

# PUERTO RICAN ELDERLY: HEALTH CONDITIONS CONDICIONES DE SALUD DE LOS ADULTOS DE EDAD MAYOR EN PUERTO RICO

Wave 1 Questionnaire

May 2002

## Versions of the questionnaire

The main questionnaire changes according to various factors. These include mainly the capacity of the interviewee to respond, the existence of a spouse, and the capacity of the spouse to respond (see Chart).

## ADULTO MAYOR CAPACITADO(A) SELECCIONADO PARA CONTESTAR SI **ENTREVISTA TARGET** (TARGET) LA ENTREVISTA **PROXY - TARGET** NO Menor de CAPACITADO(A) PARA CONTESTAR LA ENTREVISTA TARGET CASADO SI NO **ENTREVISTA** NO SE COMPLETO PROXY-CONYUGE **ENTREVISTA CONYUGE** CONYUGE NO FIN DEL PROCESO

## Flowchart to determine the type of interview

To summarize, there are four principal versions of the questionnaire (see Table). These are: (1) questionnaire of the target or principal interviewee, (2) questionnaire of the spouse, (3) questionnaire of the substitute informant or proxy of the target interviewee, and (4) questionnaire of the substitute informant or proxy of the spouse.

- Questionnaire of the target or principal interviewee: the principal questionnaire
  is the one administered to the older adult who is capable of answering the
  questionnaire on his/her own. This version includes all the sections of the
  questionnaire.
- Questionnaire of the spouse: the questionnaire of the spouse is the one administered to the spouse of the older adult capable of answering the questionnaire on his/her own. This questionnaire does not include some of the sections of the principal questionnaire and also excludes some questions in the included sections.

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<sup>&</sup>lt;sup>1</sup> Criteria for qualifying as proxy: he/she must have known the interviewee for at least one year and must be at least 18 years of age.

Table 1
Versions of the Questionnaire

		ne Questionnaire	_	
1	2	3	4 On avera Drawn	
Target	Spouse	Target Proxy	Spouse Proxy	
Section A: Personal Data	Completed	Completed	Completed	
Section B: Minimental	Completed (if spouse is 60 years or older)	Complete (if spouse is the proxy and older than 60 years) Reduced (if proxy is another person and is older than 60 years) or questions	No (if the proxy is the target) Reduced (if the proxy is another person and is older than 60 years and has not previously acted as proxy of the target)	
Section C: Roster of the household		Completed		
Section D: Personal Data	D1, D15 to D20, D31 to D33	D1 to D25, D27, D28	D1, D15 to D20	
Section E: SES Ladder	Completed			
Section G: State of Health	Completed	Only	Only	
Section H: Childhood Conditions	Completed			
Section I: Functional State	Completed	Section Z	Section Z	
Section J: Medications	Completed	Completed	Completed	
Section K: Access and Utilization	Completed	Completed	Completed	
Section L: Data regarding Family Members		Completed		
Section M: Transfers				
Section N: Work History				
Section O: Migration	Completed			
Section P: Household		Completed		
Section Q: Properties		Completed		
Section R: Race	Completed			
Section S: Abuse	Completed			
Section T: Sexuality				
Section U: Anthropometric Measurements	Completed	Completed (if possible)	Completed (if possible)	
Section V: Contacts				
Section X: Perception of the Interviewer	Completed	Completed	Completed	

- 3. Questionnaire of the substitute informant or proxy of the target interviewee: this questionnaire is answered by a substitute informant, in the event that the older adult is not capable of responding on his/her own. The determination of whether it is necessary to have a substitute informant is carried out using the following criteria: (1) the score obtained by the interviewee in the minimental and (2) the opinion of the interviewer in some cases.<sup>2</sup> The substitute informant provides information relative to the older adult, excluding some sections or individual questions that imply opinion or state of mind. In some cases, the spouse acts as the substitute informant of the interviewee. If there is no spouse or the spouse is not capable of responding, the substitute informant is another person.
- 4. Questionnaire of the substitute informant or proxy of the spouse: this questionnaire is completed by a substitute informant when the spouse of the older adult is not capable of responding on his/her own. The determination of the necessity for a substitute informant was made using the criteria previously outlined. The substitute informant provides information relative to the spouse of the older adult, excluding sections or individual questions that imply opinion or state of mind. In some cases the principal interviewee acts as a substitute informant for the spouse and in others the substitute informant is another person.

<sup>&</sup>lt;sup>2</sup> It was established as criteria that a total score on the minimental of 11 or more indicated that the interviewee was capable of responding to the questionnaire on his/her own. A score of less than 9 indicated that it was necessary to use a substitute informant. In those cases in which the score was 9 or 10 the interviewer was the one who determined whether the interviewee was capable of responding.

# **Missing Values**

In the entire questionnaire there are common codes for missing values. These values are presented in the following table:

# **Codes and Labels for Missing Values**

-1	Does not know	Interviewee indicated that he/she does not know the answer to the question.
-2	Does not answer	Interviewee indicated that he/she would not answer the question.
-3	Undetermined, data unavailable	Data not compiled due to some type of error.
-5	Does not apply to the proxy-target	The question does not correspond to the questionnaire of the proxy of the target.
-6	Does not apply to the proxy-spouse	The question does not correspond to the questionnaire of the proxy of the spouse.
-7	There is no interview of the spouse	The interviewee does not have a spouse or partner; therefore, there is no interview of the spouse.
-8	Does not apply to the spouse younger than 60 years of age	The question does not correspond to the spouses younger than 60 years of age.
-9	Minimental does not apply	When the interviewee answers the minimental and passes the test, the variables of the minimental of the spouse and the minimental of the possible substitute informant or proxy do not have to be answered.
-10	Does not apply, obvious impediment	The interviewee has an obvious impediment (determined by the interviewer before starting the minimental test) and does not answer the questions of the minimental.
-11	Does not apply, physical impediment	The interviewee has a physical impediment and does not answer the questions of the minimental that require hand movements as with writing and drawing.
-12	Does not apply, there is no spouse	The target interviewee has a spouse or partner but the spouse/partner was not interviewed. The variable that identifies the final result of the interview of the spouse/partner ([ycodigo]) has a code that indicates the reason for which the questionnaire was not completed.
-13	Does not apply to the target or to the spouse/partner	This code only applies to section Z, which is answered by the target-proxy or the spouse-proxy.

# SECTION OF IDENTIFICATION AND TYPE OF INTERVIEW

Identification Number of the Interviewee	_ -  -  -  -  -	caseid
Section Number (primary unit of sampling)		seccion
Stratus Number (subregions in the sampling)	San Juan       1         Ponce       2         Mayagüez       3         Arecibo       4         Zona Este       5	estrato
Substratus Number (subregions in the sampling)	San Juan       11         Resto área San Juan       12         Ponce       21         Resto área Ponce       22         Mayagüez       31         Resto área Mayagüez       32         Arecibo       41         Resto área Arecibo       42         Loíza       51         Guayama       52         Resto área Bayamón       53         Resto área Este       54	subestra
Type of Proxy	There is no proxy	proxy
Final Code of the interview	Completed by principal interviewee25 Completed by proxy26	codigo
Completion Date of interview (mm/dd/year)	-  -  -	fecha
Consideration Factor for data Principal Interviewee (calculated variable)		fac_t
Targets in Household (calculated variable	One target in the household	targvi
Total Targets in Household (calculated variable)	Household with one target	totarget
Principal Interviewee has Spouse (calculated variable)	Yes	spouse
Gender of Principal Interviewee	Male	sexo

## **SECTION A: PERSONAL DATA**

Before we start, I would like to remind you again that this interview is completely voluntary and confidential.

If there is any question that you would rather not answer,

simply let me know and we will continue on to the next question.

A.1	How old are you?	Years of Age                   Does not know       (-1)         Does not answer       (-2)	
A.2	In which month and year were you born?	Month                  Year                  Does not know       (-1)         Does not answer       (-2)	a2_m a2_a
A.3	In which country were you born?  IF THE INTERVIEWEE INDICATES THAT HE/SHE WAS BORN IN PUERTO RICO, INQUIRE AS TO WHICH MUNICIPALITY. IF THE INTERVIEW INDICATES THAT HE/SHE WAS BORN IN THE UNITED STATES, INQUIRE AS TO WHICH STATE. IF THE INTERVIEWEE INDICATES THAT HE/SHE WAS BORN IN ANOTHER COUNTRY, INQUIRE AS TO WHICH COUNTRY. USE CENSUS CODES FOR THE MUNICIPALITY AND THE STATE.	In Puerto Rico in this municipality	a3m_2 a3e_2

# SECTION B (pre): MINIMENTAL

Does the interviewee have an obvious disability?	Yes	minrval
	E IS OBVIOUSLY DISABLED (MINRVAL=1) FOLLOW THE PROC SELECTING A PROXY AND MOVE ON TO SECTION C	EDURE
Does the interviewee have a physical disability?	Yes	brcap
Confirm the complete date on which the minimental was completed	-    -	minrdate
Confirm the month in which the minimental was completed		minrmm
Confirm the day on which the minimental was completed		minrdd
Confirm the year in which the minimental was completed		minraa
Confirm the day of the week on which the minimental was completed		minrwd
	!	I .

B-1

# **SECTION B: MINIMENTAL**

	Now I AM GOING TO ASK YOU SOME G	GENERAL QUESTIONS AND ASK YOU TO COMPLETE SOME	EXERCISES.
B.1	Could you tell me today's date?	Day	b1r_d Points
	THIS TEST IS WORTH 3 POINTS	Month         Year	b1r_m b1r_a    b1rchk
B.2	Could you tell me what day of the week it is?	Day of the week	b2r Points
	THIS TEST IS WORTH 1 POINT		ll b2rchk
	INTERVIEWER: IF THE INTERVIEWEE	IS PHYSICALLY DISABLED (BRCAP=1) MOVE ON TO QUI	ESTION <b>B4</b>
B.3		T	
B.3	Are you familiar with what a clock is?	Yes1	b3r_a
		No2	→ GO TO B.4
B.3b	Give the interviewee a white sheet of paper so that he/she can draw the clock. Identify whether the interviewee draws a form resembling a clock and whether the	Drew sphere or frame                  Yes       1         No       2	b3r_b Points
	numbers 1 through 11 are listed from right to left (clockwise) starting at 12.	Wrote numbers in sequence    Yes1	b3r_c
	THIS TEST IS WORTH 1 POINT	No2	
		I	
B.4	I am going to mention three (3) words for you to repeat back to me. Listen to them carefully because	Bell Telephone Clock	Points
	when I finish the interview I am going to ask you to repeat them again.	Please repeat back to me the words I have just mentionedb4r_1	b4rchk
	READ THE THREE WORDS, REPEAT THEM ONLY IF THE PERSON INTERVIEWED ASKS YOU TO REPEAT THEM, BUT <u>DO NOT</u> REPEAT THEM MORE THAN THREE TIMES.	b4r_2b4r_3 Another b4r_1txt, b4r_2txt, b4r_3txt	WRITE DOWN THE WORDS IN THE ORDER IN WHICH THE INTERVIEWEE SAYS THEM TO YOU
[	THIS TEST IS WORTH 3 POINTS	Does not know(-1) Does not answer(-2)	

B.5 I am going to show you a drawing. I need you to look at			Points
the drawing carefully so that later you can copy it from memory. I will allow you to look at it for 15 seconds.			b5rchk
INTERVIEWER: GIVE THE INTERVIEWEE A WHITE SHEET OF PAPER FOR DRAWING. SHOW THE DRAWING FOR 15 SECONDS AND THEN PUT IT AWAY SO THAT THE INTERVIEWEE CANNOT SEE IT. INDICATE WHICH PARTS THE INTERVIEWEE WAS ABLE TO DRAW.	Drew the external line		
	Yes	b5r_1	
THIS TEST IS WORTH 4 POINTS	Prew the internal line  Yes	b5r_2	
	Prew the crossed line  Yes	b5r_3	
	Drew Four points in each quadrant approximating the figure  Yes	b5r_4	
B.6 I am going to give you this paper. Take it, fold it in half	Took the paper		Points
and place it on your lap.	Yes	b6r_1	 b6rchk
GIVE THE INTERVIEWEE A PINK COLORED SHEET OF PAPER. INDICATE WHETHER THE INTERVIEWEE COMPLIED WITH EACH INSTRUCTION. IT DOESN'T MATTER HOW IT IS FOLDED; WHAT MATTERS IS THE SEQUENCE OF INSTRUCTIONS.	Folded the paper in half         Yes       1         No       2         Put the paper on his/her lap	b6r_2	
THIS TEST IS WORTH 3 POINTS	Yes	b6r_3	

B.7 I am going to show you a drawing so that you can copy it.		Points
GIVE THE INTERVIEWEE A WHITE SHEET OF PAPER SO THAT HE/SHE CAN DRAW THE FIGURE. THE INTERVIEWEE CAN TAKE ALL THE TIME THAT HE/SHE NEEDS. LEAVE THE DRAWING IN FRONT OF THE INTERVIEWED PERSON SO THAT HE/SHE CAN LOOK AT IT WHILE COPYING IT. INDICATE WHETHER THE DRAWING CONTAINS A PENTAGON AND 18 ANGLES.		
THIS TEST IS WORTH 1 POINT	Drew (18) angles         Yes       1         No       2	b7r_1
	Drew (2) Pentagons         Yes       1         No       2	b7r_2
B.8  Please repeat the words that I mentioned to you at the beginning of this interview.	First word b8r_1	Points
J J	Second word b8r_2	 b8rchk
THE ORDER IN WHICH THE WORDS ARE MENTIONED IS IRRELEVANT.	Third word b8r_3	
THIS TEST IS WORTH 3 POINTS	Another b8r_1txt , b8r_2txt ,b8r_3txt  Does not know(-1) Does not answer(-2)	
B.9 What do you understand by the expression: "Don't look a gift horse in the mouth"?		Points
THE ANSWER SHOULD BE SOMETHING ALONG THE LINES OF: IF		 b9rchk
SOMEONE GIVES YOU A GIFT, DON'T LOOK FOR DEFECTS OR ACCEPT WHAT PEOPLE GIVE YOU WITHOUT LOOKING FOR FAULTS OR DEFECTS IN THE GIFT. WRITE THE ANSWER IN THE SPACE PROVIDED.		
	Was the interviewee capable of abstraction?	b9r
THIS TEST IS WORTH 1 POINT	Yes	
i e e e e e e e e e e e e e e e e e e e		1

Total points at the end of the minimental (calculated variable)	Points	finalscr
9		
Did the interviewee pass the minimental? (calculated variable)	Passed (Points >11)	pasomin

# SECTION C (pre): PERSONAL DATA OF THE SUBSTITUTE INFORMANT (PROXY)

Proxy candidate lives in the house	Yes	bpx2
Age of the proxy	Age	prxyage
Gender of the proxy	Male       1         Female       2	prxysex
General relationship of the proxy to the principal interviewee	Spouse         1           Son/Daughter         2           Father/Mother         3           Sibling         4           Other relative         5           Other non-relative         6	prxyrl_1
Specific relationship of the proxy with the principal interviewee	Spouse who lives in the same house	prxyrl_2

Now I AM GOING TO ASK YOU ABOUT THE PEOPLE WHO LIVE IN THIS HOUSE.

Indicate the names of all of the members of the household beginning with the name of the interviewee, registering the name in the row "R1" designated with the title "Name of the Interviewee."

#### **FAMILY COMPOSITION**

	C.1	C.2	C.3	C.4	C.5	C.6
P O S I T I O N *	Please tell me the name(s) of all of the people who normally live in this house and who are not visiting.	So that there is/are  [NUMBER]  individual(s) who form(s) a part of this household?  INTERVIEWER, IF THE NUMBER DOES NOT COINCIDE WITH THE NUMBER OF PEOPLE THAT THE INTERVIEWEE HAS SPECIFIED, VERIFY AND CORRECT THE LIST.  c1num (Number of individuals in the household)	Of all the people that you have named, who is the head of the household?  INDICATE THE REGISTER NUMBER OF THE HEAD OF HOUSEHOLD.  C3 (Indicate the register number of the head of household)  *Variable calculated qjefe (Indicates who is the head of the household.)	What is the relationship of [NAME] to you?  Spouse	What's the relationship of [NAME] to the head of the household? _1  Does not apply—interviewee is the head of household	Is [NAME] a man or a woman?  Man 1  Woman 2
	LIST OF	INDIVIDUALS		RELATIONSHIP	RELATIONSHIP	GENDER
pos1	Name of the Int	erviewee		N/A c4_r1 pare_r1	c5r1_1 c5r1_2	sexo_r1
pos2				c4_r2 pare_r2	c5r2_1 c5r2_2	sexo_r2
pos3				c4_r3 pare_r3	c5r3_1 c5r3_2	sexo_r3
pos4				c4_r4 pare_r4	c5r4_1 c5r4_2	sexo_r4
pos5				c4_r5 pare_r5	c5r5_1 c5r5_2	sexo_r5
pos6				c4_r6 pare_r6	c5r6_1 c5r6_2	sexo_r6
pos7				c4_r7 pare_r7	c5r7_1 c5r7_2	sexo_r7
pos8				c4_r8 pare_r8	c5r8_1 c5r8_2	sexo_r8
pos8				The state of the s		sexo_r8    sexo_r9 

<sup>\*</sup> The household roster occupies position number 1 (pos1) to position 10 (pos10).

ADD THE NECESSARY REGISTERS TO COMPLETE ALL THE PEOPLE WHO LIVE IN THE HOME.

	GENERAL INFORMATION	ON AND EDUCAT	ION	
	C.7	С	.8	C.10
P	How old is [NAME]?	Does [NAME] kno [If C7 > 3, if older the		What was the last grade in school completed by [NAME]? [If C7 > 3, if older than 3 years of age]
O S I T I O N *	Les than one year(-1) Does not know(-2)	Does not know h  Does not know  Does not answer  C  Does [NAME] kno [If C7 > 3, if older till  Knows how to wr  Does not know h  Does not know		Did not go to school or has not completed any grade
	C.7	C.8	C.9	C.10
	C.7	C.8 READING	C.9 WRITING	C.10 EDUCATION
pos1			-	
pos1	AGE	READING	WRITING	EDUCATION
•	AGE	READING	WRITING	EDUCATION  c10r1
pos2	AGE   edad_r1     edad_r2	READING  c8r1   c8r2	WRITING  c9r1   c9r2	EDUCATION  c10r1
pos2	AGE   edad_r1     edad_r2     edad_r3	c8r1   c8r2   c8r3	WRITING  c9r1   c9r2   c9r3	c10r1
pos2 pos3	AGE	c8r1   c8r2   c8r3   c8r4	WRITING   c9r1    c9r2    c9r3    c9r4	c10r1    c10r2_    c10r3_
pos2 pos3 pos4 pos5	AGE	READING   c8r1    _c8r2    _c8r3    _c8r3    _c8r4    _c8r5	WRITING   c9r1    c9r2    c9r3    c9r4    c9r5	c10r1    c10r2_    c10r3_    c10r4_
pos2 pos3 pos4 pos5	AGE	c8r1   c8r2   c8r3   c8r4   c8r5   c8r6	WRITING   c9r1    c9r2    c9r3    c9r4    c9r5    c9r6	c10r1
pos2 pos3 pos4 pos5 pos6 pos7	AGE	c8r1   c8r2   c8r3   c8r4   c8r5   c8r6   c8r7	WRITING   c9r1    c9r2    c9r3    c9r4    c9r5    c9r6    c9r7	c10r1    c10r2_    c10r3_    c10r4_    c10r5_    c10r6_

<sup>\*</sup> The household roster occupies position number 1 (pos1) to position number 10 (pos10).

	C.11	C.12	DD
	What is the marital status of [NAME]? [If C7 > 14, if older than 14 years of age]  INTERVIEWER, IF THE INTERVIEWEE RESPONDS SAYING THAT [NAME] IS MARRIED, ASK HIM/HER	Last week did [NAME] [If C7 > 15, if older than 15 years of age]  INTERVIEWER, READ EACH OPTION UNTIL YOU OBTAIN AN AFFIRMATIVE ANSWER.	
	WHETHER [NAME] IS MARRIED WITH PAPERS. IF [NAME] IS MARRIED WITHOUT PAPERS, CODIFY WITH THE NUMBER 2.	Yes No work?	
Р О	Is he/she married?	not work, but did have employment (was on vacation or sick or temporarily disabled)?  b	D U P
S	without being married? 2  Is he/she widowed? 3	look for work?	I C
I T	Is he/she divorced? 4	work by helping out in the family business with or without pay?  d	A T E
T I	Is he/she separated?	dedicate him/herself to his/her household's chores?	D
О		go to school?	R E
N	Does not know	not work because he/she is retired or pensioned?  g	C O
*		not work because he/she is permanently disabled and unable to work?  h	R D
		not work i	
		Does not know	
		Example: c12r2a, c12r2b,c12r2i	
	C.11  MARITAL STATUS	C.12 WORK	-
os1	_mari_r1_	No hacer al entrevistado	dd1
os2	_mari_r2_	_c12r2_	dd2
os3	_mari_r3_	_c12r3_	dd3
os4	_mari_r4_	_c12r4_	dd4
os5	_mari_r5_	_c12r5_	dd5
os6	_mari_r6_	_c12r6_	dd6
os7	_mari_r7_	_c12r7_	dd7
os8	_mari_r8_	_c12r8_	dd8
os9	_mari_r9_	_c12r9_	dd9
os10	_mari_r10_	_c12r10	dd10

<sup>\*</sup> The household roster occupies position number 1 (pos1) to position number 10 (pos10).

\* Variables DD (DD1 to DD10) indicate the position in which the person is duplicated in another Roster (DD=00; not duplicated).

