Databases on Aging

Survey Summaries

A selection of archived surveys relevant to the demography, economics and epidemiology of aging supported in part by the

National Institute on Aging

Revised 8/99
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Purpose:
The course of age-related changes in health can be offset to varying degrees by three broad types of "resources": economic resources which result from past employment, consumption, and savings; claims on structured programs such as Social Security, Medicare, and Medicaid; and family resources of time and money which can be made available to an older relative for caregiving or the purchase of services. Older individuals have differing levels and mixes of such resources and consume them at varying rates as they age. A decline in health, including compromises in cognitive abilities, would be expected to increase the consumption of resources. The trajectories of these resources will vary across time, even for individuals with the same initial endowments. Changes in economic behaviors and dependencies on various programs and helpers have important implications for the rate, timing, and sequencing of subsequent changes in health. Despite a number of recent studies of late life transitions, none provide detailed coverage of the joint dynamics among health (physical, cognitive, and functional), dementia, economic and family resources, and care arrangements. The AHEAD study is intended to fill this gap in survey data on the oldest old.

Description:
The AHEAD study provides data to address a broad range of scientific questions focused on the interplay of resources and late life health transitions. Among these issues are: the costs of illness borne by the family; differences in how resources are used to offset cognitive, physical, and functional losses; the effectiveness of various care arrangements in preserving function and delaying institutionalization; the extent to which transfers from kin buffer the assets of older persons and slow transitions to late life impoverishment; and the extent and mechanisms for dissaving and Medicaid spend down. Wave 1 data collection was completed in February 1994. Wave 2 data collection ended in May 1996. The third wave of data collection was fielded as a joint data collection effort with the Health and Retirement Study (HRS 1998), and ended in March of 1999.

Objectives:
- Monitor transitions in physical, functional, and cognitive health in advanced old age
- Examine the relationship of late-life changes in physical and cognitive health to patterns of dissaving and income flows
- Relate changes in health to economic resources and intergenerational transfers
- Examine how the mix and distribution of economic, family, and program resources affect key outcomes, including institutionalization, dissaving, and health declines

Study Design:
- National panel study
- Initial sample of 7,447 respondents aged 70+ (and their spouses, if married, regardless of age) taken from the HRS household screening; supplemental sample of respondents aged 80+ from the Medicare Master Enrollment File (HCFA)
- Oversamples of Blacks, Hispanics, and Florida residents
- Baseline: in-home, face-to-face in 1993, including spouses, if married, regardless of age
- Follow-ups by telephone with respondents every other year, including proxy interview after death

Questionnaire Topics:
- Cognitive performance
- Physical and functional health
- Economic status (assets and income)
- Claims on transfer programs and contingent claims
- Dissaving and Medicaid eligibility
- Family structure, caregiving, and financial transfers
- Demographic characteristics
• Housing (including access to services)
• Service use (community and nursing home)
• Out-of-pocket costs for all services
• Experimental Modules

Links with Administrative Data:
• Medicare files
• National Death Index
• Social Security Administration earnings and projected benefits files

Future Plans:
The AHEAD and HRS studies were merged into a single data collection effort and instrument (HRS 1998), which was fielded February 1998 through March of 1999. This data collection effort included Wave 4 of HRS and Wave 3 of AHEAD, as well as the addition of baseline information on two new cohorts, CODA (1924-30) and War Babies (1942-47). Although current funding does not include further data collections during this grant cycle, a 6-year renewal proposal to collect three additional waves of data has been submitted.

Data Availability:
All publicly available data may be downloaded from the HRS/AHEAD website (http://www.umich.edu/~hrswww). This currently includes AHEAD Wave 1 (1993); public release of AHEAD Wave 2 (1995) is scheduled for summer of 1999. Preliminary release of the HRS 1998 data (which includes Wave 3 of AHEAD) is available to users who have signed a Conditions of Use agreement (send requests to hrsquest@isr.umich.edu). The release of a preliminary data file within three months of the end of data collection is anticipated, as well as the release of a full public-use dataset within twenty-four months of the close of data collection.

A number of workshops have been and will continue to be held to evaluate the data and design of the instrument, and to inform users how to manipulate the dataset for their own research interests.

Agencies/Organizations consulted:
NIA, ASPE, AARP, SSA, HCFA, NCHS, AHCPR

Bibliography:
HRS and AHEAD have a growing bibliography of works assessing the data quality and adequacy of the content and design and methodology used in the study, as well as analytical works. HRS and AHEAD also have a contributed working paper series distributed through the University of Michigan’s Population Studies Center with support from the Michigan Center on the Demography of Aging. Additionally, a special issue of the Journal of Gerontology (May 1997) was published based on results from the first wave of AHEAD data collection.

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The HRS/AHEAD World Wide Web home page address is: http://www.umich.edu/~hrswww/
Dataset Name: The Australian Longitudinal Study of Ageing (ALSA)

Sponsoring Organization: National Institute on Aging (for first 4 waves)

Data Collection Organizations: Flinders University of South Australia

Principal Investigators: George C. Myers and Gary R. Andrews

Purpose:
The general purpose of this research is to gain further understanding of how social, biomedical, and environmental factors are associated with age-related changes in the health and well-being of persons aged 70 years and older. Emphasis is given to the effects of social and economic factors on morbidity, disability, acute and long-term care service use, and mortality. The aim is to analyze the complex relationships between individual and social factors and changes in health status, health care needs and service utilization dimensions.

Description:
The sample for the Australian study was randomly generated from within the Adelaide Statistical Division using the State Electoral Database as the sampling frame. This database provided name, gender, date of birth, postal and residential address. The sample was stratified by gender and the age groups 70-74, 75-79, 80-84, and 85 and over. Both community- and institutional-dwelling individuals were included in the list of specified persons. An additional component was that spouses aged 65 and over of specified persons also were invited to participate, as were other household members aged 70 years and over.

The initial baseline data collection for ALSO began in September 1992 and was completed in March 1993. Components of this wave included a comprehensive personal interview, conducted via Computer Assisted Personal Interview (CAPI), a home-based assessment of physiological functions, self-completed questionnaires, and additional clinical studies. The average time of interview was approximately 2.5 hours. Personal interviews were carried out at this first wave for 2,087 participants, including 566 couples (that is, persons 70 years of age and over and their spouse, if 65 and over). Clinical assessments were obtained for 1,620 of the participants.

After an interval of one year from the initial interview, respondents were re-contacted by telephone. These interviews lasted an average of 15 minutes, and included questions regarding changes in domicile, current health and functional status, new morbid conditions, changes in medication, major life events, general life satisfaction, and changes in economic circumstances. In Wave 2, 1,779 participants were re-interviewed.

The third wave of the study began in September 1994. This phase was a complete re-assessment, with face-to-face interviews, clinical assessments, self-completed questionnaires, and other clinical and laboratory studies again carried out. CAPI was used in administration of the personal interview, which made it possible to pre-load selected prior information, thereby avoiding repetition of information divulged by the respondent at Wave 1. A separate, shorter, proxy instrument was developed and used in this third wave, which proved very successful in maintaining a high participation rate. A total of 1,679 interviews were carried out at Wave 3, and 1,423 clinical assessments were conducted.

Data collection for the fourth wave began in November 1995 and was completed by the end of February 1996. Wave 4 is a short telephone interview similar to Wave 2. 1,504 interviews were completed. A fifth wave of interviews was conducted during February 1998 resulting in 1171 completed interviews.

In addition to the primary data collection from respondents, ancillary data collection has been ongoing since the initiation of the study. Data have been collected from secondary providers, including Domiciliary Care and Rehabilitation Services, Meals on Wheels, and the Royal District Nursing Society. Lists of ALSA participants are compared biannually with the agencies' lists to determine the prevalence and incidence of receipt of services from these organizations.

Another source of information has been the collection of data from the participants' General Practitioners. Each respondent's personal and medical practitioner gives a rating of overall health status, history of services received and current services provided.
Current morbidity, medication use, and referrals to specialists also are recorded.

The following tables summarize the data sets and response rates for each wave:

**WAVE 1** (September 1992 to February 1993)
Baseline face-to-face interview

| Interviewed | 2087 |

**WAVE 2** (September 1993)
Computer Assisted Telephone Interview
Response rate for eligible participants 91.3%

<table>
<thead>
<tr>
<th>Deceased since Wave 1</th>
<th>111</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not contactable</td>
<td>27</td>
</tr>
<tr>
<td>Refused</td>
<td>170</td>
</tr>
<tr>
<td><strong>Interviewed</strong></td>
<td>1779</td>
</tr>
</tbody>
</table>

**WAVE 3** (September 1994 to February 1995)
Full re-assessment similar to Baseline
Response rate for eligible participants 93.1%

<table>
<thead>
<tr>
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<th>240</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not contactable</td>
<td>43</td>
</tr>
<tr>
<td>Refused</td>
<td>125</td>
</tr>
<tr>
<td><strong>Interviewed</strong></td>
<td>1679</td>
</tr>
</tbody>
</table>

**WAVE 4** (September 1995)
Computer Assisted Telephone Interview
Response rate for eligible participants 89.5%

<table>
<thead>
<tr>
<th>Deceased since Wave 1</th>
<th>354</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Refused</td>
<td>176</td>
</tr>
<tr>
<td><strong>Interviewed</strong></td>
<td>1504</td>
</tr>
</tbody>
</table>

**WAVE 5** (February 1998)
Computer Assisted Telephone Interview
Response rate for eligible participants 85.5%

<table>
<thead>
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<th>620</th>
</tr>
</thead>
<tbody>
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<td>97</td>
</tr>
<tr>
<td>Refused</td>
<td>199</td>
</tr>
<tr>
<td><strong>Interviewed</strong></td>
<td>1171</td>
</tr>
</tbody>
</table>

**Study Design:**
ALSA has been designed to have common instrumentation with U.S. studies. The study collects data from a random, stratified sample of the 70 years and older persons living in the metropolitan area of Adelaide, South Australia. The entire population of older persons living in Adelaide is represented, since both community and institutional dwelling residents are included.

Extensive analyses utilizing the longitudinal data will continue, and have been carried out in both Australia and the United States. Active groups of collaborators are analyzing data relating to ADL function, cognitive function, co-morbidity, diabetes, exercise and physical activity, family relationships and support, formal service use, hearing function, injuries and falls, mortality, social activities, social interactions between couples, and visual acuity.

**Future Plans:**
A sixth wave that will include complete re-assessment, with face-to-face interviews, clinical assessments, self-completed...
questionnaires, and other clinical and laboratory studies is planned to commence in October 2000.

**Data Availability:**
All of the above datasets are archived at The Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan (see appendix).

**Bibliography:**


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Dataset Name: Cross-Sectional and Longitudinal Aging Study (CALAS)

Sponsoring Organization: National Institute on Aging

Data Collection Organization: The Chaim Sheba Medical Center, Sackler School of Medicine, Tel-Aviv University

Principal Investigator: Baruch Modan

Purpose: The Cross-Sectional and Longitudinal Aging Study is designed to provide a cross-sectional description of health, mental, and social status of the oldest-old segment of the elderly population in Israel, and to serve as a baseline for a multiple-stage research program.

Description and Study Design:
Baseline
National Random Stratified Sample
In 1989, a random stratified sample of elderly subjects was selected from the National Population Register (NPR), a complete listing of the Israeli population maintained by the Ministry of the Interior. The NPR is updated on a routine basis with births, deaths, and in and out migration, and corrected by linkage with census data. The study sample consisted of Jewish subjects aged 75+, alive and living in Israel on January 1, 1989, selected randomly from the NPR, stratified by age (five 5-year age groups: 75-79, 80-84, 85-89, 90-94, 95+), sex, and place of birth (Israel, Asia-Africa, Europe-America). One hundred subjects were randomly selected in each of the 30 strata. However, there were less than 100 individuals of each sex aged 95+ born in Israel, so all were selected for the sample. The total group included 2,891 individuals living both in the community and in institutions. Because very few of the 95+ group were located, this age group was eliminated from analysis. A total of 1,820 (76%) of the 75-94 age group were interviewed during 1989-1992.

In the course of tracing the interviewees, those individuals found to have died prior to the point of entry into the study, but not recorded as such (i.e. deaths or emigrations before 1/1/89, late recordings, errors) were considered as "erroneously" selected and were replaced by the next individual from the same population cell. Having anticipated such problems, double the number of cases for each cell was drawn.

Kibbutz Residents Sample
The kibbutz is a social and economic unit based on equality among members, common property and work, collaborative consumption, and democracy in decision making. While in 1961 only 2.5% of the kibbutz population were over age 65, today 10% are beyond this age. There are 250 kibbutzim in Israel, and their population constitutes about 3% of the country's total population. Both economic security and social (network) security exemplify the kibbutz group.

The elderly residents of the kibbutz are comprised of two groups, kibbutz members and elderly parents of members; about 40% of the elderly kibbutz residents fall into the latter category. All kibbutz residents in the country aged 85+, both members and parents, were selected for interviewing, of whom 80.4% (n=652) were interviewed. A matched sample aged 75-84 was selected, and 85.9% (n=674) were successfully interviewed.

Interview
The original interview took approximately two hours to administer, and collected extensive information concerning the socio-demographic, physical, health, functioning, life events (including Holocaust), depression, mental status, and social network characteristics of the sample. The questionnaire used for kibbutz residents in the follow-up interview is identical to that utilized in the national random sample.

Prospective Study
The longitudinal follow-up is designed to correlate baseline socio-demographic, health, and functional status with three subsequent outcome variables: mortality, selected morbidity, and institutionalization. The original members of the study were located and they or their survivors were re-interviewed three to five years after the original interview. The questionnaire utilized was identical to the baseline questionnaire with some minor exceptions. Some questions considered sensitive (e.g. Holocaust experience, family deaths)
and/or redundant (e.g. work history) were eliminated form the second round. An additional cognitive exam (Folstein) and a 24-hour dietary recall interview were added.

**Data Availability:**
Mortality data for both the national and kibbutz samples are available for analysis as a result of the linkage to the NPR file updated as of April 1995. The fieldwork for the prospective study was completed as of September 1994. The data file of the two phases of the study is ready for analysis.

**Bibliography:**


**Contact:**
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Dataset Name: Census Microdata Samples Project also known as The Status of Older Persons in ECE Countries


Data Collection Organization: Population Activities Unit, UN/ECE, Geneva

Purpose:
The main objectives of the project are: (1) to assemble a set of cross-nationally comparable micro-data samples based on the 1990-round national population and housing censuses in countries of Europe and North America; and (2) to use these samples to study the social and economic conditions of older persons. The samples are designed to allow research on a wide range of issues related to aging, as well as on other social phenomena. A common set of nomenclatures and classifications, derived on the basis of a study of census data comparability in Europe and North America, were adopted as standards for re-coding. The processing of the datasets, which included drawing of the samples (when requested by the National Statistical Offices), cleaning (where necessary), and standardization/harmonization, was performed by the PAU and every effort was made to ensure quality and comparability.

Description and Study Design:
The recommendations regarding the design and size of the samples prepared for the project envisaged: (1) drawing individual-based samples of about one million persons; (2) progressive oversampling with age in order to ensure sufficient presentation of various categories of older people; and (3) retaining information on all persons co-residing in the sampled individual's dwelling unit. Most countries have drawn their samples in accordance with these principles. Some countries (specifically Estonia, Finland, Latvia and Lithuania) adhered to earlier recommendations and sampled only the population over age 50 (Estonia, Latvia and Lithuania provided the entire population over age 50, while Finland sampled it with progressive over-sampling). Several countries provided samples that had not been drawn specially for this project, and cover the entire population without over-sampling.

Being census-based samples, these datasets lack most of the detailed information found in specialized surveys. They have, however, several important advantages compared to other data sources: (1) because of the high sampling density, they cover various small groups of older people, information on whom is not commonly available in other sources; (2) these samples contain as much geographic detail as possible under each country’s confidentiality requirements; (3) they include more extensive information on housing conditions than many other data sources; and (4) they provide information for a number of countries whose data were not accessible until recently.

Data Availability:
The initial data processing has been completed for most of the fifteen countries that have submitted their samples. Beta and pre-release versions of six datasets are already available through NACDA/ICPSR. According to the rules governing the release of these datasets, they should be used only for the purpose of social and/or behavioural science research. Users are required to sign a Pledge of Confidentiality, stipulating that those who attempt to disseminate copies of the data (in whole or in part) for purposes other than scientific research, or to identify individual respondents, may be subject to prosecution under the applicable laws. The table in Annex 1 summarizes the status of data acquisition, processing, and access conditions for the participating countries. Annex 2 provides details on the sample sizes and densities for the datasets constructed in accordance with the PAU’s recommended sampling strategy, and include oversampling with age.

