

# Boston Puerto Rican Health Study Wave 1 (Baseline) Codebook

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## DEMOGRAPHICS & SOCIOECONOMIC STATUS

**Note: Other Work History and Income Variables are included in the Acculturation section.**

*I would like for you to tell me about your household income: who contributes to the necessary expenses, and in what way, and how often does each contributor help out? You have no obligation to share this information with me, but remember that all of the information you share with me will be kept completely confidential.*

CO-INFORMANT: YES \_\_\_NO \_\_\_PROXFSS

### HOUSEHOLD INCOME (HI)

Relationship to Subject (Use Codes from previous page)	Source of Income CIRCLE ALL THAT APPLY		NO	YES	Amount	Frequency CODES: 1. Weekly 2. Bi-weekly 3. Monthly 4. Yearly
1. Subject/Self Hi_self	0. Employment	Hi1Si0	0	1	\$Hi1Amt0.00	Hi1Freq0
	1. TANF	Hi1Si1	0	1	\$ Hi1Amt1.00	Hi1Freq1
	2. SSI	Hi1Si2	0	1	\$ Hi1Amt2.00	Hi1Freq2
	3. SSDI	Hi1Si3	0	1	\$ Hi1Amt3.00	Hi1Freq3
	4. Child Support	Hi1Si4	0	1	\$ Hi1Amt4.00	Hi1Freq4
	5. Pension	Hi1Si5	0	1	\$ Hi1Amt5.00	Hi1Freq5
	6. Retirement	Hi1Si6	0	1	\$ Hi1Amt6.00	Hi1Freq6
	7. Food Stamps (ATDP)	Hi1Si7	0	1	\$ Hi1Amt7.00	Hi1Freq7
	8. Other ___	Hi1Si8t	0	1	\$ Hi1Amt8.00	Hi1Freq8
9. Other ___	Hi1Si9t	0	1	\$ Hi1Amt9.00	Hi1Freq9	
2. ___Hi_2	0. Employment	Hi2Si0	0	1	\$Hi2Amt0.00	Hi2Freq0
	1. TANF	Hi2Si1	0	1	\$ Hi2Amt1.00	Hi2Freq1
	2. SSI	Hi2Si2	0	1	\$ Hi2Amt2.00	Hi2Freq2
	3. SSDI	Hi2Si3	0	1	\$ Hi2Amt3.00	Hi2Freq3
	4. Child Support	Hi2Si4	0	1	\$ Hi2Amt4.00	Hi2Freq4
	5. Pension	Hi2Si5	0	1	\$ Hi2Amt5.00	Hi2Freq5
	6. Retirement	Hi2Si6	0	1	\$ Hi2Amt6.00	Hi2Freq6
	7. Food Stamps (ATDP)	Hi2Si7	0	1	\$ Hi2Amt7.00	Hi2Freq7
	8. Other ___	Hi2Si8t	0	1	\$ Hi2Amt8.00	Hi2Freq8
9. Other ___	Hi2Si9t	0	1	\$ Hi2Amt9.00	Hi2Freq9	
3. ___Hi_3	0. Employment	Hi3Si0	0	1	\$Hi3Amt0.00	Hi3Freq0
	1. TANF	Hi3Si1	0	1	\$ Hi3Amt1.00	Hi3Freq1
	2. SSI	Hi3Si2	0	1	\$ Hi3Amt2.00	Hi3Freq2
	3. SSDI	Hi3Si3	0	1	\$ Hi3Amt3.00	Hi3Freq3
	4. Child Support	Hi3Si4	0	1	\$ Hi3Amt4.00	Hi3Freq4
	5. Pension	Hi3Si5	0	1	\$ Hi3Amt5.00	Hi3Freq5
	6. Retirement	Hi3Si6	0	1	\$ Hi3Amt6.00	Hi3Freq6
	7. Food Stamps (ATDP)	Hi3Si7	0	1	\$ Hi3Amt7.00	Hi3Freq7
	8. Other ___	Hi3Si8t	0	1	\$ Hi3Amt8.00	Hi3Freq8
9. Other ___	Hi3Si9t	0	1	\$ Hi3Amt9.00	Hi3Freq9	
4. ___Hi_4	0. Employment	Hi4Si0	0	1	\$Hi4Amt0.00	Hi4Freq0
	1. TANF	Hi4Si1	0	1	\$ Hi4Amt1.00	Hi4Freq1
	2. SSI	Hi4Si2	0	1	\$ Hi4Amt2.00	Hi4Freq2
	3. SSDI	Hi4Si3	0	1	\$ Hi4Amt3.00	Hi4Freq3
	4. Child Support	Hi4Si4	0	1	\$ Hi4Amt4.00	Hi4Freq4
	5. Pension	Hi4Si5	0	1	\$ Hi4Amt5.00	Hi4Freq5

	6.	Retirement	Hi4Si6	0	1	\$	Hi4Amt600	Hi4Freq6
Hi4Si7	7.	Food Stamps (ATDP)		0	1	\$	Hi4Amt7.00	Hi4Freq7
Hi4Si8	8.	Other	Hi4Si8t	0	1	\$	Hi4Amt8.00	Hi4Freq8
Hi4Si9	9.	Other	Hi4Si9t	0	1	\$	Hi4Amt9.00	Hi4Freq9

Total Household Income \_\_\_\_\_

## DERIVED HOUSEHOLD INCOME VARIABLES

**HI\_EMPLOY**: household income due to employment

=sum(HI1YEAR0, HI2YEAR0, HI3YEAR0, HI4YEAR0);

**HI\_TANF**: household income due to TANF

=sum(HI1YEAR1, HI2YEAR1, HI3YEAR1, HI4YEAR1);

**HI\_SSI**: household income due to SSI

=sum(HI1YEAR2, HI2YEAR2, HI3YEAR2, HI4YEAR2);

**HI\_SSDI**: household income due to SSDI

=sum(HI1YEAR3, HI2YEAR3, HI3YEAR3, HI4YEAR3);

**HI\_CHILD**

=sum(HI1YEAR4, HI2YEAR4, HI3YEAR4, HI4YEAR4);

**HI\_PENSION**

=sum(HI1YEAR5, HI2YEAR5, HI3YEAR5, HI4YEAR5);

**HI\_RETIRE**

=sum(HI1YEAR6, HI2YEAR6, HI3YEAR6, HI4YEAR6);

**HI\_STAMP**

=sum(HI1YEAR7, HI2YEAR7, HI3YEAR7, HI4YEAR7);

**HI\_OTHER1**

=sum(HI1YEAR8, HI2YEAR8, HI3YEAR8, HI4YEAR8);

**HI\_OTHER2**

=sum(HI1YEAR9, HI2YEAR9, HI3YEAR9, HI4YEAR9);

**HI\_TOT**: total household income

=HI\_EMPLOY + HI\_TANF + HI\_SSI + HI\_SSDI + HI\_CHILD + HI\_PENSION  
+ HI\_RETIRE + HI\_STAMP + HI\_OTHER1 + HI\_OTHER2;

**HI\_NOTEMPLOY**: total household income other than employment

=HI\_TOT - HI\_EMPLOY;

\*\*\*Note, all the variables used to create these derived variables (HI1YEAR0 –HI1YEAR9, HI2YEAR0 –HI2YEAR9, HI3YEAR0 –HI3YEAR9, HI4YEAR0 –HI4YEAR9) are not included in the released database, but are included in an ancillary database and are available upon request. Please request them instead of trying to rederive these variables.

Use Poverty Threshold Table (see Appendix) to look up values: Find year subject interviewed (VIS1\_DT), size of family unit (HC1), total household income (HI\_TOT), and threshold dollar amount.

**POVINC** (HHS Poverty Guidelines per year)

1: HI\_TOT <= Threshold

0: HI\_TOT > Threshold

**INCOMEPOVRATIO**: Income to poverty ratio

= HI\_TOT / Threshold

**POVINC120**: 120% Income to poverty

1: INCOMEPOVRATIO <= 120

0: INCOMEPOVRATIO >120

## USDA FOOD-SECURITY/HUNGER SCALE (FSS)

**Instructions:** The following questions concern food consumption in your household within the last twelve months and having the monetary means to purchase the necessary foodstuffs. Please think of the time between [current month] last year and today when answering the following questions.

CO-INFORMANT: YES _____ NO _____		PROXFSS																													
<b>A. SCREENER</b>																															
1. Which of these statements best describes the food eaten in your household in the last 12 months?  <i>(If one person in household, use "I" in parentheses, otherwise, use "We.")</i>	FSS1																														
	1. Enough of the kinds of food we want to eat <b>(SKIP 1a and 1b; STOP HERE and GO TO SECTION B.)</b> 2. Enough but not always the <u>kinds</u> of food we want <b>(SKIP 1a; ASK 1b)</b> 3. Sometimes <u>not enough</u> to eat <b>(ASK 1a; SKIP 1b)</b> 4. <u>Often</u> not enough <b>(ASK 1a; SKIP 1b)</b> 98. Don't know (dk) <b>(SKIP 1a and 1b)</b> 96. Refused <b>(SKIP 1a and 1b)</b>																														
1A. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why YOU don't always have enough to eat.  <b>(READ LIST. CIRCLE ALL THAT APPLY.)</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know (dk)</th> </tr> </thead> <tbody> <tr> <td>1. Not enough money for food</td> <td>1</td> <td>0</td> <td>98 FSS1A1</td> </tr> <tr> <td>2. Not enough time for shopping or cooking</td> <td>1</td> <td>0</td> <td>98 FSS1A2</td> </tr> <tr> <td>3. Too hard to get to the store</td> <td>1</td> <td>0</td> <td>98 FSS1A3</td> </tr> <tr> <td>4. On a diet</td> <td>1</td> <td>0</td> <td>98 FSS1A4</td> </tr> <tr> <td>5. No working stove available</td> <td>1</td> <td>0</td> <td>98 FSS1A5</td> </tr> <tr> <td>6. Not able to cook or eat because of health problems</td> <td>1</td> <td>0</td> <td>98 FSS1A6</td> </tr> </tbody> </table>				Yes	No	Don't know (dk)	1. Not enough money for food	1	0	98 FSS1A1	2. Not enough time for shopping or cooking	1	0	98 FSS1A2	3. Too hard to get to the store	1	0	98 FSS1A3	4. On a diet	1	0	98 FSS1A4	5. No working stove available	1	0	98 FSS1A5	6. Not able to cook or eat because of health problems	1	0	98 FSS1A6
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5. On a special diet	1	0	98 FSS1B5																												

### B. FOOD SECURITY SCALE

**Instructions:** Now, I will read to you a series of food security scenarios. Please indicate if any of these situations has frequently, sometimes, or never been the case in your home during the last year. **[If single adult in household, use "I," "my," and "you" in parentheses; otherwise, use "we," "our," and "your household."]**

2. (I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.	1. Frequently 2. Sometimes 3. Never 96. Refused 98. Don't know (dk) <b>FSS2</b>
3. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	1. Frequently 2. Sometimes 3. Never 96. Refused 98. Don't know (dk) <b>FSS3</b>
4. (I/we) couldn't afford to eat balanced meals.	1. Frequently 2. Sometimes 3. Never 96. Refused 98. Don't know (dk) <b>FSS4</b>
<b>1<sup>st</sup>-LEVEL SCREEN</b> (screener for Stage 2): If affirmative response to Questions 2, 3 OR 4 (i.e., "Frequently" or "Sometimes"), OR if affirmative response to Question 1 (i.e., answers 3 OR 4), continue to Stage 2 Otherwise, <b>STOP HERE and GO TO NEXT SECTION.</b>	
5. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	1. Yes 0. No ( <b>If NO, GO TO #6</b> ) 98. Don't know (dk) <b>(If dk, GO TO #6)</b> <b>FSS5</b>
5A. <b>If YES (above):</b> How often did this happen? ( <b>READ ANSWER OPTIONS</b> )	1. Almost every month 2. Some months 3. 1-2 months 98. Don't know (dk) <b>FSS5A</b>
6. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	1. Yes 0. No 98. Don't know (dk) <b>FSS6</b>
7. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	1. Yes 0. No 98. Don't know (dk) <b>FSS7</b>
8. In the last 12 months, did you lose weight because you didn't have enough money for food?	1. Yes 0. No 98. Don't know (dk) <b>FSS8</b>
<b>2<sup>nd</sup>-LEVEL SCREEN</b> (screener for Stage 3): If affirmative response to Questions 6, 7 OR 8, continue to Stage 3. Otherwise, <b>STOP HERE and GO TO NEXT SECTION.</b>	
9. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?	1. Yes 0. No ( <b>END</b> ) 98. Don't know (dk) ( <b>END</b> ) <b>FSS9</b>
9A. <b>If YES (above):</b> How often did this happen? ( <b>READ ANSWER OPTIONS</b> )	1. Almost every month 2. Some months 3. 1-2 months 98. Don't know (dk) <b>FSS9A</b>

## **DERIVED FOOD SECURITY VARIABLES**

*Source: Bickel G, Nord M, Price C, Hamilton W, Cook J. "Guide to Measuring Household Food Security", Revised 2000. U.S. Department of Agriculture, Food and Nutrition Service, Alexandria VA. March, 2000. <http://www.fns.usda.gov/sites/default/files/FSGuide.pdf>*

**FSG:** Categorical variable for food security status

- 1: food secure
- 2: food insecure without hunger
- 3: food insecure with hunger, moderate
- 4: food insecure with hunger, severe

**FS3G:** Categorical variable for food security status

- 1: food secure
- 2: mild food insecure
- 3: severe food insecure



**HOUSEHOLD COMPOSITION (HC)**

**Instructions:** In this section, I will ask you some questions regarding the composition of your household.

CO-INFORMANT:	YES _____	NO _____	PROXHC	
1. How many persons live here, including yourself?	<b>HC1</b> ____(Total) <b>HC1B</b> ____(0-5y) <b>HC1C</b> ____(6-12y)			
2. Who are the members of your household?  Codes: 1. Subject 2. Spouse 3. Son/Stepson 4. Daughter/Stepdaughter 5. Brother/Brother-in-law 6. Sister/Sister-in-law 7. Grandson 8. Granddaughter 9. Other 20. Co-owner  <b>Indicate sex; use 1= Female; 2= Male</b>	A. Relationship <b>HC2R1</b>	B. Code <b>HC2RC1</b>	C. Age <b>HC2AGE1</b>	D. Sex <b>HC2SX1</b>
	1. Self _____	1 _____		
	<b>HC2R2</b> _____	<b>HC2RC2</b> _____	<b>HC2AGE2</b> _____	<b>HC2SX2</b> _____
	2. _____			
	<b>HC2R3</b> _____	<b>HC2RC3</b> _____	<b>HC2AGE3</b> _____	<b>HC2SX3</b> _____
	3. _____			
	<b>HC2R4</b> _____	<b>HC2RC4</b> _____	<b>HC2AGE4</b> _____	<b>HC2SX4</b> _____
	4. _____			
	<b>HC2R5</b> _____	<b>HC2RC5</b> _____	<b>HC2AGE5</b> _____	<b>HC2SX5</b> _____
	5. _____			
	<b>HC2R6</b> _____	<b>HC2RC6</b> _____	<b>HC2AGE6</b> _____	<b>HC2SX6</b> _____
	6. _____			
	<b>HC2R7</b> _____	<b>HC2RC7</b> _____	<b>HC2AGE7</b> _____	<b>HC2SX7</b> _____
	7. _____			
	<b>HC2R8</b> _____	<b>HC2RC8</b> _____	<b>HC2AGE8</b> _____	<b>HC2SX8</b> _____
	8. _____			
	<b>HC2R9</b> _____	<b>HC2RC9</b> _____	<b>HC2AGE9</b> _____	<b>HC2SX9</b> _____
	9. _____			
	<b>HC2R10</b> _____	<b>HC2RC10</b> _____	<b>HC2AGE10</b> _____	<b>HC2SX10</b> _____
	10. _____			
	<b>HC2R11</b> _____	<b>HC2RC11</b> _____	<b>HC2AGE11</b> _____	<b>HC2SX11</b> _____
	11. _____			
	<b>HC2R12</b> _____	<b>HC2RC12</b> _____	<b>HC2AGE12</b> _____	<b>HC2SX12</b> _____
	12. _____			
3. Who is the person who rents or owns this house or apartment?	<b>Relationship</b> _____ <b>HC3</b>  <i>(Enter corresponding # from column B above; if S is HH head, enter 1) (Code 20 if co-ownership)</i>			
4. Do you or your family own or rent this home?	1. Owned _____		2. Rented _____ <b>HC4</b>	
5. How many years have you been living here in this (house/ apartment)?	<b>HC5B1</b> _____years		<b>HC5B2</b> _____months	

<p>6. What is the highest grade you completed in school?</p>	<p>1. No schooling                  2. Kindergarten to 4th. grade                  3. 5th. to 6th. grade                  4. 7th. to 8th. grade                  5. 9th. grade                  6. 10th. grade                  7. 11th. grade                  8. 12th. Grade                  9. High school graduate; HS diploma or equivalent/GED                  10. Some college credit, but less than 1 year                  11. 1 or more years of college; no degree                  12. Associate degree; i.e. AA, AS                  13. Bachelor's degree, i.e. BA, BS, AB                  14. Masters (i.e. MS, MA, MEng, MBA)                  15. Professional degree, (i.e. MD, JD, DDS)                  16. Doctorate degree, (i.e. PhD, EdD)                  96. Refused                  97. Don't remember (dr)                  98. Don't know (dk)</p> <p style="text-align: right;">HC6</p>
<p><b>7. If S is NOT the HOUSEHOLD HEAD:</b>                  What was the highest grade completed by _____(HH head)?</p>	<p>1. No schooling                  2. Kindergarten to 4th. grade                  3. 5th. to 6th. grade                  4. 7th. to 8th. grade                  5. 9th. grade                  6. 10th. grade                  7. 11th. grade                  8. 12th. Grade                  9. High school graduate; HS diploma or equivalent/GED                  10. Some college credit, but less than 1 year                  11. 1 or more years of college; no degree                  12. Associate degree; i.e. AA, AS                  13. Bachelor's degree, i.e. BA, BS, AB                  14. Masters (i.e. MS, MA, MEng, MBA)                  15. Professional degree, (i.e. MD, JD, DDS)                  16. Doctorate degree, (i.e. PhD, EdD)                  96. Refused                  97. Don't remember (dr)                  98. Don't know (dk)</p> <p style="text-align: right;">HC7</p>
<p><b>8. CURRENT MARITAL STATUS:</b> Which of the following categories best describes your current marital status?</p> <p><b>READ ALL CATEGORIES:</b></p> <p>1. Married/living as married/spouse in hh                  2. Spouse not in hh                  3. Divorced/separated                  4. Widowed                  5. Never married</p>	<p>1. Married/ living as married, spouse in hh <b>HC8</b>                  2. Married, spouse not in hh                  3. Divorced/ separated                  4. Widowed                  5. Never married</p>

## **DERIVED DEMOGRAPHIC AND EDUCATION VARIABLES**

**AGE:** Calculated from date of visit and birth date  
= int ((VIS1\_DT - BDATE) / 365.25)

**VIS1\_DT:** date of first visit

**YEARVIS:** year of visit

**FEMALE:** sex of subject

1: female

0: male

**HC5:** Time in years living at current residence (combination of HC5B1 [years] and HC5B2 [months]).

**EDUC:** education of subject (collapsed categories from 1<sup>st</sup> and 2<sup>nd</sup> versions of the form with very different questions about education)

1: no schooling

2: kindergarten-4<sup>th</sup> grade

3: 5<sup>th</sup>-6<sup>th</sup> grade

4: 7<sup>th</sup>-8<sup>th</sup> grade

5: 9<sup>th</sup> grade

6: 10<sup>th</sup> grade

7: 11<sup>th</sup> grade

8: 12<sup>th</sup> grade/GED

9: some college / no bachelor's degree

10: bachelor's degree

11: at least some graduate school

**EDUC3:** Reclassified education of subject- **USE THIS VARIABLE PREFERABLY OVER EDUC**

1: No schooling or less than 5<sup>th</sup> grade (EDUC = 1 OR 2)

2: 5<sup>th</sup> – 8<sup>th</sup> grade (EDUC = 3 OR 4)

3: 9<sup>th</sup> – 12<sup>th</sup> grade OR GED (EDUC = 5, 6, 7, OR 8)

4: Some college OR bachelor's degree (EDUC = 9 OR 10)

5: At least some graduate school (EDUC = 11)

**HHEDUC:** education of head of household if subject not head of household (collapsed categories from 1<sup>st</sup> and 2<sup>nd</sup> versions of the form with very different questions about education)

1: no schooling

2: kindergarten-4<sup>th</sup> grade

3: 5<sup>th</sup>-6<sup>th</sup> grade

4: 7<sup>th</sup>-8<sup>th</sup> grade

5: 9<sup>th</sup> grade

6: 10<sup>th</sup> grade

7: 11<sup>th</sup> grade

8: 12<sup>th</sup> grade/GED

9: some college / no bachelor's degree

10: bachelor's degree

11: at least some graduate school

**GRADELE8:** subject education less than or equal to 8<sup>th</sup> grade

0: Subject with greater than 8<sup>th</sup> grade education (EDUC > 4)

1: Subject with less than or equal to 8<sup>th</sup> grade education (EDUC ≤ 4)

**ACCULTURATION****WORK HISTORY AND INCOME (WH)****Instructions:** The following questions will refer to your work history and income.

<b>CO-INFORMANT:</b> YES _____ NO _____		PROXWH	
1. Have you ever held a paid job for more than three months?	1. Yes	0. No	<b>(If NO, GO TO #12)</b> <b>WH1</b>
2. <b>If YES:</b> How old were you when you started your first job?	_____ years old		<b>(Enter 998 if dk)</b> <b>WH2</b>
<p><b>For the following questions where a CODE for TYPE of JOB is required, use these job categories:</b></p> <p>1 Professional, Technical and Related Occupations  2 Executive, Administrative, and Managerial Occupations  3 Sales Occupations  4 Administrative Support Occupations, Including Clerical  5 Precision Production, Craft, and Repair Occupations  6 Machine Operators, Assemblers, and Inspectors  7 Transportation and Material Moving Occupations  8 Handlers, Equipment Cleaners, Helpers, and Laborers  9 Service Occupations, Except Private Household</p> <p>14 Other</p> <p>96 Refused  98 Don't know</p> <p>99 Not applicable</p>			
3. What type of job did you do?	<b>WH3A</b> _____		<b>WH3AC</b> ____
	Type of job		(code)
4. What type of job have you had during most of your working life?	<b>WH4A</b> _____		<b>WH4AC</b> ____
	Type of job		(code)
5. Are you currently working?	1. Yes	0. No	<b>(If NO, GO TO #9)</b> <b>WH5</b>

<p>6. What is your current job?</p>	<p><b>WH6A</b> _____ <b>WH6AC</b> _____                  Type of job (code)</p>
<p>7. How many hours per week do you work?</p>	<p>___ ___ hours per week <b>WH7</b></p>
<p>8. When do you plan to stop working?</p>	<p>Year: _____ (Enter 9998 if dk) <b>WH8</b>                  (Answer and skip to #12)</p>
<p>9. In what year did you stop working?</p>	<p>Year: _____ (Enter 9998 if dk) <b>WH9</b></p>
<p>10. What was your last job?</p>	<p><b>WH10A</b> _____ <b>WH10AC</b> _____                  Type of job (code)</p>
<p>11. Why did you stop working? (<b>PROBE:</b> For health reasons?)</p>	<p>Reason: _____ <b>WH11A</b>                  Code: _____ <b>WH11AC</b></p> <ol style="list-style-type: none"> <li>1) retirement/age</li> <li>2) accident at work</li> <li>3) accident/injury not specified</li> <li>4) health problem related to workplace</li> <li>5) health problem general</li> <li>6) family problems or obligations (including childcare)</li> <li>7) getting married/ getting pregnant</li> <li>8) laid off, company closed or moved</li> <li>9) problems with employer or co-workers</li> <li>10) low pay at last job</li> <li>11) participant moved (from PR, to PR or in US)</li> <li>12) Other</li> </ol>



### ACCULTURATION (ACC)

CO-INFORMANT:	YES	NO	PROXACC
1. Which is your native language?		1. English 2. Spanish 3. Other Specify: _____	<b>ACC1</b>
2. What languages do you speak?		a. English 1. Yes 2. No 3. A little b. Spanish 1. Yes 2. No 3. A little c. Other 1. Yes 2. No 3. A little Specify: _____	<b>ACC2A</b> <b>ACC2B</b> <b>ACC2C</b>
3. Would you say that you use mostly English or mostly Spanish or both about the same?		1. Only English 2. Only Spanish 3. Mostly English 4. Mostly Spanish 5. Both the same	<b>ACC3</b>
4. Do you know how to read English?		1. Yes 2. No 3. Partially (reason) _____	<b>ACC4</b> <b>ACC4T2</b>
5. Do you know how to read Spanish?		1. Yes 2. No 3. Partially (reason) _____	<b>ACC5</b> <b>ACC5T</b>
6. <b>If YES or PARTIALLY to both previous questions:</b> Which do you read better?		1. English 2. Spanish 3. Both equally	<b>ACC6</b>
7. Do you know how to write English?		1. Yes 2. No 3. Partially (reason) _____	<b>ACC7</b> <b>ACC7T2</b>
8. Do you know how to write Spanish/other?		1. Yes 2. No 3. Partially (reason) _____	<b>ACC8</b> <b>ACC8T</b>
9. <b>If YES or PARTIALLY to both previous questions:</b> Which do you write better?		1. English 2. Spanish 3. Both equally	<b>ACC9</b>
10. What language do you use:			
		<b>Only Spanish</b> <b>more Spanish than English</b> <b>Both equally</b> <b>more English than Spanish</b> <b>Only English</b> <b>NA</b>	
10A...for watching TV?		A. 1   2   3   4   5   6	<b>ACC10A</b>
10B...for reading newspapers/books?		B. 1   2   3   4   5   6	<b>ACC10B</b>
10C...for speaking with neighbors?		C. 1   2   3   4   5   6	<b>ACC10C</b>
10D...at work?		D. 1   2   3   4   5   6	<b>ACC10D</b>
10E...for listening to the radio?		E. 1   2   3   4   5   6	<b>ACC10E</b>
10F...with friends?		F. 1   2   3   4   5   6	<b>ACC10F</b>
10G...with family?		G. 1   2   3   4   5   6	<b>ACC10G</b>





<p>5. <b>FROM 4D: If S did NOT move to the US:</b> In what year did you first move to the United States?</p>	<p style="text-align: right;">MH5A</p> <p>A. Year: _____ <b>OR PROMPT FOR AGE</b> (Enter 9998 if dk)</p> <p>B. Age: _____ years (Enter 998 if dk)</p> <p style="text-align: right;">MH5B</p>
<p>6. In what year did you first move to Massachusetts?</p>	<p style="text-align: right;">MH6A</p> <p>A. Year: _____ <b>OR PROMPT FOR AGE</b> (Enter 9998 if dk)</p> <p>B. Age: _____ years (Enter 998 if dk)</p> <p style="text-align: right;">MH6B</p>
<p>7. Where were you living just prior to moving to Massachusetts?</p>	<p>1. Puerto Rico <span style="float: right;">MH7</span></p> <p>2. Dominican Republic</p> <p>3. Other state (if in U.S.) _____ <span style="float: right;">MH7T1</span></p> <p>4. Other country _____ <span style="float: right;">MH7T2</span></p> <p>97. Don't remember (dr)</p> <p>98. Don't know (dk)</p>
<p>8. Since leaving _____ (country/state of birth) have you ever gone back to live there for more than three months at a time?</p>	<p style="text-align: right;">MH8</p> <p>1. Yes                      0. No                      98. Don't know (dk) (If NO, GO TO #10)</p>
<p>9. How many times have you gone back to live in _____ (country/state of birth) for more than three months?</p>	<p>_____ times                      (Enter 998 if dk) <span style="float: right;">MH9</span></p>
<p>10. Do you expect to move back to _____ (country/state of birth) in the future?</p>	<p>1. Yes                      0. No                      (If NO, GO TO #12) <span style="float: right;">MH10</span></p>
<p>11. <b>If YES:</b> When/in what year?</p>	<p>_____ year                      (Enter 9998 if dk) <span style="float: right;">MH11</span></p>
<p>12. Do you expect to move somewhere else in the next two years?</p>	<p>1. Yes                      0. No (If NO, go to NEXT SECTION) <span style="float: right;">MH12</span></p>
<p>13. <b>If YES:</b> Who should we contact to get in touch with you in that case?</p>	<p><b>STOP: Enter contact person information on page 2 in the section labeled 'IDENTIFYING INFORMATION.'</b></p>

**PSYCHOLOGICAL ACCULTURATION SCALE (PAS)**

**Instructions:** The purpose of the following ten questions is to understand your cultural preferences. We are interested in learning which group – either Puerto Ricans or Americans – you feel most comfortable with and can best identify with.

