

# Boston Puerto Rican Health Study Wave 3 (~5-year visit) Codebook

<b>(SUBJ) SUBJECT IDENTIFICATION</b> .....	<b>4</b>
<b>DATE &amp; DURATION OF INTERVIEW</b> .....	<b>4</b>
<i>(MMSE) DERIVED MINI-MENTAL STATE EXAMINATION</i> .....	<i>5</i>
<b>(BPA) BLOOD PRESSURE</b> .....	<b>6</b>
<i>DERIVED BLOOD PRESSURE VARIABLES</i> .....	<i>8</i>
<b>(MHA) MIGRATION HISTORY</b> .....	<b>9</b>
<b>(SE) SUN EXPOSURE</b> .....	<b>10</b>
<b>WORK HISTORY AND INCOME</b> .....	<b>11</b>
<b>(FSS) USDA FOOD-SECURITY/HUNGER SCALE</b> .....	<b>12</b>
<b>FOOD SECURITY SCALE</b> .....	<b>14</b>
<i>DERIVED FOOD SECURITY SCALE VARIABLES</i> .....	<i>15</i>
<b>(HC) HOUSEHOLD COMPOSITION</b> .....	<b>16</b>
<i>DERIVED HOUSEHOLD COMPOSITION VARIABLES</i> .....	<i>20</i>
<b>(HI) HOUSEHOLD INCOME</b> .....	<b>21</b>
<i>DERIVED HOUSEHOLD INCOME VARIABLES</i> .....	<i>28</i>
<b>INDIVIDUAL SOCIODEMOGRAPHICS WEALTH</b> .....	<b>29</b>
<b>(ANT) ANTHROPOMETRY SECTION</b> .....	<b>30</b>
<i>DERIVED ANTHROPOMETRY VARIABLES</i> .....	<i>31</i>
<b>(PPT) PHYSICAL PERFORMANCE TESTS</b> .....	<b>32</b>
<i>DERIVED PHYSICAL PERFORMANCE TEST VARIABLES</i> .....	<i>35</i>
<b>(ACT) PHYSICAL ACTIVITY</b> .....	<b>36</b>
<i>DERIVED PHYSICAL ACTIVITY VARIABLES</i> .....	<i>39</i>
<b>(ETP) EXPOSURE TO POLLUTION</b> .....	<b>41</b>
<b>(ADL) FUNCTIONAL STATUS ACTIVITIES OF DAILY LIVING</b> .....	<b>42</b>
<b>(IADL) INSTRUMENTAL ACTIVITIES OF DAILY LIVING</b> .....	<b>44</b>
<i>DERIVED INSTRUMENTAL ACTIVITIES OF DAILY LIVING VARIABLES</i> .....	<i>45</i>
<b>(AT) NERVOUS ATTACKS</b> .....	<b>47</b>
<b>(HHC) HEALTH AND HEALTH CARE</b> .....	<b>48</b>
<b>(INS) HEALTH INSURANCE</b> .....	<b>49</b>
<b>PARTICIPATION IN OTHER RESEARCH STUDIES</b> .....	<b>50</b>
<b>(CODE) INDIVIDUAL RISK BEHAVIORS - HEALTH CARE ACCESS - REGULAR PLACE OF CARE</b> .....	<b>51</b>
<b>(MED) MEDICAL DIAGNOSES</b> .....	<b>52</b>
<b>(HCP) HEART/CIRCULATORY PROBLEMS</b> .....	<b>60</b>
<b>(PAD) PERIPH ARTERIAL DISEASE</b> .....	<b>62</b>
<b>CLAUDICATION SYMPTOMS</b> .....	<b>62</b>
<b>(ME) MENOPAUSE &amp; ESTROGEN (FEMALES ONLY)</b> .....	<b>64</b>
<i>DERIVED CLINICAL MEASUREMENTS AND CONDITIONS VARIABLES</i> .....	<i>66</i>

<b>DERIVED METABOLIC SYNDROME VARIABLES</b> .....	<b>67</b>
<b>FRAMINGHAM RISK SCORES</b> .....	<b>68</b>
<b>ALLOSTATIC LOAD</b> .....	<b>69</b>
<b>(RLS) RESTLESS LEG SYNDROME</b> .....	<b>72</b>
<b>DERIVED RESTLESS LEG SYNDROME VARIABLES</b> .....	<b>73</b>
<b>SLEEP QUESTIONS</b> .....	<b>74</b>
<b>DERIVED SLEEP VARIABLES</b> .....	<b>74</b>
<b>(FHX) FAMILY AND PERSONAL HISTORY OF DISEASE</b> .....	<b>75</b>
<b>DERIVED FAMILY AND PERSONAL HISTORY OF DISEASE VARIABLES</b> .....	<b>77</b>
<b>(ASP) ASPIRIN USE</b> .....	<b>78</b>
<b>(OCMED) OVER-THE-COUNTER MEDICATIONS</b> .....	<b>82</b>
<b>DERIVED MEDICATION VARIABLES</b> .....	<b>83</b>
<b>(TOB) HEALTH BEHAVIORS: TOBACCO USE</b> .....	<b>99</b>
<b>DERIVED TOBACCO USE VARIABLES</b> .....	<b>101</b>
<b>(ALC) HEALTH BEHAVIORS: ALCOHOL USE</b> .....	<b>102</b>
<b>(ASI-A) ALCOHOL ADDICTION SEVERITY INDEX</b> .....	<b>103</b>
<b>(PSS) PERCEIVED STRESS SCALE</b> .....	<b>104</b>
<b>DERIVED PERCEIVED STRESS SCALE VARIABLES</b> .....	<b>105</b>
<b>(PAS) PSYCHOLOGICAL ACCULTURATION SCALE</b> .....	<b>106</b>
<b>DERIVED PSYCHOLOGICAL ACCULTURATION SCALE VARIABLES</b> .....	<b>107</b>
<b>(ACC) ACCULTURATION</b> .....	<b>108</b>
<b>DERIVED ACCULTURATION VARIABLES</b> .....	<b>109</b>
<b>MAHES STRESS SCALE</b> .....	<b>110</b>
<b>DERIVED MAHES STRESS VARIABLES</b> .....	<b>111</b>
<b>(PDQ) PERCEIVED DISCRIMINATION QUESTIONNAIRE</b> .....	<b>112</b>
<b>DERIVED PERCEIVED DISCRIMINATION VARIABLES</b> .....	<b>115</b>
<b>(LS) LONELINESS SCALE</b> .....	<b>116</b>
<b>DERIVED LONELINESS SCALE VARIABLE</b> .....	<b>116</b>
<b>(DS) DEPRESSION SCALE</b> .....	<b>117</b>
<b>DERIVED DEPRESSION SCALE VARIABLES</b> .....	<b>119</b>
<b>(GT) GENERAL TRAUMAS</b> .....	<b>120</b>
<b>DERIVED GENERAL TRAUMA VARIABLES</b> .....	<b>122</b>
<b>(PTD) POST TRAUMATIC DIAGNOSTIC</b> .....	<b>123</b>
<b>DERIVED POST TRAUMATIC STRESS DISORDER VARIABLES</b> .....	<b>126</b>
<b>(COPE) BRIEF COPE</b> .....	<b>127</b>
<b>DERIVED BRIEF COPE VARIABLES</b> .....	<b>129</b>
<b>(SOC) SOCIAL AND COMMUNITY SUPPORT &amp; ASSISTANCE</b> .....	<b>130</b>
<b>DERIVED SOCIAL AND COMMUNITY SUPPORT &amp; ASSISTANCE VARIABLES</b> .....	<b>133</b>
<b>(NSSQ) NORBECK SOCIAL SUPPORT QUESTIONNAIRE</b> .....	<b>134</b>
<b>DERIVED NORBECK SOCIAL SUPPORT QUESTIONNAIRE VARIABLES</b> .....	<b>148</b>
<b>(NFA) NEIGHBORHOOD FOOD AND ACTIVITY QUESTIONNAIRE</b> .....	<b>150</b>
<b>DOPPLER SCREENING</b> .....	<b>158</b>

<b>DERIVED DOPPLER SCREENING VARIABLES.....</b>	<b>160</b>
<b>(OBS) INTERVIEWER'S OBSERVATIONS AND COMMENTS .....</b>	<b>161</b>
<b>END OF INTERVIEW .....</b>	<b>163</b>
<b>LAB VARIABLES.....</b>	<b>164</b>
<b>DERIVED LAB VARIABLES.....</b>	<b>167</b>
<b>APPENDIX.....</b>	<b>171</b>

---

---

**(SUBJ) SUBJECT IDENTIFICATION**

Subject ID \_\_\_\_\_ **STUDYID**

Interviewer Identification:

- PR37
- PR30
- PR36
- PR53
- PR58

**SUBJ2B\_5YR**

---

---

**DATE & DURATION OF INTERVIEW**

**Date & Duration of First Interview Session**

DATE:

\_\_\_\_\_ **END\_DATE1\_5YR**  
((Please click on the TODAY's button and DO NOT enter the date manually))

1a. START TIME:

\_\_\_\_\_ **EOI1A\_5YR**  
((Please click on the NOW button and DO NOT enter the time manually))

---

---

**Date & Duration of Second Interview Session:**

DATE:

\_\_\_\_\_ **END\_DATE2\_5YR**  
((Please click on the TODAY's button and DO NOT enter the date manually))

4a. START TIME:

\_\_\_\_\_ **EOI4A\_5YR**  
((Please click on the NOW button and DO NOT enter the time manually))

---

---

**Date & Duration of Third Interview Session:**

DATE:

\_\_\_\_\_ **END\_DATE3\_5YR**  
((Please click on the TODAY's button and DO NOT enter the date manually))

7a. START TIME:

\_\_\_\_\_ **EOI7A\_5YR**  
((Please click on the NOW button and DO NOT enter the time manually))

## (MMSE) DERIVED MINI-MENTAL STATE EXAMINATION

### MMSEORIENT\_5YR

= MMSE\_SC1\_5YR + MMSE\_SC2\_5YR + MMSE\_SC3\_5YR + MMSE\_SC4\_5YR +  
MMSE\_SC5\_5YR + MMSE\_SC6\_5YR

### MMSELANG\_5YR

= MMSE\_SC10\_5YR + MMSE\_SC11\_5YR + MMSE\_SC12\_5YR + MMSE\_SC13\_5YR +  
MMSE\_SC14\_5YR + MMSE\_SC15\_5YR

### MMSE\_SUM\_5YR

= MMSE\_SC1\_5YR + MMSE\_SC2\_5YR + MMSE\_SC3\_5YR + MMSE\_SC4\_5YR +  
MMSE\_SC5\_5YR + MMSE\_SC6\_5YR + MMSE\_SC7\_5YR + MMSE\_SC8\_5YR + MMSE\_SC9\_5YR +  
MMSE\_SC10\_5YR + MMSE\_SC11\_5YR + MMSE\_SC12\_5YR + MMSE\_SC13\_5YR +  
MMSE\_SC14\_5YR + MMSE\_SC15\_5YR + MMSE\_SC16\_5YR

### MMSE8ATT\_5YR: Attempted MMSE8R\_5YR

0=No

1=Yes

### MMSE\_SUM2\_5YR: (MMSE\_SUM\_5YR excluding MMSE\_SC8\_5YR)

= MMSE\_SC1\_5YR + MMSE\_SC2\_5YR + MMSE\_SC3\_5YR + MMSE\_SC4\_5YR +  
MMSE\_SC5\_5YR + MMSE\_SC6\_5YR + MMSE\_SC7\_5YR + MMSE\_SC9\_5YR + MMSE\_SC10\_5YR  
+ MMSE\_SC11\_5YR + MMSE\_SC12\_5YR + MMSE\_SC13\_5YR + MMSE\_SC14\_5YR +  
MMSE\_SC15\_5YR + MMSE\_SC16\_5YR

**(BPA) BLOOD PRESSURE**

1. Have you taken any medication for high blood pressure/hypertension today?

- No
- Yes
- Don't know
- Refused
- NA

BPA1\_5YR

**Blood Pressure #1**

First Measurement:

- 1. SYSTOLIC \_\_\_\_\_ SYS1A\_5YR
- 2. DIASTOLIC \_\_\_\_\_ DIAS1A\_5YR
- 3. PULSE \_\_\_\_\_ PULSE1A\_5YR
- 4. TIME \_\_\_\_\_ BP1\_AT\_5YR

INTERVIEWER: Time in between measurements must be AT LEAST 3 MINUTES

Second Measurement:

- 1. SYSTOLIC \_\_\_\_\_ SYS1B\_5YR
- 2. DIASTOLIC \_\_\_\_\_ DIAS1B\_5YR
- 3. PULSE \_\_\_\_\_ PULSE1B\_5YR
- 4. TIME \_\_\_\_\_ BP1\_BT\_5YR
- Time in between measurements \_\_\_\_\_ BPA\_TIMEDIF\_5YR

**INTERVIEWR'S COMMENTS:** \_\_\_\_\_ BPA\_C\_5YR

**Blood Pressure #2**

First Measurement:

- 1. SYSTOLIC \_\_\_\_\_ SYS2A\_5YR
- 2. DIASTOLIC \_\_\_\_\_ DIAS2A\_5YR
- 3. PULSE \_\_\_\_\_ PULSE2A\_5YR
- 4. TIME \_\_\_\_\_ BP2AT\_5YR

INTERVIEWER: Time in between measurements must be AT LEAST 3 MINUTES

Second Measurement:

1. SYSTOLIC	_____	<b>SYS2B_5YR</b>
2. DIASTOLIC	_____	<b>DIAS2B_5YR</b>
3. PULSE	_____	<b>PULSE2B_5YR</b>
4. TIME	_____	<b>BP2BT_5YR</b>
Time in between measurements	_____	<b>BPB_TIMEDIF_5YR</b>

**INTERVIEWR'S COMMENTS:** \_\_\_\_\_ **BPB\_C\_5YR**

**Blood Pressure #3**

First Measurement:

1. SYSTOLIC	_____	<b>SYS3A_5YR</b>
2. DIASTOLIC	_____	<b>DIAS3A_5YR</b>
3. PULSE	_____	<b>PULSE3A_5YR</b>
4. TIME	_____	<b>BP3AT_5YR</b>

INTERVIEWER: Time in between measurements must be AT LEAST 3 MINUTES

Second Measurement:

1. SYSTOLIC	_____	<b>SYS3B_5YR</b>
2. DIASTOLIC	_____	<b>DIAS3B_5YR</b>
3. PULSE	_____	<b>PULSE3B_5YR</b>
4. TIME	_____	<b>BP3BT_5YR</b>
Time in between measurements	_____	<b>BPC_TIMEDIF_5YR</b>

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **BPC\_C\_5YR**

**DERIVED BLOOD PRESSURE VARIABLES****SYSBP\_5YR:** average systolic blood pressure

$$= (\text{SYS2A\_5YR} + \text{SYS2B\_5YR} + \text{SYS3A\_5YR} + \text{SYS3B\_5YR})/4$$

**SYSBP\_IMPUTE\_5YR:** imputed average systolic blood pressure

1: SYSBP\_5YR created using less than 4 systolic blood pressure measurement

**SYSBPZZ\_5YR:** clinical variable – systolic hypertension (*Chobanian et al. 2003*)

0: SYSBP\_5YR &lt;140 or DIASBP\_5YR &gt;= 90

1: SYSBP\_5YR &gt;= 140 and DIASBP\_5YR &lt; 90

**DIASBP\_5YR:** average diastolic blood pressure

$$\text{DIASBP\_5YR} = (\text{DIAS2A\_5YR} + \text{DIAS2B\_5YR} + \text{DIAS3A\_5YR} + \text{DIAS3B\_5YR})/4$$

**DIASBP\_IMPUTE\_5YR:** imputed average diastolic blood pressure

1: DIASBP\_5YR created using less than 4 diastolic blood pressure measurements

**HIGHBP\_5YR:** high or low blood pressure

1 = SYSBP\_5YR &gt;=140 or DIASBP\_5YR &gt;=90

0 = SYSBP\_5YR &lt;140 and DIASBP\_5YR &lt;90

**HTN\_5YR:** categories of hypertension (*NIH 1997*)

0: 0 &lt;= SYSBP\_5YR &lt;140 and 0 &lt;= DIASBP\_5YR &lt;90 and HTNMED\_5YR =0 (not taking hypertension meds)

1: SYSBP\_5YR &gt;=140 or DIASBP\_5YR &gt;=90 or HTNMED\_5YR =1 (taking hypertension meds)

**HTNMED\_5YR:** taking hypertension medications (see medication section)

1: YES

0: NO

**ALLOHIGHBP\_5YR:** alternative categories of blood pressure

0 = SYSBP\_5YR &lt;148 and DIASBP\_5YR &lt;83

1 = SYSBP\_5YR &gt;=148 or DIASBP\_5YR &gt;=83

**PULSE\_5YR:** average pulse

$$\text{PULSE\_5YR} = (\text{PULSE2A\_5YR} + \text{PULSE2B\_5YR} + \text{PULSE3A\_5YR} + \text{PULSE3B\_5YR})/4$$



**(MHA) MIGRATION HISTORY**

**Instructions:** Now I would like to ask you if you have recently visited Puerto Rico and if so for how long you visited.

CO-INFORMANT

No PROXYMH\_5YR  
 Yes

1. Have you gone to Puerto Rico since your last interview? (Remind SUBJ of the date of their last interview)

No  
 Yes  
 ((If NO, skip to next section) MH13\_5YR

2. When was your last visit? If SUBJ has trouble remembering, PROMPT In what month did you go? Did you arrive at the beginning of the month? The end of the month?

\_\_\_\_\_ MH14\_5YR  
 (If SUBJ says beginning code day as 15 & if SUBJ says end code day as 30)

3. When did you return to \_\_\_\_\_  
 (Insert neighborhood where participant lives)?

\_\_\_\_\_ MH15T\_5YR

3. DATE If SUBJ has trouble remembering, PROMPT In what month did you return? Did you return at the beginning of the month? The end of the month?

\_\_\_\_\_ MH15\_5YR  
 (If SUBJ says beginning code day as 15 & if SUBJ says end code day as 30)

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_

MH\_C\_5YR

**(SE) SUN EXPOSURE**

CO-INFORMANT

- No  
 Yes

PROXSE\_5YR

**10 YEARS:**

**Instructions:** The following questions refer to your place of residence and your migration history over the past years.

1a. Based on the past ten years, how many years or months have you lived in the Northeastern United States (Massachusetts, New York, etc.)

\_\_\_\_\_ SE1AA\_5YR  
 (Year)

\_\_\_\_\_ SE1AM\_5YR  
 (Months)

1b. Based on the past ten years, how many years or months have you lived in Puerto Rico, the Southern United States, or another area with a similar climate?

\_\_\_\_\_ SE1BA\_5YR  
 (Year)

\_\_\_\_\_ SE1BM\_5YR  
 (Months)

**PAST YEAR (12 Months):**

2a. In the past (1) year, how many months have you lived in the northeastern areas of United States (Massachusetts, New York, etc.)?

\_\_\_\_\_ SE2A\_5YR  
 (Months)

2b. In the past (1) year, how many months have you lived in Puerto Rico, the Southern United States, or another area with a similar climate?

\_\_\_\_\_ SE2B\_5YR  
 (Months)

3. On average, how many hours per week do you spend outdoors during the summer? (DO NOT include time spent inside vehicles / cars / buses)

\_\_\_\_\_ SE3A\_5YR  
 (hours per day (If Don't Know enter 98))

Or

\_\_\_\_\_ SE3B\_5YR  
 (hours per week)

4. When you spend time outdoors during the summer, what parts of your skin are usually exposed to the sun?

- Face only  
 Face and hands  
 Face, hands and arms  
 Face, hands, arms and legs  
 Not applicable
- SE4A\_5YR

4b. When you go out, do you normally use sunscreen/SPF?

- No  
 Yes  
 Don't Know  
 Not Applicable
- SE4B\_5YR

**INTERVIEWER'S COMMENTS:**

SE\_C\_5YR

**WORK HISTORY AND INCOME**

**Instructions:** The following questions will refer to your work history and income.

- CO-INFORMANT PROXWH\_5YR
- No  
 Yes
1. Since your last interview, have you held a paid job for more than three months? WH1\_5YR
- No  
 Yes  
 ((If NO, GO TO #7) )
2. Are you currently working? WH5\_5YR
- No  
 Yes  
 ((If NO, GO TO #6) )
3. What is your current job? Type of job WH6A\_5YR
- \_\_\_\_\_
4. How many hours per week do you work? WH7\_5YR
- \_\_\_\_\_
5. When do you plan to stop working? WH8\_5YR
- \_\_\_\_\_
- (Year (Enter 9998 if dk) (Answer and skip to #7))
6. Why did you stop working? (PROBE: For health reasons?) WH11A\_5YR
- \_\_\_\_\_
7. Who manages the household money? WH12B\_5YR
- Yourself (Study subject)  
 Spouse  
 Son/Stepson  
 Daughter/Stepdaughter  
 Brother/Brother-in-law  
 Sister/Sister-in-law  
 Grandson  
 Granddaughter  
 Other  
 Both Subject and spouse

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ WH\_C\_5YR

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

**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

- No
- Yes

PROXFSS\_5YR

SCREENER

1. Which of these statements best describes the food eaten in your household in the last 12 months?

- Enough of the kinds of food we want to eat (GO TO SECTION B)
- Enough but not always the kinds of food we want (GO TO 1b)
- Sometimes not enough to eat (GO TO 1a)
- Often not enough (GO TO 1a)
- Refused (GO TO SECTION B)
- Don't know (GO TO SECTION B)

FSS1\_5YR

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.

1. Not enough money for food

- No
- Yes
- Don't know

FSS1A1\_5YR

2. Not enough time for shopping or cooking

- No
- Yes
- Don't know

FSS1A2\_5YR

3. Too hard to get to the store

- No
- Yes
- Don't know

FSS1A3\_5YR

4. On a diet

- No
- Yes
- Don't know

FSS1A4\_5YR

5. No working stove available

- No
- Yes
- Don't know

FSS1A5\_5YR

6. Not able to cook or eat because of health problems

- No
- Yes
- Don't know

FSS1A6\_5YR

7. Other

FSS1A7\_5YR

1B. Here are some reasons why people don't always have the quality or variety of food they want. For each one, please tell me if that is a reason why YOU don't always have the kinds of food you want to eat.

1. Not enough money for food

- No
- Yes
- Don't know

FSS1B1\_5YR

2. Kinds of food (I/we) want not available

- No
- Yes
- Don't know

FSS1B2\_5YR

3. Not enough time for shopping or cooking

- No
- Yes
- Don't know

FSS1B3\_5YR

4. Too hard to get to the store

- No
- Yes
- Don't know

FSS1B4\_5YR

5. On a special diet

- No
- Yes
- Don't know

FSS1B5\_5YR

Other, specify

\_\_\_\_\_ FSS1B6\_5YR

## 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."]

- |  |  |          |
|--|--|----------|
| 1. (I / We) worried whether (my/our) food would run out before (I / we) got money to buy more. | <input type="checkbox"/> Frequently<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Never<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Refused | FSS2_5YR |
| 2. The food that (I / we) bought just didn't last, and (I / we) didn't have money to get more. | <input type="checkbox"/> Frequently<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Never<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Refused | FSS3_5YR |
| 3. (I / we) couldn't afford to eat balanced meals.   | <input type="checkbox"/> Frequently<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Never<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Refused | FSS4_5YR |

### 1st-level screen:

Proceed with Stage 2 below if Subject answers EITHER (1. Frequently or 2. Sometimes) to (question #1, 2 or 3) above OR (3. or 4.) to (question #1) in previous page. Otherwise STOP HERE and GO TO NEXT SECTION

- |   |   |           |
|---|---|-----------|
| 4. 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? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br>((If NO, GO TO #5))  | FSS5_5YR  |
| 4a. How often did this happen?  | <input type="checkbox"/> Almost every month<br><input type="checkbox"/> Some months<br><input type="checkbox"/> 1-2 months<br>((READ ANSWER OPTIONS)) | FSS5A_5YR |
| 5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes   | FSS6_5YR  |
| 6. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes   | FSS7_5YR  |

7. In the last 12 months, did you lose weight because you didn't have enough money for food?  No  Yes FSS8\_5YR

**2nd - level screen:**

Proceed with Stage 3 below if Subject answer (1. Yes) to (question #5, 6 OR 7) above. Otherwise STOP HERE and GO TO NEXT SECTION

8. 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?  No  Yes FSS9\_5YR  
 ((If NO GO to next section))

8a. How often did this happen?  Almost every month  Some months  1-2 months FSS9A\_5YR  
 ((READ ANSWER OPTIONS))

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ FSS\_C\_5YR

**DERIVED FOOD SECURITY SCALE 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>

**FS3G\_5YR:**

- 1: food secure
- 2: food insecure without hunger
- 3: food insecure with hunger

**FSG\_5YR:**

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

**(HC) HOUSEHOLD COMPOSITION**

CO-INFORMANT

- No
- Yes

PROXHC\_5YR

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

1. How many persons live here, including yourself? \_\_\_\_\_ **HC1\_5YR**

How many persons 0-5 years old live here, including yourself? \_\_\_\_\_ **HC1B\_5YR**

How many persons 6-12 years old live here, including yourself? \_\_\_\_\_ **HC1C\_5YR**

2. Who are the members of your household?

**SUBJECT (HOUSEHOLD MEMBER 1)**

Age: \_\_\_\_\_ **HC2AGE1\_5YR**

Sex:  Male  Female **FEMALE\_5YR**

**HOUSEHOLD MEMBER 2**

Relationship:

- Subject
- Spouse
- Son/Stepson
- Daughter/Stepdaughter
- Brother/Brother-in-law
- Sister/Sister-in-law
- Grandson
- Granddaughter
- Other

**HC2R2\_5YR**

Age: \_\_\_\_\_ **HC2AGE2\_5YR**

Sex:  Female  Male **HC2SX2\_5YR**

**HOUSEHOLD MEMBER 3**

Relationship:

- Subject
- Spouse
- Son/Stepson
- Daughter/Stepdaughter
- Brother/Brother-in-law
- Sister/Sister-in-law
- Grandson
- Granddaughter
- Other

**HC2R3\_5YR**

Age: \_\_\_\_\_ **HC2AGE3\_5YR**



Sex:  Female HC2SX3\_5YR  
 Male

---

---

**HOUSEHOLD MEMBER 4**

Relationship:  Subject HC2R4\_5YR  
 Spouse  
 Son/Stepson  
 Daughter/Stepdaughter  
 Brother/Brother-in-law  
 Sister/Sister-in-law  
 Grandson  
 Granddaughter  
 Other

Age: \_\_\_\_\_ HC2AGE4\_5YR

Sex:  Female HC2SX4\_5YR  
 Male

---

---

**HOUSEHOLD MEMBER 5**

Relationship: \_\_\_\_\_ HC2R5\_5YR

Age: \_\_\_\_\_ HC2AGE5\_5YR

Sex:  Female HC2SX5\_5YR  
 Male

---

---

**HOUSEHOLD MEMBER 6**

Relationship: \_\_\_\_\_ HC2R6\_5YR

Age: \_\_\_\_\_ HC2AGE6\_5YR

Sex:  Female HC2SX6\_5YR  
 Male

---

---

**HOUSEHOLD MEMBER 7**

Relationship: \_\_\_\_\_ HC2R7\_5YR

Age: \_\_\_\_\_ HC2AGE7\_5YR

Sex:  Female HC2SX7\_5YR  
 Male

---



---

**HOUSEHOLD MEMBER 8**

Relationship: \_\_\_\_\_ **HC2R8\_5YR**  
 Age: \_\_\_\_\_ **HC2AGE8\_5YR**  
 Sex:  Female **HC2SX8\_5YR**  
        Male

---



---

**HOUSEHOLD MEMBER 9**

Relationship: \_\_\_\_\_ **HC2R9\_5YR**  
 Age: \_\_\_\_\_ **HC2AGE9\_5YR**  
 Sex:  Female **HC2SX9\_5YR**  
        Male

---



---

**HOUSEHOLD MEMBER 10**

Relationship: \_\_\_\_\_ **HC2R10\_5YR**  
 Age: \_\_\_\_\_ **HC2AGE10\_5YR**  
 Sex:  Female **HC2SX10\_5YR**  
        Male

---



---

**HOUSEHOLD MEMBER 11**

Relationship: \_\_\_\_\_ **HC2R11\_5YR**  
 Age: \_\_\_\_\_ **HC2AGE11\_5YR**  
 Sex:  Female **HC2SX11\_5YR**  
        Male

---



---

**HOUSEHOLD MEMBER 12**

Relationship: \_\_\_\_\_ **HC2R12\_5YR**  
 Age: \_\_\_\_\_ **HC2AGE12\_5YR**  
 Sex:  Female **HC2SX12\_5YR**  
        Male

**HOUSEHOLD MEMBERS**

3. Do any one other than you rents or owns this house

- No or apartment?
- Yes

**HC3A\_5YR**

a. Who is this person ?

- Household member 1 **HC3\_5YR\_1**
- Household member 2 **HC3\_5YR\_2**
- Household member 3 **HC3\_5YR\_3**
- Household member 4 **HC3\_5YR\_4**
- Household member 5 **HC3\_5YR\_5**
- Household member 6 **HC3\_5YR\_6**
- Household member 7 **HC3\_5YR\_7**
- Household member 8 **HC3\_5YR\_8**
- Household member 9 **HC3\_5YR\_9**
- Household member 10 **HC3\_5YR\_10**
- Household member 11 **HC3\_5YR\_11**
- Household member 12 **HC3\_5YR\_12**

((if S is HH head, select HOUSEHOLD MEMBER 1, AND select the other one from your list above) )

b. What was the highest grade completed by \_\_\_\_\_ (HH head)?

- No schooling
- Kindergarten to 4th grade
- 5th to 6th grade
- 7th to 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- High school graduate HS diploma or equivalent/GED
- Some college credit, but less than 1 year
- One or more years of college no degree
- Associate degree i.e. AA, AS Bachelor's degree, i.e. BA, BS, AB Masters (i.e. MS, MA, MEng, MBA) Professional degree, (i.e. MD, JD, DDS) Doctorate degree, (i.e. PhD, EdD) Refused
- Don't remember (dr)
- Don't know (dk)
- ((Answer for other member)) **HC7\_5YR**

4. Is the home where you live

- Owned or being bought by you (or someone in your household)?
- Rented for money?
- Occupied without payment of money or rent?
- Other **HC4X\_5YR**

Other, specify

\_\_\_\_\_ **HC4TX\_5YR**

5. How many years have you been living here in this (house/ apartment)?

\_\_\_\_\_ **HC5B1\_5YR**

How many months have you been living here in this (house/ apartment)?