Future Plans:
Preliminary contacts on the terms of participation of several new countries (e.g. Poland, Spain) have taken place. Pilot work to assemble a similar set of samples based on the year-2000 round of censuses is now beginning -- national data-collection and distribution agencies, as well as the Conference of European Statisticians have been contacted and asked for collaboration.

Contacts:
Nikolai Botev Population Activities Unit
### ANNEX 1: PAU Census Micro-Data Project

**Status of Data Acquisition and Processing for the Participating Countries**

<table>
<thead>
<tr>
<th>Countries (in order of receipt)</th>
<th>Sampling Design¹</th>
<th>Sample drawn by</th>
<th>Data Processing Status</th>
<th>Access Conditions²</th>
<th>Availability (1/13/00)</th>
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<tbody>
<tr>
<td>USA</td>
<td>no</td>
<td>1990 PUMS²</td>
<td>being proc.</td>
<td>general</td>
<td>Dec. 1999</td>
</tr>
<tr>
<td>Estonia</td>
<td>partially</td>
<td>NSO</td>
<td>DONE</td>
<td>general</td>
<td>pre-release</td>
</tr>
<tr>
<td>Finland</td>
<td>partially</td>
<td>NSO</td>
<td>DONE</td>
<td>general</td>
<td>beta</td>
</tr>
<tr>
<td>Romania</td>
<td>yes</td>
<td>NSO</td>
<td>DONE</td>
<td>general</td>
<td>beta</td>
</tr>
<tr>
<td>Switzerland</td>
<td>yes</td>
<td>NSO</td>
<td>DONE</td>
<td>limited</td>
<td>beta</td>
</tr>
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<td>beta</td>
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<tr>
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<td>DONE</td>
<td>limited</td>
<td>July 1999</td>
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<td>yes</td>
<td>PAU</td>
<td>DONE</td>
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<td>beta</td>
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<td>Latvia</td>
<td>partially</td>
<td>NSO</td>
<td>DONE⁴</td>
<td>general</td>
<td>beta</td>
</tr>
<tr>
<td>Turkey</td>
<td>no</td>
<td>1990 SIS 5% sample³</td>
<td>DONE</td>
<td>general</td>
<td>Oct. 1999</td>
</tr>
<tr>
<td>Lithuania</td>
<td>partially</td>
<td>NSO</td>
<td>DONE⁴</td>
<td>general</td>
<td>Oct. 1999</td>
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<tr>
<td>Russia</td>
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<td>5% GOSKOMSTAT sample</td>
<td>DONE</td>
<td>limited</td>
<td>Dec. 1999</td>
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<td>being proc.</td>
<td>limited</td>
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<td>not set</td>
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<td>no</td>
<td>1991 SAR²</td>
<td>being proc.</td>
<td>limited</td>
<td>not set</td>
</tr>
</tbody>
</table>

¹ Indicates whether a sample corresponds to the final version of PAU’s recommended sampling strategy. ‘Yes’ signifies that it does. ‘Partially’ signifies that the sample has been drawn in accordance with an earlier version of the PAU’s recommendations, i.e. it covers only the population over age 50 and the persons residing with them (Estonia, Latvia, and Lithuania have provided the entire population over age 50, while Finland has sampled it with progressive oversampling). ‘No’ indicates that the sample provided has not been drawn specially for this project, and most often covers the entire population without any oversampling.

² Identifies the general purpose sample submitted as part of a country’s participation in the project.

³ Identifies the conditions governing the release of a country’s microdata sample. ‘General’ signifies that a country has signed the project’s standard data release arrangement. So far 9 countries have signed the standard arrangement. Hungary and Switzerland (marked as ‘limited’) require a clearance to be obtained from their national statistical offices for the use of micro data, however the documents signed between the PAU and these countries include clauses stipulating that, in general, all scholars interested in social research will be granted access. Russia (also marked as ‘limited’) requested that certain provisions for archiving the micro data samples be removed from its data release arrangement. The conditions under which UK will release micro data to foreign researchers are still under negotiation, however the PAU has an agreement with several British scholars to facilitate access to the 1991 SAR through collaborative arrangements.

⁴ Although the data processing for Latvia and Lithuania is considered to be completed, there are still certain outstanding issues that are being clarified with the respective national statistical offices.
ANNEX 2: Sample Size and Density for the Data sets Constructed in Accordance with the PAU’s Recommended Sampling Strategy

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Total population</th>
<th>Sampled individuals</th>
<th>Co-residing with sampled individual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Proportion (percent)</td>
<td>by sampling universe</td>
</tr>
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<td></td>
<td></td>
<td></td>
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<td><strong>BULGARIA</strong></td>
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<td>0-49</td>
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<td>5.5</td>
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<td>50-64</td>
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<td>14.1</td>
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<tr>
<td>65-79</td>
<td>1,005,334</td>
<td>247,200</td>
<td>24.6</td>
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<tr>
<td>80+</td>
<td>209,117</td>
<td>198,536</td>
<td>94.9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>8,487,317</td>
<td>977,330</td>
<td>463,837</td>
</tr>
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</table>

**THE CZECH REPUBLIC**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Total population</th>
<th>Sampled individuals</th>
<th>Co-residing with sampled individual</th>
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<tr>
<td>0-49</td>
<td>7,422,522</td>
<td>350,415</td>
<td>4.7</td>
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<tr>
<td>50-64</td>
<td>1,577,736</td>
<td>227,408</td>
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<tr>
<td>65-79</td>
<td>1,044,658</td>
<td>238,255</td>
<td>22.8</td>
</tr>
<tr>
<td>80+</td>
<td>257,299</td>
<td>214,476</td>
<td>83.4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>10,302,215</td>
<td>1,030,554</td>
<td>485,543</td>
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**ESTONIA**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Total population</th>
<th>Sampled individuals</th>
<th>Co-residing with sampled individual</th>
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<tbody>
<tr>
<td>0-49</td>
<td>1,110,014</td>
<td>0</td>
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<tr>
<td>50+</td>
<td>455,648</td>
<td>452,694</td>
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<td><strong>TOTAL</strong></td>
<td>1,565,662</td>
<td>452,694</td>
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**FINLAND**

<table>
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<tr>
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<td>782,349</td>
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<td>65-79</td>
<td>529,429</td>
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<tr>
<td>80+</td>
<td>143,536</td>
<td>143,495</td>
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**HUNGARY**

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<tr>
<td>50-64</td>
<td>1,784,301</td>
<td>230,173</td>
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<tr>
<td>65-79</td>
<td>1,103,545</td>
<td>240,791</td>
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</tr>
<tr>
<td>80+</td>
<td>249,506</td>
<td>208,617</td>
<td>83.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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**LATVIA**

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<tr>
<td>50+</td>
<td>797,833</td>
<td>791,433</td>
<td>99.2</td>
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<td><strong>TOTAL</strong></td>
<td>2,666,567</td>
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**LITHUANIA**

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<th>Co-residing with sampled individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-49</td>
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<td>0</td>
<td>n.a.</td>
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<tr>
<td>50+</td>
<td>1,009,778</td>
<td>1,008,916</td>
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<td><strong>TOTAL</strong></td>
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**ROMANIA**

<table>
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<td>280056</td>
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<td>65-79</td>
<td>2062858</td>
<td>293526</td>
<td>14.2</td>
</tr>
<tr>
<td>80+</td>
<td>447401</td>
<td>252355</td>
<td>56.4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>23213321</td>
<td>1312887</td>
<td>647376</td>
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</table>

**SWITZERLAND**

<table>
<thead>
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<th>Total population</th>
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<td>0-49</td>
<td>4,801,700</td>
<td>303,468</td>
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<td>50-64</td>
<td>1,083,100</td>
<td>221,652</td>
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<tr>
<td>65-79</td>
<td>734,400</td>
<td>228,996</td>
<td>31.2</td>
</tr>
<tr>
<td>80+</td>
<td>254,500</td>
<td>213,322</td>
<td>84.6</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>6,873,700</td>
<td>967,436</td>
<td>434,181</td>
</tr>
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n.a. -- not applicable

* The entire population over age 50 living in institutions has been included in the dataset.
Dataset Name: Early Indicators of Later Work Levels, Disease, and Death (EI)

Sponsoring Organization: National Institute on Aging, National Science Foundation

Data Collection Organizations: Center for Population Economics, University of Chicago
Brigham Young University

Principal Investigator: Robert W. Fogel

Purpose: The main purpose of the EI project is to create a collection of data sets which covers the life history of approximately 40,000 white males who served in the Union Army, suitable for longitudinal studies of life-cycle interactions of biomedical and socioeconomic factors in the aging process. Of further interest to the project is the comparison of the aging process for individuals living at different times. An effort is currently underway to collect a comparable dataset of life histories for individuals born in the early part of the Twentieth Century, so that their life experiences may be compared to those of the Union Army Veterans.

Description and Study Design: Starting with a list of 39,616 men drawn randomly from Union Army regimental records, the project collects military, medical, and socioeconomic information on these men throughout their lifetime from a variety of data sources.

A one-stage cluster sampling procedure drew the initial list of the 39,616 men. For a target sample size of 40,000 individuals, 331 Union Army companies were chosen randomly out of those whose records survive (over 20,000 companies) at the National Archives, Washington, D.C., and all recruits in the companies selected were entered into the sample. The sampling was restricted to white volunteer infantry regiments; commissioned officers, black recruits, and other branches of military service are not included in this sample. This list of Union Army recruits for the EI project is available from ICPSR as study number 9425.

Linking the list of 39,616 men to three main data sources collects lifetime military, medical, and socioeconomic information on these men. Throughout these separate data sets, each individual is identified by his unique identification number:

Military Data: The military and medical history of these men while in the service is retrieved from the Union Army military service records, carded medical records, and pension records, the last of which also provides much information on the socioeconomic experience of these men from the late 1800s through the early 1900s.

Census Data: Both early and late-age familial and socioeconomic information is collected from the manuscript schedules of the federal censuses of 1850, 1860, 1900, and 1910.

Surgeons' Data: Detailed medical experience of the veterans during middle and late ages is collected from the examining surgeons' certificates, which were required by the Pension Bureau for most pension applicants.

Data Availability and Future Plans: Military Data: Cleaned military data for 28,526 recruits from the primary EI sample was submitted to the ICPSR in June 1998, and is publicly available. The dataset consists of complete military, pension, and medical records for recruits from the following states: Connecticut, Delaware, District of Columbia, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New York, Ohio, Pennsylvania, Vermont, and West Virginia. The complete military dataset for all recruits in the EI sample is under preparation and is expected to be publicly released early in 2000.

Census Data: Cleaned census data for 18,500 recruits from the primary EI sample was released to the ICPSR in August 1998, and is publicly available. This dataset consists of available census records for all recruits from the following states: Connecticut, Delaware, District of Columbia, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Vermont, and West Virginia. The complete census dataset for all recruits in the EI sample is also under preparation, with a likely public-release date of mid-2000.
Surgeons' Certificates Data: Preliminary surgeons’ certificates data for 7,724 recruits from the primary EI sample was released to the ICPSR for distribution in October 1996. Recruits in this dataset belonged to regiments from the following four states: Illinois, New York, Ohio, and Pennsylvania. The complete uncoded surgeons’ certificates dataset is nearing completion, and has a likely public-release date of October 1999. A coded version of the same data will be released subsequently.

All of the above datasets are publicly available from the ICPSR. In addition, copies on CD-ROM may be obtained from the Center for Population Economics. The Center is also in the process of creating an interactive Internet Data Archive and Documentation Library, which will be on-line by the end of 1999.

Contacts:

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Phone: (773) 702-7709

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The University of Chicago  
1101 East 58th Street  
Chicago, IL 60637  
Phone: (773) 753-0807  Fax: (773) 753-0810
Dataset Name: Epidemiology of Chronic Disease in the Oldest Old

Sponsoring Organization: National Institute on Aging

Data Collection Organizations: Kaiser Permanente Medical Care Group (KPMCP) Division of Research, Northern California

Principal Investigator: Dorothy Rice

Purpose:
In response to growing concerns about the potential impact of chronic disease among the elderly, the National Institute on Aging funded a large-scale study in 1988 to examine trends over time in chronic diseases among the elderly with a focus on the 'oldest old' (over age 80). A particular focus of the study was on whether the elderly were living longer with chronic diseases and what that increased longevity might mean for health services utilization. This study was conducted at the Northern California Kaiser Permanente Medical Care Program's Division of Research from 1988-1995. The data are now offered for use by non-Kaiser investigators through a brief application process.

Description and Study Design:
The intent of sample selection was to create from existing records two 3,000-person cohorts of KPMCP members’ aged 65 and over. These cohorts were followed for 9 years each through existing medical records and computerized hospitalization tapes. Mortality ascertainment was done by matching the sample data with state Vital Statistics data. Mortality data was collected for an additional 3 years for each cohort, for a total follow-up time of 12 years. The initial sample was drawn from the KPMCP active membership lists for the years 1971 and 1980. The sample was restricted to members that had a Multiphasic Health Checkup examination (MHC) within 7 years of the baseline date. The sample was stratified to attain equal numbers of observations (1,000 in each) in three sex-age cells for each cohort: 65-69, 70-79, and 80+. The selection was restricted to MHC takers. The first cohort has 2,877 participants with follow-up starting from 1971, and the second has 3,113 participants followed from 1980. Overall, 3,006 women and 2,984 men were included. There are 282 people who are in both cohorts.

Data Collection:
The main data collection effort was focused on medical chart review. The purpose of the chart review was to collect data for a nine-year period about clinical diagnoses of chronic diseases and outpatient health services utilization. Standard data collection forms were developed, pilot tested and used for this purpose, they are included in the documentation.

Diagnoses
Diagnostic criteria were collected for all cardiovascular diseases, and selected cancers (breast, colon, uterine, cervical). Data on hypertension and diabetes were collected using a standardized protocol (see Diagnostic Criteria - Form D) in the absence of a clinical diagnosis. Data on presence or absence of functional limitations in those with dementia were collected from the medical chart. Nursing home admissions and discharge dates were recorded when present in the chart. Mortality data was obtained from two sources: (a) Form I in the chart review forms recorded the date, location and causes of death (ICD or E codes) when present in the chart, and (b) the sample was matched with Vital Statistics data which provided the same data. Form I also included a review for the presence of 4 specific conditions in the one month prior to death (pneumonia/influenza, urinary tract infection, decubitus ulcer, septicemia from other sources). For each of these conditions, it was recorded whether septicemia was present. The reviewer also recorded whether an autopsy was performed. Prevalence of chronic diseases was ascertained by conducting a retrospective chart review for a four-year period before the baseline year of 1971 or 1980. Diagnostic criteria were not obtained for prevalent cases, only the clinical diagnosis was obtained.

Health Services Utilization
Outpatient health services utilization for nine years was collected on a quarterly basis for clinic visits and for selected labs and procedures. The clinic types were: emergency, gynecology, home health, medicine, nursing home, orthopedic, physical therapy, surgery and other. The labs and procedures included: chemistry, hematology, urinalysis, bacteriology, chest x-ray, GI x-ray, ultrasound, CT/MRI, mammogram, resting ECG, treadmill ECG, echocardiograms, nuclear scans, outpatient breast biopsy, cystoscopy, and cataract surgery. Inpatient utilization includes all hospitalizations, procedures done during a hospital stay, length of stay,
admitting/discharge diagnosis. These data were taken from existing data tapes routinely maintained by KPMCP from 1971 on.

Data Availability:
These datasets have been documented extensively and are available on CD–ROM from Dr. Haan.

Bibliography:

Contact:
Mary N. Haan, MPH, DrPH
Director, Center for Aging & Health
University of California
School of Medicine
Dept of Community & International Health, TB 168
Davis, CA 95616
Phone: 916 752 3967 Fax: 916 752 4474
E-mail: mnhaan@ucdavis.edu
Dataset Name: Established Populations for Epidemiologic Studies of the Elderly (EPESE)

Sponsoring Organization: National Institute on Aging

Principal Investigators: James O. Taylor, Robert B. Wallace, Lisa Berkman, and Dan G. Blazer

Data Collection Organizations: East Boston Neighborhood Health Center, University of Iowa, Yale University, and Duke University

Project Officer: Richard Havlik, National Institute on Aging

Purpose: The objective of the EPESE data collection is to describe the prevalence and incidence of disability and other chronic conditions in addition to predictors of mortality, hospitalization, and placement in long-term care facilities.

