Appendix: Information about items selected by stepwise logistic regression\*

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| Topic of Item | Step Added | Domain | Description / Wording | Codes |  | S.E. () |
| Bathing | 1 | Health Limitations / Difficulties | Because of a health or physical problem, do you have any difficulty doing the following activities? Bathing\*\* | 1 = I am unable to do this activity  2 = Yes, I have difficulty  3 = No, I do not have difficulty | -.321 | .036 |
| General Health | 2 | General Health | In general, would you say your health is: | 1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor | .220 | .024 |
| Age | 3 | Demographics | Age category of the subject | 0 = 65-74 years 1 = 75 years or more | .674 | .032 |
| Lung Cancer Treatment | 4 | Life Threatening Conditions | Are you currently under treatment for: Lung cancer\*\* | 1 = Yes 2 = No | -1.243 | .101 |
| Congestive Heart Failure | 5 | Life Threatening Conditions | Has a doctor ever told you that you had: Congestive heart failure\*\* | 1 = Yes 2 = No | -.548 | .042 |
| Walking One Block | 6 | Health Limitations / Difficulties | Does your health limit you in these activities? If so, how much: Walking one block\*\* | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | -.099 | .034 |
| Gender | 7 | Demographics | Gender of the subject | 0 = Male 1 = Female | -.450 | .035 |
| Arthritis Pain | 8 | Past Four Weeks | During the past 4 weeks, how would you describe the arthritis pain you usually had? | 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe | -.043 | .017 |
| Any Cancer | 9 | Life Threatening Conditions | Has a doctor ever told you that you had: Any cancer (other than skin cancer)\*\* | 1 = Yes 2 = No | -.488 | .041 |
| Time Interfered With Social Activities | 10 | Past Four Weeks | During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities? | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | -.091 | .018 |
| Smoked 100 Cigarettes | 11 | General Health | Have you ever smoked at least 100 cigarettes in your entire life? | 0 = No or Don't Know 1 = Yes | .250 | .032 |
| Lifting / Carrying Groceries | 12 | Health Limitations / Difficulties | Does your health limit you in these activities? If so, how much? Lifting or Carrying Groceries\*\* | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | -.207 | .030 |
| Sciatica | 13 | Non-Life Threatening Conditions | Has a doctor ever told you that you had: Sciatica\*\* | 1 = Yes 2 = No | .192 | .039 |
| Marital Status | 14 | Demographics | Current marital status of the subject | 0 = Married 1 = Non-married | .207 | .032 |
| Low Back Pain | 15 | Past Four Weeks | In the past 4 weeks, how often has low back pain interfered with your usual daily activities? | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | .063 | .014 |
| Dyspnea when Walking | 16 | Past Four Weeks | During the past 4 weeks, how often have you felt short of breath under the following conditions? When walking less than one block\*\* | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | -.072 | .015 |
| Acid Indigestion / Heartburn | 17 | Non-Life Threatening Conditions | Do you now have acid indigestion or heartburn? | 1 = Yes 2 = No | .158 | .033 |
| Excellent Health | 18 | General Health | How true or false is each of the following statements for you? My health is excellent\*\* | 1 = Definitely true 2 = Mostly true 3 = Don’t know 4 = Mostly false 5 = Definitely false | .068 | .018 |
| Vision | 19 | Health Limitations / Difficulties | Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)? | 1 = Yes 2 = No | .211 | .047 |
| Bending, Kneeling, and Stooping | 20 | Health Limitations / Difficulties | Does your health limit you in these activities? If so, how much: Bending, kneeling, or stooping\*\* | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | .186 | .029 |
| Walking More Than a Mile | 21 | Health Limitations / Difficulties | Does your health limit you in these activities? If so, how much: Walking more than a mile\*\* | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | -.146 | .035 |
| Bodily Pain | 22 | Past Four Weeks | How much bodily pain have you had during the past 4 weeks? | 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very severe | -.083 | .016 |
| Health Interfering With Social Activities | 23 | Past Four Weeks | During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities…? | 1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely | .070 | .017 |
| Bathing or Dressing | 24 | Health Limitations / Difficulties | Does your health limit you in these activities? If so, how much? Bathing or dressing yourself\*\* | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | -.143 | .031 |
