

**PeaceHealth Senior Survey, Phase 4
Ci3 Instrument**

C:*****START PH4 INSTRUMENT*****

CATI ON

SQN right
REVIEW CtrlR

Q:HELLO1
T:

INTERVIEWER: REVIEW THE DATA BASE INFORMATION. THEN READ:

[Hello,] may I please speak to

FIRST NAME:
LAST NAME:

GET RESPONDENT ON THE LINE

1-->R ON LINE
2-->R IS DECEASED-->SKIPTO NOQAL2
CTRL-END-->R UNAVAILABLE, ETC.

I:

```
cmdi SHOWFN "SHOWFN" 1
cmdi SHOWLN "SHOWLN" 1
cmdi STUDNUM "STUDNUM" 1
cmdi PREINT "PREINT" 1
cmdi CALLS1 "CALLS1" 1
cmdi PROXY "PROXY" 1
cmdi F2F "F2F" 1
cmdi RECLAIMD "RECLAIMD" 1
cmdi RecNum "RecordNumber"
cmdi AcTele "AreaPhoneNum"
show SHOWFN 19 14 30 GRN
show SHOWLN 20 14 30 GRN
key 1,2
if (RECLAIMD = 1) skipto HELLO2X
if (ans = 2) skipto NOQAL2
```

Q:HELLO2
T:

[Hello,] the Center for Senior Health at PeaceHealth has asked me to call you to conduct a survey about your health care. My name is _____, and I'm calling from the University of Oregon Survey Research Laboratory. Do you have any questions about the survey before we begin?

PROBE: This is a follow-up survey to the one we completed (last spring / a year ago). [Do you remember that one?]
PROBE: The Center for Senior Health at PeaceHealth recently sent you

a postcard reminding you about this interview.

PROBE: This is a 30-minute survey about health-related issues [to learn how you are feeling these days, and to find out how satisfied you are with your health care].

PROBE: You received a letter from the PeaceHealth Center for Senior Health and your doctor explaining this research study in the fall of 2001 and you signed a form saying you would like to take part in it. This survey is part of the research study.

PROBE: I want to assure you that I am not selling a thing and that this survey is completely confidential and voluntary.

1-->NO QUESTIONS OR QUESTIONS ANSWERED, OK TO BEGIN SURVEY
YES, HAS QUESTIONS ---> REFER TO INTERVIEWER INSTRUCTIONS

2-->R IS DECEASED-->SKIPTO NOQAL2

I:

key 1,2

if (ans = 2) skipto NOQAL2

skipto COOPERAT

Q:HELLO2X

T:

[Hello,] the Center for Senior Health at PeaceHealth has asked me to call you to conduct a survey about your health care. My name is _____, and I'm calling from the University of Oregon Survey Research Laboratory. Do you have any questions about the survey before we begin?

PROBE: The Center for Senior Health at PeaceHealth recently called you about participating in this study. We were informed by PeaceHealth that you were willing to take the survey again.

PROBE: This is a 30-minute survey about health-related issues [to learn how you are feeling these days, and to find out how satisfied you are with your health care].

PROBE: You received a letter from the PeaceHealth Center for Senior Health and your doctor explaining this research study in the fall of 2001 and you signed a form saying you would like to take part in it. This survey is part of the research study.

PROBE: I want to assure you that I am not selling a thing and that this survey is completely confidential and voluntary.

1-->NO QUESTIONS OR QUESTIONS ANSWERED, OK TO BEGIN SURVEY
YES, HAS QUESTIONS ---> REFER TO INTERVIEWER INSTRUCTIONS

2-->R IS DECEASED-->SKIPTO NOQAL2

I:

key 1,2

if (ans = 2) skipto NOQAL2

Q:COOPERAT

T:

[Thank you.] We appreciate your cooperation.

[I'd like to begin the survey now.]

1-->OK
CTRL-END-->NO

I:
key 1

Q:PROXY1
T:

INTERVIEWER: PRESS 2 IF CAREGIVER ANSWERS SURVEY FOR R.

1 ACTUAL R --> SKIPTO SQL1
2 R IS PROXY OR CAREGIVER

I:
key 1,2
if (ans = 1) skipto SQL1

Q:PROXY1A
T:

INTERVIEWER: ENTER NAME OF PROXY.

May I please have your name for the purposes of our records?

PROBE: We need your name so that we can be sure to speak with you
in future interviews.

PROBE: Your name will not be given out to anyone besides the Center for
Senior Health at PeaceHealth.

ENTER NAME BELOW

I:
opn 20 10 24 70

Q:PROXY2
T:

I will read the survey questions as if you were

FIRST NAME:
LAST NAME:

Please answer on (her/his) behalf, as if you were (her/him).

PRESS "1" TO CONTINUE

I:
show SHOWFN 4 14 30 GRN
show SHOWLN 5 14 30 GRN
key 1

Q:SQL1
T:

In general, would you say your health is excellent,

very good, good, fair, or poor?

PROBE: Which answer best represents the way you feel?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

qal noqal

if (ans > 9) skipto NOQAL

Q:HEALTHYR

T:

Compared to one year ago, how would you rate your health in general now--
much better now than one year ago, somewhat better now than one year ago,
about the same as one year ago, somewhat worse now than one year ago,
or much worse than one year ago?

- 1 MUCH BETTER NOW THAN ONE YEAR AGO
- 2 SOMEWHAT BETTER NOW THAN ONE YEAR AGO
- 3 ABOUT THE SAME AS ONE YEAR AGO
- 4 SOMEWHAT WORSE NOW THAN ONE YEAR AGO
- 5 MUCH WORSE NOW THAN ONE YEAR AGO

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:PAIN

T:

During the past seven days, on a scale of zero to ten,
how severe has your pain been, on average?

PROBE: Zero equals no pain, five stands for moderate pain,
and ten is the worst possible pain.

