(SUBJ) SUBJECT IDENTIFICATION

Subject ID
Interviewer Identification: PR37 ☐ PR30 ☐ PR36 ☐ PR53 ☐ PR58 ☐

STUDYID

DATE & DURATION OF INTERVIEW

Date & Duration of First Interview Session

DATE: _______________ END_DATE1_5YR
((Please click on the TODAY's button and DO NOT enter the date manually))

1a. START TIME: _______________ EOI1A_5YR
((Please click on the NOW button and DO NOT enter the time manually))

Date & Duration of Second Interview Session:

DATE: _______________ END_DATE2_5YR
((Please click on the TODAY's button and DO NOT enter the date manually))

4a. START TIME: _______________ EOI4A_5YR
((Please click on the NOW button and DO NOT enter the time manually))

Date & Duration of Third Interview Session:

DATE: _______________ END_DATE3_5YR
((Please click on the TODAY's button and DO NOT enter the date manually))

7a. START TIME: _______________ EOI7A_5YR
((Please click on the NOW button and DO NOT enter the time manually))
(MMSE) MINI-MENTAL STATE EXAMINATION

Instructions: I would like to ask you some questions to check your concentration and your memory. Most of them will be easy. Please take your time in answering each question.

1. Are you able to read?  
   ✔ NO  MMSE17_5YR  
   ☐ Yes  ((The focus is literacy and NOT vision problems, for this question. If they know how to read, even if they can no longer see well enough to read, the answer should be YES))

2. Are you able to write?  
   ✔ NO  MMSE18_5YR  
   ☐ Yes  ((The focus is literacy and NOT vision problems. If they know how to write, even if they can no longer see well enough to write, the answer should be YES))

3. Can you see well enough to read a magazine?  
   ✔ NO  MMSE19_5YR  
   ☐ Yes  ((The focus is vision and NOT literacy. If they don't know how to read, can they still see enough to draw))

4. Do you have severe arthritis that prevents you from being able to write or draw?  
   ✔ NO  MMSE20_5YR  
   ☐ Yes

1. What year is it?  
   ☐ 0  MMSE_SC1_5YR
   ☐ 1
   ☐ 2
   ☐ 3

2. What is the season?  
   ☐ Winter  MMSE2_5YR
   ☐ Spring
   ☐ Summer
   ☐ Fall

3. What day of the week is it?  
   ☐ 0  MMSE_SC3_5YR
   ☐ 1

4. What city are we in?  
   ☐ 0  MMSE_SC4_5YR
   ☐ 1

What part/neighborhood of the city are we in?  
What state are we in?
5. What is the address of this place?

SCORE

☐ 0  ☐ 1  ☐ 2  ☐ 3  \[\text{MMSE\_SC\_5YR}\]

☐ 0  \[\text{MMSE\_SC\_5YR}\]

6. What floor of the building/house are we on?

SCORE

☐ 0  ☐ 1  \[\text{MMSE\_SC\_5YR}\]

☐ 0  \[\text{MMSE\_SC\_5YR}\]

7. I am going to name 3 objects. After I have said them I want you to repeat them back to me.

SCORE

☐ 0  ☐ 1  ☐ 2  ☐ 3  \[\text{MMSE\_SC\_5YR}\]

☐ 0  \[\text{MMSE\_SC\_5YR}\]

8. Please subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?

If the participant refuses to perform this practice, please select YES and SKIP to # 9

☐ NO  ☐ Yes  \[\text{MMSE\_SC\_5YR}\]

Record 1

☐ 0  \[\text{MMSE\_SC\_5YR}\]

Record 2

☐ 0  \[\text{MMSE\_SC\_5YR}\]

Record 3

☐ 0  \[\text{MMSE\_SC\_5YR}\]

Record 4

☐ 0  \[\text{MMSE\_SC\_5YR}\]

Record 5

☐ 0  \[\text{MMSE\_SC\_5YR}\]

9. What are the 3 objects I asked you to remember a few moments ago?

SHOW A WATCH

10. What is this called?

SCORE

☐ 0  ☐ 1  \[\text{MMSE\_SC\_5YR}\]

SHOW A PENCIL

11. What is this called?
12. Please repeat the following: "NO IFS, ANDS, or BUTS."

13. Please read the following and do what it says:

14. "I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap"

15. Please write any complete sentence on this page for me (hand next page and a pencil).

16. Here is a drawing. Please copy the drawing on this same page.

TOTAL POINTS: ________________

TOTAL POINTS: ________________

INTERVIEWER'S COMMENTS: ____________________________
DERIVED MINI-MENTAL STATE EXAMINATION

**MMSEORIENT**\_5YR
\[= \text{MMSE\_SC1\_5YR} + \text{MMSE\_SC2\_5YR} + \text{MMSE\_SC3\_5YR} + \text{MMSE\_SC4\_5YR} + \text{MMSE\_SC5\_5YR} + \text{MMSE\_SC6\_5YR}\]

**MMSELANG**\_5YR
\[= \text{MMSE\_SC10\_5YR} + \text{MMSE\_SC11\_5YR} + \text{MMSE\_SC12\_5YR} + \text{MMSE\_SC13\_5YR} + \text{MMSE\_SC14\_5YR} + \text{MMSE\_SC15\_5YR}\]

**MMSE\_SUM\_5YR**
\[= (\text{MMSE\_SC1\_5YR} + \text{MMSE\_SC2\_5YR} + \text{MMSE\_SC3\_5YR} + \text{MMSE\_SC4\_5YR} + \text{MMSE\_SC5\_5YR} + \text{MMSE\_SC6\_5YR} + \text{MMSE\_SC7\_5YR} + \text{MMSE\_SC8\_5YR} + \text{MMSE\_SC9\_5YR} + \text{MMSE\_SC10\_5YR} + \text{MMSE\_SC11\_5YR} + \text{MMSE\_SC12\_5YR} + \text{MMSE\_SC13\_5YR} + \text{MMSE\_SC14\_5YR} + \text{MMSE\_SC15\_5YR} + \text{MMSE\_SC16\_5YR})\]

**MMSE\_8ATT\_5YR**  Attempted MMSE\_8R\_5YR
0=No
1=Yes

**MMSE\_TOTSCR\_5YR**  Total score excluding question 8 (some refused to answer)
\[\text{MMSE\_TOTSC\_5YR} = (\text{MMSE\_SC1\_5YR} + \text{MMSE\_SC2\_5YR} + \text{MMSE\_SC3\_5YR} + \text{MMSE\_SC4\_5YR} + \text{MMSE\_SC5\_5YR} + \text{MMSE\_SC6\_5YR} + \text{MMSE\_SC7\_5YR} + \text{MMSE\_SC8\_5YR} + \text{MMSE\_SC9\_5YR} + \text{MMSE\_SC10\_5YR} + \text{MMSE\_SC11\_5YR} + \text{MMSE\_SC12\_5YR} + \text{MMSE\_SC13\_5YR} + \text{MMSE\_SC14\_5YR} + \text{MMSE\_SC15\_5YR} + \text{MMSE\_SC16\_5YR})\]
(BPA) BLOOD PRESSURE

1. Have you taken any medication for high blood pressure/hypertension today?  
☐ No  
☐ Yes  
☐ Don't know  
☐ Refused  
☐ NA  

Blood Pressure #1

First Measurement:

1. SYSTOLIC  

2. DIASTOLIC  

3. PULSE  

4. TIME  

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

Second Measurement:

1. SYSTOLIC  

2. DIASTOLIC  

3. PULSE  

4. TIME  

Time in between measurements

INTERVIEWER'S COMMENTS:

Blood Pressure #2

First Measurement:

1. SYSTOLIC  

2. DIASTOLIC  

3. PULSE  

4. TIME  

INTERVIEWER: Time in between measurements must be AT LEAST 3 MINUTES
<table>
<thead>
<tr>
<th>Second Measurement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SYSTOLIC</td>
</tr>
<tr>
<td>2. DIASTOLIC</td>
</tr>
<tr>
<td>3. PULSE</td>
</tr>
<tr>
<td>4. TIME</td>
</tr>
<tr>
<td>Time in between measurements</td>
</tr>
</tbody>
</table>

INTERVIEWER'S COMMENTS:                                         BPB_C_5YR

Blood Pressure #3

<table>
<thead>
<tr>
<th>First Measurement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SYSTOLIC</td>
</tr>
<tr>
<td>2. DIASTOLIC</td>
</tr>
<tr>
<td>3. PULSE</td>
</tr>
<tr>
<td>4. TIME</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Second Measurement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SYSTOLIC</td>
</tr>
<tr>
<td>2. DIASTOLIC</td>
</tr>
<tr>
<td>3. PULSE</td>
</tr>
<tr>
<td>4. TIME</td>
</tr>
<tr>
<td>Time in between measurements</td>
</tr>
</tbody>
</table>

INTERVIEWER'S COMMENTS:                                         BPC_C_5YR
**DERIVED BLOOD PRESSURE VARIABLES**

**SYSBP_5YR:** average systolic blood pressure  
\[ = \frac{(SYS2A_5YR + SYS2B_5YR + SYS3A_5YR + SYS3B_5YR)}{4} \]

**SYSBP_IMPUTE_5YR:** imputed average systolic blood pressure  
1: SYSBP_5YR created using less than 4 systolic blood pressure measurement

**SYSBPZZ_5YR:** clinical variable – systolic hypertension *(Chobanian et al. 2003)*  
0: SYSBP_5YR <140 or DIASBP_5YR >= 90  
1: SYSBP_5YR >= 140 and DIASBP_5YR < 90

**DIASBP_5YR:** average diastolic blood pressure  
\[ \text{DIASBP}_5YR = \frac{(DIAS2A_5YR + DIAS2B_5YR + DIAS3A_5YR + DIAS3B_5YR)}{4} \]

**DIASBP_IMPUTE_5YR:** imputed average diastolic blood pressure  
1: DIASBP_5YR created using less than 4 diastolic blood pressure measurements

**HIGHBP_5YR:** high or low blood pressure  
1: SYSBP_5YR>=140 or DIASBP_5YR >=90  
0: SYSBP_5YR <140 and DIASBP_5YR <90

**HTN_5YR:** categories of hypertension *(NIH 1997)*  
0: 0<=SYSBP_5YR <140 and 0<=DIASBP_5YR <90 and HTNMD_5YR =0 (not taking hypertension meds)  
1: SYSBP_5YR >=140 or DIASBP_5YR >=90 or HTNMD_5YR =1 (taking hypertension meds)

**HTNMD_5YR:** taking hypertension medications (see medication section)  
1: YES  
0: NO

**ALLOHIGHBP_5YR:** alternative categories of blood pressure  
0: SYSBP_5YR<148 and DIASBP_5YR <83  
1: SYSBP_5YR >=148 or DIASBP_5YR >=83

**PULSE_5YR:** average pulse  
\[ \text{PULSE}_5YR = \frac{(PULSE2A_5YR + PULSE2B_5YR + PULSE3A_5YR + PULSE3B_5YR)}{4} \]
(MHA) MIGRATION HISTORY

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

CO-INFORMANT

1. Have you gone to Puerto Rico since your last interview? (Remind SUBJ of the date of their last interview)
   □ No
   □ Yes

2. When was your last visit? If SUBJ has trouble remembering, PROMPT In what month did you go? Did you arrive at the beginning of the month? The end of the month?
   □ No
   □ Yes
   (If NO, skip to next section)  MH13_5YR

3. When did you return to _______________
   (Insert neighborhood where participant lives)?
   MH14_5YR

3. DATE If SUBJ has trouble remembering, PROMPT In what month did you return? Did you return at the beginning of the month? The end of the month?
   MH15T_5YR

(If SUBJ says beginning code day as 15 & if SUBJ says end code day as 30)

INTERVIEWER'S COMMENTS: MH_C_5YR
(SE) SUN EXPOSURE

CO-INFORMANT  □ No  □ Yes

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.):  

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?:

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)?

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?

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

Or

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

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

INTERVIEWER'S COMMENTS:
WORK HISTORY AND INCOME

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

CO-INFORMANT

1. Since your last interview, have you held a paid job for more than three months?
   - No
   - Yes

2. Are you currently working?
   - No
   - Yes

3. What is your current job? Type of job

4. How many hours per week do you work?

5. When do you plan to stop working?
   - (Year (Enter 9998 if dk) (Answer and skip to #7))

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

7. Who manages the household money?
   - Yourself (Study subject)
   - Spouse
   - Son/Stepson
   - Daughter/Stepdaughter
   - Brother/Brother-in-law
   - Sister/Sister-in-law
   - Grandson
   - Granddaughter
   - Other

INTERVIEWER'S COMMENTS:
(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.

<table>
<thead>
<tr>
<th>CO-INFORMANT</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

**SCREENER**

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

<table>
<thead>
<tr>
<th></th>
<th>Enough of the kinds of food we want to eat (GO TO SECTION B)</th>
<th>Enough but not always the kinds of food we want (GO TO 1b)</th>
<th>Sometimes not enough to eat (GO TO 1a)</th>
<th>Often not enough (GO TO 1a)</th>
<th>Refused (GO TO SECTION B)</th>
<th>Don't know (GO TO SECTION B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Not enough money for food

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

2. Not enough time for shopping or cooking

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

3. Too hard to get to the store

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

4. On a diet

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

5. No working stove available

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

7. Other

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Don't know</th>
</tr>
</thead>
</table>
3. Not enough time for shopping or cooking
   - No
   - Yes
   - Don't know

4. Too hard to get to the store
   - No
   - Yes
   - Don't know

5. On a special diet
   - No
   - Yes
   - Don't know

Other, specify

______________________________

FSS1B6_5YR
**FOOD SECURITY SCALE**

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

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Responses</th>
<th>Codebook</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (I / We) worried whether (my/our) food would run out before (I / we) got money to buy more.</td>
<td>Frequently</td>
<td>Sometimes</td>
</tr>
<tr>
<td>2. The food that (I / we) bought just didn't last, and (I / we) didn't have money to get more.</td>
<td>Frequently</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3. (I / we) couldn't afford to eat balanced meals.</td>
<td>Frequently</td>
<td>Sometimes</td>
</tr>
</tbody>
</table>

1st-level screen:

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

4. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? | No | Yes | FSS5_5YR | (If NO, GO TO #5) |

4a. How often did this happen? | Almost every month | Some months | 1-2 months | (READ ANSWER OPTIONS) | FSS5A_5YR |

5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? | No | Yes | FSS6_5YR |

6. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? | No | Yes | FSS7_5YR |
7. In the last 12 months, did you lose weight because you didn't have enough money for food? □ No □ Yes

**2nd - level screen:**

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

8. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food? □ No □ Yes ((If NO GO to next section))

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

**INTERVIEWER'S COMMENTS:**

**DERIVED FOOD SECURITY SCALE VARIABLES**

**FSG_5YR:**
1: food secure
2: food insecure without hunger
3: food insecure with hunger, moderate
4: food insecure with hunger, severe
(HC) HOUSEHOLD COMPOSITION

CO-INFORMANT

☐ No
☐ Yes

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

1. How many persons live here, including yourself?

   ________________________________ HC1_5YR

How many persons 0-5 years old live here, including yourself?

   ________________________________ HC1B_5YR

How many persons 6-12 years old live here, including yourself?

   ________________________________ HC1C_5YR

2. Who are the members of your household?

SUBJECT (HOUSEHOLD MEMBER 1)

Age:

   ________________________________ HC2AGE1_5YR

Sex:

☐ Male
☐ Female

HOUSEHOLD MEMBER 2

Relationship:

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

   ________________________________ HC2R2_5YR

Age:

   ________________________________ HC2AGE2_5YR

Sex:

☐ Female
☐ Male

HOUSEHOLD MEMBER 3

Relationship:

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

   ________________________________ HC2R3_5YR

Age:

   ________________________________ HC2AGE3_5YR
Sex:  
   ☐ Female  
   ☐ Male  

HOUSEHOLD MEMBER 4

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

Age:  

Sex:  
   ☐ Female  
   ☐ Male  

HOUSEHOLD MEMBER 5

Relationship:  

Age:  

Sex:  
   ☐ Female  
   ☐ Male  

HOUSEHOLD MEMBER 6

Relationship:  

Age:  

Sex:  
   ☐ Female  
   ☐ Male  

HOUSEHOLD MEMBER 7

Relationship:  

Age:  

Sex:  
   ☐ Female  
   ☐ Male  

19
HOUSEHOLD MEMBER 8

Relationship: HC2R8_5YR
Age: HC2AGE8_5YR
Sex: □ Female □ Male HC2SX8_5YR

HOUSEHOLD MEMBER 9

Relationship: HC2R9_5YR
Age: HC2AGE9_5YR
Sex: □ Female □ Male HC2SX9_5YR

HOUSEHOLD MEMBER 10

Relationship: HC2R10_5YR
Age: HC2AGE10_5YR
Sex: □ Female □ Male HC2SX10_5YR

HOUSEHOLD MEMBER 11

Relationship: HC2R11_5YR
Age: HC2AGE11_5YR
Sex: □ Female □ Male HC2SX11_5YR

HOUSEHOLD MEMBER 12

Relationship: HC2R12_5YR
Age: HC2AGE12_5YR
Sex: □ Female □ Male HC2SX12_5YR
HOUSEHOLD MEMBERS

3. Do any one other than you rents or owns this house
   □ No or apartment?  
   □ Yes  
   HC3A_5YR

   a. Who is this person?
      □ Household member 1  
      □ Household member 2  
      □ Household member 3  
      □ Household member 4  
      □ Household member 5  
      □ Household member 6  
      □ Household member 7  
      □ Household member 8  
      □ Household member 9  
      □ Household member 10  
      □ Household member 11  
      □ Household member 12  
      (if S is HH head, select HOUSEHOLD MEMBER 1, AND select the other one from your list above)

   b. What was the highest grade completed by _________________ (HH head)?
      □ No schooling  
      □ Kindergarten to 4th grade  
      □ 5th to 6th grade  
      □ 7th to 8th grade  
      □ 9th grade  
      □ 10th grade  
      □ 11th grade  
      □ 12th grade  
      □ High school graduate HS diploma or equivalent/GED  
      □ Some college credit, but less than 1 year  
      □ One or more years of college no degree  
      □ Associate degree i.e. AA, AS Bachelor's  
      □ degree, i.e. BA, BS, AB Masters (i.e. MS, MA, MEng, MBA) Professional  
      □ degree, (i.e. MD, JD, DDS) Doctorate  
      □ degree, (i.e. PhD, EdD) Refused  
      □ Don't remember (dr)  
      □ Don't know (dk)  
      □ ((Answer for other member))  
      HC7_5YR

4. Is the home where you live
   □ Owned or being bought by you (or someone in your household)?  
   □ Rented for money?  
   □ Occupied without payment of money or rent?  
   □ Other  
   HC4X_5YR

   Other, specify  
   HC4TX_5YR

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

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

6. CURRENT MARITAL STATUS: Which of the following categories best describes your current marital status?
   □ Married/ living as married, spouse in HH  
   □ Married, spouse not in HH  
   □ Divorced/ separated  
   □ Widowed  
   □ Never married  
   ((READ ALL CATEGORIES))  
   HC8_5YR
**DERIVED HOUSEHOLD COMPOSITION VARIABLES**

**AGE_5YR:** Calculated from date of visit and birth date

\[ \text{AGE}_5\text{YR} = \text{int}((\text{END\_DATE1}_5\text{YR} - \text{BDATE})/365.25) \]

**VIS3_DT_5YR:** date of five-year visit

\[ \text{VIS3\_DT}_5\text{YR} = \text{END\_DATE1}_5\text{YR} \]

**VIS2_DT_2YR:** date of two-year visit

**VIS1_DT:** date of baseline visit

**YEARVIS_5YR:** year of five-year visit

**FEMALE_5YR:** sex of subject

1: female

0: male

**HC5_5YR:** time in years living at current residence

**EDUC3:** reclassified education of subject

- **BASELINE VARIABLE**
  - 1: No schooling or less than 5th grade (EDUC = 1 OR 2)
  - 2: 5th – 9th grade (EDUC = 3 OR 4)
  - 3: 9th – 12th 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-4th grade
  - 3: 5th-6th grade
  - 4: 7th-8th grade
  - 5: 9th grade
  - 6: 10th grade
  - 7: 11th grade
  - 8: 12th 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 8th grade

- **BASELINE VARIABLE**
  - 0: Subject with greater than 8th grade education (EDUC > 4)
  - 1: Subject with less than or equal to 8th 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
☐ Yes

SUBJECT (HOUSEHOLD MEMBER 1)

Source of Income

☐ Employment
☐ TANF
☐ SSI
☐ SSDI
☐ Child Support
☐ Pension
☐ Retirement
☐ Food Stamps (ATDP)
☐ Other1
☐ Other2

((CHECK ALL THAT APPLY))

Amount (Employment)

HI1AMT0_5YR

(Codes: -997 Refused -998 DK)

Frequency (Employment)

☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Yearly

HI1FREQ0_5YR

Amount (TANF)

HI1AMT1_5YR

(Codes: -997 Refused -998 DK)

Frequency (TANF)

☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Yearly

HI1FREQ1_5YR

Amount (SSI)

HI1AMT2_5YR

(Codes: -997 Refused -998 DK)

Frequency (SSI)

☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Yearly

HI1FREQ2_5YR

Amount (SSDI)

HI1AMT3_5YR

(Codes: -997 Refused -998 DK)

Frequency (SSDI)

☐ Weekly
☐ Bi-Weekly
☐ Monthly
☐ Yearly

HI1FREQ3_5YR

Amount (Child Support)

HI1AMT4_5YR

(Codes: -997 Refused -998 DK)
Frequency (Child Support)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Amount (Pension)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Frequency (Pension)

Amount (Retirement)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Frequency (Retirement)

Amount (Food Stamps - ATDP)

- Weekly
- Bi-Weekly
- Monthly
- Yearly

Frequency (Food Stamps - ATDP)

Other 1, specify:

Amount:

Frequency:

Other 2, specify:

Amount:

Frequency:

HOUSEHOLD MEMBER 2

Relationship to Subject 1:

Source of Income

- Employment
- TANF
- SSD
- SSDI
- Child Support
- Pension
- Retirement
- Food Stamps (ATDP)
- Other1
- Other2
<table>
<thead>
<tr>
<th>Amount (Employment)</th>
<th>((CHECK ALL THAT APPLY ))</th>
</tr>
</thead>
<tbody>
<tr>
<td>HI2AMT0_5YR</td>
<td>(Codes: -997 Refused -998 DK)</td>
</tr>
<tr>
<td>Frequency (Employment)</td>
<td></td>
</tr>
<tr>
<td>HI2FREQ0_5YR</td>
<td></td>
</tr>
</tbody>
</table>

| Amount (TANF) |                                      |
| HI2AMT1_5YR   | (Codes: -997 Refused -998 DK) |
| Frequency (TANF) |                                   |
| HI2FREQ1_5YR  |                                   |

| Amount (SSI) |                                      |
| HI2AMT2_5YR  | (Codes: -997 Refused -998 DK) |
| Frequency (SSI) |                                   |
| HI2FREQ2_5YR  |                                   |

| Amount (SSDI) |                                      |
| HI2AMT3_5YR   | (Codes: -997 Refused -998 DK) |
| Frequency (SSDI) |                                |
| HI2FREQ3_5YR  |                                |

| Amount (Child Support) |                                      |
| HI2AMT4_5YR           | (Codes: -997 Refused -998 DK) |
| Frequency (Child Support) |                                   |
| HI2FREQ4_5YR          |                                   |

| Amount (Pension) |                                      |
| HI2AMT5_5YR      | (Codes: -997 Refused -998 DK) |
| Frequency (Pension) |                                   |
| HI2FREQ5_5YR     |                                   |

| Amount (Retirement) |                                      |
| HI2AMT6_5YR        | (Codes: -997 Refused -998 DK) |
| Frequency (Retirement) |                               |
| HI2FREQ6_5YR       |                               |

| Amount (Food Stamps - ATDP) |                                      |
| HI2AMT7_5YR               | (Codes: -997 Refused -998 DK) |
| Frequency (Food Stamps - ATDP) |                                 |
| HI2FREQ7_5YR              |                                 |
### Household Member 3

**Relationship to Subject 1:**

- Employment
- TANF
- SSI
- SSDI
- Child Support
- Pension
- Retirement
- Food Stamps (ATDP)
- Other1
- Other2

- (CHECK ALL THAT APPLY)

**Source of Income:**

- (Use Codes from previous page)

**Amount:**

- H13T_5YR

- (Codes: -997 Refused -998 DK)

**Frequency:**

- Weekly
- Bi-Weekly
- Monthly
- Yearly

**Amount (TANF):**

- H13T_5YR

- (Codes: -997 Refused -998 DK)

**Frequency (TANF):**

- Weekly
- Bi-Weekly
- Monthly
- Yearly

**Amount (SSI):**

- H13T_5YR

- (Codes: -997 Refused -998 DK)

**Frequency (SSI):**

- Weekly
- Bi-Weekly
- Monthly
- Yearly
Amount (SSDI)

(HI3AMT3_5YR)
(Codes: -997 Refused -998 DK)

Frequency (SSDI)

(HI3FREQ3_5YR)

Amount (Child Support)

(HI3AMT4_5YR)

Frequency (Child Support)

(HI3FREQ4_5YR)

Amount (Pension)

(HI3AMT5_5YR)

Frequency (Pension)

(HI3FREQ5_5YR)

Amount (Retirement)

(HI3AMT6_5YR)

Frequency (Retirement)

(HI3FREQ6_5YR)

Amount (Food Stamps - ATDP)

(HI3AMT7_5YR)

Frequency (Food Stamps - ATDP)

(HI3FREQ7_5YR)

Other 1, specify:

Amount:

(HI3AMT8_5YR)

Frequency:

(HI3FREQ8_5YR)

Other 2, specify:

Amount:

(HI3AMT9_5YR)

Frequency:
### HOUSEHOLD MEMBER 4

**Relationship to Subject 1:**

((Use Codes from previous page) )

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>HI4SI_5YR_0</td>
</tr>
<tr>
<td>TANF</td>
<td>HI4SI_5YR_1</td>
</tr>
<tr>
<td>SSI</td>
<td>HI4SI_5YR_2</td>
</tr>
<tr>
<td>SSDI</td>
<td>HI4SI_5YR_3</td>
</tr>
<tr>
<td>Child Support</td>
<td>HI4SI_5YR_4</td>
</tr>
<tr>
<td>Pension</td>
<td>HI4SI_5YR_5</td>
</tr>
<tr>
<td>Retirement</td>
<td>HI4SI_5YR_6</td>
</tr>
<tr>
<td>Food Stamps (ATDP)</td>
<td>HI4SI_5YR_7</td>
</tr>
<tr>
<td>Other1</td>
<td>HI4SI_5YR_8</td>
</tr>
<tr>
<td>Other2</td>
<td>HI4SI_5YR_9</td>
</tr>
</tbody>
</table>

((CHECK ALL THAT APPLY) )

**Amount (Employment)**

((Codes: -997 Refused -998 DK) )

