ICPSR 25501

National Health and Nutrition Examination Survey (NHANES), 1999-2000

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics

NCHS Questionnaire: Sample Person Questionnaire

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2/21/00

Questionnaire: SP **Target Group:** SPs 12+

ACCULTURATION - ACQ

	ACCULTURATION - ACQ			
	BOX 1 CHECK ITEM ACQ.005: IF SP CODE D HISPANIC IN SCREENER, GO TO SCQ.020. OTHERWISE, CONTINUE.			
ACQ.010	Now I'm going to ask you about language use.			
	What language(s) {do you/does SP} usually speak at home?			
	CODE ALL THAT APPLY			
	ENGLISH 1 CHINESE 2 FRENCH 3 GERMAN 4 ITALIAN 5 JAPANESE 6 RUSSIAN 7 SPANISH 8 OTHER (SPECIFY) 9 REFUSED 77 DON'T KNOW 99			
	BOX 2			
	CHECK ITEM ACQ.015: GO TO END OF SECTION.			
ACQ.020	The next questions are about language.			
	In general, what language(s) {do you/does SP} read and speak. Would you say			
	only Spanish,			

English better than Spanish, or

 only English?
 5

 REFUSED
 7

 DON'T KNOW
 9

4

ACQ.030	What was the language(s) {you/SP} used as a child? Would you say		
	HAND CARD ACQ1		
		only Spanish,1more Spanish than English,2both equally,3more English than Spanish, or4only English?5REFUSED7DON'T KNOW9	
ACQ.040	What language(s) {do you/do	pes SP} usually speak at home?	
	HAND CARD ACQ1		
		ONLY SPANISH, 1 MORE SPANISH THAN ENGLISH, 2 BOTH EQUALLY, 3 MORE ENGLISH THAN SPANISH, OR 4 ONLY ENGLISH? 5 NOT APPLICABLE 6 REFUSED 7 DON'T KNOW 9	
ACQ.050	In which language(s) {do you	u/does SP} usually think?	
	HAND CARD ACQ1		
		ONLY SPANISH,	
ACQ.060	What language(s) {do you/do	pes SP} usually speak with {your/his/her} friends?	
	HAND CARD ACQ1		
		ONLY SPANISH, 1 MORE SPANISH THAN ENGLISH, 2 BOTH EQUALLY, 3 MORE ENGLISH THAN SPANISH, OR 4 ONLY ENGLISH? 5 REFUSED 7 DON'T KNOW 9	

ACQ.070	In what country was {your/SP's} father born?			
		UNITED STATES, EXCEPT PUERTO RICO PUERTO RICO	2 3 4 5 7 9	
ACQ.080	In what country was {your/SP's} mother born?			
		UNITED STATES, EXCEPT PUERTO RICO PUERTO RICO	2 3 4 5 7 9	

Questionnaire: SP (Year 2) **Target Group:** SPs 1+

AUDIOMETRY - AUQ

		AODIOMETRI AOQ	
AUQ.130	These next questions are about {	your/SP's} hearing.	
		rour/SP's} hearing (without a hearing aid)? /he has} a little trouble, a lot of trouble, or {	
	LIT LO DE RE	DOD	1 2 3 4 7 9
		BOX 1	
	CHECK ITEM AUQ.135: IF SP AGE >= 20, CONTINUE. OTHERWISE, GO TO END OF		
AUQ.140	About how long has it been since	{you/SP} last had {your/his/her} hearing to	ested?
	READ CATEGORIES IF NECESS	SARY	
	1 Y MC NE RE	SS THAN 1 YEAR AGO YEAR TO 4 YEARS AGO DRE THAN 4 YEARS AGO VER FUSED DN'T KNOW	1 2 3 4 7 9
AUQ.150	{Have you/Has SP} ever worn a h	nearing aid?	
	NC RE	ES	2 (AUQ.190) 7 (AUQ.190)
AUQ.160	{Are you/Is SP} now wearing a ho	earing aid?	
	NC RE	S	1 (AUQ.180) 2 7 9
AUQ.170	In the past 12 months , {have you	u/has SP} ever worn a hearing aid?	

	R	O	7	(AUQ.190) (AUQ.190) (AUQ.190)
AUQ.180	In the past 12 months, how often	en would you say {you/SP} wore a hearing a	aid?	Would you say
	al	most always,	1	
		least once a day,	2	
		least once a week,	3	
		least once a month, or	4	
		ss frequently than once a month?	5	
		EFUSED	7	
	D	ON'T KNOW	9	
AUQ.190	In the past 12 months , {have yo	ou/has SP} ever had ringing, roaring, or buz	zzinç	g in {your/his/her} ears?
	V	ES	1	
		O		(AUQ.210)
		EFUSED		(AUQ.210)
		ON'T KNOW		(AUQ.210)
AUQ.200	How often did this happen? Wo	ould you say		
	al	most shusys	4	
		most always,	1	
		least once a day,	2	
		t least once a month, or	4	
		ss frequently than once a month?	5	
		EFUSED	7	
		ON'T KNOW	9	
AUQ.210	Outside of work, {have you/has a month for a year?	s SP} ever been exposed to firearms noise f	or a	n average of at least once
	Y	ES	1	
	N	0	2	(AUQ.230)
		EFUSED		
		ON'T KNOW		(AUQ.230)
AUQ.220	{Have you/Has SP} ever worn h	earing protection devices when exposed to	firea	ırms noise?
	Y	ES	1	
		O	2	
		EFUSED	7	
		ON'T KNOW	9	
AUQ.230	power tools or loud music, for an	SP} ever been exposed to other types of loaverage of at least once a month for a year beak in a raised voice to be heard.		
	V	ES	1	
		O		(END OF SECTION)
		EFUSED		(END OF SECTION)
		ONIT KNOW		(END OF SECTION)

AUQ.240	{Have you/Has SP} ever worn hearing protection devices when expos	sed to these loud nois	es?
	YES	1	
	NO	2	
	REFUSED	7	
	DON'T KNOW	9	

10/7/98

Questionnaire: SP Target Group: SPs 40+

BALANCE-BAQ

BAQ.010 During the past 12 months , {have you/has S	SP} had dizziness, difficulty with balance or difficulty with falling	
NO REFUSED .	1 2 (BAQ.070) 7 (BAQ.070) 9 (BAQ.070)	
BAQ.020	BAQ.030	
Which of these problems {have you/has SP} had	How long did the last? Would you say less	
, , , , ,	than 2 weeks, 2 weeks to 3 months or more than	
CAPI INSTRUCTION:	3 months?	
TEXT OF QUESTION SHOULD BE OPTIONAL AFTER		
THE FIRST TIME.	dissipace	
a. dizziness?	dizziness	
YES 1	LESS THAN 2 WEEKS 1	
NO 2 (b)	2 WEEKS TO 3 MONTHS 2	
REFUSED 7 (b)	MORE THAN 3 MONTHS 3	
DON'T KNOW 9 (b)	REFUSED 7	
· ,	DON'T KNOW 9	
b. difficulty with balance?	difficulty with balance	
YES 1	LESS THAN 2 WEEKS 1	
NO 2 (c)	2 WEEKS TO 3 MONTHS 2	
REFUSED 7 (c)	MORE THAN 3 MONTHS 3	
DON'T KNOW 9 (c)	REFUSED 7	
	DON'T KNOW 9	
c. difficulty with falling?		
YES 1		
NO 2		
REFUSED 7		
DON'T KNOW 9		
DAG 040 (D	(.)	
BAQ.040 {Do you/Does SP} get dizzy when {you/s/h	e) turn(s) over in dea?	
VES	1	
	7	
DON'T KNOW 9		
	DOV 4	

BOX 1

CHECK ITEM BAQ.050: IF YES (CODE 1) IN BAQ.020 A OR B, CONTINUE. OTHERWISE, GO TO BAQ.070.

	CODE ALL THAT APPLY HAND CARD BAQ1		
		A COLD OR THE FLU INJURIES OR ACCIDENTS USE OF DRUGS OR MEDICATIONS AGE OR GETTING OLDER SURGERY HEARING PROBLEMS – INCLUDING RINGING IN THE EARS VISION OR SEEING PROBLEMS NONE REFUSED	1 2 3 4 5 6 7 8
		DON'T KNOW	99
BAQ.070	{Have you/Has SP} ever been problem, or falling?	n treated by a doctor or other health profess	ional for dizziness, a balance
		YES	1 2 (BAQ.100) 7 (BAQ.100) 9 (BAQ.100)
BAQ.075	How long ago {were you/was \$	SP} treated? Would you say	
		less than 1 year ago,	1 2 3 7 9
BAQ.080	Did this treatment involve		
	RESPONSES: YES = 1, NO =	= 2, REFUSED = 7, DON'T KNOW = 9.	
	CAPI INSTRUCTION: TEXT SHOULD BE OPTIONAL	L[] AFTER FIRST ITEM.	
	a. medication?	_	
	b. surgery to th	e ear?	
	c. some other t	ype of surgery?	
	d. exercises or	physical therapy?	
BAQ.090	As a result of this treatment, d	id {your/SP's} condition	
		get better,get worse, orstay the same?	1 2 3 7

DON'T KNOW 9

Which of the things on this list, if any, were related to {your/SP's} dizziness or balance problem?

BAQ.060

BAQ.100	Have any of {your/SP's} biological, that is, blood relatives (grandparents, parents, brothers, or sisters) had
	a problem with dizziness, balance, or falling not related to aging?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

10/1/99

Questionnaire: SP **Target Group:** SPs 16+

BLOOD PRESSURE - BPQ

BPQ.010	About how long has it been since health professional? Was it	pout how long has it been since {you/SP} last had {your/his/her} blood pressure taken by a doctor or other ealth professional? Was it			
	 	less than 6 months ago, 6 months to 1 year ago, more than 1 year to 2 years ago, more than 2 years ago, or never? REFUSED DON'T KNOW	1 2 3 4 5 (BOX 2) 7 (BOX 2) 9		
BPQ.020	{Have you/Has SP} ever been to also called high blood pressure	old by a doctor or other health professional that e?	{you/s/he} had hypertension,		
		YES	, ,		
BPQ.030	Were you/Was SP} told on 2 or more different visits that {you/s/he} had hypertension, also ca blood pressure?				
		YES	1 2 7 9		
BPQ.040	Because of {your/SP's} (high b	lood pressure/hypertension), {have you/has s/	he} ever been told to		
	RESPONSES: YES = 1, NO =	= 2, REFUSED = 7, DON'T KNOW = 9.			
	a. take prescribed medicing	e ?			
	b. control {your/his/her} we	eight or lose weight?			
	c. cut down on salt or sodi	um in {your/his/her} diet?			
	d. exercise more?				
	e. cut down {your/his/her}	alcohol consumption?			
	f. do something else?				