	<i>Only w/PR</i>	<i>More w/PR than Americans</i>	<i>Same among PR and Americans</i>	<i>More w/Americans than PR</i>	<i>Only w/Americans</i>
1. With which group of people do you feel you share most of your <b>beliefs</b> and <b>values</b> ?	PAS1				
	1-----	2-----	3-----	4-----	5
2. With which group of people do you feel you <b>have the most in common</b> ?	PAS2				
	1-----	2-----	3-----	4-----	5
3. With which group of people do you feel most <b>comfortable</b> ?	PAS3				
	1-----	2-----	3-----	4-----	5
4. In your opinion, which group of people best <b>understands your ideas</b> (your way of thinking)?	PAS4				
	1-----	2-----	3-----	4-----	5
5. Which culture do you feel <b>proud</b> to be a part of?	PAS5				
	1-----	2-----	3-----	4-----	5
6. In what culture do you know <b>how things are done</b> and feel that <b>you can do them easily</b> ?	PAS6				
	1-----	2-----	3-----	4-----	5
7. In what culture do you feel confident that you <b>know how to act</b> ?	PAS7				
	1-----	2-----	3-----	4-----	5
8. In your opinion, which group of people do <b>you</b> understand best?	PAS8				
	1-----	2-----	3-----	4-----	5
9. In what culture do you know <b>what is expected</b> of a person in various situations?	PAS9				
	1-----	2-----	3-----	4-----	5
10. Which culture do you <b>know the most about</b> (for example: its history, traditions, and customs)?	PAS10				
	1-----	2-----	3-----	4-----	5

## DERIVED ACCULTURATION VARIABLES

**MH4:** years since left Puerto Rico

**LOS\_MA:** years in Massachusetts

**LOS\_US:** years in United States

**CACCULTUR:** Language acculturation score 0 to 100%  
 $100 * \sum (\text{ACC10}_{A-G} - 1) / (4 * \text{number answered})$

100%: Fully acculturated subject speaks fluent English

0%: Fully unacculturated subject speaks only Spanish

**CACCULTURZZ:**

0:  $0 \leq \text{CACCULTUR} < 50$

1:  $\text{CACCULTUR} \geq 50$  (%)

**ACC2:** Reported language spoken

if  $\text{acc2a}=1$  and  $\text{acc2b}=2$  then  $\text{acc2}=1$ ;

if  $\text{acc2a}=2$  and  $\text{acc2b}=1$  then  $\text{acc2}=2$ ;

if  $\text{acc2a}=1$  and  $\text{acc2b}=3$  then  $\text{acc2}=3$ ;

if  $\text{acc2a}=3$  and  $\text{acc2b}=1$  then  $\text{acc2}=4$ ;

if  $\text{acc2a}=1$  and  $\text{acc2b}=1$  then  $\text{acc2}=5$ ;

**PAS:** Psychological acculturation score

$\text{PAS1} + \text{PAS2} + \text{PAS3} + \text{PAS4} + \text{PAS5} + \text{PAS6} + \text{PAS7} + \text{PAS8} + \text{PAS9} + \text{PAS10}$ ;

**PAS\_A:** Psychological acculturation score (algorithm applied: participant mean used in place of missing response of PAS1-PAS10 if 5 or less are missing)

$\text{PAS1\_A} + \text{PAS2\_A} + \text{PAS3\_A} + \text{PAS4\_A} + \text{PAS5\_A} + \text{PAS6\_A} + \text{PAS7\_A} + \text{PAS8\_A} + \text{PAS9\_A} + \text{PAS10\_A}$ ;

**PSYCOSOCIAL STATUS****DEPRESSION SCALE (DS)**

**Instructions:** I will now read out loud a series of comments made by different people. After I read each one of them, I would like for you to tell me if you have felt in such a way during the past week. Please use the following categories: **[READ CATEGORIES]**.

<b><i>During the past week, that would be from (date) through today:</i></b>	<b><i>Rarely or Never</i></b>	<b><i>Some or few times</i></b>	<b><i>Occasionally or a moderate amount</i></b>	<b><i>Most of the time or all of the time</i></b>	
1. I was bothered by things that usually don't bother me	0	1	2	3	DS1
2. I did not feel like eating: my appetite was poor	0	1	2	3	DS2
3. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3	DS3
4. I felt that I was just as good as other people *	3	2	1	0	DS4
5. I had trouble keeping my mind on what I was doing	0	1	2	3	DS5
6. I felt depressed	0	1	2	3	DS6
7. I felt that everything I did was an effort	0	1	2	3	DS7
8. I felt hopeful about the future *	3	2	1	0	DS8
9. I thought my life had been a failure	0	1	2	3	DS9
10. I felt fearful	0	1	2	3	DS10
11. My sleep was restless	0	1	2	3	DS11
12. I was happy *	3	2	1	0	DS12
13. I talked less than usual	0	1	2	3	DS13
14. I felt lonely	0	1	2	3	DS14
15. People were unfriendly	0	1	2	3	DS15
16. I enjoyed life *	3	2	1	0	DS16
17. I had crying spells	0	1	2	3	DS17
18. I felt sad	0	1	2	3	DS18
19. I felt that people disliked me	0	1	2	3	DS19
20. I could not get "going"	0	1	2	3	DS20

\*scored in reverse

## DERIVED DEPRESSION VARIABLES

**CESD\_SCORE:** Depression score  
=DS1 + DS2 + DS3 + DS4 + DS5 + DS6 + DS7 + DS8 + DS9 + DS10 + DS11 + DS12 + DS13 + DS14 + DS15 + DS16 + DS17 + DS18 + DS19 + DS20;

**CESD\_GE\_16:** Depression score higher than 16  
1: CESD\_SCORE >= 16  
0: 0 <= CESD\_SCORE < 16

**CESDWRX:** Depression score higher than 16 and/or taking anti-depressants  
1: CESD\_GE\_16 = 1 OR MANTDEP = 1  
0: CESD\_GE\_16 = 0 AND MANTDEP = 0

**CESDCAT:**  
1: 0 <= CESD\_SCORE <= 15  
2: 16 <= CESD\_SCORE < 22  
3: CESD\_SCORE >= 22

Using the variables below with the algorithm applied increases the number of participants with non-missing data.

**CESD\_SCORE\_A:** algorithm applied using published factor scores to impute values for subjects missing CESD data  
DS1\_A + DS2\_A + DS3\_A + DS4\_A + DS5\_A + DS6\_A + DS7\_A + DS8\_A + DS9\_A + DS10\_A + DS11\_A + DS12\_A + DS13\_A + DS14\_A + DS15\_A + DS16\_A + DS17\_A + DS18\_A + DS19\_A + DS20\_A;  
Note: only the final derived variable (in blue) is included in the released dataset. All other variables having to do with applying the algorithm are available in an ancillary database upon request.

**CESD\_GE\_16\_A:** Depression score higher than 16 (algorithm applied)  
1: CESD\_SCORE\_A >= 16  
0: 0 <= CESD\_SCORE\_A < 16

**CESDWRX\_A:** Depression score higher than 16 and/or taking anti-depressants (algorithm applied)  
1: CESD\_GE\_16\_A = 1 OR MANTDEP = 1  
0: CESD\_GE\_16\_A = 0 AND MANTDEP = 0

**CESDCAT\_A:** categories of depression (algorithm applied)  
1: 0 <= CESD\_SCORE\_A <= 15  
2: 16 <= CESD\_SCORE\_A < 22  
3: CESD\_SCORE\_A >= 22

**PERCEIVED DISCRIMINATION QUESTIONNAIRE (PDQ)**

**Instructions:** I would now like to ask you a series of questions regarding discrimination.

1. Have you ever experienced discrimination as a result of your race, ethnicity, or language?	1. Yes      0. No <i>(If NO, go to NEXT SECTION)</i>	<b>PDQ1</b>
2. <b>If YES:</b> Have you been discriminated against in a healthcare establishment?	1. Yes      0. No <i>(If NO, go to NEXT SECTION)</i>	<b>PDQ2</b>
3. <b>If YES:</b> How often has this happened?	3. Frequently 2. Sometimes 1. Few times	<b>PDQ3</b>
4. Overall, how much has discrimination interfered with your ability to access healthcare?	4. A lot/very 3. Somewhat 2. Little 1. None	<b>PDQ4</b>

**PERCEIVED STRESS SCALE (PSS)**

**Instructions:** The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate. — For each question, choose from the following alternatives: **[READ CATEGORIES]**

In the last month...	Never	Almost Never	Every now and then	Often	Very Often	
1. ...how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4	PSS1
2. ...how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4	PSS2
3. ...how often have you felt nervous and "stressed"?	0	1	2	3	4	PSS3
4. ...how often have you dealt successfully with irritating life hassles? *	4	3	2	1	0	PSS4
5. ...how often have you felt that you were effectively coping with important changes that were occurring in your life? *	4	3	2	1	0	PSS5
6. ...how often have you felt confident about your ability to handle your personal problems? *	4	3	2	1	0	PSS6
7. ...how often have you felt that things were going your way? *	4	3	2	1	0	PSS7
8. ...how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4	PSS8

9. ...how often have you been able to control irritations in your life? *	4	3	2	1	0	PSS9
10. ...how often have you felt that you were on top of things? *	4	3	2	1	0	PSS10
11. ...how often have you been angered because of things that happened or were outside of your control?	0	1	2	3	4	PSS11
12. ...how often have you found yourself thinking about things that you have to accomplish?	0	1	2	3	4	PSS12
13. ...how often have you been able to control the way you spend your time? *	4	3	2	1	0	PSS13
14. ...how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4	PSS14

\* scored in the reverse direction

## DERIVED STRESS VARIABLES

Original PSS variables are available upon request.

**PSS:** Perceived stress score

$PSS1 + PSS2 + PSS3 + PSS4 + PSS5 + PSS6 + PSS7 + PSS8 + PSS9 + PSS10 + PSS11 + PSS12 + PSS13 + PSS14;$

Using PSS\_A increases the number of participants with non-missing data.

**PSS\_A:** Perceived stress score (algorithm applied: imputed mean of PSS1-PSS14 if 7 or less are missing)

$PSS1\_A + PSS2\_A + PSS3\_A + PSS4\_A + PSS5\_A + PSS6\_A + PSS7\_A + PSS8\_A + PSS9\_A + PSS10\_A + PSS11\_A + PSS12\_A + PSS13\_A + PSS14\_A;$



## NORBECK SOCIAL SUPPORT QUESTIONNAIRE (NSSQ)

**INTERVIEWER:** Please read all of the instructions on this page prior to starting with this section.

**Instructions:** Please list each significant person in your life on the right. Consider all the persons who provide personal support for you or who are important to you.

When making your list, use only the first name or the initials of the person, and then indicate the relationship that you have with each one of them.

**Example:**

First Name or Initials	Relationship
1. <u>Mary T</u>	<u>friend</u>
2. <u>Bob</u>	<u>brother</u>
3. <u>MT</u>	<u>mother</u>
4. <u>Sam</u>	<u>friend</u>
5. <u>Mrs. R</u>	<u>neighbor</u>
etc.	

Use the following list as a guide. Think about the people that are important to you and give the names of as many people as apply in your case.

- spouse or partner
- family members or relatives
- friends
- work or school associates
- neighbors
- health care providers
- counselor or therapist
- minister/priest/rabbi
- other

You do not have to name 16 people. Only name the important people in your life.

**WHEN YOU HAVE FINISHED YOUR LIST, PLEASE  
TURN TO PAGE 28.**

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University of California, San Francisco  
Revised 1982, 1995

For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

0 = not at all                      3 = quite a bit  
 1 = a little                        4 = a great deal  
 2 = moderately

EMO1

EMO2

Question 1:  
 How much does this person  
 make you feel liked or  
 loved?

Question 2:  
 How much does this  
 person make you feel  
 respected or admired?

1.	EMO1_1	1.	EMO2_1
2.	EMO1_2	2.	EMO2_2
3.	EMO1_3	3.	EMO2_3
4.	EMO1_4	4.	EMO2_4
5.	EMO1_5	5.	EMO2_5
6.	EMO1_6	6.	EMO2_6
7.	EMO1_7	7.	EMO2_7
8.	EMO1_8	8.	EMO2_8
9.	EMO1_9	9.	EMO2_9
10.	EMO1_10	10.	EMO2_10
11.	EMO1_11	11.	EMO2_11
12.	EMO1_12	12.	EMO2_12
13.	EMO1_13	13.	EMO2_13
14.	EMO1_14	14.	EMO2_14
15.	EMO1_15	15.	EMO2_15
16.	EMO1_16	16.	EMO2_16

**Note: Before use, pages 27-30 should be cut along the dashed center line to allow the response lines for questions 1-6 to align with the Personal Network list on page 31.**

For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

0 = not at all                      3 = quite a bit  
 1 = a little                        4 = a great deal  
 2 = moderately

EMO3

EMO4

Question 3:  
 How much can you confide  
 in this person?

Question 4:  
 How much does this  
 person agree with or  
 support your actions or  
 thoughts?

1.	EMO3_1	1.	EMO4_1
2.	EMO3_2	2.	EMO4_2
3.	EMO3_3	3.	EMO4_3
4.	EMO3_4	4.	EMO4_4
5.	EMO3_5	5.	EMO4_5
6.	EMO3_6	6.	EMO4_6
7.	EMO3_7	7.	EMO4_7
8.	EMO3_8	8.	EMO4_8
9.	EMO3_9	9.	EMO4_9
10.	EMO3_10	10.	EMO4_10
11.	EMO3_11	11.	EMO4_11
12.	EMO3_12	12.	EMO4_12
13.	EMO3_13	13.	EMO4_13
14.	EMO3_14	14.	EMO4_14
15.	EMO3_15	15.	EMO4_15
16.	EMO3_16	16.	EMO4_16

**Note: Before use, pages 27-30 should be cut along the dashed center line to allow the response lines for questions 1-6 to align with the Personal Network list on page 31.**

For each person you included in your list, please answer the following questions by using the number that corresponds to your response.

0 = not at all                      3 = quite a bit  
 1 = a little                        4 = a great deal  
 2 = moderately

AID5

AID6

Question 5:

If you need to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help?

Question 6:

If you were confined to bed for several weeks, how much could this person help you?

1.	AID5_1	1.	AID6_1
2.	AID5_2	2.	AID6_2
3.	AID5_3	3.	AID6_3
4.	AID5_4	4.	AID6_4
5.	AID5_5	5.	AID6_5
6.	AID5_6	6.	AID6_6
7.	AID5_7	7.	AID6_7
8.	AID5_8	8.	AID6_8
9.	AID5_9	9.	AID6_9
10.	AID5_10	10.	AID6_10
11.	AID5_11	11.	AID6_11
12.	AID5_12	12.	AID6_12
13.	AID5_13	13.	AID6_13
14.	AID5_14	14.	AID6_14
15.	AID5_15	15.	AID6_15
16.	AID5_16	16.	AID6_16

**Note: Before use, pages 27-30 should be cut along the dashed center line to allow the response lines for questions 1-6 to align with the Personal Network list on page 31.**

DURATION		FREQCON		PERSONAL NETWORK		
Question 7: How long have you known this person?		Question 8: How frequently do you usually have contact with this person? (Phone calls, visits, or letters)		First Name or Initials	Relationship	
1 = less than 6 months 2 = 6 to 12 months 3 = 1 to 2 years 4 = 2 to 5 years 5 = more than 5 years		5 = daily 4 = weekly 3 = monthly 2 = a few times a year 1 = once a year or less				
1.	DUR1	1.	FREQ1	1.	PN1A	PN1B
2.	DUR2	2.	FREQ2	2.	PN2A	PN2B
3.	DUR3	3.	FREQ3	3.	PN3A	PN3B
4.	DUR4	4.	FREQ4	4.	PN4A	PN4B
5.	DUR5	5.	FREQ5	5.	PN5A	PN5B
6.	DUR6	6.	FREQ6	6.	PN6A	PN6B
7.	DUR7	7.	FREQ7	7.	PN7A	PN7B
8.	DUR8	8.	FREQ8	8.	PN8A	PN8B
9.	DUR9	9.	FREQ9	9.	PN9A	PN9B
10.	DUR10	10.	FREQ10	10.	PN10A	PN10B
11.	DUR11	11.	FREQ11	11.	PN11A	PN11B
12.	DUR12	12.	FREQ12	12.	PN12A	PN12B
13.	DUR13	13.	FREQ13	13.	PN13A	PN13B
14.	DUR14	14.	FREQ14	14.	PN14A	PN14B
15.	DUR15	15.	FREQ15	15.	PN15A	PN15B
16.	DUR16	16.	FREQ16	16.	PN16A	PN16B

*\*Please be sure you have rated each person on every question. Go to the last page.*

9. During the past year, have you lost any important relationships due to moving, a job change, divorce or separation, death or some other reason?

\_\_\_\_\_ 0. No (***If NO, go to NEXT SECTION***)

LOSSES

\_\_\_\_\_ 1. Yes (***If YES, GO TO #9A***)

If you have lost an important relationship during the past year:

9A. Please indicate the number of persons from each category who are *no longer available* to you.

_____ Spouse or partner	LOSS1
_____ Family members or relatives	LOSS2
_____ Friends	LOSS3
_____ Work or school associates	LOSS4
_____ Neighbors	LOSS5
_____ Health care providers	LOSS6
_____ Counselor or therapist	LOSS7
_____ Minister/Priest/Rabbi	LOSS8
_____ Other (specify) _____	LOSS9T _____

9B. Overall, how much of your support was provided by these people who are no longer available to you?

_____ 0. None	LOSSAMT
_____ 1. A little	
_____ 2. A moderate amount	
_____ 3. A considerable amount	
_____ 4. A lot	

## DERIVED NORBECK SOCIAL SUPPORT VARIABLES

Contact Luis Falcon ([luis\\_falcon@uml.edu](mailto:luis_falcon@uml.edu)) if you have questions about the Norbeck Social Support variables.

$$\mathbf{EMO1} = \text{sum} (\text{EMO1\_1} - \text{EMO1\_16})$$

$$\mathbf{EMO2} = \text{sum} (\text{EMO2\_1} - \text{EMO2\_16})$$

$$\mathbf{EMO3} = \text{sum} (\text{EMO3\_1} - \text{EMO3\_16})$$

$$\mathbf{EMO4} = \text{sum} (\text{EMO4\_1} - \text{EMO4\_16})$$

$$\mathbf{EMOSUP} = \text{EMO1} + \text{EMO2} + \text{EMO3} + \text{EMO4}$$

$$\mathbf{AID5} = \text{sum} (\text{AID5\_1} - \text{AID5\_16})$$

$$\mathbf{AID6} = \text{sum} (\text{AID6\_1} - \text{AID6\_16})$$

$$\mathbf{AID} = \text{AID5} + \text{AID6}$$

**NOLISTED:** # of people listed in participant's network

### DURATION

$$= \text{sum} (\text{DUR1}, \text{DUR2}, \text{DUR3}, \text{DUR4}, \text{DUR5}, \text{DUR6}, \text{DUR7}, \text{DUR8}, \text{DUR9}, \text{DUR10}, \text{DUR11}, \text{DUR12}, \text{DUR13}, \text{DUR14}, \text{DUR15}, \text{DUR16})$$

### FREQCON

$$= \text{sum} (\text{FREQ1}, \text{FREQ2}, \text{FREQ3}, \text{FREQ4}, \text{FREQ5}, \text{FREQ6}, \text{FREQ7}, \text{FREQ8}, \text{FREQ9}, \text{FREQ10}, \text{FREQ11}, \text{FREQ12}, \text{FREQ13}, \text{FREQ14}, \text{FREQ15}, \text{FREQ16})$$

**LOSSNO:** # of losses

(IF any of LOSS1-LOSS9 is missing set to zero)

$$= \text{sum} (\text{LOSS1}, \text{LOSS2}, \text{LOSS3}, \text{LOSS4}, \text{LOSS5}, \text{LOSS6}, \text{LOSS7}, \text{LOSS8}, \text{LOSS9})$$

**LOSSEVENT:** # of loss events not counting # of losses per event

### TLFUNCT

$$= \text{EMOSUP} + \text{AID}$$

### AVEEMOSUP:

$$\text{IF NOLISTED} > 0 \text{ THEN AVEEMOSUP} = \text{EMOSUP} / \text{NOLISTED}$$

### AVEAID:

$$\text{IF NOLISTED} > 0 \text{ THEN AVEAID} = \text{AID} / \text{NOLISTED}$$

### AVEFREQCON:

$$\text{IF NOLISTED} > 0 \text{ THEN AVEFREQCON} = \text{FREQCON} / \text{NOLISTED}$$

**AVEDURA:** average duration score

IF NOLISTED > 0 THEN AVEDURA = DURATION/NOLISTED

**AVEFUNCT:** average functional support score

IF NOLISTED > 0 THEN AVEFUNCT = TLFUNCT/NOLISTED

**TLNETWRK**

=NOLISTED+DURATION+FREQCON

**TLLOSS**

=LOSSES+LOSSNO+LOSSAMT

Only the variables highlighted in blue above are included in the released database. All other Norbeck Social Support questionnaire variables are available upon request. Please contact Luis Falcon ([luis\\_falcon@uml.edu](mailto:luis_falcon@uml.edu)) for further information about these variables and for suggestions on how to include these variables in your analysis.



**SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE (SOC)****Instructions:** Let's now talk about your family life and social activities within your community.

