

Table 1: Summary of Health Status Behavior Measures in the PSID: 1968-2003

Measure of health status or health behavior	Family member and years available: H=head, W=wife, FUM=Family members	Measure of health status or health behavior	Family member and years available: H=head, W=wife, FUM=Family members
General health status, height, weight, cognition, depression		Health behaviors	
General health status (5-point scale)	H, W: 84-03	Currently smoke? How many packs?	H, W: 86, 99-03
General health status when < 17 years old	H, W: 99-03	Ever smoked? How much?	H, W: 86, 99-03
Health better/worse than people your own age?	H, W: 86	How old when first started?	H, W: 86, 99-03
Health better/worse than 2 years ago?	H, W: 84-87	How old when last stopped?	H, W: 86, 99-03
Expect health to be better/worse 2 years from now?	H, W: 86	Anyone in family smoke? How many packs family smoke?	68-72
Height & weight	H, W: 86, 99-03	How often participate in light physical activity	H, W: 99-03
Cognition/vocabulary tests: 14 questions	H: 72	How often participate in heavy physical activity?	H, W: 99-03
Depression supplement	H: 01-03	Ever drink alcohol? How much?	H, W: 99-03
		Exercise regularly? How often?	H, W: 86
ADL/IADL-type measures		Hospital, nursing care	
Difficulty doing each of the following by self, without equipment?		Patient in hospital last year? Number of nights?	H, W: 81, 83-87, 99-03
bathing or showering	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03	Any illness or injury keep you in bed for all or most of a day last year? Number of days?	H, W: 81
dressing	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03	Paid nurse come to home this year?	All FUM 55+: 92-96, 03
in or out of bed or chair	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03	Resident in nursing home past year?	All FUM 55+: 92-96, 03
walking	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03	Ever been resident in nursing home?	All FUM 55+: 92-96, 03
getting outside	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03		
using the toilet	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03		
if yes to any of the above, anyone help you do these activities?	H, W 55+: 92-96, 99-01; All FUM 55+: 92-96; H, W all ages: 03		
Any difficulty doing the following by yourself?		Participation in health-related transfer programs	
preparing meals	All FUM 55+: 92-96	Workers' Compensation	Each FUM (best for H): 77-03
shopping for personal toilet items or medicine	All FUM 55+: 92-96	SS/OI	Each FUM (best for H): 84-03
managing own money	All FUM 55+: 92-96		
using the telephone	All FUM 55+: 92-96		
doing heavy housework	All FUM 55+: 92-96	Parents' health status	
doing light housework	All FUM 55+: 92-96	Parents alive? Date of death?	H, W: 88
Trouble walking several blocks or climbing stairs?	H, W: 86	General health status of mother/father relative to people their age	H, W: 88
Trouble bending/lifting/slooping?	H, W: 86	Does your father/mother require a lot of extra care because of health condition?	H, W: 88
Health keep you from driving?	H, W: 86	Are your mother/father living in a nursing home?	H, W: 88
Receive assistance when travel in community?	H, W: 86		
Have to stay indoors most/all of the time because of health?	H, W: 86		
Confined to bed or chair most of day because of health?	H, W: 86		
		Special Supplements	
Specific conditions		1990 health supplement, self-administered questionnaire mailed to H and W 50+	
Doctor ever told you that you have...	H, W: 99-03	Content: General health status, limited in various activities, limitation more than 3 depression, health limit social activities, hospitalized/treated for mental or emotional problems, various conditions, height, weight, exercise regularly, smoking.	
stroke	H, W: 99-03		
high blood pressure	H, W: 99-03	1991 parent health supplement; H and W's mother and father	
diabetes	H, W: 99-03	Content: alive, date of death, various conditions now or at death.	
cancer or malignant tumor, excluding skin cancer	H, W: 99-03		
chronic lung disease	H, W: 99-03	1993-95 health care burden supplement; FUM 55+ and parents of H/W 55+	
heart attack	H, W: 99-03	Parents' information: alive, date of death, age, received home-care last year, in nursing home last year.	
coronary heart disease, angina, congestive heart failure	H, W: 99-03		
emotional, nervous, psychiatric problem	H, W: 99-03		
arthritis	H, W: 99-03		
asthma	H, W: 99-03		
permanent loss of memory or mental ability	H, W: 99-03		
How long had each condition?	H, W: 99-03		
How much does each condition limit normal daily activities?	H, W: 99-03		
Problems with eyesight that cannot be corrected with glasses?	H, W: 86		
Work/activity limitations			
Physical or nervous condition that limits work?	H: 68-03 (73-75, only asked of new heads); W: 78, 81-03; All FUM 78		
Severity of limitation (a lot, little, etc.)	H: 76-03; W: 78, 81-03; All FUM 78		
How long had condition?	H: 69-75, 78 (73-75, only asked of new heads); W: 78, All FUM 78		
Do you expect to get better?	All FUM: 78		
Is your health getting better?	H: 69-75 (73-75, only asked of new heads)		
Do you require a lot of extra care by someone? Does this mean extra costs?	All FUM: 78		
Does your health limit the work you can do around the house?	H: 69-71		
Not working or not going to school because of poor health?	All FUM: 69-72		
Health condition limits kind of demanding physical activities?	H, W: 86		
Anyone else in family who requires a lot of extra care? Who is that?	69-72, 76-77		
Anyone else in the family not in good health? Who is that?	FUM: 90-91, 96; FUM 55+ 92-95		
Permanently (or temporarily, starting in 1993) disabled	H: 76-03; W: 79-03		
Ever had illness or accident that laid you up for month or more?	H: 68		
Miss work last year because family member sick? Who was it? How many days?	H: 76-03; W 77-03		
Miss worked because sick? How much?	H: 76-03; W 77-03		
How many days work missed on main job in last year because sick or otherwise unable to work	H: 68		
Miss any work last year because you or someone in family sick? How much?	H employed: 68-75		
Number of weeks sick last year	H unemployed: 68-75		

