

*In Home Questionnaire Code Book III, S.11p*

Frequency	Code	Response	Variable Name	Type/Length
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*Section 11: Illnesses, Medications, and Physical Disabilities (partners)*

The next questions are about illnesses and disabilities.

<p>First, things you might do on a typical day: Does your health limit you in any of these activities? If so, are you limited a little or a lot?</p>				
1.	vigorous activities, such as running, lifting heavy objects, participating in strenuous sports		<b>H3ID1</b>	num 1
1165	0	not limited at all [skip to Q.4]		
266	1	limited a little		
73	2	limited a lot		
1	6	refused		
2	9	not applicable		
2.	moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, playing golf		<b>H3ID2</b>	num 1
246	0	not limited at all [skip to Q.4]		
75	1	limited a little		
20	2	limited a lot		
1	6	refused		
1165	7	legitimate skip		
3.	lifting or carrying a bag of groceries		<b>H3ID3</b>	num 1
37	0	not limited at all		
45	1	limited a little		
13	2	limited a lot		
1	6	refused		
1411	7	legitimate skip		
4.	climbing several flights of stairs		<b>H3ID4</b>	num 1
1324	0	not limited at all [skip to Q.6]		
147	1	limited a little		

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Frequency	Code	Response	Variable Name	Type/Length
35	2	limited a lot		
1	6	refused		
5.	climbing one flight of stairs		<b>H3ID5</b>	num 1
122	0	not limited at all		
50	1	limited a little		
10	2	limited a lot		
1	6	refused		
1324	7	legitimate skip		
6.	bending, kneeling, or stooping		<b>H3ID6</b>	num 1
1338	0	not limited at all		
143	1	limited a little		
25	2	limited a lot		
1	6	refused		
7.	walking more than a mile		<b>H3ID7</b>	num 1
1342	0	not limited at all <i>[skip to Q.10]</i>		
124	1	limited a little		
38	2	limited a lot		
1	6	refused		
1	8	don't know		
1	9	not applicable		
8.	walking several blocks		<b>H3ID8</b>	num 1
65	0	not limited at all <i>[skip to Q.10]</i>		
69	1	limited a little		
30	2	limited a lot		
1	6	refused		
1342	7	legitimate skip		
9.	walking one block		<b>H3ID9</b>	num 1

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Frequency	Code	Response	Variable Name	Type/ Length
53	0	not limited at all		
36	1	limited a little		
10	2	limited a lot		
1	6	refused		
1407	7	legitimate skip		
10. bathing and dressing yourself			<b>H3ID 10</b>	num 1
1490	0	not limited at all		
5	1	limited a little		
11	2	limited a lot		
1	6	refused		
<i>[If any variable among Q.1 to Q.10 = 1 or 2, ask Q.11.]</i>				
11. Is your limitation in activities caused by a condition that has lasted more than a year, or by a condition that has developed recently?			<b>H3ID 11</b>	num 1
267	1	lasted more than a year		
135	2	developed recently		
2	6	refused		
1076	7	legitimate skip		
13	8	don't know		
14	9	not applicable		
12. In the past 30 days, have you taken antibiotics, such as tetracycline, doxycycline, amoxicillin, or erythromycin?			<b>H3ID 12</b>	num 1
1306	0	no		
200	1	yes		
1	6	refused		
13. Have you ever been diagnosed with asthma?			<b>H3ID 13</b>	num 1
1258	0	no		
246	1	yes		

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Frequency	Code	Response	Variable Name	Type/Length
1	6	refused		
2	8	don't know		
14. Have you ever been diagnosed with cancer or leukemia?			<b>H3ID 14</b>	num 1
1481	0	no		
23	1	yes		
1	6	refused		
2	8	don't know		
15. Have you ever been diagnosed with depression?			<b>H3ID 15</b>	num 1
1347	0	no		
159	1	yes		
1	6	refused		
16. Have you ever been diagnosed with diabetes?			<b>H3ID 16</b>	num 1
1487	0	no <i>[skip to Q.19]</i>		
19	1	yes		
1	6	refused		
17. How old were you when you were first diagnosed with diabetes?			<b>H3ID 17</b>	num 2
19		age range 11 to 29		
1488	97	legitimate skip		
18. Do you take pills, insulin, both, or neither to control your blood sugar?			<b>H3ID 18</b>	num 1
9	0	neither		
4	1	pills		
6	2	insulin		
1488	7	legitimate skip		
19. Have you ever been diagnosed with epilepsy or seizure disorder?			<b>H3ID 19</b>	num 1
1491	0	no <i>[skip to Q.21]</i>		