# **SECTION D: PERSONAL DATA (complete)**

## NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR MARITAL HISTORY.

IF IN QUESTION C.11 FOR POSITION R1 THE NUMBER 6 WAS CODIFIED, -1 OR -2, THAT IS, THE INTERVIEWEE IS SINGLE/NEVER MARRIED, DOES NOT KNOW OR DOES NOT ANSWER, CODIFY D.1 WITH THE NUMBER 0 AND MOVE ON TO QUESTION D.15

D.1  How many total times have you been married or have you cohabitated without being married?	Number of Times	IF > 1 GO TO D.4
D.2 At what age did you begin your matrimony or union?  Age d2_e Year d2_a Month d2_m (Age calculated by CASES) d2edad	Age                   Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
IF HE/SHE IS MARRIED OR IN A UI	NION (C.11=1 OR 2) AND MARRIED ONLY ONCE (D.1=1), MO	VE ON TO <b>D.15</b>
D.3  At what age did you end this marriage or union?  Age d3_e Year d3_a Month d3_m (Age calculated in CASES) d3edad	Age                  Year                  Month                  Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
(rigo carcarated in crices) accusa		
	Go то D.15	
D.4  How old were you when you began your most recent marriage or union?  Age d4_e Year d4_a Month d4_m (Age calculated in CASES) d4edad	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
( ·g· · · · · · · · · · · · · · · · · ·		
D.5  What kind of union is/was your most recent union? Was it a consensual union, a civil marriage, or were you married by the Church?	CONSENSUAL UNION	IF IS MARRIED OR IN A UNION (C.11=1 6 2) AND MARRIED MORE THAN ONCE (D.1 >1) GO TO D.7

## IF IS MARRIED OR IN A UNION (C.11=1 $\acute{o}$ 2) AND MARRIED MORE THAN ONCE (D.1 >1) GO TO D.7

D.6  How old were you when you ended your most recent marriage or union?  INTERVIEWER: REMIND THE INTERVIEWEE THAT WE WISH TO KNOW ABOUT HIS/HER MOST RECENT UNION WHETHER IT WAS A CONSENSUAL UNION OR MATRIMONY.	Age	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
D.7  How old were your first marriage or union began?  Age d7_e Year d7_a Month d7_m (Age calculated in CASES) d7edad	Age                  Year                  Month                  Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE
D.8  What type of union was this first union? Was a consensual union, a civil matrimony or a matrimony by the Church?  INTERVIEWER: REMIND THE INTERVIEWEE THAT WE WISH TO KNOW ABOUT HIS/HER FIRST UNION WHETHER IT WAS A CONSENSUAL UNION OR A MATRIMONY.	CONSENSUAL UNION	
D.9  How did this first matrimony or union end?	Separation 1 Widowed 2 Divorce 3  Does not know (-1) Does not answer (-2)	
D.10  How old were you when this first marriage or union end?  Age d10_e Year d10_a Month d10_m (Age calculated in CASES) d10edad	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE

#### NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BIOLOGICAL PARENTS. D.15 Yes......1 GO TO D.17 Is your biological or bloodrelated father alive? INTERVIEWER: "BIOLOGICAL PARENTS" REFERS TO BLOOD-Does not know ......(-1) RELATED PARENTS. **GO TO D.18** Does not answer ..... (-2) d15 D.16 Here in this house ......1 Where does your biological or In another house but in this neighborhood......2 blood-related father live? In another neighborhood but in this same town/city......3 In another town/city in Puerto Rico.....4 In the United States ......5 **GO TO D.18** In another country ......6 Does not know ......(-1) Does not answer ......(-2) d16 D.17 Age ......|\_\_\_| How old was your biological or blood-related father when he Does not know ...... (-1) died? Does not answer ..... (-2) d17 D.18 Yes......1 **GO TO D.20** Is your biological or bloodrelated mother alive? No ......2 Does not know ...... (-1) GO TO D.21 Does not answer ......(-2) d18 D.19 Here in this house ......1 Where does your biological or In another house but in this neighborhood ......2 blood-related mother live? In another neighborhood but in this same town/city......3

u i y	
D.20	
How old was your biological or blood-related mother when she died?	Age
d20	

410

In another town/city in Puerto Rico.....4

If the Interviewee Lives alone (C2=1), ask D.21. If the interviewee Lives with other people (C2>1) go to D.24. GO TO D.21

Pools   Ves.   1	D.21 Did you live alone five years ago?		D.24 Five years ago, did you live with the same	
No.			people you live with at this moment?	
Does not answer   (-2)   Does not answer   (-2)				
D.22	Does not know	(-1)	Does not know(-1)	
D.22  With whom did you live five years ago?    NTERVIEWER: MARK ALL THAT APPLY	Does not answer	(-2)	Does not answer(-2)	
D.22  With whom did you live five years ago?    NTERVIEWER: MARK ALL THAT APPLY	IF HE/SHE ANSWERED 1, -1 Ó -2 GO TO D	0.27	IF HE/SHE ANSWERED 1, -1 Ó -2 GO TO D.27	
With whom did you live five years ago?	d21		d24	
With whom did you live five years ago?	D.22		D.25	
With his/her husband, wife or partner	With whom did you live five years a	go?		
With his/her children	INTERVIEWER: MARK ALL THAT APPL	_Y	INTERVIEWER: MARK ALL THAT APPLY	
With his/her grandchildren       3       With his/her platitives       4         With other relatives       4       With other prandchildren       4         With other non-relatives       5       With other grandchildren       4         Does not know       (-1)       Does not know       (-1)         Does not answer       (-2)       Does not know       (-1)         Does not know       (-1)       Does not know       (-1)         Does not know       (-1)       Does not know       (-1)         Does not know       (-2)       2         MUTH DOES NOT know       (-2)       2         WITH HIS/HER HUSBAND, WIFE OR PARTIVER       2         WITH HIS/HER CHILDREN       3         WITH HIS/HER CHILDREN       4         WITH HIS/HER CHILDREN       4         WITH HIS/HER CHILDREN       4         WITH OTHER RELATIVES       6         DOES NOT KNOW       (-1)         DOES NOT ANSWER       (-2)         d227_1, d27_2, d27_3, d27_4, d27_5       4         Does not know       (-2)         Does not know       (-2)         Does not know       (-2)         Does not know       (-2)         Does not know				
With other relatives			· ·	
Does not know	With other relatives	4		
Does not know	With other non-relatives	5		
Does not answer	Does not know	(-1)	With other hon-relatives	
D.27 Tell me, with whom would you like to live?  READ EACH OPTION AND MARK ALL THAT ARE AFFIRMATIVE.  ALONE  WITH HIS/HER HUSBAND, WIFE OR PARTNER  WITH HIS/HER CHILDREN  WITH HIS/HER CHILDREN  WITH OTHER RELATIVES  WITH OTHER RELATIVES  DOES NOT KNOW  DOES NOT KNOW  C-1)  DOES NOT ANSWER  C-2)  Does not know  Does not answer  Does not answer  In Puerto Rico in this municipality  In HE/SHE ANSWERS IN THE UNITS  State:  In HE/SHE ANSWERS IN ANOTHER  COUNTRY, IN WHICH COUNTRY  USE CENSUS CODES FOR THE  MUNICIPALITY AND STATE.  Does not know  C-1)  Does not know  C-2)  Municipality:  In Puerto Rico in this municipality  1 Another municipality in Puerto Rico  State:  In the United States  State:  In the United States  State:  In the Dominican Republic  4 In another country  Does not know  C-1)  Does not know  C-1)  Does not know  C-2)  Municipality:  In Puerto Rico in this municipality  1 Another municipality:  In the United States  State:  In the United States  State:  In the Dominican Republic  In another country  Does not know  C-1)  Does not know  C-1)  Does not know  C-2)  Does not know  C-1)  Does not know  C-2)	Does not answer	(-2)		
D.27 Tell me, with whom would you like to live?  READ EACH OPTION AND MARK ALL THAT ARE AFFIRMATIVE.   ALONE	422 1 422 2 422 2 422 4 422 5			
this same house or residence?    Does not know	ALONE	PARTNER		
Does not answer	this same house or residence?			
Where did you live five years ago?  In Puerto Rico in this municipality 1 Another municipality in Puerto Rico. 2 Municipality:			` '	
Where did you live five years ago?  In Puerto Rico in this municipality 1 Another municipality in Puerto Rico. 2 Municipality:	D.O.			
INQUIRE AS TO WHICH MUNICIPALITY.  IF HE/SHE ANSWERS IN THE UNITED STATES, INQUIRE AS TO WHICH STATE.  IF HE/SHE ANSWERS IN ANOTHER COUNTRY, IN WHICH COUNTRY. USE CENSUS CODES FOR THE MUNICIPALITY AND STATE.  State:	Where did you live five years	Another municipality in Puerto Rico 2		
MUNICIPALITY AND STATE.  Does not know	INQUIRE AS TO WHICH MUNICIPALITY. IF HE/SHE ANSWERS IN THE UNITED STATES, INQUIRE AS TO WHICH STATE. IF HE/SHE ANSWERS IN ANOTHER COUNTRY, IN WHICH COUNTRY. USE	In the United States		
Does not answer (-2)		Does not know	(-1)	
			` ,	

D.29		
	To be close to my son/daughter or with my children01	
What is the most important	To be close to relatives or friends02	
reason for your having come to live here?	To be close to medical or health services	
to live fiere:	Due to my fear of delinquency04	
l —	Because of the death of my spouse/partner	
INTERVIEWER: MARK ONLY	or other relative05	
ONE ANSWER	Due to a conjugal separation06	
	Due to a conjugal union07	GO TO D.31
	Cost of living08	00 10 0.51
	Other09	
	Improved living conditions (comfort, tranquility)10	
	Own house (bought or inherited)11	
	Due to an eviction from, sale or repair	
	of a rented home12	
	Does not know(-1)	
d29	Does not answer(-2)	
uz /		
D.30	Because of health problems	01
Why you wanted to be close to	Because of health problems of a son/daughter or relative	
you children, other relatives or friends?	Because of my own economic problem	
irienas?	Because of economic problem of a son/daughter or relative	
INTERVIEWER MARK ALL THE	Because I felt alone	05
OPTIONS MENTIONED BY THE	To help to the care of my grandchildren	
INTERVIEWEE.	Because is normal that older adults live with the family	
	Other	08
	Dage not know	1)
d30_1, d30_2, d30_3, d30_4, d30_5,	Does not know ( Does not answer (	,
d30_6, d30_7	Does not answer (	-2)
D.31		
What is your religion?	Catholic01	
	Protestant	
	Pentecostal	
	Jehovah's Witness	
	Other	
	Agnostic or Atheist07	
	None	
	Does not know	SECTION E
d31	Does not answer(-2) →	
D.32		
Do you attend religious	Yes1	
services?		
	No2 → GO	TO D.34
	Does not know	D.34
d32	Does not answer(-2)	
D.33		
How often do you attend	Every day of the week1	
religious services?	2 or 3 times a week	
	Once a week	
	2 or 3 times a month	
	Once a month or less5	
	Does not know (-1)	
	Does not answer (-1)	
d33	2555 101 0115001 11111111111111111111111	

## PLEASE ANSWER THE FOLLOWING QUESTIONS ACCORDING TO YOUR CONVICTIONS AND YOUR LIFE EXPERIENCES.

D.34 Do you consider yourself very religious, somewhat religious, or not religious at all?	Very religious
d34	Does not answer(-1)
D.35 Would you say that you are more religious, equally religious, or less religious than when you were 40 years old?	More religious       1         Equally religious       2         Less religious       3         Does not know       (-1)         Does not answer       (-2)
D.36  How helpful are your religious beliefs to you when you are struggling with health issues?  Very helpful, somewhat helpful or not helpful at all?	Very helpful
	T
D.37  How helpful are your religious beliefs to you when facing other problems in life not related to your health? Very helpful, somewhat helpful or not helpful at all?	Very helpful       1         Somewhat helpful       2         Not helpful at all       3         Does not know       (-1)         Does not answer       (-2)
407	
D.38  How often do you participate in social activities organized by your church? Frequently, sometimes or never?	Frequently       1         Sometimes       2         Never       3         Does not know       (-1)         Does not answer       (-2)

## **SECTION E: SES LADDER**

NOW I'M GOING TO SHOW YOU A DRAWING OF A LADDER. THE DRAWING IS OF A LADDER THAT HAS TEN RUNGS THAT GO FROM <u>ONE</u> TO <u>TEN</u>. IMAGINE THAT YOU COULD DISTRIBUTE PEOPLE ON THE DIFFERENT RUNGS ACCORDING TO THE POWER, INFLUENCE, AND WEALTH THAT EACH POSSESSES. THE PEOPLE WHO ARE ON THE HIGHEST RUNG (NUMBER 10) ARE THE ONES WHO HAVE THE MOST INFLUENCE, POWER, AND MONEY. THE PEOPLE WHO ARE ON THE LOWEST RUNGS ARE THOSE WHO HAVE LESS INFLUENCE, POWER, AND MONEY. THOSE WHO OCCUPY THE MIDDLE RUNGS ARE IN AN AVERAGE SITUATION.

INTERVIEWER: SHOW THE DRAW OF THE LADDER TO THE INTERVIEWEE

10	E.1  Now, I would like for you to use this image to tell me how you characterize yourself and your situation.	Rung
9	Remember, the higher the rung that you occupy, the higher you are on the ladder, the GREATER your influence,	
8	power, and wealth. In relation to those who live with you, on which rung would you put yourself?  e1	Does not know(-1) Does not answer(-2)
7		
6	E.2 In relation to your acquaintances and relatives who do not live with you, on which rung would you put yourself?	Rung                  Another answer       66
5	e2	Does not know
4		
3	E.3  Finally, in relation to the entire population of Puerto Rico, on which rung would you put yourself?	Rung                  Another answer       66
2	e3	Does not know(-1) Does not answer(-2)
1		

# **SECTION G: HEALTH STATUS**

## Now I would like to ask you some questions about your health.

1		I	
G.1	Would you say that you're currently in excellent health, very good health, good health, average health or bad health?	Excellent       1         Very good       2         Good       3         Average       4         Bad       5	
g1		Does not know(-1) Does not answer(-2)	
1		T	
G.2	Compared to your health last year, would you say that your current health is better, the same or worse?	Better       1         Same       2         Worse       3         Does not know       (-1)         Does not answer       (-2)	
G.3	Compared to other people your age, would you say that your health is better, the same or worse?	Better       1         Same       2         Worse       3         Does not know       (-1)         Does not answer       (-2)	
g3		( )	
G.4	Has a doctor ever told you that you have high blood pressure, that is, hypertension?	Yes	→ GO TO G.8
g4		Does not answer (-2)	<b>→</b>
g4		Does not answer (-2)	<b>→</b>
G.4a g4a_ g4a_ g4a_	a m	Age         _          Year         _          Month         _          Does not know       (-1)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
G.4a g4a_ g4a_ g4a_	first diagnosed with high blood pressure?  e a	Age	INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.4a g4a_ g4a_ g4a_	first diagnosed with high blood pressure? e a m	Age         _          Year         _          Month         _          Does not know       (-1)	INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.4a g4a_ g4a_ g4a_ (Age	first diagnosed with high blood pressure?  e a m calculated by CASES) g4aedad  Are you currently taking any medication to lower your blood	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)	INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.4a g4a_ g4a_ g4a_ (Age	first diagnosed with high blood pressure?  e a m calculated by CASES) g4aedad  Are you currently taking any medication to lower your blood	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)	INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.4a  g4a_ g4a_ g4a_ (Age  G.5  G.6	first diagnosed with high blood pressure?  e a m calculated by CASES) g4aedad  Are you currently taking any medication to lower your blood pressure?  In trying to lower your blood pressure, in the last year, have you lost weight, followed a special diet, or have you had to stop eating	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not know       (-2)	INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.4a g4a_g4a_g4a_(Age G.5	first diagnosed with high blood pressure?  e a m calculated by CASES) g4aedad  Are you currently taking any medication to lower your blood pressure?  In trying to lower your blood pressure, in the last year, have you lost weight, followed a special diet, or have you had to stop eating	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not know       (-2)	INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE

	r ever told you that you es, that is, high levels your blood?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.22
G.8a		1	
How old we	re you when you were vith diabetes for the	Age  _   Year  _	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK
g8a_e g8a_a		Month	FOR THE YEAR AND CALCULATE THE AGE.
g8a_m (Age calculated by	( CASES) g8aedad	Does not answer (-2)	
	, one and a second		
medication diabetes?	rently taking any oral to control your	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
g9		Does not answer (-2)	
G.10 Do you rece control your	ive insulin shots to diabetes?	Yes	
~10		Does not know(-1) Does not answer(-2)	
g10		Does not unswer (2)	
during the la	control your diabetes, ast year, have you lost ave you followed a	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
G.12			
	etes generally under	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
g i z		,	
	ally measure your own level to see if it's high?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	GO TO G.15
	lo you do the blood to see if your blood h?	Every day of the week       1         2 or 3 times a week       2         Once a week       3         2 or 3 times a month       4         Once a month or less       5         Other       6	
g14		Does not know	
g14		(-2)	
blood work diabetes?	ast year, did you have done to control your	Yes	
g15		Does not answer (-2)	

G.16  Does taking care of your diabetes (like for example dieting, taking care of your feet or regulating your blood sugar level) interfere with you daily activities?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
G.17  Have you had any circulation problems in your feet, arms or legs because of your diabetes?  g17	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
G.18  Have you had any vision problems because of your diabetes?	Yes
g18	Does not answer (-2)
G.19 In the last year, have you had any problems with ulcers in your feet?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
g19	Does not answer (-2)
G.20  Has any part of your body been amputated because of your diabetes?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
G.21	
Have you ever had any renal complications (in your kidneys) because of your diabetes?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
	T
G.22  Has a doctor ever told you that you have skin cancer or small tumors on your skin?	Yes
G.23  How old were you when they diagnosed you with skin cancer for the first time?  g23_e g23_a g23_m (Age calculated by CASES) g23edad	Age
G.24	
Has a doctor ever told you that you have some other form of cancer or a malignant tumor, not on your skin?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)

G.25  How old were you when you were first diagnosed with cancer other than skin cancer?	Age	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
g25_e g25_ag25_m (Age calculated by CASES) g25edad	Does not know	THE AGE.
G.26 With which type of cancer were you diagnosed?	Breast cancer	
MARK ALL THAT APPLY	Other       6         Intestinal Cancer       7         Does not know       (-1)	
g26_1, g26_2, g26_3, g26_4, g26_5	Does not answer (-2)	
G.27  Has a doctor told you that you currently have cancer other than skin cancer?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
G.28 In the last year, have you received any cancer treatment?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.30  → GO TO G.30a
0.00	I	
in the last year, which treatments have you received for this cancer?  MARK ALL OPTIONS MENTIONED SPONTANEOUSLY  g29_1, g29_2, g29_3, g29_4, g29_5	Chemotherapy or medication	→ → GO TO G.30a → →
G.30  What was the main reason you were not receiving treatment?  MARK ONLY ONE OPTION.	I was cured or in remission	
G.30a  Have you ever been told by a doctor that you have asthma?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.31

G.30b  How old were you when you were diagnosed with asthma?  g30b_e g30b_a g30b_m (Age calculated by CASES) g30bedad	Age	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
G.30c  Do you receive any kind of medication, therapy or treatment for asthma?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
G.31  Have you ever been told by a doctor that you have a chronic pulmonary disease like bronchitis, tuberculosis or emphysema?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.35
G.32  How old were you when you were diagnosed with that chronic pulmonary disease?  g32_e	Age	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
g32_a g32_m (Age calculated by CASES) g32edad	Does not know	THE AGE.
G.33  Do you receive any type of medication, therapy or treatment for this pulmonary disease?  g33	Yes	
G.34  Have you ever been given oxygen to alleviate this pulmonary disease?	Yes	
G.35  Have you ever suffered a heart attack?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.36
G.35a ¿How old were you when you suffered the most recent heart attack?  g35a_e	Age               Year       _        Month	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
g35a_a g35a_m (Age calculated by CASES) g35aedad	Does not know(-1) Does not answer(-2)	

G.36	Has a doctor ever told you that you have heart disease such as angina, coronary disease or congestive heart disease?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.40
		T	
G.37	How old were you when you were first diagnosed with your heart condition or defect?	Age    Year  _ _	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR
g37_ g37_ g37_	a	Month     Does not know(-1)	AND CALCULATE THE AGE.
_	calculated by CASES) g37edad	Does not answer (-2)	
	, ,		
G.38	Do you take any kind of medication for your heart condition?	Yes	
g38		Does not answer (-1)	
300		,	
G.39	During the last year, have you seen a doctor for your heart condition?	Yes	
g39		Does not know	
G.40	Has a doctor ever told you that you	Yes1	
	have had an brain hemorrhage?		
		No	→ GO TO G.49
g40			→ GO TO G.49
g40 G.41	How old were you when you had your first brain hemorrhage?	Does not know (-1)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK
G.41	How old were you when you had your first brain hemorrhage?	Does not know	IF THE INTERVIEWEE DOES NOT KNOW
G.41 g41_ g41_ g41_	How old were you when you had your first brain hemorrhage?  a e m	Does not know       (-1)         Does not answer       (-2)         Year                     Age                     Month                     Does not know       (-1)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_	How old were you when you had your first brain hemorrhage?  a e	Does not know	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_	How old were you when you had your first brain hemorrhage?  a e m	Does not know       (-1)         Does not answer       (-2)         Year                     Age                     Month                     Does not know       (-1)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a e m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain	Does not know       (-1)         Does not answer       (-2)         Year                     Age                     Month                     Does not know       (-1)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a e m calculated by CASES) g41edad  In the last year, have you gone to	Does not know       (-1)         Does not answer       (-2)         Year                     Age                     Month                     Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not know       (-1)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a e m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain	Does not know       (-1)         Does not answer       (-2)         Year	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a e m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain	Does not know       (-1)         Does not answer       (-2)         Year                     Age                     Month                     Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not know       (-1)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a ee m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain hemorrhage?  After your brain hemorrhage, have you had any weakness in your legs or difficulty moving them or using	Does not know         (-1)           Does not answer         (-2)           Year                         Age                         Month                         Does not know         (-1)           Does not answer         (-2)           Yes         1           No         2           Does not know         (-1)           Does not answer         (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a e m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain hemorrhage?  After your brain hemorrhage, have you had any weakness in your legs	Does not know       (-1)         Does not answer       (-2)         Year	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a ee m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain hemorrhage?  After your brain hemorrhage, have you had any weakness in your legs or difficulty moving them or using	Does not know       (-1)         Does not answer       (-2)         Year                     Age                     Month                     Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         Yes       1         No       2         Does not know       (-1)         Does not know       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age	How old were you when you had your first brain hemorrhage?  a ee m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain hemorrhage?  After your brain hemorrhage, have you had any weakness in your legs or difficulty moving them or using	Does not know         (-1)           Does not answer         (-2)           Year                         Age                         Month                         Does not know         (-1)           Does not answer         (-2)           Yes         1           No         2           Does not know         (-1)           Does not answer         (-2)           Yes         1           No         2           Does not know         (-1)           Does not answer         (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
G.41 g41_ g41_ g41_ (Age G.42 G.43	How old were you when you had your first brain hemorrhage?  a ee m calculated by CASES) g41edad  In the last year, have you gone to see a doctor for that brain hemorrhage?  After your brain hemorrhage, have you had any weakness in your legs or difficulty moving them or using them?  Have you had any difficulty speaking or swallowing after your	Does not know	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE

G.45 Have you had any vision problesince your brain hemorrhage?	No
g45	Does not know(-1) Does not answer(-2)
G.46  Have you had any difficulty say what you want to say since yo brain hemorrhage?	
g46	Does not answer (-2)
G.47 Are you taking any medication treat your brain hemorrhage o complications related to it?	
G.48 In the last year, have you undergone any physical or occupational therapy as a resu your brain hemorrhage or any complications related to it?	
G.49  Has a doctor ever told you tha have arthritis or rheumatism?	
3	
G.49a What type of arthritis did your doctor tell you you have?	Osteoarthritis
9.10	
G.50  How old were you when you w first diagnosed with arthritis or rheumatism?  g50_e	
g50_a g50_m	Does not know(-1)
(Age calculated by CASES) g50edad	Does not answer (-2)
T = -	
G.51 In the last year, have you visit doctor due to your arthritis or rheumatism?	No
g51	Does not answer (-2)
[ a = a	
G.52 In the last year, have you take any medication or undergone physical therapy for your arthror or rheumatism?	No 2

		1	
G.53	Have you ever had an operation due to your arthritis or rheumatism?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.55
G.54	Which joint(s) did they operate on?  MARK ALL THAT APPLY.	Hip       1         Knee       2         Other       3	
	WARK ALL ITIAT ALT LT.		
g54_	1, g54_2, g54_3	Does not know	
		T	
G.55 g55	Have you ever fallen after you turned sixty years old?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.58
G.56	How many times have you fallen in the last year?	Number of times                      Does not know         (-1)           Does not answer         (-2)	IF THE INTERVIEWEE ANSWERS "NEVER" MARK IT AS "O" AND GO TO G.58
goo			
G.57	Did you hurt yourself during one of these falls in such a way that required medical attention?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
g57		Does not unswer (2)	
G.58	Have you ever fractured your hip?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.60
g58		Does not answer (-2)	-
G.59	In the last year, have you fractured your hip?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
G.60 g60	In the last year, have you fractured any other bone in your body?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	
G.61	In the last year, have you taken any calcium pills or tablets on a regular basis?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	