	CHECK ITEM BPQ.042: IF 'SOMETHING ELSE' (ITEM F) IS CODED 'YES' (CODE 1), DISPLAY QUESTION BPQ.043. OTHERWISE, DO NOT DISPLAY THIS QUESTION.	
BPQ.043	What else?	
	CODE ALL THAT APPLY	
	STOP SMOKING 1 INCREASE POTASSIUM INTAKE 2 OTHER CHANGES IN DIET 3 OTHER 4 REFUSED 7 DON'T KNOW 9	
	BOX 1B	
	CHECK ITEM BPQ.045: IF 'YES' (CODE 1) IN BPQ.040A, B, C, D, OR E, CONTINUE. OTHERWISE, GO TO BOX 2.	
BPQ.050	{Are you/Is SP} now {DISPLAY ACTIVITY}?	
	CAPI INSTRUCTION: DISPLAY EACH ACTIVITY CODED 'YES' (CODE 1) FROM BPQ.040. DISPLAY FOR EACH SHOULD READ AS FOLLOWS: RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.	H ACTIVITY
	a. taking prescribed medicine b. controlling {your/his/her} weight or losing weight c. cutting down on salt or sodium in {your/his/her} diet d. exercising more e. cutting down on {your/his/her} alcohol consumption	
	BOX 2	
	CHECK ITEM BPQ.055: IF SP AGE >= 20, CONTINUE. OTHERWISE, GO TO END OF SECTION.	
BPQ.060	{Have you/Has SP} ever had {your/his/her} blood cholesterol checked?	
	YES 1 NO 2 (BPQ.110) REFUSED 7 (BPQ.110) DON'T KNOW 9 (BPQ.110)	

BOX 1A

BPQ.070	About how long has it been since	e {you/SP} last had {your/his/her} blood choles	iterol checked? Has it been
	1 2 5 F	ess than 1 year ago,	1 2 3 4 7 9
BPQ.080	{Have you/Has SP} ever bee cholesterol level was high?	en told by a doctor or other health profession	onal that {your/his/her} blood
	Λ F	YES	7 (BPQ.110)
BPQ.090	To lower {your/his/her} blood of professional	cholesterol, {have you/has SP} ever been to	ld by a doctor or other health
	RESPONSES: YES = 1, NO =	2, REFUSED = 7, DON'T KNOW = 9.	
	a. to eat fewer high fat or h	igh cholesterol foods?	
	b. to control {your/his/her}	weight or lose weight?	
	c. to increase {your/his/her	} physical activity or exercise?	
	d. to take prescribed medic	tine?	
	CHECK ITEM BPQ.095: IF 'YES' (CODE 1) TO BPQ.0 OTHERWISE, GO TO BOX 6	BOX 3 090A, B, C OR D, CONTINUE WITH BPQ.10 3.	0.
BPQ.100	{Are you/Is SP} now following t	this advice to {DISPLAY ACTIVITY}?	
	CAPI INSTRUCTIONS: DISPLAY EACH ACTIVITY CO	DED AS 'YES' (CODE 1) IN BPQ.090 A-D.	
	RESPONSES: YES = 1, NO =	2, REFUSED = 7, DON'T KNOW = 9.	
	a. eat fewer high fat or high c	cholesterol foods	
	b. control {your/his/her} weigh	nt or lose weight	
	c. increase {your/his/her} phy	sical activity or exercise	
	d. take prescribed medicine		

	BOX 5		
CHECK ITEM BPQ.105:			
GO TO BOX 6.			_
or other health professional has	s) never had (your/his/her) blood cholesterol ches never told (you/SP) that (your/his/her) blood trol, (have you/has s/he) made any major char(ITY)?	cholesterol wa	s high} to lowe
F BPQ.060 IS 'NO' (CODE 2 DISPLAY "EVEN THOUGH A	OU HAVE NEVER HAD YOUR BLOOD CHOU), DK (CODE 9), OR REF (CODE 7). DOCTOR OR OTHER HEALTH PROFESSIO STEROL IS HIGH" ONLY IF BPQ.080 IS 'NO'	NAL HAS NEV	ER TOLD YOU
RESPONSES: YES = 1, NO	= 2, REFUSED = 7, DON'T KNOW = 9.		
	fewer high fat or high cholesterol foods his/her} blood cholesterol		
	ntrolled {your/his/her} weight or lost r {your/his/her} blood cholesterol		
	creased {your/his/her} physical activity lower {your/his/her} blood cholesterol BOX 6		I
CHECK ITEM BPQ.115: IF 'NO' (CODE 2) OR DON' WITH BOX 7.	'T KNOW (CODE 9) IN BPQ.090A, B, OR C, (CONTINUE	
OTHERWISE, GO TO END	OF SECTION.		
	BOX 7		
CHECK ITEM BPQ.117: IF 'NO' (CODE 2) OR DON' OTHERWISE, GO TO BOX	'T KNOW (CODE 9) IN BPQ.090A, CONTINU (8.	E.	
•			•
cholesterol foods, to lower (you	er health professional has never told (you/SP ur/his/her) blood cholesterol, (have you/has he/ecifically, (do you/does he/she) eat fewer high blood cholesterol?	she} made any	major changes
	YES	1 2 7 9	

BPQ.110

BPQ.120

_	_		_
o	\boldsymbol{n}	v	О
0	u	^	С

CUECK	ITEM	DDC	4 7E.
CHECK		DPW.	IZO.

IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090B, CONTINUE. OTHERWISE, GO TO BOX 9.

BPQ.130 Even though a doctor or other health professional has never told {you/SP} to control {your/his/her} weight or lose weight, to lower {your/his/her} blood cholesterol, {have you/has he/she} made any major changes **on {your/his/her} own?** Specifically, {have you/has he/she} controlled {your/his/her} weight or lost weight in order to lower {your/his/her} blood cholesterol?

YES	1
NO	
REFUSED	7
DON'T KNOW	9

BOX 9

CHECK ITEM BPQ.135:

IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090C, CONTINUE. OTHERWISE, GO TO END OF SECTION.

BPQ.140 Even though a doctor or other health professional has never told {you/SP} to increase {your/his/her} physical activity or exercise, to lower {your/his/her} blood cholesterol, {have you/has he/she} made any major changes on {your/his/her} own? Specifically, {have you/has he/she} increased {your/his/her} physical activity or exercise in order to lower {your/his/her} blood cholesterol?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

12/3/98

Questionnaire: SP **Target Group:** SPs 40+

CARDIOVASCULAR DISEASE - CDQ

CDQ.010	{Have you/Has SP} had shortness	of breath either when hurrying on the leve	el or walking up a slight hill?
	NO REF	USED	1 2 7 9
CDQ.020	{Do you/Does SP} get short of brea	ath when walking with other people at an	ordinary pace on the level?
	NO REF	USED	1 2 (CDQ.050) 7 (CDQ.050) 9 (CDQ.050)
CDQ.030	{Do you/Does SP} have to stop for	breath when walking at {your/his/her} ow	n pace on the level?
	NO REF	USED	1 2 7 9
CDQ.040	{Do you/Does SP} have to stop for be	reath after walking about 100 yards or afte	er a few minutes on the level?
	NO REF	USED	1 2 7 9
CDQ.050	{Have you/Has SP} ever been aw {you/s/he} had a cold?	vakened by trouble breathing or shortnes	ss of breath, other than when
	NO REF	USED	1 2 (CDQ.070) 7 (CDQ.070) 9 (CDQ.070)
CDQ.060	Is this relieved by sitting up on the	side of the bed?	
	NO REF	USED	1 2 7 9
CDQ.070	{Have you/Has SP} ever had to sle	eep on 2 or more pillows to help {you/him/	/her} breathe?
	YES	8	1

		NO	7	
CDQ.080	{Have you/Has SP} ever ha	d swelling of {your/his/her} feet or ankles?		
	DO NOT INCLUDE DURING	G PREGNANCY		
		YES	2 7	•
CDQ.090	Did it tend to come on during	g the day and go down overnight?		
		YES	2	

Questionnaire: SP (Year 2) **Target Group:** SPs Birth +

DEMOGRAPHICS INFORMATION - DMQ - SP

BOX 1A

CHECK ITEM DMQ.030:

IF SP AGE >= 6, CONTINUE. OTHERWISE, GO TO DMQ.061.

DMQ.140 What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

ENTER HIGHEST LEVEL OF SCHOOL.

NEVER ATTENDED/KINDERGARTEN ONLY 1ST GRADE 2ND GRADE 3RD GRADE 4TH GRADE 5TH GRADE 5TH GRADE 6TH GRADE 7TH GRADE 9TH GRADE 10TH GRADE 11TH GRADE 12TH GRADE, NO DIPLOMA HIGH SCHOOL GRADUATE	0 1 2 3 4 5 6 7 8 9 10 11 12 13	(BOX 1B)
GED OR EQUIVALENT	14	
	15	
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL		
PROGRAM	16	
PROGRAM	17	
AB, BS, BBA)	18	
MS, MEng, MEd, MBA)	19	
(EXAMPLE: MD, DDS, DVM, JD)	20	
PhD, EdD)	21	
REFUSED	77	
DON'T KNOW	99	

BOX 1AA

CHECK ITEM DMQ.035:

IF SP AGE <= 19, CONTINUE OTHERWISE, GO TO DMQ.051.

