

SECTION 10: RESPONDENT AND FAMILY HEALTH (HEA)

[R50813.00] HEALTH-START
SECTION 10. HEALTH

Set HEA_START_TM to the current time
If LOQ_FLAG eq 1, store 0 in LOQ_FLAG, go to loq
PRESS ENTER TO CONTINUE.
Store 1 in HEA-START to show that section has been accessed.

DefNext: CK-HEA-A
Lead-In: HGP-END-TM [Default]

[R50824.00] CK-HEA-A

CHECK ITEM

- 1 If respondent has a current employer (CURR-EMP=1), store 1...(Go to HEA-2)
- 0 All others, store 0

DefNext: HEA-1
Lead-In: CK-HEA-A [Default]

[R50825.00] HEA-1

Now we are going to ask you some questions about your health.
Does your health or physical condition prevent you from working for pay altogether?
1 YES...(Go to CK-HEA-B)
0 NO

DefNext: HEA-2
Lead-In: CK-HEA-A [Default]

[R50826.00] HEA-2

(IF CK-HEA-A = 1, FILL PARENTHETICAL)

[Now we are going to ask you some questions about your health.] Do you have any health problem or condition that limits in any way the AMOUNT or KIND of work for pay you can do?
1 YES
0 NO

DefNext: CK-HEA-B
Lead-In: HEA-1 [Default], CK-HEA-A [1:1]

[R50827.00] CK-HEA-B

CHECK ITEM

- 1 If Respondent lives alone, store 1...(Go to HEA-5E)
- 2 If there are any Family members or husband/partner listed, store 2
- 3 All others (No family members listed)...(Go to HEA-5)

DefNext: HEA-3A
Lead-In: HEA-2 [Default], HEA-1 [1:1]

[R50828.00] HEA-3A

(If HEA-1 = 1 or HEA-2 = 1, fill parenthetical)

Does the health condition of any family member living here [besides yourself] affect the KIND or AMOUNT of work for pay you can do or where you can work for pay?

NOTE: A PARTNER IS A FAMILY MEMBER

- 1 YES...(Go to HEA-3B-ARR)
0 NO

DefNext: CK-HEA-C

Lead-In: CK-HEA-B [Default]

[R50829.00] HEA-3B-ARR

Is the person listed in Line 01 of the Household roster the person identified in HEA-3B as having a health condition affecting the respondent's work?

- 1 YES
0 NO...(Go to CK-HEA-C)

DefNext: HEA-3B2-ARR

Lead-In: HEA-3A [1:1]

[R50830.00] HEA-3B2-ARR

Relationship (from HRC section) of family member listed on LINE 01

- | | | |
|---------------------------|--|--|
| (0) Respondent | (11) Grandparent | (21) Foster child - male |
| (1) Husband | (12) Other blood relative - male | (22) Foster child - female |
| (2) Son (biological) | (13) Other blood relative - female | (24) Partner - Male |
| (3) Daughter (biological) | (14) Other in-law relative - male | (25) Partner - Female |
| (4) Mother | (15) Other in-law relative - female | (26) Boarder - Male |
| (5) Father | (16) Other relative, sex not specified | (27) Boarder - Female |
| (6) Sister | (17) Adopted Son | (28) Other non-relative - male |
| (7) Brother | (18) Adopted Daughter | (29) Other non-relative - female |
| (8) Grandchild | (19) Stepson | (30) Other non-relative, sex not specified |
| (9) Father-in-law | (20) Stepdaughter | |
| (10) Mother-in-law | | |

DefNext: CK-HEA-C

Lead-In: HEA-3B-ARR [Default]

[R50845.00] HEA-3B

Which family member is this?

ENTER LINE NUMBER OF FAMILY MEMBER ____ Anyone else?

ENTER LINE NUMBER TO SELECT OR DESELECT A PERSON ENTER "-8" WHEN DONE.

-8 DONE

DefNext: CK-HEA-C

Lead-In: HEA-3B2-ARR [Default], HEA-3B-ARR [0:0]

[R50847.00] CK-HEA-C

CHECK ITEM: DOES RESPONDENT HAVE HUSBAND OR PARTNER?

- 1 SIGOTHER = 1, 2, 3, OR 4, store 1...(Go to HEA-4A)
0 All Others, store 0

DefNext: HEA-5

Lead-In: HEA-3A [Default], HEA-3B-ARR [Default]

[R50848.00] HEA-4A

Does [H_FIRST]'s health or physical condition limit the AMOUNT or KIND of work for pay [he/she] can do?

- 1 YES...(Go to HEA-4B)
0 NO

DefNext: HEA-5

Lead-In: CK-HEA-C [1:1]

[R50849.00, R50850.00] HEA-4B

How long has [he/she] been limited in this way? Enter MONTHS AND/OR YEAR: |_|_|-|_|_|

DefNext: HEA-5

Lead-In: HEA-4A [1:1]

[R50851.00] HEA-4B@1

How long has [he/she] been limited in this way?

- 1 ENTIRE LIFE

DefNext: HEA-5

Lead-In: HEA-4B [0:0]

[R50852.00] HEA-5

(If HEA-1 = 1 or HEA-2 = 1, fill "besides yourself")

Is anyone in your household (besides you) disabled or chronically ill?

- 1 YES...(Go to HEA-5B-ARR)
0 NO

DefNext: HEA-5E

Lead-In: CK-HEA-C [Default], HEA-4A [Default], HEA-4B@1 [Default], CK-HEA-B [3:3]

[R50853.00] HEA-5B-ARR

(Display list of household members)

(If there is more than one household member, fill "Is there anyone else?")

Which household member is this? (Mark all that apply.) [Is there anyone else?]

