

# Boston Puerto Rican Health Study Wave 4 (~8-year visit) Codebook

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**(BPA) BLOOD PRESSURE**

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

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

BPA1\_8YR

**Blood Pressure #1**

First Measurement:

- 1. SYSTOLIC \_\_\_\_\_ SYS1A\_8YR
- 2. DIASTOLIC \_\_\_\_\_ DIAS1A\_8YR
- 3. PULSE \_\_\_\_\_ PULSE1A\_8YR
- 4. TIME \_\_\_\_\_ BP1\_AT\_8YR

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

Second Measurement:

- 1. SYSTOLIC \_\_\_\_\_ SYS1B\_8YR
- 2. DIASTOLIC \_\_\_\_\_ DIAS1B\_8YR
- 3. PULSE \_\_\_\_\_ PULSE1B\_8YR
- 4. TIME \_\_\_\_\_ BP1\_BT\_8YR
- Time in between measurements \_\_\_\_\_ BPA\_TIMEDIF\_8YR

INTERVIEWER'S COMMENTS: \_\_\_\_\_ BPA\_C\_8YR

**Blood Pressure #2**

First Measurement:

- 1. SYSTOLIC \_\_\_\_\_ SYS2A\_8YR
- 2. DIASTOLIC \_\_\_\_\_ DIAS2A\_8YR
- 3. PULSE \_\_\_\_\_ PULSE2A\_8YR
- 4. TIME \_\_\_\_\_ BP2AT\_8YR

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

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Second Measurement:

1. SYSTOLIC	_____	<b>SYS2B_8YR</b>
2. DIASTOLIC	_____	<b>DIAS2B_8YR</b>
3. PULSE	_____	<b>PULSE2B_8YR</b>
4. TIME	_____	<b>BP2BT_8YR</b>
Time in between measurements	_____	<b>BPB_TIMEDIF_8YR</b>

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**INTERVIEWR'S COMMENTS:** \_\_\_\_\_ **BPB\_C\_8YR**

**Blood Pressure #3**

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First Measurement:

1. SYSTOLIC	_____	<b>SYS3A_8YR</b>
2. DIASTOLIC	_____	<b>DIAS3A_8YR</b>
3. PULSE	_____	<b>PULSE3A_8YR</b>
4. TIME	_____	<b>BP3AT_8YR</b>

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

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Second Measurement:

1. SYSTOLIC	_____	<b>SYS3B_8YR</b>
2. DIASTOLIC	_____	<b>DIAS3B_8YR</b>
3. PULSE	_____	<b>PULSE3B_8YR</b>
4. TIME	_____	<b>BP3BT_8YR</b>
Time in between measurements	_____	<b>BPC_TIMEDIF_8YR</b>

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**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **BPC\_C\_8YR**



## DERIVED BLOOD PRESSURE VARIABLES

**SYSBP\_8YR:** average systolic blood pressure

$$= (\text{SYS2A\_8YR} + \text{SYS2B\_8YR} + \text{SYS3A\_8YR} + \text{SYS3B\_8YR})/4$$

**SYSBP\_IMPUTE\_8YR:** imputed average systolic blood pressure

1: SYSBP\_8YR created using less than 4 systolic blood pressure measurement

**SYSBPZZ\_8YR:** clinical variable – systolic hypertension (*Chobanian et al. 2003*)

0: SYSBP\_8YR <140 or DIASBP\_8YR >= 90

1: SYSBP\_8YR >= 140 and DIASBP\_8YR < 90

**DIASBP\_8YR:** average diastolic blood pressure

$$\text{DIASBP\_8YR} = (\text{DIAS2A\_8YR} + \text{DIAS2B\_8YR} + \text{DIAS3A\_8YR} + \text{DIAS3B\_8YR})/4$$

**DIASBP\_IMPUTE\_8YR:** imputed average diastolic blood pressure

1: DIASBP\_8YR created using less than 4 diastolic blood pressure measurements

**HIGHBP\_8YR:** high or low blood pressure

1 = SYSBP\_8YR >=140 or DIASBP\_8YR >=90

0 = SYSBP\_8YR <140 and DIASBP\_8YR <90

**HTN\_8YR:** categories of hypertension (*NIH 1997*)

0: 0<=SYSBP\_8YR <140 and 0<=DIASBP\_8YR <90 and HTNMED\_8YR =0 (not taking hypertension meds)

1: SYSBP\_8YR >=140 or DIASBP\_8YR >=90 or HTNMED\_8YR =1 (taking hypertension meds)

**ALLOHIGHBP\_8YR:** alternative categories of blood pressure

0 = SYSBP\_8YR <148 and DIASBP\_8YR <83

1 = SYSBP\_8YR >=148 or DIASBP\_8YR >=83

## NEUROPSYCHOLOGICAL EXAMINATION SCORING

**Instructions:** Score subject's neuropsychological examination after completion of interview.

\*\*If participant did not attempt or did not complete test, please indicate reason why: -996 Participant refused -997 Poor vision or colorblind -998 Illiterate -999 Other

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

#### a. Orientation

Question 1	MMSE1_8YR (3)
Question 2	MMSE2_8YR (1)
Question 3	MMSE3_8YR (1)
Question 4	MMSE4_8YR (3)
Question 5	MMSE5_8YR (1)
Question 6	MMSE6_8YR (1)

#### b. Registration

Question 7	MMSE7_8YR (3)
Question 8	MMSE8_8YR (5)

#### c. Recall

Question 9	MMSE9_8YR (3)
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#### d. Language Tests

Question 10	MMSE10_8YR (1)
Question 11	MMSE11_8YR (1)
Question 12	MMSE12_8YR (1)
Question 13	MMSE13_8YR (1)
Question 14	MMSE14_8YR (3)



Question 15 **MMSE15\_8YR** (1)

Question 16 **MMSECOPY\_8YR** (1)

2. Word List Learning

a. **List A**

1<sup>st</sup> Attempt **LIS1\_8YR** (16)

2<sup>nd</sup> Attempt **LIS2\_8YR** (16)

3<sup>rd</sup> Attempt **LIS3\_8YR** (16)

4<sup>th</sup> Attempt **LIS4\_8YR** (16)

5<sup>th</sup> Attempt **LIS5\_8YR** (16)

- b. **List B** **LISB\_8YR** (16)
- c. **Short-term Recall** **LISCPLIB\_8YR** (16)
- d. **Short-term Recall Facilitated** **LISCPPIST\_8YR** (16)
- e. **Long-term Recall** **LISLPLIB\_8YR** (16)
- f. **Long-term Recall Facilitated** **LISLPPIST\_8YR** (16)

g. **Recognition** **WLLG\_8YR** (16)

3. Stroop

- a. **Stroop 1** **STRPAL\_8YR**
- b. **Stroop 2** **STRCOL\_8YR**
- c. **Stroop 3** **STRCP\_8YR**

4. Letter Fluency

- a. **1<sup>st</sup> Letter** **LF1\_8YR**
- b. **2<sup>nd</sup> Letter** **F2\_8YR**
- c. **3<sup>rd</sup> Letter** **LF3\_8YR**

5. Digit Span

a. **Digits Forward**

- I.Highest # digits attained **DFI\_8YR** (9)
- II.Total Score Foreword **ATEVERIDE\_8YR**

b. **Digits Backward**

I.Highest # digits attained **DBI\_8YR (9)**  
 II.Total Score Backward **ATVERINV\_8YR**

6. Clock Drawing

a. **Score** **CLOCK\_8YR (3)**

7. Figure Copying

a. **Figure 1** **FC1\_8YR (1)**  
 b. **Figure 2** **FC2\_8YR (1)**  
 c. **Figure 3** **FC3\_8YR (1)**  
 d. **Figure 4** **FC4\_8YR (1)**  
 e. **Figure 5** **FC5\_8YR (1)**  
 f. **Figure 6** **FC6\_8YR (1)**  
 g. **Figure 7** **FC7\_8YR (1)**  
 h. **Figure 8** **FC8\_8YR (1)**  
 i. **Figure 9** **FC9\_8YR (1)**  
 j. **Total** **FC\_SUM\_8YR (9)**

**DERIVED NEUROPSYCHOLOGICAL EXAMINATION SCORING VARIABLES**

**LISAPR\_8YR**

$$= \text{LIS1\_8YR} + \text{LIS2\_8YR} + \text{LIS3\_8YR} + \text{LIS4\_8YR} + \text{LIS5\_8YR}$$

**LISDIS\_8YR**

$$= (1 - ((44 - \text{WLLG\_8YR}) / 44)) * 100$$

**PCRETREC\_8YR**

$$= (\text{LISLPLIB\_8YR} / \text{LIS5\_8YR}) * 100$$

**PCINTERF\_8YR**

IF ( $\text{STRCOL\_8YR} + \text{STRCP\_8YR}$ ) > 0 then:

$$\text{PCINTERF\_8YR} = ((\text{STRCOL\_8YR} - \text{STRCP\_8YR}) / (\text{STRCOL\_8YR} + \text{STRCP\_8YR})) * 100$$

**PMRTOT\_8YR**

$$= \text{LF1\_8YR} + \text{LF2\_8YR} + \text{LF3\_8YR}$$

**FC\_SUM\_8YR**

$$= \text{FC1\_8YR} + \text{FC2\_8YR} + \text{FC3\_8YR} + \text{FCV\_8YR} + \text{FC5\_8YR} + \text{FC6\_8YR} + \text{FC7\_8YR} + \text{FC8\_8YR} + \text{FC9\_8YR}$$

**FC\_WEI\_SUM\_8YR**

$$= 1 * \text{FC1\_8YR} + 2 * \text{FC2\_8YR} + 3 * \text{FC3\_8YR} + 3 * \text{FC4\_8YR} + 3 * \text{FC5\_8YR} + 3 * \text{FC6\_8YR} + 4 * \text{FC7\_8YR} + 4 * \text{FC8\_8YR} + 4 * \text{FC9\_8YR}$$

**ILLITERATE\_8YR**

0=No

1=Yes

**LOWVISION\_8YR**

0=No  
1=Yes

**COGLANG\_8YR:** Language of the cognitive interview

1=English  
2=Spanish

**(SE) SUN EXPOSURE**

CO-INFORMANT

No  
 Yes

PROXSE\_8YR

**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\_8YR**  
(Year)

\_\_\_\_\_ **SE1AM\_8YR**  
(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\_8YR**  
(Year)

\_\_\_\_\_ **SE1BM\_8YR**  
(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\_8YR**  
(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\_8YR**  
(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\_8YR**  
(hours per day (If Don't Know enter 98))

Or

\_\_\_\_\_ **SE3B\_8YR**  
(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\_8YR**

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

No  
 Yes

Don't Know  
Not Applicable

SE4B\_8YR

INTERVIEWER'S COMMENTS:

SE\_C\_8YR

## WORK HISTORY AND INCOME

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

CO-INFORMANT

- No  
 Yes

PROXWH\_8YR

1. Since your last interview, have you held a paid job for more than three months?

- No  
 Yes  
(If NO, GO TO #7)

WH1\_8YR

2. Are you currently working?

- No  
 Yes  
(If NO, GO TO #6)

WH5\_8YR

3. What is your current job? Type of job

\_\_\_\_\_ WH6A\_8YR

4. How many hours per week do you work?

\_\_\_\_\_ WH7\_8YR

5. When do you plan to stop working?

\_\_\_\_\_ WH8\_8YR  
(Year (Enter 9998 if dk) (Answer and skip to #7))

6. Why did you stop working? (PROBE: For health reasons?)

\_\_\_\_\_ WH11A\_8YR

INTERVIEWER'S COMMENTS:

WH\_C\_8YR

**(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\_8YR

**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\_8YR

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\_8YR

2. Not enough time for shopping or cooking

- No  
 Yes  
 Don't know

FSS1A2\_8YR

3. Too hard to get to the store

- No  
 Yes  
 Don't know

FSS1A3\_8YR

4. On a diet

- No  
 Yes  
 Don't know

FSS1A4\_8YR

5. No working stove available

- No  
 Yes  
 Don't know

FSS1A5\_8YR

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

- No  
 Yes  
 Don't know

FSS1A6\_8YR

7. Other \_\_\_\_\_ FSS1A7\_8YR

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               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know | FSS1B1_8YR               |
| 2. Kinds of food (I/we) want not available | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know | FSS1B2_8YR               |
| 3. Not enough time for shopping or cooking | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know | FSS1B3_8YR               |
| 4. Too hard to get to the store            | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know | FSS1B4_8YR               |
| 5. On a special diet                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Don't know | FSS1B6_8YR<br>FSS1B5_8YR |
| 6. Other, specify                          |  | FSS1B6_8YR               |

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INTERVIEWER'S COMMENTS: \_\_\_\_\_ FSS\_C\_8YR

### DERIVED FOOD SECURITY VARIABLES

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

**FSG\_8YR:** Categorical variable for food security status

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

**FS3G\_8YR:** Categorical variable for food security status

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



**(HC) HOUSEHOLD COMPOSITION**

CO-INFORMANT

- No
- Yes

PROXHC\_8YR

*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\_8YR**

How many persons 0-5 years old live here, including yourself? \_\_\_\_\_ **HC1B\_8YR**

How many persons 6-12 years old live here, including yourself? \_\_\_\_\_ **HC1C\_8YR**

2. Who are the members of your household?

**SUBJECT (HOUSEHOLD MEMBER 1)**

Age: \_\_\_\_\_ **HC2AGE1\_8YR**

Sex:  Male  Female **FEMALE\_8YR**

**HOUSEHOLD MEMBER 2**

Relationship:

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

**HC2R2\_8YR**

Age: \_\_\_\_\_ **HC2AGE2\_8YR**

Sex:  Female  Male **HC2SX2\_8YR**

**HOUSEHOLD MEMBER 3**

Relationship:

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

**HC2R3\_8YR**

Age: \_\_\_\_\_ **HC2AGE3\_8YR**



Sex:  Female HC2SX3\_8YR  
 Male

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**HOUSEHOLD MEMBER 4**

Relationship:  Subject HC2R4\_8YR  
 Spouse  
 Son/Stepson  
 Daughter/Stepdaughter  
 Brother/Brother-in-law  
 Sister/Sister-in-law  
 Grandson  
 Granddaughter  
 Other

Age: \_\_\_\_\_ HC2AGE4\_8YR

Sex:  Female HC2SX4\_8YR  
 Male

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**HOUSEHOLD MEMBER 5**

Relationship: \_\_\_\_\_ HC2R5\_8YR

Age: \_\_\_\_\_ HC2AGE5\_8YR

Sex:  Female HC2SX5\_8YR  
 Male

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**HOUSEHOLD MEMBER 6**

Relationship: \_\_\_\_\_ HC2R6\_8YR

Age: \_\_\_\_\_ HC2AGE6\_8YR

Sex:  Female HC2SX6\_8YR  
 Male

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**HOUSEHOLD MEMBER 7**

Relationship: \_\_\_\_\_ HC2R7\_8YR

Age: \_\_\_\_\_ HC2AGE7\_8YR

Sex:  Female HC2SX7\_8YR  
 Male

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**HOUSEHOLD MEMBER 8**

Relationship: \_\_\_\_\_ **HC2R8\_8YR**

Age: \_\_\_\_\_ **HC2AGE8\_8YR**

Sex:  Female **HC2SX8\_8YR**  
 Male

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**HOUSEHOLD MEMBER 9**

Relationship: \_\_\_\_\_ **HC2R9\_8YR**

Age: \_\_\_\_\_ **HC2AGE9\_8YR**

Sex:  Female **HC2SX9\_8YR**  
 Male

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**HOUSEHOLD MEMBER 10**

Relationship: \_\_\_\_\_ **HC2R10\_8YR**

Age: \_\_\_\_\_ **HC2AGE10\_8YR**

Sex:  Female **HC2SX10\_8YR**  
 Male

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**HOUSEHOLD MEMBER 11**

Relationship: \_\_\_\_\_ **HC2R11\_8YR**

Age: \_\_\_\_\_ **HC2AGE11\_8YR**

Sex:  Female **HC2SX11\_8YR**  
 Male

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**HOUSEHOLD MEMBER 12**

Relationship: \_\_\_\_\_ **HC2R12\_8YR**

Age: \_\_\_\_\_ **HC2AGE12\_8YR**

Sex:  Female **HC2SX12\_8Y**  
 Male

**HOUSEHOLD MEMBERS**

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

- No or apartment?
- Yes

**HC3A\_8YR**

a. Who is this person ?

- Household member 1 **HC3\_8YR\_1**
- Household member 2 **HC3\_8YR\_2**
- Household member 3 **HC3\_8YR\_3**
- Household member 4 **HC3\_8YR\_4**
- Household member 5 **HC3\_8YR\_5**
- Household member 6 **HC3\_8YR\_6**
- Household member 7 **HC3\_8YR\_7**
- Household member 8 **HC3\_8YR\_8**
- Household member 9 **HC3\_8YR\_9**
- Household member 10 **HC3\_8YR\_10**
- Household member 11 **HC3\_8YR\_11**
- Household member 12 **HC3\_8YR\_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\_8YR**

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\_8YR**

Other, specify \_\_\_\_\_

**HC4TX\_8YR**

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

**HC5B1\_8YR**

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

**HC5B2\_8YR**

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\_8YR**

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

HC\_C\_8YR

**DERIVED HOUSEHOLD COMPOSITION VARIABLES**

**AGE\_8YR:** Calculated from date of visit and birth date  
 = int((END\_DATE1\_8YR - BDATE)/365.25)

**VIS4\_DT\_8YR:** date of eight year visit

**VIS3\_DT\_5YR:** date of five year visit

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

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

**FEMALE\_8YR:** sex of subject

1: female

0: male

**HC5\_8YR:** 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\_8YR  
 Yes

**SUBJECT (HOUSEHOLD MEMBER 1**

Source of Income  Employment HI1SI\_8YR\_0  
 TANF HI1SI\_8YR\_1  
 SSI HI1SI\_8YR\_2  
 SSDI HI1SI\_8YR\_3  
 Child Support HI1SI\_8YR\_4  
 Pension HI1SI\_8YR\_5  
 Retirement HI1SI\_8YR\_6  
 Food Stamps (ATDP) HI1SI\_8YR\_7  
 Other1 HI1SI\_8YR\_8  
 Other2 HI1SI\_8YR\_9

((CHECK ALL THAT APPLY))

Amount (Employment) \_\_\_\_\_ HI1AMT0\_8YR  
 (Codes: -997 Refused -998 DK)

Frequency (Employment)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ0\_8YR

Amount (TANF) \_\_\_\_\_ HI1AMT1\_8YR  
 (Codes: -997 Refused -998 DK)

Frequency (TANF)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ1\_8YR

Amount (SSI) \_\_\_\_\_ HI1AMT2\_8YR  
 (Codes: -997 Refused -998 DK)

Frequency (SSI)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ2\_8YR

Amount (SSDI) \_\_\_\_\_ HI1AMT3\_8YR  
 (Codes: -997 Refused -998 DK)

Frequency (SSDI)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly HI1FREQ3\_8YR

Amount (Child Support) \_\_\_\_\_ HI1AMT4\_8YR  
 (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_8YR
Amount (Pension)	_____	HI1AMT5_8YR
	(Codes: -997 Refused -998 DK)	
Frequency (Pension)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ5_8YR
Amount (Retirement)	_____	HI1AMT6_8YR
	(Codes: -997 Refused -998 DK)	
Frequency (Retirement)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ6_8YR
Amount (Food Stamps - ATDP)	_____	HI1AMT7_8YR
	(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	HI1FREQ7_8YR
Other 1, specify:	_____	HI1SI8T_8YR
Amount:	_____	HI1AMT8_8YR
	(Codes: -997 Refused -998 DK)	
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ8_8YR
Other 2, specify:	_____	HI1SI9T_8YR
Amount:	_____	HI1AMT9_8YR
	(Codes: -997 Refused -998 DK)	
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI1FREQ9_8YR

**HOUSEHOLD MEMBER 2**

Relationship to Subject 1:	_____	HI_2_8YR
	((Use Codes from previous page))	
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"/>	HI2SI_8YR_0 HI2SI_8YR_1 HI2SI_8YR_2 HI2SI_8YR_3 HI2SI_8YR_4 HI2SI_8YR_5 HI2SI_8YR_6 HI2SI_8YR_7 HI2SI_8YR_8 HI2SI_8YR_9



Frequency (Food Stamps - ATDP)

- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI2FREQ7\_8YR

Other 1, specify: \_\_\_\_\_ HI2SI8T\_8YR

Amount: \_\_\_\_\_ HI2AMT8\_8YR  
(Codes: -997 Refused -998 DK)

- Frequency:
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI2FREQ8\_8YR

Other 2, specify: \_\_\_\_\_ HI2SI9T\_8YR

Amount: \_\_\_\_\_ HI2AMT9\_8YR  
(Codes: -997 Refused -998 DK)

- Frequency:
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI2FREQ9\_8YR

**HOUSEHOLD MEMBER 3**

Relationship to Subject 1: \_\_\_\_\_ HI\_3\_8YR  
(Use Codes from previous page)