<b>CO-INFORMANT:</b>	<b>YES</b>	<b>NO</b>	<b>PROXSOC</b>
1. How many LIVING children do you have including step and adopted children?		___ children <i>(If NONE, enter 0 and GO TO #6)</i>	<b>SOC1</b>
2. How quickly can (any one of your children/ your son/ your daughter who does not live with you) get here?		A. _____ # of <i>(If all children live with Subject, enter 00 and GO TO #6)</i>	<b>SOC2A</b> <b>SOC2B</b>
		B. 1. Minutes 2. Hours 3. Days	
3. How often do you see (any of your children/ your son/ your daughter who does not live with you)?		A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never	<b>SOC3A</b> <b>SOC3B</b>
4. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)?		A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never	<b>SOC4A</b> <b>SOC4B</b>
5. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?		A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never	<b>SOC5A</b> <b>SOC5B</b>
6. How many LIVING brothers and sisters do you have, including step and adopted brothers and sisters?		___ siblings	<b>SOC6</b>
<b>Now, I am going to ask you about services you might be using. In the past 12 months, how many times did you:</b>			
7. Go to a senior center?		A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)	<b>SOC7A</b> <b>SOC7B</b>
8. Use special transportation for older persons? <i>(Do not include special subway or bus passes.)</i>		A. _____ # of times B. 1. Daily 2. Weekly 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)	<b>SOC8A</b> <b>SOC8B</b>

9. Eat meals delivered to your home by an agency like Meals On Wheels?	A. _____ # of times <b>SOC9A</b> B. 1. Daily 2. Weekly <b>SOC9B</b> 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)
10. Get food from a Commodity Food Program (Department of Agriculture's Food Distribution Program)?	A. _____ # of times <b>SOC10A</b> B. 1. Daily 2. Weekly <b>SOC10B</b> 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)
11. Use a homemaker service for older persons that provides cleaning and cooking at home?	A. _____ # of times <b>SOC11A</b> B. 1. Daily 2. Weekly <b>SOC11B</b> 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)
12. Use a service which makes telephone calls to check on the health of older people?	A. _____ # of times <b>SOC12A</b> B. 1. Daily 2. Weekly <b>SOC12B</b> 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)
13. Have a visiting nurse come to your home?	A. _____ # of times <b>SOC13A</b> B. 1. Daily 2. Weekly <b>SOC13B</b> 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)
14. Have a health aide come to your home?	A. _____ # of times <b>SOC14A</b> B. 1. Daily 2. Weekly <b>SOC14B</b> 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)
15. Go to a day care program for older people?	A. _____ # of times <b>SOC15A</b> B. 1. Daily 2. Weekly <b>SOC15B</b> 3. Monthly 4. Yearly 9. Less than once a year/never 97. Don't remember (dr) 98. Don't know (dk)

<p><b>Now, I will ask you about other activities that you may have engaged in. During the past two weeks how many times did you...</b></p>		
16. Get together with friends or neighbors?	# times _____ <b>SOC16</b> 97. dr 98. dk	
17. Do any volunteer work?	# times _____ <b>SOC17</b> 97. dr 98. dk	

18. Talk with friends or neighbors on the telephone?	# times _____	<b>SOC18</b> 97. dr 98. dk
19. Get together with ANY relative who doesn't live with you?	# times _____	<b>SOC19</b> 97. dr 98. dk
20. Talk with ANY relative on the telephone?	# times _____	<b>SOC20</b> 97. dr 98. dk
21. Go to church or temple for services or other activities?	# times _____	<b>SOC21</b> 97. dr 98. dk
22. Go to a show or movie, sports event, club meeting, classes or other group event?	# times _____	<b>SOC22</b> 97. dr 98. dk
23. Participate in any sports or exercise (such as golf, tennis, swimming, running, jogging, any others)?	# times _____	<b>SOC23</b> 97. dr 98. dk
24. Read books, magazines, or newspapers?	# times _____	<b>SOC24</b> 97. dr 98. dk
25. Work at hobbies (such as collections, woodworking, playing a musical instrument, or gardening)?	# times _____	<b>SOC25</b> 97. dr 98. dk
26. Work on home maintenance or small repairs around the home?	# times _____	<b>SOC26</b> 97. dr 98. dk
27. Take care of family members who do not live with you (such as doing child care, looking in on a relative)?	# times _____	<b>SOC27</b> 97. dr 98. dk
28. Help friends or neighbors with something without being paid?	# times _____	<b>SOC28</b> 97. dr 98. dk
29. Thinking about your present social activities, do you feel that you are doing enough, too much, or would like to be doing more?	1. About enough 2. Too much 3. Would like to do more	<b>SOC29</b>

## **DERIVED SOCIAL AND COMMUNITY SUPPORT VARIABLES**

**SOC\_SERVICES:** social services used

Number of different services used from: SOC7A, SOC8A, SOC9A, SOC10A, SOC11A, SOC12A, SOC13A, SOC14A, SOC15A

**SOC\_ACTIVITIES:** social activities engaged in

Number of different activities engaged in from: SOC16-SOC28

**LIFE EVENTS QUESTIONNAIRE (LEQ)**

**Instructions:** The following list includes events that can change the life of those who experience them. Please tell me which of the following events occurred in your life during the past year only. If you have not experienced an event, we will skip that number. For each event which you have experienced, please tell me if such an event was Good or Bad, and if the effect had: [READ CATEGORIES].

Event	Type of Effect		Effect of Event on Your Life				
			No effect	Some effect	Moderate effect	Big effect	
<b>A. Health</b>							
1. Major personal illness or injury	Good Bad	<i>LEQ1A</i>	0	1	2	3	<i>LEQ1B</i>
2. Major change in eating habits	Good Bad	<i>LEQ2A</i>	0	1	2	3	<i>LEQ2B</i>
3. Major change in sleeping habits	Good Bad	<i>LEQ3A</i>	0	1	2	3	<i>LEQ3B</i>
4. Major change in usual type and/or amount of recreation	Good Bad	<i>LEQ4A</i>	0	1	2	3	<i>LEQ4B</i>
5. Major dental work	Good Bad	<i>LEQ5A</i>	0	1	2	3	<i>LEQ5B</i>
6. FEMALE: Started menopause	Good Bad	<i>LEQ6A</i>	0	1	2	3	<i>LEQ6B</i>
<b>B. Work</b>							
7. Difficulty finding a job	Good Bad	<i>LEQ7A</i>	0	1	2	3	<i>LEQ7B</i>
8. Beginning work outside the home	Good Bad	<i>LEQ8A</i>	0	1	2	3	<i>LEQ8B</i>
9. Changing to a new type of work	Good Bad	<i>LEQ9A</i>	0	1	2	3	<i>LEQ9B</i>
10. Changing your work hours or conditions	Good Bad	<i>LEQ10A</i>	0	1	2	3	<i>LEQ10B</i>
11. Change in your responsibilities at work	Good Bad	<i>LEQ11A</i>	0	1	2	3	<i>LEQ11B</i>
12. Troubles at work with your employer or co-workers	Good Bad	<i>LEQ12A</i>	0	1	2	3	<i>LEQ12B</i>
13. Major business readjustment	Good Bad	<i>LEQ13A</i>	0	1	2	3	<i>LEQ13B</i>
14. Being fired or laid off from work	Good Bad	<i>LEQ14A</i>	0	1	2	3	<i>LEQ14B</i>
15. Retirement from work	Good Bad	<i>LEQ15A</i>	0	1	2	3	<i>LEQ15B</i>
16. Taking courses by mail or studying at home to help you in your work	Good Bad	<i>LEQ16A</i>	0	1	2	3	<i>LEQ16B</i>
<b>C. School</b>							
17. Beginning or ceasing school, college or training program	Good Bad	<i>LEQ17A</i>	0	1	2	3	<i>LEQ17B</i>
18. Change of school, college or training program	Good Bad	<i>LEQ18A</i>	0	1	2	3	<i>LEQ18B</i>

19. Change in career goal or academic major	Good Bad	<i>LEQ19A</i>	0	1	2	3	<i>LEQ19B</i>
20. Problem in school, college, or training program	Good Bad	<i>LEQ20A</i>	0	1	2	3	<i>LEQ20B</i>

Event	Type of Effect		Effect of Event on Your Life				
			No effect	Some effect	Moderate effect	Big effect	
<b>D. Residence</b>							
21. Difficulty finding housing	Good Bad	<i>LEQ21A</i>	0	1	2	3	<i>LEQ21B</i>
22. Changing residence within the same town or city	Good Bad	<i>LEQ22A</i>	0	1	2	3	<i>LEQ22B</i>
23. Moving to a different town, city, state, or country	Good Bad	<i>LEQ23A</i>	0	1	2	3	<i>LEQ23B</i>
24. Major change in your life conditions (home improvements or a decline in your home or neighborhood)	Good Bad	<i>LEQ24A</i>	0	1	2	3	<i>LEQ24B</i>
<b>E. Love and Marriage</b>							
25. Began a new, close, personal relationship	Good Bad	<i>LEQ25A</i>	0	1	2	3	<i>LEQ25B</i>
26. Became engaged	Good Bad	<i>LEQ26A</i>	0	1	2	3	<i>LEQ26B</i>
27. Girlfriend or boyfriend problems	Good Bad	<i>LEQ27A</i>	0	1	2	3	<i>LEQ27B</i>
28. Breaking up with a girlfriend or boyfriend or breaking an engagement	Good Bad	<i>LEQ28A</i>	0	1	2	3	<i>LEQ28B</i>
29. MALE: Wife or girlfriend's pregnancy	Good Bad	<i>LEQ29A</i>	0	1	2	3	<i>LEQ29B</i>
30. MALE: Wife or girlfriend's having a miscarriage or abortion	Good Bad	<i>LEQ30A</i>	0	1	2	3	<i>LEQ30B</i>
31. Getting married (or beginning to live with someone)	Good Bad	<i>LEQ31A</i>	0	1	2	3	<i>LEQ31B</i>
32. A change in closeness with your partner	Good Bad	<i>LEQ32A</i>	0	1	2	3	<i>LEQ32B</i>
33. Infidelity	Good Bad	<i>LEQ33A</i>	0	1	2	3	<i>LEQ33B</i>
34. Trouble with in-laws	Good Bad	<i>LEQ34A</i>	0	1	2	3	<i>LEQ34B</i>
35. Separation from spouse or partner due to conflict	Good Bad	<i>LEQ35A</i>	0	1	2	3	<i>LEQ35B</i>
36. Separation from spouse or partner due to work, travel, etc.	Good Bad	<i>LEQ36A</i>	0	1	2	3	<i>LEQ36B</i>
37. Reconciliation with spouse or partner	Good Bad	<i>LEQ37A</i>	0	1	2	3	<i>LEQ37B</i>
38. Divorce	Good Bad	<i>LEQ38A</i>	0	1	2	3	<i>LEQ38B</i>

39. Change in your spouse or partner's work outside the home (beginning to work, ceasing work, changing jobs, retirement, etc).	Good Bad	<i>LEQ39A</i>	0	1	2	3	<i>LEQ39B</i>
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Event	Type of Effect		Effect of Event on Your Life				
			No effect	Some effect	Moderate effect	Big effect	
<b>F. Family and Close Friends</b>							
40. Gain of a new family member (through birth, adoption, relative moving in, etc.)	Good Bad	<i>LEQ40A</i>	0	1	2	3	<i>LEQ40B</i>
41. Child or family member leaving home (due to marriage, to attend college, or for some other reason)	Good Bad	<i>LEQ41A</i>	0	1	2	3	<i>LEQ41B</i>
42. Major change in the health or behavior of a family member or close friend (illness, accidents, drug or disciplinary problems, etc.)	Good Bad	<i>LEQ42A</i>	0	1	2	3	<i>LEQ42B</i>
43. Death of spouse or partner	Good Bad	<i>LEQ43A</i>	0	1	2	3	<i>LEQ43B</i>
44. Death of a child	Good Bad	<i>LEQ44A</i>	0	1	2	3	<i>LEQ44B</i>
45. Death of family member or close friend	Good Bad	<i>LEQ45A</i>	0	1	2	3	<i>LEQ45B</i>
46. Birth of a grandchild	Good Bad	<i>LEQ46A</i>	0	1	2	3	<i>LEQ46B</i>
47. Change in marital status of your parents	Good Bad	<i>LEQ47A</i>	0	1	2	3	<i>LEQ47B</i>
<b>G. Parenting</b>							
48. Change in child care arrangements	Good Bad	<i>LEQ48A</i>	0	1	2	3	<i>LEQ48B</i>
49. Caring for a grandchild	Good Bad	<i>LEQ49A</i>	0	1	2	3	<i>LEQ49B</i>
50. Conflicts with spouse or partner about parenting	Good Bad	<i>LEQ50A</i>	0	1	2	3	<i>LEQ50B</i>
51. Conflicts with child's grandparents (or other important person) about parenting	Good Bad	<i>LEQ51A</i>	0	1	2	3	<i>LEQ51B</i>
52. Taking on full responsibility for parenting as a single parent	Good Bad	<i>LEQ52A</i>	0	1	2	3	<i>LEQ52B</i>
53. Custody battles with former spouse or partner	Good Bad	<i>LEQ53A</i>	0	1	2	3	<i>LEQ53B</i>
<b>H. Personal or Social</b>							
54. Major personal achievement	Good Bad	<i>LEQ54A</i>	0	1	2	3	<i>LEQ54B</i>

55. Major decision regarding your immediate future	Good Bad	<i>LEQ55A</i>	0	1	2	3	<i>LEQ55B</i>
56. Change in your personal habits (your dress, lifestyle, hobbies, etc.)	Good Bad	<i>LEQ56A</i>	0	1	2	3	<i>LEQ56B</i>
57. Change in your religious beliefs	Good Bad	<i>LEQ57A</i>	0	1	2	3	<i>LEQ57B</i>
58. Change in your political beliefs	Good Bad	<i>LEQ58A</i>	0	1	2	3	<i>LEQ58B</i>
59. Loss or damage of personal property	Good Bad	<i>LEQ59A</i>	0	1	2	3	<i>LEQ59B</i>
60. Took a vacation	Good Bad	<i>LEQ60A</i>	0	1	2	3	<i>LEQ60B</i>
61. Took a trip other than a vacation	Good Bad	<i>LEQ61A</i>	0	1	2	3	<i>LEQ61B</i>

Event	Type of Effect		Effect of Event on Your Life				
			<i>No effect</i>	<i>Some effect</i>	<i>Moderate effect</i>	<i>Big effect</i>	
<b>H. Personal or Social (Cont.)</b>							
62. Change in family get-togethers	Good Bad	<i>LEQ62A</i>	0	1	2	3	<i>LEQ62B</i>
63. Change in your social activities (clubs, movies, visiting, etc)	Good Bad	<i>LEQ63A</i>	0	1	2	3	<i>LEQ63B</i>
64. Made new friends	Good Bad	<i>LEQ64A</i>	0	1	2	3	<i>LEQ64B</i>
65. Broke up with a friend	Good Bad	<i>LEQ65A</i>	0	1	2	3	<i>LEQ65B</i>
66. Acquired or lost a pet	Good Bad	<i>LEQ66A</i>	0	1	2	3	<i>LEQ66B</i>
67. Major change in finances (increased or decreased income)	Good Bad	<i>LEQ67A</i>	0	1	2	3	<i>LEQ67B</i>
68. Took on a moderate purchase, such as TV, car, freezer, etc.	Good Bad	<i>LEQ68A</i>	0	1	2	3	<i>LEQ68B</i>
69. Took on a major purchase or a mortgage loan, such as a home, business, property, etc.	Good Bad	<i>LEQ69A</i>	0	1	2	3	<i>LEQ69B</i>
70. Experienced a foreclosure on a mortgage or loan	Good Bad	<i>LEQ70A</i>	0	1	2	3	<i>LEQ70B</i>
71. Credit rating difficulties	Good Bad	<i>LEQ71A</i>	0	1	2	3	<i>LEQ71B</i>
<b>I. Crime and Legal Matters</b>							
72. Being robbed or a victim of identity theft	Good Bad	<i>LEQ72A</i>	0	1	2	3	<i>LEQ72B</i>
73. Being a victim of a violent act (rape, assault, etc.)	Good Bad	<i>LEQ73A</i>	0	1	2	3	<i>LEQ73B</i>
74. Involved in an accident	Good Bad	<i>LEQ74A</i>	0	1	2	3	<i>LEQ74B</i>
75. Involved in a law suit	Good Bad	<i>LEQ75A</i>	0	1	2	3	<i>LEQ75B</i>

76. Involved in a minor violation of the law (traffic ticket, disturbing the peace, etc.)	Good Bad	<i>LEQ76A</i>	0	1	2	3	<i>LEQ76B</i>
77. Legal troubles resulting in your being arrested or held in jail	Good Bad	<i>LEQ77A</i>	0	1	2	3	<i>LEQ77B</i>
<b>J. Other</b> Other recent experiences that had an impact on your life. List and rate.							
78. _____ <i>LEQ78T</i> _____	Good Bad	<i>LEQ78A</i>	0	1	2	3	<i>LEQ78B</i>
79. _____ <i>LEQ79T</i> _____	Good Bad	<i>LEQ79A</i>	0	1	2	3	<i>LEQ79B</i>
80. _____ <i>LEQ80T</i> _____	Good Bad	<i>LEQ80A</i>	0	1	2	3	<i>LEQ80B</i>

**DERIVED LIFE EVENTS VARIABLES**

**GOODSUM:** total effect on life (each event ranges from 0 to 3)

**BADSUM:** total effect on life (each event ranges from 0 to 3)

**GOODNUM:** count of all good life events

**BADNUM:** count of all bad life events



## PHYSICAL FUNCTION

### PHYSICAL PERFORMANCE TESTS (PPT)

#### 1. Handgrip Measurements

**Instructions:** To assess the strength of your hands, please stand up and grip this device, one hand at a time, with as much strength as possible. We will do this three times with each hand. If you have had any recent arm or hand surgery, we will skip this test. **[If subject refuses to do the test, please put 99.9 in the corresponding cells (Questions B thru D). If subject cannot do it, or starts to feel pain or discomfort during the test, please put 0 in the corresponding cells.]**

1A. Setting: <i>Interviewer: set the dynamometer to the size of the hand of the subject and record that size here.</i>	_____ PPT1A	
<b>Measurements</b>	<b>1. Right Hand (Force in Kg)</b>	<b>2. Left Hand (Force in Kg)</b>
1B. Trial 1	_____.____ Kg PPT1B1	_____.____ Kg PPT1B2
1C. Trial 2	_____.____ Kg PPT1C1	_____.____ Kg PPT1C2
1D. Trial 3	_____.____ Kg PPT1D1	_____.____ Kg PPT1D2

#### 2. Foot Tapping

**Instructions:** To observe your foot-eye coordination, place your right foot here on the mat between these circles. Tap the ball of your foot on one circle and then the other, back and forth ten times, as fast as you can. First, we'll do the right foot and then the left foot.

	<b>1. Right Foot</b>	<b>2. Left Foot</b>
2A. Number of Taps 96. Tried, Unable 97. Refused 98. Not performed, safety reasons 99. NA	PPT2A1 _____ taps	PPT2A2 _____ taps
2B. Time for taps (30 seconds maximum):	PPT2B1 _____.____ sec.	PPT2B2 _____.____ sec.

### 3. Stand Up from Chair 5 Times

**Instructions:** The purpose of this next exercise is to measure the strength in your legs. Beginning from a sitting position, please stand up and then sit down five times in a row, as fast as you can, without using your arms to help.

3A. Chair Height: From floor to lowest point of chair	____.____ <i>cm.</i> <span style="float: right;">PPT3A</span>
3B. Chair stands  <b>Instructions:</b> <i>You must go from sitting to standing as fast as you can 5 times.</i>	____ # completed; no arm use <span style="float: right;">PPT3B_1</span> 97. Refused 98. Tried, But Unable  1. Not attempted, safety reasons <span style="float: right;">PPT3B_2</span> 2. Not attempted, chair bound 3. Not attempted, no suitable chair 4. Not attempted, other: Specify <span style="float: right;">PPT3B_2T</span> _____ <span style="float: right;">PPT3B_2C</span> ____ (code) (Code: 97. Refused 98. Tried, But Unable)
3C. Time: <i>If five stands done successfully</i>	____.____ sec. <span style="float: right;">PPT3C</span>

### 4. Semi-Tandem Stand

**Instructions:** To assess your balance, I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about ten seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Use whichever foot is more comfortable for you. **[If subject needs a walking aid to perform this test, code 0 and skip PPT tests 4-6.]**

4A. Total time  <b>Instructions:</b> <i>Try to hold this position until I say stop.</i>	# OF SECONDS (up to 10): _____.____sec. <span style="float: right;">PPT4A</span>  996. Tried but unable 997. Refused 998. Not performed for safety reasons 999. NA 0. Walking aid needed to perform test <b>(If coded as 0, or 996-999, skip tests 4, 5, 6)</b>
4B. Compensatory Movements	a. Moves arms 0. No 1. Yes 99. NA <span style="float: right;">PPT4B_A</span> b. Trunk swaying 0. No 1. Yes 99. NA <span style="float: right;">PPT4B_B</span>

## 5. Tandem Stand – Eyes Open

**Instructions:** Again, to assess your balance with your eyes open, I would like you to try to stand with the heel of one foot in front of and touching the toes of your other foot. Use whichever foot is comfortable for you.

<p>5A. Total time</p> <p><b>Instructions:</b> Try to hold this position until I say stop.</p>	<p># OF SECONDS (up to 10): _____.____sec. <b>PPT5A</b></p> <p>996. Tried but unable 997. Refused 998. Not performed for safety reasons 999. NA <b>(If coded as 996-999, go to NEXT SECTION)</b></p>
<p>5B. Compensatory Movements</p>	<p>a. Moves arms 0. No 1. Yes 99. NA <b>PPT5B_A</b> b. Trunk swaying 0. No 1. Yes 99. NA <b>PPT5B_B</b></p>

## 6. Tandem Stand – Eyes Closed

**Instructions:** Now, I would like you to try standing just like you did before (with one foot in front of the other), but with your eyes closed this time. Try to hold this position with your eyes closed until I say stop.

<p>6A. Total time</p> <p><b>Instructions:</b> Try to hold this position until I say stop.</p>	<p># OF SECONDS (up to 10): _____.____sec. <b>PPT6A</b></p> <p>996. Tried but unable 997. Refused 998. Not performed for safety reasons 999. NA <b>(If coded as 996-999, go to NEXT SECTION)</b></p>
<p>6B. Compensatory Movements</p>	<p>a. Moves arms 0. No 1. Yes 99. NA <b>PPT6B_A</b> b. Trunk swaying 0. No 1. Yes 99. NA <b>PPT6B_B</b></p>

## 7. Ten-Foot Walk

**Instructions:** For this next exercise, I am going to observe how you normally walk. Please walk down past the end of the course and then turn around and walk back to the starting point.

<p>7A. Step Continuity</p>	<p>(If NO 10ft. area available, OBSERVE and record 7A-7C, then go to NEXT SECTION)</p> <p>1. Yes 0. No <b>PPT7A</b></p> <p>996. Tried, Unable OR Holds onto object 997. Refused 998. Not performed for safety reasons <b>(If coded as 996-998, go to NEXT SECTION)</b></p> <p><b>IF Yes:</b> <b>PPT7A2</b></p> <p>A: Observed during 10ft. walk B: Observed during interview session (no 10ft. walk area)</p>
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7B. Turn	a. Continuous with walking/pivots 0. No 1. Yes 99. NA	PPT7B_A
	b. Stagger, Unsteady 0. No 1. Yes 99. NA	PPT7B_B
7C. Walking aid	1. Yes 0. No 99. NA	PPT7C

**Instructions:** Now, I would like you to do the same thing again. Just walk at your usual pace.

7D. Time 1	_____ . ____ sec.  996. Tried, Unable OR Holds onto object 997. Refused <b>(If coded as 996-997, go to NEXT SECTION)</b>	PPT7D
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**Instructions:** Now, I would like you to walk down and back as fast as it feels safe and comfortable to you.

7E. Time 2	_____ . ____ sec.  996. Tried, Unable OR Holds onto object 997. Refused <b>(If coded as 996-997, go to NEXT SECTION)</b>	PPT7E
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**INTERVIEWER:** Record the setting for the 10 ft walk.

7F. Any difficulty finding 10-12 ft for the walking course?	a) 1. Yes 0. No	PPT7F_A
	b) If YES, explain: _____ PPT7F_B	PPT7F_BC (code)
7G. What type of walking surface?	1. Uncarpeted	PPT7G
	2. Low carpet 3. Other: _____ PPT7GT	PPT7GC (code)

## **DERIVED PHYSICAL PERFORMANCE TEST VARIABLES**

*There are multiple levels of “missing” data for the following variables.*

*All levels are treated as missing data in analyses, but when missing is included as a level, can now distinguish in SAS between the following:*

<i>Missing</i>	<i>.</i>
<i>Refused</i>	<i>.R</i>
<i>Tried, Unable</i>	<i>.U</i>
<i>Not Applicable</i>	<i>.N</i>
<i>Don't Know</i>	<i>.D</i>
<i>Not Performed, Safety</i>	<i>.S</i>
<i>Don't Remember</i>	<i>.M</i>

**PPT2M**: Time to complete 5 foot taps

**HANDGRIP\_SC**: Maximum handgrip score

**BALANCE\_A**: Balance time

**BBALANCE\_A**: Able to maintain balance for 10 seconds.

1: Yes

0: No

## FUNCTIONAL STATUS ACTIVITIES OF DAILY LIVING (ADL)

**Instructions:** I will now read a list of activities which, for various reasons – either health conditions or disability – some persons may experience difficulty when performing. Please answer if you are able to perform the following activities [READ CATEGORIES].