- 1 YES
0 NO...(Go to HEA-5B-ARR)

DefNext: HEA-5B2-ARR

Lead-In: HEA-5 [1:1]

[R50854.00] HEA-5B2-ARR

Relationship (from HRC section) of disabled/chronically ill household member listed on LINE 01

- | | | |
|---------------------------|--|--|
| (0) Respondent | (11) Grandparent | (21) Foster child - male |
| (1) Husband | (12) Other blood relative - male | (22) Foster child - female |
| (2) Son (biological) | (13) Other blood relative - female | (24) Partner - Male |
| (3) Daughter (biological) | (14) Other in-law relative - male | (25) Partner - Female |
| (4) Mother | (15) Other in-law relative - female | (26) Boarder - Male |
| (5) Father | (16) Other relative, sex not specified | (27) Boarder - Female |
| (6) Sister | (17) Adopted Son | (28) Other non-relative - male |
| (7) Brother | (18) Adopted Daughter | (29) Other non-relative - female |
| (8) Grandchild | (19) Stepson | (30) Other non-relative, sex not specified |
| (9) Father-in-law | (20) Stepdaughter | |
| (10) Mother-in-law | | |

DefNext: HEA-5B
Lead-In: HEA-5B-ARR [Default]

[R50873.00] HEA-5B

Which household member is this? [Is there anyone else?]
ENTER LINE NUMBER TO SELECT OR DESELECT A PERSON
ENTER "-8" WHEN DONE.
-8 DONE

DefNext: HEA-5C
Lead-In: HEA-5B2-ARR [Default]

[R50875.00] HEA-5C

(If HEA-5B filled ONLY one time, fill "this person"
(If HEA-5B filled more than one time, fill "these people"
Do you regularly spend time helping or taking care of [this person/these people]?
1 YES...(Go to HEA-5D)
0 NO

DefNext: HEA-5E
Lead-In: HEA-5B2 [Default]

[R50876.00] HEA-5D

About how many hours per week do you spend doing this?
INTERVIEWER: IF LESS THAN ONE HOUR, ENTER "1"
Enter Answer: |_|_|_|_|

DefNext: HEA-5E
Lead-In: HEA-5C [1:1]

[R50877.00] HEA-5E

Do you regularly spend time helping or taking care of a relative or friend who does not live in your household?
1 YES...(Go to HEA-5F)
0 NO

DefNext: HEA-6A
Lead-In: HEA-5 [Default], HEA-5C [Default], HEA-5D [Default], CK-HEA-B [1:1]

[R50878.00] HEA-5F

About how many hours per week do you spend doing this?
INTERVIEWER: IF LESS THAN ONE HOUR, ENTER "1"
Enter Answer: |_|_|_|_|

DefNext: HEA-6A
Lead-In: HEA-5E [1:1]

[R50879.00] HEA-6A

Would you rate your health, compared with other women about your age, as excellent, good, fair, or poor?
1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

DefNext: HEA-6B

Lead-In: HEA-5E [Default], HEA-5F [Default]

[R50880.00] HEA-6B

Since [DOLI_TEXT], has your health condition become better, worse, or remained the same?

- 1 BETTER
- 2 WORSE
- 3 SAME

DefNext: CK-HEA-T1

Lead-In: HEA-6A [Default]

[R50881.00] CK-HEA-T1

CHECK ITEM:

- 1 Respondent is a Mature Woman, I-Type = 1, store 1...(Go to HEA-7B@F)
- 0 Respondent is a Young Woman, I-Type = 2, store 0

DefNext: CK-HEA-C2

Lead-In: HEA-6B [Default]

[R50882.00] HEA-7B@F

What is your height in stocking feet?

INTERVIEWER: ROUND TO THE NEAREST WHOLE NUMBER

Enter FEET: |_|_|

DefNext: HEA-7B@I

Lead-In: CK-HEA-T1 [1:1]

[R50883.00] HEA-7B@I

What is your height in stocking inches?

INTERVIEWER: ROUND TO THE NEAREST WHOLE NUMBER

Enter INCHES: |_|_|_|

DefNext: HEA-7A

If Answer =-1 Then Go To: CK-HEA-C2

Lead-In: HEA-7B@F [Default]

[R50884.00] HEA-7A

It is commonly accepted that a woman's health is related to her weight. What is your weight? POUNDS

Enter POUNDS: |_|_|_|

DefNext: CK-HEA-C2

Lead-In: HEA-7B@I [Default]

[R50885.00] CK-HEA-C2

CHECK ITEM:

- 1 HBP-FLG = 1, store 1...(Go to HEA-8B)
- 2 HBP-FLG = 2, store 2
- 3 All others, store 3

DefNext: HEA-8A

Lead-In: CK-HEA-T1 [Default], HEA-7A [Default], HEA-7B@I [-1:-1]

[R50886.00] HEA-8A

(If CK-HEA-C2=2, fill parenthetical)

[Since (DOLI_TEXT),]Has/has a doctor EVER told you that you have high blood pressure or hypertension?

- 1 YES
- 0 NO...(Go to CK-HEA-C3)

DefNext: HEA-8B

If Answer >=-1 and Answer <=0 Then Go To: CK-HEA-C3

Lead-In: CK-HEA-C2 [Default]

[R50887.00] HEA-8A1

Has a doctor EVER told you that you have high blood pressure or hypertension?

- 1 YES
- 0 NO...(Go to CK-HEA-C3)

DefNext: HEA-8B

If Answer >=-1 and Answer <=0 Then Go To: CK-HEA-C3

Lead-In: HEA-8B [3:3]

[R50888.00] HEA-8B

(If CK-HEA-C2 = 1, fill parenthetical)

(If HEA-8A NE blank or HEA-8A1 = 1 or D), do not fill parenthetical)

[On DOLI_TEXT), you said that a doctor once told you that you had high blood pressure or hypertension.] Do you have high blood pressure or hypertension now?

- 1 YES...(Go to HEA-8C)
- 0 NO
- 3 RESPONDENT DISAGREES...(Go to HEA-8A1)

DefNext: CK-HEA-C3

Lead-In: HEA-8A [Default], HEA-8A1 [Default], CK-HEA-C2 [1:1]

[R50889.00] HEA-8C

Are you taking medication for your blood pressure now?