<table>
<thead>
<tr>
<th>HI4AMT0_5YR</th>
</tr>
</thead>
</table>

**Frequency**

<table>
<thead>
<tr>
<th>HI4FREQ0_5YR</th>
</tr>
</thead>
</table>

**Amount (TANF)**

((Codes: -997 Refused -998 DK) )

<table>
<thead>
<tr>
<th>HI4AMT1_5YR</th>
</tr>
</thead>
</table>

**Frequency (TANF)**

<table>
<thead>
<tr>
<th>HI4FREQ1_5YR</th>
</tr>
</thead>
</table>

**Amount (SSI)**

((Codes: -997 Refused -998 DK) )

<table>
<thead>
<tr>
<th>HI4AMT2_5YR</th>
</tr>
</thead>
</table>

**Frequency (SSI)**

<table>
<thead>
<tr>
<th>HI4FREQ2_5YR</th>
</tr>
</thead>
</table>

**Amount (SSDI)**

((Codes: -997 Refused -998 DK) )

<table>
<thead>
<tr>
<th>HI4AMT3_5YR</th>
</tr>
</thead>
</table>

**Frequency (SSDI)**

<table>
<thead>
<tr>
<th>HI4FREQ3_5YR</th>
</tr>
</thead>
</table>

**Amount (Child Support)**

((Codes: -997 Refused -998 DK) )

<table>
<thead>
<tr>
<th>HI4AMT4_5YR</th>
</tr>
</thead>
</table>

**Frequency (Child Support)**

<table>
<thead>
<tr>
<th>HI4FREQ4_5YR</th>
</tr>
</thead>
</table>

**Amount (Pension)**

((Codes: -997 Refused -998 DK) )

<table>
<thead>
<tr>
<th>HI4AMT5_5YR</th>
</tr>
</thead>
</table>

**Frequency (Pension)**

<table>
<thead>
<tr>
<th>HI4FREQ5_5YR</th>
</tr>
</thead>
</table>
Amount (Retirement)  

HI4AMT6_5YR  
(Codes: -997 Refused -998 DK)  

Frequency (Retirement)  

☐ Weekly  
☐ Bi-Weekly  
☐ Monthly  
☐ Yearly  

HI4FREQ6_5YR  

Amount (Food Stamps - ATDP)  

HI4AMT7_5YR  
(Codes: -997 Refused -998 DK)  

Frequency (Food Stamps - ATDP)  

☐ Weekly  
☐ Bi-Weekly  
☐ Monthly  
☐ Yearly  

HI4FREQ7_5YR  

Other 1, specify:  

HI4SI8T_5YR  

Amount:  

HI4AMT8_5YR  
(Codes: -997 Refused -998 DK)  

Frequency:  

☐ Weekly  
☐ Bi-Weekly  
☐ Monthly  
☐ Yearly  

HI4FREQ8_5YR  

Other 2, specify:  

HI4SI9T_5YR  

Amount:  

HI4AMT9_5YR  
(Codes: -997 Refused -998 DK)  

Frequency:  

☐ Weekly  
☐ Bi-Weekly  
☐ Monthly  
☐ Yearly  

HI4FREQ9_5YR  

INTERVIEWER'S COMMENTS:  

HI_C_5YR
**DERIVED HOUSEHOLD INCOME VARIABLES**

**HI_EMPLOY_5YR**

\[ HI_{\text{EMPLOY}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}0_{\text{5YR}}, \text{HI2YEAR}0_{\text{5YR}}, \text{HI3YEAR}0_{\text{5YR}}, \text{HI4YEAR}0_{\text{5YR}}) \]

**HI_TANF_5YR**

\[ HI_{\text{TANF}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}1_{\text{5YR}}, \text{HI2YEAR}1_{\text{5YR}}, \text{HI3YEAR}1_{\text{5YR}}, \text{HI4YEAR}1_{\text{5YR}}) \]

**HI_SSI_5YR**

\[ HI_{\text{SSI}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}2_{\text{5YR}}, \text{HI2YEAR}2_{\text{5YR}}, \text{HI3YEAR}2_{\text{5YR}}, \text{HI4YEAR}2_{\text{5YR}}) \]

**HI_SSDI_5YR**

\[ HI_{\text{SSDI}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}3_{\text{5YR}}, \text{HI2YEAR}3_{\text{5YR}}, \text{HI3YEAR}3_{\text{5YR}}, \text{HI4YEAR}3_{\text{5YR}}) \]

**HI_CHILD_5YR**

\[ HI_{\text{CHILD}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}4_{\text{5YR}}, \text{HI2YEAR}4_{\text{5YR}}, \text{HI3YEAR}4_{\text{5YR}}, \text{HI4YEAR}4_{\text{5YR}}) \]

**HI_PENSION_5YR**

\[ HI_{\text{PENSION}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}5_{\text{5YR}}, \text{HI2YEAR}5_{\text{5YR}}, \text{HI3YEAR}5_{\text{5YR}}, \text{HI4YEAR}5_{\text{5YR}}) \]

**HI_RETIRE_5YR**

\[ HI_{\text{RETIRE}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}6_{\text{5YR}}, \text{HI2YEAR}6_{\text{5YR}}, \text{HI3YEAR}6_{\text{5YR}}, \text{HI4YEAR}6_{\text{5YR}}) \]

**HI_STAMP_5YR**

\[ HI_{\text{STAMP}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}7_{\text{5YR}}, \text{HI2YEAR}7_{\text{5YR}}, \text{HI3YEAR}7_{\text{5YR}}, \text{HI4YEAR}7_{\text{5YR}}) \]

**HI_OTHER1_5YR**

\[ HI_{\text{OTHER1}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}8_{\text{5YR}}, \text{HI2YEAR}8_{\text{5YR}}, \text{HI3YEAR}8_{\text{5YR}}, \text{HI4YEAR}8_{\text{5YR}}) \]

**HI_OTHER2_5YR**

\[ HI_{\text{OTHER2}}_{\text{5YR}} = \text{SUM}(HI1\text{YEAR}9_{\text{5YR}}, \text{HI2YEAR}9_{\text{5YR}}, \text{HI3YEAR}9_{\text{5YR}}, \text{HI4YEAR}9_{\text{5YR}}) \]

**HI_TOT_5YR**

\[ HI_{\text{TOT}}_{\text{5YR}} = HI_{\text{EMPLOY}}_{\text{5YR}} + HI_{\text{TANF}}_{\text{5YR}} + HI_{\text{SSI}}_{\text{5YR}} + HI_{\text{SSDI}}_{\text{5YR}} + HI_{\text{CHILD}}_{\text{5YR}} + HI_{\text{PENSION}}_{\text{5YR}} + HI_{\text{RETIRE}}_{\text{5YR}} + HI_{\text{STAMP}}_{\text{5YR}} + HI_{\text{OTHER1}}_{\text{5YR}} + HI_{\text{OTHER2}}_{\text{5YR}} \]

**HI_NOTEMPLOY_5YR**

\[ HI_{\text{NOTEMPLOY}}_{\text{5YR}} = HI_{\text{TOT}}_{\text{5YR}} - HI_{\text{EMPLOY}}_{\text{5YR}} \]

***Note, all the variables used to create these derived variables (HI1YEAR0_{\text{5YR}} –HI1YEAR9_{\text{5YR}}, HI2YEAR0_{\text{5YR}} –HI2YEAR9_{\text{5YR}}, HI3YEAR0_{\text{5YR}} –HI3YEAR9_{\text{5YR}}, HI4YEAR0_{\text{5YR}} –HI4YEAR9_{\text{5YR}}) are not included in the released database, but are included in an ancillary database and are available upon request. Please request them instead of trying to rederive these variables.***

Use Poverty Threshold Table (see Appendix) to look up values: Find year subject interviewed (VIS2\_DT\_5YR), size of family unit (HC1\_5YR), total household income (HI\_TOT\_5YR), and threshold dollar amount.

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

1: HI\_TOT\_5YR <= Threshold
0: HI\_TOT\_5YR > Threshold

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

\[ = HI_{\text{TOT}}_{\text{5YR}} / \text{Threshold} \]

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

1: INCOMEPOVRATIO\_5YR <= 120
0: INCOMEPOVRATIO\_5YR >120
INDIVIDUAL SOCIODEMOGRAPHICS WEALTH

1. Do you or anyone else living with you own a car, truck, or van?
   - No
   - Yes
   - ISW1_5YR

2. Is there a computer or other device in the household that can be used to access the internet?
   - No
   - Yes
   - ISW2_5YR
   - Yes, someone else owns it ((If NO, GO to #3))

2a. How often do you use it?
   - Daily
   - Weekly
   - Monthly
   - Yearly
   - Less than once a year/never
   - ISW2A_5YR

3. Do you own a cell phone?
   - No
   - Yes
   - ISW3_5YR
   - ((If NO, GO to #4))

   How often do you use it?
   - Daily
   - Weekly
   - Monthly
   - Yearly
   - Less than once a year/never
   - ISW3A_5YR

4. Altogether, what is the present value of your total savings, assets, (anything of value you possess such as investments), and property (including home?)
   - Less than $500
   - $500 to $4,999
   - $5,000 to $9,999
   - $10,000 to $24,999
   - $25,000 to $49,999
   - $50,000 to $99,999
   - $100,000 to $199,999
   - $200,000 to $299,999
   - $300,000 to $499,999
   - $500,000 or more
   - Refused
   - Don't know
   - ISW4_5YR

5. If you or anyone else living with you lost your current source of income (your paycheck, public assistance, or other forms of income), how long could you continue to live at your current address and standard of living?
   - Less than 1 month
   - 1-2 months
   - 3-6 months
   - 7-12 months
   - More than a year
   - ISW5_5YR

INTERVIEWER’S COMMENTS: ________________________________
(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))

2a. How many pounds have you lost or gained?  
   (lbs)  

2b.  
   □ Lost  
   □ Gained  

3. Was the weight loss/gain intentional?  
   □ No  
   □ Yes  
   □ Don't know  
   ((If YES, GO TO #5))

4. Why do you think you lost or gained weight?  

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

5a. Weight  
   (lbs)  

5b. Weight  
   (lbs)  

6a. Standing Height (cm)  

6b. Standing Height (cm)  

7. Posture  
   □ Straight  
   □ Slightly stooped - (between straight and 45° angle)  
   □ Very stooped - (45° angle)  

8a. Knee height (cm)  

8b. Knee height (cm)  

9a. Waist: Measurement at point of bellybutton (cm)  

9b. Waist: Measurement at point of bellybutton (cm)  

INTERVIEWER'S COMMENTS:  

ANT_C_5YR
DERIVED ANTHROPOMETRY VARIABLES

Note: Hip circumference was not measured during this stage

KNEE_HT_5YR  average knee height (cm)
   knee_ht_5yr= (ant8a_5yr + ant8b_5yr)/2

HT_M_5YR   : average of height measurements (m)
   Height is calculated using the following formula for all subjects except those with lower body amputations.
   (ANT6A_5YR/100 + ANTB_5YR/100)/2
   Note: For subjects with lower body amputations, height is calculated using the following algorithm.
   If OBS7A_5YR =2 (i.e. if the subject has lower body amputations), then
   \[ HT_M_5YR = \frac{68.68 + 1.90*\text{KNEE_HT_5YR} - 0.123*\text{AGE_5YR}}{100} \text{ for Females.} \]
   \[ HT_M_5YR = \frac{76.02 + 1.79*\text{KNEE_HT_5YR} - 0.070*\text{AGE_5YR}}{100} \text{ for Males} \]

WT_KG_5YR  average weight (kg)
   WT_KG_5YR= (ANT5A_5YR/2.2 + ANT5B_5YR/2.2)/2

WAIST_5YR  average waist size (cm)
   WAIST_5YR= (ANT9A_5YR + ANT9B_5YR)/2

BMI_5YR  body mass index (BMI)
   BMI_5YR= WT_KG_5YR/(HT_M_5YRHT_M_5YR)
   if WT_KG_5YR = 997 or HT_M_5YR = 997 then BMI_5YR = 997
   if WT_KG_5YR = 998 or HT_M_5YR = 998 then BMI_5YR = 998
   if WT_KG_5YR = 999 or HT_M_5YR = 999 then BMI_5YR = 999

BMI_IMPUTE_5YR
   if OBS7A_5YR=2 then BMI_IMPUTE_5YR=1

BMIZZ_5YR  bmi according to NIH 2000
   0: if BMI_5yr < 25
   1: if 25 <= BMI_5yr < 30
   2: BMI_5yr >= 30

BMIZZ2_5YR  bmi with increased intervals
   0: BMI_5YR < 18.5
   1: 18.5 <= BMI_5YR < 25
   2: 25 <= BMI_5YR < 30
   3: 30 <= BMI_5YR < 35
   4: 35 <= BMI_5YR < 40
   5: BMI_5YR >= 40

WAISTZZ_5YR  categorizing waist based on NIH 2000
   0: FEMALE_5YR=1 and WAIST_5YR<=102
   0: FEMALE_5YR=2 and WAIST_5YR<=88
   1: FEMALE_5YR=1 and WAIST_5YR>102
   1: FEMALE_5YR=2 and WAIST_5YR>88
(PPT) PHYSICAL PERFORMANCE TESTS

1. Handgrip measurements

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

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

Measurements:

Trial 1:
- Right Hand (Force in Kg)  
- Left Hand (Force in Kg)

Trial 2:
- Right Hand (Force in Kg)  
- Left Hand (Force in Kg)

Trial 2:
- Right Hand (Force in Kg)  
- Left Hand (Force in Kg)

2. Foot tapping

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

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

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

Right Foot Time for taps (30 seconds maximum):

Left Foot Time for taps (30 seconds maximum):

If unable to do, or refused, or not performed please indicate why
3. Stand Up from Chair 5 Times

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

a. Chair Height: From floor to lowest point of chair

b. Chair stands:

**Instructions:** You must go from sitting to standing as fast as you can 5 times without using your arms for help.
-96. Unable to do (ex. Chair bound)
-97. Refused
-98. Not performed, safety reasons
-99. Not done due to equipment problem (ex. No suitable chair)

INTERVIEWER: If unable to do, or refused, or not performed please indicate why

Time: If five stands done successfully

---

4. Semi-Tandem Stand

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

Total time

**Instructions:** Try to hold this position until I say "stop".
-96. Unable to do
-97. Refused
-98. Not performed, safety reasons
0. Walking aid needed to perform test

INTERVIEWER: If unable to do, or refused, please indicate why

a. Compensatory Movements (a) Moves arms
   - No
   - Yes

b. Compensatory Movements (b) Trunk swaying
   - No
   - Yes

---

5. Tandem Stand - Eyes Open

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

Total time:

**Instructions:** Try to hold this position until I say "stop".
-96. Unable to do
-97. Refused
-98. Not performed, safety reasons

(If coded as -96 ~ -98, GO to NEXT SECTION)
6. Ten-Foot Walk

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

a. **10 Foot Walk**

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

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

b. **Stagger, Unsteady**

- No
- Yes

INTERVIEWER: If unable to do, or refused, or not performed please indicate why

c. **Walking aid**

- No
- Yes
- NA

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

d. **Time 1:**

- -95 Unable to do, holds on to object (ex. Wall or chair, **NOT** walking aid)
- -97. Refused
- -98. Not performed, safety reasons

INTERVIEWER: If unable to do, or refused, or not performed please indicate why

e. **Time 2:**

- -95 Unable to do, holds on to object (ex. Wall or chair, **NOT** walking aid)
- -97. Refused
- -98. Not performed, safety reasons

INTERVIEWER: If unable to do, or refused, or not performed please indicate why

INTERVIEWER: Record the setting for the 10 ft walk.

g. **Type of walking surface**

- UncARPeted
- Low carpet
- Other

**Other, specify**
INTERVIEWER'S COMMENTS: PPT_C_5YR

DERIVED PHYSICAL PERFORMANCE TEST VARIABLES

There are multiple levels of “missing” data for the following variables. All levels are treated as missing data in analyses, but when missing is included as a level, can now distinguish in SAS between the following:

- Missing
- Refused
- Tried, Unable
- Not Applicable
- Don’t Know
- Not Performed, Safety
- Don’t Remember

PPT2M_5Y time to complete 5 foot taps, unclear which foot

HANDGRIP_SC_5YR maximum handgrip score

CHSTIME_5YR time to complete 5 chair stands successfully
   if PPT3B_1_5YR = 5 then CHSTIME_5YR = PPT3C_5YR

BALANCE_A_5YR balance time
   multiple balance times

BBALANCE_A_5YR able to maintain balance for 10 seconds

WALKTIMECORR_5YR time to complete 10 foot walk, corrected for fact that it is really a 20 foot walk
   multiple timed walks
(ACT) PHYSICAL ACTIVITY

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

CO-INFORMANT: □ No □ Yes

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

Please report where the activity is done

ACT1C_5YR_1
ACT1C_5YR_2
ACT1C_5YR_3
ACT1C_5YR_97

Other, specify

ACT1CT_5YR

1b. Weekend: □ Home inside □ Home outside (ex. porch or yard) □ Other □ Refused ((CHECK ALL THAT APPLY))

Please report where the activity is done

ACT1C_5YR_1
ACT1C_5YR_2
ACT1C_5YR_3
ACT1C_5YR_97

Other, specify

ACT1CT_5YR

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

2a. Weekday: □ 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))

Please report where the activity is done

ACT2C_5YR__1
ACT2C_5YR__2
ACT2C_5YR__3
ACT2C_5YR__4
ACT2C_5YR__5
ACT2C_5YR__6
ACT2C_5YR__7
ACT2C_5YR__8
ACT2C_5YR__97

Other, specify

ACT2CT_5YR

2b. Weekend: □ 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))

Please report where the activity is done

ACT2C_5YR__1
ACT2C_5YR__2
ACT2C_5YR__3
ACT2C_5YR__4
ACT2C_5YR__5
ACT2C_5YR__6
ACT2C_5YR__7
ACT2C_5YR__8
ACT2C_5YR__97

Other, specify

ACT2CT_5YR
MODERATE ACTIVITY (heavy housework, light sports, regular walking, dancing, yard work, painting, repairing, light carpentry, bicycling on level ground, etc.)

3a. Weekday: (Hours per day for a usual WEEKDAY)

3b. Weekend: (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

- 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

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

4a. Weekday: (Hours per day for a usual WEEKDAY)

4b. Weekend: (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

- 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

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

5a. Weekday: (Hours per day for a usual WEEKDAY)
5b. Weekend:

Please report where the activity is done

☐ 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

ACT5B_5YR

TOTAL HOURS

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

TOTAL WEEKDAY:

TOTAL WEEKEND:

7. About how far from your home is the place you use 6 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

ACT6A_5YR

ACT6B_5YR

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

☐ Less active than usual
☐ More active than usual
☐ As active as usual

ACT6C_5YR

ACT7_5YR

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

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

ACT8_5YR

ACT9_5YR

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

(Blocks)
OR how many minutes do you walk each day?

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

12. What is your usual pace of walking?

blks/hour)

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

INTERVIEWER’S COMMENTS: _____________________________________________________________________________________________

DERIVED PHYSICAL ACTIVITY VARIABLES

MILES_5YR number of miles walker per day (assuming one mile=12 blocks or 30 minutes)
if ACT9_5YR ne . then miles_5yr=act9_5yr*0.0833
if ACT9_5YR = . then miles_5yr=act9b_5yr*0.0333

if act9_5yr=0 and act9b_5yr ne . then miles_5yr= act9b_5yr *0.0333
if act9_5yr=0 and act9b_5yr= . then miles_5yr= act9_5yr

PA_SCORE_5YR total physical activity score
act_slep_5yr = round(((act1a_5yr*5)+(act1b_5yr*2))/7,.01)
act_vig_5yr = round(((act2a_5yr*5)+(act2b_5yr*2))/7,.01)
act_mod_5yr = round(((act3a_5yr*5)+(act3b_5yr*2))/7,.01)
act_lt_5yr = round(((act4a_5yr*5)+(act4b_5yr*2))/7,.01)
act_sit_5yr = round(((act5a_5yr*5)+(act5b_5yr*2))/7,.01)
actavesum_5yr = round(sum(of act_slep_5yr act_vig_5yr act_mod_5yr act_lt_5yr act_sit_5yr),1)
pa_score_5yr = (act_slep_5yr *1.0)+(act_sit_5yr*1.1)+(act_lt_5yr*1.5)+(act_mod_5yr*2.4)+(act_vig_5yr*5.0)

EXPEND_5YR energy expenditure from physical activity
=(.9*wt_kg_5yr*act_slep_5yr)+(1.2*wt_kg_5yr*act_sit_5yr)+(1.8*wt_kg_5yr*act_lt_5yr)+(2.8*wt_kg_5yr*act_mod_5yr)+(4.5*wt_kg_5yr*act_vig_5yr)

PAZZ_5YR
Categorizing physical activity score
1: 0 <= pa_score_5yr < 30
2: 30 <= pa_score_5yr < 40
3: 40 <= pa_score_5yr < 50
4: pa_score_5yr >=50
(ETP) EXPOSURE TO POLLUTION

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

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

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

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

   a. Summer (June-August)

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

   b. Fall (September-November)

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

   c. Winter (December-February)

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

   d. Spring (March-May)

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

INTERVIEWER’S COMMENTS:  

__________________________________________

ETP1_5YR  ETP2A_5YR  ETP2B_5YR  ETP2C_5YR  ETP2D_5YR
### (ADL) Functional Status Activities of Daily Living

**Instructions:** I will now read a list of activities which, for various reasons -either health conditions or disability-some persons may experience difficulty when performing. Please tell me how difficult they are for you to do by yourself, without the use of special equipment. The answers I'll ask you to use are [READ CATEGORIES].

<table>
<thead>
<tr>
<th>CO-INFORMANT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. **Walking for a quarter of a mile (2 - 3 blocks)?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

2. **Walking up 10 steps without resting?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

3. **Getting outside?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

4. **Walking from one room to another on the same level?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

5. **Getting out of bed or chairs?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

6. **Eating, like holding a fork, cutting food or drinking from a glass?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

7. **Dressing yourself, including tying shoes, working zippers and doing buttons?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

8. **Bathing or showering?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

9. **Using the toilet, including getting to the toilet?**
   - With no difficulty
   - With some difficulty
   - With a lot of difficulty
   - Impossible to do

10. **Using a manual can opener?**
    - 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

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

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

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

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

INTERVIEWER’S COMMENTS:
**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].

<table>
<thead>
<tr>
<th>CO-INFORMANT:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?
   - [ ] With no difficulty
   - [ ] With some difficulty
   - [ ] With a lot of difficulty
   - [ ] Impossible to do
   - **IADL1_5YR**

2. Preparing your own meals?
   - [ ] With no difficulty
   - [ ] With some difficulty
   - [ ] With a lot of difficulty
   - [ ] Impossible to do
   - **IADL2_5YR**

3. Managing your money (such as keeping track of your expenses or paying bills)?
   - [ ] With no difficulty
   - [ ] With some difficulty
   - [ ] With a lot of difficulty
   - [ ] Impossible to do
   - **IADL3_5YR**

4. Shopping for personal items (such as toiletry items or medications)?
   - [ ] With no difficulty
   - [ ] With some difficulty
   - [ ] With a lot of difficulty
   - [ ] Impossible to do
   - **IADL4_5YR**

5. Food shopping?
   - [ ] With no difficulty
   - [ ] With some difficulty
   - [ ] With a lot of difficulty
   - [ ] Impossible to do
   - **IADL5_5YR**

6. Using the telephone?
   - [ ] With no difficulty
   - [ ] With some difficulty
   - [ ] With a lot of difficulty
   - [ ] Impossible to do
   - **IADL6_5YR**

**INTERVIEWER'S COMMENTS: ___________________________ IADL_C_5YR**
**DERIVED INSTRUMENTAL ACTIVITIES OF DAILY LIVING VARIABLES**

**ADL_SUM_5YR** summation of ADL scores  
\[ \text{ADL}_1\_5YR + \text{ADL}_2\_5YR + \text{ADL}_3\_5YR + \text{ADL}_4\_5YR + \text{ADL}_5\_5YR + \text{ADL}_6\_5YR + \text{ADL}_7\_5YR + \text{ADL}_8\_5YR + \text{ADL}_9\_5YR + \text{ADL}_{10}\_5YR + \text{ADL}_{11}\_5YR + \text{ADL}_{12}\_5YR \]

**ADL_CAT_5YR** categories of ADL
1: ADL_SUM_5YR = 0 (no impairment)  
2: 1 <= ADL_SUM_5YR <= 5 (some impairment)  
3: ADL_SUM_5YR >= 6 (considerable impairment)

**ADL_SC_5YR** categorizing ADL through a binary scale (Tucker 2000)
1: If ADL_SUM_5YR >= 1  
2: If ADL_SUM_5YR = 0

**IADL_SUM_5YR** summing IADL variables  
\[ \text{IADL}_1\_5YR + \text{IADL}_2\_5YR + \text{IADL}_3\_5YR + \text{IADL}_4\_5YR + \text{IADL}_5\_5YR + \text{IADL}_6\_5YR \]

**IADL_CAT_5YR** categories of IADL
1: IADL_SUM_5YR = 0 (no impairment)  
2: 1 <= IADL_SUM_5YR <= 6 (some impairment)  
3: IADL_SUM_5YR >= 7 (considerable impairment)

**IADL_SC_5YR** categorizing IADL through a binary scale (Tucker 2000)
1: If IADL_SUM_5YR >= 1  
2: If IADL_SUM_5YR = 0

**ADL_SUM_A_5YR** (algorithm applied)
- ADL1_5YR-ADL5_5YR: if <=2 are missing, the mean of the non-missing ADL1_5YR-ADL5_5YR is used in place of the missing data
- ADL6_5YR-ADL9_5YR: if <=2 are missing, the mean of the non-missing ADL6_5YR-ADL9_5YR is used in place of the missing data
- ADL10_5YR-ADL12_5YR: if <=1 are missing, the mean of the non-missing ADL10_5YR-ADL12_5YR is used in place of the missing data

\[ \text{ADL}_1\_A\_5YR + \text{ADL}_2\_A\_5YR + \text{ADL}_3\_A\_5YR + \text{ADL}_4\_A\_5YR + \text{ADL}_5\_A\_5YR + \text{ADL}_6\_A\_5YR + \text{ADL}_7\_A\_5YR + \text{ADL}_8\_A\_5YR + \text{ADL}_9\_A\_5YR + \text{ADL}_{10}\_A\_5YR + \text{ADL}_{11}\_A\_5YR + \text{ADL}_{12}\_A\_5YR \]

**ADL_CAT_A_5YR** categories of ADL
1: ADL_SUM_A_5YR = 0 (no impairment)  
2: 1 <= ADL_SUM_A_5YR <= 5 (some impairment)  
3: ADL_SUM_A_5YR >= 6 (considerable impairment)

**IADL_SUM_A_5YR** (algorithm applied):
- IADL1_5YR-IADL6_5YR: if <=3 are missing, the mean of the non-missing IADL1_5YR-IADL6_5YR are used in place of the missing data

\[ \text{IADL}_1\_A\_5YR + \text{IADL}_2\_A\_5YR + \text{IADL}_3\_A\_5YR + \text{IADL}_4\_A\_5YR + \text{IADL}_5\_A\_5YR + \text{IADL}_6\_A\_5YR \]

