### SUPPLEMENT ON AGING

#### Section N: FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS

<table>
<thead>
<tr>
<th>N1</th>
<th>a. Initial status of sample person</th>
<th>b. Supplement beginning time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □ Available (N1b)</td>
<td>1 □ a.m.</td>
</tr>
<tr>
<td></td>
<td>2 □ Callback required (N1c)</td>
<td>2 □ p.m.</td>
</tr>
</tbody>
</table>

**Notes:**
- Read to respondent — We are interested in obtaining further information about the health of people 65 years of age and older in the United States. I will also ask some questions about your family and social activities.

<table>
<thead>
<tr>
<th>N2</th>
<th>Refer to marital status (page 16 or 47) on HIS-1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □ Sample person is now married (N3)</td>
</tr>
<tr>
<td></td>
<td>2 □ Sample person is now widowed, divorced, separated (2b)</td>
</tr>
<tr>
<td></td>
<td>3 □ Sample person has never been married (6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N3</th>
<th>Spouse of Sample Person previously interviewed on SOA</th>
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<tbody>
<tr>
<td></td>
<td>1 □ Yes (6)</td>
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<tr>
<td></td>
<td>2 □ No (2)</td>
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</tbody>
</table>

#### Notes:
- **Person No.** on HIS-1
- **Age on HIS-1**
- **Relationship to Sample Person**

<table>
<thead>
<tr>
<th>N4</th>
<th>Refer to relationship roster in 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 □ Any of SP's children live in household (5)</td>
</tr>
<tr>
<td></td>
<td>2 □ Other (4)</td>
</tr>
</tbody>
</table>

**FOOTNOTES**

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**Page 172**
### Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| a. How quickly can any one of your children/your son/your daughter get here? | 1. Minutes  
2. Hours  
3. Thave |
| b. How often do you see any one of your children/your son/your daughter? | 1. Day  
2. Week  
3. Month  
4. Year |
| c. How often do you talk on the telephone with any one of your children/your son/your daughter? | 1. Day  
2. Week  
3. Month  
4. Year |
| d. How often do you get mail from any one of your children/your son/your daughter? | 1. Day  
2. Week  
3. Month  
4. Year |
| 6. (Do your children/Does your son/Does your daughter) routinely give you money to help with your living expenses or pay your bills? | 1. Yes  
2. No |
| 6a. Including step and adopted brothers, how many LIVING brothers do you have? | None  |
| 6b. Including step and adopted sisters, how many LIVING sisters do you have? | None  |
| 7. How long have you been living here, in this (house/apartment)? | Less than 1 year  |
| N5 Other family member previously interviewed on SOA | 1. Yes (12)  
2. No (8) |
| 9. Is this (house/apartment) in a RETIREMENT community/building or complex? | 1. Yes  
2. No (10) |
| 9a. Whether you use them or not, are the following services available in this retirement community/building or complex? | 1. Yes  
2. No |
| a. Group meals for residents? | 1. Yes  
2. No |
| b. Housekeeping or maid service? | 1. Yes  
2. No |
| c. Medical services? | 1. Yes  
2. No |
| d. Telephone call service to check on your well-being? | 1. Yes  
2. No |
| e. Recreational services? | 1. Yes  
2. No |
| 10a. Is it NECESSARY to go up or down a step to get into this (house/apartment) from the outside? | 1. Yes — If not mentioned, ask: Is it one or more than one?  
2. 1 step  
3. More than 1 step |
| b. Counting basements and stepdown living areas as separate levels, does this (house/apartment) have more than one floor or level? | 1. Yes  
2. No (17b) |
### Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this house/apartment have a bathroom, bedroom, and kitchen ALL on the same floor or level?</td>
<td>1: Yes</td>
<td>2: No</td>
</tr>
<tr>
<td>Does this house/apartment have a walk-in shower, that is, where you don’t step over the side of the tub to get into the shower?</td>
<td>1: Yes</td>
<td>2: No</td>
</tr>
<tr>
<td>Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor or level?</td>
<td>1: Yes</td>
<td>2: No</td>
</tr>
<tr>
<td>Because of a health or physical problem, do YOU NEED a walk-in shower?</td>
<td>1: Yes</td>
<td>2: No</td>
</tr>
</tbody>
</table>

**N6**

Mark first appropriate box

- Sample person lives alone (14)
- Sample person lives with spouse only
- Sample person lives only with persons under 18 years old (and spouse)
- All other (13a)

**N7**

Spouse of SP previously interviewed on SOA

- Yes (section 0)
- No (14)

**14a. Is this house/apartment now —**

| (1) Owned or being bought by you (or someone in the household)? | Yes | No |
| (2) Rented for money? | Yes | No |
| (3) Occupied without payment of money rent? | Yes (Section O) |

b. Who owns or is buying it?