- 1 YES
- 0 NO

DefNext: CK-HEA-C3

Lead-In: HEA-8B [1:1]

[R50890.00] CK-HEA-C3

CHECK ITEM:

- 1 If respondent reported having cancer last time, (CNCR_FLG=1), store 1...(Go to HEA-9B@1)
- 2 If respondent did not report having cancer last time, (CNCR_FLG=2), store 2
- 3 All others, store 3

DefNext: HEA-9A

Lead-In: HEA-8B [Default], HEA-8C [Default], HEA-8A [-1:0], HEA-8A1 [-1:0]

[R50891.00] HEA-9A

(If CK-HEA-C3=2, fill parenthetical)

(If CK-HEA-C3=3, or HEA-9B@D=1, DO NOT fill parenthetical)

[Since (DOLI),] Has a doctor ever told you that you have cancer or a malignant tumor of any kind except skin cancer?

- 1 YES...(Go to HEA-9B@1)
0 NO

DefNext: CK-HEA-C4

Lead-In: CK-HEA-C3 [Default]

[R50892.00] HEA-9A1

Has a doctor ever told you that you have cancer or a malignant tumor of any kind except skin cancer?

- 1 YES
0 NO...(Go to CK-HEA-C4)

DefNext: HEA-9B@1

If Answer >=-1 and Answer <=0 Then Go To: CK-HEA-C4

Lead-In: HEA-9B@D [Default]

[R50893.00] HEA-9B@1

(If CK-HEA-C3 = 1, fill parenthetical)

(If HEA-9A NE Blank or HEA-_9A1 = 1 OR D, do not fill parenthetical)

On (DOLI), you said that a doctor once told you that you had cancer.] How many such cancers have you had?

@1 Number of Cancers _____ SKIP TO 9C

Enter Answer: |_|_|

DefNext: HEA-9B@D

If Answer >=1 and Answer <=99 Then Go To: HEA-9C

If Answer =-1 Then Go To: CK-HEA-C4

If Answer =-2 Then Go To: HEA-9C

Lead-In: HEA-9A1 [Default], HEA-9A [1:1], CK-HEA-C3 [1:1]

[R50894.00] HEA-9B@D

On (DOLI), you said that a doctor once told you that you had cancer. How many such cancers have you had?
Respondent Disagrees.

- 1 YES
0 NO

DefNext: HEA-9A1

Lead-In: HEA-9B@1 [Default]

[R50895.00] HEA-9C

(IF HEA-9B GT 1, fill "most recent"

In what year was your [most recent] cancer diagnosed? Enter YEAR: |_|_|_|_|_|

DefNext: HEA-9D

Lead-In: HEA-9B@1 [1:99], HEA-9B@1 [-2:-2]

[R50896.00] HEA-9D

(IF HEA-9B GT 1, fill parenthetical "most recent."

FLASHCARD 10-A

In what organ or part of the body did this [most recent] cancer occur?

- | | | |
|-----------|-----------------|----------------|
| 1 Bladder | 8 Lung | 15 Skin - head |
| 2 Bone | 9 Mouth, tongue | 16 Skin - leg |

3 Breast	10 Ovaries	17 Skin - Melanoma
4 Brain	11 Pancreas	18 Uterus
5 Cervix	12 Rectum	19 Vagina
6 Colon	13 Skin - arm	20 Other specify
7 Kidney	14 Skin - face	

DefNext: CK-HEA-C4

Lead-In: HEA-9C [Default]

[R50897.00] CK-HEA-C4

CHECK ITEM:

- 1 If respondent reported having a heart attack last time,(HA-FLG = 1), store 1...(Go to HEA-10C)
- 2 If respondent reported having a general heart problem last time,(HD-FLG = 1), store 2...(Go to HEA-10B)
- 3 If respondent did not report having a general heart problem last time,(HD-FLG = 2), store 3
- 4 All others, store 4

DefNext: HEA-10A

Lead-In: HEA-9A [Default], HEA-9D [Default], HEA-9A1 [-1:0], HEA-9B@1 [-1:-1]

[R50898.00] HEA-10A

(If CK-HEA-C4=3, fill parenthetical)

(If CK-HEA-C4=4, or HEA-10B=3, or HEA-10C@D=1 or HEA-10A1=1 or D, DO NOT fill parenthetical)

[Since (DOLI),] Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

- 1 YES
- 0 NO...(Go to HEA-11)

DefNext: HEA-10B

If Answer >=-1 and Answer <=0 Then Go To: HEA-11

Lead-In: CK-HEA-C4 [Default]

[R50899.00] HEA-10A1

Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

- 1 YES
- 0 NO...(Go to HEA-11)

DefNext: HEA-10B

If Answer >=-1 and Answer <=0 Then Go To: HEA-11

Lead-In: HEA-10C@D [Default], HEA-10B [3:3]

[R50900.00] HEA-10B

(IF CK-HEA-C4 = 2, fill parenthetical)

(If HEA-10A is not blank, DO NOT fill parenthetical)

[On DOLI_TEXT], you said that a doctor once told you that you had heart problems, for example coronary heart disease, angina, or congestive heart failure.]

Did you have a heart attack or myocardial infarction?

- 1 YES...(Go to HEA-10C)
- 0 NO
- 3 RESPONDENT DISAGREES...(Go to HEA-10A1)

DefNext: HEA-10D

Lead-In: HEA-10A [Default], HEA-10A1 [Default], CK-HEA-C4 [2:2]

[R50901.00] HEA-10C

(If CK-HEA-C4=1, fill parenthetical)

(If HEA-10B=1, DO NOT fill parenthetical)

[On (DOLI_TEXT),] you said that a doctor once told you that you had a heart attack or myocardial infarction]

In what year did you have your heart attack or myocardial infarction?

(INTERVIEWER: IF RESPONDENT INDICATES THAT SHE HAD MORE THAN ONE HEART ATTACK, ASK FOR THE YEAR OF HER MOST RECENT HEART ATTACK OR MYOCARDIAL INFARCTION.)

