

Health ABC Questionnaire Measures and Frequency
(Revised 6/14/10)

	Y1 (1997- 1998)	Y1.5 (1997- 1999)	Y2 (1998- 1999)	Y2.5 (1998- 2000)	Y3 (1999- 2000)	Y3.5 (1999- 2001)	Y4 (2000- 2001)	Y4.5 (2000- 2002)	Y5 (2001- 2002)	Y5.5 (2001- 2003)	Y6 (2002- 2003)	Y6.5 (2002- 2004)	Y7 (2003- 2004)	Y7.5 (2003- 2005)	Y8 (2004- 2005)	Y8.5 (2004- 2006)	Y9 (2005- 2006)	Y9.5 (2005- 2007)	Y10 (2006- 2007)	Y10.5 (2006- 2008)	Y11 (2007- 2008)	Y11.5 (2007- 2009)	Y12 (2008- 2009)	Y12.5 (2008- 2010)	Y13 (2009- 2010)	Y13.5 (2009- 2011)	Y14 (2010- 2011)	
Questionnaire / Interview Measures																												
Appetite and eating behavior																												
- Appetite and eating behavior	X		X ⁷		X ⁷																	X	X	X	X	X	X	X
- Resources for & access to food	X		X																									
- Condition that interferes with ability to eat	X		X								X																	
- Condition that interferes with appetite							X ⁶																					
- Appetite, desire to eat	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Special diet for health	X	X					X ⁶																					
- Eats meals alone	X																											
- Eating pleasure	X						X ⁶																					
- Enough food to satisfy hunger							X ⁶																					
Bereavement																												
- Death of child, grandchild, close friend, relative spouse, past 12 mo	X		X		X		X		X		X		X ²									X						
- Happiness and social support, numeric scale	X		X		X		X		X		X																	
- Inventory of Complicated Grief (ICG)			X																									
Cognitive assessment																												
- CLOX 1					X				X					X					X				X ⁸		X ⁸			
- Digit Symbol Substitution Test (DSST)	X								X				X ³		X			X ³		X				X ⁸		X ⁸		
- Exit 15					X																		X ⁸		X ⁸			
- Rapid Estimate of Adult Literacy in Medicine					X														X									
- Teng Mini-Mental State Exam (3MS)	X				X				X				X ³						X					X ⁸		X ⁸		
- Cognitive Vitality Substudy																												
- Buschke Selective Reminder Test (SRT)					X ³				X ³				X ³						X ³									
- Boxes test					X ³				X ³				X ³						X ³									
- Digit copying test					X ³				X ³				X ³						X ³									
- Pattern comparison test					X ³				X ³				X ³						X ³									
- Letter comparison test					X ³				X ³				X ³						X ³									
- Simple reaction time test					X ³				X ³				X ³						X ³									
- Digit digit test					X ³				X ³				X ³						X ³									
- Digit symbol test					X ³				X ³				X ³						X ³									
Contact information																												
- age, gender, ethnicity	X																											
- education	X																											
Dental history / oral health																												
- Edentulism, remaining teeth	X		X		X						X																	
- Denture use, problems	X																											
- Chewing difficulty, frequency	X		X																									
- Oral health, care for teeth			X																									
- Oral health, pain, disease, problems	X		X																									
Depression																												
- CES-D	X				X ¹		X		X ¹		X		X ^{1/3}		X		X		X		X		X ⁸		X ⁸			
- Geriatric Depression Scale (GDS)			X																									
- Depression, treated, ever	X																											
Falls																												
- Number of falls, past 6 months, injured, hospitalized, fractures	X																					X		X	X	X	X	X
- Number of falls, past 12 months	X		X		X		X		X		X		X		X		X		X		X							
Family history																												
- Mother / father still living			X																									
- Brothers, sisters, cousins, spouses in HABC study												X																
Fatigue / energy level																												
- Weakness, liveliness, sleepiness numerical scale									X																			
- Unusual tiredness			X		X		X		X		X		X		X ²		X ²		X ²				X		X	X		
- Amount of energy, numerical scale			X		X		X		X		X		X		X		X		X		X		X		X	X	X	
Female history																												
- Pregnancy, hormones, menopause, hysterectomy, oophorectomy, mammograms	X																											
- Mammogram, past 12 months			X																									

