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MEDICAL HISTORY QUESTIONNAIRE SERIES

Volume 2: CODEBOOKS FOR ADULTS AT
ENROLLMENT AND EXIT, FORM B

C. A. Edwards, A. B. Holland, L. Y. Weissler, M. Nelsen

October 1986

HEALTH INSURANCE EXPERIMENT

THE **RAND**
CORPORATION

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PREFACE

The codebooks in this volume describe the contents of three data files from the Health Insurance Experiment (HIE), a large social experiment conducted by The RAND Corporation from 1974 to 1982 in six sites across the United States. The experiment was conducted under a grant from the U.S. Department of Health and Human Services. The HIE is issuing a number of data files, grouped in topical series, with associated documentation.

This volume is the second of a projected four volumes documenting files in the medical history questionnaire (MHQ) series, a series of survey instruments that gathered self-reported health status and health satisfaction data primarily from insured participants in the experiment. Survey instruments, administered for most participants at enrollment and exit, consisted of two separate forms, Form A and Form B. Form A generally collected subjective evaluations, i.e., perceptions and attitudes concerning health care, whereas Form B collected more objective health status information such as verifiable physical limitations, chronic medical conditions, etc.

This volume contains the codebooks for the adult enrollment and exit Form B files. These files consist of identifying variables for each participant and question variables from the various enrollment and exit MHQs. Adult Form B enrollment data are grouped by location and presented in two separate files: Dayton adults at enrollment and nonDayton (i.e., experiment sites other than Dayton) adults at enrollment. (See Sec. I for details on the experiment sites.) Adult Form B exit data from all six sites are combined into a single file.

The codebooks contained herein are basic references for users of the files. The adult Form B enrollment and exit files and codebooks supersede all previously issued experiment data.

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I. INTRODUCTION

This section presents an overview of the Health Insurance Experiment (HIE) and its data collection and file development efforts. It provides essential background for understanding the contents of these codebooks. Section II describes the distinctive features of the data files these codebooks document and the medical history questionnaire (MHQ) series of which they are a part. Section III presents an overview of the codebooks contained herein; Secs. IV through VI present the codebooks themselves.

EXPERIMENTAL DESIGN

The RAND Corporation conducted the Health Insurance Experiment from 1974 to 1982 in six sites across the United States: Dayton, Ohio; Seattle, Washington; Fitchburg and Franklin County, Massachusetts; and Charleston and Georgetown County, South Carolina.¹ The main purpose of the experiment was to assess how varying patients' cost of health services affected their use of services, their satisfaction with health care, the quality of their care, and the state of their health. A related purpose was to study how those outcomes were affected by the mode of delivery--fee for service or health maintenance organization (HMO).²

Over the course of the experiment, information of some kind was obtained for 26,148 persons. A total of 24,340 persons were administered a baseline interview (*baseline participants*³), of which

¹The sites were chosen to represent the four census regions of the country and both urban and rural areas. They also differed in the amount of delay to obtain an appointment, reflecting different degrees of stress on the ambulatory medical care system. Site selection is described in Philip J. Held, *Site Selection Criteria for the Health Insurance Study*, The RAND Corporation, N-2266-HHS, May 1985.

²For a discussion of the purposes and design of the HIE, see Joseph P. Newhouse, "A Design for a Health Insurance Experiment," *Inquiry*, Vol. 11, 1974, pp. 5-27. HIE is also called HIS, Health Insurance Study. The terms are synonymous.

³This and other distinctive HIE terms are defined in the Glossary at the end of this document.

7,700 were ultimately enrolled.⁴ An additional 554 persons were enrolled later, all but a few of them newborns or adopted children under one year of age. Those 8,254 *insured enrollees* were assigned to an *experimental insurance treatment*, and data on their use of health services were collected throughout their period of participation.⁵ Another 2,483 *adjunct enrollees* were not assigned to an insurance treatment but resided with insured enrollees or were members of a short-lived control group in Dayton.

Selection of Enrollees

Persons offered enrollment in the experiment represent a random sample from each site, subject to certain eligibility restrictions.⁶ They were chosen by a two-stage baseline selection process. In each site an areawide probability sample of dwelling units was drawn. Their occupants were interviewed for eligibility, and those found eligible were questioned in depth about their socioeconomic characteristics and experience with health care (baseline interview).

Eligibility criteria excluded those whose health care delivery systems differed from options available to the general population. The following groups were excluded:

- Those who were eligible for Medicare or would become so during the experiment, i.e., those 62 years of age and older, or younger than 62 but with a Medicare-eligible condition such as end-stage renal disease.

⁴Of the remaining 16,640 persons, the 15,411 who did not enroll are called *baseline-only participants*; the other 1,229 are part of the adjunct enrollee group defined below.

⁵Note that "insured" in HIE terminology only means "assigned to an experimental treatment." By the same token, "uninsured" applies only to a participant not so assigned, not necessarily someone lacking health insurance altogether.

⁶Subject also to slight oversampling of low-income families in Dayton, Massachusetts, and South Carolina.

- Those with family incomes over \$25,000 (1973 dollars).
- Those institutionalized (jail, long-term hospital).
- Veterans with service-connected disabilities.
- Those in the military and their dependents.⁷

Project staff verified the accuracy of the information given by baseline participants with employers and insurance companies.

In the second selection stage, HIE staff drew a representative sample of eligible persons to be offered enrollment and assigned each family to one of the insurance plans described below. A sophisticated technique assured that, across plans, families closely resembled each other in 24 health and socioeconomic characteristics.⁸

Experimental Treatments

Sixteen experimental treatments distinguished between coinsurance rates, delivery systems, and maximum out-of-pocket expenditures. All but one of the treatments were health insurance plans, listed below as A-O. Enrollees who had gone through the baseline selection process were assigned to one of the plans. The remaining treatment involved a control group in Seattle, chosen separately.

Insurance Plans. Plans A-N entailed different degrees of cost sharing under the fee-for-service system. Within each cost-sharing group, listed below, plans also differed by the ceiling placed on maximum expenditure. Plan O involved participation in a prepaid group practice, a traditional type of HMO:

- A. Free care (0% coinsurance) (one plan).
- B-D. Family pays 25% of its medical bills (25% coinsurance) (three plans).

⁷Details of HIE eligibility requirements are in Lorraine Clasquin and Marie E. Brown, *Rules of Operation for the Rand Health Insurance Study*, The RAND Corporation, R-1602-HEW, May 1977, Sec. II.

⁸The logic and techniques used to determine optimal sample sizes and assign individual families to experimental plans are described in Carl N. Morris, "A Finite Selection Model for Experimental Design of the Health Insurance Study," *Journal of Econometrics*, Vol. 11, 1979, pp. 43-61.

- E-G. 50% coinsurance (three plans).
- H-J. 50% coinsurance for dental and outpatient mental health services and 25% coinsurance for all other services (three plans).
- K-M. 95% coinsurance (three plans).
- N. 95% coinsurance on outpatient services; 0% on hospital care (one plan).⁹
- O. 0% coinsurance if care was received at a Seattle HMO, Group Health Cooperative of Puget Sound; 95% if care was received outside the HMO (one plan).

Plans requiring coinsurance (B-N) placed a ceiling on annual out-of-pocket expenditures, above which care was free.¹⁰ In all but one plan (N), the ceiling was a specified percentage of the family's income or a dollar limit, whichever was less. The percentage varied with family income and the dollar limit varied with the plan, as indicated below:

<i>Plan</i>	<i>Percentage of Family Income</i>	<i>Dollar Limit</i>
B-D	5, 10, or 15	1000/750 ¹¹
E-G	5, 10, or 15	1000
H-J	5, 10, or 15	1000/750
K-M	5, 10, or 15	1000
N	--	150 per individual; 450 per family

⁹During the experiment's first year in Dayton, the provisions of plans A-N differed in two ways: Only plan A covered dental services for adults; and the coinsurance rate on plans K-N was 100 percent instead of 95 percent.

¹⁰During the experiment's first year in Dayton, expenditures for outpatient mental health care did not apply toward the ceiling.

¹¹In plans B-D and H-J the \$1000 limit applied during the first two years of enrollment for Dayton families who enrolled from November 1974 to February 1975; and during the first year of enrollment for Seattle families who enrolled from January to September 1976. The \$750 limit applied during subsequent enrollment years for the aforementioned families, and during the entire enrollment period for all other families.

HMO Control Group. A random sample of existing members of the Group Health Cooperative (subject to HIE eligibility requirements) was drawn as a control group for the HMO experimental group assigned to plan O. The control group was formed to compare HMO use by those who had *chosen* that delivery mode (i.e., members of the control group) with use by those experimentally *transferred* to an HMO from the fee-for-service system (i.e., members of the experimental group). Enrollees in the HMO control group continued with the Group Health Cooperative under their prior arrangements but provided the same data as HMO experimental members. With respect to the insurance provider, enrollees assigned to plans A-O (including the HMO experimental group) were said to be HIE-insured; the HMO control group was termed HMO-insured.

Services Provided

Plans A-O provided the same comprehensive benefits, including hospital, physician, dental, mental health, visual, and auditory services, drugs (including over-the-counter drugs for certain chronic conditions), and supplies. Services of nonphysician providers, such as audiologists, chiropractors, clinical psychologists, optometrists, physical therapists, and speech therapists, were also covered. The only noteworthy exclusions were nonpreventive orthodontic services, cosmetic surgery for preexisting conditions, and outpatient mental health visits exceeding 52 per year.

Enrollees were able to choose the physicians and other persons who provided their health care. However, if those in the HMO experimental group sought care outside the HMO that was available within, they were responsible for 95 percent of the cost. (For covered services, such as dental or chiropractic, that were unavailable at the HMO, members of the experimental HMO group were fully reimbursed.)

Enrollees in the HMO control group retained whatever benefit package they or their employer had purchased from the HMO. Members of both control and experimental groups were reimbursed 5 percent of the cost of care obtained outside the HMO to encourage the reporting of non-HMO care.

Terms of Enrollment

Families who accepted the insurance plan offered from plans A-0 were enrolled in the experiment for either three or five years, the term randomly assigned. All members of the HMO control group were enrolled for five years.

Enrollees assigned any benefits from their existing health insurance policies to the HIE during the time they participated. No family was financially penalized by HIE enrollment. Enrollees were reimbursed for the cost of maintaining their policies, and if their HIE plan could, under any conceivable set of circumstances, provide less coverage than their private policies, they were paid the maximum difference.¹²

Table 1 indicates the timing of enrollment in the experiment and number of enrollees insured immediately after the baseline selection process in each site.

DATA COLLECTION

Over the course of the experiment, extensive data were collected on participants' demographic and economic characteristics, health status, and use of health services. Background information was obtained on local health care costs, providers, and types of services rendered. The data collection instruments are described in Table 2.

Table 2 shows the amount and types of data gathered from the various participant groups. The most extensive data, especially longitudinal data on the use of health services, are available from the 8,254 insured enrollees, who participated in the experiment longest. The 15,411 baseline-only participants provided much demographic and socioeconomic data, as well as information on health status, experience with health care, and health-related attitudes. Limited data were obtained for the 2,483 adjunct enrollees.

Several subcontractors to RAND participated in the data collection effort. Until March 1975, Mathematica, Inc., supervised data collection, administered the insurance plans, and processed claim forms.

¹²Calculation of the maximum difference is described in Appendix A.

Table 1
HIE ENROLLMENT PERIODS

Site	Number of Enrollees ¹	1974	1975	1976	1977	1978	1979	1980	1981	1982
Dayton	1137	Nov.								Feb.
3-year	533									Feb.
5-year	604									
Seattle	3112		Jan.							Sept.
3-year	1500									Sept.
5-year	1612									
Fitchburg	723		July							Oct.
3-year	547									Oct.
5-year	176									
Franklin Co.	889		July							Oct.
3-year	649									Oct.
5-year	240									
Charleston	779		Nov.							Feb.
3-year ²	571					Nov.				
5-year	208									
Georgetown Co.	1060		Nov.							Feb.
3-year ³	800					Nov.				
5-year	260									
Total	7700									

NOTE: Timelines mark the month and year in which the first person enrolled in the experiment and the month and year in which the last person left the experiment. Data on use of health services continued to be collected from several groups after the end dates shown here: one year afterward for the Dayton 5-year group and Seattle, Fitchburg, and Franklin County 3-year groups; six months afterward for the Dayton 3-year group.

¹Numbers refer to enrollees insured immediately after the baseline selection process. An additional 554 persons were enrolled and insured later, nearly all of them newborns or adopted children under 1 year of age. Figures for Seattle include the HMO control group.

²Some of these enrollees were also members of a preenrollment group between November 1976 and February 1979. An additional 339 persons participated in the preenrollment phase but did not formally enroll in the experiment.

³Some of these enrollees were also members of a preenrollment group between November 1976 and February 1979. An additional 213 persons participated in the preenrollment phase but did not formally enroll in the experiment.

Table 2

PRINCIPAL HIE DATA COLLECTION INSTRUMENTS

Instrument	Topics Covered	How	Data Collected	
			When	From
1. Screening questionnaire [1]	Demographic information to establish basic eligibility	Interview	Beginning of HIE operation in site	Occupants of representative sample of dwelling units on geographic clusters in site
2. Baseline questionnaire, 2 parts	Income, employment Family composition	Interview	4-6 months before enrollment	Baseline participants
	Health status Health care experience and insurance coverage Satisfaction with medical care	Self-administered	4-6 months before enrollment	Baseline participants
3. Enrollment verification form	Changes in family composition, economics, or insurance coverage since baseline questionnaire	Interview	Between administration of baseline questionnaire and enrollment date	Baseline participants determined eligible
4. Medical history questionnaire (MHQ), 3 versions by age group: 0-4 years 5-13 years 14+ years	Form A: health status, attitudes, habits Form B: specific medical disorders	Administered by self or parent [2]	Just before enrollment and exit [3]	Insured enrollees
	Physiologic tests	Paramedical personnel	Just before enrollment and exit	Sample of insured enrollees at enrollment; all exiting enrollees
5. Medical screening examinations, 3 versions by age group: 0-2 years 3-13 years 14+ years	Use of medical or dental services and time spent obtaining them; any restricted activity or bed disability	Administered by self or parent	Biweekly during period of participation	Insured enrollees [4]
6. Health report				

1. Administered as a separate questionnaire only in Dayton; part of baseline questionnaire in the other sites.
2. When "parent" appears in this column, a parent was asked to provide data for children 13 and younger.
3. "Exit" refers to normal departure from the experiment after completing the assigned enrollment period, three or five years. Those who "attrited," or voluntarily left the experiment early, received an "attrition" MHQ that was identical to the exit MHQ.
4. In the first year of the experiment in Dayton, the health report was administered weekly to a random half of Dayton enrollees. In the first year of the experiment in Massachusetts and South Carolina, 25 percent of enrollees were exempted to measure the reporting requirement's effect on the use of health services. Also at one point virtually all participants stopped filling out health reports, for budgetary reasons.

Table 2 (cont.)

Instrument	Topics Covered	Data Collected		
		How	When	From
7. Health care questionnaire, 3 versions by age group: 0-4 years 5-13 years 14+ years	Health status, attitudes, habits (subset of MHQ)	Administered by self or parent	Each anniversary of enrollment except at exit	Insured enrollees
8. Annual income report	Amount and sources of family income, taxes paid	Self-administered	Annually (April)	Head of insured family
9. Periodic employment report	Wages, hours worked, family payments for care of children or elderly, government program benefits received	Self-administered	Semiannually	Enrollees (head and family members 16 and older)
10. Assets and debts questionnaire	Family assets and liabilities	Self-administered	Exit	Head of insured family
11. Knowledge of coverage questionnaire	Details of HIE insurance plan	Self-administered	Specified intervals [5]	Insured enrollees
12. Insurance abstraction	Details of selected insurance policies	Abstraction	At time of knowledge of coverage questionnaire	Insurance company brochures
13. Chronic condition questionnaire	Status of condition, correctness of diagnosis, adequacy of treatment	Physician interview	At exit medical screening examination	Sample of insured enrollees found to have certain chronic conditions [6]
14. Evaluation questionnaire	Perceptions and attitudes about HIE and health care system	Self-administered	Exit	Head of insured family
15. Health notice	Use of medical or dental services	Administered by self or parent	Biweekly during preenrollment phase (South Carolina); 6 months-1 year after exit (other sites)	Preenrollees (South Carolina), insured enrollees who have exited (other sites)

5. Intended intervals were enrollment, 18 months, 3 years, and 5 years after enrollment (the last only for the 5-year participants). Actual mailings approximated those intervals in Massachusetts and South Carolina; the first mailing was 2-1/2 years and 1 year after enrollment in Dayton and Seattle, respectively.

6. Hypertension, diabetes, thyroid diseases, chronic heart diseases, chronic lung diseases, joint diseases, ulcers, cerebrovascular disease.

Table 2 (cont.)

Instrument	Topics Covered	Data Collected			From
		How	When		
16. Medical expense report (MER)--fee-for-service claim form, 4 types: Doctors' services and supplies Dental care Hospital and extended care Pharmacy	Each use of medical or dental service, drugs, and equipment; reason or diagnosis; treatment	Administered by self or parent	Time of occurrence	Insured enrollees and providers/suppliers	
17. Services rendered report (SERR)--HMO equivalent of MER [7], 2 types: Doctors' services and supplies Hospital and extended care	Each use of medical service provided by HMO; reason or diagnosis; treatment	Abstraction	Annually to cover entire previous year	HMO records for insured enrollees in HMO experimental and control groups	
18. Factor price survey	Wages and benefits of selected hospital personnel [8], average daily inpatient population	Phone and mail	Semiannually	Sample of local hospitals	
19. Consumer price index	Prices of selected nonmedical products in the six HIE sites	Phone and inspection	Semiannually	Sample of local retailers	
20. Physician capacity utilization survey (PCUTS)	Availability of services [9]	Phone	Annually	Sample of local physicians [10]	
21. Dentist capacity utilization survey (DCUTS)	Similar to PCUTS	Phone	Annually	Sample of local dentists [11]	
22. Insurance preference questionnaire	Willingness to pay higher premium to reduce out-of-pocket expense limit	Self-administered	Exit	Head of insured family	

7. Pharmacy data were obtained directly from an HMO-supplied computer tape. Dental care was not available through the HMO; HMO participants reported claims for dental care and other non-HMO services on the MER.

8. Categories of personnel: registered nurses (general-duty), medical technicians, licensed professional nurses, nursing aides, kitchen helpers, general stenographers, and maids or porters.

9. Waiting time for appointments; appointments per hour; patients seen in office, home, and hospital; weekend office hours; office staffing; cost of office visit; whether new patients accepted.

10. Physicians (M.D. or D.O.) specializing in general practice, internal medicine, and pediatrics.

11. Except in Fitchburg, Franklin County, and Georgetown County, where all dentists were surveyed.

Thereafter, National Opinion Research Center managed data collection and Glen Slaughter and Associates handled insurance administration and claim processing. American Health Profiles, Inc., conducted the medical screening examinations at enrollment (October 1974 through January 1977); CompuHealth administered those examinations at exit (October 1977 through December 1981).

FILE DEVELOPMENT

Subcontractors sent the collected data to RAND, either in hardcopy form or as cleaned data tapes. At RAND the hardcopy data were encoded for machine readability and subjected to computerized checks for logical consistency and adherence to specified response ranges; outliers were checked only for fidelity to the original response and otherwise left unchanged. Limited cross-checking was done to assess logical consistency among a respondent's answers. All identifiers permitting information to be linked to a specific respondent were replaced twice to protect respondents' privacy.¹³ The cleaned records were then arranged in the HIE version of standard computer file format, and the resulting files of *primary variables* made available for HIE analyses.

When an analyst needed information that required manipulation of primary data, *derived variables* were constructed. The analyst and a programmer determined a suitable way of obtaining the information by extracting, aggregating, or transforming primary data, and the programmer wrote the appropriate logic. With the analyst's approval, the new variable was entered on the master file.

Both primary and derived variable files are being issued to the public in a number of topical series. Appendix B provides a complete list of the files to be issued.

¹³The first conversion was known only to the subcontractor, the second only to RAND. Neither institution could make the full link from the respondent's name to his or her identifier on the analytic files.

The machine-readable tape for each file includes data in both SAS¹⁴ (Statistical Analysis System) and character formats, and an index of character-format variables.¹⁵

A codebook is also provided for each file. This volume contains the codebooks for three primary variable files in the MHQ series, namely, the adult enrollment and exit Form B files. Section II describes the files and their place in the series; Sec. III describes the organization of the three codebooks contained in this volume. The three codebooks, the Dayton adult enrollment, nonDayton (i.e., all sites except Dayton) adult enrollment, and all sites adult exit codebooks, are presented in Secs. IV, V, and VI, respectively.

¹⁴A registered trademark of the SAS Institute Inc.

¹⁵This is the content of all files issued by RAND. Other institutions (e.g., National Archives) will distribute these files and may alter their contents.

II. THE MEDICAL HISTORY QUESTIONNAIRE SERIES

This section provides background information concerning the medical history questionnaires (MHQs), a series of survey instruments that gathered self-reported health status and health satisfaction information primarily from *insured* participants. Each participant was given two MHQs, Form A and Form B; Form A measured health habits, perceptions and attitudes; Form B measured specific health status. Different sets of MHQs were administered for three age groups: adults (age 14 and older), children (ages 5-13), and infants (ages 0-4). In this section, we discuss the scope and administration of all MHQs to provide users with an overview of the entire MHQ data collection process.

SERIES SAMPLE

MHQs were self-administered questionnaires given to all insured HIE participants, including experimental and control group participants enrolled in an HMO in Seattle, Washington. MHQs were fielded twice for most participants: once after the participant had accepted enrollment in the experiment and again as the participant exited. Exceptions are as follows:

Two enrollment MHQs appear for:

- Members of the South Carolina *preenrollment group* (PEG) who later enrolled in the experiment.¹

¹In South Carolina, a special preenrollment group was created; members of this group filled out enrollment MHQs in 1976 as part of the preenrollment process. In 1978, those who were still eligible and wished to join the experiment enrolled in the South Carolina three-year group, filling out enrollment MHQs at that time.

Enrollment MHQs only appear for:

- Persons who were terminated, i.e., became ineligible or refused to cooperate, or people who attrited, i.e., left voluntarily.
- Members of a control group in Dayton who were not insured.
- Persons who initially accepted HIE insurance but who subsequently refused to join the study or were found ineligible to join.
- Members of the PEG who did not subsequently enroll in the South Carolina three-year group.
- Persons who died during the study.

Exit MHQs only appear for:

- Persons insured after the study began (primarily newborns).

In Dayton, only those participants who took the enrollment medical screening (physical) examination, or who enrolled after the screening examination center closed, received Form B of the MHQ.

Enrolling participants who did not return MHQs are *not* found in the enrollment files.² However, exiting participants who did not return exit MHQs *are* found in the MHQ files and their data values listed as "Missing."

THE SURVEY INSTRUMENT

As indicated above, MHQs consisted of two separate forms, Form A and Form B.

Form A measured (1) health status, (2) health habits, and (3) health perceptions and attitudes. This was accomplished by gathering participant evaluations regarding:

²An exception is the three-year South Carolina group, the last enrollment group in the study. Data for South Carolina three-year participants who did not return enrollment MHQs are listed in the file as "Missing," and the variable FINLSTAT will indicate the reason the data are missing, if the reason could be ascertained. FINLSTAT is described in detail later in this section.

- functional limitations (e.g., physical capabilities)
- eating habits and diet
- levels of sleep and exercise
- levels of alcohol and tobacco use (adult MHQs only)
- levels of social interaction (adult, child MHQs only)
- acute symptoms present
- general perceptions concerning health habits
- satisfaction with medical and dental care in general and satisfaction with their own medical and dental care in particular (adult MHQs only)

Form B measured specific health status using participant-reported information concerning:

- physical abilities and disabilities
- certain medical disorders such as allergies, diabetes, joint problems, hearing disorders, heart problems, pulmonary diseases, and dental conditions.

Although there is a good deal of overlap in health status reporting, *in general*, Form A collects more *subjective* evaluations, i.e., perceptions and attitudes concerning health care, as well as information about general health habits such as alcohol use, smoking, exercise, etc., whereas Form B measures more *objective* health status information such as verifiable physical limitations and the presence of certain chronic medical conditions.

MHQ ADMINISTRATION

Enrollment

In most sites, a random sample of approximately 50 to 75 percent of the insured participants were asked to take a medical screening examination in addition to the MHQ.

Medical screening examinations and enrollment MHQs were administered as follows:

- If a person was scheduled for a screening examination, he/she was asked to bring the completed Form A to the examination center, where he/she was given Form B to complete.
- If the participant was not scheduled to take a screening examination, the participant was given both Form A and Form B and was asked to mail the completed forms in the prepaid envelopes to the enrollment office.
- At Dayton, all insured participants were asked to complete Form A; only those participants who took the screening examination filled out Form B. Dayton participants who enrolled after the examination center had closed were asked to fill out both forms.

Adults filled out their own forms, if possible, and parents filled out the forms for children and infants. Table 3 lists the dates of administration of enrollment MHQs in all sites.

Table 3
MHQ ADMINISTRATION DATES AT ENROLLMENT

Site	Dates
Dayton 3- and 5-year	10/14/74-01/31/75
Seattle 3- and 5-year	11/22/75-09/03/76
Massachusetts 3- and 5-year	05/21/76-10/20/76
South Carolina PEG and 5-year	09/10/76-01/30/77
South Carolina 3-year	09/27/78-01/30/79

Exit

Exit MHQs were mailed, and participants were instructed to fill them out and bring them to the final medical screening examination. All participants received a screening examination at exit.

Exiting families who lived farther than 100 miles from the medical screening examination site were asked to take the examination with their own physician and to return completed exit MHQs by mail. Families had to complete both the medical screening examination and MHQs to receive a completion bonus.

Listed in Table 4 are the dates of administration of exit MHQs at all sites. The dates begin with the initial mailing of the questionnaires and end with the completion of follow-up efforts concerning uncompleted screening examinations and nonreturned questionnaires.

Table 4
MHQ ADMINISTRATION DATES AT EXIT

Site	Dates
Dayton 3-year	10/01/77-03/13/78
Dayton 5-year	09/28/79-05/08/80
Seattle 3-year	12/26/78-10/25/79
Seattle 5-year	02/02/81-12/01/81
Massachusetts 3-year	05/16/79-01/08/80
Massachusetts 5-year	04/30/81-01/01/82
South Carolina 3- and 5-year	07/28/81-05/01/82

Follow-Up

Some enrollment and exit MHQs were partially, incorrectly, or ambiguously completed and required follow-up contact by the HIE. Such follow-up was done either by phone or in person. Follow-up concerning missing exit screening examinations and nonreturned MHQs continued after the examination centers had closed at each site.

The variable FINLSTAT indicates the status of the MHQ, including the reasons the questionnaire was not returned, if the reason could be ascertained. Although recontact was attempted whenever MHQs contained only partial information, such recontacts were not always successful; in such cases, the partial information from the MHQ is given for that person and unanswered questions receive a value of "Missing" (.).

RELATED FILES

Derived Variable Files

Two related series of derived variable files are projected for publication.³ The *medical disorder series* combines Form B and medical screening examination data for enrollment and exit. The files may be used to study the prevalence of certain medical disorders. Table 5 lists the disorders.

The *health status and attitudes series* contains derived variables from the enrollment Form B and the exit Form B. The files contain data about perceptions of general health and satisfaction.

Demographic and Eligibility Files

To select analytic subsamples using particular demographic and eligibility criteria, reference to two volumes in the *master sample series* will be necessary. Volume 1 in the *master sample series* provides

³See Appendix B for more details.

Table 5
CHRONIC DISEASES AND CONDITIONS MEASURED
DURING THE HEALTH INSURANCE EXPERIMENT

Diseases and Conditions	Applicable Age Group	
	Infants and Children (0-13)	Adults
Allergic conditions (asthma, hay fever)	x	x
Acne		x
Anemia	x	x
Angina pectoris		x
Chronic obstructive airway disease		x
Congestive heart failure		x
Diabetes melitus		x
Hearing disorders ¹	x	x
Hypercholesterolemia (high cholesterol)		x
Hypertension		x
Joint disorders		x
Kidney disease and urinary tract infection		x
Peptic ulcer disease		x
Sleeping pill and tranquilizer use		x
Surgical conditions (hernia, tonsils, hemorrhoids, varicose veins)		x
Thyroid disease		x
Vision disorders	x	x

¹For children and infants only, includes Otitis media (middle ear infection).

data concerning eligibility and family changes among enrollees.⁴ Volume 2 presents demographic and baseline data for all enrollees and anyone considered for enrollment.⁵

⁴S. M. Polich and C. d'Arc Taylor, *Master Sample Series, Volume 1: Codebook for Eligibility-Family Changes File*, The RAND Corporation, N-2264/1-HHS, May 1986.

⁵S. M. Polich et al., *Master Sample Series, Volume 2: Codebook for Full Sample Demographic File*, The RAND Corporation, N-2264/2-HHS, May 1986.

III. OVERVIEW OF ADULT ENROLLMENT AND EXIT CODEBOOKS

The adult enrollment and exit MHQs, Form A and Form B, are grouped by form and are presented in separate volumes.¹

Adult Form B codebooks are presented in this volume. Dayton enrollment MHQs differ substantially from the nonDayton enrollment MHQs (partly because of administration two years earlier than in the nonDayton sites). Therefore, Dayton and nonDayton enrollment MHQs are treated separately and the respective codebooks are presented in Secs. IV and V. Section VI contains the codebook for the exit MHQs.

Questions are organized by topic. Specific questionnaire topics, or *batteries*, found in the codebooks are listed in the Table of Contents. An alphabetical listing of questionnaire batteries used in all enrollment and exit questionnaires may be found in Appendix C.

CODEBOOK CONSTRUCTION

The codebooks describe each variable in the MHQ adult enrollment and exit files. Technical descriptions of each file, including the location and length of each variable, are provided in Appendix D. Variables are of two types: header variables and question variables.

Header Variables

The following eight header variables appear in the data records, with exceptions as noted:

FILENAME	Denotes the particular file
PERSON	Identifies each participant by person number, permitting data to be gathered for a certain person across all files
SITE	Contains codes that identify the site where the participant was enrolled

¹See Appendix B.

INSTAT	(Insurance Status); indicates the HIE insurance status of the participant INSTAT = 1 identifies insured participants INSTAT = 2 identifies members of the Seattle HMO control group INSTAT = 3 indicates participants who were never insured
ENRTERM	(Enrollment Term); identifies terms of enrollment of participants
DATE	(Date Received); indicates the date the MHQ document was received by the HIE, or the last date of contact with the participant concerning the document
FINLSTAT	(Final Questionnaire Status); indicates the completion status of questionnaires ²
SORCIND	(Source Indicator); for South Carolina three-year enrollees who were also members of the PEG, indicates which of two enrollment forms the record represents

In the codebooks, the header variables are set off in boxes as illustrated in Fig. 1.

The box on the left provides a basic description of the variable, including the file name and response codes/definitions. File names for the codebooks in this volume are:

PHAB1E	Adult enrollment Form B Dayton
PHABNE	Adult enrollment Form B nonDayton
PHABAX	Adult exit Form B

Below the box explanatory notes may appear. To the right of the box for most header variables is a table of response frequencies. The first column lists all response codes appearing for the variable. The second and third columns show, respectively, the absolute and cumulative response frequencies for each code. The fourth and fifth columns show the corresponding absolute and cumulative percentages.

²Exit and nonDayton enrollment file only; does not appear in Dayton enrollment file.

VARIABLE	SITE	FILE PHABAK; HEADER	SITE VALUE	FREQ	CUM FREQ	%	CUM %
Site			1	810	810	15.44	15.44
CODES			2	2063	2873	39.33	54.77
1 - Dayton, Ohio			3	520	3393	9.91	64.68
2 - Seattle, Washington			4	619	4012	11.80	76.48
3 - Fitchburg, Massachusetts			5	529	4541	10.08	86.56
4 - Franklin County, Massachusetts			6	705	5246	13.44	100.00
5 - Charleston, South Carolina							
6 - Georgetown County, South Carolina							

SITE identifies the participant's place of residence when
HIE data were collected.

Fig. 1 -- Codebook header variable format

Question Variables

The main body of each codebook consists of questions taken from the MHQs. Each codebook follows the MHQ as closely as possible. On the MHQ, each question is identified by a question number. In the codebook, each variable is identified by a data element indicator (DEI) number. Generally, a single question corresponds to a single DEI number.

Certain sets of variables (i.e., a set of related DEI numbers) correspond to questions with the same question number. These are cases where a basic question is asked and a variety of responses are listed; the respondent then replies to each response. See Fig. 3a and Fig. 3b.

In the following codebooks, the MHQ battery titles are set off in boxes. The respective questions for each battery are set off in variable boxes with the corresponding DEI number appearing in the upper left, as illustrated in Fig. 2. As with the header variables, a table of response frequencies appears to the right of each variable box. Each numeric missing value in the frequencies is denoted by a dot "."; each alphabetic missing value appears as a blank.

DEI4357	FILE PHABAX
7. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE EYESIGHT PROBLEMS KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DEI4357				
VALUE	FREQ	CUM FREQ	%	CUM %
1	133	8	0.16	0.16
2	19	27	0.37	0.53
3	87	114	1.70	2.23
4	228	342	4.46	6.69
5	4771	5113	93.31	100.00

Fig. 2 -- Codebook question variable format

Whenever a question was reworded in such a way as to change the nature of the information gathered, the question was assigned a new DEI number. Some questions are unique to certain sites only. In such cases, the particular site(s) of administration is noted beneath the question box; any question variations appear immediately following the first version of the question. Batteries and questions in each codebook are presented in the order they appeared on the survey documents. Respondents were asked to circle only one response for each question, unless other special instructions were given such as writing in their own response, or skipping certain questions based on responses to previous questions. Questions logically skipped by a respondent have data values listed as "missing." If on questions requiring a written response the respondent wrote a range of numbers, the range was averaged and rounded to the nearest whole number.

Warning

Some questionnaire responses may be improbable because of inaccuracies by respondents. In addition, some respondents may have responded to questions that they were instructed to skip over. If a response was outside the normal range for a given question, or a response was given to a question that should have been logically skipped, the MHQ was inspected to verify that the value on the data files matched the value on the survey instrument. If the response was on the survey instrument, the value was left unchanged.

65. CAN YOU DO THE FOLLOWING THINGS WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE? (Circle one number on each line.)

	Yes	No
A. Walk up and down stairs without help	1	2
B. Get into and out of a car without help	1	2
C. Bathe yourself without help	1	2
D. Feed yourself without help	1	2
E. Get into bed without help	1	2

Fig. 3a -- Single MHQ question with multiple responses

DE13730	FILE PHABNE
65a. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?	
WALK UP AND DOWN STAIRS WITHOUT HELP	
1. YES	
2. NO	

DE13730	VALUE	FREQ	CUM FREQ	%	CUM %
		3935			
	1	1521	1521	96.45	96.45
	2	56	1577	3.55	100.00

DE13731	FILE PHABNE
65b. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?	
GET INTO AND OUT OF A CAR WITHOUT HELP	
1. YES	
2. NO	

DE13731	VALUE	FREQ	CUM FREQ	%	CUM %
		3945			
	1	1521	1521	97.06	97.06
	2	46	1567	2.94	100.00

Fig. 3b -- Codebook entries corresponding to Fig. 3a

IV. CODEBOOK FOR DAYTON ADULT ENROLLMENT FORM B

FILENAME	VALUE	FREQ	CUM FREQ	%	CUM %
	PHAB1E	840	840	100.00	100.00

SITE	VALUE	FREQ	CUM FREQ	%	CUM %
	1	840	840	100.00	100.00

VARIABLE FILENAME FILE PHAB1E; HEADER

Name of file

FILENAME is a unique 6-character code that identifies this file as PHAB1E (Medical History Questionnaire, Form B, for adults, ages 14+, from Dayton enrollment).

VARIABLE PERSON FILE PHAB1E; HEADER

Person identifier

PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.

VARIABLE SITE FILE PHAB1E; HEADER

Site

CODES

1 - Dayton, Ohio
2 - Seattle, Washington
3 - Fitchburg, Massachusetts
4 - Franklin County, Massachusetts
5 - Charleston, South Carolina
6 - Georgetown County, South Carolina

SITE identifies the participant's place of residence when HIE data were collected.

VARIABLE	INSTAT	FILE PHAB1E; HEADER
Insurance status		
CODES		
	1 - Ever insured	
	2 - Ever assigned to HMO control group	
	3 - Never insured	
	INSTAT describes the participant's insurance status in the Health Insurance Experiment.	

INSTAT	VALUE	FREQ	CUM FREQ	%	CUM %
	1	531	531	63.21	63.21
	3	309	840	36.79	100.00

VARIABLE	ENRTERM	FILE PHAB1E; HEADER
Enrollment term		
CODES		
	0 - None--person never enrolled	
	2 - None--participant in PEG period only	
	3 - 3 years	
	5 - 5 years	
	ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.	

ENRTERM	VALUE	FREQ	CUM FREQ	%	CUM %
	3	238	238	28.33	28.33
	5	602	840	71.67	100.00

VARIABLE	DATE	FILE PHAB1E; HEADER
Date received		
	DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19741230 to 19750228.	

HAY FEVER

DE14219	FILE PHABIE
1. HAVE YOU EVER HAD HAY FEVER?	
1. YES (Go to Q. 2)	
2. NO (Go to Q. 11)	

DE14220	FILE PHABIE
2. HAVE YOU BEEN UNDER A DOCTOR'S CARE OR SUPERVISION FOR HAY FEVER IN THE PAST 12 MONTHS?	
1. YES	
2. NO	

DE14221	FILE PHABIE
3. IN THE LAST 12 MONTHS, DID YOU GET SHOTS TO HELP PREVENT HAY FEVER?	
1. YES	
2. NO	

DE14219 VALUE	FREQ	CUM FREQ	%	CUM %
1	1	1		
2	123	123	14.66	14.66
	716	839	85.34	100.00

DE14220 VALUE	FREQ	CUM FREQ	%	CUM %
1	717	26	21.14	21.14
2	26	123	78.86	100.00
	97			

DE14221 VALUE	FREQ	CUM FREQ	%	CUM %
1	717	18	14.63	14.63
2	18	123	85.37	100.00
	105			

DEI4222	FILE PHABIE
4.	IN THE LAST 12 MONTHS, HAS THE DOCTOR PRESCRIBED ANY MEDICINE TO HELP PREVENT THE SYMPTOMS OF HAY FEVER?
	1. YES
	2. NO

DEI4222	VALUE	FREQ	CUM FREQ	%	CUM %
	1	717	24	19.51	19.51
	2	24	123	80.49	100.00

DEI4223	FILE PHABIE
5.	DO YOU ACTUALLY TAKE ANY MEDICINE FOR THE HAY FEVER?
	1. YES, PRESCRIBED BY DOCTOR
	2. YES, BUT NOT PRESCRIBED BY DOCTOR
	3. NO

DEI4223	VALUE	FREQ	CUM FREQ	%	CUM %
	1	717	31	25.20	25.20
	2	31	67	29.27	54.47
	3	36	123	45.53	100.00

DEI4224	FILE PHABIE
6.	DURING THE LAST 12 MONTHS, HOW MUCH PAIN HAS YOUR HAY FEVER CAUSED YOU?
	1. A LOT
	2. SOME
	3. A LITTLE
	4. NONE AT ALL

DEI4224	VALUE	FREQ	CUM FREQ	%	CUM %
	1	717	3	2.44	2.44
	2	3	22	15.45	17.89
	3	19	75	43.09	60.98
	4	53	123	39.02	100.00

DE14225	FILE PHABIE
7. DURING THE LAST 12 MONTHS, HOW MUCH HAS YOUR HAY FEVER WORRIED OR CONCERNED YOU?	
1. A LOT	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14225	VALUE	FREQ	CUM FREQ	%	CUM %
1	717	2	2	1.63	1.63
2	12	14	14	9.76	11.38
3	25	25	39	20.33	31.71
4	84	84	123	68.29	100.00

DE14226	FILE PHABIE
8. DURING THE PAST 12 MONTHS, IN HOW MANY WEEKS WERE YOU BOTHERED BY HAY FEVER? (WRITE IN NUMBER OF WEEKS OR CIRCLE "99" IF NOT BOTHERED.)	
99. NOT BOTHERED IN LAST 12 MONTHS (Go to Q. 9)	
(Go to Q. 11)	

DE14226	VALUE	FREQ	CUM FREQ	%	CUM %
0	718	2	2	1.64	1.64
1	2	5	7	4.10	5.74
2	10	17	17	8.20	13.93
3	12	29	29	9.84	23.77
4	15	44	44	12.30	36.07
5	2	2	46	1.64	37.71
6	13	59	59	10.66	48.36
7	1	60	60	0.82	49.18
8	6	66	66	4.92	54.10
9	1	67	67	0.82	54.92
10	2	69	69	1.64	56.56
12	8	77	77	6.56	63.12
13	1	78	78	0.82	63.93
16	1	79	79	0.82	64.75
18	1	80	80	0.82	65.57
20	2	82	82	1.64	67.21
36	1	83	83	0.82	68.03
50	1	84	84	0.82	68.85
51	1	85	85	0.82	69.67
52	4	89	89	3.28	72.95
99	33	33	122	27.05	100.00

DE14227

FILE PHABIE

9. DURING THE WEEKS WHEN YOU WERE BOTHERED BY HAY FEVER, HOW OFTEN DID YOUR HAY FEVER KEEP YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO (IN THE LAST 12 MONTHS)?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

DE14227	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	750	1	1.11	1.11
2	2	1	2	1.11	2.22
3	3	8	10	8.89	11.11
4	4	13	23	14.44	25.56
5	5	67	90	74.44	100.00

DE14228

FILE PHABIE

10. DURING THE LAST 12 MONTHS, HOW MANY DAYS HAS YOUR HAY FEVER KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)

_____ DAYS IN BED

DE14228	VALUE	FREQ	CUM FREQ	%	CUM %
0	0	751	86	96.63	96.63
1	1	86	87	1.12	97.75
3	3	1	88	1.12	98.88
21	21	1	89	1.12	100.00

DE14229

FILE PHABIE

11. HAVE YOU EVER HAD YOUR HEARING TESTED?

1. YES

2. NO

8. DON'T KNOW

DE14229	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	553	553	65.83	65.83
2	2	256	809	30.48	96.31
8	8	31	840	3.69	100.00

HEARING

DEI4230	FILE PHABIE
12. DO YOU HAVE TROUBLE HEARING WITH ONE OR BOTH EARS WITHOUT A HEARING AID?	
1. YES (Go to Q. 13)	
2. NO (Go to Q. 24)	

DEI4230	VALUE	FREQ	CUM FREQ	%	CUM %
1		1			
2		64	64	7.63	7.63
		775	839	92.37	100.00

DEI4231	FILE PHABIE
13. ARE YOU NOW UNDER THE CARE OR SUPERVISION OF A DOCTOR FOR THIS HEARING PROBLEM?	
1. YES	
2. NO	

DEI4231	VALUE	FREQ	CUM FREQ	%	CUM %
1		776			
2		2	2	3.13	3.13
		62	64	96.88	100.00

DEI4232	FILE PHABIE
14. HOW OFTEN DO YOU USUALLY HAVE YOUR HEARING TESTED?	
1. EVERY 6 MONTHS	
2. EVERY YEAR	
3. EVERY 2 YEARS	
4. LESS OFTEN	
5. NEVER HAD HEARING TESTED	

DEI4232	VALUE	FREQ	CUM FREQ	%	CUM %
1		776			
2		2	2	3.13	3.13
3		4	6	6.25	9.38
4		3	9	4.69	14.06
5		32	41	50.00	64.06
		23	64	35.94	100.00

DE14233	FILE PHAB1E
15. HOW WOULD YOU DESCRIBE YOUR HEARING IN YOUR LEFT EAR WITHOUT A HEARING AID?	
1. NO PROBLEM IN HEARING	
2. A LITTLE PROBLEM	
3. A MAJOR PROBLEM	
4. DEAF IN LEFT EAR	

DE14233	VALUE	FREQ	CUM FREQ	%	CUM %
1	777	22	22	34.92	34.92
2	34	56	56	53.97	88.89
3	6	62	62	9.52	98.41
4	1	63	63	1.59	100.00

DE14234	FILE PHAB1E
16. HOW WOULD YOU DESCRIBE YOUR HEARING IN YOUR RIGHT EAR WITHOUT A HEARING AID?	
1. NO PROBLEM IN HEARING	
2. A LITTLE PROBLEM	
3. A MAJOR PROBLEM	
4. DEAF IN RIGHT EAR	

DE14234	VALUE	FREQ	CUM FREQ	%	CUM %
1	778	15	15	24.19	24.19
2	36	51	51	58.07	82.26
3	9	60	60	14.52	96.77
4	2	62	62	3.23	100.00

DE14235	FILE PHAB1E
17. HAVE YOU EVER USED A HEARING AID?	
1. YES (Go to Q. 18)	
2. NO (Go to Q. 20)	

DE14235	VALUE	FREQ	CUM FREQ	%	CUM %
1	776	6	6	9.38	9.38
2	58	64	64	90.63	100.00

DE14236	FILE PHABIE
18. WHICH EAR (EVER WORE A HEARING AID)?	
1. LEFT EAR	
2. RIGHT EAR	
3. BOTH EARS	

DE14236					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	834	1	33.33	33.33	
2	2	2	33.33	66.67	
3	2	6	33.33	100.00	

DE14237	FILE PHABIE
19. WITH A HEARING AID, HOW WELL CAN YOU HEAR COMPARED WITH MOST PEOPLE YOUR AGE?	
1. BETTER THAN MOST	
2. ABOUT THE SAME AS MOST	
3. WORSE THAN MOST	

DE14237					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	834	1	16.67	16.67	
2	1	2	50.00	66.67	
3	2	6	33.33	100.00	

DE14238	FILE PHABIE
20. HAS A DOCTOR PRESCRIBED A HEARING AID FOR YOU?	
1. YES	
2. NO	

DE14238					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	777	1	7.94	7.94	
2	5	5	92.06	100.00	
	58	63			

DE14239	FILE PHABIE
21. DO YOU WEAR A HEARING AID NOW?	
1. YES, PRESCRIBED BY DOCTOR	
2. YES, BUT NOT PRESCRIBED BY DOCTOR	
3. NO	

DE14239					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	776	1	3.13	3.13	
2	2	2	96.88	100.00	
3	62	64			

DE14240	DE14240	DE14240	DE14240	DE14240	DE14240
FILE PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
22. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR HEARING PROBLEM KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?	1	776	1	1.56	1.56
1. ALL OF THE TIME	3	1	5	6.25	7.81
2. MOST OF THE TIME	4	4	12	10.94	18.75
3. SOME OF THE TIME	5	7	64	81.25	100.00
4. A LITTLE OF THE TIME		52			
5. NONE OF THE TIME					
DE14241	DE14241	DE14241	DE14241	DE14241	DE14241
FILE PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
23. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR HEARING PROBLEM WORRIED OR CONCERNED YOU?	1	776	3	4.69	4.69
1. A LOT	2	3	9	9.38	14.06
2. SOMEWHAT	3	6	41	50.00	64.06
3. A LITTLE	4	32	64	35.94	100.00
4. NOT AT ALL		23			
DE14242	DE14242	DE14242	DE14242	DE14242	DE14242
FILE PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
24. DO YOU HAVE ANY NATURAL TEETH AT ALL?	1	730	730	86.91	86.91
1. YES (Go to Q. 25)	2	110	840	13.10	100.00
2. NO (Go to Q. 31)					

TEETH, GUMS

DE14243	FILE PHAB1E
25. HOW OFTEN DO YOU USUALLY BRUSH YOUR TEETH?	
1. NEVER	
2. ONCE A WEEK OR LESS	
3. ONCE EVERY FEW DAYS	
4. ONCE A DAY	
5. MORE THAN ONCE A DAY	

DE14243	VALUE	FREQ	CUM FREQ	%	CUM %
1	114	3	3	0.41	0.41
2	14	17	17	1.93	2.34
3	51	68	68	7.03	9.37
4	297	365	365	40.91	50.28
5	361	726	726	49.73	100.00

DE14244	FILE PHAB1E
26. HOW OFTEN DO YOU USE DENTAL FLOSS?	
1. NEVER	
2. ONCE A MONTH OR LESS	
3. ONCE A WEEK	
4. ONCE EVERY FEW DAYS	
5. AT LEAST ONCE A DAY	

DE14244	VALUE	FREQ	CUM FREQ	%	CUM %
1	112	363	363	49.86	49.86
2	140	503	503	19.23	69.09
3	57	560	560	7.83	76.92
4	97	657	657	13.32	90.25
5	71	728	728	9.75	100.00

DE14245	FILE PHAB1E
27. WHEN DID YOU MOST RECENTLY HAVE YOUR TEETH CLEANED BY A DENTIST OR DENTAL ASSISTANT?	
1. WITHIN THE PAST 12 MONTHS	
2. 1 TO 2 YEARS AGO	
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO	
4. 5 OR MORE YEARS AGO	
5. NEVER	

DE14245	VALUE	FREQ	CUM FREQ	%	CUM %
1	111	368	368	50.48	50.48
2	119	487	487	16.32	66.80
3	73	560	560	10.01	76.82
4	86	646	646	11.80	88.62
5	83	729	729	11.39	100.00

DE14246	FILE PHAB1E
28. DO YOU THINK THAT YOUR TEETH NEED CLEANING NOW BY A DENTIST OR DENTAL ASSISTANT?	
1. YES	
2. NO	

DE14246	VALUE	FREQ	CUM FREQ	%	CUM %
	1	111	434	59.53	59.53
	2	295	729	40.47	100.00

DE14247	FILE PHAB1E
29. HAS A DENTIST EVER TOLD YOU THAT YOU HAVE GUM PROBLEMS?	
1. YES (Go to Q. 30)	
2. NO (Go to Q. 31)	

DE14247	VALUE	FREQ	CUM FREQ	%	CUM %
	1	111	110	15.09	15.09
	2	619	729	84.91	100.00

DE14248	FILE PHAB1E
30. DID HE SAY YOUR GUM PROBLEMS COULD CAUSE YOU TO LOSE YOUR TEETH EARLIER THAN MOST PEOPLE?	
1. YES	
2. NO	

DE14248	VALUE	FREQ	CUM FREQ	%	CUM %
	1	730	61	55.46	55.46
	2	49	110	44.55	100.00

DEI4249

FILE PHAB1E

31. DURING THE PAST 3 MONTHS, HOW MUCH TROUBLE OR PAIN DO YOU HAVE IN YOUR GUMS OR TEETH WHEN YOU CHEW OR BITE FIRM MEAT (LIKE STEAKS OR CHOPS), APPLES, CORN-ON-THE-COB, OR ANY OTHER FOOD?

1. A LOT
2. SOME
3. A LITTLE
4. NONE AT ALL

VALUE	FREQ	CUM FREQ	%	CUM %
1	2	2	2.39	2.39
2	20	22	7.64	10.02
3	64	86	16.11	26.13
4	135	221	73.87	100.00
	619	838		

DEI4250

FILE PHAB1E

32. DURING THE PAST 3 MONTHS, HOW MUCH HAVE YOUR TEETH OR GUMS WORRIED OR CONCERNED YOU?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL

VALUE	FREQ	CUM FREQ	%	CUM %
1	4	4	3.83	3.83
2	32	36	6.70	10.53
3	56	92	27.63	38.16
4	231	323	61.84	100.00
	517	836		

DEI4251

FILE PHAB1E

33. DURING THE PAST 3 MONTHS, HAVE PROBLEMS WITH THE WAY YOUR TEETH OR GUMS LOOK CAUSED YOU TO MISS OR AVOID CONVERSATION WITH PEOPLE?

1. MOST OF THE TIME
2. SOME OF THE TIME
3. A LITTLE OF THE TIME
4. NONE OF THE TIME

VALUE	FREQ	CUM FREQ	%	CUM %
1	4	4	1.32	1.32
2	11	15	2.63	3.95
3	22	37	4.55	8.49
4	38	75	91.51	100.00
	765	836		

TUBERCULOSIS (T.B.)

DE14252

FILE PHAB1E

34. HAS A DOCTOR EVER SAID THAT YOU HAD TUBERCULOSIS (T.B.)?

1. YES (Go to Q. 35)

2. NO (Go to Q. 41)

DE14253

FILE PHAB1E

35. DID YOU TAKE OR ARE YOU NOW TAKING ANY PRESCRIBED MEDICINES FOR YOUR TUBERCULOSIS (T.B.)?

1. YES

2. NO

DE14254

FILE PHAB1E

36. ARE YOU CURRENTLY UNDER A DOCTOR'S CARE OR SUPERVISION FOR YOUR TUBERCULOSIS (T.B.)?

1. YES

2. NO

DE14252					
VALUE		FREQ	CUM FREQ	%	CUM %
1	17	17	17	2.02	2.02
2	823	823	840	97.98	100.00

DE14253					
VALUE		FREQ	CUM FREQ	%	CUM %
1	823	823	7	41.18	41.18
2	10	10	17	58.82	100.00

DE14254					
VALUE		FREQ	CUM FREQ	%	CUM %
1	823	823	2	11.77	11.77
2	15	15	17	88.24	100.00

DE14255	FILE PHAB1E	DE14255	VALUE	FREQ	CUM FREQ	%	CUM %
37. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR TUBERCULOSIS (T.B.) CAUSED YOU?							
1. A LOT				823	1	5.88	5.88
2. SOME				1	17	94.12	100.00
3. A LITTLE				16			
4. NONE AT ALL							
DE14256	FILE PHAB1E	DE14256	VALUE	FREQ	CUM FREQ	%	CUM %
38. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR TUBERCULOSIS (T.B.) WORRIED OR CONCERNED YOU?							
1. A LOT				823	1	5.88	5.88
2. SOMEWHAT				1	17	94.12	100.00
3. A LITTLE				16			
4. NOT AT ALL							
DE14257	FILE PHAB1E	DE14257	VALUE	FREQ	CUM FREQ	%	CUM %
39. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR TUBERCULOSIS (T.B.) KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?							
1. ALL OF THE TIME				823	1	5.88	5.88
2. MOST OF THE TIME				1	17	94.12	100.00
3. SOME OF THE TIME				16			
4. A LITTLE OF THE TIME							
5. NONE OF THE TIME							

DE14261	FILE PHAB1E
43. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR HERNIA CAUSED YOU?	
1. A LOT	
2. SOME	
3. A LITTLE	
4. NONE AT ALL	

DE14261	VALUE	FREQ	CUM FREQ	%	CUM %
1	829	2	2	18.18	18.18
3	2	2	4	18.18	36.36
4	7	7	11	63.64	100.00

DE14262	FILE PHAB1E
44. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR HERNIA WORRIED OR CONCERNED YOU?	
1. A LOT	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14262	VALUE	FREQ	CUM FREQ	%	CUM %
1	829	2	2	18.18	18.18
3	2	3	5	27.27	45.46
4	6	6	11	54.55	100.00

DE14263	FILE PHAB1E
45. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR HERNIA KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DE14263	VALUE	FREQ	CUM FREQ	%	CUM %
1	829	1	1	9.09	9.09
3	1	1	2	9.09	18.18
5	9	9	11	81.82	100.00

<div data-bbox="305 945 511 1848"> <div>DE14264</div> <div>FILE PHAB1E</div> <div>46. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR HERNIA KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)</div> <div>_____ DAYS IN BED</div> </div>	<div> <div>VALUE</div> <div>0</div> <div>14</div> </div>	<div> <div>FREQ</div> <div>829</div> <div>10</div> <div>1</div> </div>	<div> <div>CUM FREQ</div> <div>10</div> <div>11</div> </div>	<div> <div>%</div> <div>90.91</div> <div>9.09</div> </div>	<div> <div>CUM %</div> <div>90.91</div> <div>100.00</div> </div>
<div data-bbox="573 945 760 1848"> <div>DE14265</div> <div>FILE PHAB1E</div> <div>47. ARE YOU NOW SCHEDULED FOR AN OPERATION FOR HERNIA?</div> <div>1. YES</div> <div>2. NO</div> </div>	<div> <div>VALUE</div> <div>2</div> </div>	<div> <div>FREQ</div> <div>829</div> <div>11</div> </div>	<div> <div>CUM FREQ</div> <div>11</div> </div>	<div> <div>%</div> <div>100.00</div> </div>	<div> <div>CUM %</div> <div>100.00</div> </div>
<div data-bbox="803 945 901 1848"> <div>DE14266</div> <div>FILE PHAB1E</div> <div>48. AS FAR AS YOU KNOW, IS THERE A TREATMENT FOR HIGH BLOOD PRESSURE, OR DOES A PERSON JUST HAVE TO LEARN TO LIVE WITH IT?</div> <div>1. TREATMENT</div> <div>2. NO TREATMENT - PERSON JUST HAS TO LEARN TO LIVE WITH IT</div> </div>	<div> <div>VALUE</div> <div>1</div> <div>2</div> </div>	<div> <div>FREQ</div> <div>6</div> <div>754</div> <div>80</div> </div>	<div> <div>CUM FREQ</div> <div>754</div> <div>834</div> </div>	<div> <div>%</div> <div>90.41</div> <div>9.59</div> </div>	<div> <div>CUM %</div> <div>90.41</div> <div>100.00</div> </div>

DE14267	FILE PHABIE			
	49a. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF			
	HIGH BLOOD PRESSURE?			
	OVERWEIGHT			
	1. DEFINITE CAUSE 2. MAY BE A CAUSE 3. NOT A CAUSE 4. NOT SURE			
DE14267	VALUE	FREQ	CUM FREQ	CUM %
	1	372	372	44.29
	2	382	754	45.48
	3	8	762	90.71
	4	78	840	100.00
DE14268	FILE PHABIE			
	49b. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF			
	HIGH BLOOD PRESSURE?			
	BORN WITH IT - INHERITED			
	1. DEFINITE CAUSE 2. MAY BE A CAUSE 3. NOT A CAUSE 4. NOT SURE			
DE14268	VALUE	FREQ	CUM FREQ	CUM %
	1	36	36	4.29
	2	266	302	31.67
	3	254	556	66.19
	4	284	840	100.00
DE14269	FILE PHABIE			
	49c. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF			
	HIGH BLOOD PRESSURE?			
	EATING TOO MUCH SALT			
	1. DEFINITE CAUSE 2. MAY BE A CAUSE 3. NOT A CAUSE 4. NOT SURE			
DE14269	VALUE	FREQ	CUM FREQ	CUM %
	1	140	140	16.67
	2	371	511	44.17
	3	86	597	71.07
	4	243	840	100.00

DEI4270	VALUE	FREQ	CUM FREQ	%	CUM %
49d. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF HIGH BLOOD PRESSURE?	1	411	411	48.93	48.93
WORRY, TENSION, STRAIN	2	336	747	40.00	88.93
1. DEFINITE CAUSE	3	18	765	2.14	91.07
2. MAY BE A CAUSE	4	75	840	8.93	100.00
3. NOT A CAUSE					
4. NOT SURE					

DEI4271	VALUE	FREQ	CUM FREQ	%	CUM %
49e. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF HIGH BLOOD PRESSURE?	1	198	198	23.57	23.57
EATING FATTY FOODS	2	419	617	49.88	73.45
1. DEFINITE CAUSE	3	40	657	4.76	78.21
2. MAY BE A CAUSE	4	183	840	21.79	100.00
3. NOT A CAUSE					
4. NOT SURE					

DEI4272	VALUE	FREQ	CUM FREQ	%	CUM %
49f. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF HIGH BLOOD PRESSURE?	1	95	95	11.32	11.32
SMOKING	2	335	430	39.93	51.25
1. DEFINITE CAUSE	3	136	566	16.21	67.46
2. MAY BE A CAUSE	4	273	839	32.54	100.00
3. NOT A CAUSE					
4. NOT SURE					

DE14273

FILE PHAB1E

49g. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF
HIGH BLOOD PRESSURE?

1. DEFINITE CAUSE

2. MAY BE A CAUSE

3. NOT A CAUSE

4. NOT SURE

DE14273	VALUE	FREQ	CUM FREQ	%	CUM %
	1	53	53	6.31	6.31
	2	198	251	23.57	29.88
	3	358	609	42.62	72.50
	4	231	840	27.50	100.00

DE14274

FILE PHAB1E

49h. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF
HIGH BLOOD PRESSURE?

1. DEFINITE CAUSE

2. MAY BE A CAUSE

3. NOT A CAUSE

4. NOT SURE

DE14274	VALUE	FREQ	CUM FREQ	%	CUM %
	1	25	25	2.98	2.98
	2	79	104	9.41	12.38
	3	411	515	48.93	61.31
	4	325	840	38.69	100.00

DE14275

FILE PHAB1E

49i. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF
UNDERWEIGHT

1. DEFINITE CAUSE

2. MAY BE A CAUSE

3. NOT A CAUSE

4. NOT SURE

DE14275	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1	1	1.55	1.55
	2	13	13	1.55	1.55
	3	77	90	9.18	10.73
	4	415	505	49.46	60.19
		334	839	39.81	100.00

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DEI4276	VALUE	FREQ	CUM FREQ	%	CUM %
49j. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF HIGH BLOOD PRESSURE? TOO LITTLE EXERCISE	1	51	51	6.07	6.07
	2	284	335	33.81	39.88
	3	236	571	28.10	67.98
	4	269	840	32.02	100.00

DEI4277	VALUE	FREQ	CUM FREQ	%	CUM %
49k. DO YOU FEEL THE FOLLOWING PROBLEM MIGHT BE A CAUSE OF OLD AGE	1	1	1	5.13	5.13
	2	43	43	40.05	45.17
	3	336	379	22.65	67.82
	4	190	569	32.18	100.00

DEI4278	VALUE	FREQ	CUM FREQ	%	CUM %
50. AS FAR AS YOU KNOW, DOES HIGH BLOOD PRESSURE CAUSE ANY OTHER PROBLEMS OR ILLNESSES?	1	12	12	72.22	72.22
	2	598	828	27.78	100.00

DEI4279

FILE PHAB1E

51. HOW LIKELY DO YOU FEEL IT IS THAT SOMEONE CAN HAVE HIGH BLOOD PRESSURE WITHOUT HAVING ANY SIGNS OR SYMPTOMS?

1. VERY LIKELY

2. SOMEWHAT LIKELY

3. HARDLY LIKELY AT ALL

4. NOT POSSIBLE TO HAVE WITHOUT SYMPTOMS

DEI4280

FILE PHAB1E

52a. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE?

STROKE

1. YES

2. NO

3. NOT SURE

DEI4281

FILE PHAB1E

52b. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE?

DIABETES - SUGAR IN BLOOD, SUGAR DISEASE

1. YES

2. NO

3. NOT SURE

DEI4279	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3			
	2	336	336	40.14	40.14
	3	308	644	36.80	76.94
	4	142	786	16.97	93.91
		51	837	6.09	100.00

DEI4280	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1			
	2	651	651	77.59	77.59
	3	21	672	2.50	80.10
		167	839	19.91	100.00

DEI4281	VALUE	FREQ	CUM FREQ	%	CUM %
	1	141	141	16.79	16.79
	2	263	404	31.31	48.10
	3	436	840	51.91	100.00

DEI4282	FILE PHAB1E
52c. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE? HEADACHE	1. YES 2. NO 3. NOT SURE

DEI4282					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	503	503	59.88	59.88	
2	110	613	13.10	72.98	
3	227	840	27.02	100.00	

DEI4283	FILE PHAB1E
52d. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE? HEART ATTACK	1. YES 2. NO 3. NOT SURE

DEI4283					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	14	14	72.64	72.64	
2	600	600	3.75	76.39	
3	195	826	23.61	100.00	

DEI4284	FILE PHAB1E
52e. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE? PNEUMONIA	1. YES 2. NO 3. NOT SURE

DEI4284					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	21	21	2.50	2.50	
2	476	497	56.67	59.17	
3	343	840	40.83	100.00	

DEI4285	FILE PHAB1E
52f. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY	
HIGH BLOOD PRESSURE?	
DIZZINESS	
1. YES	
2. NO	
3. NOT SURE	

DEI4285	VALUE	FREQ	CUM FREQ	%	CUM %
1	18	601	601	73.11	73.11
2	32	633	633	3.89	77.01
3	189	822	822	22.99	100.00

DEI4286	FILE PHAB1E
52g. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY	
HIGH BLOOD PRESSURE?	
ARTHRITIS	
1. YES	
2. NO	
3. NOT SURE	

DEI4286	VALUE	FREQ	CUM FREQ	%	CUM %
1	30	30	30	3.57	3.57
2	475	505	505	56.55	60.12
3	335	840	840	39.88	100.00

DEI4287	FILE PHAB1E
52h. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY	
HIGH BLOOD PRESSURE?	
NOSE BLEED	
1. YES	
2. NO	
3. NOT SURE	

DEI4287	VALUE	FREQ	CUM FREQ	%	CUM %
1	404	404	404	48.10	48.10
2	114	518	518	13.57	61.67
3	322	840	840	38.33	100.00

DEI4288	VALUE	FREQ	CUM FREQ	%	CUM %
	1	15	15	1.79	1.79
	2	429	444	51.07	52.86
	3	396	840	47.14	100.00

DEI4289	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1	1	5.01	5.01
	2	42	43	47.32	52.32
	3	397	839	47.68	100.00

DEI4290	VALUE	FREQ	CUM FREQ	%	CUM %
	1	11	11	27.62	27.62
	2	229	240	21.59	49.22
	3	179	829	50.78	100.00

DEI4288	FILE PHAB1E
52i. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE?	
HEPATITIS - YELLOW JAUNDICE	
1. YES	
2. NO	
3. NOT SURE	

DEI4289	FILE PHAB1E
52j. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE?	
ANEMIA - LOW BLOOD	
1. YES	
2. NO	
3. NOT SURE	

DEI4290	FILE PHAB1E
52k. DO YOU FEEL THE FOLLOWING PROBLEM CAN BE CAUSED BY HIGH BLOOD PRESSURE?	
HARDENING OF THE ARTERIES	
1. YES	
2. NO	
3. NOT SURE	

DEI4291	FILE	PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
53a.	DO YOU FEEL THE FOLLOWING THING MIGHT HELP						
	HIGH BLOOD PRESSURE?						
	HIGH SALT DIET						
	1. DEFINITELY HELP		1	24	24	2.86	2.86
	2. MIGHT HELP		2	34	58	4.05	6.91
	3. WILL NOT HELP		3	491	549	58.45	65.36
	4. NOT SURE		4	291	840	34.64	100.00

DEI4292	FILE	PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
53b.	DO YOU FEEL THE FOLLOWING THING MIGHT HELP						
	HIGH BLOOD PRESSURE?						
	DIET TO LOSE WEIGHT						
	1. DEFINITELY HELP		1	409	409	48.69	48.69
	2. MIGHT HELP		2	329	738	39.17	87.86
	3. WILL NOT HELP		3	10	748	1.19	89.05
	4. NOT SURE		4	92	840	10.95	100.00

DEI4293	FILE	PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
53c.	DO YOU FEEL THE FOLLOWING THING MIGHT HELP						
	HIGH BLOOD PRESSURE?						
	MEDICINE						
	1. DEFINITELY HELP		1	1	1	64.72	64.72
	2. MIGHT HELP		2	543	543	24.43	89.15
	3. WILL NOT HELP		3	205	748	0.72	89.87
	4. NOT SURE		4	6	754	10.13	100.00

DEI4294

FILE

PHAB1E

53d. DO YOU FEEL THE FOLLOWING THING MIGHT HELP
HIGH BLOOD PRESSURE?
REGULAR EXERCISE
1. DEFINITELY HELP
2. MIGHT HELP
3. WILL NOT HELP
4. NOT SURE

DEI4295

FILE

PHAB1E

53e. DO YOU FEEL THE FOLLOWING THING MIGHT HELP
HIGH BLOOD PRESSURE?
LOW SALT DIET
1. DEFINITELY HELP
2. MIGHT HELP
3. WILL NOT HELP
4. NOT SURE

DEI4296

FILE

PHAB1E

53f. DO YOU FEEL THE FOLLOWING THING MIGHT HELP
HIGH BLOOD PRESSURE?
PSYCHOTHERAPY - SEEING A PSYCHIATRIST
1. DEFINITELY HELP
2. MIGHT HELP
3. WILL NOT HELP
4. NOT SURE

DEI4294	VALUE	FREQ	CUM FREQ	%	CUM %
1	264	1	264	31.47	31.47
2	360	264	624	42.91	74.37
3	34	34	658	4.05	78.43
4	181	181	839	21.57	100.00

DEI4295	VALUE	FREQ	CUM FREQ	%	CUM %
1	359	1	359	42.79	42.79
2	214	359	573	25.51	68.30
3	18	18	591	2.15	70.44
4	248	248	839	29.56	100.00

DEI4296	VALUE	FREQ	CUM FREQ	%	CUM %
1	23	23	23	2.74	2.74
2	244	244	267	29.05	31.79
3	273	273	540	32.50	64.29
4	300	300	840	35.71	100.00

DEI4297	FILE PHAB1E
53g. DO YOU FEEL THE FOLLOWING THING MIGHT HELP HIGH BLOOD PRESSURE? RESTING A LOT	
1. DEFINITELY HELP	
2. MIGHT HELP	
3. WILL NOT HELP	
4. NOT SURE	

DEI4297	VALUE	FREQ	CUM FREQ	%	CUM %
1	109	1	109	12.99	12.99
2	380	380	489	45.29	58.28
3	113	602	602	13.47	71.75
4	237	839	839	28.25	100.00

DEI4298	FILE PHAB1E
53h. DO YOU FEEL THE FOLLOWING THING MIGHT HELP HIGH BLOOD PRESSURE? VITAMIN E	
1. DEFINITELY HELP	
2. MIGHT HELP	
3. WILL NOT HELP	
4. NOT SURE	

DEI4298	VALUE	FREQ	CUM FREQ	%	CUM %
1	28	1	28	3.34	3.34
2	120	148	148	14.30	17.64
3	75	223	223	8.94	26.58
4	616	839	839	73.42	100.00

DEI4299	FILE PHAB1E
53i. DO YOU FEEL THE FOLLOWING THING MIGHT HELP HIGH BLOOD PRESSURE? LOW FAT DIET	
1. DEFINITELY HELP	
2. MIGHT HELP	
3. WILL NOT HELP	
4. NOT SURE	

DEI4299	VALUE	FREQ	CUM FREQ	%	CUM %
1	272	1	272	32.42	32.42
2	340	612	612	40.52	72.94
3	10	622	622	1.19	74.14
4	217	839	839	25.86	100.00

DEI4300	FILE PHAB1E
53J. DO YOU FEEL THE FOLLOWING THING MIGHT HELP HIGH BLOOD PRESSURE?	
STOP SMOKING	
1. DEFINITELY HELP	
2. MIGHT HELP	
3. WILL NOT HELP	
4. NOT SURE	

DEI4300				
VALUE	FREQ	CUM FREQ	%	CUM %
1	336	336	40.00	40.00
2	274	610	32.62	72.62
3	43	653	5.12	77.74
4	187	840	22.26	100.00

DEI4301	FILE PHAB1E
54. FROM WHAT YOU KNOW, IF A PERSON GETS HIS HIGH BLOOD PRESSURE BACK DOWN TO NORMAL, IS HE CURED OR MUST HE STAY ON SOME TREATMENT?	
1. CURED	
2. MUST STAY ON TREATMENT	

DEI4301				
VALUE	FREQ	CUM FREQ	%	CUM %
1	10	10	9.28	9.28
2	77	77	90.72	99.72
	753	830		100.00

-----+
 | FUTURE HEALTH EXPENSES |
 -----+

DEI4310 FILE PHAB1E

55a. HOW MUCH DO YOU THINK YOUR OWN HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS IN THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, AND OTHER PEOPLE. IF YOU THINK YOU WILL SPEND NOTHING, WRITE IN "0".

NURSING HOME CARE

\$ _____

DEI4310 VALUE	FREQ	CUM FREQ	%	CUM %
0	45	45	98.99	98.99
20	787	787	0.13	99.12
25	1	788	0.13	99.25
35	1	789	0.13	99.37
100	1	790	0.13	99.50
150	1	791	0.13	99.62
200	1	792	0.13	99.75
2500	1	793	0.13	99.87
6388	1	794	0.13	99.87
		795	0.13	100.00

DEI4311 FILE PHAB1E

55b. HOW MUCH DO YOU THINK YOUR OWN HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS IN THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, AND OTHER PEOPLE. IF YOU THINK YOU WILL SPEND NOTHING, WRITE IN "0".

HOSPITALS IN-PATIENT

\$ _____

DEI4311 VALUE	FREQ	CUM FREQ	%	CUM %
0	71	71	91.03	91.03
10	700	700	0.26	91.29
25	2	702	0.13	91.42
50	3	703	0.39	91.81
100	9	706	1.17	92.98
150	1	715	0.13	93.11
200	8	724	1.04	94.15
250	1	725	0.13	94.28
300	3	728	0.39	94.67
400	5	733	0.65	95.32
500	11	744	1.43	96.75
600	2	746	0.26	97.01
700	5	751	0.65	97.66
750	1	752	0.13	97.79
800	5	757	0.65	98.44
875	1	758	0.13	98.57
1000	7	765	0.91	99.48
1100	2	767	0.26	99.74
2000	2	769	0.26	100.00

DEI4312	DEI4312	FREQ	CUM FREQ	%	CUM %
FILE PHAB1E	VALUE				
55c. HOW MUCH DO YOU THINK YOUR OWN HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS IN THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, AND OTHER PEOPLE? IF YOU THINK YOU WILL SPEND NOTHING, WRITE IN "0".	0	72	272	35.42	35.42
	1	1	273	0.13	35.55
	5	1	274	0.13	35.68
	7	1	275	0.13	35.81
	8	2	277	0.26	36.07
	10	12	289	1.56	37.63
	12	1	290	0.13	37.76
	14	1	291	0.13	37.89
	15	7	298	0.91	38.80
	20	21	319	2.73	41.54
	22	1	320	0.13	41.67
	24	1	321	0.13	41.80
	25	29	350	3.78	45.57
	30	24	374	3.13	48.70
	35	2	376	0.26	48.96
	40	15	391	1.95	50.91
	45	2	393	0.26	51.17
	50	90	483	11.72	62.89
	55	3	486	0.39	63.28
	60	7	493	0.91	64.19
	70	4	497	0.52	64.71
	75	20	517	2.60	67.32
	80	4	521	0.52	67.84
	85	1	522	0.13	67.97
	90	4	526	0.52	68.49
	100	91	617	11.85	80.34
	120	4	621	0.52	80.86
	125	4	625	0.52	81.38
	130	2	627	0.26	81.64
	150	33	660	4.30	85.94
	175	3	663	0.39	86.33
	200	42	705	5.47	91.80
	250	8	713	1.04	92.84
	300	18	731	2.34	95.18
	350	5	736	0.65	95.83
	375	1	737	0.13	95.96
	400	7	744	0.91	96.88
	500	12	756	1.56	98.44
	600	1	757	0.13	98.57
	700	3	760	0.39	98.96
	1000	4	764	0.52	99.48
	1200	1	765	0.13	99.61
	2000	2	767	0.26	99.87
	5000	1	768	0.13	100.00

DEI4312

55c. HOW MUCH DO YOU THINK YOUR OWN HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS IN THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, AND OTHER PEOPLE? IF YOU THINK YOU WILL SPEND NOTHING, WRITE IN "0".

DOCTORS, CLINICS, AND HOSPITAL EMERGENCY ROOM OR OUT-PATIENT DEPARTMENT

\$ _____

DEI4313	FILE PHA81E
55d.	HOW MUCH DO YOU THINK YOUR OWN HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS IN THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, AND OTHER PEOPLE. IF YOU THINK YOU WILL SPEND NOTHING, WRITE IN "0".
	PRESCRIPTION DRUGS
	\$ _____

DEI4313	VALUE	FREQ	CUM FREQ	%	CUM %
	0	61	190	24.39	24.39
	1	190	191	0.13	24.52
	2	1	192	0.13	24.65
	3	1	193	0.13	24.78
	5	17	210	2.18	26.96
	6	1	211	0.13	27.09
	7	3	214	0.39	27.47
	10	67	281	8.60	36.07
	12	3	284	0.39	36.46
	14	1	285	0.13	36.59
	15	34	319	4.37	40.95
	19	1	320	0.13	41.08
	20	57	377	7.32	48.40
	24	3	380	0.39	48.78
	25	67	447	8.60	57.38
	28	1	448	0.13	57.51
	30	34	482	4.37	61.87
	35	4	486	0.51	62.39
	36	1	487	0.13	62.52
	40	18	505	2.31	64.83
	50	102	607	13.09	77.92
	60	8	615	1.03	78.95
	65	1	616	0.13	79.08
	70	1	617	0.13	79.20
	75	13	630	1.67	80.87
	80	5	635	0.64	81.52
	81	1	636	0.13	81.64
	85	3	639	0.39	82.03
	90	1	640	0.13	82.16
	100	56	696	7.19	89.35
	120	5	701	0.64	89.99
	125	1	702	0.13	90.12
	130	2	704	0.26	90.37
	135	1	705	0.13	90.50
	150	16	721	2.05	92.56
	160	2	723	0.26	92.81
	175	1	724	0.13	92.94
	200	20	744	2.57	95.51
	240	1	745	0.13	95.64
	250	7	752	0.90	96.53
	282	1	753	0.13	96.66
	300	4	757	0.51	97.18
	350	3	760	0.39	97.56
	400	6	766	0.77	98.33
				(cont.)	

VARIABLE DE14313 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
500	5	771	0.64	98.97
580	1	772	0.13	99.10
600	1	773	0.13	99.23
800	3	776	0.39	99.62
900	1	777	0.13	99.74
1000	1	778	0.13	99.87
1350	1	779	0.13	100.00

DE14314

DE14314	FILE PHAB1E
55e.	HOW MUCH DO YOU THINK YOUR OWN HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS IN THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, AND OTHER PEOPLE. IF YOU THINK YOU WILL SPEND NOTHING, WRITE IN "0".
	OTHER MEDICAL EXPENSES
	\$ _____

VALUE	FREQ	CUM FREQ	%	CUM %
0	99	437	58.97	58.97
3	437	438	0.14	59.11
5	6	444	0.81	59.92
6	1	445	0.14	60.05
10	23	468	3.10	63.16
15	7	475	0.95	64.10
20	18	493	2.43	66.53
25	32	525	4.32	70.85
30	15	540	2.02	72.87
32	1	541	0.14	73.01
35	1	542	0.14	73.14
36	1	543	0.14	73.28
40	6	549	0.81	74.09
48	1	550	0.14	74.22
50	55	605	7.42	81.65
52	1	606	0.14	81.78
55	4	610	0.54	82.32
60	4	614	0.54	82.86
65	3	617	0.41	83.27
70	4	621	0.54	83.81
72	2	623	0.27	84.08
75	10	633	1.35	85.43
80	2	635	0.27	85.70
100	44	679	5.94	91.63
115	1	680	0.14	91.77
120	3	683	0.41	92.17
125	2	685	0.27	92.44
150	13	698	1.75	94.20
175	1	699	0.14	94.33
180	1	700	0.14	94.47
200	20	720	2.70	97.17
225	1	721	0.14	97.30
250	2	723	0.27	97.57

(cont.)

VARIABLE DE14314 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
259	1	724	0.14	97.71
300	4	728	0.54	98.25
400	4	732	0.54	98.79
450	1	733	0.14	98.92
500	2	735	0.27	99.19
600	1	736	0.14	99.33
700	2	738	0.27	99.60
800	1	739	0.14	99.73
1000	1	740	0.14	99.87
2500	1	741	0.14	100.00

DE15063

VALUE	FREQ	CUM FREQ	%	CUM %
0	130	156	21.97	21.97
5	156	157	0.14	22.11
9	1	158	0.14	22.25
10	12	170	1.69	23.94
12	6	176	0.85	24.79
15	17	193	2.39	27.18
16	2	195	0.28	27.47
18	2	197	0.28	27.75
20	42	239	5.92	33.66
23	1	240	0.14	33.80
24	3	243	0.42	34.23
25	46	289	6.48	40.70
26	1	290	0.14	40.85
27	2	292	0.28	41.13
28	1	293	0.14	41.27
30	38	331	5.35	46.62
32	2	333	0.28	46.90
35	7	340	0.99	47.89
36	3	343	0.42	48.31
40	21	364	2.96	51.27
42	1	365	0.14	51.41
45	10	375	1.41	52.82
50	104	479	14.65	67.47
54	1	480	0.14	67.61
55	1	481	0.14	67.75
60	9	490	1.27	69.01
65	1	491	0.14	69.16
67	1	492	0.14	69.30
70	5	497	0.70	70.00
75	18	515	2.54	72.54

(cont.)

DE15063

FILE PHAB1E

55f. HOW MUCH DO YOU THINK YOUR OWN HEALTH CARE WILL COST
DURING THE NEXT 12 MONTHS IN THE FOLLOWING HEALTH
SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES
WHICH WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID,
AND OTHER PEOPLE. IF YOU THINK YOU WILL SPEND NOTHING,
WRITE IN "0".

DENTAL EXPENSES

\$ _____

VARIABLE DE15063 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
80	3	518	0.42	72.96
82	1	519	0.14	73.10
90	1	520	0.14	73.24
100	61	581	8.59	81.83
120	1	582	0.14	81.97
145	1	583	0.14	82.11
150	23	606	3.24	85.35
175	2	608	0.28	85.63
200	32	640	4.51	90.14
225	1	641	0.14	90.28
250	10	651	1.41	91.69
300	17	668	2.39	94.09
350	3	671	0.42	94.51
387	1	672	0.14	94.65
400	7	679	0.99	95.63
500	14	693	1.97	97.61
600	5	698	0.70	98.31
625	1	699	0.14	98.45
650	1	700	0.14	98.59
700	1	701	0.14	98.73
800	2	703	0.28	99.01
1000	2	705	0.28	99.30
1200	1	706	0.14	99.44
1300	1	707	0.14	99.58
1500	2	709	0.28	99.86
2500	1	710	0.14	100.00

+-----+
| ANEMIA |
+-----+

DE14315	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2	20	2.39	2.39
	2	27	47	3.22	5.61
	3	791	838	94.39	100.00

DE14315 FILE PHAB1E

56. HAS A DOCTOR TOLD YOU THAT YOU CURRENTLY HAVE ANEMIA
(SOMETIMES CALLED LOW BLOOD) OR ARE YOU CURRENTLY
UNDER TREATMENT FOR IT?

1. NO, I DO NOT HAVE ANEMIA (LOW BLOOD) (Go to Q. 63)
2. YES, I HAVE IT OR AM UNDER TREATMENT FOR IT
(Go to Q. 57)
3. YES, I HAD IT, BUT IT IS NOW CURED (Go to Q. 57)

DEI4316

FILE PHAB1E

57a. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?

SPECIAL DIET

1. YES

2. NO

DEI4317

FILE PHAB1E

57b. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?

IRON PILLS OR SHOTS

1. YES

2. NO

DEI4318

FILE PHAB1E

57c. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?

VITAMIN PILLS OR SHOTS

1. YES

2. NO

DEI4316	VALUE	FREQ	CUM FREQ	%	CUM %
	1	792	7	14.58	14.58
	2	41	48	85.42	100.00

DEI4317	VALUE	FREQ	CUM FREQ	%	CUM %
	1	792	26	54.17	54.17
	2	22	48	45.83	100.00

DEI4318	VALUE	FREQ	CUM FREQ	%	CUM %
	1	792	15	31.25	31.25
	2	33	48	68.75	100.00

DEI4319	FILE PHAB1E
57d. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?	
BLOOD TRANSFUSIONS	
1. YES	
2. NO	

VALUE	FREQ	CUM FREQ	%	CUM %
1	792	1	2.08	2.08
2	47	48	97.92	100.00

DEI4320	FILE PHAB1E
58a. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
SPECIAL DIET	
1. YES	
2. NO	

VALUE	FREQ	CUM FREQ	%	CUM %
1	793	1	4.26	4.26
2	45	47	95.75	100.00

DEI4321	FILE PHAB1E
58b. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
IRON PILLS OR SHOTS	
1. YES	
2. NO	

VALUE	FREQ	CUM FREQ	%	CUM %
1	793	1	44.68	44.68
2	26	47	55.32	100.00

DEI4322

FILE PHAB1E

58c. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?
VITAMIN PILLS OR SHOTS
1. YES
2. NO

DEI4323

FILE PHAB1E

58d. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?
BLOOD TRANSFUSIONS
1. YES
2. NO

DEI4324

FILE PHAB1E

59. ARE YOU CURRENTLY UNDER A DOCTOR'S CARE OR SUPERVISION FOR YOUR ANEMIA?
1. YES
2. NO

DEI4322	VALUE	FREQ	CUM FREQ	%	CUM %
	1	793	16	34.04	34.04
	2	16	47	65.96	100.00
		31			

DEI4323	VALUE	FREQ	CUM FREQ	%	CUM %
	1	793	47	100.00	100.00
	2	47			

DEI4324	VALUE	FREQ	CUM FREQ	%	CUM %
	1	793	13	27.66	27.66
	2	13	47	72.34	100.00
		34			

DEI4325	VALUE	FREQ	CUM FREQ	%	CUM %
	1	793	1	2.13	2.13
	2	1	3	4.26	6.38
	3	15	18	31.92	38.30
	4	29	47	61.70	100.00

DEI4326	VALUE	FREQ	CUM FREQ	%	CUM %
	1	793	1	2.13	2.13
	2	1	4	6.38	8.51
	3	3	11	14.89	23.40
	4	7	47	76.60	100.00
	5	36			

DEI4327	VALUE	FREQ	CUM FREQ	%	CUM %
	1	793	1	2.13	2.13
	2	1	45	95.75	95.75
	3	45	46	97.87	97.87
	4	1	47	100.00	100.00

DEI4325

FILE PHAB1E

60. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR ANEMIA WORRIED OR CONCERNED YOU?