- Sample person
- Spouse
- Child
- Grandchild
- Other relative
- Nonrelative

Follow skip instructions for lowest numbered box marked.

**c. Is this place fully paid for or is there a mortgage being paid?**

- Fully paid for (14f)
- Mortgage being paid
- No/DK (14f)

**d. Do you know about how much principal is still owed on the mortgage?**

- Yes
- No/DK (14f)

**e. How much principal is still owed?**

Amount

**f. Do you know the present value of this place, that is, about how much it would bring if you sold it on today’s market?**

- Yes
- No/DK (Section O)

**g. What is the present value?**

Amount

**h. Who is paying rent for it?**

- Sample person
- Spouse
- Child
- Grandchild
- Other relative
- Nonrelative

**FOOTNOTES**
## Section 0. COMMUNITY AND SOCIAL SUPPORT

### 01 Refer to age
- □ Sample person is 56–59 (3)
- □ Sample person is 60 or older (1)

**NOTE** — Ask 2 immediately after receiving a "Yes" in 1.

*Read to respondent – The next questions are about community services.

<table>
<thead>
<tr>
<th>01 On the past 12 months, did YOU —</th>
<th>□ Yes</th>
<th>64</th>
<th>□ Frequently</th>
<th>Reask 1 and resume list</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Use a senior center?</td>
<td></td>
<td></td>
<td>□ Sometimes</td>
<td></td>
</tr>
<tr>
<td>b. Use special transportation for the elderly?</td>
<td></td>
<td></td>
<td>□ Rarely</td>
<td></td>
</tr>
<tr>
<td>c. Have meals delivered to your home by an agency or organization like Meals on Wheels?</td>
<td></td>
<td></td>
<td>□ Frequently</td>
<td>Reask 1 and resume list</td>
</tr>
<tr>
<td>d. Eat meals in a senior center or in some place with a special meal program for the elderly?</td>
<td></td>
<td></td>
<td>□ Sometimes</td>
<td></td>
</tr>
<tr>
<td>e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?</td>
<td></td>
<td></td>
<td>□ Rarely</td>
<td></td>
</tr>
<tr>
<td>f. Use a service which makes routine telephone calls to check on the health of elderly people?</td>
<td></td>
<td></td>
<td>□ Frequently</td>
<td>Reask 1 and resume list</td>
</tr>
<tr>
<td>g. Use a visiting nurse service?</td>
<td></td>
<td></td>
<td>□ Sometimes</td>
<td></td>
</tr>
<tr>
<td>h. Use a health aide who comes into the home?</td>
<td></td>
<td></td>
<td>□ Rarely</td>
<td></td>
</tr>
<tr>
<td>i. Use adult day care or day care for the elderly?</td>
<td>□ Yes</td>
<td>69</td>
<td>□ Frequently</td>
<td>Reask 1 and resume list</td>
</tr>
</tbody>
</table>

**3a.** In the past 12 months, did you do any volunteer work for any organized group?
- □ Yes | 62 |
- □ No  |
- □ DK  |

**3b.** How often did you do volunteer work — frequently, sometimes, or rarely?
- □ Frequently | 62 |
- □ Sometimes  |
- □ Rarely    |

### 4 During those 2 weeks did you —

<table>
<thead>
<tr>
<th>02 Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self (R)</td>
</tr>
<tr>
<td>□ Proxy (Section P)</td>
</tr>
</tbody>
</table>

**5.** Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?
- □ About enough | 71 |
- □ Too much     |
- □ Would like to do more |
### Section P. OCCUPATION AND RETIREMENT

**P1**

Refer to Wa/Wb boxes for SP in C1 on the HIS-1, Household Composition Page

1a. Have you EVER worked at a job or business?
   - Yes
   - No

1b. Have you worked at a job or business, at any time since you were 45 years old?
   - Yes
   - No