ENTER EXACT NUMBER (0-10)

- 97 REFUSED
- 98 DON'T KNOW
- 99 NO ANSWER

I:

num 0 99 2 0 25 25

if (ans > 10)

if (ans < 97) reask
endif

Q:SQL2

T:

Now, I will ask you about activities you might do in a typical day.
Does your health now limit you in vigorous activities, such as
running, lifting heavy objects, or participating in strenuous sports?

PROBE: If you were to try these vigorous activities, would your health
limit these activities?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little
in doing vigorous activities?

1 YES, LIMITED A LOT
2 YES, LIMITED A LITTLE
3 NO, NOT LIMITED AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

key 1-3,7-9

Q:SQL3

T:

Does your health now limit you in moderate activities, such as
moving a table, pushing a vacuum, bowling, or playing golf?

PROBE: If you were to try these moderate activities, would your health
limit these activities?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little
in doing moderate activities?

1 YES, LIMITED A LOT
2 YES, LIMITED A LITTLE
3 NO, NOT LIMITED AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

key 1-3,7-9

Q:SQL4

T:

Does your health now limit you in lifting or carrying groceries?

PROBE: If you were to try to lift or carry groceries, would your health
limit these activities?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little
in lifting or carrying groceries?

1 YES, LIMITED A LOT
2 YES, LIMITED A LITTLE
3 NO, NOT LIMITED AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:SQL5
T:

Does your health now limit you in climbing several flights of stairs?

PROBE: If you were to try to climb several flights of stairs,
would your health limit doing this?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little
[in climbing several flights of stairs]?

1 YES, LIMITED A LOT
2 YES, LIMITED A LITTLE
3 NO, NOT LIMITED AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:SQL6
T:

Does your health now limit you in climbing one flight of stairs?

PROBE: If you were to try to climb one flight of stairs,
would your health limit doing this?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little
[in climbing one flight of stairs]?

1 YES, LIMITED A LOT
2 YES, LIMITED A LITTLE
3 NO, NOT LIMITED AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:SQL7
T:

Does your health now limit you in bending, kneeling or stooping?

PROBE: If you were to try bending, kneeling, or stooping,

would your health limit these activities?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little [in bending, kneeling or stooping]?

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-3,7-9

Q:SQL8

T:

Does your health now limit you in walking more than a mile?

PROBE: If you were to try to walk more than a mile, would your health limit doing this?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little [in walking more than a mile]?

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-3,7-9

Q:SQL9

T:

Does your health now limit you in walking several hundred yards, which is several blocks in downtown Eugene?

PROBE: If you were to try to walk several blocks, would your health limit doing this?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little [in walking several (hundred yards / blocks in downtown Eugene)]?

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-3,7-9

Q:SQL10

T:

Does your health now limit you in walking one hundred yards, which is one block in downtown Eugene?

PROBE: If you were to try to walk a block, would your health limit doing this?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little [in walking (one hundred yards / one block in downtown Eugene)]?

1 YES, LIMITED A LOT
2 YES, LIMITED A LITTLE
3 NO, NOT LIMITED AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:SQL11

T:

Does your health now limit you in bathing or dressing yourself?

PROBE: If you were to try to bath or dress yourself, would your health limit doing this?

IF YES, PROBE: (Does/Would) your health limit you a lot or a little [in bathing or dressing yourself]?

1 YES, LIMITED A LOT
2 YES, LIMITED A LITTLE
3 NO, NOT LIMITED AT ALL

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:SQL12

T:

The next questions are about how often you have had problems with your work or other regular daily activities as a result of your *physical* health. During the past four weeks, how much of the time have you cut down the amount of time you spent on work or other activities as a result of your physical health -- all of the time, most of the time, some of the time, a little of the time, or none of the time?

PROBE: By "work," I mean your regular daily activities [not employment or a job].

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL13

T:

During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health?

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL14

T:

During the past 4 weeks, how much of the time were you limited in the kind of work or other activities you could do as a result of your physical health?

PROBE: By "work," I mean your regular daily activities [not employment or a job].

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL15

T:

During the past 4 weeks, how much of the time did you have difficulty performing work or other activities as a result of your physical health?

PROBE: By "work," I mean your regular daily activities [not employment or a job].

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL16

T:

Now, please think about problems with your work or other regular daily activities as a result of any *emotional* problems, such as feeling depressed or anxious. During the past four weeks, how often have you cut down the amount of time you spent on work and other activities as a result of any emotional problems, such as feeling depressed or anxious?

PROBE: By "work," I mean your regular daily activities [not employment or a job].

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL17

T:

During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL18

T:

During the past 4 weeks, how much of the time have you done work or other activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?

PROBE: By "work," I mean your regular daily activities [not employment or a job].

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL19

T:

During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups -- not at all, slightly, moderately, quite a bit, or extremely?

PROBE: not at all, slightly, moderately, quite a bit, or extremely.

- 1 NOT AT ALL
- 2 SLIGHTLY
- 3 MODERATELY
- 4 QUITE A BIT
- 5 EXTREMELY

- 7 REFUSED
- 8 DON'T KNOW

9 NO ANSWER

I:

key 1-5,7-9

Q:SQL20

T:

How much bodily pain have you had during the past four weeks -
none, very mild, mild, moderate, severe, or very severe?

IF R VOLUNTEERS TAKING PAIN MEDICATION: How much *actual*
bodily pain [have you had during the past four weeks]
[none, very mild, mild, moderate, severe, or very severe]?

1 NONE --> SKIPTO SQL22

2 VERY MILD

3 MILD

4 MODERATE

5 SEVERE

6 VERY SEVERE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-9

if (ans = 1) skipto SQL22

Q:SQL21

T:

During the past 4 weeks, how much did pain interfere with your
normal work, including both work outside the home and housework -
not at all, a little bit, moderately, quite a bit, or extremely?