1. A LOT

2. SOMEWHAT

3. A LITTLE

4. NOT AT ALL

DEI4326

FILE PHAB1E

61. DURING THE PAST 3 MONTHS, HOW OFTEN HAS ANEMIA KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

DEI4327

FILE PHAB1E

62. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR ANEMIA KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)

_____ DAYS IN BED

KIDNEY DISEASE

DEI4328	FILE PHAB1E
63. DID A DOCTOR EVER SAY YOU HAD KIDNEY DISEASE?	
1. YES	
2. NO	

DEI4329	FILE PHAB1E
64. HAVE YOU EVER HAD A KIDNEY, BLADDER OR URINE INFECTION?	
1. YES (Go to Q. 74)	
2. NO (Go to Q. 65)	

DEI4330	FILE PHAB1E
65. HOW MANY TIMES ALTOGETHER?	
1. ONE	
2. TWO	
3. THREE	
4. FOUR	
5. FIVE OR MORE	

DEI4328	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	26	26	3.10	3.10
2	2	813	839	96.90	100.00

DEI4329	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	239	239	28.45	28.45
2	2	601	840	71.55	100.00

DEI4330	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	601	601	33.47	33.47
2	2	80	80	24.69	58.16
3	3	59	139	16.74	74.90
4	4	40	179	6.70	81.59
5	5	16	195	18.41	100.00

DEI4331	VALUE	FREQ	CUM FREQ	%	CUM %
	1	601	8	3.35	3.35
	2	231	239	96.65	100.00

DEI4332	VALUE	FREQ	CUM FREQ	%	CUM %
	1	832	6	75.00	75.00
	2	6	8	25.00	100.00

DEI4333	VALUE	FREQ	CUM FREQ	%	CUM %
	1	832	4	50.00	50.00
	2	4	5	12.50	62.50
	3	1	8	37.50	100.00

DEI4331

FILE PHAB1E

66. DO YOU CURRENTLY HAVE A KIDNEY, BLADDER OR URINE INFECTION? (FOR EXAMPLE, CYSTITIS, PYELONEPHRITIS)

1. YES (Go to Q. 67)

2. NO (Go to Q. 70)

DEI4332

FILE PHAB1E

67. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY PILLS OR MEDICINES FOR KIDNEY, BLADDER OR URINE INFECTION?

1. YES

2. NO

DEI4333

FILE PHAB1E

68. DO YOU CURRENTLY TAKE ANY PILLS OR MEDICINE FOR KIDNEY, BLADDER OR URINE INFECTION, WHETHER OR NOT A DOCTOR PRESCRIBED THE PILLS OR MEDICINES?

1. YES, THOSE PRESCRIBED

2. YES, BUT NOT THOSE PRESCRIBED

3. NO

DEI4334		FILE PHAB1E			
69. ARE YOU CURRENTLY UNDER A DOCTOR'S CARE OR SUPERVISION FOR YOUR KIDNEY, BLADDER OR URINE INFECTION?					
	1. YES				
	2. NO				
VALUE	FREQ	CUM FREQ	%	CUM %	
1	832	4	50.00	50.00	
2	4	8	50.00	100.00	
DEI4335					
70. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR KIDNEY, BLADDER OR URINE INFECTION CAUSED YOU?					
	1. A LOT				
	2. SOME				
	3. A LITTLE				
	4. NONE AT ALL				
VALUE	FREQ	CUM FREQ	%	CUM %	
1	601	5	2.09	2.09	
2	5	25	8.37	10.46	
3	20	49	10.04	20.50	
4	190	239	79.50	100.00	
DEI4336					
71. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR KIDNEY, BLADDER OR URINE INFECTION WORRIED OR CONCERNED YOU?					
	1. A LOT				
	2. SOMEWHAT				
	3. A LITTLE				
	4. NOT AT ALL				
VALUE	FREQ	CUM FREQ	%	CUM %	
1	601	6	2.51	2.51	
2	16	22	6.70	9.21	
3	28	50	11.72	20.92	
4	189	239	79.08	100.00	

DEI4337	FILE PHAB1E
72. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR KIDNEY, BLADDER OR URINE INFECTION KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DEI4337	VALUE	FREQ	CUM FREQ	%	CUM %
	1	601	1	0.42	0.42
	2	1	2	0.42	0.84
	3	9	11	3.77	4.60
	4	9	20	3.77	8.37
	5	219	239	91.63	100.00

DEI4338	FILE PHAB1E
73. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR KIDNEY, BLADDER OR URINE INFECTION KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)	
_____ DAYS IN BED	

DEI4338	VALUE	FREQ	CUM FREQ	%	CUM %
	0	601	1	96.65	96.65
	1	231	231	0.84	97.49
	2	1	234	0.42	97.91
	3	2	236	0.84	98.75
	5	1	237	0.42	99.16
	12	1	238	0.42	99.58
	14	1	239	0.42	100.00

CHOLESTEROL

DEI4339 FILE PHAB1E

74. HAVE YOU EVER HAD A BLOOD CHOLESTEROL TEST?

1. YES
2. NO
8. DON'T KNOW

DEI4340 FILE PHAB1E

75. HAS A DOCTOR EVER SAID YOU HAVE HIGH BLOOD CHOLESTEROL?

1. YES (Go to Q. 76)
2. NO (Go to Q. 82)

DEI4341 FILE PHAB1E

76. ARE YOU CURRENTLY UNDER THE CARE OR SUPERVISION OF A DOCTOR FOR YOUR HIGH CHOLESTEROL?

1. YES
2. NO

DEI4339	VALUE	FREQ	CUM FREQ	%	CUM %
	1	139	139	16.55	16.55
	2	468	607	55.71	72.26
	8	233	840	27.74	100.00

DEI4340	VALUE	FREQ	CUM FREQ	%	CUM %
	1	38	38	4.52	4.52
	2	802	840	95.48	100.00

DEI4341	VALUE	FREQ	CUM FREQ	%	CUM %
	1	802	21	55.26	55.26
	2	17	38	44.74	100.00

DE14342	FILE PHAB1E
77. HAS A DOCTOR EVER PRESCRIBED MEDICINE FOR YOUR HIGH CHOLESTEROL?	
1. YES	
2. NO	

DE14342	VALUE	FREQ	CUM FREQ	%	CUM %
1	802	16	16	42.11	42.11
2	22	38	38	57.90	100.00

DE14343	FILE PHAB1E
78. ARE YOU CURRENTLY TAKING ANY MEDICINE FOR HIGH CHOLESTEROL?	
1. YES, PRESCRIBED BY DOCTOR	
2. YES, BUT NOT PRESCRIBED BY DOCTOR	
3. NO, I DON'T TAKE ANY DRUGS FOR CHOLESTEROL	

DE14343	VALUE	FREQ	CUM FREQ	%	CUM %
1	802	12	12	31.58	31.58
2	1	13	13	2.63	34.21
3	25	38	38	65.79	100.00

DE14344	FILE PHAB1E
79. DO YOU THINK YOUR CHOLESTEROL HAS BEEN HIGH, NORMAL, OR LOW IN THE PAST 3 MONTHS?	
1. HIGH	
2. NORMAL	
3. LOW	

DE14344	VALUE	FREQ	CUM FREQ	%	CUM %
1	802	17	17	44.74	44.74
2	19	36	36	50.00	94.74
3	2	38	38	5.26	100.00

DEI4345	VALUE	FREQ	CUM FREQ	%	CUM %
	1	802	4	10.53	10.53
	2	4	10	15.79	26.32
	3	11	21	28.95	55.26
	4	17	38	44.74	100.00

DEI4346	VALUE	FREQ	CUM FREQ	%	CUM %
	1	802	1	2.63	2.63
	2	1	6	13.16	15.79
	3	1	7	2.63	18.42
	4	5	12	13.16	31.58
	5	26	38	68.42	100.00

EYESIGHT

DEI4347	FILE PHAB1E
82. HAVE YOU EVER HAD YOUR EYESIGHT CHECKED?	
1. YES (Go to Q. 83)	
2. NO (Go to Q. 84)	

DEI4348	FILE PHAB1E
83. WERE GLASSES OR CONTACT LENSES PRESCRIBED?	
1. YES	
2. NO	

DEI4349	FILE PHAB1E
84. DO YOU WEAR GLASSES OR CONTACT LENSES?	
1. YES, PRESCRIBED (Go to Q. 85)	
2. YES, BUT NOT PRESCRIBED (Go to Q. 85)	
3. NO (Go to Q. 87)	

DEI4347				
VALUE		FREQ	CUM FREQ	CUM %
1	808	808	808	96.19
2	32	32	840	3.81
				100.00

DEI4348				
VALUE		FREQ	CUM FREQ	CUM %
1	34	34	556	68.98
2	556	556	806	31.02
				100.00

DEI4349				
VALUE		FREQ	CUM FREQ	CUM %
1	508	508	508	60.48
2	13	13	521	1.55
3	319	319	840	37.98
				100.00

DEI4350	VALUE	FREQ	CUM FREQ	%	CUM %
	1	327	301	58.67	58.67
	2	212	513	41.33	100.00

DEI4351	VALUE	FREQ	CUM FREQ	%	CUM %
	1	333	427	84.22	84.22
	2	80	507	15.78	100.00

DEI4352	VALUE	FREQ	CUM FREQ	%	CUM %
	1	338	374	74.50	74.50
	2	128	502	25.50	100.00

DEI4350	FILE PHAB1E
85a. WHEN DO YOU WEAR THEM? ALL THE TIME 1. YES 2. NO	

DEI4351	FILE PHAB1E
85b. WHEN DO YOU WEAR THEM? READING OR CLOSE WORK 1. YES 2. NO	

DEI4352	FILE PHAB1E
85c. WHEN DO YOU WEAR THEM? SEEING THINGS AT A DISTANCE 1. YES 2. NO	

DEI4353	FILE PHAB1E
86. WITH GLASSES OR CONTACT LENSES, HOW WELL CAN YOU SEE COMPARED TO MOST PEOPLE YOUR AGE?	
1. BETTER THAN MOST	
2. ABOUT THE SAME AS MOST	
3. NOT AS WELL AS MOST	

DEI4353	VALUE	FREQ	CUM FREQ	%	CUM %
1	321	67	67	12.91	12.91
2	418	485	485	80.54	93.45
3	34	519	519	6.55	100.00

DEI4354	FILE PHAB1E
87. WITHOUT GLASSES, CAN YOU READ NEWSPRINT?	
1. YES	
2. NO	

DEI4354	VALUE	FREQ	CUM FREQ	%	CUM %
1	634	1	634	75.57	75.57
2	205	839	839	24.43	100.00

DEI4355	FILE PHAB1E
88. WITHOUT GLASSES, CAN YOU RECOGNIZE A FRIEND ACROSS THE STREET?	
1. YES	
2. NO	

DEI4355	VALUE	FREQ	CUM FREQ	%	CUM %
1	677	2	677	80.79	80.79
2	161	838	838	19.21	100.00

DEI4356	FILE PHAB1E
89. DURING THE PAST 3 MONTHS, HOW MUCH HAVE EYESIGHT PROBLEMS WORRIED OR CONCERNED YOU?	
1. A LOT	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DEI4356	VALUE	FREQ	CUM FREQ	%	CUM %
1	18	18	18	2.14	2.14
2	40	40	58	4.76	6.91
3	202	202	260	24.05	30.95
4	580	580	840	69.05	100.00

DEI4357	FILE PHAB1E
90. DURING THE PAST 3 MONTHS, HOW OFTEN HAVE EYESIGHT PROBLEMS KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DEI4357	VALUE	FREQ	CUM FREQ	%	CUM %
1	2	2	2	0.24	0.24
2	1	1	3	0.12	0.36
3	19	19	22	2.26	2.62
4	30	30	52	3.57	6.19
5	788	788	840	93.81	100.00

GLAUCOMA

DEI4358	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4	295	35.29	35.29
	2	541	836	64.71	100.00

DEI4359	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2	2	0.24	0.24
	2	838	840	99.76	100.00

DEI4360	VALUE	FREQ	CUM FREQ	%	CUM %
	1	838	2	100.00	100.00
	2	2			

DEI4358	FILE PHAB1E
91. IN THE LAST 5 YEARS, HAVE YOU EVER HAD YOUR EYES CHECKED FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?	
1. YES	
2. NO	

DEI4359	FILE PHAB1E
92. HAS A DOCTOR EVER SAID YOU HAVE GLAUCOMA (INCREASED PRESSURE IN THE EYE)?	
1. YES (Go to Q. 93)	
2. NO (Go to Q. 100)	

DEI4360	FILE PHAB1E
93. ARE YOU CURRENTLY UNDER THE CARE OR SUPERVISION OF A DOCTOR FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?	
1. YES	
2. NO	

DEI4361	FILE PHAB1E
94a. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY OF THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)? EYE DROPS 1. YES 2. NO	

DEI4361	VALUE	FREQ	CUM FREQ	%	CUM %
	1	838	1	50.00	50.00
	2	1	2	50.00	100.00

DEI4362	FILE PHAB1E
94b. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY OF THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)? PILLS 1. YES 2. NO	

DEI4362	VALUE	FREQ	CUM FREQ	%	CUM %
	1	838	1	100.00	100.00
	2	2	2	100.00	100.00

DEI4363	FILE PHAB1E
95a. ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)? EYE DROPS 1. YES 2. NO	

DEI4363	VALUE	FREQ	CUM FREQ	%	CUM %
	1	838	1	100.00	100.00
	2	2	2	100.00	100.00

DEI4364

FILE PHAB1E

95b. ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?

PILLS

1. YES
2. NO

DEI4365

FILE PHAB1E

96. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) CAUSED YOU?

1. A LOT
2. SOME
3. A LITTLE
4. NONE AT ALL

DEI4366

FILE PHAB1E

97. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) WORRIED OR CONCERNED YOU?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL

DEI4364	VALUE	FREQ	CUM FREQ	%	CUM %
	2	838	2	100.00	100.00
DEI4365	VALUE	FREQ	CUM FREQ	%	CUM %
	4	838	2	100.00	100.00
DEI4366	VALUE	FREQ	CUM FREQ	%	CUM %
	4	838	2	100.00	100.00

DEI4367	VALUE	FREQ	CUM FREQ	%	CUM %
	5	838	2	100.00	100.00
DEI4368	VALUE	FREQ	CUM FREQ	%	CUM %
	0	838	2	100.00	100.00

DEI4367
FILE PHAB1E

98. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?
1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME

DEI4368
FILE PHAB1E

99. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)
_____ DAYS IN BED

GOITER OR THYROID TROUBLE

DE14369	FILE PHAB1E
100. HAS A DOCTOR EVER SAID THAT YOU HAD GOITER OR THYROID TROUBLE?	
1. YES (Go to Q. 101a) 2. NO (Go to Q. 108)	

DE14370	FILE PHAB1E
101a. HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR GOITER OR THYROID TROUBLE?	
MEDICINES	
1. YES 2. NO	

DE14371	FILE PHAB1E
101b. HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR GOITER OR THYROID TROUBLE?	
SURGERY	
1. YES 2. NO	

DE14369					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	53	53	6.31	6.31	
2	787	840	93.69	100.00	
DE14370					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	788	44	84.62	84.62	1
2	44	52	15.39	100.00	83
	8				1
DE14371					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	790	8	16.00	16.00	
2	42	50	84.00	100.00	

DEI4372	FILE PHAB1E
101C. HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR GOITER OR THYROID TROUBLE?	
RADIATION	
1. YES	
2. NO	

VALUE	FREQ	CUM FREQ	%	CUM %
1	791	1		
2	1	2	2.04	2.04
	48	49	97.96	100.00

DEI4373	FILE PHAB1E
102. ARE YOU CURRENTLY UNDER A DOCTOR'S CARE OR SUPERVISION FOR GOITER OR THYROID TROUBLE?	
1. YES	
2. NO	

VALUE	FREQ	CUM FREQ	%	CUM %
1	787	1		
2	20	20	37.74	37.74
	33	53	62.26	100.00

DEI4374	FILE PHAB1E
103. ARE YOU CURRENTLY TAKING ANY MEDICINE FOR YOUR THYROID TROUBLE?	
1. YES, FOR OVERACTIVE THYROID	
2. YES, FOR UNDERACTIVE THYROID	
3. NO	

VALUE	FREQ	CUM FREQ	%	CUM %
1	789	1		
2	2	2	3.92	3.92
3	20	22	39.22	43.14
	29	51	56.86	100.00

DEI4375

FILE PHAB1E

104. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR GOITER OR THYROID TROUBLE CAUSED YOU?

1. A LOT

2. SOME

3. A LITTLE

4. NONE AT ALL

DEI4376

FILE PHAB1E

105. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR GOITER OR THYROID TROUBLE WORRIED OR CONCERNED YOU?

1. A LOT

2. SOMEWHAT

3. A LITTLE

4. NOT AT ALL

DEI4377

FILE PHAB1E

106. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR GOITER OR THYROID TROUBLE KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

DEI4375	VALUE	FREQ	CUM FREQ	%	CUM %
	1	787	1	1.89	1.89
	2	1	2	3.77	5.66
	3	2	3	94.34	100.00
	4	50	53		

DEI4376	VALUE	FREQ	CUM FREQ	%	CUM %
	1	787	1	1.89	1.89
	2	1	2	7.55	9.43
	3	4	5	90.57	100.00
	4	48	53		

DEI4377	VALUE	FREQ	CUM FREQ	%	CUM %
	1	787	1	3.77	3.77
	2	2	2	96.23	100.00
	3	51	53		
	4				
	5				

DEI4378

FILE PHAB1E

107. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR GOITER OR THYROID TROUBLE KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)

_____ DAYS IN BED

SYPHILIS, LUES, BAD BLOOD

DEI4379

FILE PHAB1E

108. HAS A DOCTOR EVER SAID THAT YOU HAVE SYPHILIS (LUES, BAD BLOOD)?

1. YES (Go to Q. 109)
2. NO (Go to Q. 110)

DEI4380

FILE PHAB1E

109. DID THE DOCTOR EVER PRESCRIBE DRUGS OR GIVE YOU AN INJECTION FOR SYPHILIS (LUES, BAD BLOOD)?

1. YES
2. NO

DEI4378				
VALUE	FREQ	CUM FREQ	%	CUM %
0	787	53	100.00	100.00
	53			

DEI4379				
VALUE	FREQ	CUM FREQ	%	CUM %
1	3	3	0.36	0.36
2	837	840	99.64	100.00

DEI4380				
VALUE	FREQ	CUM FREQ	%	CUM %
1	837	3	100.00	100.00
	3			

GONORRHEA, CLAP, VD

DEI4381	FILE PHAB1E
110. IN THE PAST 12 MONTHS, HAVE YOU HAD GONORRHEA, CLAP OR VD?	
1. NO 2. ONCE 3. TWICE 4. THREE TIMES 5. FOUR TIMES 6. FIVE OR MORE TIMES	

VARICOSE VEINS

DEI4382	FILE PHAB1E
111. HAVE YOU EVER HAD SURGERY FOR VARICOSE VEINS?	
1. YES 2. NO	

DEI4381	VALUE	FREQ	CUM FREQ	%	CUM %
	1	832	832	99.05	99.05
	2	7	839	0.83	99.88
	6	1	840	0.12	100.00

DEI4382	VALUE	FREQ	CUM FREQ	%	CUM %
	1	14	14	1.67	1.67
	2	826	840	98.33	100.00

DEI4383

FILE PHAB1E

112. HAVE YOU NOTICED VARICOSE VEINS IN YOUR LEGS
WITHIN THE LAST 12 MONTHS?
1. YES (Go to Q. 113)
2. NO (Go to Q. 123)

DEI4384

FILE PHAB1E

113. IN THE LAST 12 MONTHS, DID YOU AVOID WEARING
SHORTS BECAUSE OF VARICOSE VEINS?
1. YES
2. NO

DEI4385

FILE PHAB1E

114. IN THE LAST 12 MONTHS, HAS A DOCTOR TOLD YOU TO KEEP
YOUR FEET UP DURING THE DAY BECAUSE OF VARICOSE VEINS?
1. YES
2. NO

DEI4383					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	113	113	13.45	13.45	
2	727	840	86.55	100.00	
DEI4384					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	727	727	13.27	13.27	
2	98	113	86.73	100.00	
DEI4385					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	727	727	5.31	5.31	
2	107	113	94.69	100.00	

DEI4386	FILE PHAB1E
115. IN THE LAST 12 MONTHS, HAS A DOCTOR TOLD YOU TO WEAR SUPPORT STOCKINGS (ELASTIC HOSE) BECAUSE OF VARICOSE VEINS?	
1. YES	
2. NO	

DEI4387	FILE PHAB1E
116. DO YOU CURRENTLY KEEP YOUR FEET UP DURING THE DAY BECAUSE OF VARICOSE VEINS?	
1. MOST OF THE TIME	
2. SOMETIMES	
3. A LITTLE OF THE TIME	
4. NEVER	

DEI4388	FILE PHAB1E
117. DO YOU CURRENTLY WEAR SUPPORT STOCKINGS BECAUSE OF VARICOSE VEINS?	
1. MOST OF THE TIME	
2. SOMETIMES	
3. A LITTLE OF THE TIME	
4. NEVER	

DEI4386	VALUE	FREQ	CUM FREQ	%	CUM %
1	727	16	16	14.16	14.16
2	97	113	113	85.84	100.00

DEI4387	VALUE	FREQ	CUM FREQ	%	CUM %
1	727	1	1	0.89	0.89
2	21	22	22	18.58	19.47
3	18	40	40	15.93	35.40
4	73	113	113	64.60	100.00

DEI4388	VALUE	FREQ	CUM FREQ	%	CUM %
1	727	17	17	15.04	15.04
2	17	26	26	7.97	23.01
3	9	36	36	8.85	31.86
4	10	113	113	68.14	100.00
	77				

DE14389	VALUE	FREQ	CUM FREQ	%	CUM %
	2	727	113	100.00	100.00

DE14390	VALUE	FREQ	CUM FREQ	%	CUM %
	1	727	1	0.89	0.89
	2	1	8	6.20	7.08
	3	36	44	31.86	38.94
	4	69	113	61.06	100.00

DE14391	VALUE	FREQ	CUM FREQ	%	CUM %
	1	727	2	1.77	1.77
	2	2	6	3.54	5.31
	3	38	44	33.63	38.94
	4	69	113	61.06	100.00

PIMPLES OR ACNE

DEI4394

FILE PHAB1E

123. IN THE LAST 12 MONTHS, HAVE YOU HAD TROUBLE WITH PIMPLES ON YOUR FACE?

1. YES (Go to Q. 124)

2. NO (Go to Q. 132)

DEI4395

FILE PHAB1E

124. IN THE LAST 12 MONTHS, HAS A DOCTOR SAID THAT YOU HAD ACNE?

1. YES

2. NO

DEI4396

FILE PHAB1E

125. IN THE LAST 12 MONTHS, HAVE YOU SEEN A DOCTOR ABOUT THE PIMPLES?

1. YES (Go to Q. 126a)

2. NO (Go to Q. 127)

DEI4394	VALUE	FREQ	CUM FREQ	%	CUM %
	1	212	212	25.24	25.24
	2	628	840	74.76	100.00

DEI4395	VALUE	FREQ	CUM FREQ	%	CUM %
	1	628	19	8.96	8.96
	2	193	212	91.04	100.00

DEI4396	VALUE	FREQ	CUM FREQ	%	CUM %
	1	628	23	10.85	10.85
	2	189	212	89.15	100.00

DE14400	FILE PHAB1E
126d. IN THE LAST 12 MONTHS, DID THE DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES?	
SPECIAL DIET	
1. YES	
2. NO	

DE14400					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	817	9	39.13	39.13	
2	14	23	60.87	100.00	

DE14401	FILE PHAB1E
126e. IN THE LAST 12 MONTHS, DID THE DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES?	
HAVING PIMPLES POPPED BY DOCTOR	
1. YES	
2. NO	

DE14401					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	817	4	17.39	17.39	
2	19	23	82.61	100.00	

DE14402	FILE PHAB1E
126f. IN THE LAST 12 MONTHS, DID THE DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES?	
OTHER MEDICINES	
1. YES	
2. NO	

DE14402					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	817	22	95.65	95.65	
2	1	23	4.35	100.00	

<div>DEI4403</div> <div>FILE PHAB1E</div> <div>127. ARE YOU CURRENTLY UNDER A DOCTOR'S CARE OR SUPERVISION FOR YOUR ACNE OR PIMPLES?</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4403</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 628 18 212 8.49 91.51 8.49 100.00</div>
<div>DEI4404</div> <div>FILE PHAB1E</div> <div>128a. WHETHER OR NOT THE DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?</div> <div>X-RAY TREATMENTS</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4404</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 629 1 211 0.47 99.53 0.47 100.00</div>
<div>DEI4405</div> <div>FILE PHAB1E</div> <div>128b. WHETHER OR NOT THE DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?</div> <div>ULTRA-VIOLET LIGHT TREATMENT</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4405</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 629 11 211 5.21 94.79 5.21 100.00</div>

DEI4406

FILE PHAB1E

128c. WHETHER OR NOT THE DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?

SPECIAL SOAPS

1. YES

2. NO

DEI4407

FILE PHAB1E

128d. WHETHER OR NOT THE DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?

HAVING PIMPLES POPPED

1. YES

2. NO

DEI4408

FILE PHAB1E

128e. WHETHER OR NOT THE DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?

OTHER MEDICINES

1. YES

2. NO

DEI4406	VALUE	FREQ	CUM FREQ	%	CUM %
	1	630	74	35.24	35.24
	2	136	210	64.76	100.00

DEI4407	VALUE	FREQ	CUM FREQ	%	CUM %
	1	628	64	30.19	30.19
	2	148	212	69.81	100.00

DEI4408	VALUE	FREQ	CUM FREQ	%	CUM %
	1	628	64	30.19	30.19
	2	148	212	69.81	100.00

DEI4409	VALUE	FREQ	CUM FREQ	%	CUM %
	1	629	1	0.95	0.95
	2	2	2	7.58	8.53
	3	16	18	24.17	32.70
	4	51	69	67.30	100.00
		142	211		

DEI4410	VALUE	FREQ	CUM FREQ	%	CUM %
	1	629	1	9.48	9.48
	2	20	20	12.32	21.80
	3	26	46	36.02	57.82
	4	76	122	42.18	100.00
		89	211		

DEI4411	VALUE	FREQ	CUM FREQ	%	CUM %
	1	629	1	0.47	0.47
	2	1	2	2.84	3.32
	3	6	7	12.80	16.11
	4	27	34	83.89	100.00
		177	211		

DEI4409

FILE PHAB1E

129. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR ACNE OR HAVE YOUR PIMPLES CAUSED YOU?

1. A LOT

2. SOME

3. A LITTLE

4. NONE AT ALL

DEI4410

FILE PHAB1E

130. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR ACNE OR HAVE YOUR PIMPLES WORRIED OR CONCERNED YOU?

1. A LOT

2. SOMEWHAT

3. A LITTLE

4. NOT AT ALL

DEI4411

FILE PHAB1E

131. DURING THE PAST 3 MONTHS, DID PROBLEMS WITH THE WAY YOUR ACNE OR PIMPLES LOOK CAUSE YOU TO MISS OR AVOID CONVERSATION WITH PEOPLE?

1. MOST OF THE TIME

2. SOME OF THE TIME

3. A LITTLE OF THE TIME

4. NONE OF THE TIME

+-----+
| SURGERY |
+-----+

DEI4412	FILE PHAB1E
132. HAVE YOU EVER HAD GALL BLADDER SURGERY?	
1. YES	
2. NO	

DEI4413	FILE PHAB1E
133. HAVE YOU EVER HAD A HYSTERECTOMY? (UTERUS OR WOMB REMOVED)	
1. YES	
2. NO	
9. I AM A MALE (DOES NOT APPLY)	

DEI4414	FILE PHAB1E
134. HAVE YOU EVER HAD YOUR TONSILS AND/OR ADENOIDS REMOVED?	
1. YES	
2. NO	

DEI4412	VALUE	FREQ	CUM FREQ	%	CUM %
1	5	31	31	3.71	3.71
2	804	835	835	96.29	100.00

DEI4413	VALUE	FREQ	CUM FREQ	%	CUM %
1	3	66	66	7.89	7.89
2	381	447	447	45.52	53.41
9	390	837	837	46.60	100.00

DEI4414	VALUE	FREQ	CUM FREQ	%	CUM %
1	6	320	320	38.37	38.37
2	514	834	834	61.63	100.00

HEMORRHOIDS (PILES)

DEI4415

FILE PHAB1E

135. HAVE YOU HAD HEMORRHOIDS (PILES) WITHIN THE PAST 12 MONTHS?

1. YES (GO TO Q. 143)

2. NO (GO TO Q. 136)

DEI4416

FILE PHAB1E

136. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED RECTAL SUPPOSITORIES FOR YOUR HEMORRHOIDS (PILES)?

1. YES

2. NO

DEI4418

FILE PHAB1E

137. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED SITZBATHS (HOT BATHS) BECAUSE OF HEMORRHOIDS (PILES)?

1. YES

2. NO

DEI4415					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	129	129	15.36	15.36	
2	711	840	84.64	100.00	
DEI4416					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	711	711	15.50	15.50	
2	20	20	15.50	15.50	
	109	129	84.50	100.00	
DEI4418					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	711	711	14.73	14.73	
2	19	19	14.73	14.73	
	110	129	85.27	100.00	

DE14417	FILE PHAB1E
138. IN THE LAST 3 MONTHS, HAVE YOU TAKEN RECTAL SUPPOSITORIES FOR HEMORRHOIDS (PILES)?	
1. YES	
2. NO	

DE14417	VALUE	FREQ	CUM FREQ	%	CUM %
	1	711	32	24.81	24.81
	2	97	129	75.19	100.00

DE14419	FILE PHAB1E
139. IN THE LAST 3 MONTHS, HAVE YOU USED SITZBATHS (HOT BATHS) BECAUSE OF HEMORRHOIDS (PILES)?	
1. YES	
2. NO	

DE14419	VALUE	FREQ	CUM FREQ	%	CUM %
	1	711	23	17.83	17.83
	2	106	129	82.17	100.00

DE14420	FILE PHAB1E
140. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAVE YOUR HEMORRHOIDS (PILES) CAUSED YOU?	
1. A LOT	
2. SOME	
3. A LITTLE	
4. NONE AT ALL	

DE14420	VALUE	FREQ	CUM FREQ	%	CUM %
	1	711	5	3.88	3.88
	2	20	25	15.50	19.38
	3	65	90	50.39	69.77
	4	39	129	30.23	100.00

DE14421	VALUE	FREQ	CUM FREQ	%	CUM %
	3	711	8	6.20	6.20
	4	8	15	5.43	11.63
	5	114	129	88.37	100.00

DE14422	VALUE	FREQ	CUM FREQ	%	CUM %
	0	711	124	96.12	96.12
	1	124	126	1.55	97.67
	2	2	128	1.55	99.23
	3	1	129	0.78	100.00

DE14421

FILE PHAB1E

141. DURING THE PAST 3 MONTHS, HOW OFTEN HAVE YOUR HEMORRHOIDS (PILES) KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME
 2. MOST OF THE TIME
 3. SOME OF THE TIME
 4. A LITTLE OF THE TIME
 5. NONE OF THE TIME

DE14422

FILE PHAB1E

142. DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE YOUR HEMORRHOIDS (PILES) KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)

_____ DAYS IN BED

DIABETES, PRE-DIABETES

DE14423 FILE PHAB1E

143. DO YOU HAVE ANY REASON TO THINK THAT YOU MAY HAVE DIABETES OR PRE-DIABETES, SOMETIMES CALLED SUGAR DIABETES OR SUGAR DISEASE?

1. YES (Go to Q. 144)
2. NO (Go to Q. 157)

DE14424 FILE PHAB1E

144. DID A DOCTOR OR NURSE TELL YOU THAT YOU HAD DIABETES OR PRE-DIABETES?

1. YES (Go to Q. 145)
2. NO (Go to Q. 157)

DE14425 FILE PHAB1E

145. ARE YOU CURRENTLY UNDER A DOCTOR'S OR NURSE'S CARE OR SUPERVISION FOR YOUR DIABETES OR PRE-DIABETES?

1. YES
2. NO

DE14423	VALUE	FREQ	CUM FREQ	%	CUM %
	1	36	36	4.29	4.29
	2	804	840	95.71	100.00

DE14424	VALUE	FREQ	CUM FREQ	%	CUM %
	1	804	24	66.67	66.67
	2	12	36	33.33	100.00

DE14425	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	15	62.50	62.50
	2	15	24	37.50	100.00

DE14426	FILE PHAB1E
146. DO YOU TAKE INSULIN?	
1. YES	
2. NO	

DE14426	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	9	37.50	37.50
	2	15	24	62.50	100.00

DE14427	FILE PHAB1E
147. DO YOU TAKE ANY MEDICINE BY MOUTH FOR DIABETES OR PRE-DIABETES?	
1. YES	
2. NO	

DE14427	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	7	29.17	29.17
	2	17	24	70.83	100.00

DE14428	FILE PHAB1E
148. HAS A DOCTOR OR NURSE TOLD YOU TO CHECK YOUR URINE FOR SUGAR?	
1. YES (Go to Q. 149)	
2. NO (Go to Q. 151)	

DE14428	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	18	75.00	75.00
	2	6	24	25.00	100.00

DEI4429

FILE PHAB1E

149. HOW OFTEN DID THE DOCTOR OR NURSE TELL YOU TO CHECK YOUR URINE?

1. NEVER
2. LESS THAN ONCE A WEEK
3. ONCE A WEEK
4. EVERY OTHER DAY
5. EVERY DAY
6. 2 OR MORE TIMES A DAY

DEI4430

FILE PHAB1E

150. IN THE LAST 30 DAYS, HOW MANY TIMES HAVE YOU ACTUALLY CHECKED IT? (IF NONE, WRITE IN "0".)

TIMES

DEI4431

FILE PHAB1E

151a. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?

KEEP YOUR FEET CLEAN

1. YES
2. NO

DEI4429	VALUE	FREQ	CUM FREQ	%	CUM %
1	822	2	2	11.11	11.11
2	2	1	3	5.56	16.67
3	4	2	5	22.22	38.89
4	2	2	7	11.11	50.00
5	5	5	12	27.78	77.78
6	4	4	16	22.22	100.00

DEI4430	VALUE	FREQ	CUM FREQ	%	CUM %
0	822	6	6	33.33	33.33
3	6	1	7	5.56	38.89
5	2	2	9	11.11	50.00
8	1	1	10	5.56	55.56
15	3	3	13	16.67	72.22
30	2	2	15	11.11	83.33
70	1	1	16	5.56	88.89
90	2	2	18	11.11	100.00

DEI4431	VALUE	FREQ	CUM FREQ	%	CUM %
1	816	14	14	58.33	58.33
2	10	10	24	41.67	100.00

DEI4432	FILE PHAB1E	DEI4432	VALUE	FREQ	CUM FREQ	%	CUM %
151b. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?			1	816	14	58.33	58.33
CUT YOUR TOENAILS STRAIGHT ACROSS AND NOT TOO SHORT			2	14	24	41.67	100.00
1. YES							
2. NO							

DEI4433	FILE PHAB1E	DEI4433	VALUE	FREQ	CUM FREQ	%	CUM %
151c. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?			1	816	14	58.33	58.33
DO NOT WALK BAREFOOT			2	14	24	41.67	100.00
1. YES							
2. NO							

DEI4434	FILE PHAB1E	DEI4434	VALUE	FREQ	CUM FREQ	%	CUM %
151d. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?			1	816	12	50.00	50.00
DO NOT WEAR TIGHT HOSE SUPPORTERS			2	12	24	50.00	100.00
1. YES							
2. NO							

DEI4435	FILE PHAB1E
151e. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?	
WATCH YOUR WEIGHT	
1. YES	
2. NO	

DEI4435	VALUE	FREQ	CUM FREQ	%	CUM %
1	816	18	18	75.00	75.00
2	6	24	24	25.00	100.00

DEI4436	FILE PHAB1E
152a. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?	
KEEP YOUR FEET CLEAN	
1. YES	
2. NO	

DEI4436	VALUE	FREQ	CUM FREQ	%	CUM %
1	816	20	20	83.33	83.33
2	4	24	24	16.67	100.00

DEI4437	FILE PHAB1E
152b. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?	
CUT YOUR TOENAILS STRAIGHT ACROSS AND NOT TOO SHORT	
1. YES	
2. NO	

DEI4437	VALUE	FREQ	CUM FREQ	%	CUM %
1	816	19	19	79.17	79.17
2	5	24	24	20.83	100.00

DEI4438	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	11	45.83	45.83
	2	11	24	54.17	100.00
		13			
DEI4439	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	15	62.50	62.50
	2	15	24	37.50	100.00
		9			
DEI4440	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	14	58.33	58.33
	2	14	24	41.67	100.00
		10			

DEI4438

FILE PHAB1E

152c. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES
OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?

DO NOT WALK BAREFOOT

1. YES
2. NO

DEI4439

FILE PHAB1E

152d. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES
OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?

DO NOT WEAR TIGHT HOSE SUPPORTERS

1. YES
2. NO

DEI4440

FILE PHAB1E

152e. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES
OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?

WATCH YOUR WEIGHT

1. YES
2. NO

DEI441

FILE PHAB1E

153. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR DIABETES OR PRE-DIABETES CAUSED YOU?

1. A LOT

2. SOME

3. A LITTLE

4. NONE AT ALL

DEI442

FILE PHAB1E

154. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR DIABETES OR PRE-DIABETES WORRIED OR CONCERNED YOU?

1. A LOT

2. SOMEWHAT

3. A LITTLE

4. NOT AT ALL

DEI441	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	1	4.17	4.17
	2	1	3	8.33	12.50
	3	2	6	12.50	25.00
	4	18	24	75.00	100.00

DEI442	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	1	4.17	4.17
	2	1	4	12.50	16.67
	3	3	11	29.17	45.83
	4	7	24	54.17	100.00

DEI4443	FILE PHAB1E
155. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR DIABETES OR PRE-DIABETES KEPT YOU FROM DOING THE KINDS OF ACTIVITIES OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DEI4443	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	1	4.17	4.17
	2	1	2	4.17	8.33
	3	1	3	4.17	12.50
	4	2	5	8.33	20.83
	5	19	24	79.17	100.00

DEI4444	FILE PHAB1E
156. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR DIABETES OR PRE-DIABETES KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)	
_____ DAYS IN BED	

DEI4444	VALUE	FREQ	CUM FREQ	%	CUM %
	0	816	1	91.67	91.67
	1	22	23	4.17	95.83
	29	1	24	4.17	100.00

PHYSICAL LIMITATIONS

DE14445

157a. CAN YOU DRESS YOURSELF?

1. YES (Go to Q. 158a)
 2. YES, BUT ONLY SLOWLY (Go to Q. 157b)
 3. NO, I CAN'T DO THIS (Go to Q. 157b)

DE14445	VALUE	FREQ	CUM FREQ	%	CUM %
	1	829	829	98.69	98.69
	2	9	838	1.07	99.76
	3	2	840	0.24	100.00

DE14446

157b. WHY CAN'T YOU DRESS YOURSELF?

1. ANEMIA (LOW BLOOD)
 2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK
 3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
 4. GOITER OR THYROID TROUBLE
 5. HAY FEVER
 6. HERNIA
 7. HIGH BLOOD PRESSURE (HYPERTENSION)
 8. KIDNEY, BLADDER, OR URINE INFECTION
 9. OVERWEIGHT
 10. PHLEGM, BRONCHITIS, OR EMPHYSEMA
 11. SHORTNESS OF BREATH OR HEART FAILURE
 12. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)
 13. TROUBLE WITH DRINKING
 14. TROUBLE WITH JOINTS (ARTHRITIS)
 15. TROUBLE SEEING
 16. TUBERCULOSIS (T.B.)
 17. VARICOSE VEINS
 18. OTHER PROBLEM

DE14446	VALUE	FREQ	CUM FREQ	%	CUM %
	1	829	829	27.27	27.27
	14	3	832	72.73	100.00
	18	8	840		

DE14449	VALUE	FREQ	CUM FREQ	%	CUM %
159a. CAN YOU WALK AROUND INSIDE THE HOUSE?					
1. YES (Go to Q. 160a)	1	834	834	99.29	99.29
2. YES, BUT ONLY SLOWLY (Go to Q. 159b)	2	4	838	0.48	99.76
3. NO, I CAN'T DO THIS (Go to Q. 159b)	3	2	840	0.24	100.00
DE14450	VALUE	FREQ	CUM FREQ	%	CUM %
159b. WHY CAN'T YOU WALK AROUND INSIDE THE HOUSE?					
1. ANEMIA (LOW BLOOD)	1	834	834	100.00	100.00
2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK					
3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)					
4. GOTTLER OR THYROID TROUBLE					
5. HAY FEVER					
6. HERNIA					
7. HIGH BLOOD PRESSURE (HYPERTENSION)					
8. KIDNEY, BLADDER, OR URINE INFECTION					
9. OVERWEIGHT					
10. PHEGOM, BRONCHITIS, OR EMPHYSEMA					
11. SHORTNESS OF BREATH OR HEART FAILURE					
12. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)					
13. TROUBLE WITH DRINKING					
14. TROUBLE WITH JOINTS (ARTHRITIS)					
15. TROUBLE SEEING					
16. TUBERCULOSIS (T.B.)					
17. VARICOSE VEINS					
18. OTHER PROBLEM					

DE14451	FILE PHAB1E	DE14451	VALUE	FREQ	CUM FREQ	%	CUM %
160a. CAN YOU WALK A BLOCK OR MORE?							
1. YES	(Go to Q. 161a)	1	822	1	822	97.97	97.97
2. YES, BUT ONLY SLOWLY	(Go to Q. 160b)	2	10	10	832	1.19	99.17
3. NO, I CAN'T DO THIS	(Go to Q. 160b)	3	7	7	839	0.83	100.00
DE14452	FILE PHAB1E	DE14452	VALUE	FREQ	CUM FREQ	%	CUM %
160b. WHY CAN'T YOU WALK A BLOCK OR MORE?							
1. ANEMIA (LOW BLOOD)		1	823	1	1	5.88	5.88
2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK		2	1	2	3	11.77	17.65
3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)		7	1	1	4	5.88	23.53
4. GOITER OR THYROID TROUBLE		10	4	4	8	23.53	47.06
5. HAY FEVER		14	1	1	9	5.88	52.94
6. HERNIA		16	8	8	17	47.06	100.00
7. HIGH BLOOD PRESSURE (HYPERTENSION)		18					
8. KIDNEY, BLADDER, OR URINE INFECTION							
9. OVERWEIGHT							
10. PHLEGM, BRONCHITIS, OR EMPHYSEMA							
11. SHORTNESS OF BREATH OR HEART FAILURE							
12. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)							
13. TROUBLE WITH DRINKING							
14. TROUBLE WITH JOINTS (ARTHRITIS)							
15. TROUBLE SEEING							
16. TUBERCULOSIS (T.B.)							
17. VARICOSE VEINS							
18. OTHER PROBLEM							

DEI4453	FILE PHAB1E
161a. CAN YOU DO LIGHT WORK AROUND THE HOUSE?	
1. YES	(Go to Q. 162a)
2. YES, BUT ONLY SLOWLY	(Go to Q. 161b)
3. NO, I CAN'T DO THIS	(Go to Q. 161b)

DEI4453	VALUE	FREQ	CUM FREQ	%	CUM %
1	820	1	820	97.74	97.74
2	15	15	835	1.79	99.52
3	4	4	839	0.48	100.00

DEI4454	FILE PHAB1E
161b. WHY CAN'T YOU DO LIGHT WORK AROUND THE HOUSE?	
1. ANEMIA (LOW BLOOD)	
2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK	
3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
4. GOITER OR THYROID TROUBLE	
5. HAY FEVER	
6. HERNIA	
7. HIGH BLOOD PRESSURE (HYPERTENSION)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. OVERWEIGHT	
10. PHEUM, BRONCHITIS, OR EMPHYSEMA	
11. SHORTNESS OF BREATH OR HEART FAILURE	
12. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
13. TROUBLE WITH DRINKING	
14. TROUBLE WITH JOINTS (ARTHRITIS)	
15. TROUBLE SEEING	
16. TUBERCULOSIS (T.B.)	
17. VARICOSE VEINS	
18. OTHER PROBLEM	

DEI4454	VALUE	FREQ	CUM FREQ	%	CUM %
1	821	2	2	10.53	10.53
2	2	2	4	21.05	31.58
7	10	1	5	5.26	36.84
10	11	1	6	5.26	42.11
11	14	2	8	10.53	52.63
14	18	9	17	47.37	100.00

DEI4455	VALUE	FREQ	CUM FREQ	%	CUM %
162a. CAN YOU WALK UPHILL OR UPSTAIRS?					
1. YES (Go to Q. 163a)	1	805	805	95.83	95.83
2. YES, BUT ONLY SLOWLY (Go to Q. 162b)	2	29	834	3.45	99.29
3. NO, I CAN'T DO THIS (Go to Q. 162b)	3	6	840	0.71	100.00
DEI4456	VALUE	FREQ	CUM FREQ		
162b. WHY CAN'T YOU WALK UPHILL OR UPSTAIRS?					
1. ANEMIA (LOW BLOOD)	1	805	805	8.57	8.57
2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK	2	3	3	8.57	17.14
3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	7	3	6	5.71	22.86
4. GOITER OR THYROID TROUBLE	9	2	8	5.71	28.57
5. HAY FEVER	10	2	10	25.71	54.29
6. HERNIA	11	9	19	17.14	71.43
7. HIGH BLOOD PRESSURE (HYPERTENSION)	14	6	25	2.86	74.29
8. KIDNEY, BLADDER, OR URINE INFECTION	16	1	26	25.71	100.00
9. OVERWEIGHT	18	9	35		
10. PHEUM, BRONCHITIS, OR EMPHYSEMA					
11. SHORTNESS OF BREATH OR HEART FAILURE					
12. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)					
13. TROUBLE WITH DRINKING					
14. TROUBLE WITH JOINTS (ARTHRITIS)					
15. TROUBLE SEEING					
16. TUBERCULOSIS (T.B.)					
17. VARICOSE VEINS					
18. OTHER PROBLEM					

DEI4457	VALUE	FREQ	CUM FREQ	%	CUM %
	1	781	781	92.98	92.98
	2	29	810	3.45	96.43
	3	30	840	3.57	100.00

DEI4458	VALUE	FREQ	CUM FREQ	%	CUM %
	2	784	7	12.50	12.50
	7	7	11	7.14	19.64
	9	5	16	8.93	28.57
	10	2	18	3.57	32.14
	11	14	32	25.00	57.14
	14	9	41	16.07	73.21
	16	1	42	1.79	75.00
	18	14	56	25.00	100.00

DEI4457	FILE PHAB1E
163a. CAN YOU RUN A SHORT DISTANCE?	
1. YES	(Go to Q. 164a)
2. YES, BUT ONLY SLOWLY	(Go to Q. 163b)
3. NO, I CAN'T DO THIS	(Go to Q. 163b)

DEI4458	FILE PHAB1E
163b. WHY CAN'T YOU RUN A SHORT DISTANCE?	
1. ANEMIA (LOW BLOOD)	
2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK	
3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
4. GOITER OR THYROID TROUBLE	
5. HAY FEVER	
6. HERNIA	
7. HIGH BLOOD PRESSURE (HYPERTENSION)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. OVERWEIGHT	
10. PHEGM, BRONCHITIS, OR EMPHYSEMA	
11. SHORTNESS OF BREATH OR HEART FAILURE	
12. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)	
13. TROUBLE WITH DRINKING	
14. TROUBLE WITH JOINTS (ARTHRITIS)	
15. TROUBLE SEEING	
16. TUBERCULOSIS (T.B.)	
17. VARICOSE VEINS	
18. OTHER PROBLEM	

DE14459	VALUE	FREQ	CUM FREQ	%	CUM %
164a. CAN YOU MOVE LIGHT FURNITURE, VACUUM, AND LIFT OR PUSH UP TO 25 POUNDS?	1	811	811	96.55	96.55
	2	12	823	1.43	97.98
	3	17	840	2.02	100.00
DE14460	VALUE	FREQ	CUM FREQ	%	CUM %
164b. WHY CAN'T YOU MOVE LIGHT FURNITURE, VACUUM, AND LIFT OR PUSH UP TO 25 POUNDS?	1	811	811	20.69	20.69
	2	6	817	6.90	27.59
	7	2	819	13.79	41.38
	11	4	823	17.24	58.62
	14	5	828	3.45	62.07
	16	1	829	37.93	100.00
	18	11			

DE14459

164a. CAN YOU MOVE LIGHT FURNITURE, VACUUM, AND LIFT OR
PUSH UP TO 25 POUNDS?

1. YES (Go to Q. 165a)
2. YES, BUT ONLY SLOWLY (Go to Q. 164b)
3. NO, I CAN'T DO THIS (Go to Q. 164b)

DE14460

164b. WHY CAN'T YOU MOVE LIGHT FURNITURE, VACUUM, AND
LIFT OR PUSH UP TO 25 POUNDS?

1. ANEMIA (LOW BLOOD)
2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK
3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR
SUGAR DISEASE)
4. GOITER OR THYROID TROUBLE
5. HAY FEVER
6. HERNIA
7. HIGH BLOOD PRESSURE (HYPERTENSION)
8. KIDNEY, BLADDER, OR URINE INFECTION
9. OVERWEIGHT
10. PHEGM, BRONCHITIS, OR EMPHYSEMA
11. SHORTNESS OF BREATH OR HEART FAILURE
12. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)
13. TROUBLE WITH DRINKING
14. TROUBLE WITH JOINTS (ARTHRITIS)
15. TROUBLE SEEING
16. TUBERCULOSIS (T.B.)
17. VARICOSE VEINS
18. OTHER PROBLEM

DEI4463	FILE PHAB1E
166a. CAN YOU DO HARDER ACTIVITIES AT HOME, SUCH AS MOW LAWS, MOP FLOORS?	
1. YES	(Go to Q. 167a)
2. YES, BUT ONLY SLOWLY	(Go to Q. 166b)
3. NO, I CAN'T DO THIS	(Go to Q. 166b)

DEI4463	VALUE	FREQ	CUM FREQ	%	CUM %
	1	787	787	93.69	93.69
	2	20	807	2.38	96.07
	3	33	840	3.93	100.00

DEI4464	FILE PHAB1E
166b. WHY CAN'T YOU DO HARDER ACTIVITIES AT HOME, SUCH AS MOW LAWS, MOP FLOORS?	
1. ANEMIA (LOW BLOOD)	
2. CHEST PAIN, HEART TROUBLE, OR HEART ATTACK	
3. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
4. GOITER OR THYROID TROUBLE	
5. HAY FEVER	
6. HERNIA	
7. HIGH BLOOD PRESSURE (HYPERTENSION)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. OVERWEIGHT	
10. PHLEGM, BRONCHITIS, OR EMPHYSEMA	
11. SHORTNESS OF BREATH OR HEART FAILURE	
12. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
13. TROUBLE WITH DRINKING	
14. TROUBLE WITH JOINTS (ARTHRITIS)	
15. TROUBLE SEEING	
16. TUBERCULOSIS (T. B.)	
17. VARICOSE VEINS	
18. OTHER PROBLEM	

DEI4464	VALUE	FREQ	CUM FREQ	%	CUM %
	1	789	1	1.96	1.96
	2	10	11	19.61	21.57
	7	3	14	5.88	27.45
	9	1	15	1.96	29.41
	10	1	16	1.96	31.37
	11	7	23	13.73	45.10
	14	9	32	17.65	62.75
	16	1	33	1.96	64.71
	17	1	34	1.96	66.67
	18	17	51	33.33	100.00

-----+
 | GENERAL WELL-BEING |
 +-----+

DE14465	VALUE	FREQ	CUM FREQ	%	CUM %
	1	273	273	32.50	32.50
	2	485	758	57.74	90.24
	3	44	802	5.24	95.48
	4	18	820	2.14	97.62
	5	13	833	1.55	99.17
	6	7	840	0.83	100.00

DE14465: FILE PHAB1E

167. DURING THE PAST MONTH, HOW WELL WERE YOU ABLE
 TO SATISFY OR MEET MOST OF YOUR NEEDS?

1. ALL MY NEEDS WERE COMPLETELY SATISFIED
 2. MOST OF MY NEEDS WERE GENERALLY SATISFIED
 3. ABOUT HALF OF MY NEEDS WERE REASONABLY SATISFIED
 4. ONLY A FEW OF MY NEEDS WERE REASONABLY SATISFIED
 5. I WAS ONLY ABLE TO BARELY SATISFY MY MAJOR NEEDS
 6. I COULD NOT SATISFY MY MOST IMPORTANT NEEDS

DE14466	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1	1	1.31	1.31
	2	11	11	2.74	4.05
	3	23	34	3.10	7.15
	4	26	60	1.31	8.46
	5	11	71	7.03	15.50
	6	59	130	84.51	100.00
		709	839		

DE14466: FILE PHAB1E

168. DURING THE PAST MONTH, DID YOU TAKE CARE OF OR
 DO MOST THINGS AS WELL AS YOU SHOULD HAVE?

1. NO, BECAUSE I WAS TOO EMOTIONALLY DISTURBED
 2. NO, BECAUSE I WAS PHYSICALLY SICK, ILL OR IMPAIRED
 3. NO, BECAUSE I DID NOT WANT TO OR FELT TOO BORED
 4. NO, BECAUSE TOO MANY DEMANDS WERE MADE ON ME
 5. NO, BECAUSE I WAS TRYING TO DO TOO MANY THINGS
 6. YES, I TOOK CARE OF MOST OF THE THINGS I
 SHOULD HAVE

DE14467	FILE PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
169. DURING THE PAST MONTH, HOW WELL WERE YOU ABLE TO MEET THE PHYSICAL, MENTAL, OR SOCIAL DEMANDS EXPECTED OF YOU?						
1. I MET ALL OF THEM TO MY COMPLETE SATISFACTION	1	321	321	321	38.26	38.26
2. I MET MOST OF THEM SATISFACTORILY	2	404	404	725	48.15	86.41
3. I MET SOME, BUT NOT OTHERS TO MY SATISFACTION	3	67	67	792	7.99	94.40
4. I WAS ONLY ABLE TO BARELY MEET A FEW DEMANDS	4	12	12	804	1.43	95.83
5. I WAS NOT ABLE TO MEET ANY SUCH DEMANDS	5	9	9	813	1.07	96.90
6. NO SUCH DEMANDS WERE EXPECTED OF ME	6	26	26	839	3.10	100.00

DE14468	FILE PHAB1E	VALUE	FREQ	CUM FREQ	%	CUM %
170. DURING THE PAST MONTH, DID YOU HAVE ANY TROUBLE GETTING TO SLEEP OR STAYING ASLEEP?						
1. COULD NOT SLEEP AT ALL WITHOUT SOME KIND OF PILLS OR MEDICINE	1	11	11	11	1.31	1.31
2. WAS NOT ABLE TO SLEEP AT ALL WELL	2	11	11	22	1.31	2.62
3. HAD A GOOD BIT OF TROUBLE	3	19	19	41	2.26	4.88
4. SOME TROUBLE WITH SLEEP - ENOUGH TO BOTHER ME	4	50	50	91	5.95	10.83
5. A LITTLE BIT	5	245	245	336	29.17	40.00
6. NO TROUBLE AT ALL	6	504	504	840	60.00	100.00

DE14469	FILE PHAB1E				
171. DURING THE PAST MONTH, HOW SELF CONFIDENT DID YOU FEEL?					
1. COMPLETELY SELF CONFIDENT					
2. VERY HIGH IN SELF CONFIDENCE					
3. FAIRLY HIGH IN SELF CONFIDENCE					
4. A LITTLE LOW IN SELF CONFIDENCE					
5. VERY LOW IN SELF CONFIDENCE					
6. NOT AT ALL SELF CONFIDENT					
	VALUE	FREQ	CUM FREQ	%	CUM %
1		203	203	24.17	24.17
2		253	456	30.12	54.29
3		264	720	31.43	85.71
4		81	801	9.64	95.36
5		20	821	2.38	97.74
6		19	840	2.26	100.00
DE14470	FILE PHAB1E				
172. DURING THE PAST MONTH, HOW DID YOU FEEL WHEN YOU WERE AROUND PEOPLE?					
1. FULL OF LIFE - VERY INTERESTED IN THEM					
2. ENJOYED BEING WITH THEM					
3. GENERALLY INTERESTED WITH A FAIR AMOUNT OF ENJOYMENT					
4. I DID NOT ENJOY BEING AROUND PEOPLE					
5. I FELT APART, ISOLATED, ALONE					
6. I AVOIDED PEOPLE AS MUCH AS POSSIBLE					
	VALUE	FREQ	CUM FREQ	%	CUM %
1		134	134	15.95	15.95
2		516	650	61.43	77.38
3		169	819	20.12	97.50
4		9	828	1.07	98.57
5		6	834	0.71	99.29
6		6	840	0.71	100.00

DEI4471	FILE PHAB1E
173. DURING THE PAST MONTH, DID YOU SAY OR DO ANYTHING THAT MAY HAVE CAUSED SOMEONE TO DOUBT YOUR SANITY, OR WONDER IF YOU WERE EMOTIONALLY OR MENTALLY DISTURBED?	
1. YES - DEFINITELY SO	
2. YES - I PROBABLY DID	
3. I THINK I DID, BUT I AM NOT TOO SURE	
4. I DO NOT THINK SO, BUT I MAY HAVE	
5. NO - BUT I CAME CLOSE TO DOING SO	
6. NO - DEFINITELY NOT	

DEI4471	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	12	12	1.43	1.43
2	2	25	37	2.98	4.41
3	3	14	51	1.67	6.07
4	4	101	152	12.02	18.10
5	5	22	174	2.62	20.71
6	6	666	840	79.29	100.00

DEI4472	FILE PHAB1E
174. DURING THE PAST MONTH, DID YOU MAKE ANY CHANGES IN YOURSELF AND/OR YOUR LIFE SITUATION?	
1. I FELT NO NEED TO MAKE CHANGES IN MYSELF OR MY LIFE SITUATION	
2. I TRIED TO MAKE SOME CHANGES, BUT THEY DID NOT WORK	
3. I ONLY MADE A FEW MINOR CHANGES	
4. I MADE SEVERAL MINOR CHANGES ONLY	
5. I MADE A FEW MAJOR CHANGES	
6. I MADE SEVERAL MAJOR CHANGES	

DEI4472	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	1	1	61.86	61.86
2	2	519	519	6.32	68.18
3	3	53	572	22.53	90.70
4	4	189	761	3.93	94.64
5	5	33	794	4.17	98.81
6	6	35	829	1.19	100.00
		10	839		

DE14473	FILE PHAB1E
175.	DURING THE PAST MONTH, HOW WOULD YOU DESCRIBE YOUR PHYSICAL SHAPE OR CONDITION?
	1. EXCELLENT PHYSICAL SHAPE OR CONDITION - GOOD FIRM MUSCLE TONE
	2. GOOD PHYSICAL SHAPE OR CONDITION
	3. FAIR PHYSICAL SHAPE OR CONDITION
	4. POOR PHYSICAL SHAPE - BUT NOT WEAK OR SHAKY
	5. POOR SHAPE AND SOMEWHAT WEAK OR SHAKY
	6. POOR SHAPE AND VERY WEAK OR SHAKY

DE14473	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	127	127	15.14	15.14
2	2	445	572	53.04	68.18
3	3	220	792	26.22	94.40
4	4	31	823	3.70	98.09
5	5	10	833	1.19	99.29
6	6	6	839	0.72	100.00

DE14474	FILE PHAB1E
176.	COMPARED TO THE PAST 12 MONTHS, WHAT HAS YOUR GENERAL STATE OF WELL-BEING OR DISTRESS BEEN LIKE DURING THE PAST MONTH?
	1. A MUCH HIGHER STATE OF WELL-BEING THAN USUAL
	2. A SOMEWHAT HIGHER STATE OF WELL-BEING THAN USUAL
	3. ABOUT THE SAME STATE OF WELL-BEING AS USUAL
	4. ABOUT THE SAME STATE OF DISTRESS AS USUAL
	5. A SOMEWHAT GREATER STATE OF DISTRESS THAN USUAL
	6. A MUCH GREATER STATE OF DISTRESS THAN USUAL

DE14474	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	2	2	4.42	4.42
2	2	37	37	12.77	17.18
3	3	107	144	35.74	52.92
4	4	576	720	68.74	91.66
5	5	41	761	4.89	96.55
6	6	60	821	7.16	103.71
		17	838	2.03	105.74

DE14475	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1	1	1.91	1.91
	2	16	17	8.70	8.70
	3	57	73	6.79	15.49
	4	87	160	10.37	25.86
	5	214	374	25.51	51.37
	6	220	594	26.22	77.59
		245	839	29.20	100.00

DE14476	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2	2	9.31	9.31
	2	78	80	44.75	54.06
	3	375	453	17.06	71.12
	4	143	596	16.23	87.35
	5	136	732	8.12	95.47
	6	68	800	4.54	100.00
		38	838		

DE14477	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1	1	1.19	1.19
	2	10	11	2.50	3.70
	3	21	31	3.93	7.63
	4	33	64	11.92	19.55
	5	100	164	25.39	44.93
	6	213	377	55.07	100.00
		462	839		

DE14475	FILE PHAB1E
177. DURING THE PAST MONTH, HAVE YOU DRIVEN OR PUSHED YOURSELF VERY HARD - ALMOST TOO HARD?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. A GOOD BIT OF THE TIME	
4. SOME OF THE TIME	
5. A LITTLE OF THE TIME	
6. NONE OF THE TIME	

DE14476	FILE PHAB1E
178. DURING THE PAST MONTH, HAS YOUR LIFE SITUATION BEEN ALL YOU COULD WISH FOR?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. A GOOD BIT OF THE TIME	
4. SOME OF THE TIME	
5. A LITTLE OF THE TIME	
6. NONE OF THE TIME	

DE14477	FILE PHAB1E
179. DURING THE PAST MONTH, HAVE YOU FELT LONELY?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. A GOOD BIT OF THE TIME	
4. SOME OF THE TIME	
5. A LITTLE OF THE TIME	
6. NONE OF THE TIME	

DE14481	VALUE	FREQ	CUM FREQ	%	CUM %
	1	27	27	3.22	3.22
	2	121	148	14.42	17.64
	3	128	276	15.26	32.90
	4	232	508	27.65	60.55
	5	214	722	25.51	86.06
	6	117	839	13.95	100.00

DE14482	VALUE	FREQ	CUM FREQ	%	CUM %
	1	179	179	21.31	21.31
	2	417	596	49.64	70.95
	3	90	686	10.71	81.67
	4	90	776	10.71	92.38
	5	47	823	5.60	97.98
	6	17	840	2.02	100.00

DE14483	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4	4	0.48	0.48
	2	30	34	3.57	4.05
	3	42	76	5.00	9.05
	4	171	247	20.36	29.41
	5	309	556	36.79	66.19
	6	284	840	33.81	100.00

DE14484	FILE PHAB1E
186. DURING THE PAST MONTH, HAVE YOU ENJOYED LIFE?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. A GOOD BIT OF THE TIME	
4. SOME OF THE TIME	
5. A LITTLE OF THE TIME	
6. NONE OF THE TIME	

DE14484	VALUE	FREQ	CUM FREQ	%	CUM %
1	247	247	247	29.41	29.41
2	395	395	642	47.02	76.43
3	70	70	712	8.33	84.76
4	78	78	790	9.29	94.05
5	39	39	829	4.64	98.69
6	11	11	840	1.31	100.00

DE14485	FILE PHAB1E
187. DURING THE PAST MONTH, HAVE YOU LIVED THE KIND OF LIFE YOU WANTED TO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. A GOOD BIT OF THE TIME	
4. SOME OF THE TIME	
5. A LITTLE OF THE TIME	
6. NONE OF THE TIME	

DE14485	VALUE	FREQ	CUM FREQ	%	CUM %
1	159	159	159	18.93	18.93
2	400	400	559	47.62	66.55
3	87	87	646	10.36	76.91
4	87	87	733	10.36	87.26
5	69	69	802	8.21	95.48
6	38	38	840	4.52	100.00

DE14486	FILE PHAB1E
188. DURING THE PAST MONTH, HAVE YOU FELT RESTLESS, FIDGETY, OR IMPATIENT?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. A GOOD BIT OF THE TIME	
4. SOME OF THE TIME	
5. A LITTLE OF THE TIME	
6. NONE OF THE TIME	

DE14486	VALUE	FREQ	CUM FREQ	%	CUM %
1	11	11	11	1.31	1.31
2	42	42	53	5.00	6.31
3	45	45	98	5.36	11.67
4	170	170	268	20.24	31.91
5	352	352	620	41.91	73.81
6	220	220	840	26.19	100.00

DE14487	FILE PHAB1E				
189. DURING THE PAST MONTH, HAVE YOU FELT EAGER TO TACKLE YOUR DAILY TASKS OR MAKE NEW DECISIONS?					
1. ALL OF THE TIME	1	88	10.48	88	10.48
2. MOST OF THE TIME	2	341	40.60	429	51.07
3. A GOOD BIT OF THE TIME	3	137	16.31	566	67.38
4. SOME OF THE TIME	4	154	18.33	720	85.71
5. A LITTLE OF THE TIME	5	80	9.52	800	95.24
6. NONE OF THE TIME	6	40	4.76	840	100.00
DE14488	FILE PHAB1E				
190. DURING THE PAST MONTH, HAVE YOU FELT PROUD OR GOOD ABOUT SOME THINGS YOU DID?					
1. ALL OF THE TIME	1	87	10.36	87	10.36
2. MOST OF THE TIME	2	354	42.14	441	52.50
3. A GOOD BIT OF THE TIME	3	159	18.93	600	71.43
4. SOME OF THE TIME	4	181	21.55	781	92.98
5. A LITTLE OF THE TIME	5	42	5.00	823	97.98
6. NONE OF THE TIME	6	17	2.02	840	100.00
DE14489	FILE PHAB1E				
191. DURING THE PAST MONTH, HAVE OTHER PEOPLE ACTED OR TALKED AS IF SOMETHING WAS WRONG OR STRANGE ABOUT YOU?					
1. ALL OF THE TIME	1	2	0.24	2	0.24
2. MOST OF THE TIME	2	2	0.24	4	0.48
3. A GOOD BIT OF THE TIME	3	10	1.19	14	1.67
4. SOME OF THE TIME	4	45	5.36	59	7.02
5. A LITTLE OF THE TIME	5	92	10.95	151	17.98
6. NONE OF THE TIME	6	689	82.02	840	100.00

DEI449:	FILE PHAB1E
195. HAS ANYONE (SUCH AS IN YOUR FAMILY, CLOSE FRIEND, AT WORK, IN YOUR NEIGHBORHOOD, ETC.) BEEN A SOURCE OR CAUSE OF DISTURBANCE OR DISTRESS TO YOU DURING THE PAST YEAR?	
1. YES, VERY MUCH SO AND I AM STILL DISTURBED	
2. YES, VERY MUCH SO FOR A WHILE, BUT I AM OVER IT NOW	
3. YES, TO SOME EXTENT AND I AM STILL DISTURBED	
4. YES, TO SOME EXTENT BUT I AM OVER IT NOW	
5. ONLY A FEW MINOR THINGS THAT DID NOT LAST VERY LONG	
6. NO, NOT AT ALL	
DEI449:	FILE PHAB1E
196. HAS ANYONE SAID OR SUGGESTED THAT YOU SHOULD SEEK PROFESSIONAL HELP FOR SOME PERSONAL, EMOTIONAL, BEHAVIOR, OR MENTAL PROBLEM DURING THE PAST YEAR?	
1. YES, AND I DID GO (OR AM GOING NOW), BUT IT DID NOT HELP	
2. YES, AND I DID GO (OR AM GOING NOW), AND IT DID HELP	
3. YES, AND I SERIOUSLY CONSIDERED GOING, BUT DID NOT GO	
4. YES, BUT I FELT IT WOULD NOT HELP ME WITH MY PROBLEM(S)	
5. NO, BUT I WOULD GO IF I FELT I NEEDED SUCH HELP	
6. NO, AND I WOULD NOT GO UNDER ANY CONDITION	
7. NO, BUT I DID GO (OR AM GOING NOW), AND IT DID HELP	
8. NO, BUT I DID GO (OR AM GOING NOW), AND IT DID NOT HELP	

DEI4493	VALUE	FREQ	CUM FREQ	%	CUM %
	1	52	52	6.19	6.19
	2	34	86	4.05	10.24
	3	89	175	10.60	20.83
	4	74	249	8.81	29.64
	5	324	573	38.57	68.21
	6	267	840	31.79	100.00
DEI4494	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1	1	1.55	1.55
	2	13	13	2.03	3.58
	3	17	30	0.83	4.41
	4	7	37	1.19	5.60
	5	10	47	86.65	92.25
	6	727	774	5.01	97.26
	7	42	816	1.07	98.33
	8	9	825	1.67	100.00
		14	839		

1 131 1

DE14495	FILE PHAB1E
197. CONSIDERING YOUR LIFE AS A WHOLE, HOW WERE THINGS GOING WITH YOU THIS TIME A YEAR AGO?	
1. ABSOLUTELY TOPS - COULD NOT BE BETTER	
2. VERY WELL, COULD HARDLY BE BETTER	
3. ACTUALLY QUITE GOOD	
4. PRETTY GOOD REALLY	
5. SOMEWHAT POSITIVE	
6. POSITIVE AND NEGATIVE ASPECTS ABOUT EVEN	
7. SOMEWHAT NEGATIVE	
8. PRETTY BAD REALLY	
9. ACTUALLY QUITE BAD	
10. VERY BAD, COULD HARDLY BE WORSE	
11. ABSOLUTE BOTTOM - COULD NOT BE WORSE	

DE14495	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	1	1	4.17	4.17
2	2	35	35	22.41	26.58
3	3	188	223	32.54	59.12
4	4	273	496	19.55	78.67
5	5	164	660	3.46	82.12
6	6	29	689	10.13	92.25
7	7	85	774	2.86	95.11
8	8	24	798	2.62	97.74
9	9	22	820	1.19	98.93
10	10	4	834	0.48	99.40
11	11	5	839	0.60	100.00

DE14496	FILE PHAB1E
198. CONSIDERING YOUR LIFE AS A WHOLE, HOW ARE THINGS GOING WITH YOU NOW?	
1. ABSOLUTELY TOPS - COULD NOT BE BETTER	
2. VERY WELL, COULD HARDLY BE BETTER	
3. ACTUALLY QUITE GOOD	
4. PRETTY GOOD REALLY	
5. SOMEWHAT POSITIVE	
6. POSITIVE AND NEGATIVE ASPECTS ABOUT EVEN	
7. SOMEWHAT NEGATIVE	
8. PRETTY BAD REALLY	
9. ACTUALLY QUITE BAD	
10. VERY BAD, COULD HARDLY BE WORSE	
11. ABSOLUTE BOTTOM - COULD NOT BE WORSE	

DE14496	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	1	1	3.58	3.58
2	2	30	30	25.98	29.56
3	3	218	248	32.30	61.86
4	4	271	519	19.79	81.65
5	5	166	685	4.05	85.70
6	6	34	719	7.03	92.73
7	7	59	778	3.93	96.66
8	8	33	811	2.15	98.81
9	9	18	829	0.36	99.17
10	10	3	832	0.24	99.40
11	11	2	834	0.60	100.00
		5	839		

DEI4497	FILE PHABIE
199.	CONSIDERING YOUR LIFE AS A WHOLE, HOW DO YOU THINK THINGS WILL BE GOING WITH YOU THIS TIME A YEAR FROM NOW?
	1. ABSOLUTELY TOPS - COULD NOT BE BETTER
	2. VERY WELL, COULD HARDLY BE BETTER
	3. ACTUALLY QUITE GOOD
	4. PRETTY GOOD REALLY
	5. SOMEWHAT POSITIVE
	6. POSITIVE AND NEGATIVE ASPECTS ABOUT EVEN
	7. SOMEWHAT NEGATIVE
	8. PRETTY BAD REALLY
	9. ACTUALLY QUITE BAD
	10. VERY BAD, COULD HARDLY BE WORSE
	11. ABSOLUTE BOTTOM - COULD NOT BE WORSE

DEI4497	VALUE	FREQ	CUM FREQ	%	CUM %
	1	61	61	7.26	7.26
	2	230	291	27.38	34.64
	3	290	581	34.52	69.17
	4	126	707	15.00	84.17
	5	64	771	7.62	91.79
	6	44	815	5.24	97.02
	7	16	831	1.91	98.93
	8	3	834	0.36	99.29
	9	3	837	0.36	99.64
	10	2	839	0.24	99.88
	11	1	840	0.12	100.00

DEI4503	FILE PHABIE
200.	REASON FOR RESPONDENT SELECTION
	1. SELF-RESPOND (End of Questionnaire)
	2. LITERACY (Go to Q. 201)
	3. EYESIGHT (Go to Q. 201)
	4. ARTHRITIS (Go to Q. 201)
	5. OTHER HEALTH (Go to Q. 201)
	6. LANGUAGE (Go to Q. 201)
	7. OTHER (Go to Q. 201)

DEI4503	VALUE	FREQ	CUM FREQ	%	CUM %
	1	10	10	96.75	96.75
	2	803	803	1.33	98.07
	3	11	814	0.48	98.55
	4	4	818	0.24	98.80
	5	2	820	0.48	99.28
	6	4	824	0.72	100.00
	7	6	830		

DE14504	FILE PHAB1E
201. WAS SUBJECT PRESENT AT INTERVIEW?	
1. YES (Go to Q. 202)	
2. NO (End of Questionnaire)	

DE14504	VALUE	FREQ	CUM FREQ	%	CUM %
	1	815	23	92.00	92.00
	2	2	25	8.00	100.00

DE14505	FILE PHAB1E
202. DID SUBJECT ANSWER MOST OR ALL QUESTIONS?	
1. YES	
2. NO	

DE14505	VALUE	FREQ	CUM FREQ	%	CUM %
	1	816	24	100.00	100.00

V. CODEBOOK FOR NONDAYTON ADULT ENROLLMENT FORM B

VARIABLE	FILENAME	FILE PHABNE; HEADER
	Name of file	
	FILENAME is a unique 6-character code that identifies this file as PHABNE (Medical History Questionnaire, Form B, for adults, ages 14+, from Seattle and Massachusetts enrollment, and South Carolina 3-year, 5-year and PEG enrollment).	

VARIABLE	PERSON	FILE PHABNE; HEADER
	Person identifier	
	PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer.	

VARIABLE	SITE	FILE PHABNE; HEADER
	Site	
	COD:5	
	1 - Dayton, Ohio	
	2 - Seattle, Washington	
	3 - Fitchburg, Massachusetts	
	4 - Franklin County, Massachusetts	
	5 - Charleston, South Carolina	
	6 - Georgetown County, South Carolina	
	SITE identifies the participant's place of residence when HIE data were collected.	

FILENAME	VALUE	FREQ	CUM FREQ	%	CUM %
	PHABNE	5512	5512	100.00	100.00

SITE	VALUE	FREQ	CUM FREQ	%	CUM %
	2	2252	2252	40.86	40.86
	3	491	2743	8.91	49.76
	4	597	3340	10.83	60.60
	5	1013	4353	18.38	78.97
	6	1159	5512	21.03	100.00

VARIABLE	INSTAT	FILE PHABNE; HEADER
Insurance status		
CODIS		
1 - Ever insured		
2 - Ever assigned to HMO control group		
3 - Never insured		
INSTAT describes the participant's insurance status in the Health Insurance Experiment.		

INSTAT				
VALUE	FREQ	CUM FREQ	%	CUM %
1	4582	4582	83.13	83.13
2	537	5119	9.74	92.87
3	393	5512	7.13	100.00

VARIABLE	ENRTERM	FILE PHABNE; HEADER
Enrollment term		
CODIS		
0 - None--person never enrolled		
2 - None--participant in PEG period only		
3 - 3 years		
5 - 5 years		
ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.		

ENRTERM				
VALUE	FREQ	CUM FREQ	%	CUM %
0	52	52	0.94	0.94
2	326	378	5.91	6.86
3	3409	3787	61.85	68.71
5	1725	5512	31.30	100.00

VARIABLE	SORCIND	FILE PHABNE; HEADER
Source file indicator		
CODIS		
3 - South Carolina 3-year enrollment		
5 - South Carolina 5-year and PEG enrollment		
SORCIND describes the source file for a participant's data record on this file. In the case of multiple records for a participant, this field can be used to determine the origin of a particular record.		

SORCIND	VALUE	FREQ	CUM FREQ	%	CUM %
	3	3340	871	40.10	40.10
	5	871	2172	59.90	100.00
		1301			

VARIABLE	DATE	FILE PHABNE; HEADER
Date received		
DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19590312 to 19791231.		

FINLSTAT	VALUE	FREQ	CUM FREQ	%	CUM %
	8	4641	23	2.64	2.64
	11	23	613	67.74	70.38
	21	590	843	26.41	96.79
	31	230	865	2.53	99.31
	71	22	870	0.57	99.89
	81	5	871	0.12	100.00
		1			

VARIABLE	FINLSTAT	FILE	PHABNE
Final questionnaire status			
CODES			
3	- Not returned; participant deceased		
4	- Not returned; participant withdrawn		
5	- Not returned; participant moved out of country		
6	- Not returned; participant moved/unlocatable		
7	- Not returned; participant refused to complete questionnaire		
3	- Not returned; field period ended		
11	- Completed as received; no follow-up necessary		
21	- Completed after recontact		
31	- Recontact required, but not obtained (if questions were refused in writing on MHQ, recontact was not attempted)		
41	- Corrections made by editors		
51	- Completed with interviewer assistance, by phone or in person		
71	- Recontact required but not attempted due to end of field period		
81	- Questionnaire returned after field period; MHQ blank, no follow-up attempted		
81	- Questionnaire returned after field period; at least one question answered, no follow-up attempted		
FINLSTAT indicates whether a data collection instrument was completed or returned and whether any follow-up efforts were required. Code values with a "1" in the second column indicate documents that are complete or partially complete.			

NOTE: present for South Carolina 3-year enrollment only.

-----+
 | EYESIGHT |
 -----+

DE14347	FILE PHABNE
1. HAVE YOU EVER HAD YOUR EYESIGHT TESTED BY A DOCTOR?	
1. YES (Go to Q. 1a-b-c)	
2. NO (Go to Q. 2)	

DE18980	FILE PHABNE
1a. WHEN WAS THE LAST TIME YOU HAD YOUR EYES TESTED BY A DOCTOR?	
1. WITHIN THE PAST 12 MONTHS	
2. 1 TO 2 YEARS AGO	
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO	
4. 5 OR MORE YEARS AGO	

DE13844	FILE PHABNE
1b. WAS THIS TEST NEEDED FOR WORK, SCHOOL, CAMP, INSURANCE OR SOME REASON LIKE THAT?	
1. YES	
2. NO	

DE14347	VALUE	FREQ	CUM FREQ	%	CUM %
1	38	4811	4811	87.89	87.89
2	663	5474	5474	12.11	100.00

DE18980	VALUE	FREQ	CUM FREQ	%	CUM %
1	642	1547	1547	31.77	31.77
2	1547	2983	2983	29.49	61.25
3	1436	4020	4020	21.29	82.55
4	1037	4870	4870	17.45	100.00
	850				

DE13844	VALUE	FREQ	CUM FREQ	%	CUM %
1	642	1919	1919	39.41	39.41
2	1919	2951	4870	60.60	100.00

DE1434	FILE PHABNE
1c	HAS A DOCTOR, OR EYE DOCTOR, EVER PRESCRIBED GLASSES OR CONTACT LENSES FOR YOU?
	1. YES
	2. NO

DE1434	FILE PHABNE
2	DO YOU CURRENTLY WEAR GLASSES OR CONTACT LENSES TO IMPROVE YOUR EYESIGHT?
	1. YES, PRESCRIBED BY DOCTOR (Go to Q. 2a-b-c)
	2. YES, BUT NOT PRESCRIBED (Go to Q. 2a-b-c)
	3. NO, DON'T WEAR GLASSES (Go to Q. 3)

DE1898	FILE PHABNE
2a	DO YOU WEAR THESE ALL THE TIME OR ONLY SOMETIMES?
	1. ALL THE TIME
	2. ONLY SOMETIMES

DE14348	VALUE	FREQ	CUM FREQ	%	CUM %
	1	628	3364	68.88	68.88
	2	1520	4884	31.12	100.00

DE14349	VALUE	FREQ	CUM FREQ	%	CUM %
	1	38	2786	50.90	50.90
	2	2786	2859	1.33	52.23
	3	2615	5474	47.77	100.00

DE18981	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2621	1662	57.49	57.49
	2	1229	2891	42.51	100.00

DE18982	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2629			
	2	834	834	28.93	28.93
	3	566	1400	19.63	48.56
		1483	2883	51.44	100.00
DE14353	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2618			
	2	454	454	15.69	15.69
	3	2241	2695	77.44	93.12
		199	2894	6.88	100.00
DE14354	VALUE	FREQ	CUM FREQ	%	CUM %
	1	42			
	2	4350	4350	79.53	79.53
		1120	5470	20.48	100.00

DE1898:	FILE PHABNE
2b	DO YOU WEAR THEM FOR READING AND CLOSE WORK, OR FOR SEEING THINGS AT A DISTANCE, OR FOR BOTH?
	1. FOR READING AND CLOSE WORK
	2. FOR SEEING AT A DISTANCE
	3. FOR BOTH PURPOSES

DE1435:	FILE PHABNE
2c	WITH GLASSES OR CONTACT LENSES, HOW WELL CAN YOU SEE, AS COMPARED WITH MOST PERSONS YOUR AGE?
	1. BETTER THAN MOST
	2. ABOUT THE SAME AS MOST
	3. NOT AS WELL AS MOST

DE1435:	FILE PHABNE
3	WITHOUT GLASSES, CAN YOU READ ORDINARY NEWSPRINT?
	1. YES
	2. NO

DE14351	FILE PHABNE
4. WITHOUT GLASSES, CAN YOU RECOGNIZE A FRIEND ACROSS THE STREET?	
1. YES	
2. NO	

DE14355				
VALUE	FREQ	CUM FREQ	%	CUM %
1	41	41	81.39	81.39
2	4453	4494	18.61	100.00
	1018			

DE18981	FILE PHABNE
5. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAVE YOUR EYES CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE18983				
VALUE	FREQ	CUM FREQ	%	CUM %
1	36	36	1.04	1.04
2	57	93	4.75	5.79
3	260	353	15.83	21.62
4	867	1220	78.38	100.00
	4292			

DE14351	FILE PHABNE
6. DURING THE PAST 3 MONTHS, HOW MUCH HAVE EYESIGHT PROBLEMS WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14356				
VALUE	FREQ	CUM FREQ	%	CUM %
1	37	37	2.54	2.54
2	139	176	6.56	9.10
3	359	535	22.10	31.20
4	1210	1745	68.80	100.00
	3767			

DE14357

FILE PHABNE

7. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE EYESIGHT PROBLEMS KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?
1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME

GLAUCOMA

DE14358

FILE PHABNE

8. IN THE PAST 5 YEARS, HAVE YOU EVER HAD YOUR EYES CHECKED FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
1. YES
2. NO

DE14357	VALUE	FREQ	CUM FREQ	%	CUM %
	1	38	6	0.11	0.11
	2	6	40	0.62	0.73
	3	34	108	1.97	2.70
	4	108	442	5.37	8.08
	5	294	5474	91.93	100.00
		5032			

DE14358	VALUE	FREQ	CUM FREQ	%	CUM %
	1	56	1570	28.78	28.78
	2	1570	5456	71.22	100.00
		3886			

DE14359	FILE PHABNE
9	HAS A DOCTOR EVER SAID YOU HAVE GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	1. YES (Go to Q. 10)
	2. NO (Go to Q. 17)

VALUE	FREQ	CUM FREQ	%	CUM %
1	35	35	0.66	0.66
2	5441	5477	99.34	100.00

DE18984	FILE PHABNE
10	WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	1. WITHIN PAST 3 MONTHS
	2. 3 - 6 MONTHS AGO
	3. 7 - 12 MONTHS AGO
	4. MORE THAN 1 YEAR AGO
	5. NEVER SAW A DOCTOR ABOUT GLAUCOMA

VALUE	FREQ	CUM FREQ	%	CUM %
1	5022	56	11.43	11.43
2	56	191	9.18	20.61
3	59	160	12.04	32.65
4	328	488	66.94	99.59
5	2	490	0.41	100.00

DE14361	FILE PHABNE
11a	DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	EYE DROPS
	1. YES
	2. NO

VALUE	FREQ	CUM FREQ	%	CUM %
1	4935	26	4.51	4.51
2	551	577	95.49	100.00

DE14360	FILE PHABNE
11b	DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	PILLS
	1. YES
	2. NO

DE14362	VALUE	FREQ	CUM FREQ	%	CUM %
1	4995	7	7	1.35	1.35
2	510	517	517	98.65	100.00

DE14361	FILE PHABNE
12a	ARE YOU CURRENTLY TAKING THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	EYE DROPS
	1. YES
	2. NO

DE14363	VALUE	FREQ	CUM FREQ	%	CUM %
1	4956	20	20	3.60	3.60
2	536	556	556	96.40	100.00

DE14361	FILE PHABNE
12b	ARE YOU CURRENTLY TAKING THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	PILLS
	1. YES
	2. NO

DE14364	VALUE	FREQ	CUM FREQ	%	CUM %
1	5006	4	4	0.79	0.79
2	502	506	506	99.21	100.00

DEI4365	FILE PHABNE
13. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) CAUSED YOU?	
	1. A GREAT DEAL OF PAIN
	2. SOME PAIN
	3. A LITTLE PAIN
	4. NO PAIN AT ALL

DEI4365	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5055	6	1.31	1.31
	2	6	12	1.31	2.63
	3	25	37	5.47	8.10
	4	420	457	91.96	100.00

DEI4366	FILE PHABNE
14. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) WORRIED OR CONCERNED YOU?	
	1. A GREAT DEAL
	2. SOMEWHAT
	3. A LITTLE
	4. NOT AT ALL

DEI4366	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5085	8	1.87	1.87
	2	5	13	1.17	3.04
	3	37	50	8.67	11.71
	4	377	427	88.29	100.00

DEI4367	FILE PHABNE
15. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	
	1. ALL OF THE TIME
	2. MOST OF THE TIME
	3. SOME OF THE TIME
	4. A LITTLE OF THE TIME
	5. NONE OF THE TIME

DEI4367	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5093	1	0.24	0.24
	2	1	6	1.19	1.43
	3	5	14	1.91	3.34
	4	8	21	5.01	8.35
	5	384	419	91.65	100.00

DEI4364

FILE PHABNE

16 DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

HEARING

DEI5297

FILE PHABNE

17 HAVE YOU EVER HAD AN EAR INJURY? IF YES, WHICH EAR?

1. YES, INJURY TO RIGHT EAR

2. YES, INJURY TO LEFT EAR

3. YES, INJURY TO BOTH EARS

4. NO, NEVER HAD EAR INJURY

DEI5298

FILE PHABNE

18 HAVE YOU EVER HAD EAR SURGERY? IF YES, WHICH EAR?

1. YES, RIGHT EAR SURGERY

2. YES, LEFT EAR SURGERY

3. YES, SURGERY BOTH EARS

4. NO, NEVER HAD EAR SURGERY

DEI4368	VALUE	FREQ	CUM FREQ	%	CUM %
0	5107	1	1	99.51	99.51
2	403	1	2	0.25	99.75
3	1	1	3	0.25	100.00

DEI5297	VALUE	FREQ	CUM FREQ	%	CUM %
1	40	1	1	2.05	2.05
2	112	1	2	2.30	4.35
3	126	1	3	0.86	5.21
4	47	1	4	94.79	100.00

DEI5298	VALUE	FREQ	CUM FREQ	%	CUM %
1	42	1	1	0.88	0.88
2	48	1	2	1.08	1.96
3	59	1	3	1.15	3.11
4	63	1	4	96.89	100.00

DE15299

19. HAVE YOU EVER HAD YOUR HEARING TESTED?

FILE PHABNE

1. YES, BY A DOCTOR (Go to Q. 19a)

2. YES, BY SOMEONE ELSE (Go to Q. 19a)

3. NO (Go to Q. 20a)

DE18985

19a. WHEN WAS THE LAST TIME YOU HAD YOUR HEARING TESTED?