G.62  Has a doctor ever told you that you have osteoporosis?	Yes       1         No       2       →         Does not know       (-1)       →         Does not answer       (-2)       →
G.63  How old were you when you were diagnosed with osteoporosis?	Age
g63_e	Month
g63_a g63_m (Age calculated by CASES) g63edad	Does not know(-1) Does not answer(-2)
(rigo daldalated b) eriolo) geoddau	<u> </u>
G.64 In the last year, have you taken any medication for osteoporosis?	Yes
g64	Does not answer(-1)
	•
In the last year, have you had any urine or bladder control problems?	Yes
UNDERSTAND, BE MORE SPECIFIC.	Does not answer(-2) →
G.66  How many days has this happened to you in the last month?	Number of days  _  Does not know(-1)
g66	Does not answer (-2)
G.67  During the last year, have you urinated on yourself?	Yes
g67	Does not answer (-2)
IF THE INTERVIEWEE DID NOT IND	ICATE HAVING ANY OF THE ILLNESSES MENTIONED, GO TO G.69
G.68  You mentioned that you have the illnesses mentioned in G.4, G.8, G.22, G.24, G30.a, G.31, G.36, G.40, G.49, G.62 and G.65.	A lot
Do these conditions interfere a lot, a little, or not at all with your daily activities?	Does not know
g68	<u> </u>
READ THE QUESTION IF THE INTERVIEWE	EE IS BEDRIDDEN OR IN A WHEELCHAIR. IF IS NOT BEDRIDDEN CODE NO.
G.69 pre  Have you been bedridden or in a wheelchair in the last twelve months?	Yes       1         No       2         Does not know       (-1)
760000	Does not answer (-2)

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SIGNS AND SYMPTOMS YOU MAY HAVE EXPERIENCED DURING THE LAST YO	'EAR
---	------

Company   Comp				
chest pain or discomfort?  No. Does not know	G.69	During the last year, have you felt	Yes1	→ GO TO G.71
Does not know			No2	
G.70 Have you ever felt pressure in your chest?    No	g69		Does not know (-1)	
Have you ever felt pressure in your chest?   No			(2)	
Have you ever felt pressure in your chest?   1	G.70			
No	0.70		Yes 1	
Does not know		chest?	No2	→ GO TO G 78
IF YOU HAVE BEEN BEDRIDDEN OR IN WHEELCHAIR (G69PRE=1) AND (G69=1 OR G70=1) GO TO G78.				<b>→</b>   11 11 11
G.71 Do you feel this pain or discomfort in your chest when you walk quickly or go up inclines?  G.72 Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  G.72 Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  G.73 What do you do if you feel that pain or discomfort in your chest when you walking? Do you stop walking? Do you stop walking? Do you stop walking walk more slowly, or do you continue walking?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort alleviated or does it continue?  G.76 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes	g <b>70</b>		Does not answer (-2)	7
G.71 Do you feel this pain or discomfort in your chest when you walk quickly or go up inclines?  G.72 Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  G.72 Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  G.73 What do you do if you feel that pain or discomfort in your chest when you walking? Do you stop walking? Do you stop walking? Do you stop walking walk more slowly, or do you continue walking?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort alleviated or does it continue?  G.76 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes				
Do you feel this pain or discomfort in your chest when you walk quickly or go up inclines?  G.72  Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  G.73  What do you do if you feel that pain or discomfort in your chest when you're walking? Do you stop walking, walk more slowly, or do you continue walking?  G.74  What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75  How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes		IF YOU HAVE BEEN BEDRIDDEN OR IN	WHEELCHAIR (G69PRE=1) AND (G69=1 OR G70	0=1) GO TO G78.
Do you feel this pain or discomfort in your chest when you walk quickly or go up inclines?  G.72  Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  G.73  What do you do if you feel that pain or discomfort in your chest when you're walking? Do you stop walking, walk more slowly, or do you continue walking?  G.74  What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75  How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes			T	
In your chest when you walk quickly or go up inclines?    G.72	G.71	Do you feel this pair or discomfort	Ves 1	
quickly or go up inclines?  Does not know				
G.72 Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  G.73 What do you do if you feel that pain or discomfort in your chest when you're walking? Do you stop walking, walk more slowly, or do you continue walking?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort know				
G.72  Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?  Q72  Does not know	~71		1 /	
Do you feel this pain or discomfort in your chest when you walk at a normal pace and on level ground?    Solution   Stops walking or walks more slowly.   Continues walking.   Co	g/I		2500 101 010101	
In your chest when you walk at a normal pace and on level ground?    1	G.72			
normal pace and on level ground?    No			Yes 1	
Does not know			No. 2	→ GO TO G.76
G.73 What do you do if you feel that pain or discomfort in your chest when you're walking? Do you stop walking, walk more slowly, or do you continue walking?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not know		normal pace and on level ground?	2	
G.73 What do you do if you feel that pain or discomfort in your chest when you're walking? Do you stop walking walk more slowly, or do you continue walking?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Stops walking or walks more slowly.  1 continues walking.  2 Does not know			`	
What do you do if you feel that pain or discomfort in your chest when you're walking? Do you stop walking, walk more slowly, or do you continue walking?  G.74  What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75  How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  What happens if you stop walking? I the pain or discomfort is alleviated 1 The pain or discomfort continues 2  GO TO G.76  The pain or discomfort is alleviated 1 The pain or discomfort is alleviated 1 The pain or discomfort continues 2  Does not know (-1) Does not answer (-2)  The pain or discomfort continues 2  Does not know (-1)	g <b>72</b>		Does not answer (-2)	
What do you do if you feel that pain or discomfort in your chest when you're walking? Do you stop walking, walk more slowly, or do you continue walking?  G.74  What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75  How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  What happens if you stop walking? I the pain or discomfort is alleviated 1 The pain or discomfort continues 2  GO TO G.76  The pain or discomfort is alleviated 1 The pain or discomfort is alleviated 1 The pain or discomfort continues 2  Does not know (-1) Does not answer (-2)  The pain or discomfort continues 2  Does not know (-1)	C 72			
you're walking? Do you stop walking, walk more slowly, or do you continue walking?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not know	G.73	What do you do if you feel that pain		
walking, walk more slowly, or do you continue walking?  G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not know			Continues walking 2	
G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not answer			Does not know(-1)	
G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  The pain or discomfort is alleviated 1 The pain or discomfort is alleviated 1 The pain or discomfort continues 2  Does not know (-1) Does not answer (-2)  Yes 1 No 2  GO TO G.76  Fin the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not know (-1)  No 2  GO TO G.76			Does not answer (-2)	
G.74 What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  The pain or discomfort is alleviated 1 The pain or discomfort is alleviated 1 The pain or discomfort continues 2  Does not know (-1) Does not answer (-2)  Yes 1 No 2  GO TO G.76  Fin the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not know (-1)  No 2  GO TO G.76	~70			
What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  The pain or discomfort continues	g/3			
Is the pain or discomfort alleviated or does it continue?  The pain or discomfort continues	G.74			
The pain or discomfort continues			The pain or discomfort is alleviated 1	
G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not answer			The pain or discomfort continues 2	→ GO TO G.76
G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Does not answer			Dage not know (1)	
G.75 How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  g75  G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  The pain or discomfort is alleviated	g74			
How long does the pain or discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  The pain or discomfort is alleviated			·	
discomfort take to go away? Would you say it takes ten minutes or less or more than ten minutes?  g75  G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes	G.75			
Would you say it takes ten minutes or less or more than ten minutes?  Does not know				
or less or more than ten minutes?  g75  Does not know			The pain of disconline continues	
G.76  In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes		3 3	,	
G.76 In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes	~7-		Does not answer (-2)	
In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes	g/5			
In the last year, have you gone to see a doctor to get this pain or discomfort checked?  Yes	G.76			
discomfort checked?         No			Yes 1	
Does not know (-1)			No	→ GO TO G.78
· · ·		discomfort checked?	2	
Door not organize			Does not know(-1) Does not answer(-2)	

G.77 What did the doctor tell you this pain or discomfort was?		
<b>P</b> annon and and and and and and and and and an		
g77_code (Codified variable)	Does not know	
	T	
G.78 In the last year, have you had palpitations?	Yes1	
parpulations.	No2	→ GO TO G.80
g78	Does not know	
G.79	Ī.,	
Do you experience vertigo when you have palpitations?	Yes	
INTERVIEWER: VERTIGO MEANS DIZZINESS	Does not know	
g79		
G.80	Ī	
In the last year, have you felt pain in your legs when you walk?	Yes 1	00 70 0 004
	No2	→ GO TO G.88A
g80	Does not know(-1) Does not answer(-2)	
G.81  Does this pain begin when you are not walking?	Yes1	
not waiking:	No2	→ GO TO G.83
g81	Does not know	
90.		
G.82  When you have a pain in your legs, do your calves also hurt?	Yes	
	Does not know(-1)	
g82	Does not answer (-2)	
G.83  Do you feel this pain in your legs when you go up inclines or walk quickly?	Feels this pain	
	Does not know(-1)	
g83	Does not answer (-2)	
G.84	Ver	
Do you feel this pain in your legs when you walk at a normal pace or	Yes	→ GO TO G.88A
when you're walking on level ground?	Does not know(-1)	
g84	Does not answer (-2)	
G.85	T	
Does the pain ever disappear while you're walking?	Yes	
g85	Does not know(-1) Does not answer(-2)	

in your legs while you're walking? Do you stop walking, walk more slowly or continue walking?  Does not know	
G.87  What happens if you stop walking? Is the pain or discomfort alleviated or does it continue?  Pain or discomfort is alleviated	O TO G.88A
G.88  How long does the pain take to go away? Ten minutes or less or more than ten minutes?  Does not know	
G.88a  Have you noticed if the soles of your feet have lost color or look very pale?  Does not know	
g88a Does not answer (-2)	
G.89  In the last year, have you experienced the sensation of being out of breath when you walk quickly or go up an incline?  Does not know	SO TO G.93
G.90 In the last year, have you experienced the sensation of being out of breath when you walk at a normal pace?  Yes	
G.91	
In the last year, have you had to stop to catch your breath when you  Yes	
walk at a normal pace?  Does not know(-1)	
walk at a normal pace?	-
walk at a normal pace?  Does not know(-1)	
walk at a normal pace?  Does not know	

G.92b  Do you usually cough as much as 4 to 6 times a day during 4 or more days of the week?	Yes
G.92c  Do you usually cough when you wake up or when the morning starts?	Yes
g92c	Does not answer (-2)
G.92e  Usually, does this cough produce phlegm from your chest? (Include phlegm that is produced with the first puff from a cigarette or as soon as you go outside. Do not include nasal phlegm. Include phlegm that is swallowed.)	Yes
g92e	
G.92f  Do you usually produce this phlegm as much as two times a day?	Yes
g92f	Does not answer(-1)
G.92g  Do you usually produce this phlegm when you wake up or when the morning starts?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
g92g	D0C3 Flot dri3wer(-2)
G.92h  Do you produce phlegm at any time during the rest of the day or at night?  g92h	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
G.92i1  Have you ever felt your chest make a noise or whistling sound when you breathe and have a cold?	Yes
g92i1	Does not answer (-2)
G.92i2  (Have you ever felt your chest make a noise or whistling sound) when you breathe and DON'T have a cold?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
G.92i3  (Have you ever felt your chest make a noise or whistling sound) almost every day or night?	Yes
g92i3	Does not answer (-2)

G.93	
In the last year, have you had	Yes 1
difficulty swallowing?	No
difficulty swallowing:	
	Does not know(-1)
g93	Does not answer (-2)
973	
G.94a	
In the last year, have you	Yes 1
experienced a burning sensation or	No
stomach ache at any of the	
following times?	Does not know(-1)
g94a	Does not answer (-2)
before eating	` '
G.94b	
[have you experienced a burning	Yes 1
sensation or stomach ache at any	No
of the following times?]	
g94b	Does not know(-1)
after eating	Does not answer (-2)
	<u> </u>
G.94c	
[have you experienced a burning	Yes 1
sensation or stomach ache at any	No
of the following times?]	
g94c	Does not know (-1)
when you lie down	Does not answer (-2)
G.94d	
[have you experienced a burning	Yes 1
sensation or stomach ache at any	No2
of the following times?]	
g94d	Does not know(-1)
in the middle of the night	Does not answer (-2)
G.96	
In the last year, have you noticed	Yes 1
blood in your stool?	No 2
	Does not know(-1)
g96	Does not answer (-2)
	Т
G.97	Voc. 1
In the last year, have you had	Yes
diarrhea frequently?	INU
	Does not know (-1)
g97	Does not answer (-2)
	· '
G.98	
In the last year, have you been	Yes 1
constipated frequently?	No
1	
	Does not know(-1)
g98	Does not answer (-2)
	T
G.99	
Has a doctor ever told you whether	Yes, an ulcer in the stomach
you have an ulcer in your stomach,	Yes, an ulcer in the duodenum2
in your duodenum or in your	Yes, both in the stomach and the
intestine?	duodenum
	INU4
	Does not know(-1)
g00	Does not answer(-2)
g99	( Z)

G.100 In the last year, have you had persistent joint pain in your hands and feet, including fingers and toes?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.102
G.101 On a scale from 1 to 10, in which 1 is the least painful and 10 the most painful, how would you rate	Pain from 1 to 10	
this pain?	Does not know(-1) Does not answer(-2)	
G.102 In the last ear, have you had persistent pain in your knees or hips?	Yes	→ GO TO G.104
g102	Does not know	
G.103 On a scale from 1 to 10, in which 1 is the least painful and 10 the	Pain from 1 to 10	
most painful, how would you rate this pain?	Does not know	
G.104 In the last year, have you experienced back pain?	Yes	→ GO TO G.107
In the last year, have you	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO G.107
In the last year, have you experienced back pain?	No	→ GO TO G.107
In the last year, have you experienced back pain?	No	→ GO TO G.107
In the last year, have you experienced back pain?  g104  G.105  This back pain, does it make any of	No       2         Does not know       (-1)         Does not answer       (-2)         DIFFICULTY GETTING UP FROM A CHAIR       1         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         DIFFICULTY WALKING         Yes       1	
In the last year, have you experienced back pain?  g104  G.105  This back pain, does it make any of the following more difficult?	No	g105a
In the last year, have you experienced back pain?  g104  G.105  This back pain, does it make any of the following more difficult?	No	g105a g105b
In the last year, have you experienced back pain?  g104  G.105  This back pain, does it make any of the following more difficult?  MARK ALL THAT APPLY.	No	g105a g105b
In the last year, have you experienced back pain?  g104  G.105  This back pain, does it make any of the following more difficult?	No	g105a g105b

G.107 In Puerto Rico there are many people suffer from bilarciosis. Have you ever been diagnosed with this illness?  g107  G.109 Is there anyone in your family that suffers from diabetes? Please include any deceased members of the family as well.	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         ONE OF THE PARENTS       1         ONE OF THE SIBLINGS       2         NO ONE (NEITHER PARENTS NOR SIBLINGS)       3         Does not know       (-1)         Does not answer       (-2)	
	T _	1
G.110 I'm going to read you a list of symptoms. I would like for you to tell me if you've experienced any of them in the last year.	EXCESSIVE THIRST         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         DRINKING MANY LIQUIDS         Yes       1	g110a g110b
	No	
	ALWAYS BEING HUNGRY         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	g110c
	LOSING MORE THAN 10 POUNDS         WITHOUT TRYING TO         Yes       1         No       2         Does not know       (-1)	g110d
	Does not answer	g110e
	BLURRED VISION           Yes         1           No         2           Does not know         (-1)           Does not answer         (-2)	g110f
	EASILY FATIGUED         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	g110g
	NUMBNESS IN YOUR HANDS AND LEGS           Yes         1           No         2           Does not know         (-1)           Does not answer         (-2)	g110h
	FREQUENT URINARY, SKIN OR GUM INFECTIONS           Yes         1           No         2           Does not know         (-1)           Does not answer         (-2)	g110i
G.111  Do you suffer from physical body pain?	Yes	<b>→</b>
g111	Does not know	GO TO G.114ck

G.112 What is the physical pain like most of the time?	Slight or very little	
g112	Does not know	
G.113  Does the pain interfere with or make your daily activities more difficult?	Yes	
g113	Does not know(-1) Does not answer(-2)	
G. 114ck If the interviewee blind?	Yes	) G123ck
Now I would like to As	SK YOU SOME DETAILS ABOUT YOUR EYES, EARS AND MOUTH	
	T	
G.114  Do you usually use glasses or contact lenses or intraocular lenses?	Yes	
g114	Does not know(-1) Does not answer(-2)	
G.115  How is your vision [WITH/WITHOUT - see answer for G.114] glasses, contact lenses or intraocular lenses?	EXCELLENT       1       →       GO TO         VERY GOOD       2       →       GO TO         GOOD       3       →         REGULAR       4       BAD       5	O G.117
g115	Does not know(-1) Does not answer(-2)	
IF THE INTERVIEWEE USES O	GLASSES (G.114=1) AND G115=1, 2 OR 3) GO TO G.117	
	, ,	
G.116  Why don't you use glasses or contact lenses that help you see better?	I haven't had my eyes examined	
	Does not know(-1)	
g116	Does not answer (-2)	
C 117	<u> </u>	
G.117  Has a doctor ever diagnosed you with cataracts or cloudiness in your eyes?	Yes	
	Does not know (-1) -	O G.120
g117	Does not answer (-2) → L	

G.118  Have you ever been operated on for	Yes1	→ GO TO G.120
cataracts?	No2	
	Does not know(-1)	→ GO TO G.120
g118	Does not answer (-2)	→
	Ī	
G.119  Why have you not been operated on for cataracts?	Does not have money for treatment	
g119	Does not answer (-2)	
	1	
G.120  Has a doctor ever diagnosed you with glaucoma?	Yes	<b>→</b>
	Does not know(-1)	→ GO TO G.123ck
g120	Does not answer (-2)	<b>→</b>
G.121		
Are you receiving treatment for glaucoma?	Yes       1         No       2         Does not know       (-1)	→ GO TO G.123
g121	Does not answer (-2)	
	1	
G.122 Why are you not undergoing treatment for glaucoma?	Does not have money for treatment	
q122	Does not know(-1) Does not answer(-2)	
G 123ck Are you deaf, interviewee?	Yes1	→ GO TO G.126
g123ck	No	
0.400	T	
G.123  Do you normally use earphones or hearing aids?	Yes	
	Does not know(-1) Does not answer(-2)	

G.124 How is your hearing [WITH/WITHOUT – see answer to G.123] earphones or hearing aids?	EXCELLENT       1         VERY GOOD       2         GOOD       3         REGULAR       4         BAD       5
	Does not know (-1)
g124	Does not answer (-2)
<b>.</b>	
IF THE INTERVIEWEE USES EAR	RPHONES (G.123=1) AND (G124=1, 2 OR 3) GO TO G. 126
0.405	
G.125 Why do you not use earphones or hearing aids that will help you hear better?	They bother him/her or he/she doesn't like them
	The doctor has not recommended them 8
g125	Does not know(-1) Does not answer(-2)
G.126	
Now I would like to ask you some questions about your mouth and teeth. Please tell me, are you missing any teeth or molars?  IF THE INTERVIEWEE ANSWERS YES.	Yes, a few (up to four)
ASK HIM/HER ABOUT THE NUMBER OF TEETH OR MOLARS MISSING AND MARK ACCORDING TO THE ANSWER.	No
g126	Does not answer
g	
G.127 Do you have bridges, fake teeth or dentures?	Yes
g127	2505 Not unswer
G.128  Do you use bridges, fake teeth or dentures?	Yes
g128	Does not answer
0.100	Ţ
G.129  Do you use bridges, fake teeth or dentures?	Because they bother him/her, he/she doesn't like them or can't get used to them 1 Cannot afford them
g129	Does not answer (-2)

	T	
G.130	Yes 1	
In the last year, have you had difficulties chewing food?	No. 2	
difficulties chewing food:		
	Does not know(-1)	
g130	Does not answer (-2)	
IF Si	EXO_R1=1 (MALE) GO TO G.143	
	T	
G.132	Yes	
In the last 3 months, have you conducted a self-examination of	No	
your breasts to see if you have		
some kind of growth (nodule, lump,	Does not know(-1)	
small mass)?	Does not answer (-2)	
g132		
	<u> </u>	
G.133		
In the last year, has any doctor or	Yes	
nurse examined your breasts to see	No	
if you have some kind of growth (nodule, lump, small mass)	Does not know(-1)	
(100000), 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 10000, 100000, 100000, 100000, 100000, 100000, 100000, 100000, 100000, 1000000, 100000, 100000, 100000, 100000, 100000, 100000, 100000, 1000000, 100000, 100000, 100000, 100000, 100000, 100000, 100000, 1000000, 1000000, 1000000, 1000000, 1000000, 1000000, 1000000, 10000000, 1000000, 1000000, 10000000, 10000000, 100000000	Does not answer (-2)	
g133		
0.404	T	
G.134 In the last two years, have you	Yes1	
had a mammogram done (x-ray of	No2	
your breasts)?		
~124	Does not know(-1) Does not answer(-2)	
g134	2003 Not driswer (2)	
G.135		
In the last two years, have you had	Yes	
a Pap Test or a test to determine if	No	
you have cervical or uterine cancer?	Does not know(-1)	
g135	Does not answer (-2)	
G.136	Voc	
Have you been operated on in order	Yes 1	
to not have children?	No2	→ GO TO G.138
g136		
	T	
G.137	Age	
How old were you when they did this operation?	/ · · · · · · · · · · · · · · · · · · ·	
	Does not know(-1)	
g137	Does not answer (-2)	
C 120	T	
G.138  Have you had an operation to	Yes, uterus and ovaries 1	
remove your uterus and ovaries or	Yes, only the uterus	
only the uterus?	Yes, only the ovaries 3	
	No4	<b>_</b>
	Does not know(-1)	→ GO TO G.140
g138	Does not answer (-2)	→ L

G.139  How old were you when you had this operation (a hysterectomy)?  g139_e g139_a g139_m (Age calculated by CASES) g139edad	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
G.140  How old were you when you had your last menstruation?  g140_e g140_a g140_m (Age calculated by CASES) g140edad	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
G.141  Have you ever used hormones or estrogen (pills, patches or others) for menopause?	Yes, she does use them	→ GO TO G.148
G.142  How old were you when you started to take hormones or estrogen for menopause?  g142_e g142_a g142_m (Age calculated by CASES) g142edad	Age         _          Year         _          Month         _          Does not know       (-1)         Does not answer       (-2)	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE THE AGE.
IF SE.	XO_R1=2 (Female) go to G.148	
	•	
G.143 In the last year, have had a rectal exam or a blood test that examines your prostate?	Yes 1 No 2  Does not know (-1)	
g143	Does not answer (-2)	

Now I would like to ask you some questions that may make you feel a bit uncomfortable because I will be referring to signs and symptoms that can be experienced when a person goes to the bathroom. Many people have these symptoms and there is not reason to feel embarrassed if you have them. I ask you to please answer me with sincerity.