DMQ.037	{Are you/Is SP} now		
		going to school,	1 2 3 7 9
		BOX 1B	
	CHECK ITEM DMQ.040: IF SP AGE >= 17, CONTINI OTHERWISE, GO TO DMG		
DMQ.051	Did {you/SP} ever serve in th	e Armed Forces of the United States?	
		YES	1 2 7 9
DMQ.061	{Do you/Does SP} usually go	by another first name besides {DISPLAY FIRST	ST NAME FROM DMQ.040}?
	CAPI INSTRUCTION: DISPLAY "FIRST NAME:" AN	ID FIRST NAME FROM DMQ.040 AS LEFT HE	EADER.
		YES	7 (BOX 1BB)
DMQ.071	What is this other first name	?	
	VERIFY SPELLING		
		ENTER NAME	
		REFUSED	7 9

BOX 1BB

CHECK ITEM DMQ.073:

IF AGE >= 14 AND SFQ.180 WAS **NOT** ANSWERED/CODED OR WAS CODED AS DON'T KNOW OR REFUSED IN THE RELATIONSHIP MODULE (SCREENER MODULE 2-SFQ), CONTINUE.

OTHERWISE, GO TO BOX 1C.

SFQ.180	{Are you/Is SP} now married	d, widowed, divorced, separated, never married	or living with a partner?
		MARRIED WIDOWED DIVORCED SEPARATED NEVER MARRIED LIVING WITH PARTNER REFUSED DON'T KNOW	
		BOX 1C	
		D AS 'NEVER MARRIED' IN THE RELATIONSI – SFQ) – QUESTION SFQ.180, GO TO DMQ.1 E.	
DMQ.080	{Do you/Does SP} have a m	aiden name?	
	ASK IF NOT KNOWN		
		YES	2 (DMQ.100) 7 (DMQ.100)
DMQ.090	What is {your/SP's} maiden	name?	
	VERIFY SPELLING		
	CAPI INSTRUCTION: DISPLAY "LAST NAME:" AN	ND SP'S CURRENT LAST NAME FROM DMQ.0	060 AS LEFT HEADER.
		ENTER MAIDEN NAME	
		or SAME AS CURRENT LAST NAME REFUSED	2 7 9
DMQ.100	What is {your/SP's} father's	last name?	
	VERIFY SPELLING		
	IF MAIDEN NAME ENTERED	ND SP'S CURRENT LAST NAME FROM DMQ.0 D IN DMQ.090, AND MAIDEN NAME IS DIFFER NIDEN NAME:" AND MAIDEN NAME FROM DM	ENT FROM CURRENT LAST
		ENTER NAME	
		or SAME AS CURRENT LAST NAME SAME AS MAIDEN NAME	2 3 7

	DON'T KNOW
DMQ.110	In what country {were you/was SP} born?
	ENTER COUNTRY NAME
	REFUSED 7 DON'T KNOW 9
	CAPI INSTRUCTION: FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 COUNTRY. COUNTRY LOOKUP IN SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.
DMQ.115	PRESS BACKSPACE KEY TO START THE LOOKUP. SELECT COUNTRY FROM CAPI COUNTRY LIST. IF COUNTRY NOT ON LIST PRESS BACKSPACE KEY TO DELETE ENTRY THEN TYPE '**' AND SELECT '** COUNTRY NOT ON LIST'. PRESS ENTER TO ACCEPT SELECTION.
	CAPI INSTRUCTION: DISPLAY FIPS COUNTRY LIST. INTERVIEWER SHOULD BE ABLE TO SELECT 1 COUNTRY FROM THE LIST. INTERVIEWER SHOULD BE ABLE TO USE THE '**' OPTION TO ACCEPT THE COUNTRY THEY ENTERED IN DMQ.110. REFUSED AND DON'T KNOW OPTIONS SHOULD BE AVAILABLE TO THE INTERVIEWER AS THE F6 AND F5 KEYS.
	BOX 2
	CHECK ITEM DMQ.120: IF OTHER THAN 'UNITED STATES' IN DMQ.110, GO TO DMQ.160. OTHERWISE, CONTINUE.
DMQ.130	In what state {were you/was SP} born?
	ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP. SELECT STATE FROM CAPI STATE LIST. PRESS ENTER TO ACCEPT SELECTION.
	CAPI INSTRUCTION: DISPLAY FIPS STATE LIST. INTERVIEWER ONLY SHOULD BE ABLE TO SELECT 1 STATE FROM LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.
	BOX 3
	CHECK ITEM DMQ.150: GO TO BOX 3A.

	 ENTER MONTH NUMBER
	REFUSED
	_ ENTER 4-DIGIT YEAR
	REFUSED
DMQ.170	{Are you/Is SP} a citizen of the United States?
	[Information about citizenship is being collected by the U.S. Public Health Service to perform health related research. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on pending immigration or citizenship petitions.]
	HAND CARD DMQ1
	YES, BORN IN UNITED STATES
	YES, BORN ABROAD TO AMERICAN PARENTS
	YES, U.S. CITIZEN BY NATURALIZATION 4 NO, NOT A CITIZEN OF THE UNITED
	STATES 5 REFUSED 7
	DON'T KNOW
	BOX 3A
	CHECK ITEM DMQ.180: IF SP AGE >= 6 AND DMQ.110 = UNITED STATES, CONTINUE WITH DMQ.190. OTHERWISE, GO TO BOX 3B.
DMQ.190	{Have you/Has SP} ever traveled outside of the United States or Canada?
	YES

In what month and year did {you/SP} come to the United States to stay?

DMQ.160

HAND CARD DMQ2 CODE ALL THAT APPLY

EUROPE OR AUSTRALIA/NEW ZEALAND	1
ASIA OR AFRICA OR SOUTH PACIFIC	2
SOUTH/CENTRAL AMERICA (INCLUDING	
MEXICO)	3
CARIBBEAN	4
MIDDLE EAST	5
OTHER	6
REFUSED	7
DON'T KNOW	9

BOX 3B

CHECK ITEM DMQ.210:

IF SP AGE >= 6 AND OTHER THAN 'UNITED STATES' IN DMQ.110, CONTINUE. OTHERWISE, GO TO DMQ.240.

DMQ.220 Other than {your/SP's} move to the United States, {have you/has {he/she}} **ever** traveled outside of {COUNTRY OF BIRTH}?

CAPI INSTRUCTION:

DISPLAY "COUNTRY OF BIRTH:" AND COUNTRY OF BIRTH FROM DMQ.110 AS LEFT HEADER.

 YES
 1

 NO
 2 (DMQ.240)

 REFUSED
 7 (DMQ.240)

 DON'T KNOW
 9 (DMQ.240)

DMQ.230 Where {have you/has SP} traveled?

HAND CARD DMQ2 CODE ALL THAT APPLY

EUROPE OR AUSTRALIA/NEW ZEALAND	1
ASIA OR AFRICA OR SOUTH PACIFIC	2
SOUTH/CENTRAL AMERICA (INCLUDING	
MEXICO)	3
CARIBBEAN	4
MIDDLE EAST	5
OTHER	6
REFUSED	7
DON'T KNOW	9

DMQ.240 {Do you/Does SP} consider {yourself/himself/herself} Hispanic/Latino? [Where did {your/his/her} ancestors come from?]

HAND CARD DMQ3

READ HAND CARD CATEGORIES IF NECESSARY

CAPI INSTRUCTION:

IF DON'T KNOW (CODE 9), DISPLAY SOFT EDIT MESSAGE ONCE "INTERVIEWER: GIVE RESPONDENT HAND CARD DMQ3 AND READ CATEGORIES."

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 3C

CHECK ITEM DMQ.243:

IF YES (CODE 1) IN DMQ.240, GO TO DMQ.250. IF DON'T KNOW (CODE 9) IN DMQ.240, GO TO DMQ.260. IF NO (CODE 2) IN DMQ.240, CONTINUE TO BOX 3D.

OTHERWISE, GO TO DMQ.260.

BOX 3D

CHECK ITEM DMQ.245:

IF NOT HISPANIC (CODE 4) OR OTHER HISPANIC OR LATINO (CODE 2) IN SCQ.260 (SAMPLED RACE/ETHNICITY = BLACK OR WHITE/OTHER), GO TO DMQ.260.

IF MEXICAN OR MEXICAN AMERICAN (CODES 1 OR 3) IN SCQ.260 (SAMPLED RACE ETHNICITY = MEXICAN), DISPLAY SOFT EDIT ONCE THEN GO TO BOX 3E. OTHERWISE, GO TO DMQ.260. CAPI INSTRUCTION:

DISPLAY SOFT EDIT MESSAGE -

"SCREENER ETHNICITY: MEXICAN OR MEXICAN AMERICAN.
INTERVIEWER: GIVE RESPONDENT **HAND CARD DMQ3** AND READ CATEGORIES."

BOX 3E

CHECK ITEM DMQ.247:

IF YES (CODE 1) IN DMQ.240, CONTINUE. OTHERWISE, GO TO DMQ.260.

DMQ.250 Please give me the number of the group that represents {your/SP's} Hispanic origin or ancestry. Please select 1 or more of these categories. HAND CARD DMQ3 SELECT 1 OR MORE PUERTO RICAN CUBAN 18 CUBAN AMERICAN 19 OTHER LATIN AMERICAN (SPECIFY COUNTRY) OTHER HISPANIC (SPECIFY COUNTRY) 41 REFUSED 77 DMQ.260 What race {do you/does SP} consider {yourself/himself/herself} to be? Please select 1 or more of these categories. HAND CARD DMQ4 SELECT 1 OR MORE WHITE 10 BLACK/AFRICAN AMERICAN 11 INDIAN (AMERICAN) 12 OTHER PACIFIC ISLANDER (SPECIFY) ASIAN INDIAN 18 CHINESE 19 JAPANESE 21 OTHER ASIAN (SPECIFY) _____ SOME OTHER RACE (SPECIFY) _____ REFUSED

BOX 4

CHECK ITEM DMQ.270:

IF MORE THAN 1 ENTRY (CODE 10-25) IN DMQ.260, CONTINUE. OTHERWISE, GO TO DMQ.280.