\_\_\_\_\_ **HC5B2\_5YR**

6. CURRENT MARITAL STATUS: Which of the following categories best describes your current marital status?

- Married/ living as married, spouse in HH
- Married, spouse not in HH
- Divorced/ separated
- Widowed
- Never married

((READ ALL CATEGORIES)) **HC8\_5YR**

INTERVIEWER'S COMMENTS: \_\_\_\_\_

HC\_C\_5YR

**DERIVED HOUSEHOLD COMPOSITION VARIABLES**

**AGE\_5YR:** Calculated from date of visit and birth date  
 = int((END\_DATE1\_5YR - BDATE)/365.25)

**VIS3\_DT\_5YR:** date of five year visit  
 = END\_DATE1\_5YR

**VIS2\_DT\_2YR:** date of two year visit

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

**YEARVIS\_5YR:** year of five year visit

**TIMEDIFF\_VIS1\_5YR:** Years between baseline and five year visit

**TIMEDIFF\_VIS2\_5YR:** Years between two year and five year visit

**FEMALE:** sex of subject

1: female

0: male

**HC5\_5YR:** time in years living at current residence

**EDUC3:** reclassified education of subject **BASELINE VARIABLE**

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 **BASELINE VARIABLE**

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, **BASELINE VARIABLE**

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)

**(HI) HOUSEHOLD INCOME**

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  No PROXHI\_5YR  
 Yes

**SUBJECT (HOUSEHOLD MEMBER 1**

Source of Income  Employment HI1SI\_5YR\_0  
 TANF HI1SI\_5YR\_1  
 SSI HI1SI\_5YR\_2  
 SSDI HI1SI\_5YR\_3  
 Child Support HI1SI\_5YR\_4  
 Pension HI1SI\_5YR\_5  
 Retirement HI1SI\_5YR\_6  
 Food Stamps (ATDP) HI1SI\_5YR\_7  
 Other1 HI1SI\_5YR\_8  
 Other2 HI1SI\_5YR\_9

((CHECK ALL THAT APPLY))

Amount (Employment) HI1AMT0\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency (Employment)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ0\_5YR

Amount (TANF) HI1AMT1\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency (TANF)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ1\_5YR

Amount (SSI) HI1AMT2\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency (SSI)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ2\_5YR

Amount (SSDI) HI1AMT3\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency (SSDI)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ3\_5YR

Amount (Child Support) HI1AMT4\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency (Child Support)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ4_5YR
Amount (Pension)	_____ (Codes: -997 Refused -998 DK)	HI1AMT5_5YR
Frequency (Pension)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ5_5YR
Amount (Retirement)	_____ (Codes: -997 Refused -998 DK)	HI1AMT6_5YR
Frequency (Retirement)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ6_5YR
Amount (Food Stamps - ATDP)	_____ (Codes: -997 Refused -998 DK)	HI1AMT7_5YR
Frequency (Food Stamps - ATDP)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ7_5YR
Other 1, specify:	_____	HI1SI8T_5YR
Amount:	_____ (Codes: -997 Refused -998 DK)	HI1AMT8_5YR
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ8_5YR
Other 2, specify:	_____	HI1SI9T_5YR
Amount:	_____ (Codes: -997 Refused -998 DK)	HI1AMT9_5YR
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ9_5YR

**HOUSEHOLD MEMBER 2**

Relationship to Subject 1:	_____ (Use Codes from previous page)	HI_2_5YR
Source of Income	<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Food Stamps (ATDP) <input type="checkbox"/> Other1 <input type="checkbox"/> Other2	HI2SI_5YR_0 HI2SI_5YR_1 HI2SI_5YR_2 HI2SI_5YR_3 HI2SI_5YR_4 HI2SI_5YR_5 HI2SI_5YR_6 HI2SI_5YR_7 HI2SI_5YR_8 HI2SI_5YR_9

((CHECK ALL THAT APPLY))

Amount (Employment)	<hr/>	HI2AMT0_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (Employment)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ0_5YR
Amount (TANF)	<hr/>	HI2AMT1_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (TANF)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ1_5YR
Amount (SSI)	<hr/>	HI2AMT2_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (SSI)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ2_5YR
Amount (SSDI)	<hr/>	HI2AMT3_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (SSDI)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ3_5YR
Amount (Child Support)	<hr/>	HI2AMT4_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (Child Support)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ4_5YR
Amount (Pension)	<hr/>	HI2AMT5_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (Pension)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ5_5YR
Amount (Retirement)	<hr/>	HI2AMT6_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (Retirement)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ6_5YR
Amount (Food Stamps - ATDP)	<hr/>	HI2AMT7_5YR
	(Codes: -997 Refused -998 DK)	
Frequency (Food Stamps - ATDP)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI2FREQ7_5YR

Other 1, specify: \_\_\_\_\_ **HI2SI8T\_5YR**

Amount: \_\_\_\_\_ **HI2AMT8\_5YR**  
(Codes: -997 Refused -998 DK)

Frequency:  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI2FREQ8\_5YR**

Other 2, specify: \_\_\_\_\_ **HI2SI9T\_5YR**

Amount: \_\_\_\_\_ **HI2AMT9\_5YR**  
(Codes: -997 Refused -998 DK)

Frequency:  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI2FREQ9\_5YR**

---

**HOUSEHOLD MEMBER 3**

Relationship to Subject 1: \_\_\_\_\_ **HI\_3\_5YR**  
(Use Codes from previous page)

Source of Income:  Employment **HI3SI\_5YR\_0**  
 TANF **HI3SI\_5YR\_1**  
 SSI **HI3SI\_5YR\_2**  
 SSDI **HI3SI\_5YR\_3**  
 Child Support **HI3SI\_5YR\_4**  
 Pension **HI3SI\_5YR\_5**  
 Retirement **HI3SI\_5YR\_6**  
 Food Stamps (ATDP) **HI3SI\_5YR\_7**  
 Other1 **HI3SI\_5YR\_8**  
 Other2 **HI3SI\_5YR\_9**  
 ((CHECK ALL THAT APPLY))

Amount \_\_\_\_\_ **HI3AMT0\_5YR**  
(Codes: -997 Refused -998 DK)

Frequency  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI3FREQ0\_5YR**

Amount (TANF) \_\_\_\_\_ **HI3AMT1\_5YR**  
(Codes: -997 Refused -998 DK)

Frequency (TANF)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI3FREQ1\_5YR**

Amount (SSI) \_\_\_\_\_ **HI3AMT2\_5YR**  
(Codes: -997 Refused -998 DK)

Frequency (SSI)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI3FREQ2\_5YR**



Amount (SSDI)		<u>HI3AMT3_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (SSDI)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ3_5YR
Amount (Child Support)		<u>HI3AMT4_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (Child Support)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ4_5YR
Amount (Pension)		<u>HI3AMT5_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (Pension)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ5_5YR
Amount (Retirement)		<u>HI3AMT6_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (Retirement)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ6_5YR
Amount (Food Stamps - ATDP)		<u>HI3AMT7_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (Food Stamps - ATDP)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ7_5YR
Other 1, specify:		<u>HI3SI8T_5YR</u>
Amount:		<u>HI3AMT8_5YR</u> (Codes: -997 Refused -998 DK)
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ8_5YR
Other 2, specify:		<u>HI3SI9T_5YR</u>
Amount:		<u>HI3AMT9_5YR</u> (Codes: -997 Refused -998 DK)
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ9_5YR

**HOUSEHOLD MEMBER 4**

Relationship to Subject 1:	<u>HI_4_5YR</u> ((Use Codes from previous page))
Source of Income:	<input type="checkbox"/> Employment <span style="float: right;">HI4SI_5YR_0</span> <input type="checkbox"/> TANF <span style="float: right;">HI4SI_5YR_1</span> <input type="checkbox"/> SSI <span style="float: right;">HI4SI_5YR_2</span> <input type="checkbox"/> SSDI <span style="float: right;">HI4SI_5YR_3</span> <input type="checkbox"/> Child Support <span style="float: right;">HI4SI_5YR_4</span> <input type="checkbox"/> Pension <span style="float: right;">HI4SI_5YR_5</span> <input type="checkbox"/> Retirement <span style="float: right;">HI4SI_5YR_6</span> <input type="checkbox"/> Food Stamps (ATDP) <span style="float: right;">HI4SI_5YR_7</span> <input type="checkbox"/> Other1 <span style="float: right;">HI4SI_5YR_8</span> <input type="checkbox"/> Other2 <span style="float: right;">HI4SI_5YR_9</span> ((CHECK ALL THAT APPLY))
Amount (Employment)	<u>HI4AMT0_5YR</u> (Codes: -997 Refused -998 DK)
Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <span style="float: right;">HI4FREQ0_5YR</span>
Amount (TANF)	<u>HI4AMT1_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (TANF)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <span style="float: right;">HI4FREQ1_5YR</span>
Amount (SSI)	<u>HI4AMT2_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (SSI)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <span style="float: right;">HI4FREQ2_5YR</span>
Amount (SSDI)	<u>HI4AMT3_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (SSDI)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <span style="float: right;">HI4FREQ3_5YR</span>
Amount (Child Support)	<u>HI4AMT4_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (Child Support)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <span style="float: right;">HI4FREQ4_5YR</span>
Amount (Pension)	<u>HI4AMT5_5YR</u> (Codes: -997 Refused -998 DK)
Frequency (Pension)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <span style="float: right;">HI4FREQ5_5YR</span>

Amount (Retirement) HI4AMT6\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency (Retirement) HI4FREQ6\_5YR

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Food Stamps - ATDP) HI4AMT7\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency (Food Stamps - ATDP) HI4FREQ7\_5YR

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 1, specify: HI4SI8T\_5YR

---

Amount: HI4AMT8\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency: HI4FREQ8\_5YR

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Other 2, specify: HI4SI9T\_5YR

---

Amount: HI4AMT9\_5YR  
 (Codes: -997 Refused -998 DK)

Frequency: HI4FREQ9\_5YR

- Weekly
- Bi-Weekly
- Monthly
- Yearly

---

INTERVIEWER'S COMMENTS: HI\_C\_5YR

---

**DERIVED HOUSEHOLD INCOME VARIABLES****HI\_EMPLOY\_5YR**

$$= \text{SUM}(\text{HI1YEAR0\_5YR}, \text{HI2YEAR0\_5YR}, \text{HI3YEAR0\_5YR}, \text{HI4YEAR0\_5YR})$$
**HI\_TANF\_5YR**

$$= \text{SUM}(\text{HI1YEAR1\_5YR}, \text{HI2YEAR1\_5YR}, \text{HI3YEAR1\_5YR}, \text{HI4YEAR1\_5YR})$$
**HI\_SSI\_5YR**

$$= \text{SUM}(\text{HI1YEAR2\_5YR}, \text{HI2YEAR2\_5YR}, \text{HI3YEAR2\_5YR}, \text{HI4YEAR2\_5YR})$$
**HI\_SSDI\_5YR**

$$= \text{SUM}(\text{HI1YEAR3\_5YR}, \text{HI2YEAR3\_5YR}, \text{HI3YEAR3\_5YR}, \text{HI4YEAR3\_5YR})$$
**HI\_CHILD\_5YR**

$$= \text{SUM}(\text{HI1YEAR4\_5YR}, \text{HI2YEAR4\_5YR}, \text{HI3YEAR4\_5YR}, \text{HI4YEAR4\_5YR})$$
**HI\_PENSION\_5YR**

$$= \text{SUM}(\text{HI1YEAR5\_5YR}, \text{HI2YEAR5\_5YR}, \text{HI3YEAR5\_5YR}, \text{HI4YEAR5\_5YR})$$
**HI\_RETIRE\_5YR**

$$= \text{SUM}(\text{HI1YEAR6\_5YR}, \text{HI2YEAR6\_5YR}, \text{HI3YEAR6\_5YR}, \text{HI4YEAR6\_5YR})$$
**HI\_STAMP\_5YR**

$$= \text{SUM}(\text{HI1YEAR7\_5YR}, \text{HI2YEAR7\_5YR}, \text{HI3YEAR7\_5YR}, \text{HI4YEAR7\_5YR})$$
**HI\_OTHER1\_5YR**

$$= \text{SUM}(\text{HI1YEAR8\_5YR}, \text{HI2YEAR8\_5YR}, \text{HI3YEAR8\_5YR}, \text{HI4YEAR8\_5YR})$$
**HI\_OTHER2\_5YR**

$$= \text{SUM}(\text{HI1YEAR9\_5YR}, \text{HI2YEAR9\_5YR}, \text{HI3YEAR9\_5YR}, \text{HI4YEAR9\_5YR})$$
**HI\_TOT\_5YR**

$$\text{HI\_TOT\_5YR} = \text{HI\_EMPLOY\_5YR} + \text{HI\_TANF\_5YR} + \text{HI\_SSI\_5YR} + \text{HI\_SSDI\_5YR} + \\ \text{HI\_CHILD\_5YR} + \text{HI\_PENSION\_5YR} + \text{HI\_RETIRE\_5YR} + \text{HI\_STAMP\_5YR} + \\ \text{HI\_OTHER1\_5YR} + \text{HI\_OTHER2\_5YR}$$
**HI\_NOTEMPLOY\_5YR**

$$= \text{HI\_TOT\_5YR} - \text{HI\_EMPLOY\_5YR}$$

\*\*\*Note, all the variables used to create these derived variables (HI1YEAR0\_5YR – HI1YEAR9\_5YR, HI2YEAR0\_5YR – HI2YEAR9\_5YR, HI3YEAR0\_5YR – HI3YEAR9\_5YR, HI4YEAR0\_5YR – HI4YEAR9\_5YR) 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 (VIS3\_DT\_5YR), size of family unit (HC1\_5YR), total household income (HI\_TOT\_5YR), and threshold dollar amount.

**POVINC\_5YR:** (HHS Poverty Guidelines per year)

1: HI\_TOT\_5YR <= Threshold

0: HI\_TOT\_5YR > Threshold

**INCOMEPOVRATIO\_5YR:** Income to poverty ratio

= HI\_TOT\_5YR / Threshold

**POVINC120\_5YR:** 120% Income to poverty

1: INCOMEPOVRATIO\_5YR <= 120

0: INCOMEPOVRATIO\_5YR >120

---

## INDIVIDUAL SOCIODEMOGRAPHICS WEALTH

---

1. Do you or anyone else living with you own a car, truck, or van?
- No  
 Yes ISW1\_5YR
2. Is there a computer or other device in the household that can be used to access the internet?
- No  
 Yes  
 Yes, someone else owns it ((If NO, GO to #3)) ISW2\_5YR
- 2a. How often do you use it?
- Daily  
 Weekly  
 Monthly  
 Yearly  
 Less than once a year/never ISW2A\_5YR
3. Do you own a cell phone?
- No  
 Yes ((If NO, GO to #4)) ISW3\_5YR
- How often do you use it?
- Daily  
 Weekly  
 Monthly  
 Yearly  
 Less than once a year/never ISW3A\_5YR
4. Altogether, what is the present value of your total savings, assets, (anything of value you possess such as investments), and property (including home?)
- Less than \$500  
 \$500 to \$4,999  
 \$5,000 to \$9,999  
 \$10,000 to \$24,999  
 \$25,000 to \$49,999  
 \$50,000 to \$99,999  
 \$100,000 to \$199,999  
 \$200,000 to \$299,999  
 \$300,000 to \$499,999  
 \$500,000 or more  
 Refused  
 Don't know ISW4\_5YR
5. If you or anyone else living with you lost your current source of income (your paycheck, public assistance, or other forms of income), how long could you continue to live at your current address and standard of living?
- Less than 1 month  
 1-2 months  
 3-6 months  
 7-12 months  
 More than a year ISW5\_5YR

---

INTERVIEWER'S COMMENTS:

ISW\_C\_5YR

---

**(ANT) ANTHROPOMETRY SECTION**

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

- 1. Have you lost or gained weight in the last 6 months?
  - No
  - Yes
  - Don't know ANT1\_5YR
  - ((If NO or Don't Know, GO TO #5))
  
- 2a. How many pounds have you lost or gained? ANT2A\_5YR  
 (lbs)
  
- 2b.
  - Lost
  - Gained ANT2B\_5YR
  
- 3. Was the weight loss/gain intentional?
  - No
  - Yes
  - Don't know ANT3\_5YR
  - ((If YES, GO TO #5))
  
- 4. Why do you think you lost or gained weight? ANT4\_5YR  
 \_\_\_\_\_
  
- For 5a-9b: 997 - not performed for safety reasons*  
 998 - subject refused measurement  
 999 - unable to obtain measurement
  
- 5a. Weight ANT5A\_5YR  
 \_\_\_\_\_  
 (lbs)
  
- 5b. Weight ANT5B\_5YR  
 \_\_\_\_\_  
 (lbs)
  
- 6a. Standing Height (cm) ANT6A\_5YR  
 \_\_\_\_\_
  
- 6b. Standing Height (cm) ANT6B\_5YR  
 \_\_\_\_\_
  
- 7. Posture
  - Straight
  - Slightly stooped - (between straight and 45'o angle)
  - Very stooped - (45'o angle) ANT7\_5YR
  
- 8a. Knee height (cm) ANT8A\_5YR  
 \_\_\_\_\_
  
- 8b. Knee height (cm) ANT8B\_5YR  
 \_\_\_\_\_
  
- 9a. Waist: Measurement at point of bellybutton (cm) ANT9A\_5YR  
 \_\_\_\_\_
  
- 9b. Waist: Measurement at point of bellybutton (cm) ANT9B\_5YR  
 \_\_\_\_\_

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ ANT\_C\_5YR

**DERIVED ANTHROPOMETRY VARIABLES**

*Note: Hip circumference was not measured during this stage.*

**KNEE\_HT\_5YR:** average knee height (cm)

$$\text{KNEE\_HT\_5YR} = (\text{ANT8A\_5YR} + \text{ANT8B\_5YR})/2$$

**HT\_M\_5YR:** average of height measurements (m)

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

$$(\text{ANT6A\_5YR}/100 + \text{ANTB\_5YR}/100)/2$$

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

*If OBS7A\_5YR = 2 (i.e. if the subject has lower body amputations), then*

*HT\_M\_5YR = (68.68 + 1.90\*KNEE\_HT\_5YR - 0.123\*AGE\_5YR)/100 for Females.*

*HT\_M\_5YR = (76.02 + 1.79\*KNEE\_HT\_5YR - 0.070\*AGE\_5YR)/100 for Males*

**WT\_KG\_5YR:** average weight (kg)

$$\text{WT\_KG\_5YR} = (\text{ANT5A\_5YR}/2.2 + \text{ANT5B\_5YR}/2.2)/2$$

**WAIST\_5YR:** average waist size (cm)

$$\text{WAIST\_5YR} = (\text{ANT9A\_5YR} + \text{ANT9B\_5YR})/2$$

**BMI\_5YR:** body mass index (BMI)

$$\text{BMI\_5YR} = \text{WT\_KG\_5YR}/(\text{HT\_M\_5YR})^2$$

if WT\_KG\_5YR = **997** or HT\_M\_5YR = **997** then BMI\_5YR = **997**

if WT\_KG\_5YR = **998** or HT\_M\_5YR = **998** then BMI\_5YR = **998**

if WT\_KG\_5YR = **999** or HT\_M\_5YR = **999** then BMI\_5YR = **999**

**BMI\_IMPUTE\_5YR**

if OBS7A\_5YR=**2** then BMI\_IMPUTE\_5YR=**1**

**BMIZZ\_5YR:** BMI according to NIH 2000

0: if BMI\_5yr < **25**

1: if **25** <= BMI\_5yr < **30**

2: BMI\_5yr >= **30**

**BMIZZ2\_5YR:** BMI with increased intervals

0: BMI\_5YR < **18.5**

1: **18.5** <= BMI\_5YR < **25**

2: **25** <= BMI\_5YR < **30**

3: **30** <= BMI\_5YR < **35**

4: **35** <= BMI\_5YR < **40**

5: BMI\_5YR >= **40**

**WAISTZZ\_5YR:** categorizing waist based on NIH 2000

0: FEMALE=**1** and WAIST\_5YR<=**102**

0: FEMALE=**2** and WAIST\_5YR<=**88**

1: FEMALE=**1** and WAIST\_5YR>**102**

1: FEMALE=**2** and WAIST\_5YR>**88**

## (PPT) PHYSICAL PERFORMANCE TESTS

### 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.]

Setting (kg):INTERVIEWER: set the dynamometer to the size of the hand of the subject and record that size here. \_\_\_\_\_ PPT1A\_5YR

Measurements:

Trial 1:  
Right Hand (Force in Kg) \_\_\_\_\_ PPT1B1\_5YR

Left Hand (Force in Kg) \_\_\_\_\_ PPT1B2\_5YR

Trial 2:  
Right Hand (Force in Kg) \_\_\_\_\_ PPT1C1\_5YR

Left Hand (Force in Kg) \_\_\_\_\_ PPT1C2\_5YR

Trial 2:  
Right Hand (Force in Kg) \_\_\_\_\_ PPT1D1\_5YR

Left Hand (Force in Kg) \_\_\_\_\_ PPT1D2\_5YR

### 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.

Right Foot Number of Taps \_\_\_\_\_ PPT2A1\_5YR  
(If unable to do, or refused, please indicate why)  
-96. Unable to do (ex. Chair bound)  
-97. Refused  
-98. Not performed, safety reasons  
-99. Not done due to equipment problem  
(ex. Interviewer did not have mat)

Left Foot Number of Taps \_\_\_\_\_ PPT2A2\_5YR  
(If unable to do, or refused, please indicate why)  
-96. Unable to do (ex. Chair bound)  
-97. Refused  
-98. Not performed, safety reasons  
-99. Not done due to equipment problem  
(ex. Interviewer did not have mat)

Right Foot Time for taps (30 seconds maximum): \_\_\_\_\_ PPT2B1\_5YR  
(Sec)

Left Foot Time for taps (30 seconds maximum): \_\_\_\_\_ PPT2B2\_5YR  
(Sec)

If unable to do, or refused, or not performed please indicate why \_\_\_\_\_ PPT2\_5YR



---

### 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.

- a. Chair Height: From floor to lowest point of chair \_\_\_\_\_ PPT3A\_5YR  
(cm)
- b. Chair stands: \_\_\_\_\_ PPT3B\_1\_5YR  
(# completed)  
*Instructions: You must go from sitting to standing as fast as you can 5 times without using your arms for help.*  
-96. Unable to do (ex. Chair bound)  
-97. Refused  
-98. Not performed, safety reasons  
-99. Not done due to equipment problem (ex. No suitable chair)
- INTERVIEWER: If unable to do, or refused, or not performed please indicate why \_\_\_\_\_ PPT3\_5YR
- Time: If five stands done successfully \_\_\_\_\_ PPT3C\_5YR  
(Sec)
- 

### 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.]

- Total time \_\_\_\_\_ PPT4A\_5YR  
*Instructions: Try to hold this position until I say "stop".*  
-96. Unable to do  
-97. Refused  
-98. Not performed, safety reasons  
0. Walking aid needed to perform test  
(sec. (maximum 10 sec.))  
(If coded as 0, or -96, -98, skip tests 4 and 5)
- INTERVIEWER: If unable to do, or refused, please indicate why \_\_\_\_\_ PPT4\_5YR
- a. Compensatory Movements (a) Moves arms  No  
 Yes PPT4B\_A\_5YR
- b. Compensatory Movements (b) Trunk swaying  No  
 Yes PPT4B\_B\_5YR
- 

### 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.

- Total time: \_\_\_\_\_ PPT5A\_5YR  
*Instructions: Try to hold this position until I say "stop".*  
-96. Unable to do  
-97. Refused  
-98. Not performed, safety reasons  
(sec (maximum 10 sec.))  
(If coded as -96 ~ -98, GO to NEXT SECTION))

INTERVIEWER: If unable to do, or refused, please indicate why \_\_\_\_\_ PPT5\_5YR

a. Compensatory Movements (a) Moves arms  No  Yes PPT5B\_A\_5YR

b. Compensatory Movements (b) Trunk swaying  No  Yes PPT5B\_B\_5YR

**6. 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.

a. 10 Foot Walk  Subject is able to do this test  
 Unable to do, holds on to object (ex. Wall or chair, NOT walking aid)  
 Unable to do (ex. Chair bound)  Refused PPT7AX\_5YR  
 Not performed, safety reasons  
 Equipment problem/no 10 foot walk area  
 ((If coded as -95 ~ -99, GO to NEXT SECTION))

INTERVIEWER: If unable to do, or refused, or not performed or equipment problems, please indicate why \_\_\_\_\_ PPT7\_5YR

b. Stagger, Unsteady  No  Yes PPT7B\_B\_5YR

c. Walking aid  No  Yes  NA PPT7C\_5YR

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

d. Time 1: \_\_\_\_\_ PPT7D\_5YR  
 -95 Unable to do, holds on to object (ex. Wall or chair NOT walking aid) (sec (If coded as -95 ~ -98, GO to NEXT SECTION))  
 -97. Refused  
 -98. Not performed, safety reasons

INTERVIEWER: If unable to do, or refused, or not performed please indicate why \_\_\_\_\_ PPT7\_2\_5YR

**Instructions:** Now, I would like you to walk down and back as fast as it feels safe and comfortable to you.

e. Time 2: \_\_\_\_\_ PPT7E\_5YR  
 -95 Unable to do, holds on to object (ex. Wall or chair NOT walking aid) (sec (If coded as -95 ~ -98, GO to NEXT SECTION))  
 -97. Refused  
 -98. Not performed, safety reasons

INTERVIEWER: If unable to do, or refused, or not performed please indicate why \_\_\_\_\_ PPT7\_3\_5YR

INTERVIEWER: Record the setting for the 10 ft walk.

g. Type of walking surface  Uncarpeted  Low carpet  Other PPT7G\_5YR

Other, specify \_\_\_\_\_ PPT7GT\_5YR

INTERVIEWER'S COMMENTS:

PPT\_C\_5YR

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

**PPT2M\_5YR:** Time to complete 5 foot taps, unclear which foot

**HANDGRIP\_SC\_5YR:** Maximum handgrip score

**BALANCE\_A\_5YR:** Balance time

**BBALANCE\_A\_5YR:** Able to maintain balance for 10 seconds

1: Yes

0: No

**(ACT) PHYSICAL ACTIVITY**

**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 and where you do this activity circling all that apply. Let's think about this past week as an example.

CO-INFORMANT:  No  Yes PROXACT\_5YR

Last week, on a USUAL WEEKDAY (we will do the same for a WEEKEND DAY afterwards), how much time did you spend:

**SLEEPING AND LYING DOWN (even if not sleeping, night-time sleep, naps and reclining) ASK EACH SEPARATELY, THEN SUM.**

1a. Weekday: \_\_\_\_\_ ACT1A\_5YR  
(Hours per day for a usual WEEKDAY)

1b. Weekend: \_\_\_\_\_ ACT1B\_5YR  
(Hours per day for a usual WEEKEND day)

(IF ZERO to both 1a and 1b SKIP to 2a))

Please report where the activity is done

- ACT1C\_5YR\_1
- ACT1C\_5YR\_2
- ACT1C\_5YR\_3
- ACT1C\_5YR\_97

- Home inside
  - Home outside (ex. porch or yard)
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_ ACT1CT\_5YR

**VIGOROUS ACTIVITY: (brisk walking, digging in the garden, strenuous sports, jogging, sustained swimming, chopping wood, heavy carpentry, bicycling on hills, etc.)**

2a. Weekday: \_\_\_\_\_ ACT2A\_5YR  
(Hours per day for a usual WEEKDAY:)

2b. Weekend: \_\_\_\_\_ ACT2B\_5YR  
(Hours per day for a usual WEEKEND day)

(IF ZERO to both 2a and 2b SKIP to 3a)

Please report where the activity is done

- ACT2C\_5YR\_1
- ACT2C\_5YR\_2
- ACT2C\_5YR\_3
- ACT2C\_5YR\_4
- ACT2C\_5YR\_5
- ACT2C\_5YR\_6
- ACT2C\_5YR\_7
- ACT2C\_5YR\_8
- ACT2C\_5YR\_97

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_ ACT2CT\_5YR

**MODERATE ACTIVITY (heavy housework, light sports, regular walking, dancing, yard work, painting, repairing, light carpentry, bicycling on level ground, etc.)**

3a. Weekday: \_\_\_\_\_ **ACT3A\_5YR**  
(Hours per day for a usual WEEKDAY)

3b. Weekend: \_\_\_\_\_ **ACT3B\_5YR**  
(Hours per day for a usual WEEKEND day)

(IF ZERO to both 3a and 3b SKIP to 4a))

Please report where the activity is done

- ACT3C\_5YR\_1*
- ACT3C\_5YR\_2*
- ACT3C\_5YR\_3*
- ACT3C\_5YR\_4*
- ACT3C\_5YR\_5*
- ACT3C\_5YR\_6*
- ACT3C\_5YR\_7*
- ACT3C\_5YR\_8*
- ACT3C\_5YR\_97*

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_ **ACT3CT\_5YR**

**LIGHT ACTIVITY: (office work, light housework, driving a car, strolling, personal care, standing with little motion etc.)**

4a. Weekday: \_\_\_\_\_ **ACT4A\_5YR**  
(Hours per day for a usual WEEKDAY)

4b. Weekend: \_\_\_\_\_ **ACT4B\_5YR**  
(Hours per day for a usual WEEKEND day)

(IF ZERO to both 4a and 4b SKIP to 5a))

Please report where the activity is done

- ACT4C\_5YR\_1*
- ACT4C\_5YR\_2*
- ACT4C\_5YR\_3*
- ACT4C\_5YR\_4*
- ACT4C\_5YR\_5*
- ACT4C\_5YR\_6*
- ACT4C\_5YR\_7*
- ACT4C\_5YR\_8*
- ACT4C\_5YR\_97*

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_ **ACT4CT\_5YR**

**SITTING ACTIVITY: (eating, reading, watching TV, listening to the radio etc.)**

5a. Weekday: \_\_\_\_\_ **ACT5A\_5YR**  
(Hours per day for a usual WEEKDAY)

5b. Weekend:

\_\_\_\_\_ **ACT5B\_5YR**  
 (Hours per day for a usual WEEKEND day)

(IF ZERO to both 5a and 5b SKIP to 6a)

Please report where the activity is done

- ACT5C\_5YR\_1
- ACT5C\_5YR\_2
- ACT5C\_5YR\_3
- ACT5C\_5YR\_4
- ACT5C\_5YR\_5
- ACT5C\_5YR\_6
- ACT5C\_5YR\_7
- ACT5C\_5YR\_8
- ACT5C\_5YR\_97

- Home inside
  - Home outside (ex. porch or yard)
  - At work inside
  - At work outside
  - Gym or community center
  - Outdoors on street, including streets and sidewalks
  - Outdoors at park or track , including public parks, public pools or other public recreational facilities such as community centers that are free and open to the public
  - Other
  - Refused
- ((CHECK ALL THAT APPLY))

Other, specify

\_\_\_\_\_ **ACT5CT\_5YR**

**TOTAL HOURS**

NOTE: Total for each day should add up to 24 hours.