- Source of Income:
- Employment HI3SI\_8YR\_0
  - TANF HI3SI\_8YR\_1
  - SSI HI3SI\_8YR\_2
  - SSDI HI3SI\_8YR\_3
  - Child Support HI3SI\_8YR\_4
  - Pension HI3SI\_8YR\_5
  - Retirement HI3SI\_8YR\_6
  - Food Stamps (ATDP) HI3SI\_8YR\_7
  - Other1 HI3SI\_8YR\_8
  - Other2 HI3SI\_8YR\_9

((CHECK ALL THAT APPLY))

Amount \_\_\_\_\_ HI3AMT0\_8YR  
(Codes: -997 Refused -998 DK)

- Frequency
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI3FREQ0\_8YR

Amount (TANF) \_\_\_\_\_ HI3AMT1\_8YR  
(Codes: -997 Refused -998 DK)

- Frequency (TANF)
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI3FREQ1\_8YR

Frequency (SSI)  Weekly

- 
-



	Bi-Weekly Monthly Yearly	HI3FREQ2_8YR
Amount (SSI)	<hr/>	HI3AMT2_8YR
	(Codes: -997 Refused -998 DK)	
Amount (SSDI)	<hr/>	HI3AMT3_8YR
	(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_8YR
Amount (Child Support)	<hr/>	HI3AMT4_8YR
	(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_8YR
Amount (Pension)	<hr/>	HI3AMT5_8YR
	(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_8YR
Amount (Retirement)	<hr/>	HI3AMT6_8YR
	(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_8YR
Amount (Food Stamps - ATDP)	<hr/>	HI3AMT7_8YR
	(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_8YR
Other 1, specify:	<hr/>	HI3SI8T_8YR
Amount:	<hr/>	HI3AMT8_8YR
	(Codes: -997 Refused -998 DK)	
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	HI3FREQ8_8YR

Other 2, specify: \_\_\_\_\_ **HI3SI9T\_8YR**  
 Amount: \_\_\_\_\_ **HI3AMT9\_8YR**  
 (Codes: -997 Refused -998 DK)  
 Frequency:  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI3FREQ9\_8YR**

**HOUSEHOLD MEMBER 4**

Relationship to Subject 1: \_\_\_\_\_ **HI\_4\_8YR**  
 ((Use Codes from previous page))  
 Source of Income:  Employment **HI4SI\_8YR\_0**  
 TANF **HI4SI\_8YR\_1**  
 SSI **HI4SI\_8YR\_2**  
 SSDI **HI4SI\_8YR\_3**  
 Child Support **HI4SI\_8YR\_4**  
 Pension **HI4SI\_8YR\_5**  
 Retirement **HI4SI\_8YR\_6**  
 Food Stamps (ATDP) **HI4SI\_8YR\_7**  
 Other1 **HI4SI\_8YR\_8**  
 Other2 **HI4SI\_8YR\_9**  
 ((CHECK ALL THAT APPLY))

Amount (Employment) \_\_\_\_\_ **HI4AMT0\_8YR**  
 (Codes: -997 Refused -998 DK)

Frequency  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI4FREQ0\_8YR**

Amount (TANF) \_\_\_\_\_ **HI4AMT1\_8YR**  
 (Codes: -997 Refused -998 DK)

Frequency (TANF)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI4FREQ1\_8YR**

Amount (SSI) \_\_\_\_\_ **HI4AMT2\_8YR**  
 (Codes: -997 Refused -998 DK)

Frequency (SSI)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI4FREQ2\_8YR**

Amount (SSDI) \_\_\_\_\_ **HI4AMT3\_8YR**  
 (Codes: -997 Refused -998 DK)

Frequency (SSDI)  Weekly  
 Bi-Weekly  
 Monthly  
 Yearly **HI4FREQ3\_8YR**

Amount (Child Support) \_\_\_\_\_ **HI4AMT4\_8YR**  
 (Codes: -997 Refused -998 DK)

Frequency (Child Support) Weekly

- - Bi-Weekly
  - Monthly
  - Yearly
- HI4FREQ4\_8YR

Amount (Pension) HI4AMT5\_8YR  
 \_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

- Frequency (Pension)
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI4FREQ5\_8YR

Amount (Retirement) HI4AMT6\_8YR  
 \_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

- Frequency (Retirement)
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI4FREQ6\_8YR

Amount (Food Stamps - ATDP) HI4AMT7\_8YR  
 \_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

- Frequency (Food Stamps - ATDP)
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI4FREQ7\_8YR

Other 1, specify: \_\_\_\_\_ HI4SI8T\_8YR

Amount: HI4AMT8\_8YR  
 \_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

- Frequency:
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI4FREQ8\_8YR

Other 2, specify: \_\_\_\_\_ HI4SI9T\_8YR

Amount: HI4AMT9\_8YR  
 \_\_\_\_\_  
 (Codes: -997 Refused -998 DK)

- Frequency:
- Weekly
  - Bi-Weekly
  - Monthly
  - Yearly
- HI4FREQ9\_8YR

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INTERVIEWER'S COMMENTS: \_\_\_\_\_ HI\_C\_8YR

**DERIVED HOUSEHOLD INCOME VARIABLES****HI\_EMPLOY\_8YR**

$$= \text{SUM}(\text{HI1YEAR0\_8YR}, \text{HI2YEAR0\_8YR}, \text{HI3YEAR0\_8YR}, \text{HI4YEAR0\_8YR})$$
**HI\_TANF\_8YR**

$$= \text{SUM}(\text{HI1YEAR1\_8YR}, \text{HI2YEAR1\_8YR}, \text{HI3YEAR1\_8YR}, \text{HI4YEAR1\_8YR})$$
**HI\_SSI\_8YR**

$$= \text{SUM}(\text{HI1YEAR2\_8YR}, \text{HI2YEAR2\_8YR}, \text{HI3YEAR2\_8YR}, \text{HI4YEAR2\_8YR})$$
**HI\_SSDI\_8YR**

$$= \text{SUM}(\text{HI1YEAR3\_8YR}, \text{HI2YEAR3\_8YR}, \text{HI3YEAR3\_8YR}, \text{HI4YEAR3\_8YR})$$
**HI\_CHILD\_8YR**

$$= \text{SUM}(\text{HI1YEAR4\_8YR}, \text{HI2YEAR4\_8YR}, \text{HI3YEAR4\_8YR}, \text{HI4YEAR4\_8YR})$$
**HI\_PENSION\_8YR**

$$= \text{SUM}(\text{HI1YEAR5\_8YR}, \text{HI2YEAR5\_8YR}, \text{HI3YEAR5\_8YR}, \text{HI4YEAR5\_8YR})$$
**HI\_RETIRE\_8YR**

$$= \text{SUM}(\text{HI1YEAR6\_8YR}, \text{HI2YEAR6\_8YR}, \text{HI3YEAR6\_8YR}, \text{HI4YEAR6\_8YR})$$
**HI\_STAMP\_8YR**

$$= \text{SUM}(\text{HI1YEAR7\_8YR}, \text{HI2YEAR7\_8YR}, \text{HI3YEAR7\_8YR}, \text{HI4YEAR7\_8YR})$$
**HI\_OTHER1\_8YR**

$$= \text{SUM}(\text{HI1YEAR8\_8YR}, \text{HI2YEAR8\_8YR}, \text{HI3YEAR8\_8YR}, \text{HI4YEAR8\_8YR})$$
**HI\_OTHER2\_8YR**

$$= \text{SUM}(\text{HI1YEAR9\_8YR}, \text{HI2YEAR9\_8YR}, \text{HI3YEAR9\_8YR}, \text{HI4YEAR9\_8YR})$$
**HI\_TOT\_8YR**

$$\text{HI\_TOT\_8YR} = \text{HI\_EMPLOY\_8YR} + \text{HI\_TANF\_8YR} + \text{HI\_SSI\_8YR} + \text{HI\_SSDI\_8YR} + \\ \text{HI\_CHILD\_8YR} + \text{HI\_PENSION\_8YR} + \text{HI\_RETIRE\_8YR} + \text{HI\_STAMP\_8YR} + \\ \text{HI\_OTHER1\_8YR} + \text{HI\_OTHER2\_8YR}$$
**HI\_NOTEMPLOY\_8YR**

$$= \text{HI\_TOT\_8YR} - \text{HI\_EMPLOY\_8YR}$$

\*\*\*Note, all the variables used to create these derived variables (HI1YEAR0\_8YR –HI1YEAR9\_8YR, HI2YEAR0\_8YR –HI2YEAR9\_8YR, HI3YEAR0\_8YR –HI3YEAR9\_8YR, HI4YEAR0\_8YR –HI4YEAR9\_8YR) 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\_8YR), size of family unit (HC1\_8YR), total household income (HI\_TOT\_8YR), and threshold dollar amount.

**POVINC\_8YR:** (HHS Poverty Guidelines per year)

1: HI\_TOT\_8YR <= Threshold

0: HI\_TOT\_8YR > Threshold

**INCOMEPOVRATIO\_8YR:** Income to poverty ratio  
= HI\_TOT\_8YR / Threshold

**POVINC120\_8YR:** 120% Income to poverty  
1: INCOMEPOVRATIO\_8YR <= 120  
0: INCOMEPOVRATIO\_8YR >120

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**(ISW) INDIVIDUAL SOCIODEMOGRAPHICS WEALTH**

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1. Do you or anyone else living with you own a car, truck, or van?	No Yes	<b>ISW1_8YR</b>
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)	<b>ISW2_8YR</b>
2a. How often do you use it?	Daily Weekly Monthly Yearly Less than once a year/never	<b>ISW2A_8YR</b>
3. Do you own a cell phone?	No Yes (If NO, GO to #4)	<b>ISW3_8YR</b>
3a. How often do you use it?	Daily Weekly Monthly Yearly Less than once a year/never	<b>ISW3A_8YR</b>
4. Is your cell phone a smart phone?	No Yes	<b>ISW4_8YR</b>
4a. What kind of smart phone is it?	iPhone Android	<b>ISW4A_8YR</b>

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**INTERVIEWER'S COMMENTS:**

**ISW\_C\_8YR**

**(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

(If NO or Don't Know, GO TO #5) **ANT1\_8YR**
  
- 2a. How many pounds have you lost or gained?
 

**ANT2A\_8YR**

(lbs)
  
- 2b.
  - Lost
  - Gained

**ANT2B\_8YR**
  
- 3. Was the weight loss/gain intentional?
  - No
  - Yes
  - Don't know

(If YES, GO TO #5) **ANT3\_8YR**
  
- 4. Why do you think you lost or gained weight?
 

\_\_\_\_\_ **ANT4\_8YR**

*For 5a-9b: 997 - not performed for safety reasons  
 998 - subject refused measurement  
 999 - unable to obtain measurement*
  
- 5a. Weight
 

\_\_\_\_\_ **ANT5A\_8YR**

(lbs)
  
- 5b. Weight
 

\_\_\_\_\_ **ANT5B\_8YR**

(lbs)
  
- 6a. Standing Height (cm)
 

\_\_\_\_\_ **ANT6A\_8YR**
  
- 6b. Standing Height (cm)
 

\_\_\_\_\_ **ANT6B\_8YR**
  
- 7. Posture
  - Straight
  - Slightly stooped - (between straight and 45'o angle)
  - Very stooped - (45'o angle)

**ANT7\_8YR**
  
- 8a. Knee height (cm)
 

\_\_\_\_\_ **ANT8A\_8YR**
  
- 8b. Knee height (cm)
 

\_\_\_\_\_ **ANT8B\_8YR**
  
- 9a. Waist: Measurement at point of bellybutton (cm)
 

\_\_\_\_\_ **ANT9A\_8YR**
  
- 9b. Waist: Measurement at point of bellybutton (cm)
 

\_\_\_\_\_ **ANT9B\_8YR**

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **ANT\_C\_8YR**

**DERIVED ANTHROPOMETRY VARIABLES**

Note: Hip circumference was not measured during this stage.

**KNEE\_HT\_8YR:** average knee height (cm)

$$KNEE\_HT\_8YR = (ANT8A\_8YR + ANT8B\_8YR)/2$$

**HT\_M\_8YR:** average of height measurements (m)

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

$$(ANT6A\_8YR/100 + ANTB\_8YR/100)/2$$

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

If OBS7A\_8YR = 2 (i.e. if the subject has lower body amputations), then

HT\_M\_8YR = (68.68 + 1.90\*KNEE\_HT\_8YR - 0.123\*AGE\_8YR)/100 for Females.

HT\_M\_8YR = (76.02 + 1.79\*KNEE\_HT\_8YR - 0.070\*AGE\_8YR)/100 for Males

**WT\_KG\_8YR:** average weight (kg)

$$WT\_KG\_8YR = (ANT5A\_8YR/2.2 + ANT5B\_8YR/2.2)/2$$

**WAIST\_8YR:** average waist size (cm)

$$WAIST\_8YR = (ANT9A\_8YR + ANT9B\_8YR)/2$$

**BMI\_8YR:** body mass index (BMI)

$$BMI\_8YR = WT\_KG\_8YR / (HT\_M\_8YR^2)$$

if WT\_KG\_8YR = 997 or HT\_M\_8YR = 997 then BMI\_8YR = 997

if WT\_KG\_8YR = 998 or HT\_M\_8YR = 998 then BMI\_8YR = 998

if WT\_KG\_8YR = 999 or HT\_M\_8YR = 999 then BMI\_8YR = 999

**BMI\_IMPUTE\_8YR**

if OBS7A\_8YR=2 then BMI\_IMPUTE\_8YR=1

**BMIZZ\_8YR:** BMI according to NIH 2000

0: if BMI\_8yr < 25

1: if 25 <= BMI\_8yr < 30

2: BMI\_8yr >= 30

**BMIZZ2\_8YR:** BMI with increased intervals

0: BMI\_8YR < 18.5

1: 18.5 <= BMI\_8YR < 25

2: 25 <= BMI\_8YR < 30

3: 30 <= BMI\_8YR < 35

4: 35 <= BMI\_8YR < 40

5: BMI\_8YR >= 40

**WAISTZZ\_8YR:** categorizing waist based on NIH 2000

0: FEMALE=1 and WAIST\_8YR <= 102

0: FEMALE=2 and WAIST\_8YR <= 88

1: FEMALE=1 and WAIST\_8YR > 102

1: FEMALE=2 and WAIST\_8YR > 88



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## (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\_8YR

Measurements:

Trial 1:

Right Hand (Force in Kg)

\_\_\_\_\_ PPT1B1\_8YR

Left Hand (Force in Kg)

\_\_\_\_\_ PPT1B2\_8YR

Trial 2:

Right Hand (Force in Kg)

\_\_\_\_\_ PPT1C1\_8YR

Left Hand (Force in Kg)

\_\_\_\_\_ PPT1C2\_8YR

Trial 2:

Right Hand (Force in Kg)

\_\_\_\_\_ PPT1D1\_8YR

Left Hand (Force in Kg)

\_\_\_\_\_ PPT1D2\_8YR

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INTERVIEWER'S COMMENTS: \_\_\_\_\_ PPT\_C\_8YR

### 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:

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

**HANDGRIP\_SC\_8YR:** Maximum handgrip score

**(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 PROXACT\_8YR  
 Yes

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\_8YR  
 (Hours per day for a usual WEEKDAY)

1b. Weekend: \_\_\_\_\_ ACT1B\_8YR  
 (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_8YR_1	<input type="checkbox"/> Home inside
ACT1C_8YR_2	<input type="checkbox"/> Home outside (ex. porch or yard)
ACT1C_8YR_3	<input type="checkbox"/> Other
ACT1C_8YR_97	<input type="checkbox"/> Refused

((CHECK ALL THAT APPLY) )

Other, specify \_\_\_\_\_ ACT1CT\_8YR

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

2a. Weekday: \_\_\_\_\_ ACT2A\_8YR  
 (Hours per day for a usual WEEKDAY:)

2b. Weekend: \_\_\_\_\_ ACT2B\_8YR  
 (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_8YR_1	<input type="checkbox"/> Home inside
ACT2C_8YR_2	<input type="checkbox"/> Home outside (ex. porch or yard)
ACT2C_8YR_3	<input type="checkbox"/> At work inside
ACT2C_8YR_4	<input type="checkbox"/> At work outside
ACT2C_8YR_5	<input type="checkbox"/> Gym or community center
ACT2C_8YR_6	<input type="checkbox"/> Outdoors on street, including streets and sidewalks
ACT2C_8YR_7	<input type="checkbox"/> Outdoors at park or track , including public parks,
ACT2C_8YR_8	public pools or other public recreational facilities
ACT2C_8YR_97	such as community centers that are free and open to the public

- Other
- Refused
- ((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_ **ACT2CT\_8YR**

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

3a. Weekday: \_\_\_\_\_ **ACT3A\_8YR**  
(Hours per day for a usual WEEKDAY)

3b. Weekend: \_\_\_\_\_ **ACT3B\_8YR**  
(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\_8YR\_1*
- ACT3C\_8YR\_2*
- ACT3C\_8YR\_3*
- ACT3C\_8YR\_4*
- ACT3C\_8YR\_5*
- ACT3C\_8YR\_6*
- ACT3C\_8YR\_7*
- ACT3C\_8YR\_8*
- ACT3C\_8YR\_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\_8YR**

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

4a. Weekday: \_\_\_\_\_ **ACT4A\_8YR**  
(Hours per day for a usual WEEKDAY)

4b. Weekend: \_\_\_\_\_ **ACT4B\_8YR**  
(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\_8YR\_1*
- ACT4C\_8YR\_2*
- ACT4C\_8YR\_3*
- ACT4C\_8YR\_4*
- ACT4C\_8YR\_5*
- ACT4C\_8YR\_6*
- ACT4C\_8YR\_7*
- ACT4C\_8YR\_8*
- ACT4C\_8YR\_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\_8YR**

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

5a. Weekday: \_\_\_\_\_ **ACT5A\_8YR**  
(Hours per day for a usual WEEKDAY)

5b. Weekend: \_\_\_\_\_ **ACT5B\_8YR**  
(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\_8YR\_1*
- ACT5C\_8YR\_2*
- ACT5C\_8YR\_3*
- ACT5C\_8YR\_4*
- ACT5C\_8YR\_5*
- ACT5C\_8YR\_6*
- ACT5C\_8YR\_7*
- ACT5C\_8YR\_8*
- ACT5C\_8YR\_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\_8YR**

**TOTAL HOURS**

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

TOTAL WEEKDAY: \_\_\_\_\_ **ACT6A\_8YR**  
(Hours per day for a usual WEEKDAY)

TOTAL WEEKEND: \_\_\_\_\_ **ACT6B\_8YR**  
(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\_8YR**

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\_8YR**

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

\_\_\_\_\_ **ACT8\_8YR**

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\_8YR**  
(Blocks)

OR how many minutes do you walk each day?