CO-INFORMANT: YES _____ NO _____		PROXADL			
Activity:	With no difficulty	With some difficulty	With a lot of difficulty	Impossible to do	
1. Walking for a quarter of a mile (2 - 3 blocks)?	0	1	2	3	ADL1
2. Walking up 10 steps without resting?	0	1	2	3	ADL2
3. Getting outside?	0	1	2	3	ADL3
4. Walking from one room to another on the same level?	0	1	2	3	ADL4
5. Getting out of bed or chairs?	0	1	2	3	ADL5
6. Eating, like holding a fork, cutting food or drinking from a glass?	0	1	2	3	ADL6
7. Dressing yourself, including tying shoes, working zippers and doing buttons?	0	1	2	3	ADL7
8. Bathing or showering?	0	1	2	3	ADL8
9. Using the toilet, including getting to the toilet?	0	1	2	3	ADL9
10. Using a manual can opener?	0	1	2	3	ADL10
11. Opening a frozen food package?	0	1	2	3	ADL11
12. Opening a milk carton or orange juice carton?	0	1	2	3	ADL12
<b>If NO DIFFICULTY with ADL 1-12 above, go to #16</b>					
13. Do you usually need help from another person in doing any of the activities that are difficult for you to do or that you are unable to do by yourself?	1. Yes    0. No    99. NA <b>(If NO, skip to #16)</b>				ADL13
14A. <b>If YES:</b> Is there someone to help you?	A. 1. Yes    0. No    99. NA				ADL14A
14B. <b>If YES:</b> Is this person living in the household?	B. 1. HH member 2. non-HH member 3. Both HH and non-HH members				ADL14B
15. Is this help paid for?	1. Yes, paid by S				ADL15
	2. 2A. Yes, paid by other than S 2B. Specify _____				ADL15T
16. When you are <b>INDOORS</b> , do you usually use anything to help you get around, such as [read options]? — <b>If YES</b> , Which do you use?	0. None				ADL16
	1. Cane 2. Wheelchair 3. Crutches 4. Walker 5. Other: _____				ADL16T
17. If you are <b>OUTDOORS</b> , do you usually use anything to help you get around, such as [read options]? — <b>If YES</b> , Which do you use?	0. None				ADL17
	1. Cane 2. Wheelchair 3. Crutches 4. Walker 5. Other: _____				ADL17T

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)**

**Instructions:** Next I will ask about some other activities. This card specifies answers about how difficult certain activities can be for people. I'm going to ask you about certain activities and ask you to tell me how difficult they are for you to do by yourself, without special equipment. The answers I'll ask you to use are **[READ CATEGORIES]**.

CO-INFORMANT: YES _____ NO _____		PROXIADL			
Activity:	With no difficulty	With some difficulty	With a lot of difficulty	Impossible to do	
1. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?	0	1	2	3	IADL1
2. Preparing your own meals?	0	1	2	3	IADL2
3. Managing your money (such as keeping track of your expenses or paying bills)?	0	1	2	3	IADL3
4. Shopping for personal items (such as toiletry items or medications)?	0	1	2	3	IADL4
5. Food shopping?	0	1	2	3	IADL5
6. Using the telephone?	0	1	2	3	IADL6
<b>If NO DIFFICULTY with IADL 1-6 above, go to NEXT SECTION</b>					
7. Do you usually need help from another person in doing any of these activities that are difficult for you to do or that you are unable to do by yourself?	1. No 2. Yes 99. NA <i>(If NO, skip to NEXT SECTION)</i>				IADL7
8. <b>If YES:</b> 8A. Is there someone to help you?  8B. <b>If YES:</b> Is this person living in the household?	A. 1. Yes 0. No 99. NA  B. 1. HH member 2. Non-HH member 3. Both HH and non-HH members				IADL8A  IADL8B
9. Is this help paid for?	1. No 2. Yes, paid by S 3. Yes, paid by other than S _____ 99. NA				IADL9  IADL9T

**DERIVED FUNCTIONAL STATUS VARIABLES****ADLSUM:**

ADL1 + ADL2 + ADL3 + ADL4 + ADL5 + ADL6 + ADL7 + ADL8 + ADL9 + ADL10 + ADL11 + ADL12

**ADLCAT:** categories of ADLSUM

- 1: ADLSUM=0 (no impairment)
- 2: 1<=ADLSUM<=5 (some impairment)
- 3: ADLSUM >=6 (considerable impairment)

**ADL\_SC:** ADL binary scale (Tucker 2000)

- 1: IF ADLSUM>=1
- 0: IF ADLSUM=0

**IADLSUM:**

$IADL1 + IADL2 + IADL3 + IADL4 + IADL5 + IADL6$

**IADLCAT:** categories of IADLSUM

- 1: IADLSUM =0 (no impairment)
- 2:  $1 \leq IADLSUM \leq 6$  (some impairment)
- 3: IADLSUM  $\geq 7$  (considerable impairment)

**IADL\_SC:** IADL binary scale (Tucker 2000)

- 1: IF IADLSUM  $\geq 1$
- 0: IF IADLSUM = 0

Using the variables below with the algorithm applied increases the number of participants with non-missing data.

**ADLSUM\_A** (algorithm applied):

ADL1-ADL5: if  $\leq 2$  are missing, the mean of the non-missing ADL1-ADL5 is used in place of the missing data

ADL6-ADL9: if  $\leq 2$  are missing, the mean of the non-missing ADL6-ADL9 is used in place of the missing data

ADL10-ADL12: if  $\leq 1$  are missing, the mean of the non-missing ADL10-ADL12 is used in place of the missing data

$ADL1\_A + ADL2\_A + ADL3\_A + ADL4\_A + ADL5\_A + ADL6\_A + ADL7\_A + ADL8\_A + ADL9\_A + ADL10\_A + ADL11\_A + ADL12\_A$

**ADLCAT\_A:** categories of ADLSUM\_A

- 1: ADLSUM\_A=0 (no impairment)
- 2:  $1 \leq ADLSUM\_A \leq 5$  (some impairment)
- 3: ADLSUM\_A  $\geq 6$  (considerable impairment)

**IADLSUM\_A** (algorithm applied):

IADL1-IADL6: if  $\leq 3$  are missing, the mean of the non-missing IADL1-IADL6 are used in place of the missing data

$IADL1\_A + IADL2\_A + IADL3\_A + IADL4\_A + IADL5\_A + IADL6\_A$

**IADLCAT\_A:** categories of IADLSUM\_A

- 1: IADLSUM\_A =0 (no impairment)
- 2:  $1 \leq IADLSUM\_A \leq 6$  (some impairment)
- 3: IADLSUM\_A  $\geq 7$  (considerable impairment)



*ADL Mobility: (Tucker 2000)*

**ADLMOBSUM:** = ADL1 + ADL2 + ADL3 + ADL4 + ADL5

**ADLMOB:**

1: IF ADLMOBSUM >= 1

0: IF ADLMOBSUM = 0

*ADL self-care: (Tucker 2000)*

**ADLCARESUM:** = ADL6 + ADL7 + ADL8 + ADL9

**ADLCARE:**

1: IF ADLCARESUM >= 1

0: IF ADLCARESUM = 0

*ADL manual dexterity: (Tucker 2000)*

**ADLMANSUM:** = ADL10 + ADL11 + ADL12

**ADLMAN:**

1: IF ADLMANSUM >= 1

0: IF ADLMANSUM = 0

**COGNITION****NEUROPSYCHOLOGICAL EXAMINATION SCORING SHEET***See Appendix for Neuropsychological Exams***Instructions:** Score subject's neuropsychological examination after completion of interview.

## 1. Mini-mental State Examination (MMSE)

**a. Orientation**

Question 1	<b>MMSE1</b> (3)
Question 2	<b>MMSE2</b> (1)
Question 3	<b>MMSE3</b> (1)
Question 4	<b>MMSE4</b> (3)
Question 5	<b>MMSE5</b> (1)
Question 6	<b>MMSE6</b> (1)

**b. Registration**

Question 7	<b>MMSE7</b> (3)
Question 8	<b>MMSE8</b> (5)

**c. Recall**

Question 9	<b>MMSE9</b> (3)
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**d. Language Tests**

Question 10	<b>MMSE10</b> (1)
Question 11	<b>MMSE11</b> (1)
Question 12	<b>MMSE12</b> (1)
Question 13	<b>MMSE13</b> (1)
Question 14	<b>MMSE14</b> (3)
Question 15	<b>MMSE15</b> (1)
Question 16	<b>MMSECOPY</b> (1)

## 2. Word List Learning

**a. List A**

1 <sup>st</sup> Attempt	<b>LIS1</b> (16)
2 <sup>nd</sup> Attempt	<b>LIS2</b> (16)
3 <sup>rd</sup> Attempt	<b>LIS3</b> (16)
4 <sup>th</sup> Attempt	<b>LIS4</b> (16)
5 <sup>th</sup> Attempt	<b>LIS5</b> (16)

**b. List B****LISB** (16)**c. Short-term Recall****LISCPLIB** (16)**d. Short-term Recall facilitated****LISCPPIST** (16)**e. Long-term Recall****LISLPLIB** (16)

<b>f. Long-term facilitated</b>	<b>LISLPIST</b> (16)
<b>g. Recognition</b>	<b>WLLG</b> (16)
<b>3. Stroop</b>	
<b>c. Stroop 1</b>	<b>STRPAL</b>
<b>d. Stroop 2</b>	<b>STRCOL</b>
<b>e. Stroop 3</b>	<b>STRCP</b>
<b>4. Letter Fluency</b>	
<b>f. 1<sup>st</sup> Letter</b>	<b>LF1</b>
<b>g. 2<sup>nd</sup> Letter</b>	<b>LF2</b>
<b>h. 3<sup>rd</sup> Letter</b>	<b>LF3</b>
<b>5. Digit Span</b>	
<b>a. Digits Forward</b>	
i. Highest # digits attained	<b>DFI</b> (9)
ii. Total Score Forward	<b>ATVERIDE</b>
<b>b. Digits Backward</b>	
i. Highest # digits attained	<b>DBI</b> (9)
ii. Total Score Backward	<b>ATVERINV</b>
<b>6. Clock Drawing</b>	
<b>a. Score</b>	<b>CLOCK</b> (3)
<b>7. Figure Copying</b>	
<b>a. Figure 1</b>	<b>FC1</b> (1)
<b>b. Figure 2</b>	<b>FC2</b> (1)
<b>c. Figure 3</b>	<b>FC3</b> (1)
<b>d. Figure 4</b>	<b>FC4</b> (1)
<b>e. Figure 5</b>	<b>FC5</b> (1)
<b>f. Figure 6</b>	<b>FC6</b> (1)
<b>g. Figure 7</b>	<b>FC7</b> (1)
<b>h. Figure 8</b>	<b>FC8</b> (1)
<b>i. Figure 9</b>	<b>FC9</b> (1)
<b>j. Total</b>	<b>FC_SUM</b> (9)

## DERIVED COGNITION VARIABLES

Contact Tammy Scott [tammy.scott@tufts.edu](mailto:tammy.scott@tufts.edu) if you have questions about cognitive variables.

### MMSEORIENT

$$= \text{MMSE1} + \text{MMSE2} + \text{MMSE3} + \text{MMSE4} + \text{MMSE5} + \text{MMSE6}$$

### MMSELANG

$$= \text{MMSE10} + \text{MMSE11} + \text{MMSE12} + \text{MMSE13} + \text{MMSE14} + \text{MMSE15}$$

### MMSE\_SUM

$$= \text{MMSE1} + \text{MMSE2} + \text{MMSE3} + \text{MMSE4} + \text{MMSE5} + \text{MMSE6} + \text{MMSE7} \\ + \text{MMSE8} + \text{MMSE9} + \text{MMSE10} + \text{MMSE11} + \text{MMSE12} + \text{MMSE13} + \text{MMSE14} + \\ \text{MMSE15} + \text{MMSECOPY}$$

### MMSE8ATT: Attempted MMSE8

0=No

1=Yes

### LISAPR

$$= \text{LIS1} + \text{LIS2} + \text{LIS3} + \text{LIS4} + \text{LIS5}$$

### LISDIS

$$= (1 - ((44 - \text{WLLG}) / 44)) * 100$$

### PCRETREC

$$= (\text{LISLPLIB} / \text{LIS5}) * 100$$

### PCINTERF

IF (STRCOL + STRCP) > 0 then:

$$\text{PCINTERF} = ((\text{STRCOL} - \text{STRCP}) / (\text{STRCOL} + \text{STRCP})) * 100$$

### PMRTOT

$$= \text{LF1} + \text{LF2} + \text{LF3}$$

### FC\_SUM

$$= \text{FC1} + \text{FC2} + \text{FC3} + \text{FC4} + \text{FC5} + \text{FC6} + \text{FC7} + \text{FC8} + \text{FC9}$$

### FC\_WEI\_SUM

$$= 1 * \text{FC1} + 2 * \text{FC2} + 3 * \text{FC3} + 3 * \text{FC4} + 3 * \text{FC5} + 3 * \text{FC6} + 4 * \text{FC7} + 4 * \text{FC8} + 4 * \text{FC9}$$

### ILLITERATE

0=No

1=Yes

### LOWVISION

0=No

1=Yes

**COGLANG:** Language of the cognitive interview

1=English

2=Spanish

### **COGNITION SCALED SCORES**

Contact Tammy Scott [tammy.scott@tufts.edu](mailto:tammy.scott@tufts.edu) if you have questions about the following variables.

**MMSENORM**

**S\_PMRTOT**

**T\_PMRTOT**

**S\_LISAPR**

**T\_LISAPR**

**S\_LISCPLIB**

**T\_LISCPLIB**

**S\_LISCPPIST**

**T\_LISCPPIST**

**S\_LISLPLIB**

**T\_LISLPLIB**

**S\_LISLPPIST**

**T\_LISLPPIST**

**S\_LISDIS**

**T\_LISDIS**

**S\_ATVERIDE**

**T\_ATVERIDE**

**S\_ATVERINV**

**T\_ATVERINV**

**S\_STRCP**

**T\_STRCP**



## **DERIVED TOBACCO USE VARIABLES**

**SMOKER:** smoking status

- 0: never (less than 100 cigarettes in entire life)
- 1: smoked in the past, but not currently
- 2: currently smoke

**TOB2AGE2:** calculated age subject started smoking

IF TOB2AGE=. AND TOB2YR>. THEN TOB2AGE2=AGE -  
(YEARVIS -TOB2YR); IF TOB2AGE>. THEN  
TOB2AGE2=TOB2AGE;

**TOB6AGE2:** calculated age subject stopped smoking

IF TOB6AGE=. AND TOB6YR>. THEN TOB6AGE2=AGE -  
(YEARVIS -TOB6YR); IF TOB6AGE>. THEN  
TOB6AGE2=TOB6AGE;

**PACKYEARS:**

IF SMOKER = 0 then PACKYEARS = 0

IF SMOKER = 1 then PACKYEARS = (TOB6AGE2 – TOB2AGE2) \* number of cigars  
(TOB5\_2), pipes (TOB5\_3), or packs of cigarettes (TOB5\_1/20) smoked

IF SMOKER = 2 then PACKYEARS = (AGE – TOB2AGE2) \* number of cigars (TOB5\_2),  
pipes (TOB5\_3), or packs of cigarettes (TOB5\_1/20) smoked

## ALCOHOL USE (ALC)

**Instructions:** The following questions refer to alcohol consumption, including wine, spirits, liquors like whiskey, gin, rum or vodka, cocktails, and mixed alcoholic beverages.

CO-INFORMANT:	YES _____ NO _____	PROXALC
1. Have you had at least 12 drinks of any kind of alcohol during your life? (Do not count small tastes.)	1. Yes 0. No (If NO, go to NEXT SECTION)	<b>ALC1</b>
2. At what age did you begin drinking?	_____ years	<b>ALC2</b>
3. Presently, do you drink alcohol?	1. Yes 0. No (If NO, GO TO #7)	<b>ALC3</b>
<b>IF CURRENTLY DRINKING:</b>		
4. On average, how often do you drink <u>any</u> type of alcohol?	A. _____ # days per:	<b>ALC4A</b> <b>ALC4B</b> B. 1. Week 2. Month 3. Year
5. What do you usually drink?  (CIRCLE ALL THAT APPLY)	1. Beer 2. Rum 3. Wine 4. Gin 5. Whiskey 6. Other _____ <b>ALC5_6T</b> _____	<b>ALC5_1</b> <b>ALC5_2</b> <b>ALC5_3</b> <b>ALC5_4</b> <b>ALC5_5</b> <b>ALC5_6</b> <b>ALC5_6C</b> (code)
6. On average, on the days that you drink alcohol, how many drinks do you have a day? By a drink, I mean a 12 oz beer, 4 oz glass of wine, or an ounce of liquor.	_____ drinks  <b>Answer and go to NEXT SECTION)</b>	<b>ALC6</b>
<b>IF CURRENTLY NOT DRINKING</b>		
7. For how many years did you drink alcohol?	_____ years	<b>ALC7</b>
8. What did you usually drink?  (CIRCLE ALL THAT APPLY)	1. Beer 2. Rum 3. Wine 4. Gin 5. Whiskey 6. Other _____ <b>ALC8_6T</b> _____	<b>ALC8_1</b> <b>ALC8_2</b> <b>ALC8_3</b> <b>ALC8_4</b> <b>ALC8_5</b> <b>ALC8_6</b> <b>ALC8_6C</b> (code)
9. On average, on the days that you drank alcohol, how many drinks did you have a day? By a drink, I mean a 12 oz beer, a 4 oz glass of wine, or an ounce of liquor.	_____ drinks  <b>-998 Don't Know</b>	<b>ALC9</b>



**DERIVED ALCOHOL USE VARIABLES**

**AGE\_FIRSTUSE\_ALC:** age when had first drink

**ALC\_F:** alcohol intake in grams from food frequency questionnaire (includes alcohol in desserts and pastries)

**ALCOHOL\_FREQ:** average amount of alcohol consumed

0: none within past year

1: moderate

2: heavy

ALCOHOL\_FREQ is calculated separately from the main questionnaire and the FFQ, and the LARGEST of the two is used. It is calculated as follows:

**Main questionnaire:** No time frame given; calculated based on questions 4 and 6.

<i>Sex</i>	<i># drinks per day</i>	<i>ALCOHOL_FREQ</i>
Female	Not currently drinking	0
Female	1	1
Female	>1	2
Male	Not currently drinking	0
Male	1-2	1
Male	>2	2

**Food frequency questionnaire:** Time frame is during the past year; calculated based on estimated grams of daily alcohol intake (ALC\_F). Since ALC\_F includes alcohol found in vanilla and desserts, the participant had to report drinking at least one alcoholic beverage to be considered for the moderate or heavy drinking categories. Participants who did not report drinking at least one alcoholic beverage were set to 0, regardless of the value of ALC\_F.

<i>Sex</i>	<i>Daily alcohol intake (g)</i>	<i>ALCOHOL_FREQ</i>
Female	None reported	0
Female	$0 < \text{ALC\_F} \leq 13.2$	1
Female	$> 13.2$	2
Male	None reported	0
Male	$0 < \text{ALC\_F} \leq 26.4$	1
Male	$> 26.4$	2

**ALCOHOL\_USE:** how often alcohol is consumed

- 0: never
- 1: in the past but not within past year
- 2: within past 30 days
- 3: within past year

Calculated based on both the main questionnaire and the FFQ as follows:

<i>Main questionnaire response</i>	<i>FFQ response (within past year)</i>	<i>ALCOHOL_USE</i>
Never drank alcohol	No alcoholic beverage reported	0
Drank in past, not current	No alcoholic beverage reported	1
Current drinker, “weekly” selected for question 4	N/A	2
Current drinker, “monthly” selected for question 4	N/A	2
Current drinker, “yearly” selected for question 4	N/A	3
Never drank alcohol	Alcoholic beverage reported	3
Have ever had alcohol = yes, but not currently drinking	Alcoholic beverage reported	3
Have ever had alcohol = yes & missing response to currently drinking	Alcoholic beverage reported	3

**PHYSICAL ACTIVITY (ACT)**

**Instructions:** Now, I would like to ask you about the different activities you do every day. I will read out loud a list of daily activities, and I would like for you to tell me how many hours, approximately, you spend every day on each given activity. Let's think about this past week as an example.

CO-INFORMANT: YES                      NO		PROXACT
<b>Last week, on a USUAL WEEKDAY (we will do the same for a WEEKEND DAY afterwards), how much time did you spend...:</b>	<b>Hours per day for a usual WEEKDAY: A</b>	<b>Hours per day for a usual WEEKEND day: B</b>
1. <b>SLEEPING AND LYING DOWN</b> (even if not sleeping: night-time sleep, naps and reclining) <b>ASK EACH SEPARATELY, THEN SUM.</b>	ACT1A	ACT1B
2. <b>VIGOROUS ACTIVITY:</b> (brisk walking, digging in the garden, strenuous sports, jogging, sustained swimming, chopping wood, heavy carpentry, bicycling on hills, etc.)	ACT2A	ACT2B
3. <b>MODERATE ACTIVITY:</b> (heavy housework, light sports, regular walking, dancing, yard work, painting, repairing, light carpentry, bicycling on level ground, etc.)	ACT3A	ACT3B
4. <b>LIGHT ACTIVITY:</b> (office work, light housework, driving a car, strolling, personal care, standing with little motion etc.)	ACT4A	ACT4B
5. <b>SITTING ACTIVITY:</b> (eating, reading, watching TV, listening to the radio etc.)	ACT5A	ACT5B
<b>REPEAT QUESTIONS ABOVE FOR COLUMN B ANSWERS</b>		
6. <b>TOTAL:</b> (NOTE: Total for each day should add up to 24 hours).	ACT6A	ACT6B
7. Would you say that during the past week you were less active than usual, more active, or about as active as usual?	1. Less active than usual 2. More active than usual 3. As active as usual	<b>ACT7</b>
8. How many <u>flights</u> of stairs do you climb up each day?	_____ flights	<b>ACT8</b>
9. How many city blocks or their equivalent do you walk each day?	_____ blocks Or _____ minutes	<b>ACT9</b> <b>ACT9B</b>
10. How much time do you spend watching TV each day?	_____ hours	<b>ACT10</b>

**DERIVED PHYSICAL ACTIVITY VARIABLES**

**MILES:** number is miles walked, assuming one mile = 12 blocks or 30 minutes  
 if ACT9 ne . then MILES=ACT9\*0.0833;  
 else if ACT9 = . then MILES=ACT9B\* 0.0333;

if ACT9 = 0 and ACT9B ne . then MILES=ACT9B\* 0.0333;  
 if ACT9 = 0 and ACT9B = . then MILES=ACT9;

**EXPEND:** energy expenditure calculated using physical activity

$$\text{Expend} = (0.9 * \text{WT\_KG} * \text{ACT\_SLEP}) + (1.2 * \text{WT\_KG} * \text{ACT\_SIT}) + (1.8 * \text{WT\_KG} * \text{ACT\_LT}) + (2.8 * \text{WT\_KG} * \text{ACT\_MOD}) + (4.5 * \text{WT\_KG} * \text{ACT\_VIG})$$

**PA\_SCORE:** physical activity score

$$\text{ACT\_SLEP} = ((\text{ACT1A}*5) + (\text{ACT1B}*2)) / 7;$$

$$\text{ACT\_VIG} = \text{round}(((\text{ACT2A}*5) + (\text{ACT2B}*2)) / 7, .01);$$

$$\text{ACT\_MOD} = \text{round}(((\text{ACT3A}*5) + (\text{ACT3B}*2)) / 7, .01);$$

$$\text{ACT\_LT} = \text{round}(((\text{ACT4A}*5) + (\text{ACT4B}*2)) / 7, .01);$$

$$\text{ACT\_SIT} = \text{round}(((\text{ACT5A}*5) + (\text{ACT5B}*2)) / 7, .01);$$

$$\text{ACTAVSUM} = \text{round}(\text{sum}(\text{of ACT\_SLEP ACT\_VIG ACT\_MOD ACT\_LT ACT\_SIT}), 1);$$

$$\text{PA\_SCORE} = (\text{ACT\_SLEP}*1.0) + (\text{ACT\_SIT}*1.1) + (\text{ACT\_LT}*1.5) + (\text{ACT\_MOD}*2.4) + (\text{ACT\_VIG}*5.0);$$

**PAZZ:**

1:  $0 < \text{PA\_SCORE} < 30$

2:  $30 \leq \text{PA\_SCORE} < 40$

3:  $40 \leq \text{PA\_SCORE} < 50$

4:  $\text{PA\_SCORE} \geq 50$

**TEE:** Total Energy Expenditure

Calculations below from: *Food and Nutrition Board, Institute of Medicine, 2005*

Men 19 years and older and BMI between 18.5-25 kg/m<sup>2</sup>

$$\text{TEE} = 662 - (9.53 * \text{AGE}) + (\text{PA\_A} * ((15.91 * \text{WT\_KG}) + (539.6 * \text{HT\_M})))$$

IF PAZZ = 1 then weight PA\_A 1.00

IF PAZZ = 2 then weight PA\_A 1.11

IF PAZZ = 3 then weight PA\_A 1.25

IF PAZZ = 4 then weight PA\_A 1.48

Women 19 years and older and BMI between 18.5-25 kg/m<sup>2</sup>

$$\text{TEE} = 354 - (6.91 * \text{AGE}) + (\text{PA\_A} * ((9.36 * \text{WT\_KG}) + (726 * \text{HT\_M})))$$

IF PAZZ = 1 then weight PA\_A 1.00  
IF PAZZ = 2 then weight PA\_A 1.12  
IF PAZZ = 3 then weight PA\_A 1.27  
IF PAZZ = 4 then weight PA\_A 1.45

Overweight and obese men aged 19 years and older with BMI  $\geq 25$  kg/m<sup>2</sup>

$$\text{TEE} = 1086 - (10.1 * \text{AGE}) + (\text{PA\_A} * ((13.7 * \text{WT\_KG}) + (416 * \text{HT\_M})))$$

IF PAZZ = 1 then weight PA\_A 1.00  
IF PAZZ = 2 then weight PA\_A 1.12  
IF PAZZ = 3 then weight PA\_A 1.29  
IF PAZZ = 4 then weight PA\_A 1.59

Overweight and obese women aged 19 years and older with BMI  $\geq 25$  kg/m<sup>2</sup>

$$\text{TEE} = 448 - (7.95 * \text{AGE}) + (\text{PA\_A} * ((11.4 * \text{WT\_KG}) + (619 * \text{HT\_M})))$$

IF PAZZ=1 then weight PA\_A 1.00  
IF PAZZ=2 then weight PA\_A 1.16  
IF PAZZ=3 then weight PA\_A 1.27  
IF PAZZ=4 then weight PA\_A 1.44

Normal and Overweight/Obese Men aged 19 years and older with BMI  $\geq 18.5$  kg/m<sup>2</sup>

$$\text{TEE} = 864 - (9.72 * \text{AGE}) + (\text{PA\_A} * ((14.2 * \text{WT\_KG}) + (503 * \text{HT\_M})))$$