TOTAL WEEKDAY:

\_\_\_\_\_ **ACT6A\_5YR**  
 (Hours per day for a usual WEEKDAY)

TOTAL WEEKEND:

\_\_\_\_\_ **ACT6B\_5YR**  
 (Hours per day for a usual WEEKEND day)

7. About how far from your home is the place you use most often to get exercise?

- Half mile or less (walk 10 min or less, or walk blocks or less)
- More than half mile but less than 1 mile (walk more than 10 min, but less than 20 min, or walk more than 6 blocks but less than 12 blocks)
- More than 1 mile but less than 5 miles (plus 20 min walk, but less than 1 hour and 40 min, or 5 min by car)
- 5-10 miles (walk more than 1 hour and 40 min, but less than 3 hours and 20 min, or 10 minutes or less by car)
- More than 10 miles (walk more than 1 hour and 40 min, but less than 3 hours and 20 min, or 10 min or more by car )
- 0 Miles: participant exercises at her/his own home or building
- Don't know
- NA **ACT6C\_5YR**

8. Would you say that during the past week you were less active than usual, more active, or about as active as usual?

- Less active than usual
- More active than usual
- As active as usual **ACT7\_5YR**

9. How many flights of stairs do you climb up each day?

\_\_\_\_\_ **ACT8\_5YR**

Interviewer, please read question as indicated and enter only one response (blocks or minutes) as provided by respondent

10. How many city blocks do you walk each day?

\_\_\_\_\_ **ACT9\_5YR**  
 (Blocks)

- OR how many minutes do you walk each day? \_\_\_\_\_ **ACT9B\_5YR**  
(Minutes)
11. How much time do you spend watching TV each day? \_\_\_\_\_ **ACT10\_5YR**  
(Hours)
12. What is your usual pace of walking? \_\_\_\_\_  
blks/hour)
- Casual or strolling (less than 2 mph, about 24 blks/hour)
  - Average or normal (2 to 3 mph, about 24-36 blks/hour)
  - Fairly brisk (3 to 4 mph, about 36-48 blks/hour)
  - Brisk or striding (4 mph or faster, more than 48 blks/hour)
  - Unable to do (ex. Chair bound) **ACT11\_5YR**

**CALCULATIONS:**  
 (blocks/day X 7days/wk X 8 kcal/block) + (flights of stairs/d X 7d/wk X 4 kcal/flight)  
 (activity MET intensity X occasions/wk X duration(min)/occasion) A X (wk/yr A X 52 wk/yr)

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **ACT\_C\_5YR**

**DERIVED PHYSICAL ACTIVITY VARIABLES**

**MILES\_5YR:** number of miles walker per day (assuming one mile=12 blocks or 30 minutes)  
 if ACT9\_5YR ne . then MILES\_5YR=ACT9\_5YR\*0.0833  
 if ACT9\_5YR = . then MILES\_5YR=ACT9B\_5YR\*0.0333

if ACT9\_5YR=0 and ACT9B\_5YR ne . then MILES\_5YR= ACT9B\_5YR \*0.0333  
 if ACT9\_5YR=0 and ACT9B\_5YR= . then MILES\_5YR= ACT9\_5YR

**PA\_SCORE\_5YR:** total physical activity score  
 ACT\_SLEP\_5YR = round(((ACT1A\_5YR\*5)+(ACT1B\_5YR\*2))/7,.01)  
 ACT\_VIG\_5YR = round(((ACT2A\_5YR\*5)+(ACT2B\_5YR\*2))/7,.01)  
 ACT\_MOD\_5YR = round(((ACT3A\_5YR\*5)+(ACT3B\_5YR\*2))/7,.01)  
 ACT\_LT\_5YR = round(((ACT4A\_5YR\*5)+(ACT4B\_5YR\*2))/7,.01)  
 ACT\_SIT\_5YR = round(((ACT5A\_5YR\*5)+(ACT5B\_5YR\*2))/7,.01)  
 ACTAVCSUM\_5YR = round(sum(of ACT\_SLEP\_5YR ACT\_VIG\_5YR ACT\_MOD\_5YR  
 ACT\_LT\_5YR ACT\_SIT\_5YR),1)  
 PA\_SCORE\_5YR = (ACT\_SLEP\_5YR  
 \*1.0)+(ACT\_SIT\_5YR\*1.1)+(ACT\_LT\_5YR\*1.5)+(ACT\_MOD\_5YR\*2.4)+  
 (ACT\_VIG\_5YR\*5.0)

**EXPEND\_5YR:** energy expenditure from physical activity  
 =(0.9\*WT\_KG\_5YR\*ACT\_SLEP\_5YR)+(1.2\*WT\_KG\_5YR\*ACT\_SIT\_5YR)+(1.8\*WT\_KG\_5YR\*  
 ACT\_LT\_5YR)+(2.8\*WT\_KG\_5YR\*ACT\_MOD\_5YR)+(4.5\*WT\_KG\_5YR\*ACT\_VIG\_5YR)

**PAZZ\_5YR:**  
 Categorizing physical activity score  
 1: 0 <= PA\_SCORE\_5YR < 30  
 2: 30 <= PA\_SCORE\_5YR < 40  
 3: 40 <= PA\_SCORE\_5YR < 50  
 4: PA\_SCORE\_5YR >=50

**TEE\_5YR:** Total Energy ExpenditureCalculations 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>

$$\text{TEE}_{5\text{YR}} = 662 - (9.53 * \text{AGE}_{5\text{YR}}) + (\text{PA\_A}_{5\text{YR}} * ((15.91 * \text{WT\_KG}_{5\text{YR}}) + (539.6 * \text{HT\_M}_{5\text{YR}})))$$

IF PAZZ\_5YR = 1 then weight PA\_A\_5YR 1.00

IF PAZZ\_5YR = 2 then weight PA\_A\_5YR 1.11

IF PAZZ\_5YR = 3 then weight PA\_A\_5YR 1.25

IF PAZZ\_5YR = 4 then weight PA\_A\_5YR 1.48

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

$$\text{TEE}_{5\text{YR}} = 354 - (6.91 * \text{AGE}_{5\text{YR}}) + (\text{PA\_A}_{5\text{YR}} * ((9.36 * \text{WT\_KG}_{5\text{YR}}) + (726 * \text{HT\_M}_{5\text{YR}})))$$

IF PAZZ\_5YR = 1 then weight PA\_A\_5YR 1.00

IF PAZZ\_5YR = 2 then weight PA\_A\_5YR 1.12

IF PAZZ\_5YR = 3 then weight PA\_A\_5YR 1.27

IF PAZZ\_5YR = 4 then weight PA\_A\_5YR 1.45

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

$$\text{TEE}_{5\text{YR}} = 1086 - (10.1 * \text{AGE}_{5\text{YR}}) + (\text{PA\_A}_{5\text{YR}} * ((13.7 * \text{WT\_KG}_{5\text{YR}}) + (416 * \text{HT\_M}_{5\text{YR}})))$$

IF PAZZ\_5YR = 1 then weight PA\_A\_5YR 1.00

IF PAZZ\_5YR = 2 then weight PA\_A\_5YR 1.12

IF PAZZ\_5YR = 3 then weight PA\_A\_5YR 1.29

IF PAZZ\_5YR = 4 then weight PA\_A\_5YR 1.59

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

$$\text{TEE}_{5\text{YR}} = 448 - (7.95 * \text{AGE}_{5\text{YR}}) + (\text{PA\_A}_{5\text{YR}} * ((11.4 * \text{WT\_KG}_{5\text{YR}}) + (619 * \text{HT\_M}_{5\text{YR}})))$$

IF PAZZ\_5YR=1 then weight PA\_A\_5YR 1.00

IF PAZZ\_5YR=2 then weight PA\_A\_5YR 1.16

IF PAZZ\_5YR=3 then weight PA\_A\_5YR 1.27

IF PAZZ\_5YR=4 then weight PA\_A\_5YR 1.44

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

$$\text{TEE}_{5\text{YR}} = 864 - (9.72 * \text{AGE}_{5\text{YR}}) + (\text{PA\_A}_{5\text{YR}} * ((14.2 * \text{WT\_KG}_{5\text{YR}}) + (503 * \text{HT\_M}_{5\text{YR}})))$$

IF PAZZ\_5YR = 1 then weight PA\_A\_5YR 1.00

IF PAZZ\_5YR = 2 then weight PA\_A\_5YR 1.12

IF PAZZ\_5YR = 3 then weight PA\_A\_5YR 1.27

IF PAZZ\_5YR = 4 then weight PA\_A\_5YR 1.54

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

$$\text{TEE}_{5\text{YR}} = 387 - (7.31 * \text{AGE}_{5\text{YR}}) + (\text{PA\_A}_{5\text{YR}} * ((10.9 * \text{WT\_KG}_{5\text{YR}}) + (660.7 * \text{HT\_M}_{5\text{YR}})))$$

IF PAZZ\_5YR = 1 then weight PA\_A\_5YR 1.00

IF PAZZ\_5YR = 2 then weight PA\_A\_5YR 1.14

IF PAZZ\_5YR = 3 then weight PA\_A\_5YR 1.27

IF PAZZ\_5YR = 4 then weight PA\_A\_5YR 1.4



## (ETP) EXPOSURE TO POLLUTION

**Instructions:** The next question asks about the time you spend outdoors in areas with busy traffic including cars, buses and trucks and traffic pollution.

1. Exposure to busy roads - How often do you spend at least 10 minutes outdoors within 2 blocks of a busy road? [EXAMPLES OF BUSY ROADS INCLUDE MASSACHUSETTS AVENUE, DORCHESTER AVENUE, COLUMBIA ROAD, BROADWAY, TREMONT STREET, THE JAMAICA WAY, STORROW DRIVE, ROUTE 1, ROUTE 93.]

- Less than 1 time per week
- 1-6 times per week
- 7-14 times per week
- 15 or more times per week
- Don't know
- Refused

ETP1\_5YR

2. Windows - When you are at home in Massachusetts, how often do you open your windows a crack or more in the following seasons?

a. Summer (June-August)

- Never
- Fewer than 2 days a week
- 2-5 days a week
- 6-7 days a week
- Don't know
- Refused

ETP2A\_5YR

b. Fall (September-November)

- Never
- Fewer than 2 days a week
- 2-5 days a week
- 6-7 days a week
- Don't know
- Refused

ETP2B\_5YR

c. Winter (December-February)

- Never
- Fewer than 2 days a week
- 2-5 days a week
- 6-7 days a week
- Don't know
- Refused

ETP2C\_5YR

d. Spring (March-May)

- Never
- Fewer than 2 days a week
- 2-5 days a week
- 6-7 days a week
- Don't know
- Refused

ETP2D\_5YR

INTERVIEWER'S COMMENTS:

ETP\_C\_5YR

**(ADL) FUNCTIONAL STATUS ACTIVITIES OF DAILY LIVING**

**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 tell me how difficult they are for you to do by yourself, without the use of special equipment. The answers I'll ask you to use are [READ CATEGORIES].

CO-INFORMANT

- No  
 Yes

PROXADL\_5YR

1. Walking for a quarter of a mile (2 - 3 blocks)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL1\_5YR

2. Walking up 10 steps without resting?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL2\_5YR

3. Getting outside?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL3\_5YR

4. Walking from one room to another on the same level?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL4\_5YR

5. Getting out of bed or chairs?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL5\_5YR

6. Eating, like holding a fork, cutting food or drinking from a glass?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL6\_5YR

7. Dressing yourself, including tying shoes, working zippers and doing buttons?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL7\_5YR

8. Bathing or showering?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL8\_5YR

9. Using the toilet, including getting to the toilet?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL9\_5YR

10. Using a manual can opener?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

ADL10\_5YR

11. Opening a frozen food package?  With no difficulty ADL11\_5YR  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

12. Opening a milk carton or orange juice carton?  With no difficulty ADL12\_5YR  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

13. When you are INDOORS, do you usually use anything to help you get around, such as [READ OPTIONS]? - If YES, Which do you use most often?  None ADL16\_5YR  
 Cane  
 Wheelchair  
 Crutches  
 Walker  
 Other

Other, specify \_\_\_\_\_ ADL16T\_5YR

14. If you are OUTDOORS, do you usually use anything to help you get around, such as [READ OPTIONS]? - If YES, Which do you use most often?  None ADL17\_5YR  
 Cane  
 Wheelchair  
 Crutches  
 Walker  
 Other

Other, specify \_\_\_\_\_ ADL17T\_5YR

15. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?  Not at all ADL18\_5YR  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

---

INTERVIEWER'S COMMENTS: \_\_\_\_\_ ADL\_C\_5YR

## (IADL) INSTRUMENTAL ACTIVITIES OF DAILY LIVING

**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:

- No  
 Yes

PROXIADL\_5YR

1. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

IADL1\_5YR

2. Preparing your own meals?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

IADL2\_5YR

3. Managing your money (such as keeping track of your expenses or paying bills)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

IADL3\_5YR

4. Shopping for personal items (such as toiletry items or medications)?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

IADL4\_5YR

5. Food shopping?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

IADL5\_5YR

6. Using the telephone?

- With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do

IADL6\_5YR

INTERVIEWER'S COMMENTS:

IADL\_C\_5YR

**DERIVED INSTRUMENTAL ACTIVITIES OF DAILY LIVING VARIABLES**

**ADLSUM\_5YR:** summation of ADL scores

= ADL1\_5YR + ADL2\_5YR + ADL3\_5YR + ADL4\_5YR + ADL5\_5YR + ADL6\_5YR + ADL7\_5YR + ADL8\_5YR + ADL9\_5YR + ADL10\_5YR + ADL11\_5YR + ADL12\_5YR

**ADLCAT\_5YR:** categories of ADLSUM\_5YR

- 1: ADLSUM\_5YR=0 (no impairment)
- 2:  $1 \leq \text{ADLSUM\_5YR} \leq 5$  (some impairment)
- 3: ADLSUM\_5YR  $\geq 6$  (considerable impairment)

**ADL\_SC\_5YR:** categorizing ADL through a binary scale (tucker 2000)

- 1: If ADLSUM\_5YR  $\geq 1$
- 2: If ADLSUM\_5YR =0

**IADLSUM\_5YR:** summing IADL variables

= IADL1\_5YR + IADL2\_5YR + IADL3\_5YR + IADL4\_5YR + IADL5\_5YR + IADL6\_5YR

**IADLCAT\_5YR:** categories of IADLSUM\_5YR

- 1: IADLSUM\_5YR = 0 (no impairment)
- 2:  $1 \leq \text{IADLSUM\_5YR} \leq 6$  (some impairment)
- 3: IADLSUM\_5YR  $\geq 7$  (considerable impairment)

**IADL\_SC\_5YR:** categorizing IADLSUM\_5YR through a binary scale (Tucker 2000)

- 1: IADLSUM\_5YR  $\geq 1$
- 2: IADLSUM\_5YR=0

**ADLSUM\_A\_5YR:** (algorithm applied)

ADL1\_5YR-ADL5\_5YR: if  $\leq 2$  are missing, the mean of the non-missing ADL1\_5YR-ADL5\_5YR is used in place of the missing data

ADL6\_5YR-ADL9\_5YR: if  $\leq 2$  are missing, the mean of the non-missing ADL6\_5YR-ADL9\_5YR is used in place of the missing data

ADL10\_5YR-ADL12\_5YR: if  $\leq 1$  are missing, the mean of the non-missing ADL10\_5YR-ADL12\_5YR is used in place of the missing data

ADL1\_A\_5YR + ADL2\_A\_5YR + ADL3\_A\_5YR + ADL4\_A\_5YR + ADL5\_A\_5YR + ADL6\_A\_5YR + ADL7\_A\_5YR + ADL8\_A\_5YR + ADL\_A\_5YR + ADL10\_A\_5YR + ADL11\_A\_5YR + ADL12\_A\_5YR

**ADLCAT\_A\_5YR:** categories of ADLSUM\_A\_5YR

- 1: ADLSUM\_A\_5YR =0 (no impairment)
- 2:  $1 \leq \text{ADLSUM\_A\_5YR} \leq 5$  (some impairment)
- 3: ADLSUM\_A\_5YR  $\geq 6$  (considerable impairment)

**IADLSUM\_A\_5YR:** (algorithm applied):

IADL1\_5YR-IADL6\_5YR: if  $\leq 3$  are missing, the mean of the non-missing IADL1\_5YR-IADL6\_5YR are used in place of the missing data

IADL1\_A\_5YR + IADL2\_A\_5YR + IADL3\_A\_5YR + IADL4\_A\_5YR + IADL5\_A\_5YR + IADL6\_A\_5YR

**IADLCAT\_A\_5YR:** categories of IADLSUM\_A\_5YR

- 1: IADLSUM\_A\_5YR =0 (no impairment)
- 2:  $1 \leq \text{IADLSUM\_A\_5YR} \leq 6$  (some impairment)
- 3: IADLSUM\_A\_5YR  $\geq 7$  (considerable impairment)

*ADL Mobility: (Tucker 2000)*

**ADLMOBSUM\_5YR:** ADL mobility

$ADLMOBSUM\_5YR = ADL1\_5YR + ADL2\_5YR + ADL3\_5YR + ADL4\_5YR + ADL5\_5YR$

**ADLMOB\_5YR:**

1:  $ADLMOBSUM\_5YR \geq 1$

0:  $ADLMOBSUM\_5YR = 0$

*ADL self-care: (Tucker 2000)*

**ADLCARESUM\_5YR:** ADL self-care

$ADLCARESUM\_5YR = ADL6\_5YR + ADL7\_5YR + ADL8\_5YR + ADL9\_5YR$

**ADLCARE\_5YR:** categories of ADLCARE

1:  $ADLCARESUM\_5YR \geq 1$

0:  $ADLCARESUM\_5YR = 0$

*ADL manual dexterity: (Tucker 2000)*

**ADLMANSUM\_5YR:**

$ADL10\_5YR + ADL11\_5YR + ADL12\_5YR$

**ADLMAN\_5YR:** categories of ADLMAN

1:  $ADLMANSUM\_5yr \geq 1$

0:  $ADLMANSUM\_5yr = 0$

**(AT) NERVOUS ATTACKS**

Have you ever had an episode or nervous attack where you felt totally out of control?

No  
 Yes  
 ((If NO, skip to next section) )

**AT\_5YR**

1. Shout a lot:

No  
 Yes

**AT1\_5YR**

2. Have crying attacks:

No  
 Yes

**AT2\_5YR**

3. Break things or become aggressive:

No  
 Yes

**AT3\_5YR**

4. Get very angry or in a rage:

No  
 Yes

**AT4\_5YR**

5. Feel very scared or frightened:

No  
 Yes

**AT5\_5YR**

6. Become hysterical:

No  
 Yes

**AT6\_5YR**

7. Tremble a lot:

No  
 Yes

**AT7\_5YR**

8. Feel strange like it was not you who was doing this:

No  
 Yes

**AT8\_5YR**

9. Had a period of amnesia:

No  
 Yes

**AT9\_5YR**

10. Get dizzy:

No  
 Yes

**AT10\_5YR**

11. Fall to the floor with a seizure:

No  
 Yes

**AT11\_5YR**

12. Have heart palpitations (your heart beat hard):

No  
 Yes

**AT12\_5YR**

13. Have chest tightness or heat in your chest:

No  
 Yes

**AT13\_5YR**

14. Faint or feel on the verge of fainting:

No  
 Yes

**AT14\_5YR**

15. Try to hurt yourself or attempt suicide:

No  
 Yes

**AT15\_5YR**

**INTERVIEWER'S COMMENTS:**

**AT\_C\_5YR**

**(HHC) HEALTH AND HEALTH CARE**

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

CO-INFORMANT	No Yes	PROXHHC_5YR
1. Would you say your health in general is excellent, very good, good, fair, or poor?	Excellent Very good Good Fair Poor	HHC1_5YR
2. How long has it been since your most recent visit for health advice or care?	Less than 1 month 1 month, less than 6 months 6 months, less than 1 year 1 year, less than 5 years 5 or more years Don't know	HHC3_5YR
3. In the last 12 months, how often have you been treated unfairly at this doctor's office because of your race or ethnicity?	Never Sometimes Usually Always	HHC7_5YR
4. In the last 12 months how often have you been treated unfairly at this doctor's office because of the type of health insurance you have or because you do not have health insurance?	Never Sometimes Usually Always	HHC8_5YR
5. In the last 12 months, how often have you been treated unfairly at this doctor's office because you do not speak English very well?	Never Sometimes Usually Always	HHC9_5YR

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ HHC\_C\_5YR



**(INS) HEALTH INSURANCE**

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

CO-INFORMANT

- No
- Yes

PROXINS\_5YR

1. Do you currently have health insurance coverage?

- No
- Yes

INS1\_5YR

2. Is the cost of healthcare a barrier to your seeking treatment?

- No
- Yes

INS10\_5YR

3. Does the cost of healthcare ever delay or prevent you from adhering to treatment recommendations?

- No
- Yes

INS11\_5YR

**PARTICIPATION IN OTHER RESEARCH STUDIES**

1. Since your last interview have you participated, or are currently participating in any other research study? No  
Yes **POR1\_5YR**  
(If NO skip to next section))

2. What type(s) of research study have you been involved in? Diet **POR2\_5YR\_1**  
Exercise **POR2\_5YR\_2**  
Sleep **POR2\_5YR\_3**  
Stress **POR2\_5YR\_4**  
Medication **POR2\_5YR\_5**  
Other **POR2\_5YR\_6**  
((CHECK ALL THAT APPLY))

Other, specify **POR2T\_5YR**

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **POR\_C\_5YR**

**(CODE) INDIVIDUAL RISK BEHAVIORS - HEALTH CARE ACCESS - REGULAR PLACE OF CARE/MEDICAL HOME**

[At minimum, the recommendation from the MMWG is to use the following 3 questions that have been proposed for use in CHIS 2011. References include:

- 1) NS-CSHCN Pediatrics. 2004 May 113(5 Suppl):1529-37
- 2) Bethell CD, Read D, Brockwood K. Using existing population-based data sets to measure the American Academy of Pediatrics definition of medical home for all. Pediatrics. 2004 May 113(5 Suppl):1529-37
- 3) Sheares BJ, Du Y, Vazquez TL, Mellins RB, Evans D. Use of written treatment plans for asthma by specialist physicians. *Pediatr Pulmonol.* 2007 Apr 42(4):348-56.]

1. Is there a place you usually go when you are sick or you need advice about your health?  No  Yes **CODE1\_5YR**

2. Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?  Doctor's office **CODE2\_5YR\_1**  
 Emergency room **CODE2\_5YR\_2**  
 Hospital outpatient department **CODE2\_5YR\_3**  
 Clinic **CODE2\_5YR\_4**  
 Other place **CODE2\_5YR\_5**  
 ((CHECK ALL THAT APPLY)) **CODE2\_5YR\_5**

Other, specify \_\_\_\_\_ **CODE2T\_5YR**

3. Do you have a personal doctor or medical provider who is your main provider?  No  Yes **CODE3\_5YR**

4. How TRUE of FALSE is each of the following statements for you?

a. I seem to get sick a little easier than other true people  Definitely  Mostly True  Don't know  Mostly False  Definitely False **CODE4A\_5YR**

b. I am as healthy as anybody I know  Definitely true  Mostly True  Don't know  Mostly False  Definitely False **CODE4B\_5YR**

c. I expect my health to get worse  Definitely true  Mostly True  Don't know  Mostly False  Definitely False **CODE4C\_5YR**

d. My health is excellent  Definitely true  Mostly True  Don't know  Mostly False  Definitely False **CODE4D\_5YR**

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **CODE\_C\_5YR**

**(MED) MEDICAL DIAGNOSES**

**Instructions:** Next, I will ask a series of questions regarding a variety of medical diagnoses that you might have received since YOUR LAST INTERVIEW. INTERVIEWER: Please refer to report of past responses and probe whether each diagnoses has occurred within the last two years.

CO-INFORMANT  No PROXMED\_5YR  
 Yes

**PREVIOUS HISTORY OF DIABETES:**

If participant reported DIABETES either at Baseline or at 2YR please ask A-C and then continue with # 1.

a. At what age were you first diagnosed with diabetes? (If you don't remember give your best estimate) \_\_\_\_\_ MED1G\_5YR

b. Do you use insulin to help manage your diabetes?  No  
 Yes

c. At what age did you start to use insulin to help manage your diabetes? (If you don't remember, give your best estimate) \_\_\_\_\_ ((If NO, SKIP to #2)) MED1H\_5YR  
MED1I\_5YR

**NEW DIAGNOSES:**

Have you EVER been told by a DOCTOR that you had any of the following illnesses or conditions?

1. Diabetes?  No MED1\_5YR  
 Yes  
((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No MED1A\_5YR  
 Yes

Taking Medication for this?  No MED1B\_5YR  
 Yes

Is this condition bothering you currently?  No MED1C\_5YR  
 Yes

a. At what age were you first diagnosed with diabetes? (If you do not remember give your best estimate) \_\_\_\_\_ MED1AGE\_5YR

b. Do you use insulin to help manage your diabetes  No MED1E\_5YR  
 Yes  
((IF NO, SKIP to the next))

c. At what age did you start to use insulin to help manage your diabetes? (If you do not remember, give your best estimate) \_\_\_\_\_ MED1F\_5YR

2. High blood pressure/Hypertension?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	((If NO, SKIP to the next))	MED2_5YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED2A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED2B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED2C_5YR
3. Overweight/obesity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED3X_5YR
	((IF NO, SKIP to the next))	
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED3A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED3B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED3C_5YR
4. Arthritis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED4X_5YR
	((IF NO, SKIP to the next))	
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED4A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED4B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED4C_5YR
5. Osteoporosis (hip fracture)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED5X_5YR
	((IF NO, SKIP to the next))	
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED5A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED5B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED5C_5YR
6. Heart Attack?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED6X_5YR
	((IF NO, SKIP to the next))	
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED6A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED6B_5YR

Boston Puerto Rican Health Study Wave 3 (5 year) Codebook

Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED6C_5YR</b>
7. Heart Disease (other than heart attack)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7C_5YR</b>
8. Stroke?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED8X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED8A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED8B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED8C_5YR</b>
9. Respiratory disease (such as emphysema, chronic bronchitis, asthma?)	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED9X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9C_5YR</b>
10. Liver or gallbladder disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED10X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED10A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED10B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED10C_5YR</b>
11. Kidney disease	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED11X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED11A_5YR</b>

Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED11B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED11C_5YR
12. Stomach/ Intestinal Disorder, Stomach Ulcer (bowel elimination problems)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	MED12X_5YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12C_5YR
13. Parkinson's Disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13X_5YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13C_5YR
14. Skin Cancer?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	MED14X_5YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED14A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED14B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED14C_5YR
15. Other type of Cancer?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	MED15X_5YR
Type of Cancer: _____		MED15T_5YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED15A_5YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED15B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED15C_5YR
16. Eye Disease: Cataract or Glaucoma?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	MED16X_5YR

Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED16A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED16B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED16C_5YR</b>
17. Anxiety?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	<b>MED17X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED17A_5YR</b>
Taking medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED17B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED17C_5YR</b>
18. Depression?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED18X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED18A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED18B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED18C_5YR</b>
19. Seizures, Convulsions?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	<b>MED19X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED19A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED19B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED19C_5YR</b>
20. Tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	<b>MED20X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED20A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED20B_5YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED20C_5YR</b>



21. Hepatitis (Type A, B, or C)?	<input type="checkbox"/> No <input type="checkbox"/> Yes ((IF NO, SKIP to the next))	<b>MED21X_5YR</b>
Type of Hepatitis:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>MED21T_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED21A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED21B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED21C_5YR</b>
22. AIDS/HIV positive?	<input type="checkbox"/> No <input type="checkbox"/> Yes ((IF NO, SKIP to the next))	<b>MED22X_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED22A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED22B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED22C_5YR</b>
23. Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED23_5YR</b>
Other, specify _____		<b>MED23T_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED23A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED23B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED23C_5YR</b>
24. Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED24_5YR</b>
Other, specify _____		<b>MED24T_5YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED24A_5YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED24B_5YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED24C_5YR</b>

**For WOMEN ONLY**

1. Have you ever had a mammogram?  No  
 Yes  
 ((If NO, SKIP to question #3)) **MED25\_5YR**
2. When was your last mammogram? \_\_\_\_\_ **MED25AGE\_5YR**  
 (AGE (If Don't Know, enter 98))
- Or \_\_\_\_\_ **MED25YR\_5YR**  
 (YEAR (If Don't Know, enter 98))
3. Have you ever had a pap smear?  No  
 Yes  
 ((If NO, SKIP to question #5)) **MED26\_5YR**
4. When was your last pap smear? \_\_\_\_\_ **MED26AGE\_5YR**  
 (AGE)
- Or \_\_\_\_\_ **MED26YR\_5YR**  
 (YEAR)
5. Have you ever had a colonoscopy?  
 No  
 Yes  
 ((If NO, SKIP to next section))
- (A colonoscopy is an internal examination of the colon (large intestine) and rectum, using an instrument called a colonoscope)
6. When was your last colonoscopy? \_\_\_\_\_ **MED27AGE\_5YR**  
 (AGE)
- Or \_\_\_\_\_ **MED27YR\_5YR**  
 (YEAR)

---

---

**For MEN ONLY**

1. Have you ever had a prostate exam?  No  
 Yes  
((If NO, SKIP to question #3)) **MED28\_5YR**

2. When was your last prostate exam? \_\_\_\_\_ **MED28AGE\_5YR**  
(AGE)

Or \_\_\_\_\_ **MED28YR\_5YR**  
(YEAR)

3. Have you ever had a colonoscopy?  No  
 Yes  
((If NO, SKIP to next section)) **MED29\_5YR**

(A colonoscopy is an internal examination of the colon (large intestine) and rectum, using an instrument called a colonoscope)

4. When was your last colonoscopy? \_\_\_\_\_ **MED29AGE\_5YR**  
(AGE)

Or \_\_\_\_\_ **MED29YR\_5YR**  
(YEAR)

---

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **MED\_C\_5YR**

**(HCP) HEART/CIRCULATORY PROBLEMS**

**Instructions:** Please indicate if you have you ever seen a doctor or other healthcare provider or have been hospitalized for any of the following health conditions

CO-INFORMANT

- No  
 Yes

PROXHCP\_5YR

1. Chest pain, angina or angina (Angina: chest discomfort because of lack of blood supply to chest and heart) pectoris.

- No  
 Yes  
 Don't Know

HCP1\_5YR

Age when first diagnosed

\_\_\_\_\_ HCP1T\_5YR  
 (AGE (If answered YES, when first diagnosed))

2. Heart attack (Heart Attack: Death of the heart muscle over time, caused by a blockage in a major artery or a blood clot) or myocardial infarction or MI.

