
NHATS Round 4

Section HC [HEALTH CONDITIONS]

Sequence: 3

HC1PRE

HC1PRE

NOT ON FILE

QUESTION TEXT:

Let's start with some questions about {your/SP's} health.

PRESS 1 AND ENTER TO CONTINUE

HC1

hc4health

R4 HC1 OVERALL HEALTH CONDITION

QUESTION TEXT:

Would you say that in general {your/SP's} health is excellent, very good, good, fair, or poor?

CODES

- | | |
|---|------------|
| 1 | EXCELLENT |
| 2 | VERY GOOD |
| 3 | GOOD |
| 4 | FAIR |
| 5 | POOR |
| | REFUSED |
| | DON'T KNOW |

HC2

hc4disescn1

R4 HC2 SP HAD HEART ATTACK

hc4disescn2

R4 HC2 SP HAS HEART DISEASE

hc4disescn3

R4 HC2 SP HAS HIGH BLOOD PRESS

hc4disescn4

R4 HC2 SP HAS ARTHRITIS

hc4disescn5

R4 HC2 SP HAS OSTEOPOROSIS

hc4disescn6

R4 HC2 SP HAS DIABETES

hc4disescn7

R4 HC2 SP HAS LUNG DISEASE

hc4disescn8

R4 HC2 SP HAD STROKE

hc4disescn9

R4 HC2 SP HAS DEMENTIA OR ALZH

hc4disescn10

R4 HC2 SP HAS CANCER

DIPLAY INSTRUCTIONS:

Use "Same Question Stem" display

If at HC2a, do not display question text in brackets.
Otherwise, display question text in brackets.

QUESTION TEXT:

{{}}We are interested in new health conditions that {you have/SP has} learned about this year. Since the time of the last interview in {LAST INT MONTH AND YEAR}, has a doctor told {you/him/her} that {you/he/she}

had{}}

{variable text [a-j]}

RESPONSE [1] a. a heart attack or myocardial infarction?

RESPONSE [2] b. any heart disease including angina or congestive heart failure?

RESPONSE [3] c. high blood pressure or hypertension?

RESPONSE [4] d. arthritis (including osteo or rheumatoid arthritis)?

RESPONSE [5] e. osteoporosis or thinning of the bones?

RESPONSE [6] f. diabetes?

RESPONSE [7] g. lung disease, such as emphysema, asthma, or chronic bronchitis?

RESPONSE [8] h. a stroke?

RESPONSE [9] i. dementia or Alzheimer's Disease?

RESPONSE [10] j. cancer

CODES

1	YES
2	NO
7	PREVIOUSLY REPORTED REFUSED DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Array the responses and Variable text columns in the panel.

Display 'variable text' in the a-j sequence until all rows have been displayed

BOX HC3

BOXHC3

NOT ON FILE

QUESTION TEXT:

If HC2j = 1 (YES,CANCER), go to HC3.
Otherwise, go to BOX HC4.

HC3

hc4cancerty1

R4 HC3 SP HAD SKIN CANCER

hc4cancerty2 (Sensitive)

R1 HC3 SP HAD BREAST CANCER

hc4cancerty3 (Sensitive)

R4 HC3 SP HAD PROSTATE CANCER

hc4cancerty4 (Sensitive)

R4 HC3 SP HAD BLADDER CANCER

hc4cancerty5 (Sensitive)

R4 HC3 SP HAD CRV OVRN UTRN CNCR

hc4cancerty6 (Sensitive)

R4 HC3 SP HAD COLON CANCER

hc4cancerty7 (Sensitive)

R4 HC3 SP HAD KIDNEY CANCER

hc4cancerty8 (Sensitive)

R4 HC3 SP HAD OTHER CANCER

DISPLAY INSTRUCTIONS:

If IS4=1 (SP is male), display "prostate cancer," and response code 3.

QUESTION TEXT:

Was that skin cancer, breast cancer, {prostate cancer,} or some other type?
SELECT ALL THAT APPLY

CODES	CODE ALL THAT APPLY	
1	SKIN CANCER	HC5
2	BREAST CANCER	HC5
3	{PROSTATE CANCER}	HC5
4	BLADDER CANCER	
5	CERVICAL/OVARIAN/UTERINE CANCER	HC5
6	COLON CANCER	HC5
7	KIDNEY CANCER	HC5
91	OTHER TYPE OF CANCER (SPECIFY)	HC5
	REFUSED	HC5
	DON'T KNOW	HC5

PROGRAMMER INSTRUCTIONS:

Allow code all that apply

HC3B

HC3B

NOT ON FILE

QUESTION TEXT:

SPECIFY TYPE OF CANCER

IF NEEDED: What type of cancer was this?