**IADL_CAT_A_5YR** categories of IADL
1: IADL_SUM_A_5YR = 0 (no impairment)  
2: 1 <= IADL_SUM_A_5YR <= 6 (some impairment)  
3: IADL_SUM_A_5YR >= 7 (considerable impairment)
**ADL Mobility:** (Tucker 2000)

ADLMOBSUM_5YR  adl mobility (Tucker 2000)
ADLMOBSUM_5YR = ADL1_5YR + ADL2_5YR + ADL3_5YR + ADL4_5YR + ADL5_5YR

ADLMOB_5YR
1:ADLMOBSUM_5YR >= 1
0:ADLMOBSUM_5YR = 0

**ADL self-care:** (Tucker 2000)

ADLCARESUM_5YR adl self-care (Tucker 2000)
ADLCARESUM_5YR = ADL6_5YR + ADL7_5YR + ADL8_5YR + ADL9_5YR

ADLCARE_5YR categories of adlcare
1:adlcaresum_5yr >= 1
0: adlcaresum_5yr = 0

**ADL manual dexterity:** (Tucker 2000)

ADLMANSUM_5YR
ADL10_5YR + ADL11_5YR + ADL12_5YR

ADLMAN_5YR categories of adlman
1: adlmansum_5yr >= 1
0: adlmansum_5yr = 0
**AT) NERVOUS ATTACKS**

Have you ever had an episode or nervous attack where you felt totally out of control? □ No □ Yes

((IF NO, skip to next section) )

**AT_5YR**

1. Shout a lot: □ No □ Yes
   **AT1_5YR**

2. Have crying attacks: □ No □ Yes
   **AT2_5YR**

3. Break things or become aggressive: □ No □ Yes
   **AT3_5YR**

4. Get very angry or in a rage: □ No □ Yes
   **AT4_5YR**

5. Feel very scared or frightened: □ No □ Yes
   **AT5_5YR**

6. Become hysterical: □ No □ Yes
   **AT6_5YR**

7. Tremble a lot: □ No □ Yes
   **AT7_5YR**

8. Feel strange like it was not you who was doing this: □ No □ Yes
   **AT8_5YR**

9. Had a period of amnesia: □ No □ Yes
   **AT9_5YR**

10. Get dizzy: □ No □ Yes
    **AT10_5YR**

11. Fall to the floor with a seizure: □ No □ Yes
    **AT11_5YR**

12. Have heart palpitations (your heart beat hard): □ No □ Yes
    **AT12_5YR**

13. Have chest tightness or heat in your chest: □ No □ Yes
    **AT13_5YR**

14. Faint or feel on the verge of fainting: □ No □ Yes
    **AT14_5YR**

15. Try to hurt yourself or attempt suicide: □ No □ Yes
    **AT15_5YR**

---

**INTERVIEWER'S COMMENTS:**

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

**CO-INFORMANT**

1. Would you say your health in general is excellent, very good, good, fair, or poor?  
   - Excellent  
   - Very good  
   - Good  
   - Fair  
   - Poor  
   - HHC1_5YR

2. How long has it been since your most recent visit for health advice or care?  
   - Less than 1 month  
   - 1 month, less than 6 months  
   - 6 months, less than 1 year  
   - 1 year, less than 5 years  
   - 5 or more years  
   - Don't know  
   - HHC3_5YR

3. In the last 12 months, how often have you been treated unfairly at this doctor's office because of your race or ethnicity?  
   - Never  
   - Sometimes  
   - Usually  
   - Always  
   - HHC7_5YR

4. In the last 12 months how often have you been treated unfairly at this doctor's office because of the type of health insurance you have or because you do not have health insurance?  
   - Never  
   - Sometimes  
   - Usually  
   - Always  
   - HHC8_5YR

5. In the last 12 months, how often have you been treated unfairly at this doctor's office because you do not speak English very well?  
   - Never  
   - Sometimes  
   - Usually  
   - Always  
   - HHC9_5YR

**INTERVIEWER'S COMMENTS:**

---
(INS) HEALTH INSURANCE

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

CO-INFORMANT

1. Do you currently have health insurance coverage? □ No □ Yes

2. Is the cost of healthcare a barrier to your seeking treatment? □ No □ Yes

3. Does the cost of healthcare ever delay or prevent you from adhering to treatment recommendations? □ No □ Yes
PARTICIPATION IN OTHER RESEARCH STUDIES

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

2. What type(s) of research study have you been involved in?
   - Diet
   - Exercise
   - Sleep
   - Stress
   - Medication
   - Other
     (((CHECK ALL THAT APPLY)))

Other, specify

INTERVIEWER'S COMMENTS:

POR2_5YR
POR2T_5YR
POR_C_5YR
(CODE) INDIVIDUAL RISK BEHAVIORS - HEALTH CARE ACCESS - REGULAR PLACE OF CARE/MEDICAL HOME

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

1. Is there a place you usually go when you are sick or you need advice about your health?
   - No
   - Yes
   [CODE1_5YR]

2. Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?
   - Doctor's office
   - Emergency room
   - Hospital outpatient department
   - Clinic
   - Other place
   ((CHECK ALL THAT APPLY))
   [CODE2_5YR]

Other, specify
[CODE2T_5YR]

3. Do you have a personal doctor or medical provider who is your main provider?
   - No
   - Yes
   [CODE3_5YR]

4. How TRUE of FALSE is each of the following statements for you?
   a. I seem to get sick a little easier than other true people
      - Definitely
      - Mostly True
      - Don't know
      - Mostly False
      - Definitely False
      [CODE4A_5YR]
   b. I am as healthy as anybody I know
      - Definitely true
      - Mostly True
      - Don't know
      - Mostly False
      - Definitely False
      [CODE4B_5YR]
   c. I expect my health to get worse
      - Definitely true
      - Mostly True
      - Don't know
      - Mostly False
      - Definitely False
      [CODE4C_5YR]
   d. My health is excellent
      - Definitely true
      - Mostly True
      - Don't know
      - Mostly False
      - Definitely False
      [CODE4D_5YR]

INTERVIEWER'S COMMENTS: ____________________________________________ [CODE_C_5YR]
(MED) MEDICAL DIAGNOSES

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

CO-INFORMANT

☐ No
☐ Yes

PREVIOUS HISTORY OF DIABETES:

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

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

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

(If NO, SKIP to #2)

c. At what age did you start to use insulin to help manage your diabetes? (If you don't remember, give your best estimate) __________

NEW DIAGNOSES:

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

1. Diabetes? ☐ No ☐ Yes

((IF NO, SKIP to the next))

Did you receive this medical diagnosis after our last interview in __________?

Taking Medication for this? ☐ No ☐ Yes

Is this condition bothering you currently? ☐ No ☐ Yes

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

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

((IF NO, SKIP to the next))

c. At what age did you start to use insulin to help manage your diabetes? (If you do not remember, give your best estimate)
2. High blood pressure/Hypertension?
   □ No
   □ Yes
   *(If NO, SKIP to the next)*

   Did you receive this medical diagnosis after our last interview in ________________?
   □ No
   □ Yes

   Taking Medication for this?
   □ No
   □ Yes

   Is this condition bothering you currently?
   □ No
   □ Yes

3. Overweight/obesity?
   □ No
   □ Yes
   *(If NO, SKIP to the next)*

   Did you receive this medical diagnosis after our last interview in ________________?
   □ No
   □ Yes

   Taking Medication for this?
   □ No
   □ Yes

   Is this condition bothering you currently?
   □ No
   □ Yes

4. Arthritis?
   □ No
   □ Yes
   *(If NO, SKIP to the next)*

   Did you receive this medical diagnosis after our last interview in ________________?
   □ No
   □ Yes

   Taking Medication for this?
   □ No
   □ Yes

   Is this condition bothering you currently?
   □ No
   □ Yes

5. Osteoporosis (hip fracture)?
   □ No
   □ Yes
   *(If NO, SKIP to the next)*

   Did you receive this medical diagnosis after our last interview in ________________?
   □ No
   □ Yes

   Taking Medication for this?
   □ No
   □ Yes

   Is this condition bothering you currently?
   □ No
   □ Yes

6. Heart Attack?
   □ No
   □ Yes
   *(If NO, SKIP to the next)*

   Did you receive this medical diagnosis after our last interview in ________________?
   □ No
   □ Yes
Is this condition bothering you currently?  
☐ No  ☐ Yes  MED6C_5YR

7. Heart Disease (other than heart attack)?  
☐ No  ☐ Yes  MED7X_5YR

Did you receive this medical diagnosis after our last interview in ____________?  
☐ No  ☐ Yes  MED7A_5YR

Taking Medication for this?  
☐ No  ☐ Yes  MED7B_5YR

Is this condition bothering you currently?  
☐ No  ☐ Yes  MED7C_5YR

8. Stroke?  
☐ No  ☐ Yes  MED8X_5YR

Did you receive this medical diagnosis after our last interview in ____________?  
☐ No  ☐ Yes  MED8A_5YR

Taking Medication for this?  
☐ No  ☐ Yes  MED8B_5YR

Is this condition bothering you currently?  
☐ No  ☐ Yes  MED8C_5YR

9. Respiratory disease (such as emphysema, chronic bronchitis, asthma?)  
☐ No  ☐ Yes  MED9X_5YR

Did you receive this medical diagnosis after our last interview in ____________?  
☐ No  ☐ Yes  MED9A_5YR

Taking Medication for this?  
☐ No  ☐ Yes  MED9B_5YR

Is this condition bothering you currently?  
☐ No  ☐ Yes  MED9C_5YR

10. Liver or gallbladder disease?  
☐ No  ☐ Yes  MED10X_5YR

Did you receive this medical diagnosis after our last interview in ____________?  
☐ No  ☐ Yes  MED10A_5YR

Taking Medication for this?  
☐ No  ☐ Yes  MED10B_5YR

Is this condition bothering you currently?  
☐ No  ☐ Yes  MED10C_5YR

11. Kidney disease  
☐ No  ☐ Yes  MED11X_5YR

Did you receive this medical diagnosis after our last interview in ____________?  
☐ No  ☐ Yes  MED11A_5YR
<table>
<thead>
<tr>
<th>Condition</th>
<th>Taking Medication for this?</th>
<th>Is this condition bothering you currently?</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Stomach/Intestinal Disorder, Stomach Ulcer (bowel elimination problems)?</td>
<td>No/Yes</td>
<td>No/Yes</td>
<td>MED12X_5YR</td>
</tr>
<tr>
<td>Did you receive this medical diagnosis after our last interview in __________?</td>
<td>No/Yes</td>
<td></td>
<td>MED12A_5YR</td>
</tr>
<tr>
<td>Taking Medication for this?</td>
<td>No/Yes</td>
<td></td>
<td>MED12B_5YR</td>
</tr>
<tr>
<td>Is this condition bothering you currently?</td>
<td>No/Yes</td>
<td></td>
<td>MED12C_5YR</td>
</tr>
<tr>
<td>13. Parkinson’s Disease?</td>
<td>No/Yes</td>
<td></td>
<td>MED13X_5YR</td>
</tr>
<tr>
<td>Did you receive this medical diagnosis after our last interview in __________?</td>
<td>No/Yes</td>
<td></td>
<td>MED13A_5YR</td>
</tr>
<tr>
<td>Taking Medication for this?</td>
<td>No/Yes</td>
<td></td>
<td>MED13B_5YR</td>
</tr>
<tr>
<td>Is this condition bothering you currently?</td>
<td>No/Yes</td>
<td></td>
<td>MED13C_5YR</td>
</tr>
<tr>
<td>14. Skin Cancer?</td>
<td>No/Yes</td>
<td></td>
<td>MED14X_5YR</td>
</tr>
<tr>
<td>Did you receive this medical diagnosis after our last interview in __________?</td>
<td>No/Yes</td>
<td></td>
<td>MED14A_5YR</td>
</tr>
<tr>
<td>Taking Medication for this?</td>
<td>No/Yes</td>
<td></td>
<td>MED14B_5YR</td>
</tr>
<tr>
<td>Is this condition bothering you currently?</td>
<td>No/Yes</td>
<td></td>
<td>MED14C_5YR</td>
</tr>
<tr>
<td>15. Other type of Cancer?</td>
<td>No/Yes</td>
<td></td>
<td>MED15X_5YR</td>
</tr>
<tr>
<td>Type of Cancer: ___________________________________________________________________</td>
<td></td>
<td></td>
<td>MED15T_5YR</td>
</tr>
<tr>
<td>Did you receive this medical diagnosis after our last interview in __________?</td>
<td>No/Yes</td>
<td></td>
<td>MED15A_5YR</td>
</tr>
<tr>
<td>Taking Medication for this?</td>
<td>No/Yes</td>
<td></td>
<td>MED15B_5YR</td>
</tr>
<tr>
<td>Is this condition bothering you currently?</td>
<td>No/Yes</td>
<td></td>
<td>MED15C_5YR</td>
</tr>
<tr>
<td>16. Eye Disease: Cataract or Glaucoma?</td>
<td>No/Yes</td>
<td></td>
<td>MED16X_5YR</td>
</tr>
</tbody>
</table>
Did you receive this medical diagnosis after our last interview in ______________?  
☐ No  ☐ Yes  MED16A_5YR
Taking Medication for this?  
☐ No  ☐ Yes  MED16B_5YR
Is this condition bothering you currently?  
☐ No  ☐ Yes  MED16C_5YR

17. Anxiety?  
☐ No  ☐ Yes  MED17X_5YR
Did you receive this medical diagnosis after our last interview in ______________?  
☐ No  ☐ Yes  MED17A_5YR
Taking medication for this?  
☐ No  ☐ Yes  MED17B_5YR
Is this condition bothering you currently?  
☐ No  ☐ Yes  MED17C_5YR

18. Depression?  
☐ No  ☐ Yes  MED18X_5YR
Did you receive this medical diagnosis after our last interview in ______________?  
☐ No  ☐ Yes  MED18A_5YR
Taking Medication for this?  
☐ No  ☐ Yes  MED18B_5YR
Is this condition bothering you currently?  
☐ No  ☐ Yes  MED18C_5YR

19. Seizures, Convulsions?  
☐ No  ☐ Yes  MED19X_5YR
Did you receive this medical diagnosis after our last interview in ______________?  
☐ No  ☐ Yes  MED19A_5YR
Taking Medication for this?  
☐ No  ☐ Yes  MED19B_5YR
Is this condition bothering you currently?  
☐ No  ☐ Yes  MED19C_5YR

20. Tuberculosis?  
☐ No  ☐ Yes  MED20X_5YR
Did you receive this medical diagnosis after our last interview in ______________?  
☐ No  ☐ Yes  MED20A_5YR
Taking Medication for this?  
☐ No  ☐ Yes  MED20B_5YR
Is this condition bothering you currently?  
☐ No  ☐ Yes  MED20C_5YR
21. Hepatitis (Type A, B, or C)?

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

MED21X_5YR

Type of Hepatitis:

☐ A
☐ B
☐ C

MED21T_5YR

Did you receive this medical diagnosis after our last interview in ________________?

☐ No
☐ Yes

MED21A_5YR

Taking Medication for this?

☐ No
☐ Yes

MED21B_5YR

Is this condition bothering you currently?

☐ No
☐ Yes

MED21C_5YR

22. AIDS/HIV positive?

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

MED22X_5YR

Did you receive this medical diagnosis after our last interview in ________________?

☐ No
☐ Yes

MED22A_5YR

Taking Medication for this?

☐ No
☐ Yes

MED22B_5YR

Is this condition bothering you currently?

☐ No
☐ Yes

MED22C_5YR

23. Other

☐ No
☐ Yes

MED23_5YR

Other, specify

☐ No
☐ Yes

MED23T_5YR

Did you receive this medical diagnosis after our last interview in ________________?

☐ No
☐ Yes

MED23A_5YR

Taking Medication for this?

☐ No
☐ Yes

MED23B_5YR

Is this condition bothering you currently?

☐ No
☐ Yes

MED23C_5YR

24. Other

☐ No
☐ Yes

MED24_5YR

Other, specify

☐ No
☐ Yes

MED24T_5YR

Did you receive this medical diagnosis after our last interview in ________________?

☐ No
☐ Yes

MED24A_5YR

Taking Medication for this?

☐ No
☐ Yes

MED24B_5YR

Is this condition bothering you currently?

☐ No
☐ Yes

MED24C_5YR
For WOMEN ONLY

1. Have you ever had a mammogram?  
   □ No  
   □ Yes  
   ((If NO, SKIP to question #3))  
   MED25_5YR

2. When was your last mammogram?  
   MED25AGE_5YR  
   (AGE (If Don’t Know, enter 98))  
   Or  
   MED25YR_5YR  
   (YEAR (If Don’t Know, enter 98))

3. Have you ever had a pap smear?  
   □ No  
   □ Yes  
   ((If NO, SKIP to question #5))  
   MED26_5YR

4. When was your last pap smear?  
   MED26AGE_5YR  
   (AGE)  
   Or  
   MED26AGE_5YR  
   (YEAR)

5. Have you ever had a colonoscopy?  
   (A colonoscopy is an internal examination of the colon (large intestine) and rectum, using an instrument called a colonoscope)  
   □ No  
   □ Yes  
   ((If NO, SKIP to next section))  
   MED27_5YR

6. When was your last colonoscopy?  
   MED27AGE_5YR  
   (AGE)  
   Or  
   MED27YR_5YR  
   (YEAR)
For MEN ONLY

1. Have you ever had a prostate exam?
   □ No
   □ Yes
   ((If NO, SKIP to question #3))
   MED28_5YR

2. When was your last prostate exam?
   MED28AGE_5YR
   (AGE)
   Or
   MED28YR_5YR
   (YEAR)

3. Have you ever had a colonoscopy?
   □ No
   □ Yes
   ((If NO, SKIP to next section))
   MED29_5YR

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

4. When was your last colonoscopy?
   MED29AGE_5YR
   (AGE)
   Or
   MED29YR_5YR
   (YEAR)

INTERVIEWER'S COMMENTS: MED_C_5YR
**DERIVED MEDICAL DIAGNOSES VARIABLES**

**DIABZZ_5YR (ADA 2008)**
0: GLUC < 126  
1: GLUC >= 126

**DIABETES_5YR (Tucker, Bermudez, Castaneda, 2000)**
0: GLUC_5YR < 126 and MANTIDB_5YR = 0  
1: GLUC_5YR >= 126 or MANTIDB_5YR = 1

**ANEMIAZZ_5YR (WHO 1968)**
0: Male: HGB_ADJ_5YR >= 13  
  Female: HGB_ADJ_5YR >= 12  
1: Male: HGB_ADJ_5YR < 13  
  Female: HGB_ADJ_5YR < 12

**ANEMIAZA2ZZ_5YR (CDC 1998)**
0: Male: HCT_ADJ_5YR >= 39.9  
  Female: HCT_ADJ_5YR >= 35.7  
1: Male: HCT_ADJ_5YR < 39.9  
  Female: HCT_ADJ_5YR < 35.7

**ANEMIZAZZZ_5YR**
0: ANEMIAZZ_5YR =0 and ANEMIA2ZZ_5YR =0  
1: ANEMIAZZ_5YR =1 or ANEMIA2ZZ_5YR =1

**HEARTDX_5YR:** self-report of heart disease, heart attack or stroke
0: If MED6X_5YR =0 and MED7X_5YR =0 and MED8X_5YR =0  
1: If MED6X_5YR =1 or MED7X_5YR =1 or MED8X_5YR =1

**MEDCOND_AX_5YR** medical conditions score
MEDCOND_AX_5YR = MEDCONDX_5YR + (14-MEDCOND_N_5YR) * MEDCOND_MEAN_5YR;  
If MEDCOND_MISS_5YR>3 then MEDCOND_AX_5YR =.

The formula for MEDCOND_AX_5YR is based on the mean imputation technique. This technique is used to estimate the missing values by replacing the missing values with the arithmetic average of the non-missing/observed values.

=MEDCONDX_5YR + (14-MEDCOND_N_5YR)*MEDCOND_MEAN_5YR  
Where MEDCONDX_5YR is the sum of medical conditions reported (at either 2 year or 5 year) including cumulative DIABETES_5YR, cumulative HTN_5YR, MED4X_5YR, MED6X_5YR, MED7X_5YR, MED8X_5YR, MED9X_5YR, MED10X_5YR, MED11X_5YR, MED13X_5YR, MED15X_5YR, MED20X_5YR, MED21X_5YR & MED22X_5YR.  
MEDCOND_N_5YR is the number of medical conditions (for which the response [if Present or Absent] has been received)  
MEDCOND_MEAN_5YR is the arithmetic average of the medical conditions.  
**Note:** If three or less Medical Conditions are missing then the above-mentioned formula for MEDCOND_AX_5YR is used, whereas if more than 3 Medical Conditions are missing then MEDCOND_AX_5YR = missing.

**FRAMINGHAM RISK SCORES**


**PROB10CHD_5YR:** Estimated probability of 10 year coronary heart disease risk using total cholesterol categories (Table 6 and appendix equations from the Wilson 1998 paper). This is a truly continuous estimate.
**CVDC_10_5YR:** Estimated probability of 10 year coronary heart disease risk using total cholesterol categories (Figures 3 and 4 from the Wilson 1998 paper). This is divided into categories for scoring purposes.

**DERIVED METABOLIC SYNDROME VARIABLES**

**MSWAIST_5YR**
- 0: For females $\text{FEMALE}_5\text{YR}=1$ AND $0 \leq \text{WAIST}_5\text{YR} \leq 102$
  - For females $\text{FEMALE}_5\text{YR}=2$ AND $0 \leq \text{WAIST}_5\text{YR} \leq 88$
- 1: For males $\text{FEMALE}_5\text{YR}=1$ AND $\text{WAIST}_5\text{YR}>102$
  - For males $\text{FEMALE}_5\text{YR}=2$ AND $\text{WAIST}_5\text{YR}>88$

**MSTRIG_5YR**
- 0: $0 \leq \text{TRIG}_5\text{YR} < 150$ AND $\text{MANTILIP}_5\text{YR}=0$
- 1: $\text{TRIG}_5\text{YR} \geq 150$ OR $\text{MANTILIP}_5\text{YR}=1$

**MSHDL_5YR**
- 0: For males $\text{FEMALE}_5\text{YR}=0$ AND $\text{HDL}_5\text{YR} \geq 40$ AND $\text{MANTILIP}_5\text{YR}=0$
  - For females $\text{FEMALE}_5\text{YR}=1$ AND $\text{HDL}_5\text{YR} \geq 50$ AND $\text{MANTILIP}_5\text{YR}=0$
- 1: For males $\text{FEMALE}_5\text{YR}=0$ AND $(0 \leq \text{HDL}_5\text{YR} < 40)$ OR $\text{MANTILIP}_5\text{YR}=1$
  - For females $\text{FEMALE}_5\text{YR}=1$ AND $(0 \leq \text{HDL}_5\text{YR} < 50)$ OR $\text{MANTILIP}_5\text{YR}=1$

**MSBP_5YR**
- 0: IF $0 \leq \text{SYSBP}_5\text{YR} < 130$ AND $0 \leq \text{DIASBP}_5\text{YR} < 85$ AND $\text{HTNMED}_5\text{YR}=0$
- 1: IF $\text{SYSBP}_5\text{YR} \geq 130$ OR $\text{DIASBP}_5\text{YR} \geq 85$ OR $\text{HTNMED}_5\text{YR}=1$

**MSGLUC_5YR**
- 0: IF $0 \leq \text{GLUC}_5\text{YR} < 100$ AND $\text{DIAMED}_5\text{YR}=0$
  - 1: IF $\text{GLUC}_5\text{YR} \geq 100$ OR $\text{DIAMED}_5\text{YR}=1$

**MET1_5YR**
- $\text{MSWAIST}_5\text{YR} + \text{MSTRIG}_5\text{YR} + \text{MSHDL}_5\text{YR} + \text{MSBP}_5\text{YR} + \text{MSGLUC}_5\text{YR}$
  - IF $\text{MET1}_5\text{YR} = \text{MET2}_5\text{YR} = \text{SUM(\text{MSWAIST}_5\text{YR}, \text{MSTRIG}_5\text{YR}, \text{MSHDL}_5\text{YR}, \text{MSBP}_5\text{YR}, \text{MSGLUC}_5\text{YR})}$
  - IF $\text{MET2}_5\text{YR} \geq 3$ then $\text{MET3}_5\text{YR} = \text{MET2}_5\text{YR}$
  - ELSE $\text{MET3}_5\text{YR} = \text{MET1}_5\text{YR}$

**METABOLICNCEPM_5YR**
- 0: IF $0 \leq \text{MET3}_5\text{YR} < 3$
  - 1: ELSE IF $\text{MET3}_5\text{YR} \geq 3$

**MSWAIST2_5YR**
- 0: For males if $0 \leq \text{WAIST}_5\text{YR} < 90$
  - For females if $0 \leq \text{WAIST}_5\text{YR} < 80$
- 1: For males if $\text{WAIST}_5\text{YR} \geq 90$
  - For females if $\text{WAIST}_5\text{YR} \geq 80$

**MET4_5YR**
- $= \text{MSTRIG}_5\text{YR} + \text{MSHDL}_5\text{YR} + \text{MSBP}_5\text{YR} + \text{MSGLUC}_5\text{YR}$
  - IF $\text{MET4}_5\text{YR} = \text{MET5}_5\text{YR} = \text{SUM(\text{MSTRIG}_5\text{YR}, \text{MSHDL}_5\text{YR}, \text{MSBP}_5\text{YR}, \text{MSGLUC}_5\text{YR})}$
  - IF $\text{MET5}_5\text{YR} \geq 5$ then $\text{MET6}_5\text{YR} = \text{MET5}_5\text{YR}$
  - ELSE $\text{MET6}_5\text{YR} = \text{MET4}_5\text{YR}$

**METABOLICIDF_5YR**
- 0: IF $0 \leq \text{MET6}_5\text{YR} < 2$ OR $\text{MSWAIST2}_5\text{YR} = 0$
  - 1: IF $\text{MET6}_5\text{YR} \geq 2$ AND $\text{MSWAIST2}_5\text{YR} = 1$
ALLOSTATIC LOAD

ALLOLOADCLINICALMED_5YR:

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

the ALLOLOADCLINICALMED_5YR score is the sum of the following variables:
BPALLO_5YR + MSWAIST_5YR + LIPIDALLO_5YR + Q4GLYHGBMED2_5YR + Q4CORT_SEX_5YR + Q4NOREPI_SEX_5YR + Q4EPI_SEX_5YR + Q1DHEASMED2_5YR

Components of ALLOLOADCLINICALMED_5YR:

