



SAS Varname (HOS 1.0)	SAS Varname (HOS 2.0)	SAS Varname (HOS 2.0) 2012	SAS Varname (HOS 2.5) 2013	SAS Varname (HOS 2.5) 2014	SAS Varname (HOS 3.0) 2015	Code	Description	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
								Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20
PNMAGT	not collected						Bodily Pain Question																						
							1 Missing																						
							2 None																						
							3 Very mild																						
							4 Mild																						
							5 Moderate																						
							6 Severe																						
							Very severe	7	7	7	7	7	7	7	7	7													
PNINTF	VRPAIN	VRPAIN	VRPAIN	VRPAIN	VRPAIN		Pain Interfering with Work Question																						
							1 Missing																						
							2 Not at all																						
							3 A little bit																						
							4 Moderately																						
							5 Quite a bit																						
							6 Extremely																						
FULPEP	not collected						Full of Pep Question																						
							1 Missing																						
							2 All of the time																						
							3 Most of the time																						
							4 A good bit of the time																						
							5 Some of the time																						
							6 A little of the time																						
							None of the time	8a	8a	8a	8a	8a	8a	8a	8a														
NERVS	not collected						Nervous Question																						
							1 Missing																						
							2 All of the time																						
							3 Most of the time																						
							4 A good bit of the time																						
							5 Some of the time																						
							6 A little of the time																						
							None of the time	9b	9b	9b	9b	9b	9b	9b	9b														
DNDMPS	not collected						Down in the Dumps Question																						
							1 Missing																						
							2 All of the time																						
							3 Most of the time																						
							4 A good bit of the time																						
							5 Some of the time																						
							6 A little of the time																						
							None of the time	9c	9c	9c	9c	9c	9c	9c	9c														
PCEFUL	VRCALM	VRCALM	VRCALM	VRCALM	VRCALM		Calm and Peaceful Question																						
							1 Missing																						
							2 All of the time																						
							3 Most of the time																						
							4 A good bit of the time																						
							5 Some of the time																						
							6 A little of the time																						
							None of the time	9d	9d	9d	9d	9d	9d	9d	9d	9d	6a	6a	6a	6a	6a	6a	6a	6a	6a	6a	6a	6a	6a
ENERGY	VRENERGY	VRENERGY	VRENERGY	VRENERGY	VRENERGY		Lots of Energy Question																						
							1 Missing																						
							2 All of the time																						
							3 Most of the time																						
							4 A good bit of the time																						
							5 Some of the time																						
							6 A little of the time																						
							None of the time	9e	9e	9e	9e	9e	9e	9e	9e	9e	6b	6b	6b	6b	6b	6b	6b	6b	6b	6b	6b	6b	6b
BLSAD	VRDOWN	VRDOWN	VRDOWN	VRDOWN	VRDOWN		Downhearted and Blue Question																						
							1 Missing																						
							2 All of the time																						
							3 Most of the time																						
							4 A good bit of the time																						
							5 Some of the time																						
							6 A little of the time																						
							None of the time	9f	9f	9f	9f	9f	9f	9f	9f	9f	6c	6c	6c	6c	6c	6c	6c	6c	6c	6c	6c	6c	6c
WRNOUT	not collected						Feeling Worn Out Question																						
							1 Missing																						
							2 All of the time																						
							3 Most of the time																						
							4 A good bit of the time																						
							5 Some of the time																						
							6 A little of the																						

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				2014	2015			Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20					
HTHEXT	not collected						Excellent Health Question																											
							1 Missing 2 Definitely true 3 Mostly true 4 Don't know 5 Mostly false 6 Definitely false																											