\_\_\_\_\_ **ACT9B\_8YR**  
(Minutes)

11. How much time do you spend watching TV each day?

\_\_\_\_\_ **ACT10\_8YR**  
(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\_8YR**

**CALCULATIONS:**

$(\text{blocks/day} \times 7\text{days/wk} \times 8 \text{ kcal/block}) + (\text{flights of stairs/d} \times 7\text{d/wk} \times 4 \text{ kcal/flight})$   
 $(\text{activity MET intensity} \times \text{occasions/wk} \times \text{duration(min)/occasion}) \times \text{A} \times (\text{wk/yr} \times \text{A} \times 52 \text{ wk/yr})$

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**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **ACT\_C\_8YR**

**DERIVED PHYSICAL ACTIVITY VARIABLES**

**ACT\_SLEP\_8YR:** Sleeping and Lying Down Score  
 $= \text{round}(((\text{ACT1A\_8YR} * 5) + (\text{ACT1B\_8YR} * 2)) / 7, .01)$

**ACT\_VIG\_8YR:** Vigorous Activity Score  
 $= \text{round}(((\text{ACT2A\_8YR} * 5) + (\text{ACT2B\_8YR} * 2)) / 7, .01)$

**ACT\_MOD\_8YR:** Moderate Activity Score  
 $= \text{round}(((\text{ACT3A\_8YR} * 5) + (\text{ACT3B\_8YR} * 2)) / 7, .01)$

**ACT\_LT\_8YR:** Light Activity Score  
 $= \text{round}(((\text{ACT4A\_8YR} * 5) + (\text{ACT4B\_8YR} * 2)) / 7, .01)$

**ACT\_SIT\_8YR:** Sitting Activity Score  
 $= \text{round}(((\text{ACT5A\_8YR} * 5) + (\text{ACT5B\_8YR} * 2)) / 7, .01)$

**ACTAVSUM\_8YR:**  
 $= \text{round}(\text{sum}(\text{of ACT\_SLEP\_8YR ACT\_VIG\_8YR ACT\_MOD\_8YR}$

**MILES\_8YR:** number of miles walker per day (assuming one mile=12 blocks or 30 minutes)  
 if ACT9\_8YR ne . then MILES\_8YR=ACT9\_8YR\*0.0833  
 if ACT9\_8YR = . then MILES\_8YR=ACT9B\_8YR\*0.0333

if ACT9\_8YR=0 and ACT9B\_8YR ne . then MILES\_8YR= ACT9B\_8YR \*0.0333  
 if ACT9\_8YR=0 and ACT9B\_8YR= . then MILES\_8YR= ACT9\_8YR

**PA\_SCORE\_8YR:** total physical activity score  
 $\text{ACT\_SLEP\_8YR} = \text{round}(((\text{ACT1A\_8YR} * 5) + (\text{ACT1B\_8YR} * 2)) / 7, .01)$   
 $\text{ACT\_VIG\_8YR} = \text{round}(((\text{ACT2A\_8YR} * 5) + (\text{ACT2B\_8YR} * 2)) / 7, .01)$   
 $\text{ACT\_MOD\_8YR} = \text{round}(((\text{ACT3A\_8YR} * 5) + (\text{ACT3B\_8YR} * 2)) / 7, .01)$   
 $\text{ACT\_LT\_8YR} = \text{round}(((\text{ACT4A\_8YR} * 5) + (\text{ACT4B\_8YR} * 2)) / 7, .01)$   
 $\text{ACT\_SIT\_8YR} = \text{round}(((\text{ACT5A\_8YR} * 5) + (\text{ACT5B\_8YR} * 2)) / 7, .01)$   
 $\text{ACTAVCSUM\_8YR} = \text{round}(\text{sum}(\text{of ACT\_SLEP\_8YR ACT\_VIG\_8YR ACT\_MOD\_8YR}$   
 $\text{ACT\_LT\_8YR ACT\_SIT\_8YR}), 1)$   
 $\text{PA\_SCORE\_8YR} = (\text{ACT\_SLEP\_8YR}$   
 $* 1.0) + (\text{ACT\_SIT\_8YR} * 1.1) + (\text{ACT\_LT\_8YR} * 1.5) + (\text{ACT\_MOD\_8YR} * 2.4) +$   
 $(\text{ACT\_VIG\_8YR} * 5.0)$

**EXPEND\_8YR:** energy expenditure from physical activity  
 $= (.9 * \text{WT\_KG\_8YR} * \text{ACT\_SLEP\_8YR}) + (1.2 * \text{WT\_KG\_8YR} * \text{ACT\_SIT\_8YR}) + (1.8 * \text{WT\_KG\_8YR} * \text{ACT\_LT\_8YR}) + (2.8 * \text{WT\_KG\_8YR} * \text{ACT\_MOD\_8YR}) + (4.5 * \text{WT\_KG\_8YR} * \text{ACT\_VIG\_8YR})$

**PAZZ\_8YR:**  
 Categorizing physical activity score  
 1:  $0 \leq \text{PA\_SCORE\_8YR} < 30$   
 2:  $30 \leq \text{PA\_SCORE\_8YR} < 40$   
 3:  $40 \leq \text{PA\_SCORE\_8YR} < 50$

4: PA\_SCORE\_8YR >=50

**TEE\_8YR:** Total Energy Expenditure

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

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

$$\text{TEE}_{8\text{YR}} = 662 - (9.53 * \text{AGE}_{8\text{YR}}) + (\text{PA\_A}_{8\text{YR}} * ((15.91 * \text{WT\_KG}_{8\text{YR}}) + (539.6 * \text{HT\_M}_{8\text{YR}})))$$

IF PAZZ\_8YR = 1 then weight PA\_A\_8YR 1.00

IF PAZZ\_8YR = 2 then weight PA\_A\_8YR 1.11

IF PAZZ\_8YR = 3 then weight PA\_A\_8YR 1.25

IF PAZZ\_8YR = 4 then weight PA\_A\_8YR 1.48

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

$$\text{TEE}_{8\text{YR}} = 354 - (6.91 * \text{AGE}_{8\text{YR}}) + (\text{PA\_A}_{8\text{YR}} * ((9.36 * \text{WT\_KG}_{8\text{YR}}) + (726 * \text{HT\_M}_{8\text{YR}})))$$

IF PAZZ\_8YR = 1 then weight PA\_A\_8YR 1.00

IF PAZZ\_8YR = 2 then weight PA\_A\_8YR 1.12

IF PAZZ\_8YR = 3 then weight PA\_A\_8YR 1.27

IF PAZZ\_8YR = 4 then weight PA\_A\_8YR 1.45

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

$$\text{TEE}_{8\text{YR}} = 1086 - (10.1 * \text{AGE}_{8\text{YR}}) + (\text{PA\_A}_{8\text{YR}} * ((13.7 * \text{WT\_KG}_{8\text{YR}}) + (416 * \text{HT\_M}_{8\text{YR}})))$$

IF PAZZ\_8YR = 1 then weight PA\_A\_8YR 1.00

IF PAZZ\_8YR = 2 then weight PA\_A\_8YR 1.12

IF PAZZ\_8YR = 3 then weight PA\_A\_8YR 1.29

IF PAZZ\_8YR = 4 then weight PA\_A\_8YR 1.59

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

$$\text{TEE}_{8\text{YR}} = 448 - (7.95 * \text{AGE}_{8\text{YR}}) + (\text{PA\_A}_{8\text{YR}} * ((11.4 * \text{WT\_KG}_{8\text{YR}}) + (619 * \text{HT\_M}_{8\text{YR}})))$$

IF PAZZ\_8YR=1 then weight PA\_A\_8YR 1.00

IF PAZZ\_8YR=2 then weight PA\_A\_8YR 1.16

IF PAZZ\_8YR=3 then weight PA\_A\_8YR 1.27

IF PAZZ\_8YR=4 then weight PA\_A\_8YR 1.44

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

$$\text{TEE}_{8\text{YR}} = 864 - (9.72 * \text{AGE}_{8\text{YR}}) + (\text{PA\_A}_{8\text{YR}} * ((14.2 * \text{WT\_KG}_{8\text{YR}}) + (503 * \text{HT\_M}_{8\text{YR}})))$$

IF PAZZ\_8YR = 1 then weight PA\_A\_8YR 1.00

IF PAZZ\_8YR = 2 then weight PA\_A\_8YR 1.12

IF PAZZ\_8YR = 3 then weight PA\_A\_8YR 1.27

IF PAZZ\_8YR = 4 then weight PA\_A\_8YR 1.54

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

$$\text{TEE}_{8\text{YR}} = 387 - (7.31 * \text{AGE}_{8\text{YR}}) + (\text{PA\_A}_{8\text{YR}} * ((10.9 * \text{WT\_KG}_{8\text{YR}}) + (660.7 * \text{HT\_M}_{8\text{YR}})))$$

IF PAZZ\_8YR = 1 then weight PA\_A\_8YR 1.00  
IF PAZZ\_8YR = 2 then weight PA\_A\_8YR 1.14  
IF PAZZ\_8YR = 3 then weight PA\_A\_8YR 1.27  
IF PAZZ\_8YR = 4 then weight PA\_A\_8YR 1.4



**(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	<input type="checkbox"/> No <input type="checkbox"/> Yes	PROXADL_8YR
1. Walking for a quarter of a mile (2 - 3 blocks)?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL1_8YR
2. Walking up 10 steps without resting?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL2_8YR
3. Getting outside?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL3_8YR
4. Walking from one room to another on the same level?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL4_8YR
5. Getting out of bed or chairs?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL5_8YR
6. Eating, like holding a fork, cutting food or drinking from a glass?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL6_8YR
7. Dressing yourself, including tying shoes, working zippers and doing buttons?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	
8. Bathing or showering?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL7_8YR
9. Using the toilet, including getting to the toilet?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL8_8YR
10. Using a manual can opener?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	ADL9_8YR

**ADL10\_8YR**

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

11. Opening a frozen food package?  With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do **ADL11\_8YR**
12. Opening a milk carton or orange juice carton?  With no difficulty  
 With some difficulty  
 With a lot of difficulty  
 Impossible to do **ADL12\_8YR**
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  
 Cane  
 Wheelchair  
 Crutches  
 Walker  
 Other **ADL16\_8YR**
- Other, specify \_\_\_\_\_ **ADL16T\_8YR**
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  
 Cane  
 Wheelchair  
 Crutches  
 Walker  
 Other **ADL17\_8YR**
- Other, specify \_\_\_\_\_ **ADL17T\_8YR**
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  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely **ADL18\_8YR**

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INTERVIEWER'S COMMENTS: \_\_\_\_\_ **ADL\_C\_8YR**

### DERIVED ACTIVITIES OF DAILY LIVING VARIABLES

**ADLSUM\_8YR:** summation of ADL scores

$$= \text{ADL1\_8YR} + \text{ADL2\_8YR} + \text{ADL3\_8YR} + \text{ADL4\_8YR} + \text{ADL5\_8YR} + \text{ADL6\_8YR} + \text{ADL7\_8YR} + \text{ADL8\_8YR} + \text{ADL9\_8YR} + \text{ADL10\_8YR} + \text{ADL11\_8YR} + \text{ADL12\_8YR}$$

**ADLSUM\_A\_8YR:** (algorithm applied)

ADL1\_8YR-ADL5\_8YR: if <=2 are missing, the mean of the non-missing ADL1\_8YR-ADL5\_8YR is used in place of the missing data

ADL6\_8YR-ADL9\_8YR: if <=2 are missing, the mean of the non-missing ADL6\_8YR-ADL9\_8YR is used in place of the missing data

ADL10\_8YR-ADL12\_8YR: if <=1 are missing, the mean of the non-missing ADL10\_8YR-ADL12\_8YR is used in place of the missing data

$$\text{ADL1\_A\_8YR} + \text{ADL2\_A\_8YR} + \text{ADL3\_A\_8YR} + \text{ADL4\_A\_8YR} + \text{ADL5\_A\_8YR} + \text{ADL6\_A\_8YR} + \text{ADL7\_A\_8YR} + \text{ADL8\_A\_8YR} + \text{ADL\_A\_8YR} + \text{ADL10\_A\_8YR} + \text{ADL11\_A\_8YR} + \text{ADL12\_A\_8YR}$$

**ADLCAT\_8YR:** categories of ADLSUM\_8YR

1: ADLSUM\_8YR=0 (no impairment)

2: 1 <= ADLSUM\_8YR <=5 (some impairment)

3: ADLSUM\_8YR  $\geq$  6 (considerable impairment)

**ADLCAT\_A\_8YR:** categories of ADLSUM\_A\_8YR

- 1: ADLSUM\_A\_8YR = 0 (no impairment)
- 2:  $1 \leq$  ADLSUM\_A\_8YR  $\leq$  5 (some impairment)
- 3: ADLSUM\_A\_8YR  $\geq$  6 (considerable impairment)

**ADL\_SC\_8YR:** categorizing ADL through a binary scale (tucker 2000)

- 1: If ADLSUM\_8YR  $\geq$  1
- 2: If ADLSUM\_8YR = 0

*ADL Mobility: (Tucker 2000)*

**ADLMOBSUM\_8YR:** ADL mobility

ADLMOBSUM\_8YR = ADL1\_8YR + ADL2\_8YR + ADL3\_8YR + ADL4\_8YR + ADL5\_8YR

**ADLMOB\_8YR:**

- 1: ADLMOBSUM\_8YR  $\geq$  1
- 0: ADLMOBSUM\_8YR = 0

*ADL self-care: (Tucker 2000)*

**ADLCARESUM\_8YR:** ADL self-care

ADLCARESUM\_8YR = ADL6\_8YR + ADL7\_8YR + ADL8\_8YR + ADL9\_8YR

**ADLCARE\_8YR:** categories of ADLCARE

- 1: ADLCARESUM\_8YR  $\geq$  1
- 0: ADLCARESUM\_8YR = 0

*ADL manual dexterity: (Tucker 2000)*

**ADLMANSUM\_8YR:**

ADL10\_8YR + ADL11\_8YR + ADL12\_8YR

**ADLMAN\_8YR:** categories of ADLMAN

- 1: ADLMANSUM\_8yr  $\geq$  1
- 0: ADLMANSUM\_8yr = 0

**(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:	<input type="checkbox"/> No <input type="checkbox"/> Yes	PROXIADL_8YR
1. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	IADL1_8YR
2. Preparing your own meals?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	IADL2_8YR
3. Managing your money (such as keeping track of your expenses or paying bills)?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	IADL3_8YR
4. Shopping for personal items (such as toiletry items or medications)?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	IADL4_8YR
5. Food shopping?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	IADL5_8YR
6. Using the telephone?	<input type="checkbox"/> With no difficulty <input type="checkbox"/> With some difficulty <input type="checkbox"/> With a lot of difficulty <input type="checkbox"/> Impossible to do	IADL6_8YR

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ IADL\_C\_8YR

## **DERIVED INSTRUMENTAL ACTIVITIES OF DAILY LIVING VARIABLES**

**IADLSUM\_8YR:** summing IADL variables

$$= \text{IADL1\_8YR} + \text{IADL2\_8YR} + \text{IADL3\_8YR} + \text{IADL4\_8YR} + \text{IADL5\_8YR} + \text{IADL6\_8YR}$$

**IADLSUM\_A\_8YR:** (algorithm applied):

IADL1\_8YR-IADL6\_8YR: if  $\leq 3$  are missing, the mean of the non-missing IADL1\_8YR-IADL6\_8YR are used in place of the missing data

$$\text{IADL1\_A\_8YR} + \text{IADL2\_A\_8YR} + \text{IADL3\_A\_8YR} + \text{IADL4\_A\_8YR} + \text{IADL5\_A\_8YR} + \text{IADL6\_A\_8YR}$$

**IADLCAT\_8YR:** categories of IADLSUM\_8YR

- 1: IADLSUM\_8YR = **0** (no impairment)
- 2: **1**  $\leq$  IADLSUM\_8YR  $\leq$  **6** (some impairment)
- 3: IADLSUM\_8YR  $\geq$  **7** (considerable impairment)

**IADLCAT\_A\_8YR:** categories of IADLSUM\_A\_8YR

- 1: IADLSUM\_A\_8YR = **0** (no impairment)
- 2: **1**  $\leq$  IADLSUM\_A\_8YR  $\leq$  **6** (some impairment)
- 3: IADLSUM\_A\_8YR  $\geq$  **7** (considerable impairment)

**IADL\_SC\_8YR:** categorizing IADLSUM\_8YR through a binary scale (Tucker 2000)

- 1: IADLSUM\_8YR  $\geq$  **1**
- 2: IADLSUM\_8YR = **0**



**(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\_8YR

1. Would you say your health in general is excellent, very good, good, fair, or poor?

Excellent  
Very good  
Good  
Fair  
Poor

HHC1\_8YR

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\_8YR

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\_8YR

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\_8YR

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\_8YR

**INTERVIEWER'S COMMENTS:**

HHC\_C\_8YR



**(BOW) BOWEL HEALTH**

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

CO-INFORMANT	No Yes	PROXBOW_8YR
1. How often do you usually have bowel movements? 1b.	Per day Per week	<b>BOW1A_8YR</b> <b>BOW1B_8YR</b>
2. Please tell me what number corresponds to your usual or most common stool type.	Type 1 - separate hard lumps, like nuts Type 2 - sausage-like, but lumpy Type 3 - sausage-like but with cracks in the surface Type 4 - sausage-like or snake, smooth and soft Type 5 - soft blobs with clear, cut edges Type 6 - fluffy pieces with ragged edges, a mushy stool Type 7 - watery, no solid pieces	<b>BOW2_8YR</b>
3. During the past 12 months how often have you had an urgent need to empty your bowels that makes you rush to the toilet?	Always Most of the time Sometimes Rarely Never	<b>BOW3_8YR</b>
4. During the past 12 months how often have you been constipated?	Always Most of the time Sometimes Rarely Never	<b>BOW4_8YR</b>
5. During the past 12 months how often have you had diarrhea?	Always Most of the time Sometimes Rarely	<b>BOW5_8YR</b>
6. How many times have you taken		

laxatives or stool softeners in the past 30 days? Most days  
1-3 times a week  
2-3 times a month  
Once per month  
None **BOW6\_8YR**

**BOW7\_8YR**

7. What type of laxative did you use in the past 30 days?

**BOW8\_8YR**

8. What amount of laxative did you take?

**BOW8a\_8YR**

8a. Date of last use

9. Why did you take a laxative in the past 30 days?

Due to constipation  
To “cleanse” the body  
Other

**BOW9\_8YR**

9a. Other (specify)

**BOW9A\_8YR**

**INTERVIEWER'S COMMENTS:**

**BOW\_C\_8YR**

**DERIVED BOWEL HEALTH VARIABLES**

**BOW\_LAXATIVES\_8YR:** Taken laxatives or stool softeners in the past 30 days (yes/no).

IF BOW6\_8YR IN (1,2,3,4) THEN BOW\_LAXATIVES\_8YR =1

IF BOW 6\_8YR =5 THEN BOW\_LAXATIVES\_8YR =0

**(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  Yes PROXMED\_YR

**NEW DIAGNOSES:**

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

Diabetes?  No  Yes MED1\_8YR  
 ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No  Yes MED1A\_8YR

Taking Medication for this?  No  Yes MED1B\_8YR

Is this condition bothering you currently?  No  Yes MED1C\_8YR

a. At what age were you first diagnosed with diabetes? \_\_\_\_\_ MED1AGE\_8YR  
 (If you do not remember give your best estimate)

b. Do you use insulin to help manage your diabetes  No  Yes MED1E\_8YR  
 ((IF NO, SKIP to the next))

c. At what age did you start to use insulin to help manage your diabetes? \_\_\_\_\_ MED1F\_8YR  
 (If you do not remember, give your best estimate)

High Blood Pressure/Hypertnsion	<input type="checkbox"/> No <input type="checkbox"/> Yes (If NO, SKIP to the next))	MED2_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED2A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED2B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED2C_8YR
Overweight/obesity?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	MED3_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED3A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED3B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED3C_8YR
Arthritis?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	MED4_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED4A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED4B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED4C_8YR
Osteoporosis (hip fracture)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	MED5X_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED5A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED5B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED5C_8YR
Heart Attack?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	MED6_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED6A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED6B_8YR

Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED6A_8YR</b>
	Yes	<b>MED7_2_8YR</b>
Angina?	<input type="checkbox"/> No <input type="checkbox"/>	
Did you receive this medical diagnosis after our last interview in _____?	No Yes	<b>MED7_2A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_2B_8YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_2C_8YR</b>
Heart failure?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED7_3_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_3A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_3B_8YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_3C_8YR</b>
Other heart disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED7_4_8YR</b>
Specify _____		<b>MED7_4T_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED4A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED4B_8YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED4C_8YR</b>
Ischemic (clots)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED7_5_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_5A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_5B_8YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_5C_8YR</b>
Peripheral Artery Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED7_6_8YR</b>

((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No **MED7\_6A\_8YR**  
 Yes

Taking Medication for this?  No **MED7\_6B\_8YR**  
 Yes

Is this condition bothering you currently?  No **MED7\_6C\_8YR**  
 Yes

Stroke  No **MED8\_8YR**  
 Yes  
 ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No **MED8A\_8YR**  
 Yes

Taking Medication for this?  No **MED8B\_8YR**  
 Yes

Is this condition bothering you currently?  No **MED8C\_8YR**  
 Yes

Emphysema  No **MED9\_1\_8YR**  
 Yes

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No **MED9\_1A\_8YR**  
 Yes

Taking Medication for this?  No **MED9\_1B\_8YR**  
 Yes

Is this condition bothering you currently?  No **MED9\_1C\_8YR**  
 Yes

COPD (chronic obstructive pulmonary disease)  No **MED9\_2\_8YR**  
 Yes  
 ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No **MED9\_2A\_8YR**  
 Yes

Taking Medication for this?  No **MED\_2B\_8YR**  
 Yes

Is this condition bothering you currently?  No **MED9\_2C\_8YR**  
 Yes

15. Asthma?  No **MED9\_3\_8YR**  
 Yes  
 ((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No **MED9\_3A\_8YR**  
 Yes

Taking Medication for this?  No **MED9\_3B\_8YR**  
 Yes

Is this condition bothering you currently?	No Yes	<b>MED9_3C_8YR</b>
16. Chronic Bronchitis?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next))	<b>MED9_4_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9_4A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9_4B_8YR</b>

Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9_4C_8YR</b>
Other respiratory disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9_5_8YR</b>
Specify	<hr/>	<b>MED9_5T_8YR</b>
Did you receive this medical diagnosis after our last interview in ___?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9_5A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>MED9_5B_8YR</i>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED9_5C_8YR</b>
Liver or gallbladder disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes ((IF NO, SKIP to the next))	<b>MED10_8YR</b>
Did you receive this medical diagnosis after our last interview in ___?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED10A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>MED10B_8YR</i>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED10C_8YR</b>
Kidney disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes ((IF NO, SKIP to the next))	<b>MED11_8YR</b>
Did you receive this medical diagnosis after our last interview in ___?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED11A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>MED11B_8YR</i>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED11C_8YR</b>
Ulcer (stomach, duodenal, or peptic)?	<input type="checkbox"/> No <input type="checkbox"/> Yes ((IF NO, SKIP to the next))	<b>MED12_1_8YR</b>
Did you receive this medical diagnosis after our last interview in ___?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_1A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>MED12_1B_8YR</i>
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_1C_8YR</b>



Irritable Bowel Syndrome?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_2_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_2A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12_2B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_2C_8YR</b>
Ulcerative colitis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_3_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_3A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12_3B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_3C_8YR</b>
Diverticular disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_4_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_4A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12_4B_8YR
Crohn's Disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes ((IF NO, SKIP to the next))	<b>MED12_5_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_5A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12_5B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_5C_8YR</b>
Other gastrointestinal disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes ((IF NO, SKIP to the next))	<b>MED12_6_8YR</b>
Specify _____.		<b>MED12_6T_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED12_6A_8YR</b>

Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12_6B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED12_6C_8YR
Parkinson's disease?	No Yes (IF NO, SKIP to the next))	MED13_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13C_8YR
Dementia?	No Yes (IF NO, SKIP to the next))	MED13_1_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_1A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_1B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_1C_8YR
Alzheimer's disease?	No Yes (IF NO, SKIP to the next))	MED13_2_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_2A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_2B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_2C_8YR
Mild cognitive impairment??	No Yes (IF NO, SKIP to the next))	MED13_3_8YR
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_3A_8YR
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_3B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED13_3C_8YR
Cancer?	No	

Yes  
 ((IF NO, SKIP to the next))

**MED15\_8YR**

Type of Cancer:

**MED15T\_8YR**

<b>Leukemia, Blood</b>	<a href="#">med15t_8yr_1</a>
<b>Bone</b>	<a href="#">med15t_8yr_2</a>
<b>Brain</b>	<a href="#">med15t_8yr_3</a>
<b>Breast</b>	<a href="#">med15t_8yr_4</a>
<b>Cervix</b>	<a href="#">med15t_8yr_5</a>
<b>Colon</b>	<a href="#">med15t_8yr_6</a>
<b>Rectum</b>	<a href="#">med15t_8yr_7</a>
<b>Esophagus</b>	<a href="#">med15t_8yr_8</a>
<b>Gallbladder</b>	<a href="#">med15t_8yr_9</a>
<b>Kidney</b>	<a href="#">med15t_8yr_10</a>
<b>Mouth/tongue/lip</b>	<a href="#">med15t_8yr_11</a>
<b>Larynx-windpipe</b>	<a href="#">med15t_8yr_12</a>
<b>Throat-pharynx</b>	<a href="#">med15t_8yr_13</a>
<b>Stomach</b>	<a href="#">med15t_8yr_14</a>
<b>Liver</b>	<a href="#">med15t_8yr_15</a>
<b>Lung</b>	<a href="#">med15t_8yr_16</a>
<b>Lymphoma</b>	<a href="#">med15t_8yr_17</a>
<b>Melanoma</b>	<a href="#">med15t_8yr_18</a>
<b>Skin (non-melanoma)</b>	<a href="#">med15t_8yr_19</a>
<b>Skin (Don't Know what kind)</b>	<a href="#">med15t_8yr_20</a>
<b>Ovary</b>	<a href="#">med15t_8yr_21</a>
<b>Uterus</b>	<a href="#">med15t_8yr_22</a>
<b>Pancreas</b>	<a href="#">med15t_8yr_23</a>
<b>Prostate</b>	<a href="#">med15t_8yr_24</a>
<b>Testicular</b>	<a href="#">med15t_8yr_25</a>
<b>Soft tissue (muscle or fat)</b>	<a href="#">med15t_8yr_26</a>
<b>Thyroid</b>	<a href="#">med15t_8yr_27</a>
<b>Other</b>	<a href="#">med15t_8yr_28</a>

Other (Specify) \_\_\_\_\_ **MED15T1\_8YR**

Did you receive this medical diagnosis after our last interview in \_\_\_\_\_?  No  Yes **MED15A\_8YR**

Taking Medication for this?  No  Yes **MED15B\_8YR**

Is this condition bothering you currently?  No  Yes **MED15C\_8YR**

Eye Disease: Cataract or Glaucoma? No Yes ((IF NO, SKIP to the next)) **MED16\_8YR**

Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED16A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED16B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED16C_8YR</b>
Anxiety?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	<b>MED17_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED17A_8YR</b>
Taking medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED17B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED17C_8YR</b>
Depression?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED18_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED18A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED18B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED18C_8YR</b>
Seizures, Convulsions?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	<b>MED19_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED19A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED19B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED19C_8YR</b>
20. Tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes (IF NO, SKIP to the next)	<b>MED20X_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>MED20A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No <input type="checkbox"/> Yes	MED20B_8YR
Is this condition bothering you currently?	<input type="checkbox"/> No <input type="checkbox"/>	

	Yes	<b>MED20C_8Y</b>
21. Hepatitis (Type A, B, or C)?	<input type="checkbox"/> No	<b>MED21_8YR</b>
	<input type="checkbox"/> Yes (IF NO, SKIP to the next)	
Type of Hepatitis:	<input type="checkbox"/> A	
	<input type="checkbox"/> B	
	<input type="checkbox"/> C	<b>MED21T_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED21A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED21B_8YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED21C_8YR</b>
22. AIDS/HIV positive?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes (IF NO, SKIP to the next)	<b>MED22_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED22A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED22B_8YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED22C_8YR</b>
23. Other	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED23_8YR</b>
Other, specify _____		<b>MED23T_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED23A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED23B_8YR</b>
Is this condition bothering you currently?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED23C_8YR</b>
24. Other	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED24_8YR</b>
Other, specify _____		<b>MED24T_8YR</b>
Did you receive this medical diagnosis after our last interview in _____?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED24A_8YR</b>
Taking Medication for this?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<b>MED24B_8YR</b>

Is this condition bothering you currently?

- No
- Yes

**MED24C\_8YR**

## **DERIVED CLINICAL MEASUREMENTS AND CONDITIONS VARIABLES**

**DIABETES\_8YR:** *(Tucker, Bermudez, Castaneda, 2000)*

0:  $GLUC\_8YR < 126$  and  $MANTIDB\_8YR = 0$

1:  $GLUC\_8YR \geq 126$  or  $MANTIDB\_8YR = 1$

**HEARTDX\_8YR:** self-report of heart disease, heart attack or stroke

0: If  $MED6X\_8YR = 0$  and  $MED7X\_8YR = 0$  and  $MED8X\_8YR = 0$

1: If  $MED6X\_8YR = 1$  or  $MED7X\_8YR = 1$  or  $MED8X\_8YR = 1$

**(BD) BONE DENSITY**

- CO-INFORMANT No  
Yes **PROXBONE\_8YR**
1. In the past year did you accidentally fall to the ground? No  
Yes **BONE1\_8YR**
2. If “Yes” or “Don’t know” how many times did you suffer (or think you suffered) a fall in the past year? **BONE2\_8YR**
3. Did any of your falls in the past year result in the following?
- a. Fracture No  
Yes **BONE3A\_8YR**
- b. Head injury requiring medical attention? No  
Yes **BONE3B\_8YR**
4. From age 20 until now, has a physician ever told you that you have suffered a fracture or broken bone? No  
Yes **BONE4\_8YR**
5. In how many of the following bones did you ever suffer (or think your doctor told you that you suffered) a fracture, and at what age?
- (If yes, indicate the left or right side of body. If any bones were broken more than once, indicate the age at the time of the first fracture)

	Bone	Yes	No	Left	Right	Age (of first fracture)
a.	Hip	<b>BONE5A_8YR</b> 1	0	<b>BONE5A1_8YR</b> 1	<b>BONE5A1_8YR</b> 2	<b>BONE5A2_8YR</b>
b.	Humerus (arm bone above the elbow)	<b>BONE5B_8YR</b> 1	0	<b>BONE5B1_8YR</b> 1	<b>BONE5B1_8YR</b> 2	<b>BONE5B2_8YR</b>
c.	Cubitus or radius (forearm bones below the elbow), or wrist	<b>BONE5C_8YR</b> 1	0	<b>BONE5C1_8YR</b> 1	<b>BONE5C1_8YR</b> 2	<b>BONE5C2_8YR</b>
d.	Hand	<b>BONE5D_8YR</b> 1	0	<b>BONE5D1_8YR</b> 1	<b>BONE5D1_8YR</b> 2	<b>BONE5D2_8YR</b>
e.	Collarbone	<b>BONE5E_8YR</b> 1	0	<b>BONE5E1_8YR</b> 1	<b>BONE5E1_8YR</b> 2	<b>BONE5E2_8YR</b>
f.	Spinal column	<b>BONE5F_8YR</b> 1	0	<b>BONE5F1_8YR</b> 1	<b>BONE5F1_8YR</b> 2	<b>BONE5F2_8YR</b>
g.	Pelvis	<b>BONE5G_8YR</b> 1	0	<b>BONE5G1_8YR</b> 1	<b>BONE5G1_8YR</b> 2	<b>BONE5G2_8YR</b>
h.	Leg	<b>BONE5H_8YR</b> 1	0	<b>BONE5H1_8YR</b> 1	<b>BONE5H1_8YR</b> 2	<b>BONE5H2_8YR</b>
i.	Foot	<b>BONE5I_8YR</b> 1	0	<b>BONE5I1_8YR</b> 1	<b>BONE5I1_8YR</b> 2	<b>BONE5I2_8YR</b>
j.	Toe(s)	<b>BONE5J_8YR</b> 1	0	<b>BONE5J1_8YR</b> 1	<b>BONE5J1_8YR</b> 2	<b>BONE5J2_8YR</b>
k.	Other; specify: <b>BONE5K_8YR</b>	<b>BONE5K_8YR</b> 1	0	<b>BONE5K1_8YR</b> 1	<b>BONE5K1_8YR</b> 2	<b>BONE5K2_8YR</b>



6. Are you currently taking any of the following prescription medications for the treatment of osteoporosis?

Calcitonin via injection (Calcimar, Miacalcin)	No Yes	<b>BONE6A_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6A1_8YR</b>
Calcitonin via nasal spray (Miacalcin)	No Yes	<b>BONE6B_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6B1_8YR</b>
Fosamax (Alendronate)	No Yes	<b>BONE6C_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6C1_8YR</b>
Actonel (Risedronate)	No Yes	<b>BONE6J_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6J1_8YR</b>
Boniva (Ibandronate)	No Yes	<b>BONE6K_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6K1_8YR</b>
Reclast (zoledronic acid)	No Yes	<b>BONE6L_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6L1_8YR</b>
Evista (raloxifene)	No Yes	<b>BONE6M_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6M1_8YR</b>
Prolia (denosumab)	No Yes	<b>BONE6N_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years	<b>BONE6N1_8YR</b>

	More than 5 years	
Forteo (teriparatide)	No Yes	<b>BONE6O_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6O1_8YR</b>
Calcium + Vitamin D	No Yes	<b>BONE6E_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6E1_8YR</b>
Calcium	No Yes	<b>BONE6F_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6F1_8YR</b>
Vitamin D	No  Yes	<b>BONE6G_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6G1_8YR</b>
Cod liver oil	No Yes	<b>BONE6H_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6H1_8YR</b>
Other	No  Yes	<b>BONE6I_8YR</b>
Specify	_____	<b>BONE6I2_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE6I1_8YR</b>

**WOMEN ONLY**

7. Are you currently taking any of the following oral or patch estrogen preparations? (vaginal creams not included)

Premarin	No Yes	<b>BONE7A_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7A1_8YR</b>

Prempo	No Yes	<b>BONE7B_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7B1_8YR</b>
Premphrase	No Yes	<b>BONE7C_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7C1_8YR</b>
Estratab	No Yes	<b>BONE7D_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7D1_8YR</b>
Menest	No Yes	<b>BONE7E_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7E1_8YR</b>
Estrace	No Yes	<b>BONE7F_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7F1_8YR</b>
Ogen, Ortho-Est	No Yes	<b>BONE7G_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7G1_8YR</b>
Estraderm, Vivelle	No Yes	<b>BONE7H_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years More than 5 years	<b>BONE7H1_8YR</b>
Evista	No Yes	<b>BONE7I_8YR</b>
How long have you been taking this?	Less than 1 year Between 1 and 5 years	<b>BONE7I1_8YR</b>

More than 5 years

Other

No  
Yes

**BONE7J\_8YR**

Specify

\_\_\_\_\_

**BONE7J2\_8YR**

How long have you been taking this?

Less than 1 year  
Between 1 and 5 years  
More than 5 years

**BONE7J1\_8YR**

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**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_

**BONE\_C\_8YR**

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**(ASP) ASPIRIN USE**

1. Do you take aspirin?  No  
 Yes  
 Don't know **ASP1\_8YR**  
((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\_8YR**  
((CHECK ALL THAT APPLY))

Other, specify \_\_\_\_\_ **ASP2A\_8YR**

3. How often do you take aspirin?  Daily  
 Weekly **ASP3\_8YR**  
 Monthly  
 Yearly  
 Don't know

4. Number of aspirins taken (daily, weekly, etc) **ASP4\_5YR**  
**ASP4\_8YR**

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**(PMED) PRESCRIPTION MEDICATIONS**

CO-INFORMANT No PROXMEDS\_8YR  
Yes

Are you currently taking any medications or have taken within the past year? No PMED\_DESC2\_8YR  
Yes

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

1. Medication Name \_\_\_\_\_ PMED1\_8YR

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know PMED1B\_8YR

2. Medication Name \_\_\_\_\_ PMED2\_8YR

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know PMED2B\_8YR

3. Medication Name \_\_\_\_\_ PMED3\_8YR

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know PMED3B\_8YR

4. Medication Name \_\_\_\_\_ PMED4\_8YR

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know PMED4B\_8YR

5. Medication Name \_\_\_\_\_ PMED5\_8YR

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know PMED5B\_8YR

6. Medication Name \_\_\_\_\_ PMED6\_8YR

How long using?  < 1 yr  
 1-5 yrs  
 >5 yrs  
 Don't know PMED6B\_8YR

7. Medication Name \_\_\_\_\_ PMED7\_8YR

How long using?  < 1 yr

8. Medication Name	_____	PMED8_8YR
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_8YR
9. Medication Name	_____	PMED9_8YR
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_8YR
10. Medication Name	_____	PMED10_8YR
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_8YR
11. Medication Name	_____	PMED11_8YR
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_8YR
12. Medication Name	_____	PMED12_8YR
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_8YR
13. Medication Name	_____	PMED13_8YR
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_8YR
14. Medication Name	_____	PMED14_8YR
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_8YR
15. Medication Name	_____	PMED15_8YR
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_8YR
16. Medication Name	_____	PMED16_8YR
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_8YR

17. Medication Name \_\_\_\_\_ **PMED17\_8YR**

How long using?

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

**PMED17B\_8YR**

18. Medication Name \_\_\_\_\_ **PMED18\_8YR**

How long using?

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

**PMED18B\_8YR**

19. Medication Name \_\_\_\_\_ **PMED19\_8YR**

How long using?

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

**PMED19B\_8YR**

20. Medication Name \_\_\_\_\_ **PMED20\_8YR**

How long using?

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

**PMED20B\_8YR**

21. Medication Name \_\_\_\_\_ **PMED21\_8YR**

How long using?

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

**PMED21B\_8YR**

22. Medication Name \_\_\_\_\_ **PMED22\_8YR**

How long using?

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

**PMED22B\_8YR**

23. Medication Name \_\_\_\_\_ **PMED23\_8YR**

How long using?

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

**PMED23B\_8YR**

24. Medication Name \_\_\_\_\_ **PMED24\_8YR**

How long using?

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

**PMED24B\_8YR**

25. Medication Name \_\_\_\_\_ **PMED25\_8YR**

How long using?

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



Don't know

PMED25B\_8YR

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**INTERVIEWER'S COMMENTS:**

PMED\_C\_8YR

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**(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\_8YR

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

- 1. Medication Name \_\_\_\_\_ OCMED1\_8YR
- 2. Medication Name \_\_\_\_\_ OCMED2\_8YR
- 3. Medication Name \_\_\_\_\_ OCMED3\_8YR
- 4. Medication Name \_\_\_\_\_ OCMED4\_8YR
- 5. Medication Name \_\_\_\_\_ OCMED5\_8YR
- 6. Medication Name \_\_\_\_\_ OCMED6\_8YR
- 7. Medication Name \_\_\_\_\_ OCMED7\_8YR
- 8. Medication Name \_\_\_\_\_ OCMED8\_8YR
- 9. Medication Name \_\_\_\_\_ OCMED9\_8YR
- 10. Medication Name \_\_\_\_\_ OCMED10\_8YR
- 11. Medication Name \_\_\_\_\_ OCMED11\_8YR
- 12. Medication Name \_\_\_\_\_ OCMED12\_8YR
- 13. Medication Name \_\_\_\_\_ OCMED13\_8YR
- 14. Medication Name \_\_\_\_\_ OCMED14\_8YR
- 15. Medication Name \_\_\_\_\_ OCMED15\_8YR
- 16. Medication Name \_\_\_\_\_ OCMED16\_8YR
- 17. Medication Name \_\_\_\_\_ OCMED17\_8YR
- 18. Medication Name \_\_\_\_\_ OCMED18\_8YR
- 19. Medication Name \_\_\_\_\_ OCMED19\_8YR
- 20. Medication Name \_\_\_\_\_ OCMED20\_8YR

**INTERVIEWER'S COMMENTS:**

\_\_\_\_\_ OCMED\_C\_8YR

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

- a. **MALLMEDS\_8YR**: count of all meds including vitamins = MCA\_8YR + MANS\_C\_8YR + MBLOD\_C\_8YR + MCARDIO\_C\_8YR + MCOX5\_8YR + MASA\_8YR + MNSAID\_ + MOPI\_8YR + MACETO\_8YR + MANTIC\_C\_8YR + MPSY\_C\_8YR + MSTIM\_C\_8YR + MANX\_C\_8YR + MLITH\_8YR + MMIGRAINE\_8YR + MMISPSY\_8YR + MELH5O\_C\_8YR + MANTITU\_8YR + MENT\_C\_8YR + MGI\_C\_8YR + MHORM\_C\_8YR + MANTIBIOT\_C\_8YR + MANTIV\_C\_8YR + MSKIN\_C\_8YR + MSKMUS\_8YR + MVIT\_C\_8YR + MMISC\_C\_8YR + MANTHIS\_8YR + MHERBAL\_8YR
- b. **MALLNOVIT\_8YR**: all medications, no vitamins = MCA\_8YR + MANS\_C\_8YR + MBLOD\_C\_8YR + MCARDIO\_C\_8YR + MCOX5\_8YR + MASA\_8YR + MNSAID\_8YR + MOPI\_8YR + MACETO\_8YR + MANTIC\_C\_8YR + MPSY\_C\_8YR + MSTIM\_C\_8YR + MANX\_C\_8YR + MLITH\_8YR + MMIGRAINE\_8YR + MMISPSY\_8YR + MELH5O\_C\_8YR + MANTITU\_8YR + MENT\_C\_8YR + MGI\_C\_8YR + MHORM\_C\_8YR + MANTIBIOT\_C\_8YR + MANTIV\_C\_8YR + MSKIN\_C\_8YR + MSKMUS\_8YR + MMISC\_C\_8YR + MANTHIS\_8YR + MHERBAL\_8YR
- c. **MORAL\_8YR**: count of all "oral" meds. this excludes vitamins and topical preparations for skin and eyes. (they are included above) = MCA\_8YR + MANS\_C\_8YR + MBLOD\_C\_8YR + MCARDIO\_C\_8YR + MCOX5\_8YR + MASA\_8YR + MNSAID\_8YR + MOPI\_8YR + MACETO\_8YR + MANTIC\_C\_8YR + MPSY\_C\_8YR + MSTIM\_C\_8YR + MANX\_C\_8YR + MLITH\_8YR + MMIGRAINE\_8YR + MMISPSY\_8YR + MELH5O\_C\_8YR + MANTITU\_8YR + MGI\_C\_8YR + MHORM\_C\_8YR + MANTIBIOT\_C\_8YR + MSKMUS\_8YR + MMISC\_C\_8YR

**CNS****A. Coxii -- count all with code 28.08.04.08 (only)****MCOX2\_8YR**: 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\_8YR**: taking this medication

0=no

1=yes

**C. Nsaids other – count all with code 28.08.04.92(only)****MNSAID\_8YR**: taking this medication

0=no

1=yes

**D. Opiates – count all with code 28.08.08 or 28.08.12****MOPI\_8YR**: 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\_8YR**: 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\_8YR**: count of these medications