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Frequency	Code	Response	Variable Name	Type/Length
15	1	yes		
1	6	refused		
20. How many seizures have you had in the past 12 months?			<b>H3ID 20</b>	num 4
12	0	0 seizures		
1	2	1 seizures		
2	3	2 seizures		
1492	9997	legitimate skip		
21. Has a doctor ever told you that you have high cholesterol?			<b>H3ID 21</b>	num 1
1435	0	no		
67	1	yes		
1	6	refused		
3	8	don't know		
1	9	not applicable		
22. Have you ever been diagnosed with high blood pressure or hypertension?			<b>H3ID 22</b>	num 1
1408	0	no		
96	1	yes		
1	6	refused		
2	8	don't know		
23. Have you had a tetanus shot or booster in the past 10 years?			<b>H3ID 23</b>	num 1
306	0	no		
1155	1	yes		
1	6	refused		
45	8	don't know		
24. Have you had the complete hepatitis B vaccination series, consisting of three injections?			<b>H3ID 24</b>	num 1
604	0	no		
778	1	yes		

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Frequency	Code	Response	Variable Name	Type/ Length
1	6	refused		
124	8	don't know		
25. In the past 12 months, have you taken any prescription medication—that is, a medicine that must be prescribed by a doctor or nurse?			<b>H3ID 25</b>	num 1
622	0	no <i>[skip to Q.27]</i>		
882	1	yes		
1	6	refused		
2	8	don't know		
26. For which of the following conditions have you taken prescription medication in the past 12 months? Indicate all that apply.				
acne			<b>H3ID 26A</b>	num 1
843	0	not marked		
38	1	marked		
1	6	refused		
625	7	legitimate skip		
allergies, hay fever, or sinus problems			<b>H3ID 26B</b>	num 1
707	0	not marked		
175	1	marked		
625	7	legitimate skip		
asthma			<b>H3ID 26C</b>	num 1
811	0	not marked		
71	1	marked		
625	7	legitimate skip		
attention problems or ADD or ADHD			<b>H3ID 26D</b>	num 1
877	0	not marked		
5	1	marked		
625	7	legitimate skip		

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Frequency	Code	Response	Variable Name	Type/Length
		diabetes	<b>H3ID 26E</b>	num 1
876	0	not marked		
6	1	marked		
625	7	legitimate skip		
		depression or stress	<b>H3ID 26F</b>	num 1
802	0	not marked		
80	1	marked		
625	7	legitimate skip		
		high blood pressure or hypertension	<b>H3ID 26G</b>	num 1
862	0	not marked		
20	1	marked		
625	7	legitimate skip		
		heart problem	<b>H3ID 26H</b>	num 1
870	0	not marked		
12	1	marked		
625	7	legitimate skip		
		head aches	<b>H3ID 26I</b>	num 1
797	0	not marked		
85	1	marked		
625	7	legitimate skip		
		infection	<b>H3ID 26J</b>	num 1
604	0	not marked		
278	1	marked		
625	7	legitimate skip		
		seizures	<b>H3ID 26K</b>	num 1
877	0	not marked		
5	1	marked		

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Frequency	Code	Response	Variable Name	Type/Length
625	7	legitimate skip		
		smoking cessation (that is, you were trying to stop smoking)	<b>H3ID 26L</b>	num 1
876	0	not marked		
6	1	marked		
625	7	legitimate skip		
		stomach problems	<b>H3ID 26M</b>	num 1
819	0	not marked		
63	1	marked		
625	7	legitimate skip		
		weight control (you were trying to lose weight)	<b>H3ID 26N</b>	num 1
875	0	not marked		
7	1	marked		
625	7	legitimate skip		
		<i>[if male, add:]</i> sexual performance (for example, a drug such as Viagra)	<b>H3ID 26O</b>	num 1
372	0	not marked		
1135	7	legitimate skip		
		<i>[if female, add:]</i> birth control (pills or shots)	<b>H3ID 26P</b>	num 1
249	0	not marked		
261	1	marked		
997	7	legitimate skip		
		<i>[if female, add:]</i> menstrual issues, such as painful periods or PMS	<b>H3ID 26Q</b>	num 1
471	0	not marked		
39	1	marked		
997	7	legitimate skip		
		other	<b>H3ID 26R</b>	num 1
618	0	not marked		

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Frequency	Code	Response	Variable Name	Type/Length
263	1	marked		
1	6	refused		
625	7	legitimate skip		
27. In the past five years, how many times have you been seen in an emergency room or ER?			<b>H3ID 27</b>	num 3
568	0	0 times		
917		times range 1 to 99		
1	996	refused		
6	998	don't know		
15	●	missing		
<i>[If Q.27 = 0, skip to Q.29.]</i>				
28. What was the main reason for your most recent emergency room visit?			<b>H3ID 28</b>	num 2
364	1	illness		
397	2	injury or accident		
10	3	drug use or emotional problem		
109	4	<i>[if female, add:]</i> pregnancy-related		
41	5	other		
568	97	legitimate skip		
3	98	don't know		
15	●	missing		
29. In the past five years, how many times have you been hospitalized—that is, admitted to the hospital for at least a one-night stay?			<b>H3ID 29</b>	num 2
1055	0	0 times		
443	1	times range 1 to 24		
9	●	missing		
<i>[If Q.29 = 0, skip to Q.33.]</i>				

