## 1. Sample Person Identification
### a. Control Number
- **PSU**
  - Column: 7
  - Characters: 3
  - Range: 100-989
  - Format: Blank
- **Serial**
  - Column: 10
  - Characters: 4
  - Range: 0001-9999
  - Format: Blank

### b. RGC (Reduction Group Code)
- **REDCODE**
  - Column: 160
  - Characters: 3
  - Range: 001-297

## 2. Last Name
- **NOT GIVEN**

## 3. First Name
- **NOT GIVEN**

## 4. Address of sample person
- **NOT GIVEN**

## 4a. Date of birth
### Year
- **DOB_YY**
  - Column: 23
  - Characters: 2
  - Range: 00-19
  - Format: 54-99
- **Month**
  - **DOM_MM**
    - Column: 25
    - Characters: 2
    - Range: 01-12
    - Format: 01-12
- **Day**
  - **DOB_DD**
    - Column: 27
    - Characters: 2
    - Range: 01-31
    - Format: 01-31

### b. Age (As of 08/01/82)
- **WGT_AGE82**
  - Column: 17
  - Characters: 3
  - Range: 060-130
  - Notes: This age is used for weighting up to 08/01/82

## 5. Sex
- **I_SEX**
  - Column: 15
  - Characters: 1
  - Values: 1 Male, 2 Female

## 5a. Date if Interview
- **INTDATE_MM**
  - Column: 163
  - Characters: 2
  - Range: 01-12
  - Format: Month (first two digits)
- **INTDATE_DD**
  - Column: 165
  - Characters: 2
  - Range: 01-31
  - Format: Day (last two digits)

## 6. Letter Sent
- **NOT GIVEN**

## 7. Interviewer Identification
- **FR_CODE**
  - Column: 167
  - Characters: 3
  - Range: A-Z
  - Format: first character
  - Range: 01-99
  - Format: last two digits

## 8. Regional Office
- **L2ROC82**
  - Column: 158
  - Characters: 2
  - Values: 00 Foreign Country, 21 Boston, 22 New York, 23 Philadelphia, 24 Detroit, 25 Chicago, 26 Kansas City, 27 Seattle, 28 Charlotte, 29 Atlanta, 30 Dallas, 31 Denver, 32 Los Angeles
| **9. Is telephone number predetermined?** | 1 Yes | DETPHONE Col. 170 Char 1 | 2 No - Schedule personal visit |
| **10. SCREEN TIME** | 001-999 | SCRTIME Col. 171 Char 3 |
| **11a. Does . . live there (here)?** | 1 Yes - May I speak to . . ? | SC_OPEN Col. 174 Char 1 |
| **If not talking to person who answered the telephone or door, repeat introduction.** |  |  |
| **b. Did . . receive our letter?** | NOT GIVEN |  |
| **CHECK ITEM A** |  |  |
| **Type of Interview** | 1 Self - SKIP to 13 | PROXY Col. 176 Char 1 |
| **Reason for proxy** | 2 Proxy - Give name (NOT GIVEN) | SCPR Col. 177 Char 1 |
| **Sample person is mentally or physically incapable** | 1 Sample person has hearing/speech problem | |
| **Sample person cannot speak English** | 2 Sample person is temporary absent | |
| **Sample person is temporary absent** | 4 Sample person is temporary absent |  |
| **Sample person is temporary absent** | 5 Other | |
| **12a. What is your relationship to . . ?** | 02 Spouse | SCPR_REL Col. 178 Char 2 |
| **03 Son / Daughter** | 04 Son-in-law / Daughter-in-law | |
| **05 Parent** | 06 Parent-in-law | |
| **07 Brother / Sister** | 08 Brother-in-law / Sister-in-law | |
| **09 Grandchild** | 10 Other relative | |
| **11 Employee** | 12 Other Nonrelative | |
| **13 Unable to be determined** |  |  |
| **b. Do you reside with . . ?** | 1 Yes | SCPR_RES Col. 180 1 |
| **No** | 2 |  
| **13a. What is . . ’s age?** | 040-150 | SCN_25B1 SCPR_AGE Col. 181 Char 3 |
| **13b. Is . . 65 years or older?** | 1 Yes | CALCAGE Col. 184 Char 1 |
| **2 No** |  |  |
| **SHOW FLASHCARD D** |  |  |
| **14. What is . . ’s race?** | 1 White | SCN_25B1 SCN_25B2 Col. 221 Char 1 |
| **2 Black** | 3 Asian or Pacific Islander | |
| **4 American Indian, Eskimo, or Aleut** | 5 Other | |
| **CHECK ITEM C** |  |  |
| **Is this the correct person (name, sex, age)?** | 1 Yes | VER_PER Col. 185 Char 1 |
| **No - STOP SCREEN, explain in remarks** | 2 |  |
| **15. What is . . ’s exact address?** | 1 Same as label (or item 3) | VER_ADD Col. 186 Char 1 |
| **Different - Correct label (or item 3)** | 2 |  |
| **CHECK ITEM C** |  |  |
| **Is this Screen being conducted by telephone or personal visit?** | 1 Telephone - Skip to Introduction | SC_VISIT Col. 187 Char 1 |
| **Personal Visit - Skip to 17** | 2 |  |
| **16a. What is . . ’s current address and telephone number?** |  |  |
| **Address:** |  |  |
ACTIVITIES OF DAILY LIVING (ADL)

INTRODUCTION
First, I'd like to ask about . . .'s ability to do everyday activities without help. By help, I mean either the help of another person, including people who lived with . . . , or the help of special equipment.