- No  
 Yes  
 Don't Know

HCP2\_5YR

Age when first diagnosed

\_\_\_\_\_ HCP2T\_5YR  
 (AGE (If answered YES, when first diagnosed))

3. Heart failure or congestive heart failure (Congestive Heart Failure: The heart is not capable of pumping enough blood to all parts of the body) or CHF

- No  
 Yes  
 Don't Know

HCP3\_5YR

Age when first diagnosed

\_\_\_\_\_ HCP3T\_5YR  
 (AGE (If answered YES, when first diagnosed))

4. Heart catheterization or cardiac catheterization (Cardiac Catheterization: inserting a tube into a part of the heart either to investigate heart problems, or to clear out a problem)

- No  
 Yes  
 Don't Know

HCP4\_5YR

Age when first diagnosed

\_\_\_\_\_ HCP4T\_5YR  
 (AGE (If answered YES, when first diagnosed))

5. Heart bypass operation or coronary bypass surgery or CABG (Coronary artery bypass graft) (Coronary Artery Bypass Surgery (CABG): this is done to help improve the blood supply to the chest and heart, extra arteries and veins are added to the coronary artery (main artery))

- No  
 Yes  
 Don't Know

HCP5\_5YR

Age when first diagnosed

\_\_\_\_\_ HCP5T\_5YR  
 (AGE (If answered YES, when first diagnosed))

6. Procedure to unblock narrowed blood vessels to heart muscles (PTCA [Percutaneous transluminal coronary angioplasty], coronary angioplasty, or coronary stent) (PTCA: this is done to unblock a blocked coronary artery, to make blood flow easier in the body by using a long tube instead of open heart surgery)

- No your  
 Yes  
 Don't Know

HCP6\_5YR

Age when first diagnosed

\_\_\_\_\_ HCP6T\_5YR  
 (AGE (If answered YES, when first diagnosed))

7. Exercise tolerance test, stress test (Stress Test: helps to find out how well your heart can handle work. This is often done on a treadmill)

- No
- Yes
- Don't Know

HCP7\_5YR

Age when first diagnosed

\_\_\_\_\_HCP7T\_5YR

(AGE (If answered YES, when first diagnosed))

8. Stroke, TIA (transient ischemic attack, mini-stroke). Symptoms may include sudden muscle weakness or numbness on one side, speech difficulty, and/or loss of vision in one or both eyes (Stroke, TIA (transient ischemic attack, mini-stroke): Caused from a small blood clot in your carotid artery (a major artery) which can get stuck in the area of your brain. This may cause some loss of sensation in your arm, face or leg on one side of your body and may affect your speech)

- No
- Yes
- Don't Know

HCP8\_5YR

Age when first diagnosed

\_\_\_\_\_HCP8T\_5YR

(AGE (If answered YES, when first diagnosed))

9. Procedure to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty) (Procedure to unblock carotid arteries in neck: This is done to clean the arteries that supply blood to your brain)

- No
- Yes
- Don't Know

HCP9\_5YR

Age when first diagnosed

\_\_\_\_\_HCP9T\_5YR

(AGE (If answered YES, when first diagnosed))

10. Poor blood circulation or blocked or narrowed blood vessels to the legs or feet (claudication, peripheral artery disease, intermittent claudication) (Claudication: "crampy legs" usually occurs when exercising, and mostly walking)

- No
- Yes
- Don't Know

HCP10\_5YR

Age when first diagnosed

\_\_\_\_\_HCP10T\_5YR

(AGE (If answered YES, when first diagnosed))

11. Amputation because of poor circulation (Amputation because of poor circulation: removal of limbs because there isn't blood flow which can cause death to the muscles and nerve damage)

- No
- Yes
- Don't Know

HCP11\_5YR

Age when first diagnosed

\_\_\_\_\_HCP11T\_5YR

(AGE (If answered YES, when first diagnosed))

12. Blood clot or embolism in leg or lung (Deep Vein Thrombosis-DVT or Pulmonary Embolus-PE) (blood clot in leg or lung: a blockage in the arteries or veins that prevents blood flow)

- No
- Yes
- Don't Know

HCP12\_5YR

Age when first diagnosed

\_\_\_\_\_HCP12T\_5YR

(AGE (If answered YES, when first diagnosed))

13. Other circulatory problem or cardiovascular procedure

- No
- Yes
- Don't Know

HCP13\_5YR

Other, specify

\_\_\_\_\_HCP13B\_5YR

Age when first diagnosed

\_\_\_\_\_HCP13T\_5YR

(AGE)

**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_HCP\_C\_5YR

## (PAD) PERIPH ARTERIAL DISEASE

**Instructions:** Now I am going to ask you some questions about pain that you may have or have had experienced in your legs when walking.

1. Do you have lower limb (leg) discomfort while walking?
- No  
 Yes  
 Don't know  
 Unable to do (ex. Chair bound)  
 ((If NO or DON'T KNOW, SKIP to question #4. If UNABLE, skip to next section)) **PAD1\_5YR**
2. If walking on level ground, how many city blocks until symptoms develop? Where 12 blocks=1 mile.
- \_\_\_\_\_ **PAD2\_5YR**  
 (blocks (00=No (more than 98 blocks required to develop symptoms), 99= Unknown))
3. Year symptoms started
- \_\_\_\_\_ **PAD3\_5YR**  
 (YYYY (Mark 9999 if unknown))

## CLAUDICATION SYMPTOMS

4. Discomfort in calf while walking?
- No  
 Yes  
 Don't know **PAD4\_5YR**  
 ((If NO or Don't know Go to question #5))
- Which calf?
- Left  
 Right  
 Both **PAD4A\_5YR**
5. Discomfort in lower extremity (not calf) while walking?
- No  
 Yes  
 Don't know **PAD5\_5YR**  
 ((If NO or Don't know SKIP to NEXT SECTION))
- 5a. Is it in the LEFT leg?
- No  
 Yes  
 ((IF YES, GO to # L.1-4)) **PAD5L\_5YR**
- L.1) Occurs with first steps?
- No  
 Yes  
 Don't Know **PADL1\_5YR**  
 ((Note, if YES for both L.1 and R.1, Answer # 6))
- L.2) After walking a while?
- No  
 Yes  
 Don't Know **PADL2\_5YR**  
 ((Note, if YES for both L.2 and R.2, Answer # 7))
- L.3) Related to rapidity of walking or steepness?
- No  
 Yes  
 Don't Know **PADL3\_5YR**
- L.4) Forced to stop walking?
- No  
 Yes  
 Don't Know **PADL4\_5YR**

- 5b. Is it in the RIGHT leg?  No  
 Yes  
 ((IF YES, GO to # R.1-4)) **PAD5R\_5YR**
- R.1) Occurs with first steps?  No  
 Yes  
 Don't Know **PADR1\_5YR**  
 ((Note, if YES for both L.1 and R.1, Answer # 6))
- R.2) After walking a while?  No  
 Yes  
 Don't Know **PADR2\_5YR**  
 ((Note, if YES for both L.2 and R.2, Answer # 7))
- R.3) Related to rapidity of walking or steepness?  No  
 Yes  
 Don't Know **PADR3\_5YR**
- R.4) Forced to stop walking?  No  
 Yes  
 Don't Know **PADR4\_5YR**
6. Since you indicated that you have discomfort in both legs, which one is worse during the first steps?  Left  
 Right  
 Don't Know **PAD6\_5YR**
7. Since you indicated that you have discomfort in both legs, which one is worse after walking for a while?  Left  
 Right  
 Don't Know **PAD7\_5YR**
8. Do this discomfort get relieved by stopping?  No relief with stopping  
 Yes stopping relieves the discomfort  
 Don't Know **PAD8\_5YR**  
 NA
- Do you know for how long you feel the relief? \_\_\_\_\_ **PAD8A\_5YR**  
 (minutes )
9. Does the lower limb discomfort go on for days?  No  
 Yes  
 Don't Know **PAD9\_5YR**  
 NA
- How many of days per month? \_\_\_\_\_ **PAD9A\_5YR**  
 (days )
10. Intermittent Claudication (Crampy Legs usually occurs when exercising, and mostly walking)?  No  
 Yes  
 Maybe  
 Don't know **PAD10\_5YR**

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **PAD\_C\_5YR**

**(ME) MENOPAUSE & ESTROGEN (FEMALES ONLY)**

1. Have you had a period (including some spotting) in the last 12 months?
- No  
 Yes  
 Don't know  
 ((If YES, GO to #7)) **MENO4\_5YR**
2. What is the reason for not having period
- Natural menopause  
 Had hysterectomy (If YES, GO to #3)  
 Had ovariectomy (If YES, GO to #4)  
 Had both hysterectomy and ovariectomy (If YES, GO to #3 & # 4)  
 Other **MENO4A\_5YR**
- Other, specify \_\_\_\_\_ **MENO4AT\_5YR**
3. Do you know if your hysterectomy was total (surgery to remove your entire uterus) or partial (surgery to remove only part of your uterus)?
- Total Hysterectomy  
 Partial Hysterectomy **MENO9\_5YR**
4. Do you know if in your ovariectomy one or both ovaries were removed?
- One ovary  
 Both ovaries **MENO10\_5YR**
5. When was the date of your last menstrual period (OR at what age did you have your last menstrual period)?
- \_\_\_\_\_ **MENO6\_5YR**  
 (YEAR)  
 (Enter only one response  
 (age or year) as provided by respondent) )
- \_\_\_\_\_ **MENO6A\_5YR**  
 (AGE)  
 (Enter only one response  
 (age or year) as provided by respondent) )
6. Did you have hot flashes or night sweats in the last 6 months?
- No  
 Yes  
 Don't know **MENO5\_5YR**
7. Are you currently taking any oral or patch estrogen preparations? (vaginal creams not included. These may include: Premarin, Prempro, Premphase, Estratab, Menest, Estrace, Ogen, Ortho-Est, Estraderm, Vivelle, Evista)
- No  
 Yes **MENO8\_5YR**



8. How long using?

- < 1yr
- 1-5yrs
- >5yrs

**MENO8A\_5YR**

9. At what AGE did you have your first menstrual period (OR At what YEAR did you have your first menstrual period)

\_\_\_\_\_ **MENO7\_5YR**  
(AGE)

(Enter only one response

(age or year) as provided by respondent) )

\_\_\_\_\_ **MENO7A\_5YR**  
(YEAR)

---

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_

**MENO\_C\_5YR**

**DERIVED CLINICAL MEASUREMENTS AND CONDITIONS VARIABLES**

**MENOPAUSE\_5YR:** Status of Menopause at Year 5, based upon the status at Baseline and Year 2.

**MENOAGEX\_5YR:** Age at the time of Onset of Menopause.

**DIABETES\_5YR:** (Tucker, Bermudez, Castaneda, 2000)

0: GLUC\_5YR < 126 and MANTIDB\_5YR = 0

1: GLUC\_5YR >= 126 or MANTIDB\_5YR = 1

**ANEMIAZZ\_5YR:** (WHO 1968)

0: Male: HGB\_ADJ\_5YR >= 13

Female: HGB\_ADJ\_5YR >= 12

1: Male: HGB\_ADJ\_5YR < 13

Female: HGB\_ADJ\_5YR < 12

**ANEMIA2ZZ\_5YR:** (CDC 1998)

0: Male: HCT\_ADJ\_5YR >= 39.9

Female: HCT\_ADJ\_5YR >= 35.7

1: Male: HCT\_ADJ\_5YR < 39.9

Female: HCT\_ADJ\_5YR < 35.7

**ANEMIA3ZZ\_5YR:**

0: ANEMIAZZ\_5YR =0 and ANEMIA2ZZ\_5YR =0

1: ANEMIAZZ\_5YR =1 or ANEMIA2ZZ\_5YR =1

**HEARTDX\_5YR:** self-report of heart disease, heart attack or stroke

0: If MED6X\_5YR =0 and MED7X\_5YR =0 and MED8X\_5YR =0

1: If MED6X\_5YR =1 or MED7X\_5YR =1 or MED8X\_5YR =1

**MEDCOND\_AX\_5YR:** medical conditions score

$MEDCOND\_AX\_5YR = MEDCOND\_5YR + (14 - MEDCOND\_N\_5YR) * MEDCOND\_MEAN\_5YR;$

If MEDCOND\_MISS\_5YR > 3 then MEDCOND\_AX\_5YR =.

The formula for MEDCOND\_AX\_5YR 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.

$= MEDCOND\_5YR + (14 - MEDCOND\_N\_5YR) * MEDCOND\_MEAN\_5YR$

Where MEDCOND\_5YR is the sum of medical conditions reported (at either 2 year or 5 year)

including cumulative DIABETES\_5YR, cumulative HTN\_5YR, MED4X\_5YR, MED6X\_5YR,

MED7X\_5YR, MED8X\_5YR, MED9X\_5YR, MED10X\_5YR, MED11X\_5YR, MED13X\_5YR,

MED15X\_5YR, MED20X\_5YR, MED21X\_5YR & MED22X\_5YR.

MEDCOND\_N\_5YR is the number of medical conditions (for which the response [if Present or Absent] has been received)

MEDCOND\_MEAN\_5YR is the arithmetic average of the medical conditions.

**Note:** If three or less Medical Conditions are missing then the above-mentioned formula for MEDCOND\_AX\_5YR is used, whereas if more than 3 Medical Conditions are missing then MEDCOND\_AX\_5YR = missing.

**DERIVED METABOLIC SYNDROME VARIABLES****MSWAIST\_5YR**

- 0:** For males if  $0 \leq \text{waist\_5yr} \leq 102$  cm  
 For females if  $0 \leq \text{waist\_5yr} \leq 88$  cm  
**1:** For males if  $\text{waist\_5yr} > 102$  cm  
 For females if  $\text{waist\_5yr} > 88$  cm

**MSTRIG\_5YR**

- 0:**  $0 \leq \text{TRIG\_5YR} < 150$  AND  $\text{MANTILIP\_5YR} = 0$   
**1:**  $\text{TRIG\_5YR} \geq 150$  OR  $\text{MANTILIP\_5YR} = 1$

**MSHDL\_5YR**

- 0:** For males  $\text{FEMALE} = 0$  AND  $\text{HDL\_5YR} \geq 40$  AND  $\text{MANTILIP\_5YR} = 0$   
 For females  $\text{FEMALE} = 1$  AND  $\text{HDL\_5YR} \geq 50$  AND  $\text{MANTILIP\_5YR} = 0$   
**1:** For males  $\text{FEMALE} = 0$  AND  $(0 \leq \text{HDL\_5YR} < 40$  OR  $\text{MANTILIP\_5YR} = 1$   
 For females  $\text{FEMALE} = 1$  AND  $(0 \leq \text{HDL\_5YR} < 50$  OR  $\text{MANTILIP\_5YR} = 1)$

**MSBP\_5YR**

- 0:** IF  $0 \leq \text{SYSBP\_5YR} < 130$  AND  $0 \leq \text{DIASBP\_5YR} < 85$  AND  $\text{HTNMED\_5YR} = 0$   
**1:** IF  $\text{SYSBP\_5YR} \geq 130$  OR  $\text{DIASBP\_5YR} \geq 85$  OR  $\text{HTNMED\_5YR} = 1$

**MSGLUC\_5YR**

- 0:** IF  $0 \leq \text{GLUC\_5YR} < 100$  AND  $\text{DIAMED\_5YR} = 0$   
**1:** IF  $\text{GLUC\_5YR} \geq 100$  OR  $\text{DIAMED\_5YR} = 1$

**MET1\_5YR**

$\text{MSWAIST\_5YR} + \text{MSTRIG\_5YR} + \text{MSHDL\_5YR} + \text{MSBP\_5YR} + \text{MSGLUC\_5YR}$

IF  $\text{MET1\_5YR} = .$  then  $\text{MET2\_5YR} = \text{SUM}(\text{MSWAIST\_5YR}, \text{MSTRIG\_5YR}, \text{MSHDL\_5YR}, \text{MSBP\_5YR}, \text{MSGLUC\_5YR})$ ; IF  $\text{MET2\_5YR} \geq 3$  then  $\text{MET3\_5YR} = \text{MET2\_5YR}$ ;  
 ELSE  $\text{MET3\_5YR} = \text{MET1\_5YR}$ ;

**METABOLICNCEPM\_5YR**

- 0:** IF  $0 \leq \text{MET3\_5YR} < 3$   
**1:** ELSE IF  $\text{MET3\_5YR} \geq 3$

**MSWAIST2\_5YR**

- 0:** For males if  $0 \leq \text{WAIST\_5YR} < 90$   
 For females if  $0 \leq \text{WAIST\_5YR} < 80$   
**1:** For males if  $\text{WAIST\_5YR} \geq 90$   
 For females if  $\text{WAIST\_5YR} \geq 80$

**MET4\_5YR**

$\text{MSTRIG\_5YR} + \text{MSHDL\_5YR} + \text{MSBP\_5YR} + \text{MSGLUC\_5YR}$

IF  $\text{MET4\_5YR} = .$   $\text{MET5\_5YR} = \text{SUM}(\text{MSTRIG\_5YR}, \text{MSHDL\_5YR}, \text{MSBP\_5YR}, \text{MSGLUC\_5YR})$   
 IF  $\text{MET5\_5YR} \geq 5$   $\text{MET6\_5YR} = \text{MET5\_5YR}$   
 ELSE  $\text{MET6\_5YR} = \text{MET4\_5YR}$

**METABOLICIDF\_5YR**

- 0:**  $0 \leq \text{MET6\_5YR} < 2$  OR  $\text{MSWAIST2\_5YR} = 0$   
**1:**  $\text{MET6\_5YR} \geq 2$  AND  $\text{MSWAIST2\_5YR} = 1$

## **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\_5YR:** 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\_5YR:** 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\_5YR:**

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

ALLOLOADCLINICALMED\_5YR score is the sum of the following variables:

BPALLO\_5YR + MSWAIST\_5YR + LIPIDALLO\_5YR + Q4GLYHGBMED2\_5YR + Q4CORT\_SEX\_5YR  
+ Q4NOREPI\_SEX\_5YR + Q4EPI\_SEX\_5YR + Q1DHEASMED2\_5YR

**Components of ALLOLOADCLINICALMED\_5YR:**

**BPALLO\_5YR:** blood pressure and anti-htn med use

- 2:** (if SYSBP\_5YR >140 and DIASBP\_5YR >90 and anti-hypertension medications) or  
(if SYSBP\_5YR >140 and DIASBP\_5YR >90 and no anti-hypertension medications)
- 1:** (if SYSBP\_5YR > 140 and 0 < DIASBP\_5YR <=90 and no anti-hypertension medications) or  
(if 0 < SYSBP\_5YR <=140 and DIASBP\_5YR > 90 and no anti-hypertension medications) or  
(if SYSBP\_5YR >140 and 0 < DIASBP\_5YR <=90 and anti-hypertension medications) or  
(if 0 < SYSBP\_5YR <=140 and DIASBP\_5YR > 90 and anti-hypertension medications)
- 0:** if 0 < SYSBP\_5YR <=140 and 0 < DIASBP\_5YR <=90 and no an anti-hypertension medications

*sub-components of BPALLO\_5YR:*

**SYSBP\_5YR:** average systolic blood pressure  
average of SYS2A\_5YR, SYS2B\_5YR, SYS3A\_5YR and SYS3B\_5YR

**DIASBP\_5YR:** average diastolic blood pressure  
average of DIAS2A, DIAS2B, DIAS3A and DIAS3B

**HTNMED\_5YR:** taking anti-hypertension medications  
0= no, 1=yes

**MSWAIST\_5YR:** waist circumference (cm)

- 1:** for males if waist\_5yr > 102 cm  
for females if waist\_5yr > 88 cm
- 0:** for males if 0 <= waist\_5yr <= 102 cm  
for females if 0 <= waist\_5yr <= 88 cm

*sub-components of waist circumference (MSWAIST\_5YR):*

**WAIST\_5YR:** average of waist measurements (cm), i.e. ANT9A\_5YR and ANT9B\_5YR

**LIPIDALLO\_5YR:** lipids and statin use

- 2:** (if HDL\_5YR < 40 and CHOL\_5YR >= 240 and taking antilipemic agents) or  
(if HDL\_5YR < 40 and CHOL\_5YR >= 240 and no antilipemic agents) or  
(if HDL\_5YR < 40 and 0 < CHOL\_5YR <= 240 and taking antilipemic agents)
- 1:** (if HDL\_5YR < 40 and 0 < CHOL\_5YR < 240 and no antilipemic agents) or  
(if HDL\_5YR >= 40 and CHOL\_5YR >= 240 and no antilipemic agents) or  
(if HDL\_5YR >= 40 and CHOL\_5YR >= 240 and taking antilipemic agents) or  
(if HDL\_5YR >= 40 and 0 < CHOL\_5YR < 240 and taking antilipemic agents)
- 0:** (if HDL\_5YR >= 40 and 0 < CHOL\_5YR < 240 and no antilipemic agents)

*sub-components of LIPIDALLO\_5YR:*

**HDL\_5YR:** high density lipoprotein (hdl) (mg / dl)

**CHOL\_5YR:** cholesterol (mg / dl)

**MANTILIP\_5YR:** taking antilipemic agents

0=no, 1=yes

**Q4GLYHGBMED2\_5YR:** glycosolated hemoglobin (GLYHGB\_5YR) and anti-diabetic med use

**1:** if GLYHGB\_5YR >7 and/or anti-diabetic medications are taken

**0:** if GLYHGB\_5YR <=7 and no anti-diabetic medications are taken

**Q4CORT\_SEX\_5YR:** urine cortisol, adjusted for urine volume and creatinine excretion

**1:** for males if CORT\_5YR >= 41.5

for females if CORT\_5YR >= 49.5

**0:** for males if 0 <= CORT\_5YR <41.5

for females if 0 <= CORT\_5YR <49.5

*sub-components Q4CORT\_SEX\_5YR:*

**CORT\_5YR:** urinary cortisol:  $CORTMG\_5YR * URINEVOL\_5YR / CREATEXC\_5YR$

where **CORTMG\_5YR:** cortisol (mg)

**URINEVOL\_5YR:** urine volume (ml/bout)

**CREATEXC\_5YR:** creatinine excretion (gm/bout)

**Q4EPI\_SEX\_5YR:** urine epinephrine, adjusted for urine volume and creatinine excretion

**1:** for males if EPI\_5YR >= 2.8

for females EPI\_5YR >= 3.6

**0:** for males if 0 <= EPI\_5YR <2.8

for females if 0 <= EPI\_5YR <3.6

*sub-component of Q4EPI\_SEX\_5YR:*

**EPI\_5YR:** urinary epinephrine:  $EPIMG\_5YR * URINEVOL\_5YR / CREATEXC\_5YR$

where **EPIMG\_5YR:** epinephrine (in mg)

**URINEVOL\_5YR:** urine volume (ml/bout)

**CREATEXC\_5YR:** creatinine excretion (gm/bout)

**Q4NOREPI\_SEX\_5YR:** urine norepinephrine, adjusted for urine volume and creatinine excretion

**1:** for males if NOREPI\_5YR >= 30.5

for females if NOREPI\_5YR >= 46.9

**0:** for males if 0 <= NOREPI\_5YR <30.5

for females if 0 <= NOREPI\_5YR <46.9

*sub-component of Q4NOREPI\_SEX\_5YR:*

**NOREPI\_5YR:** urinary norepinephrine:  $NOREPIMG\_5YR * URINEVOL\_5YR / CREATEXC\_5YR$

where **NOREPIMG\_5YR:** norepinephrine (mg)

**URINEVOL\_5YR:** urine volume (ml/bout)

**CREATEXC\_5YR:** creatinine excretion (gm/bout)

**Q1DHEASMED2\_5YR:** dheas or testosterone use

- 1: for males if  $0 \leq \text{DHEAS2\_5YR} \leq 589.5$  ng/ml or  $\text{MTESTOS\_5YR}=1$   
for females,  $0 \leq \text{DHEAS2\_5YR} \leq 368.5$  or  $\text{MTESTOS\_5YR}=1$
- 0: for males if  $\text{DHEAS2\_5YR} \geq 589.5$  and  $\text{MTESTOS\_5YR}=0$   
for females if  $\text{DHEAS2\_5YR} \geq 368.5$  and  $\text{MTESTOS\_5YR}=0$

*subcomponents of Q1DHEASMED2\_5YR:*

**DHEAS2\_5YR:** dheas (ng/ml)

**MTESTOS\_5YR:** taking androgens

0= no; 1=yes

**ALLOLOADCRPCLINICALMED\_5YR:**

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  $\text{CRP\_5YR} > 3$ . It is the sum of  $\text{ALLOLOADCLINICALMED\_5YR} + \text{Q4CRP2\_5YR}$ .

**Components of ALLOLOADCRPCLINICALMED\_5YR:**

**ALLOLOADCLINICALMED\_5YR:**

The subcomponents for ALLOLOADCLINICALMED\_5YR have been defined above.

**Q4CRP2\_5YR:**

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

1: if  $\text{CRP\_5YR} > 3$

0: if  $0 \leq \text{CRP\_5YR} \leq 3$  where  $\text{CRP\_5YR}$  is C - reactive protein (ng/ml)

**(RLS) RESTLESS LEG SYNDROME**

**Instructions:** The following questions are in regards to restless leg syndrome.

- |  |  |  |
|--|--|--|
| 1. Do you have, or have you had, recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down?    | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br>((If NO, SKIP to next section))   | RLS1_5YR   |
| 2. Do you, or have you had, a recurrent need or urge to move your legs while you were sitting or lying down?                         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br>((If NO, SKIP to next section))   | RLS2_5YR   |
| 3. Are you more likely to have these feelings when you are resting (either sitting or lying down) or when you are physically active? | <input type="checkbox"/> Resting<br><input type="checkbox"/> Active<br>((If Active, SKIP to next section))   | RLS3_5YR   |
| 4. If you get up or move around when you have these feelings do these feelings get any better while you actually keep moving?        | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know<br>((If NO or Don't Know, SKIP to next section))  | RLS4_5YR   |
| 5. Which times of day are these feelings in your legs most likely to occur?<br><br>Mid-day<br>(Please circle one or more than one)   | <input type="checkbox"/> Mor<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> Afternoon (before 6pm)<br><input type="checkbox"/> Evening (after 6pm)<br><input type="checkbox"/> Night<br><input type="checkbox"/> About equal at all times | RLS5_5YR_1<br>RLS5_5YR_2<br>RLS5_5YR_3<br>RLS5_5YR_4<br>RLS5_5YR_5<br>RLS5_5YR_6 |
| 6. How frequent do you have these feelings   | <input type="checkbox"/> less than once/mo<br><input type="checkbox"/> 2-4 time/mo<br><input type="checkbox"/> 2-3 times/wk<br><input type="checkbox"/> 4-5 times/wk<br><input type="checkbox"/> 6+ times/wk   | RLS6_5YR   |
| 7. Will simply changing leg position by itself once without continuing to move usually relieve these feelings?                       | <input type="checkbox"/> Usually relieves<br><input type="checkbox"/> Does not usually relieve<br><input type="checkbox"/> Don't know  | RLS7_5YR   |
| 8. Are these feelings ever due to muscle cramps?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know<br>((If Yes, ANSWER question 8b) )  | RLS8A_5YR  |
| If so, are they always due to muscle cramps?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know   | RLS8B_5YR  |

**INTERVIEWER'S COMMENTS:**

RLS\_C\_5YR



## DERIVED RESTLESS LEG SYNDROME VARIABLES

(Source: Allen RPI, Burchell BJ, MacDonald B, Hening WA, Earley CJ. "Validation of the self-completed Cambridge-Hopkins questionnaire (CH-RLSq) for ascertainment of restless legs syndrome (RLS) in a population survey." *Sleep Med.* 2009 Dec;10(10):1097-100.)

### **RLS\_5YR:** Definite Restless Leg Syndrome

1: RLS1\_5YR = 1 and  
RLS2\_5YR = 1 and  
RLS3\_5YR = 0 and  
RLS4\_5YR = 1 and  
(RLS5\_5YR\_1 = 0 and RLS5\_5YR\_6 = 0 and RLS7\_5YR = 2) and  
(RLS8A\_5YR = 0 or RLS8B\_5YR = 0)

0: RLS1\_5YR >. and  
RLS2\_5YR >. and  
RLS3\_5YR >. and  
RLS4\_5YR >. and  
RLS5\_5YR\_1 >. and  
RLS5\_5YR\_2 >. and  
RLS5\_5YR\_3 >. and  
RLS5\_5YR\_4 >. and  
RLS5\_5YR\_5 >. and  
RLS5\_5YR\_6 >. and  
RLS7\_5YR >. and  
RLS8A\_5YR >. and  
RLS8B\_5YR >.

