BOX SS3PRE   BOX SS3PRE   NOT ON FILE

If LAST INT DEAF flag = 1 (YES), go to BOX SS4.
Otherwise, go to SS3PRE.

SS3PRE   SS3PRE   NOT ON FILE

QUESTION TEXT:

Now let's talk about how well {you hear/SP hears}..

PRESS 1 AND ENTER TO CONTINUE

SS3   **ss3heringaid**   R3 SS3 HEARING AID USED

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "In the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, {have you/has {he/she}} used a hearing aid or other hearing device?

CODES

1	YES	SS4A
2	NO	SS4A
7	DEAF	
	REFUSED	SS4A
	DON'T KNOW	SS4A

BOX SS4   BOX SS4   NOT ON FILE

If LAST INT DEAF flag = 1 (YES) or CURRENT INT SS3 = 7 (DEAF), set CURRENT INT DEAF flag = 1 (YES) and go to BOX SS7PRE.

Otherwise, go to SS4a.

SS4A   **ss3hearphone**   R3 SS4A SP CAN USE TELEPHONE

DISPLAY INSTRUCTIONS:

IF SS3=1 (YES, HEARING AID) DISPLAY "When {you use/SP uses} a hearing aid, {do you/does {he/she}}…"

ELSE DISPLAY "{Do you/Does SP}…"

FOR ITEMS SS4a, SS4b, SS4c USE "SAME QUESTION STEM" DISPLAY

QUESTION TEXT:

{When {you use/SP uses} a hearing aid, {do you/does {he/she}}/{Do you/Does SP}} hear well enough to use the telephone?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS4B ss3convwradi R3 SS4B CONVERSATIN WITH TV RADIO

DISPLAY INSTRUCTIONS:

IF SS3=1 (YES, HEARING AID) DISPLAY "When {you use/SP uses} a hearing aid, {do you/does {he/she}}…"

ELSE DISPLAY "{Do you/Does SP}…"

FOR ITEMS SS4a, SS4b, SS4c USE "SAME QUESTION STEM" DISPLAY

QUESTION TEXT:

{When {you use/SP uses} a hearing aid, {do you/does {he/she}}/{Do you/Does SP}} hear well enough to carry on a conversation in a room with a radio or TV playing?

CODES

1	YES	BOX SS7PRE
2	NO	
	REFUSED	
	DON'T KNOW	

SS4C ss3convquiet R3 SS4C CONVERS IN QUIET ROOM

DISPLAY INSTRUCTIONS:

IF SS3=1 (YES, HEARING AID) DISPLAY "When {you use/SP uses} a hearing aid, {do you/does {he/she}}…"

ELSE DISPLAY "{Do you/Does SP}…"

FOR ITEMS SS4a, SS4b, SS4c USE "SAME QUESTION STEM" DISPLAY

QUESTION TEXT:

{When {you use/SP uses} a hearing aid, {do you/does {he/she}}/{Do you/Does SP}} hear well enough to carry on a conversation in a quiet room?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

BOX SS7PRE BOX SS7PRE NOT ON FILE

If LAST INT BLIND flag = 1 (YES)< go to BOX SS8.
Otherwise, go to SS7PRE.

SS7PRE SS7PRE NOT ON FILE

Now I have a few questions about how well {you/SP} can see.

PRESS 1 AND ENTER TO CONTINUE

SS7 ss3glasseswr R3 SS7 WEARS GLASSES CONTCTS

DISPLAY INSTRUCTIONS:
DISPLAY QUESTION TEXT "at a distance" IN BOLD UNDERLINE TEXT

QUESTION TEXT:

{Do you/Does SP} wear glasses or contacts to help {you/him/her} see things at a distance?

CODES

1	YES	SS8A
2	NO	SS8A
7	BLIND	
	REFUSED	SS8A
	DON'T KNOW	SS8A

BOX SS8　　　　　　BOX SS8　　　　　　NOT ON FILE

If LAST INT BLIND flag = 1 (YES), or CURRENT INT SS7 = 7 (BLIND), set CURRENT INT BLIND flag = 1 (YES) and go to SS13PRE.

Otherwise, go to SS8a.

SS8A　　　　　　**ss3seewellst**　　　　　R3 SS8B SEES ACROSS THE STREET

DISPLAY INSTRUCTIONS:

IF SS7=1 (GLASSES/CONTACTS FOR DISTANCE) THEN DISPLAY "When {you use/SP uses} glasses or contacts, {do you/does {he/she}}…"

ELSE DISPLAY "{Do you/Does SP}…"

FOR ITEMS SS8a AND SS8b, USE "SAME QUESTION STEM" DISPLAY

QUESTION TEXT:

{When {you use/SP uses} glasses or contacts, {do you/does {he/she}}/{Do you/Does SP}} see well enough to recognize someone across the street?