BPALLO_5YR: blood pressure and anti-htn med use

2: (if SYSBP_5YR >140 and DIASBP_5YR >90 and anti-hypertension medications) or
   if SYSBP_5YR >140 and DIASBP_5YR <=90 and no anti-hypertension medications)
1: (if SYSBP_5YR <=140 and DIASBP_5YR <=90 and no anti-hypertension medications) or
   (if SYSBP_5YR <=140 and DIASBP_5YR >90 and anti-hypertension medications) or
   (if SYSBP_5YR >140 and DIASBP_5YR >=90 and anti-hypertension medications)
0: (if SYSBP_5YR <=140 and DIASBP_5YR <=90 and no an anti-hypertension medications

sub-components of BPALLO_5YR:

SYSBP_5YR: average systolic blood pressure
   average of SYS2A_5YR, SYS2B_5YR, SYS3A_5YR and SYS3B_5YR

DIASBP_5YR: average diastolic blood pressure
   average of DIAS2A, DIAS2B, DIAS3A and DIAS3B

HTNMED_5YR: taking anti-hypertension medications
   0= no, 1=yes

MSWAIST_5YR: waist circumference (cm)

1: for males if waist_5yr > 102 cm
   for females if waist_5yr > 88 cm
0: for males if 0 <= waist_5yr <= 102 cm
   for females if 0 <= waist_5yr <= 88 cm

sub-components of waist circumference (MSWAIST_5YR):

WAIST_5YR: average of waist measurements (cm), i.e. ANT9A_5YR and ANT9B_5YR

LIPIDALLO_5YR: lipids and statin use

2: (if HDL_5YR < 40 and CHOL_5YR >= 240 and taking antilipemic agents) or
   (if HDL_5YR < 40 and CHOL_5YR >= 240 and no antilipemic agents) or
   (if HDL_5YR < 40 and 0 < CHOL_5YR <= 240 and taking antilipemic agents)
1: (if HDL_5YR < 40 and 0 < CHOL_5YR < 240 and no antilipemic agents) or
   (if HDL_5YR >= 40 and CHOL_5YR >= 240 and no antilipemic agents) or
   (if HDL_5YR >= 40 and CHOL_5YR >= 240 and taking antilipemic agents) or
   (if HDL_5YR >= 40 and 0 < CHOL_5YR < 240 and taking antilipemic agents)
0: (if HDL_5YR >= 40 and 0 < CHOL_5YR < 240 and no antilipemic agents)
sub-components of LIPIDALLO_5YR:

- **HDL_5YR**: high density lipoprotein (hdl) (mg / dl)
- **CHOL_5YR**: cholesterol (mg / dl)
- **MANTILIP_5YR**: taking antilipemic agents
  
  \( 0 = \text{no}, \ 1 = \text{yes} \)

**Q4GLYHGBMED2_5YR**: glycosolated hemoglobin (GLYHGB_5YR) and anti-diabetic med use

- **1**: if GLYHGB_5YR >7 and/or anti-diabetic medications are taken
- **0**: if GLYHGB_5YR <=7 and no anti-diabetic medications are taken

**Q4CORT_SEX_5YR**: urine cortisol, adjusted for urine volume and creatinine excretion

- **1**: for males if CORT_5YR >= 41.5
  - for females if CORT_5YR >= 49.5
- **0**: for males if 0 <= CORT_5YR <41.5
  - for females if 0 <= CORT_5YR <49.5

sub-components **Q4CORT_SEX_5YR**:

- **CORT_5YR**: urinary cortisol: \( \text{CORTMG}_5YR \times \text{URINEVOL}_5YR / \text{CREATEXC}_5YR \)
  
  where
  - **CORTMG_5YR**: cortisol (mg)
  - **URINEVOL_5YR**: urine volume (ml/bout)
  - **CREATEXC_5YR**: creatinine excretion (gm/bout)

**Q4EPI_SEX_5YR**: urine epinephrine, adjusted for urine volume and creatinine excretion

- **1**: for males if EPI_5YR >= 2.8
  - for females if EPI_5YR >= 3.6
- **0**: for males if 0 <= EPI_5YR <2.8
  - for females if 0 <= EPI_5YR <3.6

sub-component of **Q4EPI_SEX_5YR**:

- **EPI_5YR**: urinary epinephrine: \( \text{EPIMG}_5YR \times \text{URINEVOL}_5YR / \text{CREATEXC}_5YR \)
  
  where
  - **EPIMG_5YR**: epinephrine (in mg)
  - **URINEVOL_5YR**: urine volume (ml/bout)
  - **CREATEXC_5YR**: creatinine excretion (gm/bout)

**Q4NOREPI_SEX_5YR**: urine norepinephrine, adjusted for urine volume and creatinine excretion

- **1**: for males if NOREPI_5YR >= 30.5
  - for females if NOREPI_5YR >= 46.9
- **0**: for males if 0 <= NOREPI_5YR <30.5
  - for females if 0 <= NOREPI_5YR <46.9

sub-component of **Q4NOREPI_SEX_5YR**:

- **NOREPI_5YR**: urinary norepinephrine: \( \text{NOREPIMG}_5YR \times \text{URINEVOL}_5YR / \text{CREATEXC}_5YR \)
  
  where
  - **NOREPIMG_5YR**: norepinephrine (mg)
  - **URINEVOL_5YR**: urine volume (ml/bout)
**CREATEXC_5YR**: creatinine excretion (gm/bout)

**Q1DHEASMED2_5YR**: dhea or testosterone use

1: for males if $0 \leq \text{DHEAS2}_5\text{YR} \leq 589.5$ ng/ml or $\text{MTESTOS}_5\text{YR}=1$
   for females, $0 \leq \text{DHEAS2}_5\text{YR} \leq 368.5$ or $\text{MTESTOS}_5\text{YR}=1$

0: for males if $\text{DHEAS2}_5\text{YR} \geq 589.5$ and $\text{MTESTOS}_5\text{YR}=0$
   for females if $\text{DHEAS2}_5\text{YR} \geq 368.5$ and $\text{MTESTOS}_5\text{YR}=0$

**Subcomponents of Q1DHEASMED2_5YR:**

**DHEAS2_5YR**: dhea (ng/ml)

**MTESTOS_5YR**: taking androgens

0 = no; 1 = yes

**Q4CRP2_5YR:**

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

1: if $\text{CRP}_5\text{YR} > 3$

0: if $0 \leq \text{CRP}_5\text{YR} \leq 3$ where $\text{CRP}_5\text{YR}$ is c-reactive protein (ng/ml)
## (RLS) RESTLESS LEG SYNDROME

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

1. Do you have, or have you had, recurrent uncomfortable feelings or sensations in your legs while you are sitting or lying down?  
   - No  
   - Yes  
   - (If NO, SKIP to next section)  
   - RLS1_5YR

2. Do you, or have you had, a recurrent need or urge to move your legs while you were sitting or lying down?  
   - No  
   - Yes  
   - (If NO, SKIP to next section)  
   - RLS2_5YR

3. Are you more likely to have these feelings when you are resting (either sitting or lying down) or when you are physically active?  
   - Resting  
   - Active  
   - (If Active, SKIP to next section)  
   - RLS3_5YR

4. If you get up or move around when you have these feelings do these feelings get any better while you actually keep moving?  
   - No  
   - Yes  
   - Don't know  
   - (If NO or Don't Know, SKIP to next section)  
   - RLS4_5YR

5. Which times of day are these feelings in your legs most likely to occur?  
   - Morning  
   - Mid-day  
   - Afternoon (before 6pm)  
   - Evening (after 6pm)  
   - Night  
   - About equal at all times  
   - RLS5_5YR__1  
   - RLS5_5YR__2  
   - RLS5_5YR__3  
   - RLS5_5YR__4  
   - RLS5_5YR__5  
   - RLS5_5YR__6

6. How frequent do you have these feelings  
   - Less than once/mo  
   - 2-4 times/mo  
   - 2-3 times/wk  
   - 4-5 times/wk  
   - 6+ times/wk  
   - RLS6_5YR

7. Will simply changing leg position by itself once without continuing to move usually relieve these feelings?  
   - Usually relieves  
   - Does not usually relieve  
   - Don't know  
   - RLS7_5YR

8. Are these feelings ever due to muscle cramps?  
   - No  
   - Yes  
   - Don't know  
   - (If Yes, ANSWER question 8b)  
   - RLS8A_5YR

   If so, are these feelings always due to muscle cramps?  
   - No  
   - Yes  
   - Don't know  
   - RLS8B_5YR

**INTERVIEWER'S COMMENTS:**

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**DERIVED RESTLESS LEG SYNDROME VARIABLES**

(Source: Allen RP1, Burchell BJ, MacDonald B, Hening WA, Earley CJ. “Validation of the self-completed Cambridge-Hopkins questionnaire (CH-RLSq) for ascertainment of restless legs syndrome (RLS) in a population survey.” Sleep Med. 2009 Dec;10(10):1097-100.)

**RLS_5YR**: Definite Restless Leg Syndrome

1: \[ \text{RLS1}_5YR = 1 \] and
   \[ \text{RLS2}_5YR = 1 \] and
   \[ \text{RLS3}_5YR = 0 \] and
   \[ \text{RLS4}_5YR = 1 \] and
   \[ (\text{RLS5}_5YR_{1} = 0 \text{ and } \text{RLS5}_5YR_{6} = 0 \text{ and } \text{RLS7}_5YR = 2) \text{ and } \]
   \[ (\text{RLS8A}_5YR = 0 \text{ or } \text{RLS8B}_5YR = 0) \]

0: \[ \text{RLS1}_5YR > 1 \] and
   \[ \text{RLS2}_5YR > 1 \] and
   \[ \text{RLS3}_5YR > 1 \] and
   \[ \text{RLS4}_5YR > 1 \] and
   \[ \text{RLS5}_5YR_{1} > 1 \] and
   \[ \text{RLS5}_5YR_{2} > 1 \] and
   \[ \text{RLS5}_5YR_{3} > 1 \] and
   \[ \text{RLS5}_5YR_{4} > 1 \] and
   \[ \text{RLS5}_5YR_{5} > 1 \] and
   \[ \text{RLS5}_5YR_{6} > 1 \] and
   \[ \text{RLS7}_5YR > 1 \] and
   \[ \text{RLS8A}_5YR > 1 \] and
   \[ \text{RLS8B}_5YR > 1 \]
SLEEP QUESTIONS

Instructions: The following questions explore your sleeping patterns:

1. Please indicate the total number of hours that you really sleep, typically, during a 24 hour period:
   - □ 5 hours or less
   - □ 6 hours
   - □ 7 hours
   - □ 8 hours
   - □ 9 hours
   - □ 10 hours or more

2. What time do you usually go to bed?
   - □ a.m.
   - □ p.m.

3. The following questions explore our sleeping patterns:

   How frequently do you have difficulty falling asleep?
   - □ Most of the Time
   - □ Sometimes
   - □ Almost Never or Never

   How frequently do you have trouble with waking up at night?
   - □ Most of the Time
   - □ Sometimes
   - □ Almost Never or Never

   How frequently do you have trouble with waking up too early in the morning and not being able to fall asleep again?
   - □ Most of the Time
   - □ Sometimes
   - □ Almost Never or Never

   How frequently do you feel so sleepy during the day or night that you need to take a nap?
   - □ Most of the Time
   - □ Sometimes
   - □ Almost Never or Never

   How frequently do you feel truly rested when you wake up in the morning?
   - □ Most of the Time
   - □ Sometimes
   - □ Almost Never or Never

4. Do you snore? (If you have a partner or share your bedroom with another person, please ask him/her)
   - □ Every night
   - □ Most nights
   - □ A few nights a week
   - □ Occasionally
   - □ Almost never

5. Did you respond to the previous question about snoring after asking your partner or bedroom-mate?
   - □ Yes
   - □ No

INTERVIEWER'S COMMENTS: ________________________________  

DERIVED SLEEP VARIABLES

INSOMNIA_5YR:

1: SLP3A_5YR=2 or SLP3B_5YR=2 or SLP3C_5YR=2 AND SLP3E_5YR =0
0: SLP3A_5YR>=0 and SLP3B_5YR>=0 and SLP3C_5YR>=0 and SLP3E_5YR>=0
(FHX) FAMILY AND PERSONAL HISTORY OF DISEASE

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

1. Diabetes
   a. Has your biological father ever been diagnosed with diabetes?
      □ No □ Yes □ Don't Know
      FHX1A_5YR
   b. Has your biological mother ever been diagnosed with diabetes?
      □ No □ Yes □ Don't Know
      FHX1B_5YR
   c. Have your brothers ever been diagnosed with diabetes?
      □ No □ Yes □ Don't Know □ NA
      FHX1C_5YR
   d. Have your sisters ever been diagnosed with diabetes?
      □ No □ Yes □ Don't Know □ NA
      FHX1D_5YR

2. High blood pressure/Hypertension
   a. Has your biological father ever been diagnosed with High blood pressure/Hypertension?
      □ No □ Yes □ Don't Know
      FHX2A_5YR
   b. Has your biological mother ever been diagnosed with High blood pressure/Hypertension?
      □ No □ Yes □ Don't Know
      FHX2B_5YR
   c. Have your brothers ever been diagnosed with High blood pressure/Hypertension?
      □ No □ Yes □ Don't Know □ NA
      FHX2C_5YR
   d. Have your sisters ever been diagnosed with High blood pressure/Hypertension?
      □ No □ Yes □ Don't Know □ NA
      FHX2D_5YR
3. Overweight/obesity

with Overweight/obesity?

- No
- Yes
- Don't Know

b. Has your biological mother ever been diagnosed with Overweight/obesity?

- No
- Yes
- Don't Know

- NA

f. Have your brothers ever been diagnosed with Overweight/obesity?

- No
- Yes
- Don't Know

- NA

f. Have your sisters ever been diagnosed with Overweight/obesity?

- No
- Yes
- Don't Know

- NA

4. Heart Attack

a. Has your biological father ever been diagnosed with a Heart Attack?

- No
- Yes
- Don't Know

b. Has your biological mother ever been diagnosed with a Heart Attack?

- No
- Yes
- Don't Know

- NA

c. Have your brothers ever been diagnosed with a Heart Attack?

- No
- Yes
- Don't Know

- NA

d. Have your sisters ever been diagnosed with a Heart Attack?

- No
- Yes
- Don't Know

- NA

5. Heart Disease (other than heart attack)

a. Has your biological father ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

b. Has your biological mother ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

- NA

c. Have your brothers ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

- NA

d. Have your sisters ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

- NA

f. Have your brothers ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

- NA

f. Have your sisters ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

- NA

f. Have your brothers ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

- NA

f. Have your sisters ever been diagnosed with Heart Disease (other than heart attack)?

- No
- Yes
- Don't Know

- NA
6. Stroke

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Has your biological father ever been diagnosed with a Stroke?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>c. Have your brothers ever been diagnosed with a Stroke?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>d. Have your sisters ever been diagnosed with a Stroke?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**INTERVIEWER'S COMMENTS:**

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(HCP) HEART/CIRCULATORY PROBLEMS

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

1. Chest pain, angina or angina (Angina: chest discomfort because of lack of blood supply to chest and heart) pectoris.
   - No
   - Yes
   - Don't Know
   HCP1_5YR
   HCP1T_5YR
   (AGE (If answered YES, when first diagnosed))

2. Heart attack (Heart Attack: Death of the heart muscle over time, caused by a blockage in a major artery or a blood clot)or myocardial infarction or MI.
   - No
   - Yes
   - Don't Know
   HCP2_5YR
   HCP2T_5YR
   (AGE (If answered YES, when first diagnosed))

3. Heart failure or congestive heart failure (Congestive Heart Failure: The heart is not capable of pumping enough blood to all parts of the body) or CHF
   - No
   - Yes
   - Don't Know
   HCP3_5YR
   HCP3T_5YR
   (AGE (If answered YES, when first diagnosed))

4. Heart catheterization or cardiac catheterization (Cardiac Catheterization: inserting a tube into a part of the heart either to investigate heart problems, or to clear out a problem)
   - No
   - Yes
   - Don't Know
   HCP4_5YR
   HCP4T_5YR
   (AGE (If answered YES, when first diagnosed))

5. Heart bypass operation or coronary bypass surgery or CABG (Coronary artery bypass graft) (Coronary Artery Bypass Surgery (CABG): this is done to help improve the blood supply to the chest and heart, extra arteries and veins are added to the coronary artery (main artery))
   - No
   - Yes
   - Don't Know
   HCP5_5YR
   HCP5T_5YR
   (AGE (If answered YES, when first diagnosed))

6. Procedure to unblock narrowed blood vessels to heart muscles (PTCA [Percutaneous transluminal coronary angioplasty], coronary angioplasty, or coronary stent) (PTCA: this is done to unblock a blocked coronary artery, to make blood flow easier in the body by using a long tube instead of open heart surgery)
   - No your
   - Yes
   - Don't Know
   HCP6_5YR
   HCP6T_5YR
   (AGE (If answered YES, when first diagnosed))
7. Exercise tolerance test, stress test (Stress Test: helps to find out how well your heart can handle work. This is often done on a treadmill)

Age when first diagnosed

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

Age when first diagnosed

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

Age when first diagnosed

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

Age when first diagnosed

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

Age when first diagnosed

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

Age when first diagnosed

13. Other circulatory problem or cardiovascular procedure

Other, specify

Age when first diagnosed

INTERVIEWER'S COMMENTS: HCP_C_5YR
(PAD) PERIPH ARTERIAL DISEASE

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

1. Do you have lower limb (leg) discomfort while walking?  
   - No  
   - Yes  
   - Don't know  
   - Unable to do (ex. Chair bound)  
     (If NO or DON'T KNOW, SKIP to question #4. If UNABLE, skip to next section)  
     PAD1_5YR

2. If walking on level ground, how many city blocks until symptoms develop? Where 12 blocks=1 mile.  
   - (blocks (00=No (more than 98 blocks required to develop symptoms), 99= Unknown))  
   PAD2_5YR

3. Year symptoms started  
   - (YYYY (Mark 9999 if unknown))  
   PAD3_5YR

CLAUDICATION SYMPTOMS

4. Discomfort in calf while walking?  
   - No  
   - Yes  
   - Don't know  
     (IF NO or Don't know Go to question #5)  
     PAD4_5YR

Which calf?  
   - Left  
   - Right  
   - Both  
     PAD4A_5YR

5. Discomfort in lower extremity (not calf) while walking?  
   - No  
   - Yes  
   - Don't know  
     (IF NO or Don't know SKIP to NEXT SECTION)  
     PAD5_5YR

5a. Is it in the LEFT leg?  
   - No  
   - Yes  
     (IF YES, GO to # L.1-4)  
     PAD5L_5YR

L.1) Occurs with first steps?  
   - No  
   - Yes  
   - Don't Know  
     (Note, if YES for both L.1 and R.1, Answer # 6)  
     PADL1_5YR

L.2) After walking a while?  
   - No  
   - Yes  
   - Don't Know  
     (Note, if YES for both L.2 and R.2, Answer # 7)  
     PADL2_5YR

L.3) Related to rapidity of walking or steepness?  
   - No  
   - Yes  
   - Don't Know  
     PADL3_5YR

L.4) Forced to stop walking?  
   - No  
   - Yes  
   - Don't Know  
     PADL4_5YR
5b. Is it in the RIGHT leg?

- No
- Yes
- ((IF YES, GO to # R.1-4))

R.1) Occurs with first steps?

- No
- Yes
- Don't Know
- ((Note, if YES for both L.1 and R.1, Answer # 6))

R.2) After walking a while?

- No
- Yes
- Don't Know
- ((Note, if YES for both L.2 and R.2, Answer # 7))

R.3) Related to rapidity of walking or steepness?

- No
- Yes
- Don't Know

R.4) Forced to stop walking?

- No
- Yes
- Don't Know

6. Since you indicated that you have discomfort in both legs, which one is worse during the first steps?

- Left
- Right
- Don't Know

7. Since you indicated that you have discomfort in both legs, which one is worse after walking for a while?

- Left
- Right
- Don't Know

8. Do this discomfort get relieved by stopping?

- No relief with stopping
- Yes stopping relieves the discomfort
- Don't Know
- NA

Do you know for how long you feel the relief?

- (minutes )

PAD8A_5YR

9. Does the lower limb discomfort go on for days?

- No
- Yes
- Don't Know
- NA

How many of days per month?

- (days )

PAD9A_5YR

10. Intermittent Claudication (Crampy Legs usually occurs when exercising, and mostly walking)?

- No
- Yes
- Maybe
- Don't know

INTERVIEWER'S COMMENTS:  

PAD_C_5YR
(ME) MENOPAUSE & ESTROGEN (FEMALES ONLY)

1. Have you had a period (including some spotting) in the last 12 months?
   - No
   - Yes
   - Don't know
     ((If YES, GO to #7))

2. What is the reason for not having period
   - Natural menopause
   - Had hysterectomy (If YES, GO to #3)
   - Had ovariectomy (If YES, GO to #4)
   - Had both hysterectomy and ovariectomy (If YES, GO to #3 & #4)
   - Other

Other, specify

3. Do you know if your hysterectomy was total (surgery to remove your entire uterus) or partial (surgery to remove only part of your uterus)?
   - Total Hysterectomy
   - Partial Hysterectomy

4. Do you know if in your ovarectomy one or both ovaries were removed?
   - One ovary
   - Both ovaries

5. When was the date of your last menstrual period (OR at what age did you have your last menstrual period)?
   - (YEAR)
     (Enter only one response (age or year) as provided by respondent)
   - (AGE)
     (Enter only one response (age or year) as provided by respondent)

6. Did you have hot flashes or night sweats in the last 6 months?
   - No
   - Yes
   - Don't know

7. Are you currently taking any oral or patch estrogen preparations? (vaginal creams not included. These may include: Premarin, Prempro, Premphase, Estratab, Menest, Estrace, Ogen, Ortho-Est, Estraderm, Vivelle, Evista)
   - No
   - Yes
   - Don't know
8. How long using?  
- □ < 1yr  
- □ 1-5yrs  
- □ >5yrs  

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

INTERVIEWER'S COMMENTS:  

(ASP) ASPIRIN USE  

1. Do you take aspirin?  
- □ No  
- □ Yes  
- □ Don't know  

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  

Other, specify  

3. How often do you take aspirin?  
- □ Daily  
- □ Weekly  
- □ Monthly  
- □ Yearly  
- □ Don't know  

4. Number of aspirins taken (daily, weekly,etc)
(PMED) PRESCRIPTION MEDICATIONS

CO-INFORMANT

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

☐ No  ☐ Yes

PMED_DESC2_5YR

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

1. Medication Name

How long using?

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

PMED1B_5YR

2. Medication Name

How long using?

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

PMED2B_5YR

3. Medication Name

How long using?

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

PMED3B_5YR

4. Medication Name

How long using?

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

PMED4B_5YR

5. Medication Name

How long using?

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

PMED5B_5YR

6. Medication Name

How long using?

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

PMED6B_5YR

7. Medication Name

How long using?

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

PMED7B_5YR
<table>
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<tr>
<th>Medication Name</th>
<th>How long using?</th>
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<tbody>
<tr>
<td>PMED8_5YR</td>
<td>&lt; 1 yr</td>
</tr>
<tr>
<td>PMED8B_5YR</td>
<td>1-5 yrs</td>
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<tr>
<td>PMED8B_5YR</td>
<td>&gt;5 yrs</td>
</tr>
<tr>
<td>PMED8B_5YR</td>
<td>Don't know</td>
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</table>
17. Medication Name

How long using?

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

PMED17B_5YR

18. Medication Name

How long using?

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

PMED18B_5YR

19. Medication Name

How long using?

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

PMED19B_5YR

20. Medication Name

How long using?

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

PMED20B_5YR

21. Medication Name

How long using?

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

PMED21B_5YR

22. Medication Name

How long using?

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

PMED22B_5YR

23. Medication Name

How long using?

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

PMED23B_5YR

24. Medication Name

How long using?

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

PMED24B_5YR

25. Medication Name

How long using?

