**National Study of Caregiving**

<table>
<thead>
<tr>
<th>Section</th>
<th>HE</th>
<th>[HEALTH]</th>
</tr>
</thead>
<tbody>
<tr>
<td>HE1</td>
<td>che1health</td>
<td>C1 HE1 GENERAL HEALTH</td>
</tr>
</tbody>
</table>

**QUESTION TEXT:**

Would you say that in general, your health is excellent, very good, good, fair, or poor?

**CODES**

- 1: EXCELLENT
- 2: VERY GOOD
- 3: GOOD
- 4: FAIR
- 5: POOR
- Refused
- Don't know

<table>
<thead>
<tr>
<th>HE2</th>
<th>che1hrtattck</th>
<th>C1 HE2A HAD HEART ATTACK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>che1othheart</td>
<td>C1 HE2B HAD HEART DISEASE</td>
</tr>
<tr>
<td></td>
<td>che1highbld</td>
<td>C1 HE2C HAD HIGH BLOOD PRESS</td>
</tr>
<tr>
<td></td>
<td>che1arthritis</td>
<td>C1 HE2D HAD ARTHRITIS</td>
</tr>
<tr>
<td></td>
<td>che1osteops</td>
<td>C1 HE2E HAD OSTEOPOROSIS</td>
</tr>
<tr>
<td></td>
<td>che1diabetes</td>
<td>C1 HE2F HAD DIABETES</td>
</tr>
<tr>
<td></td>
<td>che1lungdis</td>
<td>C1 HE2G HAD LUNG DISEASE</td>
</tr>
<tr>
<td></td>
<td>che1cancer</td>
<td>C1 HE2H HAD CANCER</td>
</tr>
<tr>
<td></td>
<td>che1seeing</td>
<td>C1 HE2I HAD SERIOUS DIFF SEEING</td>
</tr>
<tr>
<td></td>
<td>che1hearing</td>
<td>C1 HE2J HAD SERIOUS DIFF HEARING</td>
</tr>
</tbody>
</table>

**DISPLAY INSTRUCTIONS:**

Use "Same Question Stem" display.
If at HE2a, do not display question text in brackets.
Otherwise, display question text in brackets.

**QUESTION TEXT:**

{} I will read a list of some diseases that a doctor may have said you have. Please tell me if a doctor ever told you that you had...{}

{} [variable text [a-j]]{}

RESPONSE [1] a. a heart attack or myocardial infarction?
RESPONSE [2] b. any other heart disease including angina or congestive heart failure?
RESPONSE [3] c. high blood pressure or hypertension?
RESPONSE [4] d. arthritis?
RESPONSE [5] e. osteoporosis or thinning of the bones?
RESPONSE [6] f. diabetes?
RESPONSE [7] g. lung disease, such as emphysema, asthma, or chronic bronchitis?
RESPONSE [8] h. cancer?
RESPONSE [9] i. serious difficulty seeing?
RESPONSE [10] j. serious difficulty hearing?

**CODES**

- 1: YES
**HE3**

<table>
<thead>
<tr>
<th>BOX HE3</th>
<th>BOX HE3</th>
<th>NOT ON FILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>If HE2h = 1 (YES, CANCER), go to HE3. Otherwise, go to HE4PRE.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HE3**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>HE4PRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SKIN CANCER</td>
<td>HE4PRE</td>
</tr>
<tr>
<td>2</td>
<td>BREAST CANCER</td>
<td>HE4PRE</td>
</tr>
<tr>
<td>3</td>
<td>{PROSTATE CANCER}</td>
<td>HE4PRE</td>
</tr>
<tr>
<td>4</td>
<td>OTHER TYPE OF CANCER (SPECIFY)</td>
<td>HE4PRE</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>HE4PRE</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>HE4PRE</td>
</tr>
</tbody>
</table>

**HE4PRE**

**HE4**

**DISPLAY INSTRUCTIONS:**

Display “In the last month” in underlined text.
In the last month, have you been bothered by pain?

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**HE5**

**che1painlmt**

C1 HE5 PAIN OFT LIMITED

**DISPLAY INSTRUCTIONS:**
Display “In the last month” in underlined text.

In the last month, how often has pain limited your activities? Would you say every day, most days, some days, rarely, or never?

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EVERY DAY</td>
</tr>
<tr>
<td>2</td>
<td>MOST DAYS</td>
</tr>
<tr>
<td>3</td>
<td>SOME DAYS</td>
</tr>
<tr>
<td>4</td>
<td>RARELY</td>
</tr>
<tr>
<td>5</td>
<td>NEVER</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**HE6**

**che1brethprb**

C1 HE6 BREATHING PROBLEMS

**DISPLAY INSTRUCTIONS:**
Display “In the last month” in underlined text.

In the last month, did you have any breathing problems, including shortness of breath or difficulty breathing?

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**HE7**

**che1brethlmt**

C1 HE7 BREATHING OFT LIMITED

**DISPLAY INSTRUCTIONS:**
Display “In the last month” in underlined text.

In the last month, how often did your breathing problems limit your activities? Would you say every day, most days, some days, rarely, or never?