	CODES), would you say bes t	t represents {your/SP's} race?	
		 ENTER RACE CODE	
		CANNOT CHOOSE 1 RACE	77
DMQ.280	Security Number to conduct he and other records, such as he {your/his/her} family. Except SSN to anyone, including any under the authority of the Public	al Security Number. The Public Health Service salth-related research by linking {your/his/her} sealth registries. We may also use it if we need for these purposes, the Public Health Service government agency. Providing this information the Health Service Act. There will be no effect of alth Service Act is title 42, United States Code,	survey data with vital statistics d to recontact {you/him/her} or will not release {your/his/her} n is voluntary and is collected n {your/his/her} benefits if you
	What is {your/SP's} Social Se	ecurity Number?	
	CAPI INSTRUCTION: REQUIRE DOUBLE ENTRY	OF SOCIAL SECURITY NUMBER.	
	_ . ENTER SOCI	AL SECURITY NUMBER	
	REFUSED	or AL SECURITY NUMBER	,
DMQ.300	INTERVIEWER: SELECT CA	ATEGORY FOR REPORTING OF SOCIAL SE	CURITY NUMBER
	SELF REPORTED FROM PROXY REPORTED FRO	I MEMORY I RECORDS OM MEMORY OM RECORDS	1 2 3 4

Which one of these groups, that is {DISPLAY RESPONSES CODED IN DMQ.260 WITH CORRESPONDING

DMQ.275

Questionnaire: SP Target Group: SP 6+

DERMATOLOGY - DEQ

DEQ.010	Next are some general questions	s about {your/SP's} skin and hair.	
	How many moles {do you/does \$	SP} have that are at least 1/4 inch in diame	ter?
	HAND CARD DEQ1		
	1 (3 ⁻ 6 ⁻ M(RI	ONE OR 2 TO 5 TO 10 ORE THAN 10 EFUSED ON'T KNOW	0 1 2 3 4 7
DEQ.020	What {is/was} {your/SP's} natura	ıl hair color {at 18}?	
	CAPI INSTRUCTION: DISPLAY {WAS} {YOUR} {at 18} DISPLAY {IS} {SP'S/YOUR} IF S		
	BL LIV MI D/ BL O' RI	ED LONDE GHT BROWN EDIUM BROWN ARK BROWN LACK THER EFUSED ON'T KNOW	
DEQ.030		eing in the sun, {you/SP} then went out in Ir , which one of these would happen to {you	
	HAND CARD DEQ2		
	A V MI TU	ET A SEVERE SUNBURN WITH BLISTERS SEVERE SUNBURN FOR A FEW DAYS WITH PEELING ILDLY BURNED WITH SOME TANNING JRNING DARKER WITHOUT A SUNBURN OTHING WOULD HAPPEN IN HALF AN HOUR	1 2 3 4 5
		THEREFUSED	6 7

DEQ.040	{Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he/SP} had melanoma?						
	CAPI INSTRUCTION: IF SP AGE < 12, DISPLAY "H DISPLAY.	HAVE YOU" FOR THE FIRST DISPLAY AND S	P NAME FOR THE SECOND				
		YES	1				
		NO HAS SKIN CANCER BUT DOES NOT KNOW WHAT TYPE (CODE ONLY IF	2				
		VOLUNTEERED)	3				
		REFUSED	7				
		DON'T KNOW	9				
DEQ.050		blood relatives ever been told by a doctor or lose blood relatives, we mean parents, grand					
		YES	1				
		NO	2				
		REFUSED	7				
		DON'T KNOW	9				
DEQ.060		at is since {DISPLAY CURRENT MONTH} a yea ther type of red, inflamed skin rash?	r ago, {have you/has SP} had				
		YES	7 (END OF SECTION)				
		DON'T KNOW	9 (END OF SECTION)				
DEQ.070	{Do you/Does SP} have this s	skin condition today?					
		YES	1				
		NO	2				
		REFUSED	7				
		DON'T KNOW	9				
DEQ.080	What parts of the body {were PROBE: Any other parts?	/are} affected by this skin condition?					
	CODE ALL THAT APPLY						
		HANDS	1				
		ARMS	2				
		HEAD, FACE, OR NECK	3 4				
		TORSO	5				
		OTHER BODY AREA (SPECIFY)	6				
		REFUSED	7				
		DON'T KNOW	9				

DEQ.090

Did this skin condition {you/SP} had in the past 12 months result from chemicals or other substances which got on {your/his/her} skin?

	YES 1 NO 2 (END OF SECTION) REFUSED 7 (END OF SECTION) DON'T KNOW 9 (END OF SECTION)
DEQ.100	What chemicals or other substances were these? PROBE: Any others?
	ENTER CHEMICAL OR SUBSTANCE NAME
	REFUSED
	CAPI INSTRUCTION: QUESTION TEXT SHOULD BE OPTIONAL, "[]"S, AFTER FIRST TIME. DO NOT PLACE PROBE IN BRACKETS.
	FOLLOW BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ALLOW INTERVIEWER TO MAKE MULTIPLE CHEMICAL OR SUBSTANCE ENTRIES.
DEQ.103	PRESS BACKSPACE KEY TO START THE LOOKUP. SELECT CHEMICAL OR SUBSTANCE FROM CAPI SUBSTANCE LIST. IF CHEMICAL OR SUBSTANCE NOT ON LIST — PRESS BACKSPACE KEY TO DELETE ENTRY THEN TYPE '**' AND SELECT '** PRODUCT NOT ON LIST'. PRESS ENTER TO ACCEPT SELECTION OR TO CONTINUE. CAPI INSTRUCTION: DISPLAY CAPI SUBSTANCE LIST. FOLLOW BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP.
	BOX 2
	CHECK ITEM DEQ.105: IF SP 16 YEARS OR OLDER, ASK DEQ.110. OTHERWISE, GO TO END OF SECTION.
DEQ.110	{Were you/Was SP} at work or at {your/his/her} job or business when {you/s/he} got these substances on {your/her/his} skin?
	YES

Questionnaire: SP Target Group: SPs 1 +

DIABETES - DIQ

DIQ.010 The next questions are about specific medical conditions.

> {Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} ever been told by a doctor or health professional that {you have/{he/she/SP} has} diabetes or sugar diabetes?

CAPI INSTRUCTION:

IF SP AGE < 12, DISPLAY "HAVE YOU" FOR THE FIRST DISPLAY AND "SP HAS" FOR THE SECOND

	DISPLAY.						
	IF SP IS FEMALE AND AGE >	>= 20, DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}".					
		YES 1 NO 2 (DIQ.050) BORDERLINE 3 (DIQ.050) REFUSED 7 (DIQ.050) DON'T KNOW 9 (DIQ.050)					
DIQ.040	How old {was SP/were you {you/he/she} had diabetes or	u) when a doctor or other health professional first told {you/him/her} that sugar diabetes?					
	CAPI INSTRUCTION: IF SP AGE < 12, DISPLAY "	YOU" FOR THE SECOND DISPLAY.					
		ENTER AGE IN YEARS					
		LESS THAN 1 YEAR 666 REFUSED 777 DON'T KNOW 999					
DIQ.050	{Is SP/Are you} now taking in	nsulin?					
		YES 1 NO 2 (BOX 0) REFUSED 7 (BOX 0) DON'T KNOW 9 (BOX 0)					
DIQ.060	For how long {have you/has	SP} been taking insulin?					
		 ENTER NUMBER (OF MONTHS OR YEARS)					
		LESS THAN 1 MONTH 666 REFUSED 777 DON'T KNOW 999					

ENTER UNIT

YEARS REFUSED DON'T KNOW 9

	BOX 0	
CHECK ITEM DIQ.065		
IF 'YES' (CODE 1) IN I		
OTHERWISE, GO TO	DOA 2.	
	g diabetic pills to lower {{his/her}/your} blood suga	r? These are sometimes called
ral agents or oral hypogl	ycemic agents.	
	YES	1
	NO	2
	REFUSED	7 9
	BONT KNOW	3
	BOX 1	
CHECK ITEM DIQ.075		
IF SP AGE >= 20, CON OTHERWISE, GO TO		
, , , , , , , , , , , , , , , , , , ,		
as a doctor ever told	{you/SP} that diabetes has affected {your/his/he	er} eyes or that {you/s/he} ha
tinopathy?		
	YES	1
	NO	2
	REFUSED	7
	DON'T KNOW	9
	BOX 2	
CHECK ITEM DIQ.085	5 :	
IF SP AGE >= 40, CON		
OTHERWISE, GO TO	END OF SECTION.	
Have you/Has SP} ever	had an ulcer or sore on {your/his/her} leg or foot	that took more than 4 weeks to
eal?	That are also or sold on tysamily holy log of lost	mat took more than 4 works to
	\/F0	
	YES	1 2
	REFUSED	7
	DON'T KNOW	9
	{have you/has SP} had numbness or loss of feeling	g in {your/his/her} hands or feet
her than from {your/his/l	her} hands or feet falling asleep?	
	YES	1
	NO	2 (DIQ.120)
	REFUSED	7 (DIQ.120)

DIQ.070

DIQ.080

DIQ.090

DIQ.100

		DON'T KNOW	9 (DIQ.120)
DIQ.110	Has the numbness or loss of	feeling been in {your/SP's} hands, feet, or both	?
		HANDS FEET BOTH REFUSED DON'T KNOW	1 2 3 7 9
DIQ.120		have you/has SP} had a painful sensation or tir foot aches from standing or walking for long pe	
		YES	1 2 (DIQ.140) 7 (DIQ.140) 9 (DIQ.140)
DIQ.130	Has the painful sensation or	tingling been in {your/his/her} hands, feet, or bo	oth?
		HANDS FEET BOTH REFUSED DON'T KNOW	1 2 3 7 9
DIQ.140	{Do you/Does SP} ever get p	ain in either leg while {you are/s/he is} walking	?
		YES	1 2 (END OF SECTION) 7 (END OF SECTION) 9 (END OF SECTION)
DIQ.150	Does this pain include pain in	n {your/SP's} calf or calves?	
		YES	1 2 7 9

Questionnaire: SP (Year 2) Target Group: SPs Birth +

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION - DSQ

The next month.	questions	are abo	ut {your/S	SP's} ι	use of	dietary	supplements	and	medications	during th	ne past
				_		_			_		

{Have you/Has SP} used or taken any vitamins, minerals or other dietary supplements in the past month? Include those products prescribed by a health professional such as a doctor or dentist, and those that do not require a prescription.

This card lists some examples of different types of dietary supplements.