ENTER TEXT

Length

25

REFUSED

DON'T KNOW

HC5

hc4brokebon1

R4 HC5A SP BROKEN OR FRACT HIP

hc4brokebon2

R4 HC5B SP OTHR BRKN FRACT BONE

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.

If at HC5a, do not display question text in brackets.

Otherwise, display question text in brackets.

QUESTION TEXT:

{ } Since the time of the last interview in {LAST INT MONTH AND YEAR}, has a doctor told {you/SP} that {you/he/she} had{ }

{variable text [a-b]}

RESPONSE [1] a. a broken or fractured hip?

RESPONSE [2] b. other broken or fractured bones?

CODES

1

YES

2

NO

REFUSED

DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Array the responses and Variable text columns in the panel.

Display 'variable text' in the a-b sequence until all rows have been displayed.

HC7

hc4hosptstay

R4 HC7 SP HOSP STAY LAST 12MOS

QUESTION TEXT:

{Have you/Has SP} had an overnight hospital stay since the time of the last interview in {LAST INT MONTH AND YEAR}?

CODE

1	YES	
2	NO	HC9PRE
	REFUSED	HC9PRE
	DON'T KNOW	HC9PRE

PROGRAMMER INSTRUCTIONS:

Display month as word.

HC8

hc4hosovrnt

R4 HC8 SP NUM OF HOSP STAYS

QUESTION TEXT:

How many separate overnight hospital stays {have you/has SP} had since the time of the last interview in {LAST INT MONTH AND YEAR}? By hospital stay, we mean a time when {you/SP} stayed at least one night in the hospital.

ENTER NUMBER

Range	1 to 365
Soft Range	1 to 12
REFUSED	
DON'T KNOW	

PROGRAMMER INSTRUCTIONS:

Numeric field length 3.
Hard range 1-365
Soft range 1-12

HC9PRE

HC9PRE

NOT ON FILE

QUESTION TEXT:

Next I have a few questions about any types of surgery {you/SP} may have had since the time of the last interview in {LAST INT MONTH AND YEAR}.

HC9

hc4knesrgyr

R4 HC9B KNEE SURGERY IN 12 MNTHS

hc4hipsrgyr

R4 HC10B HIP SURG IN 12 MNTHS

hc4catrsrgyr

R4 HC11B CATER SURG IN 12 MNTHS

hc4backsrgyr

R4 HC12B BCK SPNE SURGR 12 MNTHS

hc4hartsrgyr

R4 HC13B HEART SURGERY 12 MONTHS

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.

If at HC9b, do not display question text in brackets.
Otherwise, display question text in brackets.

QUESTION TEXT:

{[]Since {LAST INT MONTH AND YEAR}, did {you/SP} have... }

{variable text [9b-13b]}

RESPONSE [1] 9B. knee surgery?
IF NEEDED: Knee surgery includes knee repair or replacement.

RESPONSE [2] 10B. hip surgery?
IF NEEDED: Hip surgery includes hip repair or replacement.

RESPONSE [3] 11B. cataract surgery?
RESPONSE [4] 12B. back or spine surgery?
RESPONSE [5] 13B. heart surgery?
IF NEEDED: Heart surgery includes a bypass, valve surgery, a pacemaker, or a stent.

CODES

1 YES
2 NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Array the responses and variable text columns in the panel.
Display "variable text" in the 9B-13B sequence until all rows have been displayed.

HC14PRE	HC14PRE	NOT ON FILE
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QUESTION TEXT:

These next few questions are about falling down. By falling down we mean any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.

PRESS 1 AND ENTER TO CONTINUE

HC14	hc4fllsinmth	R4 HC14 FALL DOWN IN LAST MONTH
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DISPLAY INSTRUCTIONS:

Display "last month" in bold underlined text.

QUESTION TEXT:

In the last month, {have you/has SP} fallen down?

CODES

1 YES
2 NO
REFUSED
DON'T KNOW

HC15	hc4worryfall	R4 HC15 WORRIED ABOUT FALLING DOWN
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DISPLAY INSTRUCTIONS:

Display "last month" in bold underlined text.

QUESTION TEXT:

In the last month, did {you/SP} worry about falling down?

