

**POMP 5 PHYSICAL FUNCTIONING AND HEALTH SURVEY
CODEBOOK
March 10, 2004**

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

<u>Variable Name</u>	<u>Variable Description and Codes</u>
Date	Date the interview was completed (REQUIRED) xx/xx/2003
ClientID	Unique client identifier (REQUIRED) XXXXXXXXXXXXXX (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) XXXXXXXXXXXXXX (Maximum 65,000 Characters)

QUESTIONNAIRE

<u>Variable Name</u>	<u>Variable Description and Codes</u>
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