FILE PHABNE

1. WITHIN THE PAST 12 MONTHS

2. 1 TO 2 YEARS AGO

3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO

4. 5 OR MORE YEARS AGO

DE15300

20a. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS, WITHOUT SEEING HIS FACE AND WITHOUT A HEARING AID, IF HE WHISPERS TO YOU FROM ACROSS A QUIET ROOM?

FILE PHABNE

1. YES (Go to Q. 27)

2. NO (Go to Q. 20b)

DE15299	VALUE	FREQ	CUM FREQ	%	CUM %
	1	64	2246	41.23	41.23
	2	2246	3980	31.83	73.05
	3	1734	5448	26.95	100.00
		1468			

DE18985	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1415	827	20.19	20.19
	2	827	1596	18.77	38.96
	3	769	2370	18.89	57.85
	4	1727	4097	42.15	100.00

DE15300	VALUE	FREQ	CUM FREQ	%	CUM %
	1	54	4800	87.94	87.94
	2	4800	5458	12.06	100.00

DEI5301	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4259	1143	91.22	91.22
	2	1103	1253	8.78	100.00
		110			

DEI5302	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5065	406	90.83	90.83
	2	406	447	9.17	100.00
		41			

DEI5303	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5215	263	88.55	88.55
	2	263	297	11.45	100.00
		34			

FILE PHABNE

20b. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS, WITHOUT SEEING HIS FACE AND WITHOUT A HEARING AID, IF HE TALKS TO YOU IN A NORMAL VOICE FROM ACROSS A QUIET ROOM?

1. YES (Go to Q. 27)
2. NO (Go to Q. 20c)

FILE PHABNE

20c. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS, WITHOUT SEEING HIS FACE AND WITHOUT A HEARING AID, IF HE SHOUTS TO YOU FROM ACROSS A QUIET ROOM?

1. YES (Go to Q. 21)
2. NO (Go to Q. 20d)

FILE PHABNE

20d. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS WITHOUT A HEARING AID IF HE SPEAKS LOUDLY INTO YOUR BETTER EAR?

1. YES (Go to Q. 21)
2. NO (Go to Q. 20e)

DE15304

FILE PHABNE

20e. CAN YOU USUALLY TELL THE SOUND OF SPEECH FROM OTHER SOUNDS AND NOISES WITHOUT A HEARING AID?

1. YES (Go to Q. 21)

2. NO (Go to Q. 20f)

DE15305

FILE PHABNE

20f. CAN YOU USUALLY TELL ONE KIND OF NOISE FROM ANOTHER WITHOUT A HEARING AID?

1. YES (Go to Q. 21)

2. NO (Go to Q. 20g)

DE15306

FILE PHABNE

20g. CAN YOU HEAR LOUD NOISES WITHOUT A HEARING AID?

1. YES

2. NO

DE15304	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5244	241	89.93	89.93
	2	27	268	10.08	100.00

DE15305	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5245	240	89.89	89.89
	2	27	267	10.11	100.00

DE15306	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5260	235	93.25	93.25
	2	17	252	6.75	100.00

DE15308	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5077	26	5.98	5.98
	2	26	42	3.68	9.66
	3	16	27	6.21	15.86
	4	105	174	24.14	40.00
	5	261	435	60.00	100.00

DE14233	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5052	316	68.70	68.70
	2	316	418	22.17	90.87
	3	102	445	5.87	96.74
	4	27	460	3.26	100.00

DE14234	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5055	324	70.90	70.90
	2	324	412	19.26	90.15
	3	88	440	6.13	96.28
	4	28	457	3.72	100.00

DE15308	FILE PHABNE
21. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR HEARING PROBLEM?	
1. WITHIN PAST 3 MONTHS 2. 3 - 6 MONTHS AGO 3. 7 - 12 MONTHS AGO 4. MORE THAN 1 YEAR AGO 5. NEVER SAW DOCTOR ABOUT THIS	

DE14233	FILE PHABNE
22. HOW WOULD YOU DESCRIBE YOUR HEARING IN YOUR LEFT EAR, WITHOUT A HEARING AID?	
1. NO PROBLEM HEARING 2. A LITTLE PROBLEM 3. A MAJOR PROBLEM 4. DEAF IN LEFT EAR	

DE14234	FILE PHABNE
23. HOW WOULD YOU DESCRIBE YOUR HEARING IN YOUR RIGHT EAR, WITHOUT A HEARING AID?	
1. NO PROBLEM HEARING 2. A LITTLE PROBLEM 3. A MAJOR PROBLEM 4. DEAF IN RIGHT EAR	

DE14235	FILE PHABNE
24. HAVE YOU EVER USED A HEARING AID?	
1. YES, PRESCRIBED BY DOCTOR (Go to Q. 24a-b-c)	
2. YES, BUT NOT PRESCRIBED BY DOCTOR (Go to Q. 24a-b-c)	
3. NO (Go to Q. 25)	

DE14236	FILE PHABNE
24a. IN WHICH EAR HAVE YOU USED A HEARING AID?	
1. LEFT EAR	
2. RIGHT EAR	
3. BOTH EARS	

DE14237	FILE PHABNE
24b. WITH A HEARING AID, HOW WELL CAN YOU HEAR, COMPARED TO MOST PERSONS YOUR AGE?	
1. BETTER THAN MOST	
2. ABOUT THE SAME AS MOST	
3. NOT AS WELL AS MOST	

DE14235	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5051	21	4.56	4.56
	2	21	30	1.95	6.51
	3	9	461	93.49	100.00

DE14236	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5460	12	23.08	23.08
	2	12	27	28.85	51.92
	3	15	52	48.08	100.00

DE14237	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5421	32	35.17	35.17
	2	32	68	39.56	74.73
	3	36	91	25.28	100.00

DE14235	FILE PHABNE
24c. DO YOU WEAR A HEARING AID NOW?	
1. YES, PRESCRIBED BY A DOCTOR	
2. YES, NOT PRESCRIBED BY DOCTOR	
3. NO, DO NOT WEAR A HEARING AID NOW	

DE14239	VALUE	FREQ	CUM FREQ	%	CUM %
1	5339	16	16	9.25	9.25
2	18	2	18	1.16	10.41
3	155	173	173	89.60	100.00

DE14241	FILE PHABNE
25. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR HEARING PROBLEM WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14241	VALUE	FREQ	CUM FREQ	%	CUM %
1	5071	23	23	5.22	5.22
2	35	58	81	7.94	13.15
3	68	126	126	15.42	28.57
4	315	441	441	71.43	100.00

DE14240	FILE PHABNE
26. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR HEARING PROBLEM KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DE14240	VALUE	FREQ	CUM FREQ	%	CUM %
1	4675	2	2	0.24	0.24
2	7	9	11	0.84	1.08
3	16	25	36	1.91	2.99
4	32	57	93	3.82	6.81
5	780	837	837	93.19	100.00

HAY FEVER OR OTHER
PLANT ALLERGIES

DEI5318

FILE PHABNE

27. HAVE YOU EVER HAD HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES?

1. YES (Go to Q. 28)

2. NO (Go to Q. 37)

DEI5319

FILE PHABNE

28. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR HAY FEVER OR OTHER PLANT ALLERGIES?

1. WITHIN PAST 3 MONTHS

2. 3 - 6 MONTHS AGO

3. 7 - 12 MONTHS AGO

4. MORE THAN 1 YEAR AGO

5. NEVER SAW DOCTOR ABOUT THIS

DEI5318	VALUE	FREQ	CUM FREQ	%	CUM %
1	29	1109	1109	20.23	20.23
2	4374	5483	5483	79.77	100.00

DEI5319	VALUE	FREQ	CUM FREQ	%	CUM %
1	4054	112	112	7.68	7.68
2	63	175	175	4.32	12.00
3	92	267	267	6.31	18.31
4	469	736	736	32.17	50.48
5	722	1458	1458	49.52	100.00

DE15320	FILE PHABNE
29. IN THE PAST 12 MONTHS, DID YOU GET ANY SHOTS TO HELP PREVENT HAY FEVER OR OTHER PLANT ALLERGIES?	
1. YES	
2. NO	

DE15320	VALUE	FREQ	CUM FREQ	%	CUM %
1	4068	105	105	7.27	7.27
2	1339	1444	1444	92.73	100.00

DE15321	FILE PHABNE
30. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY MEDICINE TO HELP PREVENT THE SYMPTOMS OF HAY FEVER OR OTHER PLAN ALLERGIES?	
1. YES	
2. NO	

DE15321	VALUE	FREQ	CUM FREQ	%	CUM %
1	4078	288	288	20.08	20.08
2	1146	1434	1434	79.92	100.00

DE15322	FILE PHABNE
31. DO YOU ACTUALLY TAKE ANY MEDICINE FOR THE HAY FEVER OR OTHER PLANT ALLERGIES?	
1. YES, PRESCRIBED BY DOCTOR	
2. YES, BUT NOT PRESCRIBED BY DOCTOR	
3. NO, DON'T TAKE ANY	

DE15322	VALUE	FREQ	CUM FREQ	%	CUM %
1	4073	304	304	21.13	21.13
2	303	607	607	21.06	42.18
3	832	1439	1439	57.82	100.00

DE15321	FILE PHABNE			
	32 DURING THE PAST 12 MONTHS, HOW MUCH PAIN OR DISTRESS HAS YOUR HAY FEVER OR OTHER PLANT ALLERGIES CAUSED YOU?			
	1. A GREAT DEAL OF PAIN			
	2. SOME PAIN			
DE15321	FILE PHABNE			
	33 DURING THE PAST 12 MONTHS, HOW MUCH HAS YOUR HAY FEVER OR OTHER PLANT ALLERGIES WORRIED OR CONCERNED YOU?			
	1. A GREAT DEAL			
	2. SOMEWHAT			
DE15321	FILE PHABNE			
	34 DURING THE PAST 12 MONTHS, HOW MANY WEEKS OR MONTHS WERE YOU BOTHERED BY HAY FEVER OR OTHER PLANT ALLERGIES?			
	1. NOT BOTHERED AT ALL IN PAST 12 MONTHS			
	2. LESS THAN 2 WEEKS OF THE TIME			
DE15321	FILE PHABNE			
	35 DURING THE PAST 12 MONTHS, HOW MUCH PAIN OR DISTRESS HAS YOUR HAY FEVER OR OTHER PLANT ALLERGIES CAUSED YOU?			
	1. A GREAT DEAL OF PAIN			
	2. SOME PAIN			
DE15321	FILE PHABNE			
	36 DURING THE PAST 12 MONTHS, HOW MUCH HAS YOUR HAY FEVER OR OTHER PLANT ALLERGIES WORRIED OR CONCERNED YOU?			
	1. A GREAT DEAL			
	2. SOMEWHAT			
DE15321	FILE PHABNE			
	37 DURING THE PAST 12 MONTHS, HOW MANY WEEKS OR MONTHS WERE YOU BOTHERED BY HAY FEVER OR OTHER PLANT ALLERGIES?			
	1. NOT BOTHERED AT ALL IN PAST 12 MONTHS			
	2. LESS THAN 2 WEEKS OF THE TIME			

DE15323	VALUE	FREQ	CUM FRFQ	%	CUM %
	1	4091	40	2.82	2.82
	2	40	266	15.90	18.72
	3	429	695	30.19	48.91
	4	726	1421	51.09	100.00
DE15324	VALUE	FREQ	CUM FRFQ	%	CUM %
	1	4100	50	3.54	3.54
	2	135	185	9.56	13.10
	3	380	565	26.91	40.01
	4	847	1412	59.99	100.00
DE15325	VALUE	FREQ	CUM FRFQ	%	CUM %
	1	4154	489	36.01	36.01
	2	192	681	14.14	50.15
	3	152	833	11.19	61.34
	4	155	988	11.41	72.75
DE15325	VALUE	FREQ	CUM FRFQ	%	CUM %
	5	169	1157	12.45	85.20
	6	76	1233	5.60	90.80
	7	125	1358	9.21	100.00

DE15326	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4493	2	0.20	0.20
	2	18	20	1.77	1.96
	3	77	97	7.56	9.52
	4	150	247	14.72	24.24
	5	772	1019	75.76	100.00

FILE PHABNE

35 DURING THE WEEKS WHEN YOU WERE BOTHERED BY HAY FEVER OR OTHER PLANT ALLERGIES, HOW MUCH OF THE TIME DID IT KFEF YOU FROM DOING THE KINDS OF THINGS THAT OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME

DE15326

FILE PHABNE

36 DURING THE PAST 12 MONTHS, HOW MANY DAYS HAS YOUR HAY FEVER OR OTHER PLANT ALLERGIES KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

----- DAYS IN BED LAST YEAR

DE15327

TEETH, GUMS

DE14242

FILE PHABNE

37. DO YOU HAVE ANY NATURAL TEETH AT ALL?
(YOUR OWN TEETH, NOT ARTIFICIAL?)

1. YES (Go to Q. 38)
2. NO (Go to Q. 48)

DE14243

FILE PHABNE

38. HOW OFTEN DO YOU USUALLY BRUSH YOUR TEETH?

1. NEVER
2. ONCE A WEEK OR LESS
3. ONCE EVERY FEW DAYS
4. ONCE A DAY
5. MORE THAN ONCE A DAY

DE14244

FILE PHABNE

39. HOW OFTEN DO YOU USE DENTAL FLOSS (STRING USED TO REMOVE PARTICLES OF FOOD FROM BETWEEN THE TEETH)?

1. NEVER
2. ONCE A MONTH OR LESS
3. ONCE A WEEK OR 2 - 3 TIMES A MONTH
4. ONCE EVERY FEW DAYS
5. AT LEAST ONCE A DAY

DE14242	VALUE	FREQ	CUM FREQ	%	CUM %
1	4936	33	4936	90.09	90.09
2	543	543	5479	9.91	100.00

DE14243	VALUE	FREQ	CUM FREQ	%	CUM %
1	472	472	472	0.64	0.64
2	32	32	504	2.14	2.78
3	108	108	612	5.75	8.53
4	290	290	902	37.40	45.93
5	1885	2725	5040	54.07	100.00

DE14244	VALUE	FREQ	CUM FREQ	%	CUM %
1	477	477	477	40.99	40.99
2	2064	2064	2541	15.11	56.11
3	761	761	3302	11.72	67.83
4	590	590	3892	18.63	86.46
5	938	682	5035	13.55	100.00

DE18986	FILE PHABNE
40. HAVE YOU EVER BEEN TO A DENTIST?	
1. YES (Go to Q. 41)	
2. NO (Go to Q. 42)	

DE18986	VALUE	FREQ	CUM FREQ	%	CUM %
	1	474	4885	96.96	96.96
	2	153	5038	3.04	100.00

DE14245	FILE PHABNE
41. WHEN DID YOU MOST RECENTLY HAVE YOUR TEETH CLEANED BY A DENTIST OR DENTAL TECHNICIAN?	
1. WITHIN THE PAST 12 MONTHS	
2. 1 - 2 YEARS AGO	
3. MORE THAN 2 BUT LESS THAN 5 YEARS AGO	
4. 5 OR MORE YEARS AGO	
5. NEVER	

DE14245	VALUE	FREQ	CUM FREQ	%	CUM %
	1	600	2408	49.02	49.02
	2	958	3366	19.50	68.53
	3	561	3927	11.42	79.95
	4	444	4371	9.04	88.99
	5	541	4912	11.01	100.00

DE14246	FILE PHABNE
42. DO YOU THINK THAT YOUR TEETH NEED CLEANING NOW BY A DENTIST OR DENTAL TECHNICIAN?	
1. YES	
2. NO	

DE14246	VALUE	FREQ	CUM FREQ	%	CUM %
	1	475	3051	60.57	60.57
	2	1986	5037	39.43	100.00

DE1424	FILE PHABNE
43	HAS A DENTIST EVER TOLD YOU THAT YOU HAVE GUM PROBLEMS?
	1. YES (Go to Q. 44)
	2. NO (Go to Q. 45)
DE1424	FILE PHABNE
44	DID HE SAY YOUR GUM PROBLEMS COULD CAUSE YOU TO LOSE YOUR TEETH EARLIER THAN MOST PEOPLE?
	1. YES
	2. NO
DE1898	FILE PHABNE
45	DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAVE YOUR GUMS OR TEETH CAUSED YOU?
	1. A GREAT DEAL OF PAIN
	2. SOME PAIN
	3. A LITTLE PAIN
	4. NO PAIN AT ALL

DE14247	VALUE	FREQ	CUM FREQ	%	CUM %
	1	478	850	16.89	16.89
	2	4184	5034	83.12	100.00
DE14248	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4016	481	32.15	32.15
	2	1015	1496	67.85	100.00
DE18987	VALUE	FREQ	CUM FREQ	%	CUM %
	1	480	85	1.69	1.69
	2	85	421	6.68	8.37
	3	336	1423	19.91	28.28
	4	1002	5032	71.72	100.00
		3609			

DE14250	FILE PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
46. DURING THE PAST 3 MONTHS, HOW MUCH HAVE YOUR TEETH OR GUMS WORRIED OR CONCERNED YOU?						
1. A GREAT DEAL		1	477	222	4.41	4.41
2. SOMEWHAT		2	222	629	8.08	12.49
3. A LITTLE		3	407	1951	26.26	38.75
4. NOT AT ALL		4	1322	5035	61.25	100.00
			3084			
DE14251	FILE PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
47. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE PROBLEMS WITH THE WAY YOUR TEETH OR GUMS LOOK CAUSED YOU TO AVOID CONVERSATION WITH PEOPLE?						
1. MOST OF THE TIME		1	474	59	1.17	1.17
2. SOME OF THE TIME		2	59	218	3.16	4.33
3. A LITTLE OF THE TIME		3	159	585	7.29	11.61
4. NONE OF THE TIME		4	367	5038	88.39	100.00
			4453			

-----+
 | PIMPLES OR ACNE |
 |-----+
 +-----+

DE14394	FILE PHABNE
48. IN THE PAST 12 MONTHS, HAVE YOU HAD TROUBLE WITH PIMPLES ON YOUR FACE?	
1. YES (Go to Q. 49)	
2. NO (Go to Q. 56)	

DE14394	VALUE	FREQ	CUM FREQ	%	CUM %
1	29	1250	1250	22.80	22.80
2	4233	5483	5483	77.20	100.00

DE18988	FILE PHABNE
49. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT THE PIMPLES?	
1. WITHIN THE PAST 3 MONTHS (Go to Q. 50-51)	
2. 3 - 6 MONTHS AGO (Go to Q. 50-51)	
3. 7 - 12 MONTHS AGO (Go to Q. 50-51)	
4. MORE THAN 1 YEAR AGO (Go to Q. 52a)	
5. NEVER SAW A DOCTOR FOR PIMPLES (Go to Q. 52a)	

DE18988	VALUE	FREQ	CUM FREQ	%	CUM %
1	3727	59	59	3.31	3.31
2	39	98	98	2.19	5.49
3	37	135	135	2.07	7.56
4	204	339	339	11.43	18.99
5	1446	1785	1785	81.01	100.00

1 163 1

DE14395	FILE PHABNE
50. IN THE PAST 12 MONTHS, HAS A DOCTOR SAID THAT YOU HAD ACNE?	
1. YES	
2. NO	

DE14395	VALUE	FREQ	CUM FREQ	%	CUM %
1	4973	105	105	19.48	19.48
2	434	539	539	80.52	100.00

DE14397		FILE PHABNE			
51a. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?					
X-RAY TREATMENTS					
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5035	8	1.68	1.68	
2	469	477	98.32	100.00	
DE14398		FILE PHABNE			
51b. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?					
ULTRA-VIOLET LIGHT TREATMENTS					
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5042	16	3.40	3.40	
2	454	470	96.60	100.00	
DE14399		FILE PHABNE			
51c. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?					
SPECIAL SOAPS					
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5040	80	16.95	16.95	
2	392	472	83.05	100.00	

DEI4400	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5043	27	5.76	5.76
	2	442	469	94.24	100.00

DEI4401	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5045	26	5.57	5.57
	2	441	467	94.43	100.00

DEI8989	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5041	94	19.96	19.96
	2	377	471	80.04	100.00

DEI4400

FILE PHABNE

51d. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?

SPECIAL DIET

1. YES

2. NO

DEI4401

FILE PHABNE

51e. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?

HAVING PIMPLES POPPED

1. YES

2. NO

DEI8989

FILE PHABNE

51f. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?

ANTIBIOTICS, SUCH AS TETRACYCLINE

1. YES

2. NO

DE18990

FILE PHABNE

51g. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?

INJECTIONS INTO PIMPLE CYSTS

1. YES

2. NO

DE14402

FILE PHABNE

51h. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?

OTHER MEDICINES

1. YES

2. NO

DE14404

FILE PHABNE

52a. WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?

X-RAY TREATMENTS

1. YES

2. NO

DE18990	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5046	10	2.15	2.15
	2	456	466	97.85	100.00

DE14402	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5044	72	15.39	15.39
	2	396	468	84.62	100.00

DE14404	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3772	7	0.40	0.40
	2	1733	1740	99.60	100.00

DE1440	FILE PHABNE
52e	WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES? HAVING PIMPLES POPPED
	1. YES 2. NO

DE1899	FILE PHABNE
52f	WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES? ANTIBIOTICS, SUCH AS TETRACYCLINE
	1. YES 2. NO

DE1899	FILE PHABNE
52g	WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES? INJECTIONS INTO PIMPLE CYSTS
	1. YES 2. NO

DE14407	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3783	369	21.34	21.34
	2	1360	1729	78.66	100.00

DE18992	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3782	98	5.67	5.67
	2	1632	1730	94.34	100.00

DE18993	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3787	6	0.35	0.35
	2	1719	1725	99.65	100.00

DE14408	FILE PHABNE
52h. WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?	
OTHER MEDICINES	
1. YES	
2. NO	

DE14408	VALUE	FREQ	CUM FREQ	%	CUM %
1	3772	302	302	17.36	17.36
2	1438	1438	1740	82.64	100.00

DE14409	FILE PHABNE
53. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR ACNE OR PIMPLES CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE14409	VALUE	FREQ	CUM FREQ	%	CUM %
1	3767	9	9	0.52	0.52
2	58	67	76	3.32	3.84
3	372	439	515	25.16	25.16
4	1306	1745	1745	74.84	100.00

DE14410	FILE PHABNE
54. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR ACNE OR PIMPLES WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14410	VALUE	FREQ	CUM FREQ	%	CUM %
1	3773	109	109	6.27	6.27
2	197	306	415	17.60	17.60
3	539	845	1260	31.00	48.59
4	894	1739	1739	51.41	100.00

DE1441	VALUE	FREQ	CUM FREQ	%	CUM %
55 DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE PROBLEMS WITH THE WAY YOUR PIMPLES OR ACNE LOOK CAUSED YOU TO AVOID CONVERSATION WITH PEOPLE?					
1. MOST OF THE TIME	1	3767	16	0.92	0.92
2. SOME OF THE TIME	2	59	75	3.38	4.30
3. A LITTLE OF THE TIME	3	197	272	11.29	15.59
4. NONE OF THE TIME	4	1473	1745	84.41	100.00

DE14369	VALUE	FREQ	CUM FREQ	%	CUM %
56 HAS A DOCTOR EVER SAID YOU HAD GOITER OR THYROID TROUBLE?					
1. YES (Go to Q. 57a-b-c)	1	27	319	5.82	5.82
2. NO (Go to Q. 64)	2	5166	5485	94.18	100.00

DE14370	VALUE	FREQ	CUM FREQ	%	CUM %
57a. HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR GOITER OR THYROID TROUBLE?					
MEDICINE					
1. YES	1	4966	277	50.73	50.73
2. NO	2	269	546	49.27	100.00

DE1437

FILE PHABNE

57b. HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR GOITER OR THYROID TROUBLE?

AN OPERATION

1. YES

2. NO

DE14372

FILE PHABNE

57c. HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR GOITER OR THYROID TROUBLE?

RADIATION

1. YES

2. NO

DE18994

FILE PHABNE

58. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR GOITER OR THYROID TROUBLE?

1. WITHIN PAST 3 MONTHS

2. 3 - 6 MONTHS AGO

3. 7 - 12 MONTHS AGO

4. MORE THAN 1 YEAR AGO

DE14371	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5032	57	11.88	11.88
	2	423	480	88.13	100.00

DE14372	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5035	19	3.98	3.98
	2	458	477	96.02	100.00

DE18994	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5114	54	13.57	13.57
	2	41	95	10.30	23.87
	3	37	132	9.30	33.17
	4	266	398	66.83	100.00

DE18995	FILE	PHABNE
59. ARE YOU CURRENTLY TAKING ANY MEDICINE FOR YOUR THYROID TROUBLE?		
1. YES, FOR OVERACTIVE THYROID		
2. YES, FOR UNDERACTIVE THYROID		
3. YES, BUT NOT SURE FOR WHAT		
4. NO, NOT TAKING ANYTHING		

DE18995	VALUE	FREQ	CUM FREQ	%	CUM %
1	5040	10	10	2.12	2.12
2	87	97	107	18.43	20.55
3	27	124	124	5.72	26.27
4	348	472	472	73.73	100.00

DE14375	FILE	PHABNE
60. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR GOITER OR THYROID TROUBLE CAUSED YOU?		
1. A GREAT DEAL OF PAIN		
2. SOME PAIN		
3. A LITTLE PAIN		
4. NO PAIN AT ALL		

DE14375	VALUE	FREQ	CUM FREQ	%	CUM %
1	5042	1	1	0.21	0.21
2	6	7	7	1.28	1.49
3	22	29	29	4.68	6.17
4	441	470	470	93.83	100.00

DE14376	FILE	PHABNE
61. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR GOITER OR THYROID TROUBLE WORRIED OR CONCERNED YOU?		
1. A GREAT DEAL		
2. SOMEWHAT		
3. A LITTLE		
4. NOT AT ALL		

DE14376	VALUE	FREQ	CUM FREQ	%	CUM %
1	5033	5	5	1.04	1.04
2	14	19	19	2.92	3.97
3	46	65	65	9.60	13.57
4	414	479	479	86.43	100.00

DE14377	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5035	1	0.63	0.63
	2	3	3	1.89	2.52
	3	9	12	1.89	4.40
	4	9	21	95.60	100.00
	5	456	477		

DE14378	VALUE	FREQ	CUM FREQ	%	CUM %
	0	5036	1	99.37	99.37
	1	473	473	0.21	99.58
	3	1	474	0.21	99.79
	4	1	475	0.21	100.00
			476		

DE14377

FILE PHABNE

62. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR GOITER OR THYROID TROUBLE KEPT YOU FROM DOING THE KINDS OF THINGS THAT OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME
 2. MOST OF THE TIME
 3. SOME OF THE TIME
 4. A LITTLE OF THE TIME
 5. NONE OF THE TIME

DE14378

FILE PHABNE

63. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR GOITER OR THYROID TROUBLE KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

JOINT PROBLEMS

DE13721 FILE PHABNE

64 DURING THE PAST 12 MONTHS, HAVE YOU HAD ANY PAIN, ACHING, SWELLING OR STIFFNESS IN YOUR JOINTS - FOR EXAMPLE, YOUR FINGERS, HIP OR KNEE? (DO NOT COUNT PROBLEMS CAUSED BY AN INJURY.)

1. YES (Go to Q. 64a-b-c-d)
2. NO (Go to Q. 74)

DE13724 FILE PHABNE

64a HAVE YOU HAD PAIN OR ACHING IN ANY OF YOUR JOINTS ON MOST DAYS FOR AS LONG AS A MONTH?

1. YES
2. NO

DE13727 FILE PHABNE

64b HAVE YOU HAD SWELLING OF A JOINT, AND PAIN WHEN IT WAS TOUCHED, ON MOST DAYS FOR AS LONG AS A MONTH?

1. YES
2. NO

DE13725	VALUE	FREQ	CUM FREQ	%	CUM %
1		28	1318	24.03	24.03
2		4166	5484	75.97	100.00

DE13726	VALUE	FREQ	CUM FREQ	%	CUM %
1		3904	446	27.74	27.74
2		1162	1608	72.26	100.00

DE13727	VALUE	FREQ	CUM FREQ	%	CUM %
1		3939	216	13.73	13.73
2		216	1573	86.27	100.00

DE13728	FILE PHABNE
64c. HAVE YOU HAD STIFFNESS IN JOINTS OR MUSCLES WHEN FIRST GETTING OUT OF BED ON MOST MORNINGS FOR AS LONG AS A MONTH?	
1. YES	
2. NO	

DE13728	VALUE	FREQ	CUM FREQ	%	CUM %
1	3943	445	445	28.36	28.36
2	1124	1569	1569	71.64	100.00

DE13729	FILE PHABNE
64d. HAVE YOU HAD STIFFNESS IN JOINTS OR MUSCLES WHEN FIRST GETTING OUT OF BED, WHICH LASTED AS LONG AS 15 MINUTES?	
1. YES	
2. NO	

DE13729	VALUE	FREQ	CUM FREQ	%	CUM %
1	3939	663	663	42.15	42.15
2	910	1573	1573	57.85	100.00

DE13730	FILE PHABNE
65a. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?	
WALK UP AND DOWN STAIRS WITHOUT HELP	
1. YES	
2. NO	

DE13730	VALUE	FREQ	CUM FREQ	%	CUM %
1	3935	1521	1521	96.45	96.45
2	56	1577	1577	3.55	100.00

DE13731		FILE PHABNE			
65b. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?		GET INTO AND OUT OF A CAR WITHOUT HELP			
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	3945	1521	97.06	97.06	
2	1521	1567	2.94	100.00	
DE13732		FILE PHABNE			
65c. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?		BATHE YOURSELF WITHOUT HELP			
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	3942	1523	97.01	97.01	
2	1523	1570	2.99	100.00	
DE13733		FILE PHABNE			
65d. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?		FEED YOURSELF WITHOUT HELP			
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	3945	1521	97.06	97.06	
2	1521	1567	2.94	100.00	

DE13734	FILE PHABNE				
65e.	CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?				
	GET INTO BED WITHOUT HELP				
	1. YES				
	2. NO				
DE13734	VALUE	FREQ	CUM FREQ	%	CUM %
1		3949	1518	97.12	97.12
2		45	1563	2.88	100.00
DE13736	FILE PHABNE				
66.	HOW MANY ASPIRINS, OR PILLS CONTAINING ASPIRIN, DO YOU USUALLY TAKE FOR THE PROBLEMS WITH YOUR JOINTS OR MUSCLES?				
	1. NONE				
	2. LESS THAN 1 A DAY				
	3. 1 - 3 A DAY				
	4. 4 - 12 A DAY				
	5. MORE THAN 12 A DAY				
DE13736	VALUE	FREQ	CUM FREQ	%	CUM %
1		3947	943	60.26	60.26
2		913	1199	16.36	76.61
3		256	1473	17.51	94.12
4		274	1558	5.43	99.55
5		85	1565	0.45	100.00
DE13735	FILE PHABNE				
67.	HAS A DOCTOR EVER SAID THAT YOU HAVE RHEUMATISM OR ARTHRITIS?				
	1. YES				
	2. NO				
DE13735	VALUE	FREQ	CUM FREQ	%	CUM %
1		3934	424	26.87	26.87
2		424	1578	73.13	100.00

DE18996	FILE PHABNE
68. HAS A DOCTOR EVER SAID THAT YOU HAVE GOUT OR HIGH URIC ACID LEVEL?	
1. YES (Go to Q. 68a)	
2. NO (Go to Q. 69)	

DE18996	VALUE	FREQ	CUM FREQ	%	CUM %
1	3943	75	75	4.78	4.78
2	1494	1494	1569	95.22	100.00

DE18997	FILE PHABNE
68a. ARE YOU CURRENTLY TAKING ANY OF THESE MEDICATIONS FOR YOUR GOUT OR HIGH URIC ACID LEVEL? - COLCHICINE, ALLOPURINOL, ZYLOPRIM, BENEMID, COLBENEMID	
1. YES, ONE OR MORE OF THESE	
2. NO, NOT TAKING ANY OF THESE	

DE18997	VALUE	FREQ	CUM FREQ	%	CUM %
1	5055	19	19	4.16	4.16
2	438	438	457	95.84	100.00

DE18998	FILE PHABNE
69. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR PROBLEMS WITH YOUR JOINTS OR MUSCLES?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	
5. HAVE NOT SEEN A DOCTOR FOR THESE PROBLEMS	

DE18998	VALUE	FREQ	CUM FREQ	%	CUM %
1	4019	199	199	13.33	13.33
2	131	330	330	8.77	22.10
3	124	454	454	8.31	30.41
4	603	1057	1057	40.39	70.80
5	436	1493	1493	29.20	100.00

DE19002

FILE PHABNE

73. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS THE TROUBLE WITH YOUR JOINTS OR MUSCLES KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

NOTE: Code values of 99 indicate responses of 100 or greater.

SHORTNESS OF BREATH
OR ENLARGED HEART

DE19002	VALUE	FREQ	CUM FREQ	%	CUM %
1	0	3961	1496	96.45	96.45
2	1	1496	1507	0.71	97.16
3	2	13	1520	0.84	98.00
4	3	7	1527	0.45	98.45
5	4	3	1530	0.19	98.65
6	5	2	1532	0.13	98.78
7	6	2	1534	0.13	98.90
8	7	4	1538	0.26	99.16
9	8	3	1541	0.19	99.36
10	10	4	1545	0.26	99.61
15	15	2	1547	0.13	99.74
20	20	1	1548	0.06	99.81
21	21	1	1549	0.06	99.87
23	23	1	1550	0.06	99.94
99	99	1	1551	0.06	100.00

DE 19003

74. DURING THE PAST 12 MONTHS, HAVE YOU EVER FELT SHORT OF BREATH?

1. YES (Go to Q. 74a)
2. NO (Go to Q. 75)

FILE PHABNE

DE19004	FILE PHABNE
74a.	HAS A DOCTOR EVER TOLD YOU THAT YOU HAD AN ENLARGED HEART OR HEART FAILURE?
	1. YES (Go to Q. 76a)
	2. NO (Go to Q. 76a)

DE19004	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3942	67	4.27	4.27
	2	1503	1570	95.73	100.00

DE19005	FILE PHABNE
75.	HAS A DOCTOR EVER TOLD YOU THAT YOU HAD AN ENLARGED HEART OR HEART FAILURE?
	1. YES (Go to Q. 76a)
	2. NO (Go to Q. 84)

DE19005	VALUE	FREQ	CUM FREQ	%	CUM %
	1	912	72	1.57	1.57
	2	4528	4600	98.44	100.00

DE13745	FILE PHABNE
76a.	DURING THE PAST 3 MONTHS, HAVE YOU BEEN TROUBLED BY SHORTNESS OF BREATH WHEN YOU HURRIED OR WALKED UPHILL?
	1. YES
	2. NO

DE13745	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3863	793	48.09	48.09
	2	856	1649	51.91	100.00

DE13746	FILE PHABNE	DE13746							
76b.	DURING THE PAST 3 MONTHS, HAVE YOU BEEN SHORT OF BREATH WHEN YOU WALKED WITH PEOPLE YOUR OWN AGE ON LEVEL GROUND?	VALUE	FREQ	CUM FREQ	%	CUM %			
	1. YES	1	3904	196	12.19	12.19			
	2. NO	2	1412	1608	87.81	100.00			
DE13747	FILE PHABNE	DE13747							
76c.	IN THE PAST 3 MONTHS, HAVE YOU HAD TO STOP, BECAUSE OF SHORTNESS OF BREATH, WHEN YOU WALKED AT YOUR OWN PACE ON LEVEL GROUND?	VALUE	FREQ	CUM FREQ	%	CUM %			
	1. YES	1	3912	135	8.44	8.44			
	2. NO	2	1465	1600	91.56	100.00			
DE13748	FILE PHABNE	DE13748							
76d.	IN THE PAST 3 MONTHS, HAVE YOU BEEN BOTHERED BY SHORTNESS OF BREATH WHEN YOU BATHED OR DRESSED YOURSELF?	VALUE	FREQ	CUM FREQ	%	CUM %			
	1. YES	1	3926	96	6.05	6.05			
	2. NO	2	1490	1586	93.95	100.00			

DE13744	FILE PHABNE	DE13744			
76e. IN THE PAST 3 MONTHS, DID YOU EVER WAKE UP AT NIGHT SO SHORT OF BREATH THAT YOU HAD TO SIT ON THE SIDE OF THE BED OR GET UP FOR RELIEF?		VALUE	FREQ	CUM FREQ	CUM %
1. YES		1	3941	84	5.35
2. NO		2	1487	1571	94.65
					100.00
DE13752	FILE PHABNE	DE13752			
76f. DURING THE PAST 3 MONTHS, DID YOU EVER SLEEP ON MORE THAN ONE PILLOW BECAUSE OF A PROBLEM WITH SHORTNESS OF BREATH?		VALUE	FREQ	CUM FREQ	CUM %
1. YES (Go to Q. 76g)		1	3935	96	6.09
2. NO (Go to Q. 77)		2	1481	1577	93.91
					100.00
DE19006	FILE PHABNE	DE19006			
76g. HOW MANY PILLOWS DO YOU USUALLY USE?		VALUE	FREQ	CUM FREQ	CUM %
1. TWO		1	5102	371	90.49
2. THREE		2	371	399	6.83
3. FOUR OR MORE		3	11	410	2.68
					100.00

DE13750	FILE PHABNE
77. THINKING OF THE PAST 3 MONTHS, DID YOUR ANKLES EVER SWELL DURING THE DAY ENOUGH TO MAKE YOUR SHOES FEEL TIGHT?	
1. YES (Go to Q. 77a)	
2. NO (Go to Q. 78)	

DE13750	VALUE	FREQ	CUM FREQ	%	CUM %
1	3922	271	271	17.04	17.04
2	1319	1590	1590	82.96	100.00

DE13751	FILE PHABNE
77a. WHEN THIS HAPPENED, WERE THEY USUALLY STILL SWOLLEN THE NEXT MORNING?	
1. YES	
2. NO	

DE13751	VALUE	FREQ	CUM FREQ	%	CUM %
1	5066	59	59	13.23	13.23
2	387	446	446	86.77	100.00

DE19007	FILE PHABNE
78. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR SHORTNESS OF BREATH, ENLARGED HEART OR HEART FAILURE?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	
5. NEVER SAW DOCTOR ABOUT THIS	

DE19007	VALUE	FREQ	CUM FREQ	%	CUM %
1	3948	135	135	8.63	8.63
2	65	200	200	4.16	12.79
3	74	274	274	4.73	17.52
4	153	427	427	9.78	27.30
5	1137	1564	1564	72.70	100.00

DE19008	FILE PHABNE
79. HAS A DOCTOR EVER PRESCRIBED DIURETIC (FLUID OR WATER) PILLS FOR YOUR CONDITION?	
1. YES (Go to Q. 79a)	
2. NO (Go to Q. 80)	

DE13753	FILE PHABNE
79a. DO YOU CURRENTLY TAKE DIURETIC PILLS?	
1. YES	
2. NO	

DE19009	FILE PHABNE
80. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE19008	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3942	197	12.55	12.55
	2	1373	1570	87.45	100.00

DE13753	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4889	101	16.21	16.21
	2	522	623	83.79	100.00

DE19009	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3968	17	1.10	1.10
	2	17	81	4.15	5.25
	3	64	311	14.90	20.14
	4	230	1544	79.86	100.00
		1233			

DE19010	FILE	PHABNE
81.	DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE WORRIED OR CONCERNED YOU?	
	1. A GREAT DEAL	
	2. SOMEWHAT	
	3. A LITTLE	
	4. NOT AT ALL	

DE19010	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3980	39	2.55	2.55
	2	86	125	5.61	8.16
	3	415	540	27.09	35.25
	4	992	1532	64.75	100.00

DE19011	FILE	PHABNE
82.	DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	
	1. ALL OF THE TIME	
	2. MOST OF THE TIME	
	3. SOME OF THE TIME	
	4. A LITTLE OF THE TIME	
	5. NONE OF THE TIME	

DE19011	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3981	9	0.59	0.59
	2	14	23	0.91	1.50
	3	69	92	4.51	6.01
	4	175	267	11.43	17.44
	5	1264	1531	82.56	100.00

DE19012	FILE PHABNE
83. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	
_____ DAYS IN BED LAST MONTH	

NOTE: Code values of 99 indicate responses of 100 or greater.

+-----+
| HEART |
+-----+

DE13770	FILE PHABNE
84. HAS A DOCTOR EVER SAID THAT YOU HAD A HEART ATTACK?	
1. YES	
2. NO	

NOTE: Asked in HEART battery of questions in South Carolina 3-year enrollment only. (See Q. 106 for Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment.)

DE19012	VALUE	FREQ	CUM FREQ	%	CUM %
	0	3997	1489	98.28	98.28
	1	1489	1491	0.13	98.42
	2	5	1496	0.33	98.75
	3	3	1499	0.20	98.94
	4	3	1502	0.20	99.14
	5	2	1504	0.13	99.27
	9	1	1505	0.07	99.34
	10	2	1507	0.13	99.47
	15	2	1509	0.13	99.60
	18	2	1511	0.13	99.74
	20	1	1512	0.07	99.80
	24	1	1513	0.07	99.87
	30	1	1514	0.07	99.93
	99	1	1515	0.07	100.00

DE13770	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3867	30	1.82	1.82
	2	1615	1645	98.18	100.00

DE19013	FILE PHABNE
85. HAVE YOU EVER TAKEN ANY OF THESE HEART MEDICINES? - DIGITALIS, DIGITALIS LEAF, DIGITOXIN, DIGOXIN, LANOXIN	
1. YES, HAVE TAKEN 1 OR MORE OF THESE (Go to Q. 85a)	
2. NO, HAVE NEVER TAKEN ANY OF THESE (Go to Q. 86)	

DE19013	VALUE	FREQ	CUM FREQ	%	CUM %
1	48	48	62	1.14	1.14
2	5402	5402	5464	98.87	100.00

DE19014	FILE PHABNE
85a. ARE YOU CURRENTLY TAKING ANY OF THESE HEART MEDICINES? - DIGITALIS, DIGITALIS LEAF, DIGITOXIN, DIGOXIN, LANOXIN	
1. YES	
2. NO	

DE19014	VALUE	FREQ	CUM FREQ	%	CUM %
1	4904	4904	27	4.44	4.44
2	581	581	608	95.56	100.00

+-----+
 | BLOOD PRESSURE |
 +-----+

DE13869	FILE PHABNE
86. HAVE YOU EVER HAD YOUR BLOOD PRESSURE CHECKED?	
1. YES (Go to Q. 86a)	
2. NO (Go to Q. 87)	

DE13869	VALUE	FREQ	CUM FREQ	%	CUM %
1	47	47	5207	95.28	95.28
2	258	258	5465	4.72	100.00

DE13870

FILE PHABNE

86a. WHEN DID YOU LAST HAVE YOUR BLOOD PRESSURE CHECKED?

1. WITHIN PAST 6 MONTHS

2. 7 - 12 MONTHS

3. 1 - 2 YEARS AGO

4. 3 - 5 YEARS AGO

5. MORE THAN 5 YEARS AGO

DE13872

FILE PHABNE

87. HAS A DOCTOR EVER SAID THAT YOU HAD HIGH BLOOD PRESSURE?

1. YES (Go to Q. 88)

2. NO (Go to Q. 100)

DE13873

FILE PHABNE

88. HOW LONG AGO DID THE DOCTOR FIRST SAY THAT YOU HAD HIGH BLOOD PRESSURE?

1. WITHIN PAST 6 MONTHS

2. 7 - 12 MONTHS AGO

3. 1 - 2 YEARS AGO

4. 3 - 5 YEARS AGO

5. MORE THAN 5 YEARS AGO

DE13870	VALUE	FREQ	CUM FREQ	%	CUM %
	1	267	267	54.59	54.59
	2	2863	3931	21.51	76.09
	3	1128	4800	15.42	91.52
	4	809	5114	5.99	97.50
	5	314	5245	2.50	100.00
		131			

DE13872	VALUE	FREQ	CUM FREQ	%	CUM %
	1	27	27	14.49	14.49
	2	795	795	85.51	100.00
		4690	5485		

DE13873	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4675	4675	19.00	19.00
	2	159	159	13.02	32.02
	3	109	268	20.55	52.57
	4	172	440	19.12	71.69
	5	160	600	28.32	100.00
		237	837		

DE13874	FILE PHABNE
89. DID THE DOCTOR SAY MORE THAN ONE TIME THAT YOU HAD HIGH BLOOD PRESSURE, OR DID HE SAY THAT JUST ONE TIME?	
1. MORE THAN ONE TIME	
2. ONLY ONE TIME	

DE13874					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	4683	464	55.97	55.97	
2	365	829	44.03	100.00	

DE13875	FILE PHABNE
90. HAS A DOCTOR EVER PRESCRIBED PILLS OR MEDICINE FOR YOUR HIGH BLOOD PRESSURE?	
1. YES (Go to Q. 90a)	
2. NO (Go to Q. 91)	

DE13875					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	4616	491	54.80	54.80	
2	405	896	45.20	100.00	

DE13876	FILE PHABNE
90a. ARE YOU TAKING THE PILLS OR MEDICINE NOW?	
1. YES, TAKING NOW	
2. NO, I DECIDED TO STOP	
3. NO, DOCTOR TOLD ME TO STOP	
4. NO, NEVER TOOK PILLS OR MEDICINE	

DE13876					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	4856	297	45.27	45.27	
2	297	382	12.96	58.23	
3	113	495	17.23	75.46	
4	161	656	24.54	100.00	

DE13877	FILE PHABNE
91. AS FAR AS YOU KNOW, IS YOUR BLOOD PRESSURE CURRENTLY HIGH, OR IS IT NORMAL NOW?	
1. IT IS HIGH NOW	
2. IT IS NORMAL NOW	

DE13877	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4588	155	16.78	16.78
	2	769	924	83.23	100.00

DE19015	FILE PHABNE
92a. HOW OFTEN DO YOU ADD SALT TO YOUR FOOD AT THE TABLE?	
1. OFTEN	
2. SOMETIMES	
3. ONCE IN A WHILE	
4. NEVER	

DE19015	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4544	244	25.21	25.21
	2	244	423	18.49	43.70
	3	179	699	28.51	72.21
	4	269	968	27.79	100.00

DE19016	FILE PHABNE
92b. HOW OFTEN IS SALT ADDED TO YOUR FOOD IN COOKING?	
1. OFTEN	
2. SOMETIMES	
3. ONCE IN A WHILE	
4. NEVER	

DE19016	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4551	504	52.45	52.45
	2	504	744	24.97	77.42
	3	240	897	15.92	93.34
	4	153	961	6.66	100.00

DEI3879	FILE PHABNE
93. DID A DOCTOR EVER TELL YOU TO EAT LESS SALT BECAUSE OF YOUR HIGH BLOOD PRESSURE?	
1. YES	
2. NO	

DEI3879	VALUE	FREQ	CUM FREQ	%	CUM %
1	4572	363	363	38.62	38.62
2	577	940	940	61.38	100.00

DEI3880	FILE PHABNE
94. BECAUSE OF YOUR HIGH BLOOD PRESSURE, ARE YOU CURRENTLY ON A WEIGHT-LOSING DIET?	
1. YES	
2. NO	

DEI3880	VALUE	FREQ	CUM FREQ	%	CUM %
1	4590	137	137	14.86	14.86
2	785	922	922	85.14	100.00

DEI9017	FILE PHABNE
95. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR HIGH BLOOD PRESSURE?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	

DEI9017	VALUE	FREQ	CUM FREQ	%	CUM %
1	4646	308	308	35.57	35.57
2	308	448	448	16.17	51.73
3	140	566	566	13.63	65.36
4	118	866	866	34.64	100.00

DEI3884	FILE PHABNE
99. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR HIGH BLOOD PRESSURE KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	
_____ DAYS IN BED LAST MONTH	

NOTE: Code values of 99 indicate responses of 100 or greater.

+-----+
| STROKE |
+-----+

DEI9827	FILE PHABNE
100. HAVE YOU EVER HAD A STROKE (CEREBROVASCULAR ACCIDENT)?	
1. YES, WITHIN PAST YEAR	
2. YES, 1 - 5 YEARS AGO	
3. YES, MORE THAN 5 YEARS AGO	
4. NO	

NOTE: Asked in South Carolina 3-year enrollment only.

DEI3884	VALUE	FREQ	CUM FREQ	%	CUM %
	0	4590	896	97.18	97.18
	1	896	897	0.11	97.29
	2	10	907	1.09	98.37
	3	6	913	0.65	99.02
	4	1	914	0.11	99.13
	5	2	916	0.22	99.35
	6	1	917	0.11	99.46
	7	3	920	0.33	99.78
	18	1	921	0.11	99.89
	99	1	922	0.11	100.00

DEI9827	VALUE	FREQ	CUM FREQ	%	CUM %
	2	4665	3	0.35	0.35
	3	3	5	0.24	0.59
	4	842	847	99.41	100.00

+-----+
 | CHEST PAIN, DISCOMFORT, |
 | HEAVINESS OR PRESSURE |
 +-----+

DE19018	FILE PHABNE
101. HAVE YOU HAD CHEST PAIN IN THE PAST 12 MONTHS? (DO NOT INCLUDE PAIN DUE TO A COLD OR TO AN ACCIDENT OR INJURY.)	
1. YES (Go to Q. 102)	
2. NO (Go to Q. 101a)	

DE13758	FILE PHABNE
101a. HAVE YOU HAD ANY DISCOMFORT, HEAVINESS OR PRESSURE IN YOUR CHEST DURING THE PAST 12 MONTHS? (NOT CAUSED BY A COLD OR BY AN ACCIDENT OR INJURY.)	
1. YES (Go to Q. 102)	
2. NO (Go to Q. 112)	

DE19019	FILE PHABNE
102. HOW OFTEN DO YOU GET THIS FEELING IN YOUR CHEST?	
1. ALMOST EVERY DAY	
2. A FEW TIMES A WEEK	
3. ABOUT ONCE A WEEK	
4. A FEW TIMES A MONTH	
5. ABOUT ONCE A MONTH	
6. LESS THAN ONCE A MONTH	

DE19018	VALUE	FREQ	CUM FREQ	%	CUM %
1		40	696	12.72	12.72
2		4776	5472	87.28	100.00

DE13758	VALUE	FREQ	CUM FREQ	%	CUM %
1		532	356	7.15	7.15
2		4624	4980	92.85	100.00

DE19019	VALUE	FREQ	CUM FREQ	%	CUM %
1		4593	49	5.33	5.33
2		49	175	13.71	19.04
3		126	229	5.88	24.92
4		54	449	23.94	48.86
5		220	556	11.64	60.50
6		107	919	39.50	100.00

DE13759	FILE PHABNE
103. DO YOU GET THIS FEELING IN YOUR CHEST WHEN YOU WALK UPHILL OR HURRY?	
1. YES (Go to Q. 103a-b-c-d-e)	
2. NO (Go to Q. 104)	

DE13759	VALUE	FREQ	CUM FREQ	%	CUM %
1	4526	283	283	28.70	28.70
2	703	986	986	71.30	100.00

DE13760	FILE PHABNE
103a. DO YOU GET THIS FEELING IN YOUR CHEST WHEN YOU WALK AT AN ORDINARY PACE ON LEVEL GROUND?	
1. YES	
2. NO	

DE13760	VALUE	FREQ	CUM FREQ	%	CUM %
1	5032	87	87	18.13	18.13
2	393	480	480	81.88	100.00

DE13761	FILE PHABNE
103b. WHAT DO YOU USUALLY DO WHEN YOU GET THIS FEELING IN YOUR CHEST WHILE WALKING?	
1. STOP FOR A WHILE	
2. SLOW DOWN	
3. CONTINUE AT SAME PACE	

DE13761	VALUE	FREQ	CUM FREQ	%	CUM %
1	5118	134	134	34.01	34.01
2	188	322	322	47.72	81.73
3	72	394	394	18.27	100.00

DEI9022	FILE PHABNE
104. WHERE DO YOU USUALLY GET THIS PAIN?	
	1. LEFT SIDE OF CHEST
	2. RIGHT SIDE OF CHEST
	3. MIDDLE OF CHEST
	4. NECK
	5. LEFT ARM
	6. RIGHT ARM

DEI9022	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4655	266	31.04	31.04
	2	266	320	6.30	37.34
	3	54	814	57.64	94.98
	4	494	831	1.98	96.97
	5	17	844	1.52	98.48
	6	13	857	1.52	100.00

DEI9023	FILE PHABNE
105. WHEN WAS THE LAST TIME YOU SAW A DOCTOR FOR THIS CHEST PAIN?	
	1. WITHIN PAST 3 MONTHS
	2. 3 - 6 MONTHS AGO
	3. 7 - 12 MONTHS AGO
	4. MORE THAN 1 YEAR AGO
	5. HAVE NOT SEEN A DOCTOR FOR THIS CHEST PAIN

DEI9023	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4586	131	14.15	14.15
	2	131	202	7.67	21.81
	3	71	298	10.37	32.18
	4	96	607	33.37	65.55
	5	309	925	34.34	99.89
	6	318	926	0.11	100.00

NOTE: Code 6 is invalid data for this file. Invalid data were not changed, and remain in the file.

DEI3770	FILE PHABNE
106. HAS A DOCTOR EVER SAID THAT YOU HAD A HEART ATTACK?	
	1. YES
	2. NO

DEI3770	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3867	30	1.82	1.82
	2	30	1645	98.18	100.00

NOTE: Asked in CHEST PAIN, DISCOMFORT, HEAVINESS OR PRESSURE battery of questions in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only. (See Q. 84 for South Carolina 3-year enrollment.)

DEI3771	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4505	28	2.78	2.78
	2	979	1007	97.22	100.00

DEI9024	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4520	26	2.62	2.62
	2	7	33	0.71	3.33
	3	959	992	96.67	100.00

DEI9025	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4524	19	1.92	1.92
	2	5	24	0.51	2.43
	3	964	988	97.57	100.00

DEI3771	FILE PHABNE
107. HAS A DOCTOR EVER SAID THAT YOU HAVE ANGINA?	
1. YES	
2. NO	

DEI9024	FILE PHABNE
107a. DURING THE PAST 12 MONTHS, DID YOU EVER PLACE A NITROGLYCERINE, CARDILATE, OR ISORDIL PILL UNDER YOUR TONGUE FOR YOUR CHEST PAIN?	
1. YES, AND IT HELPED	
2. YES, BUT IT DID NOT HELP	
3. NO, DID NOT PLACE ANY PILL UNDER TONGUE	

DEI9025	FILE PHABNE
107b. DURING THE PAST 12 MONTHS, DID YOU EVER TAKE A SORBITRATE PILL (OR A SIMILAR PILL) THAT YOU CHEW FOR YOUR CHEST PAIN?	
1. YES, AND IT HELPED	
2. YES, BUT IT DID NOT HELP	
3. NO, DID NOT CHEW ANY PILL	

DE13776	VALUE	FREQ	CUM FREQ	%	CUM %
	0	4491	993	97.26	97.26
	1	993	996	0.29	97.55
	2	3	1002	0.59	98.14
	3	5	1007	0.49	98.63
	5	2	1009	0.20	98.83
	6	1	1010	0.10	98.92
	9	2	1012	0.20	99.12
	10	3	1015	0.29	99.41
	15	2	1017	0.20	99.61
	18	2	1019	0.20	99.80
	20	1	1020	0.10	99.90
	30	1	1021	0.10	100.00

DE13777A	VALUE	FREQ	CUM FREQ	%	CUM %
	1	872	222	4.78	4.78
	2	4418	4640	95.22	100.00

DE13776

FILE PHABNE

111. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR CHEST PAIN OR HEART TROUBLE KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

CHRONIC BRONCHITIS,
EMPHYSEMA, PHLEGM

Two versions of Q. 112, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE13777A

FILE PHABNE

112. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD CHRONIC BRONCHITIS OR EMPHYSEMA?

1. YES (Go to Q. 112a-b)
2. NO (Go to Q. 113)

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE13777B	FILE PHABNE			
	112. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD CHRONIC BRONCHITIS OR EMPHYSEMA?			
	1. YES, BOTH CHRONIC BRONCHITIS AND EMPHYSEMA (Go to Q. 112a-b)			
	2. YES, CHRONIC BRONCHITIS (Go to Q. 112a-b)			
	3. YES, EMPHYSEMA (Go to Q. 112a-b)			
DE19026	FILE PHABNE			
	112a. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT THE CHRONIC BRONCHITIS OR EMPHYSEMA?			
	1. WITHIN PAST 3 MONTHS			
	2. 3 - 6 MONTHS AGO			
	3. 7 - 12 MONTHS AGO			
DE13779	FILE PHABNE			
	112b. DURING THE PAST 12 MONTHS, HAVE YOU BROUGHT UP ANY PHLEGM (THICK SPIT) FROM YOUR CHEST THE FIRST THING IN THE MORNING?			
	1. YES (Go to Q. 114a)			
	2. NO (Go to Q. 120)			

DE13777B	VALUE	FREQ	CUM FREQ	%	CUM %
1	4666	1	1	0.12	0.12
2	14	14	15	1.66	1.77
3	9	24	24	1.06	2.84
4	822	846	846	97.16	100.00

DE19026	VALUE	FREQ	CUM FREQ	%	CUM %
1	5194	50	50	15.72	15.72
2	31	81	81	9.75	25.47
3	36	117	117	11.32	36.79
4	201	318	318	63.21	100.00

DE13779	VALUE	FREQ	CUM FREQ	%	CUM %
1	5083	176	176	41.03	41.03
2	253	429	429	58.97	100.00

NOTE: Asked in South Carolina 3-year enrollment only.

DE13780	FILE PHABNE			
	113. DURING THE PAST 12 MONTHS, HAVE YOU BROUGHT UP ANY PHLEGM (THICK SPIT) FROM YOUR CHEST THE FIRST THING IN THE MORNING?			
	1. YES (Go to Q. 114a)			
	2. NO (Go to Q. 126)			
VALUE	FREQ	CUM FREQ	%	CUM %
1	232	964	18.26	18.26
2	4316	5280	81.74	100.00
DE19027	FILE PHABNE			
	114a. DURING THE PAST YEAR, WERE THERE AT LEAST 3 MONTHS WHEN YOU BROUGHT UP PHLEGM (THICK SPIT) ON MOST DAYS?			
	1. YES			
	2. NO			
VALUE	FREQ	CUM FREQ	%	CUM %
1	4188	483	36.48	36.48
2	841	1324	63.52	100.00
DE19028	FILE PHABNE			
	114b. DURING THE YEAR BEFORE THAT, WERE THERE AT LEAST 3 MONTHS WHEN YOU BROUGHT UP PHLEGM (THICK SPIT) ON MOST DAYS?			
	1. YES			
	2. NO			
VALUE	FREQ	CUM FREQ	%	CUM %
1	4258	397	31.66	31.66
2	857	1254	68.34	100.00

DE19029	FILE PHABNE	DE19029	VALUE	FREQ	CUM FREQ	%	CUM %
115. USUALLY, WHAT COLOR IS THE PHLEGM (THICK SPIT)?							
1. GREEN		1	4382	87	87	7.70	7.70
2. YELLOW		2	381	381	468	33.72	41.42
3. BROWN		3	147	528	615	13.01	54.43
4. CLEAR OR COLORLESS		4	492	1020	1107	43.54	97.97
5. BLOOD-STREAKED		5	23	1043	1130	2.04	100.00

DE13786	FILE PHABNE	DE13786	VALUE	FREQ	CUM FREQ	%	CUM %
116. DO YOU BRING UP PHLEGM (THICK SPIT) AT OTHER TIMES OF THE DAY BESIDES THE FIRST THING IN THE MORNING?							
1. NO, ONLY IN MORNING		1	4377	518	518	45.64	45.64
2. YES, DURING THE DAY, BUT NOT AT NIGHT		2	208	726	726	18.33	63.97
3. YES, AT NIGHT, BUT NOT DURING THE DAY		3	13	739	739	1.15	65.11
4. YES, BOTH AT NIGHT AND DURING THE DAY		4	396	1135	1135	34.89	100.00

DE19030	FILE PHABNE	DE19030	VALUE	FREQ	CUM FREQ	%	CUM %
117. ABOUT HOW MUCH PHLEGM (THICK SPIT) WOULD YOU SAY YOU BRING UP ON AN AVERAGE DAY WHEN YOU HAVE THIS PROBLEM?							
1. 1 TABLESPOON OR LESS		1	4378	747	747	65.87	65.87
2. 2 - 3 TABLESPOONS		2	257	1004	1004	22.66	88.54
3. QUARTER CUP (4 TABLESPOONS)		3	84	1088	1088	7.41	95.94
4. MORE THAN A QUARTER, TO HALF CUP		4	27	1115	1115	2.38	98.33
5. MORE THAN HALF CUP		5	19	1134	1134	1.68	100.00

DE13788	FILE PHABNE
118. ARE YOU CURRENTLY BRINGING UP PHLEGM (THICK SPIT)?	
1. YES	
2. NO	

DE13788	VALUE	FREQ	CUM FREQ	%	CUM %
1	4278	537	537	43.52	43.52
2	697	1234	1234	56.48	100.00

DE13790	FILE PHABNE
119. HAVE YOU EVER SEEN A DOCTOR ABOUT THE PHLEGM (THICK SPIT)?	
1. YES (Go to Q. 119a)	
2. NO (Go to Q. 120a)	

DE13790	VALUE	FREQ	CUM FREQ	%	CUM %
1	4288	188	188	15.36	15.36
2	1036	1224	1224	84.64	100.00

DE19031	FILE PHABNE
119a. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT THIS PROBLEM?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	

DE19031	VALUE	FREQ	CUM FREQ	%	CUM %
1	5262	69	69	27.60	27.60
2	41	110	110	16.40	44.00
3	31	141	141	12.40	56.40
4	109	250	250	43.60	100.00

DE13801	FILE PHABNE					
	121e.	WHETHER OR NOT A DOCTOR PRESCRIBED IT, ARE YOU CURRENTLY DOING THE FOLLOWING THING FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM?				
		REDUCING OR SLOWING DOWN YOUR ACTIVITY				
		1. YES				
		2. NO				
	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4186	68	5.13	5.13	
	2	1258	1326	94.87	100.00	
DE13802	FILE PHABNE					
	122.	DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM CAUSED YOU?				
		1. A GREAT DEAL OF PAIN				
		2. SOME PAIN				
		3. A LITTLE PAIN				
	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4186	11	0.83	0.83	
	2	11	66	4.15	4.98	
	3	55	245	13.50	18.48	
	4	1081	1326	81.52	100.00	
DE13803	FILE PHABNE					
	123.	DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM WORRIED OR CONCERNED YOU?				
		1. A GREAT DEAL				
		2. SOMEWHAT				
		3. A LITTLE				
	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4185	26	1.96	1.96	
	2	26	93	5.05	7.01	
	3	67	426	25.09	32.10	
	4	333	1327	67.90	100.00	

DEI3804	FILE PHABNE
124.	DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?
	1. ALL OF THE TIME
	2. MOST OF THE TIME
	3. SOME OF THE TIME
	4. A LITTLE OF THE TIME
	5. NONE OF THE TIME

DEI3804	VALUE	FREQ	CUM FREQ	%	CUM %
1	4187	4	4	0.30	0.30
2	4	11	11	0.53	0.83
3	31	42	42	2.34	3.17
4	63	105	105	4.76	7.93
5	1220	1325	1325	92.08	100.00

DEI3805	FILE PHABNE
125.	DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)
	_____ DAYS IN BED LAST MONTH

DEI3805	VALUE	FREQ	CUM FREQ	%	CUM %
0	4192	1281	1281	97.05	97.05
1	8	1289	1289	0.61	97.65
2	12	1301	1301	0.91	98.56
3	4	1305	1305	0.30	98.86
4	4	1309	1309	0.30	99.17
5	1	1310	1310	0.08	99.24
8	3	1313	1313	0.23	99.47
10	5	1318	1318	0.38	99.85
14	1	1319	1319	0.08	99.92
20	1	1320	1320	0.08	100.00

DEI4252	FILE PHABNE
126.	HAS A DOCTOR EVER SAID THAT YOU HAD TUBERCULOSIS (T.B.)?
	1. YES (Go to Q. 127)
	2. NO (Go to Q. 133)

DEI4252	VALUE	FREQ	CUM FREQ	%	CUM %
1	26	42	42	0.77	0.77
2	5444	5486	5486	99.23	100.00

DE14253	FILE PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
127.	DID YOU TAKE OR ARE YOU NOW TAKING ANY PRESCRIBED MEDICINES FOR YOUR TUBERCULOSIS (T.B.)?					
	1. YES	1	5253	25	9.65	9.65
	2. NO	2	234	259	90.35	100.00

DE19032	FILE PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
128.	WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT TUBERCULOSIS (T.B.)?					
	1. WITHIN THE PAST 3 MONTHS	1	5361	17	11.26	11.26
	2. 3 - 6 MONTHS AGO	2	17	26	5.96	17.22
	3. 7 - 12 MONTHS AGO	3	19	45	12.58	29.80
	4. MORE THAN 1 YEAR AGO	4	106	151	70.20	100.00

DE14255	FILE PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
129.	DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR TUBERCULOSIS (T.B.) CAUSED YOU?					
	1. A GREAT DEAL OF PAIN	1	5324	2	1.06	1.06
	2. SOME PAIN	2	2	6	2.13	3.19
	3. A LITTLE PAIN	3	4	188	96.81	100.00
	4. NO PAIN AT ALL	4	182			

-----+
 | STOMACH PAIN OR ACHE |
 |-----+-----+
 +-----+

DE13885	VALUE	FREQ	CUM FREQ	%	CUM %
	1	28	28	15.08	15.08
	2	827	827	84.92	100.00
		4657	5484		

DE13886	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4503	430	42.62	42.62
	2	430	1009	57.38	100.00
		579			

DE19033	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4631	63	7.15	7.15
	2	63	157	10.67	17.82
	3	94	252	10.78	28.60
	4	95	337	9.65	38.25
	5	85	881	61.75	100.00
		544			

DE13885

FILE PHABNE

133. IN THE PAST 3 MONTHS, HAVE YOU BEEN TROUBLED BY EPISODES OR ATTACKS OF STOMACH PAIN OR STOMACH ACHE (OTHER THAN THAT CAUSED BY OVEREATING)?

1. YES (Go to Q. 134)

2. NO (Go to Q. 146)

DE13886

FILE PHABNE

134. IN THE PAST 3 MONTHS, HAVE YOU HAD THESE PAINS FOR AS MANY AS 3 DAYS IN ONE WEEK?

1. YES

2. NO

DE19033

FILE PHABNE

135. WHEN DO THESE ATTACKS OR EPISODES USUALLY COME ON?

1. JUST BEFORE EATING

2. RIGHT AFTER EATING

3. 1/2 TO 1 HOUR AFTER EATING

4. MORE THAN 1 HOUR AFTER EATING

5. NOT RELATED TO EATING

DE13888	FILE PHABNE
136. ARE THEY RELIEVED BY TAKING MILK OR FOOD?	
1. YES	
2. NO	

DE13888	VALUE	FREQ	CUM FREQ	%	CUM %
1	4619	270	270	30.24	30.24
2	623	893	893	69.77	100.00

DE13889	FILE PHABNE
137. HAVE THESE PAINS EVER AWAKENED YOU AT NIGHT?	
1. YES	
2. NO	

DE13889	VALUE	FREQ	CUM FREQ	%	CUM %
1	4582	380	380	40.86	40.86
2	550	930	930	59.14	100.00

DE19034	FILE PHABNE
138. HOW OFTEN DO YOU TAKE ANTACIDS SUCH AS TABLETS (LIKE TUMS) OR WHITE LIQUID MEDICINE (LIKE MAALOX OR GELUSIL)?	
1. DO NOT TAKE ANTACIDS	
2. ONCE A MONTH OR LESS	
3. SEVERAL (2 - 5) TIMES A MONTH	
4. SEVERAL (2 - 5) TIMES A WEEK	
5. ONCE A DAY	
6. MORE THAN ONCE A DAY	

DE19034	VALUE	FREQ	CUM FREQ	%	CUM %
1	4568	359	359	38.03	38.03
2	196	555	555	20.76	58.79
3	144	699	699	15.25	74.05
4	120	819	819	12.71	86.76
5	38	857	857	4.03	90.78
6	87	944	944	9.22	100.00

DEI9035

FILE PHABNE

139. HOW OFTEN DO YOU TAKE ASPIRIN, OR MEDICINES LIKE ASPIRIN, FOR RELIEF OF STOMACH PAIN?
1. DO NOT TAKE ASPIRIN
2. ONCE A MONTH OR LESS
3. SEVERAL (2 - 5) TIMES A MONTH
4. SEVERAL (2 - 5) TIMES A WEEK
5. ONCE A DAY
6. MORE THAN ONCE A DAY

DEI9035	VALUE	FREQ	CUM FREQ	%	CUM %
1		4574	583	62.15	62.15
2		583	750	17.80	79.96
3		167	828	8.32	88.27
4		78	872	4.69	92.96
5		44	895	2.45	95.42
6		23	938	4.58	100.00
		43			

DEI9036

FILE PHABNE

140. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR STOMACH PAIN?
1. WITHIN PAST 3 MONTHS (Go to Q. 141)
2. 3 - 6 MONTHS AGO (Go to Q. 141)
3. 7 - 12 MONTHS AGO (Go to Q. 141)
4. MORE THAN 1 YEAR AGO (Go to Q. 141)
5. NEVER SAW A DOCTOR ABOUT THIS (Go to Q. 142)

DEI9036	VALUE	FREQ	CUM FREQ	%	CUM %
1		4579	158	16.94	16.94
2		158	221	6.75	23.69
3		63	300	8.47	32.15
4		79	495	20.90	53.06
5		195	933	46.95	100.00
		438			

DEI9037

FILE PHABNE

141. DID A DOCTOR EVER PRESCRIBE ANY KIND OF MEDICINE FOR YOUR STOMACH PAIN?
1. YES
2. NO

DEI9037	VALUE	FREQ	CUM FREQ	%	CUM %
1		4852	375	56.82	56.82
2		375	660	43.18	100.00
		285			

DEI3894	FILE PHABNE	DEI3894	VALUE	FREQ	CUM FREQ	%	CUM %
142. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR STOMACH TROUBLE CAUSED YOU?							
1. A GREAT DEAL OF PAIN			1	4483			
2. SOME PAIN			2	77	77	7.48	7.48
3. A LITTLE PAIN			3	275	352	26.73	34.21
4. NO PAIN AT ALL			4	475	827	46.16	80.37
				202	1029	19.63	100.00
DEI3895	FILE PHABNE	DEI3895	VALUE	FREQ	CUM FREQ	%	CUM %
143. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR STOMACH TROUBLE WORRIED OR CONCERNED YOU?							
1. A GREAT DEAL			1	4490	76	7.44	7.44
2. SOMEWHAT			2	181	257	17.71	25.15
3. A LITTLE			3	410	667	40.12	65.26
4. NOT AT ALL			4	355	1022	34.74	100.00
DEI3896	FILE PHABNE	DEI3896	VALUE	FREQ	CUM FREQ	%	CUM %
144. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS STOMACH TROUBLE KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?							
1. ALL OF THE TIME			1	4489			
2. MOST OF THE TIME			2	2	2	0.20	0.20
3. SOME OF THE TIME			3	27	29	2.64	2.84
4. A LITTLE OF THE TIME			4	80	109	7.82	10.66
5. NONE OF THE TIME			5	202	311	19.75	30.40
				712	1023	69.60	100.00

DE13897	FILE PHABNE
145. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS STOMACH TROUBLE KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	
_____ DAYS IN BED LAST MONTH	

DE13897	VALUE	FREQ	CUM FREQ	%	CUM %
	0	4499	903	89.14	89.14
	1	903	944	4.05	93.19
	2	41	965	2.07	95.26
	3	21	978	1.28	96.55
	4	13	984	0.59	97.14
	5	6	994	0.99	98.12
	6	10	996	0.20	98.32
	7	2	1000	0.40	98.72
	8	4	1002	0.20	98.91
	10	2	1003	0.10	99.01
	14	1	1006	0.30	99.31
	15	3	1008	0.20	99.51
	20	2	1009	0.10	99.61
	30	1	1012	0.30	99.90
	31	3	1013	0.10	100.00

DE13890	FILE PHABNE
146. HAS A DOCTOR EVER SAID THAT YOU HAD A PEPTIC ULCER, STOMACH ULCER, OR DUODENAL ULCER (ULCER OF THE SMALL BOWEL)?	
1. YES (Go to Q. 147)	
2. NO (Go to Q. 149)	

DE13890	VALUE	FREQ	CUM FREQ	%	CUM %
	1	41	383	7.00	7.00
	2	383	5471	93.00	100.00

DE13891	FILE PHABNE
147. DID THE DOCTOR CONFIRM THIS ULCER WITH AN UPPER G.I. SERIES OR BARIUM-SWALLOW X-RAY EXAMINATION (SWALLOWING WHITE LIQUID MEDICINE WHILE X-RAYS ARE BEING TAKEN)? BY "CONFIRM" WE MEAN DID THE DOCTOR SAY FOR SURE THAT YOU HAD AN ULCER. 1. YES 2. NO 3. DON'T KNOW	

DE13891	VALUE	FREQ	CUM FREQ	%	CUM %
1	4966	316	316	57.88	57.88
2	193	193	509	35.35	93.22
3	37	37	546	6.78	100.00

DE19828	FILE PHABNE
148. HAVE YOU EVER HAD AN OPERATION FOR YOUR ULCER OF THE STOMACH OR DUODENUM? 1. YES, LESS THAN ONE YEAR AGO 2. YES, 1 YEAR TO 5 YEARS AGO 3. YES, MORE THAN 5 YEARS AGO 4. NO, NEVER HAD AN OPERATION FOR AN ULCER	

DE19828	VALUE	FREQ	CUM FREQ	%	CUM %
1	5400	1	1	0.89	0.89
2	1	1	2	0.89	1.79
4	110	110	112	98.21	100.00

NOTE: Asked in South Carolina 3-year enrollment only.

KIDNEY DISEASE, OR KIDNEY,
BLADDER, URINE INFECTION

DE14328

FILE PHABNE

149. DID A DOCTOR EVER SAY YOU HAD KIDNEY DISEASE?

1. YES (Go to Q. 149a)
2. NO (Go to Q. 150)

DE14328 VALUE	FREQ	CUM FREQ	%	CUM %
1	47	229	4.19	4.19
2	5236	5465	95.81	100.00

DE14329

FILE PHABNE

149a. HAVE YOU EVER HAD A KIDNEY, BLADDER, OR URINE INFECTION?

1. YES (Go to Q. 149b)
2. NO (Go to Q. 151)

DE14329 VALUE	FREQ	CUM FREQ	%	CUM %
1	4593	477	51.90	51.90
2	442	919	48.10	100.00

DE19038

FILE PHABNE

149b. HOW MANY TIMES ALTOGETHER?

