

POMP 4 PHYSICAL FUNCTIONING AND HEALTH SURVEY

CODEBOOK

March 20, 2003

CODERS: ONLY ENTER DATA FOR QUESTIONNAIRES THAT HAVE THE OFFICE USE ONLY BOX FILLED IN. CHECK BELOW FOR REQUIRED FIELDS.

ENTER A VALUE FOR ALL QUESTIONS UNLESS "BLANK IS VALID" IS NOTED, OTHERWISE ENTER -9 FOR MISSING VALUES. CHECK THE SURVEY MARGIN FOR REMARKS. IF REFUSED (RF), ENTER -7. IF DON'T KNOW (DK), ENTER -8.

FOR ANY QUESTION, IF MORE THAN ONE RESPONSE IS CHECKED, THEN ENTER -9, INVALID.

OFFICE USE ONLY BOX

Variable Name Variable Description and Codes

Date Date the interview was completed (REQUIRED)

xx/xx/2003

ClientID Unique client identifier (REQUIRED)

XXXXXXXXXXXXX (Maximum of 50 Characters)

Interview Interview method of administration (REQUIRED)

- 1 = Phone
- 2 = In Person
- 3 = Mail
- 4 = Other

Comments Comments or notes written on the questionnaire form (OPTIONAL)

XXXXXXXXXXXXX (Maximum 65,000 Characters)

QUESTIONNAIRE

Variable Name Variable Description and Codes

PF1 1. In general, would you say your health is:

- 1 =Excellent
- 2 =Very Good
- 3 =Good
- 4 =Fair
- 5 =Poor
- 7 =REFUSED
- 8 =DON'T KNOW
- 9 =MISSING OR INVALID

PF2 2. Because of a physical or mental health condition, do you have difficulty getting around INSIDE the home?

- 1 =Yes
- 2 =No [*SKIP TO 3*]
- 7 =REFUSED [*SKIP TO 3*]
- 8 =DON'T KNOW [*SKIP TO 3*]
- 9 =MISSING OR INVALID [*SKIP TO 3*]

PF2A 2A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF3 3. Because of a physical or mental health condition, do you have difficulty going OUTSIDE the home, for example to shop or visit a doctor's office?

- 1 =Yes
- 2 =No [*SKIP TO 4*]
- 7 =REFUSED [*SKIP TO 4*]
- 8 =DON'T KNOW [*SKIP TO 4*]
- 9 =MISSING OR INVALID [*SKIP TO 4*]

PF3A 3A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF4 4. Because of a physical or mental health condition, do you have difficulty getting in or out of a bed or a chair?

- 1 =Yes
- 2 =No [*SKIP TO 5*]
- 7 =REFUSED [*SKIP TO 5*]
- 8 =DON'T KNOW [*SKIP TO 5*]
- 9 =MISSING OR INVALID [*SKIP TO 5*]

PF4A 4A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF5 5. Because of a physical or mental health condition, do you have difficulty when taking a bath or shower?

- 1 =Yes
- 2 =No **[SKIP TO 6]**
- 7 =REFUSED **[SKIP TO 6]**
- 8 =DON'T KNOW **[SKIP TO 6]**
- 9 =MISSING OR INVALID **[SKIP TO 6]**

PF5A 5A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF6 6. Because of a physical or mental health condition, do you have difficulty when dressing?

- 1 =Yes
- 2 =No **[SKIP TO 7]**
- 7 =REFUSED **[SKIP TO 7]**
- 8 =DON'T KNOW **[SKIP TO 7]**
- 9 =MISSING OR INVALID **[SKIP TO 7]**

PF6A 6A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF7 7. Because of a physical or mental health condition, do you have difficulty when walking?

- 1 =Yes
- 2 =No **[SKIP TO 8]**
- 7 =REFUSED **[SKIP TO 8]**
- 8 =DON'T KNOW **[SKIP TO 8]**
- 9 =MISSING OR INVALID **[SKIP TO 8]**

PF7A 7A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF8 8. Because of a physical or mental health condition, do you have difficulty eating?