		Yes	No	Does not know	Does not answer
G.144 g144	Do you have to urinate frequently?	1	2	-1	-2
G.145 g145	Do you feel that even though you feel you have to go, the stream of urine is weak or small?	1	2	-1	-2
G.146 g146	Do you feel stinging or burning when you urinate?	1	2	-1	-2
G.147 g147	Do you have to urinate three times or more during the night?	1	2	-1	-2

I WOULD LIKE TO ASK Y	YOU SOME QUESTIONS ABOUT YOUR MENTAL HEALTH.
G.148  Has a doctor ever told you that you have a psychiatric problem or that you have anxiety?	Yes
g148	Does not answer (-2)
G.149  Has a doctor ever told you that you are prone to depression?	Yes
g149	Does not know
G.150	
How old were you when you were diagnosed with depression?	Age
g150_e	Month
g150_a g150_m (Age calculated by CASES) g150edad	Does not know(-1) Does not answer(-2)
G.151	
Are you undergoing any psychiatric or psychological treatment for	Yes
depression?	Does not know
G.152 In the last year, have you taken any prescribed medication to treat	Yes
depression?	Does not know(-1) Does not answer(-2)
	1
G.153 In the last year, have you taken any medication or natural remedy to treat depression?	Yes
g153	Does not know
Now I Would like to ask you some	E QUESTIONS ABOUT YOUR FOOD AND DRINK CONSUMPTION HABITS.
G.154  How many complete meals do you make a day, including breakfast?	Number of meals
g154	Does not know(-1) Does not answer(-2)
G.155 In the last 3 months, on average, how many days a week have you	He/She did not consume any
consumed alcoholic beverages (like for example beer, wine, rum or	Less than one day a week
another drink that has alcohol)?	2 or 3 days a week
g155	Does not know

G.156  In the last 3 months, on the days that you consumed alcoholic beverages, how many glasses of wine, rum or other cocktails did you consume on average each day?	Glasses of wine                   Beers                   Rum	g156a g156b g156c
	Other cocktails	g156d

	Does not know  Does not answer			· ·	
				Does not	Does not
Scale of Alcoholism (CAGE)		Yes	No	know	answer
G.157 Have you ever thought you should amount of alcohol that you drink g157	l reduce the	1	2	-1	-2
G.158 Have you ever been bothered who criticizes your alcohol consumption		1	2	-1	-2
G.159 Have you ever felt bad or guilty for alcohol g159	or consuming	1	2	-1	-2
G.160 Have you ever had a cocktail or al the morning or have you had a dri calm your nerves or relieve a hang	ink in order to	1	2	-1	-2
G.161  Have you smoked one hundred cigarettes or more in your life?	Yes  No  Does not know  Does not answer		(-´	2 → GO	ГО G.167
G.162 Do you currently smoke?  G162	Yes  No  Does not know  Does not answer		(-´	2 → GO	TO G.164
G.163  How many cigarettes, cigars or pipes do you smoke regularly each day?  PACK=20 CIGARETTES	g163a Cigarettes g163b Cigars g193c Pipes		······	GO -	TO G.164
G.164  How many cigarettes, cigars or pipes did you used to smoke regularly each day?  PACK=20 CIGARETTES	g164a Cigarettes g164b Cigars g164c Pipes			-l	

G.165  How old were you when you stopped smoking or in what year did you stop smoking?	Age
IF HE/SHE STOPPED SMOKING LESS THAN ONE YEAR AGO, REGISTER THE CURRENT AGE OF THE INTERVIEWEE.	Month
g165_e g165_a g165_m	Does not know
(Age calculated by CASES) g165edad	
G.166  How old were you when you started smoking?	Age
g166_e g166_a	Month
g166_m (Age calculated by CASES) g166edad	Does not know(-1) Does not answer(-2)
G.167	
In the last year, have you engaged	Yes 1
in any of the following activities:	No 2
sports, jogging, walking, dancing	
or heavy labor, three or more times	Does not know (-1)
a week?	Does not answer (-2)
g167	
G.168	Text:
In the last year, what type of	
hobbies or leisure activities have	
you engaged in on a regular basis?	
Codified variable	December 1997
g168fisi, g16 8soci, g168ocio	Does not know(-1)   Does not answer(-2)
groomsi, gro osoci, grooocio	Does not allower (-2)
0	
	NE OF THEIR EXTREMITIES DUE TO PROBLEMS RELATED TO CERTAIN ILLNESSES OR NOW I WOULD LIKE TO ASK YOU A QUESTION ABOUT THIS.
SOME TYPE OF ACCIDENT.	NOW I WOULD LIKE TO ASK YOU A QUESTION ABOUT THIS.
G.169	No
Are you missing a limb?	West allers
g169	Yes, a leg
9109	Yes, a foot
DON'T ASK IF IT'S OBVIOUS AND MARK	Yes, both feet
ALL THE OPTIONS THAT APPLY.	Yes, an arm 05
	1
	Yes, both arms 06
	Yes, a hand 07
Which limb are you missing?	Yes, a hand       07         Yes, both hands       08
	Yes, a hand       07         Yes, both hands       08         Other       09
g169ex_a	Yes, a hand       07         Yes, both hands       08
g169ex_a g169ex_b	Yes, a hand       07         Yes, both hands       08         Other       09         A finger or part of a finger       10
g169ex_a	Yes, a hand       07         Yes, both hands       08         Other       09

G.170  In the last year, how many days were you in bed due to illness?  IF HE/SHE WAS NOT IN BED FOR ANY DAYS, MARK ZERO. IF THE INTERVIEWEE IS BEDRIDDEN G70=1 MARK 365 AND GO TO G170a.	Number of days                 Does not know       (-1)         Does not answer       (-2)
g170	
G.171a Could you tell me approximately how tall you are?	Measurement in feet        g171a_1         Does not know      1         Does not answer      2
	Measurement in inches       g171a_2         Does not know       (-1)         Does not answer       (-2)
G.171b Could you tell me approximately how much you weigh?	Weight in pounds
	Does not answer (-2)

#### NOW THINK OF THE LAST TWO WEEKS AND TELL ME IF, FOR THE MOST PART, DURING THE LAST TWO WEEKS...

		Yes	No	Does not know	Does not answer
G.171 g171	You felt basically satisfied with your life.	1	2	-1	-2
G.172 g172	You have stopped or lessened your involvement in activities or things you're interested in doing.	1	2	-1	-2
G.173 g173	You have felt that your life is empty.	1	2	-1	-2
G.174 g174	You have often felt bored.	1	2	-1	-2
G.175 g175	You were in good spirits most of the time.	1	2	-1	-2

#### In the last two weeks...

G.176 g176	Were you worried or afraid that something bad would happen to you?	1	2	-1	-2
G.177 g177	Did you feel happy most of the time?	1	2	-1	-2
G.178 g178	Did you often feel abandoned?	1	2	-1	-2
G.179 g179	Did you prefer to stay at home instead of going out and doing things?	1	2	-1	-2
G.180 g180	Did you feel that you had more memory problems than other people your age?	1	2	-1	-2

### During the last two weeks...

G.181 g181	Did you believe that it was wonderful to be alive?	1	2	-1	-2
G.182 g182	Did you feel useless or like you are not worth anything in your current situation?	1	2	-1	-2
G.183 g183	Did you feel full of energy?	1	2	-1	-2
G.184 g184	Did you feel hopeless in your current situation?	1	2	-1	-2
G.185 g185	Did you believe that other people were in a better situation than you?	1	2	-1	-2

Point Scale of Depression Target (calculated variable)	Points
depre_y	

# **SECTION H: CHILDHOOD CONDITIONS**

I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE ECONOMIC CONDITIONS IN WHICH YOU AND THE FAMILY YOU GREW UP WITH LIVED IN WHEN YOU WERE YOUNGER THAN 15 YEARS OLD.

H.1 In general, would you say that the economic conditions in the household in which you grew up were good, average or bad?  h1  H.2	Good       1         Average       2         Bad       3         Does not know       (-1)         Does not answer       (-2)
Did you suffer economic hardship that prevented you from eating regularly, adequately clothing yourself or receiving the necessary medical attention?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
112	
H.2a Did your father know how to read?  INTERVIEWER: IF NECESSARY, CLARIFY THAT YOU MEAN THE FATHER THAT RAISED HIM/HER h2a	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
[	
H.2b Did your father know how to write?	Yes
h2b	Does not know
H.3a What level of education did your father complete?	He did not go to school
h3a	Does not know (-1) Does not answer (-2)
H.4 What type of occupation would you say was the primary occupation of your father?	Write the occupation as indicated by the interviewee
	(Codified variable) code_h4 rcode_h4
H.6  Do you remember by chance if your father was unemployed for long periods of time? Would you say this occurred frequently, occasionally, never or when it was no longer harvest season?	YES       1       h6_1         NO       2         Does not know       -1         Does not answer       -2
INTERVIEWER: IF NECESSARY, CLARIFY THAT LONG PERIODS OF TIME MEANS A PERIOD OF ONE MONTH OR MORE.	FREQUENTLY
	Does not know (-1) Does not answer (-2)

H.6a Did your mother know how to read?	Yes
INTERVIEWER: IF NECESSARY, CLARIFY THAT YOU MEAN THE MOTHER THAT RAISED HIM/HER.	Does not know
h6a	
H.6b Did your mother know how to write?	Yes
h6b	Does not know
117	
H.6c What level of education did your mother complete?	She did not go to school
	completed eighth grade or higher2
	Does not know
h6c	Does not answer (-2)
H.6d	
What type of occupation would you say was the primary occupation of your mother?	Homemaker
your mother.	Specify: Write the occupation as indicated by the interviewee
	1
h6d	(Codified variable) code_h6d rcodeh6d
IF H.6D:	=000' (HOMEMAKER) go то H.8A
H.7  Do you remember by chance if your mother was unemployed for long	Yes
periods of time? Would you say this occurred frequently, occasionally, never or when it was no longer harvest season?	Does not know1 Does not answer2
INTERVIEWER: IF NECESSARY, CLARIFY	FRECUENTLY       1       h7_2         OCCASIONALLY       2         Never       3
THAT <u>LONG PERIODS OF TIME</u> MEANS A PERIOD OF ONE MONTH OR MORE.	When it was no longer harvest season4
	Does not know
JE IN QUESTIO	N C.10 FOR POSITION R1 IS 00 GO TO H.8A
IF IN QUESTIO	A CATO FOR FOR INTERIOR TO THOSE
Н.8	
When you were a child or	Yes
adolescent, were there periods of time in which you and your siblings	NO
had to leave school and work in order to help your parents?	Does not know

H.8a					
Did your parents get divorced	Yes		1		
before you turned 15 years old?	No		2		
	My parents never lived together		3		
	Does not know		(-1)		
h8a	Does not answer		(-2)		
H.14					
How would describe your health as	EXCELLENT		1		
a child or adolescent? Would you	VERY GOOD		2		
say your health as a child or	GOOD		3		
adolescent was excellent, very	AVERAGE		4		
good, good, average, or bad?	BAD		5		
	Does not know		` '		
h14	Does not answer		(-2)		
H.15					
When you were a child or	NEVER		1		
adolescent, how many times were	ONCE		2		
you unable to go to school for one	OCCASIONALLY		3		
month or more because you were	MANY TIMES		4		
ill? Would you say never, once,					
occasionally or many times?	Does not know		1 1		
	Does not answer	• • • • • • • • • • • • • • • • • • • •	(-2)		
h15					
H.16	_		_		
When you were a child or	FRECUENTLY				
adolescent, did you stop doing	OCCASIONALLY				
something that children your age	NEVER		3		
commonly do because of health	Does not know		(1)		
problems? Would you say this	Does not answer		. ,		
happened frequently, occasionally, or never?	Does not answer		(-2)		
or never?					
INTERVIEWER: EXAMPLES ARE NOT BEING					
ABLE TO BATHE IN THE RIVER BECAUSE					
HE/SHE HAD ASTHMA, OR NOT RUNNING					
BECAUSE HE SUFFERED FROM POLIO.					
h16					
	_				
H.17			N.I.	Does	Does
I'm going to name some illnesses.		Yes	No	not	not
Could you tell me if you remember				know	answer
suffering from any of these when	A TYPHUS FEVER	1	2	1	2
you were a child or adolescent?	A. TYPHUS FEVERh17a	1 1	2	-1 -1	-2 -2
	C. TUBERCULOSISh17c	1	2	- I -1	-2 -2
	D. RHEUMATIC FEVERh17d	1	2	- I -1	-2 -2
READ EACH ONE OF THE ILLNESSES.	E. POLIO	1	2	- I -1	-2 -2
	F. MALARIAh17f	1	2	- I -1	-2 -2
	G. DENGUE	1	2	- i -1	-2 -2
	H. MEASLESh17h	1	2	- i -1	-2 -2
	I. CHICKEN POXh17i	1	2	- i -1	-2 -2
	J. MUMPSh17j	1	2	- i -1	-2 -2
	K. SMALL POXh17k	1	2	- i -1	-2 -2
	L. PNEUMONIAh17I	1	2	- i -1	-2 -2
	M. ASTHMAh17m	1	2	-1	-2
		1	2	-1	-2
h17	N. CHRONIC BRONCHITISh17n	I	_	- 1	-2

### **SECTION I: FUNCTIONAL STATUS**

SOME PEOPLE HAVE DIFFICULTY CARRYING OUT CERTAIN ACTIVITIES THAT ARE IMPORTANT TO DAILY LIFE DUE TO A HEALTH PROBLEM. PLEASE TELL ME IF YOU ARE CURRENTLY HAVING ANY DIFFICULTY CARRYING OUT ANY OF THE ACTIVITIES I AM GOING TO MENTION. DON'T TAKE INTO ACCOUNT THE TEMPORARY DIFFICULTIES THAT YOU EXPECT WILL LAST LESS THAN THREE MONTHS.

### READ EACH QUESTION WITH THE OPTIONS YES, NO, CANNOT DO IT, DOES NOT DO IT/DOES NOT APPLY.

1.1	Have you had difficulty using the telephone due to a health problem?   YES	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.2	USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	I.1b
1.2	Have you had difficulty getting anywhere you had to go using transportation due to a health problem?  1 NO 2 CANNOT DO IT 3 DOES NOT DO IT / DOES NOT APPLY 4  Does not know (-1) Does not answer (-2)	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.3	I.2a i2a Who is the person that most helps you?  USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	1.2b   How many times in the last month has [NAME] helped you?

1.3	13   Have you had difficulty buying food or clothes due to a health problem?    YES	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.4	USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	1.3b
1.4	Have you had difficulty preparing food for yourself due to a health problem?  YES	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.5	USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know(-1) Does not answer(-2)  IF YOU CODED -1 OR -2, GO TO 15	1.4b
1.5	Have you had difficulty doing household chores due to a health problem?  YES	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.6	I.5a Who is the person that most helps you?  USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	I.5b

1.6	Have you had difficulty taking medication due to a health problem?   YES	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.7	USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know(-1) Does not answer(-2)  IF YOU CODED -1 OR -2, GO TO I7	1.6b
1.7	i7 Have you had difficulty managing your money on your own due to a health		I.7a i7a Who is the person that most helps you?	I.7b  How many times in the last month has [NAME] helped you?
1.7	Have you had difficulty managing your	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.8	Who is the person that	How many times in the last month has [NAME]

helps you with the activities I just mentioned to you?  ASK THIS QUESTION IF INTERVIEWEE INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.  Spouse with whom he/s does not cohabitate. Consensual partner Biological son/daughter Adopted son/daughter	03 04
helps you with the activities I just mentioned to you?  ASK THIS QUESTION IF INTERVIEWEE INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.  Spouse with whom he/s does not cohabitate. Consensual partner Biological son/daughter Adopted son/daughter	he cohabitates 02 he 03 04
Just mentioned to you?  ASK THIS QUESTION IF INTERVIEWEE INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.  Spouse with whom he/s Spouse with whom he/s Spouse with whom he/s does not cohabitate. Consensual partner Biological son/daughter Adopted son/daughter	he 03 04
ASK THIS QUESTION IF INTERVIEWEE INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.  Spouse with whom he/s does not cohabitate. Consensual partner Biological son/daughter	he 03 04
ASK THIS QUESTION IF INTERVIEWEE INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.  does not cohabitate. Consensual partner Biological son/daughter Adopted son/daughter	03 04
ASK THIS QUESTION IF INTERVIEWEE INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.  Consensual partner Biological son/daughter Adopted son/daughter	04
INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.  Biological son/daughter Adopted son/daughter	
Adopted son/daughter	
, ,	
Raised son/daughter	
, ,	-adopted) 07
	·
	10
Non-biological, non-ado	
	r12
	and mother13
· · · · · · · · · · · · · · · · · · ·	<sup>-</sup> 14
	er 15
	r 16
9 1	pted brother/sister 17
	ı-Law 18
	ı-Law 19
	er 20
	21
Nephew/Niece	22
	n-Law 23
J	24
Domestic worker	25
Caretaker	26
Friend	27
	28
Other person, not family	y member 29
Other person mentioned	by interviewee 77
Does not know	(-1)
Does not answer	(-2)

I AM GOING TO MENTION TO YOU SOME DAILY LIFE ACTIVITIES. PLEASE TELL ME IF YOU ARE CURRENTLY HAVING ANY DIFFICULTY CARRYING OUT ANY
OF THE ACTIVITIES I AM GOING TO MENTION. DON'T TAKE INTO ACCOUNT THE TEMPORARY DIFFICULTIES THAT YOU EXPECT WILL LAST LESS THAN
THREE MONTHS.

### READ EACH QUESTION WITH THE OPTIONS YES, NO, CANNOT DO IT, DOES NOT DO IT/DOES NOT APPLY.

1.9	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.10	USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	1.9b
1.10	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.11	I.10a i10a Who is the person that most helps you?  USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	I.10b  How many times in the last month has [NAME] helped you?  EVERY DAY OF THE WEEK
I.11	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.12	I.11a i11a Who is the person that most helps you?  USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	I.11b

Have you had difficulty walking from one side of your room to the other due to a health problem?  YES	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.13	USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know(-1) Does not answer(-2)  IF YOU CODED -1 OR -2, GO TO I13	I.12b
I.13  Have you had difficulty getting up from or lying down in your bed due to a health problem?  YES	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.14	I.13a i13a Who is the person that most helps you?  USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	I.13b
1.14	IF HE/SHE ANSWERS 2, 4, -1 OR -2 GO TO I.15	I.14a i14a Who is the person that most helps you?  USE THE CODES FROM SECTION L: DATA REGARDING FAMILY MEMBERS  Does not know	I.14b

Who is the person that most helps you with these other activities I just mentioned to you?  ASK THIS QUESTION IF INTERVIEWEE INDICATED HE/SHE NEEDS HELP IN ANY OF THE INSTRUMENTAL ACTIVITIES.	No one helps me
	Does not answer (-2)
I.16  Have you had difficulty getting to the bathroom on time because you're unable to move fast enough?  INTERVIEWER IF NECESSARY, CLARIFY THAT WE'RE NOT REFERRING EXCLUSIVELY TO PROBLEMS GETTING TO THE BATHROOM.	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)
I.17  How would you evaluate your ability to function day-to-day?  ¿Would you say that your ability to function day-to-day is excellent, very good, good,	EXCELLENT       1         VERY GOOD       2         GOOD       3         AVERAGE       4         BAD       5
average or bad?	Does not know

# **SECTION J. MEDICATIONS**

I WOULD LIKE TO ASK YOU ABOUT SOME MEDICATIONS, REMEDIES, AND OTHER THINGS THAT YOU ARE CURRENTLY USING OR TAKING AT THIS TIME.

J.1 Could you tell me how many medications, prescribed by a doctor, have you been taking regularly in the last year?  j1	Prescribed medications (-1)  Does not know (-2)	INDICATE 0 IF INTERVIEWEE DOES NOT TAKE ANY PRESCRIBED MEDICATION.
J.2  Could you tell me how many doctor- recommended but non-prescribed medications you have been taking regularly in the last year? j2	Doctor recommended but non-prescribed medications	INDICATE 0 IF INTERVIEWEE DOES NOT TAKE ANY NON- PRESCRIBED MEDICATIONS.
J.3  How many non-prescribed medications NOT RECOMMENDED BY A DOCTOR have you been taking regularly in the last year?  j3	Non-recommended medications     Does not know	INDICATE 0 IF INTERVIEWEE DOES NOT TAKE ANY.
J.6 In the last year, have you taken medication for the following conditions?	Have you taken medication for anxiety? Yes	j6a_1 → GO TO j6b_1
Have you taken any prescribed or non-prescribed medications for any of the following conditions?  READ EACH QUESTION FOR EACH CONDITION.	Have you taken medication for anxiety with or without a prescription?  With prescription	j6a_2
	Does not answer       (-2)         Have you taken medication for sleep?         Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	j6b_1 → GO TO j6c_1
	Have you taken medication for sleep with or without a prescription? With prescription	j6b_2
	Does not answer	j6c_1 → GO TO j6d_1
	Have you taken medication for tremors with or without a prescription?  With prescription 1  Without prescription 2  With and without prescription 3  Does not know (-1)  Does not answer (-2)	j6c_2

	Have you taken medication for diarrhea? j6d_1
	Yes1
	No
	Does not know(-1)
	Does not answer (-2)
	Have you taken medication for diarrhea j6d_2
	with or without medication?
	With prescription 1
	Without prescription 2
	With and without prescription 3
	Does not know(-1)
	Does not answer (-2)
NOW I WOULD LIKE TO ASK YOU ABOUT THE MONEY	Y YOU'VE SPENT OUT OF POCKET IN THE LAST MONTH ON MEDICATION AND OTHER
	S, SYRINGES, GAUZE OR OTHERS. REMEMBER THAT THE QUESTIONS REFER TO THE
	THAT HAS COME OUT OF YOUR OWN POCKET FOR THESE ITEMS.
LAST WONTH AND TO THE WONET	THAT HAS COME OUT OF TOUR OWN FOCKET FOR THESE TIEMS.
J.7	Leasther 10 dellers
How much of the money that you	Less than 10 dollars 1
spent on these items came out of	Between 10 and 39 2
your own pocket?	Between 40 and 69 3
	Between 70 and 99 4
	100 or more 5
	Did not spend any money 6
	Does not know(-1)
j7	Does not answer(-2)
J'	( )
	IF J.1 IS ZERO GO TO J.13
J.12	
During the last year, have you	Yes
stopped taking or have you taken	No
less of any medication that was	
prescribed because you could not	Does not know(-1)
afford it?	Does not answer (-2)
i12	2003 Not unswer
]12	
142	
J.13	Yes 1
Do you take any type of medication	No
on a regular basis?	140
	Does not know(-1)
i13	Does not answer(-2)
]13	2000 1101 41101101 111111111111111111111
144	
J.14	Yes 1
Do you use any natural remedy or	Yes
medication when you get sick or	No
don't feel well?	SECTION K
	Door not know (1)
	Does not know(-1)
j14	Does not answer(-2)
J.15	
How much money did you spend on	Less than 10 dollars 1
these items?	Between 10 and 39 2
	Between 40 and 69 3
	70 or more 4
	Does not know(-1)
j15	Does not answer(-2)

## **SECTION K: ACCESS AND UTILIZATION OF HEALTH SERVICES**

Now I would like to ask you some questions about your health insurance and your use of health services.

