Dataset name: mhah_v1.1

Participant ID pid D000000

Acrostic acrostic ZZZZZ

Interviewer compby

Visit Code vc YYY

Date of Report vis_dat (mm/dd/yyyy)

Medical and Hospital Admission History

CRF 1.1

I have some questions about your health.

1. Would you say your health is Excellent, Very Good, Good, Fair, or Poor?

healthrt_mhah

-9
1 Excellent
2 Very Good
3 Good
4 Fair*
5 Poor*
-7 Refused
-8 Don't Know
-6 Permanently Missing

2. Compared with 6 months ago, would you say that your health is better now, about the same, or worse than it was then?

hlth6mon_mhah

-9
1 Better
2 Same
3 Worse*
-6 Permanently Missing

Chronic Conditions (CC)

3. Has a doctor ever told you that you have high blood pressure or hypertension?

hbp_mhah

-9
1 Yes
0 No (Go to Q5)
-7 Refused (Go to Q5)
-8 Don't know (Go to Q5)
-6 Permanently Missing

4. Are you currently taking any medicine for your high blood pressure?

hbpmed_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

5. Has a doctor ever told you that you had a heart attack, or coronary, or myocardial infarction and you had to be hospitalized overnight?

hrtattk_mhah

-9
1 Yes
2 Possible
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

6. Has a doctor ever told you that you had heart failure or congestive heart failure?

hrtfailr_mhah
-9
1 Yes*
2 Possible*
0 No
-7 Refused
-8 Don't know*
-6 Permanently Missing

7. Do you have a pacemaker?

pacemakr_mhah
-9
1 Yes*
0 No
-7 Refused
-8 Don't know*
-6 Permanently Missing

8. Has a doctor ever told you that you had a stroke or brain hemorrhage and had to be hospitalized?

stroke_mhah
-9
1 Yes
2 Possible
0 No (Go to Q10)
-7 Refused (Go to Q10)
-8 Don't know (Go to Q10)
-6 Permanently Missing

*** Requires Physician Evaluation**

9. Do you still have difficulty from your stroke?
(*Interviewer Note: Do not read response options.)*

(A) Arm and/or leg still weak or hard to use

armlegwk_mhah
-9
1 Mentioned
2 Not Mentioned
-7 Refused
-8 Don't know
-6 Permanently Missing

(B) Trouble Walking

trbwalk_mhah
-9
1 Mentioned
2 Not Mentioned
-7 Refused
-8 Don't know
-6 Permanently Missing

(C) Trouble with speech

trbspch_mhah
-9
1 Mentioned
2 Not Mentioned
-7 Refused
-8 Don't know
-6 Permanently Missing

(D) Other

otstrk_mhah
-9
1 Mentioned
2 Not Mentioned
-7 Refused
-8 Don't know
-6 Permanently Missing

(specify) otstrkspc_mhah

10. Has a doctor ever told you that you had cancer or a malignant tumor, excluding minor skin cancers?

cancer_mhah
-9
1 Yes
2 Possible
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

11. Has a doctor ever told you that you had diabetes, sugar in your urine, or high blood sugar?

diabetes_mhah
-9
1 Yes
2 Possible
0 No (Go to Q14)
-7 Refused (Go to Q14)
-8 Don't know (Go to Q14)
-6 Permanently Missing

12. Are you now using medication that you swallow to treat or control your diabetes?

diabmed_mhah
-9
1 Yes
2 Possible
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

13. Are you now using insulin injections?

insulin_mhah
-9
1 Yes
2 Possible
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

14. Has a doctor ever told you that you had a broken or fractured hip and had to be hospitalized?

brokehip_mhah
-9
1 Yes
2 Possible
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

15. Since the age of 50, have you ever been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?

brokbone_mhah
-9
1 Yes
2 Possible
0 No (Go to Q17)
-7 Refused (Go to Q17)
-8 Don't know (Go to Q17)
-6 Permanently Missing

16. Where was it?

(A) wrist?

wrist_mhah
-9
1 Yes

0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(B) arm?

arm_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(C) back or spine?

back_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(D) or any other bones?

othbones_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

17. How many times would you say that you have fallen over the past year? That is, how many times have you unintentionally come to rest on the ground or floor?

numfall_mhah Number of Times (If 0, go to Question 19)

numfallr_mhah
-9
-7 Refused (Go to Q19)
-8 Don't know (Go to Q19)
-6 Permanently Missing

18. When you fell, did you suffer any injury that required you to go to the doctor or to an emergency room, hospital, or urgent care center?

fallsdoc_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

19. During the last 6 months, have you seen a doctor specifically for arthritis or rheumatism?

arthrits_mhah
-9
1 Yes
0 No (Go to Q21)
-7 Refused (Go to Q21)
-8 Don't know (Go to Q21)
-6 Permanently Missing