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Food																											
- Alcohol consumption history	X																				X		X ⁸		X ⁸		
- Block food frequency (modified)			X		X ¹																						
Fractures																											
- Broke or fractured a bone	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Functional status																											
- Difficulty walking quarter mile		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Difficulty walking up 10 steps		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Have to use cane or other special equipment			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Difficulty getting in and out of bed or chairs			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Difficulty bathing or showering			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Difficulty dressing			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Difficulty standing up from chair without using arms	X		X				X		X		X					X		X			X		X		X	X	X
- Difficulty doing heavy work around house	X		X		X																						X
- Difficulty shopping for food, preparing meals	X		X		X		X ²⁶		X ²		X ²		X ²										X		X	X	
- Difficulty taking managing money					X				X																		
- Difficulty taking medications					X				X																		
- Difficulty lifting/carrying something weighing 10 pounds	X		X		X		X		X		X				X		X		X		X		X		X	X	X
- Difficulty stooping, crouching, kneeling	X		X								X				X		X		X		X		X		X	X	X
- Difficulty pushing, pulling large objects	X														X		X		X		X		X		X	X	X
- Difficulty using fingers to grasp	X		X								X				X		X		X		X		X		X	X	X
- Difficulty raising arms overhead	X		X								X				X		X		X		X		X		X	X	X
- Receive help shopping, preparing food, light housework, heavy housework											X																
Health care utilization																											
- Where participant goes for health care	X		X		X		X		X		X		X		X		X		X		X		X		X		X
- Pneumo-vax (vaccination), past 12 months	X										X																
- Flu shot, past 12 months	X		X	X	X		X		X		X		X ²														
- Treatments for arthritis															X ⁵												
- Referred to arthritis specialist or surgeon, treatment of arthritis															X ⁵												
- Hip/knee replacement, attitudes															X ⁵												
- Treatments for arthritis, attitudes															X ⁵												
Health insurance																											
- Supplemental health care coverage (besides Medicare)	X								X		X				X		X		X		X		X		X		X
- Supplemental health care coverage (besides Medicare) for prescription drugs	X								X										X								
Health status																											
- General health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Overall quality of life															X ⁵												
- Bed, all or most of day, including hospital, past 6 months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Activity reduced due to illness or injury, past 6 months	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Nursing home/rehab overnight stay, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Visiting nurse, home health care aide at home, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Flu/cold, bed-bound, fever, past 6 months	X				X		X		X		X		X ²														
- Flu symptoms, days in bed, fever, hospitalizations							X ⁴		X ⁴																		
Hearing																											
- Frequent ear infections									X													X					
- Buzzing or ringing in ear, which ear									X													X					
- Ear surgery, which ear									X													X					
- Hearing aid	X								X													X					
- Hear well enough to carry conversation in	X								X													X					
- Hearing difficulty that hampers personal/social life	X								X																		
- Job / hobby so noisy had to raise voice to speak									X																		