PROBE: By "work," I mean your regular daily activities
[not employment or a job].

PROBE: not at all, a little bit, moderately, quite a bit, or extremely.

1 NOT AT ALL

2 A LITTLE BIT

3 MODERATELY

4 QUITE A BIT

5 EXTREMELY

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-5,7-9

Q:SQL22

T:

How much of the time during the past 4 weeks have you felt calm and
peaceful -- all of the time, most of the time, some of the time,
a little of the time, or none of the time?

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time.

PROBE: Which answer is closest to the way you have been feeling [in the past 4 weeks]?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL23

T:

How much of the time during the past four weeks did you have a lot of energy?

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time.

PROBE: Which answer is closest to the way you have been feeling [in the past four weeks]?

- 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

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-5,7-9

Q:SQL24

T:

How much of the time during the past 4 weeks have you felt downhearted and depressed?

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time.

- 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

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-5,7-9

Q:SQL25
T:

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives?

PROBE: all of the time, most of the time, some of the time, a little of the time, or none of the time.

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

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-5,7-9

Q:VISIT1
T:

Now I need to ask about your medical visits in the past year.
How many times did you visit a doctor in the last year?

PROBE: Visits with your ophthalmologist, optometrist, and psychiatrist count, although visits with the dentist do not.

ENTER EXACT NUMBER

96 = 96 OR MORE VISITS.

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:
num 0 99 2 0 25 25

Q:VISIT2
T:

How many times have you been seen in the emergency room in the last year?

ENTER EXACT NUMBER

96 = 96 OR MORE VISITS.

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 0 99 2 0 25 25

Q:VISIT3
T:

How many times have you stayed overnight in a hospital in the last year?

NOTE: NUMBER OF STAYS, *NOT* NUMBER OF NIGHTS.

PROBE: Please think about the number of times you have gone to the hospital, stayed overnight for one or more nights, and then returned home.
[How many overnight trips have you made to the hospital [in the last year]]?

ENTER EXACT NUMBER

96 = 96 OR MORE VISITS.

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 0 99 2 0 25 25

Q:VISIT4
T:

How many times have you been admitted to a nursing home or an adult foster home in the past year?

PROBE: Please include any times you were admitted [to a facility] for rehabilitation.

ENTER EXACT NUMBER

96 = 96 OR MORE VISITS.

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 0 99 2 0 25 25

Q:MED1
T:

In general, how many different prescription medications do you take regularly?

PROBE: Please count only those prescriptions your physician told you to take.
PROBE: Please do not include herbal remedies, naturopathic medications, or over-the-counter medications.

NOTE: THIS REFERS TO THE NUMBER OF *DIFFERENT* MEDICATIONS, NOT THE NUMBER OF DOSES OR PILLS.

ENTER EXACT NUMBER

96 = 96 OR MORE.

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 0 99 2 0 25 25

Q:MED2
T:

Have you ever had a pneumonia vaccine?

1 YES
2 NO
3 (IF VOLUNTEERED) NOT SURE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER
I:
key 1-3,7-9

Q:MED3
T:

Have you had a flu vaccine within the last twelve months?

1 YES
2 NO
3 (IF VOLUNTEERED) NOT SURE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER
I:
key 1-3,7-9

Q:CRGIV1
T:

In the past year, have you been a caregiver for someone else?

PROBE: Have you been responsible for the daily care of someone who is incapacitated or who cannot take care of themselves for any reason?

1 YES
2 NO-->SKIPTO PS1

7 REFUSED-->SKIPTO PS1
8 DON'T KNOW-->SKIPTO PS1

9 NO ANSWER-->SKIPTO PS1

I:

key 1-2,7-9

if (ans > 1) SKIPTO PS1

Q:CRGIV2

T:

Has this been difficult for you?

1 YES

2 NO

3 (IF VOLUNTEERED) SOMETIMES

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-3,7-9

Q:PS1

T:

Next I will ask about the care you receive at your doctor's office.

In answering these questions, please think about how you feel, in general, about the care you receive at your doctor's office and tell me if you disagree, agree, strongly agree, or very strongly agree.

The first one is: The physical environment is inviting, comfortable, and pleasant.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

1 DISAGREE

2 AGREE

3 STRONGLY AGREE

4 VERY STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:PS2

T:

The staff at the doctor's office truly care about me as a person.

PROBE: The staff at the doctor's office includes the nurses, doctors, receptionists, care coordinators, volunteers, X-ray technicians, and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

- 1 DISAGREE
- 2 AGREE
- 3 STRONGLY AGREE
- 4 VERY STRONGLY AGREE

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-4,7-9

Q:PS3

T:

The staff at the doctor's office are caring and compassionate.

PROBE: The staff at the doctor's office includes the nurses, doctors, receptionists, care coordinators, volunteers, X-ray technicians, and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

- 1 DISAGREE
- 2 AGREE
- 3 STRONGLY AGREE
- 4 VERY STRONGLY AGREE

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-4,7-9

Q:PS4

T:

I have confidence and trust in the staff at the doctor's office.

PROBE: The staff at the doctor's office includes the nurses, doctors, receptionists, care coordinators, volunteers, X-ray technicians, and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

- 1 DISAGREE
- 2 AGREE
- 3 STRONGLY AGREE

4 VERY STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PS5
T:

I feel free to discuss with the staff at the doctor's office
any concerns or anxieties I have.

PROBE: The staff at the doctor's office includes the nurses, doctors,
receptionists, care coordinators, volunteers, X-ray technicians,
and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree
with that statement [when you think about the care you receive
at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

1 DISAGREE
2 AGREE
3 STRONGLY AGREE
4 VERY STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PS6
T:

The staff at the doctor's office answer my questions completely
and in a way I can understand.