**MANTIC\_8YR:** taking this medication

0=no  
1=yes

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

**MANTIN\_8YR:** 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\_8YR:** count of these medications

**MPSY\_8YR:** 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\_8YR:** count of these medications

**MANTDEP\_D\_8YR:** duration taking these medications

**MANTDEP\_8YR:** taking this medication

0=no  
1=yes

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

**MSSRI\_D\_8YR:** duration taking this medication

**MSSRI\_8YR:** taking this medication

0=no  
1=yes

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

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

**MMAOI\_D\_8YR:** duration taking this medication

**MMAOI\_8YR:** taking this medication

0=no  
1=yes

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

**MTCA\_D\_8YR:** duration taking this medication

**MTCA\_8YR:** 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\_8YR:** duration taking this medication

**MTRAZ\_8YR:** taking this medication

0=no  
1=yes

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

**MMISCAD\_D\_8YR:** duration taking this medication

**MMISCAD\_8YR:** 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\_8YR**: count of these medications

**MANTPSY\_8YR**: taking this medication

0=no  
1=yes

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

**MATYPA\_8YR**: 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\_8YR**: count of these medications

**MOANTIPSY\_8YR**: taking this medication

0=no  
1=yes

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

28.20.04 or 28.20.92

**MSTIM\_C\_8YR**: count of these medications

**MSTIM\_8YR**: taking this medication

0=no  
1=yes

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

**MRIT\_8YR**: 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\_8YR**: count of these medications

**MANX\_D\_8YR**: duration taking these medications

**MANX\_8YR**: taking this medication

0=no  
1=yes

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

**MBENZ\_D\_8YR**: duration taking this medication

**MBENZ\_8YR**: taking this medication

0=no  
1=yes

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

**MMSEDHYP\_D\_8YR**: duration taking this medication

**MMSEDHYP\_8YR**: 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\_8YR:** taking this medication

0=no

1=yes

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

**MMIGRAINE\_8YR:** taking this medication

0=no

1=yes

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

**MMISPSY\_8YR:** 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\_8YR:** taking this medication

0=no

1=yes

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

10.00

**MCA\_8YR:** 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\_8YR:** count of these medications

**MANS\_8YR:** taking this medication

0=no

1=yes

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

**MCHOL\_8YR:** taking this medication

0=no

1=yes

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

12.08.04 or 12.08.08

**MANTICH\_C\_8YR:** count of these medications

**MANTICH\_8YR:** taking this medication

0=no

1=yes

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

**MPARK\_8YR:** 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\_8YR:** count of these medications

**MADREN\_8YR:** taking this medication

0=no  
1=yes

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

**MADIN\_8YR:** 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\_8YR:** taking this medication

0=no  
1=yes

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

**MRELAX\_8YR:** 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\_8YR:** count of these medications

**MBLOD\_8YR:** 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\_8YR:** 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\_8YR:** count of these medications

**MANTICO\_8YR:** taking this medication

0=no  
1=yes

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

**MWARFARIN\_8YR:** taking this medication

0=no  
1=yes

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

**MPLAGGINH\_8YR:** taking this medication

0=no  
1=yes

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

**MHEMAT\_8YR:** 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\_8YR:** 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\_8YR:** count of these medications

*MCARDIO\_D\_8YR:* duration taking these medications

**MCARDIO\_8YR:** 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\_8YR:* duration taking this medication

**MDIG\_8YR:** 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\_8YR:** count of these medications

*MANTILIP\_D\_8YR:* duration taking these medications

**MANTILIP\_8YR:** taking this medication

0=no

1=yes

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

*MHMG\_D\_8YR:* duration taking this medication

**MHMG\_8YR:** taking this medication

0=no

1=yes

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

*MOMEGA3\_D\_8YR:* duration taking these medications

**MOMEGA3\_8YR:** 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\_8YR:* duration taking this medication

**MHYPO\_8YR:** taking this medication

0=no

1=yes

**D. Vasodilating agents**

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

*MNITR\_D\_8YR:* duration taking this medication

**MNITR\_8YR:** taking this medication

0=no

1=yes

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

*MFORMEN\_D\_8YR*: duration taking this medication

**MFORMEN\_8YR**: taking this medication

0=no

1=yes

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

*MDYPRYID\_D\_8YR*: duration taking this medication

**MDYPRYID\_8YR**: taking this medication

0=no

1=yes

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

*MABLK\_D\_8YR*: duration taking this medication

**MABLK\_8YR**: taking this medication

0=no

1=yes

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

*MBBLK\_D\_8YR*: duration taking this medication

**MBBLK\_8YR**: 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\_8YR*: duration taking these medications

**MCBLK\_8YR**: taking this medication

0=no

1=yes

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

*MACEI\_D\_8YR*: duration taking this medication

**MACEI\_8YR**: 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\_8YR*: duration taking this medication

**MANGIO\_8YR**: 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\_8YR*: duration taking these medications

**HTNMED\_8YR**: 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\_8YR**: count of these medications

**MELH2O\_8YR:** taking this medication

0=no  
1=yes

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

**MCATT\_8YR:** taking this medication

0=no  
1=yes

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

**MPOT\_8YR:** taking this medication

0=no  
1=yes

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

**MPHOSREM\_8YR:** 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\_8YR:** count of these medications

**MDIUR\_8YR:** taking this medication

0=no  
1=yes

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

**MTHIAZ\_8YR:** taking this medication

0=no  
1=yes

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

**MLOOP\_8YR:** taking this medication

0=no  
1=yes

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

**MKSPAR\_8YR:** taking this medication

0=no  
1=yes

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

**MANTITU\_8YR:** 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\_8YR:** count of these medications

**MENT\_8YR:** taking this medication

0=no  
1=yes

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

**MENTAI\_8YR:** taking this medication

0=no

1=yes

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

**MCAINH\_8YR:** 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\_8YR:** count of these medications

**MEYEDRP\_8YR:** taking this medication

0=no

1=yes

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

52.08 or 52.08.92

**MTOPSTER\_8YR:** 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\_8YR:** count of these medications

**MGI\_8YR:** taking this medication

0=no

1=yes

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

**MCATH\_8YR:** taking this medication

0=no

1=yes

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

**MANTIEMET\_8YR:** 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\_8YR:** count of these medications

**MULCER\_8YR:** taking this medication

0=no

1=yes

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

**MH2ANT\_8YR:** taking this medication

0=no

1=yes

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

**MSULC\_8YR:** taking this medication

0=no

1=yes

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

**MPPI\_8YR:** 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\_8YR:** count of these medications

**MHORM\_8YR:** 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\_8YR:** taking this medication

0=no

1=yes

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

**MESTRO\_8YR:** taking this medication

0=no

1=yes

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

**MTESTOS\_8YR:** taking this medication

0=no

1=yes

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

**MRALOX\_8YR:** 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\_8YR:** count of these medications

**MANTIDB\_D\_8YR:** duration taking these medications

**MANTIDB\_8YR:** 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\_8YR:** duration taking these medications

**MMETFORMIN\_8YR:** taking this medication

0=no

1=yes

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

**MINSU\_D\_8YR:** duration taking these medications

**MINSU\_8YR:** 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\_8YR*: duration taking these medications

**MMEGL\_8YR**: taking this medication

0=no

1=yes

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

*MSULF\_D\_8YR*: duration taking these medications

**MSULF\_8YR**: taking this medication

0=no

1=yes

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

*MGLIT\_D\_8YR*: duration taking these medications

**MGLIT\_8YR**: taking this medication

0=no

1=yes

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

*MALFGLUC\_D\_8YR*: duration taking these medications

**MALFGLUC\_8YR**: 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\_8YR**: taking this medication

0=no

1=yes

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

**MTHYREP\_8YR**: taking this medication

0=no

1=yes

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

**MANTHY\_8YR**: 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\_8YR**: count of these medications

**MANTIBIOT\_8YR**: 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\_8YR**: count of these medications

**MANTIFUN\_8YR**: 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\_8YR**: count of these medications

**MANTIV\_8YR**: taking this medication

0=no

1=yes

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

8.18 or 8.18.08 or 8.18.08.08

**MANTIIV\_C\_8YR**: count of these medications

**MANTIIV\_8YR**: 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\_8YR**: count of these medications

**MSKIN\_8YR**: taking this medication

0=no

1=yes

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

86.12 or 86.16

**MSKMUS\_8YR**: taking this medication

0=no

1=yes

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

**MGUMUS\_8YR**: taking this medication

0=no

1=yes

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

**MTHEOPHYL\_8YR**: 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\_8YR**: count of these medications

**MVIT\_8YR**: taking this medication

0=no

1=yes

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

**MVITASUPP\_8YR**: taking this medication

0=no

1=yes

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

**MMULTV\_8YR**: 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\_8YR**: taking this medication:

0=no

1= yes

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

**MVITB12SUPP\_8YR**: taking this medication

0=no

1=yes

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

**MFOLSUPP\_8YR**: taking this medication

0=no

1=yes

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

**MVITPASUPP\_8YR**: taking this medication

0=no

1=yes

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

**MVITB6SUPP\_8YR**: taking this medication

0=no

1=yes

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

**MVITB2SUPP\_8YR**: taking this medication

0=no

1=yes

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

**MVITB1SUPP\_8YR**: taking this medication

0=no

1=yes

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

**MVITCSUPP\_8YR**: 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\_8YR**: taking this medication

0=no

1=yes

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

**MVITESUPP\_8YR**: taking this medication

0=no

1=yes

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



**MVITKSUPP\_8YR:** taking this medication

0=no

1=yes

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

**MZINCSUPP\_8YR:** taking this medication

0=no

1=yes

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

**MNIACIN\_8YR:** 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\_8YR:** taking this medication

0=no

1=yes

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

**MFLAXSUPP\_8YR:** taking this medication

0=no

1=yes

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

**MGARSUPP\_8YR:** taking this medication

0=no

1=yes

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

**MMELSUPP\_8YR:** taking this medication

0=no

1=yes

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

**MZEASUPP\_8YR:** taking this medication

0=no

1=yes

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

**MLUTSUPP\_8YR:** 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\_8YR:** count of these medications

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

**MBPH\_8YR:** taking this medication

0=no

1=yes

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

**MANTIGOUT\_8YR:** 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\_8YR:** taking this medication

0=no

1=yes

**D. Disease modifying antirheumatic drugs – count all with code 92.09 (only)**

**MANRHEUM\_8YR:** taking this medication

0=no

1=yes

**E. Imusuppressive agents – count all with code 92.11 (only)**

**MIMUSUPPR\_8YR:** taking this medication

0=no

1=yes

**F. Leukotriene modifiers– count all with code 92.12 (only)**

**MLEUKOTRI\_8YR:** taking this medication

0=no

1=yes

**G. Pepto-bismol – code 56.08.01**

**MPEPTO\_8YR** – taking this medication

0 = no

1 = yes

**H. Dhea – count all with code 88.68 (only)**

**MDHEASUPP\_8YR:** 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\_8YR:** duration taking these medications

**MASTHMA\_8YR:** 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\_8YR:** duration taking these medications

**MASTHCOPD\_8YR:** 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\_8YR*: duration taking these medications

**MASTOTH\_8YR**: 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\_8YR*: duration taking these medications

**MCOUGH\_8YR**: taking this medication

0=no

1=yes

**E. Copd – count all with code: 12.08.08 or 12.12.01**

*MCOPD\_D\_8YR*: duration taking these medications

**MCOPD\_8YR**: taking this medication

0=no

1=yes

**F. Nosmoke – count all with code: 12.92**

*MNOSMOKE\_D\_8YR*: duration taking these medications

**MNOSMOKE\_8YR**: taking this medication

0=no

1=yes

**G. Rhin – count all with code: 28.24.92 or 12.04**

*MRHIN\_D\_8YR*: duration taking these medications

**MRHIN\_8YR**: taking this medication

0=no

1=yes

**H. Decon – count all with this code: 12.12.02**

*MDECON\_D\_8YR*: duration taking these medications

**MDECON\_8YR**: 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\_8YR

1. Do you currently smoke?  No  
 Yes  
 ((If NO, GO TO #3)) **TOB3\_8YR**

2a. How many cigarettes do you smoke regularly during one day? (pack=20 cigarettes) \_\_\_\_\_ **TOB4\_1\_8YR**

2b. How many cigars do you smoke regularly during one day? \_\_\_\_\_ **TOB4\_2\_8YR**

2c. How many pipes do you smoke regularly during one day? \_\_\_\_\_ **TOB4\_3\_8YR**

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\_8YR**

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\_8YR**

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\_8YR**

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\_8YR**

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **TOB\_C\_8YR**

## **DERIVED TOBACCO USE VARIABLES**

**SMOKER\_8YR:** 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\_8YR

1. Presently, do you drink alcohol?

No  
 Yes ALC3\_8YR  
 ((If NO GO to NEXT SECTION))

2. On average, how often do you drink any type of alcohol?

\_\_\_\_\_ ALC4A\_8YR  
 (# days per)

# days per:

Week ALC4B\_8YR  
 Month  
 Year

3. What do you usually drink?

Beer ALC5\_8YR\_1  
 Rum ALC5\_8YR\_2  
 Wine ALC5\_8YR\_3  
 Gin ALC5\_8YR\_4  
 Whiskey ALC5\_8YR\_5  
 Other ALC5\_8YR\_6  
 ((CHECK ALL THAT APPLY))

Other, specify

\_\_\_\_\_ ALC5\_6T\_8YR

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\_8YR  
 (drinks)

**INTERVIEWER'S COMMENTS:**

ALC\_C\_8YR

**DERIVED ALCOHOL USE VARIABLES**

**AGE\_FIRSTUSE\_ALC\_8YR:** age when had first drink

**ALC\_F\_8YR:** alcohol intake in grams from food frequency questionnaire (includes alcohol in desserts and pastries)

**ALC\_FREQ\_8YR: :** average amount of alcohol consumed

- 0: none within past year
- 1: moderate
- 2: heavy

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

<i>Main questionnaire response</i>	<i>FFQ response (within past year)</i>	<i>ALCOHOL_USE_8YR</i>
“Never” at baseline and “not since last visit” at 2 year	No alcoholic beverage reported at baseline or 8 year	0
Drank at anytime in past, except since the last visit	No alcoholic beverage reported at 8year	1
Current drinker, “weekly” selected for question 4	N/A	2
Current drinker, “monthly” selected for question 4	N/A	2
Current drinker, “yearly” selected for question 4	N/A	3
Not since last visit	Alcoholic beverage reported at 8 year	3
Missing response to “drank since last visit”	Alcoholic beverage reported at 8 year	3

**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_8YR |
| 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_8YR |
| 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_8YR |
| 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_8YR |
| 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_8YR |
| 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_8YR |
| 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_8YR |
| 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 | PSS8_8YR |



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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR

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**INTERVIEWER'S COMMENTS:** PSS\_C\_8YR

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## **DERIVED PERCEIVED STRESS SCALE VARIABLES**

*Original PSS variables are available upon request.*

**PSS\_8YR:** Perceived stress score

PSS1\_8YR + PSS2\_8YR + PSS3\_8YR + PSS4\_8YR + PSS5\_8YR + PSS6\_8YR + PSS7\_8YR +  
PSS8\_8YR + PSS9\_8YR + PSS10\_8YR + PSS11\_8YR + PSS12\_8YR + PSS13\_8YR + PSS14\_8YR

*Using PSS\_A\_8YR increases the number of participants with non-missing data.*

**PSS\_A\_8YR:** perceived stress score (algorithm applied: imputed mean of PSS1-PSS14 if 7 or less are missing)

PSS1\_A\_8YR + PSS2\_A\_8YR + PSS3\_A\_8YR + PSS4\_A\_8YR + PSS5\_A\_8YR +  
PSS6\_A\_8YR + PSS7\_A\_8YR + PSS8\_A\_8YR + PSS9\_A\_8YR + PSS10\_A\_8YR +  
PSS11\_A\_8YR + PSS15\_A\_8YR + PSS13\_A\_8YR + PSS14\_A\_8YR

**(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_8YR</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_8YR</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_8YR</i> |

**INTERVIEWER'S COMMENTS:** *LS\_C\_8YR*

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**DERIVED LONLINESS SCALE VARIABLE**

**LS\_8YR:** Total Loneliness Score - Sum of 3 item Loneliness Scale  
 = sum (LS\_1\_8YR, LS\_2\_8YR, LS\_3\_8YR)

**(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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR |

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\_8YR**
12. I was happy  Rarely or Never  
 Some or few times  
 Occasionally or a moderate amount **DS12\_8YR**  
 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\_8YR**  
 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\_8YR**  
 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\_8YR**  
 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\_8YR**  
 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\_8YR**  
 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\_8YR**  
 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\_8YR**  
 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\_8YR**  
 Most of the time or all of the time

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**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **DS\_C\_8YR**

**DERIVED DEPRESSION SCALE VARIABLES****CESD\_SCORE\_8YR:** total depression score
$$\text{CESD\_SCORE\_8YR} = \text{DS1\_8YR} + \text{DS2\_8YR} + \text{DS3\_8YR} + \text{DS4\_8YR} + \text{DS5\_8YR} + \text{DS6\_8YR} + \text{DS7\_8YR} + \text{DS8\_8YR} + \text{DS9\_8YR} + \text{DS10\_8YR} + \text{DS11\_8YR} + \text{DS12\_8YR} + \text{DS13\_8YR} + \text{DS14\_8YR} + \text{DS15\_8YR} + \text{DS16\_8YR} + \text{DS17\_8YR} + \text{DS18\_8YR} + \text{DS19\_8YR} + \text{DS20\_8YR}$$
**CESD\_GE\_16\_8YR:** depression score higher than 161:  $\text{CESD\_SCORE\_8YR} \geq 16$ 0:  $0 \leq \text{CESD\_SCORE\_8YR} < 16$ **CESDWRX\_8YR:** depression score higher than 16 and/or taking anti-depressants**CESDCAT\_8YR:** more depression categories1:  $\text{CESD\_SCORE\_8YR} < 16$ 2:  $16 \leq \text{CESD\_SCORE\_8YR} < 22$ 3:  $\text{CESD\_SCORE\_8YR} \geq 22$ 

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

**CESD\_SCORE\_A\_8YR:** algorithm applied using published factor scores to impute values for subjects missing CESD data
$$\text{DS1\_A\_8YR} + \text{DS2\_A\_8YR} + \text{DS3\_A\_8YR} + \text{DS4\_A\_8YR} + \text{DS5\_A\_8YR} + \text{DS6\_A\_8YR} + \text{DS7\_A\_8YR} + \text{DS8\_A\_8YR} + \text{DS9\_A\_8YR} + \text{DS10\_A\_8YR} + \text{DS11\_A\_8YR} + \text{DS12\_A\_8YR} + \text{DS13\_A\_8YR} + \text{DS14\_A\_8YR} + \text{DS15\_A\_8YR} + \text{DS16\_A\_8YR} + \text{DS17\_A\_8YR} + \text{DS18\_A\_8YR} + \text{DS19\_A\_8YR} + \text{DS20\_A\_8YR}$$

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\_8YR:** depression score higher than 16 (algorithm applied)1:  $\text{CESD\_SCORE\_A\_8YR} \geq 16$ 0:  $0 \leq \text{CESD\_SCORE\_A\_8YR} < 16$ **CESDCAT\_A\_8YR**1:  $0 \leq \text{CESD\_SCORE\_A\_8YR} \leq 15$ 2:  $16 \leq \text{CESD\_SCORE\_A\_8YR} < 22$ 3:  $\text{CESD\_SCORE\_A\_8YR} \geq 22$ **CESDWRX\_A\_8YR:** depression score higher than 16 (algorithm applied) and/or taking anti-depressants

**(ANX) GENERALIZED ANXIETY DISORDER SCALE**

CO-INFORMANT	No Yes	<i>PROANX_8Y</i>
Over the last 2 weeks, how often have you been bothered by the following problems?		
1. Feeling nervous, anxious, or on edge	Not at all sure Several days Nearly half the days Nearly every day	<a href="#">ANX1_8YR</a>
2. Not being able to stop or control worrying	Not at all sure Several days Nearly half the days Nearly every day	<a href="#">ANX2_8YR</a>
3. Worrying too much about different things.	Not at all sure Several days Nearly half the days Nearly every day	<a href="#">ANX3_8YR</a>
4. Trouble relaxing	Not at all sure Several days Nearly half the days Nearly every day	<a href="#">ANX4_8YR</a>
5. Being so restless that it's hard to sit still.	Not at all sure Several days Nearly half the days Nearly every day	<a href="#">ANX5_8YR</a>
6. Becoming easily annoyed or irritable.	Not at all sure Several days Nearly half the days Nearly every day	<a href="#">ANX6_8YR</a>
7. Feeling afraid as if something awful might happen.	Not at all sure Several days Nearly half the days Nearly every day	<a href="#">ANX7_8YR</a>
8. If you checked off any of the problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all Somewhat difficult Very difficult Extremely difficult	<a href="#">ANX8_8YR</a>
<b>INTERVIEWER'S COMMENTS:</b>	_____	<i>ANX_C_8YR</i>

**DERIVED GENERALIZED ANXIETY SCORE VARIABLES**

**ANXSCORE\_8YR:** Total Anxiety Score:

= $[ANX1\_8YR] + [ANX2\_8YR] + [ANX3\_8YR] + [ANX4\_8YR] + [ANX5\_8YR] + [ANX6\_8YR] + [ANX7\_8YR]$



**(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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR  |
| 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_8YR |
| 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_8YR |

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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR

INTERVIEWER'S COMMENTS:

COPE\_C\_8YR

**DERIVED BRIEF COPE VARIABLES**

**COPE\_SCALE1\_8YR** active coping  
= COPE2\_8YR + COPE7\_8YR

**COPE\_SCALE2\_8YR** planning  
= COPE12\_8YR + COPE22\_8YR

**COPE\_SCALE3\_8YR** positive reframing  
= COPE\_SCALE11\_8YR = COPE15\_8YR

**COPE\_SCALE4\_8YR** acceptance  
= COPE18\_8YR + COPE21\_8YR

**COPE\_SCALE5\_8YR** humor  
= COPE16\_8YR + COPE24\_8YR

**COPE\_SCALE6\_8YR** religion  
= COPE20\_8YR + COPE23\_8YR

**COPE\_SCALE7\_8YR** using emotional support  
= COPE5\_8YR + COPE13\_8YR

**COPE\_SCALE8\_8YR** self-distraction  
= COPE1\_8YR + COPE17\_8YR

**COPE\_SCALE9\_8YR** denial  
= COPE3\_8YR + COPE8\_8YR

**COPE\_SCALE10\_8YR** venting  
= COPE9\_8YR + COPE19\_8YR

**COPE\_SCALE11\_8YR** substance abuse  
= COPE4\_8YR + COPE10\_8YR

**COPE\_SCALE12\_8YR** behavioral disengagement  
= COPE6\_8YR + COPE14\_8YR

**(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\_8YR

Section 1: *Living Children*

1. How many LIVING children do you have including step and adopted children?

\_\_\_\_\_ **SOC1\_8YR**  
(children (If NONE, enter 00 and GO TO #6))

1a. How many are living with you?