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Income																												
- Personal family income	X								X																			
- Own house / own apartment	X																											
- Needs met by income	X								X																			
- Personal assets	X																											
- Medical care delayed because of money problems, past 12 months									X																			
- Medications not taken because of money problems, past 12 months									X																			
- Money, enough for food by end of month	X																											
- Money, making ends meet, by end of month	X				X																							
Medical conditions																												
- Arthritis and joint symptoms																												
- Arthritis (all kinds, diagnosed by doctor), ever	X																											
- Arthritis, OA dx by doctor, past 12 months, knee/hip take meds?			X		X		X		X		X																	
- Arthritis, rheumatoid signs & symptoms			X																									
- Stiffness, knee/hip														X ⁵														
- WOMAC, physical function knee/hip, past 7 days														X ⁵														
- Cancer																												
- Cancer, past 3 years, type, treatment	X																											
- Cancer, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Cardiovascular history / heart conditions																												
- Myocardial infarction, angina, CHF, intermittent claudication, TIA, stroke, valvular heart disease, hypertension, ever had, diagnosed by doctor	X																											
- CABG, angioplasty, carotid endarterectomy, bypass, pacemaker, aortic aneurysm repair, heart valve replacement, ever had	X																											
- Cardiovascular disease symptoms, chest (Rose)	X						X																					
- Heart attack, angina, chest pain, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Stroke, ever																										X ⁸	X	X
- Stroke, mini-stroke, TIA, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Congestive heart failure, past 6 months					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Hypertension, past 12 months			X		X		X		X		X		X		X		X		X		X		X		X	X	X	X
- Cardiovascular disease symptoms, legs	X						X																					
- Diabetes																												
- Diabetes, ever	X																											
- Diabetes, past 12 months			X		X		X		X		X		X		X		X		X		X		X		X	X	X	X
- Diabetes, medications	X																				X ⁸		X ⁸		X ⁸	X ⁸		
- Osteoporosis (also see Fractures)																												
- Osteoporosis, diagnosed by doctor, ever	X																											
- Fractured bone after age 45 (hip, age at fracture)	X																											
- Vertebral fracture	X																											
- Neuropathy																												
- Muscle cramps, legs & feet, past 12 months							X																					
- how often, where, day/night, when, worse at night							X																					
- worse/better when walking							X																					
- Symptoms, urges to move legs, strange feelings, leg jerks, while sitting, lying down							X																					
- which bother most, how often, worse at night							X																					
- better when walking							X																					
- Numbness, legs or feet							X																			X ⁸		
- Stabbing, burning, deep aching, legs or feet							X																			X ⁸		
- Leg pain when walking							X																					
- standing or sitting, walking uphill or hurry							X																					
- walking at ordinary pace or level surface							X																					
- after stop							X																					
- in calf							X																					
- hospitalized for problem in legs							X																					
- Open sore or gangrene, legs or feet							X																					