HA	ND	CAR	ZD.	DSQ	1
1 1/-	งเงเว		v	17.767	

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

RXQ.020 {Have you/Has SP} used or taken any nonprescription antacids in the past month?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

RXQ.030 In the **past month**, {have you/has SP} used or taken medication for which a **prescription** is needed? Do not include prescription vitamins or minerals you may have already told me about.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1

CHECK ITEM DSQ.035:

IF 'YES' (CODE 1) IN DSQ.010, RXQ.020, OR RXQ.030, CONTINUE. OTHERWISE, GO TO BOX 15.

DSQ.040 May I please see the containers, bottles, or bags for **all** the prescription and nonprescription vitamins, minerals, and dietary supplements, prescription medicines, and nonprescription antacids that {you/SP} used or took in the **past month**?

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

THIS IS A RHETORICAL QUESTION AND THERE NEEDS TO BE AN INSTRUCTION IN THE SCREEN, "PRESS ENTER TO CONTINUE" NOT A "YES/NO" QUESTION.

BOX 2

CHECK ITEM DSQ.045:

IF 'YES' (CODE 1) IN DSQ.010, CONTINUE WITH DSQ.050. OTHERWISE, GO TO BOX 6.

DSQ.050

I would like to ask you some questions about the **dietary supplements**, **vitamins and minerals** {you have/SP has} used in the **past month**. Please include those products prescribed by a health professional such as a doctor or dentist and those that do not require a prescription.

[To begin I need to record some information about a supplement, then I will ask you some questions about that supplement.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED.

ENTER SUPPLEMENT NAME

 REFUSED
 7

 DON'T KNOW
 9

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSAL, THEN GO TO BOX 6.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

TEXT SHOULD BE OPTIONAL, "[]"S, AFTER THE FIRST TIME.

DSQ.060

PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT SUPPLEMENT FROM CAPI SUPPLEMENT LIST.

IF SUPPLEMENT NOT ON LIST -

PRESS BACKSPACE KEY TO DELETE ENTRY

THEN TYPE '**' AND SELECT '** DRUG NOT ON LIST'.

PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI VITAMIN PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT MORE THAN ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN DSQ.050 BY TYPING IN "**".

THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION TEXT ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.

INTERVIEWER SHOULD BE ABLE TO SELECT MULTIPLE ENTRIES FROM LIST OR ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 1.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}
GENERIC NAME {60}
THERAPEUTIC CLASS CODE {6}
GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

BOX 2A

CHECK ITEM DSQ.063:

IF PRODUCT IS MULTIPLE ELEMENT VITAMIN SELECTED FROM THE LOOKUP, GO TO BOX 3.

OTHERWISE, CONTINUE.

DSQ.065 STRENGTH LOOKUP

PRESS BACKSPACE KEY TO START THE SUPPLEMENT STRENGTH LOOKUP.

FOR SINGLE ELEMENT SELECT SUPPLEMENT STRENGTH FROM CAPI STRENGTH LIST.

FOR MULTI-ELEMENT SELECT 'NOT SPECIFIED'.

PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

IF A SINGLE ELEMENT VITAMIN, USE SINGLE ELEMENT VITAMIN STRENGTH LOOKUP. OTHERWISE, USE DIETARY SUPPLEMENT STRENGTH LOOKUP. IF "OTHER" STRENGTH IS SELECTED, GET OTHER SPECIFY.

DISPLAY PRODUCT NAME AS A LEFT HEADER.

FOR OTHER SPECIFY VARIABLE, INTERVIEWER INSTRUCTION SHOULD BE "ENTER SUPPLEMENT STRENGTH".

BOX 3

LOOP 1:

ASK DSQ.070 - DSQ.127 FOR EACH VITAMIN/MINERAL SELECTED AT DSQ.060 OR ENTERED IN DSQ.050.

DSQ.070 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 4

CHECK ITEM DSQ.075:

- IF PRODUCT IS MULTIPLE ELEMENT PRODUCT SELECTED FROM LIST OR IF PRODUCT ENTERED AS "NEW PRODUCT" (SINGLE OR MULTI ELEMENT), CONTINUE.
- IF PRODUCT IS A SINGLE ELEMENT PRODUCT AND SELECTED FROM LIST, GO TO DSQ.090.

DSQ.080	ENTER MANUFACTURER'S NAME AND ADDRESS (CITY AND STATE). IF ENTIRE LABEL CANNOT BE
200.000	READ, ENTER AS MUCH INFORMATION AS POSSIBLE.
	ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME
	REFUSED 7 (DSQ.087) DON'T KNOW 9 (DSQ.087)
	CAPI INSTRUCTION: FOLLOW THE BASIC FORMAT FOR THE DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 MANUFACTURER. DISPLAY PRODUCT NAME AS A LEFT HEADER.
DSQ.083	PRESS BACKSPACE KEY TO START THE LOOKUP. SELECT MANUFACTURER OR DISTRIBUTOR FROM CAPI MANUFACTURER LIST. IF MANUFACTURER OR DISTRIBUTOR NOT ON LIST – PRESS BACKSPACE KEY TO DELETE ENTRY THEN TYPE '**' AND SELECT '** MANUFACTURER NOT ON LIST'. PRESS ENTER TO ACCEPT SELECTION.
	CAPI INSTRUCTION: DISPLAY MANUFACTURER LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1 MANUFACTURER OR THE '**' OPTION. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. IF MANUFACTURER IS SELECTED FROM THE LOOKUP LIST, AUTOMATICALLY FILL IN THE CITY AND STATE INFORMATION (DSQ.087). DISPLAY PRODUCT NAME AS LEFT HEADER.
	BOX 4A
	CHECK ITEM DSQ.085: IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.090. OTHERWISE, CONTINUE.
DSQ.087	ENTER AS MUCH INFORMATION AS POSSIBLE.

ENTER CITY

ENTER STATE

or

 REFUSED
 7

 DON'T KNOW
 9

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS A LEFT HEADER.

AN ENTRY MUST BE MADE IN ALL DSQ.080 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE.

DSQ.090	For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?				
	CAPI INSTRUCTION: RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.				
		ENTER NUMBER (OF DAYS, WEEKS, MO	NTHS OR YEARS)		
		REFUSED			
		ENTER UNIT			
		DAYS WEEKS MONTHS YEARS REFUSED DON'T KNOW	2 3 4 7		
DSQ.100	How often did {you/SP} use of	or take {PRODUCT NAME} in the past {NUME	BER AND UNIT/month}?		
	(CODE 9), DISPLAY "MONTH	RED IN DSQ.090 >= 1 MONTH, OR REFUSEI I" IN TEXT OF QUESTION. IF NUMBER AN TUAL NUMBER AND UNIT ENTERED IN DSC	D UNIT ENTERED IN DSQ.090		
		O ALLOW FOR 4 NUMERIC ENTRIES AND II E LEFT OF THE DECIMAL AND UP TO 1 EN			

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

FREQUENCY VARIED 666 (DSQ.120)

 DAYS
 1

 WEEKS
 2

 MONTHS
 3

 REFUSED
 7

 DON'T KNOW
 9

ENTER UNIT

INSTRI	

RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

	 ENTER NUMBER
	AMOUNT VARIED
	ENTER UNIT/FORM
	CAPSULES/TABLETS/PILLS/CAPLETS/ SOFTGELS/GEL CAPS 1 (DSQ.127) DROPPERS 2 (DSQ.127) DROPS 3 (DSQ.127) FLUID OUNCES 4 (DSQ.127) INJECTIONS/SHOTS 5 (DSQ.127) LOZENGES 6 (DSQ.127) MILLILITERS 7 (DSQ.127) PACKAGES 8 (DSQ.127) PACKETS 9 (DSQ.127) POWDER/GRANULES 10 (DSQ.127) TABLESPOONS 11 (DSQ.127) TEASPOONS 12 (DSQ.127) WAFERS 13 (DSQ.127) WEIGHT OUNCES 14 (DSQ.127) OTHER FORM (SPECIFY) 15 (DSQ.127) REFUSED 77 (DSQ.127) DON'T KNOW 99 (DSQ.127)
DSQ.125	Did {you/SP} take an entire packet of {PRODUCT NAME} each time?
	YES
DSQ.127	ARE THERE ANY OTHER VITAMINS, MINERALS OR DIETARY SUPPLEMENTS?
	YES

BOX 5

END LOOP 1:

ASK DSQ.070 - DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN (CODE 2 IN DSQ.127), CONTINUE WITH DSQ.130.

DSQ.130 REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s) or dietary supplement(s) that {you have/SP has} taken in the **past month**: {PRODUCT NAME (STRENGTH)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY LIST OF ALL VITAMIN AND MINERAL NAMES AND STRENGTHS SELECTED AT DSQ.060 AND ENTERED AT DSQ.050. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.060 AND ENTERED AT DSQ.050. DISPLAY NUMBER ON SCREEN.

BOX 6

CHECK ITEM DSQ.135:

IF 'YES' (CODE 1) IN RXQ.020, CONTINUE.

OTHERWISE, GO TO BOX 10.

RXQ.140 Now I would like to ask you some questions about {your/SP's} use of **nonprescription antacids** in the **past month**.

[To begin I need to record some information about an antacid, then I will ask you some questions about that antacid.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED.

ENTER ANTACID NAME

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

[TEXT SHOULD BE OPTIONAL, "[]"S, AFTER THE FIRST TIME.

RXQ.150 PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT ANTACID FROM CAPI ANTACID LIST.

IF ANTACID NOT ON LIST -

PRESS BACKSPACE KEY TO DELETE ENTRY

THEN TYPE '**' AND SELECT '** DRUG NOT ON LIST'.

PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT MORE THAN ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.140 BY TYPING IN "**". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.

INTERVIEWER SHOULD BE ABLE TO SELECT MULTIPLE ENTRIES FROM LIST OR ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 2.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}

GENERIC NAME (60)

THERAPEUTIC CLASS CODE {6}

GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

BOX 7

LOOP 2:

ASK RXQ.160 - RXQ.215 FOR EACH ANTACID SELECTED AT RXQ.150 AND ENTERED IN RXQ.140.