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

PMED25B_5YR

INTERVIEWER'S COMMENTS: PMED_C_5YR
(OCMED) OVER-THE-COUNTER MEDICATIONS

Are you currently taking any over the counter medications or have taken within the past year?  
☐ No  ☐ Yes  

**OCMED_YN_5YR**

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

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>OCMED1_5YR</th>
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</thead>
<tbody>
<tr>
<td>1. Medication Name</td>
<td>____________</td>
</tr>
<tr>
<td>2. Medication Name</td>
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<td>19. Medication Name</td>
<td>____________</td>
</tr>
<tr>
<td>20. Medication Name</td>
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</tbody>
</table>

**INTERVIEWER'S COMMENTS:**  
OCMED_C_5YR

______________________________
**DERIVED MEDICATION VARIABLES**

**High-Level Medication Variables**

a. **MALLMeds_5yr**: count of all meds including vitamins = MCA_5yr + MANS_C_5yr + MBLOD_C_5yr + MCardio_C_5yr + MCOX5_5yr + MASA_5yr + MNSAID_5yr + MOPI_5yr + MACETO_5yr + MANTIC_C_5yr + MPSY_C_5yr + MSTIM_C_5yr + MANX_C_5yr + MLITH_5yr + MMIGRAINE_5yr + MMISPSY_5yr + MELH5O_C_5yr + MANTITU_5yr + MGI_C_5yr + MHORM_C_5yr + MANTIBIOT_C_5yr + MANTIV_C_5yr + MSKIN_C_5yr + MSKMUS_5yr + MMISC_C_5yr + MANTHIS_5yr + MHERBAL_5yr

b. **MALLNOVIT_5yr**: all medications, no vitamins = MCA_5yr + MANS_C_5yr + MBLOD_C_5yr + MCardio_C_5yr + MCOX5_5yr + MASA_5yr + MNSAID_5yr + MOPI_5yr + MACETO_5yr + MANTIC_C_5yr + MPSY_C_5yr + MSTIM_C_5yr + MANX_C_5yr + MLITH_5yr + MMIGRAINE_5yr + MMISPSY_5yr + MELH5O_C_5yr + MANTITU_5yr + MGI_C_5yr + MHORM_C_5yr + MANTIBIOT_C_5yr + MANTIV_C_5yr + MSKIN_C_5yr + MSKMUS_5yr + MMISC_C_5yr + MANTHIS_5yr + MHERBAL_5yr

c. **MORAL_5yr**: count of all "oral" meds. this excludes vitamins and topical preparations for skin and eyes. (they are included above) = MCA_5yr + MANS_C_5yr + MBLOD_C_5yr + MCardio_C_5yr + MCOX5_5yr + MASA_5yr + MNSAID_5yr + MOPI_5yr + MACETO_5yr + MANTIC_C_5yr + MPSY_C_5yr + MSTIM_C_5yr + MANX_C_5yr + MLITH_5yr + MMIGRAINE_5yr + MMISPSY_5yr + MELH5O_C_5yr + MANTITU_5yr + MGI_C_5yr + MHORM_C_5yr + MANTIBIOT_C_5yr + MANTIV_C_5yr + MSKIN_C_5yr + MSKMUS_5yr + MMISC_C_5yr + MANTHIS_5yr + MHERBAL_5yr

**CNS**

A. Coxii -- count all with code 28.08.04.08 (only)

   **MCOX2_5yr**: taking one or more of these medications
   0=no
   1=yes

B. Asa -- count all with code 28.08.04.24 (only)

   No count variable because subject can only be taking 1 of these medications
   **MASA_5yr**: taking this medication
   0=no
   1=yes

C. Nsaids other -- count all with code 28.08.04.92(only)

   **MNSAID_5yr**: taking this medication
   0=no
   1=yes

D. Opiates -- count all with code 28.08.08 or 28.08.12

   **MOPI_5yr**: taking this medication
   0=no
   1=yes

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

   No count variable because subject can only be taking 1 of these medications
   **MACETO_5yr**: taking this medication
   0=no
   1=yes
F. Anticonvulsants - count all with prefix 28.12.
MANTIC_C_5YR: count of these medications
MANTIC_5YR: taking this medication
0=no
1=yes

G. New anticonvulsants – count all with code 28.12.92
MANTIN_5YR: taking this medication
0=no
1=yes

H. Psychotherapeutic agents – count all with prefix 28.16.
28.16.04.12 or 28.16.04.20 or 28.16.04.24 or 28.16.04.28 or 28.16.04.92 or 28.16.08.04 or 28.16.08.08 or 28.16.08.24 or 28.16.08.32 or 28.16.08.92 or 28.16.08
MPSY_C_5YR: count of these medications
MPSY_5YR: taking this medication
0=no
1=yes

I. Antidepressants – count all that have prefix 28.16.04.
28.16.04.12 or 28.16.04.20 or 28.16.04.24 or 28.16.04.28 or 28.16.04.92
MANTDEP_C_5YR: count of these medications
MANTDEP_D_5YR: duration taking these medications
MANTDEP_5YR: taking this medication
0=no
1=yes

1. Ssris – count of all 28.16.04.20 (only)
MSSRI_D_5YR: duration taking this medication
MSSRI_5YR: taking this medication
0=no
1=yes

2. Maois – count all with code 28.16.04.12 (only)
No count variable because subject can only be taking 1 of these medications
MMAOI_D_5YR: duration taking this medication
MMAOI_5YR: taking this medication
0=no
1=yes

3. Tcas – count all with code 28.16.04.28 (only)
MTCA_D_5YR: duration taking this medication
MTCA_5YR: taking this medication
0=no
1=yes

4. Trazodone – count all with code 28.16.04.24 (only)
No count variable because subject can only be taking 1 of these medications
MTRAZ_D_5YR: duration taking this medication
MTRAZ_5YR: taking this medication
0=no
1=yes

5. Miscad – count all with 28.16.04.92 (only)
MMISCAD_D_5YR: duration taking this medication
MMISCAD_5YR: taking this medication
0=no
J. Antipsychotics – count all with prefix 28.16.08.
28.16.08.04 or 28.16.08.08 or 28.16.08.24 or 28.16.08.32 or 28.16.08.92 or 28.16.08
MANTPSY_C_5YR: count of these medications
MANTPSY_5YR: taking this medication
0=no
1=yes

1. Atypicala – count all with 28.16.08.04 (only) or 28.16.08
MATYP_A_5YR: taking this medication
0=no
1=yes

2. Other anti-psychotics -
28.16.08.08 or 28.16.08.24 or 28.16.08.32 or 28.16.08.92
MOANTIPSY_C_5YR: count of these medications
MOANTIPSY_5YR: taking this medication
0=no
1=yes

K. Stimulants -- count all with prefix 28.20
28.20.04 or 28.20.92
MSTIM_C_5YR: count of these medications
MSTIM_5YR: taking this medication
0=no
1=yes

1. Ritalin – count all with 28.20.92 (only)
MRIT_5YR: taking this medication
0=no
1=yes

L. Anxiolytics – count all that have prefix 28.24.
28.24.08 or 28.24.92
MANX_C_5YR: count of these medications
MANX_D_5YR: duration taking these medications
MANX_5YR: taking this medication
0=no
1=yes

1. Benzos – count all with prefix 28.24.08 (only)
MBENZ_D_5YR: duration taking this medication
MBENZ_5YR: taking this medication
0=no
1=yes

2. Miscellaneous sedative hypnotics –count all with code 28.24.92 (only)
MMSEDHYP_D_5YR: duration taking this medication
MMSEDHYP_5YR: taking this medication
0=no
1=yes

M. Lithium – count all with code 28.28 (only)
No count variable because subject can only be taking 1 of these medications
MLITH_5YR: taking this medication
0=no
N. Antimigraine agents – count all with code 28.32 (only) or 28.32.28
   MMIGRAINE_5YR: taking this medication
   0=no
   1=yes

O. Miscpsych – count all with code 28.92 (only)
   MMISPSY_5YR: taking this medication
   0=no
   1=yes

Antihistamines – count of all with prefix 4 (used this count in total above)
   4.04 or 4.08 or 4.92
   MANTHIS_5YR: taking this medication
   0=no
   1=yes

Anticancer – count of all with prefix 10 (used this count in total above)
   10.00
   MCA_5YR: taking this medication
   0=no
   1=yes

Autonomic nervous – count of all with prefix 12. (used this count in total above)
   12.04 or 12.08.04 or 12.08.08 or 12.12.01 or 12.12.02 or 12.12.03 or 12.20 or 12.12 or 12.92
   MANS_C_5YR: count of these medications
   MANS_5YR: taking this medication
   0=no
   1=yes

A. Cholinergic – count all with prefix 12.04 (only)
   MCHOL_5YR: taking this medication
   0=no
   1=yes

B. Anticholinergic – count all with prefix 12.08.
   12.08.04 or 12.08.08
   MANTICH_C_5YR: count of these medications
   MANTICH_5YR: taking this medication
   0=no
   1=yes

C. Anti-parkinson – count 12.08.04 (only)
   MPARK_5YR: taking this medication
   0=no
   1=yes

   12.12.01 or 12.12.02 or 12.12.03 or 12.12 or 12.92
   MADREN_C_5YR: count of these medications
   MADREN_5YR: taking this medication
   0=no
   1=yes

1. Adinhalers – count of all 12.12.01 (only)
   MADIN_5YR: taking this medication
   Or 20.12.04.16 or 20.12.04.92
   MANTICO_C_5YR: count of these medications
   MANTICO_5YR: taking this medication
   0=no
   1=yes

C. Warfarin – count with 20.12.04.08 (only)
   MWARFARIN_5YR: taking this medication
   0=no
   1=yes

D. Platelet aggregation inhibitors – count all with code 20.12.18 (only)
   MPLAGGINH_5YR: taking this medication
   0=no
   1=yes

E. Hematopoietic – count all with code 20.16 (only)
   MHEMAT_5YR: taking this medication
   0=no
   1=yes

F. Trental – count all with code 20.24 (only)
   No count variable because subject can only be taking 1 of these medications
   MTRENT_5YR: taking this medication
   0=no
   1=yes

Cardiovascular agents– count all with prefix 24. (used this count in total above)
   24.04.04 or 24.04.08 or 24.06.04 or 24.06.06 or 24.06.08 or
   24.06.92 or 24.08.16 or 24.08.20 or 24.12.08 or 24.12.12 or 24.12.92
Or 24.20 or 24.24 or 24.28.08 or 24.28.92 or 24.32.04 or 24.32.08 or 24.32.20

**MCARDIO_C_5YR**: count of these medications
**MCARDIO_D_5YR**: duration taking these medications
**MCARDIO_5YR**: taking this medication

  0=no
  1=yes

A. **Digoxin – count all with code 24.04.08 (only)**
   
   No count variable because subject can only be taking 1 of these medications

   **MDIG_D_5YR**: duration taking this medication
   **MDIG_5YR**: taking this medication

   0=no
   1=yes

B. **Antilipemic agents – count all with prefix 24.06.**
   
   24.06.04 or 24.06.06 or 24.06.08 or 24.06.92 or 24.06.92.92

   **MANTILIP_C_5YR**: count of these medications
   **MANTILIP_D_5YR**: duration taking these medications
   **MANTILIP_5YR**: taking this medication

   0=no
   1=yes

1. **Hmg coa – count all with code 24.06.08 (only)**
   
   **MHMG_D_5YR**: duration taking this medication
   **MHMG_5YR**: taking this medication

   0=no
   1=yes

2. **Omega – count all with code 24.06.92.92**
   
   **MOMEGA3_D_5YR**: duration taking these medications
   **MOMEGA3_5YR**: taking this medication

   0=no
   1=yes

C. **Hypotensive agents – count all with prefix 24.08**
   
   24.08.16 or 24.08.20

   **MHYPO_D_5YR**: duration taking this medication
   **MHYPO_5YR**: taking this medication

   0=no
   1=yes

D. **Vasodilating agents**

1. **Nitrates – count all with code 24.12.08 (only)**
   
   **MNITR_D_5YR**: duration taking this medication
   **MNITR_5YR**: taking this medication

   0=no
   1=yes

2. **Viagra – count all with code 24.12.12 (only)**
   
   **MFORMEN_D_5YR**: duration taking this medication
   **MFORMEN_5YR**: taking this medication

   0=no
   1=yes

3. **Dipyridamole – count all with code 24.12.92 (only)**
   
   **MDYPRYID_D_5YR**: duration taking this medication
MDYPRYID_5YR: taking this medication
 0=no
 1=yes

E. Alpha blockers – count all with code 24.20 (only)
  MABLK_D_5YR: duration taking this medication
  MABLK_5YR: taking this medication
  0=no
  1=yes

F. Beta blockers – count all with code 24.24 (only)
  MBBLK_D_5YR: duration taking this medication
  MBBLK_5YR: taking this medication
  0=no
  1=yes

G. Calcium channel blockers – count all with prefix 24.28.
  24.28.08 or 24.28.92
  MCBLK_D_5YR: duration taking these medications
  MCBLK_5YR: taking this medication
  0=no
  1=yes

H. Ace inhibitors – count all with code 24.32.04 (only)
  MACEI_D_5YR: duration taking this medication
  MACEI_5YR: taking this medication
  0=no
  1=yes

I. Angiioi – count all with code 24.32.08 (only)
  No count variable because subject can only be taking 1 of these medications
  MANGIO_D_5YR: duration taking this medication
  MANGIO_5YR: taking this medication
  0=no
  1=yes

J. Hypertension medications -- count all with code in
  (‘24.08.16’, ’24.08.20’, ’24.24’, ’24.28.08’, ’24.28.92’, ’24.32.04’, ’24.32.08’, ’40.28.01’ or ‘24.32.20’)
  HTNMED_D_5YR: duration taking these medications
  HTNMED_5YR: taking hypertension medications
  0=no
  1=yes

Electrolyte and water – count all with prefix 40. (used this count in total above)
  40.10 or 40.08 or 40.12.01 or 40.12.02 or 40.18.18 or 40.18.19 or 40.28.01 or
  40.28.02 or 40.28.10 or 40.40 or 40.12
  MELH2O_C_5YR: count of these medications
  MELH2O_5YR: taking this medication
  0=no
  1=yes

A. Calcium salts – count all with code 40.12.01 (only)
  MCATT_5YR: taking this medication
  0=no
  1=yes
B. Potassium salts – count all with code 40.12.02 or 40.12

MPOT_5YR: taking this medication
0=no
1=yes

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

MPHOSREM_5YR: taking this medication
0=no
1=yes

D. Diuretics – count all with prefix 40.28.

40.28.01 or 40.28.02 or 40.28.10 or 40.40
MDIUR_C_5YR: count of these medications
MDIUR_5YR: taking this medication
0=no
1=yes

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

MTHIAZ_5YR: taking this medication
0=no
1=yes

2. Loop – count with code 40.28.02 (only)

MLOOP_5YR: taking this medication
0=no
1=yes

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

MKSPAR_5YR: taking this medication
0=no
1=yes

Antitussives – count all with 48.08 or 48.16

MANTITU_5YR: taking this medication
0=no
1=yes

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

52.02 or 52.04.04 or 52.04.06 or 52.08 or 52.10 or 52.20 or
52.24 or 52.36 or 52.32 or 52.08.92
MENT_C_5YR: count of these medications
MENT_5YR: taking this medication
0=no
1=yes

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

MENTAL_5YR: taking this medication
0=no
1=yes

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

MCAINH_5YR: taking this medication
0=no
1=yes

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

MEYEDRP_C_5YR: count of these medications
MEYEDRP_5YR: taking this medication
 0=no
 1=yes

D. Topical steroids – count with prefix 52.08
 52.08 or 52.08.92
MTOPSTER_5YR: taking this medication
 0=no
 1=yes

GI meds – count all those with prefix 56.
 56.04 or 56.08 or 56.08.01 or 56.10 or 56.12 or 56.16 or 56.22.08 or 56.22.20 or 56.22.92 or 56.28 or 56.28.12 or 56.28.32 or 56.28.36 or 56.32 or 56.36 or 56.92 or 58.10
MGL_C_5YR: count of these medications
MGL_5YR: taking this medication
 0=no
 1=yes

A. Cathartics – count all those with code 56.12 (only)
MCATH_5YR: taking this medication
 0=no
 1=yes

B. Anti-emetics – count all those with code 56.22.08 or 56.22.92
MANTIEMET_5YR: taking this medication
 0=no
 1=yes

C. Anti-ulcer – count all with prefix 56.28
 56.28.12 or 56.28.32 or 56.28.36
MULCER_C_5YR: count of these medications
MULCER_5YR: taking this medication
 0=no
 1=yes

1. H2antagonists – count all those with code 56.28.12 (only)
MH2ANT_5YR: taking this medication
 0=no
 1=yes

2. Sulcralfate – count all those with code 56.28.32 (only)
MSULC_5YR: taking this medication
 0=no
 1=yes

3. Ppis – count all those with code 56.28.36 (only)
MPPI_5YR: taking this medication
 0=no
 1=yes

Hormones – count all with prefix 68.
 68.04 or 68.04.01 or 68.08 or 68.12 or 68.16.04 or 68.16.12 or 68.20.04 or 68.20.08 or 68.20.16 or 68.20.20 or 68.20.28 or 68.20.92 or 68.24 or 68.32 or 68.36.04 or 68.36.08 or 88.68
MHORM_C_5YR: count of these medications
MHORM_5YR: taking this medication
 0=no
 1=yes
A. Prednisone – count all with code 68.04.01 (only)
   No count variable because subject can only be taking 1 of these medications
   MPRED_5YR: taking this medication
   0=no
   1=yes

B. Estrogen – count all with code 68.16.04 (only)
   MESTRO_5YR: taking this medication
   0=no
   1=yes

C. Androgens – count all with code 68.08 (only)
   MTESTOS_5YR: taking this medication
   0=no
   1=yes

D. Raloxifene – count all with code 68.16.12 (only)
   MRALOX_5YR: taking this medication
   0=no
   1=yes

E. Antidiabetic agents – count all with prefix 68.20.
   68.20.04 or 68.20.08 or 68.20.16 or 68.20.20 or 68.20.28 or 68.20.92
   MANTIDB_C_5YR: count of these medications
   MANTIDB_D_5YR: duration taking these medications
   MANTIDB_5YR: taking this medication
   0=no
   1=yes

1. Metformin – count all with code 68.20.04 (only)
   No count variable because subject can only be taking 1 of these medications
   MMETFORMIN_D_5YR: duration taking these medications
   MMETFORMIN_5YR: taking this medication
   0=no
   1=yes

2. Insulin – count all with code 68.20.08 (only)
   MINSU_D_5YR: duration taking these medications
   MINSU_5YR: taking this medication
   0=no
   1=yes

3. Meglit – count all with code 68.20.16 (only)
   No count variable because subject can only be taking 1 of these medications
   MMMEGL_D_5YR: duration taking these medications
   MMMEGL_5YR: taking this medication
   0=no
   1=yes

4. Sulfonylureas – count all with code 68.20.20 (only)
   MSULF_D_5YR: duration taking these medications
   MSULF_5YR: taking this medication
   0=no
   1=yes
5. Glitazones – count all with code 68.20.28 (only)
   MGLIT_D_5YR: duration taking these medications
   MGLIT_5YR: taking this medication
   0=no
   1=yes

6. Alpha glucosidase inhibitors – count all with code 68.20.92 (only)
   MALFGLUC_D_5YR: duration taking these medications
   MALFGLUC_5YR: taking this medication
   0=no
   1=yes

F. Calcitonin – count all with code 68.24 (only)
   No count variable because subject can only be taking 1 of these medications
   MCALCI_5YR: taking this medication
   0=no
   1=yes

G. Thyroid replacement – count all with code 68.36.04 (only)
   MTHYREP_5YR: taking this medication
   0=no
   1=yes

H. Anti-thyroid -- count all with code 68.36.08 (only)
   MANTTHY_5YR: taking this medication
   0=no
   1=yes

Antibiotics – count all with code:
   8.12 or 8.12.06 or 8.12.18 or 8.12.20 or 8.12.28.30 or 8.22
   MANTIBIOT_C_5YR: count of these medications
   MANTIBIOT_5YR: taking this medication
   0=no
   1=yes

Antifungal – count all with prefix 8.18
   MANTFUN_C_5YR: count of these medications
   MANTIFUN_5YR: taking this medication
   0=no
   1=yes

Antiviral – count all with prefix 8.18
   8.18 or 8.18.08 or 8.18.08.08 or 8.18.20 or 8.18.32
   MANTIV_C_5YR: count of these medications
   MANTIV_5YR: taking this medication
   0=no
   1=yes

Anti-HIV: count all with code:
   8.18 or 8.18.08 or 8.18.08.08
   MANTIHIV_C_5YR: count of these medications
   MANTIHIV_5YR: taking this medications
   0= no
   1=yes

Skin agents – count all with prefix 84.
84.04 or 84.04.04 or 84.04.08 or 84.04.08.08 or 84.04.12 or 84.04.16 or 84.06 or 84.08 or 84.24 or 84.32 or 84.92

**MSKIN_C_5YR**: count of these medications

**MSKIN_5YR**: taking this medication

- 0=no
- 1=yes

---

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

86.12 or 86.16

**MSKMUS_5YR**: taking this medication

- 0=no
- 1=yes

---

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

**MGUMUS_5YR**: taking this medication

- 0=no
- 1=yes

---

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

**MTHEOPHYL_5YR**: taking this medication

- 0=no
- 1=yes

---

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

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

**MVIT_C_5YR**: count of these medications

**MVIT_5YR**: taking this medication

- 0=no
- 1=yes

---

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

**MVITASUPP_5YR**: taking this medication

- 0=no
- 1=yes

---

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

**MMULTV_5YR**: taking this medication

- 0=no
- 1=yes

---

**C. Vitamin b supplements -- count all with code in ('88.08', '88.08.01', '88.08.02', '88.08.05', '88.08.06', '88.08.07', '24.06.92', or '88.08.08')**

**MVITBSUPP_5YR**: taking this medication:

- 0=no
- 1=yes

---

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

**MVITB12SUPP_5YR**: taking this medication

- 0=no
- 1=yes

---

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

**MFOLSUPP_5YR**: taking this medication

- 0=no
- 1=yes
F. Pantothenic acid – count all with code 88.08.05 (only)
   **MVITPASUPP_5YR**: taking this medication
   0=no
   1=yes

G. Vitamin b 6 – count all with code 88.08.06 (only)
   **MVITB6SUPP_5YR**: taking this medication
   0=no
   1=yes

H. Vitamin b 2 – count all with code 88.08.07 (only)
   **MVITB2SUPP_5YR**: taking this medication
   0=no
   1=yes

I. Vitamin b 1 – count all with code 88.08.08 (only)
   **MVITB1SUPP_5YR**: taking this medication
   0=no
   1=yes

J. Vitamin c – count all with code 88.12 (only)
   **MVITCSUPP_5YR**: taking this medication
   0=no
   1=yes

K. Vitamin d – count all with code:
   88.16 or 88.16.01 or 88.16.02 or 24.06.92.92
   **MVITDSUPP_5YR**: taking this medication
   0=no
   1=yes

L. Vitamin e – count all with code 88.20 (only)
   **MVITESUPP_5YR**: taking this medication
   0=no
   1=yes

M. Vitamin k – count all with code 88.24 (only)
   **MVITKSUPP_5YR**: taking this medication
   0=no
   1=yes

N. Zinc – count all with code 88.30 (only)
   **MZINCSUPP_5YR**: taking this medication
   0=no
   1=yes

O. Niacin – count all with code 24.06.92 (only)
   **MNIACIN_5YR**: taking this medication
   0=no
   1=yes

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

**MHERBAL_5YR**: taking this medication
0=no
1=yes

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

**MFLAXSUPP_5YR**: taking this medication
0=no
1=yes

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

**MGARSUPP_5YR**: taking this medication
0=no
1=yes

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

**MMELSUPP_5YR**: taking this medication
0=no
1=yes

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

**MZEASUPP_5YR**: taking this medication
0=no
1=yes

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

**MLUTSUPP_5YR**: taking this medication
0=no
1=yes

Miscellaneous – count all with prefix 92.
92.00 or 92.01 or 92.02 or 92.03 or 92.04 or 92.06 or 92.07 or 92.09 or 92.11 or 92.12 or 92.13 or 92.17 or 20.12.28

**MMISC_C_5YR**: count of these medications

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

**MBPH_5YR**: taking this medication
0=no
1=yes

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

**MANTIGOUT_5YR**: taking this medication
0=no
1=yes

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

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

**MBONEINH_5YR**: taking this medication
0=no
1=yes

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

**MANRHEUM_5YR**: taking this medication
0=no
1=yes
E. Imus suppressive agents – count all with code 92.11 (only)
   MIMUSUPPR_5YR: taking this medication
      0=no
      1=yes

F. Leukotriene modifiers – count all with code 92.12 (only)
   MLEUKOTRI_5YR: taking this medication
      0=no
      1=yes

G. Pepto-bismol – code 56.08.01
   MPEPTO_5YR: taking this medication
      0 = no
      1 = yes

H. Dhea – count all with code 88.68 (only)
   MDHEASUPP_5YR: taking this medication
      0=no
      1=yes

Respiratory meds

A. Asthma – count all with code: 52.08 or 92.12 or 92.13 or 12.12.01 or 86.16
   MASTHMA_D_5YR: duration taking these medications
   MASTHMA_5YR: taking this medication
      0=no
      1=yes

B. Asthcopd – count all with code: 52.08 or 68.04 or 68.04.01 or 12.12.01 or 12.12.02
   MASTHCOPD_D_5YR: duration taking these medications
   MASTHCOPD_5YR: taking this medication
      0=no
      1=yes

C. Astoth – count all with code: 52.08 or 68.04 or 4.04 or 4.08
   MASTOTH_D_5YR: duration taking these medications
   MASTOTH_5YR: taking this medication
      0=no
      1=yes

D. Cough – count all with code: 48.08 or 48.16 or 12.04 or 4.04
   MCOUGH_D_5YR: duration taking these medications
   MCOUGH_5YR: taking this medication
      0=no
      1=yes

E. Copd – count all with code: 12.08.08 or 12.12.01
   MCOPD_D_5YR: duration taking these medications
   MCOPD_5YR: taking this medication
      0=no
      1=yes

F. Nosmoke – count all with code: 12.92
   MNOSMOKE_D_5YR: duration taking these medications
   MNOSMOKE_5YR: taking this medication
      0=no
      1=yes
G. Rhin – count all with code: 28.24.92 or 12.04
   MRHIN_D_5YR: duration taking these medications
   MRHIN_5YR: taking this medication
       0=no
       1=yes

H. Decon – count all with this code: 12.12.02
   MDECON_D_5YR: duration taking these medications
   MDECON_5YR: taking this medication
       0=no
       1=yes
(TOB) HEALTH BEHAVIORS: TOBACCO USE

Instructions: Now, I would like to ask you about the use of tobacco.

CO-INFORMANT

1. Do you currently smoke?

- No
- Yes

(If NO, GO TO #3)

2a. How many cigarettes do you smoke regularly during one day? (pack=20 cigarettes)

2b. How many cigars do you smoke regularly during one day?

2c. How many pipes do you smoke regularly during one day?

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

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

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

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

INTERVIEWER'S COMMENTS:
**DERIVED (TOB) TOBACCO USE VARIABLES**

**SMOKER_5YR:** smoking status (cumulative, based on smoking status at baseline and 2 year interviews)
- 0: never (less than 100 cigarettes in entire life)
- 1: smoked in the past, but not currently
- 2: currently smoke
(ALC) HEALTH BEHAVIORS: ALCOHOL USE

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

CO-INFORMANT  □ No  □ Yes

1. Presently, do you drink alcohol?
□ No  □ Yes  ALC3_5YR
((If NO GO to NEXT SECTION))

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

# days per:
□ Week  □ Month  □ Year  ALC4B_5YR

3. What do you usually drink?

□ Beer  ALC5_5YR__1
□ Rum  ALC5_5YR__2
□ Wine  ALC5_5YR__3
□ Gin  ALC5_5YR__4
□ Whiskey  ALC5_5YR__5
□ Other  (CHECK ALL THAT APPLY)
□ Other, specify  ALC5_6T_5YR

4. On average, on the days that you drink alcohol, how many drinks do you have a day? By a drink, I mean a 12 oz beer, 4 oz glass of wine, or an ounce of liquor.

INTERVIEWER'S COMMENTS: ALC_C_5YR
**ASI-A** ALCOHOL ADDICTION SEVERITY INDEX

*Instructions*: I will be asking you some questions about alcohol that you may have used. When answering these questions, please remember that any information you give me will be kept strictly confidential, so please try to answer as honestly as possible.

1. How many days in the last 30 days have you used any alcohol? (Enter -97 for Refused, -98 for Don't Know)

2. How many days in the last 30 days have you used alcohol to intoxication with 5 or more drinks in one sitting? (Enter -97 for Refused, -98 for Don't Know)

3. How many days in the last 30 days have you used alcohol to intoxication with 4 or fewer drinks in one sitting and felt high? (Enter -97 for Refused, -98 for Don't Know)

4. How many days in the past 30 days have you experienced alcohol problems? (Number of Days)

(IF ZERO, REFUSED OR DON'T KNOW SKIP TO # 5)

a. How troubled or bothered have you been by these alcohol problems?

b. How many days have you been treated for alcohol problems (including outpatient, residential, detox, AA)? (Enter -97 for Refused, -98 for Don't know)

b. How important to you is treatment for these alcohol problems?