DIFBTH	ADLBTH recode	ADLBTH recode	ADLBTH recode	ADLBTH recode	ADLBTH recode		Bathing Question																											
							1 Missing 2 I am unable to do this activity 3 Yes, I have difficulty 4 No, I do not have difficulty																											
DIFDRS	ADLDRS recode	ADLDRS recode	ADLDRS recode	ADLDRS recode	ADLDRS recode		Dressing Question																											
							1 Missing 2 I am unable to do this activity 3 Yes, I have difficulty 4 No, I do not have difficulty																											
DIFEAT	ADLEAT recode	ADLEAT recode	ADLEAT recode	ADLEAT recode	ADLEAT recode		Eating Question																											
							1 Missing 2 I am unable to do this activity 3 Yes, I have difficulty 4 No, I do not have difficulty																											
DIFCHR	ADLCHR recode	ADLCHR recode	ADLCHR recode	ADLCHR recode	ADLCHR recode		Getting In/Out of Chairs Question																											
							1 Missing 2 I am unable to do this activity 3 Yes, I have difficulty 4 No, I do not have difficulty																											
DIFWLK	ADLWLK recode	ADLWLK recode	ADLWLK recode	ADLWLK recode	ADLWLK recode		Walking Question																											
							1 Missing 2 I am unable to do this activity 3 Yes, I have difficulty 4 No, I do not have difficulty																											
DIFTOL	ADLTLT recode	ADLTLT recode	ADLTLT recode	ADLTLT recode	ADLTLT recode		Using the Toilet Question																											
							1 Missing 2 I am unable to do this activity 3 Yes, I have difficulty 4 No, I do not have difficulty																											
CPNEXR	CHSTEX	CHSTEX	not collected				Chest Pain/Pressure on Exertion Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
CPNRST	CHSTRST	CHSTRST	not collected				Chest Pain/Pressure at Rest Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
SOBFLT	SOBFLT	SOBFLT	not collected				Shortness of Breath when Lying Flat Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
SOBSIT	SOBSIT	SOBSIT	not collected				Shortness of Breath when Sitting/Resting Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
SOBWLK	SOBWLK	SOBWLK	not collected				Shortness of Breath when Walking Less than One Block Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
SOBSTR	SOBSTR	SOBSTR	not collected				Shortness of Breath when Climbing One Flight of Stairs Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
NMBFET	FTNUMB	FTNUMB	not collected				Numbness in Feet Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
ANKSWL	not collected						Ankle/Leg Swelling Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
TINGFT	FTSENS	FTSENS	not collected				Foot Tingling/Burning Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
DECSNS	FTHC	FTHC	not collected				Decreased Ability to Feel Hot or Cold in Feet Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
DECHEL	FTSRS	FTSRS	not collected				Sores/Wounds on Feet Question																											
							1 Missing 2 All of the time 3 Most of the time 4 Some of the time 5 A little of the time 6 None of the time																											
PARLYS	not collected						Paralysis or Weakness on One Side of Body Question																											
							1 Missing 2 Yes, I have it 3 Yes, but it went away 4 No																											

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								Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20	
LSTTLK	not collected						Lost Ability to Talk Question	1 2 3	Missing Yes: I have lost it Yes, but it returned No	16b	16b	16b	16b	16b	19b	19b	19b													
RDNEWP	READ	READ	DIFSEE recode	DIFSEE recode	DIFSEE recode		See Well Enough to Read Newspaper Question	1 2	Missing Yes No	17	17	17	17	17	20	20	20	18	18	18	18	18	18	18	18	18	18	18	18	18
HRMOST	HEAR	HEAR	DIFHEAR recode	DIFHEAR recode	DIFHEAR recode		Hear Most Things People Say Question	1 2	Missing Yes No	18	18	18	18	18	21	21	21	19	19	19	19	19	19	19	19	19	19	19	19	19
ACDING	not collected						Now Have Acid Indigestion or Heartburn Question	1 2	Missing Yes No	19	19	19	19	19																
CTRURN	not collected						Now Have Difficulty Controlling Urination Question	1 2	Missing Yes No	20	20	20	20	20	22	22	22													
HIGHBP	CCHBP	CCHBP	CCHBP	CCHBP	CCHBP		Ever Had Hypertension Question	1 2	Missing Yes No	21	21	21	21	21	23	23	23	20	20	20	20	20	20	20	20	20	20	20	20	20