Enter YEAR: |_|_|_|_|

DefNext: HEA-10C@D

If Answer >=1900 and Answer <=1997 Then Go To: HEA-10D

Lead-In: HEA-10B [1:1], CK-HEA-C4 [1:1]

[R50902.00] HEA-10C@D

(If CK-HEA-C4=1, fill parenthetical)

(If HEA-10B=1, DO NOT fill parenthetical)

[On (DOLI),] you said that a doctor once told you that you had a heart attack or myocardial infarction]

In what year did you have your heart attack or myocardial infarction?

(INTERVIEWER: IF RESPONDENT INDICATES THAT SHE HAD MORE THAN ONE HEART ATTACK, ASK FOR THE YEAR OF HER MOST RECENT HEART ATTACK OR MYOCARDIAL INFARCTION.)

RESPONDENT DISAGREES

1 YES

0 NO

DefNext: HEA-10A1

Lead-In: HEA-10C [Default]

[R50903.00] HEA-10D

Do you currently have any angina or chest pains due to your heart?

1 YES...(Go to HEA-10E)

0 NO

DefNext: CK-HEA-C5

Lead-In: HEA-10B [Default], HEA-10C [1900:1997]

[R50904.00] HEA-10E

Are you taking or carrying any medication because of your chest pains?

1 YES

0 NO

DefNext: CK-HEA-C5

Lead-In: HEA-10D [1:1]

[R50905.00] CK-HEA-C5

CHECK ITEM:

1 If respondent reported having congestive heart failure last time (CHF-FLG = 1), store 1...(Go to HEA-10G)

0 All others, store 0

DefNext: HEA-10F

Lead-In: HEA-10D [Default], HEA-10E [Default]

[R50906.00] HEA-10F

Do you have congestive heart failure?

- 1 YES...(Go to HEA-10G)
- 0 NO

DefNext: CK-HEA-C6

Lead-In: CK-HEA-C5 [Default], HEA-10G [3:3]

[R50907.00] HEA-10G

(If CK-HEA-C5=1, fill parenthetical)

(If HEA-10F=1, DO NOT fill parenthetical)

[On (DOLI), you said that you had congestive heart failure.] Are you taking any medications for this?

- 1 YES
- 0 NO
- 3 RESPONDENT DISAGREES...(Go to HEA-10F)

DefNext: CK-HEA-C6

Lead-In: HEA-10F [1:1], CK-HEA-C5 [1:1]

[R50908.00] CK-HEA-C6

CHECK ITEM:

- 1 If respondent reported heart surgery last time(HS-FLG =1),store 1...(Go to HEA-11)
- 0 All others, store 0

DefNext: HEA-10H

Lead-In: HEA-10F [Default], HEA-10G [Default]

[R50909.00] HEA-10H

Have you ever had surgery on your heart?

- 1 YES
- 0 NO

DefNext: HEA-11

Lead-In: CK-HEA-C6 [Default]

[R50910.00] HEA-11

Do you smoke cigarettes?

- 1 YES
- 0 NO

DefNext: HEA-12A

Lead-In: HEA-10H [Default], HEA-10A [-1:0], HEA-10A1 [-1:0], CK-HEA-C6 [1:1]

[R50911.00] HEA-12A

Next I'd like to ask you some questions about drinking alcoholic beverages. Since [DATE OF LAST INTERVIEW], have you consumed any alcoholic beverages such as wine, beer, or liquor?

- 1 YES
- 0 NO...(Go to CK-HEA-T2)

DefNext: HEA-12B

If Answer >=-1 and Answer <=0 Then Go To: CK-HEA-T2

Lead-In: HEA-11 [Default]

[R50912.00] HEA-12B

Have you had any alcoholic beverages during the last 30 days?

- 1 YES
- 0 NO...(Go to CK-HEA-T2)

DefNext: HEA-12C

If Answer >=-1 and Answer <=0 Then Go To: CK-HEA-T2

Lead-In: HEA-12A [Default]

[R50913.00] HEA-12C

Thinking back to the last day you had a drink, about how many drinks did you have that day? By a drink, I mean the equivalent of a can of beer, a glass of wine, or a shot glass of hard liquor.

Enter Answer: |_|_|

DefNext: HEA-12D

If Answer ==-1 Then Go To: CK-HEA-T2

Lead-In: HEA-12B [Default]

[R50914.00] HEA-12D

On the days that you drink, about how many drinks do you have on the average? Enter Answer: |_|_|

DefNext: CK-HEA-T2

Lead-In: HEA-12C [Default]

[R50915.00] CK-HEA-T2

CHECK ITEM:

- 1 Respondent is a Mature Woman, I-Type = 1, store 1...(Go to HEA-13)
- 0 Respondent is a Young Woman, I-Type = 2, store 0

DefNext: HEA-14

Lead-In: HEA-12D [Default], HEA-12A [-1:0], HEA-12B [-1:0], HEA-12C [-1:-1]

[no data] HEA-13

LOOK AT FLASHCARD 10-B

We are interested in how much difficulty people have with various activities because of a health or physical problem. Please tell me if the activity I mention is not at all difficult for you, a little difficult, somewhat difficult, very difficult/can't do, or don't do.

DefNext: HEA-13A

Lead-In: CK-HEA-T2 [1:1]

[R50917.00] HEA-13A

How difficult is it for you to ... Run a mile?

- | | |
|--|-----------------------------|
| 1 NOT AT ALL DIFFICULT...(Go to HEA-13E) | 4 VERY DIFFICULT / CAN'T DO |
| 2 A LITTLE DIFFICULT | 5 DON'T DO |
| 3 SOMEWHAT DIFFICULT | |

DefNext: HEA-13B

Lead-In: HEA-13 [Default]

[R50918.00] HEA-13B

How difficult is it for you to ... Walk several blocks?

- | | |
|--|-----------------------------|
| 1 NOT AT ALL DIFFICULT...(Go to HEA-13E) | 4 VERY DIFFICULT / CAN'T DO |
|--|-----------------------------|

- 2 A LITTLE DIFFICULT
3 SOMEWHAT DIFFICULT
- 5 DONT DO

DefNext: HEA-13C

Lead-In: HEA-13A [Default]

[R50919.00] HEA-13C

How difficult is it for you to ... Walk one block?