\_\_\_\_\_ **SOC1A\_8YR**  
((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\_8YR**

2b. INTERVIEWER. Please specify minutes/hours or Days

- Minutes
- Hours
- Days

**SOC2B\_8YR**

3a. How often do you see (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ **SOC3A\_8YR**  
(# 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\_8YR**

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\_8YR**  
(# 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\_8YR**

5a. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)?

\_\_\_\_\_ **SOC5A\_8YR**  
(# 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\_8YR**

6. How many LIVING brothers and sisters do you have, including step and adopted brothers and sisters?

\_\_\_\_\_ **SOC6\_8YR**  
(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\_8YR**

During the last 2 years, how many times did you make use of the following services?

8. Senior center SOC7A\_8YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC7B\_8YR
9. Special transportation for older persons (Do not include special subway or bus passes) SOC8A\_8YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC8B\_8YR
10. Meals delivered to your home by an agency like Meals on Wheels SOC9A\_8YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC9B\_8YR
11. Receive food from a Commodity Food Program (Department of Agriculture's Food Distribution Program) SOC10A\_8YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC10B\_8YR
12. Homemaker service for older persons that provide cleaning and cooking at home SOC11A\_58YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year  
 Don't remember  
 Don't know SOC11B\_8YR
13. Service which makes telephone calls to check on the health of older people SOC12A\_8YR  
 \_\_\_\_\_  
 (Number of Times)  
 Frequency  Per day  
 Per week  
 Per month  
 Per year  
 Less than once per year

	Don't remember Don't know	<a href="#">SOC12B_8YR</a> <a href="#">SOC13A_8YR</a>
14. A visiting nurse who comes to your home	_____	
	(Number of Times)	
Frequency	<input type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year <input type="checkbox"/> Less than once per year <input type="checkbox"/> Don't remember <input type="checkbox"/> Don't know	<a href="#">SOC13B_8YR</a>
15. A health aide that comes to your home	_____	<a href="#">SOC14A_8YR</a>
	(Number of Times)	
Frequency	<input type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year <input type="checkbox"/> Less than once per year <input type="checkbox"/> Don't remember <input type="checkbox"/> Don't know	<a href="#">SOC14B_8YR</a>
16. Day care program for older people	_____	<a href="#">SOC15A_8YR</a>
	(Number of Times)	
Frequency	<input type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year <input type="checkbox"/> Less than once per year <input type="checkbox"/> Don't remember <input type="checkbox"/> Don't know	<a href="#">SOC15B_8YR</a>

**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?	_____	<a href="#">SOC16_8YR</a>
	(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))	
2. Do any volunteer work?	_____	<a href="#">SOC17_8YR</a>
	(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))	
3. Talk with friends or neighbors on the telephone?	_____	<a href="#">SOC172_962_8YR</a>
	(# 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?	_____	<a href="#">SOC18_8YR</a>
	(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))	
5. Talk with ANY relative on the telephone?	_____	<a href="#">SOC20_8YR</a>
	(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))	
6. Go to church or temple for services or other activities?	_____	<a href="#">SOC21_8YR</a>
	(# 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\_8YR  
(# 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\_8YR  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
9. Read books, magazines, or newspapers? SOC24\_8YR  
(# 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\_8YR  
(# 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\_8YR  
(# 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\_8YR  
(# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))
13. Help friends or neighbors with something without being paid? SOC28\_8YR  
(# 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\_8YR

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INTERVIEWER'S COMMENTS: \_\_\_\_\_ SOC\_C\_8YR

### DERIVED SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE VARIABLES

**SOC\_SERVICES\_8YR** = SOC7AX\_8YR + SOC8AX\_8YR + SOC9AX\_8YR + SOC10AX\_8YR + SOC11AX\_8YR + SOC12AX\_8YR + SOC13AX\_8YR + SOC14AX\_8YR + SOC15AX\_8YR

Where SOC7AX\_8YR, SOC8AX\_8YR, SOC9AX\_8YR, SOC10AX\_8YR, SOC11AX\_8YR, SOC12AX\_8YR, SOC13AX\_8YR, SOC14AX\_8YR, SOC15AX\_8YR are indicator variables denoting Social Support (Yes/No).

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**(DSE) DAILY SPIRITUAL EXPERIENCE**


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Instructions: The list that follows includes items which you may or may not experience and try to disregard whether you feel you should or should not have these experiences. A number of items use the word God. If this word is not a comfortable one for you, please substitute another idea which calls to mind the divine or holy for you.

CO-INFORMANT	No Yes	PROXYDSES_8YR
I feel God's presence	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES1_8YR</b>
I experience a connection to all life	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES2_8YR</b>
During worship, or at other times when connecting with God, I feel joy, which lifts me out of my daily concerns	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES3_8YR</b>
I find strength in my religion or spirituality	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES4_8YR</b>
I find comfort in my religion or spirituality	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES5_8YR</b>
I feel deep inner peace or harmony	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES6_8YR</b>



I ask for God's help in the midst of daily activities	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES7_8YR</b>
I feel God's love for me directly	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES8_8YR</b>
I feel God's love for me through others	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES9_8YR</b>
I am spiritually touched by the beauty of creation	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES10_8YR</b>
I feel thankful for my blessings	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES11_8YR</b>
I feel a selfless caring for others	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES12_8YR</b>
I accept others even when they do things that I think are wrong	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES13_8YR</b>
I desire to be closer to God or in union with Him	Many Times a Day Everyday Most Days Some Days Once and a While Never or Almost Never	<b>DSES14_8YR</b>

In general, how close to you feel to God?

Not Close at All  
Somewhat close  
Very Close  
As Close as Possible

**DSES15\_8YR**

How often do you attend a religious service?

Once Per Week or More  
1-3 Times Per Month  
Less Than One Per Month  
Never or Almost Never

**DSES16\_8YR**

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**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **DESC\_C\_8YR**

**(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_8YR
Relationship	_____	PN1B_8YR
2. First Name or Initials	_____	PN2A_8YR
Relationship	_____	PN2B_8YR
3. First Name or Initials	_____	PN3A_8YR
Relationship	_____	PN3B_8YR
4. First Name or Initials	_____	PN4A_8YR
Relationship	_____	PN4B_8YR
5. First Name or Initials	_____	PN5A_8YR
Relationship	_____	PN5B_8YR
6. First Name or Initials	_____	PN6A_8YR
Relationship	_____	PN6B_8YR
7. First Name or Initials	_____	PN7A_8YR
Relationship	_____	PN7B_8YR
8. First Name or Initials	_____	PN8A_8YR
Relationship	_____	PN8B_8YR
9. First Name or Initials	_____	PN9A_8YR
Relationship	_____	PN9B_8YR
10. First Name or Initials	_____	PN10A_8YR
Relationship	_____	PN10B_8YR
11. First Name or Initials	_____	PN11A_8YR
Relationship	_____	PN11B_8YR
12. First Name or Initials	_____	PN12A_8YR

Relationship	_____	PN12B_8YR
13. First Name or Initials	_____	PN13A_8YR
Relationship	_____	PN13B_8YR
14. First Name or Initials	_____	PN14A_8YR
Relationship	_____	PN14B_8YR
15. First Name or Initials	_____	PN15A_8YR
Relationship	_____	PN15B_8YR
16. First Name or Initials	_____	PN16A_8YR
Relationship	_____	PN16B_8YR

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

Person 1:	<input type="checkbox"/> Not at all <input type="checkbox"/> little <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit <input type="checkbox"/> A great deal	EMO1_1_8YR
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	EMO1_2_8YR
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	EMO1_3_8YR
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	EMO1_4_8YR
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	EMO1_5_8YR
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	EMO1_6_8YR
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	EMO1_7_8YR

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	EMO1_8_8YR
Person 9:	Not at all A little Moderately Quite a bit A great deal	EMO1_9_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR

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"/>
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	A great deal	EMO2_1_8YR
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	EMO2_2_8YR
3. How much can you confide in this person?		
Person 1:	Not at all A little Moderately Quite a bit A great deal	EMO3_1_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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	EMO3_8_8YR
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_8YR

Person 10:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO3\_10\_8YR

Person 11:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO3\_11\_8YR

Person 12:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO3\_12\_8YR

Person 13:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO3\_13\_8YR

Person 14:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO3\_14\_8YR

Person 15:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO3\_15\_8YR

Person 16:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO3\_16\_8YR

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

Person 1:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO4\_1\_8YR

Person 2:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO4\_2\_8YR

Person 3:  Not at all  
 A little  
 Moderately  
 Quite a bit  
 A great deal EMO4\_3\_8YR

Person 4:  Not at all  
 A little  
 Moderately

	<ul style="list-style-type: none"> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_4_8YR</p>
Person 5:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_5_8YR</p>
Person 6:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_6_8YR</p>
Person 7:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_7_8YR</p>
Person 8:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_8_8YR</p>
Person 9:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_9_8YR</p>
Person 10:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_10_8YR</p>
Person 11:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_11_8YR</p>
Person 12:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_12_8YR</p>
Person 13:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_13_8YR</p>
Person 14:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐ A little</li> <li>☐ Moderately</li> <li>☐ Quite a bit</li> <li>☐ A great deal</li> </ul>	<p>EMO4_14_8YR</p>
Person 15:	<ul style="list-style-type: none"> <li>☐ Not at all</li> <li>☐</li> <li>☐</li> <li>☐</li> <li>☐</li> </ul>	



	A little Moderately Quite a bit A great deal	EMO4_15_8YR
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	EMO4_16_8YR
5. If you need to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help?		
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	AID5_1_8YR
Person 2:	A little Moderately Quite a bit A great deal	AID5_2_8YR
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	AID5_3_8YR
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	AID5_4_8YR
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	AID5_5_8YR
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	AID5_6_8YR
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	AID5_7_8YR
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	AID5_8_8YR

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	AID5_9_8YR
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	AID5_10_8YR
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	AID5_11_8YR
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	AID5_12_8YR
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	AID5_13_8YR
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	AID5_14_8YR
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	AID5_15_8YR
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	AID5_16_8YR

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

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	AID6_1_8YR
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	AID6_2_8YR

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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR

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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR

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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR

8. How frequently do you usually have contact with this person? (Phone calls, visits, or letters)

Person 1:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ1_8YR
Person 2:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ2_8YR
Person 3:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ3_8YR
Person 4:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ4_8YR
Person 5:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ5_8YR
Person 6:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ6_8YR
Person 7:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ7_8YR
Person 8:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ8_8YR
Person 9:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	
		Once a year or less	FREQ9_8YR
Person 10:	<input type="checkbox"/>		
	<input type="checkbox"/>	Daily	
	<input type="checkbox"/>	Weekly	
	<input type="checkbox"/>	Monthly	
	<input type="checkbox"/>	A few times a year	

	Once a year or less	FREQ10_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR
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_8YR

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INTERVIEWER'S COMMENTS: \_\_\_\_\_ NSSQ\_C\_8YR

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\_8YR** = sum (EMO1\_1\_8YR – EMO1\_16\_8YR)

**EMO2\_8YR** = sum (EMO2\_1\_8YR – EMO2\_16\_8YR)

**EMO3\_8YR** = sum (EMO3\_1\_8YR – EMO3\_16\_8YR)

**EMO4\_8YR** = sum (EMO4\_1\_8YR – EMO4\_16\_8YR)

**EMOSUP\_8YR** = EMO1\_8YR + EMO2\_8YR + EMO3\_8YR + EMO4\_8YR

**AID5\_8YR** = sum (AID5\_1\_8YR – AID5\_16\_8YR)

**AID6\_8YR** = sum (AID6\_1\_8YR – AID6\_16\_8YR)

**AID\_** = AID5\_8YR + AID6\_8YR

**NOLISTED\_8YR**: number of people listed in the participant’s network

**DURATION\_8YR**

=sum (DUR1\_8YR, DUR2\_8YR, DUR3\_8YR, DUR4\_8YR, DUR5\_8YR, DUR6\_8YR, DUR7\_8YR, DUR8\_8YR, DUR9\_8YR, DUR10\_8YR, DUR11\_8YR, DUR12\_8YR, DUR13\_8YR, DUR14\_8YR, DUR15\_8YR, DUR16\_8YR)

**FREQCON\_8YR**

=sum (FREQ1\_8YR, FREQ2\_8YR, FREQ3\_8YR, FREQ4\_8YR, FREQ5\_8YR, FREQ6\_8YR, FREQ7\_8YR, FREQ8\_8YR, FREQ9\_8YR, FREQ10\_8YR, FREQ11\_8YR, FREQ12\_8YR, FREQ13\_8YR, FREQ14\_8YR, FREQ15\_8YR, FREQ16\_8YR)

**TLFUNCT\_8YR**

= EMOSUP\_8YR + AID\_8YR

**AVEEMOSUP\_8YR**

If NOLISTED\_8YR > 0 THEN AVEEMOSUP\_8YR = EMOSUP\_8YR/NOLISTED\_8YR

**AVEAID\_8YR**

If NOLISTED\_8YR > 0 THEN AVEAID\_8YR = AID\_8YR/NOLISTED\_8YR

**AVEFREQCON\_8YR**

If NOLISTED\_8YR > 0 THEN AVEFREQCON\_8YR = FREQCON\_8YR/NOLISTED\_8YR

**AVEDURA\_8YR**: average duration score

If NOLISTED\_8YR > 0 THEN AVEDURA\_8YR = DURATION\_8YR/NOLISTED\_8YR

**AVEFUNCT\_8YR**: average functional support score

If NOLISTED\_8YR > 0 THEN AVEFUNCT\_8YR = TLFUNCT\_8YR/NOLISTED\_8YR

**TLNETWRK\_8YR**

= NOLISTED\_8YR + DURATION\_8YR + FREQCON\_8YR



**(LS) LOSSES SURVEY**

**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\_8YR

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\_8YR
- Family members or relatives: \_\_\_\_\_ LOSS2\_8YR
- Friends: \_\_\_\_\_ LOSS3\_8YR
- Work or school associates: \_\_\_\_\_ LOSS4\_8YR
- Neighbors: \_\_\_\_\_ LOSS5\_8YR
- Health care providers: \_\_\_\_\_ LOSS6\_8YR
- Counselor or therapist: \_\_\_\_\_ LOSS7\_8YR
- Minister/Priest/Rabbi: \_\_\_\_\_ LOSS8\_8YR
- Other: \_\_\_\_\_ LOSS9\_8YR
- Other, specify: \_\_\_\_\_ LOSS9T\_8YR

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

- None
  - A little
  - A moderate amount
  - A considerable amount
  - A lot
- LOSSAMT\_8YR

**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ LOSS\_C\_8YR

**DERIVED LOSS SURVEY VARIABLES**

**LOSSNO\_8YR:** number of losses (If any of LOSS1\_8YR - LOSS9\_8YR is missing, set to zero)  
 =sum (LOSS1\_8YR, LOSS2\_8YR, LOSS3\_8YR, LOSS4\_8YR, LOSS5\_8YR, LOSS6\_8YR, LOSS7\_8YR, LOSS8\_8YR, LOSS9\_8YR)

**LOSSEVENT\_8YR:** number of loss events not counting number of losses per event  
 = sum (LOSSEVENT1\_8YR, LOSSEVENT2\_8YR, LOSSEVENT3\_8YR, LOSSEVENT4\_8YR, LOSSEVENT5\_8YR, LOSSEVENT6\_8YR, LOSSEVENT7\_8YR, LOSSEVENT8\_8YR, LOSSEVENT9\_8YR)

**TLLOSS\_8YR:** = LOSSES\_8YR + LOSSNO\_8YR + LOSSAMT\_8YR

**(BLD) BLEEDING HISTORY**

CO-INFORMANT	No Yes	PROXBLD_8YR
Have you been diagnosed with a bleeding disorder?	No Yes	<b>BLD_8YR</b>
If “Yes”		
2. What is the name of the bleeding disorder?	von Willebrand disease Hemophilia A Hemophilia B Platelet function disorder Immune thrombocytopenia (ITP) Other	<b>BLD_NAME_8YR</b>
3. If “Other” write in _____		<b>BLD_OTHER_8YR</b>
4. Age of diagnosis _____		<b>BLD_AGEDIAG_8YR</b>
5. Name of treating doctor _____		<b>BLD_MDDIAG_8YR</b>
6. Name of hospital or practice and location (city, state) _____		<b>BLD_DIAGHOSP_8YR</b>
7. Does ANYONE in your family have a History of BLEEDING problems or complications? If “Yes” _____		<b>BLD_FAM_8YR</b>
1. Please indicate if any biologically related family members have or have had bleeding problems?		
Mother		<b>BLD_MOTHER_8YR</b>
Mother’s side – Grandmother	No Yes	<b>BLD_MATGRDMOT_8YR</b>
Mother’s side – Grandfather	No Yes	<b>BLD_MATGRDFAT_8YR</b>

Father	No Yes	<b>BLD_FATHER_8YR</b>
Father's side – Grandmother	No Yes	<b>BLD_PATGRDMOT_8YR</b>
Father's side – Grandfather	No Yes	<b>BLD_PATTGRDFAT_8YR</b>
 2. Please indicate the number of biologically related family members you have and if any of them have or have had bleeding problems.		
Total number of biologically related brothers (WITH or WITHOUT bleeding problems).	No brothers 1 brother 2 brothers 3 brothers 4 brothers 5 or more brothers	<b>BLD_NUMBRO_8YR</b>
Total number of biologically related brothers WITH bleeding problems.	No brothers 1 brother 2 brothers 3 brothers 4 brothers 5 or more brothers	<b>BLD_BRO_8YR</b>
Total number of biologically related sisters (WITH or WITHOUT bleeding problems).	No sisters 1 sister 2 sisters 3 sisters 4 sisters 5 or more sisters	<b>BLD_NUMSIS_8YR</b>
Total number of biologically related sisters WITH bleeding problems.	No sisters 1 sister 2 sisters 3 sisters 4 sisters 5 or more sisters	<b>BLD_SIS_8YR</b>
Mother's side		
Total number of biologically related aunts (WITH or WITHOUT bleeding problems).	No aunts 1 aunt 2 aunts 3 aunts 4 aunts 5 or more aunts	<b>BLD_NUMAUNTMOT_8YR</b>
Total number of biologically related aunts WITH bleeding problems.	No aunts 1 aunt 2 aunts 3 aunts 4 aunts 5 or more aunts	<b>BLD_MATAUNT_8YR</b>
Total number of biologically related uncles (WITH or WITHOUT bleeding.	No uncles 1 uncle	<b>BLD_NUMUNCLEMOT_8YR</b>

problems).	2 uncles	
	3 uncles	
	4 uncles	
	5 or more uncles	
Total number of biologically related Uncles WITH bleeding problems.	No uncles	<b>BLD_MATUNCLE_8YR</b>
	1 uncle	
	2 uncles	
	3 uncles	
	4 uncles	
	5 or more uncles	

Father's side

Total number of biologically related aunts (WITH or WITHOUT bleeding problems).	No aunts	<b>BLD_NUMAUNTFAT_8YR</b>
	1 aunt	
	2 aunts	
	3 aunts	
	4 aunts	
	5 or more aunts	

Total number of biologically related aunts WITH bleeding problems.	No aunts	<b>BLD_PATAUNT_8YR</b>
	1 aunt	
	2 aunts	
	3 aunts	
	4 aunts	
	5 or more aunts	

Total number of biologically related. uncles (WITH or WITHOUT bleeding problems).	No uncles	<b>BLD_NUMUNCLEFAT_8YR</b>
	1 uncle	
	2 uncles	
	3 uncles	
	4 uncles	
	5 or more uncles	

Total number of biologically related. uncles WITH bleeding problems.	No uncles	<b>BLD_PATUNCLE_8YR</b>
	1 uncle	
	2 uncles	
	3 uncles	
	4 uncles	
	5 or more uncles	

3. Describe the type(s) of bleeding problems or bleeding complications in your family

Have YOU ever required medical attention due to a nosebleed that was not associated with a trauma, or had a nosebleed lasting more than 10 minutes?	No	<b>BLD_NOSE_8YR</b>
	Yes	

Have YOU ever experienced frequent or heavy bruising (raised bruise or a bruise greater than the size of a quarter) not caused by a trauma OR out of proportion to the size of the trauma?	No	<b>BLD_HVYBRUISE_8YR</b>
	Yes	

Have YOU ever experienced prolonged bleeding (more than 5 minutes) when you bit yourself on the lip, cheek or tongue?      No  
Yes      **BLD\_PROLNG\_8YR**

Have YOU ever experienced prolonged bleeding (more than 5 minutes) with minor bodily cuts?      No  
Yes      **BLD\_PROLONG2\_8YR**