20. Did you have pain and/or stiffness in any of the following joints?

(A) Hands/Fingers

hands_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(B) Shoulders

shoulder_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(C) Knees

knees_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(D) Hips

hips_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(E) Back/Spine

backpain_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

(F) Foot

foot_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

21. Have you had an amputation of a leg?

legamp_mhah

-9
1 Yes
0 No (Go to Q24)
-7 Refused (Go to Q24)
-8 Don't know (Go to Q24)
-6 Permanently Missing

22. Did you obtain an artificial limb?

artlimb_mhah

-9
1 Yes
0 No (Go to Q24)
-7 Refused (Go to Q24)
-6 Permanently Missing

23. Do you regularly use this limb now?

uselimb_mhah

-9
1 Yes
0 No
-7 Refused
-6 Permanently Missing

24. Has a doctor ever told you that you have cirrhosis or liver disease?

liverdis_mhah
-9
1 Yes
2 Possible
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

25. Has a doctor ever told you that you have chronic lung disease such as chronic bronchitis, COPD, asthma, or emphysema?

lungdis_mhah
-9
1 Yes
2 Possible
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

26. Since the age of 50, have you seen a doctor for emotional, nervous, or psychiatric problems?

psychprb_mhah
-9
1 Yes*
0 No
-7 Refused
-8 Don't know*
-6 Permanently Missing

27. Other than the hospitalizations you have already told me about, have you been hospitalized for any other reason in the past 3 years?

othospc_mhah
-9
1 Yes*
0 No
-7 Refused
-8 Don't know*
-6 Permanently Missing

Please specify:

othospspc_mhah

28. In the past 5 years, have you sought the advice of a physician or medical professional for any of the following reasons?

a. Back Injury

backinj_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

b. Paralysis

paralys_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

c. Fainting or Passing Out

fainting_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

d. Shortness of Breath

shrtbrth_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

e. Asthma

asthma_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

f. Chest congestion/cough

cough_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

g. Abnormal Heart Rhythm

abnheart_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

h. Depression

depress_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

i. Foot Ulcer

footulcr_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

j. A wound that would not heal

wound_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

29. In the past 6 months, have you experienced any of the following symptoms?

a. Anxiety

anxiety_mhah

-9

1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

b. Fatigue

fatigue_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

c. Decreased Appetite

decapp_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

d. Insomnia

insomnia_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

e. Dizziness

dizzness_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

f. Muscle or Joint Stiffness

muscstff_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

g. Muscle Strain or Soreness

muscstrn_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

h. Sprain (ankle or knee)

sprain_mhah
-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

i. Foot Pain

footpain_mhah

-9
1 Yes
0 No
-7 Refused
-8 Don't know
-6 Permanently Missing

30. Do you have any other medical conditions that might affect your ability to participate in a physical activity program?

othmedcn_mhah

-9
1 Yes*
0 No
-7 Refused
-8 Don't know*
-6 Permanently Missing

Source Form Language: lang

-9 -
1 English
2 Spanish

-

Participant ID (affix ID label here)	**L I F E**	Acrostic	
	Interviewer	Visit Code	
	Date of Report	month / day / year	

Medical and Hospital Admission History

I have some questions about your health.

1.	Would you say your health is Excellent, Very Good, Good, Fair or Poor?	**Excellent** ☐	**Very Good** ☐	**Good** ☐	**Fair*** ☐	**Poor*** ☐	**Refused** ☐	**Don't Know** ☐
2.	Compared with 6 months ago, would you say that your health is better now, about the same, or worse than it was then?	**Better** ☐	**Same** ☐	**Worse*** ☐				
	Chronic Conditions (CC)							
3.	Has a doctor ever told you that you have high blood pressure or hypertension?	**Yes** ☐		**No** ☐			**Refused** ☐	**Don't Know** ☐
			(Go to Question 5)					
4.	Are you currently taking any medicine for your high blood pressure?	**Yes** ☐		**No** ☐			**Refused** ☐	**Don't Know** ☐
5.	Has a doctor ever told you that you had a heart attack, or coronary, or myocardial infarction and you had to be hospitalized overnight?	**Yes** ☐	**Possible** ☐	**No** ☐			**Refused** ☐	**Don't Know** ☐
6.	Has a doctor ever told you that you had heart failure or congestive heart failure?	**Yes*** ☐	**Possible*** ☐	**No** ☐			**Refused** ☐	**Don't Know*** ☐
7.	Do you have a pacemaker?	**Yes*** ☐		**No** ☐			**Refused** ☐	**Don't Know*** ☐
8.	Has a doctor ever told you that you had a stroke or brain hemorrhage and had to be hospitalized?	**Yes** ☐	**Possible** ☐	**No** ☐			**Refused** ☐	**Don't Know** ☐
* Requires Physician Evaluation				**(Go to Question 10)**				