1. ONCE (Go to Q. 151)
2. TWICE (Go to Q. 151)
3. 3 - 5 TIMES (Go to Q. 151)
4. 6 - 10 TIMES (Go to Q. 151)
5. MORE THAN 10 TIMES (Go to Q. 151)

DE19038 VALUE	FREQ	CUM FREQ	%	CUM %
1	5006	135	26.68	26.68
2	119	254	23.52	50.20
3	142	396	28.06	78.26
4	44	440	8.70	86.96
5	66	506	13.04	100.00

DE15013	FILE PHABNE
150. HAVE YOU EVER HAD A KIDNEY, BLADDER, OR URINE INFECTION?	
1. YES (Go to Q. 150a)	
2. NO (Go to Q. 159)	

DE15013	VALUE	FREQ	CUM FREQ	%	CUM %
1	439	1305	1305	25.72	25.72
2	3768	5073	5073	74.28	100.00

DE19039	FILE PHABNE
150a. HOW MANY TIMES ALTOGETHER?	
1. ONCE	
2. TWICE	
3. 3 - 5 TIMES	
4. 6 - 10 TIMES	
5. MORE THAN 10 TIMES	

DE19039	VALUE	FREQ	CUM FREQ	%	CUM %
1	4192	521	521	39.47	39.47
2	340	861	861	25.76	65.23
3	292	1153	1153	22.12	87.35
4	80	1233	1233	6.06	93.41
5	87	1320	1320	6.59	100.00

DE14331	FILE PHABNE
151. DO YOU CURRENTLY HAVE A KIDNEY, BLADDER, OR URINE INFECTION? FOR EXAMPLE, CYSTITIS OR PYELONEPHRITIS	
1. YES	
2. NO	

DE14331	VALUE	FREQ	CUM FREQ	%	CUM %
1	3483	66	66	3.25	3.25
2	1963	2029	2029	96.75	100.00

DE14332	FILE PHABNE				
152.	IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY PILLS OR MEDICINES FOR A KIDNEY, BLADDER, OR URINE INFECTION?				
	1. YES				
	2. NO				
DE14332	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3493	369	18.28	18.28
	2	1650	2019	81.72	100.00
DE14333	FILE PHABNE				
153.	DO YOU CURRENTLY TAKE ANY PILLS OR OTHER MEDICINES FOR KIDNEY, BLADDER OR URINE INFECTION, WHETHER OR NOT A DOCTOR PRESCRIBED THEM?				
	1. YES, THOSE PRESCRIBED				
	2. YES, BUT NOT PRESCRIBED				
	3. NO				
DE14333	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3494	67	3.32	3.32
	2	15	82	0.74	4.06
	3	1936	2018	95.94	100.00
DE19040	FILE PHABNE				
154.	WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT A KIDNEY, BLADDER, OR URINE INFECTION?				
	1. WITHIN PAST 3 MONTHS				
	2. 3 - 6 MONTHS AGO				
	3. 7 - 12 MONTHS AGO				
	4. MORE THAN 1 YEAR AGO				
	5. NEVER SAW DOCTOR ABOUT THIS				
DE19040	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3524	154	7.75	7.75
	2	154	278	6.24	13.98
	3	169	447	8.50	22.49
	4	1110	1557	55.84	78.32
	5	431	1988	21.68	100.00

DE14335	FILE PHABNE					
155.	DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION CAUSED YOU?					
	1. A GREAT DEAL OF PAIN					
	2. SOME PAIN					
	3. A LITTLE PAIN					
	4. NO PAIN AT ALL					
DE14335	VALUE	FREQ	CUM FREQ	%	CUM %	
1		3524				
2		34	34	1.71	1.71	
3		93	127	4.68	6.39	
4		176	303	8.85	15.24	
		1685	1988	84.76	100.00	
DE14336	FILE PHABNE					
156.	DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION WORRIED OR CONCERNED YOU?					
	1. A GREAT DEAL					
	2. SOMEWHAT					
	3. A LITTLE					
	4. NOT AT ALL					
DE14336	VALUE	FREQ	CUM FREQ	%	CUM %	
1		3541				
2		39	39	1.98	1.98	
3		61	100	3.10	5.07	
4		208	308	10.55	15.63	
		1663	1971	84.37	100.00	
DE14337	FILE PHABNE					
157.	DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?					
	1. ALL OF THE TIME					
	2. MOST OF THE TIME					
	3. SOME OF THE TIME					
	4. A LITTLE OF THE TIME					
	5. NONE OF THE TIME					
DE14337	VALUE	FREQ	CUM FREQ	%	CUM %	
1		3542				
2		1	1	0.05	0.05	
3		8	9	0.41	0.46	
4		36	45	1.83	2.28	
5		80	125	4.06	6.35	
		1845	1970	93.66	100.00	

DE14338	FILE	PHABNE
158. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)		
_____ DAYS IN BED LAST MONTH		

+-----+
| CHOLESTEROL |
+-----+

DE14339	FILE	PHABNE
159. HAVE YOU EVER HAD A BLOOD CHOLESTEROL TEST?		
1. YES		
2. NO		
3. DON'T KNOW		

DE14340	FILE	PHABNE
160. HAS A DOCTOR EVER SAID YOU HAVE HIGH BLOOD CHOLESTEROL?		
1. YES (Go to Q. 161)		
2. NO (Go to Q. 167)		

DE14338	VALUE	FREQ	CUM FREQ	%	CUM %
	0	3553	1922	98.11	98.11
	1	15	1937	0.77	98.88
	2	6	1943	0.31	99.18
	3	8	1951	0.41	99.59
	4	2	1953	0.10	99.69
	5	1	1954	0.05	99.75
	7	1	1955	0.05	99.80
	9	1	1956	0.05	99.85
	14	2	1958	0.10	99.95
	15	1	1959	0.05	100.00

DE14339	VALUE	FREQ	CUM FREQ	%	CUM %
	1	28	917	16.72	16.72
	2	917	3588	48.71	65.43
	3	2671	5484	34.57	100.00
		1896			

DE14340	VALUE	FREQ	CUM FREQ	%	CUM %
	1	25	141	2.57	2.57
	2	141	5487	97.43	100.00
		5346			

DEI9041	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5231	44	15.66	15.66
	2	44	77	11.74	27.40
	3	33	127	17.79	45.20
	4	50	281	54.80	100.00
		154			

DEI4342	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5171	38	11.14	11.14
	2	38	341	88.86	100.00
		303			

DEI4343	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5181	16	4.83	4.83
	2	16	18	0.60	5.44
	3	2	331	94.56	100.00
		313			

DEI9041	FILE PHABNE
161. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR HIGH CHOLESTEROL?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	

DEI4342	FILE PHABNE
162. HAS A DOCTOR EVER PRESCRIBED ANY MEDICINE FOR YOUR HIGH CHOLESTEROL?	
1. YES	
2. NO	

DEI4343	FILE PHABNE
163. ARE YOU CURRENTLY TAKING ANY MEDICINE FOR HIGH CHOLESTEROL?	
1. YES, PRESCRIBED BY A DOCTOR	
2. YES, NOT PRESCRIBED BY A DOCTOR	
3. NO, I DON'T TAKE ANY MEDICINES FOR CHOLESTEROL	

DE14344	VALUE	FREQ	CUM FREQ	%	CUM %
164. DO YOU THINK YOUR CHOLESTEROL HAS BEEN HIGH, NORMAL, OR LOW IN THE PAST 3 MONTHS? 1. HIGH 2. NORMAL 3. LOW	1	5206	1	12.75	12.75
	2	232	271	75.82	88.56
	3	35	306	11.44	100.00

DE14345	VALUE	FREQ	CUM FREQ	%	CUM %
165. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR HIGH CHOLESTEROL WORRIED OR CONCERNED YOU? 1. A GREAT DEAL 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	1	5146	1	0.55	0.55
	2	14	16	3.83	4.37
	3	39	55	10.66	15.03
	4	311	366	84.97	100.00

DE14346	VALUE	FREQ	CUM FREQ	%	CUM %
166. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR HIGH CHOLESTEROL KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO? 1. ALL OF THE TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. A LITTLE OF THE TIME 5. NONE OF THE TIME	1	5149	1	0.28	0.28
	2	1	2	0.28	0.55
	3	4	6	1.10	1.65
	4	4	10	1.10	2.76
	5	353	363	97.25	100.00

ANEMIA

DE19042	FILE PHABNE
167. HAS A DOCTOR EVER SAID THAT YOU HAD ANEMIA OR LOW BLOOD?	
1. YES (Go to Q. 168a)	
2. NO (Go to Q. 174)	

DE14316	FILE PHABNE
168a. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?	
SPECIAL DIET	
1. YES	
2. NO	

DE14317	FILE PHABNE
168b. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?	
IRON PILLS OR SHOTS	
1. YES	
2. NO	

DE19042	VALUE	FREQ	CUM FREQ	%	CUM %
1	26	935	935	17.04	17.04
2	4551	5486	5486	82.96	100.00

DE14316	VALUE	FREQ	CUM FREQ	%	CUM %
1	4426	39	39	3.59	3.59
2	1047	1086	1086	96.41	100.00

DE14317	VALUE	FREQ	CUM FREQ	%	CUM %
1	4413	249	249	22.66	22.66
2	850	1099	1099	77.34	100.00

DE14318	FILE PHABNE			
	168c. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?			
	VITAMIN PILLS OR SHOTS			
	1. YES 2. NO			
DE14319	FILE PHABNE			
	168d. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?			
	BLOOD TRANSFUSIONS			
	1. YES 2. NO			
DE14320	FILE PHABNE			
	169a. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR HAS PRESCRIBED IT?			
	SPECIAL DIET			
	1. YES 2. NO			

DE14318	VALUE	FREQ	CUM FREQ	%	CUM %
1	4427	119	119	10.97	10.97
2	966	966	1085	89.03	100.00
DE14319	VALUE	FREQ	CUM FREQ	%	CUM %
1	4434	14	14	1.30	1.30
2	1064	1064	1078	98.70	100.00
DE14320	VALUE	FREQ	CUM FREQ	%	CUM %
1	4442	29	29	2.71	2.71
2	1041	1041	1070	97.29	100.00

DE14321	FILE PHABNE
169b. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR HAS PRESCRIBED IT?	
IRON PILLS OR SHOTS	
1. YES	
2. NO	

DE14321	VALUE	FREQ	CUM FREQ	%	CUM %
1	4427	219	219	20.18	20.18
2	866	1085	1085	79.82	100.00

DE14322	FILE PHABNE
169c. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR HAS PRESCRIBED IT?	
VITAMIN PILLS OR SHOTS	
1. YES	
2. NO	

DE14322	VALUE	FREQ	CUM FREQ	%	CUM %
1	4435	171	171	15.88	15.88
2	906	1077	1077	84.12	100.00

DE14323	FILE PHABNE
169d. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR HAS PRESCRIBED IT?	
BLOOD TRANSFUSIONS	
1. YES	
2. NO	

DE14323	VALUE	FREQ	CUM FREQ	%	CUM %
1	4447	7	7	0.66	0.66
2	1058	1065	1065	99.34	100.00

DE19045	FILE PHABNE
176. WHEN WAS THE LAST TIME YOU SAW A DOCTOR OR NURSE FOR YOUR DIABETES OR PRE-DIABETES?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	

DE19045	VALUE	FREQ	CUM FREQ	%	CUM %
1	5255	64	64	24.90	24.90
2	39	103	167	15.18	40.08
3	41	144	311	15.95	56.03
4	113	257	568	43.97	100.00

DE14426	FILE PHABNE
177. DO YOU TAKE INSULIN?	
1. YES	
2. NO	

DE14426	VALUE	FREQ	CUM FREQ	%	CUM %
1	5197	36	36	11.43	11.43
2	279	315	351	88.57	100.00

DE14427	FILE PHABNE
178. DO YOU TAKE ANY MEDICINES BY MOUTH FOR DIABETES OR PRE-DIABETES?	
1. YES	
2. NO	

DE14427	VALUE	FREQ	CUM FREQ	%	CUM %
1	5197	32	32	10.16	10.16
2	283	315	347	89.84	100.00

DE14428	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5190	105	32.61	32.61
	2	217	322	67.39	100.00
DE19046	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5384	38	29.69	29.69
	2	38	59	16.41	46.09
	3	12	71	9.38	55.47
	4	33	104	25.78	81.25
	5	24	128	18.75	100.00
DE19047	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5336	89	50.57	50.57
	2	89	104	8.52	59.09
	3	15	124	11.36	70.46
	4	20	131	3.98	74.43
	5	7	136	2.84	77.27
	6	40	176	22.73	100.00

DE14428 FILE PHABNE

179. HAS A DOCTOR OR NURSE TOLD YOU TO CHECK YOUR URINE FOR SUGAR?

1. YES (Go to Q. 180)

2. NO (Go to Q. 182a)

DE19046 FILE PHABNE

180. HOW OFTEN DID THE DOCTOR OR NURSE TELL YOU TO CHECK YOUR URINE?

1. LESS THAN ONCE A WEEK

2. ONCE A WEEK

3. EVERY OTHER DAY

4. EVERY DAY

5. 2 OR MORE TIMES A DAY

DE19047 FILE PHABNE

181. IN THE PAST 30 DAYS, HOW MANY DAYS DID YOU ACTUALLY CHECK YOUR URINE AT LEAST ONCE?

1. NONE

2. 1 - 2 DAYS

3. 3 - 5 DAYS

4. 6 - 10 DAYS

5. 11 - 20 DAYS

6. 21 - 30 DAYS

DE14434

FILE PHABNE

182d. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING
THING BECAUSE OF DIABETES OR PRE-DIABETES?
DO NOT WEAR TIGHT HOSE SUPPORTERS
1. YES
2. NO

DE14435

FILE PHABNE

182e. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING
THING BECAUSE OF DIABETES OR PRE-DIABETES?
WATCH YOUR WEIGHT
1. YES
2. NO

DE14436

FILE PHABNE

183a. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR
PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?
KEEP YOUR FEET CLEAN
1. YES
2. NO

DE14434					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5210	53	17.55	17.55	
2	249	302	82.45	100.00	
DE14435					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5204	129	41.88	41.88	
2	179	308	58.12	100.00	
DE14436					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5206	163	53.27	53.27	
2	143	306	46.73	100.00	

DE14437	VALUE	FREQ	CUM FREQ	%	CUM %
183b. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?					
CUT YOUR TOENAILS STRAIGHT ACROSS AND NOT TOO SHORT					
1. YES	5213	126	126	42.14	42.14
2. NO	173	299	299	57.86	100.00

DE14438	VALUE	FREQ	CUM FREQ	%	CUM %
183c. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?					
DO NOT WALK BAREFOOT					
1. YES	5209	97	97	32.01	32.01
2. NO	206	303	303	67.99	100.00

DE14439	VALUE	FREQ	CUM FREQ	%	CUM %
183d. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?					
DO NOT WEAR TIGHT HOSE SUPPORTERS					
1. YES	5215	104	104	35.02	35.02
2. NO	193	297	297	64.98	100.00

DE14440	VALUE	FREQ	CUM FREQ	%	CUM %
183e. DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?					
WATCH YOUR WEIGHT					
1. YES	1	5210	132	43.71	43.71
2. NO	2	170	302	56.29	100.00

DE14441	VALUE	FREQ	CUM FREQ	%	CUM %
184. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR DIABETES OR PRE-DIABETES CAUSED YOU?					
1. A GREAT DEAL OF PAIN	1	5206	2	0.65	0.65
2. SOME PAIN	2	11	13	3.60	4.25
3. A LITTLE PAIN	3	11	24	3.60	7.84
4. NO PAIN AT ALL	4	282	306	92.16	100.00

DE14442	VALUE	FREQ	CUM FREQ	%	CUM %
185. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR DIABETES OR PRE-DIABETES WORRIED OR CONCERNED YOU?					
1. A GREAT DEAL	1	5214	12	4.03	4.03
2. SOMEWHAT	2	20	32	6.71	10.74
3. A LITTLE	3	46	78	15.44	26.17
4. NOT AT ALL	4	220	298	73.83	100.00

DE19048	FILE	PHABNE
189. WHERE IS, OR WAS, THE CANCER LOCATED?		
1. SKIN		
2. LUNG		
3. MOUTH OR THROAT		
4. STOMACH		
5. INTESTINE, COLON, RECTUM, BOWEL		
6. URINARY TRACT		
7. UTERUS (WOMB) OR CERVIX		
8. BLOOD (LEUKEMIA)		
9. LYMPH GLANDS OR NODES (HODGKINS)		
10. PANCREAS OR LIVER		
11. BREAST		
12. SOMEWHERE ELSE		

DE19048	VALUE	FREQ	CUM FREQ	%	CUM %
	1	54	54	24.00	24.00
	2	24	78	1.00	25.00
	3	1	79	1.00	26.00
	4	1	80	1.00	27.00
	5	4	84	4.00	31.00
	6	1	85	1.00	32.00
	7	43	128	43.00	75.00
	8	6	134	6.00	81.00
	9	1	135	1.00	82.00
	10	1	136	1.00	83.00
	11	12	148	12.00	95.00
	12	7	155	7.00	100.00

DE15342	FILE	PHABNE
190. WHEN WAS THE CANCER FIRST DIAGNOSED? (WHEN WERE YOU FIRST TOLD ABOUT IT?)		
1. WITHIN THE PAST 6 MONTHS		
2. 6 MONTHS TO 5 YEARS AGO		
3. 6 TO 10 YEARS AGO		
4. MORE THAN 10 YEARS AGO		

DE15342	VALUE	FREQ	CUM FREQ	%	CUM %
	1	53	53	9.74	9.74
	2	11	64	31.86	41.59
	3	36	100	24.78	66.37
	4	28	128	33.63	100.00

DE15343	DE15343	DE15343	DE15343	DE15343	DE15343
191. WHEN WAS THE LAST TIME YOU HAD ANY PAIN OR DISCOMFORT FROM CANCER?	VALUE	FREQ	CUM FREQ	%	CUM %
1. WITHIN THE PAST 6 MONTHS (Go to Q. 191a)	1	5337	11	6.29	6.29
2. 6 MONTHS TO 1 YEAR AGO (Go to Q. 192)	2	11	17	3.43	9.71
3. MORE THAN 1 YEAR, TO 5 YEARS AGO (Go to Q. 192)	3	37	54	21.14	30.86
4. MORE THAN 5 YEARS AGO (Go to Q. 192)	5	121	175	69.14	100.00
5. NEVER HAD PAIN OR DISCOMFORT (Go to Q. 192)					
DE19049	DE19049	DE19049	DE19049	DE19049	DE19049
191a. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS THE CANCER CAUSED YOU?	VALUE	FREQ	CUM FREQ	%	CUM %
1. A GREAT DEAL OF PAIN	1	5396	4	3.45	3.45
2. SOME PAIN	2	4	9	4.31	7.76
3. A LITTLE PAIN	3	5	14	4.31	12.07
4. NO PAIN AT ALL	4	102	116	87.93	100.00
DE15250	DE15250	DE15250	DE15250	DE15250	DE15250
192. DURING THE PAST 3 MONTHS, HOW MUCH HAS THE CANCER WORRIED OR CONCERNED YOU?	VALUE	FREQ	CUM FREQ	%	CUM %
1. A GREAT DEAL	1	5327	7	3.78	3.78
2. SOMEWHAT	2	7	15	4.32	8.11
3. A LITTLE	3	8	32	9.19	17.30
4. NOT AT ALL	4	17	185	82.70	100.00

DE15345	FILE PHABNE
196. HOW RECENTLY HAVE YOU HAD ANY RADIATION TO STOP THE CANCER?	
1. LESS THAN 6 MONTHS AGO	
2. 6 MONTHS TO 1 YEAR AGO	
3. MORE THAN 1 YEAR, TO 5 YEARS AGO	
4. MORE THAN 5 YEARS AGO	
5. NEVER HAD RADIATION	

DE15345	VALUE	FREQ	CUM FREQ	%	CUM %
1	5327	2	2	1.08	1.08
2	2	4	4	1.08	2.16
3	4	8	8	2.16	4.32
4	13	21	21	7.03	11.35
5	164	185	185	88.65	100.00

DE15346	FILE PHABNE
197. HOW RECENTLY HAVE YOU TAKEN ANY MEDICINE (PILLS, LIQUIDS, OR SHOTS) TO STOP THE CANCER?	
1. LESS THAN 6 MONTHS AGO	
2. 6 MONTHS TO 1 YEAR AGO	
3. MORE THAN 1 YEAR, TO 5 YEARS AGO	
4. MORE THAN 5 YEARS AGO	
5. NEVER TOOK MEDICINE	

DE15346	VALUE	FREQ	CUM FREQ	%	CUM %
1	5329	11	11	6.01	6.01
2	11	1	12	0.55	6.56
3	1	1	13	0.55	7.10
4	4	4	17	2.19	9.29
5	166	183	183	90.71	100.00

HEMORRHOIDS, PILES

DE14415 FILE PHABNE

198. HAVE YOU HAD HEMORRHOIDS (PILES) WITHIN THE PAST 12 MONTHS?

1. YES (Go to Q. 199)

2. NO (Go to Q. 206)

DE19050 FILE PHABNE

199. HAVE YOU EVER SEEN A DOCTOR ABOUT YOUR PILES OR HEMORRHOIDS?

1. YES (Go to Q. 199a-b-c-d)

2. NO (Go to Q. 200)

DE14416 FILE PHABNE

199a. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED RECTAL SUPPOSITORIES FOR YOUR PILES OR HEMORRHOIDS?

1. YES

2. NO

DE14415	VALUE	FREQ	CUM FREQ	%	CUM %
1		28	771	14.06	14.06
2		4713	5484	85.94	100.00

DE19050	VALUE	FREQ	CUM FREQ	%	CUM %
1		4543	371	38.29	38.29
2		598	969	61.71	100.00

DE14416	VALUE	FREQ	CUM FREQ	%	CUM %
1		5007	110	21.78	21.78
2		395	505	78.22	100.00

DE19053	FILE PHABNE
200. IN THE PAST 3 MONTHS, HAVE YOU TAKEN ANY RECTAL SUPPOSITORIES FOR YOUR PILES OR HEMORRHOIDS?	
1. YES	
2. NO	

DE19053	VALUE	FREQ	CUM FREQ	%	CUM %
1	4539	193	193	19.84	19.84
2	780	973	973	80.16	100.00

DE19054	FILE PHABNE
201. IN THE PAST 3 MONTHS, HAVE YOU TAKEN ANY SITZBATHS (HOT BATHS) BECAUSE OF YOUR PILES OR HEMORRHOIDS?	
1. YES	
2. NO	

DE19054	VALUE	FREQ	CUM FREQ	%	CUM %
1	4552	141	141	14.69	14.69
2	819	960	960	85.31	100.00

DE14420	FILE PHABNE
202. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAVE YOUR PILES OR HEMORRHOIDS CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE14420	VALUE	FREQ	CUM FREQ	%	CUM %
1	4556	25	25	2.62	2.62
2	124	149	149	12.97	15.59
3	349	498	498	36.51	52.09
4	458	956	956	47.91	100.00

DE19055

203. DURING THE PAST 3 MONTHS, HOW MUCH HAVE YOUR
PILES OR HEMORRHOIDS WORRIED OR CONCERNED YOU?

1. A GREAT DEAL
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL

FILE PHABNE

DE 14421

204. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE YOUR PILES OR HEMORRHOIDS KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME

FILE PIABNE

DE14422

FILE PHABNE

205. DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE YOUR PILES OR HEMORRHOIDS KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

DE19055				
VALUE	FREQ	CUM FREQ	%	CUM %
1	4556	22	2.30	2.30
2	22	80	6.07	8.37
3	58	378	31.17	39.54
4	298	956	60.46	100.00
	578			

DE14421				
VALUE	FREQ	CUM FREQ	%	CUM %
1	4557	3	0.31	0.31
3	3	19	1.68	1.99
4	16	86	7.02	9.01
5	67	955	91.00	100.00
	869			

DE14422				
VALUE	FREQ	CUM FREQ	%	CUM %
0	4559	944	99.06	99.06
1	944	948	0.42	99.48
2	4	951	0.32	99.79
3	3	952	0.11	99.90
7	1	953	0.11	100.00
	1			

HERNIA

DE14259	FILE PHABNE
206. HAVE YOU EVER HAD AN OPERATION FOR A HERNIA, RUPTURE, OR HERNIATED NAVEL?	
1. YES	
2. NO	

DE14259 VALUE	FREQ	CUM FREQ	%	CUM %
1	29	29	5.14	5.14
2	282	282	5.14	5.14
	5201	5483	94.86	100.00

DE14260	FILE PHABNE
207. HAVE YOU HAD A HERNIA WITHIN THE PAST 12 MONTHS?	
1. YES (Go to Q. 208)	
2. NO (Go to Q. 214)	

DE14260 VALUE	FREQ	CUM FREQ	%	CUM %
1	30	30	1.41	1.41
2	77	77	1.41	1.41
	5405	5482	98.60	100.00

DE19056	FILE PHABNE
208. DURING THE PAST 12 MONTHS, DID A DOCTOR RECOMMEND THAT YOU HAVE AN OPERATION TO REPAIR THE HERNIA, RUPTURE, OR HERNIATED NAVEL?	
1. YES, AND I HAD AN OPERATION	
2. YES, AND I PLAN TO HAVE AN OPERATION	
3. YES, BUT I DO NOT PLAN TO HAVE AN OPERATION	
4. NO, DOCTOR NEVER RECOMMENDED IT	

DE19056 VALUE	FREQ	CUM FREQ	%	CUM %
1	5195	5195	5.05	5.05
2	16	16	0.95	5.99
3	3	19	4.73	10.73
4	15	34	89.27	100.00
	283	317		

DE19057	FILE PHABNE
209. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT THE HERNIA, RUPTURE, OR HERNIATED NAVEL?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	
5. NEVER SAW DOCTOR ABOUT THIS	

DE19057	VALUE	FREQ	CUM FREQ	%	CUM %
1	5235	7	7	2.53	2.53
2	11	18	18	3.97	6.50
3	24	42	42	8.66	15.16
4	64	106	106	23.11	38.27
5	171	277	277	61.73	100.00

DE14261	FILE PHABNE
210. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR HERNIA, RUPTURE, OR HERNIATED NAVEL CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE14261	VALUE	FREQ	CUM FREQ	%	CUM %
1	5258	3	3	1.18	1.18
2	17	20	20	6.69	7.87
3	37	57	57	14.57	22.44
4	197	254	254	77.56	100.00

DE14262	FILE PHABNE
211. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR HERNIA, RUPTURE, OR HERNIATED NAVEL WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14262	VALUE	FREQ	CUM FREQ	%	CUM %
1	5256	4	4	1.56	1.56
2	12	16	16	4.69	6.25
3	26	42	42	10.16	16.41
4	214	256	256	83.59	100.00

VARICOSE VEINS

DE14382 FILE PHABNE

214. HAVE YOU EVER HAD SURGERY FOR VARICOSE VEINS
(SWOLLEN BLUE VEINS ON THE LEGS)?

1. YES
2. NO

DE14382 VALUE	FREQ	CUM FREQ	%	CUM %
1	26	69	1.26	1.26
2	5417	5486	98.74	100.00

DE14383 FILE PHABNE

215. DURING THE PAST 12 MONTHS, HAVE YOU NOTICED
VARICOSE VEINS IN YOUR LEGS?

1. YES (Go to Q. 216)
2. NO (Go to Q. 226a)

DE14383 VALUE	FREQ	CUM FREQ	%	CUM %
1	29	674	12.29	12.29
2	4809	5483	87.71	100.00

DE14384 FILE PHABNE

216. IN THE PAST 12 MONTHS, DID YOU AVOID WEARING
SHORTS BECAUSE OF VARICOSE VEINS?

1. YES
2. NO

DE14384 VALUE	FREQ	CUM FREQ	%	CUM %
1	4395	172	15.40	15.40
2	945	1117	84.60	100.00

DE14385	FILE PHABNE
217. IN THE PAST 12 MONTHS, HAS A DOCTOR TOLD YOU TO KEEP YOUR FEET UP DURING THE DAY BECAUSE OF VARICOSE VEINS?	
1. YES	
2. NO	

DE14385	VALUE	FREQ	CUM FREQ	%	CUM %
1	4474	64	64	6.17	6.17
2	974	974	1038	93.83	100.00

DE14386	FILE PHABNE
218. IN THE PAST 12 MONTHS, HAS A DOCTOR TOLD YOU TO WEAR SUPPORT STOCKINGS (ELASTIC HOSE) BECAUSE OF VARICOSE VEINS?	
1. YES	
2. NO	

DE14386	VALUE	FREQ	CUM FREQ	%	CUM %
1	4497	84	84	8.28	8.28
2	931	931	1015	91.72	100.00

DE14387	FILE PHABNE
219. DO YOU CURRENTLY KEEP YOUR FEET UP DURING THE DAY BECAUSE OF VARICOSE VEINS?	
1. YES, MOST OF THE TIME	
2. YES, SOMETIMES	
3. YES, A LITTLE OF THE TIME	
4. NO	

DE14387	VALUE	FREQ	CUM FREQ	%	CUM %
1	4509	7	7	0.70	0.70
2	49	49	56	4.89	5.58
3	98	98	154	9.77	15.35
4	849	849	1003	84.65	100.00

-----+
 | ACTIVITY LIMITATIONS |
 +-----

The entire battery of ACTIVITY LIMITATIONS questions (DE15880 through DE15882) was asked in South Carolina 3-year enrollment only.

DE15880	FILE PHABNE
226a.	DOES YOUR HEALTH LIMIT YOU IN LEISURE ACTIVITIES THAT ARE VERY STRENUOUS SUCH AS BACKPACKING, SKIING, PLAYING TENNIS, BICYCLING OR JOGGING?
	1. YES, LIMITED FOR MORE THAN 3 MONTHS
	2. YES, LIMITED FOR 3 MONTHS OR LESS
	3. NO, NOT LIMITED

DE15881	FILE PHABNE
226b.	DOES YOUR HEALTH LIMIT YOU IN LEISURE ACTIVITIES THAT ARE MODERATELY STRENUOUS SUCH AS TAKING WALKS, GARDENING, BOWLING OR PLAYING GOLF?
	1. YES, LIMITED FOR MORE THAN 3 MONTHS
	2. YES, LIMITED FOR 3 MONTHS OR LESS
	3. NO, NOT LIMITED

DE15880	VALUE	FREQ	CUM FREQ	%	CUM %
1	4677	74	74	8.86	8.86
2	19	93	93	2.28	11.14
3	742	835	835	88.86	100.00

DE15881	VALUE	FREQ	CUM FREQ	%	CUM %
1	4672	34	34	4.05	4.05
2	11	45	45	1.31	5.36
3	795	840	840	94.64	100.00

DE15882

FILE PHABNE

226c. DOES YOUR HEALTH CAUSE YOU TO BE SLOWER OR LESS EFFICIENT OR TO TIRE MORE EASILY THAN USUAL IN YOUR WORK, HOUSEWORK, OR SCHOOLWORK?
1. YES, FOR MORE THAN 3 MONTHS
2. YES, FOR 3 MONTHS OR LESS
3. NO, NOT LIMITED

DE15882	VALUE	FREQ	CUM FREQ	%	CUM %
1	4667	61	61	7.22	7.22
2	23	84	84	2.72	9.94
3	761	761	845	90.06	100.00

QUESTIONS ABOUT PHYSICAL LIMITATIONS

DE14463

FILE PHABNE

227. CAN YOU DO HARD ACTIVITIES AT HOME, HEAVY WORK LIKE SCRUBBING FLOORS, OR LIFTING OR MOVING HEAVY FURNITURE?
1. YES (Go to Q. 228)
2. YES, BUT ONLY SLOWLY (Go to Q. 227a)
3. NO, I CAN'T DO THIS (Go to Q. 227a)

DE14463	VALUE	FREQ	CUM FREQ	%	CUM %
1	42	42	42	88.59	88.59
2	4846	367	5213	6.71	95.30
3	257	257	5470	4.70	100.00

Two versions of Q. 227a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19061	FILE PHABNE
227a. WHY CAN'T YOU DO HARD ACTIVITIES AT HOME, HEAVY WORK LIKE SCRUBBING FLOORS, OR LIFTING OR MOVING HEAVY FURNITURE? (Circle one then go to Q. 229)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULGER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. SOME OTHER PROBLEM	

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE19061	VALUE	FREQ	CUM FREQ	%	CUM %
1	5042	17	17	3.62	3.62
2	20	37	37	4.26	7.87
3	30	67	67	6.38	14.26
4	23	90	90	4.89	19.15
5	9	99	99	1.92	21.06
6	35	134	134	7.45	28.51
7	11	145	145	2.34	30.85
8	4	149	149	0.85	31.70
9	49	198	198	10.43	42.13
10	1	199	199	0.21	42.34
11	10	209	209	2.13	44.47
12	3	212	212	0.64	45.11
13	8	220	220	1.70	46.81
15	3	223	223	0.64	47.45
16	1	224	224	0.21	47.66
18	7	231	231	1.49	49.15
20	1	232	232	0.21	49.36
22	238	470	470	50.64	100.00

DE15883	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5398	7	6.14	6.14
	2	7	13	5.26	11.40
	3	6	17	3.51	14.91
	4	4	24	6.14	21.05
	6	7	34	8.11	29.83
	7	10	36	1.75	31.58
	8	2	40	3.51	35.09
	9	4	50	8.77	43.86
	11	10	52	1.75	45.61
	12	2	53	0.88	46.49
	13	1	55	1.75	48.25
	17	2	56	0.88	49.12
	18	1	58	1.75	50.88
	23	7	65	6.14	57.02
	24	33	98	28.95	85.97
	25	16	114	14.04	100.00

DE15883	FILE PHABNE
227a.	WHY CAN'T YOU DO HARD ACTIVITIES AT HOME, HEAVY WORK LIKE SCRUBBING FLOORS, OR LIFTING OR MOVING HEAVY FURNITURE? (Circle one then go to Q. 228 through 239)
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
	2. CHEST PAIN, HEART ATTACK, OR ANGINA
	3. OVERWEIGHT
	4. HIGH BLOOD PRESSURE (HYPERTENSION)
	5. ANEMIA (LOW BLOOD)
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)
	8. KIDNEY, BLADDER, OR URINE INFECTION
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
	10. CANCER
	11. HERNIA, RUPTURE, HERNIATED NAVEL
	12. VARICOSE VEINS
	13. HEMORRHOIDS
	14. GOITER OR THYROID TROUBLE
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
	16. EYESIGHT PROBLEMS
	17. HEARING PROBLEMS
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
	20. TUBERCULOSIS
	21. TROUBLE WITH DRINKING
	22. STROKE
	23. PREGNANCY
	24. BACK PROBLEMS
	25. SOME OTHER PROBLEM

NOTE: Asked in South Carolina 3-year enrollment only.

DE14461	FILE PHABNE
228. IF YOU WANTED TO, COULD YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT?	
1. YES *	
2. YES, BUT ONLY SLOWLY (Go go Q. 228a)	
3. NO, I CAN'T DO THIS (Go to Q. 228a)	

*Go to Q. 230-239 for South Carolina 3-year enrollment; Go to Q. 240 for Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment.

DE14461	VALUE	FREQ	CUM FREQ	%	CUM %
	1	209	4698	88.59	88.59
	2	4698	5045	6.54	95.14
	3	347	5303	4.87	100.00
		258			

Two versions of Q. 228a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19062	FILE PHABNE
228a.	IF YOU WANTED TO, WHY COULDN'T YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT? (Circle one then go to Q. 230 through 239)
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
	2. CHEST PAIN, HEART ATTACK, OR ANGINA
	3. OVERWEIGHT
	4. HIGH BLOOD PRESSURE (HYPERTENSION)
	5. ANEMIA (LOW BLOOD)
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
	7. SEVERE STOMACH PAIN OR STOMACH ULCER
	8. KIDNEY, BLADDER, OR URINE INFECTION
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
	10. CANCER
	11. HERNIA, RUPTURE, HERNIATED NAVEL
	12. VARICOSE VEINS
	13. HEMORRHOIDS
	14. GOITER OR THYROID TROUBLE
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
	16. EYESIGHT PROBLEMS
	17. HEARING PROBLEMS
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
	20. TUBERCULOSIS
	21. TROUBLE WITH DRINKING
	22. STROKE
	23. SOME OTHER PROBLEM

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE19062	VALUE	FREQ	CUM FREQ	%	CUM %
1	5091	14	14	3.33	3.33
2	14	14	28	3.33	6.65
3	76	104	104	18.05	24.70
4	23	127	127	5.46	30.17
5	6	133	133	1.43	31.59
6	52	185	185	12.35	43.94
7	8	193	193	1.90	45.84
8	3	196	196	0.71	46.56
9	47	243	243	11.16	57.72
10	1	244	244	0.24	57.96
11	7	251	251	1.66	59.62
12	4	255	255	0.95	60.57
13	1	256	256	0.24	60.81
14	1	257	257	0.24	61.05
15	7	264	264	1.66	62.71
16	9	273	273	2.14	64.85
17	2	275	275	0.48	65.32
18	8	283	283	1.90	67.22
19	1	284	284	0.24	67.46
22	137	421	421	32.54	100.00

DE15884	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5392	7	5.83	5.83
	2	7	14	5.83	11.67
	3	9	23	7.50	19.17
	4	13	36	10.83	30.00
	6	13	49	10.83	40.83
	7	1	50	0.83	41.67
	8	3	53	2.50	44.17
	9	10	63	8.33	52.50
	10	1	64	0.83	53.33
	11	1	65	0.83	54.17
	12	2	67	1.67	55.83
	13	1	68	0.83	56.67
	16	1	69	0.83	57.50
	23	9	78	7.50	65.00
	24	22	100	18.33	83.33
	25	20	120	16.67	100.00

DE15884 FILE PHABNE

228a. IF YOU WANTED TO, WHY COULDN'T YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT? (Circle one then go to Q. 230 through 239)

1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM
2. CHEST PAIN, HEART ATTACK, OR ANGINA
3. OVERWEIGHT
4. HIGH BLOOD PRESSURE (HYPERTENSION)
5. ANEMIA (LOW BLOOD)
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
7. SEVERE STOMACH PAIN OR STOMACH ACID (ULCER)
8. KIDNEY, BLADDER, OR URINE INFECTION
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10. CANCER
11. HERNIA, RUPTURE, HERNIATED NAVEL
12. VARICOSE VEINS
13. HEMORRHOIDS
14. GOITER OR THYROID TROUBLE
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16. EYESIGHT PROBLEMS
17. HEARING PROBLEMS
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20. TUBERCULOSIS
21. TROUBLE WITH DRINKING
22. STROKE
23. PREGNANCY
24. BACK PROBLEMS
25. SOME OTHER PROBLEM

NOTE: Asked in South Carolina 3-year enrollment only.

DEI4762	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4693	445	54.34	54.34
	2	445	664	26.74	81.07
	3	219	819	18.93	100.00

DEI4762	FILE PHABNE
229. IF YOU WANTED TO, COULD YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT?	
1. YES	(Go to Q. 230-239)
2. YES, BUT ONLY SLOWLY	(Go to Q. 229a)
3. NO, I CAN'T DO THIS	(Go to Q. 229a)

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE14763	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5167	18	5.22	5.22
	2	18	38	5.80	11.01
	3	20	46	13.33	24.35
	4	22	106	6.38	30.73
	5	9	115	2.61	33.33
	6	39	154	11.30	44.64
	7	4	158	1.16	45.80
	8	1	159	0.29	46.09
	9	36	195	10.44	56.52
	11	5	200	1.45	57.97
	12	1	201	0.29	58.26
	14	1	202	0.29	58.55
	15	2	204	0.58	59.13
	16	5	209	1.45	60.58
	17	1	210	0.29	60.87
	18	4	214	1.16	62.03
	19	1	215	0.29	62.32
	20	1	216	0.29	62.61
	22	129	345	37.39	100.00

DE14763

FILE PHABNE

229a. IF YOU WANTED TO, WHY COULDN'T YOU PARTICIPATE IN
ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL,
VOLLEYBALL, OR ROWING A BOAT? (Circle one then go to
Q. 230 through 239)

1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM
2. CHEST PAIN, HEART ATTACK, OR ANGINA
3. OVERWEIGHT
4. HIGH BLOOD PRESSURE (HYPERTENSION)
5. ANEMIA (LOW BLOOD)
6. SHORTNESS OF BREATH, ENLARGED HEART, OR
HEART FAILURE
7. SEVERE STOMACH PAIN OR STOMACH ACHIE (ULCER)
8. KIDNEY, BLADDER, OR URINE INFECTION
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10. CANCER
11. HERNIA, RUPTURE, HERNIATED NAVEL
12. VARICOSE VEINS
13. HEMORRHOIDS
14. GOITER OR THYROID TROUBLE
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16. EYESIGHT PROBLEMS
17. HEARING PROBLEMS
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR
SUGAR DISEASE)
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20. TUBERCULOSIS
21. TROUBLE WITH DRINKING
22. STROKE
23. SOME OTHER PROBLEM

NOTE: Asked in Seattle and Massachusetts enrollment, and South
Carolina 5-year and PEG enrollment only.

DE14459	FILE	PIABNE	VALUE	FRFQ	CUM FRFQ	%	CUM %
230. COULD YOU DO MODERATE WORK AT HOME LIKE MOVING A CHAIR OR TABLE, OR PUSHING A VACUUM CLEANER?			1	3607	1795	94.23	94.23
1. YES			2	1795	1878	4.36	98.58
2. YES, BUT ONLY SLOWLY (Go to Q. 230a)			3	83	1905	1.42	100.00
3. NO, I CAN'T DO THIS (Go to Q. 230a)				27			

Two versions of Q. 230a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19063	FILE PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
230a.	WHY COULDN'T YOU DO MODERATE WORK AT HOME LIKE MOVING A CHAIR OR TABLE, OR PUSHING A VACUUM CLEANER? (Circle one then go to Q. 231 through 239)	1	54	4	4.65	4.65
		2	9	13	10.47	15.12
		3	3	16	3.49	18.61
		4	5	21	5.81	24.42
		5	1	22	1.16	25.58
		6	9	31	10.47	36.05
		7	2	33	2.33	38.37
		8	1	34	1.16	39.54
		9	16	50	18.61	58.14
		10	1	51	1.16	59.30
		11	2	53	2.33	61.63
		12	1	54	1.16	62.79
		13	2	56	2.33	65.12
		14	1	57	1.16	66.28
		15	1	58	1.16	67.44
		16	28	86	32.56	100.00

1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
2. CHEST PAIN, HEART ATTACK, OR ANGINA
3. OVERWEIGHT
4. HIGH BLOOD PRESSURE (HYPERTENSION)
5. ANEMIA (LOW BLOOD)
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
7. SEVERE STOMACH PAIN OR STOMACH ACHIE (ULCER)
8. KIDNEY, BLADDER OR URINE INFECTION
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10. CANCER
11. HERNIA, RUPTURE, HERNIATED NAVEL
12. VARICOSE VEINS
13. HEMORRHOIDS
14. GOITER OR THYROID TROUBLE
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16. EYESIGHT PROBLEMS
17. HEARING PROBLEMS
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20. TUBERCULOSIS
21. TROUBLE WITH DRINKING
22. STROKE
23. SOME OTHER PROBLEM

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE15885	VALUE	FREQ	CUM FREQ	%	CUM %
	1	54	2	6.06	6.06
	2	7	3	3.03	9.09
	4	4	7	12.12	21.21
	6	3	10	9.09	30.30
	7	1	11	3.03	33.33
	9	3	14	9.09	42.42
	10	1	15	3.03	45.45
	23	7	22	21.21	66.67
	24	8	30	24.24	90.91
	25	3	33	9.09	100.00

DE15885	FILE PHABNE
230a.	WHY COULDN'T YOU DO MODERATE WORK AT HOME LIKE MOVING A CHAIR OR TABLE, OR PUSHING A VACUUM CLEANER? (Circle one then go to Q. 231 through 239)
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
	2. CHEST PAIN, HEART ATTACK, OR ANGINA
	3. OVERWEIGHT
	4. HIGH BLOOD PRESSURE (HYPERTENSION)
	5. ANEMIA (LOW BLOOD)
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)
	8. KIDNEY, BLADDER, OR URINE INFECTION
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
	10. CANCER
	11. HERNIA, RUPTURE, HERNIATED NAVEL
	12. VARICOSE VEINS
	13. HEMORRHOIDS
	14. GOITER OR THYROID TROUBLE
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
	16. EYESIGHT PROBLEMS
	17. HEARING PROBLEMS
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
	20. TUBERCULOSIS
	21. TROUBLE WITH DRINKING
	22. STROKE
	23. PREGNANCY
	24. BACK PROBLEMS
	25. SOME OTHER PROBLEM

NOTE: Asked in South Carolina 3-year enrollment only.

DE14453	FILE	PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
231. CAN YOU DO LIGHT WORK AROUND THE HOUSE LIKE DUSTING OR WASHING DISHES?							
1. YES			1	3635	1850	98.56	98.56
2. YES, BUT ONLY SLOWLY (Go to Q. 231a)			2	1850	1870	1.07	99.63
3. NO, I CAN'T DO THIS (Go to Q. 231a)			3	20	1877	0.37	100.00

Two versions of Q. 231a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19064	FILE PHABNE	DE19064	VALUE	FREQ	CUM FREQ	%	CUM %
231a.	WHY CAN'T YOU DO LIGHT WORK AROUND THE HOUSE LIKE DUSTING OR WASHING DISHES? (Circle one then go to Q. 232 through 239)	1	5475	3	3	8.11	8.11
		2	3	2	5	5.41	13.51
		3	2	2	7	5.41	18.92
		4	4	4	11	10.81	29.73
		5	3	3	14	8.11	37.84
		6	1	1	15	2.70	40.54
		7	5	5	20	13.51	54.05
		8	2	2	22	5.41	59.46
		9	3	3	25	8.11	67.57
		10	1	1	26	2.70	70.27
		11	1	1	27	2.70	72.97
		12	10	10	37	27.03	100.00
		13					
		14					
		15					
		16					
		17					
		18					
		19					
		20					
		21					
		22					
		23					

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE15886	FILE PHABNE	DE15886	VALUE	FREQ	CUM FREQ	%	CUM %
231a.	WHY CAN'T YOU DO LIGHT WORK AROUND THE HOUSE LIKE DUSTING OR WASHING DISHES? (Circle one then go to Q. 232 through 239)						
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM		4	5501	2	18.18	18.18
	2. CHEST PAIN, HEART ATTACK, OR ANGINA		6	2	4	18.18	36.36
	3. OVERWEIGHT		9	2	6	18.18	54.55
	4. HIGH BLOOD PRESSURE (HYPERTENSION)		10	1	7	9.09	63.64
	5. ANEMIA (LOW BLOOD)		23	1	8	9.09	72.73
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE		24	2	10	18.18	90.91
	7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)		25	1	11	9.09	100.00
	8. KIDNEY, BLADDER, OR URINE INFECTION						
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)						
	10. CANCER						
	11. HERNIA, RUPTURE, HERNIATED NAVEL						
	12. VARIOUS VEINS						
	13. HEMORRHOIDS						
	14. GOITER OR THYROID TROUBLE						
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES						
	16. EYESIGHT PROBLEMS						
	17. HEARING PROBLEMS						
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)						
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)						
	20. TUBERCULOSIS						
	21. TROUBLE WITH DRINKING						
	22. STROKE						
	23. PREGNANCY						
	24. BACK PROBLEMS						
	25. SOME OTHER PROBLEM						

NOTE: Asked in South Carolina 3-year enrollment only.

DE14457	DE14457	FREQ	CUM FREQ	%	CUM %
232. IF YOU WANTED TO, COULD YOU RUN A SHORT DISTANCE?	VALUE				
1. YES	1	3634	1603	85.36	85.36
2. YES, BUT ONLY SLOWLY (Go to Q. 232a)	2	166	1769	8.84	94.20
3. NO, I CAN'T DO THIS (Go to Q. 232a)	3	109	1878	5.80	100.00

Two versions of Q. 232a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19065	FILE PHABNE	DE19065	VALUE	FREQ	CUM FREQ	%	CUM %
232a. IF YOU WANTED TO, WHY COULDN'T YOU RUN A SHORT DISTANCE? (Circle one then go to Q. 233 through 239)		1	5316	9	9	4.59	4.59
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM		2	13	22	22	6.63	11.22
2. CHEST PAIN, HEART ATTACK, OR PHLEGM		3	28	50	50	14.29	25.51
3. OVERWEIGHT		4	9	59	59	4.59	30.10
4. HIGH BLOOD PRESSURE (HYPERTENSION)		5	6	65	65	3.06	33.16
5. ANEMIA (LOW BLOOD)		6	30	95	95	15.31	48.47
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE		7	4	99	99	2.04	50.51
7. SEVERE STOMACH PAIN OR STOMACH ACID (ULCER)		9	26	125	125	13.27	63.78
8. KIDNEY, BLADDER, OR URINE INFECTION		11	1	126	126	0.51	64.29
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)		12	2	128	128	1.02	65.31
10. CANCER		15	2	130	130	1.02	66.33
11. HERNIA, RUPTURE, HERNIATED NAVEL		16	1	131	131	0.51	66.84
12. VARICOSE VEINS		18	1	132	132	0.51	67.35
13. HEMORRHOIDS		22	64	196	196	32.65	100.00
14. GOITER OR THYROID TROUBLE							
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES							
16. EYESIGHT PROBLEMS							
17. HEARING PROBLEMS							
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)							
19. CHOLESTROL (HIGH BLOOD CHOLESTEROL)							
20. TUBERCULOSIS							
21. TROUBLE WITH DRINKING							
22. STROKE							
23. SOME OTHER PROBLEM							

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE15887	FILE PHABNE	DE15887	VALUE	FREQ	CUM FREQ	%	CUM %
232a.	IF YOU WANTED TO, WHY COULDN'T YOU RUN A SHORT DISTANCE? (Circle one then go to Q. 233 through 239)						
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	1	54	19	3	4.76	4.76
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	2	3	5	8	7.94	12.70
	3. OVERWEIGHT	3	8	8	16	12.70	25.40
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	4	9	9	25	14.29	39.68
	5. ANEMIA (LOW BLOOD)	6	12	12	37	19.05	58.73
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	8	1	1	38	1.59	60.32
	7. SEVERE STOMACH PAIN OR STOMACH ULCER	9	4	4	42	6.35	66.67
	8. KIDNEY, BLADDER, OR URINE INFECTION	10	1	1	43	1.59	68.25
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	12	1	1	44	1.59	69.84
	10. CANCER	13	1	1	45	1.59	71.43
	11. HERNIA, RUPTURE, HERNIATED NAVEL	23	6	6	51	9.52	80.95
	12. VARICOSE VEINS	24	4	4	55	6.35	87.30
	13. HEMORRHOIDS	25	8	8	63	12.70	100.00
	14. GOITER OR THYROID TROUBLE						
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES						
	16. EYESIGHT PROBLEMS						
	17. HEARING PROBLEMS						
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)						
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)						
	20. TUBERCULOSIS						
	21. TROUBLE WITH DRINKING						
	22. STROKE						
	23. PREGNANCY						
	24. BACK PROBLEMS						
	25. SOME OTHER PROBLEM						

NOTE: Asked in South Carolina 3-year enrollment only.

DEI4455	FILE	PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
233. CAN YOU WALK UPHILL OR UP STAIRS?			1	3639	1678	89.59	89.59
1. YES			2	1678	1853	9.34	98.93
2. YES, BUT ONLY SLOWLY (Go to Q. 233a)			3	175	1873	1.07	100.00
3. NO, I CAN'T DO THIS (Go to Q. 233a)				20			

Two versions of Q. 233a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19066	FILE PHABNE
233a. WHY CAN'T YOU WALK UP HILL OR UP STAIRS? (Circle one then go to Q. 234 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGMA	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEC enrollment only.

DE19066	VALUE	FREQ	CUM FREQ	%	CUM %
1	5369	6	6	4.20	4.20
2	10	16	16	6.99	11.19
3	18	34	34	12.59	23.78
4	10	44	44	6.99	30.77
5	1	45	45	0.70	31.47
6	40	85	85	27.97	59.44
7	3	88	88	2.10	61.54
9	17	105	105	11.89	73.43
11	1	106	106	0.70	74.13
12	2	108	108	1.40	75.52
15	2	110	110	1.40	76.92
16	1	111	111	0.70	77.62
18	1	112	112	0.70	78.32
22	31	143	143	21.68	100.00

DE15888	VALUE	FREQ	CUM FREQ	%	CUM %
233a.	1	54	4	8.89	8.89
	2	4	8	17.78	26.67
	3	8	15	6.67	33.33
	4	1	16	2.22	35.56
	5	9	25	20.00	55.56
	6	4	29	8.89	64.44
	7	1	30	2.22	66.67
	8	2	32	4.44	71.11
	9	6	38	13.33	84.44
	10	3	41	6.67	91.11
	11	4	45	8.89	100.00

DE15888	FILE PHABNE
233a.	WHY CAN'T YOU WALK UPHILL OR UP STAIRS? (Circle one then go to Q. 234 through 239)
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGMA
	2. CHEST PAIN, HEART ATTACK, OR ANGINA
	3. OVERWEIGHT
	4. HIGH BLOOD PRESSURE (HYPERTENSION)
	5. ANEMIA (LOW BLOOD)
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)
	8. KIDNEY, BLADDER, OR URINE INFECTION
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
	10. CANCER
	11. HERNIA, RUPTURE, HERNIATED NAVEL
	12. VARICOSE VEINS
	13. HEMORRHOIDS
	14. GOITER OR THYROID TROUBLE
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
	16. EYESIGHT PROBLEMS
	17. HEARING PROBLEMS
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
	20. TUBERCULOSIS
	21. TROUBLE WITH DRINKING
	22. STROKE
	23. PREGNANCY
	24. BACK PROBLEMS
	25. SOME OTHER PROBLEM

NOTE: Asked in South Carolina 3-year enrollment only.

DE14451	FILE	PHABNE	VALUE	FREQ	CUM FREQ	%	CUM %
234. CAN YOU WALK A BLOCK OR MORE?				3636	1792	95.52	95.52
1. YES			1	1792	1863	3.79	99.31
2. YES, BUT ONLY SLOWLY (Go to Q. 234a)			2	71	1876	0.69	100.00
3. NO, I CAN'T DO THIS (Go to Q. 234a)			3	13			

Two versions of Q. 234a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19067	FILE PHADNE	VALUE	FREQ	CUM FREQ	%	CUM %
234a. WHY CAN'T YOU WALK A BLOCK OR MORE? (Circle one then go to Q. 235 through 239)						
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	1	54	2	2.82	2.82
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	2	41	7	7.04	9.86
	3. OVERWEIGHT	3	5	12	7.04	16.90
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	4	5	17	7.04	23.94
	5. ANEMIA (LOW BLOOD)	6	14	31	19.72	43.66
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	7	2	33	2.82	46.48
	7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	9	9	42	12.68	59.16
	8. KIDNEY, BLADDER OR URINE INFECTION	12	2	44	2.82	61.97
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	15	1	45	1.41	63.38
	10. CANCER	16	1	46	1.41	64.79
	11. HERNIA, RUPTURE, HERNIATED NAVEL	18	1	47	1.41	66.20
	12. VARICOSE VEINS	22	24	71	33.80	100.00
	13. HEMORRHOIDS					
	14. GOITER OR THYROID TROUBLE					
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES					
	16. EYESIGHT PROBLEMS					
	17. HEARING PROBLEMS					
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)					
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)					
	20. TUBERCULOSIS					
	21. TROUBLE WITH DRINKING					
	22. STROKE					
	23. SOME OTHER PROBLEM					

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE15889	VALUE	FREQ	CUM FREQ	%	CUM %
	2	5492	1	5.00	5.00
	3	1	2	5.00	10.00
	4	2	4	10.00	20.00
	6	5	9	25.00	45.00
	8	1	10	5.00	50.00
	9	3	13	15.00	65.00
	10	1	14	5.00	70.00
	23	3	17	15.00	85.00
	24	1	18	5.00	90.00
	25	2	20	10.00	100.00

DE15889	FILE PHABNE
234a. WHY CAN'T YOU WALK A BLOCK OR MORE? (Circle one then go to Q. 235 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. RAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. PREGNANCY	
24. BACK PROBLEMS	
25. SOME OTHER PROBLEM	

NOTE: Asked in South Carolina 3-year enrollment only.

DE14449	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3632	1861	98.99	98.99
	2	1861	1876	0.80	99.79
	3	15	1880	0.21	100.00

DE14449	FILE PHABNE
235. CAN YOU WALK AROUND INSIDE THE HOUSE?	
1. YES	
2. YES, BUT ONLY SLOWLY (Go to Q. 235a)	
3. NO, I CAN'T DO THIS (Go to Q. 235a)	

Two versions of Q. 235a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19068	FILE PHABNE
235a. WHY CAN'T YOU WALK AROUND INSIDE THE HOUSE? (Circle one then go to Q. 236 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ULCER	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE19068	VALUE	FREQ	CUM FREQ	%	CUM %
1	2	5488	2	8.33	8.33
2	3	2	3	4.17	12.50
3	4	1	6	12.50	25.00
4	6	3	8	8.33	33.33
6	7	2	10	8.33	41.67
7	9	3	13	12.50	54.17
11	11	1	14	4.17	58.33
12	12	1	15	4.17	62.50
15	15	1	16	4.17	66.67
18	18	1	17	4.17	70.83
22	22	7	24	29.17	100.00

DE15890	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5502	3	30.00	30.00
	6	3	4	10.00	40.00
	9	1	5	10.00	50.00
	10	1	6	10.00	60.00
	16	1	7	10.00	70.00
	23	1	8	10.00	80.00
	24	1	9	10.00	90.00
	25	1	10	10.00	100.00

DE15890	FILE PHABNE
235a. WHY CAN'T YOU WALK AROUND INSIDE THE HOUSE? (circle one then go to Q. 236 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PILEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. PREGNANCY	
24. BACK PROBLEMS	
25. SOME OTHER PROBLEM	

NOTE: Asked in South Carolina 3-year enrollment only.

DE14447	FILE	PHABNE	DE14447	VALUE	FREQ	CUM FREQ	%	CUM %
236. CAN YOU WALK TO A TABLE FOR MEALS?								
1. YES			1	3636	1866	1866	99.47	99.47
2. YES, BUT ONLY SLOWLY (Go to Q. 236a)			2	1866	7	1873	0.37	99.84
3. NO, I CAN'T DO THIS (Go to Q. 236a)			3		3	1876	0.16	100.00

Two versions of Q. 236a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19069	FILE PHABNE
236a. WHY CAN'T YOU WALK TO A TABLE FOR MEALS? (Circle one then go to Q. 237 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEC enrollment only.

DE19069	VALUE	FREQ	CUM FRQ	%	CUM %
	2	5497	1	6.67	6.67
	3	1	2	6.67	13.33
	6	1	3	6.67	20.00
	7	2	5	13.33	33.33
	9	2	7	13.33	46.67
	12	1	8	6.67	53.33
	15	1	9	6.67	60.00
	18	1	10	6.67	66.67
	22	5	15	33.33	100.00

DEI5891	FILE	PHABNC	VALUE	FREQ	CUM FREQ	%	CUM %
236a.	WHY CAN'T YOU WALK TO A TABLE FOR MEALS? (Circle one then go to Q. 237 through 239)		4	5504	2	25.00	25.00
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM		6	2	3	12.50	37.50
	2. CHEST PAIN, HEART ATTACK, OR ANGINA		9	1	4	12.50	50.00
	3. OVERWEIGHT		10	1	5	12.50	62.50
	4. HIGH BLOOD PRESSURE (HYPERTENSION)		16	1	6	12.50	75.00
	5. ANEMIA (LOW BLOOD)		23	1	7	12.50	87.50
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE		24	1	8	12.50	100.00
	7. SEVERE STOMACH PAIN OR STOMACH ACID (ULCER)						
	8. KIDNEY, BLADDER, OR URINE INFECTION						
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)						
	10. CANCER						
	11. HERNIA, RUPTURE, HERNIATED NAVEL						
	12. VARICOSE VEINS						
	13. HEMORRHOIDS						
	14. GOITER OR THYROID TROUBLE						
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES						
	16. EYESIGHT PROBLEMS						
	17. HEARING PROBLEMS						
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISFASE)						
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)						
	20. TUBERCULOSIS						
	21. TROUBLE WITH DRINKING						
	22. STROKE						
	23. PREGNANCY						
	24. BACK PROBLEMS						
	25. SOME OTHER PROBLEM						

NOTE: Asked in South Carolina 3-year enrollment only.

DE14445	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3656	1843	99.30	99.30
	2	1843	1852	0.49	99.78
	3	4	1856	0.22	100.00

DE14445	FILE	PHABNE
237. CAN YOU DRESS YOURSELF?		
1. YES		
2. YES, BUT ONLY SLOWLY (Go to Q. 237a)		
3. NO, I CAN'T DO THIS (Go to Q. 237a)		

Two versions of Q. 237a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19070	FILE PHABNE	DE19070	VALUE	FREQ	CUM FREQ	%	CUM %
237a. WHY CAN'T YOU DRESS YOURSELF? (Circle one then go to Q. 238 through 239)		2	5498	1	1	7.14	7.14
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM		3	2	2	3	14.29	21.43
2. CHEST PAIN, HEART ATTACK, OR ANGINA		6	1	1	4	7.14	28.57
3. OVERWEIGHT		7	1	1	5	7.14	35.71
4. HIGH BLOOD PRESSURE (HYPERTENSION)		9	2	2	7	14.29	50.00
5. ANEMIA (LOW BLOOD)		12	1	1	8	7.14	57.14
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE		15	1	1	9	7.14	64.29
7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)		18	1	1	10	7.14	71.43
8. KIDNEY, BLADDER, OR URINE INFECTION		22	4	4	14	28.57	100.00
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)							
10. CANCER							
11. HERNIA, RUPTURE, HERNIATED NAVEL							
12. VARICOSE VEINS							
13. HEMORRHOIDS							
14. GOITER OR THYROID TROUBLE							
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES							
16. EYESIGHT PROBLEMS							
17. HEARING PROBLEMS							
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)							
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)							
20. TUBERCULOSIS							
21. TROUBLE WITH DRINKING							
22. STROKE							
23. SOME OTHER PROBLEM							

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEC enrollment only.

DE15892	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5505	1	28.57	28.57
	6	2	3	14.29	42.86
	9	1	4	14.29	57.14
	10	1	5	14.29	71.43
	23	1	6	14.29	85.71
	24	1	7	14.29	100.00

DE15892 FILE PHABNE

237a. WHY CAN'T YOU DRESS YOURSELF? (Circle one then go to Q. 238 through 239)

1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
2. CHEST PAIN, HEART ATTACK, OR ANGINA
3. OVERWEIGHT
4. HIGH BLOOD PRESSURE (HYPERTENSION)
5. ANEMIA (LOW BLOOD)
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)
8. KIDNEY, BLADDER, OR URINE INFECTION
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10. CANCER
11. HERNIA, RUPTURE, HERNIATED NAVEL
12. VARICOSE VEINS
13. HEMORRHOIDS
14. GOITER OR THYROID TROUBLE
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16. EYESIGHT PROBLEMS
17. HEARING PROBLEMS
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20. TUBERCULOSIS
21. TROUBLE WITH DRINKING
22. STROKE
23. PREGNANCY
24. BACK PROBLEMS
25. SOME OTHER PROBLEM

NOTE: Asked in South Carolina 3-year enrollment only.

DEI9071	DEI9071	VALUE	FRFQ	CUM FREQ	%	CUM %
238. CAN YOU EAT WITHOUT HELP?			3652	.		
1. YES		1	1850	1850	99.46	99.46
2. YES, BUT ONLY SLOWLY (Go to Q. 238a)		2	8	1858	0.43	99.89
3. NO, I CAN'T DO THIS (Go to Q. 238a)		3	2	1860	0.11	100.00

Two versions of Q. 238a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19072	FILE PHABNE
238a. WHY CAN'T YOU EAT WITHOUT HELP? (Circle one then go to Q. 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEC enrollment only.

DE19072	VALUE	FREQ	CUM FREQ	%	CUM %
	2	5499	2	15.39	15.39
	3	2	4	15.39	30.77
	7	2	6	15.39	46.15
	12	1	7	7.69	53.85
	15	2	9	15.39	69.23
	18	1	10	7.69	76.92
	22	3	13	23.08	100.00

DE15893	VALUE	FREQ	CUM FREQ	%	CUM %
238a. WHY CAN'T YOU EAT WITHOUT HELP? (Circle one then go to Q. 239)					
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	4	5506	2	33.33	33.33
2. CHEST PAIN, HEART ATTACK, OR ANGINA	6	2	3	16.67	50.00
3. OVERWEIGHT	9	1	4	16.67	66.67
4. HIGH BLOOD PRESSURE (HYPERTENSION)	23	1	5	16.67	83.33
5. ANEMIA (LOW BLOOD)	24	1	6	16.67	100.00
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE					
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)					
8. KIDNEY, BLADDER, OR URINE INFECTION					
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)					
10. CANCER					
11. HERNIA, RUPTURE, HERNIATED NAVEL					
12. VARICOSE VEINS					
13. HEMORRHOIDS					
14. GOITER OR THYROID TROUBLE					
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES					
16. EYESIGHT PROBLEMS					
17. HEARING PROBLEMS					
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)					
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)					
20. TUBERCULOSIS					
21. TROUBLE WITH DRINKING					
22. STROKE					
23. PREGNANCY					
24. BACK PROBLEMS					
25. SOME OTHER PROBLEM					

NOTE: Asked in South Carolina 3-year enrollment only.

DE19073	DE19073	VALUE	FREQ	CUM FREQ	%	CUM %
239. CAN YOU USE THE BATHROOM WITHOUT HELP?	FILE PHABNE					
1. YES		1	3613	.		
2. YES, BUT ONLY SLOWLY (Go to Q. 239a)		2	1888	1888	99.42	99.42
3. NO, I CAN'T DO THIS (Go to Q. 239a)		3	7	1895	0.37	99.79
			4	1899	0.21	100.00

Two versions of Q. 239a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19074	FILE PHABNE
239a. WHY CAN'T YOU USE THE BATHROOM WITHOUT HELP?	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHELCM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OR BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEC enrollment only.

DE19074	VALUE	FREQ	CUM FREQ	%	CUM %
	2	5498	1	7.14	7.14
	3	1	2	7.14	14.29
	7	2	4	14.29	28.57
	8	1	5	7.14	35.71
	9	1	6	7.14	42.86
	12	1	7	7.14	50.00
	13	1	8	7.14	57.14
	18	1	9	7.14	64.29
	22	5	14	35.71	100.00

DE15894	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5505	2	28.57	28.57
	6	2	3	14.29	42.86
	9	1	4	14.29	57.14
	10	1	5	14.29	71.43
	23	1	6	14.29	85.71
	24	1	7	14.29	100.00

DE15894	FILE PHABNE
239a. WHY CAN'T YOU USE THE BATHROOM WITHOUT HELP?	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. PREGNANCY	
24. BACK PROBLEMS	
25. SOME OTHER PROBLEM	

NOTE: Asked in South Carolina 3-year enrollment only.

MISSING LIMBS

DE15267

FILE PHABNE

240. DO YOU HAVE ANY MISSING LIMBS - THAT IS, ARMS, LEGS OR FINGERS THAT ARE MISSING OR HAVE BEEN AMPUTATED?

1. YES (Go to Q. 241)

2. NO (Go to Q. 243)

DE15268

FILE PHABNE

241. IS AN UPPER LIMB MISSING?

1. YES (Go to Q. 241a)

2. NO (Go to Q. 242)

DE15269

FILE PHABNE

241a. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE RIGHT SIDE. IF NOT ON RIGHT SIDE, CIRCLE "5"; THEN ANSWER Q. 241b.

1. RIGHT ARM ABOVE ELBOW

2. RIGHT ARM BELOW ELBOW

3. RIGHT ARM AT THE WRIST

4. ONE OR MORE FINGERS ON RIGHT HAND

5. NOT ON RIGHT SIDE

DE15267	VALUE	FREQ	CUM FREQ	%	CUM %
1	27	53	53	0.97	0.97
2	5432	5485	5485	99.03	100.00

DE15268	VALUE	FREQ	CUM FREQ	%	CUM %
1	5231	20	20	7.12	7.12
2	261	281	281	92.88	100.00

DE15269	VALUE	FREQ	CUM FREQ	%	CUM %
1	5436	1	1	1.32	1.32
2	1	2	2	1.32	2.63
3	1	13	15	17.11	19.74
4	61	76	76	80.26	100.00
5					

DE15270	FILE PHABNE
241b.	PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "5".
	1. LEFT ARM ABOVE ELBOW
	2. LEFT ARM BELOW ELBOW
	3. LEFT ARM AT THE WRIST
	4. ONE OR MORE FINGERS ON LEFT HAND
	5. NOT ON LEFT SIDE

DE15270	VALUE	FREQ	CUM FREQ	%	CUM %
3	5439	2	2	2.74	2.74
4	9	11	11	12.33	15.07
5	62	73	73	84.93	100.00

DE15271	FILE PHABNE
242.	IS A LOWER LIMB MISSING?
	1. YES (Go to Q. 242a)
	2. NO (Go to Q. 243)

DE15271	VALUE	FREQ	CUM FREQ	%	CUM %
1	5227	5	5	1.75	1.75
2	280	285	285	98.25	100.00

DE15272	FILE PHABNE
242a.	PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE RIGHT SIDE. IF NOT ON RIGHT SIDE, CIRCLE "4"; THEN ANSWER Q. 242b.
	1. RIGHT LEG ABOVE KNEE
	2. RIGHT LEG BELOW KNEE
	3. RIGHT LEG AT ANKLE
	4. NOT ON RIGHT SIDE

DE15272	VALUE	FREQ	CUM FREQ	%	CUM %
1	5453	2	2	3.39	3.39
2	2	2	3	1.70	5.09
3	1	56	59	94.92	100.00

DE15273

FILE PHABNE

242b. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "4".

1. LEFT LEG ABOVE KNEE

2. LEFT LEG BELOW KNEE

3. LEFT LEG AT ANKLE

4. NOT ON LEFT SIDE

DE15273	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5452	1		
	2	2	2	3.33	3.33
	3	2	4	3.33	6.67
	4	56	60	93.33	100.00

SLEEPING PILLS, TRANQUILIZERS, SEDATIVES

DE19075

FILE PHABNE

243. DURING THE PAST 3 MONTHS, HAVE YOU USED ANY SLEEPING PILLS PRESCRIBED BY A DOCTOR?

1. YES (Go to Q. 243a-b-c-d)

2. NO (Go to Q. 244)

DE19075	VALUE	FREQ	CUM FREQ	%	CUM %
	1	27	1		
	2	141	141	2.57	2.57
		5344	5485	97.43	100.00

DE19076

FILE PHABNE

243a. ABOUT HOW OFTEN DO YOU TAKE THESE SLEEPING PILLS?

1. EVERY NIGHT

2. A FEW TIMES A WEEK

3. A FEW TIMES A MONTH

4. ONCE A MONTH OR LESS

DE19076	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5335	1		
	2	35	35	19.77	19.77
	3	31	66	17.51	37.29
	4	39	105	22.03	59.32
		72	177	40.68	100.00

DE19079	FILE PHABNE				
244.	DURING THE PAST 3 MONTHS, HAVE YOU USED ANY TRANQUILIZERS, SEDATIVES, OR NERVE PILLS WHICH WERE PRESCRIBED BY A DOCTOR?				
	1. YES (Go to Q. 244a-b-c-d)				
	2. NO (Go to Q. 245a-b)				
DE19079	VALUE	FREQ	CUM FREQ	%	CUM %
1		32	32	9.03	9.03
2		495	495	90.97	100.00
		4985	5080		
DE19080	FILE PHABNE				
244a.	ABOUT HOW OFTEN DO YOU TAKE THESE TRANQUILIZERS, SEDATIVES, OR NERVE PILLS?				
	1. TWICE A DAY OR MORE				
	2. ONCE A DAY				
	3. A FEW TIMES A WEEK				
	4. A FEW TIMES A MONTH				
	5. ONCE A MONTH OR LESS				
DE19080	VALUE	FREQ	CUM FREQ	%	CUM %
1		4989	4989	24.67	24.67
2		129	129	16.06	40.73
3		84	213	15.68	56.41
4		82	295	22.95	79.35
5		120	415	20.65	100.00
		108	523		
DE13855	FILE PHABNE				
244b.	DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR USE OF TRANQUILIZERS, SEDATIVES, OR NERVE PILLS WORRIED OR CONCERNED YOU?				
	1. A GREAT DEAL				
	2. SOMEWHAT				
	3. A LITTLE				
	4. NOT AT ALL				
DE13855	VALUE	FREQ	CUM FREQ	%	CUM %
1		4918	4918	3.20	3.20
2		19	19	6.57	9.76
3		39	58	15.15	24.92
4		90	148	75.08	100.00
		446	594		

DE19081	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4919	1	0.17	0.17
	2	1	6	0.84	1.01
	3	16	22	2.70	3.71
	4	38	60	6.41	10.12
	5	533	593	89.88	100.00

DE19082	VALUE	FREQ	CUM FREQ	%	CUM %
	0	4912	1	96.83	96.83
	1	581	581	0.67	97.50
	2	4	585	0.50	98.00
	3	3	588	0.50	98.50
	4	3	591	0.50	99.00
	5	3	594	0.50	99.50
	6	1	597	0.17	99.67
	8	1	598	0.17	99.83
	10	1	599	0.17	100.00

DE19081

FILE PHABNE

244c. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR USE OF TRANQUILIZERS, SEDATIVES, OR NERVE PILLS KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

DE19082

FILE PHABNE

244d. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR USE OF TRANQUILIZERS, SEDATIVES, OR NERVE PILLS KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

DRUG ALLERGY

DE15265	FILE	PHABNE
245a. ARE YOU ALLERGIC TO PENICILLIN?		
1. YES		
2. NO		
3. DON'T KNOW		

DE15266	FILE	PHABNE
245b. ARE YOU ALLERGIC TO AMPICILLIN?		
1. YES		
2. NO		
3. DON'T KNOW		

DE15265	VALUE	FREQ	CUM FREQ	%	CUM %
	1	51	445	8.15	8.15
	2	445	4933	82.18	90.33
	3	4488	5461	9.67	100.00
		528			

DE15266	VALUE	FREQ	CUM FREQ	%	CUM %
	1	56	57	1.05	1.05
	2	57	2804	50.35	51.39
	3	2747	5456	48.61	100.00
		2652			

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 | EFFECTS OF HEALTH CARE |
 |-----+

The entire battery of EFFECTS OF HEALTH CARE questions (DE19083 through DE19092) was asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE19083	VALUE	FREQ	CUM FREQ	%	CUM %
	1	879	879	2.16	2.16
	2	100	100	8.96	11.12
	3	415	515	11.12	22.24
	4	683	1198	14.74	36.98
	5	2210	3408	47.70	84.68
		1225	4633	26.44	111.12

DE19084	VALUE	FREQ	CUM FREQ	%	CUM %
	1	878	878	17.95	17.95
	2	832	1710	63.94	81.90
	3	2963	4672	12.95	94.84
	4	600	5272	4.21	99.05
	5	195	5467	0.95	100.00
		44	5511		

DE19085	FILE PHABNE				
246c. INDICATE WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT.					
GOOD PERSONAL HEALTH DEPENDS MORE ON A PERSON'S STRONG WILL POWER THAN ON VACCINATIONS, SHOTS AND VITAMINS.					
1. STRONGLY AGREE					
2. AGREE					
3. NOT SURE					
4. DISAGREE					
5. STRONGLY DISAGREE					
	VALUE	FREQ	CUM FREQ	%	CUM %
1		879			
2		264	264	5.70	5.70
3		947	1211	20.44	26.14
4		993	2204	21.43	47.57
5		1875	4079	40.47	88.04
		554	4633	11.96	100.00
DE19086	FILE PHABNE				
246d. INDICATE WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT.					
SOME HOME REMEDIES ARE AS GOOD AS THE DRUGS THAT DOCTORS GIVE FOR CURING ILLNESS.					
1. STRONGLY AGREE					
2. AGREE					
3. NOT SURE					
4. DISAGREE					
5. STRONGLY DISAGREE					
	VALUE	FREQ	CUM FREQ	%	CUM %
1		886			
2		174	174	3.76	3.76
3		1361	1535	29.42	33.18
4		1313	2848	28.38	61.57
5		1409	4257	30.46	92.02
		369	4626	7.98	100.00

DE19087	VALUE	FREQ	CUM FREQ	%	CUM %
246e.	1	891	321	6.95	6.95
	2	321	2855	54.84	61.78
	3	2534	3737	19.09	80.87
	4	882	4544	17.46	98.33
	5	807	4621	1.67	100.00
		77			

DE19088	VALUE	FREQ	CUM FREQ	%	CUM %
246f.	1	887	144	3.11	3.11
	2	144	995	18.40	21.51
	3	851	2037	22.53	44.04
	4	1042	4189	46.53	90.57
	5	2152	4625	9.43	100.00
		436			

DE19089

FILE PHABNE

246g. INDICATE WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT.

RECOVERY FROM ILLNESS REQUIRES GOOD MEDICAL CARE MORE THAN ANYTHING ELSE.

1. STRONGLY AGREE

2. AGREE

3. NOT SURE

4. DISAGREE

5. STRONGLY DISAGREE

DE19089	VALUE	FREQ	CUM FREQ	%	CUM %
	1	878	598	12.91	12.91
	2	598	2987	51.55	64.46
	3	2389	3861	18.86	83.32
	4	874	4576	15.43	98.75
	5	715	4634	1.25	100.00
		58			

DE19090

FILE PHABNE

246h. INDICATE WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT.

DOCTORS MAKE A GREAT MANY MISTAKES THAT PEOPLE NEVER HEAR ABOUT.

1. STRONGLY AGREE

2. AGREE

3. NOT SURE

4. DISAGREE

5. STRONGLY DISAGREE

DE19090	VALUE	FREQ	CUM FREQ	%	CUM %
	1	879	299	6.45	6.45
	2	299	1928	35.16	41.62
	3	1629	3953	43.71	85.32
	4	2025	4577	13.47	98.79
	5	624	4633	1.21	100.00
		56			

DE19091	FILE PHABNE
246i. INDICATE WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT.	
DOCTORS ARE ABLE TO RELIEVE OR CURE MOST MEDICAL PROBLEMS THAT PEOPLE HAVE.	
1. STRONGLY AGREE	
2. AGREE	
3. NOT SURE	
4. DISAGREE	
5. STRONGLY DISAGREE	

DE19091	VALUE	FREQ	CUM FREQ	%	CUM %
1	881	211	211	4.56	4.56
2	3042	3253	3253	65.69	70.24
3	843	4096	4096	18.20	88.45
4	496	4592	4592	10.71	99.16
5	39	4631	4631	0.84	100.00

DE19092	FILE PHABNE
246j. INDICATE WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT.	
WHETHER OR NOT PEOPLE GET WELL IS SOMETIMES A MATTER OF CHANCE.	
1. STRONGLY AGREE	
2. AGREE	
3. NOT SURE	
4. DISAGREE	
5. STRONGLY DISAGREE	

DE19092	VALUE	FREQ	CUM FREQ	%	CUM %
1	892	121	121	2.62	2.62
2	1430	1551	1551	30.95	33.57
3	1234	2785	2785	26.71	60.28
4	1579	4364	4364	34.18	94.46
5	256	4620	4620	5.54	100.00

-----+
 | MEDICAL EXAM, IMMUNIZATION |
 |-----+-----+-----+
 +-----+

DE19093	VALUE	FREQ	CUM FREQ	%	CUM %
	1	30	.		
	2	2188	2188	39.91	39.91
	3	1207	3395	22.02	61.93
	4	804	4199	14.67	76.60
	5	748	4947	13.65	90.24
		535	5482	9.76	100.00

DE13840	VALUE	FREQ	CUM FREQ	%	CUM %
	1	596	.		
	2	2132	2132	43.37	43.37
		2784	4916	56.63	100.00

DE19093

247. WHEN DID YOU LAST HAVE A GENERAL MEDICAL OR PHYSICAL EXAM, WHEN YOU WERE NOT SICK OR PREGNANT?

1. WITHIN THE PAST 12 MONTHS (Go to Q. 247a)
 2. 1 TO 2 YEARS AGO (Go to Q. 247a)
 3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO (Go to Q. 247a)
 4. 5 OR MORE YEARS AGO (Go to Q. 247a)
 5. NEVER HAD A GENERAL EXAM (Go to Q. 248)

FILE PHABNE

DE13840

247a. WAS THIS EXAM NEEDED FOR WORK, SCHOOL, CAMP, INSURANCE, OR SOME OTHER REASON LIKE THAT?

1. YES
 2. NO

FILE PHABNE

DE19094	FILE PHABNE								
248.	WHEN DID YOU LAST HAVE A RECTAL EXAMINATION BY A DOCTOR? (DOCTOR USED HIS FINGER TO EXAMINE THE BOWEL CANAL.)								
	1. WITHIN THE PAST 12 MONTHS (Go to Q. 248a)								
	2. 1 TO 2 YEARS AGO (Go to Q. 248a)								
	3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO								
	4. 5 OR MORE YEARS AGO (Go to Q. 248a)								
	5. NEVER HAD RECTAL EXAMINATION (Go to Q. 249)								
DE19094	VALUE	FREQ	CUM FREQ	%	CUM %				
		63	1562	28.67	28.67				
		1562	2386	15.12	43.79				
		824	2943	10.22	54.01				
		557	3618	12.39	66.40				
		675	5449	33.60	100.00				
		1831							
DE19095	FILE PHABNE								
248a.	WHEN DID YOU LAST HAVE A PROCTOSCOPY EXAMINATION BY A DOCTOR? (DOCTOR USED A LONG HOLLOW TUBE TO EXAMINE THE BOWEL CANAL.)								
	1. WITHIN THE PAST 12 MONTHS								
	2. 1 TO 2 YEARS AGO								
	3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO								
	4. 5 OR MORE YEARS AGO								
	5. NEVER HAD PROCTOSCOPY EXAMINATION								
DE19095	VALUE	FREQ	CUM FREQ	%	CUM %				
		1533	251	6.31	6.31				
		251	427	4.42	10.73				
		176	559	3.32	14.05				
		132	846	7.21	21.26				
		287	3979	78.74	100.00				
		3133							
DE19096	FILE PHABNE								
249.	WHEN DID YOU LAST HAVE AN IMMUNIZATION, VACCINATION, OR INJECTION TO PREVENT SICKNESS OR ILLNESS?								
	1. WITHIN THE PAST 12 MONTHS (Go to Q. 249a)								
	2. 1 TO 2 YEARS AGO (Go to Q. 249a)								
	3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO (Go to Q. 249a)								
	4. 5 OR MORE YEARS AGO (Go to Q. 249a)								
	5. NEVER HAD ONE (Go to Q. 250)								
DE19096	VALUE	FREQ	CUM FREQ	%	CUM %				
		53	746	13.67	13.67				
		746	1481	13.46	27.13				
		735	2282	14.67	41.80				
		801	4779	45.74	87.54				
		2497	5459	12.46	100.00				
		680							

DE13842	FILE PHABNE
249a. WAS THIS IMMUNIZATION, VACCINATION, OR INJECTION REQUIRED FOR WORK, SCHOOL, CAMP, INSURANCE, FOREIGN TRAVEL, OR SOME OTHER REASON LIKE THAT?	
1. YES 2. NO	

SURGERY

DE14412	FILE PHABNE
250. HAVE YOU EVER HAD GALL BLADDER SURGERY?	
1. YES 2. NO	

DE14414	FILE PHABNE
251. HAVE YOU EVER HAD YOUR TONSILS AND/OR ADENOIDS REMOVED?	
1. YES 2. NO	

DE13842	VALUE	FREQ	CUM FREQ	%	CUM %
1	744	2347	2347	49.22	49.22
2	2421	4768	4768	50.78	100.00

DE14412	VALUE	FREQ	CUM FREQ	%	CUM %
1	31	165	165	3.01	3.01
2	5316	5481	5481	96.99	100.00

DE14414	VALUE	FREQ	CUM FREQ	%	CUM %
1	37	2090	2090	38.17	38.17
2	3385	5475	5475	61.83	100.00

QUESTIONS FOR WOMEN

DE13845

252. WHEN DID YOU LAST HAVE A ROUTINE FEMALE EXAMINATION WITH A PAP SMEAR?

1. WITHIN THE PAST 12 MONTHS
2. 1 TO 2 YEARS AGO
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO
4. 5 OR MORE YEARS AGO
5. NEVER HAD ONE

DE13845

VALUE

FREQ

CUM
FREQ

%

CUM
%

1	2513	1677	1677	55.92	55.92
2	1677	501	2178	16.71	72.62
3	501	193	2371	6.44	79.06
4	118	118	2489	3.94	82.99
5	510	510	2999	17.01	100.00

DE19097

253. HOW OFTEN DO YOU CHECK YOUR OWN BREASTS FOR LUMPS?

1. EVERY MONTH
2. ALMOST EVERY MONTH
3. SEVERAL TIMES A YEAR
4. ONCE A YEAR OR LESS
5. NEVER DO THIS

DE19097

VALUE

FREQ

CUM
FREQ

%

CUM
%

1	2513	804	804	26.81	26.81
2	804	650	1454	21.67	48.48
3	650	582	2036	19.41	67.89
4	316	316	2352	10.54	78.43
5	647	647	2999	21.57	100.00

DE19098	VALUE	FREQ	CUM FREQ	%	CUM %
254. WHEN WAS THE LAST TIME A DOCTOR CHECKED YOUR BREASTS FOR LUMPS?					
1. WITHIN THE PAST 12 MONTHS	1	2512	1732	57.73	57.73
2. 1 TO 2 YEARS AGO	2	1732	2261	17.63	75.37
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO	3	529	2446	6.17	81.53
4. 5 OR MORE YEARS AGO	4	185	2548	3.40	84.93
5. NEVER	5	102	3000	15.07	100.00
		452			
DE19099	VALUE	FREQ	CUM FREQ	%	CUM %
255. WHEN WAS THE LAST TIME YOU HAD YOUR BREASTS CHECKED BY MAMMOGRAPHY, THERMOGRAPHY, OR OTHER X-RAY-LIKE PROCEDURE?					
1. WITHIN THE PAST 12 MONTHS	1	2514	226	7.54	7.54
2. 1 TO 2 YEARS AGO	2	226	387	5.37	12.91
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO	3	161	489	3.40	16.31
4. 5 OR MORE YEARS AGO	4	102	554	2.17	18.48
5. NEVER	5	65	2998	81.52	100.00
		2444			
DE13848	VALUE	FREQ	CUM FREQ	%	CUM %
256. HAVE YOU BEEN PREGNANT IN THE PAST 5 YEARS?					
1. YES (Go to Q. 256a)	1	2516	803	26.80	26.80
2. NO (Go to Q. 257)	2	803	2996	73.20	100.00
		2193			

DE19098

254. WHEN WAS THE LAST TIME A DOCTOR CHECKED YOUR
BREASTS FOR LUMPS?

1. WITHIN THE PAST 12 MONTHS

2. 1 TO 2 YEARS AGO

3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO

4. 5 OR MORE YEARS AGO

5. NEVER

FILE PHABNE

DE19099

255. WHEN WAS THE LAST TIME YOU HAD YOUR BREASTS CHECKED BY
MAMMOGRAPHY, THERMOGRAPHY, OR OTHER X-RAY-LIKE PROCEDURE?

1. WITHIN THE PAST 12 MONTHS

2. 1 TO 2 YEARS AGO

3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO

4. 5 OR MORE YEARS AGO

5. NEVER

FILE PHABNE

DE13848

256. HAVE YOU BEEN PREGNANT IN THE PAST 5 YEARS?

1. YES (Go to Q. 256a)

2. NO (Go to Q. 257)

FILE PHABNE

DE13849	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4544	812	83.88	83.88
	2	812	908	9.92	93.80
	3	96	934	2.69	96.49
	4	26	967	3.41	99.90
	5	33	968	0.10	100.00
		1			

DE14413	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2517	350	11.69	11.69
	2	350	2995	88.31	100.00
		2645			

DE13849	FILE PHABNE
256a. DURING THE LAST PREGNANCY, WHEN DID YOU FIRST BEGIN RECEIVING MEDICAL CARE FOR THE PREGNANCY?	
1. DURING FIRST 3 MONTHS	
2. DURING SECOND 3 MONTHS	
3. DURING LAST 3 MONTHS	
4. NO CARE BEFORE DELIVERY	
5. PREGNANCY TERMINATED BY DOCTOR	

DE14413	FILE PHABNE
257. HAVE YOU EVER HAD A HYSTERECTOMY (UTERUS OR WOMB REMOVED)?	
1. YES	
2. NO	

OTHER ILLNESSES

DE19100	FILE PHABNE
258a.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?
	BURSITIS
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE19101	FILE PHABNE
258b.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?
	ARTERIOSCLEROSIS, HARDENING OF THE ARTERIES
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE19100	VALUE	FREQ	CUM FREQ	%	CUM %
1	48	5166	5166	94.55	94.55
2	167	5333	5333	3.06	97.60
3	131	5464	5464	2.40	100.00

DE19101	VALUE	FREQ	CUM FREQ	%	CUM %
1	49	5424	5424	99.29	99.29
2	16	5440	5440	0.29	99.58
3	23	5463	5463	0.42	100.00

DE19102	FILE PHABNE								
258c.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?								
	ALLERGIES								
	1. NO, DID NOT HAVE THIS								
	2. HAD IT, BUT DID NOT SEE DOCTOR								
	3. HAD IT, AND SAW DOCTOR								
DE19102	VALUE	FREQ	CUM FREQ	%	CUM %				
	1	71	71	81.86	81.86				
	2	4454	4525	12.17	94.03				
	3	662	5187	5.97	100.00				
		325							
DE19103	FILE PHABNE								
258d.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?								
	FREQUENT DIGESTIVE UPSETS, STOMACH TROUBLE, OR INTESTINAL TROUBLE								
	1. NO, DID NOT HAVE THIS								
	2. HAD IT, BUT DID NOT SEE DOCTOR								
	3. HAD IT, AND SAW DOCTOR								
DE19103	VALUE	FREQ	CUM FREQ	%	CUM %				
	1	50	50	83.82	83.82				
	2	4578	5128	9.94	93.76				
	3	543	5671	6.24	100.00				
		341							

DE19104	VALUE	FREQ	CUM FREQ	%	CUM %
	1	50			
		5435	5435	99.51	99.51
	2	7	5442	0.13	99.63
	3	20	5462	0.37	100.00

DE19105

FILE PHABNE

258f. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

CHRONIC GALL BLADDER TROUBLE OR GALLSTONES

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT, AND SAW DOCTOR

DE19105	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5395	5395	98.67	98.67
	2	17	5412	0.31	98.98
	3	56	5468	1.02	100.00

DE 19106

FILE PHABNE

258g. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

PHLEBITIS - THROMBOPHLEBITIS

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT AND SAW DOCTOR

DE19106	VALUE	FREQ	CUM FREQ	%	CUM %
	1	65	5415	99.41	99.41
	2	14	5429	0.26	99.67
	3	18	5447	0.33	100.00

DE19107	VALUE	FREQ	CUM FREQ	%	CUM %
	1	93			
	1	4851	4851	89.52	89.52
	2	354	5205	6.53	96.05
	3	214	5419	3.95	100.00

DE19108

FILE PHABNE

258 i. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

WOMEN ONLY: ANY DISEASE OF THE UTERUS OR OVARY

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT, AND SAW DOCTOR

DE19108	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2520	2806	93.78	93.78
	2	22	2828	0.74	94.52
	3	164	2992	5.48	100.00

DE19109

FILE PHABNE

258J. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

WOMEN ONLY: ANY LUMPS IN YOUR BREASTS

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT, AND SAW DOCTOR

DE19109	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2584	2771	94.64	94.64
	2	19	2790	0.65	95.29
	3	138	2928	4.71	100.00

+-----+
| MEDICAL CARE |
+-----+

DE19110	FILE PHABNE	DE19110	VALUE	FREQ	CUM FREQ	%	CUM %
259.	IN GENERAL, WHEN YOU GO TO A DOCTOR WITH A HEALTH PROBLEM, DOES THE DOCTOR TAKE ENOUGH TIME TO FIND OUT EXACTLY WHAT IS WRONG WITH YOU?	1	1734	41	1734	31.69	31.69
		2	2351	2351	4085	42.97	74.67
		3	977	977	5062	17.86	92.52
		4	279	279	5341	5.10	97.62
		5	127	127	5468	2.32	99.95
		6	3	3	5471	0.06	100.00
	1. YES, ALWAYS						
	2. YES, USUALLY						
	3. SOMETIMES, SOMETIMES NOT						
	4. NO, NOT USUALLY						
	5. NO, NEVER TAKES ENOUGH TIME						
	6. DON'T GO TO A DOCTOR						

DE19111	FILE PHABNE	DE19111	VALUE	FREQ	CUM FREQ	%	CUM %
260.	IN GENERAL, WHEN YOU GO TO A DOCTOR'S OFFICE OR CLINIC, ARE THE NURSES, THE RECEPTIONIST, AND OTHER PEOPLE THERE VERY FRIENDLY AND HELPFUL, OR DO THEY NOT SEEM TO CARE IF YOU ARE WORRIED OR IN PAIN?	1	36	36	1957	35.74	35.74
		2	1957	1957	4245	41.78	77.52
		3	2288	2288	5121	16.00	93.52
		4	876	876	5385	4.82	98.34
		5	264	264	5476	1.66	100.00
	1. ALWAYS FRIENDLY AND HELPFUL						
	2. USUALLY FRIENDLY AND HELPFUL						
	3. SOMETIMES, SOMETIMES NOT						
	4. USUALLY DON'T SEEM TO CARE						
	5. NEVER SEEM TO CARE						

DEI9112	FILE PHABNE
261.	WHEN YOU GO TO A DOCTOR'S OFFICE OR CLINIC WITH A HEALTH PROBLEM, DO THEY USUALLY GIVE YOU MORE MEDICINE AND SHOTS THAN YOU THINK YOU NEED, OR DO THEY GIVE YOU LESS MEDICINE AND SHOTS THAN YOU THINK YOU NEED?
	1. ALWAYS GIVE MORE THAN NEEDED
	2. USUALLY GIVE MORE THAN NEEDED
	3. DON'T KNOW, ABOUT RIGHT
	4. USUALLY GIVE LESS THAN NEEDED
	5. ALWAYS GIVE LESS THAN NEEDED
	6. NEVER GO TO A DOCTOR'S OFFICE OR CLINIC

DEI9112	VALUE	FREQ	CUM FREQ	%	CUM %
	1	55	55	1.89	1.89
	2	103	158	7.46	9.35
	3	407	565	86.34	96.34
	4	4747	5312	2.44	98.77
	5	133	5445	1.14	99.91
	6	62	5507	0.09	100.00
		5			

DEI3898	FILE PHABNE
262.	HAS A DOCTOR OR NURSE EVER TOLD YOU TO KEEP MEDICINES, PILLS, AND POISON OUT OF THE REACH OF CHILDREN?
	1. YES
	2. NO

DEI3898	VALUE	FREQ	CUM FREQ	%	CUM %
	1	46	46	55.00	55.00
	2	3006	3052	45.01	100.00
		2460			

MEDICAL APPLIANCES

DE13363	FILE PHABNE
263. DO YOU OWN EYEGLASSES OR CONTACT LENSES WHICH CORRECT YOUR VISION?	
1. YES (Go to Q. 263a-b)	
2. NO (Go to Q. 264)	

DE15280	FILE PHABNE
263a. WHEN WAS THE LAST TIME YOU GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES?	
1. LESS THAN 6 MONTHS AGO	
2. 6 TO 11 MONTHS AGO	
3. 1 YEAR AGO, BUT LESS THAN 2 YEARS	
4. 2 YEARS AGO, BUT LESS THAN 3 YEARS	
5. 3 YEARS AGO, BUT LESS THAN 5 YEARS	
6. 5 OR MORE YEARS AGO	

DE13366	FILE PHABNE
263b. DID YOU OWN EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME?	
1. YES (Go to Q. 263c)	
2. NO (Go to Q. 264)	

DE13363	VALUE	FREQ	CUM FREQ	%	CUM %
	1	33	33	52.84	52.84
	2	2895	2895	47.16	100.00
		2584	5479		

DE15280	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2569	2569	14.54	14.54
	2	428	428	12.44	26.98
	3	366	794	25.59	52.57
	4	753	1547	20.80	73.36
	5	612	2159	14.88	88.24
	6	438	2597	11.76	100.00
		346	2943		

DE13366	VALUE	FREQ	CUM FREQ	%	CUM %
	1	2523	2523	80.19	80.19
	2	2397	2397	19.81	100.00
		592	2989		

DE13385

FILE PHABNE

264b. DID YOU OWN A HEARING AID BEFORE THAT TIME?