PROBE: The staff at the doctor's office includes the nurses, doctors,
receptionists, care coordinators, volunteers, X-ray technicians,
and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree
with that statement [when you think about the care you receive
at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

1 DISAGREE
2 AGREE
3 STRONGLY AGREE
4 VERY STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

key 1-4,7-9

Q:PS7

T:

The different staff at the doctor's office are well coordinated - they know what each other are doing and work as a team.

PROBE: The staff at the doctor's office includes the nurses, doctors, receptionists, care coordinators, volunteers, X-ray technicians, and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

1 DISAGREE

2 AGREE

3 STRONGLY AGREE

4 VERY STRONGLY AGREE

5 (IF VOLUNTEERED) DOES NOT APPLY: R CLAIMS TO SEE ONLY ONE PERSON

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-5,7-9

Q:PS8

T:

The doctors and nurses include me as a full partner in discussing my condition and making decisions about my treatment.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

1 DISAGREE

2 AGREE

3 STRONGLY AGREE

4 VERY STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:PS9

T:

I believe that the staff at the doctor's office make sure, or would make sure, that my family or those close to me are kept informed about my condition and treatment *as much as I want.*

PROBE: (If there was an issue / If you had family), do you believe the staff at the doctor's office would make sure that your family or those close to you are kept informed about your condition and treatment as much as you want?

PROBE: The staff at the doctor's office includes the nurses, doctors, receptionists, care coordinators, volunteers, X-ray technicians, and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

1 DISAGREE

2 AGREE

3 STRONGLY AGREE

4 VERY STRONGLY AGREE

5 (IF VOLUNTEERED) DOES NOT APPLY: NO FAMILY/FRIENDS

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-5,7-9

Q:PS10

T:

I believe that the staff at the doctor's office involve, or would involve, my family or those close to me in my care *as much as I want.*

PROBE: (If there was an issue / If you had family), do you believe the staff at the doctor's office would involve your family or those close to you in your care as much as you want?

(PROBE FROM ANSWER CATEGORIES.)

PROBE: The staff at the doctor's office includes the nurses, doctors, receptionists, care coordinators, volunteers, X-ray technicians, and anyone else you come across there.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

1 DISAGREE

2 AGREE

3 STRONGLY AGREE

4 VERY STRONGLY AGREE

5 (IF VOLUNTEERED) DOES NOT APPLY: NO FAMILY/FRIENDS

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-5,7-9

Q:PS11

T:

Overall, the quality of care I receive at my doctor's office is excellent.

PROBE: Do you disagree, agree, strongly agree, or very strongly agree with that statement [when you think about the care you receive at your doctor's office, in general]?

PROBE: Please think about your primary health care provider.

- 1 DISAGREE
- 2 AGREE
- 3 STRONGLY AGREE
- 4 VERY STRONGLY AGREE

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-4,7-9

Q:PF11

T:

The next questions are about your physical activities.
I will read a list of activities. For each one, please tell me if it is very difficult, difficult, easy, or very easy for you to do.

[The first one is] Move around in your home.

PROBE: How easy or difficult is it for you to move around in your home?

PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried ?

PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

- 1 VERY DIFFICULT
- 2 DIFFICULT
- 3 EASY
- 4 VERY EASY
- 5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
- 6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)
- 7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

- 97 REFUSED
- 98 DON'T KNOW
- 99 NO ANSWER

I:

num 1 99 2 0 25 25

if (ans > 7)

if (ans < 97) reask

endif

oth 6 20 30 24 70

oth 7 20 30 24 70

Q:PF12

T:

Use the toilet [either sitting or standing].

PROBE: How easy or difficult is it for you to use a toilet?
PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried?
PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

- 1 VERY DIFFICULT
- 2 DIFFICULT
- 3 EASY
- 4 VERY EASY
- 5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
- 6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)
- 7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 1 99 2 0 25 25
if (ans > 7)
 if (ans < 97) reask
endif
oth 6 20 30 24 70
oth 7 20 30 24 70

Q:PF13
T:

Dress yourself.

PROBE: How easy or difficult would it be for you to dress yourself?
PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried?
PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

- 1 VERY DIFFICULT
- 2 DIFFICULT
- 3 EASY
- 4 VERY EASY
- 5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
- 6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)
- 7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 1 99 2 0 25 25
if (ans > 7)
 if (ans < 97) reask
endif
oth 6 20 30 24 70

oth 7 20 30 24 70

Q:PFI4

T:

Get up out of a chair.

PROBE: How easy or difficult would it be for you to get up out of a chair?

PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried?

PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT

2 DIFFICULT

3 EASY

4 VERY EASY

5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"

6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 25 25

if (ans > 7)

if (ans < 97) reask

endif

oth 6 20 30 24 70

oth 7 20 30 24 70

Q:PFI5

T:

Go grocery shopping.

PROBE: How easy or difficult would it be for you to go grocery shopping?

PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried?

PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT

2 DIFFICULT

3 EASY

4 VERY EASY

5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"

6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:
num 1 99 2 0 25 25
if (ans > 7)
 if (ans < 97) reask
endif
oth 6 20 30 24 70
oth 7 20 30 24 70

Q:PFI6
T:

Walk up a flight of stairs.

PROBE: How easy or difficult would it be for you to walk up a flight of stairs?
PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be
if you tried?
PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT
2 DIFFICULT
3 EASY
4 VERY EASY
5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY
 EQUIPMENT (CANE, WALKER, RAILING, ETC.)
7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY
 EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED
98 DON'T KNOW
99 NO ANSWER

I:
num 1 99 2 0 25 25
if (ans > 7)
 if (ans < 97) reask
endif
oth 6 20 30 24 70
oth 7 20 30 24 70

Q:PFI7
T:

Walk a block.