During or after a dental visit Have YOU ever experienced prolonged bleeding that required serious medical attention related to cleaning OR tooth extraction OR dental procedure?      No  
Yes      **BLD\_DENTAL\_8YR**

If “Yes”

How many dental procedures (including cleaning) have you had in total (WITH or WITHOUT serious bleeding)?      Less than 3 procedures      **BLD\_NUMDENTAL\_8YR**  
3-10 procedures  
11 or more procedures  
Don’t know

Of these dental procedures, how many times did you experience a prolonged bleeding problem? \_\_\_\_\_ **BLD\_DENTALPROC\_8YR**

Was a surgical procedure (e.g., stitching, restitching or packing) required to control bleeding?      No  
Yes      **BLD\_CONTROL\_8YR**

Name of treating dentist \_\_\_\_\_ **BLD\_DENTIST\_8YR**

Name of practice and location (city, state) \_\_\_\_\_ **BLD\_LOCDENT\_8YR**

Have YOU ever experienced serious bleeding after a surgical procedure that required medical attention (for example: delay in discharge, extra procedures, restitching, packing, readmission, transfusion)?      No  
Yes      **BLD\_SURG\_8YR**

If “Yes”

How many total surgeries have you had (with or without serious bleeding)?      1-2 surgeries      **BLD\_TOTALSURG\_8YR**  
3-4 surgeries  
5-6 surgeries  
7 or more surgeries

For the surgeries with the most serious bleeding, answer the following questions

Age at surgery – surgery #1	_____	<b>BLD_AGESURG1_8YR</b>
Type of surgery – surgery #1	Abdominal (belly) Thoracic (heart or lungs) Gynecology Throat/Nose Tonsillectomy/Adenoids Other	<b>BLD_TYPESURG1_8YR</b>
If “Other” write in – surgery #1	_____	<b>BLD_OTHERTXT1_8YR</b>
Were any action(s) taken to control the bleeding – surgery #1	No Yes	<b>BLD_ACTTAKEN1_8YR</b>
If “Yes”		
Restitching or surgical – surgery #1	No Yes	<b>BLD_RESTITCONTROL1_8YR</b>
Blood transfusion – surgery #1	No Yes	<b>BLD_TRANSCONTROL1_8YR</b>
Other (clotting medication, etc) surgery #1	No Yes	<b>BLD_OTHCONTROL1_8YR</b>
If “Other” write in – surgery #1	_____	<b>BLD_OTHCONTROLW1_8YR</b>
If “Yes” to “Restitching or surgical” OR “Blood transfusion” OR “Other”		
Name of treating doctor – surgery #1	_____	<b>BLD_MDSURG1_8YR</b>
Name of practice and location (city, state) – surgery #1	_____	<b>BLD_LOCSURG1_8YR</b>
Did you have a 2 <sup>nd</sup> surgery with bleeding problems?	No Yes	<b>BLD_PROB2_8YR</b>
If “Yes”		
Age at surgery – surgery #2	_____	<b>BLD_AGESURG2_8YR</b>
Type of surgery – surgery #2	Abdominal (belly) Thoracic (heart or lungs) Gynecology Throat/Nose Tonsillectomy/Adenoids Other	<b>BLD_TYPESURG2_8YR</b>

If “Other” write in – surgery #2	_____	<b>BLD_OTHERTXT2_8YR</b>
Were any action(s) taken to control the bleeding – surgery #2	No Yes	<b>BLD_ACTTAKEN2_8YR</b>
If “Yes”		
Restitching or surgical – surgery #2	No Yes	<b>BLD_RESTITCONTROL2_8YR</b>
Blood transfusion – surgery #2	No Yes	<b>BLD_TRANSCONTROL2_8YR</b>
Other (clotting medication, etc) surgery #2	No Yes	<b>BLD_OTHCONTROLW2_8YR</b>
If “Yes” to “Restitching or surgical” OR “Blood transfusion” OR “Other”		
Name of treating doctor – surgery #2	_____	<b>BLD_MDSURG2_8YR</b>
Name of practice and location (city, state) – surgery #2	_____	<b>BLD_LOCSURG2_8YR</b>
Did you have a 3 <sup>rd</sup> surgery with bleeding problems?	No Yes	<b>BLD_PROB3_8YR</b>
If “Yes”		
Age at surgery – surgery #3	_____	<b>BLD_AGESURG3_8YR</b>
Type of surgery – surgery #3	Abdominal (belly) Thoracic (heart or lungs) Gynecology Throat/Nose Tonsillectomy/Adenoids Other	<b>BLD_TYPESURG3_8YR</b>
If “Other” write in – surgery #3	_____	<b>BLD_OTHERTXT3_8YR</b>
Were any action(s) taken to control the bleeding – surgery #3	No Yes	<b>BLD_ACTTAKEN3_8YR</b>
If “Yes”		
Restitching or surgical – surgery #3	No Yes	<b>BLD_RESTITCONTROL3_8YR</b>





Name of practice and location (city, state) – surgery #4	_____	<b>BLD_LOCSURG4_8YR</b>
Did you have a 5 <sup>th</sup> surgery with bleeding problems?	No Yes	<b>BLD_PROB5_8YR</b>
If “Yes”		
Age at surgery – surgery #5	_____	<b>BLD_AGESURG5_8YR</b>
Type of surgery – surgery #5	Abdominal (belly) Thoracic (heart or lungs) Gynecology Throat/Nose Tonsillectomy/Adenoids Other	<b>BLD_TYPESURG5_8YR</b>
If “Other” write in – surgery #5	_____	<b>BLD_OTHERTXT5_8YR</b>
Were any action(s) taken to control the bleeding – surgery #5	No Yes	<b>BLD_ACTTAKEN5_8YR</b>
If “Yes”		
Restitching or surgical – surgery #5	No Yes	<b>BLD_RESTITCONTROL5_8YR</b>
Blood transfusion – surgery #5	No Yes	<b>BLD_TRANSCONTROL5_8YR</b>
Other (clotting medication, etc) surgery #5	No Yes	<b>BLD_OTHCONTROLW5_8YR</b>
If “Yes” to “Restitching or surgical” OR “Blood transfusion” OR “Other”		
Name of treating doctor – surgery #5	_____	<b>BLD_MDSURG5_8YR</b>
Name of practice and location (city, state) – surgery #5	_____	<b>BLD_LOCSURG5_8YR</b>
Have YOU ever been told by a doctor or healthcare provider to stop using a medication because you had bleeding problems?	No Yes	<b>BLD_STOPMED_8YR</b>



Non-hormonal IUD (copper-ParaGard)	No Yes	<b>BLD_NONIUD_8YR</b>
Iron supplement for anemia	No Yes	<b>BLD_IRON_8YR</b>
Hysterectomy	No Yes	<b>BLD_HYSTER_8YR</b>
Endometrial ablation	No Yes	<b>BLD_ENDOM_8YR</b>
Antifibrinolytic (e.g., Amicar-aminocaproic, Lysteda-tranexamic acid)	No Yes	<b>BLD_ANTIFIB_8YR</b>
Blood transfusion (including platelets or plasma only)	No Yes	<b>BLD_TRANS_8YR</b>
Other	No Yes	<b>BLD_EXCESSOTH_8YR</b>
If “Other” write in _____		<b>BLD_TEXTEXCESSOTH_8YR</b>
What was your age when you had your first excessive bleeding problem with your period that required medical attention?	_____	<b>BLD_AGEPROB_8YR</b>
Have you had excessive bleeding with or after the delivery of a baby requiring medical intervention (post-partum hemorrhage?)	No Yes	<b>BLD_DELVRY_8YR</b>
If “Yes”		
How many deliveries have you had In total?	_____	<b>BLD_DELIVERIES_8YR</b>
How many vaginal deliveries have you had in total?	_____	<b>BLD_VAGDELIVERIES_8YR</b>
How many caesarean sections have you Had in total?	_____	<b>BLD_CSECDELIVERIES_8YR</b>
Answer the following questions about your vaginal deliveries that had excessive bleeding requiring medical intervention.		
Was any instrumentation used in the delivery (e.g., forceps)? – delivery #1	No Yes	<b>BLD_INSTRDELIVERY1_8YR</b>
Age at delivery? – delivery #1	_____	<b>BLD_AGEDELIVERY1_8YR</b>

Was surgical treatment required to control the bleeding? – delivery #1      No      **BLD\_SURGCONTROL1\_8YR**  
 Yes

Did you receive a blood transfusion?      No      **BLD\_RECTRANS\_8YR**  
 - delivery #1      Yes

If “Yes” to surgical treatment to control bleeding OR blood transfusion

Name of treating doctor – delivery #1 \_\_\_\_\_ **BLD\_DELIVERYDOC1\_8YR**

Name of hospital or practice and 1 location (city, state) – delivery #1 \_\_\_\_\_ **BLD\_DELIVERLOC1\_8YR**

Did you have a 2<sup>nd</sup> vaginal delivery with excessive bleeding that required medical attention?      No      **BLD\_VAGDELEXCESS2\_8YR**  
 Yes

Was any instrumentation used in the delivery (e.g., forceps)? – delivery #2      No      **BLD\_INSTRDELIVERY2\_8YR**  
 Yes

Age at delivery? – delivery #2 \_\_\_\_\_ **BLD\_AGEDELIVERY2\_8YR**

Was surgical treatment required to control the bleeding? – delivery #2      No      **BLD\_SURGCONTROL2\_8YR**  
 Yes

Did you receive a blood transfusion?      No      **BLD\_RECTRANS2\_8YR**  
 - delivery #2      Yes

If “Yes” to surgical treatment to control bleeding OR blood transfusion

Name of treating doctor – delivery #2 \_\_\_\_\_ **BLD\_DELIVERYDOC2\_8YR**

Name of hospital or practice and 1 location (city, state) – delivery #2 \_\_\_\_\_ **BLD\_DELIVERLOC2\_8YR**

Did you have a 3<sup>rd</sup> vaginal delivery with excessive bleeding that required medical attention?      No      **BLD\_VAGDELEXCESS3\_8YR**  
 Yes

Was any instrumentation used in the delivery (e.g., forceps)? – delivery #3      No      **BLD\_INSTRDELIVERY3\_8YR**  
 Yes

Age at delivery? – delivery #3 \_\_\_\_\_ **BLD\_AGEDELIVERY3\_8YR**



Was surgical treatment required to control the bleeding? – delivery #5      No      **BLD\_SURGCONTROL5\_8YR**  
Yes

Did you receive a blood transfusion?      No      **BLD\_RECTRANS5\_8YR**  
- delivery #5      Yes

If “Yes” to surgical treatment to control bleeding OR blood transfusion

Name of treating doctor – delivery #5 \_\_\_\_\_ **BLD\_DELIVERYDOC5\_8YR**

Name of hospital or practice and location (city, state) – delivery #5 \_\_\_\_\_ **BLD\_DELIVERLOC5\_8YR**

Do you have any other comments about your own bleeding history (OR) your family’s bleeding history? \_\_\_\_\_ **BLD\_COMMENTS\_8YR**

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**INTERVIEWER'S COMMENTS:** \_\_\_\_\_ **BLD\_C\_8YR**

## (AL) ALLOSTATIC LOAD

### ALLOLOADCLINICALMED\_8YR:

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

ALLOLOADCLINICALMED\_8YR score is the sum of the following variables:

BPALLO\_8YR + MSWAIST\_8YR + LIPIDALLO\_8YR + Q4GLYHGBMED2\_8YR + Q4CORT\_SEX\_8YR + Q4NOREPI\_SEX\_8YR + Q4EPI\_SEX\_8YR + Q1DHEASMED2\_8YR

### Components of ALLOLOADCLINICALMED\_8YR:

#### BPALLO\_8YR: blood pressure and anti-htn med use

- 2:** (if SYSBP\_8YR >140 and DIASBP\_8YR >90 and anti-hypertension medications) or  
(if SYSBP\_8YR >140 and DIASBP\_8YR >90 and no anti-hypertension medications)
- 1:** (if SYSBP\_8YR > 140 and 0 < DIASBP\_8YR <=90 and no anti-hypertension medications) or  
(if 0 < SYSBP\_8YR <=140 and DIASBP\_8YR > 90 and no anti-hypertension medications) or  
(if SYSBP\_8YR >140 and 0 < DIASBP\_8YR <=90 and anti-hypertension medications) or  
(if 0 < SYSBP\_8YR <=140 and DIASBP\_8YR > 90 and anti-hypertension medications)
- 0:** if 0 < SYSBP\_8YR <=140 and 0 < DIASBP\_8YR <=90 and no an anti-hypertension medications

*sub-components of BPALLO\_8YR:*

**SYSBP\_8YR:** average systolic blood pressure  
average of SYS2A\_8YR, SYS2B\_8YR, SYS3A\_8YR and SYS3B\_8YR

**DIASBP\_8YR:** average diastolic blood pressure  
average of DIAS2A, DIAS2B, DIAS3A and DIAS3B

**HTNMED\_8YR:** taking anti-hypertension medications  
0= no, 1=yes

#### MSWAIST\_8YR: waist circumference (cm)

- 1:** for males if waist\_8yr > 102 cm  
for females if waist\_8yr > 88 cm
- 0:** for males if 0 <= waist\_8yr <= 102 cm  
for females if 0 <= waist\_8yr <= 88 cm

*sub-components of waist circumference (MSWAIST\_8YR):*

**WAIST\_8YR:** average of waist measurements (cm), i.e. ANT9A\_8YR and ANT9B\_8YR

#### LIPIDALLO\_8YR: lipids and statin use

- 2:** (if HDL\_8YR < 40 and CHOL\_8YR >= 240 and taking antilipemic agents) or  
(if HDL\_8YR < 40 and CHOL\_8YR >= 240 and no antilipemic agents) or  
(if HDL\_8YR < 40 and 0 < CHOL\_8YR <= 240 and taking antilipemic agents)
- 1:** (if HDL\_8YR < 40 and 0 < CHOL\_8YR < 240 and no antilipemic agents) or  
(if HDL\_8YR >= 40 and CHOL\_8YR >= 240 and no antilipemic agents) or

(if HDL\_8YR  $\geq$  40 and CHOL\_8YR  $\geq$  240 and taking antilipemic agents) or  
(if HDL\_8YR  $\geq$  40 and  $0 <$  CHOL\_8YR  $<$  240 and taking antilipemic agents)  
**0:** (if HDL\_8YR  $\geq$  40 and  $0 <$  CHOL\_8YR  $<$  240 and no antilipemic agents)

*sub-components of LIPIDALLO\_8YR:*

**HDL\_8YR:** high density lipoprotein (hdl) (mg / dl)

**CHOL\_8YR:** cholesterol (mg / dl)

**MANTILIP\_8YR:** taking antilipemic agents

0=no, 1=yes

**Q4GLYHGBMED2\_8YR:** glycosolated hemoglobin (GLYHGB\_8YR) and anti-diabetic med use

**1:** if GLYHGB\_8YR  $>$ 7 and/or anti-diabetic medications are taken

**0:** if GLYHGB\_8YR  $\leq$ 7 and no anti-diabetic medications are taken

**Q4CORT\_SEX\_8YR:** urine cortisol, adjusted for urine volume and creatinine excretion

**1:** for males if CORT\_8YR  $\geq$  41.5

for females if CORT\_8YR  $\geq$  49.5

**0:** for males if  $0 \leq$  CORT\_8YR  $<$ 41.5

for females if  $0 \leq$  CORT\_8YR  $<$ 49.5

*sub-components Q4CORT\_SEX\_8YR:*

**CORT\_8YR:** urinary cortisol:  $CORTMG\_8YR * URINEVOL\_8YR / CREATEXC\_8YR$

where **CORTMG\_8YR:** cortisol (mg)

**URINEVOL\_8YR:** urine volume (ml/bout)

**CREATEXC\_8YR:** creatinine excretion (gm/bout)

**Q4EPI\_SEX\_8YR:** urine epinephrine, adjusted for urine volume and creatinine excretion

**1:** for males if EPI\_8YR  $\geq$  2.8

for females EPI\_8YR  $\geq$  3.6

**0:** for males if  $0 \leq$  EPI\_8YR  $<$ 2.8

for females if  $0 \leq$  EPI\_8YR  $<$ 3.6

*sub-component of Q4EPI\_SEX\_8YR:*

**EPI\_8YR:** urinary epinephrine:  $EPIMG\_8YR * URINEVOL\_8YR / CREATEXC\_8YR$

where **EPIMG\_8YR:** epinephrine (in mg)

**URINEVOL\_8YR:** urine volume (ml/bout)

**CREATEXC\_8YR:** creatinine excretion (gm/bout)

**Q4NOREPI\_SEX\_8YR:** urine norepinephrine, adjusted for urine volume and creatinine excretion

**1:** for males if NOREPI\_8YR  $\geq$  30.5

for females if NOREPI\_8YR  $\geq$  46.9

**0:** for males if  $0 \leq$  NOREPI\_8YR  $<$ 30.5

for females if  $0 \leq$  NOREPI\_8YR  $<$ 46.9



*sub-component of Q4NOREPI\_SEX\_8YR:*

**NOREPI\_8YR:** urinary norepinephrine:  $NOREPIMG\_8YR * URINEVOL\_8YR / CREATEXC\_8YR$

where **NOREPIMG\_8YR:** norepinephrine (mg)

**URINEVOL\_8YR:** urine volume (ml/bout)

**CREATEXC\_8YR:** creatinine excretion (gm/bout)

**Q1DHEASMED2\_8YR:** dheas or testosterone use

1: for males if  $0 \leq DHEAS2\_8YR \leq 589.5$  ng/ml or  $MTESTOS\_8YR=1$   
for females,  $0 \leq DHEAS2\_8YR \leq 368.5$  or  $MTESTOS\_8YR=1$

0: for males if  $DHEAS2\_8YR \geq 589.5$  and  $MTESTOS\_8YR=0$   
for females if  $DHEAS2\_8YR \geq 368.5$  and  $MTESTOS\_8YR=0$

*subcomponents of Q1DHEASMED2\_8YR:*

**DHEAS2\_8YR:** dheas (ng/ml)

**MTESTOS\_8YR:** taking androgens

0= no; 1=yes

**ALLOLOADCRPCLINICALMED\_8YR:**

Score ranging from 0-11, where 0 is best and 11 is worst. This score is calculated the same way as ALLOLOADCLINICALMED, with an additional point added if  $CRP\_8YR > 3$ .

It is the sum of  $ALLOLOADCLINICALMED\_8YR + Q4CRP2\_8YR$ .

**Components of ALLOLOADCRPCLINICALMED\_8YR:**

**ALLOLOADCLINICALMED\_8YR:**

The subcomponents for ALLOLOADCLINICALMED\_8YR have been defined above.