IF PAZZ = 1 then weight PA\_A 1.00  
IF PAZZ = 2 then weight PA\_A 1.12  
IF PAZZ = 3 then weight PA\_A 1.27  
IF PAZZ = 4 then weight PA\_A 1.54

Normal and Overweight/Obese Women aged 19 years and older with BMI  $\geq 18.5$  kg/m<sup>2</sup>

$$\text{TEE} = 387 - (7.31 * \text{AGE}) + (\text{PA\_A} * ((10.9 * \text{WT\_KG}) + (660.7 * \text{HT\_M})))$$

IF PAZZ = 1 then weight PA\_A 1.00  
IF PAZZ = 2 then weight PA\_A 1.14  
IF PAZZ = 3 then weight PA\_A 1.27  
IF PAZZ = 4 then weight PA\_A 1.4

## HEALTH AND HEALTH CARE (HHC)

**Instructions:** To continue, I will ask you a series of questions regarding your health status and health care.

CO-INFORMANT:	YES	NO	PROXHHC			
1. Would you say your health in general is excellent, very good, good, fair, or poor?			1. Excellent 2. Very good 3. Good 4. Fair 5. Poor <span style="float: right;"><b>HHC1</b></span>			
2. Where do you most often go for health care?			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-right: 1px solid black; vertical-align: top;">                             1. Primary care doctor                              2. Neighborhood clinic                              3. Emergency room                              4. Other                              Specify_____ <b>HHC2_4T</b> </td> <td style="width: 10%; border-right: 1px solid black; vertical-align: top; text-align: center;">                             0. No                              0. No                              0. No                              0. No                         </td> <td style="width: 30%; vertical-align: top;">                             1. Yes <b>HHC2_1</b>                              1. Yes <b>HHC2_2</b>                              1. Yes <b>HHC2_3</b>                              1. Yes <b>HHC2_4</b> </td> </tr> </table>	1. Primary care doctor 2. Neighborhood clinic 3. Emergency room 4. Other Specify_____ <b>HHC2_4T</b>	0. No 0. No 0. No 0. No	1. Yes <b>HHC2_1</b> 1. Yes <b>HHC2_2</b> 1. Yes <b>HHC2_3</b> 1. Yes <b>HHC2_4</b>
1. Primary care doctor 2. Neighborhood clinic 3. Emergency room 4. Other Specify_____ <b>HHC2_4T</b>	0. No 0. No 0. No 0. No	1. Yes <b>HHC2_1</b> 1. Yes <b>HHC2_2</b> 1. Yes <b>HHC2_3</b> 1. Yes <b>HHC2_4</b>				
3. How long has it been since your most recent visit for health advice or care?			1. Less than 1 month 2. 1 month, less than 6 months 3. 6 months, less than 1 year 4. 1 year, less than 5 years 5. 5 or more years 98. Don't know (dk) <span style="float: right;"><b>HHC3</b></span>			
4. In general, how satisfied were you with the care you received at your last visit? Would you say you were very satisfied, satisfied, somewhat satisfied, or not at all satisfied?			1. Very satisfied 2. Satisfied 3. Somewhat satisfied 4. Not at all satisfied <span style="float: right;"><b>HHC4</b></span>			
5. Sometimes people have problems in getting medical care. Have you had any problems getting medical care?			1. Yes      0. No <i>(If NO, go to NEXT SECTION)</i> <span style="float: right;"><b>HHC5</b></span>			
5A. If YES: Why?  <b>DO NOT READ ANSWERS.</b>  <b>USE THEM TO CODIFY SUBJECTS' RESPONSE.</b>  <b>CIRCLE UP TO 3 CHOICES THAT APPLY.</b>			<span style="float: right;"><b>HHC6_1, HHC6_2, HHC6_3</b> (for up to 3 choices)</span>  0. None 1. Care was unavailable when needed 2. Monetary cost 3. Did not know where to go 4. Did not have a way to get there 5. Clinic hours were not convenient 6. Waitlist was too long 7. S would lose pay from work 8. Waiting time in the clinic was too long 9. Office/clinic staff was disrespectful 10. S had no confidence in the staff 11. Personnel did not speak Spanish 12. There were no Hispanic staff members at the office/clinic 13. Other reason: _____ <span style="float: right;"><b>HHC6T</b></span>			

**HEALTH INSURANCE (INS)**

**Instructions:** In this following section, I will ask you a series of questions regarding your health insurance.

CO-INFORMANT: YES _____ NO _____		PROXINS
1. Do you currently have health insurance coverage?	0. No <i>(If NO, GO TO #3A)</i>	1. Yes <b>INS1</b>
2. <b>If YES:</b> What type of insurance do you have?  <b>(CIRCLE ALL THAT APPLY)</b>	1. Medicare 2. MASS Health 3. Boston Health Net 4. NHP 5. Fallon 6. Tufts 7. HPHC 8. HMO Blue 9. Travelers 10. Other _____ <b>INS2_10T</b> 11. Other _____ <b>INS2_11T</b>	0. No 1. Yes <b>INS2_1</b> 0. No 1. Yes <b>INS2_2</b> 0. No 1. Yes <b>INS2_3</b> 0. No 1. Yes <b>INS2_4</b> 0. No 1. Yes <b>INS2_5</b> 0. No 1. Yes <b>INS2_6</b> 0. No 1. Yes <b>INS2_7</b> 0. No 1. Yes <b>INS2_8</b> 0. No 1. Yes <b>INS2_9</b> 0. No 1. Yes <b>INS2_10</b> 0. No 1. Yes <b>INS2_11</b>
3A. <b>If NO,</b> for how long have you been without coverage?	<b>INS3A (# OF TIMES)</b> A. _____ # of:	<b>INS3A2 (YR, MTH, WK)</b> 1. Years 2. Months 3. Weeks
3B. Do you use a free care program?	B. 0. No 1. Yes	<b>INS3B</b>
Does your insurance cover:	0. No 1. Yes	<b>INS4</b>
4. Medical visits	0. No 1. Yes	<b>INS5</b>
5. Hospital visits	0. No 1. Yes	<b>INS6</b>
6. Specialists' services	0. No 1. Yes	<b>INS7</b>
7. Mental health services	0. No 1. Yes	<b>INS8</b>
8. Prescribed medications	0. No 1. Yes	<b>INS9</b>
9. Dental care	0. No 1. Yes	<b>INS9</b>
10. Is the cost of healthcare a barrier to your seeking treatment?	0. No 1. Yes	<b>INS10</b>
11. Does the cost of healthcare ever delay or prevent you from adhering to treatment recommendations?	0. No 1. Yes	<b>INS11</b>
12. During the past 10 years, was there a period when you were without health insurance for a period of six months or more?	0. No 1. Yes	<b>INS12</b>

**DERIVED INSURANCE VARIABLE**

**INS3:** Length of time (years) without health insurance coverage (combination of INS3A and INS3A2)

**MEDICAL DIAGNOSES****BLOOD PRESSURE*****BLOOD PRESSURE #1 (BPA)***

	1. SYSTOLIC	2. DIASTOLIC	3. PULSE	4. TIME
<b>A. MEAS. 1</b>	SYS1A	DIAS1A	PULSE1A	BP1AT (time)  BP1AT2 (a.m./p.m.)
<b>B. MEAS. 2</b>	SYS1B	DIAS1B	PULSE1B	BP1BT (time)  BP1BT2 (a.m./p.m.)

***BLOOD PRESSURE #2 (BPB)***

	1. SYSTOLIC	2. DIASTOLIC	3. PULSE	4. TIME
<b>A. MEAS. 1</b>	SYS2A	DIAS2A	PULSE2A	BP2AT (time)  BP2AT2 (a.m./p.m.)
<b>B. MEAS. 2</b>	SYS2B	DIAS2B	PULSE2B	BP2BT (time)  BP2BT2 (a.m./p.m.)

***BLOOD PRESSURE #3 (BPC)***

	1. SYSTOLIC	2. DIASTOLIC	3. PULSE	4. TIME
<b>A. MEAS. 1</b>	SYS3A	DIAS3A	PULSE3A	BP3AT (time)  BP3AT2 (a.m./p.m.)
<b>B. MEAS. 2</b>	SYS3B	DIAS3B	PULSE3B	BP3BT (time)  BP3BT2 (a.m./p.m.)



## **DERIVED BLOOD PRESSURE VARIABLES**

**SYSBP:** average systolic blood pressure

Average of SYS2A, SYS2B, SYS3A and SYS3B

**SYSBP\_IMPUTE:** imputed average systolic blood pressure

1: SYSBP created using less than 4 systolic blood pressure measurements

**SYSBPZZ:** clinical variable - systolic hypertension (Chobanian et al. 2003)

0: SYSBP <140 or DIASBP >= 90

1: SYSBP >= 140 and DIASBP < 90

**DIASBP:** average diastolic blood pressure

Average of DIAS2A, DIAS2B, DIAS3A and DIAS3B

**DIASBP\_IMPUTE:** imputed average diastolic blood pressure

1 = DIASBP created using less than 4 diastolic blood pressure measurements

**HIGHBP:** categories of blood pressure

1 = SYSBP >= 140 or DIASBP >= 90

0 = SYSBP < 140 and DIASBP < 90

**HTN:** categories of hypertension (NIH 1997)

0:  $0 \leq \text{SYSBP} < 140$  and  $0 \leq \text{DIASBP} < 90$  and HTNMED=0 (not taking hypertension meds)

1:  $\text{SYSBP} \geq 140$  or  $\text{DIASBP} \geq 90$  or HTNMED=1 (taking hypertension meds)

**HTNMED:** Taking hypertension medications (See Medication Section)

1: Yes

0: No

**ALLOHIGHBP:** alternative categories of blood pressure

0 =  $\text{SYSBP} < 148$  and  $\text{DIASBP} < 83$

1 =  $\text{SYSBP} \geq 148$  or  $\text{DIASBP} \geq 83$

**ANTHROPOMETRY (ANT)**

**Instructions:** Now I will take measurements of your Weight, Height, and Waist and Hip Circumferences.

1. Have you lost or gained weight in the last 6 months?	1. Yes            0. No            98. Don't Know (dk) <b>ANT1</b> <b>(If NO, GO TO #5)</b>
2. <b>If YES:</b> How many pounds have you lost or gained?	a) _____ lbs. <b>(Enter 998 if )</b> <b>ANT2A</b>  b)    1. Lost <b>ANT2B</b> 2. Gained
3. Was the weight loss/gain intentional?	1. Yes            0. No            98. Don't know (dk) <b>ANT3</b> <b>(If YES, GO TO #5)</b>
4. <b>If NO:</b> Why do you think you lost or gained weight?	_____ <b>ANT4</b>
5. Weight: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ . _____ Lbs. <b>ANT5A</b> b) _____ . _____ Lbs. <b>ANT5B</b>
6. Standing Height: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ . _____ cm. <b>ANT6A</b> b) _____ . _____ cm. <b>ANT6B</b>
7. Posture: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	1. Straight <b>ANT7</b> 2. Slightly stooped - (between straight and 45° angle) 3. Very stooped - (45° angle)
8. Knee height: 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ . _____ cm. <b>ANT8A</b> b) _____ . _____ cm. <b>ANT8B</b>
9. Waist: Measurement at point of bellybutton 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ . _____ cm. <b>ANT9A</b> b) _____ . _____ cm. <b>ANT9B</b>
10. Hip: Measurement at highest point 997 - not performed for safety reasons 998 - subject refused measurement 999 - unable to obtain measurement	a) _____ . _____ cm. <b>ANT10A</b> b) _____ . _____ cm. <b>ANT10B</b>

**DERIVED ANTHROPOMETRY VARIABLES**

**KNEE\_HT:** average knee height (cm)

$$\text{KNEE\_HT} = (\text{ANT8A} + \text{ANT8B})/2$$

**HT\_M:** average of height measurements (m)

Height is calculated using the following formula for all subjects except those with lower body amputations.

$$\text{HT\_M} = (\text{ANT6A}/100 + \text{ANT6B}/100)/2$$

**Note: For subjects with lower body amputations, height is calculated using the following algorithm.**

*If OBS7A=2 (i.e. if the subject have lower body amputations), then*

*HT\_M= (68.68 + 1.90\*KNEE\_HT - 0.123\*AGE)/100 for Females.*

*HT\_M= (76.02 + 1.79\*KNEE\_HT - 0.070\*AGE)/100 for Males.*

**WT\_KG:** average of weight measurements (kg)

$$= (\text{ANT5A}/2.2 + \text{ANT5B}/2.2)/2;$$

**WAIST:** average of waist measurements (cm)

$$= (\text{ANT9A} + \text{ANT9B})/2;$$

**HIP:** average of hip circumference measurements (cm)

$$= (\text{ANT10A} + \text{ANT10B})/2;$$

**BMI:** body mass index

$$\text{BMI} = \text{WT\_KG} / (\text{HT\_M} * \text{HT\_M})$$

Where WT\_KG is the average of weight measurements (kg)

and HT\_M is the average of height measurements (m)

**Note:** For subjects with lower body amputations, height is calculated using the formula above.

**BMI\_IMPUTE:** imputed body mass index

1: subject has lower body amputation, and height and BMI were calculated using the algorithm above

**BMIZZ** (NIH 2000)

0:  $0 \leq \text{BMI} < 25$

1:  $25 \leq \text{BMI} < 30$

2:  $30 \leq \text{BMI}$

**BMIZZ2**

0:  $0 \leq \text{BMI} < 18.5$

1:  $18.5 \leq \text{BMI} < 25$

2:  $25 \leq \text{BMI} < 30$

3:  $30 \leq \text{BMI} < 35$

4:  $35 \leq \text{BMI} < 40$

5:  $40 \leq \text{BMI}$

**WAISTHIP:** ratio of waist (in cm) to hip measurements (in cm)

$$= \text{WAIST} / \text{HIP}$$

**WAISTZZ** (NIH 2000)

0: For males if WAIST  $\leq 102$ ; For females if WAIST  $\leq 88$

1: For males if WAIST  $> 102$ ; For females if WAIST  $> 88$

**WAISTHIPZZ** (Bjorntorp 1987, WHO 2000, Gibson 2005)

0: For males if  $0 \leq \text{WAISTHIP} \leq 1$ ; For females if  $0 \leq \text{WAISTHIP} \leq 0.85$

1: For males if WAISTHIP  $> 1$ ; For females if WAISTHIP  $> 0.85$

**MEDICAL DIAGNOSES (MED)**

**Instructions:** In the following section, I will ask you a series of questions regarding a variety of medical diagnoses.

<b>CO-INFORMANT: YES _____ NO _____</b>		<b>PROXMED</b>			
<b>Has a DOCTOR ever told you that you had any of the following illnesses or conditions</b>	<b>NO</b>	<b>YES</b>	<b>Taking Medication for this?</b>		<b>Is this Condition Bothering you Currently?</b>
1. Diabetes?	0	<b>MED1</b> 1	0. No	<b>MED1B</b> 1. Yes	<b>MED1C</b> 0. No 1. Yes
2. High blood pressure/Hypertension?	0	<b>MED2</b> 1	0. No	<b>MED2B</b> 1. Yes	<b>MED2C</b> 0. No 1. Yes
3. Overweight/obesity?	0	<b>MED3</b> 1	0. No	<b>MED3B</b> 1. Yes	<b>MED3C</b> 0. No 1. Yes
4. Arthritis?	0	<b>MED4</b> 1	0. No	<b>MED4B</b> 1. Yes	<b>MED4C</b> 0. No 1. Yes
5. Osteoporosis (hip fracture)?	0	<b>MED5</b> 1	0. No	<b>MED5B</b> 1. Yes	<b>MED5C</b> 0. No 1. Yes
6. Heart Attack?	0	<b>MED6</b> 1	0. No	<b>MED6B</b> 1. Yes	<b>MED6C</b> 0. No 1. Yes
7. Heart Disease (other than heart attack)?	0	<b>MED7</b> 1	0. No	<b>MED7B</b> 1. Yes	<b>MED7C</b> 0. No 1. Yes
8. Stroke?	0	<b>MED8</b> 1	0. No	<b>MED8B</b> 1. Yes	<b>MED8C</b> 0. No 1. Yes
9. Respiratory disease (such as emphysema, chronic bronchitis, asthma?)	0	<b>MED9</b> 1	0. No	<b>MED9B</b> 1. Yes	<b>MED9C</b> 0. No 1. Yes
10. Liver or gallbladder disease?	0	<b>MED10</b> 1	0. No	<b>MED10B</b> 1. Yes	<b>MED10C</b> 0. No 1. Yes
11. Kidney disease?	0	<b>MED11</b> 1	0. No	<b>MED11B</b> 1. Yes	<b>MED11C</b> 0. No 1. Yes
12. Stomach/ Intestinal Disorder, Stomach Ulcer	0	<b>MED12</b> 1	0. No	<b>MED12B</b> 1. Yes	<b>MED12C</b> 0. No 1. Yes
13. Parkinson's Disease?	0	<b>MED13</b> 1	0. No	<b>MED13B</b> 1. Yes	<b>MED13C</b> 0. No 1. Yes
14. Skin Cancer?	0	<b>MED14</b> 1	0. No	<b>MED14B</b> 1. Yes	<b>MED14C</b> 0. No 1. Yes
15. Other type of Cancer? _____ <b>MED15T</b>	0	<b>MED15</b> 1	0. No	<b>MED15B</b> 1. Yes	<b>MED15C</b> 0. No 1. Yes
16. Eye Disease: Cataract or Glaucoma?	0	<b>MED16</b> 1	0. No	<b>MED16B</b> 1. Yes	<b>MED16C</b> 0. No 1. Yes
17. Anxiety?	0	<b>MED17</b> 1	0. No	<b>MED17B</b> 1. Yes	<b>MED17C</b> 0. No 1. Yes
18. Depression?	0	<b>MED18</b> 1	0. No	<b>MED18B</b> 1. Yes	<b>MED18C</b> 0. No 1. Yes
19. Seizures, Convulsions?	0	<b>MED19</b> 1	0. No	<b>MED19B</b> 1. Yes	<b>MED19C</b> 0. No 1. Yes
20. Tuberculosis?*	0	<b>MED20</b> 1	0. No	<b>MED20B</b> 1. Yes	<b>MED20C</b> 0. No 1. Yes
21. Hepatitis (Type A, B, or C)?*	0	<b>MED21</b> 1	0. No	<b>MED21B</b> 1. Yes	<b>MED21C</b> 0. No 1. Yes
22. AIDS/HIV positive?*	0	<b>MED22</b> 1	0. No	<b>MED22B</b> 1. Yes	<b>MED22C</b> 0. No 1. Yes
23. Other* _____ <b>MED23T</b>	0	<b>MED23</b> 1	0. No	<b>MED23B</b> 1. Yes	<b>MED23C</b> 0. No 1. Yes
24. Other* _____ <b>MED24T</b>	0	<b>MED24</b> 1	0. No	<b>MED24B</b> 1. Yes	<b>MED24C</b> 0. No 1. Yes

\* The asterisk marked medical conditions were added to the Medical conditions Module after 20th Jan 2005.



### **ANEMIA3ZZ**

0: ANEMIAZZ=0 and ANEMIA2ZZ=0

1: ANEMIAZZ=1 or ANEMIA2ZZ=1

### **HEARTDX:** Self-report of heart disease, heart attack or stroke

0: If MED6=0 AND MED7=0 AND MED8=0

1: If MED6=1 OR MED7=1 OR MED8=1

### **MEDCOND\_A:** Medical Conditions Score

The formula for MEDCOND\_A is based on the mean imputation technique. This technique is used to estimate the missing values by replacing the missing values with the arithmetic average of the non-missing/observed values.

$MEDCOND_X + (14 - MEDCOND\_N) * MEDCOND\_MEAN$

Where

MEDCOND\_X is the sum of medical conditions reported including DIABETES, HTN, MED4, MED6, MED7, MED8, MED9, MED10, MED11, MED13, MED15, MED20, MED21 & MED22.

MEDCOND\_N is the number of medical conditions (for which the response [if Present or Absent] has been received)

MEDCOND\_MEAN is the arithmetic average of the medical conditions.

**Note: If three or less Medical Conditions are missing then the above-mentioned formula for MEDCOND\_A is used, whereas if more than 3 Medical Conditions are missing then MEDCOND\_A = missing.**

## **DERIVED METABOLIC SYNDROME VARIABLES**

### **MSWAIST**

0: For males if  $0 \leq WAIST \leq 102$

For females if  $0 \leq WAIST \leq 88$

1: For males if  $WAIST > 102$

For females if  $WAIST > 88$

Where WAIST is the average of the Waist Measurement (in cm)

### **MSTRIG**

0:  $0 \leq TRIG < 150$  and MANTILIP=0

1:  $TRIG \geq 150$  or MANTILIP=1

### **MSHDL**

0: For males if  $HDL \geq 40$  and MANTILIP=0

For females if  $HDL \geq 50$  and MANTILIP=0

1: For males if  $0 \leq HDL < 40$  or MANTILIP=1

For females if  $0 \leq HDL < 50$  or MANTILIP=1

### **MSBP**

0:  $0 \leq \text{SYSBP} < 130$  and  $0 \leq \text{DIASBP} < 85$  and  $\text{HTNMED} = 0$

1:  $\text{SYSBP} \geq 130$  or  $\text{DIASBP} \geq 85$  or  $\text{HTNMED} = 1$

### **MSGLUC**

0:  $0 \leq \text{GLUC} < 100$  and  $\text{MANTIDB} = 0$

1:  $\text{GLUC} \geq 100$  or  $\text{MANTIDB} = 1$

### **MET1**

$\text{MSWAIST} + \text{MSTRIG} + \text{MSHDL} + \text{MSBP} + \text{MSGLUC}$

If  $\text{MET1} = .$  then  $\text{MET2} = \text{SUM}(\text{MSWAIST}, \text{MSTRIG}, \text{MSHDL}, \text{MSBP}, \text{MSGLUC})$ ; IF  $\text{MET2} \geq 3$  then  $\text{MET3} = \text{MET2}$ ;

ELSE  $\text{MET3} = \text{MET1}$ ;

### **METABOLICNCEPM** (Expert Panel on Detection 2002, Grundy et al 2005)

0:  $0 \leq \text{MET3} < 3$

1:  $\text{MET3} \geq 3$

### **MSWAIST2**

0: For males if  $0 \leq \text{WAIST} < 90$

For females if  $0 \leq \text{WAIST} < 80$

1: For males if  $\text{WAIST} \geq 90$

For females if  $\text{WAIST} \geq 80$

### **MET4**

$\text{MSTRIG} + \text{MSHDL} + \text{MSBP} + \text{MSGLUC}$

If  $\text{MET4} = .$  then  $\text{MET5} = \text{SUM}(\text{MSTRIG}, \text{MSHDL}, \text{MSBP}, \text{MSGLUC})$ ; IF  $\text{MET5} \geq 2$  then  $\text{MET6} = \text{MET5}$ ;

ELSE  $\text{MET6} = \text{MET4}$ ;

### **METABOLICIDF** (Alberti et al. 2006)

0:  $0 \leq \text{MET6} < 2$  or  $\text{MSWAIST2} = 0$

1:  $\text{MET6} \geq 2$  and  $\text{MSWAIST2} = 1$

## FRAMINGHAM RISK SCORES

**\*\*\*Note: These variables include participants with reported pre-existing heart disease. Please clearly indicate this in any use (unless participants with pre-existing heart disease are excluded).**

*Derived using: Wilson PW, D'Agostino RB, Levy D, Belanger AM, Silbershatz H, Kannel WB. Circulation. "Prediction of coronary heart disease using risk factor categories." 1998 May 12;97(18):1837-47.*

**PROB10CHD:** Estimated probability of 10 year coronary heart disease risk using total cholesterol categories (Table 6 and appendix equations from the Wilson 1998 paper). This is a truly continuous estimate.

**CVDC\_10:** Estimated probability of 10 year coronary heart disease risk using total cholesterol categories (Figures 3 and 4 from the Wilson 1998 paper). This is divided into categories for scoring purposes.



## **ALLOSTATIC LOAD**

### **ALLOLOADCLINICALMED:**

Score ranging from 0-10, where 0 is best and 10 is worst.