PROBE: How easy or difficult would it be for you to walk a block?
PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be
if you tried?
PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT
2 DIFFICULT
3 EASY
4 VERY EASY
5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY
 EQUIPMENT (CANE, WALKER, RAILING, ETC.)

7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY
EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 1 99 2 0 25 25
if (ans > 7)
 if (ans < 97) reask
endif
oth 6 20 30 24 70
oth 7 20 30 24 70

Q:PF18
T:

Do housework.

PROBE: How easy or difficult would it be for you to do housework?
PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be
if you tried?
PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT
2 DIFFICULT
3 EASY
4 VERY EASY
5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY
EQUIPMENT (CANE, WALKER, RAILING, ETC.)
7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY
EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 1 99 2 0 25 25
if (ans > 7)
 if (ans < 97) reask
endif
oth 6 20 30 24 70
oth 7 20 30 24 70

Q:PF19
T:

Walk half a mile.

PROBE: How easy or difficult would it be for you to walk half a mile?
PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be
if you tried?
PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT

2 DIFFICULT
3 EASY
4 VERY EASY
5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY
EQUIPMENT (CANE, WALKER, RAILING, ETC.)
7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY
EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 1 99 2 0 25 25
if (ans > 7)
if (ans < 97) reask
endif
oth 6 20 30 24 70
oth 7 20 30 24 70

Q:PFI10
T:

Put in a day's office work.

PROBE: How easy or difficult would it be for you to put in a day's office work?
PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be
if you tried?
PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT
2 DIFFICULT
3 EASY
4 VERY EASY
5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"
6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY
EQUIPMENT (CANE, WALKER, RAILING, ETC.)
7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY
EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED
98 DON'T KNOW
99 NO ANSWER
I:
num 1 99 2 0 25 25
if (ans > 7)
if (ans < 97) reask
endif
oth 6 20 30 24 70
oth 7 20 30 24 70

Q:PFI11
T:

Rearrange living room furniture.

PROBE: How easy or difficult would it be for you to rearrange living room furniture?

PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried?

PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT

2 DIFFICULT

3 EASY

4 VERY EASY

5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"

6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 25 25

if (ans > 7)

if (ans < 97) reask

endif

oth 6 20 30 24 70

oth 7 20 30 24 70

Q:PF112

T:

Run across the street.

PROBE: How easy or difficult would it be for you to run across the street?

PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried?

PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT

2 DIFFICULT

3 EASY

4 VERY EASY

5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"

6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 25 25

if (ans > 7)

if (ans < 97) reask

endif

oth 6 20 30 24 70

oth 7 20 30 24 70

Q:PFI13

T:

Do two hours of yard work.

PROBE: How easy or difficult would it be for you to do two hours of yard work?

PROBE FOR ACTIVITIES R DOESN'T DO: How easy or difficult would it be if you tried?

PROBE: [Is it / Would it be] very difficult, difficult, easy, or very easy?

1 VERY DIFFICULT

2 DIFFICULT

3 EASY

4 VERY EASY

5 (IF VOLUNTEERED) "SOMEWHAT DIFFICULT"

6 (IF VOLUNTEERED) "EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

7 (IF VOLUNTEERED) "VERY EASY" IF EQUIPMENT USED-->SPECIFY EQUIPMENT (CANE, WALKER, RAILING, ETC.)

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 25 25

if (ans > 7)

if (ans < 97) reask

endif

oth 6 20 30 24 70

oth 7 20 30 24 70

Q:COND1

T:

Now I need to ask you some questions about your health.

I am going to read through a list of problems and conditions, and for each one I would like you to tell me if you are currently living with that condition. Please say yes if you have the condition or if you are taking any medication to help manage the condition.

Do you have angina or a heart condition?

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND2

T:

Do you have diabetes or high blood sugar?

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND3

T:

(What about / Do you have any) digestive problems?

PROBE: Such as stomach ulcers, heartburn, and bowel problems like diarrhea or constipation.

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND4

T:

(What about / Do you have) anxiety problems?

PROBE: Do you have problems with your nerves, such as feeling nervous most of the time?

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:
key 1-2,7-9

Q:COND5
T:

(What about / Do you have problems with) high blood pressure?

PROBE: Is this a problem you are currently dealing with?
PROBE ON MEDICATION: Are you taking medication to manage
this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-2,7-9

Q:COND6
T:

(What about / Do you have any problems with) arthritis?

PROBE: Is this a problem you are currently dealing with?
PROBE ON MEDICATION: Are you taking medication to manage
this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-2,7-9

Q:COND7
T:

(What about / Have you had) a previous hip fracture?

PROBE ON MEDICATION: Are you taking medication to manage
this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES
2 NO

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-2,7-9

Q:COND8

T:

(What about / Have you had) a previous stroke?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

NOTE: TIA'S AND MINI-STROKES DO *NOT* COUNT.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND9

T:

(What about / Do you have) bladder or bowel control problems?

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND10

T:

(What about / Do you have any) breathing problems?

PROBE: Such as asthma, emphysema, or any other condition that may affect your breathing.

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

NOTE: IF R ONLY HAS PROBLEMS UNDER CERTAIN CONDITIONS (I.E. ONLY WHEN S/HE WALKS AROUND), ANSWER IS YES.

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND11

T:

(What about / Do you have any) serious memory loss?

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND12

T:

(What about / Have you ever had) cancer?

PROBE: Have you ever been diagnosed with cancer?

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND13

T:

(What about / Do you have) skin ulcers [or bed sores]?

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND14

T:

(What about / Do you have problems with) chronic pain?

PROBE: From any source, even if it has already been covered in previous questions.

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND15

T:

(What about / Do you currently have problems with) depression?

PROBE: Are you currently in counseling for depression?

PROBE: Is this a problem you are currently dealing with?

PROBE ON MEDICATION: Are you taking medication to manage this problem? (IF YES TO MEDICATION, THEN ANSWER IS YES).