**Q4CRP2\_8YR:**

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

1: if  $CRP\_8YR > 3$

0: if  $0 \leq CRP\_8YR \leq 3$  where  $CRP\_8YR$  is C - reactive protein (ng/ml)

**(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_8YR</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_8YR</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_8YR</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_8YR</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_8YR</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_8YR</b> |
| 5b. Using hearing aid?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>OBS5B_8YR</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_8YR</b>  |
| Other, specify   | <hr/>  | <b>OBS6B_8YR</b> |
| 7. Other problems?   | <hr/>  | <b>OBS7_8YR</b>  |
| 7a. Amputations  | <input type="checkbox"/> Upper body<br><input type="checkbox"/> Lower body<br><input type="checkbox"/> Normal  | <b>OBS7A_8YR</b> |
| 7b. Tremor   | <input type="checkbox"/> Upper body<br><input type="checkbox"/> Lower body<br><input type="checkbox"/> Normal  | <b>OBS7B_8YR</b> |
| 7c. Deformity  | <input type="checkbox"/> Upper body<br><input type="checkbox"/> Lower body<br><input type="checkbox"/> Normal  | <b>OBS7C_8YR</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_8YR</b> |

- 7e. Other:  Upper body  
 Lower body  
 Normal **OBS7E\_8YR**
8. Skin tone:  Dark  
 Medium  
 Light  
 White **OBS8\_8YR**
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\_8YR**
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\_8YR**
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\_8YR**
12. Additional comments 

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**OBS12\_8YR**

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## END OF INTERVIEW

Please fill in the time for each interview session

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### Date & Duration of

#### First Interview Session:

2a. END TIME: \_\_\_\_\_ **EOI2A\_8YR**  
((Please click on the NOW button and DO NOT enter the time manually))

3a. DURATION: \_\_\_\_\_ **EOI3A\_8YR**  
(HR(S))

3b. DURATION: \_\_\_\_\_ **EOI3B\_8YR**  
(MIN(S))

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### Date & Duration of

#### Second Interview Session:

5a. END TIME: \_\_\_\_\_ **EOI5A\_8YR**  
((Please click on the NOW button and DO NOT enter the time manually))

6a. DURATION: \_\_\_\_\_ **EOI6A\_8YR**  
(HR(S))

6b. DURATION: \_\_\_\_\_ **EOI6B\_8YR**  
(MIN(S))

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### Date & Duration of

#### Third Interview Session:

8a. END TIME: \_\_\_\_\_ **EOI8A\_8YR**  
((Please click on the NOW button and DO NOT enter the time manually))

9a. DURATION: \_\_\_\_\_ **EOI9A\_8YR**  
(HR(S))

9b. DURATION: \_\_\_\_\_ **EOI9B\_8YR**  
(MIN(S))

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## LAB VARIABLES

**NELID\_S\_8YR:** HNRC ID for saliva specimen

**SALCORT\_PM\_8YR:** Salivary cortisol from evening draw (ug/dL)

**SALCORT\_AM\_8YR:** Salivary cortisol from morning draw (ug/dL)

**SALCORT\_BT\_8YR:** Salivary cortisol from bedtime draw (ug/dL)

**SALIVAPM\_8YR:** Time saliva collected in the evening

**SALIVAAM\_8YR:** Time saliva collected in the morning

**CARO\_8YR:** serum carotene (ug/dl)

**CARO\_SI\_8YR:** CARO\_8YR\*0.0186 ( $\mu\text{mol/L}$ )

**CHOL\_8YR:** plasma cholesterol (mg/dL)

**CHOL\_SI\_8YR:** CHOL\_8YR\*0.0259 (mmol/L)

**TRIG\_8YR:** plasma triglyceride (mg/dL)

**TRIG\_SI\_8YR:** TRIG\_8YR\*0.0113(mmol/L)

**HDL\_8YR:** plasma high density lipoprotein [HDL cholesterol] (mg/dL)

**HDL\_SI\_8YR:** HDL\_8YR\*0.0259 (mmol/L)

**LDL\_8YR:** plasma low density lipoprotein [LDL cholesterol] (mg/dL)

**LDL\_SI\_8YR:** LDL\_8YR \*0.0259 (mmol/L)

**VLDL\_8YR:** plasma very low density lipoprotein (mg/dL)

**VITB6\_8YR:** plasma vitamin B6 (nm/L)

**ALB\_8YR:** serum albumin (g/dL)

**ALB\_SI\_8YR:** Albumin\*10 (g/L)

**BUN\_8YR:** serum blood urea nitrogen (mg/dL)

**CREAT\_8YR:** serum creatinine (mg/dL)

**CREAT\_SI\_8YR:** creatinine ( $\mu\text{mol/L}$ )

**GLUC\_8YR:** serum glucose (mg/dL)

**GLUC\_SI\_8YR:** GLUC\_8YR\*0.0555 (mmol/L)

**HCY\_8YR:** plasma homocysteine ( $\mu\text{mol/L}$ )

**HCY\_SI\_8YR:** HCY\_8YR/7.397 ( $\mu\text{mol/L}$ )

**CRP\_8YR:** serum high sensitivity c-reactive protein (mg/L)

**INSULIN\_8YR:** serum insulin (uIU/mL)

**INSULIN\_SI\_8YR:** INSULIN\_8YR\*6.945 (pmol/L)

**GLYHGB\_8YR:** glycosolated hemoglobin (%)

**GLYHGB\_SI\_8YR:** Proportion of total Hemoglobin (GLYHGB\_8YR\*0.01)

**NEUTRO\_8YR:** neutrophils (segs) %

**BANDS\_8YR:** premature neutrophils %

**LYMPHS\_8YR:** lymphocytes %

**MONO\_8YR:** monocytes %

**EO\_8YR:** eosinophils %

**BASO\_8YR:** basophils %

**ANISO\_8YR:** anisocytosis (normal)

**POLYCHROM\_8YR:** polychromia (normal)

**POIKILO\_8YR:** poikilocytes (normal)

**HYPOCHROM\_8YR:** hypochromia (normal)

**PLATEST\_8YR:** estimated platelet number (normal)

**RBC\_8YR:** red blood cell volume (mil/uL)

**RBC\_SI\_8YR:** RBC ( $\times 10^{12}/\text{L}$ )

**MCH\_8YR:** mean corpuscular hemoglobin (pg)

**MCHC\_8YR:** mean corpuscular hemoglobin concentration (g/dL)

**DHEAS\_8YR:** serum DHEA-S04 (ug/dl)

**DHEAS\_SI\_8YR:** DHEAS\*0.026 (umol/L)

**NELID\_B\_8YR:** HNRC ID for blood specimen

**BLOOD\_DT\_8YR:** Date of Collection of Blood Specimen

**URINE\_DT\_8YR:** Date of Collection of Urine Specimen

**SALIVA\_BLUE\_DT\_8YR:** Date of Collection of Saliva (Blue) Specimen

**SALIVA\_GREEN\_DT\_8YR:** Date of Collection of Saliva (Green) Specimen

**SALIVA\_YELLOW\_DT\_8YR:** Date of Collection of Saliva (Yellow) Specimen

**MMA\_8YR:** serum methylmalonic acid (pmol/mL)

**FOLATE\_8YR:** serum folate (ng/mL)

**FOLATE\_SI\_8YR:** FOLATE\_8YR\*2.266 (nmol/l)

**VITB12\_8YR:** serum itamin B12 (pg/mL)

**VITB12\_SI\_8YR:** VITB12\_8YR\*0.738 (pmol/L)

**VITD\_8YR:** plasma vitamin D (ng/mL)

**NELID\_U\_8YR:** HNRC ID for urine specimen

**URINEVOL\_8YR:** urine volume (ml)

**CREATCONC\_8YR:** urine creatinine concentration (mg/dl)

**CREATEXC\_8YR:** creatinine excretion (gm/bout)

**HEMANALYZ\_8YR:** hematology analyzed on new machine **NEED TO ADJUST BLOOD VARS**

0: old machine

1: new machine

Variables affected: **HGB\_8YR, HCT\_8YR, MCV\_8YR, RDW\_8YR, WBC\_8YR, PLATCOUNT\_8YR**

**HGB\_ADJ\_8YR:** hemoglobin values calibrated to new machine via regression

if HEMANALYZ\_8YR =0 then  $HGB\_ADJ\_8YR = -0.34174 + 1.08911 * HGB\_8YR$ ;

else if HEMANALYZ\_8YR =1 then  $HGB\_ADJ\_8YR = HGB\_8YR$ ;

**HGB\_8YR:** hemoglobin (g/dL) **DO NOT USE—USE HGB\_ADJ\_8YR**

**HCT\_ADJ\_8YR:** hematocrit values calibrated to new machine via regression

**Per Dan Weiner (nephrologist): it is preferable to use HGB\_ADJ\_8YR over**

**HCT\_ADJ\_8YR as hemoglobin is historically more stable**

if HEMANALYZ\_8YR =0 then  $HCT\_ADJ\_8YR = -3.63435 + 1.17788 * HCT\_8YR$ ;

else if HEMANALYZ\_8YR =1 then  $HCT\_ADJ\_8YR = HCT\_8YR$ ;

**HCT\_8YR:** hematocrit (%) **DO NOT USE—USE HCT\_ADJ\_8YR**

**MCV\_ADJ\_8YR:** MCV values calibrated to new machine via regression

if HEMANALYZ\_8YR =0 then  $MCV\_ADJ\_8YR = -4.89165 + 1.09230 * MCV\_8YR$ ;

else if HEMANALYZ\_8YR =1 then  $MCV\_ADJ\_8YR = MCV\_8YR$ ;

**MCV\_8YR:** mean corpuscular volume (um<sup>3</sup>) **DO NOT USE—USE MCV\_ADJ\_8YR**

**WBC\_ADJ\_8YR:** WBC values calibrated to new machine via regression (1000/uL)

if HEMANALYZ\_8YR =0 then  $WBC\_ADJ\_8YR = -0.32383 + 0.97330 * WBC\_8YR$ ;

else if HEMANALYZ\_8YR =1 then  $WBC\_ADJ\_8YR = WBC\_8YR$ ;

**WBC\_8YR:** white blood cell count (1000/uL) **DO NOT USE—USE WBC\_ADJ\_8YR**

**PLATCOUNT\_ADJ\_8YR:** platelet count values calibrated to new machine via regression

if HEMANALYZ\_8YR =0 then  $PLATCOUNT\_ADJ\_8YR = -1.40686 + 0.89373 * PLATCOUNT\_8YR$ ;

else if HEMANALYZ\_8YR =1 then PLATCOUNT\_ADJ\_8YR =PLATCOUNT\_8YR;

PLATCOUNT\_8YR: (thou/uL) **DO NOT USE—USE PLATCOUNT\_ADJ\_8YR**

**CORT\_8YR:** (CORTMG\_8YR \* URINEVOL\_8YR / CREATEXC\_8YR) / 2.3

**NOREPI\_8YR:** NOREPIMG\_8YR \* URINEVOL\_8YR / CREATEXC\_8YR

*Note: samples treated with HCL*

**EPI\_8YR:** EPIMG\_8YR \* URINEVOL\_8YR / CREATEXC\_8YR

*Note: samples treated with HCL*

**HOMA\_IR\_8YR:** INSULIN\_8YR\*GLUC\_SI\_8YR/22.5

## **DERIVED LAB VARIABLES**

### **CAROZZ\_8YR**

= if CARO\_8YR >= 0 then do

if CARO\_8YR <= 56 then CAROZZ\_8YR = 1 else CAROZZ\_8YR = 0

### **CHOLZZ\_8YR**

*(Expert Panel on Detection 2002)*

if 0 <= CHOL\_8YR < 200 then CHOLZZ\_8YR = 0

else if 200 <= CHOL\_8YR <= 239 then CHOLZZ\_8YR = 1

else if CHOL\_8YR >= 240 then CHOLZZ\_8YR = 2

### **TRIGZZ\_8YR**

*(Expert Panel on Detection 2002)*

if 0 <= TRIG\_8YR < 150 then TRIGZZ\_8YR = 0

else if 150 <= TRIG\_8YR <= 199 then TRIGZZ\_8YR = 1

else if TRIG\_8YR >= 200 then TRIGZZ\_8YR = 2

### **HDLZZ\_8YR**

*(Expert Panel on Detection 2002)*

if 0 <= HDL\_8YR < 40 then HDLZZ\_8YR = 0

else if 40 <= HDL\_8YR <= 59 then HDLZZ\_8YR = 1

else if HDL\_8YR >= 60 then HDLZZ\_8YR = 2

### **LDLZZ\_8YR**

*(Expert Panel on Detection 2002)*

if 0 <= LDL\_8YR < 100 then LDLZZ\_8YR = 0

else if 100 <= LDL\_8YR <= 129 then LDLZZ\_8YR = 1

else if 130 <= LDL\_8YR <= 159 then LDLZZ\_8YR = 2

else if 160 <= LDL\_8YR <= 189 then LDLZZ\_8YR = 3

else if LDL\_8YR >= 190 then LDLZZ\_8YR = 4

### **CHOL\_HDL\_8YR**

= CHOL\_8YR / HDL\_8YR;

### **CHOLCAT\_8YR**



1 = CHOL\_8YR <200  
2 = 200 <=CHOL\_8YR <=239  
3 = CHOL\_8YR >= 240

### GLUCZZ\_8YR

(ADA 2006)

if GLUC\_8YR >=126 then GLUCZZ\_8YR=2  
else if 100 <=GLUC\_8YR <=125 then GLUCZZ\_8YR=1  
else if 0 <=GLUC\_8YR <100 then GLUCZZ\_8YR=0

### GLUCZZ2\_8YR

(ADA 2006)

if GLUC\_8YR >=126 then GLUCZZ\_8YR=1  
else if GLUC\_8YR <126 then GLUCZZ\_8YR=0

### CRPZZ\_8YR

(CRP Pearson et al 2003)

if 0 <=CRP\_8YR <1 then CRPZZ\_8YR=0  
else if 1 <=CRP\_8YR <=3 then CRPZZ\_8YR=1  
else if 3 <CRP\_8YR <10 then CRPZZ\_8YR=2  
else if 10 <=CRP\_8YR then CRPZZ\_8YR=3

### CRPZZ2\_8YR

(CRP NHANES 1999-2000)

0: male: (AGE\_8YR > 59 and CRP\_8YR < 4.9) or (AGE\_8YR <= 59 and CRP\_8YR < 4.6)  
female: (AGE\_8YR > 59 and CRP\_8YR < 7.3) or (AGE\_8YR <= 59 and CRP\_8YR < 8.4)  
1: male: (AGE\_8YR > 59 and CRP\_8YR >= 4.9) or (AGE\_8YR <= 59 and CRP\_8YR >= 4.6)  
female: (AGE\_8YR > 59 and CRP\_8YR >= 7.3) or (AGE\_8YR <= 59 and CRP\_8YR >= 8.4)

### INSULINZZ\_8YR

(Stern et al. 2005)

0: INSULIN\_8YR < 20.7  
1: INSULIN\_8YR >= 20.7

### GLYHGBZZ\_8YR

(ADA 2008)

if GLYHGB\_8YR >=7 then GLYHGBZZ\_8YR=1  
else if GLYHGB\_8YR >=0 then GLYHGBZZ\_8YR=0

### GLYHGBZZ2\_8YR

(ADA 2008)

if GLYHGB\_8YR >=6 then GLYHGBZZ2\_8YR=1  
else if GLYHGB\_8YR >=0 then GLYHGBZZ2\_8YR=0

### VITB6ZZ2\_8YR

(Haller et al 1991, Driskell 1994, Leklem 1999)

if VITB6\_8YR >=0 then do  
if VITB6\_8YR <20 then VITB6ZZ\_8YR=2  
if 20 <=VITB6\_8YR <30 then VITB6ZZ\_8YR=1  
else if VITB6\_8YR >=30 then VITB6ZZ\_8YR=0  
if VITB6\_8YR >=30 then VITB6ZZ2\_8YR=0  
else if VITB6\_8YR <30 then VITB6ZZ2\_8YR=1

### VITB12ZZ\_8YR

(Tucker et al 2000)

if VITB12\_8YR>=350 then VITB12ZZ\_8YR=0  
 else if 200<=VITB12\_8YR<350 and 0<=MMA\_8YR<=370 then VITB12ZZ\_8YR=0  
 else if 200<=VITB12\_8YR<350 and MMA\_8YR>370 then VITB12ZZ\_8YR=1  
 else if 0<=VITB12\_8YR<200 then VITB12ZZ\_8YR=1

### FOLATEZZ\_8YR

(Selhub and Rosenberg 1996)

if FOLATE\_8YR>=0 then do  
 if FOLATE\_8YR>5 then FOLATEZZ\_8YR=0  
 else if FOLATE\_8YR<=5 then FOLATEZZ\_8YR=1

### NOREPIZZ\_8YR

if NOREPI\_8YR>=0 then do  
 if NOREPI\_8YR>=48 then NOREPIZZ\_8YR=1  
 else if NOREPI\_8YR<48 then NOREPIZZ\_8YR=0

### NOREPIZZ2\_8YR

NOREPI\_SEX  
 1: Male: NOREPI>=30.5  
 Female: NOREPI>=46.9  
 0: Male: 0<=NOREPI<30.5  
 Female: 0<=NOREPI<46.9  
 if NOREPI\_8YR>=0 then do  
 if FEMALE=0 and NOREPI\_8YR>=30.5 then NOREPIZZ2\_8YR=1  
 else if FEMALE=0 and 0<=NOREPI\_8YR<30.5 then NOREPIZZ2\_8YR=0  
 if FEMALE=1 and NOREPI\_8YR>=46.9 then NOREPIZZ2\_8YR=1  
 else if FEMALE=1 and 0<=NOREPI\_8YR<46.9 then NOREPIZZ2\_8YR=0

### EPIZZ\_8YR

if EPI\_8YR>=0 then do  
 if EPI\_8YR>=5 then EPIZZ\_8YR=1  
 else if 0<=EPI\_8YR<5 then EPIZZ\_8YR=0

### EPIZZ2\_8YR

if EPI\_8YR>=0 then do  
 if FEMALE=0 and EPI\_8YR>=2.8 then EPIZZ2\_8YR=1  
 else if FEMALE=0 and 0<=EPI\_8YR<2.8 then EPIZZ2\_8YR=0  
 if FEMALE=1 and EPI\_8YR>=3.6 then EPIZZ2\_8YR=1  
 else if FEMALE=1 and 0<=EPI\_8YR<3.6 then EPIZZ2\_8YR=0

### CORTZZ2\_8YR

if CORT\_8YR>=0 then do  
 if CORT\_8YR>=25.7 then CORTZZ2\_8YR=1  
 else if 0<=CORT\_8YR<25.7 then CORTZZ2\_8YR=0

### CORTZZ\_8YR

Q4CORT\_SEX  
 1: Male: CORT>=41.5  
 Female: CORT>=49.5  
 0: Male: 0<=CORT<41.5  
 Female: 0<=CORT<49.5  
  
 if CORT\_8YR>=0 then do  
 if FEMALE=0 and CORT\_8YR>=41.5 then CORTZZ\_8YR=1  
 else if FEMALE=0 and 0<=CORT\_8YR<41.5 then CORTZZ\_8YR=0

if FEMALE=1 and CORT\_8YR>=41.5 then CORTZZ\_8YR=1  
 else if FEMALE=1 and 0<=CORT\_8YR<49.5 then CORTZZ\_8YR=0

### ALBZZ\_8YR

(Visser et al. 2005)

if ALB\_8YR>=0 then do  
 if FEMALE=0 and ALB\_8YR<3.8 then ALBZZ\_8YR=1  
 else if FEMALE=0 and 3.8<=ALB\_8YR<=5.4 then ALBZZ\_8YR=0  
 if FEMALE=1 and ALB\_8YR<3.8 then ALBZZ\_8YR=1  
 else if FEMALE=1 and 3.8<=ALB\_8YR<=5.3 then ALBZZ\_8YR=0

### CREATZZ\_8YR

(Shlipak et al. 2002)

if FEMALE=0 and CREAT\_8YR>=1.5 then CREATZZ\_8YR=1  
 else if FEMALE=0 and 0<=CREAT\_8YR<1.5 then CREATZZ\_8YR=0  
 if FEMALE=1 and CREAT\_8YR>=1.3 then CREATZZ\_8YR=1  
 else if FEMALE=1 and 0<=CREAT\_8YR<1.3 then CREATZZ\_8YR=0

### CREAT\_IDMS\_8YR

-0.03339 + (1.01127\*CREAT\_8YR)

### CREATZZ\_IDMS\_8YR

if FEMALE=0 and CREAT\_IDMS\_8YR>=1.5 then CREATZZ\_IDMS\_8YR=1  
 else if FEMALE=0 and 0<=CREAT\_IDMS\_8YR<1.5 then CREATZZ\_IDMS\_8YR=0  
 if FEMALE=1 and CREAT\_IDMS\_8YR>=1.3 then CREATZZ\_IDMS\_8YR=1  
 else if FEMALE=1 and 0<=CREAT\_IDMS\_8YR<1.3 then CREATZZ\_IDMS\_8YR=0

### COCKGAULT\_IDMS\_8YR

(0.85\*\*FEMALE)\*(140-AGE\_8YR)\*WT\_KG\_8YR/(CREAT\_IDMS\_8YR\*72)

### DHEASZZ\_8YR

(Wisconsin Study)

if FEMALE=0 and 0<=DHEAS\_8YR<60.5 then DHEASZZ\_8YR=1  
 else if FEMALE=0 and DHEAS\_8YR>=60.5 then DHEASZZ\_8YR=0  
 if FEMALE=1 and 0<=DHEAS\_8YR<33.0 then DHEASZZ\_8YR=1  
 else if FEMALE=1 and DHEAS\_8YR>=33.0 then DHEASZZ\_8YR=0

### DHEASZZ2\_8YR

(Trivedi and Khaw 2001)

if FEMALE=0 and 0<=DHEAS\_8YR<58.95 then DHEASZZ2\_8YR=1  
 else if FEMALE=0 and DHEAS\_8YR>=58.95 then DHEASZZ2\_8YR=0  
 if FEMALE=1 and 0<=DHEAS\_8YR<36.85 then DHEASZZ2\_8YR=1  
 else if FEMALE=1 and DHEAS\_8YR>=36.85 then DHEASZZ2\_8YR=0

### HGBZZ\_8YR

(WHO 1994)

if HGB\_ADJ\_8YR>=0 then do  
 if FEMALE=0 and HGB\_ADJ\_8YR<13 then HGBZZ\_8YR=1  
 else if FEMALE=0 then HGBZZ\_8YR=0  
 if FEMALE=1 and HGB\_ADJ\_8YR<12 then HGBZZ\_8YR=1  
 else if FEMALE=1 then hgbzz\_8yr=0

### HCTZZ\_8YR

(WHO 1994)

if HCT\_ADJ\_8YR>=0 then do  
 if FEMALE=0 and HCT\_ADJ\_8YR<40 then HCTZZ\_8YR=1

```
else if FEMALE=0 then HCTZZ_8YR=0
if FEMALE=1 and HCT_ADJ_8YR<37 then HCTZZ_8YR=1
else if FEMALE=1 then HCTZZ_8YR=0
```

### **HCYZZ\_8YR**

*(NHANES 95th percentiles)*

0: Male: HCY\_8YR < 11.4

Female: HCY\_8YR < 10.4

1: Male: HCY\_8YR >= 11.4

Female: HCY\_8YR >= 10.4

if HCY\_8YR>=0 then do

if FEMALE=0 and HCY\_8YR<11.4 then HCYZZ\_8YR=0

else if FEMALE=0 and HCY\_8YR>=11.4 then HCYZZ\_8YR=1

if FEMALE=1 and HCY\_8YR<10.4 then HCYZZ\_8YR=0

else if FEMALE=1 and HCY\_8YR>=10.4 then HCYZZ\_8YR=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>

