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Participant ID pid D000000

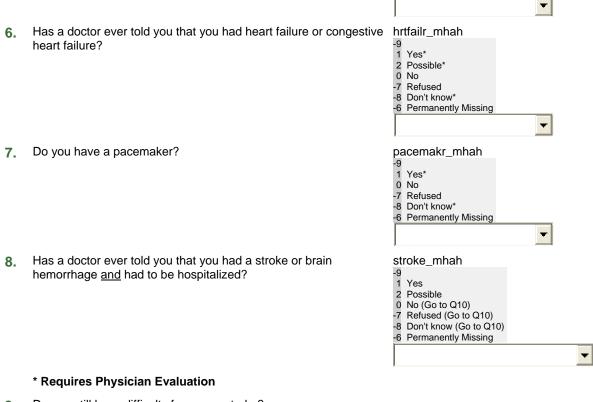
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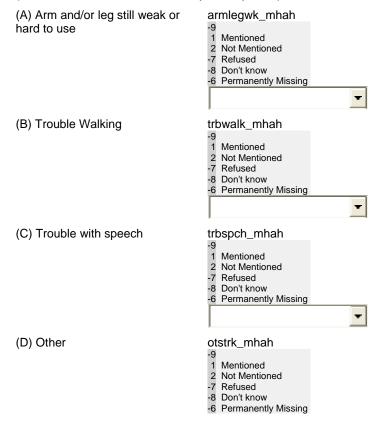
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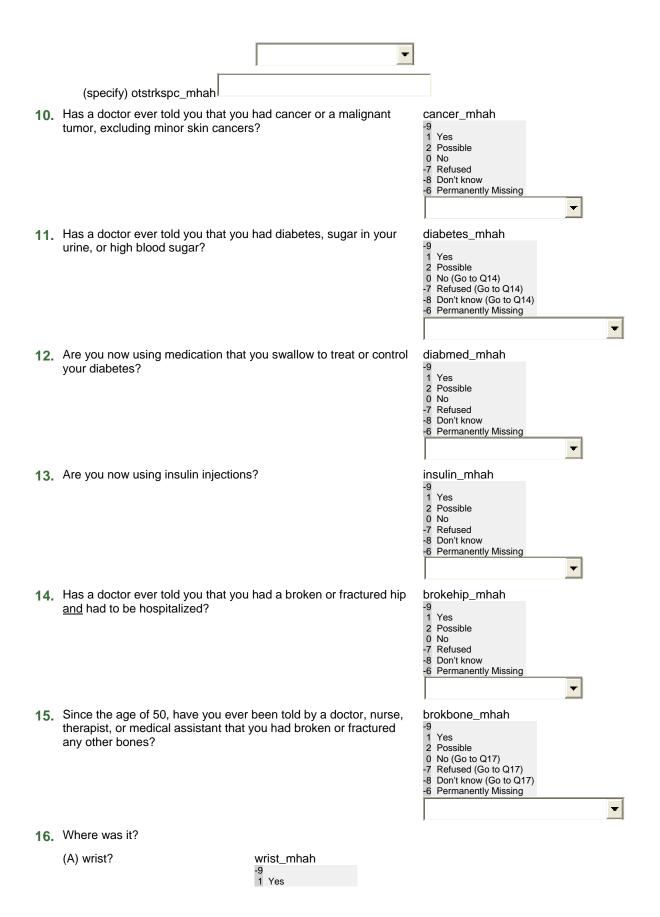
Medical and Hospital Admission History

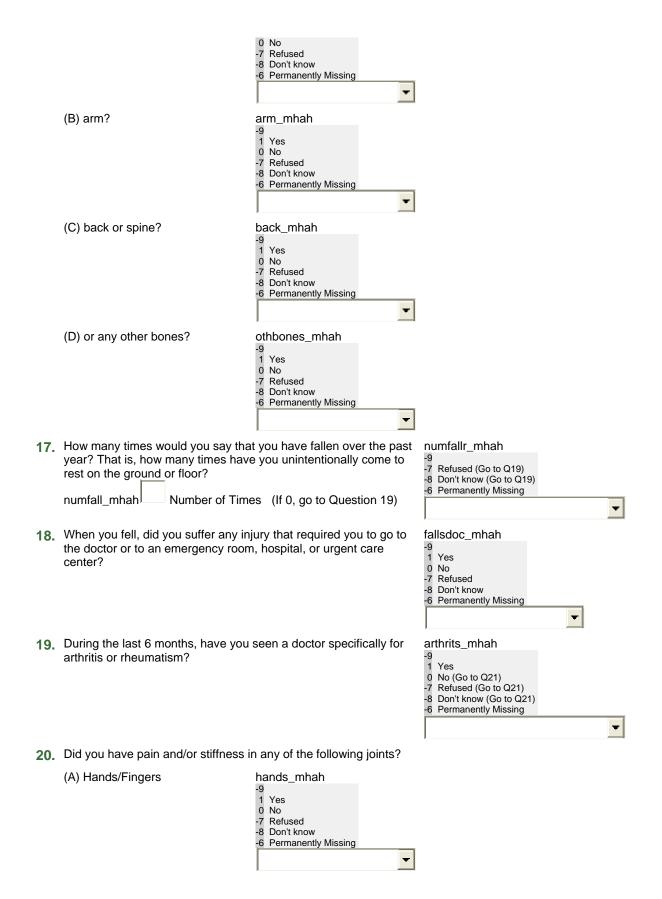
	- CRF 1.1	·
have	some questions about your health.	
1.	Would you say your health is Excellent, Very Good, Good, Fair, or Poor?	healthrt_mhah -9 1 Excellent 2 Very Good 3 Good 4 Fair* 5 Poor* -7 Refused -8 Don't Know -6 Permanently Missing
2.	Compared with 6 months ago, would you say that your health 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 <u>and</u> you had to be hospitalized overnight?	hrtattk_mhah -9 1 Yes 2 Possible 0 No -7 Refused -8 Don't know -6 Permanently Missing