INTERVIEWER INSTRUCTION - If the person cannot or does not do an activity listed below, mark the "Yes" box for that activity.

19. Do you Have any problem -
   a. Eating without the help of another person or special equipment?
      SCN_15_A Col. 189 Char 1
      1   Yes
      2   No
   b. Getting in or out of bed without help?
      SCN_15_B Col. 190 Char 1
      c. Getting in or out of chairs without help?
         SCN_15_C Col. 191 Char 1
         d. Walking around inside without help?
            SCN_15_D Col. 192 Char 1
         e. Going outside without the help of another person or special equipment?
            SCN_15_E Col. 193 Char 1
            f. Dressing without help?
               SCN_15_F Col. 194 Char 1
            g. Bathing without help?
               SCN_15_G Col. 195 Char 1
            h. Getting to the bathroom or using the toilet?
               SCN_15_H Col. 196 Char 1
            i. Do you have any accidents or any problem controlling bowel movements or urination?
               SCN_15_I Col. 197 Char 1

CHECK ITEM D
   Is "Yes" marked in any part of 19?
      ADL_FLAG Col. 198 Char 1
      1   Yes
      2   No - Skip to 21

20a. You said that . . . has a problem (Read ADL's marked "Yes" in 19). Have you had (this problem/any of these problems) for 3 months or longer?
   SCN_16_A Col. 199 Char 1
   1   Yes - Skip to 21
   2   No

b. Do you expect that (this problem/any or these
### Instrumental Activities of Daily Living (IADL)

**INSTRUCTION** - If a person does not do, but is able to do, an activity listed below, mark "Yes" for the activity.

#### 21. Are you able to:
- a. Prepare meals without help? (Col. 202) [ ] Yes [ ] No
- b. Do laundry without help? (Col. 203) [ ] Yes [ ] No
- c. Do light housework such as washing dishes? (Col. 204) [ ] Yes [ ] No
- d. Shop for groceries without help? (Col. 205) [ ] Yes [ ] No
- e. Manage money such as keeping track of bills and handling case? (Col. 206) [ ] Yes [ ] No
- f. Take medicine without help? (Col. 207) [ ] Yes [ ] No
- g. Make telephone calls without help? (Col. 208) [ ] Yes [ ] No

Is 'No' marked in any segment of 21, ask 22, otherwise, **SHIP to CHECK ITEM E**

#### 22. Does a disability or a health problem keep . . . from (Read IADL marked "No" in item 21)?

1. [ ] Yes
2. [ ] No - **SHIP to CHECK ITEM E**

Ask if more than one IADL marked "No" in item 17. Otherwise, mark without asking.

#### 23. Which of these activities is . . . Unable to do because of a disability or health problem (read IADL’s marked “No” in item 17)? Mark (1) all that apply.

- a. preparing meals? (Col. 210) [ ] Marked
- b. doing laundry? (Col. 211) [ ] Marked
- c. doing light housework? (Col. 212) [ ] Marked
- d. shopping for groceries? (Col. 213) [ ] Marked
- e. managing money? (Col. 214) [ ] Marked
- f. taking medicine? (Col. 215) [ ] Marked
- g. making telephone calls? (Col. 216) [ ] Marked

#### 24a. Have you had a problem doing (read IADL’s marked in 23) for 3 months or longer?

1. [ ] Yes - **SHIP to CHECK ITEM E**
2. [ ] No

b. Do you expect that . . .’s problem doing (this/any of these things) will last for the next three months or longer?

1. [ ] Yes - **SHIP to CHECK ITEM E**
c. Altogether, from beginning to end, will (this problem/
any or these problems) have lasted 3 months
or longer?

CHECK ITEM E
Is "Yes" marked in any of the following items -
20a, 20b, 20c, 24a, 24b, 24c?

CHECK ITEM F
Is this screen being conducted by telephone or by
personal visit?

25. We would like to visit you to ask further questions
about your health and physical activities. When
would be the best time to visit?

26. NONINTERVIEW REASON
Telephone screening
Field type A
NIR_TEL

Personal visit screening
Field type A
NIR_PV

Field type C

27. Record of personal visits
NOT GIVEN

28. Supervisory use
NOT GIVEN