5. During the last 30 day, have you received treatment for alcohol problems?

a. How many days have you been treated for alcohol problems (including outpatient, residential, detox, AA)? (Number of Days)

INTERVIEWER'S COMMENTS:
**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?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often  

2. How often have you felt that you were unable to control the important things in your life?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often  

3. How often have you felt nervous and stressed?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often  

4. How often have you dealt successfully with irritating life hassles?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often  

5. How often have you felt that you were effectively coping with important changes that were occurring in your life?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often  

6. How often have you felt confident about your ability to handle your personal problems?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often  

7. How often have you felt that things were going your way?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often  

8. How often have you found that you could not cope with all the things that you had to do?  
   - Never  
   - Almost Never  
   - Every now and then  
   - Often  
   - Very Often
9. How often have you been able to control irritations in your life?
- Never
- Almost Never
- Every now and then
- Often
- Very Often

10. How often have you felt that you were on top of things?
- Never
- Almost Never
- Every now and then
- Often
- Very Often

11. How often have you been angered because of things that happened or were outside of your control?
- Never
- Almost Never
- Every now and then
- Often
- Very Often

12. How often have you found yourself thinking about things that you have to accomplish?
- Never
- Almost Never
- Every now and then
- Often
- Very Often

13. How often have you been able to control the way you spend your time?
- Never
- Almost Never
- Every now and then
- Often
- Very Often

14. How often have you felt difficulties were piling up so high that you could not overcome them?
- Never
- Almost Never
- Every now and then
- Often
- Very Often

INTERVIEWER'S COMMENTS:  

DERIVED PERCEIVED STRESS SCALE VARIABLES

**PSS_5YR**: Perceived stress score

\[
PSS_5YR = PSS1_5YR + PSS2_5YR + PSS3_5YR + PSS4_5YR + PSS5_5YR + PSS6_5YR + PSS7_5YR + PSS8_5YR + \textit{PSS9}_5YR + \textit{PSS10}_5YR + \textit{PSS11}_5YR + \textit{PSS12}_5YR + PSS13_5YR + PSS14_5YR
\]

Using PSS_A increases the number of participants with non-missing data

**PSS_A_5YR**: perceived stress score (algorithm applied: imputed mean of PSS1-PSS14 if 7 or less are missing)

\[
PSS_A_5YR = PSS1_A_5YR + PSS2_A_5YR + PSS3_A_5YR + PSS4_A_5YR + \textit{PSS5}_A_5YR + PSS6_A_5YR + \textit{PSS7}_A_5YR + PSS8_A_5YR + PSS9_A_5YR + PSS10_A_5YR + PSS11_A_5YR + PSS15_A_5YR + PSS13_A_5YR + PSS14_A_5YR
\]
(PAS) PSYCHOLOGICAL ACCULTURATION SCALE

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

1. With which group of people do you feel you share most of your beliefs and values?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

2. With which group of people do you feel you have the most in common?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

3. With which group of people do you feel most comfortable?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

4. In your opinion, which group of people best understands your ideas (your way of thinking)?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

5. Which culture do you feel proud to be a part of?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

6. In what culture do you know how things are done and feel that you can do them easily?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

7. In what culture do you feel confident that you know how to act?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

8. In your opinion, which group of people do you understand best?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans

9. In what culture do you know what is expected of a person in various situations?  
   - Only w/PR
   - More w/PR than Americans
   - Same among PR and Americans
   - More w/Americans than PR
   - Only w/Americans
10. Which culture do you know the most about (for example: its history, traditions, and customs)?

☐ Only w/PR
☐ More w/PR than Americans
☐ Same among PR and Americans
☐ More w/Americans than PR
☐ Only w/Americans

INTERVIEWER'S COMMENTS: PAS_C_5YR

---

**DERIVED PSYCHOLOGICAL ACCULTURATION SCALE VARIABLES**

**PAS_5YR** psychological acculturation score

PAS_5YR = PAS1_5YR + PAS2_5YR + PAS3_5YR + PAS4_5YR + PAS5_5YR + PAS6_5YR + PAS7_5YR + PAS8_5YR + PAS9_5YR + PAS10_5YR

**PAS_A_5YR** Psychological acculturation score (algorithm applied: participant mean used in place of missing response of pas1-pas10 if 5 or less are missing)

PAS1_A_5YR + PAS2_A_5YR + PAS3_A_5YR + PAS4_A_5YR + PAS5_A_5YR + PAS6_A_5YR + PAS7_A_5YR + PAS8_A_5YR + PAS9_A_5YR + PAS10_A_5YR
### ACC (ACCUlTURATION)

#### CO-INFORMANT

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<th>No</th>
<th>Yes</th>
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</tbody>
</table>

**What language do you use:**

- **...for watching TV?**
  - [ ] Only Spanish
  - [ ] More SPA than ENG
  - [ ] Both Equally
  - [ ] More ENG than SPA
  - [ ] Only English
  - [ ] NA

- **...for reading newspapers/books?**
  - [ ] Only Spanish
  - [ ] More SPA than ENG
  - [ ] Both Equally
  - [ ] More ENG than SPA
  - [ ] Only English
  - [ ] NA

- **...for speaking with neighbors?**
  - [ ] Only Spanish
  - [ ] More SPA than ENG
  - [ ] Both Equally
  - [ ] More ENG than SPA
  - [ ] Only English
  - [ ] NA

- **...at work?**
  - [ ] Only Spanish
  - [ ] More SPA than ENG
  - [ ] Both Equally
  - [ ] More ENG than SPA
  - [ ] Only English
  - [ ] NA

- **...for listening to the radio?**
  - [ ] Only Spanish
  - [ ] More SPA than ENG
  - [ ] Both Equally
  - [ ] More ENG than SPA
  - [ ] Only English
  - [ ] NA

- **...with friends?**
  - [ ] Only Spanish
  - [ ] More SPA than ENG
  - [ ] Both Equally
  - [ ] More ENG than SPA
  - [ ] Only English
  - [ ] NA

- **...with family?**
  - [ ] Only Spanish
  - [ ] More SPA than ENG
  - [ ] Both Equally
  - [ ] More ENG than SPA
  - [ ] Only English
  - [ ] NA

#### INTERVIEWER'S COMMENTS:

ACC_C_5YR
**DERIVED ACCULTURATION VARIABLES**

**CACCULTUR_5YR**  Language acculturation score 0 to 100%

\[
\text{CACCULTUR}_5\text{YR} = 100 \times \left( \frac{\text{ACC10A}_5\text{YR} - 1}{4 \times \text{number answered}} \right)
\]

100%: Fully acculturated subject speaks fluent English

0%: Fully unacculturated subject speaks only Spanish

**CACCULTURZZ_5YR**

0: 0 \leq \text{CACCULTUR}_5\text{YR} < 50

1: \text{CACCULTUR}_5\text{YR} \geq 50 (%)

**NACCULTUR_5YR**

7-nmiss (ACC10A_5YR, ACC10B_5YR, ACC10C_5YR, ACC10D_5YR, ACC10E_5YR, ACC10F_5YR, ACC10G_5YR)

**XACC10A_5YR** = ACC10A_5YR - 1

**XACC10B_5YR** = ACC10B_5YR - 1

**XACC10C_5YR** = ACC10C_5YR - 1

**XACC10D_5YR** = ACC10D_5YR - 1

**XACC10E_5YR** = ACC10E_5YR - 1

**XACC10F_5YR** = ACC10F_5YR - 1

**XACC10G_5YR** = ACC10G_5YR - 1

**XXACC10A_5YR** = max (0, XACC10A_5YR)

**XXACC10B_5YR** = max (0, XACC10B_5YR)

**XXACC10C_5YR** = max (0, XACC10C_5YR)

**XXACC10D_5YR** = max (0, XACC10D_5YR)

**XXACC10E_5YR** = max (0, XACC10E_5YR)

**XXACC10F_5YR** = max (0, XACC10F_5YR)

**XXACC10G_5YR** = max (0, XACC10G_5YR)

**NEWACCULTUR_5YR** = XXACC10A_5YR + XXACC10B_5YR + XXACC10C_5YR + XXACC10D_5YR + XXACC10E_5YR + XXACC10F_5YR + XXACC10G_5YR

If \( NACCULTUR_5\text{YR} > 0 \) then \( \text{CACCULTUR}_5\text{YR} = 100 \times (\text{NEWACCULTUR}_5\text{YR}) / (4 \times NACCULTUR_5\text{YR}) \)
MAHES STRESS SCALE

Instructions: The questions that follow explore how you have felt with regards to certain things during the past month. Please answer the question using the following options.

1. How often have you worried about your health?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

2. How often have you found yourself thinking about the problems of others?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

3. How often have you thought that your money does not go far enough?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

4. How often have you thought that there is nobody to turn to?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

5. How often have you worried about losing family and friends?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

6. How often have you worried about your safety?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

7. How often have you worried about your future?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

8. How often have you thought that others do not understand your concerns?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often

9. How often have you worried that you cannot do everything you have to do?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very often
10. How often have you worried about unanticipated problems or situations?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often
   MSS_10_5YR

11. How often have you felt nervous because of problems in your life?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often
   MSS_11_5YR

12. How often have you worried that you do not have access to needed help?
   - Never
   - Almost Never
   - Every Now and Then
   - Often
   - Very Often
   MSS_12_5YR

INTERVIEWER’S COMMENTS: ________________________________________ MSS_C_5YR

**DERIVED MAHES STRESS VARIABLES**

**MAHES_SCALE_5YR:** MAHES Stress scale
   MSS_1_5YR + MSS_2_5YR + MSS_3_5YR + MSS_4_5YR + MSS_5_5YR + MSS_6_5YR + MSS_7_5YR + MSS_8_5YR + MSS_9_5YR + MSS_10_5YR + MSS_11_5YR + MSS_12_5YR
(PDQ) PERCEIVED DISCRIMINATION QUESTIONNAIRE

[Source: CHIS Discrimination Module references include:


Instructions: These next questions are about things that may happen to you in your day-to-day life. The questions ask about times and places where you were treated unfairly. Again, you do not have to answer any of these that you do not want to. All of the information you tell us will be kept private, and your answers will be used only for this survey.

RECENT EXPERIENCES OF DISCRIMINATION

First, think about your experiences in the past 12 months.
1. How often have any of the following things happened to you?

   a. In the past 12 months, how often have you been treated with less respect than other people? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often

   b. In the past 12 months, how often have you been treated unfairly at restaurants or stores? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often

   c. In the past 12 months, how often have people criticized your accent or the way you speak? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often

   d. In the past 12 months, how often have people acted as if they think you are not smart? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often

   e. In the past 12 months, how often have people acted as if they are afraid of you? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often

   f. In the past 12 months, how often have people acted as if they think you are dishonest? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often

   g. In the past 12 months, how often have people acted as if they are better than you are? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often

   h. In the past 12 months, how often have you been threatened or harassed? Would you say
      - Never
      - Rarely
      - Sometimes
      - Often
If answered rarely, or sometimes, or often to any item, # a-h, then ask the following questions

2. Now, I am going to ask you why you may have been treated unfairly

a. In the past 12 months, have you been treated unfairly because of your ancestry or national origin?  
   □ No  
   □ Yes  
   PDQ_2A_5YR

b. In the past 12 months, have you been treated unfairly because of your gender or sex?  
   □ No  
   □ Yes  
   PDQ_2B_5YR

c. In the past 12 months, have you been treated unfairly because of your race or skin color?  
   □ No  
   □ Yes  
   PDQ_2C_5YR

d. In the past 12 months, have you been treated unfairly because of your age?  
   □ No  
   □ Yes  
   PDQ_2D_5YR

e. In the past 12 months, have you been treated unfairly because of the way you speak English?  
   □ No  
   □ Yes  
   PDQ_2E_5YR

f. In the past 12 months, have you been treated unfairly because of your weight?  
   □ No  
   □ Yes  
   PDQ_2F_5YR

g. In the past 12 months, have you been treated unfairly because of your sexual orientation?  
   □ No  
   □ Yes  
   PDQ_2G_5YR

h. In the past 12 months, have you been treated unfairly because of some other reason?  
   □ No  
   □ Yes  
   PDQ_2H_5YR

Please specify,

i. If more than one of these items is selected yes, then ask: Which of these do you think is the main reason why you have been treated unfairly? Was it because of...
   □ Your ancestry or national origin  
   □ Your sex or gender  
   □ Your race or skin color  
   □ Your age  
   □ The way you speak English  
   □ Your weight  
   □ Your sexual orientations  
   □ Other  
   PDQ_2I_5YR

Other, specify  
   PDQ_2IT_5YR

j. In the past 12 months, how stressful have these experiences of unfair treatment usually been for you? Would you say...  
   □ Not at all stressful  
   □ A little stressful  
   □ Somewhat stressful  
   □ Extremely stressful  
   PDQ_2J_5YR

LIFETIME EXPERIENCES OF DISCRIMINATION

Now, think about your entire lifetime.
3. How many times has this happened during your lifetime?

a. Over your entire lifetime, how often have you been treated unfairly at school? Would you say  
   □ Never  
   □ Rarely  
   □ Sometimes  
   □ Often  
   PDQ_3A_5YR

b. Over your entire lifetime, how often have you been treated unfairly or been discriminated against at work? Would you say  
   □ Never  
   □ Rarely  
   □ Sometimes  
   □ Often  
   PDQ_3B_5YR
c. Over your entire lifetime, how often have you been treated unfairly or been discriminated against when getting medical care? Would you say

- Never
- Rarely
- Sometimes
- Often

PDQ_3C_5YR

d. Over your entire lifetime, how often have you been treated unfairly or been discriminated against by the police and the courts? Would you say

- Never
- Rarely
- Sometimes
- Often

PDQ_3D_5YR

e. Over your entire lifetime, how often have you been treated unfairly or been discriminated against in other situations? Would you say

- Never
- Rarely
- Sometimes
- Often

PDQ_3E_5YR

If answered rarely, or sometimes, or often to any item, #3a-e, then ask the following questions:

4. Now, I am going to ask you why you may have been treated unfairly.

a. Over your entire lifetime, have you been treated unfairly because of your ancestry or national origin?  
- No
- Yes

PDQ_4A_5YR

b. Over your entire lifetime, have you been treated unfairly because of your gender or sex?
- No
- Yes

PDQ_4B_5YR

c. Over your entire lifetime, have you been treated unfairly because of your race or skin color?
- No
- Yes

PDQ_4C_5YR

d. Over your entire lifetime, have you been treated unfairly because of your age?
- No
- Yes

PDQ_4D_5YR

e. Over your entire lifetime, have you been treated unfairly because of the way you speak English?
- No
- Yes

PDQ_4E_5YR

f. Over your entire lifetime, have you been treated unfairly because of your weight?
- No
- Yes

PDQ_4F_5YR

g. Over your entire lifetime, have you been treated unfairly because of your sexual orientation?
- No
- Yes

PDQ_4G_5YR

h. Over your entire lifetime, have you been treated unfairly because of some other reason?
- No
- Yes

PDQ_4H_5YR

i. If more than one of these items is selected yes, then ask: Which of these do you think is the main reason why you have been treated unfairly? Was it because of...

- Your ancestry or national origin
- Your sex or gender
- Your race or skin color
- Your age
- The way you speak English
- Your weight
- Your sexual orientations
- Other

PDQ_4I_5YR

Other, specify

______________________________

PDQ_4IT_5YR

j. Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

- Not at all stressful
- A little stressful
- Somewhat stressful
- Extremely stressful

PDQ_4J_5YR

INTERVIEWER'S COMMENTS:______________________________

PDQ_C_5YR
**DERIVED PERCEIVED DISCRIMINATION VARIABLES**

**PDQ_12M_DISC_5YR:** Any instances of discrimination over the past 12 months?
   - 1 = yes
   - 0 = no

**PDQ_12M_MEAN_5YR:** Average frequency of types of discrimination experienced over the past 12 months

**PDQ_12M_REASONS_5YR:** Number of reasons attributed to being treated unfairly over the past 12 months

**PDQ_EVER_DISC_5YR:** Any instances of discrimination over your lifetime?
   - 1 = yes
   - 0 = no

**PDQ_EVER_SUM_5YR:** Sum of types of discrimination experienced over your lifetime

**PDQ_EVER_REASONS_SUM_5YR:** Number of reasons attributed to being treated unfairly your lifetime
(LS) LONELINESS SCALE

MODULE 6: Loneliness, Stress, and Social Support / Social Burden
(LS) LONELINESS SCALE

The following questions are about how you feel about different aspects of your life. For each one, tell me how often, you feel that way.

1. How often do you feel that you lack companionship? □ Hardly Ever/Never □ Some of the time □ Often □ Don't Know □ NA LS_1_5YR

2. How often do you feel left out? □ Hardly Ever/Never □ Some of the time □ Often □ Don't Know □ NA LS_2_5YR

3. How often do you feel isolated from others? □ Hardly Ever/Never □ Some of the time □ Often □ Don't Know □ NA LS_3_5YR

INTERVIEWER'S COMMENTS: LS_C_5YR

DERIVED LONELINESS SCALE VARIABLE

**LS_5YR:** Total Loneliness Score - Sum of 3 item Loneliness Scale

\[ LS_5YR = \text{sum} (LS_1_5YR, LS_2_5YR, LS_3_5YR) \]
**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
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS1_5YR

2. I did not feel like eating: my appetite was poor
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS2_5YR

3. I felt that I could not shake off the blues even with help from my family or friends
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS3_5YR

4. I felt that I was just as good as other people
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS4_5YR

5. I had trouble keeping my mind on what I was doing
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS5_5YR

6. I felt depressed
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS6_5YR

7. I felt that everything I did was an effort
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS7_5YR

8. I felt hopeful about the future
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS8_5YR

9. I thought my life had been a failure
   - Rarely or Never
   - Some or few times
   - Occasionally or a moderate amount
   - Most of the time or all of the time
   - DS9_5YR

10. I felt fearful
    - Rarely or Never
    - Some or few times
    - Occasionally or a moderate amount
    - Most of the time or all of the time
    - DS10_5YR
11. My sleep was restless
- Rarely or Never
- Some or few times
- Occasionally or a moderate amount
- Most of the time or all of the time

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

19. I felt that people disliked me
- Rarely or Never
- Some or few times
- Occasionally or a moderate amount
- 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
- Most of the time or all of the time

**INTERVIEWER'S COMMENTS:**
**DERIVED DEPRESSION SCALE VARIABLES**

**CESD_SCORE_5YR:** total depression score

\[
CEDS\_SCORE\_5YR = DS1\_5YR + DS2\_5YR + DS3\_5YR + DS4\_5YR + DS5\_5YR + DS6\_5YR + DS7\_5YR + DS8\_5YR + DS9\_5YR + DS10\_5YR + DS11\_5YR + DS12\_5YR + DS13\_5YR + DS14\_5YR + DS15\_5YR + DS16\_5YR + DS17\_5YR + DS18\_5YR + DS19\_5YR + DS20\_5YR
\]

**CESD_GE_16_5YR:** depression score higher than 16
1: CESD_SCORE_5YR >= 16
0: 0 <= CESD_SCORE_5YR < 16

**CESDWRX_5YR:** depression score higher than 16 and/or taking anti-depressants

**CESDCAT_5YR:** more depression categories
1: CESD_SCORE_5YR < 16
2: 16 <= CESD_SCORE_5YR < 22
3: CESD_SCORE_5YR >= 22

**CESD_SCORE_A_5YR:** algorithm applied using published factor scores to impute values for subjects missing CESD data

\[
DS1\_A\_5YR + DS2\_A\_5YR + DS3\_A\_5YR + DS4\_A\_5YR + DS5\_A\_5YR + DS6\_A\_5YR + DS7\_A\_5YR + DS8\_A\_5YR + DS9\_A\_5YR + DS10\_A\_5YR + DS11\_A\_5YR + DS12\_A\_5YR + DS13\_A\_5YR + DS14\_A\_5YR + DS15\_A\_5YR + DS16\_A\_5YR + DS17\_A\_5YR + DS18\_A\_5YR + DS19\_A\_5YR + DS20\_A\_5YR
\]

Note: only the final derived variables (in blue) are included in the released dataset. All other variables having to do with applying the algorithm are available in an ancillary database upon request.

**CESD_GE_16_A_5YR:** Depression score higher than 16 (algorithm applied)
1: CESD_SCORE_A_5YR >= 16
0: 0 <= CESD_SCORE_A_5YR < 16

**CESDCAT_A_5YR**
1: 0 <= CESD_SCORE_A_5YR <= 15
2: 16 <= CESD_SCORE_A_5YR < 22
3: CESD_SCORE_A_5YR >= 22
(GT) GENERAL TRAUMAS

Instructions: I am going to read a series of statements that refer to events you may have experienced at any time in your lifetime.

You may experience distress or feel anxious while answering this section. You may skip any item you do not feel comfortable answering or if you prefer you may skip the entire section.

Would you like to continue with this section?

- No
- Yes

(If NO, skip to next section)  

GT_5YR

1. Experienced combat or exposure to a war zone in the military or as a civilian

- No
- Yes
- Don't Know
- Refused

GT1_5YR

2. Been raped

- No
- Yes
- Don't Know
- Refused

GT2_5YR

3. Experienced another kind of sexual assault or unwanted sexual contact as a result of force, threat of harm, or manipulation

- No
- Yes
- Don't Know
- Refused

GT3_5YR

4. Been shot or stabbed

- No
- Yes
- Don't Know
- Refused

GT4_5YR

5. Been held captive, tortured or kidnapped

- No
- Yes
- Don't Know
- Refused

GT5_5YR

6. Been mugged, held up, or threatened with a weapon

- No
- Yes
- Don't Know
- Refused

GT6_5YR

7. Been badly beaten up

- No
- Yes
- Don't Know
- Refused

GT7_5YR

8. Been in a serious car or motor vehicle crash

- No
- Yes
- Don't Know
- Refused

GT8_5YR

9. Experienced any other kind of serious accident or injury

- No
- Yes
- Don't Know
- Refused

GT9_5YR
10. Experienced a natural disaster "for example, a fire, flood, earthquake" in which you were hurt or your property was damaged
   □ No  □ Yes  □ Don't Know  □ Refused
   GT10_5YR

11. Been diagnosed with a life-threatening illness or had a serious operation
   □ No  □ Yes  □ Don't Know  □ Refused
   GT11_5YR

12. Had a child of yours diagnosed as having a life-threatening illness
   □ No  □ Yes  □ Don't Know  □ Refused
   GT12_5YR

13. Witnessed someone being killed or seriously injured
   □ No  □ Yes  □ Don't Know  □ Refused
   GT13_5YR

14. Unexpectedly discovered a dead body
   □ No  □ Yes  □ Don't Know  □ Refused
   GT14_5YR

15. Learned that a close friend or relative was raped or sexually assaulted
   □ No  □ Yes  □ Don't Know  □ Refused
   GT15_5YR

16. Learned that a close friend or relative was seriously physically attacked
   □ No  □ Yes  □ Don't Know  □ Refused
   GT16_5YR

17. Learned that a close friend or relative was seriously injured in a motor vehicle crash
   □ No  □ Yes  □ Don't Know  □ Refused
   GT17_5YR

18. Learned that a close friend or relative was seriously injured in any other accident
   □ No  □ Yes  □ Don't Know  □ Refused
   GT18_5YR

19. Experienced the sudden, unexpected death of a close friend or relative
   □ No  □ Yes  □ Don't Know  □ Refused
   GT19_5YR

20. Experienced any other extraordinarily stressful situation or event
   □ No  □ Yes  □ Don't Know  □ Refused
   GT20_5YR

21. Describe the event in L20.

INTERVIEWER'S COMMENTS: GT_C_5YR
DERIVED GENERAL TRAUMA VARIABLES

GT_ASSAULT_5YR:
1: gt1_5yr = 1 or gt2_5yr = 1 or gt3_5yr = 1 or gt4_5yr = 1 or gt5_5yr = 1 or gt6_5yr = 1 or
   gt7_5yr = 1
0: gt1_5yr = 0 and gt2_5yr = 0 and gt3_5yr = 0 and gt4_5yr = 0 and gt5_5yr = 0 and gt6_5yr = 0
   and gt7_5yr = 0

GT_ASSAULT_COUNT_5YR: Count of traumatic events under Assaultive Violence
(gt1_5yr gt2_5yr gt3_5yr gt4_5yr gt5_5yr gt6_5yr and gt7_5yr)

GT_SHOCK_5YR:
1: gt8_5yr = 1 or gt9_5yr = 1 or gt10_5yr = 1 or gt11_5yr = 1 or gt12_5yr = 1 or gt13_5yr =
   1 or gt14_5yr = 1
0: gt8_5yr = 0 and gt9_5yr = 0 and gt10_5yr = 0 and gt11_5yr = 0 and gt12_5yr = 0 and
   gt13_5yr = 0 and gt14_5yr = 0

GT_SHOCK_COUNT_5YR: Count of traumatic events under ‘Other Injury or Shocking experience’
(gt8_5yr gt9_5yr gt10_5yr gt11_5yr gt12_5yr gt13_5yr and gt14_5yr)

GT_TRAUMAOTHERPEOPLE_5YR:
1: gt15_5yr_ = 1 or gt16_5yr_ = 1 or gt17_5yr_ = 1 or gt18_5yr_ = 1
0: gt15_5yr_ = 0 and gt16_5yr_ = 0 and gt17_5yr_ = 0 and gt18_5yr_ = 0

GT_TRAUMAOTHERPEOPLE_COUNT_5YR: Count of traumatic Events under ‘learning about traumas to others’
(gt15_5yr_ , gt16_5yr_ , gt17_5yr_ , gt18_5yr_)

GT_TOTALCOUNT_5YR: Count of traumatic events
gt_assault_count_5yr, gt_shock_count_5yr, gt_TraumaOtherPeople_5yr, gt19_5yr, gt20_5yr

GT_ANYTRAUMA_5YR:
1: gt_totalcount_5yr>0
0: gt_assault_count_5yr = 0 and gt_shock_count_5yr= 0 and
   gt_TraumaOtherPeople_5yr= 0 and gt19_5yr= 0 and gt20_5yr = 0
(PTD) POST TRAUMATIC DIAGNOSTIC

This section is adapted from the Post-traumatic Stress Diagnostic Scale (PDS) developed by Foa (1995).

Instructions: Now I am going to read you a list of feelings or experiences that people sometimes have after experiencing traumatic events.

Since you answer yes to at least one traumatic event from the previous section, I would like to ask you now about a series of feelings and experiences that you may have gone through during the PAST 30 DAYS. Again, you may experience distress or feel anxious while answering this section, but you may skip any item you do not feel comfortable answering, or if you prefer you may skip the entire section.

Would you like to continue with this section?

☐ No
☐ Yes
((If NO, skip to next section) ) PTD_5YR

During the PAST 30 DAYS, how often has the following bothered you?

1. Having upsetting thoughts or images about the traumatic events that came into your head when you did not want them to.

☐ Not at all (or only 1 time)
☐ Once in a while (once a week or less)
☐ About half the time (2-4 times a week)
☐ Almost always (5 or more times a week)
☐ Don't Know
☐ Refused

PTD1_5YR

2. Having bad dreams or nightmares about the traumatic events.

☐ Not at all (or only 1 time)
☐ Once in a while (once a week or less)
☐ About half the time (2-4 times a week)
☐ Almost always (5 or more times a week)
☐ Don't Know
☐ Refused

PTD2_5YR

3. Reliving the traumatic events, acting or feeling as if they were happening again.

☐ Not at all (or only 1 time)
☐ Once in a while (once a week or less)
☐ About half the time (2-4 times a week)
☐ Almost always (5 or more times a week)
☐ Don't Know
☐ Refused

PTD3_5YR

4. Feeling emotionally upset when you were reminded of the traumatic events (for example, feeling scared, angry, sad, guilty, etc.).