ANGCAD	CC_CAD	CC_CAD	CC_CAD	CC_CAD	CC_CAD		Ever Had Angina Pectoris/Coronary Artery Disease Question	1 2	Missing Yes No	22	22	22	22	22	24	24	24	21	21	21	21	21	21	21	21	21	21	21	21	21
CHF	CC_CHF	CC_CHF	CC_CHF	CC_CHF	CC_CHF		Ever Had Congestive Heart Failure Question	1 2	Missing Yes No	23	23	23	23	23	25	25	25	22	22	22	22	22	22	22	22	22	22	22	22	22
AMI	CCMI	CCMI	CCMI	CCMI	CCMI		Ever Had Myocardial Infarction Question	1 2	Missing Yes No	24	24	24	24	24	26	26	26	23	23	23	23	23	23	23	23	23	23	23	23	23
OTHHRT	CCHRTOTH	CCHRTOTH	CCHRTOTH	CCHRTOTH	CCHRTOTH		Ever Had Other Heart Conditions Question	1 2	Missing Yes No	25	25	25	25	25	27	27	27	24	24	24	24	24	24	24	24	24	24	24	24	24
STROKE	CCSTROKE	CCSTROKE	CCSTROKE	CCSTROKE	CCSTROKE		Ever Had Stroke Question	1 2	Missing Yes No	26	26	26	26	26	28	28	28	25	25	25	25	25	25	25	25	25	25	25	25	25
COPD_E	CC_COPD	CC_COPD	CC_COPD	CC_COPD	CC_COPD		Ever Had Emphysema, Asthma, or COPD Question	1 2	Missing Yes No	27	27	27	27	27	29	29	29	26	26	26	26	26	26	26	26	26	26	26	26	26
GI_ETC	CCGI	CCGI	CCGI	CCGI	CCGI		Ever Had Crohn's Disease, Ulcerative Colitis, or Inflammatory Bowel Disease Question	1 2	Missing Yes No	28	28	28	28	28	30	30	30	27	27	27	27	27	27	27	27	27	27	27	27	27
ATHHIP	CCARTHIP	CCARTHIP	CCARTHIP	CCARTHIP	CCARTHIP		Ever Had Arthritis of Hip/Knee Question	1 2	Missing Yes No	29	29	29	29	29	31	31	31	28	28	28	28	28	28	28	28	28	28	28	28	28
ATHHAN	CCARTHND	CCARTHND	CCARTHND	CCARTHND	CCARTHND		Ever Had Arthritis of Hand/Wrist Question	1 2	Missing Yes No	30	30	30	30	30	32	32	32	29	29	29	29	29	29	29	29	29	29	29	29	29
SCIATC	CCSCIATI	CCSCIATI	CCSCIATI	CCSCIATI	CCSCIATI		Ever Had Sciatica Question	1 2	Missing Yes No	31	31	31	31	31	33	33	33	31	31	31	31	31	31	31	31	31	31	31	31	31
DIABET	CCDIABET	CCDIABET	CCDIABET	CCDIABET	CCDIABET		Ever Had Diabetes, High Blood Sugar, or Sugar in Urine Question	1 2	Missing Yes No	32	32	32	32	32	34	34	34	32	32	32	32	32	32	32	32	32	32	32	32	32
ANYCAN	CCANYCA	CCANYCA	CCANYCA	CCANYCA	CCANYCA		Ever Had Any Cancer Question	1 2	Not Answered Yes No	33	33	33	33	33	35	35	35	33	33	33	33	33	33	33	33	33	33	33	33	33
ARTHPN	PNART	PNART	not collected				Arthritis Pain Question	1 2 3 4 5	Missing None Very Mild Mild Moderate Severe	34 rec	34	34	34	34	36	36	36	17	17	17	17	17	17	17	17	17	17	17	17	
COLNCA	CACOLON	CACOLON	CACOLON	CACOLON	CACOLON		Colon or Rectal Cancer Current Treatment Question	1 2	Not Answered Yes No	35a	35a	35a	35a	35a	37a	37a	37a	34a	34a	34a	34a	34a	34a	34a	34a	34a	34a	34a	34a	34a
LUNGCA	CALUNG	CALUNG	CALUNG	CALUNG	CALUNG		Lung Cancer Current Treatment Question	1 2	Not Answered Yes No	35b	35b	35b	35b	35b	37b	37b	37b	34b	34b	34b	34b	34b	34b	34b	34b	34b	34b	34b	34b	34b
BRSTCA	CABRST	CABRST	CABRST	CABRST	CABRST		Breast Cancer Current Treatment Question	1 2	Not Answered Yes No	35c	35c	35c	35c	35c	37c	37c	37c	34c	34c	34c	34c	34c	34c	34c	34c	34c	34c	34c	34c	34c
PROSCA	CAPROS	CAPROS	CAPROS	CAPROS	CAPROS		Prostate Cancer Current Treatment Question	1 2	Not Answered Yes No	35d	35d	35d	35d	35d	37d	37d	37d	34d	34d	34d	34d	34d	34d	34d	34d	34d	34d	34d	34d	34d
BACKPN	PNBACK	PNBACK	not collected				Low Back Pain Interfered with Daily Activities Question	1 2 3 4 5	Missing All of the time Most of the time Some of the time A little of the time None of the time	36	36	36	36	36	38	38	38	35	35	35	35	35	35	35	35	35	35	35	35	35
NUMBLG	not collected						Pain, Numbness, Tingling Down Leg Question	1 2 3 4 5	Missing All of the time Most of the time Some of the time A little of the time None of the time	37	37	37	37	37																
FELTS	DEP2WK	DEP2WK	not collected				Two Weeks of Depression in Past Year Question	1 2	Missing Yes No	38	38	38	38	38	39	39	39	36	36	36	36	36	36	36	36	36	36	36	36	36
DEPMCH	DEPYR	DEPYR	not collected				Depression Much of the Time in Past Year Question	1 2	Missing Yes No	39	39	39	39	39	40	40	40	37	37	37	37	37	37	37	37	37	37	37	37	37

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								Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20		
DEP2YR	DEP2YR	DEP2YR	not collected				Depression Most of the Time for 2 Years Question	1 2	Missing Yes No																						
CMPHTH	CMPHTH	CMPHTH	CMPHTH	CMPHTH	CMPHTH		Health Compared to Other People Your Age Question	1 2 3 4 5	Missing Excellent Very good Good Fair Poor																						