1c. Did you work at all at a job or business in the past 12 months, that is, since 12 months ago?
   - Yes
   - No

1d. Since 12 months ago, in how many weeks have you worked at a job or business, at any time?
   - All week

2a. At this time, do you consider yourself completely retired, partly retired, or not retired at all?
   - Yes
   - No

**P2**

Refer to SP's work status in 1a and 1b

2b. Have you retired more than once?
   - Yes
   - No

2c. How long has it been since you retired (the last time)?
   - Less than 1 year

2d. Did you retire mainly because of a health or physical problem you had?
   - Yes
   - No

2e. Did you retire mainly because you thought your work would cause a health problem?
   - Yes
   - No

Hand card SOA 1 or read sources for a telephone interview

3a. (Even though you do not consider yourself retired) Are you now receiving RETIREMENT income from any of these sources? Do NOT include any disability income.
   - Social Security
   - Railroad retirement
   - A private employer or union pension
   - A government employee pension (Federal, State, or local)
   - Military retirement
   - Some other source

4. Note — Ask 4 and 5 for each source marked in 3b
   - How long have you been receiving income from this source?
   - Own
   - Someone else
   - Both

5. Do you NOW receive it because of your OWN work experience or because you are a dependent or survivor of someone else?
### Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source?  
   - Yes  
   - No (0)  

7. Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else?  
   - Own  
   - Someone else (9)  
   - Both  

8. How long have you been receiving disability payments?  
   - Less than 1 year  
   - 

9. Have you EVER received any disability payments from Social Security?  
   - Yes  
   - No  
   - NA  

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| 10. By yourself and not using aids, do you have any difficulty?  
   a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?  
   b. Walking up 10 steps without resting?  
   c. Standing or being on your feet for about 2 hours?  
   d. Sitting for about 2 hours?  
   e. Stooping, crouching, or kneeling?  
   f. Reaching up over your head?  
   g. Reaching out (as if to shake someone's hand)?  
   h. Using your fingers to grasp or handle?  
   i. Lifting or carrying something as heavy as 20 pounds (such as two full bags of groceries)?  
   j. Lifting or carrying something as heavy as 10 pounds?  
| 1 | Yes  
   2 | No  
   3 | NA/OK  
| 1 | Some  
   2 | A lot  
   3 | Unable  
| 1 | Some  
   2 | A lot  
   3 | Unable  
| 1 | Some  
   2 | A lot  
   3 | Unable  
| 1 | Some  
   2 | A lot  
   3 | Unable  
| 1 | Some  
   2 | A lot  
   3 | Unable  
| 1 | Some  
   2 | A lot  
   3 | Unable  
| 1 | Some  
   2 | A lot  
   3 | Unable  
| 1 | Some  
   2 | A lot  
   3 | Unable  

**Note** — Ask 10a—j before asking 11 and 12.

Read to respondent —  
Please tell me if you have ANY difficulty when you do the following activities —

11. How much difficulty do you have (activity in 10a) some, a lot, or are you unable to do it?  
   - Some  
   - A lot  
   - Unable  

12. For how long have you had some difficulty/had a lot of difficulty/unable to do the activity in 10a—j?  
   - Less than 1 year  
   - 
   - 

**Note** — Ask 11 and 12 for each "Yes" in 10a—j.
### Section P. OCCUPATION AND RETIREMENT, Continued

<table>
<thead>
<tr>
<th></th>
<th>Refer to Wa/Wb boxes for SP in C1 on the HSC-1 Household Composition Page</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P3</td>
<td>1. We or Wb box marked (Section Q)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Other (P4)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mark first appropriate box</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P4</td>
<td>1. OP is 75+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Proxy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Self response (13)</td>
<td></td>
</tr>
</tbody>
</table>

#### 12a. Do you think there are some kinds of work you could do now if jobs were available?

- [ ] Yes
- [ ] No
- [ ] DK/maybe

#### 12b. Do you WANT to work at a job or business?

- [ ] Yes
- [ ] No

---

FOOTNOTES

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### Section S. NURSING HOME STAY, HELP WITH CARE, AND HOSPICE