The ALLOLOADCLINICALMED score is the sum of the following variables:  
BPALLO + MSWAIST + LIPIDALLO + Q4GLYHGBMED2 + Q4CORT\_SEX +  
Q4NOREPI\_SEX + Q4EPI\_SEX + Q1DHEASMED2

### **Components of ALLOLOADCLINICALMED:**

**BPALLO:** Blood pressure and anti-HTN med use

- 2:** (if SYSBP >140 and DIASBP >90 and anti-hypertension medications) OR  
(if SYSBP >140 and DIASBP >90 and no anti-hypertension medications)
- 1:** (if SYSBP > 140 and 0 < DIASBP <=90 and no anti-hypertension medications) OR  
(if 0 < SYSBP <=140 and DIASBP > 90 and no anti-hypertension medications) OR  
(if SYSBP >140 and 0 < DIASBP <=90 and anti-hypertension medications) OR  
(if 0 < SYSBP <=140 and DIASBP > 90 and anti-hypertension medications)
- 0:** if 0 < SYSBP <=140 and 0 < DIASBP <=90 and no anti-hypertension medications

*Sub-components of BPALLO:*

***SYSBP:*** average systolic blood pressure  
*Average of SYS2A, SYS2B, SYS3A and SYS3B*

***DIASBP:*** average diastolic blood pressure  
*Average of DIAS2A, DIAS2B, DIAS3A and DIAS3B*

***HTNMED:*** taking anti-hypertension medications  
*0= No, 1=Yes*

**MSWAIST:** Waist circumference (cm)

- 1:** For males if WAIST > 102 cm  
For females if WAIST > 88 cm
- 0:** For males if 0 <= WAIST <= 102 cm  
For females if 0 <= WAIST <= 88 cm

*Sub-components of waist circumference (MSWAIST):*

***WAIST:*** average of waist measurements (cm), i.e. ANT9A and ANT9B

**LIPIDALLO:** Lipids and statin use

- 2:** (if HDL < 40 and CHOL >= 240 and taking antilipemic agents) OR  
(if HDL < 40 and CHOL >= 240 and no antilipemic agents) OR  
(if HDL < 40 and 0 < CHOL <= 240 and taking antilipemic agents)
- 1:** (if HDL < 40 and 0 < CHOL < 240 and no antilipemic agents) OR  
(if HDL >= 40 and CHOL >= 240 and no antilipemic agents) OR  
(if HDL >= 40 and CHOL >= 240 and taking antilipemic agents) OR  
(if HDL >= 40 and 0 < CHOL < 240 and taking antilipemic agents)
- 0:** (if HDL >= 40 and 0 < CHOL < 240 and no antilipemic agents)

*Sub-components of LIPIDALLO:*

*HDL: high density lipoprotein (HDL) (mg / dL)*

*CHOL: cholesterol (mg / dL)*

*MANTILIP: taking antilipemic agents*

*0=No, 1=yes*

**Q4GLYHGBMED2:** Glycosolated hemoglobin (GLYHGB) and anti-diabetic med use

- 1:** if GLYHGB >7 and/or anti-diabetic medications are taken
- 0:** if the GLYHGB <=7 and no anti-diabetic medications are taken

**Q4CORT\_SEX:** Urine cortisol, adjusted for urine volume and creatinine excretion

- 1:** For males if CORT >= 41.5  
For females if CORT >= 49.5
- 0:** For males if 0 <= CORT <41.5  
For females if 0 <= CORT <49.5

*Sub-components Q4CORT\_SEX:*

*CORT: urinary cortisol:  $CORTMG * URINEVOL / CREATEXC$*

*Where CORTMG: Cortisol (mg)*

*URINEVOL: urine volume (mL/bout)*

*CREATEXC: creatinine excretion (gm/bout)*

**Q4EPI\_SEX:** Urine epinephrine, adjusted for urine volume and creatinine excretion

- 1:** For males if EPI >= 2.8  
For females EPI >= 3.6
- 0:** For males if 0<= EPI <2.8  
For females if 0<= EPI <3.6

*Sub-component of Q4EPI\_SEX:*

**EPI:** urinary epinephrine:  $EPIMG * URINEVOL / CREATEXC$

Where **EPIMG:** Epinephrine (ng/mL/1000)

**URINEVOL:** Urine Volume (mL/bout)

**CREATEXC:** Creatinine excretion (gm/bout)

**Q4NOREPI\_SEX:** Urine norepinephrine, adjusted for urine volume and creatinine excretion

- 1: For males if NOREPI  $\geq 30.5$   
For females if NOREPI  $\geq 46.9$
- 0: For males if  $0 \leq \text{NOREPI} < 30.5$   
For females if  $0 \leq \text{NOREPI} < 46.9$

*Sub-component of Q4NOREPI\_SEX:*

**NOREPI:** urinary norepinephrine:  $NOREPIMG * URINEVOL / CREATEXC$

Where **NOREPIMG:** Norepinephrine (ng/mL/1000)

**URINEVOL:** Urine Volume (mL/bout)

**CREATEXC:** Creatinine excretion (gm/bout)

**Q1DHEASMED2:** DHEAS or testosterone use

- 1: For males if  $0 \leq \text{DHEAS2} \leq 589.5$  ng/mL or MTESTOS=1  
For females,  $0 \leq \text{DHEAS2} \leq 368.5$  or MTESTOS =1
- 0: For males if  $\text{DHEAS2} \geq 589.5$  and MTESTOS=0  
For females if  $\text{DHEAS2} \geq 368.5$  and MTESTOS=0

*Subcomponents of Q1DHEASMED2:*

**DHEAS2:** Dheas (ng/mL)

**MTESTOS:** Taking androgens

0= No; 1=Yes

**ALLOLOADCRPCLINICALMED:**

Score ranging from 0-11, where 0 is best and 11 is worst. This score is calculated the same way as ALLOLOADCLINICALMED, with an additional point added if CRP > 3.

It is the sum of ALLOLOADCLINICALMED + Q4CRP2.

**Components of ALLOLOADCRPCLINICALMED:**

**ALLOLOADCLINICALMED:**

The subcomponents for ALLOLOADCLINICALMED have been defined above.

**Q4CRP2:**

This is an indicator variable that categorizes subjects based on the C-reactive threshold.

1: if CRP >3

0: if  $0 \leq \text{CRP} \leq 3$

Where CRP is C - reactive protein (ng/mL)

## **LAB VARIABLES**

### **BLOOD**

*Note: SI unit conversions from JAMA 2000, unless otherwise noted.*

**HEMANALYZ:** hematology analyzed on new machine **NEED TO ADJUST BLOOD VARS**

0: old machine

1: new machine

Variables affected: **HGB, HCT, MCV, RDW, WBC, PLATCOUNT**

**HCLTREAT:** epinephrine and norepinephrine samples treated with HCL

0: no

1: yes

**INSULIN:** serum insulin (uIU/mL)

**INSULIN\_SI:** INSULIN\*6.945 (pmol/L)

**CARO:** serum carotene (ug/dl)

**CARO\_SI:** CARO\*0.0186 (μmol/L)

**DHEAS:** serum DHEA-S04 (ug/dl)

**DHEAS\_SI:** DHEAS\*0.026 (umol/L)

**GLYHGB:** glycosolated hemoglobin (%)

**GLYHGB\_SI:** proportion of total hemoglobin (GLYHGB\*0.01)

**MMA:** serum methylmalonic acid (pmol/mL)

**VITB6:** plasma vitamin B6 (nm/L)

**VITB12:** serum vitamin B12 (pg/mL)

**VITB12\_SI:** VITB12\*0.738 (pmol/L)

**VITC:** plasma vitamin C (HPLC, mg/dL)

**VITC\_SI:** VITC\*56.78 (μmol/L)

**VITD:** plasma vitamin D (ng/mL)

**FOLATE:** serum folate (ng/mL)

**FOLATE\_SI:** FOLATE\*2.2666 (nmol/L)

**ALB:** serum albumin (g/dL)

**ALB\_SI:** ALB\*10 (g/L)

**CRP:** serum high sensitivity c-reactive protein (mg/L)

**BUN:** serum blood urea nitrogen (mg/dL)

**CREAT:** serum creatinine (mg/dL)

**CREAT\_SI:** CREAT\*76.26 ( $\mu$ mol/L)

**GLUC:** serum glucose (mg/dL)

**GLUC\_SI:** GLUC\*0.0555 (mmol/L)

**CHOL:** plasma cholesterol (mg/dL)

**CHOL\_SI:** CHOL\*0.0259 (mmol/L)

**TRIG:** plasma triglyceride (mg/dL)

**TRIG\_SI:** TRIG\*0.0113 (mmol/L)

**HDL:** plasma high density lipoprotein [HDL cholesterol] (mg/dL)

**HDL\_SI:** HDL\*0.0259 (mmol/L)

**LDL:** plasma low density lipoprotein [LDL cholesterol] (mg/dL)

**LDL\_SI:** LDL\*0.0259 (mmol/L)

**VLDL:** plasma very low density lipoprotein (mg/dL)

**HCY:** plasma homocysteine ( $\mu$ mol/L)

**HCY\_SI:** HCY/7.397 ( $\mu$ mol/L)

**OH8DG\_ADJCREAT:** 8-OHdG (8-hydroxy-deoxyguanosine), adjusted for creatinine (ng/ug of creatinine)

**CBC Differential:**

**WBC\_ADJ:** WBC values calibrated to new machine via regression (1000/uL)  
if HEMANALYZ=0 then  $WBC\_ADJ = -0.32383 + 0.97330 * WBC$ ;

else if HEMANALYZ=1 then WBC\_ADJ=WBC;

**WBC:** white blood cell count (1000/uL) **DO NOT USE—USE WBC\_ADJ**

**NEUTRO:** neutrophils (segs) (%)

**BANDS:** premature neutrophils (%)

**LYMPHS:** lymphocytes (%)

**MONO:** monocytes (%)

**EO:** eosinophils (%)

**BASO:** basophils (%)

**Red blood cell morphology:**

**RBC:** red blood cell volume (mil/uL)

**RBC\_SI:** RBC ( $\times 10^{12}/L$ )

**ANISO:** anisocytosis (normal)

**POLYCHROM:** polychromia (normal)

**HYPOCHROM:** hypochromia (normal)

**HCT\_ADJ:** hematocrit values calibrated to new machine via regression

**Per Dan Weiner (nephrologist): it is preferable to use HGB\_ADJ over HCT\_ADJ as hemoglobin is historically more stable**

if hemanalyz=0 then hct\_adj=-3.63435+ 1.17788\*hct;

else if hemanalyz=1 then hct\_adj=hct;

**HCT:** hematocrit (%) **DO NOT USE—USE HCT\_ADJ**

**HGB\_ADJ:** hemoglobin values calibrated to new machine via regression

if HEMANALYZ=0 then HGB\_ADJ=-0.34174 + 1.08911\*HGB;

else if HEMANALYZ=1 then HGB\_ADJ=HGB;

**HGB:** hemoglobin (g/dL) **DO NOT USE—USE HGB\_ADJ**

**MCV\_ADJ:** MCV values calibrated to new machine via regression

if HEMANALYZ=0 then MCV\_ADJ=-4.89165 + 1.09230\*MCV;

else if HEMANALYZ=1 then MCV\_ADJ=MCV;

**MCV:** mean corpuscular volume (um<sup>3</sup>) **DO NOT USE—USE MCV\_ADJ**

**POIKILO:** poikilocytes (normal)

**PLATEST:** estimated platelet number (normal)

**PLATCOUNT\_ADJ:** platelet count values calibrated to new machine via regression  
if HEMANALYZ=0 then PLATCOUNT\_ADJ=-1.40686 + 0.89373\*PLATCOUNT;  
else if HEMANALYZ=1 then PLATCOUNT\_ADJ=PLATCOUNT;

**PLATCOUNT:** (thou/uL) **DO NOT USE—USE PLATCOUNT\_ADJ**

**MCH:** mean corpuscular hemoglobin (pg)

**MCHC:** mean corpuscular hemoglobin concentration (g/dL)

**RDW:** red cell distribution width **DO NOT USE—CALIBRATION CANNOT BE CALCULATED**

**NELID\_B:** HNRC ID for blood specimen

**BLOOD\_DT:** date of collection of blood specimen

### **URINE – 12 HOUR COLLECTION**

**CREATCONC:** urine creatinine concentration (mg/dl)

**CREATCONC\_C:** comments for CREATCONC

**CREATEXC:** creatinine excretion (gm/bout)

**CREATEXC\_C:** comments for CREATEXC

**URINEVOL:** urine volume (ml)

**URINEVOL\_C:** comments for URINEVOL

**CORTMG:** urinary cortisol (mg) **DO NOT USE- SEE DERIVED VARIABLE BELOW**

**EPIMG:** urine epinephrine (ng/mL/1000) **DO NOT USE- SEE DERIVED VARIABLE BELOW**  
*Note: please adjust for HCLTREAT*

**NOREPIMG:** urine norepinephrine (ng/mL/1000) **DO NOT USE- SEE DERIVED VARIABLE BELOW**  
*Note: please adjust for HCLTREAT*

**NELID\_U:** HNRC ID for urine specimen

### **SALIVA**



**SALCORT\_AM:** salivary cortisol from morning draw (ug/dL)

**SALCORT\_PM:** salivary cortisol from evening draw (ug/dL)

**SALIVAAM:** time saliva collected in the morning

**SALIVAPM:** time saliva collected in the evening

**NELID\_S:** HNRC ID for saliva specimen

## **DERIVED LAB VARIABLES**

### **CORT**

$(\text{CORTMG} * \text{URINEVOL} / \text{CREATEXC}) / 2.3$

### **NOREPI** (ug/g)

$\text{NOREPIMG} * \text{URINEVOL} / \text{CREATEXC}$

*Note: please adjust for HCLTREAT*

### **NOREPIZZ**

1:  $\text{NOREPI} \geq 48$

0:  $0 \leq \text{NOREPI} < 48$

### **EPI** (ug/g)

$\text{EPIMG} * \text{URINEVOL} / \text{CREATEXC}$

*Note: please adjust for HCLTREAT*

### **EPIZZ**

1:  $\text{EPI} \geq 5$

0:  $0 \leq \text{EPI} < 5$

### **DHEAS2**

$\text{DHEAS} * 10$ ; \*\*converting it to ng/mL;

### **VITB6ZZ** (Haller et al 1991, Driskell 1994, Leklem 1999)

0:  $\text{VITB6} \geq 30$

1:  $20 \leq \text{VITB6} < 30$

2:  $\text{VITB6} < 20$

### **VITB6ZZ2**

0:  $\text{VITB6} \geq 30$

1:  $\text{VITB6} < 30$

### **VITB12ZZ** (Tucker et al 2000)

0:  $\text{VITB12} \geq 350$  or  $(200 \leq \text{VITB12} < 350 \text{ and } 0 \leq \text{MMA} \leq 370)$

1:  $\text{VITB12} < 200$  or  $(200 \leq \text{VITB12} < 350 \text{ and } \text{MMA} > 370)$

**FOLATEZZ** (Selhub and Rosenberg 1996)

- 0: FOLATE > 5
- 1: FOLATE <= 5

**GLYHGBZZ** (ADA 2008)

- 0: GLYHGB < 7
- 1: GLYHGB >= 7

**GLYHGBZZ2** (ADA 2008)

- 0: GLYHGB < 6
- 1: GLYHGB >= 6

**HGBZZ** (WHO 1994)

- 0: Male: HGB\_ADJ >= 13  
Female: HGB\_ADJ >= 12
- 1: Male: HGB\_ADJ < 13  
Female: HGB\_ADJ < 12

**HCTZZ** (WHO 1994)

- 0: Male: HCT\_ADJ >= 40  
Female: HCT\_ADJ >= 37
- 1: Male: HCT\_ADJ < 40  
Female: HCT\_ADJ < 37

**HDLZZ** (Expert Panel on Detection 2002)

- 0: 0 <= HDL < 40
- 1: 40 <= HDL <= 59
- 2: HDL >= 60

**HCYZZ** (NHANES 95th percentiles)

- 0: Male: HCY < 11.4  
Female: HCY < 10.4
- 1: Male: HCY >= 11.4  
Female: HCY >= 10.4

**INSULINZZ** (Stern et al. 2005)

- 0: INSULIN < 20.7
- 1: INSULIN >= 20.7

**LDLZZ** (Expert Panel on Detection 2002)

- 0: 0 <= LDL < 100
- 1: 100 <= LDL <= 129
- 2: 130 <= LDL <= 159
- 3: 160 <= LDL <= 189
- 4: LDL >= 190

**CHOL\_HDL**

=CHOL/HDL;

## CHOLCAT

- 1 = CHOL <200
- 2 = 200 <=CHOL <=239
- 3 = CHOL >= 240

## TRIGZZ (Expert Panel on Detection 2002)

- 0: 0 <= TRIG < 150
- 1: 150 <= TRIG <= 199
- 2: TRIG >= 200

## ALBZZ (Visser et al. 2005)

- 1: ALB < 3.8
- 0: Male: 3.8 <= ALB <= 5.4
- Female: 3.8 <= ALB <= 5.3

## GLUCZZ (ADA 2006)

- 0: GLUC < 100
- 1: 100 <= GLUC <= 125
- 2: GLUC >= 126

## GLUCZZ2 (ADA 2006)

- 0: GLUC < 126
- 1: GLUC >= 126

## HYBPZZ (Chobanian et al. 2003): Hypertension Stages

- 0: SYSBP <120 and DIASBP < 80, Normal
- 1: 120 <= SYSBP <=139 or 80 <= DIASBP <= 89, Prehypertension
- 2: 140 <= SYSBP <=159 or 90 <= DIASBP <=99, Stage 1 hypertension
- 3: SYSBP >=160 or DIASBP >= 100, Stage 2 hypertension

## CAROZZ (Semba et al. 2006)

- 0: CARO > 56
- 1: CARO <= 56

## CHOLZZ (Expert Panel on Detection 2002)

- 0: 0 <= CHOL < 200
- 1: 200 <= CHOL <= 239
- 2: CHOL >= 240

## CRPZZ \*CRP (Pearson et al 2003);

- 0: 0 <= CRP < 1
- 1: 1 <= CRP <= 3
- 2: 3 < CRP < 10
- 3: 10 <= CRP

## CRPZZ2 \*CRP (NHANES 1999-2000)

- 0: Male: (AGE > 59 and CRP < 4.9) or (AGE <= 59 and CRP < 4.6)

Female: (AGE > 59 and CRP < 7.3) or (AGE <= 59 and CRP < 8.4)  
1: Male: (AGE > 59 and CRP >= 4.9) or (AGE <= 59 and CRP >= 4.6)  
Female: (AGE > 59 and CRP >= 7.3) or (AGE <= 59 and CRP >= 8.4)

**CREATZZ** (Shlipak et al. 2002)

0: Male:  $0 \leq \text{CREAT} < 1.5$   
Female:  $0 \leq \text{CREAT} < 1.3$   
1: Male:  $\text{CREAT} \geq 1.5$   
Female:  $\text{CREAT} \geq 1.3$

**CREAT\_IDMS** =  $-0.03339 + (1.01127 * \text{CREAT})$

**CREATZZ\_IDMS**

0: Male:  $0 \leq \text{CREAT\_IDMS} < 1.5$   
Female:  $0 \leq \text{CREAT\_IDMS} < 1.3$   
1: Male:  $\text{CREAT\_IDMS} \geq 1.5$   
Female:  $\text{CREAT\_IDMS} \geq 1.3$

**MDRD\_IDMS**

$175 * (\text{CREAT\_IDMS}^{**} - 1.154) * (\text{AGE}^{**} .203) * (0.742^{**} \text{FEMALE}) * (1.212^{**} \text{AFAMER})$

NOTE: AFAMER: adjusts for African American descent, **equals zero in this population**

**COCKGAULT\_IDMS** =  $(0.85^{**} \text{FEMALE}) * (140 - \text{AGE}) * \text{WT\_KG} / (\text{CREAT\_IDMS} * 72)$

**DHEASZZ** (Wisconsin Study)

0: Male:  $\text{DHEAS} \geq 60.5$   
Female:  $\text{DHEAS} \geq 33.0$   
1: Male:  $0 \leq \text{DHEAS} < 60.5$   
Female:  $0 \leq \text{DHEAS} < 33.0$

**DHEASZZ2** (Trivedi and Khaw 2001)

0: Male:  $\text{DHEAS} \geq 58.95$   
Female:  $\text{DHEAS} \geq 36.85$   
1: Male:  $0 \leq \text{DHEAS} < 58.95$   
Female:  $0 \leq \text{DHEAS} < 36.85$

**HOMA\_IR** =  $(\text{INSULIN} * \text{GLUC\_SI}) / 22.5$   
 $\text{GLUC\_SI} = \text{GLUC} * 0.055$

**MEDICATIONS****PRESCRIPTION MEDICATIONS (PMED)**

**INTERVIEWER:** List all prescription medications participant is currently taking or has taken within the past year, including insulin.

CO-INFORMANT: YES _____ NO _____		PROXMEDS
Medication Name		How long using? <b>Codes:</b> 1. Less than 1 year (<1yr) 2. Between 1 and 5 years (1-5yrs) 3. More than 5 years (>5yrs)
1.	PMED1	PMED1B
2.	PMED2	PMED2B
3.	PMED3	PMED3B
4.	PMED4	PMED4B
5.	PMED5	PMED5B
6.	PMED6	PMED6B
7.	PMED7	PMED7B
8.	PMED8	PMED8B
9.	PMED9	PMED9B
10.	PMED10	PMED10B
11.	PMED11	PMED11B
12.	PMED12	PMED12B
13.	PMED13	PMED13B
14.	PMED14	PMED14B
15.	PMED15	PMED15B
16.	PMED16	PMED16B
17.	PMED17	PMED17B
18.	PMED18	PMED18B
19.	PMED19	PMED19B
20.	PMED20	PMED20B
21.	PMED21	PMED21B
22.	PMED22	PMED22B
23.	PMED23	PMED23B
24.	PMED24	PMED24B
25.	PMED25	PMED25B

**OVER-THE-COUNTER MEDICATIONS (OCMED)****INTERVIEWER:** List all over-the-counter medications Subject takes on a weekly basis.

Medication Name	
1.	OCMED1
2.	OCMED2
3.	OCMED3
4.	OCMED4
5.	OCMED5
6.	OCMED6
7.	OCMED7
8.	OCMED8
9.	OCMED9
10.	OCMED10
11.	OCMED11
12.	OCMED12
13.	OCMED13
14.	OCMED14
15.	OCMED15
16.	OCMED16
17.	OCMED17
18.	OCMED18
19.	OCMED19
20.	OCMED20
21.	OCMED21
22.	OCMED22
23.	OCMED23
24.	OCMED24
25.	OCMED25

**DERIVED MEDICATION VARIABLES****High-Level Medication Variables**

- A. **MALLMEDS:** count of all meds including vitamins = MCA + MANS\_C+ MBLOD\_C+ MCARDIO\_C+ MCOX2 + MASA+ MNSAID+ MOPI+ MACETO+MANTIC\_C + MPSY\_C +MSTIM\_C+ MANX\_C+ MLITH + MMIGRAINE + MMISPSY + MELH2O\_C + MANTITU + MENT\_C + MGI\_C + MHORM\_C + MANTIBIOT\_C + MANTIV\_C + MSKIN\_C + MSKMUS+ MVIT\_C + MMISC\_C + MANTHIS + MHERBAL
- B. **MALLNOVIT:** all medications, no vitamins= MCA + MANS\_C+ MBLOD\_C+ MCARDIO\_C+ MCOX2 + MASA+ MNSAID + MOPI + MACETO + MANTIC\_C + MPSY\_C +MSTIM\_C+ MANX\_C+ MLITH + MMIGRAINE + MMISPSY + MELH2O\_C + MANTITU + MENT\_C + MGI\_C + MHORM\_C + MANTIBIOT\_C + MANTIV\_C + MSKIN\_C + MSKMUS+ MMISC\_C + MANTHIS + MHERBAL
- C. **MORAL:** count of all "ORAL" meds. This excludes vitamins and topical preparations for skin and eyes. (They are included above) = MCA + MANS\_C + MBLOD\_C+ MCARDIO\_C+

MCOX2 + MASA+ MNSAID + MOPI + MACETO + MANTIC\_C + MPSY\_C + MSTIM\_C +  
MANX\_C + MLITH + MMIGRAINE + MMISPSY + MELH2O\_C + MANTITU + MGI\_C +  
MHORM\_C + MANTIBIOT\_C + MANTIV\_C + MSKMUS+ MMISC\_C + MHERBAL

## CNS

### A. CoxII -- count all with code 28.08.04.08 (only)

**MCOX2**: taking one or more of these  
medications

0=No

1=Yes

### B. ASA – count all with code 28.08.04.24 (only)

No count variable because subject can only be taking 1 of these medications

**MASA**: taking this medication

0=No

1=Yes

### C. NSAIDS other – count all with code 28.08.04.92(only)

**MNSAID**: taking this medication

0=No

1=Yes

### D. Opiates – count all with code 28.08.08 or 28.08.12

**MOPI**: taking this medication

0=No

1=Yes

### E. Acetaminophen - count all with code 28.08.92 (only)

No count variable because subject can only be taking 1 of these medications

**MACETO**: taking this medication

0=No

### F. Anticonvulsants - count all with prefix 28.12.

28.12.04 or 28.12.12 or 28.12.92

**MANTIC\_C**: count of these medications

**MANTIC**: taking this medication

0=No

1=Yes

### G. New Anticonvulsants – count all with code 28.12.92

**MANTIN**: taking this medication

0=No

1=Yes

### H. Psychotherapeutic agents – count all with prefix 28.16.

28.16.04.12 or 28.16.04.20 or 28.16.04.24 or 28.16.04.28 or 28.16.04.92 or 28.16.08.04 or  
28.16.08.08 or 28.16.08.24 or 28.16.08.32 or 28.16.08.92 or 28.16.08

**MPSY\_C**: count of these medications

**MPSY**: taking this medication

0=No

1=Yes

**I. Antidepressants – count all that have prefix 28.16.04.**

28.16.04.12 or 28.16.04.20 or 28.16.04.24 or 28.16.04.28 or 28.16.04.92

**MANTDEP\_C**: count of these medications

**MANTDEP\_D**: duration taking these medications

**MANTDEP**: taking this medication

0=No

1=Yes

**1. SSRIs – count of all 28.16.04.20 (only)**

**MSSRI\_D**: duration taking this medication

**MSSRI**: taking this medication

0=No

1=Yes

**2. MAOIs – count all with code 28.16.04.12 (only)**

No count variable because subject can only be taking 1 of these medications

**MMAOI\_D**: duration taking this medication

**MMAOI**: taking this medication

0=No

1=Yes

**3. TCAs – count all with code 28.16.04.28 (only)**

**MTCA\_D**: duration taking this medication

**MTCA**: taking this medication

0=No

1=Yes

**4. Trazodone – count all with code 28.16.04.24 (only)**

No count variable because subject can only be taking 1 of these medications

**MTRAZ\_D**: duration taking this medication

**MTRAZ**: taking this medication

0=No

1=Yes

**5. MiscAD – count all with 28.16.04.92 (only)**

**MMISCAD\_D**: duration taking this medication

**MMISCAD**: taking this medication

0=No

1=Yes

**J. Antipsychotics – count all with prefix 28.16.08.**

28.16.08.04 or 28.16.08.08 or 28.16.08.24 or 28.16.08.32 or 28.16.08.92 or 28.16.08