Description and Study Design: The EPESE project consists of baseline and annual follow-up surveys on approximately 14,000 persons conducted in four geographically-defined communities: East Boston, Massachusetts; Iowa and Washington Counties, Iowa; New Haven, Connecticut (started in 1982-1983); and a five county-wide region in North-central North Carolina (started in 1986). Half of the participants in the North Carolina EPESE are African-American. The baseline data cover demographic characteristics (age, sex, race, height, weight, income, education, marital status, number of children, employment, and religion); social and physical functioning; chronic conditions; related health problems; health habits; self-reported use of dental, hospital, and nursing home services. More detailed descriptions of the Iowa and North Carolina surveys follow in this document ("Iowa 65+ Rural Health Study" and "PHSE Ten-Year Follow-up of the North Carolina EPESE").

Data Availability: Currently, data from the baseline and the first 6 years of follow-up are available. Information from death certificates obtained for deaths occurring in the first 6 years of follow-up is also available.

Bibliography:
Contact:
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Associate Director, Epidemiology, Demography, and Biometry Program
National Institute on Aging
7201 Wisconsin Avenue, Suite 3C309
Bethesda, MD 20892
Phone: (301) 496-1178   Fax (301) 496-4006
**Dataset Name:** German Socio-Economic Panel (GSOEP)

**Sponsoring Organization:** National Institute on Aging

**Data Collection Agency:** The Department of Policy Analysis and Management, Cornell University

**Principal Investigator:** Richard V. Burkhauser

**Purpose:**
The German Socio-Economic Panel (GSOEP) is the only nationally representative panel study of households and individuals in the Federal Republic of Germany. Its purpose is to provide a dynamic record of the socioeconomic characteristics of Germans, including those living in the reunified eastern states formerly known as the German Democratic Republic. These data permit researchers to track yearly changes in the health and economic wellbeing of older people relative to younger people in Germany from 1984 to the present.

**Description and Study Design:**
The GSOEP is developed and administered by the German Institute for Economic Research (DIW) in Berlin. The English Language Public Use Version of the GSOEP is developed and administered by the department of Policy Analysis and Management, Cornell University.

In addition to standard demographic information, the GSOEP questionnaire also contains objective measures - use of time, use of earnings, income, benefit payments, etc. - and subjective measures - level of satisfaction with various aspects of life, hopes and fears, political involvement, etc. - of the German population.

The first wave, collected in 1984 in the western states of Germany, contains 5,921 households in two randomly sampled sub-groups: 1) German Sub-Sample: people in private households where the head of household was not of Turkish, Greek, Yugoslavian, Spanish, or Italian nationality; 2) Foreign Sub-Sample: people in private households where the head of household was of Turkish, Greek, Yugoslavian, Spanish, or Italian nationality. In each year since 1984, the GSOEP has attempted to re-interview original sample members unless they leave the country. A major expansion of the GSOEP was necessitated by German reunification. In June 1990, the GSOEP fielded a first wave of the eastern states of Germany. This sub-sample includes individuals in private households where the head of household was a citizen of the German Democratic Republic. The first wave contains 2,179 households. In 1995, the GSOEP added a sample of immigrants to the western states of Germany who arrived after 1984. The first wave contains 522 households.

**Data Availability:**
Those who request the data will receive:

- The first fourteen waves of the GSOEP data, including the first eight waves of individuals living in the eastern states of Germany, and the first two waves of the immigrant data. All data contain English variable and value labels that are translations of the original information provided by the German Institute for Economic Research (DIW). These data are available in SAS-Windows *.SD2, SAS Transport *.V5X, SPSS-Windows *.SAV, SPSS Transport *.POR, Stata 4.0, and ASCII formats.

- Dictionary files that include the variable names, labels, and positions, as well as value labels and formats.

- An Adobe Acrobat version of *The GSOEP Study: Desktop Companion To The German Socio-Economic Panel (GSOEP)*, edited by John Haisken-DeNew and Joachim Frick.

- English translations of all questionnaires, from 1984 through 1997, in HTML format.

- Summary statistics by variable name of GSOEP variables in ASCII format.


For users who have already signed a contract with the DIW and have received earlier releases of these data, the charge for the CD-ROM is $30. Contact Cornell University directly at the address below.
For new users, the dissemination of the GSOEP public-use file is a two-step process. It is first necessary to sign a contract with the original producer of the data, the DIW. After the contract is signed, contact Cornell to receive the data. The charge for the CD-ROM is $125. Contact the DIW and Cornell at the addresses below.

Contacts:
German Institute for Economic Research (DIW)  
Königin-Luise-Str. 5  
D-14195 Berlin  
Phone: 49-30-897 89 283  
Fax: 49-30-897 89 200 or 209  
E-mail: eholst@berlin.de

Dean Lillard  
Cornell University  
Policy Analysis and Mgmt.  
143 MVR Hall  
Ithaca, NY 14850  
Phone: 1-607-255-9290  
Fax: 1-607-255-0799  
E-mail: DRL3@cornell.edu
Purpose:
Dramatic and important changes are taking place that are likely to affect the age at which people choose to retire and their economic security during retirement. These changes affect us as individuals and as a country. Examples include: mismatches between physical or cognitive status and job demands; the increased flexibility of work schedules; changes in the structure of private pensions away from defined benefit plans; the availability and cost of retiree health insurance; the increased importance of intergenerational transfers of both money and time; the recent pattern of labor force participation of women, blacks, and Hispanics; changes in longevity and in health status during old age; and workplace accommodation to disability. Data with which these changes can be analyzed are currently limited.

Description:
The Health and Retirement Study is intended to provide data for researchers, policy analysts, and program planners who are making major policy decisions that affect retirement, health insurance, saving and economic well-being. In 1990, the National Institute on Aging awarded F. Thomas Juster of the University of Michigan Institute for Social Research a five-year cooperative agreement to plan and undertake a study that would contain the most promising source of data on retirement for the foreseeable future. The planning process included an unprecedented amount of interdisciplinary input from experts across the country. Throughout the design process, nine planning committees met to discuss the most important issues that could be addressed in this longitudinal study. Many of those committees continue to influence study design and quality. Study Directorship was transferred to Robert J. Willis of the University of Michigan in 1996. The fourth wave of data collection (HRS 1998) was completed in March of 1999, and the study is now at the end of its second 5-year funding cycle. A proposal for renewal funding to collect three more waves of data has been submitted to NIA for review. Future data collections will largely replicate HRS 1998 in design, format, coverage, structure and measurement.

Objectives:
• Explain the antecedents and consequences of retirement
• Examine the relationship between health, income, and wealth over time
• Examine life cycle patterns of wealth accumulation and consumption
• Monitor work disability
• Provide rich source of interdisciplinary data, including linkages with administrative data
• Examine how the mix and distribution of economic, family and program resources affect key outcomes, including retirement, dissaving, health declines and institutionalization

Study Design:
• National panel study
• Initial sample of over 12,600 persons in 7,600 households
• Oversamples (100%) of Hispanics, Blacks, and Florida residents
• Baseline: in-home, face-to-face in 1992 for the 1931-41 birth cohort (and their spouses, if married, regardless of age); and in 1998 for newly added 1924-1930 and 1942-47 birth cohorts
• Follow-ups by telephone every second year, with proxy interviews after death

Questionnaire Topics:
• Health and cognitive conditions and status
• Retirement plans and perspectives
• Attitudes, preferences, expectations, and subjective probabilities
• Family structure and transfers
• Employment status and job history
• Job demands and requirements
• Disability
• Demographic background
• Housing
• Income and net worth
• Health insurance and pension plans
• Experimental modules

Links with Administrative Data:
• Employer Pension Study (1993, 1999)
• National Death Index
• Social Security Administration earnings and projected benefits data; W-2 self-employment data
• Medicare files (pending)

Future Plans:
The HRS and AHEAD studies were merged into a single data collection effort and instrument (HRS 1998), which was fielded February 1998 through March of 1999. This data collection effort included Wave 4 of HRS and Wave 3 of AHEAD, as well as the addition of baseline information on two new cohorts, CODA (1924-30) and War Babies (1942-47).
Although current funding does not include further data collections during this grant cycle, we have submitted a 6-year renewal proposal to collect three additional waves of data on each of the enrolled birth cohorts, as well as the enrollment of the 1948-53 birth cohort.

Data Availability:
All publicly available data may be downloaded from the following website: http://www.umich.edu/~hrswww. This currently includes HRS Wave 1 (1992), HRS Wave 2 (1994), and a partial public release of HRS Wave 3 (1996). Wave 1 data have been merged with administrative records such as pension plan provisions and formulas obtained from coding employer pension documents, Social Security earnings and benefits records and the NDI. Most merged files are available as Restricted Files through an application process described on the website.

Preliminary release of the HRS 1998 data is available to users who have signed a Conditions of Use agreement (send requests to hrsquest@isr.umich.edu). A preliminary data file will be released within three months of the end of data collection; a full public-use dataset will be released within twenty-four months of the close of data collection.

A number of workshops have been and will continue to be held to evaluate the data and design of the instrument, and to inform users how to manipulate the dataset for their own research interests.

Bibliography:
HRS has a growing bibliography of works assessing the data quality and adequacy of the content, design and methodology used in the study, as well as analytical works. HRS also has a contributed working paper series distributed through the University of Michigan’s Population Studies Center with support from the Michigan Center on the Demography of Aging. Additionally, a special issue of the Journal of Human Resources (Volume 30, Supplement 1995) was published based on results from the first wave of HRS data collection.

Agencies/Organizations involved in planning the HRS:
NIA
ASPE
AARP
DoL Pension and Welfare Benefits Administration

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National Institute on Aging
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7201 Wisconsin Avenue
Bethesda, MD 20892
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E-mail: Suzman@nih.gov

The HRS/AHEAD home page address is: http://www.umich.edu/~hrswww/
Dataset Name: Indonesia Family Life Survey (IFLS)

Sponsoring Organization: National Institute on Aging

Data Collection Organization: RAND

Principal Investigators: Elizabeth Frankenberg, Duncan Thomas

Purpose:
The purpose of this project is to field and place into the public domain a panel survey of individuals, families, and communities in Indonesia that will support analyses of issues related to aging. The first wave of the survey, fielded in 1993, provided data on over 7,200 households in 321 communities in 13 Indonesian provinces. In 1997 these households were revisited as part of IFLS-2. Over 93% of the original IFLS-1 households were re-interviewed in the second wave in addition to about 900 “split-off” households. This longitudinal survey will support research on topics related to important dynamic aging processes such as the transition from self-sufficiency to dependency, the decline from robust health to frailty, labor force and earning dynamics, wealth accumulation and decumulation, living arrangements and intergenerational transfers.

Description:
In 1997, RAND resurveyed the households, communities, and facilities first interviewed in 1993 as part of the Indonesian Family Survey (IFLS). The resulting panel data set provides new opportunities to better understand the dynamics of individual and household wellbeing in low-income settings. With data from two points in time researchers can chart the effects of changes in the social and economic environment on individual behaviors and outcomes. The survey contains data from approximately 30,000 individuals from 7,200 households located in 321 communities. In late 1998 a 25% sub-sample was re-interviewed in order to measure the immediate impact of the economic crisis in Indonesia. A third wave, IFLS-3, is planned for 2000.

In addition to re-collecting socio-demographic life histories and behaviors and comprehensive information on economic status, the 1997 survey incorporated several innovations and includes modules on:

- physical health of older adults, as measured by height and weight, blood pressure, lung capacity, hemoglobin level, and an indicator of physical functioning (time it takes to rise from sit to stand five times in succession)
- decision-making processes within the household
- community participation and support network
- accessibility of public and private health services

Objectives:
The primary objective is to collect and make available data that will support analyses of aging-related topics such as:

- the timing of the transition into frailty
- the relationship among income, wealth, education, and family support networks and health status
- the timing of transitions out of the labor force & co-incident events associated with those transitions
- links between income, education, family support networks, health and labor market outcomes
- the effects of changes in social safety nets on welfare of the elderly and their adult children

Study Design and Future Plans:
Panel study
Baseline: in-home, face-to-face, 1993
1997: Follow-up in all households, all 1993 main respondents and all 1993 household members born before 1967
1998: Follow-up of 25% sub-sample (not funded by NIA)
Interview selected household members (1993) and all household members (1997 & 1998)
Sample Sizes:
1993: 7,200 households
1997: 7,500 households (93% of IFLS-1 households and 900 “split-off” households
30,000 individuals
1998: 2,000 households (98.5% of target households interviewed in 1997; 95% of all IFLS households in target enumeration areas)
2000: Re-survey of full sample planned

Detailed community and facility information collected in each round
Planning committees consisting of experts

Questionnaire Topics:
- Consumption
- Knowledge of health care providers
- Labor earnings and work histories
- Household and individual assets
- Economic Shocks
- Use of tobacco
- Education and migration histories
- Marriage and pregnancy histories
- Household decision-making
- Ability to perform ADL's

- Acute Morbidity
- Self-treatment
- Outpatient health service utilization
- Inpatient health service utilization
- Health Insurance
- Community support network
- Links with non co-resident kin and transfers
- Height, weight, hemoglobin
- Lung capacity, blood pressure, mobility
- Nurses’ assessment of health status

Agencies involved in planning the survey:
RAND
Lembaga Demografi, University of Indonesia
Input from Indonesian Ministry of Health and Ministry of Education
Input from selected experts from U.S., European, and Indonesian institutions

Data Availability:
The 1993 survey is available from RAND through FTP or CD-ROM at the following WWW address: http://www.rand.org/FLS/IFLS, or may be acquired through the Inter-University Consortium for Political and Social Research at the University of Michigan (see appendix).

The 1997 survey will be available through the IFLS web site and ICPSR in late 1999. See http://www.rand.org/FLS/IFLS for more information on the Indonesia Family Life Surveys

Bibliography:


Contacts:
Elizabeth Frankenberg
E-mail: efranken@rand.org
RAND
1700 Main Street
Santa Monica, CA

Duncan Thomas
E-mail: dt@ucla.edu
Fax: (310) 393-4818
Phone: (310) 393-0411
Dataset Name: International Data Base on Aging (IDBA)

Sponsoring Organization: National Institute on Aging

Data Collection Organization: U.S. Census Bureau, International Programs Center (IPC)

Project Officers: Richard Suzman, NIA
Victoria A. Velkoff, IPC

Purpose:
In response to the need for reliable and internationally comparable statistics on population aging, the National Institute on Aging (NIA) and the International Programs Center (IPC), U.S. Census Bureau, have created a computerized data base which provides detailed demographic and socioeconomic information about the aged in the United States and other countries, both industrialized and developing. The intent of this effort is twofold: to promote a better understanding of the aging process in disparate societies, and to afford researchers and policymakers in the U.S. a better opportunity to gain insights and formulate responses to demands generated by an aging American population.

Description:
The International Data Base on Aging (IDBA) is a subset of a larger International Data Base (IDB) that is maintained and updated by the IPC. The IDB contains the IPC's population projections for all countries of the world, as well as information for as many as 51 demographic and socioeconomic variables for each country. The initial IDB design included virtually no statistics for elderly age groups; as was common until recent years, the elderly typically were aggregated into a broad open-ended age group (e.g., 60 or 65 years old and over). The primary goal of the IDBA is to expand the age coverage of the IDB by assembling census, survey, administrative, and population-projection data for 5-year age groups up to the oldest available grouping.

The detailed IDBA statistics include not only numbers of people in each age cohort, but also their marital statuses, labor force participation and occupation, mortality rates, and related characteristics. For certain industrialized countries, income comparisons of the aged and non-aged, and among the aged, are being included, as information from ongoing studies becomes available. Another goal of the IDBA is to broaden the temporal coverage of statistics on the elderly: data for 1950 to the present are included, with population projections running through the year 2050. Information about cohorts over time allows researchers to go beyond mere cross-sectional comparisons to analyses of the same age cohorts in different countries.

Data base contents have been reviewed for internal consistency and international comparability. Source documentation accompanies all information, and additional notation of conceptual definitions and/or data irregularities is provided where necessary. The initial geographic coverage of 31 countries was expanded to 42 in 1989, to 85 in 1994, and to 101 countries in 1996, and currently covers all 227 countries of the world.

Data Availability:
Data base contents initially were available on computer tape, and were archived and distributed by the Inter-University Consortium for Political and Social Research (ICPSR). In order to make IDBA information more accessible to users; the IPC created a microcomputer floppy-diskette version of the database, consisting of a menu-driven program and individual-country data diskettes. The program is designed to permit access to data files without requiring the user to employ a specific software package. In 1995, the entire International Data Base was made available on the Internet. The IDB can be accessed electronically at http://www.census.gov/ftp/pub/ipc/www/idbnew.html.