SMK100	not collected						Smoked At Least 100 Cigarettes in Entire Life Question	1 2 3	Missing Yes No Don't know																						
SMKFRO	SMOKE	SMOKE	SMOKE	SMOKE	SMOKE		Current Smoker Question	1 2 3 4	Missing Every day Some days Not at all Don't know																						
DRSQT_R	not collected						How Long Since Quit Smoking Question (recoded)	1 1.1 2 2.1 3	Missing Less than 6 months Less than 12 months (cohort 1 baseline only) 6 months or more 12 months or more (cohort 1 baseline only) Don't know																						
QSMKAD	not collected						Advised to Quit Smoking Question	1 2 3 4 5 6	Missing None 1 visit 2 to 4 visits 5 to 9 visits 10 or more visits I had no visits in the last 6 months																						
BRTHYR	SRVBRYR	SRVBRYR	SRVBRYR	SRVBRYR	not collected		Survey Reported Year of Birth Question																								
SV_GND	SRVGEND	SRVGEND	SRVGEND				Survey Reported Gender Question (What is your sex?)	1 2	Missing Male Female																						
				SRVGEND	SRVGEND		Survey Reported Gender Question ("Are you male or female?")	1 2 3	Missing Male Female Other (new 2019 cohort 20 follow up)																						
					SV_GNDOTH		Some other gender specified, new in 2019 cohort 20 follow up																								
HISPAN	HISPAN	HISPAN	not collected				Hispanic Question	1 2	Missing Yes No																						
SV_RAC	Recode to SV_RAC from multiple RACE questions: RCNATAM, RCASIAN, RCAFRAM, RCNHPI, RCWHITE, RCOTHER. Not collected on the 2011 Survey						Survey Reported Race Question	1 2 3 4 5	Missing Am Indian or Alaskan Native Asian or Pacific Islander Black or African American White Another race or multiracial																						
MARITL	MARITAL	MARITAL	MARITAL	MARITAL	MARITAL		Marital Status Question	1 2 3 4 5	Missing Married Divorced Separated Widowed Never married																						
EDUC	EDUC	EDUC	EDUC	EDUC	EDUC		Education Question	1 2 3 4 5 6	Missing 8th grade or less Some high school High school graduate or GED Some college/ 2 year degree 4 year college graduate > 4 year college degree																						
HMOVN	HMOVN	HMOVN	HMOVN	HMOVN	HMOVN		Housing Question	1 2 3 4 5	Missing Owned or being bought by you Owned or being bought by someone in your family other than you Rented for money Not owned and one in which you live without payment of rent None of the above																						
RTRCOM	not collected						Retirement Community Question	1 2	Missing Yes No																						
MDSVPV	not collected						Retirement Community Medical Services Question	1 2	Missing Yes No																						
WHOCMP	CMPWHO	CMPWHO	CMPWHO	CMPWHO	CMPWHO		Who Completed this Survey Question	1 2 3 4	Missing Person to whom survey was addressed Family member or relative Friend Professional Caregiver																						

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								Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20		
HHINC	HHINC	HHINC	HHINC	HHINC	HHINC	Household Income Question	1 2 3 4 5 6 7 8 9 10	Missing Less than \$5,000 \$5,000-\$9,999 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-\$79,999 \$80,000-\$99,999 \$100,000 or more Don't know																							
The following MHOS questions were first asked on the 2003 Survey								53	57	57	57	57	57	57	59	63	63	64	64	64	64	64	64	72	66	68	68	68	68	68	68
PHYHHT	HDPHY	HDPHY	HDPHY	HDPHY	HDPHY	Number of Days Physical Health Not Good Question	00-98	Missing Valid					13	13	13	11	11	11	11	11	11	11	11	12	12	12	12	12	12	12	
MENHHT	HDMEN	HDMEN	HDMEN	HDMEN	HDMEN	Number of Days Mental Health Not Good Question	00-98	Missing Valid					14	14	14	12	12	12	12	12	12	12	12	13	13	13	13	13	13	13	
PORHHT	HDACT	HDACT	HDACT	HDACT	HDACT	Number of Days Health Interfered with Daily Activities Question	00-98	Missing Valid					15	15	15	13	13	13	13	13	13	13	13	14	14	14	14	14	14	14	
URNLKG	MUILKG	MUILKG	MUILKG	MUILKG	MUILKG	Urine Leakage in Past 6 Months Question	1 2	Missing Yes No					44	44	44	41	41	42	42	42	42	42	42	44	42	42	42	42	42	42	
URNMAG	MUIMAG	MUIMAG	MUIMAG	MUIMAG	MUIDACT recode	Magnitude of Urine Leakage Problem Question	1 2 3	Missing A big problem A small problem Not a problem					45	45	45	42	42	43	43	43	43	43	45	43	43	43	43	43	43	43	
URNDOC	MUITLK	MUITLK	MUITLK	MUITLK	MUITLK	Talked with Doctor About Urine Leakage Question	1 2 3	Missing Yes No I did not see a doctor or health provider					46	46	46	43	43	44	44	44	44	44	46	44	44	44	44	44	44	44	