K.1  Do you have a health plan? k1	What type of health plan do you have?
Yes 1 No 2	Government Plan or reform 01
Does not know(-1) Does not answer(-2)  INTERVIEWER: REGISTER ALL THE OPTIONS MENTIONED. IF THE INTERVIEWEE ANSWERS MEDICARE, ASK ONLY PART A OR ALSO B AND REGISTER THE APPROPRIATE CODE. ALSO ASK: DO YOU HAVE A COMPLEMENTARY PRIVATE HEALTH INSURANCE PLAN AND REGISTER THE CODE OF THE PLAN.  klins_1 klins_2 klins_3 klins_4 klins_5	Medicare       Part A (hospitalization)       02         Part B (ambulatory services)       03         Private plan       04         Triple S       05         Humana       06         Other       07         From a particular organization       08         Teachers       08         Police       09         Federal Employee       10         Veterans       11         Other       12         Does not know       (-1)         Does not answer       (-2)
K.1a  I need to see your Medicare card in order to take down your MEDICARE number and your SOCIAL SECURITY NUMBER. It's important that you give me these numbers in order to complete this investigation in the future. I remind you that this information is treated as confidential and I assure you that this will not inconvenience you in any way.  k1a_1	Enter the Medicare number:
k1a_2	
K.1b  I need you to tell me your Social Security number. It's important that you give me these numbers in order to complete this investigation in the future. I remind you that this information is treated as confidential and I assure you that this will not inconvenience you in any way.	Enter the Social Security number:
K.16  How many nights in total were you hospitalized during the last twelve months?	Nights

K.17  How much of the costs of hospitalization were covered by your health plan? Did your health plan cover all of the costs, some of the costs, or none of the costs of hospitalization?	All	MARK 0 IN K.18 AND GO TO K.20
IF NECESSARY REMEMBER THE INTERVIEWEE THAT THIS INCLUDES THE LAST TWELVE MONTHS.	Does not apply did not have health insurance	GO TO K.20
How much did you pay in total out of pocket for those hospitalizations in the last twelve months?  IF THE INTERVIEWEE DOES NOT KNOW OR REFUSES TO ANSWER, WE WILL ASK THEM TO SELECT FROM A RANGE OF ANSWERS.	Total paid	k18range
K.20  How many times have you gone to the emergency room in the last twelve months?	Number of times                      Does not know         (-1)           Does not answer         (-2)	IF YOU MARK 0 GO TO K.25
K.21  How much of the costs of the emergency room visits were covered by your health plan? Did your health plan cover all of the costs, some of the costs, or none of the costs of hospitalization?	All	MARK 0 IN K.22 AND GO TO K.25
k21	Does not apply did not have health insurance	GO TO K.25
How much did you pay in total out of pocket for those emergency room visits in the last twelve months?  IF THE INTERVIEWEE DOES NOT KNOW OR REFUSES TO ANSWER, WE WILL ASK THEM TO SELECT FROM A RANGE OF ANSWERS.	Total paid	K22range
K.25  How many times have you gone to the doctor's office in the last twelve months?	Number of times	IF YOU MARK 0, GO TO K.30

K.26  How much of the costs of your visits to the doctor's office were covered by your health plan? Did your health plan cover all of the costs, some of the costs, or none of the costs of the doctor's visits?	All	MARK 0 IN K.27 AND GO TO K.30
k26	Does not apply did not have health insurance	GO TO K.30
K.27  How much did you pay in total out of your own pocket for these doctor's visits in the last two years?  IF THE INTERVIEWEE DOES NOT KNOW OR REFUSES TO ANSWER, WE WILL ASK THEM TO SELECT FROM A RANGE OF ANSWERS.	Total paid	K27range
K27	Does not answer (-2)	
In addition to doctors, there are other health professionals like therapists, dieticians or nutritionists, podiatrists, optometrists, audiologists, and chiropractors.  Now I would like to ask you about your visits to these health professionals.		
K.30  How many times have you visited the office of one of these professionals in the last twelve months?	Number of times	IF YOU MARK 0 GO TO K.37
k30	Does not know (-1) Does not answer (-2)	
K.31  How much of the costs of visits to these health professionals were covered by your health plan? Did your health plan cover all of the costs, some of the costs, or none of the costs of visits to these health	All	MARK 0 IN K.32 AND GO TO K.37
professionals in the last twelve months?	Does not apply did not have health insurance	GO TO K.37
K.32  How much did you pay in total out of your own pocket for visits to any of these health professionals in the last twelve months?	Total paid	k32range
IF THE INTERVIEWEE CANNOT GIVE AN EXACT AMOUNT, GIVE AN ESTIMATE.	\$500 or more	
k32	Does not know (-1) Does not answer (-2)	
K.37  How many emergency surgeries have you had in the last twelve months?	Number of times	IF YOU MARK 0 GO TO K.43
	Does not know (-1) Does not answer (-2)	GO TO K.43

K.38  How much of the costs of the emergency surgeries were covered by your health plan? Did your health plan cover all of the costs, some of the costs, or none of costs of the emergency surgeries in the last twelve months?	All       1         Some       2         None       3         Does not apply did not have health insurance       7         Does not know       (-1)	MARK 0 IN K39 AND GO TO K.43
k38	Does not answer (-2)	
How much did you pay in total out of your own pocket for these emergency surgeries in the last twelve months?  IF THE INTERVIEWEE DOES NOT KNOW OR REFUSES TO ANSWER, WE WILL ASK THEM TO SELECT FROM A RANGE OF ANSWERS.	Total paid	k39range
k39	Does not answer (-2)	
K.43  How many times have you gone to the dentist in the last twelve months?	Number of times	IF YOU MARK 0 GO TO K.48
months.	Does not know (-1)	
k43	Does not answer (-2)	
K.44  How much of the costs of the dentist visits were covered by your health plan? Did your health plan cover all of the costs, some of the costs or none of the costs of these dentist visits in the last twelve months?	AII	MARK 0 IN K.45 AND GO TO K.48
k44	Does not apply did not have health insurance	GO TO K.48
K.45  How much did you pay in total out of your own pocket for these dentist visits in the last twelve months?  IF THE INTERVIEWEE CANNOT GIVE AN EXACT AMOUNT, GIVE AN ESTIMATE.	Total paid	k45range
K.48 In the last twelve months, were you ever told you should get an x-ray or have laboratory tests done, not including tests for a hospitalization?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	GO TO K.53

K.49 Did you have those tests done?	Yes, all of them1	GO TO K.51
	Only some of them2	
	Did not get them done	
k49	Does not know	GO TO K.51
K EO		
K.50 Why did you not have all of those laboratory tests done?	Lack of transportation	
INTERVIEWER: MARK ALL THE RESPONSES GIVEN BY THE INTERVIEWEE	Health insurance would not cover them 05 Appointment was scheduled for much later (is still waiting to have them done) 06 Another reason 07	
k50_1 k50_2	Was afraid	
k50_3 k50_4 k50_5	Does not know(-1) Does not answer(-2)	
K.51  How much of the costs of those laboratory tests were covered by	All 1	MARK 0 IN K.52 AND GO TO K.53
your health plan? Did your health plan cover all of the costs, some of the costs, or none of the costs of those laboratory tests in the last	Some	
twelve months?	Does not apply does not have health insurance	GO TO K.53
k51	Does not answer (-2)	
K.52  How much did you pay in total out of your own pocket for those tests that you did have done in the last twelve months?	Total paid	k52range
IF THE INTERVIEWEE DOES NOT KNOW OR REFUSES TO ANSWER, WE WILL ASK THEM TO SELECT FROM A RANGE OF ANSWERS.	\$200 or more, but less than \$300	
k52	Does not answer	
K.53 In the last year, have you received the influenza vaccine?	Yes	
k53	Does not know	
K.54		
In the last year, have you received the tetanus vaccine?	Yes	
k54	Does not know(-1) Does not answer(-2)	
VEE	I	
K.55 In the last year, have you received the pneumonia vaccine?	Yes	
LEE.	Does not know(-1) Does not answer (-2)	

14 = 4	
K.56	Yes
In the last year, have you had the	
tuberculosis test?	No2
	Does not know(-1)
k56	Does not answer (-2)
NO CONTRACTOR OF THE CONTRACTO	
K.57	V
Have you had your blood pressure	Yes1
taken in the last year?	No 2
-	
	Does not know(-1)
k57	Does not answer (-2)
K57	2000 1101 41101101 111111111111111111111
K.58	
Have you had your blood sugar level	Yes1
measured in the last year?	No2
	Does not know(-1)
LEO.	Does not answer(-2)
k58	2003 Not answer (2)
K.59	
Have you had your cholesterol level	Yes1
tested?	No2
	Does not know(-1)
k59	Does not answer (-2)
KJ7	
K.60	
In the last two years, have you	Yes1
needed medical attention that you	No 2
could not get?	
3	Does not know(-1)
k60	Does not answer (-2)
ROO	
K.60a	
¿Which one?	
(Codified variable) k60a_cod	
K.61	
Why were you unable to get the	Lack of transportation 01
	Too time consuming
medical attention that you needed?	Could not pay for it
MARK ALL THE OPTIONS	Did not consider it a serious problem 04
MENTIONED SPONTANEOUSLY.	Health insurance would not cover it 06
	Appointment was scheduled for much later 07
	Another reason 08
K61_1	Did not have a doctor's referral 09
K61_2	Was not authorized by health plan 10
K61_3	Does not know(-1)
K61_4	Does not answer (-2)
V41 E	DOES HOLADSWEL

# **SECTION L (pre): NUMBER OF CHILDREN**

Now, I would like to talk a bit more about all of your children, whether alive or dead, including your adopted children and the children you raised who were not your biological or adopted children.

D.11 How many live births did you have?  DO NOT INCLUDE STEPCHILDREN, ADOPTED CHILDREN, ABORTIONS, OR STILLBIRTHS.  d11	Number of children     Does not know	IF HE/SHE DID NOT HAVE ANY LIVE BIRTHS, GO TO D.13.
D.12  How many of these children are still alive?	Number of children alive	
d12	Does not know	_
D.13  How many stepchildren do you have who are still alive?	Number of stepchildren	
d13	Does not know	
D.14  How many your adopted children and children you raised (who were not your biological or adopted children) are still alive?	Number of adopted or raised children	
d14	Does not know	

## SECTION L : DATA REGARDING FAMILY MEMBERS, FRIENDS, AND NEIGHBORS

Now, I would like to talk a bit more about your children, including adopted children and raised children, either alive or dead.

#### **GENERAL DATA REGARDING CHILDREN**

	L.1	L.2	L.3	L.4	L.5
P O S I T I O N *	Please tell me the names of your children.  WRITE DOWN THE NAMES OF ALL THE CHILDREN.  L1num indicates the total number of children L.1  Does not know	What is the relationship of [NAME] to you?  READ EACH OPTION UNTIL YOU GET AN AFFIRMATIVE RESPONSE.  BIOLOGICAL CHILD	Is [NAME] a man or a woman?  INTERVIEWER: ASK ONLY IF YOU ARE UNSURE OF THE SEX OF THE CHILD.  Man	Is [NAME] alive?         Yes	How old is [NAME] or how old was [NAME] when he/she died?  Less than one year old 000  Does not know
	NAME	RELATIONSHIP	GENDER	ALIVE	AGE
pos21		pare_r21	sexo_r21	14r21	_edad_r21
pos22		pare_r22	sexo_r22	I4r22	_edad_r22
pos23		pare_r23	sexo_r23	I4r23	_edad_r23
pos24		pare_r24	sexo_r24	I4r24	_edad_r24
pos25		pare_r25	sexo_r25	l4r25	_edad_r25
pos26		pare_r26	sexo_r26	l4r26	_edad_r26
pos27		pare_r27	sexo_r27	14r27	_edad_r 27
pos28		pare_r28	sexo_r28	I4r28	_edad_r28
pos29		pare_r29	sexo_r29	l4r29	_edad_r29
pos30		pare_r30	sexo_r30	I4r30	_edad_r30

<sup>\*</sup> The children roster occupies positions number 21 (pos21) to 40 (pos40).

	L.6	L.7	L.8	
	Where does [NAME] live?	ASK ONLY IF THE AGE => 4	ASK ONLY IF AGE=>15	
Р О	LET THE INTERVIEWEE ANSWER SPONTANEOUSLY AND IF YOU DON'T HAVE SPECIFIC ENOUGH INFORMATION, READ THE OPTIONS THAT APPLY.	What was the last grade in school that [NAME] completed?	What is the civil or marital status of [NAME]?	
S I T I O N	Here in this house	Did not go to school or did not complete any grade in school	IF INTERVIEWEE ANSWERS MARRIED, ASK WHETHER MARRIED WITH OR WITHOUT  s married with papers	
	RESIDENCE	EDUCATION	CIVIL STATUS	
pos21	RESIDENCE	EDUCATION	mari_r21	
pos21				
	dond_r21	7r21	mari_r21	
pos22	dond_r21   dond_r22	7r21    7r22	mari_r21   mari_r22	
pos22	dond_r21   dond_r22   dond_r23	7r21    7r22     17r23	mari_r21   mari_r22   mari_r23	
pos22 pos23 pos24	dond_r21   dond_r22   dond_r23   dond_r24	7r21    17r22     17r23	mari_r21   mari_r22   mari_r23   mari_r24	
pos22 pos23 pos24 pos25	dond_r21   dond_r22   dond_r23   dond_r24   dond_r25		mari_r21   mari_r22   mari_r23   mari_r24   mari_r25	
pos22 pos23 pos24 pos25 pos26	dond_r21   dond_r22   dond_r23   dond_r24   dond_r25	   _     _ _    _ _    _ _    _ _	mari_r21   mari_r22   mari_r23   mari_r24   mari_r25	
pos22 pos23 pos24 pos25 pos26 pos27	dond_r21   dond_r22   dond_r23   dond_r24   dond_r25   dond_r26   dond_r27	        _     _ _ _    _ _ _    _ _ _    _ _ _	mari_r21   _mari_r22   _mari_r23   _mari_r24   _mari_r25   _mari_r26   _mari_r27	

<sup>\*</sup> The children roster occupies positions number 21 (pos21) to 40 (pos40).

	L.9	L.10	L.11	DD
P	ASK ONLY IF AGE =>15	IF L6=5 MARK 1 AND GO TO L11	Did you help [NAME] financially as	
O S I T I O N	How many of [NAME]'s children are alive?  NOTE THE NUMBER OF CHILDREN. IF HE/SHE DOES NOT HAVE ANY, MARK IT AS 00.  Number of children      Does not know	Does [NAME] currently live, lived, or has he/she never lived in the United States?  Lives	he established him/herself in the United States?  Yes	DUPLICATED REGISTER
*	NUMBER OF CHILDREN	LIVES OR LIVED IN THE U.S.A.	HELPED	DD
pos21			l11r21	dd21
pos22	19r22			dd22
pos23	19r23		l11r23	dd23
pos24	19r24	I10r24		dd24
pos25	19r25	l10r25	l11r25	dd25
pos26	19r26		l11r26	dd26
pos27	19r27	I10r27	l11r27	dd27
pos28			l11r28	dd28
pos29		I10r29	l11r29	dd29
pos30		I10r30	I11r30	dd30

<sup>\*</sup> The children roster occupies positions number 21 (pos21) to 40 (pos40).

\* The variables DD (DD21 to DD40) indicate the position in which the person is duplicated in another Roster. (DD=00, not duplicated).

### **GENERAL DATA REGARDING SIBLINGS**

NOW I WOULD LIKE TO TALK A LITTLE BIT MORE IN DETAIL ABOUT YOUR SIBLINGS, INCLUDING NON-BIOLOGICAL SIBLINGS AND STEPSIBLINGS YOU WERE RAISED WITH, WHETHER THEY ARE ALIVE OR DEAD.

L.20a  How many siblings did you have in total?  120a	Total siblings                       Does not know         ( -1)           Does not answer         ( -2)	IF L.20A=0 , -1 ó -2 GO TO L21
L.20a2 How many of them are alive?	Siblings who are alive                   Does not know       ( -1)         Does not answer       ( -2)	IF L.20A2=0 , -1 ó -2 GO TO L21

	L.12	L.13	L.14	L.16	L.17
Р	Please tell me the names of ALL of your siblings who are	What is the relationship of [NAME] to you.	Is [NAME] a man or a woman?	How old is [NAME]?	Where does [NAME] live?
o s	alive. (Applies if L.20A2>3)  Please tell me the names of the THREE siblings with	READ EACH OPTION UNTIL YOU OBTAIN AN AFFIRMATIVE RESPONSE.	INTERVIEWER: ASK ONLY IF YOU ARE UNSURE OF THE GENDER.	AGE IN YEARS	LET THE INTERVIEWEE ANSWER SPONTANEOUSLY AND IF YOU DON'T HAVE SPECIFIC ENOUGH INFORMATION, READ THE OPTIONS THAT APPLY.
T I O	whom you have the most contact. (Aplies if L.20a2 <=3)	FULL-SIBLING—SAME  MOTHER AND FATHER	Man 1  Woman 2	Less than one year old 000  Does not know ( -1) Does not answer ( -2)	Here in this house
N *	Does not know	Does not know (-1) Does not answer (-2)			In another country
	NAME	RELATIONSHIP	GENDER	AGE	RESIDENCE
pos61		pare_r61	_sexo_r61	edad_r61	dond_r61
pos62		pare_r62	_sexo_r62	edad_r62	dond_r62
pos63		pare_r63	_sexo_r63	edad_r63	dond_r63

<sup>\*</sup> The siblings roster occupies positions number s 61 (pos61) to 63 (pos63).

## **GENERAL DATA REGARDING SIBLINGS**

	L.20	DD
P	ASK ONLY IF AGE =>15  What is the civil or marital status of [NAME]?	
s I	IF INTERVIEWEE ANSWERS MARRIED, ASK WHETHER MARRIED WITH OR WITHOUT PAPERS.	DUDULGATED
Т	Is married with papers1	DUPLICATED
I O N *	Cohabitates without having married       2         Is widowed       3         Is divorced       4         Is separated       5         Has never been married       6         Does not know       (-1)         Does not answer       (-2)	REGISTER
	CIVIL STATUS	DD
pos61	mari_r61	dd61
pos62	mari_r62	dd62
pos63	mari_r63	dd63

<sup>\*</sup> The siblings roster occupies positions number s 61 (pos61) to 63 (pos63).

\* The variables DD (DD61 to DD63) indicate the position in which the person is duplicated in another Roster.

## **GENERAL DATA REGARDING PARENTS**

#### Now I am going to ask you some questions about your parents.

	L.21	L.22	L.:	23	L.25	DD
P O S I T I O N *	Are your parents alive?  L21pre  INTERVIEWER, "PARENTS" REFERS TO BIOLOGICAL, ADOPTIVE OR STEPPARENTS.  Yes	How is [NAME] related to you?  BIOLOGICAL FATHER/MOTHER09 ADOPTIVE FATHER/MOTHER10 NON-BIOLOGICAL, NON-ADOPTIVE, NON-STEP FATHER/MOTHER11 STEP-FATHER/STEPMOTHER12 Does not know	Is [NAME] a man  INTERV ASK ONLY IF YOU THE GE  Man  Woman  L.:  How old is [NAME]  INDICATE HOW O  Does not know Does not answer	### TIEWER:  ### ARE UNSURE OF ENDER.  1	Where does [NAME] live?  LET THE INTERVIEWEE ANSWER SPONTANEOUSLY AND IF YOU DON'T HAVE SPECIFIC ENOUGH INFORMATION, READ THE OPTIONS THAT APPLY.  Here in this house	DUPLICATED REGISTER
	NAME	RELATIONSHIP	GENDER	AGE	PLACE OF RESIDENCE	DD
pos71		_pare_r71_	_sexo_r71_	edad_r71 _ _	dond_r71	dd71
pos72		_pare_r72_	_sexo_r72_	edad_r72 _ _	dond_r72	dd72

<sup>\*</sup> The parents roster occupies positions numbers 71 (pos71) to 72 (pos72).

\* The variables DD (DD71 to DD72) indicate the position in which the person is duplicated in another Roster.

#### **GENERAL DATA REGARDING OTHER RELATIVES**

	L.26	L.27	L.28	L.29	L.30	DD
P O S I T I O N *	In addition to your parents, siblings, and children, is there any other relative, neighbor or friend that helps you or that you help?  L26pre  Yes	How is [NAME] related to you?  Spouse that does not cohabitate	IF [NAME] IS GRANDCHILD ASK  [NAME] is the child of which of your children?  IF [NAME] NEPHEW/ NIECE, ASK  [NAME] is the son/daughter of which of your siblings?  NOTE THE NUMBER IN THE REGISTER.	Is [NAME] a man or a woman?  INTERVIEWER: ASK ONLY IF YOU ARE UNSURE OF THE GENDER.  Man	Where does [NAME] live?  LET THE INTERVIEWEE ANSWER SPONTANEOUSLY AND IF YOU DON'T HAVE SPECIFIC ENOUGH INFORMATION, READ THE OPTIONS THAT APPLY.  Here in this house	DUPLICATED REGISTER
	NAME	RELATIONSHIP	RELATIONSHIP	GENDER	RESIDENCE	DD
pos81		_pare_r81_	_l28r81_	sexo_r81	dond_r81	dd81
pos82		_pare_r82_	_l28r82_	sexo_r82	dond_r82	dd82
pos83		_pare_r83_	_l28r83_	sexo_r83	dond_r83	dd83

<sup>\*</sup> The other persons roster occupies positions numbers 81 (pos81) to 82 (pos82).

\* The variables DD (DD81 to DD83) indicate the position in which the person is duplicated in another Roster.

## **SECTION M: TRANSFERS**

#### Now I would like to ask you some questions about the help that you receive and who it is that helps you.

M.1  Could you tell me if you receive help for any of the things I am about to mention to you and who it is that helps you.  CLARIFY TO THE INTERVIEWEE THAT THIS INCLUDES HIS/HER SPOUSE, SIBLINGS, CHILDREN, AND OTHER PEOPLE.	Receives help  MARK HERE IF HE/SHE DOES RECEIVE HELP.	Who helps you? (starting with the one who helps you the most)  INTERVIEWER: IF HE/SHE MENTIONS MORE THAN ONE PERSON, ASK: "Please begin with the person that most helps you." IF HE/SHE ONLY MENTIONS ONE PERSON, ASK: "Is There Anyone Else That May Have Helped You?"  USE THE CODES FROM THE PREVIOUS SECTION ON DATA REGARDING FAMILY MEMBERS AND FRIENDS.
Do you receive help with transportation, for example, to go to doctors' appointments, to go shopping and to visit relatives and friends?  m1a	Yes	
<ul> <li>d. Do you receive help with work tasks, household chores or gardening?</li> </ul>	Yes	
I. Do you receive help with errands?	Yes	
n. Is there someone that helps you when you are sick?	Yes	
Is there someone that helps you by visiting you, keeping you company or listening to your problems?  m10	Yes	 m1owh_1, m1owh_2, m1owh_3
M.1q		
Do you receive any other type of help that I haven't mentioned?	Textual:	
(Codified variable) m1q_code		(-1) (-2)

M.19 In what else would you need help?	No, I don't need help for anything00
The what else would you need help.	
m19_1	With transportation to doctor's appointments01 With transportation for other things02
m19_2 m19_3	With household tasks03
m19_4	Help with Medicare or insurance documents04
m19_5	With economic help05
	With personal care06 With making house or living space improvements07
MARK ALL THAT ARE AFFIRMATIVE.	Keeping me company08
	Helping me when I am sick09
	Doing chores for me10
	Other help11
	Does not know(-1)
	Does not answer(-1)
M.3	
In the last five years, have you	Yes1
received any property, assets, stocks, inheritance or gifts from	No
someone?	
	GO TO M.16
	Does not know(-1)  Does not answer(-2)
m3	Does not answer(-2)
M.4	
Would you say that these properties	Yes1
or assets that you received are	
valued at more than \$30,000?	No
	GO 10 W.7
	Does not know(-1) →
m4	Does not answer(-2) GO TO M.9
M.5	Voc. 1
Would you say that these properties or assets that you received are	Yes1
valued at more than \$40,000?	No
	GO ТО М.9
m5	Does not know(-1)  Does not answer(-2)
mo	
M.6	
Would you say that these properties	Yes1 →
or assets that you received are	No
valued at more than \$50,000?	GO TO M.9
	Does not answer (-1) →
m6	Does not answer(-2) →
M.7	
Would you say that these properties	Yes
or assets that you received are	No2
valued at more than \$20,000?	INU
	Does not know

M.8  Would you say that these properties or assets that you received are valued at more than \$10,000?	Yes
m8	Does not know
	1
M.9 From whom did you receive these properties or assets?	Register code      Another person, not registered
MARK THE CODE OR INDICATE 77 FOR ANOTHER PERSON THAT WAS NOT CODIFIED.	Does not know(-1)
	Does not answer(-2)
m9	Does not answer
IF HE/SHE DOES NOT HAV	E CHILDREN (D11 OR D12 IS 0, -1 OR -2) GO TO M.17
M.16 Which of your children would you	Register code
say is the one who helps you the most?	None of my children helps me00
m16	Does not know(-1) Does not answer(-2)
IIIIO	( )
IF HE/SHE DOES NOT HAVE	SIBLINGS (L.20A OR L20A2 IS 0, -1 OR -2) GO TO M.18
	SIBLINGS (L.20A OR L20A2 IS 0, -1 OR -2) GO TO M.18
M.17 Which of your siblings would you say is the one who helps you the most?	Register code
M.17 Which of your siblings would you say	Register code    None of my siblings helps me00
M.17 Which of your siblings would you say	Register code                  None of my siblings helps me       00         Does not know       (-1)
M.17 Which of your siblings would you say	Register code    None of my siblings helps me00
M.17 Which of your siblings would you say is the one who helps you the most?	Register code                  None of my siblings helps me       00         Does not know       (-1)
M.17 Which of your siblings would you say is the one who helps you the most?	Register code                  None of my siblings helps me       00         Does not know       (-1)
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions	Register code                  None of my siblings helps me       00         Does not know       (-1)
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it,	Register code                   None of my siblings helps me
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your	Register code                   None of my siblings helps me
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it,	Register code                   None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say	Register code                   None of my siblings helps me
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or	Register code                   None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03         Sister       .04         Brother       .05
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say	Register code                   None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03         Sister       .04         Brother       .05         Granddaughter       .06
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say helps you the most?	Register code                   None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03         Sister       .04         Brother       .05         Granddaughter       .06         Grandson       .07
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say	Register code                   None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03         Sister       .04         Brother       .05         Granddaughter       .06         Grandson       .07         Nephew/Niece       .08
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say helps you the most?	Register code                  None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03         Sister       .04         Brother       .05         Granddaughter       .06         Grandson       .07         Nephew/Niece       .08         Neighbor       .09
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say helps you the most?	Register code                   None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03         Sister       .04         Brother       .05         Granddaughter       .06         Grandson       .07         Nephew/Niece       .08
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say helps you the most?	Register code                  None of my siblings helps me       .00         Does not know       (-1)         Does not answer       (-2)         No one helps me       .00         Husband/Wife       .01         Daughter       .02         Son       .03         Sister       .04         Brother       .05         Granddaughter       .06         Grandson       .07         Nephew/Niece       .08         Neighbor       .09         Friend       .10
M.17 Which of your siblings would you say is the one who helps you the most?  m17  M.18 Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends or other agencies, which would you say helps you the most?	Register code                  None of my siblings helps me       00         Does not know       (-1)         Does not answer       (-2)         No one helps me       00         Husband/Wife       01         Daughter       02         Son       03         Sister       04         Brother       05         Granddaughter       06         Grandson       07         Nephew/Niece       08         Neighbor       09         Friend       10         Agency:       11

## **HELP PROVIDED**

Now I would like to ask you some questions about the help that you provide to others, and to whom you provide this help.