Bibliography:

Global Aging into the 21st Century. 1996. A wallchart which highlights statistics and comparative indicators for 100 countries.


In addition to these formal publications, over 50 other IDBA-based products (book chapters, staff papers, journal articles, etc.) were generated during the period 1985-1999. A list may be obtained from the address below.

Contact:
Victoria A. Velkoff
Acting Chief, Aging Studies Branch
International Programs Center
Washington Plaza 2, Room 113
U.S. Census Bureau
Washington, D.C. 20233
Phone: (301) 457-1371 Fax: (301) 457-1539
E-mail: vvelkoff@census.gov
International Data Base on Aging: List of Countries

Less Developed Countries

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Dataset Name: Iowa 65+ Rural Health Study

Sponsoring Organization: National Institute on Aging

Data Collection Organization: University of Iowa College of Medicine

Principal Investigator: Robert B. Wallace

Purpose:
To identify a wide range of risk factors for disease, disability and death among older persons; to better understand the natural history of health and disease problems in older persons. To identify potential areas of intervention, to enhance disease prevention and health promotion in older persons, and to contribute to health and health services policy, in order to improve the delivery of public health and clinical services to older persons. Also, to improve methodological approaches to the population and clinical study of older persons.

Description and Study Design:
This cohort was founded in 1981 as a sister study of the Established Populations for Epidemiologic Study of the Elderly (EPESE), a program of the NIA. It complements the findings of the three other EPESE sites (East Boston, MA; New Haven, CT; and north-central North Carolina) and has common items and methods in many domains. The target population was all persons 65 years and older in two rural counties in east central Iowa: Iowa and Washington counties. In 1981 a census of older persons in the target area was conducted by the investigators, creating an ascertainment list having 99% of the persons identified in the previous year by the US Decennial Census. The baseline survey was conducted between December, 1991 and August, 1992. Overall, 3,763 persons, or 80% of the target population were interviewed. The population is virtually entirely Caucasian. Subsequently, personal follow-up surveys were conducted 3, 6, and 10 years after the baseline survey. Telephone surveys were conducted 1, 2, 4, 5, and 7 years after the baseline survey.

Data collected from respondents was nearly all from structured questionnaires. At follow-up #6, there were a series of physical function performance tests, the so-called NIA-MacArthur Battery, and blood was drawn for biochemical tests and potentially other determinations. In addition, some datasets were linked to the EPESE dataset under appropriate restrictions, including Iowa state driving records and clinical diagnoses and medical care utilization from the Health Care Financing Administration.

Questionnaire Topics:
- Demographics
- Major health conditions
- Health care utilization
- Hearing and vision
- Weight and height
- Elements of nutrition
- Sleep problems
- Depressive and anxiety symptoms
- Alcohol and tobacco use
- Cognitive performance and dementia screening measures
- Incontinence
- Social networks and support
- Life satisfaction index
- Medication use
- Worries
- Dental problems
- Activities of daily living
- Life events
- Satisfaction with medical care
- Automobile driving habits
- Brief economic status
Blood pressure
Multiple measures of physical and disability status

**Future Plans:**
Data collection was completed in 1992 although continued linking with various indirect data sources may continue under appropriate restrictions. Active analysis is continuing.

**Data Availability:**
The dataset has been shared with several investigative teams under special arrangement with the Principal Investigator. Early surveys are available from Inter-university Consortium for Political and Social Research at the University of Michigan (see appendix). A small storage of blood is available for exploratory analyses.

**Contact:**
Robert B. Wallace, MD, MSc
Department of Preventive Medicine
2800 Steindler Building
University of Iowa College of Medicine
Iowa City, IA  52242
Phone: (319) 335-8999  Fax: (319) 335-6635
Dataset Name: Surveys from The Longitudinal Study of Aging:
Supplement on Aging, 1984
Longitudinal Study of Aging, 1984-1990
Second Supplement on Aging, 1994

Sponsoring Organizations: National Center for Health Statistics (NCHS), National Institute on Aging (NIA)

Project Officers: Julie Dawson Weeks, (NCHS)
Richard Suzman (NIA)

Purpose:
The Longitudinal Study of Aging, a collaborative project of the National Center for Health Statistics and the National Institute on Aging, is a family of surveys designed to measure changes in health status, health-related behaviors, health care, and the causes and consequences of these changes within and across two cohorts of elderly Americans. The surveys also provide a mechanism for monitoring the impact of proposed changes in Medicare and Medicaid and the accelerating shift toward managed care on the health status of the elderly and their patterns of health care utilization.

Description and Study Design:
Supplement on Aging
The Supplement on Aging (SOA) was conducted as part of the 1984 National Health Interview Survey (NHIS). The SOA was based on a probability sample of 16,148 persons 55 years of age and older living in the community. Interviews for the SOA were conducted in person by the U.S. Census Bureau. The following topics were covered in the interview:
• Housing characteristics
• Family structure and living arrangements
• Relationships and social contracts
• Use of community services
• Occupation and retirement (income sources)
• Health conditions and impairments
• Functional status, assistance with basic activities
• Utilization of health services, nursing home stays
• Health options

Longitudinal Study of Aging
The 1984 SOA served as the baseline for the Longitudinal Study of Aging (LSOA), which followed all persons who were 70 years of age and over in 1984 through three follow-up waves, conducted in 1986, 1998 and 1990. All follow-up interviews were conducted over the telephone by interviewers from the U.S. Census Bureau. The major focus of the follow-up interviews was on functional status and changes that had occurred between interviews. Information was also collected on housing and living arrangements, contact with children, utilization of health services and nursing home stays, health insurance coverage, and income. The interview data is augmented by linkage to the Health Care Financing Administration's Medicare records, the National Death Index, and multiple cause-of-death records.

Second Supplement on Aging
The Second Supplement on Aging (SOA II) was conducted as part of the 1994 NHIS. Interviews for the SOA II were conducted during a follow-up visit with NHIS respondents between October 1994 and March 1996. The SOA II sample is comprised of 9,447 persons who had participated in the 1994 NHIS and had turned 70 years of age by the time of the SOA II interview. The SOA II serves as a comparison cohort to the 1984 SOA, and most of the questions from the SOA were repeated in the SOA II. Topics new to the SOA II include:
• Use of assistive devices and medical implants
• Health conditions and impairments
• Health behaviors
• Transportation
Second Longitudinal Study of Aging
The SOA II serves as the baseline for the Second Longitudinal Study of Aging (LSOA II). Data collection for the first follow-up wave of the LSOA II was conducted between May 1997 and March 1998. The second follow-up wave of interviewing was fielded in June 1999 and is scheduled to be completed in March 2000. A final follow-up wave will be conducted if funding is secured. Many of the questions included in the SOA II are repeated in the follow-up interviews. In addition, the follow up questionnaires include more extensive health insurance and income information. The amount of health service utilization data provided through linkage to Medicare records will be greatly expanded over what was available in the first LSOA.

Data Availability:
SOA
Data from the full SOA sample of persons 55 years of age and older is available on magnetic tape. The tape can be purchased for $275 from the Division of Health Interview Statistics at the National Center for Health Statistics. Members of the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan (see appendix) may obtain the data free of charge through the ICPSR.

LSOA
The complete set of data from all four interview waves and corresponding documentation is available on magnetic tape and CD-ROM. The CD-ROM, released in November 1993, contains an instruction guide, help screens, complete documentation, the LSOA methodological report and search software. The person file contains all of the data from the four interviews, the most recent information on the fact and date of death, and an indicator of whether there are records of Medicare-covered health services use. Two other files on the same CD-ROM contain information from the Medicare-covered inpatient and outpatient records.

These data and documentation can be obtained from the Data Dissemination Branch at the National Center for Health Statistics, ICPSR, and the National Technical Information Service in Springfield, Virginia. ICPSR also releases the data on 3.5” disks for those who want to work on PCs instead of mainframe computers. The LSOA CD-ROM is also available from the National Institute on Aging and by contacting Julie Dawson Weeks at NCHS. The study is fully documented in three Vital and Health Statistics monographs: Series 1, Numbers 18, 21 and 28.

SOA II
The SOA II data file was first released to the public in March 1998 on magnetic tape. This Version 1 data file and documentation can be obtained from the Data Dissemination Branch at the National Center for Health Statistics, ICPSR, and the National Technical Information Service (NTIS) in Springfield, Virginia. Version 2 of the SOA II data file was released in September 1998 on CD-Rom and can be obtained from NTIS or from Julie Dawson Weeks at NCHS. Updated files will be released as record matches from the National Death Index as Medicare utilization records become available.

LSOA II
The follow-up interviews conducted as part of the LSOA II will be released to the public as they are completed and prepared for release. The second wave of interviews, the first follow-up wave, is expected to be released in early 2000.

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Dataset Name: The Luxembourg Income Study (LIS)

Data Collection Organization: CEPS/INSTEAD

Principal Investigator: Timothy M. Smeeding

Purpose and Description:
Since its beginning in 1983, the LIS has grown into a cooperative research project with a membership that includes countries in Europe, North America, and Australia. The database now contains information for more than 27 countries for one or more years. Negotiations are in the process of adding data from additional countries, including Korea, South Africa and Mexico. The LIS databank has a total of over 90 datasets covering the period 1968 to 1997. In 1999, additional surveys from the middle 1990s will be added for most of these nations to finish Wave IV. The dataset is accessed globally via electronic mail networks (see chart on next page). Extensive documentation concerning technical aspects of the survey data and the social institutions of income provision in member countries is also available to users.

Objectives:
• Test the feasibility for creating a database containing social and economic data collected in household surveys from different countries
• Provide a method which allows researchers to use the data under restrictions required by the countries providing the data
• Create a system that allows research requests to be received from and returned to users at remote locations
• Promote comparative research on the social and economic status of various populations and subgroups in different countries

Bibliography:
Reports by participants in the LIS project have appeared in several books, articles and dissertations. Each completed study is published in the LIS working paper series, which currently numbers more than 200 papers. Abstracts of working papers are available on the Luxembourg Income Study home page (http://lissy.ceps.lu/index.htm). The project conducts annual summer workshops to introduce researchers to the database, and to give scholars experience in cross-national analysis of social policy issues related to income distribution. Over 400 students attended the 1988 through 1999 sessions. An LIS Newsletter is published twice yearly and mailed to over 1300 scholars in 38 nations.

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## LIS Database List:

### Country and Year

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### Notes:

1. Year given is reference year, not necessarily the year that the data were collected. Codes within the cells are the LIS database country/year abbreviations.
2. We are also in negotiation with Greece (1995), Korea (1993), Mexico (1990), and South Africa (1993). Japan (1993), and New Zealand (1995).
   * Anticipated that this will be available in 1999.
   + Anticipated that this will be available in 1999 or later.
II. Partial List of Variables:

**HOUSEHOLD LEVEL VARIABLES**

**Income Variables**
V1  GROSS WAGES AND SALARIES
V4  FARM SELF-EMPLOYMENT INCOME
V5  NONFARM SELF-EMPLOYMENT INC.
V8  CASH PROPERTY INCOME
V10 MARKET VALUE OF RESIDENCE
V11 INCOME TAXES
V16 SICK PAY
V17 ACCIDENT PAY
V18 DISABILITY PAY
V19 SOCIAL RETIREMENT BENEFITS
V20 CHILD OR FAMILY ALLOWANCES
V21 UNEMPLOYMENT COMPENSATION
V22 MATUREY ALLOWANCES
V23 MILITARY/VET/WAR BENEFITS
V25 MEANS-TESTED CASH BENEFITS
V26 ALL NEAR-CASH BENEFITS
V32 PRIVATE PENSIONS
V33 PUBLIC SECTOR PENSIONS
V34 ALIMONY OR CHILD SUPPORT
V39 GROSS WAGES/SALARY HEAD
V40 HOURLY WAGE RATE HEAD
V41 GROSS WAGE/SALARY SPOUSE
V42 HOURLY WAGE RATE SPOUSE

**Demographic Variables**
D4  NUMBER OF PERSONS IN FAMILY
D5  FAMILY STRUCTURE
D6  NUMBER OF EARNERS
D7  GEOGRAPHIC LOCATION
D22 TENURE (OWNED OR RENTED)
D27 NUMBER OF CHILDREN
D28 AGE OF THE YOUNGEST CHILD
D1  AGE OF FAMILY HEAD
D2  AGE OF SPOUSE OF FAMILY HEAD
D3  SEX OF FAMILY HEAD
D8  ETHNICITY/RACE OF HEAD
D10 HEAD LEVEL OF EDUCATION
D11 SPOUSE LEVEL OF EDUCATION
D14 HEAD'S OCCUPATION
D15 SPOUSE'S OCCUPATION
D16 HEAD INDUSTRY CLASSIFICATION
D17 SPOUSE INDUSTRY CLASSIFICATION
D18 HEAD STATUS OF WORKER GROUP

**PERSONAL LEVEL VARIABLES**

**Demographic Variables**
PAGE Age
PACTIV Activity Status
PSEX Sex
PETHNAT Ethnicity/nationality
PIMMIGR Immigration Status
PMART Marital Status
PREL Relationship
PEDUC Educational Level
PTOCC Occupational Training
POCC Occupation
PIND Industry
PTYPEWK Type (status) of worker
PDISABL Disability Status
PLFS Labor Force Status
PACTIV Activity Code (occupation)
PWEEKFT Weeks worked full time
PWEKPT Weeks worked part time
PWEKUP Weeks unemployed
PHOURS Hours worked per week

**Income Variables**
PHRWAGE Hourly wage rate
PGWAGE Gross wage/salary
PNWAGE Net wage/salary
PUNEMP Unemployment compensation
PSOCRET Social retirement
PPRVPEN Private pensions
PPUBPEN Public pensions
MPREETC Mandatory employee contribution
PMERC Mandatory employer contribution
PYTAX Income taxes
PWRTAX Property/wealth taxes
Dataset Name: The Second Malaysian Family Life Survey (MFLS-2)

Sponsoring Organizations: The National Institute on Aging  
The National Institute of Child Health and Human Development

Principal Investigator: Julie DaVanzo

Data Collection Organizations: RAND and the National Population and Family Development Board (NPFDB) of Malaysia

Purpose: The second round of the Malaysian Family Life Survey (MFLS-2) is a follow-up of the 1976-1977 Malaysian Family Life Survey (MFLS-1). As in MFLS-1, the MFLS-2 covers both the respondents' and spouses' marriage, fertility, employment, education and migration histories as well as extensive information on the household economy. The MFLS-2 contains a supplementary sample of persons age 50 or older. The data permit analysis of intergenerational transfers to the elderly and their covariates; the living arrangements of the elderly; the health of the elderly; labor supply, occupation and retirement status of the elderly; and their migration patterns. This supplement fills the gap left by many standard sources of demographic and economic information about Third World populations, such as fertility surveys and labor force surveys, which effectively exclude the elderly.

Description and Study Design:
Field work for MFLS-2 began in August 1988 and was completed in January 1989. The survey was fielded in four samples:
- **The Panel Sample** - Women who were the primary respondents to the First Malaysian Family Life Survey (MFLS-1), who at that time (1976) were ever-married women aged 50 or younger. There are 926 Panel households in MFLS-2, a follow-up rate of 72%.
- **The Children Sample** - Children aged 18 or older in 1988 of the women interviewed as primary respondents for MFLS-1; i.e. adult children of the women eligible for the MFLS-2 Panel sample. There were interviews with one child, selected at random, inside the Panel household and two children, selected at random, living elsewhere in Peninsular Malaysia. There are 1,136 respondents in the Children sample.
- **The New Sample** - A sample of households with a woman aged 18-49 (regardless of her marital status) or an ever-married woman under age 18. There are 2,184 respondents in MFLS-2 New Sample.
- **The Senior Sample** - Selected households with a person age 50 or over. There are 1,357 respondents in the Senior Sample.

Future Plans:
RAND has recently been funded by NICHD to conduct a Third Malaysian Family Life Survey in 1999. All MFLS-2 samples will be re-interviewed, as well as their children and a new sample representative of Peninsular Malaysia in 1999.

Bibliography:
Chan, Angelique and Julie DaVanzo. 1994. "Living Arrangements of Older Malaysians--Who Coresides With Their Adult Children?," *Demography* 31(1); also available as RP-284, 1994, RAND.