**CODES**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EVERY DAY</td>
</tr>
<tr>
<td>2</td>
<td>MOST DAYS</td>
</tr>
<tr>
<td>3</td>
<td>SOME DAYS</td>
</tr>
<tr>
<td>4</td>
<td>RARELY</td>
</tr>
<tr>
<td>5</td>
<td>NEVER</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
HE8  che1armstr  C1 HE8 LIMITED STRENGTH IN ARMS

DISPLAY INSTRUCTIONS:
Display “In the last month” in underlined text.

QUESTION TEXT:
In the last month, did you have limited strength or movement in your shoulders, arms, or hands?

CODES
1  YES
2  NO  HE10
    REFUSED  HE10
    DON’T KNOW  HE10

HE9  che1armlmt  C1 HE9 ARM STRENGTH OFT LIMITED

DISPLAY INSTRUCTIONS:
Display “In the last month” in underlined text.

QUESTION TEXT:
In the last month, how often did this problem with your shoulders, arms or hands limit your activities?
[Would you say every day, most days, some days, rarely, or never?]

CODES
1  EVERY DAY
2  MOST DAYS
3  SOME DAYS
4  RARELY
5  NEVER
    REFUSED
    DON’T KNOW

HE10  che1legstr  C1 HE10 LIMITED STRENGTH IN LEGS

DISPLAY INSTRUCTIONS:
Display “In the last month” in underlined text.

QUESTION TEXT:
In the last month, did you have limited strength in your hips, legs, knees, or feet?

CODES
1  YES
2  NO  HE12
    REFUSED  HE12
    DON’T KNOW  HE12

HE11  che1leglmt  C1 HE11 LEG STRENGTH OFT LIMITED

DISPLAY INSTRUCTIONS:
Display “In the last month” in underlined text.

QUESTION TEXT:
In the last month, how often did this problem with your hips, legs, knees, or feet limit your activities?
[Would you say every day, most days, some days, rarely, or never?]
HE12  
**che1lowenrgy**  
**C1 HE12 LOW ENERGY IN LAST MONTH**

**DISPLAY INSTRUCTIONS:**  
Display “In the last month” in underlined text.

**QUESTION TEXT:**  
In the last month, did you have low energy or were you easily exhausted?

**CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>3</td>
<td>REFUSED</td>
</tr>
<tr>
<td>4</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

HE13  
**che1enrgylmt**  
**C1 HE13 ENERGY OFT LIMITED**

**DISPLAY INSTRUCTIONS:**  
Display “In the last month” in underlined text.

**QUESTION TEXT:**  
In the last month, how often did your low energy or exhaustion limit your activities?  
[Would you say every day, most days, some days, rarely, or never?]

**CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EVERY DAY</td>
</tr>
<tr>
<td>2</td>
<td>MOST DAYS</td>
</tr>
<tr>
<td>3</td>
<td>SOME DAYS</td>
</tr>
<tr>
<td>4</td>
<td>RARELY</td>
</tr>
<tr>
<td>5</td>
<td>NEVER</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

HE14  
**che1sleeptrb**  
**C1 HE14 TROUBL FALLNG BACK ASLEP**

**DISPLAY INSTRUCTIONS:**  
Display “In the last month” in underlined text.

**QUESTION TEXT:**  
In the last month, on nights when you woke up before you wanted to, how often did you have trouble falling back asleep?  
[Would you say every day, most days, some days, rarely, or never?]

**CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EVERY NIGHT</td>
</tr>
<tr>
<td>2</td>
<td>MOST NIGHTS</td>
</tr>
<tr>
<td>3</td>
<td>SOME NIGHTS</td>
</tr>
</tbody>
</table>
RARELY
NEVER
REFUSED
DON'T KNOW

If preloaded INHOUSEHOLD flag = 1 for Caregiver, go to HE15.
Otherwise, go to HE16.

DISPLAY INSTRUCTIONS:
Display “In the last month” in underlined text.

QUESTION TEXT:
In the last month, how often did helping [SP] cause your sleep to be interrupted?
[Would you say every day, most days, some days, rarely, or never?]

CODES
1   EVERY NIGHT
2   MOST NIGHTS
3   SOME NIGHTS
4   RARELY
5   NEVER
     REFUSED
     DON'T KNOW

How much do you currently weigh?
ENTER WEIGHT IN POUNDS

ENTER NUMBER
Range  65 to 600
Soft Range  90 to 300
REFUSED
DON'T KNOW

How tall are you?
ENTER FEET

ENTER NUMBER
Range  3 to 7
Soft Range  4 to 6
REFUSED  HE18
DON'T KNOW  HE18

How tall are you?
ENTER FEET

ENTER NUMBER
Range  3 to 7
Soft Range  4 to 6
REFUSED  HE18
DON'T KNOW  HE18
QUESTION TEXT:
[How tall are you?]

ENTER INCHES

ENTER NUMBER

Range

0 to 11

REFUSED

DON'T KNOW

HE18

che1lost10lb

C1 HE18 IN YR LOST 10 POUNDS

QUESTION TEXT:
Have you lost 10 or more pounds in the last 12 months?