CODES

1	YES	
2	NO	BOX HC17
	REFUSED	BOX HC17
	DON'T KNOW	BOX HC17

HC16

hc4worrylimt

R4 HC16 WORRY EVR LIMT ACTIVITIES

DISPLAY INSTRUCTIONS:

Display "last month" in bold underlined text.

QUESTION TEXT:

In the last month, did this worry ever limit {your/SP's} activities?

CODES

1	YES	
2	NO	
	REFUSED	
	DON'T KNOW	

BOX HC17

BOX HC17

NOT ON FILE

QUESTION TEXT:

If HC14 = 1 (YES), go to HC18.
Otherwise, go to HC17.

HC17

hc4faleninyr

R4 HC17 FALLEN DOWN IN 12 MONTHS

QUESTION TEXT:

Since {LAST INT MONTH AND YEAR} {have you/has SP} fallen down?

IF NEEDED: By falling down we mean any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.

CODES

1	YES	
2	NO	HC19
	REFUSED	HC19
	DON'T KNOW	HC19

HC18

hc4multifall

R4 HC18 FALLEN DWN MORE THN ONCE

QUESTION TEXT:

Since {LAST INT MONTH AND YEAR} {have you/has SP} fallen down more than one time?

CODES

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

HC19	hc4depresan1	R4 HC19A SP LITTLE INTERST PLEAS
	hc4depresan2	R4 HC19B SP DOWN DEPRES HOPELESS
	hc4depresan3	R4 HC19C SP NERVOUS ANXIOUS
	hc4depresan4	R4 HC19D SP UNABLE TO STOP WORRY

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display

If at HC19a, do not display question text in brackets.
Otherwise, display question text in brackets.

QUESTION TEXT:

SHOW CARD HC1

{[]Over the last month, how often {have you/has SP}{[]}

{variable text [a-d]}

RESPONSE [1] a. had little interest or pleasure in doing things?
RESPONSE [2] b. felt down, depressed, or hopeless?
RESPONSE [3] c. felt nervous, anxious, or on edge?
RESPONSE [4] d. been unable to stop or control worrying?

{[]Not at all, several days, more than half the days, or nearly every day?{[]}

CODES

- 1 NOT AT ALL
- 2 SEVERAL DAYS
- 3 MORE THAN HALF THE DAYS
- 4 NEARLY EVERY DAY
- REFUSED
- DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Array the responses and Variable text columns in the panel.
Display 'variable text' in the a-d sequence until all rows have been displayed.

HC20PRE	HC20PRE	NOT ON FILE
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QUESTION TEXT:

The next few questions are about how {you have/SP has} been sleeping.

PRESS 1 AND ENTER TO CONTINUE

HC20	hc4aslep3omn	R4 HC20 OVER 30 MIN FALL ASLEEP
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DISPLAY INSTRUCTIONS:

Display "last month" in bold underlined text.

QUESTION TEXT:

SHOW CARD HC2
In the last month how often did it take {you/SP} more than 30 minutes to fall asleep? Would you say every night, most nights, some nights, rarely, or never?

CODES

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

HC21

hc4trbfalbck

R4 HC21 TROBLE FALLNG BCK ASLEEP

DISPLAY INSTRUCTIONS:

Display "last month" in bold underlined text.

QUESTION TEXT:

SHOW CARD HC3
(In the last month) on nights when {you/SP} woke up before {you/he/she} wanted to get up, how often did {you/he/she} have trouble falling back asleep? Would you say every night, most nights, some nights, rarely, or never?

CODES

- 1 EVERY NIGHT
- 2 MOST NIGHTS
- 3 SOME NIGHTS
- 4 RARELY
- 5 NEVER
- 7 DON'T WAKE UP/NOT A PROBLEM
- REFUSED
- DON'T KNOW

HC22

hc4sleepmed

R4 HC22 OFTN MEDICATE HELP SLEEP

DISPLAY INSTRUCTIONS:

Display "last month" in bold underlined text.

QUESTION TEXT:

SHOW CARD HC3
(In the last month) how often did {you/SP} take medication to help {you/him/her} sleep? Would you say every night, most nights, some nights, rarely, or never?

CODES

- 1 EVERY NIGHT (7 NIGHTS A WEEK)

- 2 MOST NIGHTS (5-6 NIGHTS A WEEK)
 - 3 SOME NIGHTS (2-4 NIGHTS A WEEK)
 - 4 RARELY (ONCE A WEEK OR LESS)
 - 5 NEVER
- REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Go to Section HT – HOUSING TYPE