Table 2. Summary of Health Status and Health Behavior Measures in the PSID, BHPS, and GSOEP

Measure of health status or health behavior	PSID 2001	BHPS 2001	GSOEP 2000
General health status, height, weight, cognition, depression			
General health status (5-point scale)	Yes	Yes	Yes
General health status when < 17 years old	Yes		
Height & weight	Yes		
How satisfied are you with your health (10 point scale)			Yes
Depression supplement	Yes		
ADL/IADL-type measures			
Difficulty doing each of the following by self, without equipment?			
bathing or showering	Yes		
dressing	Yes		
in or out of bed or chair	Yes		
walking	Yes		
getting outside	Yes		
using the toilet	Yes		
if yes to any of the above, anyone help you do these activities?	Yes		
Do the following on your own/with help/not at all; if on own, with how much difficulty?			
get up and down stairs		Yes	
getting around the house		Yes	
get in and out of bed		Yes	
cut your toenails		Yes	
bath, shower, or wash all over		Yes	
go out of doors and walk down the road		Yes	
Specific conditions			
Doctor ever told you that you have....*			
stroke	Yes		
cancer or malignant tumor, excluding skin cancer	Yes		
chronic lung disease	Yes		
heart attack	Yes		
permanent loss of memory or mental ability	Yes		
diabetes	Yes	Yes	
high blood pressure	Yes	Yes	
coronary heart disease, angina, congestive heart failure	Yes	Yes	
emotional, nervous, psychiatric problem	Yes	Yes	
arthritis	Yes	Yes	
asthma	Yes	Yes	
problems seeing other than needing glasses to read normal sized print		Yes	
problems hearing		Yes	
alcohol or drug related problems		Yes	
migraine or frequent headaches		Yes	
skin conditions/allergies		Yes	
How long had each condition?	Yes		
How much does each condition limit normal daily activities?	Yes		
Work/activity limitations			
Physical or nervous condition that limits type or amount of work?			
Severity of limitation (a lot, little, etc..)	Yes	Yes	
Permanently disabled (self report in response to employment status)	Yes		
Miss work last year because family member sick? Who was it? How many days?	Yes		
Miss worked because sick? How much?	Yes		
Does your health in any way limit your daily activities compared to most people of your age?		Yes	
Which activities would you normally find difficult to manage?		Yes	
doing housework		Yes	
climbing stairs		Yes	
dressing yourself		Yes	
walking for at least 10 minutes		Yes	
Registered disabled		Yes	
Health prevents completion of activities around the house, employment, or studies			Yes
Legally handicapped or can be employed only to a reduced extent because of health			Yes
Were you sick from work more than 6 weeks at one time last year?			Yes
How many days were not able to work because of an illness?			Yes
Health behaviors			
Currently smoke? How many packs?	Yes	Yes	
Ever smoked? How much?	Yes		
How old when first started?	Yes		
How old when last stopped?	Yes		
How often participate in light physical activity	Yes		
How often participate in heavy physical activity?	Yes		
Ever drink alcohol? How much?	Yes		

*BHPS does not require that a doctor told the respondent that they had the condition.