RXQ.160 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 8

OMITTED

ENTER AS MUCH INFORMATION AS POSSIBLE. ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME ENTER CITY NAME ENTER STATE NAME or CAPI INSTRUCTION: AN ENTRY MUST BE MADE IN ALL THE FIELDS. IF ALL THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE. DISPLAY PRODUCT NAME AS A LEFT HEADER. **RXQ.180** For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}? CAPI INSTRUCTION: RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL. ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS) **ENTER UNIT** DAYS YEARS 4

ENTER MANUFACTURER'S NAME AND ADDRESS (CITY AND STATE). IF LABEL CANNOT BE READ

IN ENTIRETY, RECORD AS MUCH INFORMATION AS POSSIBLE.

RXQ.170

CAPI INSTRUCTION:

IF NUMBER AND UNIT ENTERED IN RXQ.180 >= 1 MONTH OR REFUSED (CODE 7) OR DON'T KNOW (CODE 9), DISPLAY "MONTH" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN RXQ.180 IS < 1 MONTH, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN RXQ.180 IN TEXT OF QUESTION.

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

_ _ ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)
FREQUENCY VARIED .666 (DSQ.210) REFUSED .777 DON'T KNOW .999
ENTER UNIT
DAYS 1
WEEKS 2
MONTHS
REFUSED
DON'T KNOW 9

RXQ.210 How much {PRODUCT NAME} did {you/SP} take each time {you/he/she} took it?

CAPI INSTRUCTION:

RESPONSE FIELD SHOULD ALLOW FOR 3 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW 0 OR 1 ENTRIES TO THE LEFT OF THE DECIMAL AND 0, 1 OR 2 ENTRIES TO THE RIGHT OF THE DECIMAL.

ENTER NUMBER	
AMOUNT VARIED 6666 REFUSED 7777 DON'T KNOW 9999	(DSQ.215)
ENTER UNIT/FORM	

CAPSULES/TABLETS/PILLS/CAPLETS SOFTGELS/GEL CAPS 1 DROPPERS 2 DROPS 3 FLUID OUNCES 4 LOZENGES 5 MILLILITERS 6 PACKAGES 7 PACKETS 8 POWDER/GRANULES 9 TABLESPOONS 10 TEASPOONS 11 WAFERS 12

 WEIGHT OUNCES
 13

 OTHER FORM (SPECIFY)
 14

 REFUSED
 77

 DON'T KNOW
 99

YES	1
NO	2

END LOOP 2:

ASK RXQ.160 - RXQ.215 FOR NEXT ANTACID (CODE 1 IN RXQ.215). IF NO NEXT ANTACID, (CODE 2 IN RXQ.215), CONTINUE WITH RXQ.220.

REVIEW TOTAL NUMBER OF ANTACIDS AND THEIR NAMES WITH RESPONDENT. RXQ.220

I have listed {TOTAL NUMBER} nonprescription antacid(s) that {you have/SP has} taken in the **past month**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.140. CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.140. DISPLAY NUMBER ON SCREEN.

BOX 10

CHECK ITEM DSQ.225:

IF 'YES' (CODE 1) IN RXQ.030, CONTINUE.

OTHERWISE, GO TO BOX 15.

RXQ.230 Now I would like to talk about prescription medication (you have/SP has) used in the past month.

> [To begin I need to record some information about a medication, then I will ask you some questions about that medication.]

> REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.

ENTER MEDICATION NAME

CAPI INSTRUCTION:

IF DON'T KNOW OR REFUSED, THEN GO TO BOX 15.

SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.

TEXT SHOULD BE OPTIONAL, "[]"S, AFTER THE FIRST TIME.

RXQ.240 PRESS BACKSPACE KEY TO START THE LOOKUP. SELECT MEDICATION FROM CAPI MEDICATION LIST.

IF MEDICATION NOT ON LIST -

PRESS BACKSPACE KEY TO DELETE ENTRY

THEN TYPE '**' AND SELECT '** DRUG NOT ON LIST'.

PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT MORE THAN ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.230 BY TYPING IN "**". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT. INTERVIEWER SHOULD BE ABLE TO SELECT MULTIPLE ENTRIES FROM LIST OR ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 3.

ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}

GENERIC NAME (60)

THERAPEUTIC CLASS CODE {6}

GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

BOX 11

LOOP 3:

ASK RXQ.250 - RXQ.293 FOR EACH MEDICATION SELECTED AT RXQ.240 AND EACH MEDICATION ENTERED AT RXQ.230.

RXQ.250 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:

DISPLAY PRODUCT NAME AS A LEFT HEADER.

	CAPI INSTRUCTION: RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.			
		 ENTER NUMBER (OF DAYS, WEEKS, MON	ITHS OR YEARS)	
		REFUSED		
		ENTER UNIT		
		DAYS WEEKS MONTHS YEARS REFUSED DON'T KNOW	2 3 4 7	
		BOX 13		
	CHECK ITEM DSQ.275: IF MEDICATION IS A BE RXQ.240), CONTINUE W OTHERWISE, GO TO RX	TA2 AGONIST DRUG (SELECTED FROM LIST ITH RXQ.280. CHECK THE THERAPEUTIC CI (Q.290.	AT LASS CODE.	
RXQ.280	How many canisters of {PR say	ODUCT NAME} {have you/has SP} used in the	past month? Would you	
		less than 1 canister,	0	
		1 canister,	1	
		more than 1 but less than 2 canisters, or 2 or more canisters?		
		MEDICATION	_	
		REFUSED	7 9	
RXQ.290	What is the main reason fo	r which {you use/SP uses} {PRODUCT NAME}?		
	ENTER TEXT			
		REFUSED	7 9	
RXQ.293	ARE THERE ANY OTHER	PRESCRIPTION MEDICATIONS?		
		YES	1 2	

For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

RXQ.260

END LOOP 3:

ASK RXQ.250 - RXQ.293 FOR NEXT MEDICATION (CODE 1 IN RXQ.293). IF NO NEXT MEDICATION (CODE 2 IN RXQ.293), CONTINUE WITH RXQ.295.

RXQ.295 REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past month**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.230. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.230. DISPLAY NUMBER ON SCREEN.

BOX 15

CHECK ITEM DSQ.297:

IF SP >= 20 YEARS OLD, CONTINUE WITH RXQ.300. OTHERWISE, GO TO BOX 18.

RXQ.300 The next questions are about certain prescription and over the counter pain relievers that {you/SP} may be using now or may have used in the past **on a regular basis**. You may have told me about some of these pain relievers earlier. I have some different questions specifically about pain relievers.

{Have you/has SP} ever taken any of these prescription or over-the-counter pain relievers nearly every day for as long as a month?

HAND CARD DSQ2

 YES
 1

 NO
 2 (BOX 18)

 REFUSED
 7 (BOX 18)

 DON'T KNOW
 9 (BOX 18)

RXQ.310 Which products {have you/has SP} taken?

CODE ALL THAT APPLY HAND CARD DSQ2

CAPI INSTRUCTION:

DISPLAY PRODUCT LIST OF PAIN RELIEVING PRODUCTS.

(ADD "—ALSO ALEVE" AFTER "NAPROSYN" IN THE RESPONSE CATEGORIES.)

BOX 16

LOOP 4:

ASK RXQ.320-RXQ.331 FOR EACH PRODUCT SELECTED AT RXQ.310.

RXQ.320	Please think about {your/SP's} use of pain reliever products during {your/his/her} lifetime. For how many years did {you/s/he} use {PRODUCT NAME} nearly every day? Please do not count the months or years when {you were/s/he was} not taking the medicine. ENTER NUMBER OF YEARS LESS THAN 1 YEAR
RXQ.330	DON'T KNOW
KAQ.330	(DO YOU/DOES SE) Currently use of take (FRODOCT NAME) daily of flearly every day?
	YES
RXQ.331	On average, how many pills or doses of {PRODUCT NAME} {do you/does SP} take in a single day?
	 ENTER NUMBER OF PILLS OR DOSES
	REFUSED
	ENTER UNIT
	PILLS 1 DOSES 2 REFUSED 7 DON'T KNOW 9
	BOX 17
	END LOOP 4: ASK RXQ.320 - RXQ.331 FOR NEXT PAIN RELIEVER. IF NO NEXT PAIN RELIEVER, GO TO BOX 18.
	BOX 18
	CHECK ITEM DSQ.332: IF PROXY INTERVIEW IN RPQ, CONTINUE. IF NOT PROXY INTERVIEW IN RPQ, GO TO DSQ.335.
DSQ.334	This is the end of the health interview. Thank you very much for your cooperation.
	END OF SP INTERVIEW
	INTERVIEWER OBSERVATION: WAS SP PRESENT FOR ALL OR PART OF INTERVIEW?
	YES

DSQ.335 [This is the end of the health interview. Thank you very much for your cooperation.]

PRESS F10 TO SAVE AND EXIT FORM

Questionnaire: SP (Year 2)
Target Group: SPs Birth +
(Questions grouped by age categories)

DIET BEHAVIOR AND NUTRITION - DBQ

		BOX 1
	CHECK ITEM DBQ.005: IF SP AGE <= 6, CONTINUE. OTHERWISE, GO TO BOX 2.	
DBQ.010	Now I'm going to ask you some	general questions about {SP's} eating habits.
	Was {SP} ever breastfed or fed	breastmilk?
	N R	ES
DBQ.020	How old was {SP} when {he/she	was first fed something other than breastmilk or water?
	INCLUDE FORMULA, JUICE, S	OLID FOODS
	L E	 NTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
	R	EVER 0 (BOX 2) EFUSED 777 (BOX 2) ON'T KNOW 999 (BOX 2)
	E	NTER UNIT
	W M Y R	AYS
DBQ.030	How old was {SP} when {he/she	completely stopped breastfeeding or being fed breastmilk?
	_ E	 NTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
	R	TILL BREASTFEEDING 6666 EFUSED 7777 ON'T KNOW 9999
	E	NTER UNIT
	W	AYS

		YEARS 4 REFUSED 7 DON'T KNOW 9
DBQ.040	How old was {SP} when {he/	/she} was first fed formula on a daily basis ?
	INCLUDE CHILDREN RECE AT THE SAME TIME	EIVING FORMULA AND THOSE RECEIVING FORMULA AND BREASTMILK
		 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
		NEVER ON A DAILY BASIS 0 (DBQ.060) REFUSED 7777 DON'T KNOW 9999
		ENTER UNIT
		DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 REFUSED 7 DON'T KNOW 9
DBQ.050	How old was {SP} when {he/	/she} completely stopped drinking formula?
		 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
		STILL DRINKING FORMULA 6666 REFUSED 7777 DON'T KNOW 9999
		ENTER UNIT
		DAYS

DBQ.060 How old was {SP} when {he/she} was first fed **milk** on a daily basis?