## SLEEP QUESTIONS

**Instructions:** The following questions explore your sleeping patterns:

- |   |   |           |
|---|---|-----------|
| 1. Please indicate the total number of hours that you really sleep, typically, during a 24 hour period:             | <input type="checkbox"/> 5 hours or less<br><input type="checkbox"/> 6 hours<br><input type="checkbox"/> 7 hours<br><input type="checkbox"/> 8 hours<br><input type="checkbox"/> 9 hours<br><input type="checkbox"/> 10 hours or more | SLP1_5YR  |
| 2. What time do you usually go to bed?  | _____   | SLP2_5YR  |
|   | <input type="checkbox"/> a.m.<br><input type="checkbox"/> p.m.  | SLP2T_5YR |
| 3. The Following questions explore our sleeping patterns  |   |           |
| How frequently do you have difficulty falling asleep?   | <input type="checkbox"/> Most of the Time<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Almost Never or Never   | SLP3A_5YR |
| How frequently do you have trouble with waking up at night?   | <input type="checkbox"/> Most of the Time<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Almost Never or Never   | SLP3B_5YR |
| How frequently do you have trouble with waking up too early in the morning and not being able to fall asleep again? | <input type="checkbox"/> Most of the Time<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Almost Never or Never   | SLP3C_5YR |
| How frequently do you feel so sleepy during the day or night that you need to take a nap?                           | <input type="checkbox"/> Most of the Time<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Almost Never or Never   | SLP3D_5YR |
| How frequently do you feel truly rested when you wake up in the morning?  | <input type="checkbox"/> Most of the Time<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Almost Never or Never   | SLP3E_5YR |
| 4. Do you snore? (If you have a partner or share your bedroom with another person, please ask him/her)              | <input type="checkbox"/> Every night<br><input type="checkbox"/> Most nights<br><input type="checkbox"/> A few nights a week<br><input type="checkbox"/> Occasionally<br><input type="checkbox"/> Almost never                        | SLP4_5YR  |
| 5. Did you respond to the previous question about snoring after asking your partner or bedroom-mate?                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | SLP5_5YR  |

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ SLP\_C\_5YR

## DERIVED SLEEP VARIABLES

### INSOMNIA\_5YR:

- 1: SLP3A\_5YR=2 or SLP3B\_5YR=2 or SLP3C\_5YR=2 and SLP3E\_5YR =0  
 0: SLP3A\_5YR>=0 and SLP3B\_5YR>=0 and SLP3C\_5YR>=0 and SLP3E\_5YR>=0

**(FHX) FAMILY AND PERSONAL HISTORY OF DISEASE**

**Instructions:** Please indicate if any of your fist-degree family members (parents and siblings) have ever been diagnosed with any of following diseases

**1. Diabetes**

- |  |   |                  |
|--|---|------------------|
| a. Has your biological father ever been diagnosed with diabetes? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know                                | <b>FHX1A_5YR</b> |
| b. Has your biological mother ever been diagnosed with diabetes? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know                                | <b>FHX1B_5YR</b> |
| c. Have your brothers ever been diagnosed with diabetes?         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <b>FHX1C_5YR</b> |
| d. Have your sisters ever been diagnosed with diabetes?          | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <b>FHX1D_5YR</b> |

**2. High blood pressure/Hypertension**

- |  |   |                  |
|--|---|------------------|
| a. Has your biological father ever been diagnosed with High blood pressure/Hypertension? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know                                | <b>FHX2A_5YR</b> |
| b. Has your biological mother ever been diagnosed with High blood pressure/Hypertension? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know                                | <b>FHX2B_5YR</b> |
| c. Have your brothers ever been diagnosed with High blood pressure/Hypertension?         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <b>FHX2C_5YR</b> |
| d. Have your sisters ever been diagnosed with High blood pressure/Hypertension?          | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <b>FHX2D_5YR</b> |

**3. Overweight/obesity**

- a. Has your biological father ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know **FHX3A\_5YR**
- b. Has your biological mother ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know **FHX3B\_5YR**
- c. Have your brothers ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know  
 NA **FHX3C\_5YR**
- d. Have your sisters ever been diagnosed with Overweight/obesity?  No  
 Yes  
 Don't Know  
 NA **FHX3D\_5YR**

**4. Heart Attack**

- a. Has your biological father ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know **FHX4A\_5YR**
- b. Has your biological mother ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know **FHX4B\_5YR**
- c. Have your brothers ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know  
 NA **FHX4C\_5YR**
- d. Have your sisters ever been diagnosed with a Heart Attack?  No  
 Yes  
 Don't Know  
 NA **FHX4D\_5YR**

**5. Heart Disease (other than heart attack)**

- a. Has your biological father ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know **FHX5A\_5YR**
- b. Has your biological mother ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know **FHX5B\_5YR**
- c. Have your brothers ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know  
 NA **FHX5C\_5YR**
- d. Have your sisters ever been diagnosed with Heart Disease (other than heart attack)?  No  
 Yes  
 Don't Know  
 NA **FHX5D\_5YR**

**6. Stroke**

- |  |   |                  |
|--|---|------------------|
| a. Has your biological father ever been diagnosed with a Stroke? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know                                | <b>FHX6A_5YR</b> |
| b. Has your biological mother ever been diagnosed with a Stroke? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know                                | <b>FHX6B_5YR</b> |
| c. Have your brothers ever been diagnosed with a Stroke?         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <b>FHX6C_5YR</b> |
| d. Have your sisters ever been diagnosed with a Stroke?          | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <b>FHX6D_5YR</b> |

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **FHX\_C\_5YR**

**DERIVED FAMILY AND PERSONAL HISTORY OF DISEASE VARIABLES****FHX\_HEARTDX\_DAD\_5YR:**

If FHX4A\_5YR=Yes or FHX5A\_5YR=Yes or FHX6A\_5YR=Yes then  
 FHX\_HEARTDX\_DAD\_5YR=Yes

**FHX\_HEARTDX\_MOM\_5YR:**

If FHX4B\_5YR=Yes or FHX5B\_5YR=Yes or FHX6B\_5YR=Yes then  
 FHX\_HEARTDX\_MOM\_5YR=Yes

**FHX\_HEARTDX\_BRO\_5YR:**

If FHX4C\_5YR=Yes or FHX5C\_5YR=Yes or FHX6C\_5YR=Yes then  
 FHX\_HEARTDX\_BRO\_5YR=Yes

**FHX\_HEARTDX\_SIS\_5YR:**

If FHX4D\_5YR=Yes or FHX5D\_5YR=Yes or FHX6D\_5YR=Yes then  
 FHX\_HEARTDX\_SIS\_5YR=Yes

**FHX\_HEARTDX\_5YR:**

If FHX\_HEARTDX\_DAD\_5YR=Yes or FHX\_HEARTDX\_MOM\_5YR=Yes or  
 FHX\_HEARTDX\_SIS\_5YR=Yes or FHX\_HEARTDX\_BRO\_5YR=Yes then  
 FHX\_HEARTDX\_5YR=Yes

---

---

**(ASP) ASPIRIN USE**

1. Do you take aspirin?  No  Yes  Don't know **ASP1\_5YR**  
((If NO or Don't Know Skip to Next Section))
2. What kind of aspirin (dose in mgs) do you take?  081=baby  160= half dose (pill)  250=like in Excedrin  325= usual dose  500=extra strength  Other **ASP2\_5YR**  
((CHECK ALL THAT APPLY))
- Other, specify \_\_\_\_\_ **ASP2A\_5YR**
3. How often do you take aspirin?  Daily  Weekly  Monthly  Yearly  Don't know **ASP3\_5YR**
4. Number of aspirins taken (daily, weekly, etc) \_\_\_\_\_ **ASP4\_5YR**  
(aspirin(s))

**(PMED) PRESCRIPTION MEDICATIONS**

CO-INFORMANT

- No
- Yes

PROXMEDS\_5YR

Are you currently taking any medications or have taken within the past year?

- No
- Yes

PMED\_DESC2\_5YR

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

1. Medication Name

\_\_\_\_\_ PMED1\_5YR

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

PMED1B\_5YR

2. Medication Name

\_\_\_\_\_ PMED2\_5YR

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

PMED2B\_5YR

3. Medication Name

\_\_\_\_\_ PMED3\_5YR

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

PMED3B\_5YR

4. Medication Name

\_\_\_\_\_ PMED4\_5YR

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

PMED4B\_5YR

5. Medication Name

\_\_\_\_\_ PMED5\_5YR

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

PMED5B\_5YR

6. Medication Name

\_\_\_\_\_ PMED6\_5YR

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

PMED6B\_5YR

7. Medication Name

\_\_\_\_\_ PMED7\_5YR

How long using?

- < 1 yr
- 1-5 yrs
- >5 yrs
- Don't know

PMED7B\_5YR

8. Medication Name	_____	PMED8_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED8B_5YR
9. Medication Name	_____	PMED9_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED9B_5YR
10. Medication Name	_____	PMED10_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED10B_5YR
11. Medication Name	_____	PMED11_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED11B_5YR
12. Medication Name	_____	PMED12_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED12B_5YR
13. Medication Name	_____	PMED13_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED13B_5YR
14. Medication Name	_____	PMED14_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED14B_5YR
15. Medication Name	_____	PMED15_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED15B_5YR
16. Medication Name	_____	PMED16_5YR
How long using?	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> >5 yrs <input type="checkbox"/> Don't know	PMED16B_5YR



17. Medication Name \_\_\_\_\_ **PMED17\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED17B\_5YR**

18. Medication Name \_\_\_\_\_ **PMED18\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED18B\_5YR**

19. Medication Name \_\_\_\_\_ **PMED19\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED19B\_5YR**

20. Medication Name \_\_\_\_\_ **PMED20\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED20B\_5YR**

21. Medication Name \_\_\_\_\_ **PMED21\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED21B\_5YR**

22. Medication Name \_\_\_\_\_ **PMED22\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED22B\_5YR**

23. Medication Name \_\_\_\_\_ **PMED23\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED23B\_5YR**

24. Medication Name \_\_\_\_\_ **PMED24\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED24B\_5YR**

25. Medication Name \_\_\_\_\_ **PMED25\_5YR**

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know **PMED25B\_5YR**

---



---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **PMED\_C\_5YR**

**(OCMED) OVER-THE-COUNTER MEDICATIONS**

Are you currently taking any over the counter medications or have taken within the past year?

- No
- Yes

OCMED\_YN\_5YR

INTERVIEWER: List all over-the-counter medications the Subject takes on a weekly basis.

- 1. Medication Name \_\_\_\_\_ OCMED1\_5YR
- 2. Medication Name \_\_\_\_\_ OCMED2\_5YR
- 3. Medication Name \_\_\_\_\_ OCMED3\_5YR
- 4. Medication Name \_\_\_\_\_ OCMED4\_5YR
- 5. Medication Name \_\_\_\_\_ OCMED5\_5YR
- 6. Medication Name \_\_\_\_\_ OCMED6\_5YR
- 7. Medication Name \_\_\_\_\_ OCMED7\_5YR
- 8. Medication Name \_\_\_\_\_ OCMED8\_5YR
- 9. Medication Name \_\_\_\_\_ OCMED9\_5YR
- 10. Medication Name \_\_\_\_\_ OCMED10\_5YR
- 11. Medication Name \_\_\_\_\_ OCMED11\_5YR
- 12. Medication Name \_\_\_\_\_ OCMED12\_5YR
- 13. Medication Name \_\_\_\_\_ OCMED13\_5YR
- 14. Medication Name \_\_\_\_\_ OCMED14\_5YR
- 15. Medication Name \_\_\_\_\_ OCMED15\_5YR
- 16. Medication Name \_\_\_\_\_ OCMED16\_5YR
- 17. Medication Name \_\_\_\_\_ OCMED17\_5YR
- 18. Medication Name \_\_\_\_\_ OCMED18\_5YR
- 19. Medication Name \_\_\_\_\_ OCMED19\_5YR
- 20. Medication Name \_\_\_\_\_ OCMED20\_5YR

**INTERVIEWER'S COMMENTS:**

OCMED\_C\_5YR

\_\_\_\_\_

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

- a. **MALLMEDS\_5YR**: count of all meds including vitamins = MCA\_5YR + MANS\_C\_5YR + MBLOD\_C\_5YR + MCARDIO\_C\_5YR + MCOX5\_5YR + MASA\_5YR + MNSAID\_5YR + MOPI\_5YR + MACETO\_5YR + MANTIC\_C\_5YR + MPSY\_C\_5YR + MSTIM\_C\_5YR + MANX\_C\_5YR + MLITH\_5YR + MMIGRAINE\_5YR + MMISPSY\_5YR + MELH5O\_C\_5YR + MANTITU\_5YR + MENT\_C\_5YR + MGI\_C\_5YR + MHORM\_C\_5YR + MANTIBIOT\_C\_5YR + MANTIV\_C\_5YR + MSKIN\_C\_5YR + MSKMUS\_5YR + MVIT\_C\_5YR + MMISC\_C\_5YR + MANTHIS\_5YR + MHERBAL\_5YR
- b. **MALLNOVIT\_5YR**: all medications, no vitamins = MCA\_5YR + MANS\_C\_5YR + MBLOD\_C\_5YR + MCARDIO\_C\_5YR + MCOX5\_5YR + MASA\_5YR + MNSAID\_5YR + MOPI\_5YR + MACETO\_5YR + MANTIC\_C\_5YR + MPSY\_C\_5YR + MSTIM\_C\_5YR + MANX\_C\_5YR + MLITH\_5YR + MMIGRAINE\_5YR + MMISPSY\_5YR + MELH5O\_C\_5YR + MANTITU\_5YR + MENT\_C\_5YR + MGI\_C\_5YR + MHORM\_C\_5YR + MANTIBIOT\_C\_5YR + MANTIV\_C\_5YR + MSKIN\_C\_5YR + MSKMUS\_5YR + MMISC\_C\_5YR + MANTHIS\_5YR + MHERBAL\_5YR
- c. **MORAL\_5YR**: count of all "oral" meds. this excludes vitamins and topical preparations for skin and eyes. (they are included above) = MCA\_5YR + MANS\_C\_5YR + MBLOD\_C\_5YR + MCARDIO\_C\_5YR + MCOX5\_5YR + MASA\_5YR + MNSAID\_5YR + MOPI\_5YR + MACETO\_5YR + MANTIC\_C\_5YR + MPSY\_C\_5YR + MSTIM\_C\_5YR + MANX\_C\_5YR + MLITH\_5YR + MMIGRAINE\_5YR + MMISPSY\_5YR + MELH5O\_C\_5YR + MANTITU\_5YR + MGI\_C\_5YR + MHORM\_C\_5YR + MANTIBIOT\_C\_5YR + MSKMUS\_5YR + MMISC\_C\_5YR

**CNS****A. Coxii -- count all with code 28.08.04.08 (only)****MCOX2\_5YR**: 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\_5YR**: taking this medication

0=no

1=yes

**C. Nsaids other – count all with code 28.08.04.92(only)****MNSAID\_5YR**: taking this medication

0=no

1=yes

**D. Opiates – count all with code 28.08.08 or 28.08.12****MOPI\_5YR**: 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\_5YR**: taking this medication

0=no

1=yes

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

28.12.04 or 28.12.12 or 28.12.92

**MANTIC\_C\_5YR:** count of these medications

**MANTIC\_5YR:** taking this medication

0=no

1=yes

**G. New anticonvulsants – count all with code 28.12.92**

**MANTIN\_5YR:** 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\_5YR:** count of these medications

**MPSY\_5YR:** 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\_5YR:** count of these medications

**MANTDEP\_D\_5YR:** duration taking these medications

**MANTDEP\_5YR:** taking this medication

0=no

1=yes

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

**MSSRI\_D\_5YR:** duration taking this medication

**MSSRI\_5YR:** 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\_5YR:** duration taking this medication

**MMAOI\_5YR:** taking this medication

0=no

1=yes

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

**MTCA\_D\_5YR:** duration taking this medication

**MTCA\_5YR:** 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\_5YR:** duration taking this medication

**MTRAZ\_5YR:** taking this medication

0=no

1=yes

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

**MMISCAD\_D\_5YR:** duration taking this medication

**MMISCAD\_5YR:** 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\_5YR:** count of these medications

**MANTPSY\_5YR:** taking this medication

0=no

1=yes

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

**MATYPA\_5YR:** 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\_5YR:** count of these medications

**MOANTIPSY\_5YR:** taking this medication

0=no

1=yes

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

28.20.04 or 28.20.92

**MSTIM\_C\_5YR:** count of these medications

**MSTIM\_5YR:** taking this medication

0=no

1=yes

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

**MRIT\_5YR:** 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\_5YR:** count of these medications

**MANX\_D\_5YR:** duration taking these medications

**MANX\_5YR:** taking this medication

0=no

1=yes

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

**MBENZ\_D\_5YR:** duration taking this medication

**MBENZ\_5YR:** taking this medication

0=no

1=yes

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

**MMSEDHYP\_D\_5YR:** duration taking this medication

**MMSEDHYP\_5YR:** 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\_5YR:** taking this medication

0=no

1=yes

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

**MMIGRAINE\_5YR:** taking this medication

0=no

1=yes

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

**MMISPSY\_5YR:** 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\_5YR:** taking this medication

0=no

1=yes

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

10.00

**MCA\_5YR:** 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\_5YR:** count of these medications

**MANS\_5YR:** taking this medication

0=no

1=yes

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

**MCHOL\_5YR:** taking this medication

0=no

1=yes

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

12.08.04 or 12.08.08

**MANTICH\_C\_5YR:** count of these medications

**MANTICH\_5YR:** taking this medication

0=no

1=yes

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

**MPARK\_5YR:** 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\_5YR:** count of these medications

**MADREN\_5YR:** taking this medication

0=no

1=yes

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

**MADIN\_5YR:** 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\_5YR:** taking this medication

0=no  
1=yes

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

**MRELAX\_5YR:** 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\_5YR:** count of these medications

**MBLOD\_5YR:** 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\_5YR:** 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\_5YR:** count of these medications

**MANTICO\_5YR:** taking this medication

0=no  
1=yes

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

**MWARFARIN\_5YR:** taking this medication

0=no  
1=yes

**D. Platelet aggregation inhibitors – count all with code 20.12.18 (only)**

**MPLAGGINH\_5YR:** taking this medication

0=no  
1=yes

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

**MHEMAT\_5YR:** 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\_5YR:** 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\_5YR:** count of these medications

*MCARDIO\_D\_5YR:* duration taking these medications

**MCARDIO\_5YR:** 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\_5YR:* duration taking this medication

**MDIG\_5YR:** 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\_5YR:** count of these medications

*MANTILIP\_D\_5YR:* duration taking these medications

**MANTILIP\_5YR:** taking this medication

0=no

1=yes

**1. Hmg coa – count all with code 24.06.08 (only)**

*MHMG\_D\_5YR:* duration taking this medication

**MHMG\_5YR:** taking this medication

0=no

1=yes

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

*MOMEGA3\_D\_5YR:* duration taking these medications

**MOMEGA3\_5YR:** 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\_5YR:* duration taking this medication

**MHYPO\_5YR:** taking this medication

0=no

1=yes

**D. Vasodilating agents**

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

*MNITR\_D\_5YR:* duration taking this medication

**MNITR\_5YR:** taking this medication

0=no

1=yes

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

*MFORMEN\_D\_5YR:* duration taking this medication

**MFORMEN\_5YR:** taking this medication

0=no

1=yes

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

*MDYPRYID\_D\_5YR:* duration taking this medication



**MDYPRYID\_5YR:** taking this medication

0=no

1=yes

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

*MABLK\_D\_5YR:* duration taking this medication

**MABLK\_5YR:** taking this medication

0=no

1=yes

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

*MBBLK\_D\_5YR:* duration taking this medication

**MBBLK\_5YR:** 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\_5YR:* duration taking these medications

**MCBLK\_5YR:** taking this medication

0=no

1=yes

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

*MACEI\_D\_5YR:* duration taking this medication

**MACEI\_5YR:** 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\_5YR:* duration taking this medication

**MANGIO\_5YR:** 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\_5YR:* duration taking these medications

**HTNMED\_5YR:** 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\_5YR:** count of these medications

**MELH2O\_5YR:** taking this medication

0=no

1=yes

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

**MCATT\_5YR:** taking this medication

0=no

1=yes

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

**MPOT\_5YR:** taking this medication

0=no  
1=yes

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

**MPHOSREM\_5YR:** 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\_5YR:** count of these medications

**MDIUR\_5YR:** taking this medication

0=no  
1=yes

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

**MTHIAZ\_5YR:** taking this medication

0=no  
1=yes

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

**MLOOP\_5YR:** taking this medication

0=no  
1=yes

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

**MKSPAR\_5YR:** taking this medication

0=no  
1=yes

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

**MANTITU\_5YR:** 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\_5YR:** count of these medications

**MENT\_5YR:** taking this medication

0=no  
1=yes

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

**MENTAI\_5YR:** taking this medication

0=no  
1=yes

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

**MCAINH\_5YR:** 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\_5YR:** count of these medications

**MEYEDRP\_5YR:** taking this medication

0=no

1=yes

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

52.08 or 52.08.92

**MTOPSTER\_5YR:** 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\_5YR:** count of these medications

**MGI\_5YR:** taking this medication

0=no

1=yes

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

**MCATH\_5YR:** taking this medication

0=no

1=yes

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

**MANTIEMET\_5YR:** 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\_5YR:** count of these medications

**MULCER\_5YR:** taking this medication

0=no

1=yes

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

**MH2ANT\_5YR:** taking this medication

0=no

1=yes

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

**MSULC\_5YR:** taking this medication

0=no

1=yes

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

**MPPI\_5YR:** 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\_5YR:** count of these medications

**MHORM\_5YR:** 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\_5YR:** taking this medication

0=no

1=yes

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

**MESTRO\_5YR:** taking this medication

0=no

1=yes

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

**MTESTOS\_5YR:** taking this medication

0=no

1=yes

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

**MRALOX\_5YR:** 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\_5YR:** count of these medications

*MANTIDB\_D\_5YR:* duration taking these medications

**MANTIDB\_5YR:** 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\_5YR:* duration taking these medications

**MMETFORMIN\_5YR:** taking this medication

0=no

1=yes

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

*MINSU\_D\_5YR:* duration taking these medications

**MINSU\_5YR:** 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\_5YR:* duration taking these medications

**MMEGL\_5YR:** taking this medication

0=no

1=yes

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

*MSULF\_D\_5YR:* duration taking these medications

**MSULF\_5YR:** taking this medication

0=no

1=yes

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

*MGLIT\_D\_5YR*: duration taking these medications

**MGLIT\_5YR**: taking this medication

0=no

1=yes

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

*MALFGLUC\_D\_5YR*: duration taking these medications

**MALFGLUC\_5YR**: 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\_5YR**: taking this medication

0=no

1=yes

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

**MTHYREP\_5YR**: taking this medication

0=no

1=yes

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

**MANTHY\_5YR**: 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\_5YR**: count of these medications

**MANTIBIOT\_5YR**: taking this medication

0=no

1=yes

**Antifungal – count all with prefix 8.18**

'8.14.08' '8.14.04' '8.14.92'

**MANTIFUN\_C\_5YR**: count of these medications

**MANTIFUN\_5YR**: 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\_5YR**: count of these medications

**MANTIV\_5YR**: 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\_5YR**: count of these medications

**MANTIHIV\_5YR**: 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\_5YR:** count of these medications

**MSKIN\_5YR:** taking this medication

0=no

1=yes

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

86.12 or 86.16

**MSKMUS\_5YR:** taking this medication

0=no

1=yes

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

**MGUMUS\_5YR:** taking this medication

0=no

1=yes

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

**MTHEOPHYL\_5YR:** 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\_5YR:** count of these medications

**MVIT\_5YR:** taking this medication

0=no

1=yes

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

**MVITASUPP\_5YR:** taking this medication

0=no

1=yes

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

**MMULTV\_5YR:** 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\_5YR:** taking this medication:

0=no

1= yes

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

**MVITB12SUPP\_5YR:** taking this medication

0=no

1=yes

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

**MFOLSUPP\_5YR:** taking this medication

0=no

1=yes

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

**MVITPASUPP\_5YR**: taking this medication

0=no

1=yes

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

**MVITB6SUPP\_5YR**: taking this medication

0=no

1=yes

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

**MVITB2SUPP\_5YR**: taking this medication

0=no

1=yes

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

**MVITB1SUPP\_5YR**: taking this medication

0=no

1=yes

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

**MVITCSUPP\_5YR**: 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\_5YR**: taking this medication

0=no

1=yes

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

**MVITESUPP\_5YR**: taking this medication

0=no

1=yes

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

**MVITKSUPP\_5YR**: taking this medication

0=no

1=yes

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

**MZINCSUPP\_5YR**: taking this medication

0=no

1=yes

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

**MNIACIN\_5YR**: 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\_5YR:** taking this medication

0=no  
1=yes

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

**MFLAXSUPP\_5YR:** taking this medication

0=no  
1=yes

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

**MGARSUPP\_5YR:** taking this medication

0=no  
1=yes

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

**MMELSUPP\_5YR:** taking this medication

0=no  
1=yes

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

**MZEASUPP\_5YR:** taking this medication

0=no  
1=yes

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

**MLUTSUPP\_5YR:** 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\_5YR:** count of these medications

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

**MBPH\_5YR:** taking this medication

0=no  
1=yes

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

**MANTIGOUT\_5YR:** 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\_5YR:** taking this medication

0=no  
1=yes

**D. Disease modifying antirheumatic drugs – count all with code 92.09 (only)**

**MANRHEUM\_5YR:** taking this medication

0=no  
1=yes



**E. Immunosuppressive agents – count all with code 92.11 (only)**

**MIMUSUPPR\_5YR**: taking this medication

0=no  
1=yes

**F. Leukotriene modifiers– count all with code 92.12 (only)**

**MLEUKOTRI\_5YR**: taking this medication

0=no  
1=yes

**G. Pepto-bismol – code 56.08.01**

**MPEPTO\_5YR** – taking this medication

0 = no  
1 = yes

**H. Dhea – count all with code 88.68 (only)**

**MDHEASUPP\_5YR**: taking this medication

0=no  
1=yes

**Respiratory meds**

**A. Asthma – count all with code: 52.08 or 92.12 or 92.13 or 12.12.01 or 86.16**

**MASTHMA\_D\_5YR**: duration taking these medications

**MASTHMA\_5YR**: 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\_5YR**: duration taking these medications

**MASTHCOPD\_5YR**: 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\_5YR**: duration taking these medications

**MASTOTH\_5YR**: 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\_5YR**: duration taking these medications

**MCOUGH\_5YR**: taking this medication

0=no  
1=yes

**E. Copd – count all with code: 12.08.08 or 12.12.01**

**MCOPD\_D\_5YR**: duration taking these medications

**MCOPD\_5YR**: taking this medication

0=no  
1=yes

**F. Nosmoke – count all with code: 12.92**

**MNOSMOKE\_D\_5YR**: duration taking these medications

**MNOSMOKE\_5YR**: taking this medication

0=no  
1=yes

**G. Rhin – count all with code: 28.24.92 or 12.04**

*MRHIN\_D\_5YR*: duration taking these medications

**MRHIN\_5YR**: taking this medication

0=no

1=yes

**H. Decon – count all with this code: 12.12.02**

*MDECON\_D\_5YR*: duration taking these medications

**MDECON\_5YR**: taking this medication

0=no

1=yes

**(TOB) HEALTH BEHAVIORS: TOBACCO USE**

**Instructions:** Now, I would like to ask you about the use of tobacco.

CO-INFORMANT

No  
 Yes PROXTOB\_5YR

1. Do you currently smoke?  No  
 Yes  
 ((If NO, GO TO #3)) TOB3\_5YR

2a. How many cigarettes do you smoke regularly during one day? (pack=20 cigarettes) \_\_\_\_\_ TOB4\_1\_5YR

2b. How many cigars do you smoke regularly during one day? \_\_\_\_\_ TOB4\_2\_5YR

2c. How many pipes do you smoke regularly during one day? \_\_\_\_\_ TOB4\_3\_5YR

3. On average, how many hours a day are you exposed to cigarette smoke of others at home?  Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA TOB5\_1\_5YR

4. On average, how many hours a day are you exposed to cigarette smoke of others at work?  Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA TOB5\_2\_5YR

5. On average, how many hours a day are you exposed to cigarette smoke of others in the car?  Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA TOB5\_3\_5YR

6. On average, how many hours a day are you exposed to cigarette smoke of others in other areas?  Daily  
 1-5 x per week  
 1-5 x per month  
 Almost never  
 Never  
 Don't Know  
 Refused  
 NA TOB5\_4\_5YR

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ TOB\_C\_5YR



## **DERIVED TOBACCO USE VARIABLES**

**SMOKER\_5YR:** smoking status (cumulative, based on smoking status at baseline and 2 year interviews)  
0: never (less than 100 cigarettes in entire life)  
1: smoked in the past, but not currently  
2: currently smoke

**(ALC) HEALTH BEHAVIORS: ALCOHOL USE**

**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

No  
 Yes PROXALC\_5YR

1. Presently, do you drink alcohol?

No  
 Yes ALC3\_5YR  
 ((If NO GO to NEXT SECTION))

2. On average, how often do you drink any type of alcohol?

\_\_\_\_\_ ALC4A\_5YR  
 (# days per)

# days per:

Week ALC4B\_5YR  
 Month  
 Year

3. What do you usually drink?

Beer ALC5\_5YR\_1  
 Rum ALC5\_5YR\_2  
 Wine ALC5\_5YR\_3  
 Gin ALC5\_5YR\_4  
 Whiskey ALC5\_5YR\_5  
 Other ALC5\_5YR\_6  
 ((CHECK ALL THAT APPLY))

Other, specify

\_\_\_\_\_ ALC5\_6T\_5YR

4. 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.

\_\_\_\_\_ ALC6\_5YR  
 (drinks)

**INTERVIEWER'S COMMENTS:**

ALC\_C\_5YR

**(ASI-A) ALCOHOL ADDICTION SEVERITY INDEX**

**Instructions:** I will be asking you some questions about alcohol that you may have used. When answering these questions, please remember that any information you give me will be kept strictly confidential, so please try to answer as honestly as possible.