**MANTPSY\_C**: count of these medications

**MANTPSY**: taking this medication



0=No  
1=Yes

**1. AtypicalA – count all with 28.16.08.04 (only) or 28.16.08**

**MATYPA:** taking this medication  
0=No  
1=Yes

**2. Other Anti-psychotics:**

28.16.08.08 or 28.16.08.24 or 28.16.08.32 or 28.16.08.92  
**MOANTIPSY\_C:** count of these medications  
**MOANTIPSY:** taking this medication  
0=No  
1=Yes

**K. Stimulants -- count all with prefix 28.20**

28.20.04 or 28.20.92  
**MSTIM\_C:** count of these medications  
**MSTIM:** taking this medication  
0=No  
1=Yes

**1. Ritalin – count all with 28.20.92 (only)**

**MRIT:** taking this medication  
0=No  
1=Yes

**L. Anxiolytics – count all that have prefix 28.24.**

28.24.08 or 28.24.92  
**MANX\_C:** count of these medications  
**MANX\_D:** duration taking these medications  
**MANX:** taking this medication  
0=No  
1=Yes

**1. Benzos – count all with prefix 28.24.08 (only)**

**MBENZ\_D:** duration taking this medication  
**MBENZ:** taking this medication  
0=No  
1=Yes

**2. Miscellaneous sedative hypnotics –count all with code 28.24.92 (only)**

**MMSEDHYP\_D:** duration taking this medication  
**MMSEDHYP:** taking this medication  
0=No  
1=Yes

**M. Lithium – count all with code 28.28 (only)**

No count variable because subject can only be taking 1 of these medications

**MLITH**: taking this medication

0=No

1=Yes

**N. Antimigraine agents – count all with code 28.32 (only) or 28.32.28**

**MMIGRAINE**: taking this medication

0=No

1=Yes

**O. MiscPsych – count all with code 28.92 (only)**

**MMISPSY**: taking this medication

0=No

1=Yes

**Antihistamines – count of all with prefix 4 (Used this count in total above)**

4.04 or 4.08 or 4.92

**MANTHIS**: taking this medication

0=No

1=Yes

**Anticancer – count of all with prefix 10 (Used this count in total above)**

10.00

**MCA**: taking this medication

0=No

1=Yes

**Autonomic Nervous – count of all with prefix 12. (Used this count in total above)**

12.04 or 12.08.04 or 12.08.08 or 12.12.01 or 12.12.02 or 12.12.03 or 12.20 or 12.12 or 12.92

**MANS\_C**: count of these medications

**MANS**: taking this medication

0=No

1=Yes

**A. Cholinergic – count all with prefix 12.04 (only)**

**MCHOL**: taking this medication

0=No

1=Yes

**B. Anticholinergic – count all with prefix 12.08.**

12.08.04 or 12.08.08

**MANTICH\_C**: count of these medications

**MANTICH**: taking this medication

0=No

1=Yes

**C. Anti-parkinson – count 12.08.04 (only)**

**MPARK:** taking this medication

0=No

1=Yes

**D. Adrenergic – count of all with prefix 12.12.**

12.12.01 or 12.12.02 or 12.12.03 or 12.12 or 12.92

**MADREN\_C:** count of these medications

**MADREN:** taking this medication

0=No

1=Yes

**1. AdInhalers – count of all 12.12.01 (only)**

**MADIN:** taking this medication

0=No

1=Yes

**2. AdOral – count of all with 12.12.02 and 12.12.03 (only those two complete codes)**

**MADOR:** taking this medication

0=No

1=Yes

**Skeletal Muscle relaxants – count all with code 12.20**

**MRELAX:** taking this medication

0=No

1=Yes

**Blood Formation and Coagulation – count all those with prefix 20. (Used this count in total above)**

20.04.04 or 20.12.04.08 or 20.12.04.16 or 20.12.18 or 20.12.04.92 or 20.16 or 20.24

**MBLOD\_C:** count of these medications

**MBLOD:** taking this medication

0=No

1=Yes

**A. Iron – count 20.04.04 (only)**

No count variable because subject can only be taking 1 of these medications

**MIRON:** taking this medication

0=No

1=Yes

**B. Anticoagulants – count all with prefix 20.12.04.**

or 20.12.04.16 or 20.12.04.92

**MANTICO\_C:** count of these medications

**MANTICO:** taking this medication

0=No

1=Yes

**C. Warfarin – count with 20.12.04.08 (only)**

**MWARFARIN**: taking this medication

0=No

1=Yes

**D. Platelet Aggregation Inhibitors – count all with code 20.12.18 (only)**

**MPLAGGINH**: taking this medication

0=No

1=Yes

**E. Hematopoietic – count all with code 20.16 (only)**

**MHEMAT**: taking this medication

0=No

1=Yes

**F. Trental – count all with code 20.24 (only)**

No count variable because subject can only be taking 1 of these medications

**MTRENT**: taking this medication

0=No

1=Yes

**Cardiovascular agents– count all with prefix 24. (Used this count in total above)**

24.04.04 or 24.04.08 or 24.06.04 or 24.06.06 or 24.06.08 or

24.06.92 or 24.08.16 or 24.08.20 or 24.12.08 or 24.12.12 or 24.12.92

or 24.20 or 24.24 or 24.28.08 or 24.28.92 or 24.32.04 or 24.32.08 or 24.32.20

**MCARDIO\_C**: count of these medications

**MCARDIO\_D**: duration taking these medications

**MCARDIO**: taking this medication

0=No

1=Yes

**A. Digoxin – count all with code 24.04.08 (only)**

No count variable because subject can only be taking 1 of these medications

**MDIG\_D**: duration taking this medication

**MDIG**: taking this medication

0=No

1=Yes

**B. Antilipemic agents – count all with prefix 24.06.**

24.06.04 or 24.06.06 or 24.06.08 or 24.06.92 or 24.06.92.92

**MANTILIP\_C**: count of these medications

**MANTILIP\_D**: duration taking these medications

**MANTILIP**: taking this medication

0=No

1=yes

**1. HMG CoA – count all with code 24.06.08 (only)**

**MHMG\_D**: duration taking this medication

**MHMG**: taking this medication

0=No

1=Yes

**2. Omega – count all with code 24.06.92.92**

**MOMEGA3\_D**: duration taking these medications

**MOMEGA3**: taking this medication

0=No

1=Yes

**C. Hypotensive agents – count all with prefix 24.08**

24.08.16 or 24.08.20

**MHYPO\_D**: duration taking this medication

**MHYPO**: taking this medication

0=No

1=Yes

**D. Vasodilating agents**

**1. Nitrates – count all with code 24.12.08 (only)**

**MNITR\_D**: duration taking this medication

**MNITR**: taking this medication

0=No

1=Yes

**2. Viagra– count all with code 24.12.12 (only)**

**MFORMEN\_D**: duration taking this medication

**MFORMEN**: taking this medication

0=No

1=Yes

**3. Dypyridamole – count all with code 24.12.92 (only)**

**MDYPRYID\_D**: duration taking this medication

**MDYPRYID**: taking this medication

0=No

1=Yes

**E. Alpha blockers – count all with code 24.20 (only)**

**MABLK\_D**: duration taking this medication

**MABLK**: taking this medication

0=No

1=Yes

**F. Beta Blockers – count all with code 24.24 (only)**

**MBBLK\_D**: duration taking this medication

**MBBLK**: taking this medication

0=No

1=Yes

**G. Calcium Channel Blockers – count all with prefix 24.28.**

24.28.08 or 24.28.92

**MCBLK\_D**: duration taking these medications

**MCBLK**: taking this medication

0=No

1=Yes

**H. ACE inhibitors – count all with code 24.32.04 (only)**

**MACEI\_D**: duration taking this medication

**MACEI**: taking this medication

0=No

1=Yes

**I. AngioII – count all with code 24.32.08 (only)**

No count variable because subject can only be taking 1 of these medications

**MANGIO\_D**: duration taking this medication

**MANGIO**: taking this medication

0=No

1=Yes

**J. Hypertension Medications -- Count all with code in**

('24.08.16', '24.08.20', '24.24', '24.28.08', '24.28.92', '24.32.04', '24.32.08', '40.28.01' or '24.32.20')

**HTNMED\_D**: duration taking these medications

**HTNMED**: Taking hypertension medications

0=No

1=Yes

**Electrolyte and Water – count all with prefix 40. (Used this count in total above)**

40.10 or 40.08 or 40.12.01 or 40.12.02 or 40.18.18 or 40.18.19 or

40.28.01 or 40.28.02 or 40.28.10 or 40.40 or 40.12

**MELH2O\_C**: count of these medications

**MELH2O**: taking this medication

0=No

1=yes

**A. Calcium salts – count all with code 40.12.01 (only)**

**MCATT**: taking this medication

0=No

1=Yes

**B. Potassium salts – count all with code 40.12.02 or 40.12**

**MPOT**: taking this medication

0=No

1=Yes

**C. Phosphate removing agents – count all with code 40.18.19 (only)**

**MPHOSREM:** taking this medication

0=No

1=Yes

**D. Diuretics – count all with prefix 40.28.**

40.28.01 or 40.28.02 or 40.28.10 or 40.40

**MDIUR\_C:** count of these medications

**MDIUR:** taking this medication

0=No

1=yes

**1. Thiazides – count all with code 40.28.01 (only)**

**MTHIAZ:** taking this medication

0=No

1=Yes

**2. Loop – count with code 40.28.02 (only)**

**MLOOP:** taking this medication

0=No

1=Yes

**3. K sparing – count all with code 40.28.10 (only)**

**MKSPAR:** taking this medication

0=No

1=Yes

**Antitussives – count all with 48.08 or 48.16**

**MANTITU:** taking this medication

0=No

1=Yes

**Ear, nose, and throat -- count all with prefix 52. (Used this count in total above)**

52.02 or 52.04.04 or 52.04.06 or 52.08 or 52.10 or 52.20 or

52.24 or 52.36 or 52.32 or 52.08.92

**MENT\_C:** count of these medications

**MENT:** taking this medication

0=No

1=Yes

**A. ENT anti-inflammatory – count all with code 52.08 or 52.08.92**

**MENTAI:** taking this medication

0=No

1=Yes

**B. Carbonic anhydrase inhibitors: count all with code 52.10 (only)**

**MCAINH:** taking this medication

0=No

1=Yes

**C. Eye drops – count total of codes of 52.10 or 52.20 or 52.24 or 52.32 or 52.36**

**MEYEDRP\_C**: count of these medications

**MEYEDRP**: taking this medication

0=No

1=Yes

**D. Topical steroids – count with prefix 52.08**

52.08 or 52.08.92

**MTOPSTER**: taking this medication

0=No

1=Yes

**GI Meds – count all those with prefix 56.**

56.04 or 56.08 or 56.08.01 or 56.10 or 56.12 or 56.16 or 56.22.08 or 56.22.20 or 56.22.92 or 56.28 or 56.28.12 or 56.28.32 or 56.28.36 or 56.32 or 56.36 or 56.92 or 58.10

**MGI\_C**: count of these medications

**MGI**: taking this medication

0=No

1=Yes

**A. Cathartics – count all those with code 56.12 (only)**

**MCATH**: taking this medication

0=No

1=Yes

**B. Anti-emetics – count all those with code 56.22.08 or 56.22.92**

**MANTIEMET**: taking this medication

0=No

1=Yes

**C. Anti-ulcer – count all with prefix 56.28**

56.28.12 or 56.28.32 or 56.28.36

**MULCER\_C**: count of these medications

**MULCER**: taking this medication

0=No

1=Yes

**1. H2antagonists – count all those with code 56.28.12 (only)**

**MH2ANT**: taking this medication

0=No

1=Yes

**2. Sulcralfate – count all those with code 56.28.32 (only)**

**MSULC**: taking this medication



0=No

1=Yes

**3. PPIs – count all those with code 56.28.36 (only)**

**MPPI:** taking this medication

0=No

1=Yes

**Hormones – count all with prefix 68.**

68.04 or 68.04.01 or 68.08 or 68.12 or 68.16.04 or 68.16.12 or 68.20.04 or 68.20.08 or 68.20.16 or 68.20.20 or 68.20.28 or 68.20.92 or 68.24 or 68.32 or 68.36.04 or 68.36.08 or 88.68

**MHORM\_C:** count of these medications

**MHORM:** taking this medication

0=No

1=Yes

**A. Prednisone – count all with code 68.04.01 (only)**

No count variable because subject can only be taking 1 of these medications

**MPRED:** taking this medication

0=No

1=Yes

**B. Estrogen – count all with code 68.16.04 (only)**

**MESTRO:** taking this medication

0=No

1=Yes

**C. Androgens – count all with code 68.08 (only)**

**MTESTOS:** taking this medication

0=No

1=Yes

**D. Raloxifene – count all with code 68.16.12 (only)**

**MRALOX:** taking this medication

0=No

1=Yes

**E. Antidiabetic agents – count all with prefix 68.20.**

68.20.04 or 68.20.08 or 68.20.16 or 68.20.20 or 68.20.28 or 68.20.92

**MANTIDB\_C:** count of these medications

**MANTIDB\_D:** duration taking these medications

**MANTIDB:** taking this medication

0=No

1=Yes

**1. Metformin – count all with code 68.20.04 (only)**

No count variable because subject can only be taking 1 of these medications

**MMETFORMIN\_D:** duration taking these medications

**MMETFORMIN:** taking this medication

0=No

1=Yes

**2. Insulin – count all with code 68.20.08 (only)**

**MINSU\_D:** duration taking these medications

**MINSU:** taking this medication

0=No

1=Yes

**3. Meglit – count all with code 68.20.16 (only)**

No count variable because subject can only be taking 1 of these medications

**MMEGL\_D:** duration taking these medications

**MMEGL:** taking this medication

0=No

1=Yes

**4. Sulfonylureas – count all with code 68.20.20 (only)**

**MSULF\_D:** duration taking these medications

**MSULF:** taking this medication

0=No

1=Yes

**5. Glitazones – count all with code 68.20.28 (only)**

**MGLIT\_D:** duration taking these medications

**MGLIT:** taking this medication

0=No

1=Yes

**6. Alpha glucosidase inhibitors – count all with code 68.20.92 (only)**

**MALFGLUC\_D:** duration taking these medications

**MALFGLUC:** taking this medication

0=No

1=Yes

**F. Calcitonin – count all with code 68.24 (only)**

No count variable because subject can only be taking 1 of these medications

**MCALCI:** taking this medication

0=No

1=Yes

**G. Thyroid replacement– count all with code 68.36.04 (only)**

**MTHYREP:** taking this medication

0=No

1=Yes

**H. Anti-thyroid -- count all with code 68.36.08 (only)**

**MANTTHY:** taking this medication

0=No  
1=Yes

**Antibiotics – count all with code:**

8.12 or 8.12.06 or 8.12.18 or 8.12.20 or 8.12.28.30 or 8.22

**MANTIBIOT\_C**: count of these medications

**MANTIBIOT**: taking this medication

0=No  
1=Yes

**Antifungal – count all with prefix 8.18**

'8.14.08' '8.14.04' '8.14.92'

**MANTFUN\_C**: count of these medications

**MANTIFUN**: taking this medication

0=No  
1=Yes

**Antiviral – count all with prefix 8.18**

8.18 or 8.18.08 or 8.18.08.08 or 8.18.20 or 8.18.32

**MANTIV\_C**: count of these medications

**MANTIV**: taking this medication

0=No  
1=Yes

**Anti-HIV: count all with code:**

8.18 or 8.18.08 or 8.18.08.08

**MANTIHIV\_C**: count of these medications

**MANTIHIV**: taking this medications

0= No  
1=Yes

**Skin Agents – count all with prefix 84.**

84.04 or 84.04.04 or 84.04.08 or 84.04.08.08 or 84.04.12 or 84.04.16 or 84.06 or 84.08 or 84.24 or 84.32 or 84.92

**MSKIN\_C**: count of these medications

**MSKIN**: taking this medication

0=No  
1=Yes

**Skeletal Muscle – count all with prefix 86.**

86.12 or 86.16

**MSKMUS**: taking this medication

0=No  
1=Yes

**A. GU muscle – count all with code 86.12 (only)**

**MGUMUS**: taking this medication

0=No

1=Yes

**B. Theophylline – count all with code 86.16 (only)**

**MTHEOPHYL**: taking this medication

0=No

1=Yes

**Vitamins – count all with prefix 88.**

88.04 or 88.08 or 88.08.01 or 88.08.02 or 88.08.05 or 88.08.06 or 88.08.07 or 88.08.08 or 88.12 or 88.16 or 88.16.01 or 88.16.02 or 88.16.04 or 88.20 or 88.24 or 88.28 or 88.72 or 24.06.92.92 or 24.06.92

**MVIT\_C**: count of these medications

**MVIT**: taking this medication

0=No

1=Yes

**A. Vitamin A – count all with code 88.04 or 24.06.92.92**

**MVITASUPP**: taking this medication

0=No

1=Yes

**B. Multivitamins – count all with code 88.28 (only)**

**MMULTV**: taking this medication

0=No

1=Yes

**C. Vitamin B Supplements -- count all with code in ('88.08', '88.08.01', '88.08.02', '88.08.05', '88.08.06', '88.08.07', '24.06.92', OR '88.08.08')**

**MVITBSUPP**: taking this medication:

0=No

1= Yes

**D. Vitamin B 12 – count all with code 88.08.01 (only)**

**MVITB12SUPP**: taking this medication

0=No

1=Yes

**E. Folic Acid – count all with code 88.08.02 (only)**

**MFOLSUPP**: taking this medication

0=No

1=Yes

**F. Pantothenic Acid – count all with code 88.08.05 (only)**

**MVITPASUPP**: taking this medication

0=No

1=Yes

**G. Vitamin B 6 – count all with code 88.08.06 (only)**

**MVITB6SUPP**: taking this medication

0=No

1=Yes

**H. Vitamin B 2 – count all with code 88.08.07 (only)**

**MVITB2SUPP**: taking this medication

0=No

1=Yes

**I. Vitamin B 1 – count all with code 88.08.08 (only)**

**MVITB1SUPP**: taking this medication

0=No

1=Yes

**J. Vitamin C – count all with code 88.12 (only)**

**MVITCSUPP**: taking this medication

0=No

1=Yes

**K. Vitamin D – count all with code:**

88.16 or 88.16.01 or 88.16.02 or 24.06.92.92

**MVITDSUPP**: taking this medication

0=No

1=Yes

**L. Vitamin E – count all with code 88.20 (only)**

**MVITESUPP**: taking this medication

0=No

1=Yes

**M. Vitamin K – count all with code 88.24 (only)**

**MVITKSUPP**: taking this medication

0=No

1=Yes

**N. Zinc – count all with code 88.30 (only)**

**MZINCSUPP**: taking this medication

0=No

1=Yes

**O. Niacin – count all with code 24.06.92 (only)**

**MNIACIN**: taking this medication

0=No

1=Yes

**Herbals -- count all with code:**

88.40 or 88.41 or 88.44 or 88.45 or 88.46 or 88.47 or 88.48 or 88.49 or 88.50 or 88.51 or 88.52 or 88.53 or 88.54 or 88.55 or 88.56 or 88.57 or 88.58 or 88.59 or 88.60 or 88.61 or 88.62 or 88.63 or 88.65 or 88.66 or 88.67 or 88.69 or 88.70 or 88.71 or 88.72 or 88.73 or 88.74 or 88.75 or 88.76 or 88.77 or 88.78 or 88.79 or 88.80 or 88.81 or 88.82 or 88.83 or 88.84 or 88.85 or 89.00 or 24.06.92.92

**MHERBAL**: taking this medication

0=No

1=Yes

**A. Flax – count all with code 88.47 (only)**

**MFLXSUPP**: taking this medication

0=No

1=Yes

**B. Garlic – count all with code 88.48 (only)**

**MGARSUPP**: taking this medication

0=No

1=Yes

**C. Melatonin – count all with code 88.50 (only)**

**MMELSUPP**: taking this medication

0=No

1=Yes

**D. Zeaxanthin – count all with code 88.57 (only)**

**MZEASUPP**: taking this medication

0=No

1=Yes

**E. Lutein – count all with code 88.72 (only)**

**MLUTSUPP**: taking this medication

0=No

1=Yes

**Miscellaneous – count all with prefix 92.**

92.00 or 92.01 or 92.02 or 92.03 or 92.04 or 92.06 or 92.07 or 92.09 or 92.11 or 92.12 or 92.13 or 92.17 or 20.12.28

**MMISC\_C**: count of these medications

**A. Alpha reductase inhibitors for benign prostatic hypertrophy – count all with code 92.02 (only)**

**MBPH**: taking this medication

0=No

1=Yes

**B. Anti-gout – count all with code 40.40 or 92.04**

**MANTIGOUT:** taking this medication

0=No

1=Yes

**C. Bone resorption inhibitors –count all with code 92.07 (only)**

No count variable because subject can only be taking 1 of these medications

**MBONEINH:** taking this medication

0=No

1=Yes

**D. Disease modifying antirheumatic drugs – count all with code 92.09 (only)**

**MANRHEUM:** taking this medication

0=No

1=Yes

**E. Imunosuppressive agents – count all with code 92.11 (only)**

**MIMUSUPPR:** taking this medication

0=No

1=Yes

**F. Leukotriene Modifiers– count all with code 92.12 (only)**

**MLEUKOTRI:** taking this medication

0=No

1=Yes

**G. Pepto-Bismol – code 56.08.01**

**MPEPTO** – taking this medication

0 = No

1 = Yes

**H. DHEA – count all with code 88.68 (only)**

**MDHEASUPP:** taking this medication

0=No

1=Yes

**Respiratory Meds** \*For Doug Brugge, March 08;

**A. Asthma – count all with code: 52.08 or 92.12 or 92.13 or 12.12.01 or 86.16**

**MASTHMA\_D:** duration taking these medications

**MASTHMA:** taking this medication

0=No

1=Yes

**B. Asthcopd – count all with code: 52.08 or 68.04 or 68.04.01 or 12.12.01 or 12.12.02**

**MASTHCOPD\_D:** duration taking these medications

**MASTHCOPD:** taking this medication

0=No

1=Yes

**C. Astoth – count all with code: 52.08 or 68.04 or 4.04 or 4.08**

**MASTOTH\_D**: duration taking these medications

**MASTOTH**: taking this medication

0=No

1=Yes

**D. Cough – count all with code: 48.08 or 48.16 or 12.04 or 4.04**

**MCOUGH\_D**: duration taking these medications

**MCOUGH**: taking this medication

0=No

1=Yes

**E. Copd – count all with code: 12.08.08 or 12.12.01**

**MCOPD\_D**: duration taking these medications

**MCOPD**: taking this medication

0=No

1=Yes

**F. Nosmoke – count all with code: 12.92**

**MNOSMOKE\_D**: duration taking these medications

**MNOSMOKE**: taking this medication

0=No

1=Yes

**G. Rhin – count all with code: 28.24.92 or 12.04**

**MRHIN\_D**: duration taking these medications

**MRHIN**: taking this medication

0=No

1=Yes

**H. Decon – count all with this code: 12.12.02**

**MDECON\_D**: duration taking these medications

**MDECON**: taking this medication

0=No

1=Yes



**INTERVIEWER'S OBSERVATIONS AND COMMENTS (OBS)****INTERVIEWER:** Please complete this section after concluding the interview.

1. Language of Interview	1. English 2. Spanish 3. Both, English and Spanish	<b>OBS1</b>
2. Sample Person Status	1. Normally mobile 2. Only seen in bed 3. Only seen in a wheelchair	<b>OBS2</b>
3. Mental Condition	1. Confused at times 2. Cognitive deficit (retarded or demented) 3. Not noted 4. Normal	<b>OBS3</b>
4. Sight  <i>With or without glasses? Ask if S is wearing contact lenses.</i>	A. 1. Blind 2. Visually impaired 3. Not noted 4. Normal B. 1. With glasses/contacts 2. Without glasses/contacts	<b>OBS4A</b>  <b>OBS4B</b>
5. Hearing	A. 1. Deaf 2. Severely hearing impaired 3. Slightly hearing impaired 4. Not noted 5. Normal B. Using hearing aid? 1. Yes 0. No	<b>OBS5A</b>  <b>OBS5B</b>
6. Gait	1. Normal 2. Shuffling 3. Difficulty keeping their balance 4. Other:  _____	<b>OBS6</b>  <b>OBS6B</b>
	Codes:	<b>OBS6C</b>
7. Other problems?	Describe; part of body:	<b>OBS7</b>
7a. Amputations	1. Upper body 2. Lower body 3. Normal	<b>OBS7A</b>
7b. Tremor	1. Upper body 2. Lower body 3. Normal	<b>OBS7B</b>
7c. Deformity	1. Upper body 2. Lower body 3. Normal	<b>OBS7C</b>
7d. Loss of Function; can't use	1. Upper body 2. Lower body 3. Normal	<b>OBS7D</b>
7e. Other:	1. Upper body 2. Lower body 3. Normal	<b>OBS7E</b>

(Observations Continued...)