CODES

1	YES	Ss10
2	NO	
	REFUSED	
	DON'T KNOW	

SS8B　　　　　　**ss3seetvgls**　　　　　R3 SS8B TV ACROSS ROOM W GLASSES

DISPLAY INSTRUCTIONS:

IF SS7=1 (GLASSES/CONTACTS FOR DISTANCE) THEN DISPLAY "When {you use/SP uses} glasses or contacts, {do you/does {he/she}}…"

ELSE DISPLAY "{Do you/Does SP}…"

FOR ITEMS SS8a AND SS8b, USE "SAME QUESTION STEM" DISPLAY

QUESTION TEXT:

{When {you use/SP uses} glasses or contacts, {do you/does {he/she}}/{Do you/Does SP}} see well enough to watch television across the room?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS10   ss3glasscls   R3 SS10 WEAR GLS CONTCS SEE CLOS

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "close up" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

{Do you/Does SP} wear glasses or contacts to help {you/him/her) see things **<u>close up</u>**?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS11   ss3othvisaid   R3 SS11 USED OTHER VISION AIDS

QUESTION TEXT:

In the last month, did {you/SP} use other vision aids such as a magnifying glass to help {you/him/her} see things close up?

IF NEEDED: Vision aids include things like a magnifying glass, large-print books, and other tools to help people with vision impairments.

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS12   ss3glrednewp   R3 SS12 CAN READ NEWSPAPER PRINT

DISPLAY INSTRUCTIONS:

IF SS10 =1 (GLASSES OR CONTACTS FOR CLOSE UP)) AND SS11=1 (VISION AID) DISPLAY "When {you use/SP uses} glasses or contacts and vision aids", and "do you/does {he/she}"

ELSE IF SS10=1 (GLASSES OR CONTACTS FOR CLOSE UP) AND SS11 NE 1 DISPLAY "When {you use/SP uses} glasses or contacts", and "do you/does {he/she}"

ELSE IF SS11=1 (VISION AID) DISPLAY "When {you use/SP uses} vision aids", and "do you/does {he/she}"

ELSE DISPLAY "{Do you/Does SP}"

QUESTION TEXT:

{When {you use/SP uses} glasses or contacts/When {you use/SP uses} vision aids/When {you use/SP uses} glasses or contacts and vision aids}, {{do you/does {he/she}} /{Do you/Does SP}} see well enough to read newspaper print?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS13PRE   SS13PRE   NOT ON FILE

QUESTIONS TEXT:

Now I have some questions about health related problems that {you/SP} may have had in the last month.

SS13   ss3probchswl   R3 SS13 PROBLEMS CHEW OR SWALLOW

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, did {you/SP} have problems with chewing or swallowing that caused difficulty when {you/he/she} ate?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS14   ss3probspeak   R3 SS14 PROBLEMS SPEAKING

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month because of {your/SP's} health, did {you/he/she} have any problems in speaking or in making {yourself/herself/himself} understood when {you talk/he talks/she talks)?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS15   ss3painbothr   R3 SS15 BOTHERED BY PAIN

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, {have you/has {he/she}} been bothered by pain?

CODES

1	YES	
2	NO	SS18A
	REFUSED	SS19
	DON'T KNOW	SS19

SS17   ss3painlimts   R3 SS17 PAIN EVER LIMTS ACTIVIT

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, has pain ever limited {your/SP's} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS18A   ss3painmedof   R3 SS18A LST MNTH OFTEN PAIN MED

QUESTION TEXT:

> SHOWCARD SS1
>
> In the last month, how often did {you/SP} take medication for pain? Would you say every day, most days, some days, rarely or never?
>
> IF NEEDED: Include medications {you/{he/she}} took to treat or prevent pain.

CODES

1	EVERY DAY (7 DAYS A WEEK)
2	MOST DAY S(5-6 DAYS A WEEK)
3	SOME DAY S(2-4 DAYS A WEEK)
4	RARELY (ONCE A WEEK OR LESS)
5	NEVER
	REFUSED
	DON'T KNOW

BOX SS18B   BOX SS18B   NOT ON FILE

> If SS15=1 (PAIN) or SS18A=1 (PAIN MEDS EVERY DAY), 2 (PAIN MEDS MOST DAYS), 3 (PAIN MEDS SOME DAYS), or 4 (PAIN MEDS RARELY), go to SS18B
> Otherwise, go to SS19