URNTRT	MUITRT	MUITRT	MUITRT	MUITRT	MUITRT	Received Treatment for Urine Leakage Question	1 2	Missing Yes No					47	47	47	44	44	45	45	45	45	45	45	45	45	45	45	45	45	45	
The following MHOS questions were first asked on the 2005 Survey																															
ACTDOC	PAOTLK	PAOTLK	PAOTLK	PAOTLK	PAOTLK	Talked with Doctor About Physical Activity	1 2 3	Missing Yes No I had no visits in the last 12 months																							
ACTADV	PAOADV	PAOADV	PAOADV	PAOADV	PAOADV	Did Doctor Advise you to start, increase or maintain level of exercise	1 2	Missing Yes No								48	45	45	46	46	46	46	46	46	46	46	46	46	46	46	
The following MHOS questions were first asked on the 2006 Survey																															
similar variable, PACMPL (yes/no)	VRPACCL	VRPACCL	VRPACCL	VRPACCL	VRPACCL	Physical Health Limiting Amount Accomplished Question	1 2 3 4 5 -	No, none of the time Yes, a little of the time Yes, some of the time Yes, most of the time Yes, all of the time Missing																							
similar variable, PLMITKW (yes/no)	VRPWORK	VRPWORK	VRPWORK	VRPWORK	VRPWORK	Physical Health Limiting the Kind of Activities Question	1 2 3 4 5 -	No, none of the time Yes, a little of the time Yes, some of the time Yes, most of the time Yes, all of the time Missing									3a	3a	3a	3a	3a	3a	3a	3a	3a	3a	3a	3a	3a	3a	3a
similar variable, EACMPL (yes/no)	VRMACCL	VRMACCL	VRMACCL	VRMACCL	VRMACCL	Emotional Problems Limiting Amount Accomplished Question	1 2 3 4 5 -	No, none of the time Yes, a little of the time Yes, some of the time Yes, most of the time Yes, all of the time Missing																							
similar variable, ENTCRF (yes/no)	VRMWORK	VRMWORK	VRMWORK	VRMWORK	VRMWORK	Emotional Problems Limiting Carefulness Question	1 2 3 4 5 -	No, none of the time Yes, a little of the time Yes, some of the time Yes, most of the time Yes, all of the time Missing																							
	VRPHCMP	VRPHCMP	VRPHCMP	VRPHCMP	VRPHCMP	Rate your Physical Health Compared to One Year Ago	1 2 3 4 5 -	Much better Slightly better About the same Slightly worse Much worse Missing																							
	VRMHCMP	VRMHCMP	VRMHCMP	VRMHCMP	VRMHCMP	Rate your Emotional Problems Compared to One Year Ago	1 2 3 4 5 -	Much better Slightly better About the same Slightly worse Much worse Missing																							
	ADLBTH	ADLBTH	ADLBTH	ADLBTH	ADLBTH	Difficulty Bathing	1 2 3 -	No, I do not have difficulty Yes, I have difficulty I am unable to do this activity Missing																							
	ADLDRS	ADLDRS	ADLDRS	ADLDRS	ADLDRS	Difficulty Dressing	1 2 3 -	No, I do not have difficulty Yes, I have difficulty I am unable to do this activity Missing																							
	ADLEAT	ADLEAT	ADLEAT	ADLEAT	ADLEAT	Difficulty Eating	1 2 3 -	No, I do not have difficulty Yes, I have difficulty I am unable to do this activity Missing																							
	ADLCHR	ADLCHR	ADLCHR	ADLCHR	ADLCHR	Difficulty Getting in or out of Chairs	1 2 3 -	No, I do not have difficulty Yes, I have difficulty I am unable to do this activity Missing																							

SAS Varname (HOS 1.0)	SAS Varname (HOS 2.0)	SAS Varname (HOS 2.0) 2012	SAS Varname (HOS 2.5) 2013	SAS Varname (HOS 2.5) 2014	SAS Varname (HOS 3.0) 2015	Code	Description	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
								Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20	
	ADLWLK	ADLWLK	ADLWLK	ADLWLK	ADLWLK	Difficulty Walking	1 2 3 .	No, I do not have difficulty Yes, I have difficulty I am unable to do this activity Missing								10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e	10e
	ADLTLT	ADLTLT	ADLTLT	ADLTLT	ADLTLT	Difficulty Using Toilet	1 2 3 .	No, I do not have difficulty Yes, I have difficulty I am unable to do this activity Missing																						
	CCOSTEO	CCOSTEO	CCOSTEO	CCOSTEO	CCOSTEO	Ever Had Osteoporosis Question	1 2 .	Yes No Missing								30	30	30	30	30	30	30	32	30	30	30	30	30	30	30
	FRMTLK	FRMTLK	FRMTLK	FRMTLK	FRMTLK	Talked with Doctor about Falling or Walking Problem	1 2 3 .	Yes No I had no visits in the past 12 months Missing								47	47	48	48	48	48	48	50	48	48	48	48	48	48	48
	FRMFALL	FRMFALL	FRMFALL	FRMFALL	FRMFALL	Did you Fall in the Past 12 Months Question	1 2 .	Yes No Missing								48	48	49	49	49	49	49	51	49	49	49	49	49	49	49