8. Skin tone:	<ol style="list-style-type: none"> <li>1. Dark</li> <li>2. Medium</li> <li>3. Light</li> <li>4. White</li> </ol>	<b>OBS8</b>
9. How would you rate Subject's ability to understand English?	<ol style="list-style-type: none"> <li>1. Excellent</li> <li>2. Very Good</li> <li>3. Good</li> <li>4. Fair</li> <li>5. Poor</li> <li>6. NA: English was not spoken during the interview</li> </ol>	<b>OBS9</b>
10. How would you rate the Subject's ability to speak clearly in Spanish?	<ol style="list-style-type: none"> <li>1. Excellent</li> <li>2. Very Good</li> <li>3. Good</li> <li>4. Fair</li> <li>5. Poor</li> <li>6. NA: Spanish was not spoken during the interview</li> </ol>	<b>OBS10</b>
11. Type of structure in which Subject lives:	<ol style="list-style-type: none"> <li>1. Trailer</li> <li>2. Detached, single family house</li> <li>3. Duplex/Two family house</li> <li>4. House converted to apartments</li> <li>5. Rowhouse or townhouse with 3 or more units, 3 stories or less)</li> <li>6. Apartment building with 5 or more units, 3 stories or less</li> <li>7. Apartment building with 5 or more units, 4 stories or more</li> <li>8. Apartment in a partly commercial structure</li> <li>9. Rooming or boarding house; structure not specified</li> <li>97. Other</li> </ol>	<b>OBS11</b>
12. Additional comments		<b>OBS12</b>

## APPENDICES

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**ALLOSTATIC LOAD CUTOFFS TABLE**

<b>MEASURE</b>	<b>MacArthur ALLOLOAD</b>	<b>Wisconsin ALLOLOAD_SEX</b>	<b>AL data ALLOLOAD_Q</b>	<b>AL data, sex specific ALLOLOAD_QSEX</b>	<b>Clinical ALLOLOADCLI NICAL</b>
Systolic BP	≥ 148	M: ≥ 148.5 F: ≥ 144	≥ 146.3	M: ≥ 148.3 F: ≥ 145.8	>140
Diastolic BP	≥ 83	M: ≥ 87.5 F: ≥ 80	≥ 87.8	M: ≥ 89.0 F: ≥ 86.8	>90
Waist/hip ratio	≥ 0.94	M: ≥ 0.97 F: ≥ 0.86	≥ 0.99	M: ≥ 1.01 F: ≥ 0.96	---
Waist circumference	---	---	---	---	M: >102 F: >88
Chol/HDL ratio	≥ 5.9	M: ≥ 5.6 F: ≥ 4.8	≥ 4.9	M: ≥ 5.2 F: ≥ 4.8	---
Chol	---	---	---	---	≥240
HDL	≤ 37	M: ≤ 36 F: ≤ 45	≤ 36	M: ≤ 32 F: ≤ 39	<40
Glycos. HGB (%)	≥ 7.1	M: ≥ 6.0 F: ≥ 6.0	≥ 7.6	M: ≥ 7.4 F: ≥ 7.7	>7.0
Cortisol**	≥ 25.7	M: ≥ 41.5 F: ≥ 49.5	≥ 38.6	M: ≥ 41.1 F: ≥ 37.4	M: ≥ 41.5 F: ≥ 49.5
Norepi**	≥ 48	M: ≥ 30.5 F: ≥ 46.9	≥ 48.5	M: ≥ 42.6 F: ≥ 50.5	M: ≥ 30.5 F: ≥ 46.9
Epi**	≥ 5	M: ≥ 2.8 F: ≥ 3.6	≥ 4.9	M: ≥ 5.3 F: ≥ 4.7	M: ≥ 2.8 F: ≥ 3.6
DHEAS (ng/mL)	≤ 350	M: ≤ 605 F: ≤ 330	≤ 370	M: ≤ 570 F: ≤ 330	M: ≤589.5 F: ≤368.5
CRP	≥ 4.6	M: ≥ 4.9 F: ≥ 7.3	≥ 7.6	M: ≥ 4.9 F: ≥ 8.5	>3

## POVERTY GUIDELINES

### Poverty Guidelines 2004-2009

Size of Family Unit	2004		2005		2006		2007		2008		2009	
	120%		120%		120%		120%		120%		120%	
	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline
One person	9,310	11,172	9,570	11,484	9,800	11,760	10,210	12,252	10,400	12,480	10,830	12,996
Two persons	12,490	14,988	12,830	15,396	13,200	15,840	13,690	16,428	14,000	16,800	14,570	17,484
Three persons	15,670	18,804	16,090	19,308	16,600	19,920	17,170	20,604	17,600	21,120	18,310	21,972
Four persons	18,850	22,620	19,350	23,220	20,000	24,000	20,650	24,780	21,200	25,440	22,050	26,460
Five persons	22,030	26,436	22,610	27,132	23,400	28,080	24,130	28,956	24,800	29,760	25,790	30,948
Six persons	25,210	30,252	25,870	31,044	26,800	32,160	27,610	33,132	28,400	34,080	29,530	35,436
Seven persons	28,390	34,068	29,130	34,956	30,200	36,240	31,090	37,308	32,000	38,400	33,270	39,924
Eight persons	31,570	37,884	32,390	38,868	33,600	40,320	34,570	41,484	35,600	42,720	37,010	44,412
Each additional person	3,180	3,816	3,260	3,912	3,400	4,080	3,480	4,176	3,600	4,320	3,740	4,488

Guidelines from US Department of Health and Human Services:

<http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>

Thresholds from US Census Bureau:

<https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

Note: Guidelines calculated based on previous years thresholds.

For example, 2007 poverty guidelines are based upon 2006 poverty thresholds.

<http://aspe.hhs.gov/poverty/07computations.shtml>

## NEUROPSYCHOLOGICAL EXAMS

The following 21 (7 tests) contain a battery of Neuropsychological testing. Be sure to carefully follow the instructions during the administration of each test. In addition, if a proxy is involved in the interview they should not be present during the testing. The testing should be administered in a quiet area to assure participant concentration.

### Neuropsychological Battery in English

#### Word List Learning

Instrument developed by L. Artiola y Fortuny, PhD © 1999 as a part of the “California Verbal Learning Test” from D. Delis y Cols. Copyright 1993.

#### LIST A

**First Try:** “I am going to read from a list of words. Please listen attentively. Once I have finished I would like for you to repeat the list as best as you can. The order in which you repeat the words does not matter. The most important thing is that you remember as many as you can. Are you ready?”

**Second Try:** “I am going to repeat the list of words. Once again, I would like for you to repeat as many words as you can in whatever order. Please remember to repeat the words you already said the first time.”

**Third Try:** “I am going to repeat once again the same list of words. Once again, I would like for you to repeat all the words that you can in whatever order, including the ones you have said before.”

2. grandfather	5. hippopotamus	9. couch	13. dresser
3. giraffe	6. sofa	10. zebra	14. panther
4. leg	7. eye	11. uncle	15. cousin
5. bed	8. mother	12. hand	16. nose

LIST A	1st Attempt	2nd Attempt	3rd Attempt	4th Attempt	5th Attempt
1. bed					
2. couch					
3. cousin					
4. dresser					
5. eye					
6. giraffe					
7. grandfather					
8. hand					
9. hippopotamus					
10. leg					
11. mother					
12. nose					
13. panther					
14. sofa					
15. uncle					

16. zebra					
17.					
18.					
19.					
20.					
<b>CORRECT</b>	<b>LIS1</b>	<b>LIS2</b>	<b>LIS3</b>	<b>LIS4</b>	<b>LIS5</b>

**LIST B.**

**Instructions:** "Now I am going to read a totally different list. Pay attention and repeat it in the order in which you please."

<b>1. piano</b> <b>2. elephant</b> <b>3. shirt</b> <b>4. head</b> <b>5. leopard</b> <b>6. violin</b> <b>7. foot</b> <b>8. skirt</b>	<b>9. finger</b> <b>10. bear</b> <b>11. dress</b> <b>12. trumpet</b> <b>13. rhinoceros</b> <b>14. coat</b> <b>15. ear</b> <b>16. drum</b>
--	--

<b>LIST B</b>	
<b>1. bear</b>	
<b>2. coat</b>	
<b>3. dress</b>	
<b>4. drum</b>	
<b>5. ear</b>	
<b>6. elephant</b>	
<b>7. finger</b>	
<b>8. foot</b>	
<b>9. head</b>	
<b>10. leopard</b>	
<b>11. piano</b>	
<b>12. rhinoceros</b>	
<b>13. skirt</b>	
<b>14. shirt</b>	



15. trumpet	
16. violin	
17.	
18.	
19.	
20.	
<b>CORRECT</b>	<b>__ LISB __</b>

**SHORT TERM RECALL**

**Instructions:**

*“Now I would like you to repeat the words from the first list that I read 5 times”*

SHORT TERM RECALL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
<b>CORRECT</b> <b>__ LISCLIB __</b>

**SHORT TERM RECALL FACILITATED BY CLUES**

**Instructions:**

*“Please tell me all of the words from the first list that I read you that include animals, family members, etc.”*

SHORT TERM RECALL FACILITATED BY CLUES
<b>1. ANIMALS</b>
2.
3.
4.
5.
<b>6. FAMILY MEMBERS</b>
7.
8.
9.
10.
<b>11. FURNITURE</b>
12.
13.
14.
15.
<b>16. BODY PARTS</b>
17.
18.
19.
20.
<b>CORRECT</b> <b>__ LISCPPIST __</b>

STOP TIME \_\_\_ : \_\_\_

**LONG TERM RECALL**

**20 minutes** after Short Term Recall  
Facilitated by Clues

START TIME: \_\_\_ : \_\_\_

**Instructions:**

*“A little while ago I read you a list of words. I would like you to repeat all the words from the first list, the one I read five times. Please begin.”*

**LONG TERM RECALL  
FACILITATED BY CLUES**

**Instructions:**

*“Please tell me all of the words from the first list that are family members, etc.”*

LONG TERM RECALL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

CORRECT **LISLPLIB**

LONG TERM RECALL FACILITATED BY CLUES
<b>1. FAMILY MEMBERS</b>
2.
3.
4.
5.
<b>6. BODY PARTS</b>
7.
8.
9.
10.
<b>11. ANIMALS</b>
12.
13.
14.
15.
<b>16. FURNITURE</b>
17.
18.
19.
20.
CORRECT <b>LISLPPIST</b>

## RECOGNITION

### Instructions:

"Now let's try this in a different way. I am going to read a list of words. After each word, I would like for you to indicate whether that word was included in the first list or not."

**Interviewer:** Mark the correct responses in the space provided to the right of the word. Do not mark any incorrect responses.

	Items	Yes
1	piano	
2	ear	
3	violin	
4	soap	
5	word	
6	father	
7	dresser	
8	tree	
9	cousin	
10	eye	
11	giraffe	
12	coat	
13	elephant	
14	coma	
15	grandfather	
16	book	
17	hippopotamus	
18	movie	
19	garlic	
20	leg	
21	spoon	
22	arm	
23	couch	
24	drum	
25	mother	
26	hall	
27	foot	
28	zebra	
29	aspirin	
30	hand	
31	bed	
32	tiger	
33	racetrack	
34	uncle	
35	panther	
36	bear	
37	rock	
38	pepper	
39	nose	
40	shirt	
41	table	
42	sofa	
43	jam	
44	handsaw	
	<b>TOTAL</b>	<b>WLLG</b>
	Possible	16

**Naming Words-** *This test is to see the speed with which you can read these words. You will read these words as fast as you can, by column. I will tell you when you should start. Read the first, second, third, fourth and fifth column until I say "STOP". Remember, continue reading in a loud voice, as fast as possible until I say "STOP". If you make a mistake I will say "No", correct the error and continue reading without stopping, until I say "STOP". Ready? Begin! (After 45 seconds): "STOP!"*

[**Interviewer:** Keep the test page on the table so that it will be easier to correct the subject if there is a mistake.]

1. RED		21. BLUE		41. GREEN		61. RED		81. BLUE	
2. GREEN		22. GREEN		42. RED		62. BLUE		82. GREEN	
3. BLUE		23. RED		43. BLUE		63. GREEN		83. RED	
4. GREEN		24. BLUE		44. RED		64. RED		84. BLUE	
5. RED		25. RED		45. GREEN		65. BLUE		85. GREEN	
6. BLUE		26. GREEN		46. BLUE		66. GREEN		86. RED	
7. RED		27. BLUE		47. GREEN		67. BLUE		87. GREEN	
8. BLUE		28. GREEN		48. RED		68. GREEN		88. RED	
9. GREEN		29. RED		49. BLUE		69. RED		89. BLUE	
10. BLUE		30. GREEN		50. GREEN		70. BLUE		90. GREEN	
11. GREEN		31. RED		51. BLUE		71. RED		91. RED	
12. RED		32. BLUE		52. RED		72. GREEN		92. BLUE	
13. GREEN		33. RED		53. BLUE		73. RED		93. GREEN	
14. BLUE		34. BLUE		54. RED		74. GREEN		94. RED	
15. RED		35. GREEN		55. GREEN		75. BLUE		95. BLUE	
16. BLUE		36. BLUE		56. RED		76. GREEN		96. RED	
17. RED		37. GREEN		57. BLUE		77. RED		97. GREEN	
18. GREEN		38. RED		58. GREEN		78. BLUE		98. BLUE	
19. RED		39. BLUE		59. RED		79. GREEN		99. RED	
20. GREEN		40. RED		60. GREEN		80. BLUE		100. GREEN	

Score: Number Correct \_\_\_ **STRPAL**

**Naming Colors-** This part of the test is to see how quickly you can name these colors. I am going to tell you when to start. Name the colors in a loud voice, as fast as you can. Start with the first column, then the second, etc., just like in the previous task, until I say "STOP". When you finish the fifth column continue with the first column until I say "STOP". If you make a mistake, I will let you know. Correct your mistake and continue naming colors in a loud voice as fast as possible. Ready? "Begin" (After 45 seconds): "STOP!"

[Interviewer: Keep the test page on the table so that it will be easier to correct the subject if there is a mistake.]

1. RED		22. RED		41. BLUE		61. GREEN		81. BLUE	
2. BLUE		22. BLUE		42. GREEN		62. RED		82. GREEN	
3. GREEN		23. RED		43. BLUE		63. BLUE		83. RED	
4. RED		24. GREEN		44. RED		64. RED		84. BLUE	
5. BLUE		25. BLUE		45. GREEN		65. GREEN		85. GREEN	
6. RED		26. GREEN		46. BLUE		66. RED		86. BLUE	
7. GREEN		27. RED		47. GREEN		67. GREEN		87. GREEN	
8. BLUE		28. BLUE		48. RED		68. BLUE		88. RED	
9. RED		29. RED		49. BLUE		69. GREEN		89. GREEN	
10. GREEN		30. BLUE		50. GREEN		70. BLUE		90. BLUE	
11. BLUE		31. GREEN		51. RED		71. RED		91. RED	
12. GREEN		32. BLUE		52. GREEN		72. BLUE		92. BLUE	
13. BLUE		33. RED		53. BLUE		73. RED		93. RED	
14. RED		34. GREEN		54. RED		74. GREEN		94. GREEN	
15. GREEN		35. BLUE		55. GREEN		75. BLUE		95. RED	
16. BLUE		36. RED		56. RED		76. GREEN		96. GREEN	
17. RED		37. GREEN		57. BLUE		77. RED		97. BLUE	
18. GREEN		38. BLUE		58. RED		78. GREEN		98. GREEN	
19. BLUE		39. RED		59. GREEN		79. BLUE		99. RED	
20. RED		40. GREEN		60. BLUE		80. RED		100. BLUE	

Score: Number Correct \_\_\_STRCOL

**Naming Colors/Ignoring Words-** *This part of the test is very similar to the one you have just finished. I am going to ask that you name the color of the ink in which the words are written, and ignore the word that it says. Do not read the words. Only name the color of the ink in which it is written. For example, what will you say here? (Point to the first word of the first column; show another example if necessary). Remember, name the color of the ink in a loud voice, as fast as you can, following the order of the columns. I am going to tell you when to start. I will also indicate when you have made a mistake. Correct yourself and continue as fast as you can. Ready? Begin. (After 45 seconds): "STOP!"*

[Interviewer: Keep the test page on the table so that it will be easier to correct the subject if there is a mistake.]

1. BLUE		21. RED		41. BLUE		61. GREEN		81. RED	
2. RED		22. BLUE		42. GREEN		62. RED		82. BLUE	
3. GREEN		23. GREEN		43. RED		63. BLUE		83. GREEN	
4. BLUE		24. RED		44. BLUE		64. GREEN		84. RED	
5. GREEN		25. GREEN		45. RED		65. RED		85. BLUE	
6. RED		26. BLUE		46. GREEN		66. BLUE		86. GREEN	
7. GREEN		27. GREEN		47. RED		67. GREEN		87. RED	
8. RED		28. RED		48. BLUE		68. RED		88. BLUE	
9. BLUE		29. BLUE		49. GREEN		69. BLUE		89. GREEN	
10. RED		30. RED		50. RED		70. GREEN		90. BLUE	
11. BLUE		31. BLUE		51. GREEN		71. BLUE		91. GREEN	
12. GREEN		32. GREEN		52. BLUE		72. RED		92. RED	
13. RED		33. BLUE		53. RED		73. BLUE		93. BLUE	
14. GREEN		34. GREEN		54. GREEN		74. RED		94. GREEN	
15. BLUE		35. RED		55. BLUE		75. GREEN		95. RED	
16. GREEN		36. GREEN		56. GREEN		76. BLUE		96. BLUE	
17. BLUE		37. RED		57. RED		77. GREEN		97. RED	
18. RED		38. BLUE		58. BLUE		78. RED		98. GREEN	
19. GREEN		39. RED		59. GREEN		79. BLUE		99. BLUE	
20. BLUE		40. GREEN		60. BLUE		80. RED		100. RED	

Score: Number Correct \_\_\_ **STRCP**

Neuropsychological Test Battery

**LETTER FLUENCY**

L. ARTIOLA i FORTUN Y D. HERMOSILLO ROMO © 1999

**Instructions:**

*“I am going to say a letter of the alphabet and I want you to say as quickly as you can all the words that you can think of which begin with that letter. You may say any words at all, except proper names such as the names of people or places. So you would not say Rochester or Robert. Also do not use the same word again with a different ending such as eat and eating. For example, if I say S, you could say son, sit, strong, or state. Can you think of other words beginning with the letter S? If the subject has succeeded in giving two appropriate words beginning with the demonstration letter, say, “That is fine. Now I am going to give you another letter and again you say all the words beginning with that letter that you can think of. Remember, no names of people or places, just ordinary words. Also, if you draw a blank, I want you to keep on trying until the time limit is up. You will have one minute for each letter. The first letter is C (The second letter is F, the third letter is L).”* [Interviewer: For each letter, you are allowed to remind the subject of the rules one time, i.e. word endings, proper nouns, and the letter that they are on]

C

F

L

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
	LF1	LF2
		LF3

Score: \_\_\_\_\_



## DIGIT SPAN

L. ARTIOLA I FORTUNY Y D. HERMOSILLO ROMO ©1999  
**INSTRUCTIONS FOR ADMINISTRATION OF THE DIGIT SPAN**

### I. Digits Forward

**Instructions:** “I am going to say some numbers. Listen carefully, and when I am through, I want you to say them right after me. Just say exactly what I say. So for example, if I say 1-2-3, you would say... The sets of numbers will grow longer as I go.” **Interviewer:** Read the number sequences at a slow pace. Say one number at a time. Stop when the subject has both sequences incorrect in the same section.

Sequence 1		Correct y/n	Sequence 2	Correct y/n
1.	9-3		1-5	
2.	5-8-2		6-9-4	
3.	6-4-3-9		7-2-8-6	
4.	4-2-7-3-1		7-5-8-3-6	
5.	6-1-9-4-7-3		3-9-2-4-8-7	
6.	5-9-1-7-4-2-8		4-1-7-9-3-8-6	
7.	5-8-1-9-2-6-4-7		3-8-2-9-5-1-7-4	
8.	2-7-5-8-6-2-5-8-4	DFI	7-1-3-9-4-2-5-6-8	DBI

Digits Forward (**ATVERIDE**) = \_\_\_\_

### II. Digits Backward

**Instructions:** “Now I am going to say some more numbers. But this time when I stop, I want you to say them backward. For example, if I say 1-2-3, now you would say...” [3-2-1] **Interviewer:** Wait for the subject to respond. If the subject’s response is correct, say “Correct”, then begin. If the subject does not respond or the response is incorrect; tell them the correct response and give another example.

Sequence 1		Correct y/n	Sequence 2	Correct y/n
1.	2-4		5-8	
2.	6-2-9		4-1-5	
3.	3-2-7-9		4-9-6-8	
4.	1-5-2-8-6		6-1-8-4-3	
5.	5-3-9-4-1-8		7-2-4-8-5-6	
6.	8-1-2-9-3-6-5		4-7-3-7-1-2-8	
7.	9-4-3-7-6-2-5-8		7-2-8-1-9-6-5-3	

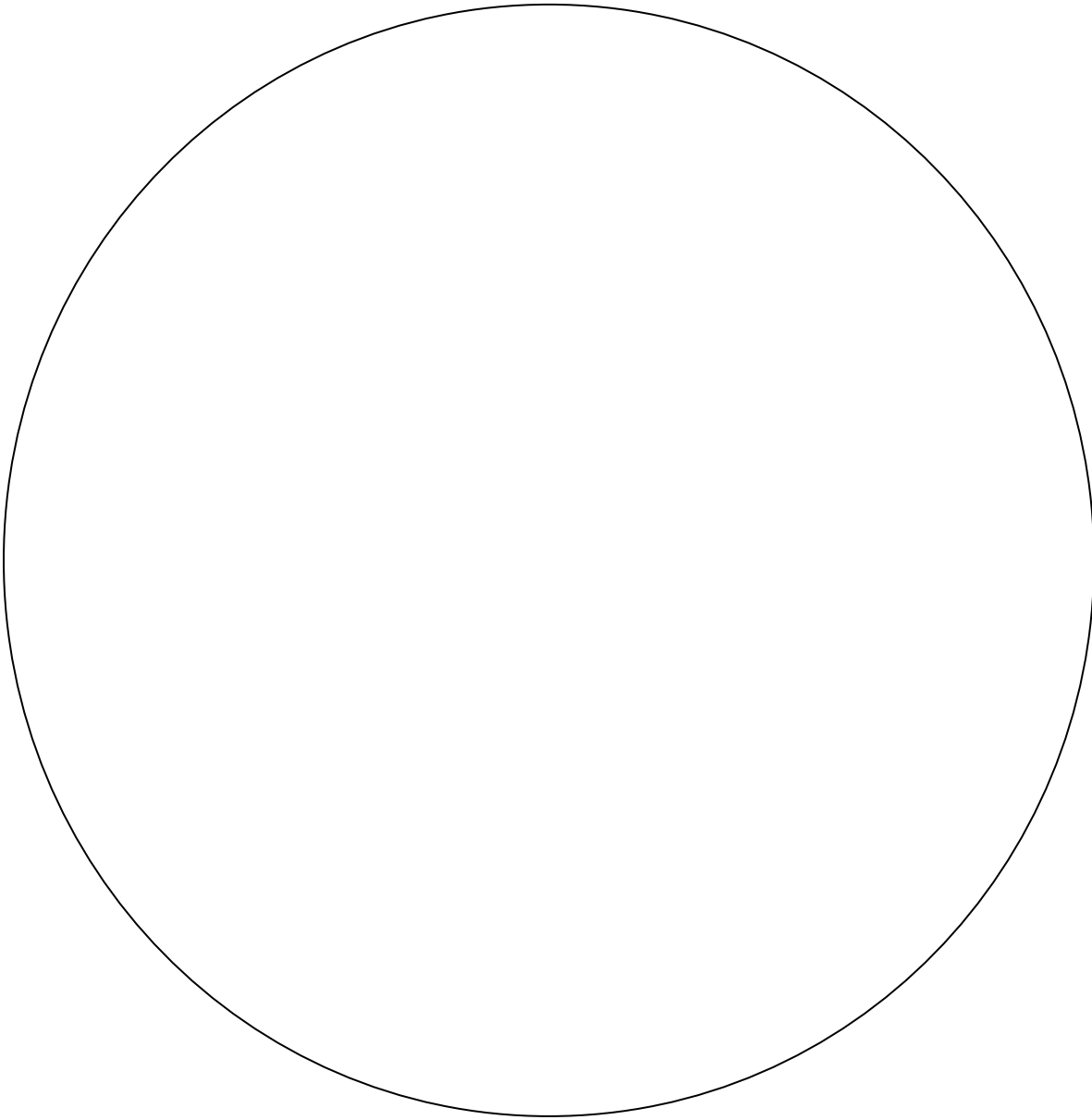
Digits Backward (**ATVERINV**)= \_\_\_\_

## CLOCK DRAWING INSTRUCTIONS

**Instructions:** “Pretend this is the face of a clock. Draw a picture of a clock, with numbers and hands that show the time is ten after eleven.”

**Interviewer:** The circle is provided on the answer sheet. Only use this circle, since the results of the test are affected by the size of the circle (i.e. the smaller the circle, the easier the task). Give one point for the numbers 1 through 12, one point for each correct positioning of the numbers, and one point for two hands of the clock.

Score	Points	
12 numbers (1-12)	0 1	
12 numbers in the correct position	0 1	
2 hands are on the clock	0 1	<b>CLOCK</b>



## Figure Copying

**Instructions:** *“I’m going to give you some pages with designs on them. I’d like you to copy these designs. Copy them here (hold the pages on the long side, and point to the bottom half of the first page). There are 3 pages of designs for you to copy.”*

### **Interviewer:**

1. Give the subject a pencil (or a pen). Allow the subject to erase if he/she desires; however, if he/she continues to erase, assure the subject that the figure looks fine and continue with the examination. If the subject wishes to try a drawing again, ask him to make a second drawing to the side of the first. In this case, score the second drawing.
2. If the subject stops after the first page, prompt him to continue to the other pages.
3. Give the subject one or two minutes to complete the drawing of each figure. If the subject has not started to draw the figure in one minute, reassure him, and turn to the next one. If the subject cannot draw 3 figures in a row, discontinue the test.

**FC1-FC9, FC\_SUM**