1. How many days in the last 30 days have you used any alcohol? ASIA1\_5YR  
 \_\_\_\_\_  
 ((Enter -97 for Refused, -98 for Don't Know))

2. How many days in the last 30 days have you used alcohol to intoxication with 5 or more drinks in one sitting? ASIA2\_5YR  
 \_\_\_\_\_  
 ((Enter -97 for Refused, -98 for Don't Know))

3. How many days in the last 30 days have you used alcohol to intoxication with 4 or fewer drinks in one sitting and felt high? ASIA3\_5YR  
 \_\_\_\_\_  
 ((Enter -97 for Refused, -98 for Don't Know))

4. How many days in the past 30 days have you experienced alcohol problems? ASIA4\_5YR  
 \_\_\_\_\_  
 (Number of Days)

(IF ZERO, REFUSED Or DON't KNOW SKIP TO # 5)

a. How troubled or bothered have you been by these alcohol problems? ASIA4A\_5YR

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- Don't know
- Refused

5. During the last 30 day, have you received treatment for alcohol problems? ASIA5\_5YR

- No
- Yes
- Don't know
- Refused

a. How many days have you been treated for alcohol problems (including outpatient, residential, detox, AA)? ASIA5A\_5YR  
 \_\_\_\_\_  
 (Number of Days)

(Enter -97 for Refused, -98 for Don't know))

b. How important to you is treatment for these alcohol problems? ASIA5B\_5YR

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- Don't know
- Refused

**INTERVIEWER'S COMMENTS:** ASIA\_C\_5YR  
 \_\_\_\_\_

**(PSS) PERCEIVED STRESS SCALE**

**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, do not 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:**

- |  |   |          |
|--|---|----------|
| 1. How often have you been upset because of something that happened unexpectedly?                                    | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often                             | PSS1_5YR |
| 2. How often have you felt that you were unable to control the important things in your life?                        | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often                             | PSS2_5YR |
| 3. How often have you felt nervous and stressed?   | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often                             | PSS3_5YR |
| 4. How often have you dealt successfully with irritating life hassles?   | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often                             | PSS4_5YR |
| 5. How often have you felt that you were effectively coping with important changes that were occurring in your life? | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often                             | PSS5_5YR |
| 6. How often have you felt confident about your ability to handle your personal problems?                            | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often                             | PSS6_5YR |
| 7. How often have you felt that things were going your way?  | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often                             | PSS7_5YR |
| 8. How often have you found that you could not cope with all the things that you had to do?                          | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every now and then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often<br><input type="checkbox"/> | PSS8_5YR |



9. How often have you been able to control irritations in your life?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Every now and then <input type="checkbox"/> Often <input type="checkbox"/> Very Often	PSS9_5YR
10. How often have you felt that you were on top of things?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Every now and then <input type="checkbox"/> Often <input type="checkbox"/> Very Often	PSS10_5YR
11. How often have you been angered because of things that happened or were outside of your control?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Every now and then <input type="checkbox"/> Often <input type="checkbox"/> Very Often	PSS11_5YR
12. How often have you found yourself thinking about things that you have to accomplish?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Every now and then <input type="checkbox"/> Often <input type="checkbox"/> Very Often	PSS12_5YR
13. How often have you been able to control the way you spend your time?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Every now and then <input type="checkbox"/> Often <input type="checkbox"/> Very Often	PSS13_5YR
14. How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Every now and then <input type="checkbox"/> Often <input type="checkbox"/> Very Often	PSS14_5YR

---

**INTERVIEWER'S COMMENTS:** PSS\_C\_5YR

---

### **DERIVED PERCEIVED STRESS SCALE VARIABLES**

*Original PSS variables are available upon request.*

**PSS\_5YR:** Perceived stress score

$$PSS1\_5YR + PSS2\_5YR + PSS3\_5YR + PSS4\_5YR + PSS5\_5YR + PSS6\_5YR + PSS7\_5YR + PSS8\_5YR + PSS9\_5YR + PSS10\_5YR + PSS11\_5YR + PSS12\_5YR + PSS13\_5YR + PSS14\_5YR$$

*Using PSS\_A\_5YR increases the number of participants with non-missing data.*

**PSS\_A\_5YR:** perceived stress score (algorithm applied: imputed mean of PSS1-PSS14 if 7 or less are missing)

$$PSS1\_A\_5YR + PSS2\_A\_5YR + PSS3\_A\_5YR + PSS4\_A\_5YR + PSS5\_A\_5YR + PSS6\_A\_5YR + PSS7\_A\_5YR + PSS8\_A\_5YR + PSS9\_A\_5YR + PSS10\_A\_5YR + PSS11\_A\_5YR + PSS15\_A\_5YR + PSS13\_A\_5YR + PSS14\_A\_5YR$$

**(PAS) PSYCHOLOGICAL ACCULTURATION SCALE**

**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.

- |   |   |          |
|---|---|----------|
| 1. With which group of people do you feel you share most of your beliefs and values?          | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS1_5YR |
| 2. With which group of people do you feel you have the most in common?                        | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS2_5YR |
| 3. With which group of people do you feel most comfortable?                                   | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS3_5YR |
| 4. In your opinion, which group of people best understands your ideas (your way of thinking)? | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS4_5YR |
| 5. Which culture do you feel proud to be a part of?   | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS5_5YR |
| 6. In what culture do you know how things are done and feel that you can do them easily?      | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS6_5YR |
| 7. In what culture do you feel confident that you know how to act?                            | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS7_5YR |
| 8. In your opinion, which group of people do you understand best?                             | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS8_5YR |
| 9. In what culture do you know what is expected of a person in various situations?            | <input type="checkbox"/> Only w/PR<br><input type="checkbox"/> More w/PR than Americans<br><input type="checkbox"/> Same among PR and Americans<br><input type="checkbox"/> More w/Americans than PR<br><input type="checkbox"/> Only w/Americans | PAS9_5YR |

10. Which culture do you know the most about (for example: its history, traditions, and customs)?

- Only w/PR
- More w/PR than Americans
- Same among PR and Americans
- More w/Americans than PR
- Only w/Americans

PAS10\_5YR

---

INTERVIEWER'S COMMENTS:

PAS\_C\_5YR

---

### DERIVED PSYCHOLOGICAL ACCULTURATION SCALE VARIABLES

**PAS\_5YR:** psychological acculturation score

$$PAS\_5YR = PAS1\_5YR + PAS2\_5YR + PAS3\_5YR + PAS4\_5YR + PAS5\_5YR + PAS6\_5YR + PAS7\_5YR + PAS8\_5YR + PAS9\_5YR + PAS10\_5YR$$

**PAS\_A\_5YR:** Psychological acculturation score (algorithm applied: participant mean used in place of missing response of PAS1\_5YR - PAS10\_5YR if 5 or less are missing)

$$PAS1\_A\_5YR + PAS2\_A\_5YR + PAS3\_A\_5YR + PAS4\_A\_5YR + PAS5\_A\_5YR + PAS6\_A\_5YR + PAS7\_A\_5YR + PAS8\_A\_5YR + PAS9\_A\_5YR + PAS10\_A\_5YR$$

**(ACC) ACCULTURATION**

CO-INFORMANT

No  
Yes

PROXACC\_5YR

**What language do you use:**

..for watching TV?

- Only Spanish
- More SPA than ENG
- Both Equally
- More ENG than SPA
- Only English
- NA

ACC10A\_5YR

..for reading newspapers/books?

- Only Spanish
- More SPA than ENG
- Both Equally
- More ENG than SPA
- Only English
- NA

ACC10B\_5YR

..for speaking with neighbors?

- Only Spanish
- More SPA than ENG
- Both Equally
- More ENG than SPA
- Only English
- NA

ACC10C\_5YR

..at work?

- Only Spanish
- More SPA than ENG
- Both Equally
- More ENG than SPA
- Only English
- NA

ACC10D\_5YR

..for listening to the radio?

- Only Spanish
- More SPA than ENG
- Both Equally
- More ENG than SPA
- Only English
- NA

ACC10E\_5YR

...with friends?

- Only Spanish
- More SPA than ENG
- Both Equally
- More ENG than SPA
- Only English
- NA

ACC10F\_5YR

..with family?

- Only Spanish
- More SPA than ENG
- Both Equally
- More ENG than SPA
- Only English
- NA

ACC10G\_5YR

**INTERVIEWER'S COMMENTS:**

ACC\_C\_5YR

## **DERIVED ACCULTURATION VARIABLES**

**CACULTUR\_5YR:** Language acculturation score 0 to 100%  
 $100 * \sum (\text{ACC10A-G} - 1) / (4 * \text{number answered})$   
100%: Fully acculturated subject speaks fluent English  
0%: Fully unacculturated subject speaks only Spanish

**CACULTURZZ\_5YR:**  
0:  $0 \leq \text{CACULTUR\_5YR} < 50$   
1:  $\text{CACULTUR\_5YR} \geq 50$  (%)

## MAHES STRESS SCALE

**Instructions:** The questions that follow explore how you have felt with regards to certain things during the past month. Please answer the question using the following options.

- |   |   |           |
|---|---|-----------|
| 1. How often have you worried about your health?                            | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_1_5YR |
| 2. How often have you found yourself thinking about the problems of others? | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_2_5YR |
| 3. How often have you thought that your money does not go far enough?       | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_3_5YR |
| 4. How often have you thought that there is nobody to turn to?              | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_4_5YR |
| 5. How often have you worried about losing family and friends?              | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_5_5YR |
| 6. How often have you worried about your safety?                            | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_6_5YR |
| 7. How often have you worried about your future?                            | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_7_5YR |
| 8. How often have you thought that others do not understand your concerns?  | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | MSS_8_5YR |
| 9. How often have you worried that you cannot do everything you have to do? | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very often | MSS_9_5YR |

- |  |   |                   |
|--|---|-------------------|
| 10. How often have you worried about unanticipated problems or situations? | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | <i>MSS_10_5YR</i> |
| 11. How often have you felt nervous because of problems in your life?      | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | <i>MSS_11_5YR</i> |
| 12. How often have you worried that you do not have access to needed help? | <input type="checkbox"/> Never<br><input type="checkbox"/> Almost Never<br><input type="checkbox"/> Every Now and Then<br><input type="checkbox"/> Often<br><input type="checkbox"/> Very Often | <i>MSS_12_5YR</i> |

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ *MSS\_C\_5YR*

**DERIVED MAHES STRESS VARIABLES**

**MAHES\_SCALE\_5YR:** MAHES Stress scale

$$MSS\_1\_5YR + MSS\_2\_5YR + MSS\_3\_5YR + MSS\_4\_5YR + MSS\_5\_5YR + MSS\_6\_5YR + MSS\_7\_5YR + MSS\_8\_5YR + MSS\_9\_5YR + MSS\_10\_5YR + MSS\_11\_5YR + MSS\_12\_5YR$$

**(PDQ) PERCEIVED DISCRIMINATION QUESTIONNAIRE**

[Source: CHIS Discrimination Module references include:

Shariff-Marco, Salma, Gilbert C. Gee, Nancy Breen, Gordon Willis, Bryce B. Reeve, David Grant, Ninez A. Ponce, Nancy Krieger, Hope Landrine, David R. Williams, Margarita Alegria, Vickie M. Mays, Timothy P. Johnson, and E. Richard Brown (2009). *A Mixed-Methods Approach to Developing a Self-Reported Racial/Ethnic Discrimination Measure for Use in Multiethnic Health Surveys*. *Ethnicity & Disease*, 19(4): 447-453.

Reeve, Bryce B., Willis, Gordon, Shariff-Marco, Salma N., Breen, Nancy, Williams, David R., Gee, Gilbert C., Alegria, Margarita, Takeuchi, David T., Kudela, Martha S., and Levin, Kerry Y. *Comparing Cognitive Interviewing and Psychometric Methods to Evaluate a Racial/Ethnic Discrimination Scale*. *Field Methods* (in press).]

**Instructions:** These next questions are about things that may happen to you in your day-to-day life. The questions ask about times and places where you were treated unfairly. Again, you do not have to answer any of these that you do not want to. All of the information you tell us will be kept private, and your answers will be used only for this survey.

**RECENT EXPERIENCES OF DISCRIMINATION**

First, think about your experiences in the past 12 months.

1. How often have any of the following things happened to you?

a. In the past 12 months, how often have you been treated with less respect than other people? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1A\_5YR**

b. In the past 12 months, how often have you been treated unfairly at restaurants or stores? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1B\_5YR**

c. In the past 12 months, how often have people criticized your accent or the way you speak? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1C\_5YR**

d. In the past 12 months, how often have people acted as if they think you are not smart? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1D\_5YR**

e. In the past 12 months, how often have people acted as if they are afraid of you? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1E\_5YR**

f. In the past 12 months, how often have people acted as if they think you are dishonest? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1F\_5YR**

g. In the past 12 months, how often have people acted as if they are better than you are? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1G\_5YR**

h. In the past 12 months, how often have you been threatened or harassed? Would you say

- Never  
 Rarely  
 Sometimes  
 Often

**PDQ\_1H\_5YR**



If answered rarely, or sometimes, or often to any item, # a-h, then ask the following questions

2. Now, I am going to ask you why you may have been treated unfairly

a. In the past 12 months, have you been treated unfairly because of your ancestry or national origin?  No  Yes PDQ\_2A\_5YR

b. In the past 12 months, have you been treated unfairly because of your gender or sex?  No  Yes PDQ\_2B\_5YR

c. In the past 12 months, have you been treated unfairly because of your race or skin color?  No  Yes PDQ\_2C\_5YR

d. In the past 12 months, have you been treated unfairly because of your age?  No  Yes PDQ\_2D\_5YR

e. In the past 12 months, have you been treated unfairly because of the way you speak English?  No  Yes PDQ\_2E\_5YR

f. In the past 12 months, have you been treated unfairly because of your weight?  No  Yes PDQ\_2F\_5YR

g. In the past 12 months, have you been treated unfairly because of your sexual orientation?  No  Yes PDQ\_2G\_5YR

h. In the past 12 months, have you been treated unfairly because of some other reason?  No  Yes PDQ\_2H\_5YR

Please specify, \_\_\_\_\_ PDQ\_2HT\_5YR

i. If more than one of these items is selected yes, then ask: Which of these do you think is the main reason why you have been treated unfairly? Was it because of...  Your ancestry or national origin  Your sex or gender  Your race or skin color  Your age  The way you speak English  Your weight  Your sexual orientations  Other PDQ\_2I\_5YR

Other, specify \_\_\_\_\_ PDQ\_2IT\_5YR

j. In the past 12 months, how stressful have these experiences of unfair treatment usually been for you? Would you say...  Not at all stressful  A little stressful  Somewhat stressful  Extremely stressful PDQ\_2J\_5YR

## LIFETIME EXPERIENCES OF DISCRIMINATION

Now, think about your entire lifetime.

3. How many times has this happened during your lifetime?

a. Over your entire lifetime, how often have you been treated unfairly at school? Would you say  Never  Rarely  Sometimes  Often PDQ\_3A\_5YR

b. Over your entire lifetime, how often have you been treated unfairly or been discriminated against at work? Would you say  Never  Rarely  Sometimes  Often PDQ\_3B\_5YR

c. Over your entire lifetime, how often have you been treated unfairly or been discriminated against when getting medical care? Would you say

Never  
 Rarely  
 Sometimes  
 Often

PDQ\_3C\_5YR

d. Over your entire lifetime, how often have you been treated unfairly or been discriminated against by the police and the courts? Would you say

Never  
 Rarely  
 Sometimes  
 Often

PDQ\_3D\_5YR

e. Over your entire lifetime, how often have you been treated unfairly or been discriminated against in other situations? Would you say

Never  
 Rarely  
 Sometimes  
 Often

PDQ\_3E\_5YR

If answered rarely, or sometimes, or often to any item, #3a-e, then ask the following questions:

4. Now, I am going to ask you why you may have been treated unfairly.

a. Over your entire lifetime, have you been treated unfairly because of your ancestry or national origin?

No  
 Yes

PDQ\_4A\_5YR

b. Over your entire lifetime, have you been treated unfairly because of your gender or sex?

No  
 Yes

PDQ\_4B\_5YR

c. Over your entire lifetime, have you been treated unfairly because of your race or skin color?

No  
 Yes

PDQ\_4C\_5YR

d. Over your entire lifetime, have you been treated unfairly because of your age?

No  
 Yes

PDQ\_4D\_5YR

e. Over your entire lifetime, have you been treated unfairly because of the way you speak English?

No  
 Yes

PDQ\_4E\_5YR

f. Over your entire lifetime, have you been treated unfairly because of your weight?

No  
 Yes

PDQ\_4F\_5YR

g. Over your entire lifetime, have you been treated unfairly because of your sexual orientation?

No  
 Yes

PDQ\_4G\_5YR

h. Over your entire lifetime, have you been treated unfairly because of some other reason?

No  
 Yes

PDQ\_4H\_5YR

i. If more than one of these items is selected yes, then ask: Which of these do you think is the main reason why you have been treated unfairly? Was it because of...

Your ancestry or national origin  
 Your sex or gender  
 Your race or skin color  
 Your age  
 The way you speak English  
 Your weight  
 Your sexual orientations  
 Other

PDQ\_4I\_5YR

Other, specify \_\_\_\_\_ PDQ\_4IT\_5YR

j. Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

Not at all stressful  
 A little stressful  
 Somewhat stressful  
 Extremely stressful

PDQ\_4J\_5YR

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ PDQ\_C\_5YR

## **DERIVED PERCEIVED DISCRIMINATION VARIABLES**

**PDQ\_12M\_DISC\_5YR:** Any instances of discrimination over the past 12 months?

1 = yes

0 = no

**PDQ\_12M\_MEAN\_5YR:** Average frequency of types of discrimination experienced over the past 12 months

**PDQ\_12M\_REASONS\_5YR:** Number of reasons attributed to being treated unfairly over the past 12 months

**PDQ\_EVER\_DISC\_5YR:** Any instances of discrimination over your lifetime?

1 = yes

0 = no

**PDQ\_EVER\_SUM\_5YR:** Sum of types of discrimination experienced over your lifetime

**PDQ\_EVER\_REASONS\_SUM\_5YR:** Number of reasons attributed to being treated unfairly your lifetime

**(LS) LONELINESS SCALE**

MODULE 6: Loneliness, Stress, and Social Support / Social Burden  
(LS) LONELINESS SCALE

The following questions are about how you feel about different aspects of your life. For each one, tell me how often, you feel that way.

- |   |   |                 |
|---|---|-----------------|
| 1. How often do you feel that you lack companionship? | <input type="checkbox"/> Hardly Ever/Never<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Often<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <i>LS_1_5YR</i> |
| 2. How often do you feel left out?                    | <input type="checkbox"/> Hardly Ever/Never<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Often<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <i>LS_2_5YR</i> |
| 3. How often do you feel isolated from others?        | <input type="checkbox"/> Hardly Ever/Never<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Often<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> NA | <i>LS_3_5YR</i> |

**INTERVIEWER'S COMMENTS:** *LS\_C\_5YR*

---

**DERIVED LONLINESS SCALE VARIABLE**

**LS\_5YR:** Total Loneliness Score - Sum of 3 item Loneliness Scale  
 = sum (LS\_1\_5YR, LS\_2\_5YR, LS\_3\_5YR)

**(DS) DEPRESSION SCALE**

**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].

During the past week, that would be from (date) through today:

- |   |  |          |
|---|--|----------|
| 1. I was bothered by things that usually don't bother me                                | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS1_5YR  |
| 2. I did not feel like eating: my appetite was poor                                     | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS2_5YR  |
| 3. I felt that I could not shake off the blues even with help from my family or friends | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS3_5YR  |
| 4. I felt that I was just as good as other people                                       | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS4_5YR  |
| 5. I had trouble keeping my mind on what I was doing                                    | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS5_5YR  |
| 6. I felt depressed   | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS6_5YR  |
| 7. I felt that everything I did was an effort   | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS7_5YR  |
| 8. I felt hopeful about the future  | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS8_5YR  |
| 9. I thought my life had been a failure   | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS9_5YR  |
| 10. I felt fearful  | <input type="checkbox"/> Rarely or Never<br><input type="checkbox"/> Some or few times<br><input type="checkbox"/> Occasionally or a moderate amount<br><input type="checkbox"/> Most of the time or all of the time | DS10_5YR |

11. My sleep was restless  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount  
 Most of the time or all of the time **DS11\_5YR**
12. I was happy  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS12\_5YR**  
 Most of the time or all of the time
13. I talked less than usual  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS13\_5YR**  
 Most of the time or all of the time
14. I felt lonely  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS14\_5YR**  
 Most of the time or all of the time
15. People were unfriendly  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS15\_5YR**  
 Most of the time or all of the time
16. I enjoyed life  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS16\_5YR**  
 Most of the time or all of the time
17. I had crying spells  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS17\_5YR**  
 Most of the time or all of the time
18. I felt sad  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS18\_5YR**  
 Most of the time or all of the time
19. 19. I felt that people disliked me  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS19\_5YR**  
 Most of the time or all of the time
20. I could not get "going"  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS20\_5YR**  
 Most of the time or all of the time

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **DS\_C\_5YR**

**DERIVED DEPRESSION SCALE VARIABLES****CESD\_SCORE\_5YR:** total depression score
$$\text{CESD\_SCORE\_5YR} = \text{DS1\_5YR} + \text{DS2\_5YR} + \text{DS3\_5YR} + \text{DS4\_5YR} + \text{DS5\_5YR} + \text{DS6\_5YR} + \text{DS7\_5YR} + \text{DS8\_5YR} + \text{DS9\_5YR} + \text{DS10\_5YR} + \text{DS11\_5YR} + \text{DS12\_5YR} + \text{DS13\_5YR} + \text{DS14\_5YR} + \text{DS15\_5YR} + \text{DS16\_5YR} + \text{DS17\_5YR} + \text{DS18\_5YR} + \text{DS19\_5YR} + \text{DS20\_5YR}$$
**CESD\_GE\_16\_5YR:** depression score higher than 161:  $\text{CESD\_SCORE\_5YR} \geq 16$ 0:  $0 \leq \text{CESD\_SCORE\_5YR} < 16$ **CESDWRX\_5YR:** depression score higher than 16 and/or taking anti-depressants**CESDCAT\_5YR:** more depression categories1:  $\text{CESD\_SCORE\_5YR} < 16$ 2:  $16 \leq \text{CESD\_SCORE\_5YR} < 22$ 3:  $\text{CESD\_SCORE\_5YR} \geq 22$ 

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

**CESD\_SCORE\_A\_5YR:** algorithm applied using published factor scores to impute values for subjects missing CESD data
$$\text{DS1\_A\_5YR} + \text{DS2\_A\_5YR} + \text{DS3\_A\_5YR} + \text{DS4\_A\_5YR} + \text{DS5\_A\_5YR} + \text{DS6\_A\_5YR} + \text{DS7\_A\_5YR} + \text{DS8\_A\_5YR} + \text{DS9\_A\_5YR} + \text{DS10\_A\_5YR} + \text{DS11\_A\_5YR} + \text{DS12\_A\_5YR} + \text{DS13\_A\_5YR} + \text{DS14\_A\_5YR} + \text{DS15\_A\_5YR} + \text{DS16\_A\_5YR} + \text{DS17\_A\_5YR} + \text{DS18\_A\_5YR} + \text{DS19\_A\_5YR} + \text{DS20\_A\_5YR}$$

Note: only the final derived variables (in blue) are 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\_5YR:** depression score higher than 16 (algorithm applied)1:  $\text{CESD\_SCORE\_A\_5YR} \geq 16$ 0:  $0 \leq \text{CESD\_SCORE\_A\_5YR} < 16$ **CESDCAT\_A\_5YR**1:  $0 \leq \text{CESD\_SCORE\_A\_5YR} \leq 15$ 2:  $16 \leq \text{CESD\_SCORE\_A\_5YR} < 22$ 3:  $\text{CESD\_SCORE\_A\_5YR} \geq 22$ **CESDWRX\_A\_5YR:** depression score higher than 16 (algorithm applied) and/or taking anti-depressants

**(GT) GENERAL TRAUMAS**

**Instructions:** I am going to read a series of statements that refer to events you may have experienced at any time in your lifetime.

**You may experience distress or feel anxious while answering this section. You may skip any item you do not feel comfortable answering or if you prefer you may skip the entire section.**

- |  |  |                               |                |
|--|--|-------------------------------|----------------|
| Would you like to continue with this section?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/>  | (If NO, skip to next section) | <b>GT_5YR</b>  |
| 1. Experienced combat or exposure to a war zone in the military or as a civilian   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT1_5YR</b> |
| 2. Been raped  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT2_5YR</b> |
| 3. Experienced another kind of sexual assault or unwanted sexual contact as a result of force, threat of harm, or manipulation | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT3_5YR</b> |
| 4. Been shot or stabbed  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT4_5YR</b> |
| 5. Been held captive, tortured or kidnapped  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT5_5YR</b> |
| 6. Been mugged, held up, or threatened with a weapon   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT6_5YR</b> |
| 7. Been badly beaten up  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT7_5YR</b> |
| 8. Been in a serious car or motor vehicle crash  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT8_5YR</b> |
| 9. Experienced any other kind of serious accident or Injury  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused |                               | <b>GT9_5YR</b> |



- |  |  |           |
|--|--|-----------|
| 10. Experienced a natural disaster " for example, a fire, flood, earthquake" in which you were hurt or your property was damaged | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT10_5YR  |
| 11. Been diagnosed with a life-threatening illness or had a serious operation  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT11_5YR  |
| 12. Had a child of yours diagnosed as having a life-threatening illness  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT12_5YR  |
| 13. Witnessed someone being killed or seriously Injured  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT13_5YR  |
| 14. Unexpectedly discovered a dead body  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT14_5YR  |
| 15. Learned that a close friend or relative was raped or sexually assaulted  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT15_5YR  |
| 16. Learned that a close friend or relative was seriously physically attacked  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT16_5YR  |
| 17. Learned that a close friend or relative was seriously injured in a motor vehicle crash                                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT17_5YR  |
| 18. Learned that a close friend or relative was seriously injured in any other accident  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT18_5YR  |
| 19. Experienced the sudden, unexpected death of a close friend or relative   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT19_5YR  |
| 20. Experienced any other extraordinarily stressful situation or event   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't Know<br><input type="checkbox"/> Refused | GT20_5YR  |
| 21. Describe the event in L20.   | _____  | GT20T_5YR |

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ GT\_C\_5YR

---

## DERIVED GENERAL TRAUMA VARIABLES

### GT\_ASSAULT\_5YR:

- 1: GT1\_5YR = 1 or GT2\_5YR = 1 or GT3\_5YR = 1 or GT4\_5YR = 1 or GT5\_5YR = 1 or GT6\_5YR = 1 or GT7\_5YR = 1  
 0: GT1\_5YR = 0 and GT2\_5YR = 0 and GT3\_5YR = 0 and GT4\_5YR = 0 and GT5\_5YR = 0 and GT6\_5YR = 0 and GT7\_5YR = 0

**GT\_ASSAULT\_COUNT\_5YR:** Count of traumatic events under Assaultive Violence (GT1\_5YR, GT2\_5YR, GT3\_5YR, GT4\_5YR, GT5\_5YR, GT6\_5YR, GT7\_5YR)

### GT\_SHOCK\_5YR:

- 1: GT8\_5YR = 1 or GT9\_5YR = 1 or GT10\_5YR = 1 or GT11\_5YR = 1 or GT12\_5YR = 1 or GT13\_5YR = 1 or GT14\_5YR = 1  
 0: GT8\_5YR = 0 and GT9\_5YR = 0 and GT10\_5YR = 0 and GT11\_5YR = 0 and GT12\_5YR = 0 and GT13\_5YR = 0 and GT14\_5YR = 0

**GT\_SHOCK\_COUNT\_5YR:** Count of traumatic events under 'Other Injury or Shocking experience' (GT8\_5YR, GT9\_5YR, GT10\_5YR, GT11\_5YR, GT12\_5YR, GT13\_5YR, GT14\_5YR)

### GT\_TRAUMAOTHERPEOPLE\_5YR:

- 1: GT15\_5YR = 1 or GT16\_5YR = 1 or GT17\_5YR = 1 or GT18\_5YR = 1  
 0: GT15\_5YR = 0 and GT16\_5YR = 0 and GT17\_5YR = 0 and GT18\_5YR = 0

**GT\_TRAUMAOTHERPEOPLE\_COUNT\_5YR:** Count of traumatic Events under 'learning about traumas to others' (GT15\_5YR, GT16\_5YR, GT17\_5YR, GT18\_5YR)

**GT\_TOTALCOUNT\_5YR:** Count of traumatic events (GT\_ASSAULT\_COUNT\_5YR, GT\_SHOCK\_COUNT\_5YR, GT\_TRAUMAOTHERPEOPLE\_5YR, GT19\_5YR, GT20\_5YR)

### GT\_ANYTRAUMA\_5YR:

- 1: GT\_TOTALCOUNT\_5YR > 0  
 0: GT\_ASSAULT\_COUNT\_5YR = 0 and GT\_SHOCK\_COUNT\_5YR = 0 and GT\_TRAUMAOTHERPEOPLE\_5YR = 0 and GT19\_5YR = 0 and GT20\_5YR = 0

**(PTD) POST TRAUMATIC DIAGNOSTIC**

*This section is adapted from the Post-traumatic Stress Diagnostic Scale (PDS) developed by Foa (1995).*

**Instructions:** Now I am going to read you a list of feelings or experiences that people sometimes have after experiencing traumatic events.

Since you answer yes to at least one traumatic event from the previous section, I would like to ask you now about a series of feelings and experiences that you may have go through during the PAST 30 DAYS. Again, you may experience distress or feel anxious while answering this section, but you may skip any item you do not feel comfortable answering, or if you prefer you may skip the entire section

Would you like to continue with this section?

- No  
 Yes  
 ((If NO, skip to next section) ) **PTD\_5YR**

**During the PAST 30 DAYS, how often has the following bothered you?**

1. Having upsetting thoughts or images about the traumatic events that came into your head when you did not want them to.

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused **PTD1\_5YR**

2. Having bad dreams or nightmares about the traumatic events.

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused **PTD2\_5YR**

3. Reliving the traumatic events, acting or feeling as if they were happening again.

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused **PTD3\_5YR**

4. Feeling emotionally upset when you were reminded of the traumatic events (for example, feeling scared, angry, sad, guilty, etc.).

- Not at all (or only 1 time)  
 Once in a while (once a week or less)  
 About half the time (2-4 times a week)  
 Almost always (5 or more times a week)  
 Don't Know  
 Refused **PTD4\_5YR**

5. Experiencing physical reactions when you were reminded of the traumatic events (for example, breaking out in a sweat, heart beating fast).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD5\_5YR**

6. Trying not to think about, talk about, or have feeling about the traumatic events.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD6\_5YR**

7. Trying to avoid activities, people, or places that remind you of the traumatic events.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD7\_5YR**

8. Not being able to remember an important part of the traumatic events.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD8\_5YR**

9. Having much less interest or participating much less often in important activities.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD9\_5YR**

10. Feeling distant or cut off from people around you.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD10\_5YR**

11. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD11\_5YR**

12. Feeling as if future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD12\_5YR**

13. Having trouble falling or staying asleep.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD13\_5YR**

14. Feeling irritable or having fits of anger.

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD14\_5YR**

15. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD15\_5YR**

16. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to the door, etc.).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD16\_5YR**

17. Being jumpy or easily startled (for example, when someone walks up behind you).

- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

**PTD17\_5YR**

---



---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_

**PTD\_C\_5YR**

## **DERIVED POST TRAUMATIC STRESS DISORDER VARIABLES**

**PTD\_RC\_COUNT\_5YR**: Count of items under Re-experiencing Cluster (PTD1\_5YR, PTD2\_5YR, PTD3\_5YR, PTD4\_5YR)

**PTD\_ARC\_COUNT\_5YR**: Count of items under Arousal Cluster (PTD5\_5YR, PTD13\_5YR, PTD14\_5YR, PTD15\_5YR, PTD16\_5YR, PTD17\_5YR)

**PTD\_AVC\_COUNT\_5YR**: Count of items under Avoidance Cluster (PTD6\_5YR, PTD7\_5YR, PTD8\_5YR, PTD9\_5YR, PTD10\_5YR, PTD11\_5YR, PTD12\_5YR)

**PTD\_RC\_5YR**: PTD Re-experiencing Cluster: Score indicating sum of these question items (PTD1\_5YR, PTD2\_5YR, PTD3\_5YR, PTD4\_5YR)

**PTD\_ARC\_5YR**: PTD Arousal Cluster: Score indicating sum of these question items (PTD5\_5YR, PTD13\_5YR, PTD14\_5YR, PTD15\_5YR, PTD16\_5YR, PTD17\_5YR)

**PTD\_AVC\_5YR**: PTD Avoidance Cluster: Score indicating sum of these question items (PTD6\_5YR, PTD7\_5YR, PTD8\_5YR, PTD9\_5YR, PTD10\_5YR, PTD11\_5YR, PTD12\_5YR)

### **PTD\_CC\_COUNT\_5YR**

1: at least one item under Re-experiencing Cluster, at least two items under Arousal Cluster and at least one item under Avoidance Cluster should be answered yes.