	FRMBAL	FRMBAL	FRMBAL	FRMBAL	FRMBAL	Problem with Balance or Walking in Past 12 Months Question	1 2 .	Yes No Missing								49	49	50	50	50	50	50	52	50	50	50	50	50	50	50
	FRMPREV	FRMPREV	FRMPREV	FRMPREV	FRMPREV	Has Doctor Suggested Cane/Walker, Physical Therapy, Vision or Hearing Testing or Checked Blood Pressure Lying or Standing	1 2 3 .	Yes No I had no visits in the past 12 months Missing								50	50	51	51	51	51	51	53	51	51	51	51	51	51	51
	OTOTEST	OTOTEST	OTOTEST	OTOTEST	OTOTEST	Ever Had a Bone Density Test Question	1 2 .	Yes No Missing								51	51	52	52	52	52	52	54	52	52	52	52	52	52	52
	WEIGHT	not collected				Weight Question	01 02 03 ... 24 25	Missing 90 lbs. or less 91-100 lbs. 101-110 lbs. .... 311-320 lbs. 321 lbs or more								52	52	53	53	53	53									
	HEIGHT	not collected				Height Question	01 02 03 ... 15 16	Missing 5 ft. 00 in. or less 5 ft. 01 in. 5 ft. 02 in. .... 6 ft. 02 in. 6 ft. 03 in. or more								53	53	54	54	54	54									
Recode to SV_RAC as in HOS 1.0	RCNATAM	RCNATAM	RCNATAM	RCNATAM	RCNATAM	American Indian or Alaskan Native	0 1 .	Did not check American Indian or Alaskan Native Checked American Indian or Alaskan Native Missing								57a	57a	58a	58a	58a	58a	58a	60(03)	57(03)	59(03)	59(03)	59(03)	59(03)	59(03)	59(03)
	RCASIAN	RCASIAN	not collected			Asian	0 1 .	Did not check Asian Checked Asian Missing								57b	57b	58b	58b	58b	58b	58b								
	RCAFRAM	RCAFRAM	RCAFRAM	RCAFRAM	RCAFRAM	Black or African American	0 1 .	Did not check Black or African American Checked Black or African American Missing								57c	57c	58c	58c	58c	58c	58c	60(02)	57(02)	59(02)	59(02)	59(02)	59(02)	59(02)	59(02)
	RCNHPI	RCNHPI	not collected			Native Hawaiian or other Pacific Islander	0 1 .	Did not check Native Hawaiian or other Pacific Islander Checked Native Hawaiian or other Pacific Islander Missing								57d	57d	58d	58d	58d	58d	58d								
	RCWHITE	RCWHITE	RCWHITE	RCWHITE	RCWHITE	White	0 1 .	Did not check White Checked White Missing								57e	57e	58e	58e	58e	58e	58e	60(01)	57(01)	59(01)	59(01)	59(01)	59(01)	59(01)	59(01)
	RCOTHER (not collected on the 2011 survey)					Another Race	0 1 .	Did not check Another race Checked Another race Missing								57f	57f	58f	58f	58f										
The following MHOS questions were first asked on the 2008 Survey																														
	DEPWEK	DEPWEK				How much of the time in the past week did you feel depressed?	1 2 3 4 .	Less than one day One or two days Three or four days More than four days Missing													39	39	39							
Q39 was asked differently on the 2011 survey																														
							1 2 3 4 .	Rarely or none of the time Some or a little of the time Occasionally or a moderate amt. of the time Most or all of the time Missing																						
The following MHOS questions were first asked on the 2012 Survey																														
		WEIGHTLB	WEIGHTLB	WEIGHTLB	WEIGHTLB	How much do you weigh in pounds(lbs.) question, recode to WEIGHT as in HOS 2.0																								
		HEIGHTFT	HEIGHTFT	HEIGHTFT	HEIGHTFT	How tall are you without shoes on in feet(ft.) and inches (in.) question, recode to HEIGHT as in HOS 2.0																53	55	53	55	55	55	55	55	
		HEIGHTIN	HEIGHTIN	HEIGHTIN	HEIGHTIN																	54a	56a	54a	56a	56a	56a	56a	56a	
The following MHOS questions were first asked on the 2013 Survey																														
																						54b	56b	54b	56b	56b	56b	56b	56b	

SAS Varname (HOS 1.0)	SAS Varname (HOS 2.0)	SAS Varname (HOS 2.0) 2012	SAS Varname (HOS 2.5) 2013	SAS Varname (HOS 2.5) 2014	SAS Varname (HOS 3.0) 2015	Code	Description	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
								Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20
			DIFMEALS	DIFMEALS	DIFMEALS	Difficulty preparing meals	1 2 3	No, I do not have difficulty Yes, I have difficulty I don't do this activity															11a	11a	11a	11a	11a	11a	11a
			DIFMONEY	DIFMONEY	DIFMONEY	Difficulty managing money	1 2 3	No, I do not have difficulty Yes, I have difficulty I don't do this activity															11b	11b	11b	11b	11b	11b	11b
			DIFMEDS	DIFMEDS	DIFMEDS	Difficulty taking medications as prescribed	1 2 3	No, I do not have difficulty Yes, I have difficulty I don't do this activity															11c	11c	11c	11c	11c	11c	11c
			DIFSEE	DIFSEE	DIFSEE	Blind or have serious difficulty seeing, even when wearing glasses question	1 2	Missing Yes No															15	15	15	15	15	15	15