Participant ID (affix ID label here)	***L I F E***	Acrostic ☐☐☐☐☐ Visit Code ☐☐☐

9.	Do you still have difficulty from your stroke? (*Interviewer Note: Do not read response options.)*	**Mentioned**	**Not Mentioned**		**Refused**	**Don't Know**
	(A) Arm and/or leg still weak or hard to use	☐	☐		☐	☐
	(B) Trouble walking	☐	☐		☐	☐
	(C) Trouble with speech	☐	☐		☐	☐
	(D) Other (specify) _____ _____	☐	☐		☐	☐
10.	Has a doctor ever told you that you had cancer or a malignant tumor, excluding minor skin cancers?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐
11.	Has a doctor ever told you that you had diabetes, sugar in your urine, or high blood sugar?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐
				Go on to Question 14)		
12.	Are you now using medication that you swallow to treat or control your diabetes?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐
13.	Are you now using insulin injections?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐
14.	Has a doctor ever told you that you had a broken or fractured hip and had to be hospitalized?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐

15.	Since the age of 50, have you ever been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐
				(Go on to Question 17)		
16.	Where was it?	**Yes**		**No**	**Refused**	**Don't Know**
	(A) wrist?	☐		☐	☐	☐
	(B) arm?	☐		☐	☐	☐
	(C) back or spine?	☐		☐	☐	☐
	(D) or any other bones?	☐		☐	☐	☐
17.	How many times would you say that you have fallen over the past year? That is, how many times have you unintentionally come to rest on the ground or floor?	☐☐ **Number of Times** **(If 0, go to Question 19)**			**Refused** ☐	**D/K** ☐ **(Go to Question 19)**
18.	When you fell, did you suffer any injury that required you to go to the doctor or to an emergency room, hospital, or urgent care center?	**Yes** ☐		**No** ☐	**Refused** ☐	**Don't Know** ☐
19.	During the last 6 months, have you seen a doctor specifically for arthritis or rheumatism?	**Yes** ☐		**No** ☐	**Refused** ☐	**Don't Know** ☐
				(Go to Question 21)		

20.	Did you have pain and/or stiffness in any of the following joints?	**Yes**		**No**	**Refused**	**Don't Know**
	(A) Hands/Fingers	☐		☐	☐	☐
	(B) Shoulders	☐		☐	☐	☐
	(C) Knees	☐		☐	☐	☐
	(D) Hips	☐		☐	☐	☐
	(E) Back/Spine	☐		☐	☐	☐
	(F) Foot	☐		☐	☐	☐
21.	Have you had an amputation of a leg?	**Yes** ☐		**No** ☐	**Refused** ☐	**Don't Know** ☐
				(Go to Question 24)		
22.	Did you obtain an artificial limb?	**Yes** ☐		**No** ☐	**Refused** ☐	
				(Go to Question 24)		
23.	Do you regularly use this limb now?	**Yes** ☐		**No** ☐	**Refused** ☐	
24.	Has a doctor ever told you that you have cirrhosis or liver disease?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐

25.	Has a doctor ever told you that you have chronic lung disease such as chronic bronchitis, COPD, asthma, or emphysema?	**Yes** ☐	**Possible** ☐	**No** ☐	**Refused** ☐	**Don't Know** ☐
26.	Since the age of 50, have you seen a doctor for emotional, nervous, or psychiatric problems?	**Yes*** ☐		**No** ☐	**Refused** ☐	**Don't* Know** ☐
27.	Other than the hospitalizations you have already told me about, have you been hospitalized for any other reason in the past 3 years? Please specify: _____ _____ _____	**Yes*** ☐		**No** ☐	**Refused** ☐	**Don't* Know** ☐
28.	In the past 5 years, have you sought the advice of a physician or medical professional for any of the following reasons?	**Yes**		**No**	**Refused**	**Don't Know**
	a. Back Injury	☐		☐	☐	☐
	b. Paralysis	☐		☐	☐	☐
	c. Fainting or Passing out	☐		☐	☐	☐
	d. Shortness of Breath	☐		☐	☐	☐
	e. Asthma	☐		☐	☐	☐
	f. Chest congestion/cough	☐		☐	☐	☐
	g. Abnormal Heart Rhythm	☐		☐	☐	☐
	h. Depression	☐		☐	☐	☐
	i. Foot Ulcer	☐		☐	☐	☐
	j. A wound that would not heal	☐		☐	☐	☐

29.	In the past 6 months, have you experienced any of the following symptoms?	**Yes**	**No**	**Refused**	**Don't Know**
	a. Anxiety	☐	☐	☐	☐
	b. Fatigue	☐	☐	☐	☐
	c. Decreased Appetite	☐	☐	☐	☐
	d. Insomnia	☐	☐	☐	☐
	e. Dizziness	☐	☐	☐	☐
	f. Muscle or Joint Stiffness	☐	☐	☐	☐
	g. Muscle Strain or soreness	☐	☐	☐	☐
	h. Sprain (ankle or knee)	☐	☐	☐	☐
	i. Foot Pain	☐	☐	☐	☐

30. Do you have any other medical conditions that might affect your ability to participate in a physical activity program?	**Yes***	**No**	**Refused**	**Don't Know***
	☐	☐	☐	☐