☐ Not at all (or only 1 time)
☐ Once in a while (once a week or less)
☐ About half the time (2-4 times a week)
☐ Almost always (5 or more times a week)
☐ Don't Know
☐ Refused

PTD4_5YR
5. Experiencing physical reactions when you were reminded of the traumatic events (for example, breaking out in a sweat, heart beating fast).
   - Not at all (or only 1 time)
   - Once in a while (once a week or less)
   - About half the time (2-4 times a week)
   - Almost always (5 or more times a week)
   - Don't Know
   - Refused
   - PTD5_5YR

6. Trying not to think about, talk about, or have feeling about the traumatic events.
   - Not at all (or only 1 time)
   - Once in a while (once a week or less)
   - About half the time (2-4 times a week)
   - Almost always (5 or more times a week)
   - Don't Know
   - Refused
   - PTD6_5YR

7. Trying to avoid activities, people, or places that remind you of the traumatic events.
   - Not at all (or only 1 time)
   - Once in a while (once a week or less)
   - About half the time (2-4 times a week)
   - Almost always (5 or more times a week)
   - Don't Know
   - Refused
   - PTD7_5YR

8. Not being able to remember an important part of the traumatic events.
   - Not at all (or only 1 time)
   - Once in a while (once a week or less)
   - About half the time (2-4 times a week)
   - Almost always (5 or more times a week)
   - Don't Know
   - Refused
   - PTD8_5YR

9. Having much less interest or participating much less often in important activities.
   - Not at all (or only 1 time)
   - Once in a while (once a week or less)
   - About half the time (2-4 times a week)
   - Almost always (5 or more times a week)
   - Don't Know
   - Refused
   - PTD9_5YR

10. Feeling distant or cut off from people around you.
    - Not at all (or only 1 time)
    - Once in a while (once a week or less)
    - About half the time (2-4 times a week)
    - Almost always (5 or more times a week)
    - Don't Know
    - Refused
    - PTD10_5YR

11. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings).
    - Not at all (or only 1 time)
    - Once in a while (once a week or less)
    - About half the time (2-4 times a week)
    - Almost always (5 or more times a week)
    - Don't Know
    - Refused
    - PTD11_5YR

12. Feeling as if future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life).
    - Not at all (or only 1 time)
    - Once in a while (once a week or less)
    - About half the time (2-4 times a week)
    - Almost always (5 or more times a week)
    - Don't Know
    - Refused
    - PTD12_5YR

13. Having trouble falling or staying asleep.
    - Not at all (or only 1 time)
    - Once in a while (once a week or less)
    - About half the time (2-4 times a week)
    - Almost always (5 or more times a week)
    - Don't Know
    - Refused
    - PTD13_5YR
14. Feeling irritable or having fits of anger
- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

15. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read).
- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

16. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to the door, etc.).
- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

17. Being jumpy or easily startled (for example, when someone walks up behind you).
- Not at all (or only 1 time)
- Once in a while (once a week or less)
- About half the time (2-4 times a week)
- Almost always (5 or more times a week)
- Don't Know
- Refused

INTERVIEWER'S COMMENTS: PTD_C_5YR

DERIVED POST TRAUMATIC STRESS DISORDER VARIABLES

PTD_RC_COUNT_5YR: Count of items under Re-experiencing Cluster (PTD1_5YR, PTD2_5YR, PTD3_5YR, PTD4_5YR)

PTD_ARC_COUNT_5YR: Count of items under Arousal Cluster (PTD5_5YR, PTD13_5YR, PTD14_5YR, PTD15_5YR, PTD16_5YR, PTD17_5YR)

PTD_AV_COUNT_5YR: Count of items under Avoidance Cluster (PTD6_5YR, PTD7_5YR, PTD8_5YR, PTD9_5YR, PTD10_5YR, PTD11_5YR, PTD12_5YR)

PTD_RC_5YR: PTD Re-experiencing Cluster: Score indicating sum of these question items (PTD1_5YR, PTD2_5YR, PTD3_5YR, PTD4_5YR)

PTD_ARC_5YR: PTD Arousal Cluster: Score indicating sum of these question items (PTD6_5YR, PTD7_5YR, PTD8_5YR, PTD9_5YR, PTD10_5YR, PTD11_5YR, PTD12_5YR)

PTD_CC_COUNT_5YR
1: at least one item under Re-experiencing Cluster, at least two items under Arousal Cluster and at least one item under Avoidance Cluster should be answered yes.

PTD_T_SCORE_5YR:
PTD Total Severity Score: Sum of all the 17 items under the questionnaire.
(COPE) BRIEF COPE

Instructions: The following are some ways of coping with difficult situations. Think of a difficult situation you had to face during the past year. We want to know how you coped with that difficult situation (Carver, CS 1997)

1. I turned to work or other activities to take my mind off things.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

2. I concentrated my efforts on doing something about the situation I am in.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

3. I said to myself "this is not real."
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

4. I used alcohol or other drugs to make myself feel better.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

5. I got emotional support from others.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

6. I gave up trying to deal with it.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

7. I took action to try to make the situation better.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

8. I refused to believe that it has happened.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

9. I said things to let my unpleasant feelings escape.
   - I didn't do this at all
   - I did this a little bit
   - I did this a medium amount
   - I did this a lot

10. I used alcohol or other drugs to help me get through it.
    - I didn't do this at all
    - I did this a little bit
    - I did this a medium amount
    - I did this a lot

11. I tried to see it in a different light, to make it seem more positive.
    - I didn't do this at all
    - I did this a little bit
    - I did this a medium amount
    - I did this a lot
12. I tried to come up with a strategy about what to do.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE12_5YR

13. I got comfort and understanding from someone.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE13_5YR

14. I gave up the attempt to cope.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE14_5YR

15. I looked for something good in what is happening.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE15_5YR

16. I made jokes about it.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE16_5YR

17. I did something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE17_5YR

18. I accepted the reality of the fact that it has happened.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE18_5YR

19. I expressed my negative feelings.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE19_5YR

20. I tried to find comfort in my religion or spiritual beliefs.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE20_5YR

21. I learned to live with it.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE21_5YR

22. I thought hard about what steps to take.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE22_5YR

23. I prayed or meditated.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE23_5YR

24. I made fun of the situation.
   □ I didn't do this at all
   □ I did this a little bit
   □ I did this a medium amount
   □ I did this a lot
   COPE24_5YR
**INTERVIEWER'S COMMENTS:**

**DERIVED BRIEF COPE VARIABLES**

**COPE_SCALE1_5YR** active coping  
= COPE2_5YR + COPE7_5YR

**COPE_SCALE2_5YR** planning  
= COPE12_5YR + COPE22_5YR

**COPE_SCALE3_5YR** positive reframing  
= COPE_SCALE11_5YR = COPE15_5YR

**COPE_SCALE4_5YR** acceptance  
= COPE18_5YR + COPE21_5YR

**COPE_SCALE5_5YR** humor  
= COPE16_5YR + COPE24_5YR

**COPE_SCALE6_5YR** religion  
= COPE20_5YR + COPE23_5YR

**COPE_SCALE7_5YR** using emotional support  
= COPE5_5YR + COPE13_5YR

**COPE_SCALE8_5YR** self-distraction  
= COPE1_5YR + COPE17_5YR

**COPE_SCALE9_5YR** denial  
= COPE3_5YR + COPE8_5YR

**COPE_SCALE10_5YR** venting  
= COPE9_5YR + COPE19_5YR

**COPE_SCALE11_5YR** substance abuse  
= COPE4_5YR + COPE10_5YR

**COPE_SCALE12_5YR** behavioral disengagement  
= COPE6_5YR + COPE14_5YR
(SOC) SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE

Instructions: Let's now talk about your family life and social activities within your community.

CO-INFORMANT

☐ No
☐ Yes

Section 1: Living Children

1. How many LIVING children do you have including step and adopted children? [SOC1_5YR]

1a. How many are living with you? [SOC1A_5YR]

2a. How quickly can (any one of your children/ your son/ your daughter who does not live with you) get here? [SOC2A_5YR]

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

3a. How often do you see (any of your children/ your son/ your daughter who does not live with you)? (# of times) [SOC3A_5YR]

3b. How often do you see (any of your children/ your son/ your daughter who does not live with you)? [SOC3B_5YR]

4a. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)? (# of times) [SOC4A_5YR]

4b. How often do you talk on the telephone with (any of your children/ your son/ your daughter who does not live with you)? [SOC4B_5YR]

5a. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)? (# of times) [SOC5A_5YR]

5b. How often do you get mail from (any of your children/ your son/ your daughter who does not live with you)? [SOC5B_5YR]

6. How many LIVING brothers and sisters do you have, including step and adopted brothers and sisters? [SOC6_5YR]

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? [SOC7_5YR]
During the last 2 years, how many times did you make use of the following services?

8. Senior center

<table>
<thead>
<tr>
<th>Frequency</th>
<th><strong>SOC7A_5YR</strong></th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>SOC7B_5YR</strong></td>
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<td><strong>SOC12A_5YR</strong></td>
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<td></td>
<td><strong>SOC12B_5YR</strong></td>
</tr>
</tbody>
</table>

9. Special transportation for older persons (Do not include special subway or bus passes)

10. Meals delivered to your home by an agency like Meals on Wheels

11. Receive food from a Commodity Food Program (Department of Agricultures Food Distribution Program)

12. Homemaker service for older persons that provide cleaning and cooking at home

13. Service which makes telephone calls to check on the health of older people
14. A visiting nurse who comes to your home

   Frequency
   □ Per day
   □ Per week
   □ Per month
   □ Per year
   □ Less than once per year
   □ Don't remember
   □ Don't know

   (Number of Times)  
   SOC13A_5YR

15. A health aide that comes to your home

   Frequency
   □ Per day
   □ Per week
   □ Per month
   □ Per year
   □ Less than once per year
   □ Don't remember
   □ Don't know

   (Number of Times)  
   SOC14A_5YR

16. Day care program for older people

   Frequency
   □ Per day
   □ Per week
   □ Per month
   □ Per year
   □ Less than once per year
   □ Don't remember
   □ Don't know

   (Number of Times)  
   SOC15A_5YR

Section 2: Other Activities

Now, I will ask you about other activities that you may have engaged in.
During the past two weeks how many times did you

1. Get together with friends or neighbors?  
   (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))  
   SOC16_5YR

2. Do any volunteer work?  
   (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))  
   SOC17_5YR

3. Talk with friends or neighbors on the telephone?  
   (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))  
   SOC172_962_5YR

4. Get together with ANY relative who doesn't live with you?  
   (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))  
   SOC18_5YR

5. Talk with ANY relative on the telephone?  
   (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))  
   SOC20_5YR

6. Go to church or temple for services or other activities?  
   (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))  
   SOC21_5YR

7. Go to a show or movie, sports event, club meeting, classes or other group event?  
   (# of times (Enter 96 if DON'T REMEMBER & 98 if DON'T KNOW))  
   SOC22_5YR
8. Participate in any sports or exercise (such as golf, tennis, swimming, running, jogging, any others)?

9. Read books, magazines, or newspapers?

10. Work at hobbies (such as collections, woodworking, playing a musical instrument, or gardening)?

11. Work on home maintenance or small repairs around the home?

12. Take care of family members who do not live with you (such as doing child care, looking in on a relative)?

13. Help friends or neighbors with something without being paid?

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

**INTERVIEWER'S COMMENTS:** 

**DERIVED SOCIAL AND COMMUNITY SUPPORT & ASSISTANCE VARIABLES**

\[
SOC\_SERVICES\_5YR = SOC7AX\_5YR + SOC8AX\_5YR + SOC9AX\_5YR + SOC10AX\_5YR + SOC11AX\_5YR + SOC12AX\_5YR + SOC13AX\_5YR + SOC14AX\_5YR + SOC15AX\_5YR
\]
**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.

<table>
<thead>
<tr>
<th>1. First Name or Initials</th>
<th>PN1A_5YR</th>
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</thead>
<tbody>
<tr>
<td>Relationship</td>
<td>PN1B_5YR</td>
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<tr>
<td>2. First Name or Initials</td>
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<td>PN12B_5YR</td>
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</tbody>
</table>
13. First Name or Initials
Relationship

14. First Name or Initials
Relationship

15. First Name or Initials
Relationship

16. First Name or Initials
Relationship

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

Person 1:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 2:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 3:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 4:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 5:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 6:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 7:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 8:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

EMO1_1_5YR
EMO1_2_5YR
EMO1_3_5YR
EMO1_4_5YR
EMO1_5_5YR
EMO1_6_5YR
EMO1_7_5YR
EMO1_8_5YR
2. How much does this person make you feel respected or admired?

Person 1: ☐ Not at all  ☐ A little  ☐ Moderately  ☐ Quite a bit  ☐ A great deal  EMO2_1_5YR

Person 2: ☐ Not at all  ☐ A little  ☐ Moderately  ☐ Quite a bit  ☐ A great deal  EMO2_2_5YR
Person 3: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_3_5YR

Person 4: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_4_5YR

Person 5: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_5_5YR

Person 6: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_6_5YR

Person 7: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_7_5YR

Person 8: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_8_5YR

Person 9: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_9_5YR

Person 10: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_10_5YR

Person 11: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_11_5YR

Person 12: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_12_5YR

Person 13: □ Not at all □ A little □ Moderately □ Quite a bit □ A great deal EMO2_13_5YR
Person 14: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 15: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 16: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

3. How much can you confide in this person?

Person 1: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 2: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 3: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 4: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 5: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 6: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 7: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □

Person 8: Not at all □  A little □  Moderately □  Quite a bit □  A great deal □
Person 9:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>A great deal</th>
</tr>
</thead>
</table>

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

Person 1:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>A great deal</th>
</tr>
</thead>
</table>

Person 2:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>A great deal</th>
</tr>
</thead>
</table>

Person 3:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>A great deal</th>
</tr>
</thead>
</table>
Person 4:  Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_4_5YR

Person 5:  Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_5_5YR

Person 6:  Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_6_5YR

Person 7:  Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_7_5YR

Person 8:  Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_8_5YR

Person 9:  Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_9_5YR

Person 10: Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_10_5YR

Person 11: Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_11_5YR

Person 12: Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_12_5YR

Person 13: Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_13_5YR

Person 14: Not at all
A little
Moderately
Quite a bit
A great deal
EMO4_14_5YR
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:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 2:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 3:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 4:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 5:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 6:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 7:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal  

Person 8:  
☐ Not at all  
☐ A little  
☐ Moderately  
☐ Quite a bit  
☐ A great deal
Person 9:       ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 10:     ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 11:     ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 12:     ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 13:     ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 14:     ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 15:     ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 16:     ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

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

Person 1:       ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal

Person 2:       ☐ Not at all  
                ☐ A little  
                ☐ Moderately  
                ☐ Quite a bit  
                ☐ A great deal
Person 3:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 4:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 5:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 6:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 7:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 8:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 9:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 10:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 11:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 12:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

Person 13:  
- Not at all
- A little
- Moderately
- Quite a bit
- A great deal

AID6_3_5YR
AID6_4_5YR
AID6_5_5YR
AID6_6_5YR
AID6_7_5YR
AID6_8_5YR
AID6_9_5YR
AID6_10_5YR
AID6_11_5YR
AID6_12_5YR
AID6_13_5YR
Person 14: ☐ Not at all
☐ A little
☐ Moderately
☐ Quite a bit
☐ A great deal

Person 15: ☐ Not at all
☐ A little
☐ Moderately
☐ Quite a bit
☐ A great deal

Person 16: ☐ Not at all
☐ A little
☐ Moderately
☐ Quite a bit
☐ A great deal

7. How long have you known this person?

Person 1: ☐ Less than 6 months
☐ 6 to 12 months
☐ 1 to 2 years
☐ 2 to 5 years
☐ More than 5 years

Person 2: ☐ Less than 6 months
☐ 6 to 12 months
☐ 1 to 2 years
☐ 2 to 5 years
☐ More than 5 years

Person 3: ☐ Less than 6 months
☐ 6 to 12 months
☐ 1 to 2 years
☐ 2 to 5 years
☐ More than 5 years

Person 4: ☐ Less than 6 months
☐ 6 to 12 months
☐ 1 to 2 years
☐ 2 to 5 years
☐ More than 5 years

Person 5: ☐ Less than 6 months
☐ 6 to 12 months
☐ 1 to 2 years
☐ 2 to 5 years
☐ More than 5 years

Person 6: ☐ Less than 6 months
☐ 6 to 12 months
☐ 1 to 2 years
☐ 2 to 5 years
☐ More than 5 years

Person 7: ☐ Less than 6 months
☐ 6 to 12 months
☐ 1 to 2 years
☐ 2 to 5 years
☐ More than 5 years
<table>
<thead>
<tr>
<th>Person 8:</th>
<th>Less than 6 months</th>
<th>6 to 12 months</th>
<th>1 to 2 years</th>
<th>2 to 5 years</th>
<th>More than 5 years</th>
<th>DUR8_5YR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 9:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR9_5YR</td>
</tr>
<tr>
<td>Person 10:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR10_5YR</td>
</tr>
<tr>
<td>Person 11:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR11_5YR</td>
</tr>
<tr>
<td>Person 12:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR12_5YR</td>
</tr>
<tr>
<td>Person 13:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR13_5YR</td>
</tr>
<tr>
<td>Person 14:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR14_5YR</td>
</tr>
<tr>
<td>Person 15:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR15_5YR</td>
</tr>
<tr>
<td>Person 16:</td>
<td>Less than 6 months</td>
<td>6 to 12 months</td>
<td>1 to 2 years</td>
<td>2 to 5 years</td>
<td>More than 5 years</td>
<td>DUR16_5YR</td>
</tr>
</tbody>
</table>
8. How frequently do you usually have contact with this person? (Phone calls, visits, or letters)

Person 1:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 2:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 3:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 4:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 5:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 6:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 7:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 8:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 9:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less

Person 10:
☐ Daily
☐ Weekly
☐ Monthly
☐ A few times a year
☐ Once a year or less
Person 11:  
- Daily  
- Weekly  
- Monthly  
- A few times a year  
- Once a year or less  

FREQ11_5YR

Person 12:  
- Daily  
- Weekly  
- Monthly  
- A few times a year  
- Once a year or less  

FREQ12_5YR

Person 13:  
- Daily  
- Weekly  
- Monthly  
- A few times a year  
- Once a year or less  

FREQ13_5YR

Person 14:  
- Daily  
- Weekly  
- Monthly  
- A few times a year  
- Once a year or less  

FREQ14_5YR

Person 15:  
- Daily  
- Weekly  
- Monthly  
- A few times a year  
- Once a year or less  

FREQ15_5YR

Person 15:  
- Daily  
- Weekly  
- Monthly  
- A few times a year  
- Once a year or less  

FREQ16_5YR

INTERVIEWER'S COMMENTS:  

NSSQ_C_5YR

LOSSES

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

☐ No  
☐ Yes  

(If NO, GO to NEXT SECTION and If YES, GO TO #9A)  

LOSSES_5YR

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

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

Spouse or partner:  

_________________________  

LOSS1_5YR

Family members or relatives:  

_________________________  

LOSS2_5YR

Friends:  

_________________________  

LOSS3_5YR

Work or school associates:  

_________________________  

LOSS4_5YR

Neighbors:  

_________________________  

LOSS5_5YR

Health care providers:  

_________________________  

LOSS6_5YR
Counselor or therapist:  

Minister/Priest/Rabbi:  

Other:  

Other, specify:  

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  

INTERVIEWER'S COMMENTS:  

Contact Luis Falcon (luis_falcon@uml.edu) if you have questions about the Norbeck Social Support variables.

**DERIVED NORBECK SOCIAL SUPPORT QUESTIONNAIRE VARIABLES**

\[ EMO1_{5YR} = \sum (EMO1\_1_{5YR} - EMO1\_16_{5YR}) \]

\[ EMO2_{5YR} = \sum (EMO2\_1_{5YR} - EMO2\_16_{5YR}) \]

\[ EMO3_{5YR} = \sum (EMO3\_1_{5YR} - EMO3\_16_{5YR}) \]

\[ EMO4_{5YR} = \sum (EMO4\_1_{5YR} - EMO4\_16_{5YR}) \]

\[ EMOSUP_{5YR} = EMO1_{5YR} + EMO2_{5YR} + EMO3_{5YR} + EMO4_{5YR} \]

\[ AID5_{5YR} = \sum (AID5\_1_{5YR} - AID5\_16_{5YR}) \]

\[ AID6_{5YR} = \sum (AID6\_1_{5YR} - AID6\_16_{5YR}) \]

\[ AID_{5YR} = AID5_{5YR} + AID6_{5YR} \]

\[ NOLISTED_{5YR}: \# \text{ of people listed in the participant’s network} \]

\[ DURATION_{5YR} = \sum (DUR\_1_{5YR}, DUR\_2_{5YR}, DUR\_3_{5YR}, DUR\_4_{5YR}, DUR\_5_{5YR}, DUR\_6_{5YR}, DUR\_7_{5YR}, DUR\_8_{5YR}, DUR\_9_{5YR}, DUR\_10_{5YR}, DUR\_11_{5YR}, DUR\_12_{5YR}, DUR\_13_{5YR}, DUR\_14_{5YR}, DUR\_15_{5YR}, DUR\_16_{5YR}) \]

\[ FREQCON_{5YR} = \sum (FREQ\_1_{5YR}, FREQ\_2_{5YR}, FREQ\_3_{5YR}, FREQ\_4_{5YR}, FREQ\_5_{5YR}, FREQ\_6_{5YR}, FREQ\_7_{5YR}, FREQ\_8_{5YR}, FREQ\_9_{5YR}, FREQ\_10_{5YR}, FREQ\_11_{5YR}, FREQ\_12_{5YR}, FREQ\_13_{5YR}, FREQ\_14_{5YR}, FREQ\_15_{5YR}, FREQ\_16_{5YR}) \]

\[ LOSSNO_{5YR}: \# \text{ of losses (If any of LOSS1}_{5YR} - LOSS9_{5YR} \text{ is missing, set to zero)} \]

\[ = \sum (LOSS1_{5YR}, LOSS2_{5YR}, LOSS3_{5YR}, LOSS4_{5YR}, LOSS5_{5YR}, LOSS6_{5YR}, LOSS7_{5YR}, LOSS8_{5YR}, LOSS9_{5YR}) \]

\[ LOSSEVENT_{5YR} \text{ number of loss events not counting number of losses per event} \]

\[ = \text{SUM (LOSSEVENT1}_{5YR}, LOSSEVENT2_{5YR}, LOSSEVENT3_{5YR}, LOSSEVENT4_{5YR}, \]

145
LOSSEVENT5_5YR, LOSSEVENT6_5YR, LOSSEVENT7_5YR, LOSSEVENT8_5YR, LOSSEVENT9_5YR)

TLFUNCT_5YR
   = EMOSUP_5YR + AID_5YR

AVEEMOSUP_5YR
   IF NOLISTED_5YR > 0 THEN AVEEMOSUP_5YR = EMOSUP_5YR/NOLISTED_5YR

AVEAID_5YR
   IF NOLISTED_5YR > 0 THEN AVEAID_5YR = AID_5YR/NOLISTED_5YR

AVEFREQCON_5YR
   IF NOLISTED_5YR > 0 THEN AVEFREQCON_5YR = FREQCON_5YR/NOLISTED_5YR

AVEDURA_5YR AVERAGE DURATION SCORE
   IF NOLISTED_5YR > 0 THEN AVEDURA_5YR = DURATION_5YR/NOLISTED_5YR

AVEFUNCT_5YR AVERAGE FUNCTIONAL SUPPORT SCORE
   IF NOLISTED_5YR > 0 THEN AVEFUNCT_5YR = TLFUNCT_5YR/NOLISTED_5YR

TLNETWORK_5YR
   = NOLISTED_5YR + DURATION_5YR + FREQCON_5YR

TLLOSS_5YR
   = LOSSES_5YR + LOSSNO_5YR + LOSSAMT_5YR
(NFA) NEIGHBORHOOD FOOD AND ACTIVITY QUESTIONNAIRE

Sources:


Food Store Environment

Instructions: The following questions refer to the places where you do some of your usual activities such as food shopping and exercising and what it is like to live in your neighborhood. There are no right or wrong answers to these questions. We are interested in your opinions of what it is like to live in your neighborhood.

1. About how far from your home is the place (or a group of places) where your household does most of its food shopping?
   - Half mile or less (1 mile is about 12 block or 20 minute walk)
   - More than half mile but less than 1 mile
   - More than 1 mile but less than 5 miles
   - 5-10 miles
   - More than 10 miles
   - Don't know

   NFA1_5YR

2. About how much of your household food shopping would you say is done within 12 blocks (about a mile or a 20 minute walk) from your home?
   - All or almost all of it
   - Most of it
   - About half of it
   - Some of it
   - None or almost none of it
   - Don't know

   NFA2_5YR

3. When you go shopping for food in your neighborhood within 12 blocks (about a mile or a 20 minute walk) over the past 12 months, how often do you go to.

1) Supermarket?
   - Never
   - less than once a week
   - 1-2 times a week
   - 3-4 times a week
   - Five or more times a week
   - Don't know/Not Sure
   - Refuse

   NFA3A_5YR

2) Walmart or Target?
   - Never
   - less than once a week
   - 1-2 times a week
   - 3-4 times a week
   - Five or more times a week
   - Don't know/Not Sure
   - Refuse

   NFA3B_5YR
3) Convenience store such as quick stops or minute marts?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

4) Small grocery store or market?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

5) Fruit/vegetable store or Farmer's market?

- Never
- less than once a week
- 1-2 times a week
- 3-4 times a week
- Five or more times a week
- Don't know/Not Sure
- Refuse

4. Please indicate if you agree with the following statements about your neighborhood, that is within 12 blocks, a mile or a 20 minute walk from your home?

1) It is easy to purchase fresh fruits and vegetables in my neighborhood.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

2) There is a large selection of fresh fruits and vegetables in my neighborhood

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

3) The produce in my neighborhood is of high quality

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused

4) It is easy to purchase low-fat products (such as low fat milk or lean meats) in my neighborhood.

- Strongly Agree
- Agree
- Neither agree Nor disagree
- Disagree
- Strongly Disagree
- Don't know/ Not Sure
- Refused
5) There is a large selection of low-fat products available in my neighborhood.

6) The low-fat products in my neighborhood are of high quality.

7) It is easy to purchase whole grain products (such as brown rice, whole grain bread/cereals) in my neighborhood.

8) There is a large selection of whole grain products in my neighborhood.

9) The whole grain products in my neighborhood are of high quality.

10) It is easy to purchase fish products (such as shellfish, or other fresh fish products) in my neighborhood.

11) There are many opportunities to purchase fast foods in my neighborhood (fast foods includes places like McDonalds, Taco Bell, KFC, and take-out pizza places)

7. Now I would like to ask you some questions about facilities which may or may not be available in your area. Please tell me if there are any of the following within 12 blocks (about a mile or a 20 minute walk) from your home.