<b>M</b> . 1	Could you tell me if you provide help for any of the following things and to whom you provide this help?  CLARIFY TO THE INTERVIEWEE THAT THIS INCLUDES HIS/HER SPOUSE, SIBLINGS, CHILDREN, AND OTHER PEOPLE.	Provides help  MARK IF HE/SHE RECEIVES HELP.	To whom to you provide help (starting with the person whom you most help)?  INTERVIEWER:  IF HE/SHE MENTIONS MORE THAN ONE PERSON, ASK: "Please begin with the person whom you most help."  IF HE/SHE ONLY MENTIONS ONE PERSON, ASK: "Is there anyone else whom you may have helped?"  USE THE CODES FROM THE PREVIOUS SECTION ON DATA REGARDING FAMILY MEMBERS AND FRIENDS.
a. m1	Do you help other people with transportation, for example to go to doctors' appointments, to go shopping, and to go visit relatives and friends?	Yes	
c. m1	Do you help other people with work tasks, household chores or gardening?  Oc	Yes	
d. m1	Do you help other people by buying them things that they need or paying for some of their expenses, such as clothing, water, food, housing, light, etc.?	Yes	
g. m1	Do you help other people by buying them medications, insurance, or health services?	Yes	
j. m1	Do you help other people by running errands for them?	Yes	 m10jwh_1, m10jwh_2, m10jwh_3
I. m1	Do you help other people by assisting them when they are sick?	Yes	 m10lwh_1, m10lwh_2, m10lwh_3

#### INTERVIEWER: DO NOT ASK M10M AND M10 OR IF THE INTERVIEWER DOES NOT HAVE CHILDREN (D12+D13+D14=0)

m. m1	Do you help your children by taking care of your grandchildren?  Om	Yes	
o. m1	Do you help your children by transporting your grandchildren to and from school or to other activities?	Yes	 m10owh_1, m10owh_2, m10owh_3
p. m1	Do you help other people by visiting them, keeping them company or listening to their problems?  Op	Yes	
M.1	In the last year, have you helped any of the following institutions or	AS NOT HELPED	

M.14 In the last year, have you helped any of the following institutions or	HAS NOT HELPED
organizations as a volunteer or	Nursing homes01
without pay?	CHILDREN'S HOME OR PROGRAMS FOR  ADOPTIVE GRANDPARENTS
	COLLEGE/UNIVERSITY
MARK ALL THE ONES THAT ARE AFFIRMATIVE.	Church or Temple04
	HOSPITAL 05
	OTHER
m14_1	DONATIONS TO INSTITUTIONS OR ASSOCIATIONS
m14_2	(RED CROSS, DRUG REHABILITATION
m14_3	Centers, Cancer Research, etc.)07
m14_4	Does not know (-1)
m14_5	Does not answer(-1)

## SECTION N: WORK HISTORY AND SOURCES OF INCOME

		•		
N.1	Have you ever had a job with pay?	Yes1	<b>→</b> [	GO TO N.4
		No		
n1		Does not answer(-1)		
N.2	Have you ever worked or helped in	Yes1	<b>→</b> [	GO TO N.4
	a family business or farm without pay?	No		
n2		Does not answer(-2)		
N.3		Health machines		
	What is the main reason that you have never worked?	Health problems		
	CIRCLE ONLY ONE ANSWER.	of my family		
		There were no work opportunities		GO TO N.51
		Other07		
n3		Does not know		
		( 5/		
N.4				
14.4	How old were you when you started working for the first time?	Age		
n4	started working for the mot time.	Does not know		
N.5				
14.5	Are you retired?	Yes		
		Does not know		
n5		Does not answer (-2)		
		<u></u>		
N.6	During the last week, have you	Yes1	→ [	GO TO N.7
	worked at any point, whether full or part time, including work	No2		
	without pay and military service, but not including household chores	Does not know(-1)		
n6	or volunteer work?	Does not answer (-2)		
N.6	a Did you look for job last week?	Yes1		
		No	→ [	GO TO N.18
n6a		Does not know	→	GO 10 N.10
		T		
N.6I	b What was the main reason you looked for a job last week?	I am in need of an income	Г	
	locked for a job last week:	Because of the benefits 3 In order to keep busy 4		
		In order to keep busy		GO TO N.18
		Other		
		Does not know(-1)		
l		Does not answer (-2)		

N.7  Now I am going to refer to the work that you did last week. What was the name of the occupation or trade that you were involved in last week?	Textual:	
code_n7 (Codified variable)	Does not know	
N.9 What is the establishment or business where you worked dedicated to?	Textual:	
ESTABLISHMENT OR BUSINESS, OFFICE, FACTORY, ENTERPRISE, INSTITUTION, COMPANY.		
code_n9 (Codified variable)	Does not know	

In your current job,	AN EMPLOY	EE OF AN AGRICULTURAL ORGANIZATION,		
are you	ENTERPR	ISE OR PRIVATE BUSINESS	n10a	
1	Yes		1	
	No		2	
	_	t know		GO TO N10c
DEAD EAGU OPTION			• • •	
READ EACH OPTION	Does no	t answer	(-2)	
UNTIL YOU OBTAIN AN				
AFFIRMATIVE ANSWER.	AN EMPLOY	EE OF AN ORGANIZATION, ENTERPRISE, OR P	RIVATE	
	BUSINESS T	HAT IS NOT RELATED TO AGRICULTURE	n10b	
	Yes			
	_			GO TO N11
		t know	• • •	
	Does no	t answer	(-2)	
	AN EMPLOY	EE OF THE MUNICIPAL, STATE OR		
	FFDFRAI	GOVERNMENT	n10c	
				GO TO N11
				GOTONII
	_			
	Does no	t know	(-1)	
	Does no	t answer	(-2)	
	SELE-EMBLO	OYED IN HIS/HER OWN BUSINESS,		
	WITH EM		n10d	
	No		2	
	Does no	t know	(-1)	GO TO N10f
	Does no	t answer	(-2)	
	2000110		( = /	
		OYED IN HIS/HER OWN BUSINESS,		
	WITHOUT	T EMPLOYEES	n10e	
	Yes			
	No		2	GO TO N11
	Does no	t know	(-1)	
			` ,	
	Does no	t answer	(-2)	
	A WORKER	WITHOUT PAY IN A FAMILY BUSINESS		
	OR FARM		n10f	
	Yes		1	GO TO N11
				GOTONTI
	_			
	Does no	t know	( - I )	
			1 1	
	Does no	t answer	(-2)	
	Does no	t answer	(-2)	
			` '	
	ANOTHER T	YPE OF WORKER	n10g	
	ANOTHER T	YPE OF WORKER	<b>n10g</b> 1	
	ANOTHER TO Yes	YPE OF WORKER	<b>n10g</b> 1	
	ANOTHER TO Yes	YPE OF WORKER	<b>n10g</b> 1	
	ANOTHER TO YES No Does no	YPE OF WORKER	n10g 1 2	
	ANOTHER TO YES No Does no	YPE OF WORKER	n10g 1 2	
	ANOTHER TO YES No Does no	YPE OF WORKER	n10g 1 2	
	ANOTHER TO YES No Does no	YPE OF WORKER	n10g 1 2	
N.11	ANOTHER TO YES No Does no	t knowt answer	n10g 1 2 (-1) (-2)	
N.11 How many hours do you	ANOTHER TO Yes No Does no Does no	YPE OF WORKER	n10g 1 2 (-1) (-2)	n11_1
How many hours do you	ANOTHER TO YES No Does no Does no Pregularly	t knowt answer	n10g 1 2 (-1) (-2)	n11_1
1	ANOTHER TO YES No Does no Does no Pregularly	t knowt answer	n10g 1 2 (-1) (-2)	n11_1
How many hours do you	ANOTHER TO YES No Does no Does no Pregularly	Number of hours	n10g 1 (-1) (-2)	
How many hours do you	ANOTHER TO Yes No Does no Does no regularly activity?	Number of hours	n10g 1 (-1) (-2)	n11_1 n11_2
How many hours do you dedicate to this work or	ANOTHER TO YES No Does no Does no Pregularly activity?	Number of hours	n10g 1 (-1) (-2)	
How many hours do you dedicate to this work or	ANOTHER TO YES No Does no Does no Does no Does no Does no Tegularly activity?	Number of hours   Per day Per week Per month	n10g1(-1)(-2)	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN	ANOTHER TO YES No Does no Does no Does no Does no Does no Tegularly activity?	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, I	ANOTHER TO YES No Does no Does no Does no Does no Does no Tegularly activity?	Number of hours   Per day Per week Per month	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, I	ANOTHER TO YES No Does no Does no Does no Does no Does no Tegularly activity?	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, I OR PER MONTH.	ANOTHER TO YES No Does no Does no Does no Does no Does no Tegularly activity?	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.  N.12  How many days per wee	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.  N.12  How many days per wee	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.  N.12  How many days per week work on a regular basis?	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.  N.12  How many days per wee	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.  N.12  How many days per week work on a regular basis?	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, INTERVIEWEE MONTH.  N.12  How many days per week work on a regular basis?	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, I OR PER MONTH.  N.12  How many days per week work on a regular basis?  N.13	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, IN OR PER MONTH.  N.12  How many days per week work on a regular basis?  N.13  How many weeks per year	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, I OR PER MONTH.  N.12  How many days per week work on a regular basis?  N.13	ANOTHER TO YES No Does no	Number of hours	n10g	
How many hours do you dedicate to this work or  NOTE THE NUMBER OF HOURS TO INTERVIEWEE INDICATES IN APPROPRIATE SPACE: PER DAY, I OR PER MONTH.  N.12  How many days per week work on a regular basis?  N.13  How many weeks per years	ANOTHER TO YES No Does no	Number of hours	n10g	

## If N.5=2 (IS NOT RETIRED) AND N6=1 (CURRENTLY WORKS) GO TO N.15

N.14				
		I am in need of an income	1	
What is the main reason	you	In order to help my family		
currently work?		, , ,		
		Because of the benefits		
		In order to keep busy	4	
MARK ONLY ONE ANSWE		In order to feel useful	5	
WARK ONLY ONE ANSWE	Ν.	Because I enjoy my work	6	
		<b>,</b> ., .		
		Other	7	
		Other	/	
		Does not know	(-1)	
n14		Does not answer	(-2)	
			` ′	
	1			
N.15				
With your job, do you	CHRISTMAS	BONUS OR POCKET MONEY	n15a	
currently receive any	Yes		1	
of the following		know		
benefits?			` '	
	Does no	answer	(-2)	
DEAD SAGUE OBTION AND				
READ EACH OPTION AND	PARTICIPAT	ION IN BENEFITS	n15b	
MARK ALL THAT ARE				
AFFIRMATIVE.				
		know		
	Does no	answer	(-2)	
	RETIREMENT	PLAN OR PENSION	n15c	
	Yes		1	
		t know	` '	
	Does not	answer	(-2)	
	MEDICAL BE	NEFITS OR PRIVATE HEALTH INSURANCE	n15d	
	-		1	
		t know	` '	
	Does not	answer	(-2)	
	ANOTHER TY	PE OF BONUS	n15e	
			1	
		know	` '	
	Does not	answer	(-2)	
	RECEIVES AL	NOTHER TYPE OF BENEFIT NOT MENTIONED	n15f	
	_			
		t know	• • •	
	Does not	answer	(-2)	
N.16		F	0.4	
In your current work, ho	w do they	Fixed salary (monthly or biweekly)		
pay you?		Per hours per day	02	
. , ,		Per task	03	
MARK ALL THE OPTIONS	s	On commission or percentage	04	
MENTIONED SPONTANEOUS	SLY.	Honorarium		
		Paid in kind		
		Commensurate with profit	07	
		Other	08	
n16_1				
		Is not paid	09 -	→ GO TO N.18
n16_2		13 Hot paid		
n16_3				
n16_4		Does not know	(-1)	
-14 E		Does not answer	(-2)	

N.17 In total, how much do you earn for this work before deductions and	Amount\$	n17_1
how often do you receive this amount?  CHOOSE THE OPTION THAT IS CLOSEST TO THE ANSWER.	Per day       01         Per week       02         biweekly       03         Per month       04         Per year       05	n17_2
	Does not know(-1) Does not answer(-2)	
N.18  Now I am going to refer to the last job you had. What is the name of the last occupation or trade that you carried out in your last job.	Textual:	
INTERVIEWER, IF THE INTERVIEWEE IS RETIRED, ASK HIM/HER TO REFER TO HIS/HER LAST JOB BEFORE RETIRING.	Does not know(-1) Does not answer(-2)	
code_n18 (Codified variable)		
N.20 What was the establishment or business where you worked dedicated to?	Textual:	
ESTABLISHMENT OR BUSINESS, OFFICE, FACTORY, ENTERPRISE, INSTITUTION, COMPANY.  code_n20 (Codified variable)	Does not know	

N.21			
In your last job were	AN EMPLOYE	E OF AN AGRICULTURAL ORGANIZATION,	
you		SE OR PRIVATE BUSINESS n21a	
		1	
l —	_	2	GO TO N21c
READ EACH OPTION UNTIL YOU OBTAIN AN		know(-1) answer(-2)	00 10 N210
AFFIRMATIVE ANSWER.	AN EMBLOYE	TO AN ODCANIZATION ENTERPRISE OF PRIVATE	
		E OF AN ORGANIZATION, ENTERPRISE, OR PRIVATE  HAT IS NOT RELATED TO AGRICULTURE n21b	
		1	
		2	CO TO NOS
	_	know(-1)	GO TO N22
		answer (-2)	
	2003 1101	(2)	
		E OF THE MUNICIPAL,	
		FEDERAL GOVERNMENT n21c	
		1	GO TO N22
		2	
		know(-1)	
	Does not	answer(-2)	
	SELF-EMPLO	YED IN HIS/HER OWN BUSINESS,	
	WITH EMP		
	Yes	1	
	No	2	
	Does not	know(-1)	GO TO N21f
	Does not	answer(-2)	
		YED IN HIS/HER OWN BUSINESS,	
		EMPLOYEES n21e	
		1	
	_	2	GO TO N22
		know(-1)	
	Does not	answer (-2)	
	A WORKER V	VITHOUT PAY IN A FAMILY BUSINESS	
	OR FARM	n21f	
			GO TO N22
	No	2	GO TO NZZ
	Does not	know(-1)	
	Does not	answer(-2)	
	4.407.450.73	724 m	
		PE OF WORKER n21g	
		2	
		know(-1)	
	_	answer (-2)	
N.22  How many hours did you to this last job?	dedicate	Number of hours	n22_1
		Don dou	
		Per day 1	-22 2
		Per week	n22_2
		<u> </u>	
		Does not know (-1)	
		Does not answer(-2)	
N.23			
How many days per week		Number of days	
work at your last job on a	a regular	Door not know	
basis?		Does not know(-1)   Does not answer(-2)	
m22		Doos not answer (-2)	

N.24 Was the last job or occupation you had the one you had during most of your adult life?	Yes       1         No       2         Worked for a short time       3         Does not know       (-1)	GO TO N.26
n24	Does not answer(-2)	
	K YOU A SERIES OF QUESTIONS ABOUT THAT JOB OU HAD DURING MOST OF YOUR LIFE.	,
N.25 What was the occupation you had during most of your life?	Textual:	_
code_n25 (Codified variable)	Does not know(-1) Does not answer(-2)	
N.25b What is the establishment or business where you worked for most of your life dedicated to?  ESTABLISHMENT OR BUSINESS, OFFICE, FACTORY, ENTERPRISE, INSTITUTION, COMPANY.  code_n25b (Codified variable)	Does not know	

N.25c			-
In that job at which	AN FMPI OYI	E OF AN AGRICULTURAL ORGANIZATION,	
you worked for most		ISE OR PRIVATE BUSINESS n25	ca
		SE SKI KIVII E BOSINESS	
of your life, were you			2
	_	t know(-	I GO TO N25cc ■
READ EACH OPTION UNTIL		t answer(-	· · · · · · · · · · · · · · · · · · ·
YOU OBTAIN AN	Does no	(-	2)
AFFIRMATIVE ANSWER.	AN EMPLOY	EE OF AN ORGANIZATION, ENTERPRISE, OR PRIVATE	
		HAT IS NOT RELATED TO AGRICULTURE n25	o b
		TAT IS NOT RELATED TO AGRICULTURE 11250	<del></del>
	_		CO TO NOS
		t know(- t answer(-	1)
	Does no	t answer (-	2)
	A		
		E OF THE MUNICIPAL,	
		FEDERAL GOVERNMENT n25	
			99.9.129
	_		
		t know(-	·
	Does no	t answer(-	2)
	SELF-EMPLO	YED IN HIS/HER OWN BUSINESS,	
	WITH EM	PLOYEES n25	cd
	Yes		.1
	No		
	Does no	t know(-	(1) GO TO N26
	Does no	t answer(-	2)
	SELF-EMPLO	YED IN HIS/HER OWN BUSINESS,	
	WITHOUT	EMPLOYEES n25	ce
			1
			2
	_	t know(-	. I GO TO N26 II
		t answer(-	·
	20000	(	
	A WORKER I	VITHOUT PAY IN A FAMILY BUSINESS	
	OR FARM	n25	cf
	-		
		t know(-	· -
		t answer (-	,
	Docs no	(-	2)
	ANOTHERT	PE OF WORKER n25	ea.
		PE OF WORKER 11250	3
		t know(-	
		t answer (-	,
	Does no	t answer (-	2)
Γ		T	
N.26		Numehon of vecus	1
How many years did you		Number of years	_
that job that you had for	most of	Daga not know	1)
your life?		Does not know(-	
		Does not answer (-	2)
n26			
N.42			
Did your job put your phy	sical	Yes	.1
safety at risk?		No	.2
		Does not know(-	1)
n42		Does not answer(-	2)

N.43  Were you exposed to substances such as asbestos, fertilizers, pesticides, carbon monoxide, petrochemicals or other substances or dangerous work environments? Would you say this occurred frequently, sometimes or never?	FREQUENTLY         1           SOMETIMES         2           NEVER         3           Does not know         (-1)           Does not answer         (-2)	
N.49 Did a doctor or nurse ever tell you that you have a health problem caused by the conditions of the work environment at this job?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	GO TO N.51
N.50 What type of health problem is it?  n50_code (Codified variable)	Textual:  Does not know (-1) Does not answer (-2)	

NOW I'M GOING TO ASK YOU A SERIES OF QUESTIONS ABOUT THE INCOME THAT YOU RECEIVE.

I AM GOING TO MENTION VARIOUS INCOME SOURCES AND I WOULD LIKE FOR YOU TO TELL ME IF YOU
RECEIVE AN INCOME FROM THAT SOURCE. PLEASE DO NOT INCLUDE THE INCOME OF YOUR SPOUSE.
TAKE INTO ACCOUNT ONLY YOUR OWN INCOME.

	N.51	N.52	N.53
READ EACH INCOME SOURCE AND REMIND THE INTERVIEWEE THAT YOU	Do you receive any income from this source?	How much do you receive per source? (BENEFIT in N.51)	How often do you receive this income? (BENEFIT in N.51)
ARE ASKING ABOUT HIS/HER OWN INDIVIDUAL INCOME.	Yes	FOR EACH AFFIRMATIVE ANSWER IN N.51, ASK N.52 AND N.53	Weekly
	, ,		Does not answer2
A. JOB B. SOCIAL SECURITY	n51a_1  n51b_1	n51a_2      n51b_2	n51a_3   n51b_3
C. RETIREMENT OR PENSION	n51b_1	n51b_2      n51c_2	n51c_3
G .HELP FROM FAMILY MEMBERS IN THE USA	n51g_1	n51g_2	n51g_3
H. HELP FROM FAMILY MEMBERS IN PUERTO RICO	n51h_1	n51h_2	n51h_3
I. RENTAL OF PROPERTIES OR ROOMS	n51i_1	n51i_2   _	n51i_3
K. NUTRITIONAL ASSISTANCE PROGRAM (PAN,	n51j_1	n51j_2	n51j_3
PROGRAMA DE ASISTENCIA NUTRICIONAL) . L. SOME OTHER TYPE OF INCOME SOURCE	n51k_1	n51k_2	n51k_3
NOT MENTIONED	n51l_1	n51l_2	n51I_3

NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT THE TOTAL INCOME IN YOUR HOUSEHOLD. WHEN YOU ANSWER YOU SHOULD TAKE INTO ACCOUNT THE INCOME OF ALL OF THE PEOPLE IN YOUR HOUSEHOLD AND THAT INCOME SHOULD REFLECT THE TOTAL AMOUNT PRIOR TO DEDUCTIONS.