INCLUDE LACTAID AS MILK DO NOT INCLUDE BREASTMILK OR FORMULA

		 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
		NEVER ON A DAILY BASIS 0 (DBQ.080) REFUSED 7777 DON'T KNOW 9999
		ENTER UNIT
		DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 REFUSED 7 DON'T KNOW 9
DBQ.070	What type of milk was {SP} for	irst fed on a daily basis? Was it
	CODE ALL THAT APPLY	
		whole or regular,
DBQ.080	How old was {SP} when {he/s other non-liquid foods] on a d	she} started eating solid foods [such as strained foods like baby food or any laily basis?
		ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
		NEVER ON A DAILY BASIS 0 REFUSED 7777 DON'T KNOW 9999
		ENTER UNIT
		DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 REFUSED 7 DON'T KNOW 9

CHECK ITEM DBQ.085:

IF SP AGE >= 1, CONTINUE. OTHERWISE, GO TO FSQ.655.

DBQ.090 {Next I have some general questions about {your/SP's} eating habits.} {First/Next} are questions about the kinds of food {you eat/SP eats}. On average, how many times per week {do you/does SP} eat meals that were prepared in a restaurant? Please include eat-in restaurants, carry out restaurants and restaurants that deliver food to your house. 'MEALS' MEAN MORE THAN A BEVERAGE OR SNACK FOOD LIKE CANDY BARS OR BAG OF CHIPS CAPI INSTRUCTION: DISPLAY "NEXT ..." AND "FIRST" IF SP AGE IS > 6. CREATE HELP FOR "RESTAURANT MEALS". **ENTER NUMBER** NEVER LESS THAN WEEKLY 66 **DBQ.095** What type of salt {do you/does SP} usually add to {your/his/her/SP's} food at the table? Would you say . CAPI INSTRUCTION: IF SP AGE <= 5, DISPLAY "DO YOU" FOR FIRST DISPLAY AND {SP'S} FOR SECOND DISPLAY. ordinary salt [includes regular iodized salt, sea salt and seasoning salts made with regular salt], 1 salt substitute? 3 (BOX 3) DOESN'T USE OR ADD SALT PRODUCTS AT THE TABLE 4 (BOX 3) REFUSED 7 (BOX 3) 9 (BOX 3) **DBQ.100** How often {do you/does SP} add ordinary salt to {your/his/her/SP's} food at the table? Would you say . . . CAPI INSTRUCTION: IF SP AGE <= 5, DISPLAY "DO YOU" FOR FIRST DISPLAY AND {SP'S} FOR SECOND DISPLAY. rarely, 1 occasionally, or very often?

вох	3	

CHECK ITEM DBQ.101:

IF SP AGE >= 2, CONTINUE. OTHERWISE, GO TO DBQ.200.

DBQ.102	During the past 12 months , vegetables, such as the foo	how often per day, per week, per month or per year did {you/SP} eat dark green od listed on this card?
	HAND CARD DBQ1	
	CAPI INSTRUCTION: SHOULD BE A GATE QUE	ESTION.
		 ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH OR YEAR)
		NEVER 0 REFUSED 777 DON'T KNOW 999
		ENTER UNIT
		DAY 1 WEEK 2 MONTH 3 YEAR 4 REFUSED 7 DON'T KNOW 9
DBQ.103		s, how often per day, per week, per month or per year did {you/SP} eat cooked as the food listed on this card?
	HAND CARD DBQ2	
	CAPI INSTRUCTION: SHOULD BE A GATE QUE	ESTION.
		 ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH OR YEAR)
		NEVER 0 REFUSED 777 DON'T KNOW 999
		ENTER UNIT
		DAY

REFUSED

7

CHECK ITEM DBQ.105:

IF SP AGE >= 12, CONTINUE. OTHERWISE, GO TO DBQ.200.

DBQ.110 {Do you/Does SP} **ever** eat poultry such as chicken and turkey? Please include foods that are made with poultry such as soups, sandwiches, stews and salads.

IF EATEN RARELY OR OCCASIONALLY, ENTER 'YES'

YES	1	
NO	2	(DBQ.130)
REFUSED	7	(DBQ.130)
DON'T KNOW	9	(DBQ.130)

DBQ.120 When {you eat/SP eats} chicken or other types of poultry, how often {do you/does s/he} eat the skin? Would you say . . .

never,	0
rarely or seldom,	1
sometimes or occasionally,	2
often or very often, or	3
always?	4
REFUSED	7
DON'T KNOW	9

DBQ.130 {Do you/Does SP} **ever** eat meat such as beef, pork, lamb and veal? Please include foods that are made with meat such as soups, stews, sandwiches, lunch meats, and casseroles.

IF EATEN RARELY OR OCCASIONALLY, ENTER 'YES'

YES	1	
NO	2	(DBQ.200)
REFUSED	7	(DBQ.200)
DON'T KNOW	9	(DBQ.200)

DBQ.140 When {you eat/SP eats} meat, how often {do you/does s/he} eat the visible fat? [Visible fat is the fat tissue that you may see around the edge of a piece of meat.] Would you say . . .

never,	0
rarely or seldom,	1
sometimes or occasionally	2
often or very often, or	3
always?	4
REFUSED	7
DON'T KNOW	9

DBQ.200 Now I'm going to ask a few questions about milk products. Do not include their use in cooking.

In the **past 30 days**, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say . . .

HAND CARD DBQ3

CAPI INSTRUCTION:

THIS SHOULD ${\bf NOT}$ BE A GATE QUESTION ANYMORE.

CREATE HELP FOR "HOT COCOA".

never,	0	(BOX 6)
rarely – less than once a week,	1	
sometimes – once a week or more, but		
less than once a day, or	2	
often – once a day or more?	3	
VARIED	4	
REFUSED	7	(BOX 6)
DON'T KNOW	9	(BOX 6)

DBQ.220 What type of milk was it? Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY

whole or regular,	1
2% fat milk (includes "low fat milk" not	
further specified),	2
1% fat milk,	3
skim, nonfat, or 0.5% fat milk (includes	
liquid or reconstituted from dry),	4
evaporated milk, whole milk,	5
evaporated milk, skim milk,	6
buttermilk,	7
goat's milk,	8
soy or imitation milk, or	9
another type?	10
REFUSED	77
DON'T KNOW	99

BOX 6

CHECK ITEM DBQ.225:

IF SP AGE >= 20, CONTINUE. OTHERWISE, GO TO BOX 9.

DBQ.228 The next question is about **regular** milk use.

A regular milk drinker is someone who uses any type of milk at **least 5 times a week**. Using this definition, which statement best describes {you/SP}? . . .

HAND CARD DBQ4

{I've/He's/She's} been a regular milk		
drinker for most or all of {my/his/her}		
life, including {my/his/her} childhood;	1	
{I've/He's/She's} never been a regular		
milk drinker;	2	(ALQ.240)
{My/His/Her} milk drinking has varied over		
{my/his/her} life – sometimes {I've/he's/		
she's} been a regular milk drinker and		
sometimes {I have/he has/she has} not		
been a regular milk drinker	3	
REFUSED	7	(ALQ.240)
DON'T KNOW	9	(ALQ.240)

DBQ.230	Now, I'm going to ask you how often {you/SP} drank milk at different times in {your/his/her} life .			
	How often did {you/SP} drink any type of milk, including milk added to cereal when {you were/s/he was} .			
	HAND CARD DBQ5			
	IF NECESSARY, PROBE FO	R USUAL OR MOST COMMON AMOUNT FO	R THIS TIME PERIOD	
	CAPI INSTRUCTION: THESE (A-C) SHOULD NOT	BE GATE QUESTIONS ANYMORE.		
		a. a child between the ages of 5 and 12 y	ears old? Would you say .	
		never, rarely – less than once a week, sometimes – once a week or more, but less than once a day, or often – once a day or more? VARIED REFUSED DON'T KNOW b. a teenager between the ages of 13 and say never, rarely – less than once a week, sometimes – once a week or more, but less than once a day, or often – once a day or more? VARIED REFUSED DON'T KNOW c. a young adult between the ages of 18 ayou say	0 1 2 3 4 7 9 and 35 years old? Would	
		never, rarely – less than once a week, sometimes – once a week or more, but	0 1	
		less than once a day, or	2 3 4 7 9	

	past 30 days.	
	How often did {you/SP} drink	s beer or lite beer?
		 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)
		NEVER 0 REFUSED 777 DON'T KNOW 999
		ENTER UNIT
		DAY 1 WEEK 2 MONTH 3 REFUSED 7 DON'T KNOW 9
ALQ.250	[During the past 30 days] ho	ow often did {you/SP} drink wine, wine coolers, sangria or champagne?
		 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)
		NEVER 0 REFUSED 777 DON'T KNOW 999
		ENTER UNIT
		DAY 1 WEEK 2 MONTH 3 REFUSED 7 DON'T KNOW 9
ALQ.260	[During the past 30 days] how whiskey, or liqueurs, either a	v often did {you/SP} drink hard liquor such as tequila, gin, vodka, scotch, rum alone or mixed?
		 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)
		NEVER 0 REFUSED 777 DON'T KNOW 999
		ENTER UNIT
		DAY 1 WEEK 2 MONTH 3 REFUSED 7 DON'T KNOW 9

The next questions are about alcoholic beverages. When answering think about {your/SP's} use over the

ALQ.240

CHECK ITEM DBQ.265:

IF SP AGE >= 60, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

DBQ.270 The next questions are about the **amount** of food {you/SP} eat{s}.

On an average day, how many helpings of the following kinds of foods {do you/does SP} eat?