NOTE: PAST PROBLEMS WITH DEPRESSION THAT ARE NO LONGER PRESENT DO *NOT* COUNT

1 YES

2 NO

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-2,7-9

Q:COND16

T:

Do you ever leak urine or have accidents even if it is once in a while when you cough or sneeze?

1 YES

2 NO-->SKIPTO COND17

7 REFUSED-->SKIPTO COND17

8 DON'T KNOW-->SKIPTO COND17

9 NO ANSWER-->SKIPTO COND17

I:

key 1-2,7-9

if (ans > 1) skipto COND17

Q:COND16A

T:

How frequently (does this occur / do you leak urine or have accidents [when you cough or sneeze])? -- less than one time a week, two to three times a week, or daily?

1 LESS THAN ONE TIME A WEEK
2 TWO TO THREE TIMES A WEEK
3 DAILY

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:

key 1-3,7-9

Q:COND17

T:

Do you currently have any other health (problems / conditions)?

1 YES
2 NO-->SKIPTO COND18

7 REFUSED-->SKIPTO COND18
8 DON'T KNOW-->SKIPTO COND18
9 NO ANSWER-->SKIPTO COND18

I:

key 1-2,7-9

if (ans > 1) skipto COND18

Q:COND17A

T:

What (are they / other conditions do you suffer from)?

PROBE: Anything else?

OPEN-ENDED

PLEASE TYPE EXACT ANSWER BELOW

I:

opn 10 10 25 70

Q:COND18

T:

How many times have you fallen to the ground in the last 12 months?

PROBE FOR DEFINITION OF FALLEN: Have you ever found yourself on the ground or floor without meaning to be there.

NOTE: ANY FALL COUNTS.

ENTER EXACT NUMBER

96 = 96 OR MORE

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 0 99 2 0 25 25

Q:COND19

T:

Do you limit going outside due to fear of falling--yes, no, or sometimes?

1 YES

2 NO

3 SOMETIMES

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-3,7-9

Q:HELP1

T:

Now I would like to ask you some questions about how often you need or receive help doing certain activities. For each one, please tell me if you need or receive help regularly, occasionally, or if you never need or receive help.

[How often] do you need or receive help from another person when shopping or running errands--regularly, occasionally, or never?

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY

2 OCCASIONALLY

3 NEVER

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-3,7-9

Q:HELP2

T:

[How often] do you need or receive help from another person when doing light housekeeping [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP3
T:

[(What about / How often do you need or receive help from another person when)]
doing laundry [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP4
T:

[(What about / How often do you need or receive help from another person when)]
using transportation [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP5
T:

[(What about / How often do you need or receive help from another person when)]
using the telephone [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP6
T:

[(What about / How often do you need or receive help from another person when) taking medications [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP7
T:

[(What about / How often do you need or receive help from another person when) managing your money [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP8
T:

[(What about / How often do you need or receive help from another person when)]

bathing [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP9
T:

[(What about / How often do you need or receive help from another person when)]
dressing [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP10
T:

[(What about / How often do you need or receive help from another person when)]
getting out of bed [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP11
T:

[(What about / How often do you need or receive help from another person when)]
getting out of a chair [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if
you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP12
T:

[(What about / How often do you need or receive help from another person when)]
walking around inside the house [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if
you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP13
T:

[(What about / How often do you need or receive help from another person when)]
eating [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if
you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:HELP14
T:

[(What about / How often do you need or receive help from another person when) using the toilet [--regularly, occasionally, or never?]

PROBE: How often do you receive help [with this activity] even if you do not need it?

1 REGULARLY
2 OCCASIONALLY
3 NEVER

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:PHC1
T:

[We are over halfway done with the interview now, and I would like to thank you sincerely for your time and answers so far.]

The next questions are about how you feel right now. For each statement I read, please tell me if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree.

The first one is: No matter how hard I try, my health just doesn't turn out the way I would like.

PROBE: How much does this statement apply to you?
PROBE: [Do you] strongly disagree, somewhat disagree, somewhat agree, or strongly agree [that no matter how hard you try, your health just doesn't turn out the way you would like]?

1 STRONGLY DISAGREE
2 SOMEWHAT DISAGREE
3 SOMEWHAT AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PHC2
T:

It is difficult for me to find effective solutions to the health problems that come my way.

PROBE: How much does this statement apply to you?
PROBE: [Do you] strongly disagree, somewhat disagree, somewhat agree, or strongly agree [that it is difficult for you to find effective solutions to the health problems that come your way]?

1 STRONGLY DISAGREE
2 SOMEWHAT DISAGREE
3 SOMEWHAT AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PHC3
T:

I succeed in the projects I undertake to improve my health.

PROBE: How much does this statement apply to you?
PROBE: [Do you] strongly disagree, somewhat disagree, somewhat agree,
or strongly agree [that you succeed in the projects you undertake
to improve your health]?

1 STRONGLY DISAGREE
2 SOMEWHAT DISAGREE
3 SOMEWHAT AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PHC4
T:

I am generally able to accomplish my goals with respect to my health.

PROBE: How much does this statement apply to you?
PROBE: [Do you] strongly disagree, somewhat disagree, somewhat agree,
or strongly agree [that you are generally able to accomplish your goals
with respect to your health]?

1 STRONGLY DISAGREE
2 SOMEWHAT DISAGREE
3 SOMEWHAT AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PHC5
T:

I find my efforts to change things
I don't like about my health
are not effective.

PROBE: How much does this statement apply to you?

PROBE: [Do you] strongly disagree, somewhat disagree, somewhat agree,
or strongly agree [that you find your efforts to change things you don't like
about your health are not effective]?

PROBE: By "not effective," we mean that it just doesn't make a difference.