N.56 Would you say that you have a monthly household income of more than \$1,500?	Yes	→ GO TO N.59
n56	Does not know	→ GO TO N.61
N.57	<u> </u>	
Would you say that you have a monthly household income of more than \$2,000?	Yes	→
n57	Does not know(-1) Does not answer(-2)	GO TO N.61 →
N.58		
Would you say that you have a monthly household income of more than \$3,000?	Yes	GO TO N.61
n58	Does not know(-1) Does not answer(-2)	→ →
N.59	T	
Would you say that you have a monthly household income of more than \$1,000?	Yes	→ GO TO N.61
n59	Does not know(-1) Does not answer(-2)	→ GO TO N.61
N.60		
Would you say that you have a monthly household income of more	Yes	
than \$500?	No	
n40	Does not answer (-2)	

#### WRITE DOWN THE CODE THAT CORRESPONDS TO ALL OF THE PEOPLE HE/SHE MENTIONS.

N.61 Who provides the money to pay for the	Code  _
rent or the mortgage of the house?	The entire family(-98)
7/4 4	Other(-77)
n61_1 n61_2	Interviewee does not have this expense (-99)
n61_3 n61_4 n61_5	Does not know (-1) Does not answer (-2)
N.62 Who provides the money to pay for	Code
light, water, telephone, and/or gas?	The entire family(-98)
n62_1	Other(-77)
n62_2 n62_3	Interviewee does not have this expense(-99)
n62_4 n62_5	Does not know         (-1)           Does not answer         (-2)
N.63 Who provides the money to pay for	Code  _
food?	The entire family(-98)
n63_1	Other(-77)
n63_2 n63_3	Interviewee does not have this expense (-99)
n63_4 n63_5	Does not know         (-1)           Does not answer         (-2)
N.64 Who provides the money to pay for	Code
clothes?	The entire family(-98)
n64_1	Other(-77)
n64_2 n64_3	Interviewee does not have this expense (-99)
n64_4 n64_5	Does not know         (-1)           Does not answer         (-2)
N.65 Who provides the money to pay for	Code
medication, health insurance or deductibles, and other medical costs?	The entire family(-98)
n65_1	Other(-77)
n65_2 n65_3	Interviewee does not have this expense (-99)
n65_4 n65_5	Does not know         (-1)           Does not answer         (-2)
N.68 Who provides the money to pay for	Code
transportation expenses, recreation and entertainment?	The entire family(-98)
n68_1	Other(-77)
n68_2 n68_3	Interviewee does not have this expense(-99)
n68_4 n68_5	Does not know         (-1)           Does not answer         (-2)

N.70 Who provides the money to pay for other expenses?	Code	
	The entire family(-98)	
n70_1	Other(-77)	
n70_2 n70_3	Interviewee does not have this expense (-99)	
n70_4 n70_5	Does not know	
N.71 How often do you (and your spouse/partner) have difficulties paying for daily living expenses?	FREQUENTLY         1           SOMETIMES         2           NEVER         3	
Would you say frequently, sometimes or never?	Does not know	
	T	
N.72  How often do you (and your spouse/partner) have difficulties paying for health services? Would you say frequently, sometimes or never?	FREQUENTLY.       1         SOMETIMES.       2         NEVER.       3	
n72	Does not know	
	_	
IF N1=2	AND N2=2 GO TO SECTION O	
IF N1=2	AND N2=2 GO TO SECTION O	
N.74 Have you ever been a migrant farm worker?	AND N2=2 GO TO SECTION O  Yes	GO TO
N.74 Have you ever been a migrant farm	Yes	GO TO SECTION O
N.74 Have you ever been a migrant farm	Yes 1	
N.74  Have you ever been a migrant farm worker?	Yes	
N.74 Have you ever been a migrant farm worker?	Yes	
N.74 Have you ever been a migrant farm worker?  n74  N.75 How often? Would you say very few times, fairly regularly or almost every	Yes       1         No       2       →         Does not know       (-1)         Does not answer       (-2)         Very few times       1         Fairly regularly       2	
N.74 Have you ever been a migrant farm worker?  n74  N.75 How often? Would you say very few times, fairly regularly or almost every year?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         Very few times       1         Fairly regularly       2         Almost every year       3         Does not know       (-1)	
N.74 Have you ever been a migrant farm worker?  n74  N.75 How often? Would you say very few times, fairly regularly or almost every year?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)         Very few times       1         Fairly regularly       2         Almost every year       3         Does not know       (-1)	

## **SECTION O: MIGRATION**

YOU HAVE MOVED FROM ONE CITY OR COUNTRY TO ANOTH	I WOULD LIKE US TO TALK ABOUT THE TIME
--	--

O.1  Where did you live during most of your life before turning 18 years old?  IF HE/SHE ANSWERS IN PUERTO RICO, INQUIRE AS TO WHICH MUNICIPALITY. IF THE INTERVIEWEE INDICATES THE UNITED STATES, INQUIRE AS TO WHICH STATE. IF THE INTERVIEWEE INDICATES ANOTHER COUNTRY, INQUIRE AS TO WHICH COUNTRY. USE CENSUS CODES FOR THE MUNICIPALITY AND THE STATE.	In Puerto Rico in this municipality
O.2  Would you say that before turning 18 years old you lived mostly in the countryside, in the city, in the suburbs or in another place?	In the countryside       1         In the city       2         In the suburbs       3         Another place       4         Does not know       (-1)         Does not answer       (-2)
	HAVE MOVED FROM ONE CITY OR COUNTRY TO ANOTHER, INCLUDING THE UNITED IREE MONTHS OR MORE AFTER TURNING 18 YEARS OLD.
	T
O.3  Did you move to another city, to the United States or to some other country after turning 18 years old?  IF INTERVIEWEE ANSWERS YES, VERIFY THAT THE MOVES AND CHANGES OF RESIDENCE WERE FOR MORE THAN THREE MONTHS.	Yes       1         No       2 → GO TO         Does not know       (-1) → SECTION P         Does not answer       (-2) →
_	
O.4  How many times did you move from one city to another, to the United States or to another country after turning 18 years old?	Number of times                   Does not know       (-1)         Does not answer       (-2)
IF (	O4=1, -1 O -2 GO TO O11
	,
[	T
O.5 I would like you think of your last move, the one that brought you to the place where you currently live.  How old were you when you moved to the place where you currently live?	Age
Age o5_e Year o5_a Month o5_m (Age calculated by CASES) o5edad	Does not know

Where did you live before moving to the town where you currently live?  IF HE/SHE ANSWERS IN PUERTO RICO, INQUIRE AS TO WHICH MUNICIPALITY. IF THE INTERVIEWEE INDICATES THE UNITED STATES, INQUIRE AS TO WHICH STATE. IF THE INTERVIEWEE INDICATES ANOTHER COUNTRY, INQUIRE AS TO WHICH COUNTRY. USE CENSUS CODES FOR THE MUNICIPALITY AND THE STATE.	In Puerto Rico in this municipality. 2 Municipality:	o6m_2 o6e_2
	T	
O.6a For how many years did you live in [PLACE NAMED IN O.6]	Number of years                       Does not know         (-1)	
o6a	Does not answer (-2)	
[	Τ	
O.7  Now I would like you to think of the first time you moved after turning 18 years old.	Age  _    Year  _	IF THE INTERVIEWEE DOES NOT KNOW THE AGE, ASK FOR THE YEAR AND CALCULATE
How old were you the first time you moved	Month	THE AGE.
after turning 18?  Age o7_e Year o7_a Month o7_m (Age calculated by CASES) o7edad	Does not know(-1) Does not answer(-2)	
(Age calculated by CASES) Oredau	Į.	
O.8  Where did you go live the first time you moved after turning 18?  IF HE/SHE ANSWERS IN PUERTO RICO, INQUIRE AS TO WHICH MUNICIPALITY. IF THE INTERVIEWEE INDICATES THE UNITED STATES, INQUIRE AS TO WHICH STATE. IF THE INTERVIEWEE INDICATES ANOTHER COUNTRY, INQUIRE AS TO WHICH COUNTRY. USE CENSUS CODES FOR THE MUNICIPALITY AND THE STATE.	In Puerto Rico in this municipality	o8m_2 o8e_2
	Does not know(-1)	
08	Does not answer (-2)	
O.9  How many years did you live in [PLACE NAMED IN O.8]?	Number of years                   Does not know       (-1)         Does not answer       (-2)	
0.40		
O.10 What job did you have when you lived in [PLACE NAMED IN O.8]?	Textual:	_   
o10_code (Codified variable)	Does not know( Does not answer(	,
0.10a		
How many times did you live in the United States for three months or more after turning 18?	Does not know(-1)	IF IT'S ZERO, -1 OR -2, GO TO 0.11
010a	Does not answer (-2)	

O.10b  How many years in total did you live in the United States?	Number of years	
	Does not know(-1)	
o10b	Does not answer (-2)	
0100		
0.10c		
How old were you the last time you	Age	IF THE INTERVIEWEE
moved from the United States to		DOES NOT KNOW THE
Puerto Rico?	Year	AGE, ASK FOR THE
		YEAR AND CALCULATE THE AGE.
Age o10c_e	Month	ITIL AGE.
Year o10c_a	Does not know(-1)	
Month o10c_m	Does not answer (-2)	
(Age calculated by CASES) o10cedad	Does not answer(-2)	
	T	
O.10d	Health reasons1	
What is the main reason you moved from the United States to Puerto Rico	Economic reasons	
the last time?	Personal and family reasons 3	
the last time.		
	Other	
	Does not know(-1)	
o10_code (Codified variable)	Does not answer (-2)	
Cro_code (Codmica variable)	, ,	
0.11		
Do you currently spend three or more	Yes 1	
months per year outside of the United		
States, that is do you come and go for	No	→ GO TO
spells of time?	Does not know(-1)	SECTION P
	Does not answer (-2)	
011		
0.12	<u> </u>	
0.12	Visits to family or friends 1	
What is your main reason for coming and going?	Economic reasons	
and going:	Health reasons	
	Other 4	
	Does not know(-1)	
012	Does not answer(-2)	
UIZ	(Z)	

## **SECTION P: HOUSEHOLD CHARACTERISTICS**

Now I would like to ask you some questions about this house.				
P.1 This house is  READ EACH OPTION, IF NECESSARY, UNTIL YOU OBTAIN AN AFFIRMATIVE RESPONSE.	a single occupancy house, a two-story house (two separate houses) or a duplex			
P.2  The house is  READ EACH OPTION UNTIL YOU OBTAIN AN AFFIRMATIVE RESPONSE.	YOURS AND PAID FOR? 1 $\rightarrow$ GO TO P.7   YOURS BUT YOU ARE STILL PAYING FOR IT? 2   RENTED OR LEASED? 3 $\rightarrow$ GO TO P.12   SOMEONE ELSE'S AND YOU DON'T PAY FOR IT? 4 $\rightarrow$ GO TO P.13   OTHER? 5 $\rightarrow$			
p2	Does not know(-1) Does not answer(-2)			
P.3  How much do you pay a month?  IF THE INTERVIEWEE CANNOT GIVE AN EXACT AMOUNT, GIVE AN ESTIMATE.	Less than \$200       1         Between \$200 and \$300       2         Between \$301 and \$400       3         Between \$401 and \$600       4         More than \$600       5         Does not know       (-1)         Does not answer       (-2)			
P.4  How much time do you have left to pay it off?	Number of months			
P.5 To whom do you owe this debt? p5	Only to family relatives/friends			
P.6 To whom to you owe the most?	To family relatives/friends			

P.7 Would you say that the value of this house is more than \$60,000?	Yes	→ GO TO P.10
p7	Does not know	→ GO TO P.13
P.8 Would you say that the value of this house is more than \$85,000?	Yes	
p8	Does not know	GO TO P.13 →
P.9 Would you say that the value of this house is more than \$125,000?	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)	→ GO TO P.13 → →
P.10 Would you say that the value of this house is more than \$40,000?	Yes	
p10	Does not know	→ GO TO P.13
P.11 Would you say that the value of this house is more than \$25,000?	Yes	
p11	Does not know	→ →
P.12  How much do you pay for rent on a monthly basis?  CODE THE RESPONSE. IF THE INTERVIEWEE DOES NOT PROVIDE AN EXACT AMOUNT, READ ALL THE OPTIONS.	Less than \$100       1         Between \$100 and \$200       2         Between \$201 and \$400       3         Between \$401 and \$600       4         More than \$600       5	
p12	Does not know(-1) Does not answer(-2)	
P.13 The water in this house comes from?	AQUEDUCT       1         RESERVOIR       2         RURAL AQUEDUCT       3         PACKAGED WATER       4	
READ EACH OPTION UNTIL YOU GET AN AFFIRMATIVE RESPONSE.	Other	
p13	Does not answer(-2)	

P.14	Sewer system 1
Does this house have a sewer	Septic tank
system or a septic tank?	Other
	Does not know
p14	Does not answer (-2)
P.15	
Which of these options best	Concrete walls and concrete roof 1
describes the construction material	Concrete walls and wooden roof
of this building?	Wooden walls with concrete foundations 3 Wooden walls with wood pile foundations 4
READ EACH OPTION UNTIL YOU	Woodern wans with wood pile roundations 4
OBTAIN AN AFFIRMATIVE RESPONSE.	Other 6
	December know (1)
n1E	Does not know(-1)   Does not answer(-2)
p15	2555 1.61 41.61.61 11.11.11.11.11.11.11.11.11.11.11.11.11
P.16	
How many bedrooms does this	Number of bedrooms
house have?	Does not know(-1)
p16	Does not answer (-2)
pro	
P.17	
How many rooms does this house	Number of bedrooms
have including bedrooms but not	Does not know(-1)
including the bathroom and the kitchen?	Does not answer(-2)
p17	
P.18	YES, IT HAS COMPLETE FACILITIES1
Does this house have complete kitchen facilities, that is, does it	TES, TI TIMO COMILETE TAICHETTES
have a sink with running water and	NO, IT DOESN'T HAVE
plumbing, a stove, and a	COMPLETE FACILITIES2
refrigerator?	
IF THE KITCHEN IS LACKING ANY OF	Does not know (-1)
THESE FACILITIES, CODE AS IF IT DIDN'T HAVE COMPLETE FACILITIES.	Does not answer (-2)
n10	
p18	<u> </u>
P.19	
What type of combustible is used to	Pipeline gas
cook in this house?	Liquid gas
ALLOW THE INTERVIEWEE TO ANSWER	Carbon or wood
SPONTANEOUSLY AND IF HE/SHE DOESN'T	1
	Other 5
KNOW, READ EACH OPTION UNTIL YOU OBTAIN AN AFFIRMATIVE ANSWER.	
	Other
	Does not know (-1)
OBTAIN AN AFFIRMATIVE ANSWER.	Does not know (-1)
p19 P.20	Does not know
p19  P.20 Does this house have a toilet inside	Does not know
p19 P.20	Does not know
p19  P.20  Does this house have a toilet inside the house, outside the house or	Does not know
p19  P.20 Does this house have a toilet inside the house, outside the house or	Does not know

P.21 Does this			Yes	No	Does not know	Does not answer
house have a	Washing machine	Programme and the second secon		2	-1	-2
DEAD EAGU OPTION	DRYER	•		2	-1	-2
READ EACH OPTION AND MARK YES OR	WATER HEATER	Programme and the second secon		2	-1	-2
NO IN EACH ONE.	TELEPHONE			2	-1	-2
THO IN EXIST ONE:	AIR CONDITIONING UNIT (AT LEAST ONE)	p21j	1	2	-1	-2

P.22  Have you noticed the presence of cockroaches in your house in the last year? Would you say	Frequently       1         Sometimes       2         Never       3
frequently, sometimes or never?	Does not know(-1) Does not answer(-2)

## **SECTION Q: PROPERTIES**

Now I would like to ask you some questions about your properties.				
Q.1  Not including your principal residence, how many other houses, plots of land or properties do you (or your spouse) own?	Number of properties                  Does not know       (-1) → IF YOU CODE 00, -1 OR -2 GO TO Q.24			
Q.2  Not including your principal residence, would you say that the total value of your properties is more than \$200,000?	Yes			
Q.3  Would you say that the total value of your properties is more than \$400,000?  INTERVIEWER: IF NECESSARY, CLARIFY THAT HIS/HER PRINCIPAL RESIDENCE SHOULD NOT BE INCLUDED.	Yes			
O.4 Would you say that the total value of your properties is more than \$500,000?  INTERVIEWER: IF NECESSARY, CLARIFY THAT HIS/HER PRINCIPAL RESIDENCE SHOULD NOT BE INCLUDED.	Yes			
O.5 Would you say that the total value of your properties is more than \$100,000?  INTERVIEWER: IF NECESSARY, CLARIFY THAT HIS/HER PRINCIPAL RESIDENCE SHOULD NOT BE INCLUDED.	Yes			
Q.6 Would you say that the total value of your properties is more than \$50,000?  INTERVIEWER: IF NECESSARY, CLARIFY THAT HIS/HER PRINCIPAL RESIDENCE SHOULD NOT BE INCLUDED.	Yes       1         No       2         Does not know       (-1)         Does not answer       (-2)			

#### NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR PROPERTIES, NOT INCLUDING YOUR PRINCIPAL RESIDENCE.

# IF Q.1 WAS CODED 1, ask the following questions in the singular form. IF QUESTION Q.1 WAS CODED 2 OR HIGHER, ask the questions in the plural form.

Q.7	Q.8	Q.9	Q.10	Q.11
Who is the owner of that property (those properties)?	Is this property (Are those properties) completely paid for?	How much do you pay for this property (these properties) on a monthly basis?	How much time do you have left to pay for this property (these properties)?	To whom do you owe the debt(s) on this property (these properties)?
Interviewee	Pending debts       1         Paid for       2         Does not know       (-1)         Does not answer       (-2)	IF HE/SHE DOES NOT KNOW THE EXACT AMOUNT, INQUIRE AS TO WHICH CATEGORY.	Number of years	Only to family/friends 1 Only to the bank 2 Other 3 To the bank and to family/friends 4
Does not know	IF YOU CODED 2, -1 Ó -2 GO TO Q.12	Less than \$100	Does not know	Does not know
PROPERTIES	DEBTS ON PROPERTY/ PROPERTIES	MONTLY PAYMENT	YEARS/MONTHS	TO WHOM ARE DEBTS OWED
<u> </u>	<i> </i>	\$		<u> </u>

Q.12	Q.13	Q.14	Q.15	Q.16	Q.17
In the last year, has this property / these properties generated income or profit for you or your spouse?	Would you say that this property has / these properties have generated an income of more than \$10,000?	Would you say that that property has / those properties have generated an income of more than \$20,000?	Would you say that this property has / these properties have generated an income of more than \$50,000?	Would you say that this property has / these properties have generated an income of more than \$5,000?	Would you say that this property has / these properties have generated an income of more than \$1,000?
Yes1	Yes 1	Yes 1	Yes1	Yes1	Yes1
No2	No 2	No 2	No2	No2	No2
Does not know (-1) Does not answer (-2)	Does not know (-1) Does not answer (-2)	` ,	` '	Does not know(-1) Does not answer(-2)	` '
IF YOU CODED 2, -1 ó -2 GO TO Q.18	IF YOU CODED 2 GO TO Q.16 IF YOU CODED -1 6 -2 GO TO Q.18	IF YOU CODED 2, -1 6 -2 GO TO Q.18	IF YOU CODED 2, -1 6 -2 GO TO Q.18	IF YOU CODED 1, -1 ó -2 GO TO Q.18	
INCOME	INCOME	INCOME	INCOME	INCOME	INCOME
 q12	 q13	 q14	 q15	 q16	 q17

Q.18	Q.19	Q.20	Q.21	Q.22	Q.23
In the last year, has this property / these properties generated expenses for you or your spouse?	Would you say that this property has / these properties have generated expenses of more than \$10,000?	Would you say that that property has / those properties have generated expenses of more than \$20,000?	Would you say that this property has / these properties have generated expenses of more than \$50,000?	Would you say that this property has / these properties have generated expenses of more than \$5,000?	Would you say that this property has / these properties have generated expenses of more than \$1,000?
Yes1	Yes 1	Yes 1	Yes 1	Yes1	Yes1
No2	No 2	No 2	No2	No2	No2
Does not know (-1) Does not answer (-2)  IF YOU CODED 2, -1 6 -2 GO TO Q.24	Does not know(-1) Does not answer(-2)  IF YOU CODED 2 GO TO Q.22  IF YOU CODED 8 -1 6 -2	Does not know(-1) Does not answer(-2)  IF YOU CODED 2, -1 6 -2 GO TO Q.24	Does not know (-1) Does not answer (-2)  IF YOU CODED 2, -1 6 -2 GO TO Q.24	Does not know (-1) Does not answer (-2)  IF YOU CODED 1, -1 6 -2 GO TO Q.24	, ,
	GO TO O 24				
EXPENSES	EXPENSES	EXPENSES	EXPENSES	EXPENSES	EXPENSES
 q18	 q19	 q20	 q21	   q22	 q23

#### NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT OTHER ASSETS THAT YOU MIGHT HAVE.

O.24  Do you have a checking account with	Yes 1	
a bank?	No 2	→ [
	Does not know (-1)	GO TO Q.30 →
q24	Does not answer(-2)	→ <u> </u>
Q.25		
Would you say that the total value of	Yes1	
these accounts is more than \$30,000?	No 2	→ GO TO Q.28
\$30,000?		
	Does not know (-1)	→ GO TO Q.30
q25	Does not answer(-2)	→ GO 10 Q.30
Q.26	Yes 1	
Would you say that the total value of these bank accounts is more than		
\$50,000?	No	<b>→</b>
		GO TO Q.30
	Does not know (-1) Does not answer (-2)	→
q26	Does not answer (-2)	
Q.27		
Would you say that the total value of	Yes 1	→ <u> </u>
these bank accounts is more than \$75,000?	No2	→
\$75,000°		GO TO Q.30
	Does not know (-1)	→
q27	Does not answer(-2)	→ <b></b>
<b>-</b>	T	
Q.28  Would you say that the total value of	Yes 1	→ GO TO Q.30
these bank accounts is more than		
\$15,000?	No2	
	Does not know (-1)	
q28	Does not answer(-1)	→ GO TO Q.30
Q.29	Vac	
Would you say that the total value of these bank accounts is more than	Yes 1	
\$5,000?	No 2	
	Does not know	
q29	Does not answer (-2)	
Q.30		
Do you own stocks?	Yes 1	
	No	→ <u> </u>
		GO TO Q.36
	Does not know (-1)	
a30	Does not answer(-2)	→ I

Q.31 Would you say that the total value of your stocks is more than \$30,000?	Yes	<b>→</b>	GO TO Q.34
q31	Does not know	<b>→</b>	GO TO Q.36
Q.32 Would you say that the total value of your stocks is more than \$50,000?	Yes	<b>→</b>	
q32	Does not know	<b>→</b>	GO TO Q.36
Q.33 Would you say that the total value of your stocks is more than \$75,000?	Yes	→ →	GO TO Q.36
q33	Does not know	<b>→</b>	
Q.34  Would you say that the total value of your stocks is more than \$15,000?	Yes	<b>→</b>	GO TO Q.36
q34	Does not know	<b>→ →</b>	GO TO Q.36
Q.35 Would you say that the total value of your stocks is less than \$5,000?	Yes		
q35	Does not know		
Q.36  Do you have savings accounts or certificates of deposit?	Yes	<b>→</b>	
			GO TO Q.42
q36	Does not know	<b>→ →</b>	
Q.37	` '	→ →	
	Does not answer(-2)	→ →	GO TO Q.40
Q.37  Would you say that the total value of your certificates of deposit or your savings accounts is more than	Does not answer	→ → → → →	GO TO Q.40
Q.37  Would you say that the total value of your certificates of deposit or your savings accounts is more than \$30,000?	Does not answer	<b>→</b>	

Q.39  Would you say that the total value of your certificates of deposit or savings accounts is more than \$75,000?	Yes	→ GO TO Q.42
q39	Does not know	→
Q.40 Would you say that the total value of your certificates of deposit or savings accounts is more than \$15,000?	Yes	→ GO TO Q.42
q40	Does not know	→ GO TO Q.42
Q.41 Would you say that the total value of your certificates of deposit or savings accounts is more than \$5,000?	Yes	
q41	Does not know         (-1)           Does not answer         (-2)	
Q.42 How many automobiles or cars do you own?	Number of cars	IF YOU MARKED     ZERO, DOES NOT     KNOW OR DOES
q42	Does not know	→ NOT T ANSWER, GO TO Q.44
Q.43  How much do you think you can get for those cars if you sold them?	Less than \$5,000	
q43	Does not know	

q43

#### **N**OW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR DEBTS Q.44 Yes ...... 1 Do you have any other pending debts, such as personal loans or others? GO TO SECTION R Does not answer.....(-2) q44 Q.45 Yes ...... 1 Would you say that these other debts amount to more than \$5,000? No ...... 2 **GO TO Q.48** GO TO Does not know ..... (-1) SECTION R Does not answer.....(-2) q45 Q.46 Yes ...... 1 Would you say that these other debts amount to more than No ...... 2 \$10,000? GO TO SECTION R Does not know ..... (-1) Does not answer..... (-2) q46 Q.47 Yes ...... 1 Would you say that these debts amount to more than \$15,000? GO TO SECTION R Does not know ..... (-1) Does not answer.....(-2) q47 Q.48 GO TO Yes ...... 1 Would you say that these debts SECTION R amount to more than \$3,000? No ...... 2 GO TO Does not know ..... (-1) SECTION R Does not answer..... (-2) q48

Q.49 Would you say that these other debts amount to more than \$1,000?	Yes
q49	Does not know

## **SECTION R: RACE**

# I AM GOING TO ASK YOU A SERIES OF QUESTIONS ABOUT SKIN COLOR. IN PUERTO RICO WE HAVE A LOT OF MIXTURE AND WE WOULD LIKE TO KNOW IF:

R.1  Have you ever felt discriminated against because of your skin color?  Would you say this has occurred frequently, some times, or never?	FRECUENTLY       1         SOMETIMES       2         NEVER       3         Does not know       (-1)         Does not answer       (-2)
R.2  If you had to classify and describe yourself using one of the following categories, which would you choose? Black, mulatto/a, wheat-colored (trigueño/a), white, mestizo/a, or using some other category?	BLACK       1         MULATTO/A, MIXED OR WHEAT-COLORED (BLACK OR WHITE)       2         WHITE       3         MESTIZO/A (INDIAN OR WHITE)       4         OTHER       5         Does not know       (-1)
("TRIGUEÑO" REFERS TO THE MIX OF BLACK AND WHITE; "MESTIZO" MEANS THE MIX OF INDIAN AND BLACK)	Does not answer

## **SECTION S: ABUSE**

## DO NOT ASK THE QUESTIONS IN THIS SECTION IF THERE IS ANYONE ELSE IN THE ROOM IN ADDITION TO THE INTERVIEWEE.

I AM GOING TO ASK YOU A SERIES OF QUESTIONS REGARDING YOUR RELATIONSHIP WITH THE PEOPLE WHO SURROUND YOU ON A DAILY BASIS, AND THEIR ATTITUDES WITH RESPECT TO YOU.

