

## 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?

healthrt\_mhah

- 9  
1 Excellent  
2 Very Good  
3 Good  
4 Fair\*  
5 Poor\*  
-7 Refused  
-8 Don't Know  
-6 Not on form

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 Not on form

### 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 Not on form

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

hbpmmed\_mhah

- 9  
1 Yes  
0 No  
-7 Refused  
-8 Don't know  
-6 Not on form

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 Not on form

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 Not on form

7. Do you have a pacemaker?

pacemakr\_mhah

- 9  
1 Yes\*  
0 No  
-7 Refused  
-8 Don't know\*  
-6 Not on form

stroke\_mhah

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

- 9  
1 Yes  
2 Possible  
0 No (Go to Q10)  
-7 Refused (Go to Q10)  
-8 Don't know (Go to Q10)  
-6 Not on form

### \* 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

<p>(B) Trouble Walking</p>	<p>-7 Refused -8 Don't know -6 Not on form</p> <p><a href="#">trbwalk_mhah</a></p> <p>-9 1 Mentioned 2 Not Mentioned -7 Refused -8 Don't know -6 Not on form</p>
<p>(C) Trouble with speech</p>	<p><a href="#">trbspch_mhah</a></p> <p>-9 1 Mentioned 2 Not Mentioned -7 Refused -8 Don't know -6 Not on form</p>
<p>(D) Other (specify) <a href="#">otstrksp_mhah</a></p>	<p><a href="#">otstrk_mhah</a></p> <p>-9 1 Mentioned 2 Not Mentioned -7 Refused -8 Don't know -6 Not on form</p>
<p>10. Has a doctor ever told you that you had cancer or a malignant tumor, excluding minor skin cancers?</p>	<p><a href="#">cancer_mhah</a></p> <p>-9 1 Yes 2 Possible 0 No -7 Refused -8 Don't know -6 Not on form</p>
<p>11. Has a doctor ever told you that you had diabetes, sugar in your urine, or high blood sugar?</p>	<p><a href="#">diabetes_mhah</a></p> <p>-9 1 Yes 2 Possible 0 No (Go to Q14) -7 Refused (Go to Q14) -8 Don't know (Go to Q14) -6 Not on form</p>
<p>12. Are you now using medication that you swallow to treat or control your diabetes?</p>	<p><a href="#">diabmed_mhah</a></p> <p>-9 1 Yes 2 Possible 0 No -7 Refused -8 Don't know -6 Not on form</p>
<p>13. Are you now using insulin injections?</p>	<p><a href="#">insulin_mhah</a></p> <p>-9 1 Yes 2 Possible 0 No -7 Refused -8 Don't know -6 Not on form</p>
<p>14. Has a doctor ever told you that you had a broken or fractured hip <u>and</u> had to be hospitalized?</p>	<p><a href="#">brokehip_mhah</a></p> <p>-9 1 Yes 2 Possible 0 No -7 Refused -8 Don't know -6 Not on form</p>
<p>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?</p>	<p><a href="#">brokbone_mhah</a></p> <p>-9 1 Yes 2 Possible 0 No (Go to Q17) -7 Refused (Go to Q17) -8 Don't know (Go to Q17) -6 Not on form</p>
<p>16. Where was it?</p> <p>(A) wrist?</p>	<p><a href="#">wrist_mhah</a></p> <p>-9 1 Yes 0 No -7 Refused -8 Don't know -6 Not on form</p>

(B) arm?	<u>arm_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
(C) back or spine?	<u>back_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
(D) or any other bones?	<u>othbones_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
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?	<u>numfall_mhah</u>	Number of Times
	(If 0, go to Question 19)	
	<u>numfallr_mhah</u>	
	-9	
	-7 Refused (Go to Q19)	
	-8 Don't know (Go to Q19)	
	-6 Not on form	
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?	<u>fallsdoc_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
19. During the last 6 months, have you seen a doctor specifically for arthritis or rheumatism?	<u>arthritis_mhah</u>	
	-9	
	1 Yes	
	0 No (Go to Q21)	
	-7 Refused (Go to Q21)	
	-8 Don't know (Go to Q21)	
	-6 Not on form	
20. Did you have pain and/or stiffness in any of the following joints?		
(A) Hands/Fingers	<u>hands_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
(B) Shoulders	<u>shoulder_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
(C) Knees	<u>knees_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
(D) Hips	<u>hips_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	
(E) Back/Spine	<u>backpain_mhah</u>	
	-9	
	1 Yes	
	0 No	
	-7 Refused	
	-8 Don't know	
	-6 Not on form	

(F) Foot

21. Have you had an amputation of a leg?

22. Did you obtain an artificial limb?

23. Do you regularly use this limb now?

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

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

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

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: [othospsp\\_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

b. Paralysis

c. Fainting or Passing Out

[foot\\_mhah](#)

-9  
1 Yes  
0 No  
-7 Refused  
-8 Don't know  
-6 Not on form

[legamp\\_mhah](#)

-9  
1 Yes  
0 No (Go to Q24)  
-7 Refused (Go to Q24)  
-8 Don't know (Go to Q24)  
-6 Not on form

[artlimb\\_mhah](#)

-9  
1 Yes  
0 No (Go to Q24)  
-7 Refused (Go to Q24)  
-6 Not on form

[uselimb\\_mhah](#)

-9  
1 Yes  
0 No  
-7 Refused  
-6 Not on form

[liverdis\\_mhah](#)

-9  
1 Yes  
2 Possible  
0 No  
-7 Refused  
-8 Don't know  
-6 Not on form

[lungdis\\_mhah](#)

-9  
1 Yes  
2 Possible  
0 No  
-7 Refused  
-8 Don't know  
-6 Not on form

[psychprb\\_mhah](#)

-9  
1 Yes\*  
0 No  
-7 Refused  
-8 Don't know\*  
-6 Not on form

[othosp\\_mhah](#)

-9  
1 Yes\*  
0 No  
-7 Refused  
-8 Don't know\*  
-6 Not on form

[backinj\\_mhah](#)

-9  
1 Yes  
0 No  
-7 Refused  
-8 Don't know  
-6 Not on form

[paralys\\_mhah](#)

-9  
1 Yes  
0 No  
-7 Refused  
-8 Don't know  
-6 Not on form

[fainting\\_mhah](#)

-9  
1 Yes  
0 No  
-7 Refused  
-8 Don't know  
-6 Not on form

d. Shortness of Breath

[shrtbrth\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

e. Asthma

[asthma\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

f. Chest congestion/cough

[cough\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

g. Abnormal Heart Rhythm

[abnheart\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

h. Depression

[depress\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

i. Foot Ulcer

[footulcr\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

j. A wound that would not heal?

[wound\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

**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 Not on form

b. Fatigue

[fatigue\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

c. Decreased Appetite

[decapp\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

d. Insomnia

[insomnia\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

e. Dizziness

[dizziness\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

f. Muscle or Joint Stiffness

[muscstff\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

g. Muscle Strain or Soreness

[muscstrn\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

h. Sprain (ankle or knee)

[sprain\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

i. Foot Pain

[footpain\\_mhah](#)

-9

1 Yes

0 No

-7 Refused

-8 Don't know

-6 Not on form

**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 Not on form

Source Form Language: [lang](#)

-9 -

1 English

2 Spanish

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