1. YES (Go to Q. 264c)

2. NO (Go to Q. 265)

DE15358

FILE PHABNE

264c. WHEN WAS THE LAST TIME YOU GOT A NEW HEARING AID BEFORE THAT TIME? - JUST YOUR BEST GUESS.

1. LESS THAN 6 MONTHS BEFORE THAT

2. 6 TO 11 MONTHS BEFORE THAT

3. 1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS

4. 2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS

5. 3 YEARS BEFORE THAT, BUT LESS THAN 5 YEARS

6. 5 OR MORE YEARS BEFORE THAT

DE15359

FILE PHABNE

265. DO YOU WEAR DENTURES OR BRACES FOR YOUR TEETH?

1. YES (Go to Q. 265a-b)

2. NO (Go to Q. 266)

DE13385	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5383	8	6.20	6.20
	2	121	129	93.80	100.00

DE15358	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5476	5	13.89	13.89
	2	5	6	2.78	16.67
	3	1	7	2.78	19.44
	4	1	8	2.78	22.22
	5	5	13	13.89	36.11
	6	23	36	63.89	100.00

DE15359	VALUE	FREQ	CUM FREQ	%	CUM %
	1	35	35	19.37	19.37
	2	1061	1061	80.63	100.00
		4416	5477		

DE15360	FILE	PHABNE
265a.	WHEN WAS THE LAST TIME YOU GOT NEW DENTURES OR BRACES FOR YOUR TEETH?	
1.	LESS THAN 6 MONTHS AGO	
2.	6 TO 11 MONTHS AGO	
3.	1 YEAR AGO, BUT LESS THAN 2 YEARS	
4.	2 YEARS AGO, BUT LESS THAN 3 YEARS	
5.	3 YEARS AGO, BUT LESS THAN 5 YEARS	
6.	5 OR MORE YEARS AGO	

DE15360	VALUE	FREQ	CUM FREQ	%	CUM %
1	4416	76	76	6.93	6.93
2	71	147	147	6.48	13.41
3	125	272	272	11.41	24.82
4	113	385	385	10.31	35.13
5	163	548	548	14.87	50.00
6	548	1096	1096	50.00	100.00

DE15361	FILE	PHABNE
265b.	DID YOU WEAR DENTURES OR BRACES BEFORE THAT TIME?	
1.	YES (Go to Q. 265c)	
2.	NO (Go to Q. 266)	

DE15361	VALUE	FREQ	CUM FREQ	%	CUM %
1	4360	503	503	43.66	43.66
2	649	1152	1152	56.34	100.00

DE15362	FILE	PHABNE
265c.	WHEN WAS THE LAST TIME YOU GOT NEW DENTURES OR BRACES BEFORE THAT TIME? - JUST YOUR BEST GUESS.	
1.	LESS THAN 6 MONTHS BEFORE THAT	
2.	6 TO 11 MONTHS BEFORE THAT	
3.	1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS	
4.	2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS	
5.	3 YEARS BEFORE THAT, BUT LESS THAN 5 YEARS	
6.	5 OR MORE YEARS BEFORE THAT	

DE15362	VALUE	FREQ	CUM FREQ	%	CUM %
1	4933	11	11	1.90	1.90
2	11	20	20	1.55	3.45
3	33	53	53	5.70	9.15
4	52	105	105	8.98	18.14
5	75	180	180	12.95	31.09
6	399	579	579	68.91	100.00

-----+
| FUTURE HEALTH EXPENSES |
+-----+

DE15284	VALUE	FREQ	CUM FREQ	%	CUM %
1	113	113	1386	25.67	25.67
2	1277	1277	2663	23.65	49.32
3	853	853	3516	15.80	65.12
4	439	439	3955	8.13	73.25
5	407	407	4362	7.54	80.79
6	297	297	4659	5.50	86.29
7	137	137	4796	2.54	88.83
8	120	120	4916	2.22	91.05
9	82	82	4998	1.52	92.57
10	151	151	5149	2.80	95.37
11	250	250	5399	4.63	100.00

DE15284

266. OF COURSE, NOBODY KNOWS WHAT WILL HAPPEN, BUT WE WOULD JUST LIKE YOUR BEST GUESS ON HOW MUCH YOUR OWN PERSONAL HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS. (DO NOT COUNT OTHER MEMBERS OF THE FAMILY.) INCLUDE DOCTORS, DENTISTS, CLINICS, MEDICAL TESTS OR X-RAYS, PRESCRIPTION DRUGS - THE TOTAL OF ALL EXPENSES FOR YOUR OWN PERSONAL HEALTH DURING THE NEXT 12 MONTHS. INCLUDE BOTH WHAT YOU ARE LIKELY TO PAY, AND ALSO WHAT WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, OR OTHERS.

1. \$100 OR LESS
2. \$101 - \$200
3. \$201 - \$300
4. \$301 - \$400
5. \$401 - \$500
6. \$501 - \$600
7. \$601 - \$700
8. \$701 - \$800
9. \$801 - \$900
10. \$901 - \$1000
11. MORE THAN \$1,000

TRANSPORTATION

DE15475

FILE PHABNE

267. WHAT IS YOUR USUAL METHOD OF TRANSPORTATION WHEN YOU GO FOR MEDICAL CARE - TO DOCTORS, DENTISTS, CLINICS, AND SO ON?
1. DRIVE MYSELF, OR DRIVEN BY A FAMILY MEMBER
2. DRIVEN BY SOMEONE OUTSIDE THE FAMILY
3. WALK, BICYCLE
4. TAXI
5. BUS OR OTHER FORM OF PUBLIC TRANSPORTATION
6. OTHER METHOD

NOTE: Asked in South Carolina 3-year, 5-year and PEG enrollment only.

FLUORIDE TREATMENT

The entire battery of FLUORIDE TREATMENT questions (DE19841 through DE19858) was asked in South Carolina 3-year enrollment only.

DE19841

FILE PHABNE

268. DID YOU TAKE FLUORIDE TABLETS WHEN YOU WERE BETWEEN THE AGES OF 4 AND 12?
1. YES
2. NO

DE15475	VALUE	FREQ	CUM FREQ	%	CUM %
1	3384	1728	1728	81.20	81.20
2	70	1798	1798	3.29	84.49
3	80	1878	1878	3.76	88.25
4	111	1989	1989	5.22	93.47
5	129	2118	2118	6.06	99.53
6	10	2128	2128	0.47	100.00

DE19841	VALUE	FREQ	CUM FREQ	%	CUM %
1	4676	93	93	11.12	11.12
2	743	836	836	88.88	100.00

DE19842	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4677	95	11.38	11.38
	2	740	835	88.62	100.00

FILE PHABNE

269. DID YOU HAVE YOUR TEETH PAINTED WITH FLUORIDE BY A DENTIST OR DENTAL ASSISTANT, WHEN YOU WERE BETWEEN THE AGES OF 4 AND 12?

1. YES
2. NO

FILE PHABNE

270a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER q. 270a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

FIRST CITY (TOWN)

NOTE: See Appendix X for city codes and cities in this file.

DE19844	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4684	2	0.24	0.24
	4	2	4	0.24	0.48
	5	1	5	0.12	0.60
	7	2	7	0.24	0.85
	10	7	14	0.85	1.69
	11	8	22	0.97	2.66
	12	1	23	0.12	2.78
	14	3	26	0.36	3.14
	16	1	27	0.12	3.26
	17	1	28	0.12	3.38
	18	4	32	0.48	3.87
	19	6	38	0.73	4.59
	21	2	40	0.24	4.83
	22	2	42	0.24	5.07
	23	1	43	0.12	5.19
	24	1	44	0.12	5.31
	25	2	46	0.24	5.56
	26	1	47	0.12	5.68
	28	1	48	0.12	5.80
	31	5	53	0.60	6.40
	33	15	68	1.81	8.21
	34	24	92	2.90	11.11
	35	1	93	0.12	11.23
	36	4	97	0.48	11.72
	38	5	102	0.60	12.32
	39	5	107	0.60	12.92
	41	698	805	84.30	97.22
	43	6	811	0.73	97.95
	44	3	814	0.36	98.31
	46	1	815	0.12	98.43
	47	6	821	0.73	99.16
	53	1	822	0.12	99.28
	55	1	823	0.12	99.40
	57	1	824	0.12	99.52
	60	1	825	0.12	99.64
	71	1	826	0.12	99.76
	78	1	827	0.12	99.88
	94	1	828	0.12	100.00

DE19844	FILE PHABNE
270b. FIRST STATE IN WHICH YOU LIVED BETWEEN AGES 4 AND 12?	
1. ALABAMA	
4. ARKANSAS	
5. CALIFORNIA	
7. CONNECTICUT	
10. FLORIDA	
11. GEORGIA	
12. HAWAII	
14. ILLINOIS	
16. IOWA	
17. KANSAS	
18. KENTUCKY	
19. LOUISIANA	
21. MARYLAND	
22. MASSACHUSETTS	
23. MICHIGAN	
24. MINNESOTA	
25. MISSISSIPPI	
26. MISSOURI	
28. NEBRASKA	
31. NEW JERSEY	
33. NEW YORK	
34. NORTH CAROLINA	
35. NORTH DAKOTA	
36. OHIO	
38. OREGON	
39. PENNSYLVANIA	
41. SOUTH CAROLINA	
43. TENNESSEE	
44. TEXAS	
46. VERMONT	
47. VIRGINIA	
53. PUERTO RICO	
55. CARIBBEAN EXCLUDING PUERTO RICO	
57. CANADA	
60. SOUTH AMERICA	
71. SCOTLAND	
78. GERMANY	
94. USSR	

DE19845	FILE PHABNE
270c. HOW MANY YEARS DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12? - FIRST CITY	
1. 1 YEAR OR LESS	
2. MORE THAN 1 YEAR TO 2 YEARS	
3. MORE THAN 2 YEARS TO 3 YEARS	
4. MORE THAN 3 YEARS TO 4 YEARS	
5. MORE THAN 4 YEARS TO 5 YEARS	
6. MORE THAN 5 YEARS TO 6 YEARS	
7. MORE THAN 6 YEARS TO 7 YEARS	
8. MORE THAN 7 YEARS TO 8 YEARS	
9. MORE THAN 8 YEARS TO 9 YEARS	

DE19845	VALUE	FREQ	CUM FREQ	%	CUM %
1	4734	22	22	2.83	2.83
2	31	53	75	3.99	6.81
3	18	71	146	2.31	9.13
4	16	87	233	2.06	11.18
5	16	103	336	2.06	13.24
6	15	118	454	1.93	15.17
7	16	134	588	2.06	17.22
8	101	235	823	12.98	30.21
9	543	778	1601	69.79	100.00

DE19846	FILE PHABNE
270d. HOW MANY MONTHS (DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12)? - FIRST CITY	

DE19846	VALUE	FREQ	CUM FREQ	%	CUM %
0	5472	1	1	2.50	2.50
2	1	4	5	7.50	10.00
3	3	7	12	7.50	17.50
4	3	2	14	5.00	22.50
5	5	5	19	12.50	35.00
6	5	19	38	12.50	47.50
7	1	20	58	2.50	50.00
8	4	24	82	10.00	60.00
9	6	30	112	15.00	75.00
12	7	37	149	17.50	92.50
16	2	39	188	5.00	97.50
96	1	40	192	2.50	100.00

DE15896

FILE PHABNE

270a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER Q. 270a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

_____ SECOND CITY (TOWN)

NOTE: See Appendix X for city codes and cities in this file.

DE19848	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5334	1	0.56	0.56
	2	1	2	0.56	1.12
	4	2	4	1.12	2.25
	9	1	5	0.56	2.81
	10	7	12	3.93	6.74
	11	3	15	1.69	8.43
	16	1	16	0.56	8.99
	17	1	17	0.56	9.55
	18	3	20	1.69	11.24
	19	1	21	0.56	11.80
	22	2	23	1.12	12.92
	26	1	24	0.56	13.48
	31	2	26	1.12	14.61
	33	3	29	1.69	16.29
	34	8	37	4.49	20.79
	35	1	38	0.56	21.35
	36	1	39	0.56	21.91
	37	1	40	0.56	22.47
	38	1	41	0.56	23.03
	39	2	43	1.12	24.16
	41	125	168	70.23	94.38
	43	3	171	1.69	96.07
	44	3	174	1.69	97.75
	46	1	175	0.56	98.32
	47	1	176	0.56	98.88
	48	1	177	0.56	99.44
	71	1	178	0.56	100.00

DE19848	270b. SECOND STATE IN WHICH YOU LIVED BETWEEN AGES 4 AND 12?	FILE PHABNE
	1. ALABAMA	
	2. ALASKA	
	4. ARKANSAS	
	9. DELAWARE	
	10. FLORIDA	
	11. GEORGIA	
	16. IOWA	
	17. KANSAS	
	18. KENTUCKY	
	19. LOUISIANA	
	22. MASSACHUSETTS	
	26. MISSOURI	
	31. NEW JERSEY	
	33. NEW YORK	
	34. NORTH CAROLINA	
	35. NORTH DAKOTA	
	36. OHIO	
	37. OKLAHOMA	
	38. OREGON	
	39. PENNSYLVANIA	
	41. SOUTH CAROLINA	
	43. TENNESSEE	
	44. TEXAS	
	46. VERMONT	
	47. VIRGINIA	
	48. WASHINGTON	
	71. SCOTLAND	

DE19849	FILE PHABNE
270c. HOW MANY YEARS DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12? - SECOND CITY	
1. 1 YEAR OR LESS	
2. MORE THAN 1 YEAR TO 2 YEARS	
3. MORE THAN 2 YEARS TO 3 YEARS	
4. MORE THAN 3 YEARS TO 4 YEARS	
5. MORE THAN 4 YEARS TO 5 YEARS	
6. MORE THAN 5 YEARS TO 6 YEARS	
7. MORE THAN 6 YEARS TO 7 YEARS	
8. MORE THAN 7 YEARS TO 8 YEARS	
9. MORE THAN 8 YEARS TO 9 YEARS	

DE19849	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5320	1	5.73	5.73
	2	11	11	14.06	19.79
	3	27	38	10.94	30.73
	4	21	59	7.29	38.02
	5	14	73	6.25	44.27
	6	12	85	6.77	51.04
	7	13	98	5.73	56.77
	8	11	109	5.73	62.50
	9	72	120	37.50	100.00

DE19850	FILE PHABNE
270d. HOW MANY MONTHS (DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12)? - SECOND CITY	

DE19850	VALUE	FREQ	CUM FREQ	%	CUM %
	0	5486	1	3.85	3.85
	1	1	2	3.85	7.69
	2	1	4	7.69	15.39
	3	2	7	11.54	26.92
	4	3	10	11.54	38.46
	5	3	15	19.23	57.69
	6	5	17	7.69	65.39
	8	2	20	11.54	76.92
	9	3	22	7.69	84.62
	11	2	25	11.54	96.15
	12	3	26	3.85	100.00
	18	1			

DE15897

FILE PHADNE

270a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER Q. 270a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

_____ THIRD CITY (TOWN)

NOTE: See Appendix X for city codes and cities in this file.

DE19852

FILE PHABNE

270b. THIRD STATE IN WHICH YOU LIVED BETWEEN AGES 4 AND 12?

5. CALIFORNIA
10. FLORIDA
11. GEORGIA
18. KENTUCKY
23. MICHIGAN
31. NEW JERSEY
33. NEW YORK
34. NORTH CAROLINA
41. SOUTH CAROLINA
43. TENNESSEE
78. GERMANY

DE19852	VALUE	FREQ	CUM FREQ	%	CUM %
5	5422	1	1	1.11	1.11
10	1	4	5	4.44	5.56
11	2	7	12	2.22	7.78
18	1	8	18	1.11	8.89
23	1	9	23	1.11	10.00
31	1	10	31	1.11	11.11
33	1	11	33	1.11	12.22
34	5	16	49	5.56	17.78
41	70	86	115	77.78	95.56
43	2	88	117	2.22	97.78
78	2	90	119	2.22	100.00

DE19853	FILE	PHABNE
270c.	HOW MANY YEARS DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12? - THIRD CITY	
	1. 1 YEAR OR LESS	
	2. MORE THAN 1 YEAR TO 2 YEARS	
	3. MORE THAN 2 YEARS TO 3 YEARS	
	4. MORE THAN 3 YEARS TO 4 YEARS	
	5. MORE THAN 4 YEARS TO 5 YEARS	
	6. MORE THAN 5 YEARS TO 6 YEARS	
	7. MORE THAN 6 YEARS TO 7 YEARS	
	8. MORE THAN 7 YEARS TO 8 YEARS	
	9. MORE THAN 8 YEARS TO 9 YEARS	

DE19853	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5419	9	9.68	9.68
	2	10	19	10.75	20.43
	3	10	29	10.75	31.18
	4	9	38	9.68	40.86
	5	3	41	3.23	44.09
	6	5	46	5.38	49.46
	7	2	48	2.15	51.61
	8	6	54	6.45	58.07
	9	39	93	41.94	100.00

DE19854	FILE	PHABNE
270d.	HOW MANY MONTHS (DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12)? - THIRD CITY	

DE19854	VALUE	FREQ	CUM FREQ	%	CUM %
	0	5497	1	6.67	6.67
	2	1	2	6.67	13.33
	4	3	5	20.00	33.33
	5	1	6	6.67	40.00
	6	1	7	6.67	46.67
	8	1	8	6.67	53.33
	9	2	10	13.33	66.67
	11	1	11	6.67	73.33
	12	4	15	26.67	100.00

DE15898

FILE PHABNE

270a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER Q. 270a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

FOURTH CITY (TOWN)

NOTE: See Appendix X for city codes and cities in this file.

DE19856

FILE PHABNE

270b. FOURTH STATE IN WHICH YOU LIVED BETWEEN AGES 4 AND 12?

- 10. FLORIDA
- 11. GEORGIA
- 14. ILLINOIS
- 34. NORTH CAROLINA
- 39. PENNSYLVANIA
- 41. SOUTH CAROLINA
- 43. TENNESSEE
- 47. VIRGINIA
- 78. GERMANY

DE19856

VALUE

10
11
14
34
39
41
43
47
78

FREQ

5448
2
2
1
3
1
51
1
1
2

CUM
FREQ

2
4
5
8
9
60
61
62
64

%

3.13
3.13
1.56
4.69
1.56
79.69
1.56
1.56
3.13

CUM
%

3.13
6.25
7.81
12.50
14.06
93.75
95.31
96.88
100.00

DE19857	FILE PHABNE
270c. HOW MANY YEARS DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12? - FOURTH CITY	
1. 1 YEAR OR LESS	
2. MORE THAN 1 YEAR TO 2 YEARS	
3. MORE THAN 2 YEARS TO 3 YEARS	
4. MORE THAN 3 YEARS TO 4 YEARS	
5. MORE THAN 4 YEARS TO 5 YEARS	
6. MORE THAN 5 YEARS TO 6 YEARS	
7. MORE THAN 6 YEARS TO 7 YEARS	
8. MORE THAN 7 YEARS TO 8 YEARS	
9. MORE THAN 8 YEARS TO 9 YEARS	

DE19857	VALUE	FREQ	CUM FREQ	%	CUM %
1	5448	6	6	9.38	9.38
2		6	12	9.38	18.75
3		3	15	4.69	23.44
4		2	17	3.13	26.56
5		3	20	4.69	31.25
6		5	25	7.81	39.06
7		3	28	4.69	43.75
8		4	32	6.25	50.00
9		32	64	50.00	100.00

DE19858	FILE PHABNE
270d. HOW MANY MONTHS (DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12)? - FOURTH CITY	

DE19858	VALUE	FREQ	CUM FREQ	%	CUM %
0	5501	1	1	9.09	9.09
2		1	2	9.09	18.18
4		2	4	18.18	36.36
5		1	5	9.09	45.45
6		1	6	9.09	54.55
8		2	8	18.18	72.73
9		1	9	9.09	81.82
12		2	11	18.18	100.00

OTHER STOMACH PROBLEMS

The entire battery of OTHER STOMACH PROBLEMS questions (DE19859 through DE19880) was asked in South Carolina 3-year enrollment only.

DE19859

271a. HAS THE FOLLOWING MEMBER OF YOUR FAMILY EVER
HAD AN ULCER?

A PARENT

1. YES
2. NO

FILE PHABNE

DE19860

271b. HAS THE FOLLOWING MEMBER OF YOUR FAMILY EVER
HAD AN ULCER?

A BROTHER OR SISTER

1. YES
2. NO

FILE PHABNE

DE19859	VALUE	FREQ	CUM FREQ	CUM %
	1	4723	1	18.12
	1	143	143	18.12
	2	646	789	81.88
				100.00

DE19860	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4781	76	10.40	10.40
	2	655	731	89.60	100.00

DE19861	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4793	15	2.09	2.09
	2	704	719	97.91	100.00
DE19862	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4774	115	15.58	15.58
	2	623	738	84.42	100.00
DE19863	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4672	61	7.26	7.26
	2	779	840	92.74	100.00

DE19864	FILE PHABNE
273. DO YOU OFTEN THROW UP OR VOMIT?	
1. YES	
2. NO	

DE19864	VALUE	FREQ	CUM FREQ	%	CUM %
1	4671	30	30	3.57	3.57
2	811	811	841	96.43	100.00

DE19865	FILE PHABNE
274. DOES YOUR STOMACH OFTEN FEEL DISTENDED, PUFFED UP, OR BLOWN UP?	
1. YES	
2. NO	

DE19865	VALUE	FREQ	CUM FREQ	%	CUM %
1	4673	172	172	20.50	20.50
2	667	667	839	79.50	100.00

DE19866	FILE PHABNE
275. DO YOU BELCH OR BURP MORE THAN YOU USED TO?	
1. YES	
2. NO	

DE19866	VALUE	FREQ	CUM FREQ	%	CUM %
1	4672	95	95	11.31	11.31
2	745	745	840	88.69	100.00

DE19877	FILE PHABNE
276. HAVE YOU EVER BEEN HOSPITALIZED BECAUSE OF PROBLEMS ASSOCIATED WITH ULCERS?	
1. YES	
2. NO	

DE19877	VALUE	FREQ	CUM FREQ	%	CUM %
1	4673	33	33	3.93	3.93
2	806	806	839	96.07	100.00

DE15285	FILE PHABNE
278.	DID THE SUBJECT OF THIS QUESTIONNAIRE, THE PERSON WHOSE HEALTH IT IS ABOUT, FILL OUT THE QUESTIONNAIRE, OR DID SOMEONE ELSE FILL IT OUT?
	1. SUBJECT FILLED OUT QUESTIONNAIRE (Go to Q. 278a)
	2. SOMEONE ELSE FILLED IT OUT (Go to Q. 278b)

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE15472	FILE PHABNE
278a.	DID THE SUBJECT FILL OUT THE QUESTIONNAIRE WITHOUT ANY HELP, WITH ONLY A LITTLE HELP, WITH SOME HELP, OR WITH A LOT OF HELP?
	1. WITHOUT ANY HELP
	2. WITH ONLY A LITTLE HELP
	3. WITH SOME HELP
	4. WITH A LOT OF HELP (HELP WITH MORE THAN HALF OF THE QUESTIONNAIRE)

NOTE: Asked in South Carolina 5-year and PEG enrollment only.

DE15285	VALUE	FREQ	CUM FREQ	%	CUM %
	1	927	4511	98.39	98.39
	2	74	4585	1.61	100.00

DE15472	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4245	931	73.48	73.48
	2	931	1047	9.16	82.64
	3	116	1085	3.00	85.64
	4	38	1267	14.37	100.00
		182			

DE15286	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5394	5394	30.51	30.51
	2	36	5430	5.09	35.59
	4	6	5436	4.24	39.83
	5	31	5467	26.27	66.10
	6	12	5479	10.17	76.27
	7	28	5507	23.73	100.00

DE19216	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4668	4668	98.22	98.22
	2	829	5497	1.78	100.00

DE15286

278b. WHAT IS THE MAIN REASON THE SUBJECT OF THE QUESTIONNAIRE DID NOT FILL IT OUT?

1. CAN'T READ WELL ENOUGH
2. HAS POOR EYESIGHT
3. HAS TROUBLE WRITING
4. TROUBLE UNDERSTANDING ENGLISH
5. FORM IS TOO COMPLICATED
6. IS AWAY FROM HOME
7. SOME OTHER REASON

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE12514

I.D. OF THE PARTICIPANT WHO FILLED OUT THIS FORM

DE19216

COMPLETED BY:

1. INFORMATION PROVIDED BY CORRECT RESPONDENT (14+=SUBJECT; 0-4 AND 5-13=ADULT IN FAMILY UNIT)
2. FOR 14+ ONLY - INFORMATION PROVIDED BY SOMEONE ELSE IN FAMILY UNIT
3. INFORMATION PROVIDED BY SOMEONE OUT OF FAMILY UNIT

VI. CODEBOOK FOR ADULT EXIT FORM B

FILENAME				
VALUE		FREQ	CUM FREQ	CUM %
PHABAX		5246	5246	100.00
			100.00	100.00

SITE				
VALUE		FREQ	CUM FREQ	CUM %
1		810	810	15.44
2		2063	2873	39.33
3		520	3393	54.77
4		619	4012	64.68
5		529	4541	76.48
6		705	5246	86.56
				100.00

VARIABLE	FILENAME	FILE PHABAX; HEADER
Name of file		
FILENAME is a unique 6-character code that identifies this file as PHABAX (Medical History Questionnaire, Form B, for adults, ages 14+, from 3-year and 5-year exits for all sites).		

VARIABLE	PERSON	FILE PHABAX; HEADER
Person identifier		
PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.		

VARIABLE	SITE	FILE PHABAX; HEADER
Site		
CODES		
1	Dayton, Ohio	
2	Seattle, Washington	
3	Fitchburg, Massachusetts	
4	Franklin County, Massachusetts	
5	Charleston, South Carolina	
6	Georgetown County, South Carolina	
SITE identifies the participant's place of residence when HIE data were collected.		

INSTAT	VALUE	FREQ	CUM FREQ	%	CUM %
1	4853	4853	92.51	92.51	92.51
2	392	5245	7.47	99.98	99.98
3	1	5246	0.02	100.00	100.00

ENRTERM	VALUE	FREQ	CUM FREQ	%	CUM %
3	3168	3168	60.39	60.39	60.39
5	2078	5246	39.61	100.00	100.00

VARIABLE INSTAT FILE PHABAX; HEADER

Insurance status

CODES

1 - Ever insured

2 - Ever assigned to HMO control group

3 - Never insured

INSTAT describes the participant's insurance status in the Health Insurance Experiment.

VARIABLE ENRTERM FILE PHABAX; HEADER

Enrollment term

CODES

0 - None--person never enrolled

2 - None--participant in PEG period only

3 - 3 years

5 - 5 years

ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.

VARIABLE DATE FILE PHABAX; IIEADER

Date received

DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19690606 to 19820319.

VARIABLE	FINLSTAT	FILE	PHABAX; HEADER
Final questionnaire status			
CODES			
3 - Not returned; participant deceased			
4 - Not returned; participant withdrawn			
5 - Not returned; participant moved out of country			
6 - Not returned; participant moved/unlocatable			
7 - Not returned; participant refused to complete questionnaire			
8 - Not returned; field period ended			
11 - Completed as received; no follow-up necessary			
21 - Completed after recontact			
31 - Recontact required, but not obtained (if questions were refused in writing on MHQ, recontact was not attempted)			
41 - Corrections made by editors			
51 - Completed with interviewer assistance, by phone or in person			
71 - Recontact required but not attempted due to end of field period			
80 - Questionnaire returned after field period; MHQ blank, no follow-up attempted			
81 - Questionnaire returned after field period; at least one question answered, no follow-up attempted			
FINLSTAT indicates whether a data collection instrument was completed or returned and whether any follow-up efforts were required. Code values with a "1" in the second column indicate documents that are complete or partially complete.			

NOTE: Code values 41-81 were not available for Dayton 3-year exit documents, but are used in all other exit documents, including Dayton 5-year exit.

FINLSTAT	VALUE	FREQ	CUM FREQ	%	CUM %
	3	1	1	0.02	0.02
	4	43	44	0.82	0.84
	6	2	46	0.04	0.88
	7	9	55	0.17	1.05
	8	71	126	1.35	2.40
	11	3449	3575	65.75	68.15
	21	1611	5186	30.71	98.86
	31	57	5243	1.09	99.94
	81	3	5246	0.06	100.00

-----+
| EYESIGHT |
+-----+

DE14347	FILE PHABAX
1. HAVE YOU EVER HAD YOUR EYESIGHT TESTED BY A DOCTOR?	
1. YES (Go to Q. 1a-b-c)	
2. NO (Go to Q. 2)	

DE14347	VALUE	FREQ	CUM FREQ	%	CUM %
1	130	130	4682	91.52	91.52
2	434	434	5116	8.48	100.00

DE18980	FILE PHABAX
1a. WHEN WAS THE LAST TIME YOU HAD YOUR EYES TESTED BY A DOCTOR?	
1. WITHIN THE PAST 12 MONTHS	
2. 1 TO 2 YEARS AGO	
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO	
4. 5 OR MORE YEARS AGO	

DE18980	VALUE	FREQ	CUM FREQ	%	CUM %
1	560	560	2022	43.15	43.15
2	2022	2022	3424	29.92	73.07
3	1402	771	4195	16.45	89.52
4	491	491	4686	10.48	100.00

DE13844	FILE PHABAX
1b. WAS THIS TEST NEEDED FOR WORK, SCHOOL, CAMP, INSURANCE OR SOME REASON LIKE THAT?	
1. YES	
2. NO	

DE13844	VALUE	FREQ	CUM FREQ	%	CUM %
1	564	564	1617	34.54	34.54
2	1617	3065	4682	65.46	100.00

DE18982	FILE PHABAX					
2b. DO YOU WEAR THEM FOR READING AND CLOSE WORK, OR FOR SEEING THINGS AT A DISTANCE, OR FOR BOTH?						
1. FOR READING AND CLOSE WORK						
2. FOR SEEING AT A DISTANCE						
3. FOR BOTH PURPOSES						
4. NEITHER						
	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	2270				
	2	891	891	29.94	29.94	
	3	584	1475	19.62	49.56	
	4	1500	2975	50.40	99.97	
		1	2976	0.03	100.00	
DE14353	FILE PHABAX					
2c. WITH GLASSES OR CONTACT LENSES, HOW WELL CAN YOU SEE, AS COMPARED WITH MOST PERSONS YOUR AGE?						
1. BETTER THAN MOST						
2. ABOUT THE SAME AS MOST						
3. NOT AS WELL AS MOST						
	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	2276				
	2	465	465	15.66	15.66	
	3	2327	2792	78.35	94.01	
		178	2970	5.99	100.00	
DE14354	FILE PHABAX					
3. WITHOUT GLASSES, CAN YOU READ ORDINARY NEWSPRINT?						
1. YES						
2. NO						
	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	140				
	2	3915	3915	76.68	76.68	
		1191	5106	23.33	100.00	

DE14357	FILE PHABAX
7.	DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE EYESIGHT PROBLEMS KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?
	1. ALL OF THE TIME
	2. MOST OF THE TIME
	3. SOME OF THE TIME
	4. A LITTLE OF THE TIME
	5. NONE OF THE TIME

GLAUCOMA

DE14357	VALUE	FREQ	CUM FREQ	%	CUM %
1	133	8	8	0.16	0.16
2	19	27	27	0.37	0.53
3	87	114	114	1.70	2.23
4	228	342	342	4.46	6.69
5	4771	5113	5113	93.31	100.00

DE14358	FILE PHABAX
8.	IN THE PAST 5 YEARS, HAVE YOU EVER HAD YOUR EYES CHECKED FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	1. YES
	2. NO

DE14358	VALUE	FREQ	CUM FREQ	%	CUM %
1	140	140	140	47.43	47.43
2	2422	2422	2422	52.57	100.00
	2684	5106	5106		

DE14362	FILE PHABAX
11b.	DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	PILLS
	1. YES
	2. NO

DE14362	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4988	4	1.55	1.55
	2	254	258	98.45	100.00

DE14363	FILE PHABAX
12a.	ARE YOU CURRENTLY TAKING THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	EYE DROPS
	1. YES
	2. NO

DE14363	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4987	18	6.95	6.95
	2	241	259	93.05	100.00

DE14364	FILE PHABAX
12b.	ARE YOU CURRENTLY TAKING THE FOLLOWING MEDICINE FOR GLAUCOMA (INCREASED PRESSURE IN THE EYE)?
	PILLS
	1. YES
	2. NO

DE14364	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5007	4	1.67	1.67
	2	235	239	98.33	100.00

DE14365	FILE PHABAX				CUM FREQ	%	CUM %
	13. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) CAUSED YOU?						
	1. A GREAT DEAL OF PAIN	5047	1	1.01	1	1.01	
	2. SOME PAIN	2	2	1.51	3	2.51	
	3. A LITTLE PAIN	11	16	5.53	16	8.04	
	4. NO PAIN AT ALL	183	199	91.96	199	100.00	
DE14366	FILE PHABAX				CUM FREQ	%	CUM %
	14. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) WORRIED OR CONCERNED YOU?						
	1. A GREAT DEAL	5063	1	2.19	1	2.19	
	2. SOMEWHAT	4	4	3.28	10	5.46	
	3. A LITTLE	18	28	9.84	28	15.30	
	4. NOT AT ALL	155	183	84.70	183	100.00	
DE14367	FILE PHABAX				CUM FREQ	%	CUM %
	15. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?						
	1. ALL OF THE TIME	5070	1	0.57	1	0.57	
	2. MOST OF THE TIME	1	1	0.57	2	1.14	
	3. SOME OF THE TIME	9	11	5.11	11	6.25	
	4. A LITTLE OF THE TIME	165	176	93.75	176	100.00	

DE14368

FILE PHABAX

16. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR GLAUCOMA (INCREASED PRESSURE IN THE EYE) KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

DAYS IN BED LAST MONTH

HEARING

DE15297

FILE PHABAX

17. HAVE YOU EVER HAD AN EAR INJURY? IF YES, WHICH EAR?

1. YES, INJURY TO RIGHT EAR
2. YES, INJURY TO LEFT EAR
3. YES, INJURY TO BOTH EARS
4. NO, NEVER HAD EAR INJURY

DE15298

FILE PHABAX

18. HAVE YOU EVER HAD EAR SURGERY? IF YES, WHICH EAR?

1. YES, RIGHT EAR SURGERY
2. YES, LEFT EAR SURGERY
3. YES, SURGERY BOTH EARS
4. NO, NEVER HAD EAR SURGERY

DE14368					
VALUE	FREQ	CUM FREQ	%	CUM %	
0	5062	183	99.46	99.46	
1	183	184	0.54	100.00	

DE15297					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	136	115	2.25	2.25	
2	115	223	2.11	4.36	
3	59	282	1.16	5.52	
4	4828	5110	94.48	100.00	

DE15298					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	138	42	0.82	0.82	
2	42	97	1.08	1.90	
3	55	160	1.23	3.13	
4	63	218	96.87	100.00	

DE15299	FILE PHABAX				
19. HAVE YOU EVER HAD YOUR HEARING TESTED?					
1. YES, BY A DOCTOR (Go to Q. 19a)					
2. YES, BY SOMEONE ELSE (Go to Q. 19a)					
3. NO					
DE15299	VALUE	FREQ	CUM FREQ	%	CUM %
1		156	2350	46.17	46.17
2		2350	4131	34.99	81.16
3		1781	5090	18.84	100.00
DE18985	FILE PHABAX				
19a. WHEN WAS THE LAST TIME YOU HAD YOUR HEARING TESTED?					
1. WITHIN THE PAST 12 MONTHS					
2. 1 TO 2 YEARS AGO					
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO					
4. 5 OR MORE YEARS AGO					
DE18985	VALUE	FREQ	CUM FREQ	%	CUM %
1		1080	762	18.29	18.29
2		762	1468	16.95	35.24
3		706	2854	33.27	68.51
4		1386	4166	31.49	100.00
DE15300	FILE PHABAX				
20a. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS, WITHOUT SEEING HIS FACE AND WITHOUT A HEARING AID, IF HE WHISPERS TO YOU FROM ACROSS A QUIET ROOM?					
1. YES (Go to Q. 27)					
2. NO (Go to Q. 20b)					
DE15300	VALUE	FREQ	CUM FREQ	%	CUM %
1		154	4563	89.61	89.61
2		4563	5092	10.39	100.00

DEI5301	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4428	721	88.14	88.14
	2	97	818	11.86	100.00

DEI5302	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5071	151	86.29	86.29
	2	24	175	13.71	100.00

DEI5303	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5147	83	83.84	83.84
	2	16	99	16.16	100.00

DEI5301

FILE PHABAX

20b. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS, WITHOUT SEEING HIS FACE AND WITHOUT A HEARING AID, IF HE TALKS TO YOU IN A NORMAL VOICE FROM ACROSS A QUIET ROOM?

1. YES (Go to Q. 27)

2. NO (Go to Q. 20c)

DEI5302

FILE PHABAX

20c. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS, WITHOUT SEEING HIS FACE AND WITHOUT A HEARING AID, IF HE SHOULDS TO YOU FROM ACROSS A QUIET ROOM?

1. YES (Go to Q. 21)

2. NO (Go to Q. 20d)

DEI5303

FILE PHABAX

20d. CAN YOU USUALLY HEAR AND UNDERSTAND WHAT A PERSON SAYS WITHOUT A HEARING AID IF HE SPEAKS LOUDLY INTO YOUR BETTER EAR?

1. YES (Go to Q. 21)

2. NO (Go to Q. 20e)

DEI5304	FILE PHABAX
20e. CAN YOU USUALLY TELL THE SOUND OF SPEECH FROM OTHER SOUNDS AND NOISES WITHOUT A HEARING AID?	
1. YES (Go to Q. 21)	
2. NO (Go to Q. 20f)	

DEI5304	VALUE	FREQ	CUM FREQ	%	CUM %
1	5165	60	60	74.07	74.07
2	21	81	81	25.93	100.00

DEI5305	FILE PHABAX
20f. CAN YOU USUALLY TELL ONE KIND OF NOISE FROM ANOTHER WITHOUT A HEARING AID?	
1. YES (Go to Q. 21)	
2. NO (Go to Q. 20g)	

DEI5305	VALUE	FREQ	CUM FREQ	%	CUM %
1	5170	57	57	75.00	75.00
2	19	76	76	25.00	100.00

DEI5306	FILE PHABAX
20g. CAN YOU HEAR LOUD NOISES WITHOUT A HEARING AID?	
1. YES	
2. NO	

DEI5306	VALUE	FREQ	CUM FREQ	%	CUM %
1	5175	56	56	78.87	78.87
2	15	71	71	21.13	100.00

DE14235	FILE PHABAX				
24. HAVE YOU EVER USED A HEARING AID ?					
1. YES, PRESCRIBED BY DOCTOR (Go to Q. 24a-b-c)					
2. YES, BUT NOT PRESCRIBED BY DOCTOR (Go to Q. 24a-b-c)					
3. NO (Go to Q. 25)					
DE14235	VALUE	FREQ	CUM FREQ	%	CUM %
1	5067	31	31	17.32	17.32
2	31	1	32	0.56	17.88
3	147	179	179	82.12	100.00
DE14236	FILE PHABAX				
24a. IN WHICH EAR HAVE YOU USED A HEARING AID?					
1. LEFT EAR					
2. RIGHT EAR					
3. BOTH EARS					
DE14236	VALUE	FREQ	CUM FREQ	%	CUM %
1	5214	8	8	25.00	25.00
2	12	20	20	37.50	62.50
3	12	32	32	37.50	100.00
DE14237	FILE PHABAX				
24b. WITH A HEARING AID, HOW WELL CAN YOU HEAR, COMPARED TO MOST PERSONS YOUR AGE?					
1. BETTER THAN MOST					
2. ABOUT THE SAME AS MOST					
3. NOT AS WELL AS MOST					
DE14237	VALUE	FREQ	CUM FREQ	%	CUM %
1	5206	8	8	20.00	20.00
2	18	26	26	45.00	65.00
3	14	40	40	35.00	100.00

DE14239	FILE	PHABAX
24c. DO YOU WEAR A HEARING AID NOW?		
1. YES, PRESCRIBED BY A DOCTOR		
2. YES, BUT NOT PRESCRIBED BY DOCTOR		
3. NO, DO NOT WEAR A HEARING AID NOW		

DE14239	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5199	22	46.81	46.81
	2	22	26	8.51	55.32
	3	21	47	44.68	100.00

DE14241	FILE	PHABAX
25. DURING THE PAST THREE MONTHS, HOW MUCH HAS YOUR HEARING PROBLEM WORRIED OR CONCERNED YOU?		
1. A GREAT DEAL		
2. SOMEWHAT		
3. A LITTLE		
4. NOT AT ALL		

DE14241	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5068	12	6.74	6.74
	2	12	46	19.10	25.84
	3	34	81	19.66	45.51
	4	97	178	54.49	100.00

DE14240	FILE	PHABAX
26. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR HEARING PROBLEM KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?		
1. ALL OF THE TIME		
2. MOST OF THE TIME		
3. SOME OF THE TIME		
4. A LITTLE OF THE TIME		
5. NONE OF THE TIME		

DE14240	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4763	2	0.41	0.41
	2	2	6	0.83	1.24
	3	4	15	1.86	3.11
	4	9	34	3.93	7.04
	5	19	483	92.96	100.00

HAY FEVER OR OTHER
PLANT ALLERGIES

DE15318 FILE PHARAX

27. HAVE YOU EVER HAD HAY FEVER OR OTHER ALLERGIES TO
PLANTS AND GRASSES?

1. YES (Go to Q. 28)
2. NO (Go to Q. 37)

DE15318

VALUE	FREQ	CUM FREQ	%	CUM %
1	127	127	21.55	21.55
2	4016	4143	78.45	100.00

DE15319 FILE PIABAX

28. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR
HAY FEVER OR OTHER PLANT ALLERGIES?

1. WITHIN THE PAST 3 MONTHS
2. 3 - 6 MONTHS AGO
3. 7 - 12 MONTHS AGO
4. MORE THAN 1 YEAR AGO
5. NEVER SAW DOCTOR ABOUT THIS

DE15319

VALUE	FREQ	CUM FREQ	%	CUM %
1	4053	4053	9.39	9.39
2	112	4165	4.86	14.25
3	58	4223	8.80	23.05
4	105	4328	38.98	62.03
5	465	4793	37.97	100.00

DE15320 FILE PHABAX

29. IN THE PAST 12 MONTHS, DID YOU GET ANY SHOTS TO
HELP PREVENT HAY FEVER OR OTHER PLANT ALLERGIES?

1. YES
2. NO

DE15320

VALUE	FREQ	CUM FREQ	%	CUM %
1	4058	4058	8.42	8.42
2	100	4158	91.58	100.00

DE15321	FILE PHABAX				
30. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY MEDICINE TO HELP PREVENT THE SYMPTOMS OF HAY FEVER OR OTHER PLANT ALLERGIES?					
1. YES					
2. NO					
DE15321	VALUE	FREQ	CUM FREQ	%	CUM %
1	4063	4063	305	25.78	25.78
2	878	878	1183	74.22	100.00
DE15322	FILE PHABAX				
31. DO YOU ACTUALLY TAKE ANY MEDICINE FOR THE HAY FEVER OR OTHER PLANT ALLERGIES?					
1. YES, PRESCRIBED BY DOCTOR					
2. YES, BUT NOT PRESCRIBED					
3. NO, DON'T TAKE ANY					
DE15322	VALUE	FREQ	CUM FREQ	%	CUM %
1	4064	4064	313	26.48	26.48
2	313	313	598	24.11	50.59
3	285	285	1182	49.41	100.00
DE15323	FILE PHABAX				
32. DURING THE PAST 12 MONTHS, HOW MUCH PAIN OR DISTRESS HAS YOUR HAY FEVER OR OTHER PLANT ALLERGIES CAUSED YOU?					
1. A GREAT DEAL OF PAIN					
2. SOME PAIN					
3. A LITTLE PAIN					
4. NO PAIN AT ALL					
DE15323	VALUE	FREQ	CUM FREQ	%	CUM %
1	4068	4068	36	3.06	3.06
2	36	36	213	15.03	18.08
3	177	177	680	39.64	57.73
4	467	467	1178	42.28	100.00

DE15324	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4070	32	2.72	2.72
	2	100	132	8.50	11.22
	3	372	504	31.63	42.86
	4	672	1176	57.14	100.00

DE15325	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4069	303	25.74	25.74
	2	192	495	16.31	42.06
	3	150	645	12.74	54.80
	4	164	809	13.93	68.73
	5	165	974	14.02	82.75
	6	92	1066	7.82	90.57
	7	111	1177	9.43	100.00

DE15324	FILE PHABAX
33.	DURING THE PAST 12 MONTHS, HOW MUCH HAS YOUR HAY FEVER OR OTHER PLANT ALLERGIES WORRIED OR CONCERNED YOU?
	1. A GREAT DEAL
	2. SOMEWHAT
	3. A LITTLE
	4. NOT AT ALL

DE15325	FILE PHABAX
34.	DURING THE PAST 12 MONTHS, HOW MANY WEEKS OR MONTHS WERE YOU BOTHERED BY HAY FEVER OR OTHER PLANT ALLERGIES?
	1. NOT BOTHERED AT ALL IN PAST 12 MONTHS (Go to Q. 37)
	2. LESS THAN 2 WEEKS OF THE TIME (Go to Q. 35)
	3. 2 WEEKS BUT LESS THAN 1 MONTH (Go to Q. 35)
	4. 1 MONTH BUT LESS THAN 2 MONTHS (Go to Q. 35)
	5. 2 MONTHS BUT LESS THAN 4 MONTHS (Go to Q. 35)
	6. 4 MONTHS BUT LESS THAN 6 MONTHS (Go to Q. 35)
	7. 6 MONTHS OR MORE (Go to Q. 35)

TEETH, GUMS

DE14242

FILE PHABAX

37. DO YOU HAVE ANY NATURAL TEETH AT ALL?
(YOUR OWN TEETH, NOT ARTIFICIAL?)

1. YES (Go to Q. 38)
2. NO (Go to Q. 48)

DE14243

FILE PHABAX

38. HOW OFTEN DO YOU BRUSH YOUR TEETH?

1. NEVER
2. ONCE A WEEK OR LESS
3. ONCE EVERY FEW DAYS
4. ONCE A DAY
5. MORE THAN ONCE A DAY

DE14244

FILE PHABAX

39. HOW OFTEN DO YOU USE DENTAL FLOSS (STRING USED TO REMOVE PARTICLES OF FOOD FROM BETWEEN THE TEETH)?

1. NEVER
2. ONCE A MONTH OR LESS
3. ONCE A WEEK OR 2 - 3 TIMES A MONTH
4. ONCE EVERY FEW DAYS
5. AT LEAST ONCE A DAY

DE14242	VALUE	FREQ	CUM FREQ	%	CUM %
	1	127	127		
	2	4575	4575	89.37	89.37
		544	5119	10.63	100.00

DE14243	VALUE	FREQ	CUM FREQ	%	CUM %
	1	643	643		
	2	17	17	0.37	0.37
	3	60	77	1.30	1.67
	4	220	297	4.78	6.45
	5	1724	2021	37.45	43.91
		2582	4603	56.09	100.00

DE14244	VALUE	FREQ	CUM FREQ	%	CUM %
	1	647	647		
	2	1254	1254	27.27	27.27
	3	826	2080	17.96	45.23
	4	662	2742	14.39	59.62
	5	1151	3893	25.03	84.65
		706	4599	15.35	100.00

DE14247	FILE PHABAX
43. HAS A DENTIST EVER TOLD YOU THAT YOU HAVE GUM PROBLEMS?	
1. YES (Go to Q. 44)	
2. NO (Go to Q. 45)	
DE14248	FILE PHABAX
44. DID HE SAY THAT YOUR GUM PROBLEMS COULD CAUSE YOU TO LOSE YOUR TEETH EARLIER THAN MOST PEOPLE?	
1. YES	
2. NO	
DE18987	FILE PHABAX
45. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAVE YOUR GUMS OR TEETH CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

-----+
 | PIMPLES OR ACNE |
 |-----+-----+
 +-----+

DE14394	FILE PHABAX
48. IN THE PAST 12 MONTHS, HAVE YOU HAD TROUBLE WITH PIMPLES ON YOUR FACE?	
1. YES (Go to Q. 49)	
2. NO (Go to Q. 56)	

DE18988	FILE PHABAX
49. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT THE PIMPLES?	
1. WITHIN THE PAST 3 MONTHS (Go to Q. 50-51)	
2. 3 - 6 MONTHS AGO (Go to Q. 50-51)	
3. 7 - 12 MONTHS AGO (Go to Q. 50-51)	
4. MORE THAN 1 YEAR AGO (Go to Q. 52a)	
5. NEVER SAW A DOCTOR FOR PIMPLES (Go to Q. 52a)	

DE14395	FILE PHABAX
50. IN THE PAST 12 MONTHS, HAS A DOCTOR SAID THAT YOU HAD ACNE?	
1. YES	
2. NO	

DE14394	VALUE	FREQ	CUM FREQ	%	CUM %
1	128	128	128	21.73	21.73
2	1112	1112	1112	78.27	100.00
	4006	5118			

DE18988	VALUE	FREQ	CUM FREQ	%	CUM %
1	4008	4008	72	5.82	5.82
2	72	72	126	4.36	10.18
3	54	54	179	4.28	14.46
4	188	188	367	15.19	29.65
5	871	871	1238	70.36	100.00

DE14395	VALUE	FREQ	CUM FREQ	%	CUM %
1	4939	4939	135	43.97	43.97
2	135	135	307	56.03	100.00
	172	172			

DE14397	FILE PHABAX
51a. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?	
X-RAY TREATMENTS	
1. YES	
2. NO	

DE14397	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4952	1	0.34	0.34
	2	293	294	99.66	100.00

DE14398	FILE PHABAX
51b. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?	
ULTRA-VIOLET LIGHT TREATMENTS	
1. YES	
2. NO	

DE14398	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4952	1	8.84	8.84
	2	268	294	91.16	100.00

DE14399	FILE PHABAX
51c. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?	
SPECIAL SOAPS	
1. YES	
2. NO	

DE14399	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4950	93	31.42	31.42
	2	203	296	68.58	100.00

DE14400	VALUE	FREQ	CUM FREQ	%	CUM %
51d. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?					
SPECIAL DIET					
1. YES	1	4952	24	8.16	8.16
2. NO	2	270	294	91.84	100.00

DE14401	VALUE	FREQ	CUM FREQ	%	CUM %
51e. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?					
HAVING PIMPLES POPPED					
1. YES	1	4952	30	10.20	10.20
2. NO	2	264	294	89.80	100.00

DE18989	VALUE	FREQ	CUM FREQ	%	CUM %
51f. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?					
ANTIBIOTICS, SUCH AS TETRACYCLINE					
1. YES	1	4951	125	42.37	42.37
2. NO	2	170	295	57.63	100.00

DE18990	FILE PHABAX
51g. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?	
INJECTIONS INTO PIMPLE CYSTS	
1. YES	
2. NO	

DE18990	VALUE	FREQ	CUM FREQ	%	CUM %
1	4953	8	8	2.73	2.73
2	285	285	293	97.27	100.00

DE14402	FILE PHABAX
51h. IN THE PAST 12 MONTHS, DID A DOCTOR PRESCRIBE THE FOLLOWING TREATMENT FOR PIMPLES OR ACNE?	
OTHER MEDICINES	
1. YES	
2. NO	

DE14402	VALUE	FREQ	CUM FREQ	%	CUM %
1	4949	97	97	32.66	32.66
2	200	200	297	67.34	100.00

DE14404	FILE PHABAX
52a. WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?	
X-RAY TREATMENTS	
1. YES	
2. NO	

DE14404	VALUE	FREQ	CUM FREQ	%	CUM %
1	4039	3	3	0.25	0.25
2	1204	1204	1207	99.75	100.00

DE14407	FILE PHABAX
52e. WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?	
HAVING PIMPLES POPPED	
1. YES	
2. NO	

DE14407	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4038	305	25.25	25.25
	2	903	1208	74.75	100.00

DE18992	FILE PHABAX
52f. WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?	
ANTIBIOTICS, SUCH AS TETRACYCLINE	
1. YES	
2. NO	

DE18992	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4044	124	10.32	10.32
	2	1078	1202	89.68	100.00

DE18993	FILE PHABAX
52g. WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?	
INJECTIONS INTO PIMPLE CYSTS	
1. YES	
2. NO	

DE18993	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4042	7	0.58	0.58
	2	1197	1204	99.42	100.00

DE14408	FILE PHABAX
52h. WHETHER OR NOT A DOCTOR PRESCRIBED IT, DO YOU CURRENTLY USE THE FOLLOWING TREATMENT FOR PIMPLES?	
OTHER MEDICINES	
1. YES	
2. NO	

DE14408	VALUE	FREQ	CUM FREQ	%	CUM %
1	4036	319	319	26.36	26.36
2	891	891	1210	73.64	100.00

DE14409	FILE PHABAX
53. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR ACNE OR PIMPLES CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE14409	VALUE	FREQ	CUM FREQ	%	CUM %
1	4020	11	11	0.90	0.90
2	46	57	57	3.75	4.65
3	334	391	391	27.24	31.89
4	835	835	1226	68.11	100.00

DE14410	FILE PHABAX
54. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR ACNE OR PIMPLES WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14410	VALUE	FREQ	CUM FREQ	%	CUM %
1	4023	62	62	5.07	5.07
2	144	206	206	11.77	16.84
3	521	727	727	42.60	59.44
4	496	496	1223	40.56	100.00

DE14411	FILE PHABAX
55. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE PROBLEMS WITH THE WAY YOUR PIMPLES OR ACNE LOOK CAUSED YOU TO AVOID CONVERSATION WITH PEOPLE?	
1. MOST OF THE TIME	
2. SOME OF THE TIME	
3. A LITTLE OF THE TIME	
4. NONE OF THE TIME	

+	+
1	1
1	1
+	+

DE14369	FILE PHABAX
56. HAS A DOCTOR EVER SAID THAT YOU HAD GOITER OR THYROID TROUBLE?	
1. YES (Go to Q. 57a-b-c)	
2. NO (Go to Q. 64)	

DE14370	FILE PHABAX
57a. HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR GOITER OR THYROID TROUBLE?	
MEDICINE	
1. YES	
2. NO	

DE14411					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	4019	5	.41	0.41	
2	54	59	4.40	4.81	
3	141	200	11.49	16.30	
4	1027	1227	83.70	100.00	

DE14369					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	128	275	5.37	5.37	
2	4843	5118	94.63	100.00	

DE14370					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	4963	223	78.80	78.80	
2	223	283	21.20	100.00	

DE14371	FILE PHABAX					
57b.	HAS A DOCTOR EVER PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR GOITER OR THYROID TROUBLE?					
	AN OPERATION					
	1. YES					
	2. NO					
DE14371	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	5020	48	21.24	21.24	
	2	178	226	78.76	100.00	
DE14372	FILE PHABAX					
57c.	HAS A DOCTOR EVLR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR GOITER OR THYROID TROUBLE?					
	RADIATION					
	1. YES					
	2. NO					
DE14372	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	5033	21	9.86	9.86	
	2	192	213	90.14	100.00	
DE18994	FILE PHABAX					
58.	WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR GOITER OR THYROID TROUBLE?					
	1. WITHIN PAST 3 MONTHS					
	2. 3 - 6 MONTHS AGO					
	3. 7 - 12 MONTHS AGO					
	4. MORE THAN 1 YEAR AGO					
DE18994	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4962	58	20.42	20.42	
	2	58	80	7.75	28.17	
	3	31	111	10.92	39.09	
	4	173	284	60.92	100.00	

DE18995	VALUE	FREQ	CUM FREQ	%	CUM %
59. ARE YOU CURRENTLY TAKING ANY MEDICINE FOR YOUR THYROID TROUBLE?					
1. YES, FOR OVERACTIVE THYROID	1	4959	1	3.48	3.48
2. YES, FOR UNDERACTIVE THYROID	2	87	97	30.31	33.80
3. YES, BUT NOT SURE FOR WHAT	3	17	114	5.92	39.72
4. NO, NOT TAKING ANYTHING	4	173	287	60.28	100.00

DE14375	VALUE	FREQ	CUM FREQ	%	CUM %
60. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR GOITER OR THYROID TROUBLE CAUSED YOU?					
1. A GREAT DEAL OF PAIN	1	4960	1	0.35	0.35
2. SOME PAIN	2	8	9	2.80	3.15
3. A LITTLE PAIN	3	14	23	4.90	8.04
4. NO PAIN AT ALL	4	263	286	91.96	100.00

DE14376	VALUE	FREQ	CUM FREQ	%	CUM %
61. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR GOITER OR THYROID TROUBLE WORRIED OR CONCERNED YOU?					
1. A GREAT DEAL	1	4958	1	2.08	2.08
2. SOMEWHAT	2	13	19	4.51	6.60
3. A LITTLE	3	35	54	12.15	18.75
4. NOT AT ALL	4	234	288	81.25	100.00

DE14377	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4959	1	.	.
	2	1	2	0.35	0.35
	3	5	7	0.35	0.70
	4	13	20	1.74	2.44
	5	267	287	4.53	6.97
				93.03	100.00

DE14377	FILE PHABAX
62. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR GOITER OR THYROID TROUBLE KEPT YOU FROM DOING THE KINDS OF THINGS THAT OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DE14378	VALUE	FREQ	CUM FREQ	%	CUM %
	0	4959	1	.	.
	4	285	285	99.30	99.30
	5	1	286	0.35	99.65
			287	0.35	100.00

DE14378	FILE PHABAX
63. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR GOITER OR THYROID TROUBLE KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	
..... DAYS IN BED LAST MONTH	

JOINT PROBLEMS

DE13725

FILE PHABAX

64. DURING THE PAST 12 MONTHS, HAVE YOU HAD ANY PAIN, ACHING, SWELLING OR STIFFNESS IN YOUR JOINTS - FOR EXAMPLE, YOUR FINGERS, HIP OR KNEE? (DO NOT COUNT PROBLEMS CAUSED BY AN INJURY.)

1. YES (Go to Q. 64a-b-c-d)

2. NO (Go to Q. 74)

DE13726

FILE PHABAX

64a. HAVE YOU HAD PAIN OR ACHING IN ANY OF YOUR JOINTS ON MOST DAYS FOR AS LONG AS A MONTH?

1. YES

2. NO

DE13727

FILE PHABAX

64b. HAVE YOU HAD SWELLING OF A JOINT, AND PAIN WHEN IT WAS TOUCHED, ON MOST DAYS FOR AS LONG AS A MONTH?

1. YES

2. NO

DE13725	VALUE	FREQ	CUM FREQ	%	CUM %
1		129	129	24.33	24.33
2		3872	5117	75.67	100.00

DE13726	VALUE	FREQ	CUM FREQ	%	CUM %
1		3950	3950	41.59	41.59
2		757	1296	58.41	100.00

DE13727	VALUE	FREQ	CUM FREQ	%	CUM %
1		3952	3952	20.40	20.40
2		1030	1294	79.60	100.00

DEI3728	FILE PHABAX
64c. HAVE YOU HAD STIFFNESS IN JOINTS OR MUSCLES WHEN FIRST GETTING OUT OF BED ON MOST MORNINGS FOR AS LONG AS A MONTH?	
1. YES	
2. NO	

DEI3728					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	3948	518	39.91	39.91	
2	780	1298	60.09	100.00	

DEI3729	FILE PHABAX
64d. HAVE YOU HAD STIFFNESS IN JOINTS OR MUSCLES WHEN FIRST GETTING OUT OF BED, WHICH LASTED AS LONG AS 15 MINUTES?	
1. YES	
2. NO	

DEI3729					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	3951	663	51.20	51.20	
2	632	1295	48.80	100.00	

DEI3730	FILE PHABAX
65a. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?	
WALK UP AND DOWN STAIRS WITHOUT HELP	
1. YES	
2. NO	

DEI3730					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	3940	1282	98.16	98.16	
2	24	1306	1.84	100.00	

DE13731	VALUE	FREQ	CUM FREQ	%	CUM %
65b. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE? GET INTO AND OUT OF A CAR WITHOUT HELP 1. YES 2. NO	1 2	3940 1286 20	1286 1306	98.47 1.53	98.47 100.00
DE13732	VALUE	FREQ	CUM FREQ	%	CUM %
65c. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE? BATHE YOURSELF WITHOUT HELP 1. YES 2. NO	1 2	3939 1292 15	1292 1307	98.85 1.15	98.85 100.00
DE13733	VALUE	FREQ	CUM FREQ	%	CUM %
65d. CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE? FEED YOURSELF WITHOUT HELP 1. YES 2. NO	1 2	3940 1294 12	1294 1306	99.08 0.92	99.08 100.00

DE13734	FILE PHABAX				
65e.	CAN YOU DO THE FOLLOWING THING WITHOUT THE HELP OF ANOTHER PERSON OR ANY SPECIAL DEVICE?				
	GET INTO BED WITHOUT HELP				
	1. YES				
	2. NO				
DE13734	VALUE	FREQ	CUM FREQ	%	CUM %
1		3942	1290	98.93	98.93
2		14	1304	1.07	100.00
DE13736	FILE PHABAX				
66.	HOW MANY ASPIRINS, OR PILLS CONTAINING ASPIRIN, DO YOU USUALLY TAKE FOR THE PROBLEMS WITH YOUR JOINTS OR MUSCLES?				
	1. NONE				
	2. LESS THAN 1 A DAY				
	3. 1 - 3 A DAY				
	4. 4 - 12 A DAY				
	5. MORE THAN 12 A DAY				
DE13736	VALUE	FREQ	CUM FREQ	%	CUM %
1		3940	725	55.51	55.51
2		725	978	19.37	74.89
3		253	1200	17.00	91.88
4		222	1301	7.73	99.62
5		101	1306	0.38	100.00
DE13735	FILE PHABAX				
67.	HAS A DOCTOR EVER SAID THAT YOU HAVE RHEUMATISM OR ARTHRITIS?				
	1. YES				
	2. NO				
DE13735	VALUE	FREQ	CUM FREQ	%	CUM %
1		3938	483	36.93	36.93
2		483	1308	63.07	100.00

DE18996	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3937	79	6.04	6.04
	2	1230	1309	93.97	100.00
DE18997	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5001	21	8.57	8.57
	2	224	245	91.43	100.00
DE18998	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3939	252	19.28	19.28
	2	252	375	9.41	28.69
	3	123	509	10.25	38.94
	4	284	793	21.73	60.67
	5	514	1307	39.33	100.00

DE18996 FILE PHABAX

68. HAS A DOCTOR EVER SAID THAT YOU HAVE GOUT OR HIGH URIC ACID LEVEL?

1. YES (Go to Q. 68a)
2. NO (Go to Q. 69)

DE18997 FILE PHABAX

68a. ARE YOU CURRENTLY TAKING ANY OF THESE MEDICATIONS FOR YOUR GOUT OR HIGH URIC ACID LEVEL? - COLCHICINE, ALLOPURINOL, ZYLOPRIM, BENEMID, COLBENEMID

1. YES, ONE OR MORE OF THESE
2. NO, NOT TAKING ANY OF THESE

DE18998 FILE PHABAX

69. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR PROBLEMS WITH YOUR JOINTS OR MUSCLES?

1. WITHIN PAST 3 MONTHS
2. 3 - 6 MONTHS AGO
3. 7 - 12 MONTHS AGO
4. MORE THAN 1 YEAR AGO
5. HAVE NOT SEEN A DOCTOR FOR THESE PROBLEMS

DE 19002. FILE PHABAX

73. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS THE TROUBLE WITH YOUR JOINTS OR MUSCLES KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

DE19002	VALUE	FREQ	CUM FREQ	%	CUM %
	0	3939	1246	95.33	95.33
	1	1246	1257	0.84	96.17
	2	11	1272	1.15	97.32
	3	11	1283	0.84	98.16
	5	3	1286	0.23	98.39
	6	3	1289	0.23	98.62
	7	3	1292	0.23	98.85
	8	1	1293	0.08	98.93
	10	2	1295	0.15	99.08
	11	1	1296	0.08	99.16
	14	1	1297	0.08	99.24
	15	3	1300	0.23	99.46
	18	2	1302	0.15	99.62
	20	2	1304	0.15	99.77
	25	1	1305	0.08	99.85
	30	2	1307	0.15	100.00

DE19003

74. DURING THE PAST 12 MONTHS, HAVE YOU EVER FELT SHORT OF BREATH?

1. YES (Go to Q. 74a)
2. NO (Go to Q. 75)

FILE PHABAX

DE19003	VALUE	FREQ	CUM FREQ	%	CUM %
	1	131	824	16.11	16.11
	2	4291	5115	83.89	100.00

DE19004

74a. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD AN ENLARGED HEART OR HEART FAILURE?

1. YES (Go to Q. 76a)
2. NO (Go to Q. 76a)

FILE PHABAX

DE 19004	VALUE	FREQ	CUM FREQ	%	CUM %
		4241			
	1	67	67	6.67	6.67
	2	938	1005	93.33	100.00

DE19005	FILE PHABAX
75. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD AN ENLARGED HEART OR HEART FAILURE?	
1. YES (Go to Q. 76a)	
2. NO (Go to Q. 84)	

DE19005	VALUE	FREQ	CUM FREQ	%	CUM %
	1	909	51	1.18	1.18
	2	4286	4337	98.82	100.00

DE13745	FILE PHABAX
76a. DURING THE PAST 3 MONTHS, HAVE YOU BEEN TROUBLED BY SHORTNESS OR BREATH WHEN YOU HURRIED OR WALKED UP HILL?	
1. YES	
2. NO	

DE13745	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4168	649	60.20	60.20
	2	429	1078	39.80	100.00

DE13746	FILE PHABAX
76b. DURING THE PAST 3 MONTHS, HAVE YOU BEEN SHORT OF BREATH WHEN YOU WALKED WITH PERSONS YOUR OWN AGE ON LEVEL GROUND?	
1. YES	
2. NO	

DE13746	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4182	171	16.07	16.07
	2	893	1064	83.93	100.00

DE13747	FILE PHABAX
76c. IN THE PAST 3 MONTHS, HAVE YOU HAD TO STOP, BECAUSE OF SHORTNESS OF BREATH, WHEN YOU WALKED AT YOUR OWN PACE ON LEVEL GROUND?	
1. YES	
2. NO	

DE13747	VALUE	FREQ	CUM FREQ	%	CUM %
1	4182	92	92	8.65	8.65
2	972	972	1064	91.35	100.00

DE13748	FILE PHABAX
76d. IN THE PAST 3 MONTHS, HAVE YOU EVER BEEN BOTHERED BY SHORTNESS OF BREATH WHEN YOU BATHED OR DRESSED YOURSELF?	
1. YES	
2. NO	

DE13748	VALUE	FREQ	CUM FREQ	%	CUM %
1	4180	80	80	7.51	7.51
2	986	986	1066	92.50	100.00

DE13744	FILE PHABAX
76e. IN THE PAST 3 MONTHS, DID YOU EVER WAKE UP AT NIGHT SO SHORT OF BREATH THAT YOU HAD TO SIT ON THE SIDE OF THE BED OR GET UP FOR RELIEF?	
1. YES	
2. NO	

DE13744	VALUE	FREQ	CUM FREQ	%	CUM %
1	4195	77	77	7.33	7.33
2	974	974	1051	92.67	100.00

DE13752	FILE PHABAX
76f. DURING THE PAST 3 MONTHS, DID YOU EVER SLEEP ON MORE THAN ONE PILLOW BECAUSE OF A PROBLEM WITH SHORTNESS OF BREATH?	
1. YES (Go to Q. 76g)	
2. NO (Go to Q. 77)	

DE13752	VALUE	FREQ	CUM FREQ	%	CUM %
1	4181	95	95	8.92	8.92
2	970	1065	1065	91.08	100.00

DE19006	FILE PHABAX
76g. HOW MANY PILLOWS DO YOU USUALLY USE?	
1. TWO	
2. THREE	
3. FOUR OR MORE	

DE19006	VALUE	FREQ	CUM FREQ	%	CUM %
1	5043	184	184	90.64	90.64
2	18	202	202	8.87	99.51
3	1	203	203	0.49	100.00

DE13750	FILE PHABAX
77. THINKING OF THE PAST 3 MONTHS, DID YOUR ANKLES EVER SWELL DURING THE DAY ENOUGH TO MAKE YOUR SHOES FEEL TIGHT?	
1. YES (Go to Q. 77a)	
2. NO (Go to Q. 78)	

DE13750	VALUE	FREQ	CUM FREQ	%	CUM %
1	4176	221	221	20.65	20.65
2	849	1070	1070	79.35	100.00

DE13751	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
77a. WHEN THIS HAPPENED, WERE THEY USUALLY STILL SWOLLEN THE NEXT MORNING?						
1. YES			4986	53	20.39	20.39
2. NO			207	260	79.62	100.00

DE19007	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
78. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR SHORTNESS OF BREATH, ENLARGED HEART OR HEART FAILURE?						
1. WITHIN PAST 3 MONTHS			4188	140	13.23	13.23
2. 3 - 6 MONTHS AGO			60	200	5.67	18.90
3. 7 - 12 MONTHS AGO			64	264	6.05	24.95
4. MORE THAN 1 YEAR AGO			111	375	10.49	35.44
5. NEVER SAW DOCTOR ABOUT THIS			683	1058	64.56	100.00

DE19008	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
79. HAS A DOCTOR EVER PRESCRIBED DIURETIC (FLUID OR WATER) PILLS FOR YOUR CONDITION?						
1. YES (Go to Q. 79a)			4181	162	15.21	15.21
2. NO (Go to Q. 80)			903	1065	84.79	100.00

DE13753	VALUE	FREQ	CUM FREQ	%	CUM %
		4949			
	1	106	106	35.69	35.69
	2	191	297	64.31	100.00

DE19009	VALUE	FREQ	CUM FREQ	%	CUM %
		4188			
	1	19	19	1.80	1.80
	2	44	63	4.16	5.96
	3	229	292	21.65	27.60
	4	766	1058	72.40	100.00

DE19010	VALUE	FREQ	CUM FREQ	%	CUM %
		4199			
	1	44	44	4.20	4.20
	2	86	130	8.21	12.42
	3	337	467	32.19	44.60
	4	580	1047	55.40	100.00

DE13753	FILE PHABAX
79a. DO YOU CURRENTLY TAKE DIURETIC PILLS?	
1. YES	
2. NO	

DE19009	FILE PHABAX
80. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE19010	FILE PHABAX
81. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE19011	FILE PHABAX
82. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DE19011	VALUE	FREQ	CUM FREQ	%	CUM %
1	4200	13	13	1.24	1.24
2	13	27	40	2.58	3.82
3	52	92	132	4.97	8.80
4	161	253	385	15.39	24.19
5	793	1046	1431	75.81	100.00

DE19012	FILE PHABAX
83. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	
_____ DAYS IN BED LAST MONTH	

DE19012	VALUE	FREQ	CUM FREQ	%	CUM %
0	4203	1016	1016	97.41	97.41
1	4	5	1020	0.38	97.80
2	6	1025	1025	0.48	98.27
3	1	1031	1031	0.58	98.85
4	1	1032	1032	0.10	98.95
5	3	1035	1035	0.29	99.23
6	2	1037	1037	0.19	99.43
7	1	1038	1038	0.10	99.52
13	1	1039	1039	0.10	99.62
14	1	1040	1040	0.10	99.71
20	1	1041	1041	0.10	99.81
30	2	1043	1043	0.19	100.00

HEART

DE13770 FILE PHABAX

84. HAS A DOCTOR EVER SAID THAT YOU HAD A HEART ATTACK?

1. YES
2. NO

DE13770 VALUE	FREQ	CUM FREQ	%	CUM %
1	143	61	1.20	1.20
2	5042	5103	98.81	100.00

DE19013 FILE PHABAX

85. HAVE YOU EVER TAKEN ANY OF THESE HEART MEDICINES? -
DIGITALIS, DIGITALIS LEAF, DIGITOXIN, DICOXIN, LANOXIN

1. YES, HAVE TAKEN 1 OR MORE OF THESE (Go to Q. 85a)
2. NO, HAVE NEVER TAKEN ANY OF THESE (Go to Q. 86)

DE19013 VALUE	FREQ	CUM FREQ	%	CUM %
1	143	65	1.27	1.27
2	5038	5103	98.73	100.00

DE19014 FILE PHABAX

85a. ARE YOU CURRENTLY TAKING ANY OF THESE HEART MEDICINES? -
DIGITALIS, DIGITALIS LEAF, DIGITOXIN, DICOXIN, LANOXIN

1. YES
2. NO

DE19014 VALUE	FREQ	CUM FREQ	%	CUM %
1	4938	32	10.39	10.39
2	276	308	89.61	100.00

BLOOD PRESSURE

DEI3869	FILE PHABAX
86. HAVE YOU EVER HAD YOUR BLOOD PRESSURE CHECKED?	
1. YES (Go to Q. 86a)	
2. NO (Go to Q. 87)	

DEI3870	FILE PHABAX
86a. WHEN DID YOU LAST HAVE YOUR BLOOD PRESSURE CHECKED?	
1. WITHIN PAST 6 MONTHS	
2. 7 - 12 MONTHS AGO	
3. 1 - 2 YEARS AGO	
4. 3 - 5 YEARS AGO	
5. MORE THAN 5 YEARS AGO	

DEI3872	FILE PHABAX
87. HAS A DOCTOR EVER SAID THAT YOU HAD HIGH BLOOD PRESSURE?	
1. YES (Go to Q. 88)	
2. NO (Go to Q. 100)	

DEI3869	VALUE	FREQ	CUM FREQ	%	CUM %
	1	175	4888	96.39	96.39
	2	183	5071	3.61	100.00

DEI3870	VALUE	FREQ	CUM FREQ	%	CUM %
	1	304	2924	59.17	59.17
	2	2924	3959	20.94	80.11
	3	1035	4601	12.99	93.10
	4	642	4898	6.01	99.11
	5	297	4942	0.89	100.00

DEI3872	VALUE	FREQ	CUM FREQ	%	CUM %
	1	127	849	16.59	16.59
	2	849	5119	83.42	100.00
		4270			

DE13873	FILE	PIABAX
88.	HOW LONG AGO DID THE DOCTOR FIRST SAY THAT YOU HAD HIGH BLOOD PRESSURE?	
	1. WITHIN PAST 6 MONTHS	
	2. 7 - 12 MONTHS AGO	
	3. 1 - 2 YEARS AGO	
	4. 3 - 5 YEARS AGO	
	5. MORE THAN 5 YEARS AGO	

DE13873	VALUE	FREQ	CUM FREQ	%	CUM %
1	4382	148	148	17.13	17.13
2	82	230	380	9.19	26.32
3	155	385	765	17.94	44.26
4	210	595	1360	24.31	68.57
5	269	864	2224	31.13	100.00

DE13874	FILE	PIABAX
89.	DID THE DOCTOR SAY MORE THAN ONE TIME THAT YOU HAD HIGH BLOOD PRESSURE, OR DID HE SAY THAT JUST ONE TIME?	
	1. MORE THAN ONE TIME	
	2. ONLY ONE TIME	

DE13874	VALUE	FREQ	CUM FREQ	%	CUM %
1	4389	539	539	62.89	62.89
2	318	857	1396	37.11	100.00

DE13875	FILE	PIABAX
90.	HAS A DOCTOR EVER PRESCRIBED PILLS OR MEDICINE FOR YOUR HIGH BLOOD PRESSURE?	
	1. YES (Go to Q. 90a)	
	2. NO (Go to Q. 91)	

DE13875	VALUE	FREQ	CUM FREQ	%	CUM %
1	4387	525	525	61.12	61.12
2	334	859	1384	38.88	100.00

DE13876	FILE	PHABAX	DE13876	VALUE	FREQ	CUM FREQ	%	CUM %
90a. ARE YOU TAKING THE PILLS OR MEDICINE NOW?								
	1. YES, TAKING NOW			1	4670	375	65.10	65.10
	2. NO, I DECIDED TO STOP			2	50	425	8.68	73.79
	3. NO, DOCTOR TOLD ME TO STOP			3	97	522	16.84	90.63
	4. NO, NEVER TOOK PILLS OR MEDICINE			4	54	576	9.38	100.00

DE13877	FILE	PHABAX	DE13877	VALUE	FREQ	CUM FREQ	%	CUM %
91. AS FAR AS YOU KNOW, IS YOUR BLOOD PRESSURE CURRENTLY HIGH, OR IS IT NORMAL NOW?								
	1. IT IS HIGH NOW			1	4389	189	22.05	22.05
	2. IT IS NORMAL NOW			2	668	857	77.95	100.00

DE19015	FILE	PHABAX	DE19015	VALUE	FREQ	CUM FREQ	%	CUM %
92a. HOW OFTEN DO YOU ADD SALT TO YOUR FOOD AT THE TABLE?								
	1. OFTEN			1	4374	169	19.38	19.38
	2. SOMETIMES			2	169	331	18.58	37.96
	3. ONCE IN A WHILE			3	281	612	32.23	70.18
	4. NEVER			4	260	872	29.82	100.00

DEI9016	FILE PHABAX								
92b. HOW OFTEN IS SALT ADDED TO YOUR FOOD IN COOKING?									
1. OFTEN									
2. SOMETIMES									
3. ONCE IN A WHILE									
4. NEVER									
DEI9016	VALUE	FREQ	CUM FREQ	%	CUM %				
1	4379								
2	330		330	38.06	38.06				
3	236		566	27.22	65.28				
4	224		790	25.84	91.12				
	77		867	8.88	100.00				
DEI3879	FILE PHABAX								
93. DID A DOCTOR EVER TELL YOU TO EAT LESS SALT BECAUSE OF YOUR HIGH BLOOD PRESSURE?									
1. YES									
2. NO									
DEI3879	VALUE	FREQ	CUM FREQ	%	CUM %				
1	4375								
2	454		454	52.12	52.12				
	417		871	47.88	100.00				
DEI3880	FILE PHABAX								
94. BECAUSE OF YOUR HIGH BLOOD PRESSURE, ARE YOU CURRENTLY ON A WEIGHT-LOSING DIET?									
1. YES									
2. NO									
DEI3880	VALUE	FREQ	CUM FREQ	%	CUM %				
1	4376								
2	143		143	16.44	16.44				
	727		870	83.56	100.00				

DE19017	FILE PHABAX	95. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR HIGH BLOOD PRESSURE?	VALUE	FREQ	CUM FREQ	%	CUM %
		1. WITHIN PAST 3 MONTHS	1	4387	349	40.63	40.63
		2. 3 - 6 MONTHS AGO	2	135	484	15.72	56.35
		3. 7 - 12 MONTHS AGO	3	108	592	12.57	68.92
		4. MORE THAN 1 YEAR AGO	4	267	859	31.08	100.00

DE13881	FILE PHABAX	96. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR HIGH BLOOD PRESSURE CAUSED YOU?	VALUE	FREQ	CUM FREQ	%	CUM %
		1. A GREAT DEAL OF PAIN	1	4382	14	1.62	1.62
		2. SOME PAIN	2	37	51	4.28	5.90
		3. A LITTLE PAIN	3	95	146	11.00	16.90
		4. NO PAIN AT ALL	4	718	864	83.10	100.00

DE13882	FILE PHABAX	97. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR HIGH BLOOD PRESSURE WORRIED OR CONCERNED YOU?	VALUE	FREQ	CUM FREQ	%	CUM %
		1. A GREAT DEAL	1	4369	40	4.56	4.56
		2. SOMEWHAT	2	84	124	9.58	14.14
		3. A LITTLE	3	278	402	31.70	45.84
		4. NOT AT ALL	4	475	877	54.16	100.00

DE13883	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	41371	3	0.34	0.34
2	2	8	11	0.91	1.26
3	3	50	61	5.71	6.97
4	4	65	126	7.43	14.40
5	5	749	875	85.60	100.00

DE13884

FILE PHABAX

99. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR HIGH BLOOD PRESSURE KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

DE13884	VALUE	FREQ	CUM FREQ	%	CUM %
1	0	4375	855	98.16	98.16
2	1	855	858	0.34	98.51
3	2	4	862	0.46	98.97
4	3	5	867	0.57	99.54
5	4	1	868	0.12	99.66
6	5	1	869	0.12	99.77
7	7	2	871	0.23	100.00

STROKE

DE 19827

FILE PHABAX

100. HAVE YOU EVER HAD A STROKE (CEREBROVASCULAR ACCIDENT)?

1. YES, WITHIN PAST YEAR
2. YES, 1 - 5 YEARS AGO
3. YES, MORE THAN 5 YEARS AGO
4. NO

VALUE	FREQ	CUM FREQ	%	CUM %
1	141	8	0.16	0.16
2	16	24	0.31	0.47
3	9	33	0.18	0.65
4	5072	5105	99.35	100.00

+-----+
 | CHEST PAIN, DISCOMFORT, |
 | HEAVINESS OR PRESSURE |
 +-----+

DE19018	FILE PHABAX
101. HAVE YOU HAD CHEST PAIN IN THE PAST 12 MONTHS? (DO NOT INCLUDE PAIN DUE TO A COLD OR TO AN ACCIDENT OR INJURY.)	
1. YES (Go to Q. 102)	
2. NO (Go to Q. 101a)	

DE19018					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	130				
	571	571	11.16	11.16	
2	4545	5116	88.84	100.00	

DE13758	FILE PHABAX
101a. HAVE YOU HAD ANY DISCOMFORT, HEAVINESS OR PRESSURE IN YOUR CHEST DURING THE PAST 12 MONTHS? (NOT CAUSED BY A COLD OR BY AN ACCIDENT OR INJURY.)	
1. YES (Go to Q. 102)	
2. NO (Go to Q. 112)	

DE13758					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	591				
	227	227	4.88	4.88	
2	4428	4655	95.12	100.00	

DE19019

FILE PHABAX

102. HOW OFTEN DO YOU GET THIS FEELING IN YOUR CHEST?

1. ALMOST EVERY DAY

2. A FEW TIMES A WEEK

3. ABOUT ONCE A WEEK

4. A FEW TIMES A MONTH

5. ABOUT ONCE A MONTH

6. LESS THAN ONCE A MONTH

DE19019	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4544	50	7.12	7.12
	2	50	163	16.10	23.22
	3	113	213	7.12	30.34
	4	183	396	26.07	56.41
	5	76	472	10.83	67.24
	6	230	702	32.76	100.00

DE13759

FILE PHABAX

103. DO YOU GET THIS FEELING IN YOUR CHEST WHEN YOU WALK UPHILL OR HURRY?

1. YES (Go to Q. 103a-b-c-d-e)

2. NO (Go to Q. 104)

DE13759	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4540	220	31.16	31.16
	2	220	706	68.84	100.00

DE13760

FILE PHABAX

103a. DO YOU GET THIS FEELING IN YOUR CHEST WHEN YOU WALK AT AN ORDINARY PACE ON LEVEL GROUND?