- 1 NOT AT ALL DIFFICULT...(Go to HEA-13E) 4 VERY DIFFICULT / CAN'T DO
2 A LITTLE DIFFICULT 5 DONT DO
3 SOMEWHAT DIFFICULT

DefNext: HEA-13D

Lead-In: HEA-13B [Default]

[R50920.00] HEA-13D

How difficult is it for you to ... Walk across the room?

- 1 NOT AT ALL DIFFICULT 4 VERY DIFFICULT / CAN'T DO
2 A LITTLE DIFFICULT 5 DONT DO
3 SOMEWHAT DIFFICULT

DefNext: HEA-13E

Lead-In: HEA-13C [Default]

[R50921.00] HEA-13E

How difficult is it for you to ... Sit for about 2 hours?

- 1 NOT AT ALL DIFFICULT 4 VERY DIFFICULT / CAN'T DO
2 A LITTLE DIFFICULT 5 DONT DO
3 SOMEWHAT DIFFICULT

DefNext: HEA-13F

Lead-In: HEA-13D [Default], HEA-13A [1:1], HEA-13B [1:1], HEA-13C [1:1]

[R50922.00] HEA-13F

How difficult is it for you to ... Get up from a chair after sitting for long periods?

- 1 NOT AT ALL DIFFICULT 4 VERY DIFFICULT / CAN'T DO
2 A LITTLE DIFFICULT 5 DONT DO
3 SOMEWHAT DIFFICULT

DefNext: HEA-13G

Lead-In: HEA-13E [Default]

[R50923.00] HEA-13G

How difficult is it for you to ... Get in and out of bed without help?

- 1 NOT AT ALL DIFFICULT 4 VERY DIFFICULT / CAN'T DO
2 A LITTLE DIFFICULT 5 DONT DO
3 SOMEWHAT DIFFICULT

DefNext: HEA-13H

Lead-In: HEA-13F [Default]

[R50924.00] HEA-13H

How difficult is it for you to ... Climb several flights of stairs without resting?

- | | | | |
|---|--|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT...(Go to HEA-13J) | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13I

Lead-In: HEA-13G [Default]

[R50925.00] HEA-13I

How difficult is it for you to ... Climb one flight of stairs without resting?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13J

Lead-In: HEA-13H [Default]

[R50926.00] HEA-13J

How difficult is it for you to ... Lift or carry weights OVER 10 pounds, like a heavy bag of groceries?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13K

Lead-In: HEA-13I [Default], HEA-13H [1:1]

[R50927.00] HEA-13K

How difficult is it for you to ... Stoop, kneel, or crouch?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13L

Lead-In: HEA-13J [Default]

[R50928.00] HEA-13L

How difficult is it for you to ... Pick up a dime from a table?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13M

Lead-In: HEA-13K [Default]

[R50929.00] HEA-13M

How difficult is it for you to ... Bathe or shower without help?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13N

Lead-In: HEA-13L [Default]

[R50930.00] HEA-13N

How difficult is it for you to ... Reach or extend your arms above shoulder level?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13O

Lead-In: HEA-13M [Default]

[R50931.00] HEA-13O

How difficult is it for you to ... Pull or push large objects like a living room chair?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13P

Lead-In: HEA-13N [Default]

[R50932.00] HEA-13P

How difficult is it for you to ... Eat without help?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-13Q

Lead-In: HEA-13O [Default]

[R50933.00] HEA-13Q

How difficult is it for you to ... Dress without help?

- | | | | |
|---|----------------------|---|---------------------------|
| 1 | NOT AT ALL DIFFICULT | 4 | VERY DIFFICULT / CAN'T DO |
| 2 | A LITTLE DIFFICULT | 5 | DON'T DO |
| 3 | SOMEWHAT DIFFICULT | | |

DefNext: HEA-14

Lead-In: HEA-13P [Default]

[R50934.00] HEA-14

LOOK AT FLASHCARD 10C.

Now I would like to ask you some questions about how you have felt or behaved during the past week.

I will read you a series of statements and after each one I would like to know how often you have felt this way--rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time--during the past week?

PRESS ENTER TO CONTINUE

This is a no data item.

DefNext: HEA-14A

Lead-In: CK-HEA-T2 [Default], HEA-13Q [Default]

[R50935.00] HEA-14A

During the past week ... I felt that I could not shake off the blues, even with help from my family or friends.

- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)

- 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- 4 MOST OR ALL OF THE TIME (5-7 DAYS)

DefNext: HEA-14B

Lead-In: HEA-14 [Default]

[R50936.00] HEA-14B

During the past week ... I had trouble keeping my mind on what I was doing.

- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- 4 MOST OR ALL OF THE TIME (5-7 DAYS)

DefNext: HEA-14C

Lead-In: HEA-14A [Default]

[R50937.00] HEA-14C

During the past week ... I felt that everything I did was an effort.

- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- 4 MOST OR ALL OF THE TIME (5-7 DAYS)

DefNext: HEA-14D

Lead-In: HEA-14B [Default]

[R50938.00] HEA-14D

During the past week ... My sleep was restless.

- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- 4 MOST OR ALL OF THE TIME (5-7 DAYS)

DefNext: HEA-14E

Lead-In: HEA-14C [Default]

[R50939.00] HEA-14E

During the past week ... I felt lonely.

- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- 4 MOST OR ALL OF THE TIME (5-7 DAYS)

DefNext: HEA-14F

Lead-In: HEA-14D [Default]

[R50940.00] HEA-14F

During the past week ... I felt sad.

- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- 4 MOST OR ALL OF THE TIME (5-7 DAYS)

DefNext: HEA-14G

Lead-In: HEA-14E [Default]

[R50941.00] HEA-14G

During the past week ... I could not get "going."

- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- 4 MOST OR ALL OF THE TIME (5-7 DAYS)

DefNext: CK-MENOPAUSE

Lead-In: HEA-14F [Default]

[R50942.00] CK-MENOPAUSE

CHECK ITEM:

- 1 If MNP-FLG = 1, store 1...(Go to CK-HEA-T3)
- 0 All Others, store 0

DefNext: HEA-15A

Lead-In: HEA-14G [Default]

[R50943.00] HEA-15A

(If LISTAT NE 1, fill parenthetical)

[Over the years, we have asked you questions about your health, without ever having asked you about one major health-related issue that affects practically all women.] We would like to ask you a few questions about menopause in order to see how this change has affected your life. Have you had a menstrual period in the past 12 months?

- 1 YES...(Go to HEA-15D)
- 0 NO

DefNext: HEA-15B

If Answer =-1 Then Go To: CK-HEA-T3

Lead-In: CK-MENOPAUSE [Default]

[R50944.00] HEA-15B

How old were you when you had your last period? Enter Age: |_|_|

DefNext: HEA-15C

If Answer =-1 Then Go To: CK-HEA-T3

Lead-In: HEA-15A [Default]

[R50946.00 TO R50953.00] HEA-15C

Look at Flashcard 10C. Why did your period stop?

(MARK ALL THAT APPLY)

- | | | |
|------------------|-------------------|---------------------|
| 1 PREGNANCY | 3 CHEMOTHERAPY OR | 5 NO OBVIOUS REASON |
| 2 BREAST FEEDING | RADIATION THERAPY | 6 MENOPAUSE |
| | 4 SURGERY | 7 OTHER - SPECIFY |

DefNext: HEA-15D

If Answer >=-2 and <=-1 Then Go To HEA-15C-CK

Lead-In: HEA-15B

[R50954.00] HEA-15C-CK

CHECK ITEM:

- 1 If "6"-Menopause" was checked in HEA_15C, store 1 in HEA-15D and goto CK-SURGERY
- 2 If "6-Menopause" was not checked in HEA-15C, goto HEA-15D

DefNext: HEA-15D

Design Note: NO DATA, SKIPS ONLY

Lead-In: HEA-15C@KEY [Default]

[R50955.00] HEA-15D

Have you gone, or are you going, through menopause?

- 1 YES
- 0 NO

DefNext: CK-SURGERY

Lead-In: HEA-15C-CK [Default], HEA-15A [1:1]

[R50956.00] CK-SURGERY

CHECK ITEM:

- 1 If SRGY-FLG = 1, store 1...(Go to CK-HORMONES)
- 0 All others, store 0

DefNext: HEA-15E

Lead-In: HEA-15D [Default]

[R50957.00] HEA-15E

Have you had surgery to remove either your uterus or your ovaries?

- 1 YES
- 0 NO...(Go to CK-HORMONES)

DefNext: HEA-15F

Lead-In: CK-SURGERY [Default]

[R50958.00] HEA-15F

What was removed?

(CODE ONLY ONE)

- | | | | | | |
|---|--------------------|---|----------------------|---|-----------|
| 1 | UTERUS AND OVARIES | 3 | UTERUS AND ONE OVARY | 5 | ONE OVARY |
| 2 | UTERUS ONLY | 4 | BOTH OVARIES | | |

DefNext: CK-HORMONES

Lead-In: HEA-15E [Default]

[R50959.00] CK-HORMONES

CHECK ITEM:

- 1 If HRMN-FLG = 1, store 1...(Go to HEA-15I)
- 0 All Others, store 0

DefNext: HEA-15G

Lead-In: HEA-15F [Default], CK-SURGERY [1:1]

[R50960.00] HEA-15G

Have you ever taken hormones or birth control pills for menopausal or aging symptoms?

- 1 YES...(Go to HEA-15H)

0 NO

DefNext: CK-HEA-T3

Lead-In: CK-HORMONES [Default], HEA-15E [-2:0], HEA-15I [3:3]

[R50961.00] HEA-15H

How old were you when you started taking these medications? Enter AGE: |_|_|

DefNext: HEA-15I

Lead-In: HEA-15G [1:1]

[R50962.00] HEA-15I

(If CK-HORMONES=1 AND HEA-15H=blank, fill parenthetical)

(If HEA-15H NE blank, DO NOT fill parenthetical)

[On (DOLI_TEXT),] you said that you had taken hormones or birth control for menopausal or aging symptoms.] Are you still taking these medications?

- 1 YES
- 0 NO...(Go to HEA-15J)
- 3 RESPONDENT DISAGREES...(Go to HEA-15G)

DefNext: CK-HEA-T3

Lead-In: HEA-15H [Default], CK-HORMONES [1:1]

[R50963.00] HEA-15J

How old were you when you stopped taking these medications? Enter AGE: |_|_|

DefNext: CK-HEA-T3

Lead-In: HEA-15I [0:0]

[R50964.00] CK-HEA-T3

CHECK ITEM:

- 1 Respondent is a Mature Woman, I-Type = 1, store 1...(Go to HEA-16A)
- 0 Respondent is a Young Woman, I-Type = 2, store 0

DefNext: HEA-17A

Lead-In: HEA-15G [Default], HEA-15I [Default], HEA-15J [Default], HEA-15A [-1:-1], HEA-15B [-1:-1], CK-MENOPAUSE [1:1]

[R50965.00] HEA-16A

Now I have some questions about your day to day activities. Have you driven an automobile or other motor vehicle in the past 12 months?

- 1 YES...(Go to HEA-16B)
- 0 NO

DefNext: CK-MOTOR

Lead-In: CK-HEA-T3 [1:1]

[R50966.00] HEA-16B

Look at Flashcard 10-D. About how many miles did you drive in the past 12 months?

- | | |
|-----------------|------------------|
| 1 UNDER 500 | 4 3,000 - 5,999 |
| 2 500 - 999 | 5 6,000 - 11,999 |
| 3 1,000 - 2,999 | 6 12,000 OR MORE |

DefNext: HEA-16C
Lead-In: HEA-16A [1:1]

[R50967.00] HEA-16C

During the past 12 months, did you ever drive after dark?

