someone to lend small amount of money 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time
FONTOP5	Feel on top of the world  1 Often  2 Sometimes  3 Never
FALONE5	Very lonely or remote from other people Often Sometimes Never
FEXCITE5	Excited or interested 1 Often 2 Sometimes 3 Never
FDEPRSD5	Depressed or unhappy 1 Often 2 Sometimes 3 Never
FPLEASD5	Pleased about an accomplishment 1 Often 2 Sometimes 3 Never
FBORED5	Bored 1 Often 2 Sometimes 3 Never

FRESTLS5 Restless can't sit still in a chair for long 1 Often 2 Sometimes 3 Never **FUNEASY5** Uneasy about something w/out knowing why Often 1 2 Sometimes 3 Never MHLTH5 Emotional or mental health 1 Excellent 2 Good 3 Fair 4 Poor FCLOSE5 Hard for me to feel close to others 1 True 2 False FLFTOUT5 Feel left out in groups of people 1 True 2 False FTIRED5 Feel too tired to do anything 1 True 2 False **FUNSAT5** I'm never quite satisfied with what I do 1 True 2 False I can usually relax easily RELAX5 True 1 2 False CONTROL5 Current situation under control Agree strongly 1 Agree somewhat 2 Disagree somewhat 3 Disagree strongly 4

SMOOTH5	Things running smoothly 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
ONTOPX5	On top of things  1 Agree strongly  2 Agree somewhat  3 Disagree somewhat  4 Disagree strongly
PLANNED5	Things are going as planned 1 Agree strongly 2 Agree somewhat 3 Disagree somewhat 4 Disagree strongly
QDPRSD5	Feeling sad, blue or depressed, last two weeks 1 Yes 2 No
QNOINT5	Loss of interest or pleasure in most things 1 Yes 2 No
QTIRED5	Feeling tired or low on energy most of the time 1 Yes 2 No
QWTLOSS5	Loss of appetite or weight loss 1 Yes 2 No
QWTGAIN5	Overeating or weight gain 1 Yes 2 No
QNOSLP5	Trouble falling asleep or staying asleep 1 Yes 2 No
QSLP5	Sleeping too much 1 Yes 2 No

QCONC5 More trouble than usual concentrating

1 Yes

2 No

QDOWN5 Feeling down on yourself

1 Yes

2 No

QRESTLS5 Fidgety or restless

1 Yes

2 No

QSLOW5 Moved or spoke slowly that other people noticed

1 Yes

2 No

QDTH5 Thought about death more than usual, yours or someone else's

1 Yes

2 No

QMO5 Month of questionnaire

QDAY5 Day of questionnaire

QYR5 Year of questionnaire