			DIFHEAR			Deaf or have serious difficulty hearing question	1 2	Missing Yes No															16						
			DIFHEAR	DIFHEAR	DIFHEAR	Deaf or have serious difficulty hearing even with a hearing aid question	1 2	Missing Yes No																16					
			DIFREMEM	DIFREMEM	DIFREMEM	Serious difficulty concentrating, remembering or making decisions question	1 2	Yes No																17	17	17	17	17	17
			DIFWKSTR	not collected		Serious difficulty walking or climbing stairs	1 2	Yes No																17					
			DIFDRBTH	not collected		Difficulty dressing or bathing	1 2	Yes No																18					
			DIFERRND	DIFERRND	DIFERRND	Because of a physical, mental, or emotional condition, difficulty doing errands alone such as visiting a doctor's office or shopping question	1 2	Yes No																19					
			DIFMPROB	DIFMPROB	DIFMPROB	In the past month, how often did memory problems interfere with your daily activities question	1 2 3 4 5	Every day (7 days a week) Most days (5-6 days a week) Some days (2-4 days a week) Rarely (Once a week or less) Never															20	18	18	18	18	18	18
			CCDEP	CCDEP	CCDEP	Doctor ever told you that you have depression question	1 2	Yes No																21	19	19	19	19	19
			CAOTHER	CAOTHER	CAOTHER	Other cancer (other than skin cancer)	1 2	Yes No																35	33	33	33	33	33
			PAINDACT	PAINDACT	PAINDACT	In the past 7 days, how much did pain interfere with your day to day activities question	1 2 3 4 5	Not at all A little bit Somewhat Quite a bit Very much															37e	35e	35e	35e	35e	35e	35e
			PAINSACT	PAINSACT	PAINSACT	In the past 7 days, how often did pain keep you from socializing with others question	1 2 3 4 5	Never Rarely Sometimes Often Always																38	36	36	36	36	36
			PAINRATE	PAINRATE	PAINRATE	In the past 7 days, how would you rate your pain on average question	1-10																	39	37	37	37	37	37
			DEPNOPLS	DEPNOPLS	DEPNOPLS	Little interest or pleasure in doing things Question	1 2 3 4	Not at all Several days More than half the days Nearly every day																40	38	38	38	38	38
			DEPDOWN	DEPDOWN	DEPDOWN	Feeling down, depressed or hopeless Question	1 2 3 4	Not at all Several days More than half the days Nearly every day																41a	39a	39a	39a	39a	39a
			SPEAKENG	SPEAKENG		How well do you speak English question	1 2 3 4	Very well Well Not well Not at all																61	58				
			LVALONE	LVALONE	LVALONE	Live alone	0 1	Missing Respondent did not check live alone Respondent checked live alone																64(1)	61a	63a	63a	63a	63a
			LVSPOUSE	LVSPOUSE	LVSPOUSE	Live with spouse/significant other	0 1	Missing Respondent did not check live with spouse/significant other Respondent checked live with spouse/significant other																64(2)	61b	63b	63b	63b	63b
			LVCHILD	LVCHILD	LVCHILD	Live with children/other relatives	0 1	Missing Respondent did not check live with children/other relatives Respondent checked live with children/other relatives																64(3)	61c	63c	63c	63c	63c
			LVNONREL	LVNONREL	LVNONREL	Live with non-relatives	0 1	Missing Respondent did not check live with non-relatives Respondent checked live with non-relatives																64(4)	61d	63d	63d	63d	63d

SAS Varname (HOS 1.0)	SAS Varname (HOS 2.0)	SAS Varname (HOS 2.0) 2012	SAS Varname (HOS 2.5) 2013	SAS Varname (HOS 2.5) 2014	SAS Varname (HOS 3.0) 2015	Code	Description	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
								Bas 1	Bas 2	Bas 3/ FU 1	Bas 4/ FU 2	Bas 5/ FU 3	Bas 6/ FU 4	Bas 7/ FU 5	Bas 8/ FU 6	Bas 9/ FU 7	Bas 10/ FU 8	Bas 11/ FU 9	Bas 12/ FU 10	Bas 13/ FU 11	Bas 14/ FU 12	Bas 15/ FU 13	Bas 16/ FU 14	Bas 17/ FU 15	Bas 18/ FU 16	Bas 19/ FU 17	Bas 20/ FU 18	FU 19	FU 20		
			LVCAREGV	LVCAREGV	LVCAREGV	Live with paid caregiver	0 1	Missing Respondent did not check live with paid caregiver Respondent checked live with paid caregiver															64(5)	61e	63e	63e	63e	63e	63e		
			WHERELV			Where do you live question	1 2 3 4	Independent house, apartment, condominium or mobile home Assisted living apartment or board and care home Nursing home Other																							
			WHERELV	WHERELV	WHERELV	Where do you live question	1 2 3 4	House, apartment, condominium or mobile home Assisted living or board and care home Nursing home Other															65								