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Santa Monica, CA 90407-2138  
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E-mail: julie@rand.org
**Dataset Name:** Matlab Health and Socioeconomic Survey (MHSS)

**Sponsoring Organization:** National Institute on Aging

**Data Collection Organizations:** RAND, The University of Pennsylvania, and The International Centre for Diarrhoeal Disease Research, Bangladesh

**Principal Investigator:** M. Omar Rahman

**Purpose:**
In the coming decades, declining fertility and increasing life expectancy will cause populations to age rapidly worldwide, but especially so in the (mostly rural) societies of the developing world. Despite the trend toward an older population, little empirical data has been collected to clarify how the old are faring and how their social and economic status will change as the population ages. Indeed, most sources of demographic information on developing countries exclude old people from the population to maximize efficiency for the primary task of estimating recent fertility and infant mortality rates. Also, most information on the economic status of households comes from labor force surveys and household budget surveys, which often exclude older people.

There have been some notable surveys examining aging populations in Asian countries, e.g., surveys by the University of Michigan, Population Studies Center; the World Health Organization; the United Nations University, and the Association of Southeast Asian Nations. While these surveys represent important first steps toward understanding the wellbeing of the older population, they typically do not contain enough information to assess the behavioral processes that must be analyzed for governments to develop fully informed policies.

**Description:**
This study addresses these concerns by means of a major family and community survey conducted in 1996 in Matlab, a region of rural Bangladesh in which there is an ongoing prospective Demographic Surveillance System (DSS). For a detailed description of the Matlab surveillance population, please refer to J. Menken and J.F. Phillips, 1990 “Population Change in a Rural Area of Bangladesh, 1967-87,” *Annals of the American Academy of Political and Social Science*, 510:87-101. Further information about Matlab can be obtained from the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) ([http://www.icddrb.org/](http://www.icddrb.org/)).

**Objectives:**
The ultimate goal of the survey effort is to enter into the public domain a new and unique microlevel data set for research on aging. In particular, these new data will support in-depth analyses -- not possible with existing survey data -- on interrelated topics having to do with life-cycle investments in the physical, economic, and social wellbeing of the elderly. These topics include the effect of socioeconomic and behavioral factors on adult survival, health status, and health care utilization; the linkages among elderly well-being, kin characteristics and intergeneration of resource flows, and the impact of community services and infrastructure on adult health and other human capital acquisition.

**Study Design:**
It is important to note that the MHSS actually consists of four distinct and separate surveys that have different samples and serve different analytic objectives. These component surveys are:

- **The Main survey** consisting of household- and individual-level information on 4,364 households clustered in 2,687 baris, an approximately one-third random sample of the total number of baris in the Surveillance area. This component is likely to be the one that is most useful to the widest group of analysts. The Main data contains an additional 174 households clustered in 94 other baris that fell outside the prescribed sampling scheme and which should be dropped from analyses. Thus, the total number of households found in the Main sample data is 4,538.
- **The Determinants of Natural Fertility Survey (DNFS),** a specialized survey consisting of household- and individual-level information on a particular follow-up group of 1,790 households out of the 2,441 women who were originally interviewed about their health and pregnancy status in the mid 1970s. The available data on 1,806 DNFS women in these 1,790 households represents approximately an 80% sample of the surviving 2,273 DNFS women.
- **The Outmigrant survey,** another specialized survey consisting of household- and individual-specific information on 552 outmigrants who had left the households of the primary sample between 1982 and the date of the MHSS and had not returned to their original households or baris. This represents approximately an 8% sample of outmigrants who had left since 1982.
The Community/Provider survey consists of information on community infrastructure and services on the 141 constituent villages of the primary sample respondents and detailed data on 254 health/family planning providers, and 100 educational facilities potentially serving (in the opportunity set of) the primary sample households in the MHSS. This constitutes a near census of schools and health and family planning clinics serving the study population and a sample of individual health/family planning providers.

**Household Questionnaire Topics:**
- Consumption
- Household and individual assets
- Agricultural and nonagricultural income
- Economic shocks
- Education and training histories
- Migration histories and residential change
- Nonresidential kin
- Life styles and habits
- Acute morbidity
- Self-treatment
- Inpatient health service utilization
- Social support networks
- Labor earnings
- Borrowing and lending histories
- Transfers and remittances
- Marriage histories
- Employment histories
- Pregnancy histories
- Children ever born
- Ability to perform ADLs
- Chronic morbidity and disability
- Outpatient health service utilization
- Living arrangement history
- Other transfers

**Directly Observed Objective Measurements:**
- Anthropometrics
- Physical performance measures
- Cognitive testing

**Community Questionnaire Topics:**
- Quality indicators of schools in risk set of households
- Quality indicators of health providers in risk set of households
- Village Characteristics

**Agencies/Organizations Involved in Planning the Survey:**
RAND
University of Pennsylvania
Harvard School of Public Health
International Centre for Diarrhoeal Disease Research, Bangladesh

**Obtaining MHSS Data:**
The MHSS data and documentation have been sent to the Inter-university Consortium for Political and Social Research (ICPSR) for inclusion in their public National Archive of Computerized Data on Aging (NACDA) holdings (see appendix). Once the MHSS has been entered into the data archive at ICPSR, all documentation concerning the MHSS (codebooks, etc.) will be available in PDF format from ICPSR. The MHSS data are available in a sub-file format in which subsections of the survey questionnaire are stored in separate data files. Each sample described above (Main, DNFS, Outmigrant, and Community/Provider) has its own set of data subfiles.

The MHSS data and documentation are also available from RAND via anonymous FTP, and the following web site: http://www.rand.org/FLS/MHSS/. The actual questionnaires used in the survey are currently available only in hardcopy form from RAND for a minimal charge to cover handling and shipping. Requests to RAND for hardcopy versions of the MHSS documentation should be made to:

Distribution Services
RAND
1700 Main Street
P.O. Box 2138
Santa Monica, CA 90407-2138
Phone: 310-451-7002

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If you have questions about the MHSS survey, please send e-mail to mhss-supp@rand.org.

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Dataset Name: National Long Term Care Survey (NLTCS)

Sponsoring Organizations: 1982: Assistant Secretary for Planning & Evaluation/Health Care Financing Administration  
1984: Health Care Financing Administration/National Center for Health Services Research  
1989: National Institute on Aging/Duke University/Assistant Secretary for Planning & Evaluation  
1994: National Institute on Aging/Duke University/Assistant Secretary for Planning & Evaluation  
1999 National Institute on Aging/Duke University/Assistant Secretary for Planning & Evaluation

Principal Investigator: Kenneth G. Manton, Ph.D.

Data Collection Organization: Bureau of the Census

Purpose:
The 1982, 1984, 1989, 1994, and 1999 National Long Term Care Surveys (NLTCS) are surveys of the entire aged population with a particular emphasis on the aged who are functionally impaired. The samples drawn from aged Medicare beneficiary enrollment files are nationally representative of both community and institutional residents. As sample persons are followed through the Medicare record system, virtually 100% of cases can be longitudinally tracked so that declines, as well as increases, in disability may be identified as well as exact dates of death. NLTCS sample persons are followed until death and are permanently and continuously linked to the Medicare record system from which they are drawn. Linkage to the Medicare Part A and B service use records extends from 1982 to 1995, so that detailed Medicare expenditures and types of service use may be studied. Through the careful application of methods to reduce nonsampling error, the surveys provide nationally representative data on:

- The prevalence and patterns of functional limitations, both physical and cognitive;
- Longitudinal and cohort patterns of change in functional limitation and mortality over 12 years;
- Medical conditions and recent medical problems;
- Health care services used;
- The kind and amount of formal and informal services received by impaired individuals and how it is paid for;
- Demographic and economic characteristics like age, race, sex, marital status, education, and income and assets;
- Out-of-pocket expenditures for health care services and other sources of payment;
- Housing and neighborhood characteristics.

Description and Study Design:
The 1982, 1984, 1989, 1994, and 1999 NLTCS are designed to measure the point prevalence of chronic (90 days or more) disability in the U.S. elderly Medicare enrolled population and changes (both improvement and incidence) in chronic disability (and institutionalization) over time.

This list sample for the 1982 NLTCS was randomly drawn from Medicare administrative files. 35,008 persons over age 65 who were Medicare eligible and alive on April 1, 1982 were drawn. A two-stage procedure identified chronically disabled persons for household interviews. In the first stage, all 35,008 persons were screened (80% by phone, 20% in person). This identified 6,393 persons in 1982 with at least one chronic (duration of 90 days or more) impairment in seven Instrumental Activities of Daily Living (IADL) or nine Activities of Daily Living (ADL). Since residence was confirmed in the screening, 1,992 institutional residents can be separated from the 26,623 nondisabled community residents (of the 35,008 total) who reported no ADL or IADL impairments. The 6,393 chronically disabled community residents in 1982 were interviewed at home to assess health, functioning, social, economic, and other factors. Interviews were completed with 6,083 (95.2%) – 24.7% were conducted with the help of proxies. No institutional interviews were conducted in 1982.

The 1984 NLTCS had a complete longitudinal design with an institutional component. All persons surviving to 1984 who, in
1982, either reported chronic disability or were in institutions, were reinterviewed in 1984 with either a detailed community or institutional questionnaire. Consequently, not only disabled survivors were tracked, but also previously disabled survivors who had become nondisabled. In addition, 12,100 community residents (45.4%) of 26,623 screened in 1982, and who were not chronically disabled, were rescreened with the same instrument in 1984 to determine disability incidence. A new sample of 4,916 persons who became age 65 between the 1982 and 1984 surveys and who survived to 1984 was drawn from Medicare files and screened. Incident cases of chronic disability from either screen sample component received either a detailed in-home or institutional interview. The 1984 sample provides estimates of two-year disability and mortality rates for a longitudinally followed population and representative cross-sectional prevalence estimates of disability and institutional residence of the total 1984 U.S. elderly Medicare enrolled population 65 and over.

The 1989 NLTCS was designed to estimate disability and institutionalization rates for the 1982-1984 and 1984-1989 periods. Persons in either 1982 (or 1984) who were institutionalized, or who received a detailed community survey and survived to 1989, were reinterviewed – either in the community or in an institution. An “aged-in” sample of 4,907 persons who became 65 between 1984 and 1989 and survived to 1989 were selected and screened for disability. In addition, 5,000 persons who were over 65 and had “screened out” as not chronically disabled in 1984 were rescreened. All nondisabled persons over age 75 (in 1989) from the 1984 sample were automatically screened in 1989.

The 1994 NLTCS was designed to precisely estimate disability and institutionalization rates for the 1982-1994 period. Persons in either the 1982, 1984, or 1989 surveys who received a detailed interview in the community or an institution and survived to 1994 were reinterviewed, where ever they might reside in the United States. An aged-in sample of approximately 4,500 persons who became 65 between 1989 and 1994 and survived to 1994 were selected and screened for disability. Furthermore, in 1994 a supplementary group of about 1,000 community interviews were conducted with nondisabled persons (the healthy supplement). This group will be followed like all other detailed interview persons in subsequent years. These persons augment the approximately 900 persons already in the 1994 detailed survey who report no disability; result of the longitudinal data collection procedure. Further, a group of 540 persons, age 95+ were also drawn in 1994 and screened for disability. This supplemental sample greatly increases the precision associated with estimates of the extremely aged.

The 1999 NLTCS was designed to precisely estimate disability and institutionalization rates for the 1982-1999 period. In 1999 NLTCS employed, for the first time, Computer Assisted Personal Interviewing (CAPI). We expect that CAPI will reduce errors in the database and make public use files rapidly available. Persons in either the 1982, 1984, 1989, or 1994 surveys who received a detailed interview (in the community or in an institution) and survived to 1999 were reinterviewed if they resided in the United States. 3,891 of the 19,875 persons in the 1999 NLTCS sample had been interviewed previously with a detailed questionnaire. An “aged-in” sample of approximately 5,000 persons who became 65 between 1994 and 1999 and survived to 1999 were selected and screened for disability. A supplementary group of 1,545 persons were selected for detailed interviews as part of the “healthy supplement”. This group, 762 persons of whom were interviewed in 1994, will be followed like other detailed interview groups in future survey years. Also a group of 778 persons age 95+ were selected in 1999: 178 were selected for interview in a variety of ways and 600 of whom were selected as part of a supplementary sample of the extreme aged. 47 persons (of the 778) received the detailed interview in 1994. Quite precise estimates of the extreme aged population are thus available. Notably, several cognitive assessment batteries were added to the 1999 community interview questionnaire.

In each of the five surveys, large samples (N=2,000) of the oldest-old population (i.e., those 85 and over) are obtained. The survey data (i.e., detailed community and institutional interviews; screening surveys of nondisabled persons) were linked to Medicare service use files for the years 1982 to 1995. The linkage to Medicare enrollment files between 1982 and 1988 was 100%, i.e., there was complete follow-up of all cases (including survey nonrespondents) for Medicare eligibility (and for most years, detailed Part A and B use), mortality, and date of death. Medicare mortality records (and dates of death) were used to estimate mortality rates for the five-year periods April 1, 1984 to April 1, 1989 and April 1989 to April 1, 1994, and for the two-year period April 1, 1982 to April 1, 1984. Further linkage to Medicare enrollment and mortality files is planned. Questions about disability and health were identical in 1982, 1984, 1989, 1994, and 1999 and found to be reliable and replicable between surveys.

The data were adjusted to ensure consistency across survey years with respect to data collection methods, nonresponse adjustment, mortality allocation and adjustment, and case classification. Any bias introduced by adjustments was designed to be “conservative,” i.e., against showing positive health trends.
One adjustment was for persons automatically interviewed in 1984 and 1989 who were not disabled according to the 1982 screening interview criteria. This is obvious when no disability is reported. However, the ability to perform “heavy” housework was an IADL not included in the screening instrument. It was an item on the detailed household instrument. Thus, a person who reported only problems with heavy housework would not be disabled on the screen (and would not be recruited to the disabled subsample). Thus, we classified persons who automatically screened in, but who reported only problems with heavy housework as nondisabled. This required determining disability from individual items (and not “check” items).

Nonrespondents were allocated across disability and institutional residence categories. An alternate allocation of nonresponse (less than 5% in each year) might change the distribution of persons on disability level but would not affect the estimated size of the combined community disabled and institutionalized population. Thus, nonresponse allocation is unlikely to produce bias in the total population estimate.

In the new 1982, 1984, 1989, and 1994 NLTCS file linked to Medicare data 1982 to 1995, a number of ancillary analytic variables and special longitudinal weights were appended to aid the investigator in dealing with the complex cross temporal studies of the survey. This will become increasingly important as, with the 1994 file, meaningful cohort analyses can be conducted. The file is beginning to be lengthy enough to identify period effects. The number of deaths (i.e., about 17,000 1982 to 1995) is large enough that detailed mortality analyses can be done. Further, over the 12 years spanned by the four surveys a total of 35,848 distinct individuals were followed from and linked to Medicare records. The 1994 survey file was added to the public use linked file during 1996. The 1999 survey’s public use file should be available in 2000. A future wave is planned for 2004.

**Data Availability**

The 1982, 1984, 1989, and 1994 National Long Term Care Survey Public Use Files are now available on CD-ROMs. The 1999 survey will be added during 2000. You may request this CD-ROM by printing out the data request letter (see sample letter on the next page). This letter must be notarized before you return it to use. After we receive your notarized letter we will ship the CD-ROM to you. You may send the letter to Kenneth G. Manton.

Continuously linked Medicare data (1982 thru 1994) for the persons in the 1982, 1984, 1989, and 1994 National Long Term Care Surveys have been placed on CD-ROM. 1999 data will be added during 2000. These were the data that were previously available from the Center for Demographic Studies. All records have a unique sequence number to link to the National Long Term Care Survey respondents. Documentation for all years has been included on the CD for ease of use.

This CD may be obtained through the Health Care Finance Administration: Kimberly Elmo will take your request. You may reach her at (410) 786-0161.

**Bibliography:**

Articles have been published in the *Journal of Gerontology*, the *Gerontologist*, and the *Proceedings of the National Academy of Science* which report both descriptive and analytic findings on functional limitations, medical conditions, and the correlates of aging.
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Dear Dr. Manton:

This letter is a request for access to data from the 1994 (or 1982, 1984, 1989, and 1994 linked) Long Term Care Survey. Currently, we need this data in order to:

In accepting this dataset, we agree to the following stipulations:

- We will only use this dataset for statistical report and analysis that we will be conducting;
- We will not be disseminating this dataset to anyone else;
- We will not make any attempts to identify or locate any person or establishment discovered inadvertently and we will notify you upon the discovery of any such information;
- We will not link this dataset with individually identifiable data from other datasets.

We appreciate your cooperation.