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 1a. Have you ever been a resident or patient in a nursing home?         | 1. Yes  
2. No  
(S2)                                                                 |
| b. How many DIFFERENT TIMES have you been a resident or patient?        | Number of times                                                          |
| c. When were you admitted (the FIRST time)?                             | Month  
Year                                                                 |
| d. When were you discharged (the LAST time)?                            | Month  
Year                                                                 |
| e. How long were you in the nursing home (the LAST time)?               | Less than 1 month  
Number of months                                                          |
| S1 Ref: To 1d                                                             | Date discharged since the 12-month reference date  
All other (S2)                                                          |
| 1f. How many weeks in the past 12 months, that is, since (12 month ago)  | Less than 1 week  
Number of weeks                                                           |
| S2 Ref: To age                                                             | Sample person is 55—64  
Sample person is 65 or older                                             |
| 1g. Are you now on a waiting list to go into a nursing home?            | Yes  
No  
OK                                                                 |
| 2a. Is there a friend, relative, or neighbor who would take care of you? | HH member  
Non-HH member  
Relative  
Nonrelative  
Mark one box only. |
| 2b. Is there a friend, relative, or neighbor who would take care of you? | HH member  
Non-HH member  
Relative  
Nonrelative  
Mark one box only. |
| Skip to Section T if a proxy                                               | 1. Yes  
2. No/OK  
(Section T)                                                                 |
| 2c. Are you familiar with the term "Hospice," that is, a service for the terminally ill? | 1. Yes  
2. No  
(S2)                                                                 |
| 2d. Is there a hospice or an in-home hospice service in the (metropolitan area/county) that you could use if you needed one? | 1. Yes  
2. No  
(S2)                                                                 |

**FOOTNOTES**

FORM HS-1 (SM) (7/94) (07-13-84)
**Section T. HEALTH OPINIONS**

<table>
<thead>
<tr>
<th>T1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10a</th>
<th>11a</th>
<th>Type of interview</th>
<th>11b</th>
<th>T2</th>
<th>T3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td></td>
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<tr>
<td>Read to respondent</td>
<td>How I'd like to ask your personal opinions about health related matters.</td>
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<tr>
<td>1. How good a job do you feel you are doing in taking care of your health? Would you say excellent, very good, good, fair, or poor?</td>
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<td>2. Compared with 1 year ago, would you say that your health is now better, worse, or about the same as it was then?</td>
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<td>3. During the PAST YEAR, has your overall health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?</td>
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<td>4a. Compared to other people your age, would you say you are physically more active, less active, or about as active?</td>
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<tr>
<td>b. Is that a lot more or a little more active/less active?</td>
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<tr>
<td>5a. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?</td>
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<tr>
<td>b. Is that a lot more or a little more active/less active?</td>
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<tr>
<td>6. How much control do you think you have over your future health? Would you say you have a great deal of control, some, very little, or none at all?</td>
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<tr>
<td>7. Do you feel that you get as much exercise as you need, or less than you need?</td>
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<tr>
<td>8. Do you follow a REGULAR routine of physical exercise?</td>
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<tr>
<td>9. How often do you walk a mile or more at a time, without resting? (Note: One mile equals 8—12 blocks.)</td>
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<tr>
<td>b. Enter person number of proxy respondent, or mark box.</td>
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</tbody>
</table>

**T2** | Type of interview | 1 | 2 | 3 | 4 | Go to Condition Summary Chart |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Proxy Reason</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>Sample person temporarily absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>Sample person mentally/physically incapable of responding (Explain)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>Other (Explain)</td>
<td></td>
</tr>
</tbody>
</table>

**T3** | In: Enter person number of proxy respondent, or mark box. | Go to Condition Summary Chart | 45—46 | 47-48 |
CARD SOA 1

1. Social Security
2. Railroad Retirement
3. A private employer or union pension
4. A government employee pension — Federal, State, or local
5. Military retirement
6. Some other source — Specify

Card M

1. Job layoff, job loss, or any reasons related to unemployment
2. Can’t obtain insurance because of poor health, illness, or age
3. Too expensive, can’t afford health insurance
4. Dissatisfied with previous insurance
5. Don’t believe in insurance
6. Have been healthy, not much sickness in the family, haven’t needed health insurance
7. Covered by some other health plan
8. Some other reason — Specify