| Walking | 25 | Health Limitations / Difficulties | Because of a health or physical problem, do you have any difficulty doing the following activities? Walking\*\* | 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty | -.123 | .036 |
| Arthritis of Hip or Knee | 26 | Non-Life Threatening Conditions | Has a doctor ever told you that you had: Arthritis of the hip or knee\*\* | 1 = Yes 2 = No | .160 | .037 |
| Depression Most of the Time | 27 | Depression | Have you ever had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes? | 1 = Yes 2 = No | .189 | .046 |
| Sores / Wounds on Feet | 28 | Past Four Weeks | During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? Sores or wounds on your feet that did not heal\*\* | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | -.088 | .023 |
| Energy | 29 | Past Four Weeks | How much of the time during the past 4 weeks…Did you have a lot of energy?\*\* | 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time | .057 | .017 |
| Prostate Cancer | 30 | Life Threatening Conditions | Are you currently under treatment for: Prostate cancer\*\* | 1 = Yes 2 = No | .276 | .079 |
| Orthopnea | 31 | Past Four Weeks | During the past 4 weeks, how often have you felt short of breath under the following conditions? When lying down flat\*\* | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | -.086 | .019 |
| Chest Pain / Pressure on Exertion | 32 | Past Four Weeks | During the past 4 weeks, how often have you had any of the following problems: Chest pain or pressure when you exercise\*\* | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | .067 | .018 |
| Calm and Peaceful | 33 | Past Four Weeks | How much of the time during the past 4 weeks…Have you felt calm and peaceful?\*\* | 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time | -.056 | .013 |
| Vigorous Activities | 34 | Health Limitations / Difficulties | Does your health limit you in these activities? If so, how much: Vigorous activities\*\* | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | .086 | .029 |
| Eating | 35 | Health Limitations / Difficulties | Because of a health or physical problem, do you have any difficulty doing the following activities? Eating\*\* | 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty | -.132 | .042 |
| Hemiparalysis / Weakness | 36 | Non-Life Threatening Conditions | Have you ever had paralysis or weakness on one side of the body? | 1 = Yes, I have it 2 = Yes, but it went away 3 = No | .145 | .032 |
| Stroke | 37 | Life Threatening Conditions | Has a doctor ever told you that you had: Stroke\*\* | 1 = Yes 2 = No | -.191 | .049 |
| Urination | 38 | Non-Life Threatening Conditions | Do you have difficulty controlling urination? | 1 = Yes 2 = No | .097 | .034 |
| Diabetes | 39 | Life Threatening Conditions | Has a doctor ever told you that you had: Diabetes, high blood sugar, or sugar in the urine\*\* | 1 = Yes 2 = No | -.105 | .037 |
| Foot Tingling / Burning | 40 | Past Four Weeks | During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? Tingling or burning in your feet especially at night\*\* | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | .061 | .017 |
| Emotional Problems Limiting Time on Activities | 41 | Past Four Weeks | During the past 4 weeks, have you had problems with your work or other regular daily activities as a result of any emotional problems? Cut down on the amount of time you spent on work or other activities\*\* | 1 = Yes 2 = No | -.085 | .038 |
| Comparative Health | 42 | General Health | How true or false is each of the following statements for you? I am as healthy as anybody I know\*\* | 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false | .037 | .016 |
| Numbness in Feet | 43 | Past Four Weeks | During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? Numbness or loss of feeling in your feet\*\* | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | -.038 | .017 |
| Feeling Worn Out | 44 | Past Four Weeks | How much of the time during the past 4 weeks…Did you feel worn out?\*\* | 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time | .035 | .013 |
| Depression Much of the Time | 45 | Depression | In the past year, have you felt depressed or sad much of the time? | 1 = Yes 2 = No | -.108 | .046 |
| Walking Several Blocks | 46 | Health Limitations / Difficulties | Does your health limit you in these activities? If so, how much: Walking several blocks\*\* | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | -.087 | .039 |
| Pep | 47 | Past Four Weeks | How much of the time during the past 4 weeks…Did you feel full of pep?\*\* | 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time | .037 | .016 |
| Intercept | N/A | N/A | N/A | N/A | 2.045 | .378 |

\* This appendix was adapted from the appendix in Author (2011).

\*\* Item was among a set of questions with the same stem. Emphasis was not added but was part of the item originally.