- 1 =Yes
- 2 =No *[SKIP TO 9]*
- 7 =REFUSED *[SKIP TO 9]*
- 8 =DON'T KNOW *[SKIP TO 9]*
- 9 =MISSING OR INVALID *[SKIP TO 9]*

PF8A 8A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF9 9. Because of a physical or mental health condition, do you have difficulty using or getting to the toilet?

- 1 =Yes
- 2 =No *[SKIP TO 10]*
- 7 =REFUSED *[SKIP TO 10]*
- 8 =DON'T KNOW *[SKIP TO 10]*
- 9 =MISSING OR INVALID *[SKIP TO 10]*

PF9A 9A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF10 10. Because of a physical or mental health condition, do you have difficulty keeping track of money or bills?

- 1 =Yes
- 2 =No *[SKIP TO 11]*
- 7 =REFUSED *[SKIP TO 11]*
- 8 =DON'T KNOW *[SKIP TO 11]*
- 9 =MISSING OR INVALID *[SKIP TO 11]*

PF10A 10A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF11 11. Because of a physical or mental health condition, do you have difficulty preparing meals?

- 1 =Yes
- 2 =No *[SKIP TO 12]*
- 7 =REFUSED *[SKIP TO 12]*
- 8 =DON'T KNOW *[SKIP TO 12]*
- 9 =MISSING OR INVALID *[SKIP TO 12]*

PF11A 11A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF12 12. Because of a physical or mental health condition, do you have difficulty doing light housework, such as washing dishes or sweeping a floor?

- 1 =Yes
- 2 =No *[SKIP TO 13]*
- 7 =REFUSED *[SKIP TO 13]*
- 8 =DON'T KNOW *[SKIP TO 13]*
- 9 =MISSING OR INVALID *[SKIP TO 13]*

PF12A 12A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF13 13. Because of a physical or mental health condition, do you have difficulty taking the right amount of prescribed medicine at the right time?

- 1 =Yes
- 2 =No *[SKIP TO 14]*
- 7 =REFUSED *[SKIP TO 14]*
- 8 =DON'T KNOW *[SKIP TO 14]*
- 9 =MISSING OR INVALID *[SKIP TO 14]*

PF13A 13A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF14 14. Because of a physical or mental health condition, do you have difficulty using the telephone?

- 1 =Yes
- 2 =No **[SKIP TO 15]**
- 7 =REFUSED **[SKIP TO 15]**
- 8 =DON'T KNOW **[SKIP TO 15]**
- 9 =MISSING OR INVALID **[SKIP TO 15]**

PF14A 14A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF15 15. Because of a physical or mental health condition, do you have difficulty driving an automobile?

- 1 =Yes
- 2 =No **[SKIP TO 16]**
- 7 =REFUSED **[SKIP TO 16]**
- 8 =DON'T KNOW **[SKIP TO 16]**
- 9 =MISSING OR INVALID **[SKIP TO 16]**

PF15A 15A. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID

PF16 16. Is local bus, transit bus, or city bus service available within three quarters (3/4) of a mile from your home?

- 1 =Yes
- 2 =No **[SKIP TO END]**
- 7 =REFUSED **[SKIP TO END]**
- 8 =DON'T KNOW **[SKIP TO END]**
- 9 =MISSING OR INVALID **[SKIP TO END]**

PF16A 16A. IF YES, Because of a physical or mental health condition, do you have difficulty using this transportation?

- 1 =Yes
 - 2 =No **[SKIP TO END]**
 - 7 =REFUSED **[SKIP TO END]**
 - 8 =DON'T KNOW **[SKIP TO END]**
 - 9 =MISSING OR INVALID **[SKIP TO END]**
- BLANK IS VALID

PF16B

16B. If YES, do you need the help of another person?

- 1 =Yes
 - 2 =No
 - 7 =REFUSED
 - 8 =DON'T KNOW
 - 9 =MISSING OR INVALID
- BLANK IS VALID