CODES

YES

NO

REFUSED

DON'T KNOW

HE19

che1try2lose

C1 HE18A TRYING TO LOSE WEIGHT

QUESTION TEXT:
Were you trying to lose weight?

CODES

YES

NO

REFUSED

DON'T KNOW

HE19

che1moodcher

C1 HE19A CG FELT CHEERFUL

che1moodpcfl

C1 HE19B CG FELT CALM PEACEFUL

che1moodfull

C1 HE19C CG FELT FULL OF LIFE

che1moodbord

C1 HE19D CG FELT BORED

che1moodlone

C1 HE19E CG FELT LONELY

che1moodupst

C1 H319F CG FELT UPSET

DISPLAY INSTRUCTIONS:

Use “Same Question Stem” display.
If at HE19a, do not display question text in brackets.
Otherwise, display question text in brackets.
Display “the last month” in underlined text.

QUESTION TEXT:

{} Thinking about the last month, how often did you feel...{}
{|{} Would you say every day, most days, some days, rarely, or never?{}|}

**CODES**

<table>
<thead>
<tr>
<th>1</th>
<th>EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>MOST DAYS</td>
</tr>
<tr>
<td>3</td>
<td>SOME DAYS</td>
</tr>
<tr>
<td>4</td>
<td>RARELY</td>
</tr>
<tr>
<td>5</td>
<td>NEVER</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMER INSTRUCTIONS:**

Array the responses and variable text columns in the panel.
Display 'variable text' in the a-f sequence until all rows have been displayed.

<table>
<thead>
<tr>
<th>HE20</th>
<th>che1fitltin</th>
<th>C1 HE20A CG FELT LITTLE INTERST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>che1fitdown</td>
<td>C1 HE20B CG FELT DOWN DEPRESSED</td>
</tr>
<tr>
<td></td>
<td>che1fitnervs</td>
<td>C1 HE20C CG FELT NERVOUS ANXIOUS</td>
</tr>
<tr>
<td></td>
<td>che1fitworry</td>
<td>C1 HE20D CG FELT UNABLE2STP WRRY</td>
</tr>
</tbody>
</table>

**DISPLAY INSTRUCTIONS:**

Use "Same Question Stem" display.
If at HE20a, do not display question text in brackets.
Otherwise, display question text in brackets.
Display "the last month" in underlined text.

| QUESTION TEXT: |
|------|----------------|
| {} Over the last month, how often have you... {} |
| {}variable text [a-d]{} |

RESPONSE [1] a. had little interest or pleasure in doing things?  
RESPONSE [2] b. felt down, depressed, or hopeless?  
RESPONSE [3] c. felt nervous, anxious, or on edge?  
RESPONSE [4] d. been unable to stop or control worrying?  

{}

{}Would you say not at all, several days, more than half the days, or nearly every day?{}

**CODES**

<table>
<thead>
<tr>
<th>1</th>
<th>NOT AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>SEVERAL DAYS</td>
</tr>
<tr>
<td>3</td>
<td>MORE THAN HALF THE DAYS</td>
</tr>
<tr>
<td>4</td>
<td>NEARLY EVERY DAY</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMER INSTRUCTIONS:**

Array the responses and variable text columns in the panel.
Display 'variable text' in the a-f sequence until all rows have been displayed.

<table>
<thead>
<tr>
<th>HE21</th>
<th>che1lifemng</th>
<th>C1 HE21A LIFE HAS MEANING PURPOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>che1feelconf</td>
<td>C1 HE21B CG FEELS CONFIDENT</td>
</tr>
<tr>
<td></td>
<td>che1gaveup</td>
<td>C1 HE21C CG GAVEUP IMPROVNG LIFE</td>
</tr>
<tr>
<td></td>
<td>che1lifegood</td>
<td>C1 HE21D CG LIKES LIVING SITUATN</td>
</tr>
<tr>
<td></td>
<td>che1lifelone</td>
<td>C1 HE21E CG FEELS LONELY</td>
</tr>
</tbody>
</table>
che1easychng C1 HE21F CG ADJUSTS CHANG EASILY
che1cvarqick C1 HE21G CG RECOVERS QUICKLY

DISPLAY INSTRUCTIONS:
Use "Same Question Stem" display.
If at HE21a, do not display question text in brackets.
Otherwise, display question text in brackets.

QUESTION TEXT:
{} Now I’m going to read a few statements.

Think about yourself, and after each statement, please tell me whether you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. {} 

{variable text [a-g]}

RESPONSE [5] e. I often feel lonely because I have few close friends.
RESPONSE [6] f. I have an easy time adjusting to changes.
RESPONSE [7] g. I get over (recover from) illness and hardship quickly.

CODES
1          AGREE STRONGLY          Section HD
2          AGREE SOMewhat          Section HD
3          DISAGREE SOMEWHAT      Section HD
4          DISAGREE STRONGLY      Section HD
       REFUSED             Section HD
       DON'T KNOW         Section HD

PROGRAMMER INSTRUCTIONS:
Array the responses and variable text columns in the panel. 
Display 'variable text' in the a-g sequence until all rows have been displayed.