

Appendix 1: HALEx questionnaire for calculating the Healthy People 2000 Years of Healthy Life

Adult version

Based on the Behavioral Risk Factor Surveillance Survey: CDC Telephone Administered Version.

1. Would you say that in general your health is:
 - a. Excellent 1
 - b. Very good 2
 - c. Good 3
 - d. Fair 4
 - e. Poor 5

Do not read the following responses.

- Do not know/not sure 7
- Refused 9

Section A: ages 18–69 years of age

1. What were you doing most of the past 12 months?
 - a. Working at a job or business 1
 - b. Keeping house Go to Q. 4 2
 - c. Going to school Go to Q. 6 3
 - d. Something else Go to Q. 6 4

- Do not know/not sure 7
- Refused 9

2. Does any impairment or health problem now keep you from working at a job or business?
 - a. Yes Go to Q. 9 1
 - b. No 2

- Do not know/not sure 7
- Refused 9

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem?
 - a. Yes Go to Q. 9 1
 - b. No Go to Q. 8 2

- Do not know/not sure 7
- Refused 9

4. Does any impairment or health problem now keep you from doing any housework at all?
 - a. Yes Go to Q. 6 1
 - b. No 2

- Do not know/not sure 7
- Refused 9

5. Are you limited in the kind or amount of housework you can do because of any impairment or health problem?
- a. Yes 1
 - b. No 2
 - Do not know/not sure 7
 - Refused 9
6. Does any impairment or health problem keep you from working at a job or business?
- a. Yes Go to Q. 9 1
 - b. No 2
 - Do not know/not sure 7
 - Refused 9
7. Are you limited in the kind or amount of work you could do because of any impairment or health problem?
- a. Yes Go to Q. 9 1
 - b. No 2
 - Do not know/not sure 7
 - Refused 9
- If Yes to Q. 4 or Yes to Q. 5, go to Q. 9.
8. Are you limited in any way in any activities because of any impairment or health problem?
- a. Yes 1
 - b. No Go to closing statement 2
 - Do not know/not sure 7
 - Refused 9
9. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing or getting around the house?
- a. Yes 1
 - b. No 2
 - Do not know/not sure 7
 - Refused 9
10. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?
- a. Yes Go to closing statement 1
 - b. No Go to closing statement 2
 - Do not know/not sure Go to closing statement 7
 - Refused Go to closing statement 9

Section B: ages 70 and older

11. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing or getting around the house?
- a. Yes 1
 - b. No 2
- Do not know/not sure 7
- Refused 9
12. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
- a. Yes Go to closing statement 1
 - b. No 2
- Do not know/not sure 7
- Refused 9
13. Are you limited in any way in any activities because of any impairment or health problem?
- a. Yes 1
 - b. No 2
- Do not know/not sure 7
- Refused 9