### **PTD\_T\_SCORE\_5YR**:

PTD Total Severity Score: Sum of all the 17 items under the questionnaire.

**(COPE) BRIEF COPE**

**Instructions:** The following are some ways of coping with difficult situations. Think of a difficult situation you had to face during the past year. We want to know how you coped with that difficult situation (Carver, CS 1997)

- |  |  |            |
|--|--|------------|
| 1. I turned to work or other activities to take my mind off things.          | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE1_5YR  |
| 2. I concentrated my efforts on doing something about the situation I am in. | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE2_5YR  |
| 3. I said to myself "this is not real."                                      | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE3_5YR  |
| 4. I used alcohol or other drugs to make myself feel better.                 | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE4_5YR  |
| 5. I got emotional support from others.                                      | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE5_5YR  |
| 6. I gave up trying to deal with it.   | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE6_5YR  |
| 7. I took action to try to make the situation better.                        | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE7_5YR  |
| 8. I refused to believe that it has happened.                                | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE8_5YR  |
| 9. I said things to let my unpleasant feelings escape.                       | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE9_5YR  |
| 10. I used alcohol or other drugs to help me get through it.                 | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE10_5YR |
| 11. I tried to see it in a different light, to make it seem more positive.   | <input type="checkbox"/> I didn't do this at all<br><input type="checkbox"/> I did this a little bit<br><input type="checkbox"/> I did this a medium amount<br><input type="checkbox"/> I did this a lot | COPE11_5YR |

12. I tried to come up with a strategy about what to do.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE12_5YR
13. I got comfort and understanding from someone.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE13_5YR
14. I gave up the attempt to cope.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE14_5YR
15. I looked for something good in what is happening.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE15_5YR
16. I made jokes about it.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE16_5YR
17. I did something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE17_5YR
18. I accepted the reality of the fact that it has happened.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE18_5YR
19. I expressed my negative feelings.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE19_5YR
20. I tried to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE20_5YR
21. I learned to live with it.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE21_5YR
22. I thought hard about what steps to take.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE22_5YR
23. I prayed or meditated.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE23_5YR
24. I made fun of the situation.	<input type="checkbox"/> I didn't do this at all <input type="checkbox"/> I did this a little bit <input type="checkbox"/> I did this a medium amount <input type="checkbox"/> I did this a lot	COPE24_5YR



INTERVIEWER'S COMMENTS:

COPE\_C\_5YR

**DERIVED BRIEF COPE VARIABLES**

**COPE\_SCALE1\_5YR** active coping  
= COPE2\_5YR + COPE7\_5YR

**COPE\_SCALE2\_5YR** planning  
= COPE12\_5YR + COPE22\_5YR

**COPE\_SCALE3\_5YR** positive reframing  
= COPE\_SCALE11\_5YR = COPE15\_5YR

**COPE\_SCALE4\_5YR** acceptance  
= COPE18\_5YR + COPE21\_5YR

**COPE\_SCALE5\_5YR** humor  
= COPE16\_5YR + COPE24\_5YR

**COPE\_SCALE6\_5YR** religion  
= COPE20\_5YR + COPE23\_5YR

**COPE\_SCALE7\_5YR** using emotional support  
= COPE5\_5YR + COPE13\_5YR

**COPE\_SCALE8\_5YR** self-distraction  
= COPE1\_5YR + COPE17\_5YR

**COPE\_SCALE9\_5YR** denial  
= COPE3\_5YR + COPE8\_5YR

**COPE\_SCALE10\_5YR** venting  
= COPE9\_5YR + COPE19\_5YR

**COPE\_SCALE11\_5YR** substance abuse  
= COPE4\_5YR + COPE10\_5YR

**COPE\_SCALE12\_5YR** behavioral disengagement  
= COPE6\_5YR + COPE14\_5YR

**(SOC) SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE**

**Instructions:** Let's now talk about your family life and social activities within your community.

CO-INFORMANT

- No
- Yes

PROXSOC\_5YR

Section 1: *Living Children*

1. How many LIVING children do you have including step and adopted children?

\_\_\_\_\_ **SOC1\_5YR**  
(children (If NONE, enter 00 and GO TO #6))

1a. How many are living with you?

\_\_\_\_\_ **SOC1A\_5YR**  
(If all children live with subject, GO TO #6))

2a. How quickly can (any one of your children/ your son/ your daughter who does not live with you) get here?

\_\_\_\_\_ **SOC2A\_5YR**

2b. INTERVIEWER. Please specify minutes/hours or Days

- Minutes
  - Hours
  - Days
- SOC2B\_5YR**

3a. How often do you see (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ **SOC3A\_5YR**  
(# of times)

3b. How often do you see (any of your children/ your son/ your daughter who does not live with you)?

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Less than once a year/never
- SOC3B\_5YR**

4a. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ **SOC4A\_5YR**  
(# of times)

4b. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)?

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Less than once a year/never
- SOC4B\_5YR**

5a. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ **SOC5A\_5YR**  
(# of times)

5b. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?

- Daily
  - Weekly
  - Monthly
  - Yearly
  - Less than once a year/never
- SOC5B\_5YR**

6. How many LIVING brothers and sisters do you have, including step and adopted brothers and sisters?

\_\_\_\_\_ **SOC6\_5YR**  
(siblings)

7. Do you make use of special services for older persons, provided by health or governmental agencies, like Meals on Wheels, a home nurse, special transportation, donated foodstuffs, etc?

- No
  - Yes
- ((If NO GO to Next section)) **SOC7\_5YR**

During the last 2 years, how many times did you make use of the following services?

8. Senior center SOC7A\_5YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC7B\_5YR
9. Special transportation for older persons (Do not include special subway or bus passes) SOC8A\_5YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC8B\_5YR
10. Meals delivered to your home by an agency like Meals on Wheels SOC9A\_5YR  
 \_\_\_\_\_  
 (Number of Times )  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC9B\_5YR
11. Receive food from a Commodity Food Program (Department of Agriculture's Food Distribution Program) SOC10A\_5YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC10B\_5YR
12. Homemaker service for older persons that provide cleaning and cooking at home SOC11A\_5YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC11B\_5YR
13. Service which makes telephone calls to check on the health of older people SOC12A\_5YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC12B\_5YR

14. A visiting nurse who comes to your home \_\_\_\_\_ **SOC13A\_5YR**  
 (Number of Times)
- Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know **SOC13B\_5YR**
15. A health aide that comes to your home \_\_\_\_\_ **SOC14A\_5YR**  
 (Number of Times)
- Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know **SOC14B\_5YR**
16. Day care program for older people \_\_\_\_\_ **SOC15A\_5YR**  
 (Number of Times)
- Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know **SOC15B\_5YR**

**Section 2: Other Activities**

Now, I will ask you about other activities that you may have engaged in.  
 During the past two weeks how many times did you

1. Get together with friends or neighbors? \_\_\_\_\_ **SOC16\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
2. Do any volunteer work? \_\_\_\_\_ **SOC17\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
3. Talk with friends or neighbors on the telephone? \_\_\_\_\_ **SOC172\_962\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
4. Get together with ANY relative who doesn't live with you? \_\_\_\_\_ **SOC18\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
5. Talk with ANY relative on the telephone? \_\_\_\_\_ **SOC20\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
6. Go to church or temple for services or other activities? \_\_\_\_\_ **SOC21\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
7. Go to a show or movie, sports event, club meeting, classes or other group event? \_\_\_\_\_ **SOC22\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))

8. Participate in any sports or exercise (such as golf, tennis, swimming, running, jogging, any others)? \_\_\_\_\_ **SOC23\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
9. Read books, magazines, or newspapers? \_\_\_\_\_ **SOC24\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
10. Work at hobbies (such as collections, woodworking, playing a musical instrument, or gardening)? \_\_\_\_\_ **SOC25\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
11. Work on home maintenance or small repairs around the home? \_\_\_\_\_ **SOC26\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
12. Take care of family members who do not live with you (such as doing child care, looking in on a relative)? \_\_\_\_\_ **SOC27\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
13. Help friends or neighbors with something without being paid? \_\_\_\_\_ **SOC28\_5YR**  
 (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
14. Thinking about your present social activities, do you feel that you are doing enough, too much, or would like to be doing more?  About enough  Too much  Would like to do more **SOC29\_5YR**

---

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **SOC\_C\_5YR**

**DERIVED SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE VARIABLES**

**SOC\_SERVICES\_5YR** = SOC7AX\_5YR + SOC8AX\_5YR + SOC9AX\_5YR + SOC10AX\_5YR + SOC11AX\_5YR + SOC12AX\_5YR + SOC13AX\_5YR + SOC14AX\_5YR + SOC15AX\_5YR

Where SOC7AX\_5YR, SOC8AX\_5YR, SOC9AX\_5YR, SOC10AX\_5YR, SOC11AX\_5YR, SOC12AX\_5YR, SOC13AX\_5YR, SOC14AX\_5YR, SOC15AX\_5YR are indicator variables denoting Social Support (Yes/No).

**(NSSQ) NORBECK SOCIAL SUPPORT QUESTIONNAIRE**

**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. Mary T - friend
- 2. Bob - brother
- 3. MT - mother
- 4. Sam - friend
- 5. Mrs. R - neighbor
- 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.

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 48.

1. First Name or Initials	_____	PN1A_5YR
Relationship	_____	PN1B_5YR
2. First Name or Initials	_____	PN2A_5YR
Relationship	_____	PN2B_5YR
3. First Name or Initials	_____	PN3A_5YR
Relationship	_____	PN3B_5YR
4. First Name or Initials	_____	PN4A_5YR
Relationship	_____	PN4B_5YR
5. First Name or Initials	_____	PN5A_5YR
Relationship	_____	PN5B_5YR
6. First Name or Initials	_____	PN6A_5YR
Relationship	_____	PN6B_5YR
7. First Name or Initials	_____	PN7A_5YR
Relationship	_____	PN7B_5YR
8. First Name or Initials	_____	PN8A_5YR
Relationship	_____	PN8B_5YR
9. First Name or Initials	_____	PN9A_5YR
Relationship	_____	PN9B_5YR
10. First Name or Initials	_____	PN10A_5YR
Relationship	_____	PN10B_5YR
11. First Name or Initials	_____	PN11A_5YR
Relationship	_____	PN11B_5YR
12. First Name or Initials	_____	PN12A_5YR
Relationship	_____	PN12B_5YR

13. First Name or Initials	_____	PN13A_5YR
Relationship	_____	PN13B_5YR
14. First Name or Initials	_____	PN14A_5YR
Relationship	_____	PN14B_5YR
15. First Name or Initials	_____	PN15A_5YR
Relationship	_____	PN15B_5YR
16. First Name or Initials	_____	PN16A_5YR
Relationship	_____	PN16B_5YR

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

Person 1:  Not at all A  
 little  
 Moderately  
 Quite a bit  
 A great deal EMO1\_1\_5YR

Person 2:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO1\_2\_5YR

Person 3:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO1\_3\_5YR

Person 4:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO1\_4\_5YR

Person 5:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO1\_5\_5YR

Person 6:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO1\_6\_5YR

Person 7:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO1\_7\_5YR

Person 8:  Not at all  
 A little  
 Moderately  
 Quite a bit

	A great deal	EMO1_8_5YR
Person 9:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_9_5YR
Person 10:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_10_5YR
Person 11:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_11_5YR
Person 12:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_12_5YR
Person 13:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_13_5YR
Person 14:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_14_5YR
Person 15:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_15_5YR
Person 16:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_16_5YR

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

Person 1:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_1_5YR
Person 2:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> <input type="checkbox"/>	



	<input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_2_5YR
Person 3:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_3_5YR
Person 4:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_4_5YR
Person 5:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_5_5YR
Person 6:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_6_5YR
Person 7:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_7_5YR
Person 8:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_8_5YR
Person 9:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_9_5YR
Person 10:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_10_5YR
Person 11:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_11_5YR
Person 12:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input checked="" type="checkbox"/> Quite a bit <input checked="" type="checkbox"/> A great deal	EMO2_12_5YR
Person 13:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately	

	Quite a bit A great deal	EMO2_13_5YR
Person 14:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_14_5YR
Person 15:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_15_5YR
Person 16:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO2_16_5YR
3. How much can you confide in this person?		
Person 1:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_1_5YR
Person 2:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_2_5YR
Person 3:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_3_5YR
Person 4:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_4_5YR
Person 5:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_5_5YR
Person 6:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_6_5YR
Person 7:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_7_5YR
Person 8:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/>	

	Quite a bit A great deal	EMO3_8_5YR
Person 9:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_9_5YR
Person 10:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_10_5YR
Person 11:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_11_5YR
Person 12:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_12_5YR
Person 13:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_13_5YR
Person 14:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_14_5YR
Person 15:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_15_5YR
Person 16:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO3_16_5YR
4. How much does this person agree with or support your actions or thoughts?		
Person 1:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_1_5YR
Person 2:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_2_5YR
Person 3:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/>	

	Quite a bit A great deal	EMO4_3_5YR
Person 4:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_4_5YR
Person 5:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_5_5YR
Person 6:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_6_5YR
Person 7:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_7_5YR
Person 8:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_8_5YR
Person 9:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_9_5YR
Person 10:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_10_5YR
Person 11:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_11_5YR
Person 12:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_12_5YR
Person 13:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO4_13_5YR
Person 14:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/>	

	<ul style="list-style-type: none"> <li>Quite a bit</li> <li>A great deal</li> </ul>	EMO4_14_5YR
Person 15:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	EMO4_15_5YR
Person 16:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	EMO4_16_5YR
<p>5. If you need to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help?</p>		
Person 1:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	AID5_1_5YR
Person 2:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	AID5_2_5YR
Person 3:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	AID5_3_5YR
Person 4:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	AID5_4_5YR
Person 5:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	AID5_5_5YR
Person 6:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	AID5_6_5YR
Person 7:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/> Quite a bit</li> <li><input type="checkbox"/> A great deal</li> </ul>	AID5_7_5YR
Person 8:	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not at all</li> <li><input type="checkbox"/> A little</li> <li><input type="checkbox"/> Moderately</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul>	

Quite a bit  
A great deal

AID5\_8\_5YR

Person 9:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_9\_5YR

Person 10:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_10\_5YR

Person 11:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_11\_5YR

Person 12:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_12\_5YR

Person 13:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_13\_5YR

Person 14:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_14\_5YR

Person 15:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_15\_5YR

Person 16:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID5\_16\_5YR

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

Person 1:

- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID6\_1\_5YR

Person 2:

- Not at all
- A little
- Moderately
- 
-

	Quite a bit A great deal	AID6_2_5YR
Person 3:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_3_5YR
Person 4:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_4_5YR
Person 5:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_5_5YR
Person 6:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_6_5YR
Person 7:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_7_5YR
Person 8:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_8_5YR
Person 9:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_9_5YR
Person 10:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_10_5YR
Person 11:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_11_5YR
Person 12:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_12_5YR

Person 13:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_13_5YR
Person 14:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_14_5YR
Person 15:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_15_5YR
Person 16:	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	AID6_16_5YR
7. How long have you known this person?		
Person 1:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR1_5YR
Person 2:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR2_5YR
Person 3:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR3_5YR
Person 4:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR4_5YR
Person 5:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR5_5YR
Person 6:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR6_5YR



Person 7:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR7_5YR
Person 8:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR8_5YR
Person 9:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR9_5YR
Person 10:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR10_5YR
Person 11:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR11_5YR
Person 12:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR12_5YR
Person 13:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR13_5YR
Person 14:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR14_5YR
Person 1:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR15_5YR
Person 16:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	DUR16_5YR

8. How frequently do you usually have contact with this person? (Phone calls, visits, or letters)

Person 1:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ1_5YR
Person 2:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ2_5YR
Person 3:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ3_5YR
Person 4:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ4_5YR
Person 5:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ5_5YR
Person 6:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ6_5YR
Person 7:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ7_5YR
Person 8:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ8_5YR
Person 9:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ9_5YR
Person 10:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/>	

	Once a year or less	FREQ10_5YR
Person 11:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ11_5YR
Person 12:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ12_5YR
Person 13:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ13_5YR
Person 14:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ14_5YR
Person 15:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ15_5YR
Person 15:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Once a year or less	FREQ16_5YR

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **NSSQ\_C\_5YR**

**LOSSES**

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?  No  Yes  
 ((If NO, GO to NEXT SECTION and If YES, GO TO #9A)) **LOSSES\_5YR**

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\_5YR**

Family members or relatives: \_\_\_\_\_ **LOSS2\_5YR**

Friends: \_\_\_\_\_ **LOSS3\_5YR**

Work or school associates: \_\_\_\_\_ **LOSS4\_5YR**

Neighbors: \_\_\_\_\_ **LOSS5\_5YR**

Health care providers: \_\_\_\_\_ **LOSS6\_5YR**

Counselor or therapist: \_\_\_\_\_ **LOSS7\_5YR**

Minister/Priest/Rabbi: \_\_\_\_\_ **LOSS8\_5YR**

Other: \_\_\_\_\_ **LOSS9\_5YR**

Other, specify: \_\_\_\_\_ **LOSS9T\_5YR**

10. Overall, how much of your support was provided by these people who are no longer available to you?  None **LOSSAMT\_5YR**  
 A little  
 A moderate amount  
 A considerable amount  
 A lot

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **LOSS\_C\_5YR**

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

**DERIVED NORBECK SOCIAL SUPPORT QUESTIONNAIRE VARIABLES**

**EMO1\_5YR** = sum (EMO1\_1\_5YR – EMO1\_16\_5YR)

**EMO2\_5YR** = sum (EMO2\_1\_5YR – EMO2\_16\_5YR)

**EMO3\_5YR** = sum (EMO3\_1\_5YR – EMO3\_16\_5YR)

**EMO4\_5YR** = sum (EMO4\_1\_5YR – EMO4\_16\_5YR)

**EMOSUP\_5YR** = EMO1\_5YR + EMO2\_5YR + EMO3\_5YR + EMO4\_5YR

**AID5\_5YR** = sum (AID5\_1\_5YR – AID5\_16\_5YR)

**AID6\_5YR** = sum (AID6\_1\_5YR – AID6\_16\_5YR)

**AID\_5YR** = AID5\_5YR + AID6\_5YR

**NOLISTED\_5YR:** number of people listed in the participant’s network

**DURATION\_5YR**

=sum (DUR1\_5YR, DUR2\_5YR, DUR3\_5YR, DUR4\_5YR, DUR5\_5YR, DUR6\_5YR, DUR7\_5YR, DUR8\_5YR, DUR9\_5YR, DUR10\_5YR, DUR11\_5YR, DUR12\_5YR, DUR13\_5YR, DUR14\_5YR, DUR15\_5YR, DUR16\_5YR)

**FREQCON\_5YR**

=sum (FREQ1\_5YR, FREQ2\_5YR, FREQ3\_5YR, FREQ4\_5YR, FREQ5\_5YR, FREQ6\_5YR, FREQ7\_5YR, FREQ8\_5YR, FREQ9\_5YR, FREQ10\_5YR, FREQ11\_5YR, FREQ12\_5YR, FREQ13\_5YR, FREQ14\_5YR, FREQ15\_5YR, FREQ16\_5YR)

**LOSSNO\_5YR:** number of losses (If any of LOSS1\_5YR - LOSS9\_5YR is missing, set to zero)

=sum (LOSS1\_5YR, LOSS2\_5YR, LOSS3\_5YR, LOSS4\_5YR, LOSS5\_5YR, LOSS6\_5YR, LOSS7\_5YR, LOSS8\_5YR, LOSS9\_5YR)

**LOSSEVENT\_5YR:** number of loss events not counting number of losses per event  
= sum (LOSSEVENT1\_5YR, LOSSEVENT2\_5YR, LOSSEVENT3\_5YR, LOSSEVENT4\_5YR,  
LOSSEVENT5\_5YR, LOSSEVENT6\_5YR, LOSSEVENT7\_5YR, LOSSEVENT8\_5YR,  
LOSSEVENT9\_5YR)

**TLFUNCT\_5YR**  
= EMOSUP\_5YR + AID\_5YR

**AVEEMOSUP\_5YR**  
If NOLISTED\_5YR > 0 THEN AVEEMOSUP\_5YR = EMOSUP\_5YR/NOLISTED\_5YR

**AVEAID\_5YR**  
If NOLISTED\_5YR > 0 THEN AVEAID\_5YR = AID\_5YR/NOLISTED\_5YR

**AVEFREQCON\_5YR**  
If NOLISTED\_5YR > 0 THEN AVEFREQCON\_5YR = FREQCON\_5YR/NOLISTED\_5YR

**AVEDURA\_5YR:** average duration score  
If NOLISTED\_5YR > 0 THEN AVEDURA\_5YR = DURATION\_5YR/NOLISTED\_5YR

**AVEFUNCT\_5YR:** average functional support score  
If NOLISTED\_5YR > 0 THEN AVEFUNCT\_5YR = TLFUNCT\_5YR/NOLISTED\_5YR

**TLNETWRK\_5YR**  
= NOLISTED\_5YR + DURATION\_5YR + FREQCON\_5YR

**TLLOSS\_5YR**  
= LOSSES\_5YR + LOSSNO\_5YR + LOSSAMT\_5YR

**(NFA) NEIGHBORHOOD FOOD AND ACTIVITY QUESTIONNAIRE***Sources:*

Casey AA, Elliott M, Glanz K, Haire-Joshu D, Lovegreen SL, Saelens BE, Sallis JF, Brownson RC. *Impact of the food environment and physical activity environment on behavior and weight status in rural U.S. communities. Prev Med. 2008 Dec*47(6):600-4.

Mujahid MSI, Diez Roux AV, Morenoff JD, Raghunathan T. *Assessing the measurement properties of neighborhood scales: from psychometrics to ecometrics. Am J Epidemiol. 2007 Apr* 15;165(8):858-67.

Glanz K, Sallis JF, Saelens BE, Frank LD. *Nutrition Environment Measures Survey in stores (NEMS-S): development and evaluation. Am J Prev Med. 2007; 32(4):282-9.*

**Food Store Environment**

**Instructions:** The following questions refer to the places where you do some of your usual activities such as food shopping and exercising and what it is like to live in your neighborhood. There are no right or wrong answers to these questions. We are interested in your opinions of what it is like to live in your neighborhood.

1. About how far from your home is the place (or a group of places) where your household does most of its food shopping?

- Half mile or less (1 mile is about 12 block or 20 minute walk)  
 More than half mile but less than 1 mile  
 More than 1 mile but less than 5 miles  
 5-10 miles  
 More than 10 miles  
 Don't know

NFA1\_5YR

2. About how much of your household food shopping would you say is done within 12 blocks (about a mile or a 20 minute walk) from your home?

- All or almost all of it  
 Most of it  
 About half of it  
 Some of it  
 None or almost none of it  
 Don't know

NFA2\_5YR

**3. When you go shopping for food in your neighborhood within 12 blocks (about a mile or a 20 minute walk) over the past 12 months, how often do you go to.**

1) Supermarket?

- Never  
 less than once a week  
 1-2 times a week  
 3-4 times a week  
 Five or more times a week  
 Don't know/Not Sure  
 Refuse

NFA3A\_5YR

2) Walmart or Target?

- Never  
 less than once a week  
 1-2 times a week  
 3-4 times a week  
 Five or more times a week  
 Don't know/Not Sure  
 Refuse

NFA3B\_5YR

3) Convenience store such as quick stops or minute marts?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

NFA3C\_5YR

4) Small grocery store or market?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

NFA3D\_5YR

5) Fruit/vegetable store or Farmer's market?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

NFA3E\_5YR

**4. Please indicate if you agree with the following statements about your neighborhood, that is within 12 blocks, a mile or a 20 minute walk from your home?**

1) It is easy to purchase fresh fruits and vegetables in my neighborhood.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4A\_5YR

2) There is a large selection of fresh fruits and vegetables in my neighborhood

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4B\_5YR

3) The produce in my neighborhood is of high quality

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4C\_5YR

4) It is easy to purchase low-fat products (such as low fat milk or lean meats) in my neighborhood.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4D\_5YR

5) There is a large selection of low-fat products available in my neighborhood.

- Strongly agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4E\_5YR

6) The low-fat products in my neighborhood are of high quality.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4F\_5YR

7) It is easy to purchase whole grain products (such as brown rice, whole grain bread/cereals) in my neighborhood.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4G\_5YR

8) There is a large selection of whole grain products in my neighborhood.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4H\_5YR

9) The whole grain products in my neighborhood are of high quality.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4I\_5YR

10) It is easy to purchase fish products (such as shellfish, or other fresh fish products) in my neighborhood.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4J\_5YR

11) There are many opportunities to purchase fast foods in my neighborhood (fast foods includes places like McDonalds, Taco Bell, KFC, and take-out pizza places)

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

NFA4K\_5YR

---

**7. Now I would like to ask you some questions about facilities which may or may not be available in your area. Please tell me if there are any of the following within 12 blocks (about a mile or a 20 minute walk) from your home**

1) Public park

- No
- Yes
- Don't Know
- Refused

NFA7A\_5YR



- 2) Public sports field, basketball court or tennis court  
 No  
 Yes  
 Don't Know  
 Refused NFA7B\_5YR
- 3) Public pool or beach  
 No  
 Yes  
 Don't Know  
 Refused NFA7C\_5YR
- 4) Schools, colleges, or community centers with recreational facilities that are free and open to the public  
 No  
 Yes  
 Don't Know  
 Refused NFA7D\_5YR
- 5) Gyms, health/fitness clubs or pools that you have to join and pay for  
 No  
 Yes  
 Don't Know  
 Refused NFA7E\_5YR
- 6) YMCAs or YWCAs  
 No  
 Yes  
 Don't Know  
 Refused NFA7F\_5YR
- 7) Bicycle path (in the street or in a park)  
 No  
 Yes  
 Don't Know  
 Refused NFA7G\_5YR
- 8) Are there sidewalks in your neighborhood?  
 No  
 Yes  
 Don't Know  
 Refused NFA7H\_5YR

---

**8. For each of the statements that I will read you now please tell me whether you agree by choosing the best option on the card. In answering these questions, please think of your neighborhood as the area within 12 blocks (about a mile or a 20 minute walk) from your home.**

- 1) There is a lot of trash and litter on the streets in my neighborhood  
 Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused NFA8A\_5YR
- 2) There is a lot of noise in my neighborhood  
 Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused NFA8B\_5YR
- 3) In my neighborhood the buildings and homes are well-maintained  
 Strongly Agree  
 Agree  
 Neither Agree nor Disagree  
 Disagree  
 Strongly Disagree  
 Don't know/Not Sure  
 Refused NFA8C\_5YR

4) The buildings and houses in my neighborhood are interesting.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8D_5YR</b>
5) My neighborhood is attractive	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8E_5YR</b>
6) There are interesting things to do in my neighborhood.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8F_5YR</b>
7) My neighborhood offers many opportunities to be physically active.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8G_5YR</b>
8) Local sports clubs and other facilities in my neighborhood offer many opportunities to get exercise.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8H_5YR</b>
9) It is pleasant to walk in my neighborhood.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8I_5YR</b>
10) The trees in my neighborhood provide enough shade	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8J_5YR</b>
11) My neighborhood has heavy traffic.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8K_5YR</b>

12) There are busy roads to cross when out for walks in my neighborhood.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8L_5YR</b>
13) In my neighborhood it is easy to walk to places.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8M_5YR</b>
14) There are stores within walking distance of my home.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8N_5YR</b>
15) I often see other people walking in my neighborhood.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8O_5YR</b>
16) I often see other people exercise in my neighborhood, for example jogging, bicycling, or playing sports.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8P_5YR</b>
17) I feel safe walking in my neighborhood day or night.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8Q_5YR</b>
18) Violence is a problem in my neighborhood.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8R_5YR</b>
19) My neighborhood is safe from crime.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Don't know/Not Sure <input type="checkbox"/> Refused	<b>NFA8S_5YR</b>

- 20) People around here are willing to help out their neighbors.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  - Don't know/Not Sure
  - Refused
- NFA8T\_5YR
- 21) This is a close-knit neighborhood
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  - Don't know/Not Sure
  - Refused
- NFA8U\_5YR
- 22) People in this neighborhood generally do not get along with each other.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  - Don't know/Not Sure
  - Refused
- NFA8V\_5YR
- 23) People in this neighborhood can be trusted.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  - Don't know/Not Sure
  - Refused
- NFA8W\_5YR
- 24) People in this neighborhood do not share the same values.
- Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
  - Don't know/Not Sure
  - Refused
- NFA8Y\_5YR

---

**9. I am now going to describe some events that may or may not have happened in your neighborhood. For each event, please tell me how often it has happened in your neighborhood during the past six months.**

- 1) During the past six months, how often was there a fight in your neighborhood in which a weapon was used?
- Often
  - Sometimes
  - Rarely
  - Never
  - Don't know/Not Sure
  - Refused
- NFA9A\_5YR
- 2) During the past six months, how often were there gang fights in your neighborhood?
- Often
  - Sometimes
  - Rarely
  - Never
  - Don't know/Not Sure
  - Refused
- NFA9B\_5YR
- 3) During the past six months, how often was there a sexual assault or rape in your neighborhood?
- Often
  - Sometimes
  - Rarely
  - Never
  - Don't know/Not Sure
  - Refused
- NFA9C\_5YR

4) During the past six months, how often was there a robbery or mugging in your neighborhood?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

NFA9D\_5YR

**10. Now I am going to ask about some things you might do with people in your neighborhood.**

1) About how often do you and people in your neighborhood do favors for each other? By favors we mean such things as watching each other's children, helping with shopping, lending garden or house tools, and other small acts of kindness.

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

NFA10A\_5YR

2) When a neighbor is not at home or on vacation, how often do you and other neighbors watch over their property?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

NFA10B\_5YR

3) How often do you and other people in the neighborhood ask each other advice about personal things such as child rearing or job openings?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

NFA10C\_5YR

4) How often do you and people in your neighborhood have parties or other get-togethers where other people in the neighborhood are invited?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

NFA10D\_5YR

5) How often do you and other people in your neighborhood visit in each other's homes or speak with each other on the street?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

NFA10E\_5YR

**11. On an average week over past 12 months about how much time would you say you spend in your neighborhood? When thinking of the time you spend in your neighborhood include the time you spend in your home (including sleeping time) as well as you spend doing things in your neighborhood.**

How many hours do you often spend in your home and neighborhood for a typical weekday?

\_\_\_\_\_ NFA11A\_5YR  
(Weekday)

How many hours do you often spend in your home and neighborhood for a typical weekend day?

\_\_\_\_\_ NFA11B\_5YR  
(Weekend)

12. How long have you lived in this neighborhood? Think of your neighborhood as the area within a 20 minute walk (or about a mile or 12 blocks) from your home.

