

Health Status and Behavior in Main Interview: 1968-2017

Domain	Question	Family member and waves available: H=head, W=wife, FUM=Family members
General Health Status	General health status (5-point scale)	H, W: 1984-2017
	General health status when < 17 years old	H, W: 1999-2003, 2013-2017
	Miss one month or more of school due to health problem from birth to age 16?	H, W: 2005-2017
	Health better/worse than people your own age?	H, W: 1986
	Health better/worse than 2 years ago?	H, W: 1984-1987, 2005-2017
	Expect health to be better/worse 2 years from now?	H, W: 1986
	Percent chance you will live to 75? 85? 95?	H, W: 1994
	Height & weight	H, W: 1986, 1999-2017
	Birthweight	H, W: 1968-2017
	Cognition/vocabulary tests: 14 questions	H: 1972
	ADL/IADL-Measures	Difficulty doing each of the following by self, without equipment?...
Bathing or showering		
Dressing		
In or out of bed or chair		
Eating		
Walking		
Getting outside		
Using the toilet		
If yes to any of the above, anyone help you do these activities?		
If yes to any of the above, do you usually use special equipment to do these activities?		H, W: 2005-2017
Any difficulty doing the following by yourself?...		All FUM 55+: 1992-1996; H,W: 2003-2017
Preparing meals		
Shopping for personal toilet items or medicine		
Managing own money		
Using the telephone		
Doing heavy housework		
Doing light housework		
Trouble walking several blocks or climbing stairs?		H, W: 1986
Trouble bending/lifting/stooping?		H, W: 1986
Health keep you from driving?		H, W: 1986
Receive assistance when travel in community?	H, W: 1986	
Have to stay indoors most/all of the time because of health?	H, W: 1986	
Confined to bed or chair most of day because of health?	H, W: 1986	

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Specific Health Conditions	Doctor ever told you that you have...	H, W: 1999-2017
	Stroke	H, W: 1999-2017
	High blood pressure	H, W: 1999-2017
	Diabetes	H, W: 1999-2017
	Cancer or malignant tumor, excluding skin cancer	H, W: 1999-2017
	If yes, whether in treatment, remission, or cured; what type	H, W: 2005-2017
	Chronic lung disease	H, W: 1999-2017
	Heart attack	H, W: 1999-2017
	Coronary heart disease, angina, congestive heart failure	H, W: 1999-2017
	Emotional, nervous, psychiatric problem	H, W: 1999-2017
	If yes, specify diagnosis	H, W: 2005-2017
	Arthritis	H, W: 1999-2017
	Asthma	H, W: 1999-2017
	Permanent loss of memory or mental ability	H, W: 1999-2017
	How long had each condition?	H, W: 1999-2017
	How much does each condition limit normal daily activities?	H, W: 1999-2017
Problems with eyesight that cannot be corrected with glasses?	H, W: 1986	
Childhood Health (before age 17)	Whether had, and if yes, start age and end age (or still ongoing):...	H, W: 2007-2017
	Measles	
	Mumps	
	Chicken pox	
	Difficulty seeing even with glass or prescription lenses	
	Diabetes	
	Respiratory disorder	
	Speech impairment	
	Allergic condition	
	Heart trouble	
	Chronic ear problems or infections	
	Epilepsy or seizures	
	Severe headaches or migraines	
	Stomach problems	
	High blood pressure	
	Depression	
	Drug or alcohol problems	
Other emotional or psychological problem		
Whether one or both parents smoked	H, W: 2007-2017	

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Emotional Well-being and Mental Health	Overall life satisfaction	Respondent: 2009-2017
	30-day depression/anxiety (K-6 short screening scale)	Respondent: 2001-2003, 2007-2017
	12-month major depression screener (from the Composite International Diagnostic Interview)	Respondent: 2003
Work/Activity Limitations	Physical or nervous condition that limits work?	H: 1968-2011 (1973-1975, new heads); W: 1978, 1981-2011; All FUM 1978
	Severity of limitation	H: 1976-2011; W: 1978, 1981-2011; All FUM 1978
	How long had condition?	H: 1969-1975, 1978 (1973-1975 new heads); W: 1978; All FUM 1978
	Is your health getting better?	H: 1969-1975 (1973-1975, new heads)
	Do you require a lot of extra care by someone?	All FUM: 1978
	Does this mean extra costs?	All FUM: 1978
	Do you expect to get better?	All FUM: 78
	Does your health limit the work you can do around the house?	H: 1969-1971
	Not working or not going to school because of poor health?	All FUM: 1969-1972
	Health condition limits kind of demanding physical activities?	H, W: 1986
	Anyone else in family who requires a lot of extra care? Who is that?	1969-1972, 1976-1977
	Anyone else in the family not in good health? Who is that?	FUM: 1990-1991, 1996; FUM 55+ 1992-1995
	Permanently (or temporarily, starting in 1993) disabled	H: 1976-2011; W: 1979-2011
	Ever had illness or accident that laid you up for month or more?	H: 1968
	Miss work last year because family member sick?	H: 1976-2017; W 1977-2017
Who was it? How many days?	H: 1976-2017; W 1977-2017	
Miss worked because sick? How much?	H: 1976-2017; W 1977-2017	
Work Missed	How many days work missed on main job in last year because sick or otherwise unable to work	H: 1968
	Miss any work last year because you or someone in family sick? How much?	H employed: 1968-1975 H employed: 1968-1975
	Number of weeks sick last year	H unemployed: 1968-1975
Health Behaviors	Currently smoke? How many packs?	H, W: 1986, 1999-2017
	Ever smoked? How much?	H, W: 1986, 1999-2017
	How old when first started?	H, W: 1986, 1999-2017
	How old when last stopped?	H, W: 1986, 1999-2017
	Anyone in family smoke? How many packs family smoke?	1968-1972
	How often participate in light physical activity	H, W: 1999-2017
How often participate in heavy physical activity?	H, W: 1999-2017	

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Health Behaviors	How often participate in muscle strengthening activity?	H, W: 2005-2017
	Ever drink alcohol? How much?	H, W: 1999-2017
	Binge drinking (gender-specific)	H, W: 2005-2017
	Exercise regularly? How often?	H, W:1986
Hospital, Nursing Care	Patient in hospital last year? Number of nights?	H, W: 1981, 1983-1987, 1999-2017
	Any illness or injury keep you in bed for all or most of a day last year? Number of days?	H, W: 1981 H, W: 1981
	Paid nurse come to home this year?	All FUM 55+: 1992-1996, 2003-2017
	Resident in nursing home past year?	All FUM 55+: 1992-1996, 2003-2017
	Ever been resident in nursing home?	All FUM 55+: 1992-1996, 2003-2017
	Participation in Health-Related Transfer Programs	Workers' Compensation
Social Security/Disability Insurance		Each FUM (best for H): 1984-2017
Parents' Health Status	Parents alive? Date of death?	H, W: 1988
	General health status of mother/father relative to people their age	H, W: 1988
	Does your father/mother require a lot of extra care because of health condition?	H, W: 1988
	Are your mother/father living in a nursing home?	H, W: 1988