1. YES

2. NO

DE13760	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4957	75	25.95	25.95
	2	214	289	74.05	100.00

DE13761	FILE PHABAX			
	103b. WHAT DO YOU USUALLY DO WHEN YOU GET THIS FEELING IN YOUR CHEST WHILE WALKING?			
	1. STOP FOR A WHILE			
	2. SLOW DOWN			
	3. CONTINUE AT SAME PACE			
DE13761	VALUE	FREQ	CUM FREQ	CUM %
	1	4976	1	
	2	93	93	34.44
	3	143	236	52.96
		34	270	100.00
DE13762	FILE PHABAX			
	103c. IF YOU STAND STILL, WHAT HAPPENS TO THIS FEELING IN YOUR CHEST?			
	1. IT GOES AWAY IN LESS THAN 10 MINUTES			
	2. IT GOES AWAY IN 10 TO 30 MINUTES			
	3. IT LASTS MORE THAN 30 MINUTES			
DE13762	VALUE	FREQ	CUM FREQ	CUM %
	1	4965	1	
	2	138	138	49.11
	3	49	187	17.44
	4	24	211	8.54
		70	281	24.91
DE19020	FILE PHABAX			
	103d. WHEN YOU GET THIS FEELING IN YOUR CHEST WHILE WALKING, DO YOU USUALLY PLACE A NITROGLYCERINE, CARDILATE OR ISORDIL PILL UNDER YOUR TONGUE?			
	1. YES, AND PAIN GONE WITHIN 10 MINUTES			
	2. YES, AND SOME RELIEF OF PAIN WITHIN 10 MINUTES			
	3. YES, BUT NO RELIEF OF PAIN WITHIN 10 MINUTES			
DE19020	VALUE	FREQ	CUM FREQ	CUM %
	1	4966	1	
	2	19	19	6.79
	3	9	28	3.21
	4	3	31	1.07
		249	280	88.93
				100.00

DE19021	VALUE	FREQ	CUM FREQ	%	CUM %
103e. WHEN YOU GET THIS FEELING IN YOUR CHEST WHILE WALKING, DO YOU USUALLY TAKE A SORBITRATE PILL (OR A SIMILAR PILL) THAT YOU CHEW?					
1. YES, AND PAIN GONE WITHIN 10 MINUTES	1	4966	5	1.79	1.79
2. YES, AND SOME RELIEF OF PAIN WITHIN 10 MINUTES	2	3	8	1.07	2.86
3. YES, BUT NO RELIEF OF PAIN WITHIN 10 MINUTES	3	2	10	0.71	3.57
4. NO, DO NOT CHEW ANY PILL	4	270	280	96.43	100.00

DE19022	VALUE	FREQ	CUM FREQ	%	CUM %
104. WHERE DO YOU USUALLY GET THIS PAIN?					
1. LEFT SIDE OF CHEST	1	4586	209	31.67	31.67
2. RIGHT SIDE OF CHEST	2	55	264	8.33	40.00
3. MIDDLE OF CHEST	3	367	631	55.61	95.61
4. NECK	4	6	637	0.91	96.52
5. LEFT ARM	5	17	654	2.58	99.09
6. RIGHT ARM	6	6	660	0.91	100.00

DE19023	VALUE	FREQ	CUM FREQ	%	CUM %
105. WHEN WAS THE LAST TIME YOU SAW A DOCTOR FOR THIS CHEST PAIN?					
1. WITHIN PAST 3 MONTHS	1	4543	144	20.48	20.48
2. 3 - 6 MONTHS AGO	2	73	217	10.38	30.87
3. 7 - 12 MONTHS AGO	3	65	282	9.25	40.11
4. MORE THAN 1 YEAR AGO	4	102	384	14.51	54.62
5. HAVE NOT SEEN A DOCTOR FOR THIS CHEST PAIN	5	319	703	45.38	100.00

DE13771	FILE PHABAX
106. HAS A DOCTOR EVER SAID THAT YOU HAVE ANGINA?	
1. YES	
2. NO	

DE13771	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4542	45	6.39	6.39
	2	659	704	93.61	100.00

DE19024	FILE PHABAX
107a. DURING THE PAST 12 MONTHS, DID YOU EVER PLACE A NITROGLYCERINE, CARDILATE, OR ISORDIL PILL UNDER YOUR TONGUE FOR YOUR CHEST PAIN?	
1. YES, AND IT HELPED	
2. YES, BUT IT DID NOT HELP	
3. NO, DID NOT PLACE ANY PILL UNDER TONGUE	

DE19024	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4538	42	5.93	5.93
	2	42	48	0.85	6.78
	3	660	708	93.22	100.00

DE19025	FILE PHABAX
107b. DURING THE PAST 12 MONTHS, DID YOU EVER TAKE A SORBITRATE PILL (OR A SIMILAR PILL) THAT YOU CHEW FOR YOUR CHEST PAIN?	
1. YES, AND IT HELPED	
2. YES, BUT IT DID NOT HELP	
3. NO, DID NOT CHEW ANY PILL	

DE19025	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4545	17	2.43	2.43
	2	17	20	0.43	2.85
	3	681	701	97.15	100.00

DE13773	VALUE	FREQ	CUM FREQ	%	CUM %
108. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR CHEST PAIN OR HEART TROUBLE CAUSED YOU?					
1. A GREAT DEAL OF PAIN	4541	23	23	3.26	3.26
2. SOME PAIN	102	125	125	17.47	17.73
3. A LITTLE PAIN	437	562	562	61.99	79.72
4. NO PAIN AT ALL	143	705	705	20.28	100.00

DE13774	VALUE	FREQ	CUM FREQ	%	CUM %
109. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR CHEST PAIN OR HEART TROUBLE WORRIED OR CONCERNED YOU?					
1. A GREAT DEAL	4541	45	45	6.38	6.38
2. SOMEWHAT	100	145	145	14.18	20.57
3. A LITTLE	367	512	512	52.06	72.62
4. NOT AT ALL	193	705	705	27.38	100.00

DE13775	VALUE	FREQ	CUM FREQ	%	CUM %
110. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR CHEST PAIN OR HEART TROUBLE KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?					
1. ALL OF THE TIME	4516	7	7	0.96	0.96
2. MOST OF THE TIME	19	26	26	2.60	3.56
3. SOME OF THE TIME	44	70	70	6.03	9.59
4. A LITTLE OF THE TIME	115	185	185	15.75	25.34
5. NONE OF THE TIME	545	730	730	74.66	100.00

DE13776	FILE PHABAX
111. DURING THE PAST 30 DAYS, HOW MANY DAYS HIAS YOUR CHEST PAIN OR HEART TROUBLE KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	
_____ DAYS IN BED LAST MONTH	

CHRONIC BRONCHITIS,
EMPHYSEMA, PHLEGM

DE13777	FILE PHABAX
112. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD CHRONIC BRONCHITIS OR EMPHYSEMA?	
1. YES, BOTH CHRONIC BRONCHITIS AND EMPHYSEMA (Go to Q. 112a-b)	
2. YES, CHRONIC BRONCHITIS (Go to Q. 112a-b)	
3. YES, EMPHYSEMA (Go to Q. 112a-b)	
4. NO (Go to Q. 113)	

DE19026	FILE PHABAX
112a. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT THE CHRONIC BRONCHITIS OR EMPHYSEMA?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	

DE13776	VALUE	FREQ	CUM FREQ	%	CUM %
	0	4516	698	95.62	95.62
	1	698	704	0.82	96.44
	2	6	711	0.96	97.40
	3	6	717	0.82	98.22
	4	1	718	0.14	98.36
	5	2	720	0.27	98.63
	6	3	723	0.41	99.04
	7	2	725	0.27	99.32
	12	1	726	0.14	99.45
	14	1	727	0.14	99.59
	15	1	728	0.14	99.73
	20	1	729	0.14	99.86
	30	1	730	0.14	100.00

DE13777	VALUE	FREQ	CUM FREQ	%	CUM %
	1	133	18	0.35	0.35
	2	18	187	3.31	3.66
	3	169	219	0.63	4.28
	4	4894	5113	95.72	100.00

DE19026	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5013	43	18.46	18.46
	2	43	67	10.30	28.76
	3	24	104	15.88	44.64
	4	37	233	55.37	100.00
		129			

DE13779	FILE PHABAX	112b. DURING THE PAST 12 MONTHS, HAVE YOU BROUGHT UP ANY PHLEGM (THICK SPIT) FROM YOUR CHEST THE FIRST THING IN THE MORNING?	1. YES (Go to Q. 114a) 2. NO (Go to Q. 120)	DE13779	VALUE	FREQ	CUM FREQ	%	CUM %
					1	4990	141	55.08	55.08
					2	115	256	44.92	100.00

DE13780	FILE PHABAX	113. DURING THE PAST 12 MONTHS, HAVE YOU BROUGHT UP ANY PHLEGM (THICK SPIT) FROM YOUR CHEST THE FIRST THING IN THE MORNING?	1. YES (Go to Q. 114a) 2. NO (Go to Q. 126)	DE13780	VALUE	FREQ	CUM FREQ	%	CUM %
					1	326	832	16.91	16.91
					2	4088	4920	83.09	100.00

DE19027	FILE PHABAX	114a. DURING THE PAST YEAR, WERE THERE AT LEAST 3 MONTHS WHEN YOU BROUGHT UP PHLEGM (THICK SPIT) ON MOST DAYS?	1. YES 2. NO	DE19027	VALUE	FREQ	CUM FREQ	%	CUM %
					1	4255	439	44.30	44.30
					2	552	991	55.70	100.00

DE19030	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
117. ABOUT HOW MUCH PHLEGM (THICK SPIT) WOULD YOU SAY YOU BRING UP ON AN AVERAGE DAY WHEN YOU HAVE THIS PROBLEM?						
1. 1 TABLESPOON OR LESS		1	4289	638	66.67	66.67
2. 2 - 3 TABLESPOONS		2	226	864	23.62	90.28
3. QUARTER CUP (4 TABLESPOONS)		3	58	922	6.06	96.34
4. MORE THAN A QUARTER, TO HALF CUP		4	30	952	3.14	99.48
5. MORE THAN HALF CUP		5	5	957	0.52	100.00

DE13788	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
118. ARE YOU CURRENTLY BRINGING UP PHLEGM (THICK SPIT)?						
1. YES		1	4274	493	50.72	50.72
2. NO		2	479	972	49.28	100.00

DE13790	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
119. HAVE YOU EVER SEEN A DOCTOR ABOUT THE PHLEGM (THICK SPIT)?						
1. YES (Go to Q. 119a)		1	4275	223	22.97	22.97
2. NO (Go to Q. 120a)		2	748	971	77.03	100.00

DEI3793	FILE PHABAX
120c.	IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM?
	SMOKE LESS OR STOP SMOKING
	1. YES
	2. NO

DEI3793	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4192	213	20.21	20.21
	2	841	1054	79.79	100.00

DEI3794	FILE PHABAX
120d.	IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM?
	REGULAR CHECKUPS OF THIS CONDITION
	1. YES
	2. NO

DEI3794	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4197	66	6.29	6.29
	2	983	1049	93.71	100.00

DEI3796	FILE PHABAX
120e.	IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM?
	SLOW DOWN, OR REDUCE YOUR ACTIVITY
	1. YES
	2. NO

DEI3796	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4198	36	3.44	3.44
	2	1012	1048	96.57	100.00

DE13797	VALUE	FREQ	CUM FREQ	%	CUM %
121a. WHETHER OR NOT A DOCTOR PRESCRIBED IT, ARE YOU CURRENTLY DOING THE FOLLOWING THING FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM? BREATHING EXERCISES OR POSTURAL DRAINAGE	1	4200	45	14.30	4.30
	2	1001	1046	95.70	100.00

DE13798	VALUE	FREQ	CUM FREQ	%	CUM %
121b. WHETHER OR NOT A DOCTOR PRESCRIBED IT, ARE YOU CURRENTLY DOING THE FOLLOWING THING FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM? USING ANY KIND OF MACHINE TO HELP YOUR BREATHING	1	4202	13	1.25	1.25
	2	1031	1044	98.76	100.00

DE13799	VALUE	FREQ	CUM FREQ	%	CUM %
121c. WHETHER OR NOT A DOCTOR PRESCRIBED IT, ARE YOU CURRENTLY DOING THE FOLLOWING THING FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM? NOT SMOKING OR SMOKING LESS	1	4198	274	26.15	26.15
	2	774	1048	73.86	100.00

DE13800	FILE PHABAX					
121d.	WHETHER OR NOT A DOCTOR PRESCRIBED IT, ARE YOU CURRENTLY DOING THE FOLLOWING THING FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM?					
	GETTING REGULAR CHECKUPS OF THIS CONDITION					
	1. YES					
	2. NO					
DE13800	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4200	69	6.60	6.60	
	2	977	1046	93.40	100.00	
DE13801	FILE PHABAX					
121e.	WHETHER OR NOT A DOCTOR PRESCRIBED IT, ARE YOU CURRENTLY DOING THE FOLLOWING THING FOR YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM?					
	REDUCING OR SLOWING DOWN YOUR ACTIVITY					
	1. YES					
	2. NO					
DE13801	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4199	51	4.87	4.87	
	2	996	1047	95.13	100.00	
DE13802	FILE PHABAX					
122.	DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM CAUSED YOU?					
	1. A GREAT DEAL OF PAIN					
	2. SOME PAIN					
	3. A LITTLE PAIN					
	4. NO PAIN AT ALL					
DE13802	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4188	6	0.57	0.57	
	2	41	47	3.88	4.44	
	3	175	222	16.54	20.98	
	4	836	1058	79.02	100.00	

DE13803	VALUE	FREQ	CUM FREQ	%	CUM %
123. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHILEGM WORRIED OR CONCERNED YOU?					
1. A GREAT DEAL	4186	18	18	1.70	1.70
2. SOMEWHAT	70	88	88	6.60	8.30
3. A LITTLE	294	382	382	27.74	36.04
4. NOT AT ALL	678	1060	1060	63.96	100.00

DE13804	VALUE	FREQ	CUM FREQ	%	CUM %
124. DURING THE PAST 3 MONTHS, HOW OFTEN HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHILEGM KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?					
1. ALL OF THE TIME	4188	2	2	0.19	0.19
2. MOST OF THE TIME	7	9	9	0.66	0.85
3. SOME OF THE TIME	26	35	35	2.46	3.31
4. A LITTLE OF THE TIME	87	122	122	8.22	11.53
5. NONE OF THE TIME	936	1058	1058	88.47	100.00

DE13805	VALUE	FREQ	CUM FREQ	%	CUM %
125. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR CHRONIC BRONCHITIS, EMPHYSEMA, OR PHILEGM KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)					
_____ DAYS IN BED LAST MONTH					
0	4189	1020	1020	96.50	96.50
1	11	1031	1031	1.04	97.54
2	9	1040	1040	0.85	98.39
3	7	1047	1047	0.66	99.05
4	3	1050	1050	0.28	99.33
5	2	1052	1052	0.19	99.53
6	1	1053	1053	0.10	99.62
7	1	1054	1054	0.10	99.72
14	2	1056	1056	0.19	99.91
16	1	1057	1057	0.10	100.00

-----+
 | TUBERCULOSIS (T.B.) |
 +-----+

DE14252	FILE PHABAX
126. HAS A DOCTOR EVER SAID THAT YOU HAD TUBERCULOSIS (T.B.)?	
1. YES (Go to Q. 127)	
2. NO (Go to Q. 133)	

DE14253	FILE PHABAX
127. DID YOU TAKE OR ARE YOU NOW TAKING ANY PRESCRIBED MEDICINES FOR YOUR TUBERCULOSIS (T.B.)?	
1. YES	
2. NO	

DE19032	FILE PHABAX
128. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT TUBERCULOSIS (T.B.)?	
1. WITHIN THE PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	

DE14252	VALUE	FREQ	CUM FREQ	%	CUM %
	1	128	50	0.98	0.98
	2	5068	5118	99.02	100.00

DE14253	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5160	18	20.93	20.93
	2	68	86	79.07	100.00

DE19032	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5179	10	14.93	14.93
	2	10	12	2.99	17.91
	3	2	21	13.43	31.34
	4	46	67	68.66	100.00

DE14255	FILE PHABAX
129. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR TUBERCULOSIS (T.B.) CAUSED YOU?	
1. A GREAT DEAL OF PAIN	
2. SOME PAIN	
3. A LITTLE PAIN	
4. NO PAIN AT ALL	

DE14255	VALUE	FREQ	CUM FREQ	%	CUM %
	3	5175	3		
	4	68	71	4.23	4.23
				95.78	100.00

DE14256	FILE PHABAX
130. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR TUBERCULOSIS (T.B.) WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE14256	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5176	1		
	3	1	2	1.43	1.43
	4	8	9	11.43	12.86
		61	70	87.14	100.00

DE14257	FILE PHABAX
131. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR TUBERCULOSIS (T.B.) KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DE14257	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5164	1		
	5	1	82	1.22	1.22
		81		98.78	100.00

DEI4258	VALUE	FREQ	CUM FREQ	%	CUM %
	0	5170	76	100.00	100.00
		76			
DEI3885	VALUE	FREQ	CUM FREQ	%	CUM %
	1	128	618	12.08	12.08
	2	618	5118	87.93	100.00
		4500			
DEI3886	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4601	323	50.08	50.08
	2	323	645	49.92	100.00
		322			

DEI4258

FILE PHABAX

132. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR TUBERCULOSIS (T.B.) KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

STOMACH PAIN OR ACHE

DEI3885

FILE PHABAX

133. IN THE PAST 3 MONTHS, HAVE YOU BEEN TROUBLED BY EPISODES OR ATTACKS OF STOMACH PAIN OR STOMACH ACHE (OTHER THAN THAT CAUSED BY OVEREATING)?

1. YES (Go to Q. 134)
2. NO (Go to Q. 146)

DEI3886

FILE PHABAX

134. IN THE PAST 3 MONTHS, HAVE YOU EVER HAD THESE PAINS FOR AS MANY AS 3 DAYS IN ONE WEEK?

1. YES
2. NO

DE19033	FILE	PHABAX
135. WHEN DO THESE ATTACKS OR EPISODES USUALLY COME ON?		
	1.	JUST BEFORE EATING
	2.	RIGHT AFTER EATING
	3.	1/2 TO 1 HOUR AFTER EATING
	4.	MORE THAN 1 HOUR AFTER EATING
	5.	NOT RELATED TO EATING

DE19033	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4624	32	5.15	5.15
	2	32	107	12.06	17.20
	3	75	188	13.02	30.23
	4	81	264	12.22	42.44
	5	76	622	57.56	100.00
		358			

DE13888	FILE	PHABAX
136. ARE THESE PAINS RELIEVED BY TAKING MILK OR FOOD?		
	1.	YES
	2.	NO

DE13888	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4617	199	31.64	31.64
	2	199	629	68.36	100.00
		430			

DE13889	FILE	PHABAX
137. HAVE THESE PAINS EVER AWAKENED YOU AT NIGHT?		
	1.	YES
	2.	NO

DE13889	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4608	279	43.73	43.73
	2	279	638	56.27	100.00
		359			

DE19034	FILE PHABAX
138. HOW OFTEN DO YOU TAKE ANTACIDS SUCH AS TABLETS (LIKE TUMS) OR WHITE LIQUID MEDICINE (LIKE MAALOX OR GELUSIL)?	
1. DO NOT TAKE ANTACIDS	
2. ONCE A MONTH OR LESS	
3. SEVERAL (2 - 5) TIMES A MONTH	
4. SEVERAL (2 - 5) TIMES A WEEK	
5. ONCE A DAY	
6. MORE THAN ONCE A DAY	

DE19034	VALUE	FREQ	CUM FREQ	%	CUM %
1	4606	247	247	38.59	38.59
2	124	371	371	19.38	57.97
3	107	478	478	16.72	74.69
4	77	555	555	12.03	86.72
5	23	578	578	3.59	90.31
6	62	640	640	9.69	100.00

DE19035	FILE PHABAX
139. HOW OFTEN DO YOU TAKE ASPIRIN, OR MEDICINES LIKE ASPIRIN, FOR RELIEF OF STOMACH PAIN?	
1. DO NOT TAKE ASPIRIN	
2. ONCE A MONTH OR LESS	
3. SEVERAL (2 - 5) TIMES A MONTH	
4. SEVERAL (2 - 5) TIMES A WEEK	
5. ONCE A DAY	
6. MORE THAN ONCE A DAY	

DE19035	VALUE	FREQ	CUM FREQ	%	CUM %
1	4606	437	437	68.28	68.28
2	111	548	548	17.34	85.63
3	42	590	590	6.56	92.19
4	23	613	613	3.59	95.78
5	15	628	628	2.34	98.13
6	12	640	640	1.88	100.00

DE19036	FILE PHABAX
140. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR STOMACH PAIN?	
1. WITHIN PAST 3 MONTHS	(Go to Q. 141)
2. 3 - 6 MONTHS AGO	(Go to Q. 141)
3. 7 - 12 MONTHS AGO	(Go to Q. 141)
4. MORE THAN 1 YEAR AGO	(Go to Q. 141)
5. NEVER SAW A DOCTOR ABOUT THIS	(Go to Q. 142)

DE19036	VALUE	FREQ	CUM FREQ	%	CUM %
1	4607	143	143	22.38	22.38
2	48	191	191	7.51	29.89
3	48	239	239	7.51	37.40
4	150	389	389	23.47	60.88
5	250	639	639	39.12	100.00

DE14329	VALUE	FREQ	CUM FREQ	%	CUM %
149a. HAVE YOU EVER HAD A KIDNEY, BLADDER, OR URINE INFECTION?	1. YES (Go to Q. 149b)	4794	293	64.82	64.82
	2. NO (Go to Q. 151)	159	452	35.18	100.00

DE19038	VALUE	FREQ	CUM FREQ	%	CUM %
149b. HOW MANY TIMES ALTOGETHER?	1. ONCE (Go to Q. 151)	4949	87	29.29	29.29
	2. TWICE (Go to Q. 151)	68	155	22.90	52.19
	3. 3 - 5 TIMES (Go to Q. 151)	75	230	25.25	77.44
	4. 6 - 10 TIMES (Go to Q. 151)	31	261	10.44	87.88
	5. MORE THAN 10 TIMES (Go to Q. 151)	36	297	12.12	100.00

DE15013	VALUE	FREQ	CUM FREQ	%	CUM %
150. HAVE YOU EVER HAD A KIDNEY, BLADDER, OR URINE INFECTION?	1. YES (Go to Q. 150a)	374	1258	25.82	25.82
	2. NO (Go to Q. 159)	3614	4872	74.18	100.00

DE19039	FILE PHABAX
150a. HOW MANY TIMES ALTOGETHER?	
1. ONCE	
2. TWICE	
3. 3 - 5 TIMES	
4. 6 - 10 TIMES	
5. MORE THAN 10 TIMES	

DE19039	VALUE	FREQ	CUM FREQ	%	CUM %
1	3987	406	406	35.43	35.43
2	446	312	758	24.78	60.21
3	328	1086	1086	26.05	86.26
4	85	1171	1171	6.75	93.01
5	88	1259	1259	6.99	100.00

DE14331	FILE PHABAX
151. DO YOU CURRENTLY HAVE A KIDNEY, BLADDER, OR URINE INFECTION? FOR EXAMPLE, CYSTITIS OR PYÉLONEPHRITIS	
1. YES	
2. NO	

DE14331	VALUE	FREQ	CUM FREQ	%	CUM %
1	3646	66	66	4.13	4.13
2	1534	1600	1600	95.88	100.00

DE14332	FILE PHABAX
152. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY PILLS OR MEDICINES FOR A KIDNEY, BLADDER, OR URINE INFECTION?	
1. YES	
2. NO	

DE14332	VALUE	FREQ	CUM FREQ	%	CUM %
1	3656	348	348	21.89	21.89
2	1242	1590	1590	78.11	100.00

DE14333		FILE PHABAX	
153. DO YOU CURRENTLY TAKE ANY PILLS OR MEDICINES FOR KIDNEY, BLADDER OR URINE INFECTION, WHETHER OR NOT A DOCTOR PRESCRIBED THEM?			
	1. YES, THOSE PRESCRIBED		
	2. YES, BUT NOT PRESCRIBED		
	3. NO		
VALUE	FREQ	CUM FREQ	CUM %
1	3662	3662	3.54
2	56	3718	3.91
3	6	3724	3.91
	1522	1584	96.09
			100.00
DE19040		FILE PHABAX	
154. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT A KIDNEY, BLADDER, OR URINE INFECTION?			
	1. WITHIN PAST 3 MONTHS		
	2. 3 - 6 MONTHS AGO		
	3. 7 - 12 MONTHS AGO		
	4. MORE THAN 1 YEAR AGO		
	5. NEVER SAW DOCTOR ABOUT THIS		
VALUE	FREQ	CUM FREQ	CUM %
1	3669	3669	8.31
2	131	3800	15.47
3	113	3913	15.47
4	128	4041	23.59
5	1020	5061	88.27
	185	5246	11.73
			100.00
DE14335		FILE PHABAX	
155. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION CAUSED YOU?			
	1. A GREAT DEAL OF PAIN		
	2. SOME PAIN		
	3. A LITTLE PAIN		
	4. NO PAIN AT ALL		
VALUE	FREQ	CUM FREQ	CUM %
1	3677	3677	1.72
2	27	3704	1.72
3	70	3774	4.46
4	151	3925	9.62
	1321	5246	84.19
			100.00

DE14336	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3679	1	1.91	1.91
	2	30	30	1.94	4.85
	3	46	76	2.94	7.79
	4	158	234	10.08	17.87
		1333	1567	85.07	100.00

DE14337	VALUE	FREQ	CUM FREQ	%	CUM %
	1	3681	1	0.26	0.26
	2	4	4	0.19	0.45
	3	3	7	1.89	2.30
	4	29	36	4.35	6.65
	5	68	104	93.36	100.00
		1461	1565		

DE14338	VALUE	FREQ	CUM FREQ	%	CUM %
	0	3683	1	98.02	98.02
	1	1532	1532	0.32	98.34
	2	5	1537	0.64	98.98
	3	10	1547	0.26	99.23
	4	4	1551	0.06	99.30
	5	1	1552	0.06	99.36
	6	1	1553	0.13	99.49
	7	2	1555	0.19	99.68
	10	3	1558	0.19	99.87
	15	1	1561	0.06	99.94
	21	1	1563	0.06	100.00

DE14336

FILE PHABAX

156. DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION WORRIED OR CONCERNED YOU?

1. A GREAT DEAL
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL

DE14337

FILE PHABAX

157. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME

DE14338

FILE PHABAX

158. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR KIDNEY, BLADDER, OR URINE INFECTION KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

CHOLESTEROL

DEI4339 FILE PHABAX

159. HAVE YOU EVER HAD A BLOOD CHOLESTEROL TEST?

1. YES
2. NO
3. DON'T KNOW

DEI4340 FILE PHABAX

160. HAS A DOCTOR EVER SAID YOU HAVE HIGH BLOOD CHOLESTEROL?

1. YES (Go to Q. 161)
2. NO (Go to Q. 167)

DEI9041 FILE PHABAX

161. WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR HIGH CHOLESTEROL?

1. WITHIN PAST 3 MONTHS
2. 3 - 6 MONTHS AGO
3. 7 - 12 MONTHS AGO
4. MORE THAN 1 YEAR AGO

DEI4339	VALUE	FREQ	CUM FREQ	%	CUM %
1	131	1123	1123	21.96	21.96
2	2095	3218	3218	40.96	62.91
3	1897	5115	5115	37.09	100.00

DEI4340	VALUE	FREQ	CUM FREQ	%	CUM %
1	129	181	181	3.54	3.54
2	4936	5117	5117	96.46	100.00

DEI9041	VALUE	FREQ	CUM FREQ	%	CUM %
1	5004	53	53	21.90	21.90
2	35	88	88	14.46	36.36
3	33	121	121	13.64	50.00
4	121	242	242	50.00	100.00

DE14342	FILE PHABAX
162. HAS A DOCTOR EVER PRESCRIBED ANY MEDICINE FOR YOUR HIGH CHOLESTEROL?	
1. YES	
2. NO	

DE14342	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5003	33	13.58	13.58
	2	210	243	86.42	100.00

DE14343	FILE PHABAX
163. ARE YOU CURRENTLY TAKING ANY MEDICINE FOR HIGH CHOLESTEROL?	
1. YES, PRESCRIBED BY A DOCTOR	
2. YES, NOT PRESCRIBED BY A DOCTOR	
3. NO, I DON'T TAKE ANY MEDICINES FOR CHOLESTEROL	

DE14343	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5007	12	5.02	5.02
	2	12	14	0.84	5.86
	3	225	239	94.14	100.00

DE14344	FILE PHABAX
164. DO YOU THINK YOUR CHOLESTEROL HAS BEEN HIGH, NORMAL, OR LOW IN THE PAST 3 MONTHS?	
1. HIGH	
2. NORMAL	
3. LOW	

DE14344	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4989	45	17.51	17.51
	2	186	231	72.37	89.88
	3	26	257	10.12	100.00

ANEMIA

DE19042	FILE PHABAX
167. HAS A DOCTOR EVER SAID THAT YOU HAD ANEMIA OR LOW BLOOD?	
1. YES (Go to Q. 168a)	
2. NO (Go to Q. 174)	

DE14316	FILE PHABAX
168a. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?	
SPECIAL DIET	
1. YES	
2. NO	

DE14317	FILE PHABAX
168b. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?	
IRON PILLS OR SHOTS	
1. YES	
2. NO	

DE19042	VALUE	FREQ	CUM FREQ	%	CUM %
	1	129	718	14.03	14.03
	2	4399	5117	85.97	100.00

DE14316	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4533	34	4.77	4.77
	2	679	713	95.23	100.00

DE14317	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4510	166	22.55	22.55
	2	570	736	77.45	100.00

DE14318	FILE PHABAX
168c. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?	
VITAMIN PILLS OR SHOTS	
1. YES	
2. NO	

DE14318	VALUE	FREQ	CUM FREQ	%	CUM %
1	4527	94	94	13.07	13.07
2	625	719	719	86.93	100.00

DE14319	FILE PHABAX
168d. IN THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR YOUR ANEMIA?	
BLOOD TRANSFUSIONS	
1. YES	
2. NO	

DE14319	VALUE	FREQ	CUM FREQ	%	CUM %
1	4533	7	7	0.98	0.98
2	706	713	713	99.02	100.00

DE14320	FILE PHABAX
169a. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
SPECIAL DIET	
1. YES	
2. NO	

DE14320	VALUE	FREQ	CUM FREQ	%	CUM %
1	4533	27	27	3.79	3.79
2	686	713	713	96.21	100.00

DEI4321	FILE PHABAX
169b. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
IRON PILLS OR SHOTS	
1. YES	
2. NO	

DEI4321	VALUE	FREQ	CUM FREQ	%	CUM %
1	4517	157	157	21.54	21.54
2	572	572	729	78.46	100.00

DEI4322	FILE PHABAX
169c. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
VITAMIN PILLS OR SHOTS	
1. YES	
2. NO	

DEI4322	VALUE	FREQ	CUM FREQ	%	CUM %
1	4522	153	153	21.13	21.13
2	571	571	724	78.87	100.00

DEI4323	FILE PHABAX
169d. DO YOU CURRENTLY TAKE THE FOLLOWING TREATMENT FOR ANEMIA, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
BLOOD TRANSFUSIONS	
1. YES	
2. NO	

DEI4323	VALUE	FREQ	CUM FREQ	%	CUM %
1	4535	2	2	0.28	0.28
2	709	709	711	99.72	100.00

DEI9043	FILE	PHABAX
170.	WHEN WAS THE LAST TIME YOU SAW A DOCTOR ABOUT YOUR ANEMIA?	
	1. WITHIN PAST 3 MONTHS	
	2. 3 - 6 MONTHS AGO	
	3. 7 - 12 MONTHS AGO	
	4. MORE THAN 1 YEAR AGO	

DEI9043	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	4517	78	10.70	10.70
2	2	78	131	7.27	17.97
3	3	53	172	5.62	23.59
4	4	41	229	76.41	100.00
		557			

DEI4325	FILE	PHABAX
171.	DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR ANEMIA WORRIED OR CONCERNED YOU?	
	1. A GREAT DEAL	
	2. SOMEWHAT	
	3. A LITTLE	
	4. NOT AT ALL	

DEI4325	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	4513	8	1.09	1.09
2	2	20	28	2.73	3.82
3	3	77	105	10.51	14.33
4	4	628	733	85.68	100.00

DEI4326	FILE	PHABAX
172.	DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS ANEMIA KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	
	1. ALL OF THE TIME	
	2. MOST OF THE TIME	
	3. SOME OF THE TIME	
	4. A LITTLE OF THE TIME	
	5. NONE OF THE TIME	

DEI4326	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	4513	1	0.14	0.14
2	2	6	7	0.82	0.96
3	3	16	23	2.18	3.14
4	4	30	53	4.09	7.23
5	5	680	733	92.77	100.00

DEI4327

FILE PHABAX

173. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR ANEMIA KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

DAYS IN BED LAST MONTH

+

-----+

1

DIABETES, PRE-DIABETES

1

+

DEI4423

FILE PHABAX

174. DO YOU HAVE ANY REASON TO THINK THAT YOU MAY HAVE DIABETES OR PRE-DIABETES, SOMETIMES CALLED SUGAR DIABETES OR SUGAR DISEASE?

1. YES (Go to Q. 175)

2. NO (Go to Q. 188)

DEI9044

FILE PHABAX

175. HAS A DOCTOR EVER SAID TO YOU THAT YOU HAD DIABETES OR PRE-DIABETES?

1. YES (Go to Q. 176)

2. NO (Go to Q. 188)

DEI4327	VALUE	FREQ	CUM FREQ	%	CUM %
	0	4513	721	98.36	98.36
	1	721	723	0.27	98.64
	2	3	726	0.41	99.05
	3	1	727	0.14	99.18
	4	1	728	0.14	99.32
	5	1	729	0.14	99.45
	7	2	731	0.27	99.73
	14	2	733	0.27	100.00

DEI4423	VALUE	FREQ	CUM FREQ	%	CUM %
	1	131	241	4.71	4.71
	2	241	515	95.29	100.00

DEI9044	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4862	173	45.05	45.05
	2	211	384	54.95	100.00

DE19045	FILE PHABAX
176. WHEN WAS THE LAST TIME YOU SAW A DOCTOR OR NURSE FOR YOUR DIABETES OR PRE-DIABETES?	
1. WITHIN PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	

DE19045	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5054	92	47.92	47.92
	2	92	114	11.46	59.38
	3	20	134	10.42	69.79
	4	58	192	30.21	100.00

DE14426	FILE PHABAX
177. DO YOU TAKE INSULIN?	
1. YES	
2. NO	

DE14426	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5043	39	19.21	19.21
	2	164	203	80.79	100.00

DE14427	FILE PHABAX
178. DO YOU TAKE ANY MEDICINES BY MOUTH FOR DIABETES OR PRE-DIABETES?	
1. YES	
2. NO	

DE14427	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5045	33	16.42	16.42
	2	168	201	83.58	100.00

DE14428	VALUE	FREQ	CUM FREQ	%	CUM %
179. HAS A DOCTOR OR NURSE TOLD YOU TO CHECK YOUR URINE FOR SUGAR?					
1. YES (Go to Q. 180)	1	5043	96	47.29	47.29
2. NO (Go to Q. 182a)	2	107	203	52.71	100.00

DE19046	VALUE	FREQ	CUM FREQ	%	CUM %
180. HOW OFTEN DID THE DOCTOR OR NURSE TELL YOU TO CHECK YOUR URINE?					
1. LESS THAN ONCE A WEEK	1	5148	15	15.31	15.31
2. ONCE A WEEK	2	22	37	22.45	37.76
3. EVERY OTHER DAY	3	7	44	7.14	44.90
4. EVERY DAY	4	40	84	40.82	85.71
5. 2 OR MORE TIMES A DAY	5	14	98	14.29	100.00

DE19047	VALUE	FREQ	CUM FREQ	%	CUM %
181. IN THE PAST 30 DAYS, HOW MANY DAYS DID YOU ACTUALLY CHECK YOUR URINE AT LEAST ONCE?					
1. NONE	1	5144	38	37.26	37.26
2. 1 - 2 DAYS	2	14	52	13.73	50.98
3. 3 - 5 DAYS	3	10	62	9.80	60.78
4. 6 - 10 DAYS	4	2	64	1.96	62.75
5. 11 - 20 DAYS	5	12	76	11.77	74.51
6. 21 - 30 DAYS	6	26	102	25.49	100.00

DE14431		FILE PHABAX			
182a. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?		KEEP YOUR FEET CLEAN			
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5048	70	35.35	35.35	
2	128	198	64.65	100.00	
DE14432		FILE PHABAX			
182b. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?		CUT YOUR TOENAILS STRAIGHT ACROSS AND NOT TOO SHORT			
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5047	66	33.17	33.17	
2	133	199	66.83	100.00	
DE14433		FILE PHABAX			
182c. HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?		DO NOT WALK BAREFOOT			
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5048	58	29.29	29.29	
2	140	198	70.71	100.00	

DE14434	FILE PHABAX	FREQ	CUM FREQ	%	CUM %
182d.	HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?	5048	53	26.77	26.77
	DO NOT WEAR TIGHT HOSE SUPPORTERS	145	198	73.23	100.00
	1. YES				
	2. NO				

DE14435	FILE PHABAX	FREQ	CUM FREQ	%	CUM %
182e.	HAS A DOCTOR OR NURSE EVER TOLD YOU TO DO THE FOLLOWING THING BECAUSE OF DIABETES OR PRE-DIABETES?	5046	132	66.00	66.00
	WATCH YOUR WEIGHT	68	200	34.00	100.00
	1. YES				
	2. NO				

DE14436	FILE PHABAX	FREQ	CUM FREQ	%	CUM %
183a.	DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?	5046	133	66.50	66.50
	KEEP YOUR FEET CLEAN	133	200	33.50	100.00
	1. YES				
	2. NO				

DE14437	FILE PHABAX			
	183b.	DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?		
		CUT YOUR TOENAILS STRAIGHT ACROSS AND NOT TOO SHORT		
		1. YES 2. NO		
DE14438	FILE PHABAX			
	183c.	DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?		
		DO NOT WALK BAREFOOT		
		1. YES 2. NO		
DE14439	FILE PHABAX			
	183d.	DO YOU ACTUALLY DO THE FOLLOWING THING FOR DIABETES OR PRE-DIABETES, WHETHER OR NOT A DOCTOR TOLD YOU TO?		
		DO NOT WEAR TIGHT HOSE SUPPORTERS		
		1. YES 2. NO		
DE14437	VALUE	FREQ	CUM FREQ	CUM %
	1	5048	107	54.04
	2	91	198	45.96
				100.00
DE14438	VALUE	FREQ	CUM FREQ	CUM %
	1	5049	79	40.10
	2	118	197	59.90
				100.00
DE14439	VALUE	FREQ	CUM FREQ	CUM %
	1	5047	93	46.73
	2	106	199	53.27
				100.00

DE14443	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5045	2	1.00	1.00
	2	2	5	1.49	2.49
	3	12	17	5.97	8.46
	4	16	33	7.96	16.42
	5	168	201	83.58	100.00

DE14444	VALUE	FREQ	CUM FREQ	%	CUM %
	0	5048	195	98.49	98.49
	5	195	196	0.51	98.99
	8	1	197	0.51	99.50
	10	1	198	0.51	100.00

DE14102	VALUE	FREQ	CUM FREQ	%	CUM %
	1	127	127	2.38	2.38
	2	122	249	23.62	26.00
		4997	5119	97.62	100.00

DE14443

FILE PHABAX

186. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR DIABETES OR PRE-DIABETES KEPT YOU FROM DOING THE KINDS OF THINGS THAT OTHER PEOPLE YOUR AGE DO?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

DE14444

FILE PHABAX

187. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR DIABETES OR PRE-DIABETES KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

_____ DAYS IN BED LAST MONTH

+-----+

| CANCER |

+-----+

DE14102

FILE PHABAX

188. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD CANCER?

1. YES (Go to Q. 189)

2. NO (Go to Q. 198)

DE19048	FILE PHABAX
189. WHERE IS, OR WAS, THE CANCER LOCATED?	
1. SKIN	
2. LUNG	
3. MOUTH OR THROAT	
4. STOMACH	
5. INTESTINE, COLON, RECTUM, BOWEL	
6. UTERUS (WOMB) OR CERVIX	
7. URINARY TRACT	
8. BLOOD (LEUKEMIA)	
9. LYMPH GLANDS OR NODES (HODGKINS)	
10. PANCREAS OR LIVER	
11. BREAST	
12. SOMEWHERE ELSE	

DE19048	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5124	1	25.41	25.41
	2	31	31	3.28	28.69
	3	4	35	0.82	29.51
	5	1	36	1.64	31.15
	6	2	38	0.82	31.97
	7	1	39	40.98	72.95
	9	50	89	4.10	77.05
	11	13	94	10.66	87.71
	12	15	107	12.30	100.00

DE15342	FILE PHABAX
190. WHEN WAS THE CANCER FIRST DIAGNOSED? (WHEN WERE YOU FIRST TOLD ABOUT IT?)	
1. WITHIN THE PAST 6 MONTHS	
2. 6 MONTHS TO 5 YEARS AGO	
3. 6 TO 10 YEARS AGO	
4. MORE THAN 10 YEARS AGO	

DE15342	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5123	1	8.13	8.13
	2	10	10	46.34	54.47
	3	57	67	20.33	74.80
	4	25	92	25.20	100.00
		31	123		

DE15343	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5120	1	7.94	7.94
	2	10	10	3.18	11.11
	3	4	14	24.60	35.71
	4	31	45	7.14	42.86
	5	9	54	57.14	100.00
	72		126		

DE19049	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5214	1	15.63	15.63
	2	5	6	3.13	18.75
	3	1	8	6.25	25.00
	4	2	32	75.00	100.00
	24				

DE15250	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5120	1	8.73	8.73
	2	11	11	4.76	13.49
	3	6	17	19.05	32.54
	4	24	41	67.46	100.00
	85		126		

DE15343

191. WHEN WAS THE LAST TIME YOU HAD ANY PAIN OR DISCOMFORT FROM CANCER?

1. WITHIN THE PAST 6 MONTHS (Go to Q. 191a)

2. 6 MONTHS TO 1 YEAR AGO (Go to Q. 192)

3. MORE THAN 1 YEAR, TO 5 YEARS AGO (Go to Q. 192)

4. MORE THAN 5 YEARS AGO (Go to Q. 192)

5. NEVER HAD PAIN OR DISCOMFORT (Go to Q. 192)

DE19049

191a. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS THE CANCER CAUSED YOU?

1. A GREAT DEAL OF PAIN

2. SOME PAIN

3. A LITTLE PAIN

4. NO PAIN AT ALL

DE15250

192. DURING THE PAST 3 MONTHS, HOW MUCH HAS THE CANCER WORRIED OR CONCERNED YOU?

1. A GREAT DEAL

2. SOMEWHAT

3. A LITTLE

4. NOT AT ALL

DE15251	FILE PHABAX																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							</
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DE15345	FILE	PHABAX
196.	HOW RECENTLY HAVE YOU HAD ANY RADIATION TO STOP THE CANCER?	
	1. LESS THAN 6 MONTHS AGO	
	2. 6 MONTHS TO 1 YEAR AGO	
	3. MORE THAN 1 YEAR, TO 5 YEARS AGO	
	4. MORE THAN 5 YEARS AGO	
	5. NEVER HAD RADIATION	

DE15345	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5122	6	4.84	4.84
	2	6	8	1.61	6.45
	3	2	13	4.03	10.48
	4	5	24	8.87	19.36
	5	11	124	80.65	100.00
		100			

DE15346	FILE	PHABAX
197.	HOW RECENTLY HAVE YOU TAKEN ANY MEDICINE (PILLS, LIQUIDS, OR SHOTS) TO STOP THE CANCER?	
	1. LESS THAN 6 MONTHS AGO	
	2. 6 MONTHS TO 1 YEAR AGO	
	3. MORE THAN 1 YEAR, TO 5 YEARS AGO	
	4. MORE THAN 5 YEARS AGO	
	5. NEVER TOOK MEDICINE	

DE15346	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5122	7	5.65	5.65
	2	7	8	0.81	6.45
	3	1	12	3.23	9.68
	4	4	13	0.81	10.48
	5	1	124	89.52	100.00
		111			

HEMORRHOIDS, PILES

DEI4415

FILE PHABAX

198. HAVE YOU HAD HEMORRHOIDS (PILES) WITHIN THE PAST 12 MONTHS?

1. YES (Go to Q. 199)

2. NO (Go to Q. 206)

DEI9050

FILE PHABAX

199. HAVE YOU EVER SEEN A DOCTOR ABOUT YOUR PILES OR HEMORRHOIDS?

1. YES (Go to Q. 199a-b-c-d)

2. NO (Go to Q. 200)

DEI4416

FILE PHABAX

199a. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED RECTAL SUPPOSITORIES FOR YOUR PILES OR HEMORRHOIDS?

1. YES

2. NO

DEI4415	VALUE	FREQ	CUM FREQ	%	CUM %
1		130	735	14.37	14.37
2		4381	5116	85.63	100.00

DEI9050	VALUE	FREQ	CUM FREQ	%	CUM %
1		4462	332	42.35	42.35
2		452	784	57.65	100.00

DEI4416	VALUE	FREQ	CUM FREQ	%	CUM %
1		4886	113	31.39	31.39
2		247	360	68.61	100.00

DE19053	FILE PHABAX	DE19053			
200. IN THE PAST 3 MONTHS, HAVE YOU TAKEN ANY RECTAL SUPPOSITORIES FOR YOUR PILES OR HEMORRHOIDS?		VALUE	FREQ	CUM FREQ	CUM %
1. YES		1	4467	177	22.72
2. NO		2	602	779	77.28
					100.00
DE19054	FILE PHABAX	DE19054			
201. IN THE PAST 3 MONTHS, HAVE YOU TAKEN ANY SITZBATHS (HOT BATHS) BECAUSE OF YOUR PILES OR HEMORRHOIDS?		VALUE	FREQ	CUM FREQ	CUM %
1. YES		1	4469	148	19.05
2. NO		2	629	777	80.95
					100.00
DE14420	FILE PHABAX	DE14420			
202. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAVE YOUR PILES OR HEMORRHOIDS CAUSED YOU?		VALUE	FREQ	CUM FREQ	CUM %
1. A GREAT DEAL OF PAIN		1	4471	21	2.71
2. SOME PAIN		2	101	122	13.03
3. A LITTLE PAIN		3	360	482	46.45
4. NO PAIN AT ALL		4	293	775	37.81
					100.00

HERNIA

DE14259

FILE PHABAX

206. HAVE YOU EVER HAD AN OPERATION FOR A HERNIA, RUPTURE, OR HERNIATED NAVEL?

1. YES

2. NO

DE14260

FILE PHABAX

207. HAVE YOU HAD A HERNIA WITHIN THE PAST 12 MONTHS?

1. YES (Go to Q. 208)

2. NO (Go to Q. 214)

DE19056

FILE PHABAX

208. DURING THE PAST 12 MONTHS, DID A DOCTOR RECOMMEND THAT YOU HAVE AN OPERATION TO REPAIR THE HERNIA, RUPTURE, OR HERNIATED NAVEL?

1. YES, AND I HAD AN OPERATION

2. YES, AND I PLAN TO HAVE AN OPERATION

3. YES, BUT I DO NOT PLAN TO HAVE AN OPERATION

4. NO, DOCTOR NEVER RECOMMENDED IT

DF14259	VALUE	FREQ	CUM FREQ	%	CUM %
	1	130	130	5.83	5.83
	2	298	298	13.51	19.34
		4818	5116	94.18	100.00

DE14260	VALUE	FREQ	CUM FREQ	%	CUM %
	1	130	130	1.51	1.51
	2	77	207	1.51	3.02
		5039	5116	98.50	100.00

DE19056	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5106	5106	17.86	17.86
	2	25	5131	2.14	19.99
	3	3	5134	0.05	20.04
	4	7	5141	0.05	20.09
		105	5140	75.00	100.00

DE14263	DE14264
VALUE	VALUE
1	0
2	1
3	2
4	3
5	5
	8
	12
FREQ	FREQ
5128	5126
1	113
6	1
10	1
11	2
28	1
90	1
CUM FREQ	CUM FREQ
1	113
7	114
17	115
28	117
118	118
	119
	120
%	%
0.85	94.17
5.09	0.83
8.48	0.83
9.32	1.67
76.27	0.83
CUM %	CUM %
0.85	94.17
5.93	95.00
14.41	95.83
23.73	97.50
100.00	98.33
	99.17
	100.00

DE14263	FILE PHABAX
212.	DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR HERNIA, RUPTURE, OR HERNIATED NAVEL KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?
	1. ALL OF THE TIME
	2. MOST OF THE TIME
	3. SOME OF THE TIME
	4. A LITTLE OF THE TIME
	5. NONE OF THE TIME

DE14264	FILE PHABAX
213.	DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR HERNIA, RUPTURE, OR HERNIATED NAVEL KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)
	_____ DAYS IN BED LAST MONTH

VARICOSE VEINS

DE14382 FILE PHABAX

214. HAVE YOU EVER HAD SURGERY FOR VARICOSE VEINS (SWOLLEN BLUE VEINS ON THE LEGS)?

1. YES
2. NO

DE14382	VALUE	FREQ	CUM FREQ	%	CUM %
1		128	81	1.58	1.58
2		5037	5118	98.42	100.00

DE14383 FILE PHABAX

215. DURING THE PAST 12 MONTHS, HAVE YOU NOTICED VARICOSE VEINS IN YOUR LEGS?

1. YES (Go to Q. 216)
2. NO (Go to Q. 226a)

DE14383	VALUE	FREQ	CUM FREQ	%	CUM %
1		131	656	12.83	12.83
2		4459	5115	87.18	100.00

DE14384 FILE PHABAX

216. IN THE PAST 12 MONTHS, DID YOU AVOID WEARING SHORTS BECAUSE OF VARICOSE VEINS?

1. YES
2. NO

DE14384	VALUE	FREQ	CUM FREQ	%	CUM %
1		4460	166	21.12	21.12
2		620	786	78.88	100.00

DE14385	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4475	58	7.52	7.52
	2	713	771	92.48	100.00

DE14386	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4484	79	10.37	10.37
	2	683	762	89.63	100.00

DE14387	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4488	9	1.19	1.19
	2	48	57	6.33	7.52
	3	81	138	10.69	18.21
	4	620	758	81.79	100.00

DE14385

FILE PHABAX

217. IN THE PAST 12 MONTHS, HAS A DOCTOR TOLD YOU TO KEEP YOUR FEET UP DURING THE DAY BECAUSE OF VARICOSE VEINS?

1. YES

2. NO

DE14386

FILE PHABAX

218. IN THE PAST 12 MONTHS, HAS A DOCTOR TOLD YOU TO WEAR SUPPORT STOCKINGS (ELASTIC HOSE) BECAUSE OF VARICOSE VEINS?

1. YES

2. NO

DE14387

FILE PHABAX

219. DO YOU CURRENTLY KEEP YOUR FEET UP DURING THE DAY BECAUSE OF VARICOSE VEINS?

1. YES, MOST OF THE TIME

2. YES, SOMETIMES

3. YES, A LITTLE OF THE TIME

4. NO

DE14388	FILE PHABAX				
220.	DO YOU CURRENTLY WEAR SUPPORT STOCKINGS (PLASTIC HOSE) BECAUSE OF VARICOSE VEINS?				
	1. YES, MOST OF THE TIME				
	2. YES, SOMETIMES				
	3. YES, A LITTLE OF THE TIME				
	4. NO				
DE14388	VALUE	FREQ	CUM FREQ	%	CUM %
1	4492	46	46	6.10	6.10
2	49	95	95	6.50	12.60
3	38	133	133	5.04	17.64
4	621	754	754	82.36	100.00
DE19058	FILE PHABAX				
221.	DURING THE PAST 12 MONTHS, DID A DOCTOR RECOMMEND THAT YOU HAVE AN OPERATION FOR VARICOSE VEINS?				
	1. YES, AND I HAD AN OPERATION				
	2. YES, AND I PLAN TO HAVE AN OPERATION				
	3. YES, BUT I DO NOT PLAN TO HAVE AN OPERATION				
	4. NO, DOCTOR NEVER RECOMMENDED IT				
DE19058	VALUE	FREQ	CUM FREQ	%	CUM %
1	4493	8	8	1.06	1.06
2	4	12	12	0.53	1.59
3	6	18	18	0.80	2.39
4	735	753	753	97.61	100.00
DE14390	FILE PHABAX				
222.	DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAVE YOUR VARICOSE VEINS CAUSED YOU?				
	1. A GREAT DEAL OF PAIN				
	2. SOME PAIN				
	3. A LITTLE PAIN				
	4. NO PAIN AT ALL				
DE14390	VALUE	FREQ	CUM FREQ	%	CUM %
1	4506	12	12	1.62	1.62
2	39	51	51	5.27	6.89
3	154	205	205	20.81	27.70
4	535	740	740	72.30	100.00

DE19059	DE19059	DE19059	DE19059	DE19059	DE19059
223. DURING THE PAST 3 MONTHS, HOW MUCH HAVE YOUR VARICOSE VEINS WORRIED OR CONCERNED YOU?	VALUE	FREQ	CUM FREQ	%	CUM %
1. A GREAT DEAL	1	4514	1	1.64	1.64
2. MOST OF THE TIME	2	12	12	1.37	3.01
3. SOME OF THE TIME	3	10	22	6.47	9.43
4. A LITTLE OF THE TIME	4	47	69	25.82	35.25
5. NONE OF THE TIME	5	189	258	64.75	100.00
		474	732		
DE19060	DE19060	DE19060	DE19060	DE19060	DE19060
224. IN THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE YOUR VARICOSE VEINS KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?	VALUE	FREQ	CUM FREQ	%	CUM %
1. ALL OF THE TIME	1	4516	1	0.14	0.14
2. MOST OF THE TIME	2	1	1	0.69	0.82
3. SOME OF THE TIME	3	5	6	2.19	3.01
4. A LITTLE OF THE TIME	4	16	22	6.16	9.18
5. NONE OF THE TIME	5	45	67	90.82	100.00
		663	730		
DE14393	DE14393	DE14393	DE14393	DE14393	DE14393
225. DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE YOUR VARICOSE VEINS KEPT YOU IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	VALUE	FREQ	CUM FREQ	%	CUM %
_____ DAYS IN BED LAST MONTH	0	4515	1	98.91	98.91
	1	723	723	0.55	99.45
	2	4	727	0.27	99.73
	3	2	729	0.14	99.86
	5	1	730	0.14	100.00
	6	1	731		

ACTIVITY LIMITATIONS

The entire battery of ACTIVITY LIMITATIONS questions, (DEI5880 through DEI5882) was asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE15880	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
226a.	DOES YOUR HEALTH LIMIT YOU IN LEISURE ACTIVITIES THAT ARE VERY STRENUOUS SUCH AS BACKPACKING, SKIING, PLAYING TENNIS, BICYCLING OR JOGGING?					
	1. YES, LIMITED FOR MORE THAN 3 MONTHS	1	524	541	11.46	11.46
	2. YES, LIMITED FOR 3 MONTHS OR LESS	2	90	631	1.91	13.36
	3. NO, NOT LIMITED	3	4091	4722	86.64	100.00

DE15881	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
226b.	DOES YOUR HEALTH LIMIT YOU IN LEISURE ACTIVITIES THAT ARE MODERATELY STRENUOUS SUCH AS TAKING WALKS, GARDENING, BOWLING OR PLAYING GOLF?					
	1	1	520	201	4.25	4.25
	2	2	50	251	1.06	5.31
	3	3	4475	4726	94.69	100.00

2885130

FILE PHABAX

226c. DOES YOUR HEALTH CAUSE YOU TO BE SLOWER OR LESS EFFICIENT OR TO TIRE MORE EASILY THAN USUAL IN YOUR WORK, HOUSEWORK, OR SCHOOLWORK?

1. YES, FOR MORE THAN 3 MONTHS
2. YES, FOR 3 MONTHS OR LESS
3. NO, NOT LIMITED

QUESTIONS ABOUT PHYSICAL LIMITATIONS

DE 14463

FILE PHABAX

227. CAN YOU DO HARD ACTIVITIES AT HOME, HEAVY WORK LIKE SCRUBBING FLOORS, OR LIFTING OR MOVING HEAVY FURNITURE?

1. YES (Go to Q. 228)
2. YES, BUT ONLY SLOWLY (Go to Q. 227a)
3. NO, I CAN'T DO THIS (Go to Q. 227a)

VALUE	FREQ	CUM FREQ	%	CUM %
1	516	363	7.67	7.67
2	363	449	1.82	9.49
3	4281	4730	90.51	100.00

VALUE	FREQ	CUM FREQ	%	CUM %
1	147	147	87.14	87.14
2	443	444	7.20	94.33
3	367	481	5.67	100.00

Two versions of Q. 227a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19061	FILE PHABX	DE19061	VALUE	FREQ	CUM FREQ	%	CUM %
227a.	WHY CAN'T YOU DO HARD ACTIVITIES AT HOME, HEAVY WORK LIKE SCRUBBING FLOORS, OR LIFTING OR MOVING HEAVY FURNITURE? (Circle one then go to Q. 229)	1	5197	1	1	2.04	2.04
		2	1	1	2	10.20	12.25
		3	4	4	6	8.16	20.41
		4	2	2	12	4.08	24.49
		5	6	6	18	12.25	36.74
		6	1	1	19	2.04	38.78
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	7	7	7	26	14.29	53.06
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	8	1	1	27	2.04	55.10
	3. OVERWEIGHT	9	1	1	28	2.04	57.14
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	10	2	2	30	4.08	61.22
	5. ANEMIA (LOW BLOOD)	11	1	1	31	2.04	63.27
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	12	1	1	32	2.04	65.31
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)	13	1	1	33	2.04	67.35
	8. KIDNEY, BLADDER, OR URINE INFECTION	14	1	1	34	2.04	69.39
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	15	1	1	35	2.04	71.43
	10. CANCER	16	1	1	36	2.04	73.47
	11. HERNIA, RUPTURE, HERNIATED NAVEL	17	1	1	37	2.04	75.51
	12. VARICOSE VEINS	18	1	1	38	2.04	77.55
	13. HEMORRHOIDS	19	1	1	39	2.04	79.59
	14. GOITER OR THYROID TROUBLE	20	1	1	40	2.04	81.63
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	21	1	1	41	2.04	83.67
	16. EYESIGHT PROBLEMS	22	1	1	42	2.04	85.71
	17. HEARING PROBLEMS	23	1	1	43	2.04	87.75
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)						
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)						
	20. TUBERCULOSIS						
	21. TROUBLE WITH DRINKING						
	22. STROKE						
	23. SOME OTHER PROBLEM						

NOTE: Asked in Dayton 3-year exit only.

DE15883	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	4666	13	2.24	2.24
2	2	13	43	5.17	7.41
3	3	30	75	5.52	12.93
4	4	24	99	4.14	17.07
5	5	5	104	0.86	17.93
6	6	31	135	5.35	23.28
7	7	3	138	0.52	23.79
8	8	5	143	0.86	24.66
9	9	62	205	10.69	35.35
10	10	5	210	0.86	36.21
11	11	16	226	2.76	38.97
12	12	3	229	0.52	39.48
13	13	3	232	0.52	40.00
14	14	1	233	0.17	40.17
15	15	1	234	0.17	40.35
16	16	2	236	0.35	40.69
18	18	4	240	0.69	41.38
20	20	1	241	0.17	41.55
22	22	3	244	0.52	42.07
23	23	43	287	7.41	49.48
24	24	203	490	35.00	84.48
25	25	90	580	15.52	100.00

DE15883

FILE PHABAX

227a. WHY CAN'T YOU DO HARD ACTIVITIES AT HOME, HEAVY WORK LIKE SCRUBBING FLOORS, OR LIFTING OR MOVING HEAVY FURNITURE? (Circle one then go to Q. 228 through 239)

1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PILEGM
2. CHEST PAIN, HEART ATTACK, OR ANGINA
3. OVERWEIGHT
4. HIGH BLOOD PRESSURE (HYPERTENSION)
5. ANEMIA (LOW BLOOD)
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)
8. KIDNEY, BLADDER, OR URINE INFECTION
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10. CANCER
11. HERNIA, RUPTURE, HERNIATED NAVEL
12. VARICOSE VEINS
13. HEMORRHOIDS
14. GOITER OR THYROID TROUBLE
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16. EYESIGHT PROBLEMS
17. HEARING PROBLEMS
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20. TUBERCULOSIS
21. TROUBLE WITH DRINKING
22. STROKE
23. PREGNANCY
24. BACK PROBLEMS
25. SOME OTHER PROBLEM

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE14461	VALUE	FREQ	CUM FREQ	%	CUM %
	1	153	4338	85.18	85.18
	2	435	4773	8.54	93.72
	3	320	5093	6.28	100.00

DE14461	FILE PHABAX
228.	IF YOU WANTED TO, COULD YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT?
	1. YES *
	2. YES, BUT ONLY SLOWLY (Go to Q. 228a)
	3. NO, I CAN'T DO THIS (Go to Q. 228a)

*Go to Q. 230-239 for Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit; Go to Q. 240 for Dayton 3-year exit.

Two versions of Q. 228a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19062	FILE PHABAX	DE19062	VALUE	FREQ	CUM FREQ	%	CUM %
228a.	WHY CAN'T YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT? (Circle one then go to Q. 230 through 239)	2	5206	3	3	7.50	7.50
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	3		3	6	7.50	15.00
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	4		2	8	5.00	20.00
	3. OVERWEIGHT	6		8	16	20.00	40.00
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	7		1	17	2.50	42.50
	5. ANEMIA (LOW BLOOD)	9		6	23	15.00	57.50
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	10		1	24	2.50	60.00
	7. SEVERE STOMACH PAIN OR STOMACH ACID (ULCER)	11		1	25	2.50	62.50
	8. KIDNEY, BLADDER, OR URINE INFECTION	14		1	26	2.50	65.00
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	18		1	27	2.50	67.50
	10. CANCER	23		13	40	32.50	100.00
	11. HERNIA, RUPTURE, HERNIATED NAVEL						
	12. VARICOSE VEINS						
	13. HEMORRHOIDS						
	14. GOITER OR THYROID TROUBLE						
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES						
	16. EYESIGHT PROBLEMS						
	17. HEARING PROBLEMS						
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)						
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)						
	20. TUBERCULOSIS						
	21. TROUBLE WITH DRINKING						
	22. STROKE						
	23. SOME OTHER PROBLEM						

NOTE: Asked in Dayton 3-year exit only.

DE15884	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	4559	23	3.35	3.35
2	2	23	57	4.95	8.30
3	3	34	124	9.75	18.05
4	4	67	169	6.55	24.60
5	5	45	177	1.16	25.76
6	6	8	251	10.77	36.54
7	7	74	253	0.29	36.83
8	8	2	256	0.44	37.26
9	9	3	341	12.37	49.64
10	10	85	346	0.73	50.36
11	11	5	349	0.44	50.80
12	12	3	350	0.15	50.95
13	13	1	351	0.15	51.09
14	14	1	352	0.15	51.24
15	15	3	355	0.44	51.67
16	16	5	360	0.73	52.40
18	18	5	365	0.73	53.13
20	20	1	366	0.15	53.28
22	22	4	370	0.58	53.86
23	23	41	411	5.97	59.83
24	24	136	547	19.80	79.62
25	25	140	687	20.38	100.00

DE15884	FILE PHABAX
228a.	WHY CAN'T YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT? (Circle one then go to Q. 230 through 239)
1.	CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM
2.	CHEST PAIN, HEART ATTACK, OR ANGINA
3.	OVERWEIGHT
4.	HIGH BLOOD PRESSURE (HYPERTENSION)
5.	ANEMIA (LOW BLOOD)
6.	SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
7.	SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)
8.	KIDNEY, BLADDER, OR URINE INFECTION
9.	JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10.	CANCER
11.	HERNIA, RUPTURE, HERNIATED NAVEL
12.	VARICOSE VEINS
13.	HEMORRHOIDS
14.	GOITER OR THYROID TROUBLE
15.	HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16.	EYESIGHT PROBLEMS
17.	HEARING PROBLEMS
18.	DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
19.	CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20.	TUBERCULOSIS
21.	TROUBLE WITH DRINKING
22.	STROKE
23.	PREGNANCY
24.	BACK PROBLEMS
25.	SOME OTHER PROBLEM

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE14762		FILE PHABAX			
VALUE	FREQ	CUM FREQ	%	CUM %	
1	5177	27	39.13	39.13	
2	27	42	21.74	60.87	
3	27	69	39.13	100.00	

DE14762

229. IF YOU WANTED TO, COULD YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT?

1. YES (Go to Q. 230-239)

2. YES, BUT ONLY SLOWLY (Go to Q. 229a)

3. NO, I CAN'T DO THIS (Go to Q. 229a)

NOTE: Asked in Dayton 3-year exit only.

DE14763	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5203	1	2.33	2.33
	2	1	5	9.30	11.63
	3	5	10	11.63	23.26
	4	1	11	2.33	25.58
	6	6	17	13.95	39.54
	7	2	19	4.65	44.19
	9	7	26	16.28	60.47
	10	1	27	2.33	62.79
	11	2	29	4.65	67.44
	22	1	30	2.33	69.77
	23	13	43	30.23	100.00

DE14763	FILE PHABAX
229a.	WHY CAN'T YOU PARTICIPATE IN ACTIVE SPORTS SUCH AS SWIMMING, TENNIS, BASKETBALL, VOLLEYBALL, OR ROWING A BOAT? (Circle one then go to Q. 230 through 239)
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
	2. CHEST PAIN, HEART ATTACK, OR ANGINA
	3. OVERWEIGHT
	4. HIGH BLOOD PRESSURE (HYPERTENSION)
	5. ANEMIA (LOW BLOOD)
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)
	8. KIDNEY, BLADDER, OR URINE INFECTION
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
	10. CANCER
	11. HERNIA, RUPTURE, HERNIATED NAVEL
	12. VARICOSE VEINS
	13. HEMORRHOIDS
	14. GOITER OR THYROID TROUBLE
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
	16. EYESIGHT PROBLEMS
	17. HEARING PROBLEMS
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
	20. TUBERCULOSIS
	21. TROUBLE WITH DRINKING
	22. STROKE
	23. SOME OTHER PROBLEM

NOTE: Asked in Dayton 3-year exit only.

DE14459					
VALUE	FREQ	CUM FRFQ	%	CUM %	
1	424	4648	96.39	96.39	
2	4648	4781	2.76	99.15	
3	133	4822	0.85	100.00	
	41				

DE14459	FILE PHABAX
230. COULD YOU DO MODERATE WORK AT HOME LIKE MOVING A CHAIR OR TABLE, OR PUSHING A VACUUM CLEANER?	
1. YES	
2. YES, BUT ONLY SLOWLY (Go to Q. 230a)	
3. NO, I CAN'T DO THIS (Go to Q. 230a)	

Two versions of Q. 230a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19063	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
230a.	WHY CAN'T YOU DO MODERATE WORK AT HOME LIKE MOVING A CHAIR OR TABLE, OR PUSHING A VACUUM CLEANER? (Circle one then go to Q. 231 through 239)	1	5228	1	5.56	5.56
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM	2	1	2	5.56	11.11
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	4	1	3	5.56	16.67
	3. OVERWEIGHT	6	3	6	16.67	33.33
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	9	3	9	16.67	50.00
	5. ANEMIA (LOW BLOOD)	10	1	10	5.56	55.56
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	11	1	11	5.56	61.11
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)	14	1	12	5.56	66.67
	8. KIDNEY, BLADDER, OR URINE INFECTION	23	6	18	33.33	100.00
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)					
	10. CANCER					
	11. HERNIA, RUPTURE, HERNIATED NAVEL					
	12. VARICOSE VEINS					
	13. HEMORRHOIDS					
	14. GOITER OR THYROID TROUBLE					
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES					
	16. EYESIGHT PROBLEMS					
	17. HEARING PROBLEMS					
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)					
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)					
	20. TUBERCULOSIS					
	21. TROUBLE WITH DRINKING					
	22. STROKE					
	23. SOME OTHER PROBLEM					

NOTE: Asked in Dayton 3-year exit only.

DE15885	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5093	5	3.27	3.27
	2	5	9	2.61	5.88
	3	4	13	2.61	8.50
	4	7	20	4.58	13.07
	5	1	21	0.65	13.73
	6	11	32	7.19	20.92
	8	1	33	0.65	21.57
	9	22	55	14.38	35.95
	10	2	57	1.31	37.26
	11	2	59	1.31	38.56
	15	2	61	1.31	39.87
	18	2	63	1.31	41.18
	22	1	64	0.65	41.83
	23	13	77	8.50	50.33
	24	50	127	32.68	83.01
	25	26	153	16.99	100.00

DE15885

FILE PHABAX

230a. WHY CAN'T YOU DO MODERATE WORK AT HOME LIKE MOVING A
CHAIR OR TABLE, OR PUSHING A VACUUM CLEANER?
(Circle one then go to Q. 231 through 239)

1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
2. CHEST PAIN, HEART ATTACK, OR ANGINA
3. OVERWEIGHT
4. HIGH BLOOD PRESSURE (HYPERTENSION)
5. ANEMIA (LOW BLOOD)
6. SHORTNESS OF BREATH, ENLARGED HEART, OR
HEART FAILURE
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)
8. KIDNEY, BLADDER, OR URINE INFECTION
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10. CANCER
11. HERNIA, RUPTURE, HERNIATED NAVEL
12. VARICOSE VEINS
13. HEMORRHOIDS
14. GOITER OR THYROID TROUBLE
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16. EYESIGHT PROBLEMS
17. HEARING PROBLEMS
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR
SUGAR DISEASE)
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20. TUBERCULOSIS
21. TROUBLE WITH DRINKING
22. STROKE
23. PREGNANCY
24. BACK PROBLEMS
25. SOME OTHER PROBLEM

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year
exit, and Dayton, Seattle, Massachusetts and South Carolina
5-year exit only.

DEI4453	VALUE	FREQ	CUM FREQ	%	CUM %
	1	440	4755	98.94	98.94
	2	37	4792	0.77	99.71
	3	14	4806	0.29	100.00

DEI4453	FILE PHABAX
231. CAN YOU DO LIGHT WORK AROUND FIRE HOUSE LIKE DUSTING OR WASHING DISHES?	
1. YES	
2. YES, BUT ONLY SLOWLY (Go to Q. 231a)	
3. NO, I CAN'T DO THIS (Go to Q. 231a)	

Two versions of Q. 231a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19064	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
231a.	WHY CAN'T YOU DO LIGHT WORK AROUND THE HOUSE LIKE DUSTING OR WASHING DISHES? (Circle one then go to Q. 232 through 239)		5239	1	14.29	14.29
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM	1	1	2	14.29	28.57
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	4	1	3	14.29	42.86
	3. OVERWEIGHT	8	1	4	14.29	57.14
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	9	1	5	14.29	71.43
	5. ANEMIA (LOW BLOOD)	10	1	6	14.29	85.71
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	23	1	7	14.29	100.00
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)					
	8. KIDNEY, BLADDER, OR URINE INFECTION					
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)					
	10. CANCER					
	11. HERNIA, RUPTURE, HERNIATED NAVEL					
	12. VARICOSE VEINS					
	13. HEMORRHOIDS					
	14. GOITER OR THYROID TROUBLE					
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES					
	16. EYESIGHT PROBLEMS					
	17. HEARING PROBLEMS					
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISFASE)					
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)					
	20. TUBERCULOSIS					
	21. TROUBLE WITH DRINKING					
	22. STROKE					
	23. SOME OTHER PROBLEM					

NOTE: Asked in Dayton 3-year exit only.

DE15886	FILE PHABAX	DE15886	VALUE	FREQ	CUM FREQ	%	CUM %
231a.	WHY CAN'T YOU DO LIGHT WORK AROUND THE HOUSE LIKE DUSTING OR WASHING DISHES? (Circle one then go to Q. 232 through 239)	1	5196	3	3	6.00	6.00
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	3	3	4	4	2.00	8.00
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	4	1	5	5	2.00	10.00
	3. OVERWEIGHT	6	5	10	10	10.00	20.00
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	9	5	15	15	10.00	30.00
	5. ANEMIA (LOW BLOOD)	10	2	17	17	4.00	34.00
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	11	1	18	18	2.00	36.00
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)	15	3	21	21	6.00	42.00
	8. KIDNEY, BLADDER, OR URINE INFECTION	16	1	22	22	2.00	44.00
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	18	1	23	23	2.00	46.00
	10. CANCER	22	2	25	25	4.00	50.00
	11. HERNIA, RUPTURE, HERNIATED NAVEL	23	2	27	27	4.00	54.00
	12. VARICOSE VEINS	24	11	38	38	22.00	76.00
	13. HEMORRHOIDS	25	12	50	50	24.00	100.00
	14. GOITER OR THYROID TROUBLE						
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES						
	16. EYESIGHT PROBLEMS						
	17. HEARING PROBLEMS						
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)						
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)						
	20. TUBERCULOSIS						
	21. TROUBLE WITH DRINKING						
	22. STROKE						
	23. PREGNANCY						
	24. BACK PROBLEMS						
	25. SOME OTHER PROBLEM						

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE14457						
VALUE	FREQ	CUM FREQ	%	CUM %		
1	440	4390	91.34	91.34		
2	272	4662	5.66	97.00		
3	144	4806	3.00	100.00		

DE14457	FILE PHABAX
232. IF YOU WANTED TO, COULD YOU RUN A SHORT DISTANCE?	
1. YES	
2. YES, BUT ONLY SLOWLY (Go to Q. 232a)	
3. NO, I CAN'T DO THIS (Go to Q. 232a)	

Two versions of Q. 232a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19065	FILE PHABAX
232a. WHY CAN'T YOU RUN A SHORT DISTANCE? (Circle one then go to Q. 233 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACH (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Dayton 3-year exit only.

DE19065	VALUE	FREQ	CUM FREQ	%	CUM %
1	52	1	1	3.13	3.13
2	2	2	3	6.25	9.38
3	3	5	8	15.63	25.00
4	4	2	10	6.25	31.25
6	6	5	15	15.63	46.88
9	9	6	21	18.75	65.63
10	10	1	22	3.13	68.75
11	11	2	24	6.25	75.00
14	14	1	25	3.13	78.13
22	22	1	26	3.13	81.25
23	23	6	32	18.75	100.00

DE15887	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	4883	20	5.51	5.51
2	2	29	49	7.99	13.50
3	3	64	113	17.63	31.13
4	4	14	127	3.86	34.99
5	5	2	129	0.55	35.54
6	6	50	179	13.77	49.31
7	7	2	181	0.55	49.86
8	8	1	182	0.28	50.14
9	9	41	223	11.30	61.43
10	10	2	225	0.55	61.98
11	11	1	226	0.28	62.26
12	12	1	227	0.28	62.53
15	15	1	228	0.28	62.81
16	16	3	231	0.83	63.64
18	18	2	233	0.55	64.19
20	20	1	234	0.28	64.46
22	22	4	238	1.10	65.57
23	23	27	265	7.44	73.00
24	24	37	302	10.19	83.20
25	25	61	363	16.80	100.00

DE15887	FILE PHABX
232a.	WHY CAN'T YOU RUN A SHORT DISTANCE? (Circle one then go to Q. 233 through 239)
1.	CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM
2.	CHEST PAIN, HEART ATTACK, OR ANGINA
3.	OVERWEIGHT
4.	HIGH BLOOD PRESSURE (HYPERTENSION)
5.	ANEMIA (LOW BLOOD)
6.	SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
7.	SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)
8.	KIDNEY, BLADDER, OR URINE INFECTION
9.	JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10.	CANCER
11.	HERNIA, RUPTURE, HERNIATED NAVEL
12.	VARICOSE VEINS
13.	HEMORRHOIDS
14.	GOITER OR THYROID TROUBLE
15.	HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16.	EYESIGHT PROBLEMS
17.	HEARING PROBLEMS
18.	DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
19.	CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20.	TUBERCULOSIS
21.	TROUBLE WITH DRINKING
22.	STROKE
23.	PREGNANCY
24.	BACK PROBLEMS
25.	SOME OTHER PROBLEM

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE14455	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
233. CAN YOU WALK UPHILL OR UP STAIRS?						
1. YES		1	439	4565	94.97	94.97
2. YES, BUT ONLY SLOWLY (Go to Q. 233a)		2	4565	4788	4.64	99.61
3. NO, I CAN'T DO THIS (Go to Q. 233a)		3	223	4807	0.40	100.00
			19			

Two versions of Q. 233a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DEI9066	FILE PHABAX	DEI9066	VALUE	FREQ	CUM FREQ	%	CUM %
233a. WHY CAN'T YOU WALK UPHILL OR UP STAIRS? (Circle one then go to Q. 234 through 239)			1	5222	1	4.17	4.17
			2	1	2	8.33	12.50
			3	4	7	16.67	29.17
			4	1	8	4.17	33.33
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM		6	3	11	12.50	45.83
	2. CHEST PAIN, HEART ATTACK, OR ANGINA		8	1	12	4.17	50.00
	3. OVERWEIGHT		9	4	16	16.67	66.67
	4. HIGH BLOOD PRESSURE (HYPERTENSION)		10	1	17	4.17	70.83
	5. ANEMIA (LOW BLOOD)		14	1	18	4.17	75.00
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE		22	1	19	4.17	79.17
	7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)		23	5	24	20.83	100.00
	8. KIDNEY, BLADDER, OR URINE INFECTION						
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)						
	10. CANCER						
	11. HERNIA, RUPTURE, HERNIATED NAVEL						
	12. VARICOSE VEINS						
	13. HEMORRHOIDS						
	14. GOITER OR THYROID TROUBLE						
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES						
	16. EYESIGHT PROBLEMS						
	17. HEARING PROBLEMS						
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)						
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)						
	20. TUBERCULOSIS						
	21. TROUBLE WITH DRINKING						
	22. STROKE						
	23. SOME OTHER PROBLEM						

NOTE: Asked in Dayton 3-year exit only.

DEI5888	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5038	1	5.29	5.29
	2	11	11	4.81	10.10
	3	10	21	11.54	21.64
	4	24	45	4.81	26.44
	5	10	55	0.48	26.92
	6	1	56	23.08	50.00
	7	48	104	0.96	50.96
	8	2	106	12.50	63.46
	9	26	132	0.96	64.42
	10	2	134	0.48	64.90
	11	1	135	0.48	65.39
	12	1	136	0.48	65.87
	16	1	137	0.48	66.35
	18	1	138	0.96	67.31
	22	2	140	4.33	71.64
	23	9	149	13.46	85.10
	24	28	177	14.90	100.00
	25	31	208		

DCI5888	FILE PHABAX
233a.	WHY CAN'T YOU WALK UPHILL OR UP STAIRS? (Circle one then go to Q. 234 through 239)
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM
	2. CHEST PAIN, HEART ATTACK, OR ANGINA
	3. OVERWEIGHT
	4. HIGH BLOOD PRESSURE (HYPERTENSION)
	5. ANEMIA (LOW BLOOD)
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
	7. SEVERE STOMACH PAIN OR STOMACH ACHIE (ULCER)
	8. KIDNEY, BLADDER, OR URINE INFECTION
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
	10. CANCER
	11. HERNIA, RUPTURE, HERNIATED NAVEL
	12. VARICOSE VEINS
	13. HEMORRHOIDS
	14. GOITER OR THYROID TROUBLE
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
	16. EYESIGHT PROBLEMS
	17. HEARING PROBLEMS
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
	20. TUBERCULOSIS
	21. TROUBLE WITH DRINKING
	22. STROKE
	23. PREGNANCY
	24. BACK PROBLEMS
	25. SOME OTHER PROBLEM

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE14451	DE14451	FILE	PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
234. CAN YOU WALK A BLOCK OR MORE?								
1. YES				1	436	4683	97.36	97.36
2. YES, BUT ONLY SLOWLY (Go to Q. 234a)				2	4683	4797	2.37	99.73
3. NO, I CAN'T DO THIS (Go to Q. 234a)				3	114	4810	0.27	100.00

Two versions of Q. 234a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19067	DE19067	FREQ	CUM FREQ	%	CUM %
234a. WHY CAN'T YOU WALK A BLOCK OR MORE? (Circle one then go to Q. 235 through 239)	VALUE	5227	1	5.26	5.26
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	1	1	2	5.26	10.53
2. CHEST PAIN, HEART ATTACK, OR ANGINA	2	1	4	10.53	21.05
3. OVERWEIGHT	3	2	5	5.26	26.32
4. HIGH BLOOD PRESSURE (HYPERTENSION)	4	1	10	26.32	52.63
5. ANEMIA (LOW BLOOD)	6	5	11	5.26	57.90
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	9	1	12	5.26	63.16
7. SEVERE STOMACH PAIN OR STOMACH ACHIE (ULCER)	10	1	13	5.26	68.42
8. KIDNEY, BLADDER, OR URINE INFECTION	11	1	14	5.26	73.68
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	14	1	15	5.26	78.95
10. CANCER	16	1	16	5.26	84.21
11. HERNIA, RUPTURE, HERNIATED NAVEL	22	1	19	15.79	100.00
12. VARICOSE VEINS	23	3			
13. HEMORRHOIDS					
14. GOITER OR THYROID TROUBLE					
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES					
16. EYESIGHT PROBLEMS					
17. HEARING PROBLEMS					
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)					
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)					
20. TUBERCULOSIS					
21. TROUBLE WITH DRINKING					
22. STROKE					
23. SOME OTHER PROBLEM					

NOTE: Asked in Dayton 3-year exit only.

DE15889	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5138	6	5.56	5.56
	2	9	15	8.33	13.89
	3	10	25	9.26	23.15
	4	1	26	0.93	24.07
	5	1	27	0.93	25.00
	6	15	42	13.89	38.89
	9	20	62	18.52	57.41
	10	2	64	1.85	59.26
	16	1	65	0.93	60.19
	22	2	67	1.85	62.04
	23	8	75	7.41	69.44
	24	16	91	14.82	84.26
	25	17	108	15.74	100.00

DE15889	FILE PHABAX
234a. WHY CAN'T YOU WALK A BLOCK OR MORE? (Circle one then go to Q. 235 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. PREGNANCY	
24. BACK PROBLEMS	
25. SOME OTHER PROBLEM	

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE14449	FILE	PHABAX
DE14449	235.	CAN YOU WALK AROUND INSIDE THE HOUSE?
	1.	YES
	2.	YES, BUT ONLY SLOWLY (Go to Q. 235a)
	3.	NO, I CAN'T DO THIS (Go to Q. 235a)

Two versions of Q. 235a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19068	FILE PHABAX
235a. WHY CAN'T YOU WALK AROUND INSIDE THE HOUSE? (Circle one then go to Q. 236 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHIE (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Dayton 3-year exit only.

DE19068	VALUE	FREQ	CUM FREQ	%	CUM %
1	5238	1	1	12.50	12.50
2	1	1	2	12.50	25.00
4	1	1	3	12.50	37.50
6	1	1	4	12.50	50.00
7	1	1	5	12.50	62.50
9	1	1	6	12.50	75.00
10	1	1	7	12.50	87.50
23	1	1	8	12.50	100.00

DE15890	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5217	2	6.90	6.90
	3	2	3	3.45	10.35
	6	1	5	6.90	17.24
	9	2	8	10.35	27.59
	10	3	9	3.45	31.03
	16	1	11	6.90	37.93
	22	2	13	6.90	44.83
	23	2	15	6.90	51.72
	24	8	23	27.59	79.31
	25	6	29	20.69	100.00

DE15890	FILE PHABAX
235a. WHY CAN'T YOU WALK AROUND INSIDE THE HOUSE? (Circle one then go to Q. 236 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. PREGNANCY	
24. BACK PROBLEMS	
25. SOME OTHER PROBLEM	

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DEI447		DEI447		DEI447	
FILE	PHABX	VALUE	FREQ	CUM FREQ	CUM %
236. CAN YOU WALK TO A TABLE FOR MEALS?					
1. YES		1	443	4782	99.56
2. YES, BUT ONLY SLOWLY (Go to Q. 236a)		2	4782	4799	99.92
3. NO, I CAN'T DO THIS (Go to Q. 236a)		3	17	4803	100.00
			4		

Two versions of Q. 236a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19069	FILE PHABAX
236a. WHY CAN'T YOU WALK TO A TABLE FOR MEALS? (Circle one then go to Q. 237 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACID (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Dayton 3-year exit only.

DE19069	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5240	1	16.67	16.67
	2	1	2	16.67	33.33
	4	1	3	16.67	50.00
	9	1	4	16.67	66.67
	10	1	5	16.67	83.33
	23	1	6	16.67	100.00

DE15891	FILE	PIRABX
236a.	WHY CAN'T YOU WALK TO A TABLE FOR MEALS?	
	{Circle one then go to Q. 237 through 239}	
	1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
	2. CHEST PAIN, HEART ATTACK, OR ANGINA	
	3. OVERWEIGHT	
	4. HIGH BLOOD PRESSURE (HYPERTENSION)	
	5. ANEMIA (LOW BLOOD)	
	6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
	7. SEVERE STOMACH PAIN OR STOMACH ULCER	
	8. KIDNEY, BLADDER, OR URINE INFECTION	
	9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
	10. CANCER	
	11. HERNIA, RUPTURE, HERNIATED NAVEL	
	12. VARICOSE VEINS	
	13. HEMORRHOIDS	
	14. GOITER OR THYROID TROUBLE	
	15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
	16. EYESIGHT PROBLEMS	
	17. HEARING PROBLEMS	
	18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
	19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
	20. TUBERCULOSIS	
	21. TROUBLE WITH DRINKING	
	22. STROKE	
	23. PREGNANCY	
	24. BACK PROBLEMS	
	25. SOME OTHER PROBLEM	

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE15891	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5227	2	10.53	10.53
	3	2	3	5.26	15.79
	6	1	4	5.26	21.05
	9	1	5	5.26	26.32
	10	1	6	5.26	31.58
	16	2	8	10.53	42.11
	22	2	10	10.53	52.63
	24	4	14	21.05	73.68
	25	5	19	26.32	100.00

DEI4445		DEI4445			
		VALUE	FREQ	CUM FREQ	CUM %
237. CAN YOU DRESS YOURSELF?					
1. YES		1	443	4779	99.50
2. YES, BUT ONLY SLOWLY (Go to Q. 237a)		2	21	4800	99.94
3. NO, I CAN'T DO THIS (Go to Q. 237a)		3	3	4803	100.00

FILE PHABAX

Two versions of Q. 237a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19070	FILE PHABAX
237a. WHY CAN'T YOU DRESS YOURSELF? (Circle one then go to Q. 238 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACID (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Dayton 3-year exit only.