S. (pre)  Determine if interviewee answered		Yes1			
	Section S: Abuse	No			
Sint		140		, , ,	
	In the last year, have any of the people around you yelled at you for no reason?		S.2	How often?	
	Yes 1			Every day of the week	
				Once a week 3	
	No			2 or 3 times a month	
	Does not answer(-1)	GO TO S.3		Does not know(-1)	
				Does not answer	
s1			<b>s2</b>		
S.3			S.4		
	In the last year, have any of the people around you called you names or some			How often?	
1	nickname that you don't appreciate?			Every day of the week	
	Yes 1			2 or 3 times a week	
	163			2 or 3 times a month 4	
	No 2			Once a month or less 5	
	Does not know(-1)	GO TO S.5		Dage not know (1)	
	Does not answer(-2)			Does not know	
<b>s3</b>			s4	(	
S.5			S.6		
	In the last year, have any of the people			How often?	
	around you used or managed your money without following your			Every day of the week 1	
	instructions?			2 or 3 times a week	
				Once a week	
	Yes 1			2 or 3 times a month 4	
	No 2			Once a month or less 5	
	Does not know(-1)	GO TO S.7		Does not know (-1)	
	Does not answer(-2)			Does not answer (-2)	
s5			s6		
S.7			S.8		
	In the last year, have any of the people around you threatened you because			How often?	
	you did not do what they wanted you to			Every day of the week	
'	do?			2 or 3 times a week	
	Yes 1			Once a week	
				Once a month or less	
	No	00.70.00			
	Does not know(-1)  Does not answer(-2)	GO TO S.9		Does not know (-1)  Does not answer (-2)	
s7	Dues not answer(-2)		s8	Dues not answer (-2)	

S.9			S.10
3.9	In the last year, have any of the people around you hit you or smacked you?		How often?
	Yes 1		Every day of the week
	No	GO TO S11	Once a week
	Does not answer(-2)		Does not know(-1) Does not answer(-2)
s9			s10
S.11			S.12
0	In the last year, have any of the people around you shaken you or swung you in		How often?
	a violent manner?		Every day of the week
	Yes 1		Once a week
	No	GO TO S.13	Once a month or less 5
	Does not answer(-2)		Does not know (-1) Does not answer (-2)
s11			s12
S.13	1		S.14
	In the last year, have any of the people around you stolen money from you or		How often?
	some other belonging that is important		Every day of the week 1
	to you?		2 or 3 times a week 2
	Yes 1		Once a week       3         2 or 3 times a month       4         Once a month or less       5
	No 2	00.70	
-46	Does not know(-1) Does not answer(-2)	GO TO SECTION T	Does not know (-1) Does not answer (-2)
s13			s14

# **SECTION T: SEXUALITY**

NOW I WOULD LIKE TO ASK YOU A SERIES OF QUESTIONS ABOUT SEXUALITY. SEXUALITY IS A NATURAL AND IMPORTANT PART OF EVERY STAGE OF OUR LIVES. REMEMBER THAT YOUR ANSWERS WILL BE TREATED WITH UTMOST CONFIDENTIALITY.

T.1	With all due respect, I would like to ask you the following: In the last year, have you engaged in any type of sexual activity with another person?	Yes
T.2	How often have you engaged in sexual activity with another person?	2 or 3 times per week       1         Once a week       2         2 or 3 times a month       3         Once a month or less       4         Does not know       (-1)         Does not answer       (-2)
T.3	How satisfied are you with your level of sexual activity? Would you say you are very satisfied, satisfied or not satisfied with your level of sexual activity?	Very satisfied       1         Satisfied       2         Not satisfied       3         Does not know       (-1)         Does not answer       (-2)

#### SECTION U: ANTHROPOMETRIC MEASUREMENTS

INTERVIEWER: NOW WE WILL START THE SECTION ON BODILY MEASUREMENTS. IF THE INTERVIEWEE CANNOT DO THIS SECTION BECAUSE HE/SHE IS BEDRIDDEN, IN A WHEELCHAIR, REFUSES TO DO SO, MARK THIS SECTION WITH A 1 AND GO ON TO SECTION V. IF, ON THE CONTRARY, THE INTERVIEWEE IS WILLING AND ABLE, MARK THIS SECTION WITH A 2 AND PROCEED WITH MEASUREMENTS.

INTERVIEWER: MAKE SURE THAT THE AREA WHERE YOU ARE GOING TO WORK IS FREE OF ALL OBSTACLES THAT MIGHT ENDANGER THE INTERVIEWEE OR PUT HIM/HER AT RISK IN ANY WAY. MAKE SURE THAT YOU HAVE ALL THE MATERIALS READY BEFORE YOU BEGIN.

NOW WERE GOING TO PROCEED WITH THE MOST DYNAMIC PART OF THE INTERVIEW. THE FOLLOWING SECTION IS VERY IMPORTANT AND IN THE NEXT FEW MINUTES WE WILL BE DOING SOME EXERCISES AND WE WILL TAKE SOME OF YOUR BODY MEASUREMENTS. I WILL TAKE MEASUREMENTS IN THE FOLLOWING ORDER: HEIGHT, WAIST, HIPS, KNEE HEIGHT, WEIGHT, ABILITY TO STAND ON ONE LEG, AND I WILL MEASURE THE AMOUNT OF TIME IT TAKES YOU TO GET UP FROM THE CHAIR AND START WALKING.

#### **HEIGHT**

#### **Materials and Instructions**

- 1. You'll need the stadiometer for this measurement.
- 2. Measurements will be taken while the person is standing against the surface of the wall and using the height measuring instrument.
- 3. The people should take off their shoes, any thick socks they might have on and any hair combs they might have in their hair.
- 4. The people should stand completely straight, relaxed, looking forward and with palms touching their thighs at the time of measurement.
- 5. Prepare the stadiometer and be sure that there is a solid object nearby, such as a chair or a table, so that the interviewee can use it as support while you are taking measurements.
- 6. If the interviewee cannot remain standing or lean up against the wall due to a disability or the use of an instrument, go to the next measurement category and register that information.

U.1  Now I would like to measure your height. I will be using a stadiometer with a measuring tape attached to it and is used to obtain the exact measurement of your height.	u1_p Height in inches	
Were you able to take this measurement?         Yes       1         No       2	I tried but was unable to take measurement	
Commentaries		
	<u> </u>	

#### WAIST CIRCUMFERENCE

#### **Materials and Instructions**

- 1. Ask the interviewee to remain standing and make sure there is a solid stable object next to him/her that the interviewee can use as support while you take measurements.
- 2. You'll need a measuring tape to take this measurement.
- 3. Make sure the interviewee is only wearing one layer of clothing.
- 4. Make sure the measuring tape is situated at the same height all around the waist of the interviewee.
- 5. Place the end of the tape at waist level on the side of the interviewee and ask him/her to hold on to it.
- 6. Walk with the measuring tape around the interviewee and ask him/her to hold on to it on the other side.
- 7. In cases of extreme obesity, where the belly button is below the pubic bone, measure the area surrounding where the belly button should be.

U.2  Now I would like to measure the circumference of your waist.	u2_p Circumference of waist in inches		
Were you able to take this measurement?	u2_3		
	Reason you were unable to take measurement		
Yes1			
No2	I tried but was unable to take measurement		
	Unable to take measurement due to health condition		
	Interviewee refused		
	Unable to take measurement because interviewee is bedridden		
	or in wheelchair 4		
	Unable to take measurement because interviewee		
	uses a walker, cane, or other such item 5		
u2_1	Unable to take measurement for some other reason		
Commentaries			

## HIP CIRCUMFERENCE

### **Materials and Instructions**

- 1. You'll need a measuring tape to take this measurement.
- 2. Ask the interviewee to stand up straight.
- 3. Measure the hips at the point halfway between the iliac crest and the superior trochanter.
- 4. Ask the interviewee to turn his/her leg outward and mentally mark the exact place at which the measurement should be taken.

U.3	
This measurement is similar to the	u3_p
last one, but instead of measuring the	Circumference of hips in inches
waist, I'll be measuring the	
circumference of your hips.	u3_3
on cannot choose year impor	Reason you were unable to take measurement
Were you able to take this measurement?	
<b>,</b>	I tried but was unable to take measurement
Yes1	Unable to take measurement due to health condition
No	Interviewee refused
	Unable to take measurement because interviewee is bedridden
	or in wheelchair4
	Unable to take measurement because interviewee
	uses a walker, cane, or other such item
	Unable to take measurement for some other reason
u3_1	Onable to take measurement for some other reason

#### Commentaries

WEIGHT			
Ma	terials and Instructions		
1. You'll need the scale to take this measureme	ent.		
2. The people should take off their shoes.			
3. The weighing should take place when the per	erson is standing on the scale without leaning on anything.		
Now I will weigh you.  Were you able to take this measurement?  Yes	u4_I         Weight in pounds		
u4_1	u4_1 bmi, rbmi (Body Mass Index)		
Commentaries			

### **KNEE HEIGHT**

#### **Materials and Instructions**

- 1. You will need a stadiometer for this measurement.
- 2. They should take off their shoes.
- 3. If the person's legs are physically disabled due to an operation, accident or from birth, the healthy or uninjured leg should be used to take this measurement, but it should be noted in the comments section that the interviewee has a physical impediment and to what extent the leg is, for example, shorter than the other, a prosthesis, etc.
- 4. Ask the participant to sit down while you take this measurement.
- 5. Measure the height of the knee from the middle of the kneecap to the surface of the floor (along the side of the leg).

<b></b>		
U.5		
Now I would like to measure the height	u5_p	
of your knee and will use the	Height of knee in inches	
stadiometer again, the same		
instrument used to measure your	u5_3	
height. Please have a seat in this chair	Reason you were unable to take measurement	
and take off one shoe so that I can		
measure the height of your knee.	I tried but was unable to take measurement	1
	Unable to take measurement due to health condition	
Were you able to take this measurement?	Interviewee refused	3
_	Unable to take measurement because interviewee is bedridden	
Yes1	or in wheelchair	4
No2	Unable to take measurement because interviewee	_
	uses a walker, cane, or other such item	
u5_1	Unable to take measurement for some other reason	9

#### Commentaries

### **ONE LEG STAND**

#### **Materials and Instructions**

- 1. You will need a stopwatch for this measurement.
- 2. Demonstrate how this test should be done.
- 3. Stand next to and slightly behind the interviewee, and ask him/her to stand on the foot with which he/she feels most secure.
- 4. Start the stopwatch when the interviewee has raised his/her leg from the floor and count "1, 2, 3, ..." Say "stop" immediately after 10 and stop the stopwatch at that moment.
- 5. If the interviewee's foot touches the floor before the 10 seconds are up, stop the watch and write down the time at which their foot touched the floor.

U.6  Look at me first. Then choose the foot you will stand on to keep your balance and very gently raise the other leg from the floor. Try to keep this position for 10 seconds.	u6_s Duration of time in seconds
Yes1No2	I tried but was unable to take measurement
	Unable to take measurement for some other reason
u6_1	See calculated variables legstand

**Commentaries** 

#### STAND UP AND GO

#### **Materials and Instructions**

- 1. You will need a firm and stable chair, the stopwatch and the stadiometer for this measurement.
- 2. Measure 3 meters from the chair to the wall using the stadiometer.
- 3. Demonstrate how to do the test.
- 4. When the interviewee is appropriately seated, say: "ready, stand up" and start the stopwatch.
- 5. Stop the stopwatch when the interviewee has sat down completely in the chair or if the interviewee stops midway through the test before sitting down in the chair.
- 6. In either case, note the number of seconds to the tenth of a second.

U.7	Now we will do the final test of this
	section of the interview. This test is
	known as the "stand up and walk" and
	consists of your standing up from a
	chair without using your arms to
	support yourself and walking to the
	area I point out to you. Now I will
	show you how to do it.
Wer	e you able to take this measurement?

Yes	1
No	2

THE PERIOD BEING MEASURED IN SECONDS STARTS WHEN THE INTERVIEWEE STANDS UP AND ENDS WHEN THE INTERVIEWEE SITS DOWN.

u7_s	
Duration of time in seconds	_
u7_3	
Reason you were unable to take measurement	-
I tried but was unable to take measurement	
Unable to take measurement due to health condition	2
Interviewee refused	3
Unable to take measurement because interviewee is bedridden	
or in wheelchair	4
Unable to take measurement because interviewee	
uses a walker, cane, or other such item	5
Unable to take measurement for some other reason	ç
See calculated variables	

u7\_1

**Commentaries** 

get\_up

### WITH THIS WE END THE MEASUREMENT PROCESS

# **SECTION V: CONTACTS**

Now I am going to ask you for the names and addresses of three people who do not live with you and who know how to contact you in the event that we need to communicate with you in the future. I would like to remind you that all the information that you provide is completely confidential.

These people will only be contacted if we need to talk to you in the future.

V.1 Could you give me the names and addresses of three people close to you who do not live in this house or in this neighborhood?				
NAME				
ADDRESS				
V.1a What is the re	elationship of [name in V1] to you?			
	! <del>-</del>			
	he same house			
'	live in the same house			
'				
S S	er			
i e	r			
, o	on-adopted son/daughterer			
Biological Father/Mother				
•				
Non-biological, Non-adoptive Father/Mother				
Full-blood Brother/Sister				
Paternal Half-Brother/Half-Sister 14				
Maternal Half-Brother/Half-Sister				
Stepbrother/Stepsister				
Non-biological, non-adopted brother or sister				
5 ,	Father-in-law/Mother-in-law			
Son-in-law/Daughter-in-law				
g .	hter			
Uncle/Aunt		21		
Nephew/Niece		22		
Brother-in-law/Sister-	-in-law	23		
Other Relative		24		
		==		
9				
Other Non-Relative		29		
V.1b What is [NAME of V1]'s telephone number?				
TELEPHONE NUMBE	ER(S) ( ) -			
	( ) -			

V.2  Is there another person close to you who do not live in this house or in this neighborhood and who would know how to contact you in the future?						
NAME						
ADDRESS						
V.2a What is th	ne relations	nip of [NAN	/IE in V2] t	o you?		
Spouse who does Consensual partne Biological son/dau Adopted son/dau Non-biological an Stepson/Stepdau Biological Father/ Adoptive Father/N Non-biological, No Stepfather/Stepm Full-blood Brother Paternal Half-Bro Maternal Half-Bro Stepbrother/Step Non-biological, no Father-in-law/Mot Son-in-law/Daugh Grandson/Grandd Uncle/Aunt Nephew/Niece Brother-in-law/Si Other Relative Domestic worker Caretaker Friend Neighbor Other Non-Relativ	not live in ther	e same hou	se			
TELEPHONE NUI	MBER(S)	( )	-			

V.3 Is there another person you would like to mention?					
NAME					
ADDRESS					
V.3a					
What is th	e relationship of [NAME in V3] to you?				
	in the same house				
•	not live in the same house				
· ·	er				
J	ghter				
	hter				
O O	d non-adopted son/daughter 07				
' '	phter				
J	Mother				
	10 dother				
	on-adoptive Father/Mother				
	Stepfather/Stepmother				
Full-blood Brother/Sister					
	Paternal Half-Brother/Half-Sister				
	Maternal Half-Brother/Half-Sister				
	sister				
	n-adopted brother or sister				
	Father-in-law/Mother-in-law				
Son-in-law/Daughter-in-law					
Grandson/Granddaughter					
Uncle/Aunt					
•	Nephew/Niece				
Brother-in-law/Sister-in-law					
Other Relative					
	Domestic worker				
Caretaker					
Friend					
Neighbor					
Other Non-Relative					
V.3b					
What is [NAME of V3]'s telephone number?					
TELEPHONE NUI	MBER(S) ( ) -				
	( ) -				

THIS WAS MY LAST QUESTION. I APPRECIATE VERY MUCH YOUR COLLABORATION IN RESPONDING TO THIS QUESTIONNAIRE. I ASSURE YOU AGAIN THAT THE INFORMATION THAT YOU HAVE PROVIDED WILL BE TREATED CONFIDENTIALLY. THANK YOU.

INTERVIEWER, GO TO THE LAST SECTION AND ANSWER THE QUESTIONS REGARDING YOUR PERCEPTION OF THE INTERVIEW.

# **SECTION X: PERCEPTION OF THE INTERVIEWER**

THIS SECTION SHOULD BE COMPLETED BY THE INTERVIEWER.				
X.1  Was anyone else present at any point while you were conducting this interview?	No	If you answered YES, explain:  answered, go on to X3		
X.2  Did this person help the integrand answering questions?	erviewee in	Not at all		
X.2a Write down the name of this helper				
X.2b What is the relationship of this helper to the interviewee or proxy?  General relationship x2b_1 Specific relationship x2b_2 (see sheet with specific relationship codes)		Spouse 1 Son/Daughter 2 Father/Mother 3 Brother/Sister 4 Other relative 5 Other non-relative 6		
X3  How difficult was it for the it to remember the questions asked?  x3		Not difficult		
X.4  Did the interviewee understand the questions easily? Would you say he/she understood the questions all of the time, almost all of the time, almost never or never?		Never       1         Almost never       2         Almost always       3         Always       4		
ONCE THE INTERVIEW IS COMPLETED, INDICATE YOUR PERCEPTION OF THE INTERVIEWEE'S ABILITY TO ANSWER THE QUESTIONS.				
X.5 Independent of the (minimental), would you consider the interviewee capable of responding to the interview?	Yes No			
End of Questionnaire				
Was the interview recorded?				

# **SECTION Z: PROXY COGNITIVE**

# Now I am going to ask you some questions about the ability of [NAME] to carry out certain tasks.

<b>Z</b> .1		
	Is [NAME] capable of	Yes is capable, without help
	managing her/his own	Yes is capable, but needs help2
	money?	Has never done so, but could without help
	<b>,</b>	Has never done so, but could with help4
		Is not capable 5
		·
		Does not know (-1)
		Does not answer(-2)
z1		Does not answer(-2)
		T
Z.2		Ves is canable without help
	Is [NAME] capable going	Yes is capable, without help
	shopping by him/herself (for	Yes is capable, but needs help2
	example buying groceries or	Has never done so, but could without help
	clothes)?	Has never done so, but could with help4
		Is not capable 5
		Does not know (-1)
<b>z2</b>		Does not answer (-2)
<b>Z</b> .3		
	Is [NAME] capable of boiling	Yes is capable, without help 1
	water for coffee or tea and	Yes is capable, but needs help2
	turning off the stove?	Has never done so, but could without help
	tuning on the electer	Has never done so, but could with help4
		Is not capable5
		Does not know (-1)
-2		Does not answer(-1)
<b>z3</b>		(-2)
7 4		
<b>Z</b> .4	Is INAMEL capable of	Yes is capable, without help
Z.4	Is [NAME] capable of	Yes is capable, without help
Z.4	Is [NAME] capable of preparing food?	Yes is capable, but needs help2
Z.4		Yes is capable, but needs help
Z.4		Yes is capable, but needs help
Z.4		Yes is capable, but needs help
Z.4		Yes is capable, but needs help
Z.4		Yes is capable, but needs help
Z.4 z4		Yes is capable, but needs help
		Yes is capable, but needs help
		Yes is capable, but needs help
z4		Yes is capable, but needs help
z4	preparing food?  Is [NAME] capable of keeping	Yes is capable, but needs help
z4	Is [NAME] capable of keeping up with events and the goings	Yes is capable, but needs help
z4	preparing food?  Is [NAME] capable of keeping	Yes is capable, but needs help
z4	Is [NAME] capable of keeping up with events and the goings	Yes is capable, but needs help
z4	Is [NAME] capable of keeping up with events and the goings	Yes is capable, but needs help
z4	Is [NAME] capable of keeping up with events and the goings	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings	Yes is capable, but needs help
z4	Is [NAME] capable of keeping up with events and the goings	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying attention, understanding, and	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying attention, understanding, and discussing a radio show, a	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying attention, understanding, and discussing a radio show, a television program or a	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying attention, understanding, and discussing a radio show, a	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying attention, understanding, and discussing a radio show, a television program or a	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying attention, understanding, and discussing a radio show, a television program or a	Yes is capable, but needs help
z4 Z.5	Is [NAME] capable of keeping up with events and the goings on in the neighborhood?  Is [NAME] capable of paying attention, understanding, and discussing a radio show, a television program or a	Yes is capable, but needs help

r iı	s [NAME] capable of remembering obligations and mportant events in the ramily?	Yes is capable, without help
а	s [NAME] capable of administering or managing his/her own medications?	Yes is capable, without help
		Does not know (-1)
<b>z8</b>		Does not answer(-2)
а	s [NAME] capable of walking around the neighborhood and inding the way back home?	Yes is capable, without help
70		Does not know
<b>z9</b>		(=,
	s [NAME] capable of greeting nis/her friends adequately?	Yes is capable, without help
-10		Does not know
z10		0003 NOT GEOMETRICAL (*-2)
7.44		
а	s [NAME] capable of staying alone at home without problems?	Yes is capable, without help
711		Does not answer(-1)