Thank-you

(Requester’s Name and Address)

(Notary Seal)
Dataset Name: National Longitudinal Survey: 1990 Resurvey of Older Males (NLS-Older Males)

Sponsoring Organization: National Institute on Aging

Data Collection Organization: Ohio State University, Center for Human Resource Research

Principal Investigator: Randall J. Olsen

Purpose:
This project has made available to gerontological researchers a rich longitudinal data bank spanning a quarter of a century in the lives of a representative national sample of men who were 69-84 years of age when last interviewed in 1990.

Description and Study Design:
The original sample of 5,020 men, first interviewed in 1966, was re-interviewed periodically until 1983 under a contract with the U. S. Department of Labor. The study provided a detailed longitudinal record of their labor market activity, health, financial status, family structure, and attitudes toward and experience in retirement. The NIA grant made possible a re-interview in 1990 with the surviving men and the widows (or other next-of-kin) of the decedents. Interviews were obtained with 2,092 surviving men, with 1,341 widows, and, in the absence of a widow, with 865 other relatives of decedents--an astonishing 86 percent of the original number of sample cases.

The merging of the 1990 data (including death certificate information for the decedents) brings into being an unprecedented longitudinal data bank that allows the current state of physical and psychological well-being and the socioeconomic status of the men to be explored in the light of their earlier records. The fact that blacks were over-represented in the original sample in a ratio of about three or four to one means that there is a sufficient number of surviving black men (about 500) for statistically reliable interracial comparisons (the oversample of Blacks is 19.3%). As a bonus, there is current information on labor market activity, income, and assets for a sample of about 1,350 widows, 90 percent of whom are between 60 and 89 years of age. This information can be linked to earlier data on the women's health and work activity that was reported by their late husbands.

Due to the original sample selection, other NLS cohorts contain wives and daughters of the older men. These other surveys also hold a wealth of detailed information on aging and retirement issues. For example, surveys during the early 1990s of the NLS of Mature Women and Young Women provide detailed information on pensions and inter-generational transfers of money and time. Note: The Mature Women did not answer any transfers questions until 1997 (so early 90s is not really correct). In 1997 both women’s cohorts answered questions about parents and transfers; in 1999 the module focused on children and transfers. Also, there are a few questions about health insurance after retirement and attitudes toward retirement.

Objectives:
* Examine the progression of disability from middle to old age
* Examine male mortality in the pre- and post-retirement years
* Examine patterns of economic adjustment to widowhood in old age
* Examine the adequacy of post-retirement medical care benefits
* Examine the extent of interest in and ability to work among aged males
* Examine the extent and character of labor market activity among aged males
* Examine the adjustment to retirement
* Examine the quality of life of the elderly
* Examine changes in economic well-being in the retirement years

Data Availability:
The merged data and documentation are available to the research community on a CD-ROM with search and extraction software from the Ohio State University Center for Human Resource Research, NLS User Services.

Bibliography:
The NIA grant supported only the collection and preparation of the data files. However, in the process of checking and editing the data files, the Center for Human Resource Research prepared a series of cross-tabulations representing most of the major content areas.
listed above. These, with accompanying text, are available to potential users of the data as a means of illustrating relationships that invite more sophisticated analysis (Herbert S. Parnes, et. al. 1992. The NLS Older Male Sample Revisited: A Unique Data Base for Gerontological Research. Columbus: The Ohio State University, Center for Human Resource Research). The following are illustrative of the generalizations appearing in that publication:

- Self-ratings of health in 1966 appear to be predictive of mortality between then and 1990.
- Self-evaluations as well as three other measures of current health status are each related to three different psychological scales measuring emotional well-being.
- A "global" measure of total net assets (in which the respondent selects a category in which he falls) yields a distribution very similar to that derived from a detailed series of questions on the value of various types of assets.
- Even when home equity is not included, median net assets for the total sample of retirees were higher in 1990 (adjusting for inflation) than prior to retirement.
- About one-fifth of the total sample of men worked in 1989. The likelihood of labor market activity bore a strong positive relationship with level of assets and educational attainment.

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NLS Homepage:  http://stats.bls.gov:80/nlshome.htm
NLS Bibliography:  http://www.chrr.ohio-state.edu/nls-bib/

The sample size for each interview year is in the following table:

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</table>

^1 Interviews were completed during 1990 with 2,092 surviving members of the original sample and with 1,341 widows and 865 next-of-kin of deceased respondents.
Dataset Name: National Nursing Home Survey Follow-up (NNHSF)

Sponsoring Organization: National Institute on Aging

Data Collection Organization: National Center for Health Statistics, DHHS/ASPE

Project Officers: Richard Suzman, National Institute on Aging
Jennifer Madans, National Center for Health Statistics

Purpose: The primary purpose of the NNHSF is to provide data on the flow of persons in and out of long-term care facilities and hospitals.

Description and Study Design: The National Nursing Home Survey Follow-up (NNHSF) is a longitudinal study which follows the cohort of current residents and discharged residents sampled from the 1985 National Nursing Home Survey (NNHS). The NNHSF builds on the data collected in the 1985 NNHS by providing longitudinal information on nursing home and hospital utilization. The study was conducted in three waves. Wave I of the NNHSF was conducted from August through December 1987. Wave II of the NNHSF was conducted from July through November 1988, approximately 12 months after the completion of Wave I. Wave III, the final wave of the study, began in January 1990 and ended in April 1990. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) collaborated with NCHS and NIA in conducting Wave III of the NNHSF.

The 1985 NNHS collected a variety of information about long-term care facilities and their residents. Data were collected on a sample of patients who were current residents at the time of contact with the facility as well as a sample of discharges that occurred 12 months prior to the facility contact. There were 5,243 current residents and 6,023 discharges. For the current residents, detailed information was collected regarding dependence in activities of daily living, functional impairments, diagnoses, the receipt of services, cognitive and emotional status, charges, source of payments, history of nursing home use and a number of other topics of considerable prognostic significance. For the discharged residents, detailed information was obtained regarding diagnoses and services, source of payments, nursing home and hospital use prior to the sampled nursing home stay, hospitalization during the sample stay, and nursing home re-admissions subsequent to the sample stay. To supplement the current and discharged resident components, the 1985 NNHS included a new component - the Next-of-Kin (NOK). The NOK, using a Computer Assisted Telephone Interviewing (CATI) system, was designed to collect information about current and former nursing home residents that is not generally available from patient records or other sources in the nursing home.

The NNHSF obtains additional information on a portion of the residents for whom a Current Resident Questionnaire (CRQ) or a Discharged Resident Questionnaire (DRQ) was completed. The Wave I follow-up cohort is comprised of two types of cases. All cases with a completed NOK interview who were not known to be deceased as of the NOK are included. Cases that were eligible for the NOK but did not result in a completed interview were also included in Wave I. Interviews were completed for 6,001 subjects. At the time of contact, 1998 subjects were found to be deceased. The NNHSF Wave II obtained additional information on those surviving subjects for whom a Wave I interview had been completed. In addition, interviews were attempted for Wave I subjects for whom no interview attempt was made through interviewer error at the time of Wave I but who were not known to be deceased. Wave II interviews were completed for 3,868 subjects. At the time of contact, 723 subjects were found to be deceased.

Information on the vital status of the subject (alive/deceased) at the time of the Wave II interview and the response status of the Wave II questionnaire (completed/not completed) was used to identify subjects eligible for a Wave III interview. A total of 3,160 subjects for whom some information was obtained during Wave II and who were alive at the time of the interview were initially identified as potentially eligible for Wave III, and 3,121 subjects were finally eligible.

In September 1994, the National Nursing Home Survey Follow-up Mortality Public Use Data Tape was released, covering the years 1984-1990. It contains the multiple cause-of-death information for 6,507 subjects from the NNHSF found to be deceased after linking and matching of files with the National Death Index. Information on the mortality tape includes the date of death, region of occurrence and residence, etc. All NNHSF tapes include a patient identification number common across files to allow linkage among them.

Data Availability: Public Use data tapes for each wave and the mortality tape are available through the National Technical Information Office (NTIS), the National Archive of Computerized Data on Aging (NACDA) and the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan (see appendix). The 1985 survey tape includes eight files: the facility questionnaire, nursing
staff questionnaire, current resident questionnaire, discharged resident questionnaire, expense questionnaire, nursing staff sampling list, current resident sampling list, discharged resident sampling list. The next-of-kin questionnaire is available on a separate tape.

**Bibliography:**
Data are published in *Vital and Health Statistics*, Series 13 and *Advance Data* reports. A summary report of the 1985 survey is found in *Vital and Health Statistics*, Series 13, no. 97.

**Related reports include:**

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**Dataset Name:** The National Survey of Families and Households Reinterview (NSFH-Reinterview)

**Sponsoring Organizations:**
- National Institute on Aging
- National Institute of Child Health and Human Development

**Data Collection Organization:** Temple University, Institute for Survey Research

**Principal Investigator:** Larry L. Bumpass

**Description:**
The National Survey of Families and Households, conducted during 1987 and 1988, is a national sample survey that covers a wide variety of issues on American family life. It involved interviews with 13,017 respondents, including a main cross-section sample of 9,643 persons aged 19 and over plus an oversample of minorities and households containing single-parent families, stepfamilies, recently married couples, and cohabiting couples. In each household, a randomly selected adult was interviewed. In addition, a shorter, self-administered questionnaire was filled out by the spouse or cohabiting partner of the primary respondent. Interviews averaged about 100 minutes, although interview length varied considerably with the complexity of the respondent's family history. Topics covered included detailed household composition, family background, adult family transitions, couple interactions, parent-child interactions, education and work, economic and psychological well-being, and family attitudes. The original sample was reinterviewed in 1992-93, five years after the original interview. Proposals have been submitted for a third round of interviews in 2000-2001.

**Objectives:**
- Gather life history information for the period since the first interview, including marriages, marital dissolutions, births, work experience, and other transitions
- Measure health and wellbeing in a variety of domains
- Measure the family process, including parenting and spousal relationship questions
- Examine kinship, social support, and interhousehold exchanges
- Examine current labor force involvement, income sources, assets and debt

**Study Design:**
- Baseline, 1987-88; Follow-up, 1992-94
- Interview of all surviving members of the original sample via face-to-face personal interview
- Personal interview with the current spouse or cohabiting partner almost identical to the interview with the main respondent
- Personal interview with the original spouse or partner of the primary respondent in cases where the relationship has ended
- Telephone interview with "focal children" who were originally 13-18, who will be age 18-23
- Short telephone interview with children who were originally age 5-12, who will be age 10-17
- Short proxy interviews with a surviving spouse or other relative in cases where the original respondent has died or is too ill to interview
- A telephone interview with a randomly selected parent of the main respondent
- Oversamples: Blacks, 9.2%; Mexican-Americans, 2.4%; Puerto Ricans, 0.7%

**Data Availability:**
The data set is freely available by FTP (contact: NSFHELP@SSC.WISC.EDU for further information.). Extensive information about the content and availability of the data can be found at the following website: http://www.ssc.wisc.edu/nsfh/home.htm.

**Bibliography:**
The previously mentioned web site also contains an extensive bibliography of publications using NSFH data.
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Homepage: http://www.ssc.wisc.edu/nsfh/home.htm
Dataset Name: New Beneficiary Survey (NBS) and New Beneficiary Follow-up (NBF)

Sponsoring Organizations: National Institute on Aging, Social Security Administration, Health Care Financing Administration, Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Health, Agency for Health Care Policy and Research

Project Officers: Richard Suzman, National Institute on Aging
Howard M. Iams, Social Security Administration

Purpose:
The New Beneficiary Data System (NBDS), developed over the past decade, is an increasingly important source of information on the changing circumstances of aged and disabled beneficiaries. Based initially on a survey of new beneficiaries conducted in 1982, the data set was subsequently enhanced with information from administrative records, and in 1991, through follow-up interviews with survivors from the original survey. The result is a longitudinal data file - a rich source of information on these cohorts of aged and disabled persons during the first decade after they began receiving benefits.

Description and Study Design:
The Initial Data Base: The NBS
The New Beneficiary Survey (NBS) was conducted in late 1982 with a sample representing nearly 2 million persons who had begun receiving Social Security benefits during a 12-month period in 1980-81. Interviews were completed with three types of beneficiaries: 9,103 retired workers, 5,172 disabled workers, and 2,417 wife or widow beneficiaries. (These sample numbers are slightly lower than the numbers previously reported in some publications. During the course of analysis, several hundred respondents were found to have received Social Security benefits prior to 1980-81. These respondents are excluded here and in later stages of the NBDS). In addition, interviews were obtained from 1,444 persons aged 65 or older who were covered by Medicare but were not receiving Social Security payments because of high earnings. The NBS interviews covered a wide range of topics, including demographic characteristics, marital and childbearing history, employment history, current income and assets, and health. Selected data were also gathered from spouses and added from administrative records.

Linking Administrative Data
Since the 1982 survey, selected information on the NBS respondents has been compiled periodically from Social Security, Supplemental Security Income (SSI), and Medicare records. These administrative data -- which can be linked to the earlier survey data -- make it possible to analyze changes in respondents' covered earnings, cash benefits, and health expenditures.

The New Beneficiary Follow-up
Designed to meet a growing need for longitudinal data on the dynamics of disability and aging, follow-up interviews were conducted throughout 1991 with surviving respondents from the NBS. By the time of the 1991 survey, four-fifths of the original respondents were still alive. Interviews were completed with 87% of these survivors - 3,428 of the original retired-worker men, 2,811 retired-worker women, and 1,754 wife or widow beneficiaries. By 1991, almost all of these persons were in their early- to mid-seventies.

Survival Rates. Preliminary data reveal that 24 percent of the original respondents had died by the time of the NBF. The wife or widow beneficiaries had the highest survival rate (84.3%), followed by the Medicare-only and retired-worker groups (78.9% and 78.1%, respectively). Although disabled-worker beneficiaries were the youngest group, they had experienced the highest mortality, with only 69 percent surviving.

Questionnaire Topics. The NBF questionnaire was designed with an emphasis on measuring changes over time. It updated the profile of economic circumstances obtained in the NBS, and added or expanded sections on health, family contacts, and post-retirement employment. The interviews also explored major changes in life circumstances that might underlie changes in economic status (for example, death of a spouse, an episode of hospitalization, or a change in residence). In addition, disabled-worker beneficiaries were asked about their efforts to return to work experiences with rehabilitation services, and knowledge of SSA work incentive provisions.

Data Availability:
The 1982 NBS and the 1991 NBF data are publicly available through the National Archive of Computerized Data on Aging
(NACDA- see appendix). The NBS and NBF are also available from the Social Security Administration at a cost of $150. The NBF data can be linked to the public use NBS and administrative files.

The New Beneficiary Data System as described, the 1982 New Beneficiary Survey, the 1991 New Beneficiary Follow-up and Administrative record data are available on the Internet location for the Social Security Administration. The Address is:

Bibliography:
First findings from the NBS, with emphasis on the recent follow-up survey, have been presented in a series of brief statistical reports published by the Social Security Administration. The initial set - Notes 1 through 5 - was published in the fall 1993 Social Security Bulletin. The first report provided an overview of the NBS data files, describing the original sample, the 1991 survivors, and the kind of information available in the NBS. Notes 2 through 5 focused on persons in the disabled-worker cohort, describing their death rates, recovery rates, health and functional status, work attempts, and marital status. The next set of reports - Notes 6 through 11 - was published in the spring 1994 Bulletin. This set focuses on the cohort of aged beneficiaries in the NBS who first received Social Security benefits on the basis of old age in mid-1980-81. These notes examine the surviving aged cohort in 1991 in terms of their health and functional status, marital status, employment experience and earnings, income sources, changes in pensions, and their feelings of "well-being".

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Dataset Name: Odense Archive of Population Data on Aging

Sponsoring Organizations: National Institute on Aging and Danish Research Council


Data Collection Organizations: Duke University, Odense University, University of California at Davis, University of Minnesota, University of Colorado at Boulder.

Purpose:
The Odense Archive of Population Data on Aging includes several databases of relevance to studies of oldest-old mortality.

Description:
The Odense Archive of Population Data on Aging currently consists of the following six databases:
- Kannisto-Thatcher Oldest-Old Database
- Lundstrom Database for Sweden
- Andreev-Skytte Database for Denmark
- Hauge-Harvald Database on Elderly Danish Twins
- Carey Database on Medflies
- Curtsinger Database on Drosophila

The Kannisto-Thatcher Oldest-Old Database consists of population counts and death counts by single year of age, by year of birth, and by calendar year for males and females in 28 developed countries (not including the United States), mostly since 1950, at ages 80 and above. A description of this database can be found in Vaino Kannisto, Development of Oldest-Old Mortality, 1950-1990: Evidence from 28 Developed Countries (Odense University Press, 1994).