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- Pulmonary																												
- Pneumonia, ever	X																											
- Pneumonia, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Pulmonary conditions, disease (chronic bronchitis, COPD, emphysema)	X								X	X					X		X		X				X		X	X	X	
- Pulmonary conditions, disease, asthma	X								X						X		X		X									
- Other																												
- Fainted, lost consciousness, past 12 months	X		X																									
- Gallstones, dx and/or surgery, ever	X																											
- Gout, ever	X																											
- Kidney disease, ever	X																											
- Parkinson's, ever	X																									X ⁸		
- Shingles, ever			X																									
- Thyroid - high or low, ever	X																											
- Ulcer, stomach/intestines, dx and/or surgery, ever	X																											
- Other illness, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
- Surgery/hospitalization																												
- Hospitalization overnight, other reason, past 6 months		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
- Same day outpatient surgery (+ specifically blocked artery, gallbladder, cataract, TURP), past 6 mo		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
- Surgery to repair hernia, ever	X																											
- Surgery to replace hip, ever	X		X		X				X		X				X				X									
- Surgery to replace knee, ever	X		X		X		X		X		X				X ⁵				X									
Medications																												
- Prescription medication for Parkinson's																										X ⁸		
- Prescription medications for Alzheimer's																										X ⁸		
- Prescription medications	X		X		X		X ²		X		X				X				X		X					X ⁸		
- Non-prescription (OTC) medications	X		X		X		X ²		X		X								X									
Pain																												
- Ankle																												
- Back	X		X								X										X				X ⁸	X ⁸		
- Bodily	X										X																	
- Feet, toes, ankles	X		X								X																	
- Hands	X		X		X		X		X		X				X				X									
- Hip	X		X		X		X		X		X				X ⁵									X ⁸		X ⁸		
- Knee (includes stiffness)	X		X		X		X		X		X		X ²		X ⁵									X ⁸		X ⁸		
- Knee																										X ⁸		
- Neck	X										X															X ⁸		
- Shoulder	X										X																	
Physical activity and exercise																												
- Light work at least 10 times, past 12 months	X																											
- Heavy chores ≥ 10 times, past 12 months	X		X				X		X		X				X		X		X		X				X	X		
- Grocery shopping ≥ 10 times, past 12 months	X																											
- Laundry, do or help at least 10 times, past 12 months	X																											
- Television watching, hours per week	X		X		X						X		X ²						X ²									
- Reading, hours per week	X		X		X						X		X ²						X ²									
- Sitting upright, hours per day					X						X																	
- Sedentary activities (television and reading)					X ³				X ³				X ³						X ³									
- Detailed activity instrument, including physical					X ⁴				X ⁴		X		X ³					X ³		X ¹								
- Detailed activity instrument, mostly sedentary					X ⁴				X ⁴		X		X ³					X ³										
- Walking regularly, in a typical week, when age 50									X																			
- Walk at least 10 times, past 12 months	X		X		X		X		X		X		X		X		X		X		X			X	X	X	X	
- Walk for exercise, past 2 weeks			X ¹		X ¹																							
- Walk, other type, past 2 weeks			X ¹		X ¹																							
- Walk up flight stairs at least 10 times, past 12	X		X		X		X		X		X		X		X		X		X		X			X	X	X	X	
- Moderate-intensity exercise, past 2 weeks			X ¹		X ¹																							
- Moderate-intensity exercise at least 10 times, past 12 months	X										X		X		X		X		X		X			X	X	X	X	
- Weight training, past 2 weeks			X ⁷		X ⁷																							
- Weight training at least 10 times, past 12 months	X																											
- Aerobics, past 2 weeks			X ¹		X ¹																							
- Aerobics at least 10 times, past 12 months	X																											
- High-intensity exercise, past 2 weeks			X ⁷		X ⁷																							
- High-intensity exercise at least 10 times, past 12 months	X		X		X		X		X		X		X		X		X		X		X			X	X	X	X	

¹Short ver ²Home only ³Cog Vitality Substudy ⁴Flu Substudy ⁵Knee/Hip Pain Substudy ⁶Weight Chg Substudy ⁷Energy Expenditure Substudy ⁸Healthy Brain Substudy