\_\_\_\_\_ NFA12A\_5YR  
(years)  
\_\_\_\_\_ NFA12B\_5YR  
(Months (round to the nearest whole month, but <12 months))

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_

NFA\_C\_5YR

## DOPPLER SCREENING

Date: \_\_\_\_\_

**SUBJ\_DATE\_DOP\_5YR**

1. Do you have venous stasis ulceration or other pathology that precludes placing a BP cuff around the ankle (e.g. open wounds)?  No **DOP\_LOW1\_5YR**  
 Yes

2. Do you have bilateral amputations of legs?  No **DOP\_LOW2\_5YR**  
 Yes

3. Do you have rigid arteries such that an occlusion pressure cannot be reached?  No **DOP\_LOW3\_5YR**  
 Yes

4. Are being treated for a DVT (Deep Vein Thrombosis) or blood clot in the leg?  No **DOP\_LOW4\_5YR**  
 Yes

a. Have you had any problems with blood clots in your leg?  No **DOP\_LOW4A\_5YR**  
 Yes  
 Don't Know

b. Currently, are you being treated for this problem now?  No **DOP\_LOW4B\_5YR**  
 Yes  
 Don't Know

(If there is a current problem, Do not proceed with LOWER EXERMITY)

a. Currently, do you have any problem in your legs  No **DOP\_LOW4C\_5YR**  
 Yes  
 Don't Know  
 (If there is a current problem, Do not proceed with LOWER EXERMITY)

Upper Extremity Exclusions:

Have you undergone a mastectomy?  No **DOP\_UP1\_5YR**  
 Yes

(If YES, blood pressure measurement will be excluded in that extremity only.)

Which extremity?  Left **DOP\_UP2\_5YR**  
 Right  
 Both

Can we proceed with the measurements  No **DOP\_REF\_5YR**  
 Yes  
 Refuse

(If subject refuses or can not proceed with the measurements STOP and SAVE)

Specify Reasons for Refusal: \_\_\_\_\_ **DOP\_UP3A\_5YR**



## DERIVED DOPPLER SCREENING VARIABLES

**\*\*\*\*Note: Please exclude the subjects with preexisting vascular conditions using the exclusion criteria variable listed below.**

*Derived using: Lange, S. F., Trampisch, H. J., Pittrow, D., Darius, H., Mahn, M., Allenberg, J. R., et al. (2007). Profound influence of different methods for determination of the ankle brachial index on the prevalence estimate of peripheral arterial disease. BMC Public Health, 7, 147.*

**ABI\_5YR:** Arterial Brachial Index (ABI) is a noninvasive diagnostic measure of peripheral artery disease (PAD), a subclinical marker of atherosclerosis and CVD (Lange, et al., 2007).

It is the ratio of Systolic Pressure (SBP) at ankle to that measured at the Brachial Artery.

**ABI\_EXCLUSION\_5YR:** indicates if the subject should be excluded from the analytic dataset as Yes/No.

Venous Ulceration or other pathology that precludes measurement of BP at ankle (dop\_low1\_5yr),  
Bilateral Amputations of Legs (dop\_low2\_5yr),  
Rigid arteries such that occlusion pressure can not be reached (dop\_low3\_5yr),  
Treatment for DVT or blood clot in the leg (dop\_low4\_5yr),  
Any problems with blood clots in the legs (dop\_low4a\_5yr),  
Current treatment for this problem (dop\_low4b\_5yr)  
Current problems in the legs (dop\_low4c\_5yr)



**(OBS) INTERVIEWER'S OBSERVATIONS AND COMMENTS****INTERVIEWER:** Please complete this section after concluding the interview.

- |  |  |                  |
|--|--|------------------|
| 1. Language of Interview   | <input type="checkbox"/> English<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Both, English and Spanish   | <b>OBS1_5YR</b>  |
| 2. Sample Person Status  | <input type="checkbox"/> Normally mobile<br><input type="checkbox"/> Only seen in bed<br><input type="checkbox"/> Only seen in a wheelchair  | <b>OBS2_5YR</b>  |
| 3. Mental Condition  | <input type="checkbox"/> Confused at times<br><input type="checkbox"/> Cognitive deficit (retarded or demented)<br><input type="checkbox"/> Not noted<br><input type="checkbox"/> Normal                           | <b>OBS3_5YR</b>  |
| 4a. Sight  | <input type="checkbox"/> Blind<br><input type="checkbox"/> Visually impaired<br><input type="checkbox"/> Not noted<br><input type="checkbox"/> Normal  | <b>OBS4A_5YR</b> |
| 4b. With or without glasses? Ask if S is wearing contact lenses. | <input type="checkbox"/> With glasses/contacts<br><input type="checkbox"/> Without glasses/contacts  | <b>OBS4B_5YR</b> |
| 5a. Hearing  | <input type="checkbox"/> Deaf<br><input type="checkbox"/> Severely hearing impaired<br><input type="checkbox"/> Slightly hearing impaired<br><input type="checkbox"/> Not noted<br><input type="checkbox"/> Normal | <b>OBS5A_5YR</b> |
| 5b. Using hearing aid?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>OBS5B_5YR</b> |
| 6. Gait  | <input type="checkbox"/> Normal<br><input type="checkbox"/> Shuffling<br><input type="checkbox"/> Difficulty keeping their balance<br><input type="checkbox"/> Other   | <b>OBS6_5YR</b>  |
| Other, specify   | _____  | <b>OBS6B_5YR</b> |
| 7. Other problems?   | _____  | <b>OBS7_5YR</b>  |
| 7a. Amputations  | <input type="checkbox"/> Upper body<br><input type="checkbox"/> Lower body<br><input type="checkbox"/> Normal  | <b>OBS7A_5YR</b> |
| 7b. Tremor   | <input type="checkbox"/> Upper body<br><input type="checkbox"/> Lower body<br><input type="checkbox"/> Normal  | <b>OBS7B_5YR</b> |
| 7c. Deformity  | <input type="checkbox"/> Upper body<br><input type="checkbox"/> Lower body<br><input type="checkbox"/> Normal  | <b>OBS7C_5YR</b> |
| 7d. Loss of Function (can not use)                               | <input type="checkbox"/> Upper body<br><input type="checkbox"/> Lower body<br><input type="checkbox"/> Normal  | <b>OBS7D_5YR</b> |

- 7e. Other:  Upper body  
 Lower body  
 Normal **OBS7E\_5YR**
8. Skin tone:  Dark  
 Medium  
 Light  
 White **OBS8\_5YR**
9. How would you rate Subject's ability to understand English?  
 Excellent  
 Very Good  
 Good  
 Fair  
 Poor  
 NA: English was not spoken during the interview **OBS9\_5YR**
10. How would you rate the Subject's ability to speak clearly in Spanish?  
 Excellent  
 Very Good  
 Good  
 Fair  
 Poor  
 NA: Spanish was not spoken during the interview **OBS10\_5YR**
11. Type of structure in which Subject lives:  
 Trailer  
 Detached, single family house  
 Duplex/Two family house  
 House converted to apartments  
 Rowhouse or townhouse with 3 or more units, 3 stories or less)  
 Apartment building with 5 or more units, 3 stories or less  
 Apartment building with 5 or more units, 4 stories or more  
 Apartment in a partly commercial structure  
 Rooming or boarding house structure not specified  
 Other **OBS11\_5YR**
12. Additional comments **OBS12\_5YR**
-

## END OF INTERVIEW

Please fill in the time for each interview session

### Date & Duration of

#### First Interview Session:

2a. END TIME: \_\_\_\_\_ **EOI2A\_5YR**  
 ((Please click on the NOW button and DO NOT enter the time manually))

3a. DURATION: \_\_\_\_\_ **EOI3A\_5YR**  
 (HR(S))

3b. DURATION: \_\_\_\_\_ **EOI3B\_5YR**  
 (MIN(S))

### Date & Duration of

#### Second Interview Session:

5a. END TIME: \_\_\_\_\_ **EOI5A\_5YR**  
 ((Please click on the NOW button and DO NOT enter the time manually))

6a. DURATION: \_\_\_\_\_ **EOI6A\_5YR**  
 (HR(S))

6b. DURATION: \_\_\_\_\_ **EOI6B\_5YR**  
 (MIN(S))

### Date & Duration of

#### Third Interview Session:

8a. END TIME: \_\_\_\_\_ **EOI8A\_5YR**  
 ((Please click on the NOW button and DO NOT enter the time manually))

9a. DURATION: \_\_\_\_\_ **EOI9A\_5YR**  
 (HR(S))

9b. DURATION: \_\_\_\_\_ **EOI9B\_5YR**  
 (MIN(S))

**LAB VARIABLES**

**NELID\_S\_5YR:** HNRC ID for saliva specimen

**SALCORT\_PM\_5YR:** Salivary cortisol from evening draw (ug/dL)

**SALCORT\_AM\_5YR:** Salivary cortisol from morning draw (ug/dL)

**SALCORT\_BT\_5YR:** Salivary cortisol from bedtime draw (ug/dL)

**SALIVAPM\_5YR:** Time saliva collected in the evening

**SALIVAAM\_5YR:** Time saliva collected in the morning

**CARO\_5YR:** serum carotene (ug/dl)

**CARO\_SI\_5YR:** CARO\_5YR\*0.0186 ( $\mu\text{mol/L}$ )

**CHOL\_5YR:** plasma cholesterol (mg/dL)

**CHOL\_SI\_5YR:** CHOL\_5YR\*0.0259 (mmol/L)

**TRIG\_5YR:** plasma triglyceride (mg/dL)

**TRIG\_SI\_5YR:** TRIG\_5YR\*0.0113(mmol/L)

**HDL\_5YR:** plasma high density lipoprotein [HDL cholesterol] (mg/dL)

**HDL\_SI\_5YR:** HDL\_5YR\*0.0259 (mmol/L)

**LDL\_5YR:** plasma low density lipoprotein [LDL cholesterol] (mg/dL)

**LDL\_SI\_5YR:** LDL\_5YR \*0.0259 (mmol/L)

**VLDL\_5YR:** plasma very low density lipoprotein (mg/dL)

**VITB6\_5YR:** plasma vitamin B6 (nm/L)

**ALB\_5YR:** serum albumin (g/dL)

**ALB\_SI\_5YR:** Albumin\*10 (g/L)

**BUN\_5YR:** serum blood urea nitrogen (mg/dL)

**CREAT\_5YR:** serum creatinine (mg/dL)

**CREAT\_SI\_5YR:** creatinine ( $\mu\text{mol/L}$ )

**GLUC\_5YR:** serum glucose (mg/dL)

**GLUC\_SI\_5YR:** GLUC\_5YR\*0.0555 (mmol/L)

**HCY\_5YR:** plasma homocysteine ( $\mu\text{mol/L}$ )

**HCY\_SI\_5YR:** HCY\_5YR/7.397 ( $\mu\text{mol/L}$ )

**CRP\_5YR:** serum high sensitivity c-reactive protein (mg/L)

**INSULIN\_5YR:** serum insulin (uIU/mL)

**INSULIN\_SI\_5YR:** INSULIN\_5YR\*6.945 (pmol/L)

**GLYHGB\_5YR:** glycosolated hemoglobin (%)

**GLYHGB\_SI\_5YR:** Proportion of total Hemoglobin (GLYHGB\_5YR\*0.01)

**NEUTRO\_5YR:** neutrophils (segs) %

**BANDS\_5YR:** premature neutrophils %

**LYMPHS\_5YR:** lymphocytes %

**MONO\_5YR:** monocytes %

**EO\_5YR:** eosinophils %

**BASO\_5YR:** basophils %

**ANISO\_5YR:** anisocytosis (normal)

**POLYCHROM\_5YR:** polychromia (normal)

**POIKILO\_5YR:** poikilocytes (normal)

**HYPOCHROM\_5YR:** hypochromia (normal)

**PLATEST\_5YR:** estimated platelet number (normal)

**RBC\_5YR:** red blood cell volume (mil/uL)

**RBC\_SI\_5YR:** RBC (x10<sup>12</sup>/L)

**MCH\_5YR:** mean corpuscular hemoglobin (pg)

**MCHC\_5YR:** mean corpuscular hemoglobin concentration (g/dL)

**DHEAS\_5YR:** serum DHEA-S04 (ug/dl)

**DHEAS\_SI\_5YR:** DHEAS\*0.026 (umol/L)

**NELID\_B\_5YR:** HNRC ID for blood specimen

**BLOOD\_DT\_5YR:** Date of Collection of Blood Specimen

**URINE\_DT\_5YR:** Date of Collection of Urine Specimen

**SALIVA\_BLUE\_DT\_5YR:** Date of Collection of Saliva (Blue) Specimen

**SALIVA\_GREEN\_DT\_5YR:** Date of Collection of Saliva (Green) Specimen

**SALIVA\_YELLOW\_DT\_5YR:** Date of Collection of Saliva (Yellow) Specimen

**MMA\_5YR:** serum methylmalonic acid (pmol/mL)

**FOLATE\_5YR:** serum folate (ng/mL)

**FOLATE\_SI\_5YR:** FOLATE\_5YR\*2.266 (nmol/l)

**VITB12\_5YR:** serum itamin B12 (pg/mL)

**VITB12\_SI\_5YR:** VITB12\_5YR\*0.738 (pmol/L)

**VITD\_5YR:** plasma vitamin D (ng/mL)

**NELID\_U\_5YR:** HNRC ID for urine specimen

**URINEVOL\_5YR:** urine volume (ml)

**CREATCONC\_5YR:** urine creatinine concentration (mg/dl)

**CREATEXC\_5YR:** creatinine excretion (gm/bout)

**HEMANALYZ\_5YR:** hematology analyzed on new machine **NEED TO ADJUST BLOOD VARS**

0: old machine

1: new machine

Variables affected: **HGB\_5YR, HCT\_5YR, MCV\_5YR, RDW5YR, WBC\_5YR, PLATCOUNT\_5YR**

**HGB\_ADJ\_5YR:** hemoglobin values calibrated to new machine via regression

if HEMANALYZ\_5YR =0 then  $HGB\_ADJ\_5YR = -0.34174 + 1.08911 * HGB\_5YR$ ;

else if HEMANALYZ\_5YR =1 then  $HGB\_ADJ\_5YR = HGB\_5YR$ ;

**HGB\_5YR:** hemoglobin (g/dL) **DO NOT USE—USE HGB\_ADJ\_5YR**

**HCT\_ADJ\_5YR:** hematocrit values calibrated to new machine via regression

**Per Dan Weiner (nephrologist): it is preferable to use HGB\_ADJ\_5YR over**

**HCT\_ADJ\_5YR as hemoglobin is historically more stable**

if HEMANALYZ\_5YR =0 then  $HCT\_ADJ\_5YR = -3.63435 + 1.17788 * HCT\_5YR$ ;

else if HEMANALYZ\_5YR =1 then  $HCT\_ADJ\_5YR = HCT\_5YR$ ;

**HCT\_5YR:** hematocrit (%) **DO NOT USE—USE HCT\_ADJ\_5YR**

**MCV\_ADJ\_5YR:** MCV values calibrated to new machine via regression

if HEMANALYZ\_5YR =0 then  $MCV\_ADJ\_5YR = -4.89165 + 1.09230 * MCV\_5YR$ ;

else if HEMANALYZ\_5YR =1 then  $MCV\_ADJ\_5YR = MCV\_5YR$ ;

**MCV\_5YR:** mean corpuscular volume (um<sup>3</sup>) **DO NOT USE—USE MCV\_ADJ\_5YR**

**WBC\_ADJ\_5YR:** WBC values calibrated to new machine via regression (1000/uL)

if HEMANALYZ\_5YR =0 then  $WBC\_ADJ\_5YR = -0.32383 + 0.97330 * WBC\_5YR$ ;

else if HEMANALYZ\_5YR =1 then  $WBC\_ADJ\_5YR = WBC\_5YR$ ;

**WBC\_5YR:** white blood cell count (1000/uL) **DO NOT USE—USE WBC\_ADJ\_5YR**

**PLATCOUNT\_ADJ\_5YR:** platelet count values calibrated to new machine via regression

if HEMANALYZ\_5YR =0 then  $PLATCOUNT\_ADJ\_5YR = -1.40686 + 0.89373 * PLATCOUNT\_5YR$ ;

else if HEMANALYZ\_5YR =1 then  $PLATCOUNT\_ADJ\_5YR = PLATCOUNT\_5YR$ ;

**PLATCOUNT\_5YR:** (thou/uL) **DO NOT USE—USE PLATCOUNT\_ADJ\_5YR**

**CORT\_5YR:**  $(CORTMG\_5YR * URINEVOL\_5YR / CREATEXC\_5YR) / 2.3$

**NOREPI\_5YR:**  $NOREPIMG\_5YR * URINEVOL\_5YR / CREATEXC\_5YR$

*Note: samples treated with HCL*

**EPI\_5YR:** EPIMG\_5YR \* URINEVOL\_5YR / CREATEXC\_5YR

*Note: samples treated with HCL*

**HOMA\_IR\_5YR:** INSULIN\_5YR\*GLUC\_SI\_5YR/22.5

## DERIVED LAB VARIABLES

### CAROZZ\_5YR

= if CARO\_5YR >= 0 then do

if CARO\_5YR <= 56 then CAROZZ\_5YR=1 else CAROZZ\_5YR=0

### CHOLZZ\_5YR

*(Expert Panel on Detection 2002)*

if 0 <= CHOL\_5YR < 200 then CHOLZZ\_5YR=0

else if 200 <= CHOL\_5YR <= 239 then CHOLZZ\_5YR=1

else if CHOL\_5YR >= 240 then CHOLZZ\_5YR=2

### TRIGZZ\_5YR

*(Expert Panel on Detection 2002)*

if 0 <= TRIG\_5YR < 150 then TRIGZZ\_5YR=0

else if 150 <= TRIG\_5YR <= 199 then TRIGZZ\_5YR=1

else if TRIG\_5YR >= 200 then TRIGZZ\_5YR=2

### HDLZZ\_5YR

*(Expert Panel on Detection 2002)*

if 0 <= HDL\_5YR < 40 then HDLZZ\_5YR=0

else if 40 <= HDL\_5YR <= 59 then HDLZZ\_5YR=1

else if HDL\_5YR >= 60 then HDLZZ\_5YR=2

### LDLZZ\_5YR

*(Expert Panel on Detection 2002)*

if 0 <= LDL\_5YR < 100 then LDLZZ\_5YR=0

else if 100 <= LDL\_5YR <= 129 then LDLZZ\_5YR=1

else if 130 <= LDL\_5YR <= 159 then LDLZZ\_5YR=2

else if 160 <= LDL\_5YR <= 189 then LDLZZ\_5YR=3

else if LDL\_5YR >= 190 then LDLZZ\_5YR=4

### CHOL\_HDL\_5YR

= CHOL\_5YR / HDL\_5YR;

### CHOLCAT\_5YR

1 = CHOL\_5YR < 200

2 = 200 <= CHOL\_5YR <= 239

3 = CHOL\_5YR >= 240

### GLUCZZ\_5YR

*(ADA 2006)*

if GLUC\_5YR >= 126 then GLUCZZ\_5YR=2

else if 100 <= GLUC\_5YR <= 125 then GLUCZZ\_5YR=1

else if 0 <= GLUC\_5YR < 100 then GLUCZZ\_5YR=0

### GLUCZZ2\_5YR

*(ADA 2006)*

if GLUC\_5YR >= 126 then GLUCZZ\_5YR=1

else if GLUC\_5YR<126 then GLUCZZ\_5YR=0

### CRPZZ\_5YR

(CRP Pearson et al 2003\_

if 0<=CRP\_5YR<1 then CRPZZ\_5YR=0

else if 1<=CRP\_5YR<=3 then CRPZZ\_5YR=1

else if 3<CRP\_5YR<10 then CRPZZ\_5YR=2

else if 10<=CRP\_5YR then CRPZZ\_5YR=3

### CRPZZ2\_5YR

(CRP NHANES 1999-2000)

0: male: (AGE\_5YR > 59 and CRP\_5YR < 4.9) or (AGE\_5YR <= 59 and CRP\_5YR < 4.6)

female: (AGE\_5YR > 59 and CRP\_5YR < 7.3) or (AGE\_5YR <= 59 and CRP\_5YR < 8.4)

1: male: (AGE\_5YR > 59 and CRP\_5YR >= 4.9) or (AGE\_5YR <= 59 and CRP\_5YR >= 4.6)

female: (AGE\_5YR > 59 and CRP\_5YR >= 7.3) or (AGE\_5YR <= 59 and CRP\_5YR >= 8.4)

### INSULINZZ\_5YR

(Stern et al. 2005)

0: INSULIN\_5YR < 20.7

1: INSULIN\_5YR >= 20.7

### GLYHGBZZ\_5YR

(ADA 2008)

if GLYHGB\_5YR>=7 then GLYHGBZZ\_5YR=1

else if GLYHGB\_5YR>=0 then GLYHGBZZ\_5YR=0

### GLYHGBZZ2\_5YR

(ADA 2008)

if GLYHGB\_5YR>=6 then GLYHGBZZ2\_5YR=1

else if GLYHGB\_5YR>=0 then GLYHGBZZ2\_5YR=0

### VITB6ZZ2\_5YR

(Haller et al 1991, Driskell 1994, Leklem 1999)

if VITB6\_5YR>=0 then do

if VITB6\_5YR<20 then VITB6ZZ\_5YR=2

if 20<=VITB6\_5YR<30 then VITB6ZZ\_5YR=1

else if VITB6\_5YR>=30 then VITB6ZZ\_5YR=0

if VITB6\_5YR>=30 then VITB6ZZ2\_5YR=0

else if VITB6\_5YR<30 then VITB6ZZ2\_5YR=1

### VITB12ZZ\_5YR

(Tucker et al 2000)

if VITB12\_5YR>=350 then VITB12ZZ\_5YR=0

else if 200<=VITB12\_5YR<350 and 0<=MMA\_5YR<=370 then VITB12ZZ\_5YR=0

else if 200<=VITB12\_5YR<350 and MMA\_5YR>370 then VITB12ZZ\_5YR=1

else if 0<=VITB12\_5YR<200 then VITB12ZZ\_5YR=1

### FOLATEZZ\_5YR

(Selhub and Rosenberg 1996)

if FOLATE\_5YR>=0 then do

if FOLATE\_5YR>5 then FOLATEZZ\_5YR=0

else if FOLATE\_5YR<=5 then FOLATEZZ\_5YR=1

### NOREPIZZ\_5YR

if NOREPI\_5YR>=0 then do

if NOREPI\_5YR>=48 then NOREPIZZ\_5YR=1

else if NOREPI\_5YR<48 then NOREPIZZ\_5YR=0

### NOREPIZZ2\_5YR



## NOREPI\_SEX

1: Male: NOREPI $\geq$ 30.5Female: NOREPI $\geq$ 46.90: Male: 0 $\leq$ NOREPI $<$ 30.5Female: 0 $\leq$ NOREPI $<$ 46.9if NOREPI\_5YR $\geq$ 0 then doif FEMALE=0 and NOREPI\_5YR $\geq$ 30.5 then NOREPIZZ2\_5YR=1else if FEMALE=0 and 0 $\leq$ NOREPI\_5YR $<$ 30.5 then NOREPIZZ2\_5YR=0if FEMALE=1 and NOREPI\_5YR $\geq$ 46.9 then NOREPIZZ2\_5YR=1else if FEMALE=1 and 0 $\leq$ NOREPI\_5YR $<$ 46.9 then NOREPIZZ2\_5YR=0**EPIZZ\_5YR**if EPI\_5YR $\geq$ 0 then doif EPI\_5YR $\geq$ 5 then EPIZZ\_5YR=1else if 0 $\leq$ EPI\_5YR $<$ 5 then EPIZZ\_5YR=0**EPIZZ2\_5YR**if EPI\_5YR $\geq$ 0 then doif FEMALE=0 and EPI\_5YR $\geq$ 2.8 then EPIZZ2\_5YR=1else if FEMALE=0 and 0 $\leq$ EPI\_5YR $<$ 2.8 then EPIZZ2\_5YR=0if FEMALE=1 and EPI\_5YR $\geq$ 3.6 then EPIZZ2\_5YR=1else if FEMALE=1 and 0 $\leq$ EPI\_5YR $<$ 3.6 then EPIZZ2\_5YR=0**CORTZZ2\_5YR**if CORT\_5YR $\geq$ 0 then doif CORT\_5YR $\geq$ 25.7 then CORTZZ2\_5YR=1else if 0 $\leq$ CORT\_5YR $<$ 25.7 then CORTZZ2\_5YR=0**CORTZZ\_5YR**

## Q4CORT\_SEX

1: Male: CORT $\geq$ 41.5Female: CORT $\geq$ 49.50: Male: 0 $\leq$ CORT $<$ 41.5Female: 0 $\leq$ CORT $<$ 49.5if CORT\_5YR $\geq$ 0 then doif FEMALE=0 and CORT\_5YR $\geq$ 41.5 then CORTZZ\_5YR=1else if FEMALE=0 and 0 $\leq$ CORT\_5YR $<$ 41.5 then CORTZZ\_5YR=0if FEMALE=1 and CORT\_5YR $\geq$ 41.5 then CORTZZ\_5YR=1else if FEMALE=1 and 0 $\leq$ CORT\_5YR $<$ 49.5 then CORTZZ\_5YR=0**ALBZZ\_5YR***(Visser et al. 2005)*if ALB\_5YR $\geq$ 0 then doif FEMALE=0 and ALB\_5YR $<$ 3.8 then ALBZZ\_5YR=1else if FEMALE=0 and 3.8 $\leq$ ALB\_5YR $\leq$ 5.4 then ALBZZ\_5YR=0if FEMALE=1 and ALB\_5YR $<$ 3.8 then ALBZZ\_5YR=1else if FEMALE=1 and 3.8 $\leq$ ALB\_5YR $\leq$ 5.3 then ALBZZ\_5YR=0**CREATZZ\_5YR***(Shlipak et al. 2002)*if FEMALE=0 and CREAT\_5YR $\geq$ 1.5 then CREATZZ\_5YR=1else if FEMALE=0 and 0 $\leq$ CREAT\_5YR $<$ 1.5 then CREATZZ\_5YR=0if FEMALE=1 and CREAT\_5YR $\geq$ 1.3 then CREATZZ\_5YR=1else if FEMALE=1 and 0 $\leq$ CREAT\_5YR $<$ 1.3 then CREATZZ\_5YR=0**CREAT\_IDMS\_5YR** $-0.03339 + (1.01127 * \text{CREAT\_5YR})$

### CREATZZ\_IDMS\_5YR

if FEMALE=0 and CREAT\_IDMS\_5YR>=1.5 then CREATZZ\_IDMS\_5YR=1  
 else if FEMALE=0 and 0<= CREAT\_IDMS\_5YR <1.5 then CREATZZ\_IDMS\_5YR =0  
 if FEMALE=1 and CREAT\_IDMS\_5YR >=1.3 then CREATZZ\_IDMS\_5YR =1  
 else if FEMALE=1 and 0<= CREAT\_IDMS\_5YR <1.3 then CREATZZ\_IDMS\_5YR =0

### COCKGAULT\_IDMS\_5YR

$(0.85**FEMALE)*(140-AGE\_5YR)*WT\_KG\_5YR / (CREAT\_IDMS\_5YR*72)$

### DHEASZZ\_5YR

*(Wisconsin Study)*

if FEMALE=0 and 0<=DHEAS\_5YR<60.5 then DHEASZZ\_5YR=1  
 else if FEMALE=0 and DHEAS\_5YR>=60.5 then DHEASZZ\_5YR=0  
 if FEMALE=1 and 0<=DHEAS\_5YR<33.0 then DHEASZZ\_5YR=1  
 else if FEMALE=1 and DHEAS\_5YR>=33.0 then DHEASZZ\_5YR=0

### DHEASZZ2\_5YR

*(Trivedi and Khaw 2001)*

if FEMALE=0 and 0<=DHEAS\_5YR<58.95 then DHEASZZ2\_5YR=1  
 else if FEMALE=0 and DHEAS\_5YR>=58.95 then DHEASZZ2\_5YR=0  
 if FEMALE=1 and 0<=DHEAS\_5YR<36.85 then DHEASZZ2\_5YR=1  
 else if FEMALE=1 and DHEAS\_5YR>=36.85 then DHEASZZ2\_5YR=0

### HGBZZ\_5YR

*(WHO 1994)*

if HGB\_ADJ\_5YR>=0 then do  
 if FEMALE=0 and HGB\_ADJ\_5YR<13 then HGBZZ\_5YR=1  
 else if FEMALE=0 then HGBZZ\_5YR=0  
 if FEMALE=1 and HGB\_ADJ\_5YR<12 then HGBZZ\_5YR=1  
 else if FEMALE=1 then hgbzz\_5yr=0

### HCTZZ\_5YR

*(WHO 1994)*

if HCT\_ADJ\_5YR>=0 then do  
 if FEMALE=0 and HCT\_ADJ\_5YR<40 then HCTZZ\_5YR=1  
 else if FEMALE=0 then HCTZZ\_5YR=0  
 if FEMALE=1 and HCT\_ADJ\_5YR<37 then HCTZZ\_5YR=1  
 else if FEMALE=1 then HCTZZ\_5YR=0

### HCYZZ\_5YR

*(NHANES 95th percentiles)*

0: Male: HCY\_5YR < 11.4

Female: HCY\_5YR < 10.4

1: Male: HCY\_5YR >= 11.4

Female: HCY\_5YR >= 10.4

if HCY\_5YR>=0 then do  
 if FEMALE=0 and HCY\_5YR<11.4 then HCYZZ\_5YR=0  
 else if FEMALE=0 and HCY\_5YR>=11.4 then HCYZZ\_5YR=1  
 if FEMALE=1 and HCY\_5YR<10.4 then HCYZZ\_5YR=0  
 else if FEMALE=1 and HCY\_5YR>=10.4 then HCYZZ\_5YR=1

**APPENDIX**

**Poverty Guidelines 2011-2015**

Size of Family Unit	2011		2012		2013		2014		2015	
	120%		120%		120%		120%		120%	
	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline	Guideline
One person	10890	13068	11170	13404	11490	13788	11670	14004	11770	14124
Two persons	14710	17652	15130	18156	15510	18612	15730	18876	15930	19116
Three persons	18530	22236	19090	22908	19530	23436	19790	23748	20090	24108
Four persons	22350	26820	23050	27660	23550	28260	23850	28620	24250	29100
Five persons	26170	31404	27010	32412	27570	33084	27910	33492	28410	34092
Six persons	29990	35988	30970	37164	31590	37980	31970	38364	32570	39084
Seven persons	33810	40572	34930	41916	35610	42732	36030	43236	36730	44076
Eight persons	37630	45156	38890	46668	39630	47556	40090	48108	40890	49068
Each additional person	3820	4584	3960	4752	4020	4824	4060	4872	4160	4992

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>