The Lundstrom Database for Sweden consists of population counts and death counts by single year of age, by year of birth, and by calendar year for males and females in Sweden since 1861, for ages 51 and above. The Andreev-Skytte Database for Denmark is similar, except it starts at age 0 and year 1870.

The Hauge-Harvald Database on Elderly Danish Twins consists of individual level data on twin pairs born in Denmark between 1870 and 1930. For each twin pair, date of birth and dates of death (if dead), sex, and zygosity are available.

The Carey Database on Medflies consists of daily death counts for large, genetically heterogeneous cohorts of Medflies followed until extinction. About 5 million Medflies are included. The Curtsinger Database on Drosophila consists of similar data but on smaller cohorts of Drosophila that are classified by genotype. About 50,000 Drosophila are included.

Bibliography:
In addition to the Kannisto book cited above, various articles have been published in Science, Population and Development Review, and elsewhere.

Data Availability:
All of the above data are available and will be sent to qualified researchers on request. The investigator responsible for each dataset will review such requests.

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Dataset Name: Panel Study of Income Dynamics (PSID)

Sponsoring Organizations: National Institute on Aging
                        National Science Foundation
                        Department of Health and Human Services/ASPE

Data Collection Organization: University of Michigan, Institute for Social Research

Principal Investigators: Sandra Hofferth and Frank Stafford

Purpose and Description:
The Panel Study of Income Dynamics, begun in 1968, provides a wide variety of information at the family and individual level, as well as some information about the locations in which sample households reside. The central focus of the data is economic and demographic, with substantial detail on income sources and amounts, employment, family composition changes, childbirth and marriage histories, and residential location. Content of a more sociological or psychological nature is also included in some waves of the study.

Over the life of the PSID, the National Institute on Aging has funded supplements on wealth, health, parental health and long term care, and the financial impact of illness. The NIA has also funded health and housing supplements to the PSID database in order to identify and predict situations of dependent care among individuals age 55 and above and to model retirement and residential mobility. Global health questions have been asked in years prior to 1999. For 1999 (and planned for 2001) much greater detail on specific health conditions is included in a health module. Health care expenses are also included. The PSID household wealth measures are in the 1984, 1989, 1994 and 1999 waves. There are savings measures in 1989, 1994 and 1999. In 1999 there are extensive questions on pensions of the head and wife. For 2000 a special NIA sponsored data collection of employer pension plans will be implemented.

Study Design:
* Reporting unit is the family: single person living alone or sharing a household with other non-relatives; family of members related by blood, marriage, or adoption; unmarried couple living together in what appears to be a fairly permanent arrangement
* Respondent is usually the family head, and usually the major adult male earner if one
* Interviews conducted annually, 1968-1967, and since 1973 mostly by telephone (95%) 
* Computer assisted interviewing began in 1993
* Every other year interviewing began in 1999
* Oversample of Blacks (30%)
* From 1990-1995 there was a 20% Hispanic oversample; within the Hispanic oversample, Cubans and Puerto Ricans were oversampled relative to Mexicans.

Data Availability:
Main data files, including cross-year family-individual files, and annual family files are updated with each subsequent wave of data. Other special public-release files include the 1985 Ego-Alter File, Relationship File, 1988 Time and Money Transfers File, 1985-1993 Childbirth and Adoption History File, 1985-1993 Marriage History File, 1990 an 1991 Health Supplement Files, the 1993 Health Care Burden File, and a special file on the family level wealth (level of assets of various types) data in 1984 (1989 and 1994 are available at the website). Restricted files include a PSID-geocode and Census extract file, a death index file, and a Medicare record file. A CD-ROM containing the 1968-1992 data have also been produced. All public release files and documentation are available on the World Wide Web: http://www.umich.edu/~psid/.

The Internet also provides access to early release files. As of July 1999, all data from 1994-1997 are available as early release (pre-archive) files. No data were collected in 1998, as the study was moved to a two-year periodicity. These data files also include special supplementary files on the annual hourly earnings of the head and wife and family income components. Special files with weights for families and individuals and 1996 occupation and industry of head and wife are also available on the website.

Bibliography:
While PSID data are not routinely tabulated in any series publication, a wide variety of research studies making use of PSID data have been published. A continually updated bibliography assembles a listing of publications and working papers based on PSID data. A summary of results from the PSID analysis is presented in the book Years of Poverty, Years of Plenty, Greg J. Duncan, et al. Ann Arbor, MI: Institute for Social Research, 1984. Substantial information on the PSID is published in "The Panel Study of Income
Dynamics," by Martha S. Hill, 1992 as part of the Sage Publication Series on *Guides to Major Social Science Data Bases*. An overview of the project and the PSID bibliography, as well as the files and documentation, are available at the following Internet address: [http://www.umich.edu/~psid/](http://www.umich.edu/~psid/). An overview of the NIA wealth and active savings data is provided in “Wealth Dynamics of American Families, 1984-1994,” 1998 *Brookings Papers on Economic Activity*, I.

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### Sample Characteristics:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size* (as of 1997)</th>
<th>Periodicity: Annual since 1968</th>
<th>Universe: 1968 U.S. household population</th>
<th>Lowest geography: Major regions</th>
<th>Unit of Analysis: Person or Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>19,738**</td>
<td>Characteristics of Sample:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 – 54</td>
<td>8,450</td>
<td>Initial sample consisted of a national cross-section of 2,930 households in 48 states and 1,872 low-income families with heads under age 60. Households formed by earlier panel members are included in subsequent waves.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 – 59</td>
<td>506</td>
<td>A separate sample of 2,043 Latino households was added in 1990 – 1995.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 – 64</td>
<td>412</td>
<td>The total number of households in the sample is approximately 8,885 as of 1996. As of 1997 the sample was suspended a portion of the low income families and a new, post-1968 immigrant sample was added with 6,748.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 – 69</td>
<td>493</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 – 74</td>
<td>379</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 – 79</td>
<td>274</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 – 84</td>
<td>166</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td>163</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>8,895</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**

*Longitudinal nature of the PSID data makes sample sizes of individuals who were ever in these age ranges much larger.

**The long-term cumulative response rate was approximately 60% as of 1994.
Topical Modules:

**Topic:**

- Commuting to work .............................................................................................................................. 1969-1986
- Housing and neighborhood characteristics ......................................................................................... 1968-1972
- Attitudes and behavior patterns .......................................................................................................... 1968-1972
- Do-it-yourself activities ...................................................................................................................... 1968-1972
- Saving (crude measure) ....................................................................................................................... 1968-1972
- Disability of family members .............................................................................................................. 1968-1972
- Fertility and family planning .................................................................................................................. 1968-1972
- Child care ............................................................................................................................................ 1968-1972
- Time use ............................................................................................................................................ 1968-1972
- Achievement motivation ....................................................................................................................... 1972
- Cognitive ability (sentence completion test) ........................................................................................... 1972
- Child care ........................................................................................................................................... 1973-1974
- Neighborhood satisfaction and housing problems .................................................................................. 1975
- Attitudes .................................................................................................................................................. 1975
- Disability of family head ....................................................................................................................... 1975

**Conducted:**

- Wives' interview on employment history, fertility and family planning, job characteristics and training.
  - labor force attachment, child care and attitudes ................................................................................. 1976
- Child care........................................................................................................................................... 1977, 1997
- Disability of family head ....................................................................................................................... 1977
- Job training........................................................................................................................................... 1978
- How got jobs .......................................................................................................................................... 1978
- Retirement plans and experiences .......................................................................................................... 1978
- Disability of family members .................................................................................................................. 1978
- Do-it-yourself activities .......................................................................................................................... 1979
- Child care ........................................................................................................................................... 1979, 1997
- Impact of inflation ................................................................................................................................. 1979
- Savings (crude measure) ....................................................................................................................... 1979
- Retirement plans .................................................................................................................................. 1979
- Disability of family head ....................................................................................................................... 1979
- Time and money help with emergencies ............................................................................................... 1980
- Food stamp/SSI eligibility ...................................................................................................................... 1980
- Impact of inflation ................................................................................................................................. 1980
- Disability of family head ....................................................................................................................... 1980
- Extended family .................................................................................................................................. 1980
- Savings (crude measure) ....................................................................................................................... 1980
- Retirement plans (most detail in 1983)................................................................................................... 1981-1983
- Spells of unemployment/out of labor force ............................................................................................ 1981-1982
- Hospitalization over the year .................................................................................................................. 1981-1983
- Disability and illness of family members .............................................................................................. 1981-1983
- Wealth (level of assets of various types) ............................................................................................... 1984, 1989, 1994, 1999
- Fringe benefits ....................................................................................................................................... 1984
- Pension plans and rights ........................................................................................................................ 1984, 1999
- Retirement plans .................................................................................................................................. 1984
- Job training .......................................................................................................................................... 1984
- Spells of unemployment/out of labor force ............................................................................................ 1984
- Disability and illness of head and wife ................................................................................................. 1984, 1999
- Wives' interview on retrospective childbirth history, history of adoptions, history of substitute parenting, marital history, education history, child care, housework, family planning, disability and illness of head and wife, and job training.................................................. 1985
- General health of all family members .................................................................................................. 1986
Activities of daily living ..................................................................................................................... 1986-1999
Hospitalization over the year ............................................................................................................. 1986, 1999
Height and weight .............................................................................................................................. 1986, 1999
Smoking and exercising behavior ...................................................................................................... 1986, 1999
Kinship ties ................................................................................................................................................... 1988
Financial situation of parents ............................................................................................................ 1988
Health of parents ............................................................................................................................... 1988, 1989
Time and money help of most kinds ................................................................................................. 1988
Expectation of Longevity ..................................................................................................................... 1994
Wealth (level of assets of various types) ............................................................................................ 1984, 1989, 1994, 1999
Expectation of Longevity ..................................................................................................................... 1994
Medical expenditures of elderly ........................................................................................................... 1990
Medical expenditures of all .................................................................................................................. 1999
Health and health care of the elderly .............................................................................................. 1990-1995, 1999
Links to Medicare records ............................................................................................................... 1990-1995
Time and money transfers .................................................................................................................. 1993-1995
Educational history .......................................................................................................................... 1985, 1995
Child Support Modules ...................................................................................................................... 1997
Child Development Supplement (including health measures) ......................................................... 1997
Dataset Name: The Panel Study of Income Dynamics- German Cross-National Equivalent File 1980-1997 (GSOEP-PSID-SLID)

Sponsoring Organization: National Institute on Aging

Data Collection Organizer: The Department of Policy Analysis and Management, Cornell University

Principal Investigator: Richard V. Burkhauser

Purpose:
The Cross-National Equivalent File 1980-1997 was created to increase the accessibility and use of panel data among cross-national researchers and to assist current Cross-National Equivalent File users in the creation of comparably defined cross-national variables. It provides a set of constructed variables (for example, pre- and post-government household income) that are not immediately available on either of the two surveys. The data permit researchers to track yearly changes in the health and economic well-being of older people relative to younger people in the United States and Germany from 1980 to present.

Description and Study Design:
The Cross-National Equivalent File 1980-1997 is developed and administered by The Department of Policy Analysis and Management, Cornell University. It uses subsets of the original PSID and the English Language Public Use Version of the GSOEP data. The most recent release of the Equivalent File includes 18 years of PSID data from 1980 to 1997. These data come from over 57,000 individuals living in approximately 8,000 households. Not all members of the sample provided an interview in each of the 18 years. The number of respondents in any particular year range from over 18,900 in 1980 to over 22,900 in 1996. Included in the data is any individual who was in the survey for at least one year between 1980 and 1997.

The first fourteen waves of the GSOEP (1984-1997) are also included in the Equivalent File. The fourteen-year sample includes over 28,000 individuals living in approximately 5,000 households in Germany. As with the PSID, there are both respondents and non-respondents in each year.

Survey of Labor and Income Dynamics: SLID (Statistics Canada) has now been added as well.

Data Availability:
Those who request the data will receive:

- Dictionary files that include the variable names, labels, and positions, as well as value labels and formats.
- A codebook that describes the methodology used to create each variable in each country, the algorithm for its creation based on the original PSID and GSOEP survey variable names, and descriptive statistics for each variable in Adobe Acrobat format.
- An explanatory paper that discusses the construction of comparable variables, supplies a list of supporting publications and working papers, and provides an example of how to use the data file for analyses. This paper is available in Adobe Acrobat format.


For users who have already signed a contract with the DIW and have received earlier releases of these data, the charge for the CD-ROM is $30. Contact Cornell University directly at the address below.

For new users, the dissemination of the current Cross-National Equivalent File 1980-1997 is a two step process. First it is necessary to sign a contract with the DIW to use the GSOEP. After the contract is signed, contact Cornell to receive the data. The charge for the CD-ROM is $125. Contact the DIW and Cornell at the addresses below.

Contacts:
Purpose:
To perform a ten-year, fourth in-person follow-up of the North Carolina EPESE cohort originally interviewed in 1986/87. The purpose of this follow-up study is to obtain information on four primary outcome variables (cognitive status, depression, functional status, and mortality) and four primary independent variables (social support, social class, social location, and chronic illness).

By using data from the four in-person interviews across the ten years of follow-up, investigators will be able to characterize trajectories of the major dependent variables and their relationships to the independent variables over time, which will provide valuable information about change and stability as well as heterogeneity in the dynamics of change. The major goal is to examine the relationships between social factors and chronic disease on the one hand and health outcomes on the other.

Description:
The Piedmont Health Survey of the Elderly is one of four Established Populations for Epidemiologic Studies of the Elderly (EPESE), and complements the other three sites providing a population which is both urban and rural and contains approximately equal numbers of black and white participants across a broad socioeconomic base. The Duke site was originally funded by the National Institute on Aging, Epidemiology, Demography and Biometry Program (NIA/EDBP) to complete seven waves of data collection (three in-person and four telephone interviews) in order to examine the health of a sample of 4,175 elderly persons, their uses of health services, and factors that influence their health and use of health services. The study was planned to provide data for researchers, policy makers and clinicians. A Resource Data Book detailing results from the baseline survey has been distributed to medical school libraries and schools of public health around the country. Sixty-eight publications have resulted from this study to-date and an additional 90 analyses are under way. The Duke site has benefited from the planning process which involved investigators from all of the EPESE sites plus the NIA/EDBP staff, and in the development of questions and physical performance measures to be examined, to which Duke investigators have added questions reflecting their interests, and questions especially relevant to the Duke Sample.

Objectives:
To develop a ten-year, fourth in-person follow-up of the Piedmont Health Survey of the Elderly (Established Populations for Epidemiologic Studies of the Elderly/Duke).
To attempt interviews with approximately 2,060 subjects (or proxy responders) estimated to be available for interview from the original cohort of 4,162 subjects.
To obtain information on the primary outcome variables (cognitive status, depression, functional status, and mortality,) and the primary independent variables (social support, social class, social location and chronic illness) through a series of questions identical to questions administered during the first three in-person interviews.
To obtain information on medication use, health behaviors, life changes and stress, weight and height, and blood pressure by using methods identical to those utilized during the first three in-person interviews.
To test a series of hypotheses, which consider longitudinal trajectories of these variables based in part on the view that functional status, cognitive status and depression are interrelated through time. These variables also predict mortality.

Study Design:
A ten-year, in-person follow-up of cohort of 4,162 persons 65 and older initially interviewed in 1986/87 and followed yearly for six years thereafter.
A random stratified household sample with an over-sampling of blacks.

Questionnaire Topics:
- Demographics
- Health Conditions
- Health Service Utilization
• Hearing and Vision
• Weight and Height
• Nutrition
• Sleep
• Depression
• Alcohol Use
• Cognition
• Activities of Daily Living
• Incontinence
• Smoking
• Life Satisfaction
• Medications
• Life Changes
• Independence
• Personal Mastery
• Social Support and Interaction
• Religion
• Self Esteem
• Economic Status
• Blood Pressure

In the future, there will be a search of the National Death Index files in order to obtain death certificates for the members of this study. Sample members will also be matched with HCFA Medicare Part A files to obtain information on hospitalizations.

Future Plans:
There are no plans for additional waves of the Piedmont Health Survey of the Elderly. The ten-year follow-up interviews were completed in December 1997. Cleaning of the questionnaire items is underway. Deaths that occurred between the third and fourth in-person interviews will be identified by use of the National Death Index, and death certificates will be obtained to verify deaths and to collect information about place and cause of death. This data will be added to the files as received and will be cleaned as quickly as possible.

Data Availability:
As mentioned above, results from the first seven waves of data collection from the Piedmont Health Survey of the Elderly have resulted in a Resource Data Book and some 60 publications in referred journals. Data from the first wave of the survey is in the public domain and can be obtained from The National Archive of Computerized Data on Aging (NACDA) (see Appendix) at the University of Michigan or from the National Archives, Center for Electronic Records (WWW address: http://www.nara.gov/nara/electronic/) in Washington, DC.