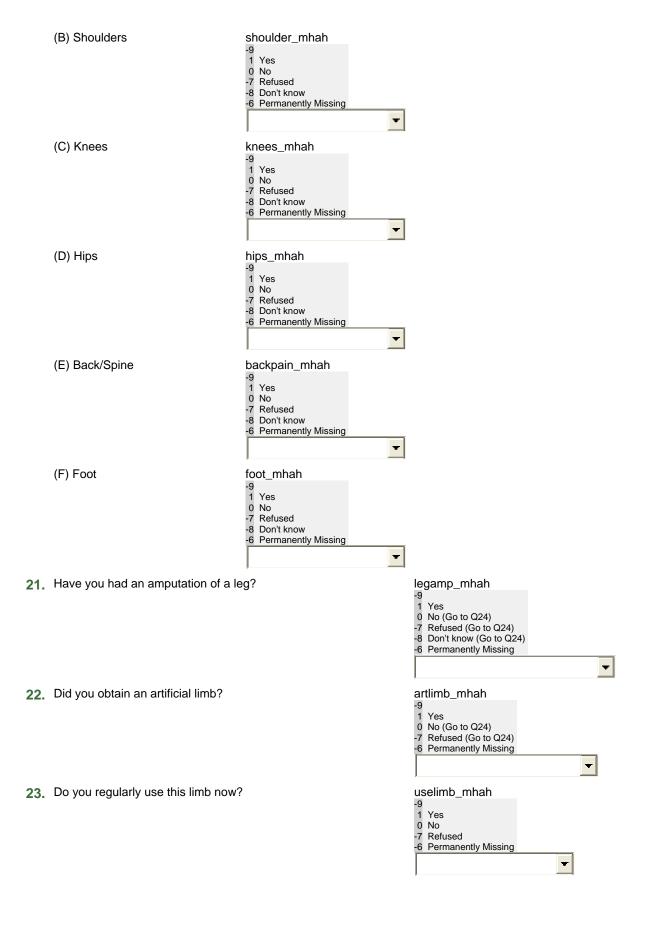


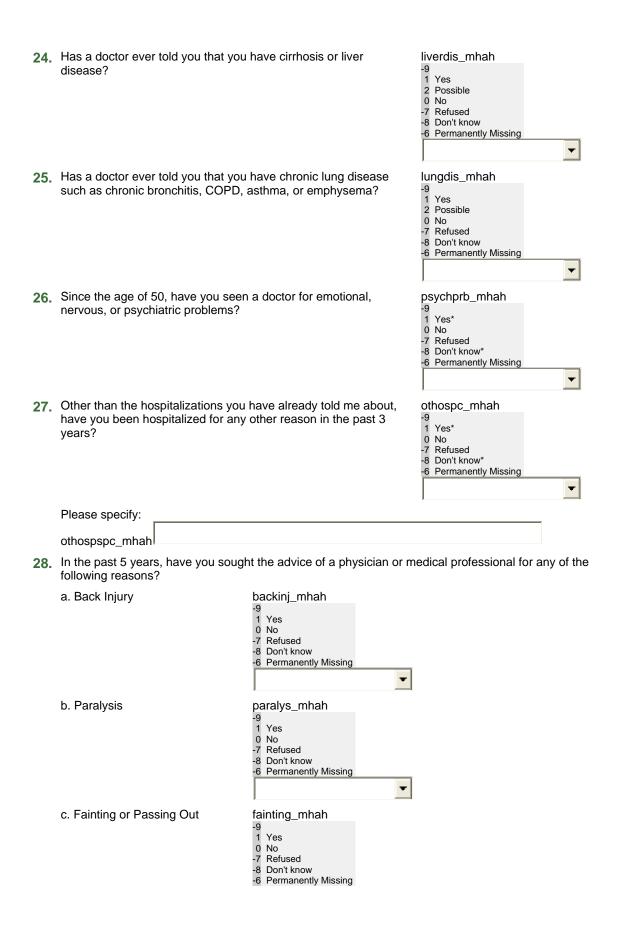
9. Do you still have difficulty from your stroke? (Interviewer Note: Do not read response options.)