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Frequency	Code	Response	Variable Name	Type/Length
		30. How long ago was your most recent hospitalization?	<b>H3ID 30</b>	num 2
62	1	within the past 3 months		
43	2	4 to 6 months ago		
37	3	7 to 9 months ago		
43	4	10 to 12 months ago		
102	5	more than 1 year ago but less than 2 years ago		
156	6	2 years ago or longer		
1055	97	legitimate skip		
9	●	missing		
		31. What was the main reason for this hospitalization?	<b>H3ID 31</b>	num 2
98	1	illness		
79	2	injury or accident		
17	3	drug use or emotional problem		
215	4	<i>[if female, add:]</i> pregnancy-related		
17	5	electric or reconstructive surgery		
17	6	other		
1055	97	legitimate skip		
9	●	missing		
		32. How long was your most recent hospital stay?	<b>H3ID 32</b>	num 3
6	0	0 days		
437	1	days range 1 to 90		
1055	997	legitimate skip		
9	●	missing		
		33. In the past five years, have you spent a day or more in a facility where you were treated for a mental illness?	<b>H3ID 33</b>	num 1
1464	0	no		
43	1	yes		

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Frequency	Code	Response	Variable Name	Type/Length
34. Sometimes people use alternative or non-Western medical treatments when they are sick, or to maintain or enhance their health. In the past 12 months, have you used any of the following? Indicate all that apply.				
acupuncture			<b>H3ID 34A</b>	num 1
1486	0	not marked		
14	1	marked		
1	6	refused		
6	9	not applicable		
biofeedback (changing involuntary body functions, such as muscle tension or heart rate)			<b>H3ID 34B</b>	num 1
1498	0	not marked		
8	1	marked		
1	9	not applicable		
chiropractic treatment			<b>H3ID 34C</b>	num 1
1405	0	not marked		
101	1	marked		
1	9	not applicable		
energy healing (for example, bioelectromagnetics, light therapy, electroacupuncture)			<b>H3ID 34D</b>	num 1
1486	0	not marked		
20	1	marked		
1	9	not applicable		
folk remedies			<b>H3ID 34E</b>	num 1
1473	0	not marked		
33	1	marked		
1	9	not applicable		
herbal remedies or supplements			<b>H3ID 34F</b>	num 1
1337	0	not marked		

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169	1	marked		
1	9	not applicable		
homeopathy (natural remedies and holistic healing)			<b>H3ID 34G</b>	num 1
1478	0	not marked		
28	1	marked		
1	9	not applicable		
hypnosis			<b>H3ID 34H</b>	num 1
1503	0	not marked		
3	1	marked		
1	9	not applicable		
imagery			<b>H3ID 34I</b>	num 1
1502	0	not marked		
4	1	marked		
1	9	not applicable		
massage therapy			<b>H3ID 34J</b>	num 1
1374	0	not marked		
132	1	marked		
1	9	not applicable		
relaxation techniques			<b>H3ID 34K</b>	num 1
1408	0	not marked		
98	1	marked		
1	9	not applicable		
a self-help or support group			<b>H3ID 34L</b>	num 1
1485	0	not marked		
21	1	marked		
1	9	not applicable		
specialized diets (for example, macrobiotics, fasting)			<b>H3ID 34M</b>	num 1

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Frequency	Code	Response	Variable Name	Type/Length
1491	0	not marked		
15	1	marked		
1	9	not applicable		
spiritual healing by other people			<b>H3ID 34N</b>	num 1
1475	0	not marked		
31	1	marked		
1	9	not applicable		
vitamin therapy (for example, megavitamins—more than just daily multivitamins)			<b>H3ID 34O</b>	num 1
1422	0	not marked		
83	1	marked		
2	9	not applicable		
35. Do you have total blindness in one or both eyes?			<b>H3ID 35</b>	num 1
1500	0	no <i>[skip to Q.37]</i>		
5	1	yes		
1	6	refused		
1	9	not applicable		
36. In one eye, or in both eyes?			<b>H3ID 36</b>	num 1
5	1	one eye		
1502	7	legitimate skip		
37. Do you use eyeglasses, contact lenses, both, or neither for vision correction?			<b>H3ID 37</b>	num 1
918	0	neither		
284	1	eyeglasses		
92	2	contact lenses		
205	3	both		
1	6	refused		
1	8	don't know		

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Frequency	Code	Response	Variable Name	Type/ Length
6	9	not applicable		
38. With eyeglasses or contact lenses, if you wear them, how is your eyesight?			<b>H3ID 38</b>	num 2
713	1	excellent		
393	2	good		
53	3	fair		
28	4	poor		
15	5	very poor		
1	96	refused		
28	98	don't know		
276	99	not applicable		
39. How is your hearing? If you wear a hearing aid, describe your hearing without it.			<b>H3ID 39</b>	num 2
867	1	excellent		
511	2	good		
98	3	fair		
16	4	poor		
3	5	very poor		
1	6	deaf		
1	96	refused		
2	98	don't know		
8	9	not applicable		
40. Do you have a problem with stuttering or stammering?			<b>H3ID 40</b>	num 1
1387	0	no		
119	1	yes		
1	6	refused		