- 1 YES
- 0 NO

DefNext: HEA-17A
Lead-In: HEA-16B [Default]

[R50968.00] CK-MOTOR

CHECK ITEM: HAS RESPONDENT DRIVEN MOTOR VEHICLE DURING THE LAST 12 MONTHS

- 1 HEA-16A = 0 and DRV-FLG =0, store 1...(Go to HEA-17A)
- 0 All Others, store 0

DefNext: HEA-16D
Lead-In: HEA-16A [Default]

[R50969.00] HEA-16D

Have you ever driven a motor vehicle?

- 1 YES...(Go to HEA-16E)
- 0 NO

DefNext: HEA-17A
Lead-In: CK-MOTOR [Default]

[R50970.00] HEA-16E

In what year did you last drive? Enter YEAR: |_|_|_|_|_|

DefNext: HEA-16F@1
Lead-In: HEA-16D [1:1]

[R50971.00] HEA-16F@1

Look at Flashcard 10-E. What would you say is the main reason you stopped driving?

- | | | |
|--------------------|----------------------------|---------------------------------|
| 1 FAILING EYESIGHT | 4 OTHER HEALTH PROBLEM | 7 TOO EXPENSIVE TO MAINTAIN CAR |
| 2 FAILING HEARING | 5 DRIVER'S LICENSE REVOKED | 8 NO LONGER NEED TO DRIVE |
| 3 TOO FRAIL, WEAK | 6 AFRAID TO DRIVE | 9 OTHER - SPECIFY |

DefNext: HEA-17A
Lead-In: HEA-16E [Default]

[R50972.00] HEA-17A

(If SIGOTHER = 1, 2, 3, 4 - fill first parenthetical) AND/OR

(If Respondent lives with family members, fill second parenthetical).

Now I'd like to ask about health insurance. Are you [or your (husband/partner)][or any other family member of this household] covered by any medical or hospital insurance like Blue Cross, Blue Shield, or Medicaid?

- 1 YES
- 0 NO...(Go to HEA-17F)

DefNext: CK-HEA-D

Lead-In: CK-HEA-T3 [Default], HEA-16C [Default], HEA-16D [Default], HEA-16F@1 [Default], CK-MOTOR [1:1]

[R50973.00] CK-HEA-D

CHECK ITEM: DOES RESPONDENT LIVE ALONE?

1 If respondent lives alone (CK-HEA-B=1) or there are no other family members listed (CK-HEA-B=3), store 1...(Go to HEA-17C@1)

0 If there is a husband, partner or other family member listed (CK-HEA-B=2),store 0

DefNext: HEA-17B

Lead-In: HEA-17A [Default]

[R50974.00] HEA-17B

(If SIGOTHER = 1, 2, 3, 4 - fill first parenthetical) AND/OR

(If respondent lives with family members, fill second parenthetical)

Are you [and H-FIRST][and all other family members of this household] covered under the SAME PRIMARY medical or hospital insurance plan?

1 YES

0 NO...(Go to PRS-BEGIN-1003)

DefNext: HEA-17C@1

Lead-In: CK-HEA-D [Default]

[R50975.00] HEA-17C@1

(IF CK-HEA-D = 1 - FILL FIRST PARENTHETICAL "YOU.")

(IF CK-HEA-D = 2 - FILL SECOND PARENTHETICAL "YOUR FAMILY.")

Look at Flashcard 10-F. Who provides this insurance for [you][your family]?

1 YOUR CURRENT JOB

6 YOUR FORMER JOB

2 HUSBAND'S/PARTNER'S CURRENT JOB

7 HUSBAND'S/PARTNER'S FORMER JOB

3 BOUGHT DIRECTLY FROM COMPANY

8 JOB OF OTHER FAMILY MEMBER

4 MEDICAID

9 MEDICARE

5 VETERAN'S BENEFITS

10 OTHER SOURCE - SPECIFY

DefNext: HEA-17F

Lead-In: HEA-17B [Default], CK-HEA-D [1:1]

PRS-BEGIN-1003

BEGIN LOOPING THROUGH THE ROSTER OF HOUSEHOLD MEMBERS WHO HAVE RELATION < 26

[R50976.00] HEA-17D-ARR

For respondent ONLY read parenthetical "Are you."

Display all where hmem=1 and relation lt 26

FOR EVERY PERSON LISTED IN HOUSEHOLD ROSTER, fill parenthetical (...) with name and ask:

[Are you] [Is (...)] covered by hospital or medical insurance?

LINE 01

1 YES

0 NO...(Go to HEA-17D-ARR)

DefNext: INSURANCE-ARR

If Answer >=-2 and Answer <=0 Then Go To: HEA-17D-ARR

Lead-In: HEA-17B [0:0]

[R50977.00] INSURANCE-ARR

[R51018.00] CK-HEA-G

CHECK ITEM: INSURANCE PROVIDED BY RESPONDENT'S CURRENT JOB

- 1 If HEA-17C OR HEA-17E = 1 (Your current job), store 1...(Go to HEA-18A)
- 0 ALL OTHERS, store 0

DefNext: CK-HEA-I

Lead-In: CK-HEA-F [Default]

[R51019.00] HEA-18A

Do you currently make any contribution towards the cost of your employer-provided group health policy?

- 1 YES
- 0 NO

DefNext: HEA-18B

Lead-In: CK-HEA-G [1:1]

[R51020.00] HEA-18B

After you retire, do you expect health insurance coverage to be available from your current employer for yourself?

- 1 YES
- 0 NO

DefNext: CK-HEA-H

If Answer =-1 Then Go To: CK-HEA-I

Lead-In: HEA-18A [Default]

[R51021.00] CK-HEA-H

CHECK ITEM: DOES RESPONDENT HAVE HUSBAND OR PARTNER?

- 1 SIGOTHER = 1, 2, 3, OR 4, store 1...(Go to HEA-18C)
- 0 All Others, store 0

DefNext: CK-HEA-I

Lead-In: HEA-18B [Default]

[R51022.00] HEA-18C

After you retire, do you expect health insurance coverage to be available from your current employer for [H-FIRST]?