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- Vigorous exercise at least 1 hour per week, in a typical week, when age 50									X																		
Psychology																											
- Attitudes about pain & coping mechanisms															X ⁵												
- Attitudes and traits			X ⁷		X ¹																						
- Apathy (adapted from Apathy Evaluation Scale)											X																
- Anxiety, past week	X				X				X ³		X		X ³						X ³								
- Personal mastery	X		X		X		X		X ³		X		X ³						X ³								
- Personality assessment					X ³				X ³				X ³						X ³								
Religion																											
- Religion, spirituality, religious services/activities	X																										
Sleep																											
- Sleeping, lying down, hours per day					X						X																
- Sleeping, hours per night	X								X																		
- Napping 5 or more minutes, times per week	X				X				X																		
- Snoring, past and present, how often	X																										
- Sleep problems	X				X				X																		
Smoking habits																											
- Currently smoke cigarettes, how many					X				X						X		X		X						X		X
- Cigarettes (at least 100), ever, how long, current	X																										
- Pipe, ever, how long, current	X																										
- Cigar, ever, how long, current	X																										
Social support and network																											
- Marital status	X						X				X				X		X		X		X		X		X		X
- Household, number who live in	X		X		X		X				X				X		X		X		X		X		X		X
- Household, who else lives in	X						X				X																
- Household, head of	X																										
- Household, pets					X																						
- Lubben Social Network Scale	X										X																
- Friends and neighbors get together, typical week, how often	X										X		X ³		X		X ³		X					X		X	
- Children or other relatives get together, typical week, how often	X										X		X ³		X		X ³		X				X		X		
- Relied on for shopping, cooking, etc. for other	X										X																
- Social contact					X ³				X ³				X ³					X ³									
- Social activities, frequency					X ³				X ³				X ³					X ³									
Urinary / fecal history																											
- Urination frequency, per day							X															X					
- Urinary tract infection, past 12 months, how many							X															X					
- Leak urine, past 12 months, how many times	X						X															X					
- Leak urine, past 7 days, how many times							X															X					
- Symptoms related to enlarged prostate, past 30	X																										
- Fecal incontinence, past 12 months	X																										
Vision																											
- Glasses or contact lenses	X				X				X										X								
- Eye conditions (cataracts, glaucoma, retinopathy, macular degeneration)	X				X						X																
- Eyesight with glasses/contacts	X				X						X				X		X		X		X		X		X		X
- Eyesight, worry	X				X																	X					
- Difficulty reading with glasses/contacts	X				X						X											X					
- Difficulty w/close work/hobbies, with glasses/contacts	X				X						X											X					
- Difficulty recognizing people across room, with glasses/contacts	X				X																	X					
- Difficulty going down steps, curbs, in dim light with glasses/contacts					X																						
- Difficulty noticing objects off to the side while walking with glasses/contacts					X																						
- Limited daily activities due to vision	X				X						X											X					
- Currently driving, if not stopped due to eyesight	X				X						X				X		X		X		X		X		X		X

Health ABC Questionnaire Measures and Frequency
(Revised 6/14/10)

	Y1 (1997- 1998)	Y1.5 (1997- 1999)	Y2 (1998- 1999)	Y2.5 (1998- 2000)	Y3 (1999- 2000)	Y3.5 (1999- 2001)	Y4 (2000- 2001)	Y4.5 (2000- 2002)	Y5 (2001- 2002)	Y5.5 (2001- 2003)	Y6 (2002- 2003)	Y6.5 (2002- 2004)	Y7 (2003- 2004)	Y7.5 (2003- 2005)	Y8 (2004- 2005)	Y8.5 (2004- 2006)	Y9 (2005- 2006)	Y9.5 (2005- 2007)	Y10 (2006- 2007)	Y10.5 (2006- 2008)	Y11 (2007- 2008)	Y11.5 (2007- 2009)	Y12 (2008- 2009)	Y12.5 (2008- 2010)	Y13 (2009- 2010)	Y13.5 (2009- 2011)	Y14 (2010- 2011)
Weight																											
- Weight history	X																										
- Weight, self-reported, current	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Weight, satisfaction with	X						X ⁶																				
- Weight, change of 5 or more pounds, gain/loss, trying, past 6 months		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X		X	X
- Weight, change of 5 or more pounds, gain/loss at any one time, trying, past 12 months	X						X																				
- Have scale, how often weigh yourself	X																										
- Weight, currently trying to lose	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
- Weight, currently trying to gain	X						X ⁶																				
- Weight, eat less because of concern about weight			X																								
- Cause of weight loss							X ⁶																				
Work, volunteer, and caregiving activities																											
- Work for pay most of adult life, type position							X																				
- Work for pay currently, number of hours, type activity	X		X		X		X				X		X ³		X		X		X		X		X		X		X
- Work, volunteer, number of hours, type activity	X		X		X		X				X		X ³		X		X		X		X		X		X		X
- Provide care to child or disabled adult	X		X ⁷		X		X				X		X ²		X		X		X		X		X		X		X
- Work and caregiving activities					X ³					X ³			X ³				X ³										