1) Public park

---

NFA4E_5YR
NFA4F_5YR
NFA4G_5YR
NFA4H_5YR
NFA4I_5YR
NFA4J_5YR
NFA4K_5YR
NFA7A_5YR
2) Public sports field, basketball court or tennis court
   □ No
   □ Yes
   □ Don't Know
   □ Refused
   NFA7B_5YR

3) Public pool or beach
   □ No
   □ Yes
   □ Don't Know
   □ Refused
   NFA7C_5YR

4) Schools, colleges, or community centers with recreational facilities that are free and open to the public
   □ No
   □ Yes
   □ Don't Know
   □ Refused
   NFA7D_5YR

5) Gyms, health/fitness clubs or pools that you have to join and pay for
   □ No
   □ Yes
   □ Don't Know
   □ Refused
   NFA7E_5YR

6) YMCAs or YWCAs
   □ No
   □ Yes
   □ Don't Know
   □ Refused
   NFA7F_5YR

7) Bicycle path (in the street or in a park)
   □ No
   □ Yes
   □ Don't Know
   □ Refused
   NFA7G_5YR

8) Are there sidewalks in your neighborhood?
   □ No
   □ Yes
   □ Don't Know
   □ Refused
   NFA7H_5YR

8. For each of the statements that I will read you now please tell me whether you agree by choosing the best option on the card. In answering these questions, please think of your neighborhood as the area within 12 blocks (about a mile or a 20 minute walk) from your home.

1) There is a lot of trash and litter on the streets in my neighborhood
   □ Strongly Agree
   □ Agree
   □ Neither Agree nor Disagree
   □ Disagree
   □ Strongly Disagree
   □ Don't know/Not Sure
   □ Refused
   NFA8A_5YR

2) There is a lot of noise in my neighborhood
   □ Strongly Agree
   □ Agree
   □ Neither Agree nor Disagree
   □ Disagree
   □ Strongly Disagree
   □ Don't know/Not Sure
   □ Refused
   NFA8B_5YR

3) In my neighborhood the buildings and homes are well-maintained
   □ Strongly Agree
   □ Agree
   □ Neither Agree nor Disagree
   □ Disagree
   □ Strongly Disagree
   □ Don't know/Not Sure
   □ Refused
   NFA8C_5YR
4) The buildings and houses in my neighborhood are interesting.

5) My neighborhood is attractive

6) There are interesting things to do in my neighborhood.

7) My neighborhood offers many opportunities to be physically active.

8) Local sports clubs and other facilities in my neighborhood offer many opportunities to get exercise.

9) It is pleasant to walk in my neighborhood.

10) The trees in my neighborhood provide enough shade

11) My neighborhood has heavy traffic.
12) There are busy roads to cross when out for walks in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

13) In my neighborhood it is easy to walk to places.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

14) There are stores within walking distance of my home.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

15) I often see other people walking in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

16) I often see other people exercise in my neighborhood, for example jogging, bicycling, or playing sports.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

17) I feel safe walking in my neighborhood day or night.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

18) Violence is a problem in my neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

19) My neighborhood is safe from crime.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused
20) People around here are willing to help out their neighbors.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

21) This is a close-knit neighborhood

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

22) People in this neighborhood generally do not get along with each other.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

23) People in this neighborhood can be trusted.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

24) People in this neighborhood do not share the same values.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know/Not Sure
- Refused

9. I am now going to describe some events that may or may not have happened in your neighborhood. For each event, please tell me how often it has happened in your neighborhood during the past six months.

1) During the past six months, how often was there a fight in your neighborhood in which a weapon was used?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

2) During the past six months, how often were there gang fights in your neighborhood?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

3) During the past six months, how often was there a sexual assault or rape in your neighborhood?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused
4) During the past six months, how often was there a robbery or mugging in your neighborhood?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

10. Now I am going to ask about some things you might do with people in your neighborhood.

1) About how often do you and people in your neighborhood do favors for each other? By favors we mean such things as watching each other's children, helping with shopping, lending garden or house tools, and other small acts of kindness.

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

2) When a neighbor is not at home or on vacation, how often do you and other neighbors watch over their property?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

3) How often do you and other people in the neighborhood ask each other advice about personal things such as child rearing or job openings?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

4) How often do you and people in your neighborhood have parties or other get-togethers where other people in the neighborhood are invited?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

5) How often do you and other people in your neighborhood visit in each other's homes or speak with each other on the street?

- Often
- Sometimes
- Rarely
- Never
- Don't know/Not Sure
- Refused

11. On an average week over past 12 months about how much time would you say you spend in your neighborhood? When thinking of the time you spend in your neighborhood include the time you spend in your home (including sleeping time) as well as you spend doing things in your neighborhood.

How many hours do you often spend in your home and neighborhood for a typical weekday?

(Weekday) NFA11A_5YR

How many hours do you often spend in your home and neighborhood for a typical weekend day?

(Weekend) NFA11B_5YR

How long have you lived in this neighborhood? Think of your neighborhood as the area within a 20 minute walk (or about a mile or 12 blocks) from your home.

(years) NFA12A_5YR

(Months (round to the nearest whole month, but <12 months)) NFA12B_5YR
DOPPLER SCREENING

Date: ____________________________

SUBJ_DATE_DOP_5YR

1. Do you have venous stasis ulceration or other pathology that precludes placing a BP cuff around the ankle (e.g. open wounds)?
   - No
   - Yes
   - DOP_LOW1_5YR

2. Do you have bilateral amputations of legs?
   - No
   - Yes
   - DOP_LOW2_5YR

3. Do you have rigid arteries such that an occlusion pressure cannot be reached?
   - No
   - Yes
   - DOP_LOW3_5YR

4. Are being treated for a DVT (Deep Vein Thrombosis) or blood clot in the leg?
   - No
   - Yes
   - DOP_LOW4_5YR

   a. Have you had any problems with blood clots in your leg?
      - No
      - Yes
      - Don't Know
      - DOP_LOW4A_5YR

   b. Currently, are you being treated for this problem now?
      - No
      - Yes
      - Don't Know
      - DOP_LOW4B_5YR

      (If there is a current problem, Do not proceed with LOWER EXERMITY)

   a. Currently, do you have any problem in your legs
      - No
      - Yes
      - Don't Know
      - DOP_LOW4C_5YR

      (If there is a current problem, Do not proceed with LOWER EXERMITY)

Upper Extremity Exclusions:

Have you undergone a mastectomy?
   - No
   - Yes
   - DOP_UP1_5YR

   (If YES, blood pressure measurement will be excluded in that extremity only.)

Which extremity?
   - Left
   - Right
   - Both
   - DOP_UP2_5YR

Can we proceed with the measurements
   - No
   - Yes
   - Refuse
   - DOP_REF_5YR

   (If subject refuses or can not proceed with the measurements STOP and SAVE)

Specify Reasons for Refusal:

_____________________________

DOP_UP3A_5YR
### SYSTOLIC MEASURES

#### RIGHT MEASURES:

1. Right Systolic Brachial (arm): _____________________________
   - No audible signal? □ No □ Yes
   - [DPP_RSYS1_5YR]

2. Right Systolic Posterior (Tibial): ___________________________
   - No audible signal? □ No □ Yes
   - [DPP_RSYS2_5YR]

3. Right Systolic Dorsalis Pedis (leg): _________________________
   - No audible signal? □ No □ Yes
   - [DPP_RSYS3_5YR]
   
   (If NO audible signal in 2R. & 3R. then try 4R.)

4. Right Systolic Peroneal Artery (leg): ________________________
   - No audible signal? □ No □ Yes
   - [DPP_RSYS4_5YR]

#### LEFT MEASURE

1. Left Systolic Brachial (arm): _____________________________
   - No audible signal? □ No □ Yes
   - [DPP_LSYS1_5YR]

2. Left Systolic Posterior (Tibial): ___________________________
   - No audible signal? □ No □ Yes
   - [DPP_LSYS2_5YR]

3. Left Systolic Dorsalis Pedis (leg): _________________________
   - No audible signal? □ No □ Yes
   - [DPP_LSYS3_5YR]
   
   (If NO audible signal in 3L. then try 4L.)

4. Left Systolic Peroneal Artery (leg): _______________________
   - No audible signal? □ No □ Yes
   - [DPP_LSYS4_5YR]
(OBS) INTERVIEWER’S OBSERVATIONS AND COMMENTS

INTERVIEWER: Please complete this section after concluding the interview.

1. Language of Interview
   - English
   - Spanish
   - Both, English and Spanish

2. Sample Person Status
   - Normally mobile
   - Only seen in bed
   - Only seen in a wheelchair

3. Mental Condition
   - Confused at times
   - Cognitive deficit (retarded or demented)
   - Not noted
   - Normal

4a. Sight
   - Blind
   - Visually impaired
   - Not noted
   - Normal

4b. With or without glasses? Ask if S is wearing contact lenses.
   - With glasses/contacts
   - Without glasses/contacts

5a. Hearing
   - Deaf
   - Severely hearing impaired
   - Slightly hearing impaired
   - Not noted
   - Normal

5b. Using hearing aid?
   - No
   - Yes

6. Gait
   - Normal
   - Shuffling
   - Difficulty keeping their balance
   - Other

Other, specify

7. Other problems?

7a. Amputations
   - Upper body
   - Lower body
   - Normal

7b. Tremor
   - Upper body
   - Lower body
   - Normal

7c. Deformity
   - Upper body
   - Lower body
   - Normal

7d. Loss of Function (can not use)
   - Upper body
   - Lower body
   - Normal
7e. Other:

- Upper body
- Lower body
- Normal

8. Skin tone:

- Dark
- Medium
- Light
- White

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

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

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

12. Additional comments
END OF INTERVIEW

Please fill in the time for each interview session

Date & Duration of First Interview Session:

2a. END TIME: \text{EOI2A\_5YR}
   ((Please click on the NOW button and DO NOT enter the time manually))

3a. DURATION: \text{EOI3A\_5YR}
   (HR(S))

3b. DURATION: \text{EOI3B\_5YR}
   (MIN(S))

Date & Duration of Second Interview Session:

5a. END TIME: \text{EOI5A\_5YR}
   ((Please click on the NOW button and DO NOT enter the time manually))

6a. DURATION: \text{EOI6A\_5YR}
   (HR(S))

6b. DURATION: \text{EOI6B\_5YR}
   (MIN(S))

Date & Duration of Third Interview Session:

8a. END TIME: \text{EOI8A\_5YR}
   ((Please click on the NOW button and DO NOT enter the time manually))

9a. DURATION: \text{EOI9A\_5YR}
   (HR(S))

9b. DURATION: \text{EOI9B\_5YR}
   (MIN(S))
LAB VARIABLES

NELID_S_5YR: HNRC ID for saliva specimen

SALCORT_PM_5YR: Salivary cortisol from evening draw
SALCORT_AM_5YR: Salivary cortisol from morning draw
SALCORT_BT_5YR

SALIVAPM_5YR: Time saliva collected in the evening
SALIVAAM_5YR: Time saliva collected in the morning
SALIVA_DT_5YR

CARO_5YR carotene (ug/dl)

CHOL_5YR cholesterol (mg/dL)
TRIG_5YR triglyceride (mg/dL)

HDL_5YR low density lipoprotein [LDL cholesterol] (mg/dL)

LDL_5YR low density lipoprotein [LDL cholesterol] (mg/dL)

VLDL_5YR very low density lipoprotein (mg/dL)

VITB6_5YR vitamin B6 (nm/L)

ALB_5YR albumin (g/dL)
BUN_5YR blood urea nitrogen (mg/dL)

CREAT_5YR creatinine (mg/dL)

GLUC_5YR glucose (mg/dL)

HCY_5YR: homocysteine (µmol/L)

CRP_5YR high sensitivity c-reactive protein (mg/L)

INSULIN_5YR insulin (uIU/mL)

GLYHGB_5YR glycosolated hemoglobin (%) 

NEUTRO_5YR neutrophils (segs) %

BANDS_5YR premature neutrophils %

LYMPHS_5YR lymphocytes %
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>MONO_5YR</td>
<td>monocytes %</td>
</tr>
<tr>
<td>EO_5YR</td>
<td>eosinophils %</td>
</tr>
<tr>
<td>BASO_5YR</td>
<td>basophils %</td>
</tr>
<tr>
<td>ANISO_5YR</td>
<td>anisocytosis (normal)</td>
</tr>
<tr>
<td>POLYCHROM_5YR</td>
<td>polychromia (normal)</td>
</tr>
<tr>
<td>POIKILO_5YR</td>
<td>poikilocyes (normal)</td>
</tr>
<tr>
<td>HYPOCHROM_5YR</td>
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<td>PLATEST_5YR</td>
<td>estimated platelet number (normal)</td>
</tr>
<tr>
<td>RBC_5YR</td>
<td>red blood cell volume (mil/uL)</td>
</tr>
<tr>
<td>MCH_5YR</td>
<td>mean corpuscular hemoglobin (pg)</td>
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<tr>
<td>MCHC_5YR</td>
<td>mean corpuscular hemoglobin concentration (g/dL)</td>
</tr>
<tr>
<td>DHEAS_5YR</td>
<td>DHEA-S04 (ug/dl)</td>
</tr>
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<td>HNRC ID for blood specimen</td>
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<td>methylmalonic acid (pmol/mL)</td>
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<tr>
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<td>vitamin C (HPLC, mg/dL)</td>
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<td>URINEVOL_5YR</td>
<td>urine volume (ml)</td>
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<tr>
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<td>creatinine excretion (gm/bout)</td>
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<td>URINE_DT_5YR</td>
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<tr>
<td>HEMANALYZ_5YR</td>
<td>hematology analyzed on new machine NEED TO ADJUST BLOOD VARS</td>
</tr>
</tbody>
</table>
0: old machine
1: new machine
Variables affected: HGB_5YR, HCT_5YR, MCV_5YR, RDW5YR, WBC_5YR, PLATCOUNT_5YR

HGB_ADJ_5YR
HCT_ADJ_5YR
MCV_ADJ_5YR
WBC_ADJ_5YR
PLATCOUNT_ADJ_5YR

CORT_5YR: (CORTMG_5YR * URINEVOL_5YR / CREATEXC_5YR) / 2.3
NOREPI_5YR: NOREPIIMG_5YR * URINEVOL_5YR / CREATEXC_5YR
EPI_5YR: EPIIMG_5YR * URINEVOL_5YR / CREATEXC_5YR

DERIVED LAB VARIABLES

CAROZZ_5YR
= if CARO_5YR>=0 then do
if CARO_5YR<=56 then CAROZZ_5YR=1 else CAROZZ_5YR=0

CHOLZZ_5YR
(Expert Panel on Detection 2002)
if 0<=CHOL_5YR<200 then CHOLZZ_5YR=0
else if 200<=CHOL_5YR<=239 then CHOLZZ_5YR=1
else if CHOL_5YR>=240 then CHOLZZ_5YR=2

TRIGZZ_5YR
(Expert Panel on Detection 2002)
if 0<=TRIG_5YR<150 then TRIGZZ_5YR=0
else if 150<=TRIG_5YR<=199 then TRIGZZ_5YR=1
else if TRIG_5YR>=200 then TRIGZZ_5YR=2

HDLZZ_5YR
(Expert Panel on Detection 2002)
if 0<=HDL_5YR<40 then HDLZZ_5YR=0
else if 40<=HDL_5YR<=59 then HDLZZ_5YR=1
else if HDL_5YR>=60 then HDLZZ_5YR=2

LDLZZ_5YR
(Expert Panel on Detection 2002)
if 0<=LDL_5YR<100 then LDLZZ_5YR=0
else if 100<=LDL_5YR<=129 then LDLZZ_5YR=1
else if 130<=LDL_5YR<=159 then LDLZZ_5YR=2
else if 160<=LDL_5YR<=189 then LDLZZ_5YR=3
else if LDL_5YR>=190 then LDLZZ_5YR=4

GLUCZZ_5YR
(ADA 2006)
if GLUC_5YR>=126 then GLUCZZ_5YR=2
else if 100 <= GLUC_5YR <= 125 then GLUCZZ_5YR = 1
else if 0 <= GLUC_5YR < 100 then GLUCZZ_5YR = 0

CRPZZ_5YR
(CRP Pearson et al 2003)
if 0 <= CRP_5YR < 1 then CRPZZ_5YR = 0
else if 1 <= CRP_5YR < 3 then CRPZZ_5YR = 1
else if 3 <= CRP_5YR < 10 then CRPZZ_5YR = 2
else if 10 <= CRP_5YR then CRPZZ_5YR = 3

CRPZZ2_5YR
(CRP NHANES 1999-2000)
0: male: (AGE_5YR > 59 and CRP_5YR < 4.9) or (AGE_5YR <= 59 and CRP_5YR < 4.6)
   female: (AGE_5YR > 59 and CRP_5YR < 7.3) or (AGE_5YR <= 59 and CRP_5YR < 8.4)
1: male: (AGE_5YR > 59 and CRP_5YR >= 4.9) or (AGE_5YR <= 59 and CRP_5YR >= 4.6)
   female: (AGE_5YR > 59 and CRP_5YR >= 7.3) or (AGE_5YR <= 59 and CRP_5YR >= 8.4)

INSULINZZ_5YR
(Stern et al. 2005)
0: INSULIN_5YR < 20.7
1: INSULIN_5YR >= 20.7

GLYHGBZZ_5YR
(ADA 2008)
if GLYHGB_5YR >= 7 then GLYHGBZZ_5YR = 1
else if GLYHGB_5YR = 0 then GLYHGBZZ_5YR = 0

GLYHGBZZ2_5YR
(ADA 2008)
if GLYHGB_5YR >= 6 then GLYHGBZZ2_5YR = 1
else if GLYHGB_5YR = 0 then GLYHGBZZ2_5YR = 0

VITB6ZZ2_5YR
if VITB6_5YR = 0 then do
   if VITB6_5YR < 20 then VITB6ZZ_5YR = 2
   if 20 <= VITB6_5YR < 30 then VITB6ZZ_5YR = 1
else if VITB6_5YR >= 30 then VITB6ZZ_5YR = 0
if VITB6_5YR >= 30 then VITB6ZZ2_5YR = 0
else if VITB6_5YR < 30 then VITB6ZZ2_5YR = 1

VITB12ZZ_5YR
(Tucker et al 2000)
if VITB12_5YR = 0 then do
   if MMA_5YR <= 370 then do
      if VITB12_5YR < 200 then VITB12ZZ_5YR = 1
      else if 200 <= VITB12_5YR < 350 then do
         if MMA_5YR > 370 then VITB12ZZ_5YR = 1
         else if MMA_5YR <= 370 then VITB12ZZ_5YR = 0
      end
   end
   else if 200 <= VITB12_5YR < 350 then do
      if MMA_5YR > 370 then VITB12ZZ_5YR = 1
      else if MMA_5YR <= 370 then VITB12ZZ_5YR = 0
   end
   else if VITB12_5YR >= 350 then VITB12ZZ_5YR = 0
end

FOLATEZZ_5YR
(Selhub and Rosenberg 1996)
if FOLATE_5YR = 0 then do
   if FOLATE_5YR > 5 then FOLATEZZ_5YR = 0
else if FOLATE_5YR <= 5 then FOLATEZZ_5YR = 1
end

NOREPIZZ_5YR
if NOREPI_5YR = 0 then do
   if NOREPI_5YR > 48 then NOREPIZZ_5YR = 1
else if NOREPI_5YR < 48 then NOREPIZZ_5YR = 0
end
NOREPIZZ2_5YR
NOREPI SEX
1: Male: NOREPI>=30.5
Female: NOREPI>=46.9
0: Male: 0<=NOREPI<30.5
Female: 0<=NOREPI<46.9
if NOREPI_5YR>=0 then do
if FEMALE_5YR=0 and NOREPI_5YR>=30.5 then NOREPIZZ2_5YR=1
else if FEMALE_5YR=0 and 0<=NOREPI_5YR<30.5 then NOREPIZZ2_5YR=0
if FEMALE_5YR=1 and NOREPI_5YR>=46.9 then NOREPIZZ2_5YR=1
else if FEMALE_5YR=1 and 0<=NOREPI_5YR<46.9 then NOREPIZZ2_5YR=0

EPIZZ_5YR
if EPI_5YR>=0 then do
if EPI_5YR>=5 then EPIZZ_5YR=1
else if 0<=EPI_5YR<5 then EPIZZ_5YR=0

EPIZZ2_5YR
if EPI_5YR>=0 then do
if FEMALE_5YR=0 and EPI_5YR>=2.8 then EPIZZ2_5YR=1
else if FEMALE_5YR=0 and 0<=EPI_5YR<2.8 then EPIZZ2_5YR=0
if FEMALE_5YR=1 and EPI_5YR>=3.6 then EPIZZ2_5YR=1
else if FEMALE_5YR=1 and 0<=EPI_5YR<3.6 then EPIZZ2_5YR=0

CORTZZ2_5YR
if CORT_5YR>=0 then do
if CORT_5YR>=41.5 then CORTZZ2_5YR=1
else if 0<=CORT_5YR<41.5 then CORTZZ2_5YR=0

CORTZZ_5YR
Q4CORT SEX
1: Male: CORT>=41.5
Female: CORT>=49.5
0: Male: 0<=CORT<41.5
Female: 0<=CORT<49.5
if CORT_5YR>=0 then do
if FEMALE_5YR=0 and CORT_5YR>=41.5 then CORTZZ_5YR=1
else if FEMALE_5YR=0 and 0<=CORT_5YR<41.5 then CORTZZ_5YR=0
if FEMALE_5YR=1 and CORT_5YR>=41.5 then CORTZZ_5YR=1
else if FEMALE_5YR=1 and 0<=CORT_5YR<49.5 then CORTZZ_5YR=0

ALBZZ_5YR
(Visser et al. 2005)
if ALB_5YR>=0 then do
if FEMALE_5YR=0 and ALB_5YR<3.8 then ALBZZ_5YR=1
else if FEMALE_5YR=0 and 3.8<=ALB_5YR<5.4 then ALBZZ_5YR=0
if FEMALE_5YR=1 and ALB_5YR<3.8 then ALBZZ_5YR=1
else if FEMALE_5YR=1 and 3.8<=ALB_5YR<5.3 then ALBZZ_5YR=0

CREATZZ_5YR
(Shlipak et al. 2002)
if FEMALE_5YR=0 and CREAT_5YR>=1.5 then CREATZZ_5YR=1
else if FEMALE_5YR=0 and 0<=CREAT_5YR<1.5 then CREATZZ_5YR=0
if FEMALE_5YR=1 and CREAT_5YR>=1.3 then CREATZZ_5YR=1
else if FEMALE_5YR=1 and 0<=CREAT_5YR<1.3 then CREATZZ_5YR=0

CREATZZ_IDMS_5YR
if FEMALE_5YR=0 and CREAT_5YR>=1.5 then CREATZZ_IDMS_5YR=1
else if FEMALE_5YR=0 and 0 <= CREAT_5YR < 1.5 then CREATZZ_IDMS_5YR = 0
if FEMALE_5YR=1 and CREAT_5YR >= 1.3 then CREATZZ_IDMS_5YR = 1
else if FEMALE_5YR=1 and 0 <= CREAT_5YR < 1.3 then CREATZZ_IDMS_5YR = 0

DHEASZZ_5YR
(Wisconsin Study)
if FEMALE_5YR=0 and 0 <= DHEAS_5YR < 60.5 then DHEASZZ_5YR = 1
else if FEMALE_5YR=0 and DHEAS_5YR >= 60.5 then DHEASZZ_5YR = 0
if FEMALE_5YR=1 and 0 <= DHEAS_5YR < 33.0 then DHEASZZ_5YR = 1
else if FEMALE_5YR=1 and DHEAS_5YR >= 33.0 then DHEASZZ_5YR = 0

DHEASZZ2_5YR
(Trivedi and Khaw 2001)
if FEMALE_5YR=0 and 0 <= DHEAS_5YR < 58.95 then DHEASZZ2_5YR = 1
else if FEMALE_5YR=0 and DHEAS_5YR >= 58.95 then DHEASZZ2_5YR = 0
if FEMALE_5YR=1 and 0 <= DHEAS_5YR < 36.85 then DHEASZZ2_5YR = 1
else if FEMALE_5YR=1 and DHEAS_5YR >= 36.85 then DHEASZZ2_5YR = 0

HGBZZ_5YR
(WHO 1994)
if HGB_ADJ_5YR >= 0 then do
if FEMALE_5YR=0 and HGB_ADJ_5YR < 13 then HGBZZ_5YR = 1
else if FEMALE_5YR=0 then HGBZZ_5YR = 0
if FEMALE_5YR=1 and HGB_ADJ_5YR < 12 then HGBZZ_5YR = 1
else if female_5yr=1 then hgbzz_5yr=0

HCTZZ_5YR
(WHO 1994)
if HCT_ADJ_5YR >= 0 then do
if FEMALE_5YR=0 and HCT_ADJ_5YR < 40 then HCTZZ_5YR = 1
else if FEMALE_5YR=0 then HCTZZ_5YR = 0
if FEMALE_5YR=1 and HCT_ADJ_5YR < 37 then HCTZZ_5YR = 1
else if FEMALE_5YR=1 then HCTZZ_5YR = 0

HCYZZ_5YR
(NHANES 95th percentiles)
0: Male: HCY_5YR < 11.4
    Female: HCY_5YR < 10.4
1: Male: HCY_5YR >= 11.4
    Female: HCY_5YR >= 10.4
if HCY_5YR >= 0 then do
if FEMALE_5YR=0 and HCY_5YR < 11.4 then HCYZZ_5YR = 0
else if FEMALE_5YR=0 and HCY_5YR >= 11.4 then HCYZZ_5YR = 1
if FEMALE_5YR=1 and HCY_5YR < 10.4 then HCYZZ_5YR = 0
else if FEMALE_5YR=1 and HCY_5YR >= 10.4 then HCYZZ_5YR = 1
### APPENDIX

#### Poverty Guidelines 2011-2014

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guideline</td>
<td>120% Guideline</td>
<td>Guideline</td>
<td>120% Guideline</td>
</tr>
<tr>
<td>One person</td>
<td>10890</td>
<td>13068</td>
<td>11170</td>
<td>13404</td>
</tr>
<tr>
<td>Two persons</td>
<td>14710</td>
<td>17652</td>
<td>15130</td>
<td>18156</td>
</tr>
<tr>
<td>Three persons</td>
<td>18530</td>
<td>22236</td>
<td>19090</td>
<td>22908</td>
</tr>
<tr>
<td>Four persons</td>
<td>22350</td>
<td>26820</td>
<td>23050</td>
<td>27660</td>
</tr>
<tr>
<td>Five persons</td>
<td>26170</td>
<td>31404</td>
<td>27010</td>
<td>32412</td>
</tr>
<tr>
<td>Six persons</td>
<td>29990</td>
<td>35988</td>
<td>30970</td>
<td>37164</td>
</tr>
<tr>
<td>Seven persons</td>
<td>33810</td>
<td>40572</td>
<td>34930</td>
<td>41916</td>
</tr>
<tr>
<td>Eight persons</td>
<td>37630</td>
<td>45156</td>
<td>38890</td>
<td>46668</td>
</tr>
<tr>
<td>Each additional person</td>
<td>3820</td>
<td>4584</td>
<td>3960</td>
<td>4752</td>
</tr>
</tbody>
</table>


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](http://aspe.hhs.gov/poverty/07computations.shtml)