			CAREOTHR	not collected		Do you currently provide care for someone else in your home question	1 2 3	Yes No																62	64	64	64	64	64		
			CAREDAYS	not collected		During the past week, how many days did you provide at least some care question	1 2 3 4 5	No care provided in the last week 1 or 2 days 3 or 4 days 5 or 6 days 7 days (every day)																							
			DIFTRANS	not collected		Do you have difficulty getting to places you need to go (either by driving or by getting a ride question)	1 2 3	Always or almost always Sometimes Almost never or never																							
			HPNOHISP	HPNOHISP	HPNOHISP	Not of Hispanic, Latino/a or Spanish origin	0 1	No, not Hispanic not checked No, not Hispanic checked Missing																59(1)	56(1)	58(1)	58(1)	58(1)	58(1)	58(1)	
			HPMEX	HPMEX	HPMEX	Mexican, Mexican American, Chicano/a	0 1	Respondent did not check Mexican Respondent checked Mexican Missing																	59(2)	56(2)	58(2)	58(2)	58(2)	58(2)	58(2)
			HPPR	HPPR	HPPR	Puerto Rican	0 1	Respondent did not check Puerto Rican Respondent checked Puerto Rican Missing																	59(3)	56(3)	58(3)	58(3)	58(3)	58(3)	58(3)
			HPCUBA	HPCUBA	HPCUBA	Cuban	0 1	Respondent did not check Cuban Respondent checked Cuban Missing																	59(4)	56(4)	58(4)	58(4)	58(4)	58(4)	58(4)
			HPOTHER	HPOTHER	HPOTHER	Another Hispanic, Latino/a or Spanish origin	0 1	Respondent did not check Other Hispanic Respondent checked Other Hispanic Missing																	59(5)	56(5)	58(5)	58(5)	58(5)	58(5)	58(5)
			RCINDIA	RCINDIA	RCINDIA	Asian Indian	0 1	Did not check Asian Indian Checked Asian Indian Missing																	60(04)	57(04)	59(04)	59(04)	59(04)	59(04)	59(04)
			RCCHINA	RCCHINA	RCCHINA	Chinese	0 1	Did not check Chinese Checked Chinese Missing																	60(05)	57(05)	59(05)	59(05)	59(05)	59(05)	59(05)
			RCFILIP	RCFILIP	RCFILIP	Filipino	0 1	Did not check Filipino Checked Filipino Missing																	60(06)	57(06)	59(06)	59(06)	59(06)	59(06)	59(06)
			RCJAPAN	RCJAPAN	RCJAPAN	Japanese	0 1	Did not check Japanese Checked Japanese Missing																	60(07)	57(07)	59(07)	59(07)	59(07)	59(07)	59(07)
			RCKOREA	RCKOREA	RCKOREA	Korean	0 1	Did not check Korean Checked Korean Missing																	60(08)	57(08)	59(08)	59(08)	59(08)	59(08)	59(08)
			RCVIET	RCVIET	RCVIET	Vietnamese	0 1	Did not check Vietnamese Checked Vietnamese Missing																	60(09)	57(09)	59(09)	59(09)	59(09)	59(09)	59(09)
			RCOTHASN	RCOTHASN	RCOTHASN	Other Asian	0 1	Did not check Other Asian Checked Other Asian Missing																	60(10)	57(10)	59(10)	59(10)	59(10)	59(10)	59(10)
			RCHAWAII	RCHAWAII	RCHAWAII	Native Hawaiian	0 1	Did not check Native Hawaiian Checked Native Hawaiian Missing																	60(11)	57(11)	59(11)	59(11)	59(11)	59(11)	59(11)
			RCGUAM	RCGUAM	RCGUAM	Guamanian or Chamorro	0 1	Did not check Guamanian or Chamorro Checked Guamanian or Chamorro Missing																	60(12)	57(12)	59(12)	59(12)	59(12)	59(12)	59(12)
			RCSAMOA	RCSAMOA	RCSAMOA	Samoan	0 1	Did not check Samoan Checked Samoan Missing																	60(13)	57(13)	59(13)	59(13)	59(13)	59(13)	59(13)
			RCOTHAPAC	RCOTHAPAC	RCOTHAPAC	Other Pacific Islander	0 1	Did not check Other Pacific Islander Checked Other Pacific Islander Missing																	60(14)	57(14)	59(14)	59(14)	59(14)	59(14)	59(14)
The following MHOS questions were first asked on the 2015 Survey																															
					MUIDACT	How Much did Leaking of Urine Make Change Daily Activities or Interfere with Sleep Question	1 2 3	A lot Somewhat Not at all																							
					SLEEPHRS	Average Hours of Sleep per Night in Past Month Question	1 2 3 4	Less than 5 hours 5-6 hours 7-8 hours 9 or more hours																	43	43	43	43	43	43	
					SLEEPQUA	Overall Sleep Quality Rating in Past Month Question	1 2 3 4	Very good Fairly good Fairly bad Very bad																		53	53	53	53	53	
					SPEAKLNG	Language Mainly Spoken at Home Question	1 2 3 4	English Spanish Chinese Some other language(please specify)																		54	54	54	54	54	
					SPEAKOTH	Specify Other Language Spoken	Char																		60	60	60	60	60	60	
																									60 (please specify)	60 (please specify)	60 (please specify)	60 (please specify)	60 (please specify)	60 (please specify)	