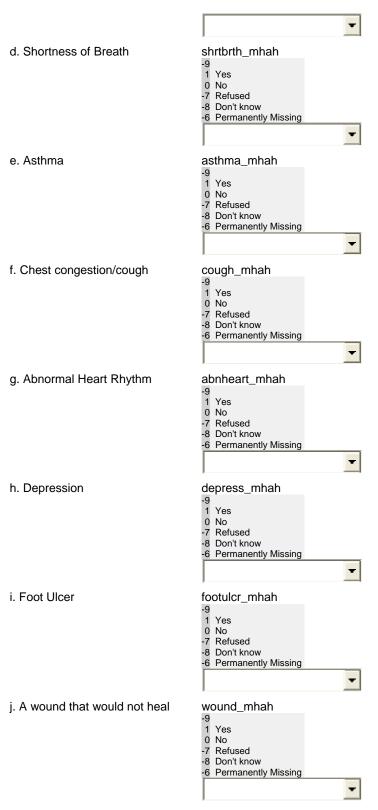








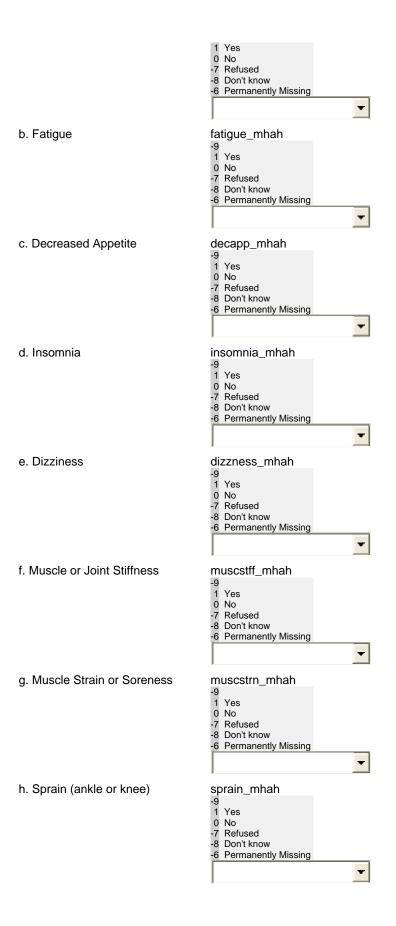


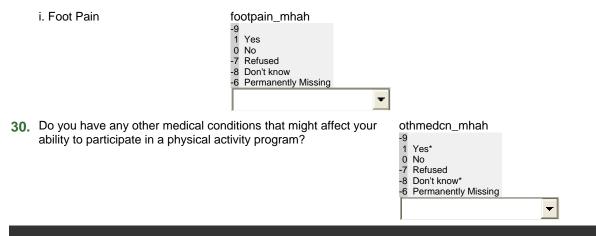


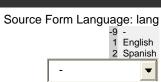
29. In the past 6 months, have you experienced any of the following symptoms?

a. Anxiety

anxiety_mhah







Participant ID Interviewer Visit Code	
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	Medical and Hos	pital A	dmiss	ion F	listor	У		
I have	some questions about your health	۱.						
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
				(G	o to Que	stion 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
* Requi	res Physician Evaluation				(Go to C	uestion	10)	

Participant ID (affix ID label here)	LIFE	Acrostic	Visit Code		
	'				

9.	Do you still have difficulty from your stroke?		Not		Refused	Don't
	(Interviewer Note: Do not read response options.)	Mentioned	Mentioned			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	Yes	Possible	No	Refused	Don't Know
	minor skin cancers?					
11.	Has a doctor ever told you that you had diabetes, sugar in your urine, or high blood	Yes	Possible	No	Refused	Don't Know
	sugar?					
				n to Questi	on 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	Yes	Possible	No	Refused	Don't Know
	hospitalized?					

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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		n 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	Number of Times			Refused	D/K	
	come to rest on the ground or floor?	(If O, g	go to Quest	tion 19)	(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)		

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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	(Go to Question 24)			
22.	Did you obtain an artificial limb?	Yes		No	Refused			
				(Go to	(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		

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

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