DE19070	VALUE	FREQ	CUM FREQ	%	CUM %
1	5238	1	1	12.50	12.50
2	1	1	2	12.50	25.00
4	1	1	3	12.50	37.50
9	1	1	4	12.50	50.00
10	1	1	5	12.50	62.50
23	3	3	8	37.50	100.00

DE15892	VALUE	FREQ	CUM FREQ	%	CUM %
	1	522	2	10.53	10.53
	3	2	3	5.26	15.79
	6	1	4	5.26	21.05
	9	3	7	15.79	36.84
	10	1	8	5.26	42.11
	16	2	10	10.53	52.63
	22	2	12	10.53	63.16
	24	2	14	10.53	73.68
	25	5	19	26.32	100.00

DE15892	FILE PHABAX
237a. WHY CAN'T YOU DRESS YOURSELF? (Circle one then go to Q. 238 through 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. PREGNANCY	
24. BACK PROBLEMS	
25. SOME OTHER PROBLEM	

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE19071		DE19071	DE19071		DE19071	
238. CAN YOU EAT WITHOUT HELP?		VALUE	FREQ	CUM FRFQ	%	CUM %
1. YES		1	443	4797	99.88	99.88
2. YES, BUT ONLY SLOWLY (Go to Q. 238a)		2	4797	4802	0.10	99.98
3. NO, I CAN'T DO THIS (Go to Q. 238a)		3	5	4803	0.02	100.00

Two versions of Q. 238a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19072	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5244	1	50.00	50.00
	10	1	2	50.00	100.00

DE19072	FILE PHABAX
238a. WHY CAN'T YOU EAT WITHOUT HELP? (Circle one then go to Q. 239)	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACHE (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Dayton 3-year exit only.

DE15893	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5237	1	22.22	22.22
	3	2	2	11.11	33.33
	10	1	3	11.11	44.44
	16	1	4	11.11	55.56
	22	1	5	11.11	66.67
	24	1	6	11.11	77.78
	25	2	7	11.11	88.89
			9	22.22	100.00

DE15893 FILE PIABAX

238a. WHY CAN'T YOU EAT WITHOUT HELP? (Circle one then go to Q. 239)

1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHEGM
2. CHEST PAIN, HEART ATTACK, OR ANGINA
3. OVERWEIGHT
4. HIGH BLOOD PRESSURE (HYPERTENSION)
5. ANEMIA (LOW BLOOD)
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)
8. KIDNEY, BLADDER, OR URINE INFECTION
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)
10. CANCER
11. HERNIA, RUPTURE, HERNIATED NAVEL
12. VARICOSE VEINS
13. HEMORRHOIDS
14. COTTER OR THYROID TROUBLE
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES
16. EYESIGHT PROBLEMS
17. HEARING PROBLEMS
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)
20. TUBERCULOSIS
21. TROUBLE WITH DRINKING
22. STROKE
23. PREGNANCY
24. BACK PROBLEMS
25. SOME OTHER PROBLEM

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

DE19073	DE19073	FILE PHABAX	VALUE	FREQ	CUM FREQ	%	CUM %
239. CAN YOU USE THE BATHROOM WITHOUT HELP?							
1. YES			1	425	4811	99.79	99.79
2. YES, BUT ONLY SLOWLY (Go to Q. 239a)			2	4811	4818	0.15	99.94
3. NO, I CAN'T DO THIS (Go to Q. 239a)			3	3	4821	0.06	100.00

Two versions of Q. 239a, with differing response values, were asked in different questionnaires. Both versions are presented below.

DE19074	FILE PHABAX
239a. WHY CAN'T YOU USE THE BATHROOM WITHOUT HELP?	
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHELOM	
2. CHEST PAIN, HEART ATTACK, OR ANGINA	
3. OVERWEIGHT	
4. HIGH BLOOD PRESSURE (HYPERTENSION)	
5. ANEMIA (LOW BLOOD)	
6. SHORTNESS OR BREATH, ENLARGED HEART, OR HEART FAILURE	
7. SEVERE STOMACH PAIN OR STOMACH ACID (ULCER)	
8. KIDNEY, BLADDER, OR URINE INFECTION	
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)	
10. CANCER	
11. HERNIA, RUPTURE, HERNIATED NAVEL	
12. VARICOSE VEINS	
13. HEMORRHOIDS	
14. GOITER OR THYROID TROUBLE	
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES	
16. EYESIGHT PROBLEMS	
17. HEARING PROBLEMS	
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)	
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)	
20. TUBERCULOSIS	
21. TROUBLE WITH DRINKING	
22. STROKE	
23. SOME OTHER PROBLEM	

NOTE: Asked in Dayton 3-year exit only.

DE19074	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5243	1	33.33	33.33
	9	1	2	33.33	66.67
	10	1	3	33.33	100.00

DE15894	FILE PHABAX	DE15894	VALUE	FREQ	CUM FREQ	%	CUM %
239a. WHY CAN'T YOU USE THE BATHROOM WITHOUT HELP?				5234			
1. CHRONIC BRONCHITIS, EMPHYSEMA, OR PHLEGM		1		2	2	16.67	16.67
2. CHEST PAIN, HEART ATTACK, OR ANGINA		3		1	3	8.33	25.00
3. OVERWEIGHT		10		1	4	8.33	33.33
4. HIGH BLOOD PRESSURE (HYPERTENSION)		16		1	5	8.33	41.67
5. ANEMIA (LOW BLOOD)		22		3	8	25.00	66.67
6. SHORTNESS OF BREATH, ENLARGED HEART, OR HEART FAILURE		24		2	10	16.67	83.33
7. SEVERE STOMACH PAIN OR STOMACH ACHES (ULCER)		25		2	12	16.67	100.00
8. KIDNEY, BLADDER, OR URINE INFECTION							
9. JOINT PROBLEMS (ARTHRITIS, GOUT, RHEUMATISM)							
10. CANCER							
11. HERNIA, RUPTURE, HERNIATED NAVEL							
12. VARICOSE VEINS							
13. HEMORRHOIDS							
14. GOITER OR THYROID TROUBLE							
15. HAY FEVER OR OTHER ALLERGIES TO PLANTS AND GRASSES							
16. EYESIGHT PROBLEMS							
17. HEARING PROBLEMS							
18. DIABETES OR PRE-DIABETES (SUGAR IN BLOOD OR SUGAR DISEASE)							
19. CHOLESTEROL (HIGH BLOOD CHOLESTEROL)							
20. TUBERCULOSIS							
21. TROUBLE WITH DRINKING							
22. STROKE							
23. PREGNANCY							
24. BACK PROBLEMS							
25. SOME OTHER PROBLEM							

NOTE: Asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit only.

MISSING LIMBS

DE15267	VALUE	FREQ	CUM FREQ	%	CUM %
	1	126	68	1.33	1.33
	2	5052	5120	98.67	100.00
DE15268	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5143	20	19.42	19.42
	2	83	103	80.58	100.00
DE15269	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5220	11	42.31	42.31
	5	15	26	57.69	100.00

DE15270	FILE PHABAX
241b. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "5".	
1. LEFT ARM ABOVE ELBOW 2. LEFT ARM BELOW ELBOW 3. LEFT ARM AT THE WRIST 4. ONE OR MORE FINGERS ON LEFT HAND 5. NOT ON LEFT SIDE	

DE15270	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5218	15	53.57	53.57
	5	13	28	46.43	100.00

DE15271	FILE PHABAX
242. IS A LOWER LIMB MISSING?	
1. YES (Go to Q. 242a) 2. NO (Go to Q. 243)	

DE15271	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5135	3	2.70	2.70
	2	108	111	97.30	100.00

DE15272	FILE PHABAX
242a. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE RIGHT SIDE. IF NOT ON RIGHT SIDE, CIRCLE "4"; THEN ANSWER Q. 242b.	
1. RIGHT LEG ABOVE KNEE 2. RIGHT LEG BELOW KNEE 3. RIGHT LEG AT ANKLE 4. NOT ON RIGHT SIDE	

DE15272	VALUE	FREQ	CUM FREQ	%	CUM %
	4	5236	10	100.00	100.00

DE15273

FILE PHABAX

242b. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "4".

1. LEFT LEG ABOVE KNEE

2. LEFT LEG BELOW KNEE

3. LEFT LEG AT ANKLE

4. NOT ON LEFT SIDE

SLEEPING PILLS,

TRANQUILIZERS, SEDATIVES

DE19075

FILE PHABAX

243. DURING THE PAST 3 MONTHS, HAVE YOU USED ANY SLEEPING PILLS PRESCRIBED BY A DOCTOR?

1. YES (Go to Q. 243a-b-c-d)

2. NO (Go to Q. 244)

DE19076

FILE PHABAX

243a. ABOUT HOW OFTEN DO YOU TAKE THESE SLEEPING PILLS?

1. EVERY NIGHT

2. A FEW TIMES A WEEK

3. A FEW TIMES A MONTH

4. ONCE A MONTH OR LESS

DE15273	VALUE	FREQ	CUM FREQ	%	CUM %
1	2	5236	1	10.00	10.00
2	3	1	2	10.00	20.00
3	4	8	10	80.00	100.00

DE19075	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	128	1	2.40	2.40
2	2	123	123	97.60	100.00
		4995	5118		

DE19076	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	5116	1	24.62	24.62
2	2	32	32	17.69	42.31
3	3	38	93	29.23	71.54
4	4	37	130	28.46	100.00

DE19079	FILE PHABAX					
244.	DURING THE PAST 3 MONTHS, HAVE YOU USED ANY TRANQUILIZERS, SEDATIVES, OR NERVE PILLS WHICH WERE PRESCRIBED BY A DOCTOR?					
	1. YES (Go to Q. 244a-b-c-d)					
	2. NO (Go to Q. 245a-b)					
DE19079	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	140	348	6.82	6.82	
	2	4758	5106	93.18	100.00	
DE19080	FILE PHABAX					
244a.	ABOUT HOW OFTEN DO YOU TAKE THESE TRANQUILIZERS, SEDATIVES, OR NERVE PILLS?					
	1. TWICE A DAY OR MORE					
	2. ONCE A DAY					
	3. A FEW TIMES A WEEK					
	4. A FEW TIMES A MONTH					
	5. ONCE A MONTH OR LESS					
DE19080	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4893	92	26.06	26.06	
	2	92	168	21.53	47.59	
	3	76	221	15.01	62.61	
	4	53	286	18.41	81.02	
	5	65	353	18.98	100.00	
DE13855	FILE PHABAX					
244b.	DURING THE PAST 3 MONTHS, HOW MUCH HAS YOUR USE OF TRANQUILIZERS, SEDATIVES, OR NERVE PILLS WORRIED OR CONCERNED YOU?					
	1. A GREAT DEAL					
	2. SOMEWHAT					
	3. A LITTLE					
	4. NOT AT ALL					
DE13855	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	4884	12	3.32	3.32	
	2	12	41	8.01	11.33	
	3	29	107	18.23	29.56	
	4	66	362	70.44	100.00	
		255				

DE19081	VALUE	FREQ	CUM FREQ	%	CUM %
244c. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS YOUR USE OF TRANQUILIZERS, SEDATIVES, OR NERVE PILLS KEPT YOU FROM DOING THE KINDS OF THINGS OTHER PEOPLE YOUR AGE DO?					
1. ALL OF THE TIME	1	4885	1	0.28	0.28
2. MOST OF THE TIME	2	3	4	0.83	1.11
3. SOME OF THE TIME	3	18	22	4.99	6.09
4. A LITTLE OF THE TIME	4	14	36	3.88	9.97
5. NONE OF THE TIME	5	325	361	90.03	100.00

DE19082	VALUE	FREQ	CUM FREQ	%	CUM %
244d. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS YOUR USE OF TRANQUILIZERS, SEDATIVES, OR NERVE PILLS KEPT YOU IN BED ALL DAY OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)					
_____ DAYS IN BED LAST MONTH					
0	1	4883	1	0.28	0.28
1	3	354	354	97.52	97.52
2	4	1	358	1.10	98.62
3	1	1	359	0.28	98.90
4	2	2	361	0.55	99.45
5	1	1	362	0.28	99.73
15	1	1	363	0.28	100.00

DRUG ALLERGY

DE15265	FILE PHABAX
245a. ARE YOU ALLERGIC TO PENICILLIN?	
1. YES	
2. NO	
3. DON'T KNOW	

DE15266	FILE PHABAX
245b. ARE YOU ALLERGIC TO AMPICILLIN?	
1. YES	
2. NO	
3. DON'T KNOW	

DE15265	VALUE	FREQ	CUM FREQ	%	CUM %
	1	141	.		
	2	428	428	8.38	8.38
	3	4228	4656	82.82	91.21
		449	5105	8.80	100.00

DE15266	VALUE	FREQ	CUM FREQ	%	CUM %
	1	203	.		
	2	64	64	1.27	1.27
	3	3052	3116	60.52	61.79
		1927	5043	38.21	100.00

MEDICAL EXAM, IMMUNIZATION

DE19093	FILE PHABAX
246. WHEN DID YOU LAST HAVE A GENERAL MEDICAL OR PHYSICAL EXAM, WHEN YOU WERE NOT SICK OR PREGNANT?	
1. WITHIN THE PAST 12 MONTHS (Go to Q. 246a)	
2. 1 TO 2 YEARS AGO (Go to Q. 246a)	
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO (Go to Q. 246a)	
4. 5 OR MORE YEARS AGO (Go to Q. 246a)	
5. NEVER HAD A GENERAL EXAM (Go to Q. 247)	

DE13840	FILE PHABAX
246a. WAS THIS EXAM NEEDED FOR WORK, SCHOOL, CAMP, INSURANCE, OR SOME OTHER REASON LIKE THAT?	
1. YES	
2. NO	

DE19093	VALUE	FREQ	CUM FREQ	%	CUM %
1	137	2151	2151	42.10	42.10
2	1092	3243	3243	21.37	63.48
3	987	4230	4230	19.32	82.80
4	595	4825	4825	11.65	94.44
5	284	5109	5109	5.56	100.00

DE13840	VALUE	FREQ	CUM FREQ	%	CUM %
1	567	1977	1977	42.25	42.25
2	2702	4679	4679	57.75	100.00

DE19094	VALUE	FREQ	CUM FREQ	%	CUM %
	1	193	1475	29.19	29.19
	2	1475	2261	15.56	44.75
	3	786	2856	11.78	56.52
	4	595	3512	12.98	69.50
	5	656	5053	30.50	100.00
		1511			

DE19095	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1453	207	5.46	5.46
	2	207	376	4.46	9.91
	3	169	557	4.77	14.69
	4	181	838	7.41	22.09
	5	281	3793	77.91	100.00
		2955			

DE19096	VALUE	FREQ	CUM FREQ	%	CUM %
	1	141	692	13.56	13.56
	2	692	1269	11.30	24.86
	3	577	2093	16.14	41.00
	4	824	4459	46.35	87.35
	5	2366	5105	12.65	100.00
		646			

DE19094

FILE PHABAX

247. WHEN DID YOU LAST HAVE A RECTAL EXAMINATION BY A DOCTOR?
(DOCTOR USED HIS FINGER TO EXAMINE THE BOWEL CANAL.)

1. WITHIN THE PAST 12 MONTHS (Go to Q. 247a)
2. 1 TO 2 YEARS AGO (Go to Q. 247a)
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO (Go to Q. 247a)
4. 5 OR MORE YEARS AGO (Go to Q. 247a)
5. NEVER HAD RECTAL EXAMINATION (Go to Q. 248)

DE19095

FILE PHABAX

247a. WHEN DID YOU LAST HAVE A PROCTOSCOPIC EXAMINATION BY A DOCTOR? (DOCTOR USED A LONG HOLLOW TUBE TO EXAMINE THE BOWEL CANAL.)

1. WITHIN THE PAST 12 MONTHS
2. 1 TO 2 YEARS AGO
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO
4. 5 OR MORE YEARS AGO
5. NEVER HAD PROCTOSCOPIC EXAMINATION

DE19096

FILE PHABAX

248. WHEN DID YOU LAST HAVE AN IMMUNIZATION, VACCINATION, OR INJECTION TO PREVENT SICKNESS OR ILLNESS?

1. WITHIN THE PAST 12 MONTHS (Go to Q. 248a)
2. 1 TO 2 YEARS AGO (Go to Q. 248a)
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO (Go to Q. 248a)
4. 5 OR MORE YEARS AGO (Go to Q. 248a)
5. NEVER HAD ONE (Go to Q. 249)

DE13842	DE13842				
VALUE	FREQ	CUM FREQ	%	CUM %	
1	906	2243	51.68	51.68	
2	2097	4340	48.32	100.00	

DE13842

FILE PHABAX

248a. WAS THIS IMMUNIZATION, VACCINATION, OR INJECTION REQUIRED FOR WORK, SCHOOL, CAMP, INSURANCE, FOREIGN TRAVEL, OR SOME OTHER REASON LIKE THAT?

1. YES

2. NO

SURGERY

DE14412	DE14412				
VALUE	FREQ	CUM FREQ	%	CUM %	
1	134	169	3.31	3.31	
2	4943	5112	96.69	100.00	

DE14412

FILE PHABAX

249. HAVE YOU EVER HAD GALL BLADDER SURGERY?

1. YES

2. NO

DE14414	DE14414				
VALUE	FREQ	CUM FREQ	%	CUM %	
1	140	2022	39.60	39.60	
2	3084	5106	60.40	100.00	

DE14414

FILE PHABAX

250. HAVE YOU EVER HAD YOUR TONSILLS AND/OR ADENOIDS REMOVED?

1. YES

2. NO

QUESTIONS FOR WOMEN

DE13845

251. WHEN DID YOU LAST HAVE A ROUTINE FEMALE EXAMINATION WITH A PAP SMEAR?

1. WITHIN THE PAST 12 MONTHS
2. 1 TO 2 YEARS AGO
3. MORE THAN 2, BUT LESS THAN 5 YEARS AGO
4. 5 OR MORE YEARS AGO
5. NEVER HAD ONE

FILE PHABAX

DE13845	VALUE	FREQ	CUM FREQ	%	CUM %
1	2497	1502	1502	54.64	54.64
2	524	2026	2026	19.05	73.70
3	196	2222	2222	7.13	80.83
4	121	2343	2343	4.40	85.23
5	406	2749	2749	14.77	100.00

DE19097

252. HOW OFTEN DO YOU CHECK YOUR OWN BREASTS FOR LUMPS?

1. EVERY MONTH
2. ALMOST EVERY MONTH
3. SEVERAL TIMES A YEAR
4. ONCE A YEAR OR LESS
5. NEVER DO THIS

FILE PHABAX

DE19097	VALUE	FREQ	CUM FREQ	%	CUM %
1	2498	662	662	24.09	24.09
2	599	1261	1261	21.80	45.89
3	580	1841	1841	21.11	66.99
4	286	2127	2127	10.41	77.40
5	621	2748	2748	22.60	100.00

DE13849	FILE	PHABAX
255a. DURING THE LAST PREGNANCY, WHEN DID YOU FIRST BEGIN RECEIVING MEDICAL CARE FOR PREGNANCY?		
1. DURING FIRST 3 MONTHS		
2. DURING SECOND 3 MONTHS		
3. DURING LAST 3 MONTHS		
4. NO CARE BEFORE DELIVERY		

DE13849	VALUE	FREQ	CUM FREQ	%	CUM %
1	4610	550	550	86.48	86.48
2	52	602	602	8.18	94.65
3	14	616	616	2.20	96.86
4	20	636	636	3.15	100.00

DE14413	FILE	PHABAX
256. HAVE YOU EVER HAD A HYSTERECTOMY (UTERUS OR WOMB REMOVED)?		
1. YES		
2. NO		

DE14413	VALUE	FREQ	CUM FREQ	%	CUM %
1	2505	376	376	13.72	13.72
2	2365	2741	2741	86.28	100.00

OTHER ILLNESSES

DE19100	FILE PHABAX
257a.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?
	BURSITIS
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE19101	FILE PHABAX
257b.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?
	ARTERIOSCLEROSIS, HARDENING OF THE ARTERIES
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE19100	VALUE	FREQ	CUM FREQ	%	CUM %
	1	139	4865	95.26	95.26
	2	4865	5011	2.86	98.12
	3	146	5107	1.88	100.00

DE19101	VALUE	FREQ	CUM FREQ	%	CUM %
	1	141	5054	99.00	99.00
	2	5054	5074	0.39	99.39
	3	20	5105	0.61	100.00

DE19102	VALUE	FREQ	CUM FREQ	%	CUM %
	1	152	4111	80.70	80.70
	2	4111	4753	12.60	93.31
	3	642	5094	6.69	100.00
		341			
DE19103	VALUE	FREQ	CUM FREQ	%	CUM %
	1	138	4405	86.24	86.24
	2	4405	4823	8.18	94.42
	3	418	5108	5.58	100.00
		285			

DE19102

FILE PHABAX

257c. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE
YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE
A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

ALLERGIES

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT, AND SAW DOCTOR

DE19103

FILE PHABAX

257d. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE
YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE
A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

FREQUENT DIGESTIVE UPSETS, STOMACH TROUBLE, OR
INTESTINAL TROUBLE

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT, AND SAW DOCTOR

DE19104	FILE PHABAX	DE19104							
257e.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?	VALUE	FREQ	CUM FREQ	%	CUM %			
	CHRONIC HEPATITIS OR YELLOW JAUNDICE								
	1. NO, DID NOT HAVE THIS		143						
	2. HAD IT, BUT DID NOT SEE DOCTOR	1	5087	5087	99.69	99.69			
	3. HAD IT, AND SAW DOCTOR	2	4	5091	0.08	99.77			
		3	12	5103	0.24	100.00			
DE19105	FILE PHABAX	DE19105							
257f.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?	VALUE	FREQ	CUM FREQ	%	CUM %			
	CHRONIC GALL BLADDER TROUBLE OR GALLSTONES								
	1. NO, DID NOT HAVE THIS		139						
	2. HAD IT, BUT DID NOT SEE DOCTOR	1	5065	5065	99.18	99.18			
	3. HAD IT, AND SAW DOCTOR	2	9	5074	0.18	99.35			
		3	33	5107	0.65	100.00			
DE19106	FILE PHABAX	DE19106							
257g.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?	VALUE	FREQ	CUM FREQ	%	CUM %			
	PHLEBITIS (THROMBOPHLEBITIS)								
	1. NO, DID NOT HAVE THIS		148						
	2. HAD IT, BUT DID NOT SEE DOCTOR	1	5070	5070	99.45	99.45			
	3. HAD IT, AND SAW DOCTOR	2	14	5084	0.28	99.73			
		3	14	5098	0.28	100.00			

DE19107	FILE PHABAX				
257h.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?				
	ANY FOOT PAIN OR INFECTION				
	1. NO, DID NOT HAVE THIS				
	2. HAD IT, BUT DID NOT SEE DOCTOR				
	3. HAD IT, AND SAW DOCTOR				
DE19107	VALUE	FREQ	CUM FREQ	%	CUM %
1		197	4500	89.13	89.13
2		295	4795	5.84	94.97
3		254	5049	5.03	100.00
DE19108	FILE PHABAX				
257i.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?				
	WOMEN ONLY: ANY DISEASE OF THE UTERUS OR OVARY				
	1. NO, DID NOT HAVE THIS				
	2. HAD IT, BUT DID NOT SEE DOCTOR				
	3. HAD IT, AND SAW DOCTOR				
DE19108	VALUE	FREQ	CUM FREQ	%	CUM %
1		2494	2599	94.44	94.44
2		11	2610	0.40	94.84
3		142	2752	5.16	100.00
DE19109	FILE PHABAX				
257j.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAVE YOU HAD THE FOLLOWING CONDITION? IF YES, DID YOU SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?				
	WOMEN ONLY: ANY LUMPS IN YOUR BREASTS				
	1. NO, DID NOT HAVE THIS				
	2. HAD IT, BUT DID NOT SEE DOCTOR				
	3. HAD IT, AND SAW DOCTOR				
DE19109	VALUE	FREQ	CUM FREQ	%	CUM %
1		2577	2542	95.24	95.24
2		19	2561	0.71	95.95
3		108	2669	4.05	100.00

MEDICAL CARE

DE19110	VALUE	FREQ	CUM FREQ	%	CUM %
1	137	137	137	31.22	31.22
2	1595	1595	1732	47.05	78.27
3	2404	2404	4136	16.34	94.62
4	835	835	4971	3.54	98.16
5	181	181	5152	1.84	100.00

DE19111	VALUE	FREQ	CUM FREQ	%	CUM %
1	137	137	137	34.53	34.53
2	1764	1764	1901	45.86	80.39
3	2343	2343	4244	14.88	95.26
4	760	760	5004	3.76	99.02
5	192	192	5196	0.98	100.00

DE19110

258. IN GENERAL, WHEN YOU GO TO A DOCTOR WITH A HEALTH PROBLEM, DOES THE DOCTOR TAKE ENOUGH TIME TO FIND OUT EXACTLY WHAT IS WRONG WITH YOU?

1. YES, ALWAYS
2. YES, USUALLY
3. SOMETIMES, SOMETIMES NOT
4. NO, NOT USUALLY
5. NO, NEVER TAKES ENOUGH TIME

FILE PHABAX

DE19111

259. IN GENERAL, WHEN YOU GO TO A DOCTOR'S OFFICE OR CLINIC, ARE THE NURSES, THE RECEPTIONIST, AND OTHER PEOPLE THERE VERY FRIENDLY AND HELPFUL, OR DO THEY NOT SEEM TO CARE IF YOU ARE WORRIED OR IN PAIN?

1. ALWAYS FRIENDLY AND HELPFUL
2. USUALLY FRIENDLY AND HELPFUL
3. SOMETIMES, SOMETIMES NOT
4. USUALLY DON'T SEEM TO CARE
5. NEVER SEEM TO CARE

FILE PHABAX

+-----+
| MEDICAL APPLIANCES |
+-----+

DE13363	FILE PHABAX
262. DO YOU OWN EYEGLASSES OR CONTACT LENSES WHICH CORRECT YOUR VISION?	
1. YES (Go to Q. 262a-b)	
2. NO (Go to Q. 263)	

DE13363	VALUE	FREQ	CUM FREQ	%	CUM %
1	134	134	3004	58.76	58.76
2	2108	2108	5112	41.24	100.00

DE15280	FILE PHABAX
262a. WHEN WAS THE LAST TIME YOU GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES?	
1. LESS THAN 6 MONTHS AGO	
2. 6 TO 11 MONTHS AGO	
3. 1 YEAR AGO, BUT LESS THAN 2 YEARS	
4. 2 YEARS AGO, BUT LESS THAN 3 YEARS	
5. 3 YEARS AGO, BUT LESS THAN 5 YEARS	
6. 5 OR MORE YEARS AGO	

DE15280	VALUE	FREQ	CUM FREQ	%	CUM %
1	2232	2232	676	22.43	22.43
2	498	498	1174	16.52	38.95
3	822	822	1996	27.27	66.22
4	541	541	2537	17.95	84.17
5	294	294	2831	9.75	93.93
6	183	183	3014	6.07	100.00

DE13366	FILE PHABAX
262b. DID YOU OWN EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME?	
1. YES (Go to Q. 262c)	
2. NO (Go to Q. 263)	

DE13366	VALUE	FREQ	CUM FREQ	%	CUM %
1	2222	2222	2583	85.42	85.42
2	441	441	3024	14.58	100.00

DE13385	VALUE	FREQ	CUM FREQ	%	CUM %
263b. DID YOU OWN A HEARING AID BEFORE THAT TIME?					
1. YES (Go to Q. 263c)	1	5191	18	32.73	32.73
2. NO (Go to Q. 264)	2	37	55	67.27	100.00

DE15358	VALUE	FREQ	CUM FREQ	%	CUM %
263c. WHEN WAS THE LAST TIME YOU GOT A NEW HEARING AID BEFORE THAT TIME? - JUST YOUR BEST GUESS.					
1. LESS THAN 6 MONTHS BEFORE THAT	1	5226	1	5.00	5.00
2. 6 TO 11 MONTHS BEFORE THAT	3	3	4	15.00	20.00
3. 1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS	4	2	6	10.00	30.00
4. 2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS	5	5	11	25.00	55.00
5. 3 YEARS BEFORE THAT, BUT LESS THAN 5 YEARS	6	9	20	45.00	100.00

DE15359	VALUE	FREQ	CUM FREQ	%	CUM %
264. DO YOU WEAR DENTURES OR BRACES FOR YOUR TEETH?					
1. YES (Go to Q. 264a-b)	1	135	1132	22.15	22.15
2. NO (Go to Q. 265)	2	3979	5111	77.85	100.00

DEI5360	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4091	127	11.00	11.00
	2	127	234	9.26	20.26
	3	107	443	18.10	38.36
	4	209	605	14.03	52.38
	5	162	769	14.20	66.58
	6	164	1155	33.42	100.00
		386			

DEI5361	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4083	630	54.17	54.17
	2	630	1163	45.83	100.00
		533			

DEI5362	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4588	19	2.89	2.89
	2	19	33	2.13	5.02
	3	14	65	4.86	9.88
	4	32	119	8.21	18.09
	5	54	190	10.79	28.88
	6	71	658	71.13	100.00
		468			

DEI5360

FILE PHABAX

264a. WHEN WAS THE LAST TIME YOU GOT NEW DENTURES OR BRACES FOR YOUR TEETH?

1. LESS THAN 6 MONTHS AGO
2. 6 TO 11 MONTHS AGO
3. 1 YEAR AGO, BUT LESS THAN 2 YEARS
4. 2 YEARS AGO, BUT LESS THAN 3 YEARS
5. 3 YEARS AGO, BUT LESS THAN 5 YEARS
6. 5 OR MORE YEARS AGO

DEI5361

FILE PHABAX

264b. DID YOU WEAR DENTURES OR BRACES BEFORE THAT TIME?

1. YES (Go to Q. 264c)
2. NO (Go to Q. 265)

DEI5362

FILE PHABAX

264c. WHEN WAS THE LAST TIME YOU GOT NEW DENTURES OR BRACES BEFORE THAT TIME? - JUST YOUR BEST GUESS.

1. LESS THAN 6 MONTHS BEFORE THAT
2. 6 TO 11 MONTHS BEFORE THAT
3. 1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS
4. 2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS
5. 3 YEARS BEFORE THAT, BUT LESS THAN 5 YEARS
6. 5 OR MORE YEARS BEFORE THAT

-----+
 | FUTURE HEALTH EXPENSES |
 +-----+

DE15284	VALUE	FREQ	CUM FREQ	%	CUM %
1	180	180	180	20.57	20.57
2	1042	1042	1222	21.08	41.65
3	794	794	2016	21.67	63.32
4	426	426	2442	8.41	71.73
5	459	459	2901	9.06	80.79
6	321	321	3222	6.34	87.13
7	154	154	3376	3.04	90.17
8	123	123	3500	2.43	92.60
9	105	105	3605	2.07	94.67
10	173	173	3778	3.42	98.09
11	401	401	4179	7.92	100.00

DE15284

FILE PHABAX

265. OF COURSE, NOBODY KNOWS WHAT WILL HAPPEN, BUT WE WOULD
 JUST LIKE YOUR BEST GUESS ON HOW MUCH YOUR OWN PERSONAL
 HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS. (DO NOT
 COUNT OTHER MEMBERS OF THE FAMILY.) INCLUDE DOCTORS,
 DENTISTS, CLINICS, MEDICAL TESTS OR X-RAYS, PRESCRIPTION
 DRUGS - THE TOTAL OF ALL EXPENSES FOR YOUR OWN PERSONAL
 HEALTH DURING THE NEXT 12 MONTHS. INCLUDE BOTH WHAT
 YOU ARE LIKELY TO PAY, AND ALSO WHAT WILL BE PAID BY
 INSURANCE, MEDICARE, MEDICAID, OR OTHERS.

1. \$100 OR LESS
 2. \$101 - \$200
 3. \$201 - \$300
 4. \$301 - \$400
 5. \$401 - \$500
 6. \$501 - \$600
 7. \$601 - \$700
 8. \$701 - \$800
 9. \$801 - \$900
 10. \$901 - \$1000
 11. MORE THAN \$1,000

TRANSPORTATION

DE15475

266. WHAT IS YOUR USUAL METHOD OF TRANSPORTATION
WHEN YOU GO FOR MEDICAL CARE - TO DOCTORS,
DENTISTS, CLINICS, AND SO ON?

1. DRIVE MYSELF, OR DRIVEN BY A FAMILY MEMBER
2. DRIVEN BY SOMEONE OUTSIDE THE FAMILY
3. WALK, BICYCLE
4. TAXI
5. BUS OR OTHER FORM OF PUBLIC TRANSPORTATION
6. OTHER METHOD

DE15475 VALUE	FREQ	CUM FREQ	%	CUM %
1	148	148	91.10	91.10
2	4644	4644	1.79	92.88
3	91	4735	1.92	94.80
4	98	4833	1.08	95.88
5	55	4888	4.02	99.90
6	205	5093	0.10	100.00
	5	5098		

SOURCE OF CARE

DE1877

267. ARE THERE ANY PARTICULAR DOCTORS OR CLINICS YOU USUALLY
GO TO WHEN YOU ARE SICK OR NEED MEDICAL ADVICE?

1. YES (Go to Q. 267a)
2. NO (Go to Q. 268)

DE1877 VALUE	FREQ	CUM FREQ	%	CUM %
1	172	172	82.07	82.07
2	4164	4164	17.94	100.00
	910	5074		

DE19881 - DE19883

FILE PHABAX

267a. WHAT ARE THE NAMES OF THE DOCTORS OR CLINICS?

1ST DOCTOR/CLINIC PROVIDER ID

(DE19881)

2ND DOCTOR/CLINIC PROVIDER ID

(DE19882)

3RD DOCTOR/CLINIC PROVIDER ID

(DE19883)

NOTE: DE19881-DE19883 are identifiers which refer to the physician or clinic the participant named. For further information concerning the provider, this number can be linked to the Providers Cited in HIE Data File.

DE19829

FILE PHABAX

268. HAVE YOU CHANGED THE DOCTOR OR CLINIC YOU USUALLY GO TO SINCE ENROLLING IN THE FHPP?

1. YES (Go to Q. 268a)

2. NO *

*Go to Q. 269 for Dayton 3-year exit; Go to Q. 272a for Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit.

DE19829	VALUE	FREQ	CUM FREQ	%	CUM %
	1	159	1338	26.30	26.30
	2	1338	5087	73.70	100.00

DE19830 - DE19840	FILE PHABAX
268a. WHY DID YOU CHANGE YOUR USUAL DOCTOR OR CLINIC? (Circle a number for each answer that applies.)	
{DE19830} 1. OLD DOCTOR REFUSED TO FILL OUT FHPP FORMS	
{DE19831} 2. OLD DOCTOR CHARGED EXTRA TO FILL OUT FHPP FORMS	
{DE19832} 3. OLD DOCTOR WOULD NOT ACCEPT FHPP INSURANCE	
{DE19833} 4. NEW DOCTOR'S OFFICE OR CLINIC IS CLOSER TO MY HOME	
{DE19834} 5. NEW DOCTOR IS A SPECIALIST AND OLD DOCTOR WAS NOT	
{DE19835} 6. NEW DOCTOR IS BETTER QUALIFIED THAN OLD DOCTOR	
{DE19836} 7. NEW DOCTOR IS MORE AVAILABLE ON NIGHTS AND WEEKENDS THAN OLD DOCTOR	
{DE19837} 8. FOUND NEW DOCTOR WHO WAS MORE CONCERNED ABOUT MY HEALTH THAN OLD DOCTOR	
{DE19838} 9. OLD DOCTOR RETIRED OR MOVED AWAY	
{DE19839} 10. I MOVED AND HAD TO FIND A NEW DOCTOR	
{DE19840} 11. OTHER	

DE19830	VALUE	FREQ	CUM FREQ	%	CUM %
1	5211	35	35	100.00	100.00
DE19831	VALUE	FREQ	CUM FREQ	%	CUM %
2	5236	10	10	100.00	100.00
DE19832	VALUE	FREQ	CUM FREQ	%	CUM %
3	5225	21	21	100.00	100.00
DE19833	VALUE	FREQ	CUM FREQ	%	CUM %
4	5047	199	199	100.00	100.00
DE19834	VALUE	FREQ	CUM FREQ	%	CUM %
5	5154	92	92	100.00	100.00
DE19835	VALUE	FREQ	CUM FREQ	%	CUM %
6	5143	103	103	100.00	100.00
DE19836	VALUE	FREQ	CUM FREQ	%	CUM %
7	5206	40	40	100.00	100.00
(cont.)					

VARIABLES DE19830 - DE19840 (cont.)

DE19837					
VALUE		FREQ	CUM FREQ	%	CUM %
8	5048	198	198	100.00	100.00
DE19838					
VALUE		FREQ	CUM FREQ	%	CUM %
9	5066	180	180	100.00	100.00
DE19839					
VALUE		FREQ	CUM FREQ	%	CUM %
10	4805	441	441	100.00	100.00
DE19840					
VALUE		FREQ	CUM FREQ	%	CUM %
11	4874	372	372	100.00	100.00
DE19841					
VALUE		FREQ	CUM FREQ	%	CUM %
1	4871	22	22	5.87	5.87
2	353	375	375	94.13	100.00

-----+
 | FLUORIDE TREATMENT |
 |-----+

The entire battery of FLUORIDE TREATMENT questions (DE19841 through DE19858) was asked in Dayton 3-year exit only.

DE19841	FILE PHABAX
269. DID YOU TAKE FLUORIDE TABLETS WHEN YOU WERE BETWEEN THE AGES OF 4 AND 12?	
1. YES	
2. NO	

DE19842

VALUE	FREQ	CUM FREQ	%	CUM %
1	4871	56	14.93	14.93
2	319	375	85.07	100.00

DE19842

FILE PHABAX

270. DID YOU HAVE YOUR TEETH PAINTED WITH FLUORIDE BY A DENTIST OR DENTAL ASSISTANT WHEN YOU WERE BETWEEN THE AGES OF 4 AND 12?

1. YES
2. NO

DE19843

FILE PHABAX

271a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES, WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER Q. 271a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

_____ FIRST CITY (TOWN)

NOTE: See appendix X for city codes and cities in this file.

DE19844	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4872	14	3.74	3.74
	5	14	18	1.07	4.81
	6	2	20	0.54	5.35
	10	1	21	0.27	5.62
	11	3	24	0.80	6.42
	14	2	26	0.54	6.95
	15	5	31	1.34	8.29
	18	29	60	7.75	16.04
	20	1	61	0.27	16.31
	22	3	64	0.80	17.11
	23	9	73	2.41	19.52
	24	1	74	0.27	19.79
	25	2	76	0.54	20.32
	26	1	77	0.27	20.59
	33	10	87	2.67	23.26
	36	243	330	64.97	88.24
	39	10	340	2.67	90.91
	40	1	341	0.27	91.18
	43	10	351	2.67	93.85
	44	2	353	0.54	94.39
	47	5	358	1.34	95.72
	49	7	365	1.87	97.59
	57	1	366	0.27	97.86
	63	3	369	0.80	98.66
	70	1	370	0.27	98.93
	78	1	371	0.27	99.20
	92	2	373	0.54	99.73
	94	1	374	0.27	100.00

DE19844	FILE PHABAX
271b. FIRST STATE IN WHICH YOU LIVED BETWEEN AGES 4 AND 12?	
1. ALABAMA	
5. CALIFORNIA	
6. COLORADO	
10. FLORIDA	
11. GEORGIA	
14. ILLINOIS	
15. INDIANA	
18. KENTUCKY	
20. MAINE	
22. MASSACHUSETTS	
23. MICHIGAN	
24. MINNESOTA	
25. MISSISSIPPI	
26. MISSOURI	
33. NEW YORK	
36. OHIO	
39. PENNSYLVANIA	
40. RHODE ISLAND	
43. TENNESSEE	
44. TEXAS	
47. VIRGINIA	
49. WEST VIRGINIA	
57. CANADA	
63. FAR EAST, CHINA, PHILIPPINES, JAPAN, PAKISTAN, INDIA	
70. ENGLAND	
78. GERMANY	
92. POLAND	
94. USSR	

DE19845	FILE PHABAX
271c. HOW MANY YEARS DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12? - FIRST CITY	
1. 1 YEAR OR LESS	
2. MORE THAN 1 YEAR TO 2 YEARS	
3. MORE THAN 2 YEARS TO 3 YEARS	
4. MORE THAN 3 YEARS TO 4 YEARS	
5. MORE THAN 4 YEARS TO 5 YEARS	
6. MORE THAN 5 YEARS TO 6 YEARS	
7. MORE THAN 6 YEARS TO 7 YEARS	
8. MORE THAN 7 YEARS TO 8 YEARS	
9. MORE THAN 8 YEARS TO 9 YEARS	

DE19845	VALUE	FREQ	CUM FREQ	%	CUM %
1	4876	6	6	1.62	1.62
2	16	22	22	4.32	5.95
3	11	33	33	2.97	8.92
4	12	45	45	3.24	12.16
5	12	57	57	3.24	15.41
6	10	67	67	2.70	18.11
7	8	75	75	2.16	20.27
8	51	126	126	13.78	34.05
9	244	370	370	65.95	100.00

DE19846	FILE PHABAX
271d. HOW MANY MONTHS (DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12)? - FIRST CITY	

DE19846	VALUE	FREQ	CUM FREQ	%	CUM %
0	5232	2	2	14.29	14.29
3	2	3	3	7.14	21.43
5	1	4	4	7.14	28.57
6	1	5	5	7.14	35.71
9	1	6	6	7.14	42.86
10	3	9	9	21.43	64.29
18	1	10	10	7.14	71.43
28	1	11	11	7.14	78.57
30	1	12	12	7.14	85.71
78	1	13	13	7.14	92.86
96	1	14	14	7.14	100.00

DE19847

FILE PHABAX

271a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES, WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER Q. 271a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

_____ SECOND CITY (TOWN)

NOTE: See appendix X for city codes and cities in this file.

DE19848

FILE PHABAX

271b. SECOND STATE IN WHICH YOU LIVED BETWEEN AGES 4 AND 12?

1. ALABAMA
5. CALIFORNIA
8. DISTRICT OF COLUMBIA
14. ILLINOIS
15. INDIANA
18. KENTUCKY
22. MASSACHUSETTS
23. MICHIGAN
24. MINNESOTA
29. NEVADA
33. NEW YORK
34. NORTH CAROLINA
36. OHIO
39. PENNSYLVANIA
43. TENNESSEE
44. TEXAS
49. WEST VIRGINIA
61. AUSTRALIA & NEW ZEALAND; SAMOA

DE19848

VALUE

FREQ

CUM
FREQ

%

CUM
%

1	5163	5	6.02	6.02
5	5	6	1.21	7.23
8	1	7	1.21	8.43
14	1	8	1.21	9.64
15	2	10	2.41	12.05
18	2	12	2.41	14.46
22	1	13	1.21	15.66
23	4	17	4.82	20.48
24	1	18	1.21	21.69
29	1	19	1.21	22.89
33	1	20	1.21	24.10
34	3	23	3.61	27.71
36	52	75	62.65	90.36
39	1	76	1.21	91.57
43	1	77	1.21	92.77
44	2	79	2.41	95.18
49	3	82	3.61	98.80
61	1	83	1.21	100.00

DE19849	FILE PHABAX
271c. HOW MANY YEARS DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12? - SECOND CITY	
1. 1 YEAR OR LESS	
2. MORE THAN 1 YEAR TO 2 YEARS	
3. MORE THAN 2 YEARS TO 3 YEARS	
4. MORE THAN 3 YEARS TO 4 YEARS	
5. MORE THAN 4 YEARS TO 5 YEARS	
6. MORE THAN 5 YEARS TO 6 YEARS	
7. MORE THAN 6 YEARS TO 7 YEARS	
8. MORE THAN 7 YEARS TO 8 YEARS	
9. MORE THAN 8 YEARS TO 9 YEARS	

DE19849	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5159	9	10.35	10.35
	2	17	26	19.54	29.89
	3	13	39	14.94	44.83
	4	14	53	16.09	60.92
	5	6	59	6.90	67.82
	6	6	65	6.90	74.71
	7	4	69	4.60	79.31
	8	4	73	4.60	83.91
	9	14	87	16.09	100.00

DE19850	FILE PHABAX
271d. HOW MANY MONTHS (DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12)? - SECOND CITY	

DE19850	VALUE	FREQ	CUM FREQ	%	CUM %
	0	5231	2	13.33	13.33
	4	1	3	6.67	20.00
	6	1	4	6.67	26.67
	9	2	6	13.33	40.00
	10	1	7	6.67	46.67
	11	1	8	6.67	53.33
	12	2	10	13.33	66.67
	20	1	11	6.67	73.33
	34	2	13	13.33	86.67
	44	1	14	6.67	93.33
	46	1	15	6.67	100.00

DE19851

FILE PHABAX

271a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES, WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER Q. 271a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

THIRD CITY (TOWN)

NOTE: See appendix X for city codes and cities in this file.

DE19852

FILE PHABAX

271b. THIRD STATE IN WHICH YOU LIVED BETWEEN AGES 4 AND 12?

1. ALABAMA
14. ILLINOIS
17. KANSAS
18. KENTUCKY
23. MICHIGAN
24. MINNESOTA
28. NEBRASKA
29. NEVADA
34. NORTH CAROLINA
36. OHIO
39. PENNSYLVANIA
49. WEST VIRGINIA

DE19852

VALUE

FREQ

CUM
FREQ

%

CUM
%

1	5207	5	12.82	12.82
14	5	6	2.56	15.39
17	1	8	5.13	20.51
18	2	10	5.13	25.64
23	1	11	2.56	28.21
24	1	12	2.56	30.77
28	1	13	2.56	33.33
29	1	14	2.56	35.90
34	2	16	5.13	41.03
36	21	37	53.85	94.87
39	1	38	2.56	97.44
49	1	39	2.56	100.00

DE19853	VALUE	FREQ	CUM FREQ	%	CUM %
	1	5208	8	21.05	21.05
	2	8	15	18.42	39.47
	3	7	22	18.42	57.90
	4	5	27	13.16	71.05
	5	2	29	5.26	76.32
	7	4	33	10.53	86.84
	9	5	38	13.16	100.00

DE19854	VALUE	FREQ	CUM FREQ	%	CUM %
	3	5237	1	11.11	11.11
	4	1	2	11.11	22.22
	7	1	3	11.11	33.33
	8	1	4	11.11	44.44
	9	1	5	11.11	55.56
	22	2	7	22.22	77.78
	34	1	8	11.11	88.89
	38	1	9	11.11	100.00

DE19853

FILE PHABAX

271c. HOW MANY YEARS DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12? - THIRD CITY

1. 1 YEAR OR LESS
 2. MORE THAN 1 YEAR TO 2 YEARS
 3. MORE THAN 2 YEARS TO 3 YEARS
 4. MORE THAN 3 YEARS TO 4 YEARS
 5. MORE THAN 4 YEARS TO 5 YEARS
 6. MORE THAN 5 YEARS TO 6 YEARS
 7. MORE THAN 6 YEARS TO 7 YEARS
 8. MORE THAN 7 YEARS TO 8 YEARS
 9. MORE THAN 8 YEARS TO 9 YEARS

DE19854

FILE PHABAX

271d. HOW MANY MONTHS (DID YOU LIVE THERE BETWEEN THE AGES OF 4 AND 12)? - THIRD CITY

DE19855

FILE PHABAX

271a. PLEASE WRITE THE NAMES OF ALL THE CITIES OR TOWNS, AND STATES, WHERE YOU LIVED BETWEEN THE AGES OF 4 AND 12, AND THEN ANSWER Q. 271a-d FOR EACH. IF MORE THAN ONE CITY OR TOWN, WRITE THE NAMES IN THE ORDER IN WHICH YOU LIVED THERE, BEGINNING WITH WHEN YOU WERE FOUR YEARS OLD. IF YOU LIVED IN A RURAL AREA, WRITE IN THE NAME OF THE COUNTY AND STATE IN WHICH YOU LIVED.

FOURTH CITY (TOWN)

NOTE: See appendix X for city codes and cities in this file.

ULCERS AND OTHER STOMACH PROBLEMS

1. YES
2. NO

1. YES
2. NO

VALUE	FREQ	CUM FREQ	CUM %
1	466	466	9.25
2	442	908	18.50
3	438	1346	26.90
4	438	1784	36.15
5	438	2222	45.40
6	438	2660	54.65
7	438	3098	63.90
8	438	3536	73.15
9	438	3974	82.40
10	438	4412	91.65
11	438	4850	100.00

DE19861		FILE PHABAX	
272c. HAS THE FOLLOWING MEMBER OF YOUR FAMILY EVER HAD AN ULCER?			
A CHILD			
1. YES			
2. NO			
VALUE	FREQ	CUM FREQ	CUM %
1	546	546	1.64
2	77	77	1.64
	4623	4700	98.36
			100.00
DE19862		FILE PHABAX	
272d. HAS THE FOLLOWING MEMBER OF YOUR FAMILY EVER HAD AN ULCER?			
A MORE DISTANT RELATIVE			
1. YES			
2. NO			
VALUE	FREQ	CUM FREQ	CUM %
1	495	495	16.54
2	786	786	16.54
	3965	4751	83.46
			100.00
DE19863		FILE PHABAX	
273. ARE YOU FREQUENTLY SICK TO YOUR STOMACH OR NAUSEATED?			
1. YES			
2. NO			
VALUE	FREQ	CUM FREQ	CUM %
1	144	144	5.08
2	259	259	5.08
	4843	5102	94.92
			100.00

DE19864	FILE PHABAX
274. DO YOU OFTEN THROW UP OR VOMIT?	
1. YES	
2. NO	

DE19864	VALUE	FREQ	CUM FREQ	%	CUM %
1		131	96	1.88	1.88
2		5019	5115	98.12	100.00

DE19865	FILE PHABAX
275. DOES YOUR STOMACH OFTEN FEEL DISTENDED, PUFFED UP, OR BLOWN UP?	
1. YES	
2. NO	

DE19865	VALUE	FREQ	CUM FREQ	%	CUM %
1		132	599	11.71	11.71
2		4515	5114	88.29	100.00

DE19866	FILE PHABAX
276. DO YOU BELCH OR BURP MORE THAN YOU USED TO?	
1. YES	
2. NO	

DE19866	VALUE	FREQ	CUM FREQ	%	CUM %
1		133	473	9.25	9.25
2		4640	5113	90.75	100.00

DE19877	FILE PHABAX
277. HAVE YOU EVER BEEN HOSPITALIZED BECAUSE OF PROBLEMS ASSOCIATED WITH ULCERS?	
1. YES	
2. NO	

DE19877	VALUE	FREQ	CUM FREQ	%	CUM %
1		131	134	2.62	2.62
2		4981	5115	97.38	100.00

-----+
| EDUCATION |
+-----+

The entire battery of EDUCATION questions (DE19614 through DE19610) was asked in Seattle, Massachusetts and South Carolina 3-year exit, and Dayton, Seattle, Massachusetts and South Carolina 5-year exit.

DE19614	VALUE	FREQ	CUM FREQ	%	CUM %
	0	537	537	0.13	0.13
	1	6	543	0.04	0.17
	2	2	545	0.09	0.26
	3	13	558	0.28	0.53
	4	14	572	0.30	0.83
	5	19	591	0.40	1.23
	6	39	630	0.83	2.06
	7	73	703	1.55	3.61
	8	202	905	4.29	7.90
	9	282	1187	5.99	13.89
	10	359	1546	7.02	21.51
	11	332	1878	7.05	28.56
	12	1680	3558	35.68	64.24
	13	371	3929	7.88	72.12
	14	408	4337	8.66	80.78
	15	161	4498	3.42	84.20
	16	405	4903	8.60	92.80
	17	117	5020	2.49	95.29
	18	113	5133	2.40	97.69
	19	50	5183	1.06	98.75
	20	56	5239	1.19	99.94
	21	2	5241	0.04	99.98
	79	1	5242	0.02	100.00

0. NO FORMAL SCHOOLING

1. 1ST GRADE
2. 2ND GRADE
3. 3RD GRADE
4. 4TH GRADE
5. 5TH GRADE
6. 6TH GRADE
7. 7TH GRADE
8. 8TH GRADE
9. HIGH SCHOOL-1ST YEAR (9TH GRADE)
10. HIGH SCHOOL-2ND YEAR (10TH GRADE)
11. HIGH SCHOOL-3RD YEAR (11TH GRADE)
12. HIGH SCHOOL-4TH YEAR (12TH GRADE)
13. COLLEGE - 1 YEAR
14. COLLEGE - 2 YEARS
15. COLLEGE - 3 YEARS
16. COLLEGE - 4 YEARS
17. POST COLLEGE/GRADUATE/PROFESSIONAL - 1 YEAR
18. POST COLLEGE/GRADUATE/PROFESSIONAL - 2 YEARS
19. POST COLLEGE/GRADUATE/PROFESSIONAL - 3 YEARS
20. POST COLLEGE/GRADUATE/PROFESSIONAL - 4 YEARS
21. BUSINESS COLLEGE DIPLOMA/CERTIFICATE

NOTE: Code 79 is invalid data for this file. Invalid data were not changed, and remain in the file.

DEL1634	VALUE	FREQ	CUM FREQ	%	CUM %
1	553	3794	3794	80.84	80.84
2	899	4693	8487	19.16	100.00

DE19607

279b. WHAT IS THE HIGHEST DEGREE OR DIPLOMA YOU HAVE RECEIVED FROM A REGULAR SCHOOL, COLLEGE OR UNIVERSITY?

FILE PHARAX

1. NO DEGREE OR DIPLOMA
2. HIGH SCHOOL DIPLOMA
3. ASSOCIATE (A.A.)
4. BACHELOR'S (B.A., B.S.)
5. MASTER'S (M.A., M.S., M.B.A., M.P.A., ETC.)
6. PROFESSIONAL (M.D., L.L.B., PH.D., J.D., ETC.)
7. OTHER
8. BUSINESS COLLEGE DIPLOMA/CERTIFICATE
9. LAB/X-RAY TECHNICIAN
10. MIDDLE SCHOOL
11. TEACHER'S DEGREE
12. REGISTERED NURSE (WITHOUT B.A., B.S.)
20. DOCTOR OF VETERINARY MEDICINE (D.V.M.)

DE19607	VALUE	FREQ	CUM FREQ	%	CUM %
1	536	1411	1411	29.96	29.96
2	2280	3691	3691	48.41	78.37
3	200	3891	3891	4.25	82.61
4	507	4398	4398	10.76	93.38
5	175	4573	4573	3.72	97.09
6	33	4606	4606	0.70	97.79
7	66	4672	4672	1.40	99.19
8	14	4686	4686	0.30	99.49
9	2	4688	4688	0.04	99.53
10	5	4693	4693	0.11	99.64
11	4	4697	4697	0.09	99.72
12	13	4710	4710	0.28	100.00

DE19608

FILE PHABAX

280. ARE YOU CURRENTLY ENROLLED IN A REGULAR SCHOOL
OR ON VACATION FROM SCHOOL?

1. YES {Go to Q. 282}
2. NO {Go to Q. 281}

DE19608	VALUE	FREQ	CUM FREQ	%	CUM %
	1	510	918	19.38	19.38
	2	3818	4736	80.62	100.00

DE19609	VALUE	FREQ	CUM FREQ	%	CUM %
1	1227	1464	1464	36.43	36.43
2	1464	4019	4019	63.57	100.00
2555					

DE19610	VALUE	FREQ	CUM FREQ	%	CUM %
0	3269	29	29	1.47	1.47
1	29	43	43	0.71	2.18
2	14	77	77	1.72	3.90
3	22	99	99	1.11	5.01
4	68	167	167	3.44	8.45
5	39	206	206	1.97	10.42
6	14	220	220	0.71	11.13
7	4	224	224	0.20	11.33
8	3	227	227	0.15	11.48
9	4	231	231	0.20	11.68
10	1	232	232	0.05	11.74
11	6	238	238	0.30	12.04
12	448	686	686	22.66	34.70
13	8	694	694	0.41	35.10
14	154	848	848	7.79	42.89
15	10	858	858	0.51	43.40
16	560	1418	1418	28.33	71.73
17	21	1439	1439	1.06	72.79
18	336	1775	1775	17.00	89.78
19	8	1783	1783	0.41	90.19
20	137	1920	1920	6.93	97.12
21	1	1921	1921	0.05	97.17
23	56	1977	1977	2.83	100.00

DE15285	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4871			
	2	370	370	98.67	98.67
		5	375	1.33	100.00

DE15472	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4880			
	2	301	301	82.24	82.24
	3	48	349	13.12	95.36
	4	11	360	3.01	98.36
		6	366	1.64	100.00

DE15285 FILE PHABAX

283. DID THE SUBJECT OF THIS QUESTIONNAIRE, THE PERSON WHOSE HEALTH IT IS ABOUT, FILL OUT THE QUESTIONNAIRE, OR DID SOMEONE ELSE FILL IT OUT?

1. SUBJECT FILLED OUT QUESTIONNAIRE (Go to Q. 283a)
2. SOMEONE ELSE FILLED IT OUT (Go to Q. 283b)

NOTE: Asked in Dayton 3-year exit only.

DE15472 FILE PHABAX

283a. DID THE SUBJECT FILL OUT THE QUESTIONNAIRE WITHOUT ANY HELP, WITH ONLY A LITTLE HELP, WITH SOME HELP, OR WITH A LOT OF HELP?

1. WITHOUT ANY HELP
2. WITH ONLY A LITTLE HELP
3. WITH SOME HELP
4. WITH A LOT OF HELP (HELP WITH MORE THAN HALF OF THE QUESTIONNAIRE)

NOTE: Asked in Dayton 3-year exit only.

DE15286	FILE PHABAX
283b. WHAT IS THE MAIN REASON THE SUBJECT OF THE QUESTIONNAIRE DID NOT FILL IT OUT?	
1. CAN'T READ WELL ENOUGH 2. HAS POOR EYESIGHT 3. HAS TROUBLE WRITING 4. TROUBLE UNDERSTANDING ENGLISH 5. FORM IS TOO COMPLICATED 6. IS AWAY FROM HOME 7. SOME OTHER REASON	

NOTE: Asked in Dayton 3-year exit only.

DE12514	FILE PHABAX
I.D. OF HIE PARTICIPANT WHO FILLED OUT THIS FORM	

DE19216	FILE PHABAX
COMPLETED BY:	
1. INFORMATION PROVIDED BY CORRECT RESPONDENT (14+=SUBJECT; 0-4 AND 5-13=ADULT IN FAMILY UNIT) 2. FOR 14+ ONLY - INFORMATION PROVIDED BY SOMEONE ELSE IN FAMILY UNIT 3. INFORMATION PROVIDED BY SOMEONE OUT OF FAMILY UNIT	

DE15286	VALUE	FREQ	CUM FREQ	%	CUM %
1	5227	4	4	21.05	21.05
2	2	2	6	10.53	31.58
3	2	2	8	10.53	42.11
5	4	4	12	21.05	63.16
6	2	2	14	10.53	73.68
7	5	5	19	26.32	100.00

DE19216	VALUE	FREQ	CUM FREQ	%	CUM %
1	140	140	5026	98.43	98.43
2	5026	77	5103	1.51	99.94
3	3	3	5106	0.06	100.00

Appendix A

PARTICIPATION INCENTIVE PAYMENTS

HIE-insured families were paid a participation incentive (PI) if their HIE plans could conceivably impose a greater financial burden than their existing health insurance policies.¹ Calculated yearly, the PI consisted of (1) an amount calculated to be the *maximum* difference between what the family would have to pay for health care under its HIE insurance plan and what it would have paid under its existing insurance plan, unless (2) the premium a family paid to maintain its existing insurance exceeded the maximum difference. In that case, the family was paid an amount equal to the premium payment.

The calculation of item 1 ignored the family's actual medical expenses. To illustrate, consider family X whose HIE plan specified 95 percent coinsurance up to a maximum out-of-pocket expenditure of \$450, above which care was free.² Family X's existing insurance specified a \$100 deductible, above which the family had to pay 20 percent coinsurance. Under its HIE policy, the family had to spend \$473.68 for medical services (with the 5 percent reimbursement) to reach the \$450 out-of-pocket maximum. For the same charge under its existing insurance, the family would have paid \$100 (the deductible) plus 20 percent of the amount between \$100 and \$473.68. The maximum difference was thus $473.68 - 100 - 0.2 (473.68 - 100) = 298.94$. Family X was entitled to \$298.94 per year for that portion of its participation incentive.

The total PI could not exceed the MDE specified in the family's HIE plan unless the family's share of its insurance premium exceeded the MDE. For example, if family X paid an insurance premium of \$300, its

¹Participation incentive payments were not offered to families receiving free care (plan A, described on p. 3) who had no premium to pay, families who had no health insurance before the experiment, and families whose other policies had equal or less generous terms, under all circumstances, than their HIE plan.

²In HIE terminology, maximum out-of-pocket expenditure is called "maximum dollar expenditure," or MDE.

total PI entitlement was \$450, not \$598.94 (300 + 298.94). If the family paid a premium of \$600, its PI was \$600 because the premium exceeded the MDE of \$450. On the other hand, a family who had a high MDE in its HIE plan and an existing insurance policy with 0 percent coinsurance, no deductible, and an employer-paid premium was entitled to the full MDE amount. The purpose of PI payments was to ensure that a family was no worse off financially by participating in the experiment--whether because of the cost of its insurance premium or the "worse" terms of its HIE insurance plan compared with its existing policy.³

As encouragement for families to complete their assigned enrollment terms, a portion of the family's annual PI was withheld until the last year of the term.⁴ The family received its full annual PI that last year, and the amount previously withheld was paid as part of a completion bonus when the family completed the physical screening examination and medical health questionnaire at exit.⁵

To measure enrollees' responsiveness to PI payments, a subset of families received their full annual PI in the next-to-last, as well as the last, year of their term. That "super PI bonus" was offered to 44.4 percent of the families assigned to insurance plans requiring 95 percent coinsurance, the highest rate (plans K-N, described on pp. 3-4). Super PI

³Calculation of PI is further described in Clasquin and Brown, op. cit. The formula on p. 20 of that report should read $PI = \max[K \times PG, PR]$.

⁴The percentage of PI withheld depended on the site and assigned enrollment term, as follows:

	<i>3-yr Term</i>	<i>5-yr Term</i>
Dayton	25	15
Seattle	25	15
Fitchburg	33.3	25
Franklin Co.	33.3	25
Charleston	33.3	20
Georgetown Co.	33.3	20

If the discounted PI was not enough to reimburse the cost of the family's insurance premium, however, the family received the full amount of its premium. The difference between the premium and the discounted PI was then subtracted from the withheld amount.

⁵The rest of the completion bonus was the largest annual PI to which the family had been entitled during its enrollment (minus the withheld amount) or \$120, whichever was greater.

recipients represented all sites and both terms of enrollment except Dayton enrollees assigned to three-year terms, who had already begun their next-to-last year when super PI was instituted. Within the 95 percent coinsurance plans, super PI recipients were chosen using the "finite selection model." That model was developed by RAND to assign enrollees to experimental insurance plans so that, across plans, families resembled each other in 24 health and socioeconomic characteristics.⁶

⁶The finite selection model is described in Carl N. Morris, "A Finite Selection Model for Experimental Design of the Health Insurance Study," *Journal of Econometrics*, Vol. 11, 1979, pp. 43-61.

Appendix B

HIE DATA FILES

This appendix identifies the data files that the HIE has either issued or expects to issue, grouped in topical series. As a tape of each file is issued, a companion codebook is published as a RAND Note. One Note may contain the codebooks for several files. In addition to issuing files and codebooks, HIE staff will prepare a user's guide to provide assistance in understanding and using the HIE database for analysis.

The list below cites codebooks for the files that have been issued, and file names for those not yet issued. At this time it is impossible to predict exact issue dates for future files and codebooks. This preliminary list is to alert prospective users to the variety of subject matter covered by the HIE database and to the existence of related files that should be used together.

Before ordering a file or codebook, be sure to verify its availability with the RAND Publications Department, using the reference numbers cited below (e.g., MS3).

ISSUED TO DATE

Master Sample Series

MS1. *Vol. 1: Codebook for Eligibility-Family Changes File*, by S. M. Polich and C. d'Arc Taylor, The RAND Corporation, N-2264/1-HHS, May 1986.

MS2. *Vol. 2: Codebook for Full Sample Demographic File*, by S. M. Polich, N. F. Campbell, C. d'Arc Taylor, D. L. Wesley, J. W. Keesey, and E. S. Bloomfield, The RAND Corporation, N-2264/2-HHS, May 1986.

Aggregated Claims Series

AC1. *Vol. 1: Codebook for Fee-for-Service Annual Expenditures and Visit Counts*, by C. E. Peterson, M. Nelsen, and E. S. Bloomfield, The RAND Corporation, N-2360/1-HHS, May 1986.

ISSUED TO DATE (cont.)

AC2-AC4. *Vol. 2: Codebooks for Fee-for-Service Visits--Outpatient, Inpatient, and Dental*, by C. E. Peterson, M. Nelsen, D. L. Wesley, and E. S. Bloomfield, The RAND Corporation, N-2360/2-HHS, June 1986.

- AC2. FFS outpatient visits
- AC3. FFS inpatient visits
- AC4. FFS dental visits

AC5-AC6. *Vol. 3: Codebooks for Fee-for-Service Treatment Episodes and Annual Episode Counts*, by C. E. Peterson, C. d'Arc Taylor, and E. S. Bloomfield, The RAND Corporation, N-2360/3-HHS, June 1986.

- AC5. FFS treatment episodes
- AC6. FFS annual episode counts

Claims Line-Item Series

LI1-LI14. *Vol. 1: Codebooks for Fee-for-Service Claims*, by C. E. Peterson, M. Nelsen, D. L. Wesley, E. S. Bloomfield, and S. M. Polich, The RAND Corporation, N-2347/1-HHS, June 1986.

- LI1. FFS data: hospital inpatient services
- LI2. FFS data: inpatient physician procedures billed by institutions
- LI3. FFS data: drugs prescribed by physicians
- LI4. FFS data: supplies prescribed by physicians
- LI5. FFS data: services rendered by physicians
- LI6. FFS data: drugs sold by physicians
- LI7. FFS data: supplies sold by physicians
- LI8. FFS data: injections administered by physicians
- LI9. FFS data: outpatient services billed by institutions
- LI10. FFS data: services rendered by dentists
- LI11. FFS data: drugs prescribed by dentists
- LI12. FFS data: drugs purchased
- LI13. FFS data: supplies purchased from pharmacies
- LI14. FFS data: supplies purchased from nonpharmacy suppliers

LI15-LI25. *Vol. 2: Codebooks for Health Maintenance Organization Claims*, by C. E. Peterson, M. Nelsen, E. S. Bloomfield, D. L. Wesley, and A. M. Bell, The RAND Corporation, N-2347/2-HHS, August 1986.

- LI15. Seattle HMO data: hospital inpatient services
- LI16. Seattle HMO data: inpatient physician services
- LI17. Seattle HMO data: drugs prescribed by physicians
- LI18. Seattle HMO data: supplies prescribed by physicians
- LI19. Seattle HMO data: services rendered by physicians
- LI20. Seattle HMO data: drugs dispensed by physicians
- LI21. Seattle HMO data: supplies dispensed by physicians

ISSUED TO DATE (cont.)

- LI22. Seattle HMO data: injections administered by physicians
- LI23. Seattle HMO data: outpatient services provided by institutions
- LI24. Seattle HMO data: drugs dispensed
- LI25. Seattle HMO data: supplies dispensed

LI26-LI29. *Vol. 3: Codebooks for Seattle Fee-for-Service Claims for Comparison with Health Maintenance Organization Claims*, C. E. Peterson, M. Nelsen, and D. L. Wesley, The RAND Corporation, N-2347/3-HHS, October 1986.

- LI26. Seattle FFS data for HMO comparison: hospital inpatient services
- LI27. Seattle FFS data for HMO comparison: inpatient physician procedures billed by institutions
- LI28. Seattle FFS data for HMO comparison: outpatient services rendered by physicians
- LI29. Seattle FFS data for HMO comparison: injections administered by physicians

HIE Reference Series

RF1. *Vol. 1: Codes Used in HIE Claims--Diagnoses, Symptoms, Procedures, Drugs, and Supplies*, by M. Nelsen and C. A. Edwards, The RAND Corporation, N-2349/1-HHS, May 1986.

Medical History Questionnaire Series

MH1A-MH3A. *Vol. 1: Codebooks for Adults at Enrollment and Exit, Form A*, by C. A. Edwards, A. B. Holland, L. Y. Weissler, and M. Nelsen, The RAND Corporation, N-2485/1-HHS, August 1986.

- MH1A. Dayton adults at enrollment, Form A
- MH2A. NonDayton adults at enrollment, Form A
- MH3A. Adults at exit, Form A

MH1B-MH3B. *Vol. 2: Codebooks for Adults at Enrollment and Exit, Form B*, by C. A. Edwards, A. B. Holland, L. Y. Weissler, and M. Nelsen, The RAND Corporation, N-2485/2-HHS, October 1986.

- MH1B. Dayton adults at enrollment, Form B
- MH2B. NonDayton adults at enrollment, Form B
- MH3B. Adults at exit, Form B

Insurance Preference

IP1. *Codebooks for Insurance Preference Files: Relation between Expense Limit and Premium*, by E. S. Bloomfield, L. Y. Weissler, and A. B. Holland, The RAND Corporation, N-2508-HHS, October 1986.

TO BE ISSUED

Master Sample Series

MS3. Supplemental data file

Aggregated Claims Series

AC7. HMO and Seattle FFS annual expenditures and visit counts

AC8. HMO and Seattle FFS outpatient visits

AC9. HMO and Seattle FFS inpatient visits

HIE Reference Series

RF2. Providers cited in HIE data

RF3. User's guide to HIE data

Medical Disorder Series

MD1. Adult medical disorders at enrollment and exit

MD2. Infant and child medical disorders at enrollment and exit

Health Status and Attitude Series

HS1. Adults at enrollment and exit

HS2. Children at enrollment and exit

Medical History Questionnaire Series

MH4A. Dayton children at enrollment, Form A

MH4B. Dayton children at enrollment, Form B

MH5A. NonDayton children at enrollment, Form A

MH5B. NonDayton children at enrollment, Form B

MH6A. Children at exit, Form A

MH6B. Children at exit, Form B

MH7A. Dayton infants at enrollment, Form A

MH7B. Dayton infants at enrollment, Form B

TO BE ISSUED (cont.)

MH8A. NonDayton infants at enrollment, Form A

MH8B. NonDayton infants at enrollment, Form B

MH9A. Infants at exit, Form A

MH9B. Infants at exit, Form B

Dental Examinations

DE1. Adults and children at enrollment and exit

Appendix C
ADULT ENROLLMENT AND EXIT
MEDICAL HISTORY QUESTIONNAIRES
FORMS A AND B

SUMMARY OF QUESTIONNAIRE BATTERIES

QUESTIONNAIRE BATTERIES	Form A			Form B		
	Enrollment		Exit	Enrollment		Exit
	Dayton	NonDayton		Dayton	NonDayton	
Activity Limitations					x	x
Anemia				x	x	x
Blood Pressure	x			x	x	x
Bronchitis, Emphysema, Phlegm	x				x	x
Cancer					x	x
Chest Pain, Discomfort, Heaviness, Pressure	x				x	x
Cholesterol				x	x	x
Condition			x			
Dental Care					x	x
Diabetes, Pre-Diabetes				x	x	x
Drinking				x	x	x
Drug Allergy	x				x	x
Eating Habits and Diet	x	x	x			
Education						x
Effects of Health Care		x	x		x	
Eyesight				x	x	x
Fluoride Treatment					x	x

QUESTIONNAIRE BATTERIES	Form A			Form B		
	Enrollment Dayton	NonDayton	Exit	Enrollment Dayton	NonDayton	Exit
Future Health Expenses	x			x	x	x
General Health	x	x	x			
General Well-Being	x	x	x	x		
Glaucoma				x	x	x
Goiter or Thyroid Trouble				x	x	x
Gonorrhea, Syphilis, Venereal Disease				x		
Hay Fever or Other Plant Allergies				x	x	x
Health Perceptions		x	x			
Hearing				x	x	x
Heart	x				x	x
Height and Weight	x	x	x			
Hemorrhoids, Piles				x	x	x
Hernia				x	x	x
Joint Problems	x				x	x
Kidney, Bladder, Urine Infections				x	x	x
Life Events	x	x	x			
Medical Appliances	x				x	x
Medical Care	x	x	x		x	x
Medical Exam, Immunization	x				x	x
Medical Opinions		x	x			
Medicines, Pills, Poison	x					
Missing Limbs					x	x

QUESTIONNAIRE BATTERIES	Form A			Form B		
	Enrollment Dayton	NonDayton	Exit	Enrollment Dayton	NonDayton	Exit
Other Illnesses					x	x
Other Stomach Problems (Ulcers)					x	x
Physical Limitations				x	x	x
Pimples or Acne				x	x	x
Questions for Women	x				x	x
Safety		x	x			
Shortness of Breath or Heart Failure	x				x	x
Sleep and Exercise	x	x	x			
Sleeping Pills, Tranquil- izers, Sedatives	x				x	x
Smoking	x	x	x			
Social Activities		x	x			
Source of Care						x
Stomach Pain or Ache	x				x	x
Stroke					x	x
Surgery				x	x	x
Symptoms List		x	x			
Syphilis, Lues, Bad Blood				x		
Teeth and Gums				x	x	x
Transportation					x	x
Tuberculosis				x	x	x
Varicose Veins				x	x	x
Weight	x	x	x			

Appendix D FILE DICTIONARIES

This appendix describes the character versions of the medical history questionnaire files for adults at enrollment and exit, Form B in technical terms. Each dictionary has three parts: basic identifying data, a list of variables by alphabetic order, and a listing by location.

Table D.1

DAYTON ADULT ENROLLMENT FORM B: BASIC IDENTIFYING DATA

Data file name	PHAB1E01.PUF.DATA
Creation Date	February 20, 1986
Variable format	Character
Total number of data elements	282
Header length (bytes)	30
Primary data length (bytes)	2200
Record length (bytes)	2230

Table D.2

DAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	18	8	A	DEI4263	383	8	I
DEI4219	31	8	I	DEI4264	391	8	I
DEI4220	39	8	I	DEI4265	399	8	I
DEI4221	47	8	I	DEI4266	407	8	I
DEI4222	55	8	I	DEI4267	415	8	I
DEI4223	63	8	I	DEI4268	423	8	I
DEI4224	71	8	I	DEI4269	431	8	I
DEI4225	79	8	I	DEI4270	439	8	I
DEI4226	87	8	I	DEI4271	447	8	I
DEI4227	95	8	I	DEI4272	455	8	I
DEI4228	103	8	I	DEI4273	463	8	I
DEI4229	111	8	I	DEI4274	471	8	I
DEI4230	119	8	I	DEI4275	479	8	I
DEI4231	127	8	I	DEI4276	487	8	I
DEI4232	135	8	I	DEI4277	495	8	I
DEI4233	143	8	I	DEI4278	503	8	I
DEI4234	151	8	I	DEI4279	511	8	I
DEI4235	159	8	I	DEI4280	519	8	I
DEI4236	167	8	I	DEI4281	527	8	I
DEI4237	175	8	I	DEI4282	535	8	I
DEI4238	183	8	I	DEI4283	543	8	I
DEI4239	191	8	I	DEI4284	551	8	I
DEI4240	199	8	I	DEI4285	559	8	I
DEI4241	207	8	I	DEI4286	567	8	I
DEI4242	215	8	I	DEI4287	575	8	I
DEI4243	223	8	I	DEI4288	583	8	I
DEI4244	231	8	I	DEI4289	591	8	I
DEI4245	239	8	I	DEI4290	599	8	I
DEI4246	247	8	I	DEI4291	607	8	I
DEI4247	255	8	I	DEI4292	615	8	I
DEI4248	263	8	I	DEI4293	623	8	I
DEI4249	271	8	I	DEI4294	631	8	I
DEI4250	279	8	I	DEI4295	639	8	I
DEI4251	287	8	I	DEI4296	647	8	I
DEI4252	295	8	I	DEI4297	655	8	I
DEI4253	303	8	I	DEI4298	663	8	I
DEI4254	311	8	I	DEI4299	671	8	I
DEI4255	319	8	I	DEI4300	679	8	I
DEI4256	327	8	I	DEI4301	687	8	I
DEI4257	335	8	I	DEI4310	695	8	I
DEI4258	343	8	I	DEI4311	703	8	I
DEI4259	351	8	I	DEI4312	711	8	I
DEI4260	359	8	I	DEI4313	719	8	I
DEI4261	367	8	I	DEI4314	727	8	I
DEI4262	375	8	I	DEI4315	743	8	I

See Note on last page of table.

Table D.2 (cont.)

DAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI4316	751	8	I	DEI4361	1111	8	I
DEI4317	759	8	I	DEI4362	1119	8	I
DEI4318	767	8	I	DEI4363	1127	8	I
DEI4319	775	8	I	DEI4364	1135	8	I
DEI4320	783	8	I	DEI4365	1143	8	I
DEI4321	791	8	I	DEI4366	1151	8	I
DEI4322	799	8	I	DEI4367	1159	8	I
DEI4323	807	8	I	DEI4368	1167	8	I
DEI4324	815	8	I	DEI4369	1175	8	I
DEI4325	823	8	I	DEI4370	1183	8	I
DEI4326	831	8	I	DEI4371	1191	8	I
DEI4327	839	8	I	DEI4372	1199	8	I
DEI4328	847	8	I	DEI4373	1207	8	I
DEI4329	855	8	I	DEI4374	1215	8	I
DEI4330	863	8	I	DEI4375	1223	8	I
DEI4331	871	8	I	DEI4376	1231	8	I
DEI4332	879	8	I	DEI4377	1239	8	I
DEI4333	887	8	I	DEI4378	1247	8	I
DEI4334	895	8	I	DEI4379	1255	8	I
DEI4335	903	8	I	DEI4380	1263	8	I
DEI4336	911	8	I	DEI4381	1271	8	I
DEI4337	919	8	I	DEI4382	1279	8	I
DEI4338	927	8	I	DEI4383	1287	8	I
DEI4339	935	8	I	DEI4384	1295	8	I
DEI4340	943	8	I	DEI4385	1303	8	I
DEI4341	951	8	I	DEI4386	1311	8	I
DEI4342	959	8	I	DEI4387	1319	8	I
DEI4343	967	8	I	DEI4388	1327	8	I
DEI4344	975	8	I	DEI4389	1335	8	I
DEI4345	983	8	I	DEI4390	1343	8	I
DEI4346	991	8	I	DEI4391	1351	8	I
DEI4347	999	8	I	DEI4392	1359	8	I
DEI4348	1007	8	I	DEI4393	1367	8	I
DEI4349	1015	8	I	DEI4394	1375	8	I
DEI4350	1023	8	I	DEI4395	1383	8	I
DEI4351	1031	8	I	DEI4396	1391	8	I
DEI4352	1039	8	I	DEI4397	1399	8	I
DEI4353	1047	8	I	DEI4398	1407	8	I
DEI4354	1055	8	I	DEI4399	1415	8	I
DEI4355	1063	8	I	DEI4400	1423	8	I
DEI4356	1071	8	I	DEI4401	1431	8	I
DEI4357	1079	8	I	DEI4402	1439	8	I
DEI4358	1087	8	I	DEI4403	1447	8	I
DEI4359	1095	8	I	DEI4404	1455	8	I
DEI4360	1103	8	I	DEI4405	1463	8	I

See Note on last page of table.

Table D.2 (cont.)

DAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI4406	1471	8	I	DEI4451	1831	8	I
DEI4407	1479	8	I	DEI4452	1839	8	I
DEI4408	1487	8	I	DEI4453	1847	8	I
DEI4409	1495	8	I	DEI4454	1855	8	I
DEI4410	1503	8	I	DEI4455	1863	8	I
DEI4411	1511	8	I	DEI4456	1871	8	I
DEI4412	1519	8	I	DEI4457	1879	8	I
DEI4413	1527	8	I	DEI4458	1887	8	I
DEI4414	1535	8	I	DEI4459	1895	8	I
DEI4415	1543	8	I	DEI4460	1903	8	I
DEI4416	1551	8	I	DEI4461	1911	8	I
DEI4417	1567	8	I	DEI4462	1919	8	I
DEI4418	1559	8	I	DEI4463	1927	8	I
DEI4419	1575	8	I	DEI4464	1935	8	I
DEI4420	1583	8	I	DEI4465	1943	8	I
DEI4421	1591	8	I	DEI4466	1951	8	I
DEI4422	1599	8	I	DEI4467	1959	8	I
DEI4423	1607	8	I	DEI4468	1967	8	I
DEI4424	1615	8	I	DEI4469	1975	8	I
DEI4425	1623	8	I	DEI4470	1983	8	I
DEI4426	1631	8	I	DEI4471	1991	8	I
DEI4427	1639	8	I	DEI4472	1999	8	I
DEI4428	1647	8	I	DEI4473	2007	8	I
DEI4429	1655	8	I	DEI4474	2015	8	I
DEI4430	1663	8	I	DEI4475	2023	8	I
DEI4431	1671	8	I	DEI4476	2031	8	I
DEI4432	1679	8	I	DEI4477	2039	8	I
DEI4433	1687	8	I	DEI4478	2047	8	I
DEI4434	1695	8	I	DEI4479	2055	8	I
DEI4435	1703	8	I	DEI4480	2063	8	I
DEI4436	1711	8	I	DEI4481	2071	8	I
DEI4437	1719	8	I	DEI4482	2079	8	I
DEI4438	1727	8	I	DEI4483	2087	8	I
DEI4439	1735	8	I	DEI4484	2095	8	I
DEI4440	1743	8	I	DEI4485	2103	8	I
DEI4441	1751	8	I	DEI4486	2111	8	I
DEI4442	1759	8	I	DEI4487	2119	8	I
DEI4443	1767	8	I	DEI4488	2127	8	I
DEI4444	1775	8	I	DEI4489	2135	8	I
DEI4445	1783	8	I	DEI4490	2143	8	I
DEI4446	1791	8	I	DEI4491	2151	8	I
DEI4447	1799	8	I	DEI4492	2159	8	I
DEI4448	1807	8	I	DEI4493	2167	8	I
DEI4449	1815	8	I	DEI4494	2175	8	I
DEI4450	1823	8	I	DEI4495	2183	8	I

See Note on last page of table.

Table D.2 (cont.)

DAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI4496	2191	8	I	ENRTERM	17	1	A
DEI4497	2199	8	I	FILENAME	1	6	A
DEI4503	2207	8	I	FILLER	26	5	A
DEI4504	2215	8	I	INSTAT	16	1	A
DEI4505	2223	8	I	PERSON	7	8	A
DEI5063	735	8	I	SITE	15	1	A

NOTE: "Type" refers to whether the variable values are alphanumeric (A) or integer (I). Missing values are represented differently for each type: A = bbbbbbbb, I = bbbbbbb. ("b" meaning blank). To obtain the appropriate positive and missing values, read all values as alphanumeric, then convert "I" data to integers.

Table D.3

DAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI4257	335	8	I
PERSON	7	8	A	DEI4258	343	8	I
SITE	15	1	A	DEI4259	351	8	I
INSTAT	16	1	A	DEI4260	359	8	I
ENRTERM	17	1	A	DEI4261	367	8	I
DATE	18	8	A	DEI4262	375	8	I
FILLER	26	5	A	DEI4263	383	8	I
DEI4219	31	8	I	DEI4264	391	8	I
DEI4220	39	8	I	DEI4265	399	8	I
DEI4221	47	8	I	DEI4266	407	8	I
DEI4222	55	8	I	DEI4267	415	8	I
DEI4223	63	8	I	DEI4268	423	8	I
DEI4224	71	8	I	DEI4269	431	8	I
DEI4225	79	8	I	DEI4270	439	8	I
DEI4226	87	8	I	DEI4271	447	8	I
DEI4227	95	8	I	DEI4272	455	8	I
DEI4228	103	8	I	DEI4273	463	8	I
DEI4229	111	8	I	DEI4274	471	8	I
DEI4230	119	8	I	DEI4275	479	8	I
DEI4231	127	8	I	DEI4276	487	8	I
DEI4232	135	8	I	DEI4277	495	8	I
DEI4233	143	8	I	DEI4278	503	8	I
DEI4234	151	8	I	DEI4279	511	8	I
DEI4235	159	8	I	DEI4280	519	8	I
DEI4236	167	8	I	DEI4281	527	8	I
DEI4237	175	8	I	DEI4282	535	8	I
DEI4238	183	8	I	DEI4283	543	8	I
DEI4239	191	8	I	DEI4284	551	8	I
DEI4240	199	8	I	DEI4285	559	8	I
DEI4241	207	8	I	DEI4286	567	8	I
DEI4242	215	8	I	DEI4287	575	8	I
DEI4243	223	8	I	DEI4288	583	8	I
DEI4244	231	8	I	DEI4289	591	8	I
DEI4245	239	8	I	DEI4290	599	8	I
DEI4246	247	8	I	DEI4291	607	8	I
DEI4247	255	8	I	DEI4292	615	8	I
DEI4248	263	8	I	DEI4293	623	8	I
DEI4249	271	8	I	DEI4294	631	8	I
DEI4250	279	8	I	DEI4295	639	8	I
DEI4251	287	8	I	DEI4296	647	8	I
DEI4252	295	8	I	DEI4297	655	8	I
DEI4253	303	8	I	DEI4298	663	8	I
DEI4254	311	8	I	DEI4299	671	8	I
DEI4255	319	8	I	DEI4300	679	8	I
DEI4256	327	8	I	DEI4301	687	8	I

See Note on last page of table.

Table D.3 (cont.)

DAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI4310	695	8	I	DEI4354	1055	8	I
DEI4311	703	8	I	DEI4355	1063	8	I
DEI4312	711	8	I	DEI4356	1071	8	I
DEI4313	719	8	I	DEI4357	1079	8	I
DEI4314	727	8	I	DEI4358	1087	8	I
DEI5063	735	8	I	DEI4359	1095	8	I
DEI4315	743	8	I	DEI4360	1103	8	I
DEI4316	751	8	I	DEI4361	1111	8	I
DEI4317	759	8	I	DEI4362	1119	8	I
DEI4318	767	8	I	DEI4363	1127	8	I
DEI4319	775	8	I	DEI4364	1135	8	I
DEI4320	783	8	I	DEI4365	1143	8	I
DEI4321	791	8	I	DEI4366	1151	8	I
DEI4322	799	8	I	DEI4367	1159	8	I
DEI4323	807	8	I	DEI4368	1167	8	I
DEI4324	815	8	I	DEI4369	1175	8	I
DEI4325	823	8	I	DEI4370	1183	8	I
DEI4326	831	8	I	DEI4371	1191	8	I
DEI4327	839	8	I	DEI4372	1199	8	I
DEI4328	847	8	I	DEI4373	1207	8	I
DEI4329	855	8	I	DEI4374	1215	8	I
DEI4330	863	8	I	DEI4375	1223	8	I
DEI4331	871	8	I	DEI4376	1231	8	I
DEI4332	879	8	I	DEI4377	1239	8	I
DEI4333	887	8	I	DEI4378	1247	8	I
DEI4334	895	8	I	DEI4379	1255	8	I
DEI4335	903	8	I	DEI4380	1263	8	I
DEI4336	911	8	I	DEI4381	1271	8	I
DEI4337	919	8	I	DEI4382	1279	8	I
DEI4338	927	8	I	DEI4383	1287	8	I
DEI4339	935	8	I	DEI4384	1295	8	I
DEI4340	943	8	I	DEI4385	1303	8	I
DEI4341	951	8	I	DEI4386	1311	8	I
DEI4342	959	8	I	DEI4387	1319	8	I
DEI4343	967	8	I	DEI4388	1327	8	I
DEI4344	975	8	I	DEI4389	1335	8	I
DEI4345	983	8	I	DEI4390	1343	8	I
DEI4346	991	8	I	DEI4391	1351	8	I
DEI4347	999	8	I	DEI4392	1359	8	I
DEI4348	1007	8	I	DEI4393	1367	8	I
DEI4349	1015	8	I	DEI4394	1375	8	I
DEI4350	1023	8	I	DEI4395	1383	8	I
DEI4351	1031	8	I	DEI4396	1391	8	I
DEI4352	1039	8	I	DEI4397	1399	8	I
DEI4353	1047	8	I	DEI4398	1407	8	I

See Note on last page of table.

Table D.3 (cont.)

DAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI4399	1415	8	I	DEI4444	1775	8	I
DEI4400	1423	8	I	DEI4445	1783	8	I
DEI4401	1431	8	I	DEI4446	1791	8	I
DEI4402	1439	8	I	DEI4447	1799	8	I
DEI4403	1447	8	I	DEI4448	1807	8	I
DEI4404	1455	8	I	DEI4449	1815	8	I
DEI4405	1463	8	I	DEI4450	1823	8	I
DEI4406	1471	8	I	DEI4451	1831	8	I
DEI4407	1479	8	I	DEI4452	1839	8	I
DEI4408	1487	8	I	DEI4453	1847	8	I
DEI4409	1495	8	I	DEI4454	1855	8	I
DEI4410	1503	8	I	DEI4455	1863	8	I
DEI4411	1511	8	I	DEI4456	1871	8	I
DEI4412	1519	8	I	DEI4457	1879	8	I
DEI4413	1527	8	I	DEI4458	1887	8	I
DEI4414	1535	8	I	DEI4459	1895	8	I
DEI4415	1543	8	I	DEI4460	1903	8	I
DEI4416	1551	8	I	DEI4461	1911	8	I
DEI4418	1559	8	I	DEI4462	1919	8	I
DEI4417	1567	8	I	DEI4463	1927	8	I
DEI4419	1575	8	I	DEI4464	1935	8	I
DEI4420	1583	8	I	DEI4465	1943	8	I
DEI4421	1591	8	I	DEI4466	1951	8	I
DEI4422	1599	8	I	DEI4467	1959	8	I
DEI4423	1607	8	I	DEI4468	1967	8	I
DEI4424	1615	8	I	DEI4469	1975	8	I
DEI4425	1623	8	I	DEI4470	1983	8	I
DEI4426	1631	8	I	DEI4471	1991	8	I
DEI4427	1639	8	I	DEI4472	1999	8	I
DEI4428	1647	8	I	DEI4473	2007	8	I
DEI4429	1655	8	I	DEI4474	2015	8	I
DEI4430	1663	8	I	DEI4475	2023	8	I
DEI4431	1671	8	I	DEI4476	2031	8	I
DEI4432	1679	8	I	DEI4477	2039	8	I
DEI4433	1687	8	I	DEI4478	2047	8	I
DEI4434	1695	8	I	DEI4479	2055	8	I
DEI4435	1703	8	I	DEI4480	2063	8	I
DEI4436	1711	8	I	DEI4481	2071	8	I
DEI4437	1719	8	I	DEI4482	2079	8	I
DEI4438	1727	8	I	DEI4483	2087	8	I
DEI4439	1735	8	I	DEI4484	2095	8	I
DEI4440	1743	8	I	DEI4485	2103	8	I
DEI4441	1751	8	I	DEI4486	2111	8	I
DEI4442	1759	8	I	DEI4487	2119	8	I
DEI4443	1767	8	I	DEI4488	2127	8	I

See Note on last page of table.

Table D.3 (cont.)

DAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI4489	2135	8	I	DEI4495	2183	8	I
DEI4490	2143	8	I	DEI4496	2191	8	I
DEI4491	2151	8	I	DEI4497	2199	8	I
DEI4492	2159	8	I	DEI4503	2207	8	I
DEI4493	2167	8	I	DEI4504	2215	8	I
DEI4494	2175	8	I	DEI4505	2223	8	I

NOTE: "Type" refers to whether the variable values are alphanumeric (A) or integer (I). Missing values are represented differently for each type: A = bbbbbbbb, I = bbbbbbb. ("b" meaning blank). To obtain the appropriate positive and missing values, read all values as alphanumeric, then convert "I" data to integers.

Table D.4

NONDAYTON ADULT ENROLLMENT FORM B: BASIC IDENTIFYING DATA

Data file name	PHABNE01.PUF.DATA
Creation Date	July 11, 1986
Variable format	Character
Total number of data elements	480
Header length (bytes)	30
Primary data length (bytes)	3768
Record length (bytes)	3798

Table D.5

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	19	8	A	DEI3791	1527	8	I
DEI2514	3783	8	A	DEI3792	1535	8	I
DEI3363	3407	8	I	DEI3793	1543	8	I
DEI3366	3423	8	I	DEI3794	1551	8	I
DEI3382	3439	8	I	DEI3796	1559	8	I
DEI3385	3455	8	I	DEI3797	1567	8	I
DEI3725	807	8	I	DEI3798	1575	8	I
DEI3726	815	8	I	DEI3799	1583	8	I
DEI3727	823	8	I	DEI3800	1591	8	I
DEI3728	831	8	I	DEI3801	1599	8	I
DEI3729	839	8	I	DEI3802	1607	8	I
DEI3730	847	8	I	DEI3803	1615	8	I
DEI3731	855	8	I	DEI3804	1623	8	I
DEI3732	863	8	I	DEI3805	1631	8	I
DEI3733	871	8	I	DEI3840	3183	8	I
DEI3734	879	8	I	DEI3842	3215	8	I
DEI3735	895	8	I	DEI3844	47	8	I
DEI3736	887	8	I	DEI3845	3239	8	I
DEI3744	1015	8	I	DEI3848	3271	8	I
DEI3745	983	8	I	DEI3849	3279	8	I
DEI3746	991	8	I	DEI3852	3015	8	I
DEI3747	999	8	I	DEI3855	3055	8	I
DEI3748	1007	8	I	DEI3869	1127	8	I
DEI3750	1039	8	I	DEI3870	1135	8	I
DEI3751	1047	8	I	DEI3872	1143	8	I
DEI3752	1023	8	I	DEI3873	1151	8	I
DEI3753	1071	8	I	DEI3874	1159	8	I
DEI3758	1279	8	I	DEI3875	1167	8	I
DEI3759	1295	8	I	DEI3876	1175	8	I
DEI3760	1303	8	I	DEI3877	1183	8	I
DEI3761	1311	8	I	DEI3879	1207	8	I
DEI3762	1319	8	I	DEI3880	1215	8	I
DEI3770	1359	8	I	DEI3881	1231	8	I
DEI3771	1367	8	I	DEI3882	1239	8	I
DEI3773	1391	8	I	DEI3883	1247	8	I
DEI3774	1399	8	I	DEI3884	1255	8	I
DEI3775	1407	8	I	DEI3885	1695	8	I
DEI3776	1415	8	I	DEI3886	1703	8	I
DEI3777A	1423	8	I	DEI3888	1719	8	I
DEI3777B	1431	8	I	DEI3889	1727	8	I
DEI3779	1447	8	I	DEI3890	1799	8	I
DEI3780	1455	8	I	DEI3891	1807	8	I
DEI3786	1487	8	I	DEI3894	1767	8	I
DEI3788	1503	8	I	DEI3895	1775	8	I
DEI3790	1511	8	I	DEI3896	1783	8	I

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Table D.5 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI3897	1791	8	I	DEI4331	1863	8	I
DEI3898	3399	8	I	DEI4332	1871	8	I
DEI4102	2271	8	I	DEI4333	1879	8	I
DEI4233	319	8	I	DEI4335	1895	8	I
DEI4234	327	8	I	DEI4336	1903	8	I
DEI4235	335	8	I	DEI4337	1911	8	I
DEI4236	343	8	I	DEI4338	1919	8	I
DEI4237	351	8	I	DEI4339	1927	8	I
DEI4239	359	8	I	DEI4340	1935	8	I
DEI4240	375	8	I	DEI4342	1951	8	I
DEI4241	367	8	I	DEI4343	1959	8	I
DEI4242	463	8	I	DEI4344	1967	8	I
DEI4243	471	8	I	DEI4345	1975	8	I
DEI4244	479	8	I	DEI4346	1983	8	I
DEI4245	495	8	I	DEI4347	31	8	I
DEI4246	503	8	I	DEI4348	55	8	I
DEI4247	511	8	I	DEI4349	63	8	I
DEI4248	519	8	I	DEI4353	87	8	I
DEI4250	535	8	I	DEI4354	95	8	I
DEI4251	543	8	I	DEI4355	103	8	I
DEI4252	1639	8	I	DEI4356	119	8	I
DEI4253	1647	8	I	DEI4357	127	8	I
DEI4255	1663	8	I	DEI4358	135	8	I
DEI4256	1671	8	I	DEI4359	143	8	I
DEI4257	1679	8	I	DEI4361	159	8	I
DEI4258	1687	8	I	DEI4362	167	8	I
DEI4259	2455	8	I	DEI4363	175	8	I
DEI4260	2463	8	I	DEI4364	183	8	I
DEI4261	2487	8	I	DEI4365	191	8	I
DEI4262	2495	8	I	DEI4366	199	8	I
DEI4263	2503	8	I	DEI4367	207	8	I
DEI4264	2511	8	I	DEI4368	215	8	I
DEI4316	1999	8	I	DEI4369	727	8	I
DEI4317	2007	8	I	DEI4370	735	8	I
DEI4318	2015	8	I	DEI4371	743	8	I
DEI4319	2023	8	I	DEI4372	751	8	I
DEI4320	2031	8	I	DEI4375	775	8	I
DEI4321	2039	8	I	DEI4376	783	8	I
DEI4322	2047	8	I	DEI4377	791	8	I
DEI4323	2055	8	I	DEI4378	799	8	I
DEI4325	2071	8	I	DEI4382	2519	8	I
DEI4326	2079	8	I	DEI4383	2527	8	I
DEI4327	2087	8	I	DEI4384	2535	8	I
DEI4328	1823	8	I	DEI4385	2543	8	I
DEI4329	1831	8	I	DEI4386	2551	8	I

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Table D.5 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI4387	2559	8	I	DEI4443	2255	8	I
DEI4388	2567	8	I	DEI4444	2263	8	I
DEI4390	2583	8	I	DEI4445	2871	8	I
DEI4393	2607	8	I	DEI4447	2847	8	I
DEI4394	551	8	I	DEI4449	2823	8	I
DEI4395	567	8	I	DEI4451	2799	8	I
DEI4397	575	8	I	DEI4453	2727	8	I
DEI4398	583	8	I	DEI4455	2775	8	I
DEI4399	591	8	I	DEI4457	2751	8	I
DEI4400	599	8	I	DEI4459	2703	8	I
DEI4401	607	8	I	DEI4461	2663	8	I
DEI4402	631	8	I	DEI4463	2639	8	I
DEI4404	639	8	I	DEI4762	2687	8	I
DEI4405	647	8	I	DEI4763	2695	8	I
DEI4406	655	8	I	DEI5013	1847	8	I
DEI4407	671	8	I	DEI5250	2311	8	I
DEI4408	695	8	I	DEI5251	2319	8	I
DEI4409	703	8	I	DEI5252	2327	8	I
DEI4410	711	8	I	DEI5265	3079	8	I
DEI4411	719	8	I	DEI5266	3087	8	I
DEI4412	3223	8	I	DEI5267	2943	8	I
DEI4413	3287	8	I	DEI5268	2951	8	I
DEI4414	3231	8	I	DEI5269	2959	8	I
DEI4415	2359	8	I	DEI5270	2967	8	I
DEI4416	2375	8	I	DEI5271	2975	8	I
DEI4418	2383	8	I	DEI5272	2983	8	I
DEI4420	2423	8	I	DEI5273	2991	8	I
DEI4421	2439	8	I	DEI5280	3415	8	I
DEI4422	2447	8	I	DEI5284	3503	8	I
DEI4423	2095	8	I	DEI5285	3759	8	I
DEI4426	2119	8	I	DEI5286	3775	8	I
DEI4427	2127	8	I	DEI5297	223	8	I
DEI4428	2135	8	I	DEI5298	231	8	I
DEI4431	2159	8	I	DEI5299	239	8	I
DEI4432	2167	8	I	DEI5300	255	8	I
DEI4433	2175	8	I	DEI5301	263	8	I
DEI4434	2183	8	I	DEI5302	271	8	I
DEI4435	2191	8	I	DEI5303	279	8	I
DEI4436	2199	8	I	DEI5304	287	8	I
DEI4437	2207	8	I	DEI5305	295	8	I
DEI4438	2215	8	I	DEI5306	303	8	I
DEI4439	2223	8	I	DEI5308	311	8	I
DEI4440	2231	8	I	DEI5318	383	8	I
DEI4441	2239	8	I	DEI5319	391	8	I
DEI4442	2247	8	I	DEI5320	399	8	I

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Table D.5 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI5321	407	8	I	DEI8985	247	8	I
DEI5322	415	8	I	DEI8986	487	8	I
DEI5323	423	8	I	DEI8987	527	8	I
DEI5324	431	8	I	DEI8988	559	8	I
DEI5325	439	8	I	DEI8989	615	8	I
DEI5326	447	8	I	DEI8990	623	8	I
DEI5327	455	8	I	DEI8991	663	8	I
DEI5342	2287	8	I	DEI8992	679	8	I
DEI5343	2295	8	I	DEI8993	687	8	I
DEI5344	2335	8	I	DEI8994	759	8	I
DEI5345	2343	8	I	DEI8995	767	8	I
DEI5346	2351	8	I	DEI8996	903	8	I
DEI5356	3431	8	I	DEI8997	911	8	I
DEI5357	3447	8	I	DEI8998	919	8	I
DEI5358	3463	8	I	DEI8999	927	8	I
DEI5359	3471	8	I	DEI9000	935	8	I
DEI5360	3479	8	I	DEI9001	943	8	I
DEI5361	3487	8	I	DEI9002	951	8	I
DEI5362	3495	8	I	DEI9003	959	8	I
DEI5472	3767	8	I	DEI9004	967	8	I
DEI5475	3511	8	I	DEI9005	975	8	I
DEI5880	2615	8	I	DEI9006	1031	8	I
DEI5881	2623	8	I	DEI9007	1055	8	I
DEI5882	2631	8	I	DEI9008	1063	8	I
DEI5883	2655	8	I	DEI9009	1079	8	I
DEI5884	2679	8	I	DEI9010	1087	8	I
DEI5885	2719	8	I	DEI9011	1095	8	I
DEI5886	2743	8	I	DEI9012	1103	8	I
DEI5887	2767	8	I	DEI9013	1111	8	I
DEI5888	2791	8	I	DEI9014	1119	8	I
DEI5889	2815	8	I	DEI9015	1191	8	I
DEI5890	2839	8	I	DEI9016	1199	8	I
DEI5891	2863	8	I	DEI9017	1223	8	I
DEI5892	2887	8	I	DEI9018	1271	8	I
DEI5893	2911	8	I	DEI9019	1287	8	I
DEI5894	2935	8	I	DEI9020	1327	8	I
DEI5895	3535	8	I	DEI9021	1335	8	I
DEI5896	3567	8	I	DEI9022	1343	8	I
DEI5897	3599	8	I	DEI9023	1351	8	I
DEI5898	3631	8	I	DEI9024	1375	8	I
DEI8980	39	8	I	DEI9025	1383	8	I
DEI8981	71	8	I	DEI9026	1439	8	I
DEI8982	79	8	I	DEI9027	1463	8	I
DEI8983	111	8	I	DEI9028	1471	8	I
DEI8984	151	8	I	DEI9029	1479	8	I

See Note on last page of table.

Table D.5 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI9030	1495	8	I	DEI9075	2999	8	I
DEI9031	1519	8	I	DEI9076	3007	8	I
DEI9032	1655	8	I	DEI9077	3023	8	I
DEI9033	1711	8	I	DEI9078	3031	8	I
DEI9034	1735	8	I	DEI9079	3039	8	I
DEI9035	1743	8	I	DEI9080	3047	8	I
DEI9036	1751	8	I	DEI9081	3063	8	I
DEI9037	1759	8	I	DEI9082	3071	8	I
DEI9038	1839	8	I	DEI9083	3095	8	I
DEI9039	1855	8	I	DEI9084	3103	8	I
DEI9040	1887	8	I	DEI9085	3111	8	I
DEI9041	1943	8	I	DEI9086	3119	8	I
DEI9042	1991	8	I	DEI9087	3127	8	I
DEI9043	2063	8	I	DEI9088	3135	8	I
DEI9044	2103	8	I	DEI9089	3143	8	I
DEI9045	2111	8	I	DEI9090	3151	8	I
DEI9046	2143	8	I	DEI9091	3159	8	I
DEI9047	2151	8	I	DEI9092	3167	8	I
DEI9048	2279	8	I	DEI9093	3175	8	I
DEI9049	2303	8	I	DEI9094	3191	8	I
DEI9050	2367	8	I	DEI9095	3199	8	I
DEI9051	2391	8	I	DEI9096	3207	8	I
DEI9052	2399	8	I	DEI9097	3247	8	I
DEI9053	2407	8	I	DEI9098	3255	8	I
DEI9054	2415	8	I	DEI9099	3263	8	I
DEI9055	2431	8	I	DEI9100	3295	8	I
DEI9056	2471	8	I	DEI9101	3303	8	I
DEI9057	2479	8	I	DEI9102	3311	8	I
DEI9058	2575	8	I	DEI9103	3319	8	I
DEI9059	2591	8	I	DEI9104	3327	8	I
DEI9060	2599	8	I	DEI9105	3335	8	I
DEI9061	2647	8	I	DEI9106	3343	8	I
DEI9062	2671	8	I	DEI9107	3351	8	I
DEI9063	2711	8	I	DEI9108	3359	8	I
DEI9064	2735	8	I	DEI9109	3367	8	I
DEI9065	2759	8	I	DEI9110	3375	8	I
DEI9066	2783	8	I	DEI9111	3383	8	I
DEI9067	2807	8	I	DEI9112	3391	8	I
DEI9068	2831	8	I	DEI9216	3791	8	I
DEI9069	2855	8	I	DEI9827	1263	8	I
DEI9070	2879	8	I	DEI9828	1815	8	I
DEI9071	2895	8	I	DEI9841	3519	8	I
DEI9072	2903	8	I	DEI9842	3527	8	I
DEI9073	2919	8	I	DEI9844	3543	8	I
DEI9074	2927	8	I	DEI9845	3551	8	I

See Note on last page of table.

Table D.5 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI9846	3559	8	I	DEI9864	3703	8	I
DEI9848	3575	8	I	DEI9865	3711	8	I
DEI9849	3583	8	I	DEI9866	3719	8	I
DEI9850	3591	8	I	DEI9877	3727	8	I
DEI9852	3607	8	I	DEI9878	3735	8	I
DEI9853	3615	8	I	DEI9879	3743	8	I
DEI9854	3623	8	I	DEI9880	3751	8	I
DEI9856	3639	8	I	ENRTERM	17	1	A
DEI9857	3647	8	I	FILENAME	1	6	A
DEI9858	3655	8	I	FILLER	29	2	A
DEI9859	3663	8	I	FINLSTAT	27	2	A
DEI9860	3671	8	I	INSTAT	16	1	A
DEI9861	3679	8	I	PERSON	7	8	A
DEI9862	3687	8	I	SITE	15	1	A
DEI9863	3695	8	I	SORCIND	18	1	A

NOTE: "Type" refers to whether the variable values are alphanumeric (A) or integer (I). Missing values are represented differently for each type: A = bbbbbbbb, I = bbbbbbb. ("b" meaning blank). To obtain the appropriate positive and missing values, read all values as alphanumeric, then convert "I" data to integers.

Table D.6

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI4233	319	8	I
PERSON	7	8	A	DEI4234	327	8	I
SITE	15	1	A	DEI4235	335	8	I
INSTAT	16	1	A	DEI4236	343	8	I
ENRTERM	17	1	A	DEI4237	351	8	I
SORCIND	18	1	A	DEI4239	359	8	I
DATE	19	8	A	DEI4241	367	8	I
FINLSTAT	27	2	A	DEI4240	375	8	I
FILLER	29	2	A	DEI5318	383	8	I
DEI4347	31	8	I	DEI5319	391	8	I
DEI8980	39	8	I	DEI5320	399	8	I
DEI3844	47	8	I	DEI5321	407	8	I
DEI4348	55	8	I	DEI5322	415	8	I
DEI4349	63	8	I	DEI5323	423	8	I
DEI8981	71	8	I	DEI5324	431	8	I
DEI8982	79	8	I	DEI5325	439	8	I
DEI4353	87	8	I	DEI5326	447	8	I
DEI4354	95	8	I	DEI5327	455	8	I
DEI4355	103	8	I	DEI4242	463	8	I
DEI8983	111	8	I	DEI4243	471	8	I
DEI4356	119	8	I	DEI4244	479	8	I
DEI4357	127	8	I	DEI8986	487	8	I
DEI4358	135	8	I	DEI4245	495	8	I
DEI4359	143	8	I	DEI4246	503	8	I
DEI8984	151	8	I	DEI4247	511	8	I
DEI4361	159	8	I	DEI4248	519	8	I
DEI4362	167	8	I	DEI8987	527	8	I
DEI4363	175	8	I	DEI4250	535	8	I
DEI4364	183	8	I	DEI4251	543	8	I
DEI4365	191	8	I	DEI4394	551	8	I
DEI4366	199	8	I	DEI8988	559	8	I
DEI4367	207	8	I	DEI4395	567	8	I
DEI4368	215	8	I	DEI4397	575	8	I
DEI5297	223	8	I	DEI4398	583	8	I
DEI5298	231	8	I	DEI4399	591	8	I
DEI5299	239	8	I	DEI4400	599	8	I
DEI8985	247	8	I	DEI4401	607	8	I
DEI5300	255	8	I	DEI8989	615	8	I
DEI5301	263	8	I	DEI8990	623	8	I
DEI5302	271	8	I	DEI4402	631	8	I
DEI5303	279	8	I	DEI4404	639	8	I
DEI5304	287	8	I	DEI4405	647	8	I
DEI5305	295	8	I	DEI4406	655	8	I
DEI5306	303	8	I	DEI8991	663	8	I
DEI5308	311	8	I	DEI4407	671	8	I

* See Note on last page of table.

Table D.6 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI8992	679	8	I	DEI3750	1039	8	I
DEI8993	687	8	I	DEI3751	1047	8	I
DEI4408	695	8	I	DEI9007	1055	8	I
DEI4409	703	8	I	DEI9008	1063	8	I
DEI4410	711	8	I	DEI3753	1071	8	I
DEI4411	719	8	I	DEI9009	1079	8	I
DEI4369	727	8	I	DEI9010	1087	8	I
DEI4370	735	8	I	DEI9011	1095	8	I
DEI4371	743	8	I	DEI9012	1103	8	I
DEI4372	751	8	I	DEI9013	1111	8	I
DEI8994	759	8	I	DEI9014	1119	8	I
DEI8995	767	8	I	DEI3869	1127	8	I
DEI4375	775	8	I	DEI3870	1135	8	I
DEI4376	783	8	I	DEI3872	1143	8	I
DEI4377	791	8	I	DEI3873	1151	8	I
DEI4378	799	8	I	DEI3874	1159	8	I
DEI3725	807	8	I	DEI3875	1167	8	I
DEI3726	815	8	I	DEI3876	1175	8	I
DEI3727	823	8	I	DEI3877	1183	8	I
DEI3728	831	8	I	DEI9015	1191	8	I
DEI3729	839	8	I	DEI9016	1199	8	I
DEI3730	847	8	I	DEI3879	1207	8	I
DEI3731	855	8	I	DEI3880	1215	8	I
DEI3732	863	8	I	DEI9017	1223	8	I
DEI3733	871	8	I	DEI3881	1231	8	I
DEI3734	879	8	I	DEI3882	1239	8	I
DEI3736	887	8	I	DEI3883	1247	8	I
DEI3735	895	8	I	DEI3884	1255	8	I
DEI8996	903	8	I	DEI9827	1263	8	I
DEI8997	911	8	I	DEI9018	1271	8	I
DEI8998	919	8	I	DEI3758	1279	8	I
DEI8999	927	8	I	DEI9019	1287	8	I
DEI9000	935	8	I	DEI3759	1295	8	I
DEI9001	943	8	I	DEI3760	1303	8	I
DEI9002	951	8	I	DEI3761	1311	8	I
DEI9003	959	8	I	DEI3762	1319	8	I
DEI9004	967	8	I	DEI9020	1327	8	I
DEI9005	975	8	I	DEI9021	1335	8	I
DEI3745	983	8	I	DEI9022	1343	8	I
DEI3746	991	8	I	DEI9023	1351	8	I
DEI3747	999	8	I	DEI3770	1359	8	I
DEI3748	1007	8	I	DEI3771	1367	8	I
DEI3744	1015	8	I	DEI9024	1375	8	I
DEI3752	1023	8	I	DEI9025	1383	8	I
DEI9006	1031	8	I	DEI3773	1391	8	I

See Note on last page of table.

Table D.6 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI3774	1399	8	I	DEI9037	1759	8	I
DEI3775	1407	8	I	DEI3894	1767	8	I
DEI3776	1415	8	I	DEI3895	1775	8	I
DEI3777A	1423	8	I	DEI3896	1783	8	I
DEI3777B	1431	8	I	DEI3897	1791	8	I
DEI9026	1439	8	I	DEI3890	1799	8	I
DEI3779	1447	8	I	DEI3891	1807	8	I
DEI3780	1455	8	I	DEI9828	1815	8	I
DEI9027	1463	8	I	DEI4328	1823	8	I
DEI9028	1471	8	I	DEI4329	1831	8	I
DEI9029	1479	8	I	DEI9038	1839	8	I
DEI3786	1487	8	I	DEI5013	1847	8	I
DEI9030	1495	8	I	DEI9039	1855	8	I
DEI3788	1503	8	I	DEI4331	1863	8	I
DEI3790	1511	8	I	DEI4332	1871	8	I
DEI9031	1519	8	I	DEI4333	1879	8	I
DEI3791	1527	8	I	DEI9040	1887	8	I
DEI3792	1535	8	I	DEI4335	1895	8	I
DEI3793	1543	8	I	DEI4336	1903	8	I
DEI3794	1551	8	I	DEI4337	1911	8	I
DEI3796	1559	8	I	DEI4338	1919	8	I
DEI3797	1567	8	I	DEI4339	1927	8	I
DEI3798	1575	8	I	DEI4340	1935	8	I
DEI3799	1583	8	I	DEI9041	1943	8	I
DEI3800	1591	8	I	DEI4342	1951	8	I
DEI3801	1599	8	I	DEI4343	1959	8	I
DEI3802	1607	8	I	DEI4344	1967	8	I
DEI3803	1615	8	I	DEI4345	1975	8	I
DEI3804	1623	8	I	DEI4346	1983	8	I
DEI3805	1631	8	I	DEI9042	1991	8	I
DEI4252	1639	8	I	DEI4316	1999	8	I
DEI4253	1647	8	I	DEI4317	2007	8	I
DEI9032	1655	8	I	DEI4318	2015	8	I
DEI4255	1663	8	I	DEI4319	2023	8	I
DEI4256	1671	8	I	DEI4320	2031	8	I
DEI4257	1679	8	I	DEI4321	2039	8	I
DEI4258	1687	8	I	DEI4322	2047	8	I
DEI3885	1695	8	I	DEI4323	2055	8	I
DEI3886	1703	8	I	DEI9043	2063	8	I
DEI9033	1711	8	I	DEI4325	2071	8	I
DEI3888	1719	8	I	DEI4326	2079	8	I
DEI3889	1727	8	I	DEI4327	2087	8	I
DEI9034	1735	8	I	DEI4423	2095	8	I
DEI9035	1743	8	I	DEI9044	2103	8	I
DEI9036	1751	8	I	DEI9045	2111	8	I

See Note on last page of table.

Table D.6 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI4426	2119	8	I	DEI9057	2479	8	I
DEI4427	2127	8	I	DEI4261	2487	8	I
DEI4428	2135	8	I	DEI4262	2495	8	I
DEI9046	2143	8	I	DEI4263	2503	8	I
DEI9047	2151	8	I	DEI4264	2511	8	I
DEI4431	2159	8	I	DEI4382	2519	8	I
DEI4432	2167	8	I	DEI4383	2527	8	I
DEI4433	2175	8	I	DEI4384	2535	8	I
DEI4434	2183	8	I	DEI4385	2543	8	I
DEI4435	2191	8	I	DEI4386	2551	8	I
DEI4436	2199	8	I	DEI4387	2559	8	I
DEI4437	2207	8	I	DEI4388	2567	8	I
DEI4438	2215	8	I	DEI9058	2575	8	I
DEI4439	2223	8	I	DEI4390	2583	8	I
DEI4440	2231	8	I	DEI9059	2591	8	I
DEI4441	2239	8	I	DEI9060	2599	8	I
DEI4442	2247	8	I	DEI4393	2607	8	I
DEI4443	2255	8	I	DEI5880	2615	8	I
DEI4444	2263	8	I	DEI5881	2623	8	I
DEI4102	2271	8	I	DEI5882	2631	8	I
DEI9048	2279	8	I	DEI4463	2639	8	I
DEI5342	2287	8	I	DEI9061	2647	8	I
DEI5343	2295	8	I	DEI5883	2655	8	I
DEI9049	2303	8	I	DEI4461	2663	8	I
DEI5250	2311	8	I	DEI9062	2671	8	I
DEI5251	2319	8	I	DEI5884	2679	8	I
DEI5252	2327	8	I	DEI4762	2687	8	I
DEI5344	2335	8	I	DEI4763	2695	8	I
DEI5345	2343	8	I	DEI4459	2703	8	I
DEI5346	2351	8	I	DEI9063	2711	8	I
DEI4415	2359	8	I	DEI5885	2719	8	I
DEI9050	2367	8	I	DEI4453	2727	8	I
DEI4416	2375	8	I	DEI9064	2735	8	I
DEI4418	2383	8	I	DEI5886	2743	8	I
DEI9051	2391	8	I	DEI4457	2751	8	I
DEI9052	2399	8	I	DEI9065	2759	8	I
DEI9053	2407	8	I	DEI5887	2767	8	I
DEI9054	2415	8	I	DEI4455	2775	8	I
DEI4420	2423	8	I	DEI9066	2783	8	I
DEI9055	2431	8	I	DEI5888	2791	8	I
DEI4421	2439	8	I	DEI4451	2799	8	I
DEI4422	2447	8	I	DEI9067	2807	8	I
DEI4259	2455	8	I	DEI5889	2815	8	I
DEI4260	2463	8	I	DEI4449	2823	8	I
DEI9056	2471	8	I	DEI9068	2831	8	I

See Note on last page of table.

Table D.6 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI5890	2839	8	I	DEI9095	3199	8	I
DEI4447	2847	8	I	DEI9096	3207	8	I
DEI9069	2855	8	I	DEI3842	3215	8	I
DEI5891	2863	8	I	DEI4412	3223	8	I
DEI4445	2871	8	I	DEI4414	3231	8	I
DEI9070	2879	8	I	DEI3845	3239	8	I
DEI5892	2887	8	I	DEI9097	3247	8	I
DEI9071	2895	8	I	DEI9098	3255	8	I
DEI9072	2903	8	I	DEI9099	3263	8	I
DEI5893	2911	8	I	DEI3848	3271	8	I
DEI9073	2919	8	I	DEI3849	3279	8	I
DEI9074	2927	8	I	DEI4413	3287	8	I
DEI5894	2935	8	I	DEI9100	3295	8	I
DEI5267	2943	8	I	DEI9101	3303	8	I
DEI5268	2951	8	I	DEI9102	3311	8	I
DEI5269	2959	8	I	DEI9103	3319	8	I
DEI5270	2967	8	I	DEI9104	3327	8	I
DEI5271	2975	8	I	DEI9105	3335	8	I
DEI5272	2983	8	I	DEI9106	3343	8	I
DEI5273	2991	8	I	DEI9107	3351	8	I
DEI9075	2999	8	I	DEI9108	3359	8	I
DEI9076	3007	8	I	DEI9109	3367	8	I
DEI3852	3015	8	I	DEI9110	3375	8	I
DEI9077	3023	8	I	DEI9111	3383	8	I
DEI9078	3031	8	I	DEI9112	3391	8	I
DEI9079	3039	8	I	DEI3898	3399	8	I
DEI9080	3047	8	I	DEI3363	3407	8	I
DEI3855	3055	8	I	DEI5280	3415	8	I
DEI9081	3063	8	I	DEI3366	3423	8	I
DEI9082	3071	8	I	DEI5356	3431	8	I
DEI5265	3079	8	I	DEI3382	3439	8	I
DEI5266	3087	8	I	DEI5357	3447	8	I
DEI9083	3095	8	I	DEI3385	3455	8	I
DEI9084	3103	8	I	DEI5358	3463	8	I
DEI9085	3111	8	I	DEI5359	3471	8	I
DEI9086	3119	8	I	DEI5360	3479	8	I
DEI9087	3127	8	I	DEI5361	3487	8	I
DEI9088	3135	8	I	DEI5362	3495	8	I
DEI9089	3143	8	I	DEI5284	3503	8	I
DEI9090	3151	8	I	DEI5475	3511	8	I
DEI9091	3159	8	I	DEI9841	3519	8	I
DEI9092	3167	8	I	DEI9842	3527	8	I
DEI9093	3175	8	I	DEI5895	3535	8	I
DEI3840	3183	8	I	DEI9844	3543	8	I
DEI9094	3191	8	I	DEI9845	3551	8	I

See Note on last page of table.

Table D.6 (cont.)

NONDAYTON ADULT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI9846	3559	8	I	DEI9861	3679	8	I
DEI5896	3567	8	I	DEI9862	3687	8	I
DEI9848	3575	8	I	DEI9863	3695	8	I
DEI9849	3583	8	I	DEI9864	3703	8	I
DEI9850	3591	8	I	DEI9865	3711	8	I
DEI5897	3599	8	I	DEI9866	3719	8	I
DEI9852	3607	8	I	DEI9877	3727	8	I
DEI9853	3615	8	I	DEI9878	3735	8	I
DEI9854	3623	8	I	DEI9879	3743	8	I
DEI5898	3631	8	I	DEI9880	3751	8	I
DEI9856	3639	8	I	DEI5285	3759	8	I
DEI9857	3647	8	I	DEI5472	3767	8	I
DEI9858	3655	8	I	DEI5286	3775	8	I
DEI9859	3663	8	I	DEI2514	3783	8	A
DEI9860	3671	8	I	DEI9216	3791	8	I

NOTE: "Type" refers to whether the variable values are alphanumeric (A) or integer (I). Missing values are represented differently for each type: A = bbbbbbbb, I = bbbbbbb. ("b" meaning blank). To obtain the appropriate positive and missing values, read all values as alphanumeric, then convert "I" data to integers.

Table D.7

ADULT EXIT FORM B: BASIC IDENTIFYING DATA

Data file name	PHABAX01.PUF.DATA
Creation Date	January 9, 1986
Variable format	Character
Total number of data elements	490
Header length (bytes)	30
Primary data length (bytes)	3856
Record length (bytes)	3886

Table D.8

ADULT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	18	8	A	DEI3791	1519	8	I
DEI1634	3807	8	I	DEI3792	1527	8	I
DEI2514	3871	8	A	DEI3793	1535	8	I
DEI3363	3319	8	I	DEI3794	1543	8	I
DEI3366	3335	8	I	DEI3796	1551	8	I
DEI3382	3351	8	I	DEI3797	1559	8	I
DEI3385	3367	8	I	DEI3798	1567	8	I
DEI3725	807	8	I	DEI3799	1575	8	I
DEI3726	815	8	I	DEI3800	1583	8	I
DEI3727	823	8	I	DEI3801	1591	8	I
DEI3728	831	8	I	DEI3802	1599	8	I
DEI3729	839	8	I	DEI3803	1607	8	I
DEI3730	847	8	I	DEI3804	1615	8	I
DEI3731	855	8	I	DEI3805	1623	8	I
DEI3732	863	8	I	DEI3840	3095	8	I
DEI3733	871	8	I	DEI3842	3127	8	I
DEI3734	879	8	I	DEI3844	47	8	I
DEI3735	895	8	I	DEI3845	3151	8	I
DEI3736	887	8	I	DEI3848	3183	8	I
DEI3744	1015	8	I	DEI3849	3191	8	I
DEI3745	983	8	I	DEI3852	3007	8	I
DEI3746	991	8	I	DEI3855	3047	8	I
DEI3747	999	8	I	DEI3869	1135	8	I
DEI3748	1007	8	I	DEI3870	1143	8	I
DEI3750	1039	8	I	DEI3872	1151	8	I
DEI3751	1047	8	I	DEI3873	1159	8	I
DEI3752	1023	8	I	DEI3874	1167	8	I
DEI3753	1071	8	I	DEI3875	1175	8	I
DEI3758	1287	8	I	DEI3876	1183	8	I
DEI3759	1303	8	I	DEI3877	1191	8	I
DEI3760	1311	8	I	DEI3879	1215	8	I
DEI3761	1319	8	I	DEI3880	1223	8	I
DEI3762	1327	8	I	DEI3881	1239	8	I
DEI3770	1111	8	I	DEI3882	1247	8	I
DEI3771	1367	8	I	DEI3883	1255	8	I
DEI3773	1391	8	I	DEI3884	1263	8	I
DEI3774	1399	8	I	DEI3885	1687	8	I
DEI3775	1407	8	I	DEI3886	1695	8	I
DEI3776	1415	8	I	DEI3888	1711	8	I
DEI3777	1423	8	I	DEI3889	1719	8	I
DEI3779	1439	8	I	DEI3890	1791	8	I
DEI3780	1447	8	I	DEI3891	1799	8	I
DEI3786	1479	8	I	DEI3894	1759	8	I
DEI3788	1495	8	I	DEI3895	1767	8	I
DEI3790	1503	8	I	DEI3896	1775	8	I

See Note on last page of table.

Table D.8 (cont.)

ADULT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI3897	1783	8	I	DEI4331	1855	8	I
DEI3898	3311	8	I	DEI4332	1863	8	I
DEI4102	2263	8	I	DEI4333	1871	8	I
DEI4233	319	8	I	DEI4335	1887	8	I
DEI4234	327	8	I	DEI4336	1895	8	I
DEI4235	335	8	I	DEI4337	1903	8	I
DEI4236	343	8	I	DEI4338	1911	8	I
DEI4237	351	8	I	DEI4339	1919	8	I
DEI4239	359	8	I	DEI4340	1927	8	I
DEI4240	375	8	I	DEI4342	1943	8	I
DEI4241	367	8	I	DEI4343	1951	8	I
DEI4242	463	8	I	DEI4344	1959	8	I
DEI4243	471	8	I	DEI4345	1967	8	I
DEI4244	479	8	I	DEI4346	1975	8	I
DEI4245	495	8	I	DEI4347	31	8	I
DEI4246	503	8	I	DEI4348	55	8	I
DEI4247	511	8	I	DEI4349	63	8	I
DEI4248	519	8	I	DEI4353	87	8	I
DEI4250	535	8	I	DEI4354	95	8	I
DEI4251	543	8	I	DEI4355	103	8	I
DEI4252	1631	8	I	DEI4356	119	8	I
DEI4253	1639	8	I	DEI4357	127	8	I
DEI4255	1655	8	I	DEI4358	135	8	I
DEI4256	1663	8	I	DEI4359	143	8	I
DEI4257	1671	8	I	DEI4361	159	8	I
DEI4258	1679	8	I	DEI4362	167	8	I
DEI4259	2447	8	I	DEI4363	175	8	I
DEI4260	2455	8	I	DEI4364	183	8	I
DEI4261	2479	8	I	DEI4365	191	8	I
DEI4262	2487	8	I	DEI4366	199	8	I
DEI4263	2495	8	I	DEI4367	207	8	I
DEI4264	2503	8	I	DEI4368	215	8	I
DEI4316	1991	8	I	DEI4369	727	8	I
DEI4317	1999	8	I	DEI4370	735	8	I
DEI4318	2007	8	I	DEI4371	743	8	I
DEI4319	2015	8	I	DEI4372	751	8	I
DEI4320	2023	8	I	DEI4375	775	8	I
DEI4321	2031	8	I	DEI4376	783	8	I
DEI4322	2039	8	I	DEI4377	791	8	I
DEI4323	2047	8	I	DEI4378	799	8	I
DEI4325	2063	8	I	DEI4382	2511	8	I
DEI4326	2071	8	I	DEI4383	2519	8	I
DEI4327	2079	8	I	DEI4384	2527	8	I
DEI4328	1815	8	I	DEI4385	2535	8	I
DEI4329	1823	8	I	DEI4386	2543	8	I

See Note on last page of table.

Table D.8 (cont.)

ADULT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI4387	2551	8	I	DEI4443	2247	8	I
DEI4388	2559	8	I	DEI4444	2255	8	I
DEI4390	2575	8	I	DEI4445	2863	8	I
DEI4393	2599	8	I	DEI4447	2839	8	I
DEI4394	551	8	I	DEI4449	2815	8	I
DEI4395	567	8	I	DEI4451	2791	8	I
DEI4397	575	8	I	DEI4453	2719	8	I
DEI4398	583	8	I	DEI4455	2767	8	I
DEI4399	591	8	I	DEI4457	2743	8	I
DEI4400	599	8	I	DEI4459	2695	8	I
DEI4401	607	8	I	DEI4461	2655	8	I
DEI4402	631	8	I	DEI4463	2631	8	I
DEI4404	639	8	I	DEI4762	2679	8	I
DEI4405	647	8	I	DEI4763	2687	8	I
DEI4406	655	8	I	DEI5013	1839	8	I
DEI4407	671	8	I	DEI5250	2303	8	I
DEI4408	695	8	I	DEI5251	2311	8	I
DEI4409	703	8	I	DEI5252	2319	8	I
DEI4410	711	8	I	DEI5265	3071	8	I
DEI4411	719	8	I	DEI5266	3079	8	I
DEI4412	3135	8	I	DEI5267	2935	8	I
DEI4413	3199	8	I	DEI5268	2943	8	I
DEI4414	3143	8	I	DEI5269	2951	8	I
DEI4415	2351	8	I	DEI5270	2959	8	I
DEI4416	2367	8	I	DEI5271	2967	8	I
DEI4418	2375	8	I	DEI5272	2975	8	I
DEI4420	2415	8	I	DEI5273	2983	8	I
DEI4421	2431	8	I	DEI5280	3327	8	I
DEI4422	2439	8	I	DEI5284	3415	8	I
DEI4423	2087	8	I	DEI5285	3847	8	I
DEI4426	2111	8	I	DEI5286	3863	8	I
DEI4427	2119	8	I	DEI5297	223	8	I
DEI4428	2127	8	I	DEI5298	231	8	I
DEI4431	2151	8	I	DEI5299	239	8	I
DEI4432	2159	8	I	DEI5300	255	8	I
DEI4433	2167	8	I	DEI5301	263	8	I
DEI4434	2175	8	I	DEI5302	271	8	I
DEI4435	2183	8	I	DEI5303	279	8	I
DEI4436	2191	8	I	DEI5304	287	8	I
DEI4437	2199	8	I	DEI5305	295	8	I
DEI4438	2207	8	I	DEI5306	303	8	I
DEI4439	2215	8	I	DEI5308	311	8	I
DEI4440	2223	8	I	DEI5318	383	8	I
DEI4441	2231	8	I	DEI5319	391	8	I
DEI4442	2239	8	I	DEI5320	399	8	I

See Note on last page of table.

Table D.8 (cont.)

ADULT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI5321	407	8	I	DEI8988	559	8	I
DEI5322	415	8	I	DEI8989	615	8	I
DEI5323	423	8	I	DEI8990	623	8	I
DEI5324	431	8	I	DEI8991	663	8	I
DEI5325	439	8	I	DEI8992	679	8	I
DEI5326	447	8	I	DEI8993	687	8	I
DEI5327	455	8	I	DEI8994	759	8	I
DEI5342	2279	8	I	DEI8995	767	8	I
DEI5343	2287	8	I	DEI8996	903	8	I
DEI5344	2327	8	I	DEI8997	911	8	I
DEI5345	2335	8	I	DEI8998	919	8	I
DEI5346	2343	8	I	DEI8999	927	8	I
DEI5356	3343	8	I	DEI9000	935	8	I
DEI5357	3359	8	I	DEI9001	943	8	I
DEI5358	3375	8	I	DEI9002	951	8	I
DEI5359	3383	8	I	DEI9003	959	8	I
DEI5360	3391	8	I	DEI9004	967	8	I
DEI5361	3399	8	I	DEI9005	975	8	I
DEI5362	3407	8	I	DEI9006	1031	8	I
DEI5472	3855	8	I	DEI9007	1055	8	I
DEI5475	3423	8	I	DEI9008	1063	8	I
DEI5880	2607	8	I	DEI9009	1079	8	I
DEI5881	2615	8	I	DEI9010	1087	8	I
DEI5882	2623	8	I	DEI9011	1095	8	I
DEI5883	2647	8	I	DEI9012	1103	8	I
DEI5884	2671	8	I	DEI9013	1119	8	I
DEI5885	2711	8	I	DEI9014	1127	8	I
DEI5886	2735	8	I	DEI9015	1199	8	I
DEI5887	2759	8	I	DEI9016	1207	8	I
DEI5888	2783	8	I	DEI9017	1231	8	I
DEI5889	2807	8	I	DEI9018	1279	8	I
DEI5890	2831	8	I	DEI9019	1295	8	I
DEI5891	2855	8	I	DEI9020	1335	8	I
DEI5892	2879	8	I	DEI9021	1343	8	I
DEI5893	2903	8	I	DEI9022	1351	8	I
DEI5894	2927	8	I	DEI9023	1359	8	I
DEI877	3431	8	I	DEI9024	1375	8	I
DEI8980	39	8	I	DEI9025	1383	8	I
DEI8981	71	8	I	DEI9026	1431	8	I
DEI8982	79	8	I	DEI9027	1455	8	I
DEI8983	111	8	I	DEI9028	1463	8	I
DEI8984	151	8	I	DEI9029	1471	8	I
DEI8985	247	8	I	DEI9030	1487	8	I
DEI8986	487	8	I	DEI9031	1511	8	I
DEI8987	527	8	I	DEI9032	1647	8	I

See Note on last page of table.

Table D.8 (cont.)

ADULT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI9033	1703	8	I	DEI9078	3023	8	I
DEI9034	1727	8	I	DEI9079	3031	8	I
DEI9035	1735	8	I	DEI9080	3039	8	I
DEI9036	1743	8	I	DEI9081	3055	8	I
DEI9037	1751	8	I	DEI9082	3063	8	I
DEI9038	1831	8	I	DEI9093	3087	8	I
DEI9039	1847	8	I	DEI9094	3103	8	I
DEI9040	1879	8	I	DEI9095	3111	8	I
DEI9041	1935	8	I	DEI9096	3119	8	I
DEI9042	1983	8	I	DEI9097	3159	8	I
DEI9043	2055	8	I	DEI9098	3167	8	I
DEI9044	2095	8	I	DEI9099	3175	8	I
DEI9045	2103	8	I	DEI9100	3207	8	I
DEI9046	2135	8	I	DEI9101	3215	8	I
DEI9047	2143	8	I	DEI9102	3223	8	I
DEI9048	2271	8	I	DEI9103	3231	8	I
DEI9049	2295	8	I	DEI9104	3239	8	I
DEI9050	2359	8	I	DEI9105	3247	8	I
DEI9051	2383	8	I	DEI9106	3255	8	I
DEI9052	2391	8	I	DEI9107	3263	8	I
DEI9053	2399	8	I	DEI9108	3271	8	I
DEI9054	2407	8	I	DEI9109	3279	8	I
DEI9055	2423	8	I	DEI9110	3287	8	I
DEI9056	2463	8	I	DEI9111	3295	8	I
DEI9057	2471	8	I	DEI9112	3303	8	I
DEI9058	2567	8	I	DEI9216	3879	8	I
DEI9059	2583	8	I	DEI9607	3815	8	I
DEI9060	2591	8	I	DEI9608	3823	8	I
DEI9061	2639	8	I	DEI9609	3831	8	I
DEI9062	2663	8	I	DEI9610	3839	8	I
DEI9063	2703	8	I	DEI9614	3799	8	I
DEI9064	2727	8	I	DEI9827	1271	8	I
DEI9065	2751	8	I	DEI9828	1807	8	I
DEI9066	2775	8	I	DEI9829	3463	8	I
DEI9067	2799	8	I	DEI9830	3471	8	I
DEI9068	2823	8	I	DEI9831	3479	8	I
DEI9069	2847	8	I	DEI9832	3487	8	I
DEI9070	2871	8	I	DEI9833	3495	8	I
DEI9071	2887	8	I	DEI9834	3503	8	I
DEI9072	2895	8	I	DEI9835	3511	8	I
DEI9073	2911	8	I	DEI9836	3519	8	I
DEI9074	2919	8	I	DEI9837	3527	8	I
DEI9075	2991	8	I	DEI9838	3535	8	I
DEI9076	2999	8	I	DEI9839	3543	8	I
DEI9077	3015	8	I	DEI9840	3551	8	I

See Note on last page of table.

Table D.8 (cont.)

ADULT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI9841	3559	8	I	DEI9861	3719	8	I
DEI9842	3567	8	I	DEI9862	3727	8	I
DEI9843	3575	8	I	DEI9863	3735	8	I
DEI9844	3583	8	I	DEI9864	3743	8	I
DEI9845	3591	8	I	DEI9865	3751	8	I
DEI9846	3599	8	I	DEI9866	3759	8	I
DEI9847	3607	8	I	DEI9877	3767	8	I
DEI9848	3615	8	I	DEI9878	3775	8	I
DEI9849	3623	8	I	DEI9879	3783	8	I
DEI9850	3631	8	I	DEI9880	3791	8	I
DEI9851	3639	8	I	DEI9881	3439	8	A
DEI9852	3647	8	I	DEI9882	3447	8	A
DEI9853	3655	8	I	DEI9883	3455	8	A
DEI9854	3663	8	I	ENRTERM	17	1	A
DEI9855	3671	8	I	FILENAME	1	6	A
DEI9856	3679	8	I	FILLER	28	3	A
DEI9857	3687	8	I	FINLSTAT	26	2	A
DEI9858	3695	8	I	INSTAT	16	1	A
DEI9859	3703	8	I	PERSON	7	8	A
DEI9860	3711	8	I	SITE	15	1	A

NOTE: "Type" refers to whether the variable values are alphanumeric (A) or integer (I). Missing values are represented differently for each type: A = bbbbbbbb, I = bbbbbbb. ("b" meaning blank). To obtain the appropriate positive and missing values, read all values as alphanumeric, then convert "I" data to integers.

Table D.9

ADULT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI4234	327	8	I
PERSON	7	8	A	DEI4235	335	8	I
SITE	15	1	A	DEI4236	343	8	I
INSTAT	16	1	A	DEI4237	351	8	I
ENRTERM	17	1	A	DEI4239	359	8	I
DATE	18	8	A	DEI4241	367	8	I
FINLSTAT	26	2	A	DEI4240	375	8	I
FILLER	28	3	A	DEI5318	383	8	I
DEI4347	31	8	I	DEI5319	391	8	I
DEI8980	39	8	I	DEI5320	399	8	I
DEI3844	47	8	I	DEI5321	407	8	I
DEI4348	55	8	I	DEI5322	415	8	I
DEI4349	63	8	I	DEI5323	423	8	I
DEI8981	71	8	I	DEI5324	431	8	I
DEI8982	79	8	I	DEI5325	439	8	I
DEI4353	87	8	I	DEI5326	447	8	I
DEI4354	95	8	I	DEI5327	455	8	I
DEI4355	103	8	I	DEI4242	463	8	I
DEI8983	111	8	I	DEI4243	471	8	I
DEI4356	119	8	I	DEI4244	479	8	I
DEI4357	127	8	I	DEI8986	487	8	I
DEI4358	135	8	I	DEI4245	495	8	I
DEI4359	143	8	I	DEI4246	503	8	I
DEI8984	151	8	I	DEI4247	511	8	I
DEI4361	159	8	I	DEI4248	519	8	I
DEI4362	167	8	I	DEI8987	527	8	I
DEI4363	175	8	I	DEI4250	535	8	I
DEI4364	183	8	I	DEI4251	543	8	I
DEI4365	191	8	I	DEI4394	551	8	I
DEI4366	199	8	I	DEI8988	559	8	I
DEI4367	207	8	I	DEI4395	567	8	I
DEI4368	215	8	I	DEI4397	575	8	I
DEI5297	223	8	I	DEI4398	583	8	I
DEI5298	231	8	I	DEI4399	591	8	I
DEI5299	239	8	I	DEI4400	599	8	I
DEI8985	247	8	I	DEI4401	607	8	I
DEI5300	255	8	I	DEI8989	615	8	I
DEI5301	263	8	I	DEI8990	623	8	I
DEI5302	271	8	I	DEI4402	631	8	I
DEI5303	279	8	I	DEI4404	639	8	I
DEI5304	287	8	I	DEI4405	647	8	I
DEI5305	295	8	I	DEI4406	655	8	I
DEI5306	303	8	I	DEI8991	663	8	I
DEI5308	311	8	I	DEI4407	671	8	I
DEI4233	319	8	I	DEI8992	679	8	I

See Note on last page of table.

Table D.9 (cont.)

ADULT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI8993	687	8	I	DEI3751	1047	8	I
DEI4408	695	8	I	DEI9007	1055	8	I
DEI4409	703	8	I	DEI9008	1063	8	I
DEI4410	711	8	I	DEI3753	1071	8	I
DEI4411	719	8	I	DEI9009	1079	8	I
DEI4369	727	8	I	DEI9010	1087	8	I
DEI4370	735	8	I	DEI9011	1095	8	I
DEI4371	743	8	I	DEI9012	1103	8	I
DEI4372	751	8	I	DEI3770	1111	8	I
DEI8994	759	8	I	DEI9013	1119	8	I
DEI8995	767	8	I	DEI9014	1127	8	I
DEI4375	775	8	I	DEI3869	1135	8	I
DEI4376	783	8	I	DEI3870	1143	8	I
DEI4377	791	8	I	DEI3872	1151	8	I
DEI4378	799	8	I	DEI3873	1159	8	I
DEI3725	807	8	I	DEI3874	1167	8	I
DEI3726	815	8	I	DEI3875	1175	8	I
DEI3727	823	8	I	DEI3876	1183	8	I
DEI3728	831	8	I	DEI3877	1191	8	I
DEI3729	839	8	I	DEI9015	1199	8	I
DEI3730	847	8	I	DEI9016	1207	8	I
DEI3731	855	8	I	DEI3879	1215	8	I
DEI3732	863	8	I	DEI3880	1223	8	I
DEI3733	871	8	I	DEI9017	1231	8	I
DEI3734	879	8	I	DEI3881	1239	8	I
DEI3736	887	8	I	DEI3882	1247	8	I
DEI3735	895	8	I	DEI3883	1255	8	I
DEI8996	903	8	I	DEI3884	1263	8	I
DEI8997	911	8	I	DEI9827	1271	8	I
DEI8998	919	8	I	DEI9018	1279	8	I
DEI8999	927	8	I	DEI3758	1287	8	I
DEI9000	935	8	I	DEI9019	1295	8	I
DEI9001	943	8	I	DEI3759	1303	8	I
DEI9002	951	8	I	DEI3760	1311	8	I
DEI9003	959	8	I	DEI3761	1319	8	I
DEI9004	967	8	I	DEI3762	1327	8	I
DEI9005	975	8	I	DEI9020	1335	8	I
DEI3745	983	8	I	DEI9021	1343	8	I
DEI3746	991	8	I	DEI9022	1351	8	I
DEI3747	999	8	I	DEI9023	1359	8	I
DEI3748	1007	8	I	DEI3771	1367	8	I
DEI3744	1015	8	I	DEI9024	1375	8	I
DEI3752	1023	8	I	DEI9025	1383	8	I
DEI9006	1031	8	I	DEI3773	1391	8	I
DEI3750	1039	8	I	DEI3774	1399	8	I

See Note on last page of table.

Table D.9 (cont.)

ADULT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI3775	1407	8	I	DEI3895	1767	8	I
DEI3776	1415	8	I	DEI3896	1775	8	I
DEI3777	1423	8	I	DEI3897	1783	8	I
DEI9026	1431	8	I	DEI3890	1791	8	I
DEI3779	1439	8	I	DEI3891	1799	8	I
DEI3780	1447	8	I	DEI9828	1807	8	I
DEI9027	1455	8	I	DEI4328	1815	8	I
DEI9028	1463	8	I	DEI4329	1823	8	I
DEI9029	1471	8	I	DEI9038	1831	8	I
DEI3786	1479	8	I	DEI5013	1839	8	I
DEI9030	1487	8	I	DEI9039	1847	8	I
DEI3788	1495	8	I	DEI4331	1855	8	I
DEI3790	1503	8	I	DEI4332	1863	8	I
DEI9031	1511	8	I	DEI4333	1871	8	I
DEI3791	1519	8	I	DEI9040	1879	8	I
DEI3792	1527	8	I	DEI4335	1887	8	I
DEI3793	1535	8	I	DEI4336	1895	8	I
DEI3794	1543	8	I	DEI4337	1903	8	I
DEI3796	1551	8	I	DEI4338	1911	8	I
DEI3797	1559	8	I	DEI4339	1919	8	I
DEI3798	1567	8	I	DEI4340	1927	8	I
DEI3799	1575	8	I	DEI9041	1935	8	I
DEI3800	1583	8	I	DEI4342	1943	8	I
DEI3801	1591	8	I	DEI4343	1951	8	I
DEI3802	1599	8	I	DEI4344	1959	8	I
DEI3803	1607	8	I	DEI4345	1967	8	I
DEI3804	1615	8	I	DEI4346	1975	8	I
DEI3805	1623	8	I	DEI9042	1983	8	I
DEI4252	1631	8	I	DEI4316	1991	8	I
DEI4253	1639	8	I	DEI4317	1999	8	I
DEI9032	1647	8	I	DEI4318	2007	8	I
DEI4255	1655	8	I	DEI4319	2015	8	I
DEI4256	1663	8	I	DEI4320	2023	8	I
DEI4257	1671	8	I	DEI4321	2031	8	I
DEI4258	1679	8	I	DEI4322	2039	8	I
DEI3885	1687	8	I	DEI4323	2047	8	I
DEI3886	1695	8	I	DEI9043	2055	8	I
DEI9033	1703	8	I	DEI4325	2063	8	I
DEI3888	1711	8	I	DEI4326	2071	8	I
DEI3889	1719	8	I	DEI4327	2079	8	I
DEI9034	1727	8	I	DEI4423	2087	8	I
DEI9035	1735	8	I	DEI9044	2095	8	I
DEI9036	1743	8	I	DEI9045	2103	8	I
DEI9037	1751	8	I	DEI4426	2111	8	I
DEI3894	1759	8	I	DEI4427	2119	8	I

See Note on last page of table.

Table D.9 (cont.)

ADULT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI4428	2127	8	I	DEI4262	2487	8	I
DEI9046	2135	8	I	DEI4263	2495	8	I
DEI9047	2143	8	I	DEI4264	2503	8	I
DEI4431	2151	8	I	DEI4382	2511	8	I
DEI4432	2159	8	I	DEI4383	2519	8	I
DEI4433	2167	8	I	DEI4384	2527	8	I
DEI4434	2175	8	I	DEI4385	2535	8	I
DEI4435	2183	8	I	DEI4386	2543	8	I
DEI4436	2191	8	I	DEI4387	2551	8	I
DEI4437	2199	8	I	DEI4388	2559	8	I
DEI4438	2207	8	I	DEI9058	2567	8	I
DEI4439	2215	8	I	DEI4390	2575	8	I
DEI4440	2223	8	I	DEI9059	2583	8	I
DEI4441	2231	8	I	DEI9060	2591	8	I
DEI4442	2239	8	I	DEI4393	2599	8	I
DEI4443	2247	8	I	DEI5880	2607	8	I
DEI4444	2255	8	I	DEI5881	2615	8	I
DEI4102	2263	8	I	DEI5882	2623	8	I
DEI9048	2271	8	I	DEI4463	2631	8	I
DEI5342	2279	8	I	DEI9061	2639	8	I
DEI5343	2287	8	I	DEI5883	2647	8	I
DEI9049	2295	8	I	DEI4461	2655	8	I
DEI5250	2303	8	I	DEI9062	2663	8	I
DEI5251	2311	8	I	DEI5884	2671	8	I
DEI5252	2319	8	I	DEI4762	2679	8	I
DEI5344	2327	8	I	DEI4763	2687	8	I
DEI5345	2335	8	I	DEI4459	2695	8	I
DEI5346	2343	8	I	DEI9063	2703	8	I
DEI4415	2351	8	I	DEI5885	2711	8	I
DEI9050	2359	8	I	DEI4453	2719	8	I
DEI4416	2367	8	I	DEI9064	2727	8	I
DEI4418	2375	8	I	DEI5886	2735	8	I
DEI9051	2383	8	I	DEI4457	2743	8	I
DEI9052	2391	8	I	DEI9065	2751	8	I
DEI9053	2399	8	I	DEI5887	2759	8	I
DEI9054	2407	8	I	DEI4455	2767	8	I
DEI4420	2415	8	I	DEI9066	2775	8	I
DEI9055	2423	8	I	DEI5888	2783	8	I
DEI4421	2431	8	I	DEI4451	2791	8	I
DEI4422	2439	8	I	DEI9067	2799	8	I
DEI4259	2447	8	I	DEI5889	2807	8	I
DEI4260	2455	8	I	DEI4449	2815	8	I
DEI9056	2463	8	I	DEI9068	2823	8	I
DEI9057	2471	8	I	DEI5890	2831	8	I
DEI4261	2479	8	I	DEI4447	2839	8	I

See Note on last page of table.

Table D.9 (cont.)

ADULT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI9069	2847	8	I	DEI9100	3207	8	I
DEI5891	2855	8	I	DEI9101	3215	8	I
DEI4445	2863	8	I	DEI9102	3223	8	I
DEI9070	2871	8	I	DEI9103	3231	8	I
DEI5892	2879	8	I	DEI9104	3239	8	I
DEI9071	2887	8	I	DEI9105	3247	8	I
DEI9072	2895	8	I	DEI9106	3255	8	I
DEI5893	2903	8	I	DEI9107	3263	8	I
DEI9073	2911	8	I	DEI9108	3271	8	I
DEI9074	2919	8	I	DEI9109	3279	8	I
DEI5894	2927	8	I	DEI9110	3287	8	I
DEI5267	2935	8	I	DEI9111	3295	8	I
DEI5268	2943	8	I	DEI9112	3303	8	I
DEI5269	2951	8	I	DEI3898	3311	8	I
DEI5270	2959	8	I	DEI3363	3319	8	I
DEI5271	2967	8	I	DEI5280	3327	8	I
DEI5272	2975	8	I	DEI3366	3335	8	I
DEI5273	2983	8	I	DEI5356	3343	8	I
DEI9075	2991	8	I	DEI3382	3351	8	I
DEI9076	2999	8	I	DEI5357	3359	8	I
DEI3852	3007	8	I	DEI3385	3367	8	I
DEI9077	3015	8	I	DEI5358	3375	8	I
DEI9078	3023	8	I	DEI5359	3383	8	I
DEI9079	3031	8	I	DEI5360	3391	8	I
DEI9080	3039	8	I	DEI5361	3399	8	I
DEI3853	3047	8	I	DEI5362	3407	8	I
DEI9081	3055	8	I	DEI5284	3415	8	I
DEI9082	3063	8	I	DEI5475	3423	8	I
DEI5265	3071	8	I	DEI877	3431	8	I
DEI5266	3079	8	I	DEI9881	3439	8	A
DEI9093	3087	8	I	DEI9882	3447	8	A
DEI3840	3095	8	I	DEI9883	3455	8	A
DEI9094	3103	8	I	DEI9829	3463	8	I
DEI9095	3111	8	I	DEI9830	3471	8	I
DEI9096	3119	8	I	DEI9831	3479	8	I
DEI3842	3127	8	I	DEI9832	3487	8	I
DEI4412	3135	8	I	DEI9833	3495	8	I
DEI4414	3143	8	I	DEI9834	3503	8	I
DEI3845	3151	8	I	DEI9835	3511	8	I
DEI9097	3159	8	I	DEI9836	3519	8	I
DEI9098	3167	8	I	DEI9837	3527	8	I
DEI9099	3175	8	I	DEI9838	3535	8	I
DEI3848	3183	8	I	DEI9839	3543	8	I
DEI3849	3191	8	I	DEI9840	3551	8	I
DEI4413	3199	8	I	DEI9841	3559	8	I

See Note on last page of table.

Table D.9 (cont.)

ADULT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI9842	3567	8	I	DEI9862	3727	8	I
DEI9843	3575	8	I	DEI9863	3735	8	I
DEI9844	3583	8	I	DEI9864	3743	8	I
DEI9845	3591	8	I	DEI9865	3751	8	I
DEI9846	3599	8	I	DEI9866	3759	8	I
DEI9847	3607	8	I	DEI9877	3767	8	I
DEI9848	3615	8	I	DEI9878	3775	8	I
DEI9849	3623	8	I	DEI9879	3783	8	I
DEI9850	3631	8	I	DEI9880	3791	8	I
DEI9851	3639	8	I	DEI9614	3799	8	I
DEI9852	3647	8	I	DEI1634	3807	8	I
DEI9853	3655	8	I	DEI9607	3815	8	I
DEI9854	3663	8	I	DEI9608	3823	8	I
DEI9855	3671	8	I	DEI9609	3831	8	I
DEI9856	3679	8	I	DEI9610	3839	8	I
DEI9857	3687	8	I	DEI5285	3847	8	I
DEI9858	3695	8	I	DEI5472	3855	8	I
DEI9859	3703	8	I	DEI5286	3863	8	I
DEI9860	3711	8	I	DEI2514	3871	8	A
DEI9861	3719	8	I	DEI9216	3879	8	I

NOTE: "Type" refers to whether the variable values are alphanumeric (A) or integer (I). Missing values are represented differently for each type: A = bbbbbbbb, I = bbbbbbb. ("b" meaning blank). To obtain the appropriate positive and missing values, read all values as alphanumeric, then convert "I" data to integers.

Appendix E
ADULT MEDICAL HISTORY QUESTIONNAIRE CITY CODES

Table E.1

ADULT EXIT CITY CODES
(FILE PHABAX)

0001	DAYTON	0049	MIDDLETON
0007	FAIRBORN	0050	HIDALGO (WAYNE COUNTY)
0008	JACKSON COUNTY	0051	EATON
0009	PONTIAC	0052	WEST PORTSMOUTH
0010	ITHACA	0053	CLAY
0011	PANAMA CITY	0054	TUCSON (OHIO)
0012	BAINBRIDGE	0055	FAIRMOUNT
0013	ESTILL COUNTY	0056	MORIANE
0014	DIONE	0057	MILLEDGEVILLE
0015	BARBOURVILLE	0058	JEFFERSONVILLE
0016	BELMONT COUNTY	0059	MT. PELIER
0017	MADISON	0060	BREAHITT
0018	DENVER	0061	MT. STERLING
0019	CLEVELAND	0062	SYRACUSE
0020	KANSAS CITY	0063	DETROIT
0021	KETTERING	0064	MEMPHIS
0022	MARIAN CO.	0065	VICSBURG
0023	MONTGOMERY COUNTY	0066	LEASBURG
0024	HAMILTON	0067	BESSEMER
0025	CARYVILLE	0068	BURGETTSTOWN
0026	GRAND RAPIDS	0069	JONERVILLE
0027	WHITE BEAR LAKE	0070	WESTVILLE
0028	HUGO	0071	ST. CHARLES (VA)
0029	GERMANTOWN	0072	MUSKEGON
0030	MIAMISBURG	0073	TRAVERSE CITY
0031	FLORIDA (N.Y.)	0074	PREBLE COUNTY
0032	LOVELLA	0075	CHEVIOT
0033	HARVEYSBURG	0076	BELLEFONTAINE
0034	BLOUNT COUNTY	0077	HONAKER
0035	HUBER HEIGHTS	0078	SPRINGFIELD
0036	BELL BROOK	0079	MONTI COUNTY
0037	CHRISTOPHER	0080	HERTFORD
0038	PECKVILLE	0081	ATLANTA (GA)
0039	BIRMINGHAM	0082	PITTSFIELD
0040	NEW CARLISLE	0083	PIQUA
0041	LEWISVILLE	0084	TOPSFIELD
0042	CINCINNATI	0085	VANDALIA
0043	JAMAICA (CITY)	0086	MT. VERNON (OHIO)
0044	OLIVE HILL	0087	COOKVILLE
0045	ATLANTA (TEXAS)	0088	PITTSBURG
0046	PORT HOOD	0089	CARNAGY
0048	CLARK COUNTY	0090	ARCAHUN

Table E.1 (cont.)

ADULT EXIT CITY CODES
(FILE PHABAX)

0091	CARLISLE	0134	COMPTON
0092	AUGLAISE COUNTY	0135	CHAGRIN FALLS
0093	MAD RIVER DAYTON	0136	BUCKHORN
0094	EVANSVILLE	0137	WEST LIBERTY
0095	SIDNEY	0138	HARLEN COUNTY
0096	ROSS COUNTY	0139	SCIOTO COUNTY
0097	CROSSVILLE	0140	HOLDEN
0098	ROYAL OAK	0141	MONAVILLE
0099	OSGOOD	0142	MITCHELL HEIGHTS
0100	DELAWARE	0143	GEORGIANA
0101	GREENE COUNTY	0144	CHIPAWEED
0102	SHARPSBURG	0145	LESLIE COUNT
0103	HOULTON	0146	WHELLERSBURG
0104	LENAWEEN	0147	INDIANAPOLIS
0105	FOX CHASE MANOR	0148	HUNTINGTON
0106	PHILADELPHIA	0149	HANCOCK COUNTY
0107	TORONTO	0150	SPRING VALLEY
0108	OVERLAND PARK	0151	WISE COUNTY
0110	MEDWAY	0152	JIGGS
0111	MIAMI VALLEY	0153	ELKO
0112	MONTGOMERY (ALABAMA)	0154	BOSTON
0113	LOS ANGELES	0155	SOMERSOT
0114	COLDWATER	0156	ALEXANDER CITY
0115	GREENVILLE	0157	FAYETTE
0116	COVINGTON	0158	TALLASSEE
0117	ENON	0159	ADAMS COUNTY
0118	ANGWIN NAPA COUNTY	0160	WARREN COUNTY
0119	TROTWOOD	0161	BLACKKEY
0120	LINCOLN	0162	HIGHLAND
0121	JEFFERSON TOWNSHIP	0163	PAINTSVILLE
0122	LEXINGTON	0164	LENOIR CITY
0123	WILKENSBURG	0165	LONDON COUNTY
0124	ALLEGHENY	0166	SANDCAP
0125	MANSFIELD	0167	FONTANA
0126	MIDDLESBORO	0168	HILLSBORO
0127	WARSAW	0169	TROY
0128	YELLOWSPRINGS	0170	LENISBERG
0129	JERRYVILLE	0171	BATTLESCREEK
0130	KENIA	0172	PORTAGE
0131	BERIA	0173	CENTERVILLE
0132	OXFORD	0174	OAKWOOD
0133	FAIRFIELD	0175	WASHINGTON, D.C.

Table E.1 (cont.)

ADULT EXIT CITY CODES
(FILE PHABAX)

0176	TOLEDO	0207	CAMDEN
0177	LAWRENCE COUNTY	0211	MT. CARMEL
0178	LIBERTY	0212	FRANKLIN
0179	LEWISBURG	0214	WARWICK
0180	WAYNESVILLE	0215	WEST CARROLLTON
0181	NEW YORK	0219	RICHMOND
0182	AUSTIN	0220	MORAINES CITY
0183	CABUE COUNTY	0221	COORANBORG
0184	TOWNSEND	0222	MANCHESTER
0185	HEMPSTEAD	0223	JAGAUROY
0186	ROCKCASTLE COUNTY	0224	WEST BERLIN
0187	TUSCOMBIA	0225	CLARK AFB
0188	COBIN	0226	INDORE
0189	DELANO	0227	POONA
0190	WHITLEY COUNTY	0228	MONTREAL
0191	NASHVILLE	0230	GASTONIA
0192	JELICO	0235	HORSEHEADS
0196	MOBILE	0236	ELMIRA
0197	COLUMBUS	0237	MAHANOEY CITY
0198	LAFOLLETTE	0238	ALTOONA
0199	IRONTON	0239	EAGLE ROCK
0201	NEW CASTLE	0240	GREENSBORO
0202	EL PASO	0241	MIDDLETOWN

City codes are based on city names entered on the MHQs by the respondents. City names are given exactly as entered on the MHQs; spelling inaccuracies by respondents were not corrected. City names with variant spellings may have separate city codes.

Table E.2

NONDAYTON ADULT ENROLLMENT CITY CODES
(FILE PHABNE)

0001	GEORGETOWN	0049	NEWPORT NEWS
0002	ANDREWS	0050	RALEIGH
0003	OCEDA	0051	WOOD - RIDGE
0006	CHARLESTON	0052	PARK RIDGE
0007	CHARLESTON HEIGHTS	0053	SUMMERVILLE
0008	ATLANTIC CITY	0054	ST. GEORGE
0009	GOOSE CREEK	0055	CAMP LEJEUNE
0010	NO. CHARLESTON	0056	SPRINGDALE
0011	BROOKLYN	0057	CHICAGO
0012	HEMINGWAY	0058	DES MOINES
0013	CHERAU	0059	WARE SHOALS
0016	PHILADELPHIA	0060	INDIAN HEAD
0017	NEW YORK CITY	0061	ISLANDTON
0019	HANAHAN	0062	HAMPTON
0020	RICHMOND	0063	WALTERBURG
0022	PAWLEY ISLAND	0064	LUMBENTON
0023	WILLIAMSBURG	0065	NESMITH
0024	EL PASO	0066	DUNBAR
0025	MYRTLE BEACH	0067	WINNSBORO
0026	DARLINGTON	0068	MARSHVILLE
0027	COLUMBIA	0069	FLORENCE
0028	EAGLE SPRINGS	0070	ELKTON
0029	OLAR	0071	FLEMINGTON
0030	SANFORD	0072	AYNOR
0031	ELLOREE	0073	NEWARK
0032	ORANGEBURG	0074	AIKEN
0033	KARLSRUH	0075	GILBERT
0034	LAWTON	0076	WICHITA
0035	MUNICH	0077	MORGAN CITY
0036	COLUMBUS	0078	FREEPORT
0037	FRANKLIN	0079	GREAT FALLS
0038	UNION	0080	EDMUNDSTON
0039	KANNAPOLIS	0081	HICKORY
0040	BURLINGTON	0082	SOLDIER
0041	FT. MEYERS	0083	PIKE
0042	NEWCUMBERSTOWN	0084	MONCK'S CORNER
0043	MONROE	0085	MT. PLEASANT
0044	SAVANNAH	0086	CHESTERFIELD
0045	RIDGEVILLE	0087	OLANTA
0046	WEST CHAZY	0088	NEW PORT RISHEY
0047	CONWAY	0089	HORTSVILLE
0048	SPRINGFIELD	0090	LAMAR

Table E.2 (cont.)

NONDAYTON ADULT ENROLLMENT CITY CODES
(FILE PHABNE)

0091	KINGSTREE	0133	JACKSONVILLE
0092	CENTRE	0134	SPRINGHILL
0093	ANDERSON	0135	PAMPLICO
0094	MAX MEADOWS	0136	EDGEFIELD
0095	OLTAUWA	0137	TRIO
0096	SOCIETY HILL	0138	BENKLY COUNTY
0097	MARION	0139	LEXINGTON
0098	DALTON	0140	LEESVILLE
0099	LANDO	0141	JAMESTOWN
0100	SANTUREE	0142	SULLIVAN'S ISLAND
0101	WILBERFORCE	0143	SALTERS
0102	HORRY	0144	HOUSTON
0103	KINGSPORT	0145	WILLSPOINT
0104	JOHNSON CITY	0146	MONKS CORNER
0105	JONESBORO	0147	EDISTO
0106	ST. CHARLES	0148	BEAUFORT
0107	SEBRING	0149	GREENSBORO
0108	FURMAN	0150	MIAMI
0109	TAMPA	0151	CHADBOURN
0110	SHULERVILLE	0152	EVERGREEN
0111	WALTERBORO	0153	WILMINGTON
0112	STATEN ISLAND	0154	BELTON
0113	STAMFORD	0155	LORIS
0114	CUYHOGA	0156	BEAVERTON
0115	MULLINS	0157	PORTLAND
0116	GREENVILLE	0158	GAINESVILLE
0117	NORTH AUGUSTA	0159	LOUISVILLE
0118	BRONX N.Y.	0160	MURRY
0119	CAMDEN	0161	NORFOLK
0120	BLANEY	0162	BAUMHOLDER
0121	LUGOFF	0163	METUCHEN
0122	ST. JAMES	0164	BOSTON
0123	CARILSE	0165	SUMTER
0124	LEAVENWORTH	0166	ALBANY
0125	ASCHAFFENBURG	0167	PITTSBURGH
0126	WURZBURG	0168	BERKLEY COUNTY
0127	HENDERSON	0169	OSWEGO
0128	HENDERSONVILLE	0170	ASHEVILLE
0129	LANIER	0171	GREELYVILLE
0130	PEMBROKE	0172	FT. WALTON BEACH
0131	CARY	0173	LAKE CITY
0132	ORLANDO	0174	LUNENBURG COUNTY

Table E.2 (cont.)

NONDAYTON ADULT ENROLLMENT CITY CODES
(FILE PHABNE)

0175	NEW ORLEANS	0274	TRINITY
0176	SAULT ST. MARIE	0276	HORRY COUNTY
0177	DILLION	0284	GEORGETOWN COUNTY
0178	ATLANTA	0285	HIGHPOINT
0179	GREENWOOD	0286	WOODRUFF
0180	UNION PARISH	0287	SHELBY
0181	NEW BEDFORD	0288	COTTAGEVILLE
0187	FAYETTEVILLE	0289	EDISTO ISLAND
0189	SPARTANBURG	0290	RICHLAND COUNTY
0200	ELIZABETH	0291	BUCKSPORT
0223	ALEXANDRIA	0292	ST. STEPHEN
0233	WILLIAMSBURG COUNTY	0293	TIMMONSVILLE
0242	MUNDELEINE	0295	WILLIAMSTON
0243	FLATWOODS	0296	ROCKINGHAM COUNTY
0244	EATON RAPIDS	0297	CUENCA
0245	SALEM	0298	CLEVELAND
0246	JAME ISLAND	0299	CLINTON
0247	SIOUX CENTER	0300	BOWMAN
0248	CARTER CO.	0301	TYLER
0249	DORCHESTER	0302	COLLINGWOOD
0250	HIGH POINT	0303	STONE
0251	PLEASANT HILL	0304	SODDY
0252	LANCASTER	0305	FAIRBANKS
0253	WESTFIR	0306	HAMILTON AFB
0254	SWAINSBORO	0307	KLAMATH FALLS
0255	WADLEY	0308	OXNARD AFB
0256	WESTMONROE	0309	ASHEBORA
0257	GABLE	0310	ATHENS
0258	SELLERS	0311	RICEVILLE
0259	HAZARD	0312	ST. MATHEWS
0260	ASHLAND	0313	BERKELY
0261	CHURCHVILLE	0314	JEDBURG
0262	LANES	0318	WARREN COUNTY
0263	BEDFORD	0319	NORLINA
0264	BENNETTSVILLE	0320	BALTIMORE
0265	STERLING	0321	WAYNE
0266	MELBOURNE	0322	LAYETTEVILLE
0267	RENO	0323	EASTOVER
0268	DEERFIELD	0324	WEST COLUMBIA
0269	NEWLAND	0325	LOUISA
0272	STATESBORO	0327	KINSTON

Table E.2 (cont.)

NONDAYTON ADULT ENROLLMENT CITY CODES
(FILE PHABNE)

0328	DEL RIO	0336	LYSANDER
0329	OAKLAND	0337	SYRACUSE
0330	RUFFEN	0338	FAIRBANKS AFB
0331	TWINCITY	0339	AVIANO AFB
0332	MARTINSVILLE	0340	BIG STONE GAP
0333	ST. PETERSBURG	0341	MANNING
0334	NEW LONDON		

City codes are based on city names entered on the MHQs by the respondents. City names are given exactly as entered on the MHQs; spelling inaccuracies by respondents were not corrected. City names with variant spellings may have separate city codes.

GLOSSARY

Adjunct enrollee	Uninsured member of insured family/household (person/family of interest) or member of Dayton control group.
Attrition	Departure from the experiment by voluntary withdrawal before completion of assigned enrollment term.
Baseline participant	Person considered for enrollment at the beginning of the experiment in the site. May or may not have enrolled.
Baseline-only participant	Person considered for enrollment at the beginning of the experiment in the site who did not enroll.
Batteries	MHQ topical groupings of questions.
Coinsurance	The percentage of total medical costs that a family pays, i.e., 25% coinsurance means the family pays 25% of its medical expenses. The experimental insurance treatments of the HIE entailed varying coinsurance percentages.
Contract year	Administrative unit of time for enrollees; year period(s) reckoned from date family signed enrollment contract. First contract year began on enrollment date, second contract year began on first anniversary of enrollment, and so on.
DEI	A variable prefix for primary variables that stands for "data element indicator."
Derived variable	Variables constructed via extraction, aggregation, or transformation of primary variable data.
Enrollee	Person whose family or household signed an enrollment contract with the HIE. Includes insured and uninsured persons. Any of the following: HIE-insured, HMO-insured, person of interest, family of interest, member of Dayton control group. (See "primary enrollee," "secondary enrollee," "adjunct enrollee.")
Exit	Departure from the experiment after completion of assigned enrollment term, three or five years.

Experimental insurance treatment	One of 16 groups in which experimental subjects participated. Fifteen were insurance plans with varying coinsurance rates, out-of-pocket expenditure limits, and both FFS and HMO delivery systems. The 16th was the HMO control group.
Form A	MHQ Form A. Measured health habits, perceptions, and attitudes of the participants.
Form B	MHQ Form B. Measured specific health status of participants.
FFS	Fee-for-service; the private economic sector in which fees are charged.
GHC	Group Health Cooperative of Puget Sound, the Seattle HMO that participated in the experiment.
HIE	Health Insurance Experiment.
HIE-insured	Enrollees assigned to an experimental health insurance plan paid by the HIE (plans A-0, described on pp. 3-4). Includes members of HMO experimental group. Compare "HMO-insured."
HMO	Health maintenance organization; Group Health Cooperative of Puget Sound, the HMO that participated in the HIE.
HMO control group	Seattle enrollees drawn at random from existing HMO members who met HIE eligibility criteria. The HIE did not pay their insurance premiums.
HMO experimental group	Seattle enrollees experimentally transferred to HMO from fee-for-service system. The HIE paid their insurance premiums.
HMO-insured	Member of HMO control group.
Insured	Either HIE-insured or HMO-insured.
Insured enrollee	Person assigned to an experimental treatment; HIE-insured or HMO-insured.
MHQ	Medical history questionnaire; survey instruments that gathered self-reported health status and health satisfaction information primarily from insured participants. Survey instruments consisted of two separate forms, Form A and Form B.

NonDayton	Pertaining to any of the experiment sites excluding Dayton, Ohio.
Participant	Anyone with a record in the HIE database; includes baseline-only participants and enrollees.
PEG	South Carolina preenrollment group.
Primary enrollee	Baseline participant who enrolled and was insured.
Primary variable	Categories of primary HIE data obtained from the MHQs. See also "derived variable".
Provider	Any person, institution, or organization who provided health services, drugs, or supplies to an HIE participant.
SAS	Statistical Analysis System. HIE files contain data in both SAS and character formats.
Suspension	Revocation of HIE-provided insurance benefits because of ineligibility expected to be temporary. Suspended persons remained enrollees.
Termination	Involuntary departure from the experiment. Cancellation of enrollment for permanent ineligibility or failure to fulfill obligations.
Uninsured	Neither HIE-insured nor HMO-insured. Person/family of interest or member of Dayton control group. Uninsured persons did not necessarily lack health insurance; they were uninsured only with respect to HIE experimental treatments.