1 STRONGLY DISAGREE
2 SOMEWHAT DISAGREE
3 SOMEWHAT AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PHC6
T:

Typically, my plans for my health don't work out well.

PROBE: How much does this statement apply to you?

PROBE: [Do you] strongly disagree, somewhat disagree, somewhat agree,
or strongly agree [that your plans for your health typically
don't work out well]?

1 STRONGLY DISAGREE
2 SOMEWHAT DISAGREE
3 SOMEWHAT AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:PHC7
T:

I am able to do things for my health as well as most other people.

PROBE: How much does this statement apply to you?

PROBE: [Do you] strongly disagree, somewhat disagree, somewhat agree,
or strongly agree [that you are able to do things for your health
as well as most other people]?

1 STRONGLY DISAGREE
2 SOMEWHAT DISAGREE
3 SOMEWHAT AGREE

4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:DS1
T:

Next, I'm going to read a different set of questions with some statements about how you felt *in the last week.* Please tell me if you strongly disagree, disagree, agree, or strongly agree with each statement.

I feel that my situation is hopeless.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that your situation was hopeless] [in the last week]?

1 STRONGLY DISAGREE
2 DISAGREE
3 AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:DS2
T:

I worry a lot about the past.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you worried a lot about the past] [in the last week]?

1 STRONGLY DISAGREE
2 DISAGREE
3 AGREE
4 STRONGLY AGREE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-4,7-9

Q:DS3
T:

I feel pretty worthless the way I am now.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you felt pretty worthless the way you are now] [in the last week]?

1 STRONGLY DISAGREE

2 DISAGREE

3 AGREE

4 STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:DS4

T:

I frequently feel like crying.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you frequently felt like crying] [in the last week]?

1 STRONGLY DISAGREE

2 DISAGREE

3 AGREE

4 STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:DS5

T:

I often feel helpless.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you often felt helpless] [in the last week]?

1 STRONGLY DISAGREE

2 DISAGREE

3 AGREE

4 STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:DS6

T:

I often feel downhearted and blue.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you often felt downhearted and blue] [in the last week]?

1 STRONGLY DISAGREE

2 DISAGREE

3 AGREE

4 STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:DS7

T:

I sometimes feel that my life is empty.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you sometimes felt that your life is empty] [in the last week]?

1 STRONGLY DISAGREE

2 DISAGREE

3 AGREE

4 STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:DS8

T:

I have dropped many of my activities and interests.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you have dropped many of your activities]

and interests] [in the last week]?

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-4,7-9

Q:DS9

T:

I enjoy getting up in the morning and starting a new day.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you enjoyed getting up in the morning and starting a new day] [in the last week]?

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-4,7-9

Q:DS10

T:

I find life very exciting.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you found life very exciting] [in the last week]?

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

- 7 REFUSED
- 8 DON'T KNOW
- 9 NO ANSWER

I:

key 1-4,7-9

Q:DS11

T:

I feel full of energy.

PROBE: In the last week, how much did this statement apply to you?

PROBE: By "the last week," I mean the past seven days.

PROBE: [Do you] strongly disagree, disagree, agree, or strongly agree [that you felt full of energy] [in the last week]?

1 STRONGLY DISAGREE

2 DISAGREE

3 AGREE

4 STRONGLY AGREE

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-4,7-9

Q:EDUCLEV

T:

Now I would like to ask some questions about you.

What is the highest level of education you have completed?

PROBE FROM LIST

1 GRADE SCHOOL (GRADES 1-8)

2 HIGH SCHOOL (GRADES 9-12)

3 ANY EDUCATION BEYOND HIGH SCHOOL

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

I:

key 1-3,7-9

Q:RESIDE

T:

What is your current living arrangement? Do you live...

PROBE FROM LIST, MARK ALL THAT APPLY

1 ALONE IN YOUR OWN RESIDENCE

2 WITH YOUR SPOUSE / SIGNIFICANT OTHER / PARTNER

3 WITH OTHER FAMILY MEMBERS

4 WITH A PAID CAREGIVER

5 IN SENIOR HOUSING

6 IN A CARE FACILITY (FOSTER OR NURSING HOME, ASSISTED LIVING)

7 REFUSED

8 DON'T KNOW

9 NO ANSWER

10 ***CLICK HERE TO EXIT***

I:
loc 6 10 1 n
sel 10 1 7 1 off enter

Q:CONTACT
T:

How often do you see, visit with, or talk to family, friends,
or significant others -- frequently, sometimes, or rarely?

PROBE: Including visits, telephone conversations, or any other ways
in which you may have contact with your family and friends.

1 FREQUENTLY
2 SOMETIMES
3 RARELY

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
key 1-3,7-9

Q:LIVWILL
T:

Do you have a current advanced health care directive?

PROBE: In the event that you are incapacitated or cannot speak for yourself,
do you have a document that provides instructions for your care or designates
an individual to make health care decisions for you?

PROBE: You can get the forms for an advanced health care directive
from your physician.

IF R SAYS THEY HAVE A LIVING WILL, PROBE: Does this document
specify a person to speak for you? (IF YES TO PROBE, THEN ANSWER IS YES)

NOTE: IF R HAS GIVEN SOMEONE POWER OF ATTORNEY IN THE EVENT
OF INCAPACITATION, THEN ANSWER IS YES.

1 YES
2 NO
3 (IF VOLUNTEERED) NOT SURE

7 REFUSED
8 DON'T KNOW
9 NO ANSWER

I:
Key 1-3,7-9
if (PROXY1 = 2) skipto ENDING

Q:DATEA
T:

I need to finish the interview with some factual questions. The first one is:

What is the date today?

OPEN-ENDED. RECORD R'S ANSWER VERBATIM.

I:

opn 15 10 24 60

Q:DATEB

T:

INTERVIEWER: INDICATE WHETHER R'S ANSWER TO "DATEA" WAS CORRECT OR INCORRECT.

