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   ss4heringaid   R4 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   ss4hearphone   R4 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   ss4convwradi   R4 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 quiet room?

CODES

1	YES	BOX SS7PRE
2	NO	
	REFUSED	
	DON'T KNOW	

SS4C   ss4convquiet   R4 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   ss4glasseswr   R4 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

ss4seewellst   R4 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

ss4seetvgls   R4 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

ss4glasscls   R4 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 close up?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS11　　　　ss4othvisaid　　　　R4 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　　　　ss4glrednewp　　　　R4 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.

PRESS 1 AND ENTER TO CONTINUE

SS13   **ss4probchswl**   R4 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   **ss4probspeak**   R4 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   **ss4painbothr**   R4 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   **ss4painlimts**   R4 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

| **SS18A** | **ss4painmedof** | R4 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	**ss4painwhe1**	R4 SS18B BACK PAIN IN LAST MNTH
	ss4painwhe2	R4 SS18B HIP PAIN IN LAST MONTH
	ss4painwhe3	R4 SS18B KNEE PAIN INLAST MNTH
	ss4painwhe4	R4 SS18B FOOT PAIN IN LAST MNTH
	ss4painwhe5	R4 SS18B HAND PAIN IN LAST MNTH
	ss4painwhe6	R4 SS18B WRIST PAIN IN LAST MNTH
	ss4painwhe7	R4 SS18B SHOULDR PAIN LAST MNTH
	ss4painwhe8	R4 SS18B HEAD PAIN IN LAST MNTH
	ss4painwhe9	R4 SS18B NECK PAIN IN LAST MNTH
	ss4painwhe10	R4 SS18B ARM PAIN IN LAST MNTH
	ss4painwhe11	R4 SS18B LEG PAIN IN LAST MNTH
	ss4painwhe12	R4 SS18B STOMACH PAIN LAST MNTH
	ss4painwhe13	R4 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   **ss4probbreat**   R4 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   **ss4probrlimt**   R4 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   **ss4strnglmup**   R4 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   **ss4uplimtact**   R4 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   **ss4lwrbodstr**   R4 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   **ss4lwrbodimp**   R4 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   **ss4lowenergy**   R4 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   **ss4loenlmtat**   R4 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   ss4prbbalcrd   R4 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   ss4prbbalcnt   R4 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	
fl4deaf	R4 F SS DEAF PRIOR OR CURRENT ROUND
fl4blind	R4 F SS BLIND PRIOR OR CURRENT ROUND