- 1 YES
- 0 NO

DefNext: CK-HEA-I

Lead-In: CK-HEA-H [1:1]

[R51023.00] CK-HEA-I

CHECK ITEM: IS INSURANCE PROVIDED BY RESPONDENT'S FORMER JOB?

- 1 If HEA-17C=6,(Your former job), store 1...(Go to HEA-19A)
- 0 All others, store 0

DefNext: CK-HEA-K

Lead-In: CK-HEA-G [Default], CK-HEA-H [Default], HEA-18C [Default], CK-HEA-F [0:0], HEA-18B [-1:-1]

[R51024.00] HEA-19A

Do you currently make any contribution towards the cost of the group health policy provided by your former employer?

- 1 YES

0 NO

DefNext: HEA-19B
Lead-In: CK-HEA-I [1:1]

[R51025.00] HEA-19B

Are you retired from this former employer?

1 YES
0 NO

DefNext: HEA-19C
If Answer =-1 Then Go To: CK-HEA-K
Lead-In: HEA-19A [Default]

[R51026.00] HEA-19C

(IF HEA-19B=0 (NO), FILL PARENTHETICAL "AFTER YOU RETIRE.")

[After you retire,] do you expect health insurance coverage to be available from your former employer throughout your retirement?

1 YES...(Go to CK-HEA-J)
0 NO

DefNext: CK-HEA-K
Lead-In: HEA-19B [Default]

[R51027.00] CK-HEA-J

CHECK ITEM: DOES RESPONDENT HAVE HUSBAND OR PARTNER?

1 SIGOTHER = 1, 2, 3, OR 4, store 1
0 All Others, store 0...(Go to CK-HEA-K)

DefNext: HEA-19D
Lead-In: HEA-19C [1:1]

[R51028.00] HEA-19D

(If HEA-19B =0 (No), fill parenthetical "After you retire")

[After you retire,] do you expect health insurance coverage for [H-FIRST] to be available from your former employer?

1 YES
0 NO

DefNext: CK-HEA-K
Lead-In: CK-HEA-J [Default]

[R51029.00] CK-HEA-K

CHECK ITEM: DOES RESPONDENT HAVE HUSBAND OR PARTNER?

1 SIGOTHER = 1, 2, 3, OR 4, store 1
0 All Others, store 0...(Go to HEA-END-TM)

DefNext: CK-HEA-L
Lead-In: CK-HEA-I [Default], HEA-19C [Default], HEA-19D [Default], HEA-17A [0:0], CK-HEA-J [0:0], HEA-19B [-1:-1]

[R51030.00] CK-HEA-L

CHECK ITEM

- 1 If respondent has a current employer (CURR-EMP=1), store 1
 0 All others, store 0...(Go to CK-HEA-N)

DefNext: CK-HEA-M

Lead-In: CK-HEA-K [Default]

[R51031.00] CK-HEA-M

CHECK ITEM: DOES HUSBAND'S/PARTNER'S CURRENT JOB SUPPLY INSURANCE?

- 1 HEA-17C = 2 (Husband's/Partner's current job), store 1 ...(Go to HEA-21A)
 0 All others, store 0

DefNext: CK-HEA-N

Lead-In: CK-HEA-L [Default]

[R51032.00] HEA-21A

(If SIGOTHER = 1,2,3,4, fill "he" and "his")

(If SIGOTHER = 4, fill "she" and "her")

Now let's talk about [H-FIRST]'s health insurance. Does [he][she] currently make any contribution toward the cost of [his][her] employer-provided group health policy?

- 1 YES
 0 NO

DefNext: HEA-21B

Lead-In: CK-HEA-M [1:1]

[R51033.00] HEA-21B

(If SIGOTHER = 1,2,3,4, fill "he/his/himself")

(If SIGOTHER = 4, fill "she/her/herself")

After [H-FIRST]'s retires, does [he][she] expect health insurance coverage to be available from [his][her] current employer for [himself][herself]?

- 1 YES
 0 NO

DefNext: HEA-21C

If Answer =-1 Then Go To: HEA-END-TM

Lead-In: HEA-21A [Default]

[R51034.00] HEA-21C

(If SIGOTHER = 1,2,3,4, fill "he")

(If SIGOTHER = 4, fill "she")

After [H-FIRST] retires, does [he][she] expect health insurance coverage to be available from [his][her] current employer for YOU?

- 1 YES
 0 NO

DefNext: CK-HEA-N

If Answer =-1 Then Go To: HEA-END-TM

Lead-In: HEA-21B [Default]

[R51035.00] CK-HEA-N

CHECK ITEM: INSURANCE PROVIDED BY HUSBAND'S/PARTNER'S FORMER JOB

- 1 HEA-17C OR HEA-17E = 7 (HUSBAND'S/PARTNER'S FORMER JOB), store 1
 0 ALL OTHERS, store 0...(Go to HEA-END-TM)

DefNext: HEA-22A

Lead-In: CK-HEA-M [Default], HEA-21C [Default], CK-HEA-L [0:0]

[R51036.00] HEA-22A

Does [H-FIRST] currently make any contribution towards the cost of the group health policy provided by [his][her] former employer?

1 YES

0 NO

DefNext: HEA-22B

Lead-In: CK-HEA-N [Default]

[R51037.00] HEA-22B

Is [H-FIRST] retired from this former employer?

1 YES

0 NO

DefNext: HEA-22C

Lead-In: HEA-22A [Default]

[R51038.00] HEA-22C

(IF HEA-22B = 0 (NO), FILL PARENTHETICAL "AFTER [HE][SHE] RETIRES.")

[After [he][she] retires,] does your [husband][partner] expect health insurance coverage for YOU to be available from [his][her] former employer?

1 YES

0 NO

DefNext: HEA-END-TM

Lead-In: HEA-22B [Default]

[R42705.00] HEA-END-TM

SET SECTION END TIME

DefNext: INC-START

Lead-In: CK-HEA-K[0:0], CK-HEA-N[Default], HEA-21B[-1:-1], HEA-21C[-1:-1], HEA-22C [Default]