1 CORRECT

2 INCORRECT

I:

key 1,2

Q:DAYA

T:

What day of the week is it?

1 MONDAY

2 TUESDAY

3 WEDNESDAY

4 THURSDAY

5 FRIDAY

6 SATURDAY

7 SUNDAY

8 OTHER --> SPECIFY

97 REFUSED

98 DON'T KNOW

99 NO ANSWER

I:

num 1 99 2 0 25 25

if (ans > 8)

if (ans < 97) REASK

endif

oth 8 20 30 24 70

Q:DAYB

T:

INTERVIEWER: INDICATE WHETHER R'S ANSWER TO "DAYA" WAS CORRECT OR INCORRECT.

1 CORRECT

2 INCORRECT

I:

key 1,2

Q:PLACE

T:

What is the name of the place where you are now?

NOTE: WE ARE *NOT* LOOKING FOR CITY, BUT RATHER WHETHER OR NOT THEY KNOW THEY ARE AT HOME. IF THEY SAY THEY ARE AT HOME, SOMEONE ELSE'S HOME, THEIR VACATION HOME, OR IN A CARE FACILITY, THEN DO *NOT* PROBE.

PROBE FOR "IN CITY": Where in ___(city)___?

PROBE: Please do not tell me your address; this interview is confidential.

OPEN-ENDED. RECORD R'S ANSWER VERBATIM.

I:

opn 15 10 25 60

Q:PHONEA

T:

INTERVIEWER: IS R AT A CARE FACILITY?

PROBE IF UNKNOWN TO INTERVIEWER: Do you currently live at a care facility?

1 YES --> SKIP TO AGE

2 NO

8 DON'T KNOW --> SKIP TO AGE

I:

key 1,2,8

if (ans = 1) skipto AGE

if (ans = 8) skipto AGE

Q:PHONEB

T:

What is your telephone number?

NUMBER IN RECORD:

OPEN-ENDED. RECORD R'S ANSWER VERBATIM.

I:

show AcTele 4 19 40 GRN

opn 15 10 25 60

Q:PHONEC

T:

INTERVIEWER: INDICATE WHETHER R'S ANSWER TO PHONEB WAS CORRECT OR INCORRECT.

1 CORRECT

2 INCORRECT

I:

key 1,2

Q:AGE

T:

How old are you?

OPEN-ENDED NUMBER - NO DECIMALS

115-->115 YEARS OR MORE

997 REFUSED
998 DON'T KNOW
999 NO ANSWER

I:
num 1 1000 4 0 25 25
if (ans > 115)
 if (ans < 997) REASK
endif

Q:BIRTHDAT
T:

When were you born?

PROBE: On what date were you born?
RECORD AS MMDDYYYY (E.G., 08/27/1916);
FOR NUMBERS NOT KNOWN, USE 99 (E.G., 08/99/1916);
IF R CANNOT REMEMBER, CODE 99/99/9999

OPEN-ENDED. RECORD R'S ANSWER VERBATIM.

I:
opn 15 10 25 60

Q:PRES1A
T:

Who is the President of the United States now?

OPEN-ENDED. RECORD R'S ANSWER VERBATIM.

I:
opn 15 10 25 60

Q:PRES1B
T:

INTERVIEWER: INDICATE WHETHER R'S ANSWER TO PRES1A WAS
CORRECT OR INCORRECT.

1 CORRECT - BUSH, GEORGE W. BUSH, GEORGE BUSH
2 INCORRECT

I:
key 1,2

Q:PRES2A
T:

Who was President just before him?

OPEN-ENDED. RECORD R'S ANSWER VERBATIM.

I:
opn 15 10 25 60

Q:PRES2B

T:

INTERVIEWER: INDICATE WHETHER R'S ANSWER TO PRES2A WAS CORRECT OR INCORRECT.

1 CORRECT - CLINTON OR BILL CLINTON OR WILLIAM CLINTON
2 INCORRECT

I:

key 1,2

Q:MATH

T:

Finally, I have a little arithmetic question.

Please subtract 3 from 20 and keep subtracting 3 from each new number, all the way down.

OPEN-ENDED. RECORD R'S ANSWER VERBATIM.

I:

opn 10 10 25 60

Q:ENDING

T:

That is the end of the interview! On behalf of the Center for Senior Health at PeaceHealth and your doctor, I would like to thank you sincerely for your time and effort on these questions.

Good-bye.

PRESS "1" TO CONTINUE

I:

key 1

Q:INTCOMM

T:

INTERVIEWER - PLEASE RECORD ANY OBSERVATIONS RELEVANT TO THE INTERVIEW BELOW.

I:

opn 10 10 25 60

Q:INTID

T:

PLEASE ENTER YOUR INTERVIEWER ID NUMBER.

I:

num 1 1000 4 0 25 25

DISPOS = 26

CPL

ENDQUEST

Q:NOQAL

T:

ALL RESPONDENTS ARE PRE-QUALIFIED-->CONTACT COORDINATOR IMMEDIATELY

RECORD NUMBER:

PRESS "1" TO DISQUALIFY

I:

show RecNum 4 16 31 GRN

key 1

DISPOS = 22

ENDQUEST

Q:NOQAL2

T:

I am sorry to hear of your loss. The Center for Senior Health Study tries to screen out people who may no longer be able to respond to the surveys, but we are not always successful. Thank you for your time and I am sorry to have troubled you (today/this evening). Good-bye.

INTERVIEWER: PLEASE REPORT THIS PATIENT'S NAME IN THE PEACEHEALTH SAMPLE LOG

SO THAT WE CAN TAKE THE APPROPRIATE STEPS TO BE SURE THAT THIS RECORD IS HANDLED PROPERLY.

-->PRESS "1" TO CONTINUE

I:

key 1

DISPOS=19

ENDQUEST