SS18B

	ss3painwhe1	R3 SS18B BACK PAIN IN LAST MNTH
	ss3painwhe2	R3 SS18B HIP PAIN IN LAST MONTH
	ss3painwhe3	R3 SS18B KNEE PAIN INLAST MNTH
	ss3painwhe4	R3 SS18B FOOT PAIN IN LAST MNTH
	ss3painwhe5	R3 SS18B HAND PAIN IN LAST MNTH
	ss3painwhe6	R3 SS18B WRIST PAIN IN LAST MNTH
	ss3painwhe7	R3 SS18B SHOULDR PAIN LAST MNTH
	ss3painwhe8	R3 SS18B HEAD PAIN IN LAST MNTH
	ss3painwhe9	R3 SS18B NECK PAIN IN LAST MNTH
	ss3painwhe10	R3 SS18B ARM PAIN IN LAST MNTH
	ss3painwhe11	R3 SS18B LEG PAIN IN LAST MNTH
	ss3painwhe12	R3 SS18B STOMACH PAIN LAST MNTH
	ss3painwhe13	R3 SS18B OTHR SPCFY PAIN LST MO

QUESTION TEXT:

> SHOW CARD SS2

Please look at this card and tell me where {you have/SP has} had pain in the last month.

IF NEEDED: Include places for which {you/{he/she}} took medications to treat or prevent pain.

SELECT ALL THAT APPLY

CODES

1	BACK	SS19
2	HIPS	SS19
3	KNEES	SS19
4	FEET	SS19
5	HANDS	SS19
6	WRISTS	SS19
7	SHOULDERS	SS19
8	HEAD	SS19
9	NECK	SS19
10	ARMS	SS19
11	LEGS	SS19
12	STOMACH	SS19
91	OTHER PLACES (SPECIFY)	

SS18C   SS18C   NOT ON FILE

QUESTION TEXT:

SPECITY OTHER PLACES SP HAD PAIN

ENTER TEXT

Length   50

SS19   ss3probbreat   R3 SS19 BREATHING PROBLEMS

QUESTION TEXT:

In the last month, did {you/SP} have any breathing problems, including shortness of breath or difficulty breathing?

CODES

1	YES	
2	NO	SS21
	REFUSED	SS21
	DON'T KNOW	SS21

SS20   ss3probrlimt   R3 SS20 BREATH PROBLS LIMT ACTIV

QUESTION TEXT:

In the last month, did {your/SP's} breathing problems ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS21   ss3strnglmup   R3 SS21 UPPER BOD STRENGTH LIMIT

QUESTION TEXT:

In the last month, did {you/SP} have limited strength or movement in {your/his/her} shoulders, arms, or hands?

CODES

1	YES	
2	NO	SS23
	REFUSED	SS23
	DON'T KNOW	SS23

SS22   ss3uplimtact   R3 SS22 UP BOD STRNGTH LIMT ACT

QUESTION TEXT:

In the last month, did this problem with {your/SP's} shoulders, arms, or hands ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS23   ss3lwrbodstr   R3 SS23 LOWER BODY STRNGTH LIMIT

QUESTION TEXT:

In the last month, did {you/SP} have limited strength or movement in {your/his/her} hips, legs, knees, or feet?

CODES

1	YES	
2	NO	SS25
	REFUSED	SS25
	DON'T KNOW	SS25

SS24   ss3lwrbodimp   R3 SS24 LWER BOD STRNGTH IMT ACT

QUESTION TEXT:

In the last month, did this problem with {your/SP's} hips, legs, knees, or feet ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS25   ss3lowenergy   R3 SS26 LOW ENERGY IN LAST MONTH

QUESTION TEXT:

In the last month, did {you/SP} have low energy or {were you/was SP} easily exhausted?

CODES

1	YES	
2	NO	SS27
	REFUSED	SS27
	DON'T KNOW	SS27

SS26   ss3loenlmtat   R3 SS26 LOW ENERGY EVER LIM ACT

QUESTION TEXT:

In the last month, did {your/SP's} low energy or exhaustion ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS27   ss3prbbalcrd   R3 SS27 BALANCE OR COORD PROBS

QUESTION TEXT:

In the last month, did {you/SP} have problems with balance or coordination?

CODES

1	YES	
2	NO	SECTION PC
	REFUSED	SECTION PC
	DON'T KNOW	SECTION PC

SS28   ss3prbbalcnt   R3 SS28 BAL COORD PROB LIMIT ACT

QUESTION TEXT:

In the last month, did {your/SP's} balance or coordination problems ever limit {your/SP's} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Go to Section PC – Physical Capacity

Flag Variables Set in SS Section	
fl3deaf	R3 F SS DEAF PRIOR OR CURRENT ROUND
fl3blind	R3 F SS BLIND PRIOR OR CURRENT ROUND