

MODULE 3: SECONDARY CAUSES OF DISABILITY

V101_IC_227

((piRTab1X009AModule_V = **MODULE2**)
OR (piRTab1X009AModule_V = **MODULE3**)
AND (piSecAContinuInterviewA019_RAge > = 65)

- 1 EXPR IS FALSE **GO TO V151_CHKSAVWHO_FIN_IC_228/MODULE 4**
- 2 EXPR IS TRUE

V000_ModuleIntro

Although we have finished the interview, we would like to ask you a few new questions. Some questions may be similar to questions we have already asked you, but the researchers are interested in how people respond when the questions are changed just a little.

- 1 R IS WILLING
- 9 R REFUSED **GO TO END OF MODULE 3**

V101_

We'd like to know more about some less common but important health problems that we don't have time to ask about in the main interview.

At any time in the past two years, has a doctor told you that you had:
 Anemia or low blood count?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V102_

(At any time in the past two years, has a doctor told you that you had:)
 Pneumonia?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V103_

(At any time in the past two years, has a doctor told you that you had:)
Infection of your kidneys, bladder or other parts of your urinary tract?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V104_

(At any time in the past two years, has a doctor told you that you had:)
Carpal tunnel syndrome?

DEF: Carpal tunnel syndrome is where ligaments in the wrist press on nerves and cause muscle pain, tingling or loss of sensation in the hand.

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V105_

(At any time in the past two years, has a doctor told you that you had:)
An abnormal or unwanted reaction to a medicine you are taking?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V106_

(At any time in the past two years, has a doctor told you that you had:)
An open sore, skin ulcer or bedsore on your body?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V107_

(At any time in the past two years, has a doctor told you that you had:)
Any fracture other than a hip fracture?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V108_

In the past two years, did you experience:
Weight gain of more than 10 pounds?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V109_

(In the past two years, did you experience:)
Weight loss of more than 10 pounds?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V110_

In the past two years, did you experience any of the following health problems at least once a week:
Lightheadness or dizziness?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V111_

(In the past two years, did you experience any of the following health problems at least once a week?)

Pain that caused you discomfort?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V112_

(In the past two years, did you experience any of the following health problems at least once a week?)

Trouble with your balance or coordination when you stand up or walk, with or without assistance?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V113_

(In the past two years, did you experience any of the following health problems at least once a week?)

Stiffness in larger joints, such as shoulders, elbows, hips and knees, so that you couldn't move them fully?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V114_

(In the past two years, did you experience any of the following health problems at least once a week?)

Joints that you could not move or bend at all?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

GO TO V116_

V115_

(In the past two years, did you experience any of the following health problems at least once a week?)

Sore or painful joints?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V116_

(In the past two years, did you experience any of the following health problems at least once a week?)

Sore or painful muscles?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V117_

(In the past two years, did you experience any of the following health problems at least once a week?)

Abnormal or uncontrolled movements in any part of your body?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V118_

(In the past two years, did you experience any of the following health problems at least once a week?)

Loss of feeling in your arms or legs?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V119_

(In the past two years, did you experience any of the following health problems at least once a week?)

Feeling sleepy and taking naps during the day?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V120_

(In the past two years, did you experience any of the following health problems at least once a week?)

Not feeling rested when you wake up in the morning?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V121_

(In the past two years, did you experience any of the following health problems at least once a week?)

Difficulty breathing?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V122_

(In the past two years, did you experience any of the following health problems at least once a week?)

Diarrhea or constipation?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V123_

In the past two years, have you ever used any equipment or devices to help your walking or mobility, such as a cane, walker, handrail, grab bars, trapeze or wheelchair?

- | | | |
|---|------------|--------------------|
| 1 | YES | |
| 5 | NO | GO TO V126_ |
| 8 | DON'T KNOW | GO TO V126_ |
| 9 | REFUSED | GO TO V126_ |

V124_

Have you injured yourself on any of this equipment in the past two years?

- | | |
|---|------------|
| 1 | YES |
| 5 | NO |
| 8 | DON'T KNOW |
| 9 | REFUSED |

V125_

Has anyone else injured themselves on this equipment?

- | | |
|---|------------|
| 1 | YES |
| 5 | NO |
| 8 | DON'T KNOW |
| 9 | REFUSED |

V126_

Finally, in the past year, did you experience any of the following emotions at least once a week?

Anger?

- | | |
|---|------------|
| 1 | YES |
| 5 | NO |
| 8 | DON'T KNOW |
| 9 | REFUSED |

V127_

(In the past year, did you experience any of the following emotions at least once a week?)

Frustration?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

V128_

(In the past year, did you experience any of the following emotions at least once a week?)

Sadness or feeling blue?

- 1 YES
- 5 NO
- 8 DON'T KNOW
- 9 REFUSED

END OF MODULE 3 — GO TO MODULE 4