Contact:
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Phone: (919) 684-4128
Fax: (919) 681-7640
E-mail: blaze001@mc.duke.edu
Dataset Name: 1990 Public Use Microdata Sample for the Older Population (PUMS-O)

Sponsoring Organizations: National Institute on Aging
U.S. Bureau of the Census

Data Collection Organization: U.S. Bureau of the Census

Purpose:
Public Use Microdata Samples (PUMS) and Public Use Microdata Samples on the Older Population (PUMS-O) are available on tape and as a custom produced CD-ROM. These allow investigators to design their own tabulations and look at relationships among variables not shown in the standard products offered by the Census Bureau.

Description:
Public-use microdata samples are computer data files that contain the edited responses from a sample of individual households. The records contain no identifying information, and only large geographic areas (with a minimum population of 100,000) are identified to protect the confidentiality of respondents.

A public-use microdata sample focusing on the older population (PUMS-O) was created from the 1990 census. This sample consists of 3 percent of households with at least one member aged 60 or older. Although, the highest age presented is age 90, this allows analysis of data on the very old for most states with a reasonable degree of reliability. Since data for all members in households containing a person 60 years and over will be on the file, users will be able to analyze patterns such as living arrangements and sources of household income from which older members may benefit. Additionally, users will be able to augment the PUMS-O sample with a PUMS file. The Census Bureau has issued two "regular" PUMS files for the entire population. One PUMS file will contain 1 percent of all households; the other PUMS file will contain 5 percent of all households. Both files have most sample data items, and differ only in geographical composition. The 1-percent file contains geographic areas that reflect metropolitan vs. nonmetropolitan areas. The 5-percent file shows counties or groups of counties as well as large sub-county areas such as places of 100,000 or more.

The geography on the 5-percent PUMS file matches that of the PUMS-O file. Since data for different households are present on the two files, **users can merge the PUMS-O file with the 5-percent PUMS to construct an 8-percent sample.** However, weighted averages must be constructed for any estimates created because each sample yields state-level estimates. Thus, it is possible to analyze substate areas even for the very old. In states where the geographic areas identified on the PUMS-O and the 5-percent PUMS are coterminous with State Planning and Service Areas (used by service providers in relation to the Older Americans Act), the Planning and Service Areas are identified.

Data Availability:
PUMS and PUMS-O files are released on computer tape and CD-ROM. Information on these files is available from Customer Services at the Bureau of the Census at (301) 457-4100. These files can be obtained through the Inter-university Consortium for Political and Social Research at the University of Michigan (see appendix).

Contacts:
Customer Service, The United States Bureau of the Census
Washington, DC 20233
Phone: (301) 457-4100; Fax: (301) 457-4174

Saadia Greenberg
Administration on Aging
Phone: (202) 619-3429 Fax: (202) 260-1019
E-mail: saadia.greenberg@aoa.gov

65
Items in the 1990 Census - Present in the PUMS and PUMS-O files:

I. Information collected from all households*

<table>
<thead>
<tr>
<th>Population</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household relationship</td>
<td>Description of building</td>
</tr>
<tr>
<td>Sex</td>
<td>Number of rooms in unit</td>
</tr>
<tr>
<td>Race</td>
<td>House/apartment owned or rented</td>
</tr>
<tr>
<td>Age</td>
<td>Business or medical office on property</td>
</tr>
<tr>
<td>Marital status</td>
<td>Value or monthly rent</td>
</tr>
<tr>
<td>Spanish/Hispanic origin</td>
<td>Meals included in rent</td>
</tr>
</tbody>
</table>

II. Information collected from a sample of households*

<table>
<thead>
<tr>
<th>Population</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Characteristics</td>
<td>Year moved into residence</td>
</tr>
<tr>
<td>Place of birth, citizenship, year of entry</td>
<td>Number of bedrooms</td>
</tr>
<tr>
<td>Education - enrollment and attainment</td>
<td>Complete plumbing and kitchen facilities</td>
</tr>
<tr>
<td>Ancestry</td>
<td>Telephone</td>
</tr>
<tr>
<td>Migration (residence 5 years ago)</td>
<td>Autos, light trucks and vans available</td>
</tr>
<tr>
<td>Language spoken at home and ability to speak English</td>
<td>House heating fuel</td>
</tr>
<tr>
<td>Veteran status</td>
<td>Source of water and method of sewage disposal</td>
</tr>
<tr>
<td>Work disability</td>
<td>Year structure built</td>
</tr>
<tr>
<td>Mobility and self-care limitations</td>
<td>Condominium status</td>
</tr>
<tr>
<td>Fertility (children ever born)</td>
<td>Farm residence</td>
</tr>
<tr>
<td>Economic Characteristics</td>
<td>Shelter costs, including utilities</td>
</tr>
<tr>
<td>Employment and unemployment, year last worked</td>
<td>Real estate taxes and insurance</td>
</tr>
<tr>
<td>Place of work and means of transportation to work</td>
<td>Mortgages and loans</td>
</tr>
<tr>
<td>Occupation, industry, and class of worker</td>
<td></td>
</tr>
<tr>
<td>Work experience, income, and sources of income in 1989</td>
<td></td>
</tr>
</tbody>
</table>

* Persons in group quarters, including institutions, are asked population items only.
**Dataset Name:** Wisconsin Longitudinal Study (WLS)

**Sponsoring Organization:** National Institute on Aging

**Principal Investigators:** Robert M. Hauser, William H. Sewell, and J. Kenneth Little

**Data Collection Organization:** Letters and Science Survey Center
University of Wisconsin-Madison

**Purpose:**
The WLS cohort of men and women, mainly born in 1939, precedes by about a decade the bulk of the baby boom generation that continues to tax social institutions and resources at each stage of life. For this reason, the study can provide early indications of trends and problems that will become important as the larger group passes through its fifties. This adds to the value of the study in obtaining basic information about the life course as such, independent of the cohort’s vanguard position with respect to the baby boom. In addition, the WLS is also the first of the large, longitudinal studies of American adolescents, and it thus provides our first large-scale opportunity to study the life course from late adolescence through the mid-50s in the context of a complete record of ability, aspiration, and achievement.

**Description and Study Design:**
The WLS is a long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957 and of their randomly selected brothers and sisters. Survey data were collected from the original respondents or their parents in 1957, 1964, 1975, and 1992 and a selected sibling in 1977 and 1993. These data provide a full record of social background, youthful aspirations, schooling, military service, family formation, labor market experiences, and social participation of the original respondents. The survey data from earlier years have been supplemented by mental ability tests (of primary respondents and 2000 of their siblings), measures of school performance, and characteristics of communities of residence, schools and colleges, employers, and industries. The WLS records for primary respondents are also linked to those of three, same-sex high school friends within the study population. Social background measures include earnings histories of parents from Wisconsin state tax records. In 1977 the study design was expanded with the collection of parallel interview data for a highly stratified subsample of 2000 siblings of the primary respondents. In the 1992-93 round of the WLS, the sample was expanded to include a randomly selected sibling of every respondent (with at least one brother or sister), and the content was extended to obtain detailed occupational histories and job characteristics; incomes, assets, and inter-household transfers; social and economic characteristics of parents, siblings, and children and descriptions of the respondents’ relationships with them; and extensive information about mental and physical health and wellbeing.

The WLS sample is broadly representative of white, non-Hispanic American men and women who have completed at least a high school education. Among Americans aged 50 to 54 in 1990 and 1991, approximately 66 percent are non-Hispanic white persons who completed at least 12 years of schooling. The sample is mainly of German, English, Irish, Scandinavian, Polish, or Czech ancestry. Some strata of American society are not well represented. Everyone in the primary sample graduated from high school; about 7 percent of their siblings did not graduate from high school. It is estimated that about 75 percent of Wisconsin youth graduated from high schools in the late 1950s. Minorities are not well-represented; there are only a handful of African American, Hispanic, or Asian persons in the sample; given the longitudinal design of the WLS, and the miniscule numbers of minorities in Wisconsin at the time the study began, there is, unfortunately, no way to remedy this omission. About 19 percent of the WLS sample is of farm origin, and that is consistent with national estimates of persons of farm origin in cohorts born in the late 1930s. As in the later, large, longitudinal studies of school-based samples, age variation occurs in repeated observations, rather than in cross-section. Also, siblings cover several adjoining cohorts; they were mainly born between 1930 and 1948. In 1964, in 1975, and again in 1992, about two thirds of the sample lived in Wisconsin, and about one third lived elsewhere in the U.S. or abroad.

The 1992/93 follow-up survey of about 9,000 men and women who were first interviewed as seniors in Wisconsin high schools in 1957 and have subsequently been followed up in 1957, 1964, and 1975 has been completed; most respondents were 53 or 54 years old when interviewed. Other members of the original sample who were not interviewed in 1975 (475 of 850 surviving non-respondents) have also been interviewed. In all, 8493 of the 9741 surviving members of the original sample have been interviewed. In 1993/94 randomly selected siblings of the high school graduates were interviewed. Some 2000 siblings were previously interviewed in 1977, and they and approximately 2800 more siblings were interviewed in this round of the study. The surveys included a 1-hour telephone interview, followed by a 20-page, self-administered questionnaire. Brief, close-out interviews have been carried out with a relative of respondents who have died, and, in cases where the selected sibling has died, close-out data from the original respondent.
have been obtained.

New modules with college characteristics, company characteristics, and female job histories have been added. There is a new section with updated variables for occupational aspiration and additional high school test scores for brothers and sisters of primary respondents have been located.

These new follow-up data, linked with our existing files, are a valuable public resource for studies of aging and the life course, inter-generational transfers and relationships, family functioning, social stratification, physical and mental well-being, and mortality.

**Future Plans:**
The value of the sample and data will be enhanced with additional data linkages, specifically, with death certificates for deceased primary respondents, their siblings, and parents.

**Data Availability:**
Data and documentation from the WLS are now available on the World Wide Web, accessible from http://dpls.dacc.wisc.edu/WLS/wlsarch.htm, including on-line codebooks, flow charts, and publication lists. In addition to background information about the WLS and downloading information, the WLS site includes instructions for joining a WLS listserver, which is maintained by the Inter-university Consortium for Political and Social Research (IPSCR) at the University of Michigan (see appendix). The study description, cumulative bibliography, and documentation may be downloaded without restriction. Data may be downloaded through a web browser or anonymous FTP after registration and agreement with a simple licensing policy. Most geography and institutional identifiers have been removed from the data, but the WLS is open to requests for special licensing arrangements. Data are available in modular form for users with limited disk space. Documentation and data are available in compressed form for PC (executable zip files) or UNIX (tar) platforms. In addition, a program (WLSGV) is provided for VMS, PC, and UNIX platforms that will generate code in SPSS or SAS to extract variables and merge data from different modules. The WLSGV package includes FORTRAN source code.

Additional source materials about the WLS are available from the Center for Demography and Ecology, The University of Wisconsin-Madison, 1180 Observatory Drive, Madison, Wisconsin 53706, or send E-mail to cdepubs@ssc.wisc.edu. For additional information about the WLS, send E-mail to wls@ssc.wisc.edu.

Currently available data and documentation include the seventh addition of Wave 1, Graduates and Siblings 1957-77 (updated 3/98); the sixth addition of Wave 2, Telephone and Mail Surveys of Graduates 1992-93 (updated 3/98); and the second addition of Wave 3, Telephone and Mail Surveys of Siblings 1993-94 (updated 3/98). Current editions of WLS data are also available from the Data and Program Library Service (DPLS) of the UW-Madison:

- Data and Program Library Services
  - University of Wisconsin-Madison
  - 3313 Social Sciences Building
  - 1180 Observatory Drive
  - Madison, WI 53706
  - Phone: (608) 262-0750
  - Fax: (608) 262-7962
  - E-mail: dpls@dpls.dacc.wisc.edu
  - WWW: http://dpls.dacc.wisc.edu

Previous editions of the WLS data and documentation are archived at ICPSR (#6163).

**Bibliography** (also available at http://dpls.dacc.wisc.edu/WLS/wlsarch.htm):


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APPENDIX

Inter-university Consortium for Political and Social Research (ICPSR) and National Archive of Computerized Data on Aging (NACDA)

Most of the surveys included in this compilation can be obtained through the Inter-university Consortium for Political and Social Research (ICPSR) and the National Archive of Computerized Data on Aging (NACDA).

The Data Archive:
The Archive of ICPSR receives, processes, and distributes machine-readable data on social phenomena occurring in over 130 countries. The content of the Archive extends across economic, sociological, historical, organizational, social, psychological, and political concerns. The data resources of ICPSR are developed and maintained by the Archive, which performs two basic functions. First, the Archive acquires data and transforms them into forms that can be used by persons not intimately familiar with the original studies. A classification system is used to inform the potential user of the extent to which particular datasets have been cleaned and documented by ICPSR staff. The Archive's second function is to disseminate data. Membership in ICPSR is not a prerequisite for access to the data resources. However, virtually all of the data resources are available to individuals at ICPSR member institutions without charge, while the analogous services are available on a charge basis to individuals who are not so affiliated. For more information, see http://www.icpsr.umich.edu/index.html

National Archive of Computerized Data on Aging (NACDA):
Sponsored by the National Institute on Aging, NACDA operates under the auspices of the ICPSR and is responsible for archiving datasets concerned with the process of aging, health-related subjects, and the attitudes and behavior of the aged population. NACDA annually publishes a catalog of data collections entitled Data Collections from the National Archive of Computerized Data on Aging. The descriptions of data collections in this volume are organized according to the main substantive area that characterizes each data collection in NACDA's current holdings: demographic/social/economic characteristics of older adults; psychological characteristics, mental health, and well-being of older adults; physical health and functioning of older adults; and health care needs, utilization, and financing for older adults. Within each substantive chapter, data collections are listed alphabetically by the name of the principal investigator. Most descriptions conclude with a list of relevant substantive keywords, and many descriptions provide cross-references to other chapters for which the data collection contains relevant topical coverage. For more information, see http://www.icpsr.umich.edu/NACDA/index.html

Program Announcements

At irregular intervals, the NIA Behavioral and Social Research (BSR) Program publishes in the NIH Guide to Grants and Contracts Program Announcements of high priority areas of research. Active program announcements published since 1992 are listed below and are available in full text on the NIA web site at http://www.nih.gov/nia/resfund/bsr.htm. Those of primary interest to researchers in the demography, economics and epidemiology of aging areas are shown in italics.

- AIDS and Aging: Behavioral Sciences Prevention Research
- Basic Research in Emotion
- Behavior Genetics in Adulthood and Old Age
- Behavioral Research in Sexually Transmitted Diseases
- Causes and Effects of Elderly Population Concentrations
- Diversity in Medication Use and Outcomes in Aging Populations
- Grandparenting: Issues for Aging Research
- Health and Effective Functioning in the Middle and Later Years
- Health-Care Encounters Between Elderly Patients, Physicians, & Other Care Providers
- Home Health Care and Supportive Services for Older Adults
- Medical Demography of Dementias of Aging
- Methodology and Measurement in the Behavioral and Social Sciences
- Minority Dissertation Research Grants in Aging
- NIA Pilot Research Grant Program
- Perceptual and Cognitive Aging: From Structure to Function
Psychosocial Geriatrics Research: Health Behaviors and Aging
Secondary Analysis in Demography and Economics of Aging
Self-Care Behaviors and Aging
Social Cognition and Aging
Socioeconomic Status and Health Across the Life Course
Women's Health Over the Lifecourse: Social & Behavioral Aspects

Career Development Awards:
- Academic Career Award (K07)
- Independent Scientist Award (K02)
- Mentored Quantitative Research Career Development Award
- Mentored Research Scientist Development Award in Aging (K01)

Inactive Program Announcements in the process of being updated:
- Age, Hearing, and Speech Comprehension
- Cognitive Functioning and Aging
- Economics of Aging, Health, and Retirement
- Forecasting Life and Health Expectancy in Older Populations
- Human Factors Research on Older People

See also [http://www.nih.gov/nia/resfund/grntfund.htm](http://www.nih.gov/nia/resfund/grntfund.htm) for information about the grant review and funding process at NIA.

Information on how to obtain grant application forms is available at [http://www.nih.gov/grants/forms.htm](http://www.nih.gov/grants/forms.htm)

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**National Institute on Aging Contact**

Applicants should first review the information available on the NIA Home Page [http://www.nih.gov/nia/](http://www.nih.gov/nia/). For additional information, contact:

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