RESPONDENT SHOULD DEFINE 'HELPINGS'

HAND CARD DBQ6

CAPI INSTRUCTION:

HAND CARD INSTRUCTION ("HAND CARD DBQ6") SHOULD ONLY BE DISPLAYED FOR A.

a.	Protein foods, such as meat, fish, seafood, chicken, turkey, or eggs. Also include protein foods, such as peanut butter or foods that are made from dried beans, such as bean soup, baked beans, or refried beans, meat substitutes and soy protein foods such as tofu	_ ENTER NUMBER OF HELPINGS NONE, NEVER, OR RARELY EAT THESE FOODS
b.	Milk or dairy foods that are made from milk, such as cheese, cottage cheese, ice cream, milk shakes, or yogurt	_ ENTER NUMBER OF HELPINGS NONE, NEVER, OR RARELY EAT THESE FOODS 0 REFUSED 77 DON'T KNOW 99
c.	Fruits or fruit juices	_ ENTER NUMBER OF HELPINGS NONE, NEVER, OR RARELY EAT THESE FOODS
		DON'T KNOW 99
d.	Vegetables, including vegetable salads	_ ENTER NUMBER OF HELPINGS NONE, NEVER, OR RARELY EAT THESE

		FOODS
	e. Breads and other foods that are made from grains, such as cereals, spaghetti, pasta, rice, or tortillas	 ENTER NUMBER OF HELPINGS
		NONE, NEVER, OR RARELY EAT THESE FOODS
DBQ.300	The next questions are about meals provided	by community or government programs.
	In the past 12 months , did {you/SP} receive an programs, "Meals on Wheels", or any other programs.	ny meals delivered to {your/his/her} home from community ograms?
	NO REFUSED	
DBQ.310	In the past 30 days , how many days per week	did {you/SP} receive these meals?
	 ENTER NUMBE	ER (OF DAYS PER WEEK)
	MONTH REFUSED	IVE MEALS IN PAST
DBQ.320	When meals were delivered to {your/SP's} home.	how many meals did {you/s/he} usually receive each day?
	 ENTER NUMBE	ER (OF MEALS PER DAY)
DBQ.330	In the past 12 months , did {you/SP} go to a c	ommunity program or senior center to eat prepared meals?
	INCLUDE ADULT DAY CARE	
	NO	

DBQ.340	In the past 30 days , how many days per week did {you/SP} go to a community program or senior center eat prepared meals?		
	INCLUDE ADULT DAY CARE		
	l_ E	 ENTER NUMBER (OF DAYS PER WEEK)	
	F	DID NOT GO TO PROGRAM IN PAST MONTH REFUSED DON'T KNOW	0 77 99
	CHECK ITEM DBQ.355: IF SP AGE 4-19, CONTINUE OTHERWISE, GO TO BOX 1		
DBQ.360	During the school year , {do you	u/does SP} attend a kindergarten, grade scho	ool, junior or high school?
	N F	'ES	7 (BOX 10)
DBQ.370	Does {your/SP's} school serve so	hool lunches? These are complete lunches th	nat cost the same every day.
	N R	ZES	1 2 (DBQ.400) 7 (DBQ.400) 9 (DBQ.400)
DBQ.380	During the school year , approx school lunch?	ximately how many times a week {do you/doe	es SP} usually eat a complete
	l_ E	 ENTER NUMBER OF TIMES	
	F	NONE	0 (DBQ.400) 7 (DBQ.400) 9 (DBQ.400)
DBQ.390	{Do you/Does SP} get these lun	nches free, at a reduced price, or {do you/doe	s he/she} pay full price?
	F F F	REE REDUCED PRICE FULL PRICE REFUSED DON'T KNOW	1 2 3 7 9

DBQ.400	Does (your/SP's) school serv	e a complete breaktast that costs the same e	very day?
		YES	7 (BOX 10)
DBQ.410	During the school year , approbreakfast at school?	roximately how many times a week {do you/do	es SP} usually get a complete
		 ENTER NUMBER OF TIMES	
		NONE	7 (BOX 10)
DBQ.420	{Do you/Does SP} get those I	oreakfasts free, at a reduced price, or {do you/o	does he/she} pay full price?
		FREE REDUCED PRICE FULL PRICE REFUSED DON'T KNOW	1 2 3 7 9
		BOX 10	
	CHECK ITEM DBQ.425: IF SP AGE >= 5, GO TO E OTHERWISE, CONTINUE.		
FSQ.655	Next are a few questions abo	ut the WIC program.	
	·	om WIC, that is, the Women, Infants, and Chil	ldren program, in the past 12
		YES	1 2 (END OF SECTION) 7 (END OF SECTION) 9 (END OF SECTION)
FSQ.660	Is {SP} now receiving benefit	s from the WIC program?	
		YES	1 2 7 9

FSQ.665	How long (did SP	receive/has SP bee	n receiving} benef	its from the WIC program

_ ENTER NUMBER (OF MONTHS OR YEARS)	
REFUSED 7 DON'T KNOW 9	
ENTER UNIT	
MONTHSYEARS	1
REFUSED	

12/3/98 Questionnaire: SP
Target Group: SPs 60 +

DIGITAL SYMBOL SUBSTITUTION EXERCISE - CFQ

BOX 1

CHECK ITEM CFQ.005:

IF INTERVIEW BEING DONE WITH A PROXY, GO TO END OF SECTION. OTHERWISE, CONTINUE.

CFQ.010	INTERVIEWER: CAN DSS E	EXERCISE BE ADMINISTERED WITH MINIMA	L DISTRACTION?
		YES	
CFQ.020	Now I am going to ask you to	o copy some symbols.	
	SUPPLIES NEEDED:	SMOOTH DRAWING SURFACE NO. 2 PENCIL STOP WATCH OR TIMER DSS INSTRUCTION SHEET DSS EXERCISE SHEET	
	Do you usually wear glasses	to read (other than the glasses you are current	ly wearing)?
		YES	1 2
	CAPI INSTRUCTION: IF 'YES' (CODE 1), DISPLAY	THE FOLLOWING INSTRUCTION.	
	Please put on your reading g	lasses.	
	PRESS 'ENTER' TO CONTIN	NUE.	
CFQ.025	GO TO HARD COPY SAMPI	LE PRACTICE INSTRUCTION SHEET.	
	REVIEW SAMPLE PRACTIC	E INSTRUCTIONS WITH SP AND HAVE SP C	COMPLETE SAMPLE ITEMS.
	PRESS ENTER TO CONTIN	UE.	
CFQ.030	INDICATE WHETHER SP CO	OMPLETED THE SAMPLE.	
		COMPLETED SAMPLE	1 (CFQ.045) 2 7 (END OF SECTION)
CFQ.040	REASON UNABLE TO COM	PLETE SAMPLE.	

PHYSICAL LIMITATIONS 1 (END OF SECTION)

CFQ.045	GO TO HARD COPY DSS E	COGNITIVE LIMITATIONS	2 (END OF SECTION) 3 (END OF SECTION)
	REVIEW INSTRUCTIONS WITH SP AND HAVE SP START EXERCISE.		
	PRESS ENTER TO CONTIN	UE.	
CFQ.050	INDICATE DSS EXERCISE	COMPLETION RESULT.	
		BREAK OFF TO EXERCISE	· ·

CHECK ITEM CFQ.055:

IF 'BREAK OFF', DISPLAY THE FOLLOWING:

"INDICATE 'BREAK OFF' ON HARD COPY EXERCISE"

"RECORD PARTICIPANT ID ({PARTICIPANT ID}) ON HARD COPY EXERCISE."

"PLACE DSS EXERCISE IN HOUSEHOLD FOLDER."

"EXERCISE WILL BE SCORED IN THE FIELD OFFICE."

"PRESS ENTER TO CONTINUE."

AND GO TO END OF SECTION.

OTHERWISE, CONTINUE.

That's good, you did well. That completes this set of tasks.

RECORD PARTICIPANT ID ({PARTICIPANT ID}) ON HARD COPY EXERCISE. PLACE DSS EXERCISE IN HOUSEHOLD FOLDER. EXERCISE WILL BE SCORED IN THE FIELD OFFICE.

PRESS ENTER TO CONTINUE.

Questionnaire: SP

Target Group: SPs Birth to 15 Years

EARLY CHILDHOOD - ECQ

ECQ.010	First I have some questions a	about {SP NAME's} birth.	
	How old was {SP NAME's} bi	ological mother when {s/he} was born?	
		 ENTER AGE IN YEARS	
		REFUSED	
ECQ.020	Did {SP NAME's} biological n	nother smoke at any time while she was pregn	ant with {him/her}?
		YES	,
ECQ.030	At any time during the pregnarest of the pregnancy?	ancy, did {SP NAME's} biological mother quit o	or refrain from smoking for the
		YES	7 (ECQ.060)
ECQ.040	About what month of the preg USE ROUNDING RULE IF N	gnancy did {SP NAME's} biological mother stop ECESSARY.	o smoking?
		FIRST MONTH SECOND MONTH THIRD MONTH FOURTH MONTH FIFTH MONTH SIXTH MONTH SEVENTH MONTH EIGHTH MONTH NINTH MONTH REFUSED DON'T KNOW	9 77
ECQ.060	Did {SP NAME} receive any ne special care facility?	wborn care in an intensive care unit, prematur	e nursery, or any other type of
		YES	1 2 7 9

		JNDS ONLY, PROBE FOR OUNCES. .CT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUN	CE
		_ ENTER NUMBER OF POUNDS	
		AND	
		_ ENTER NUMBER OF OUNCES	
		REFUSED	
		BOX 1	
	CHECK ITEM ECQ.075: IF REFUSED (CODE 7) COTHERWISE, GO TO BO	OR DON'T KNOW (CODE 9), CONTINUE. OX 2.	
ECQ.080	Did {SP NAME} weigh		
		more than 5-1/2 lbs. (2500 g), or	2)
ECQ.090	Did {SP NAME} weigh		
		more than 9 lbs. (4100 g), or	
		BOX 2	
	CHECK ITEM ECQ.095: IF SP AGE >= 2 MONTHS OTHERWISE, GO TO BO		
		· · · · · · · · · · · · · · · · · · ·	

	is more than 1 child in care in someone else's home or in a center. Did {SP} ever attend day care or preschool?		
	YES		
	BOX 3		
	CHECK ITEM ECQ.105: IF SP AGE = 2 MONTHS - 5 YEARS, CONTINUE. OTHERWISE, GO TO BOX 4.		
ECQ.110	Does {SP} now attend day care or preschool?		
	YES		
	BOX 4		
	CHECK ITEM ECQ.115: IF SP AGE = 0-5, CONTINUE. OTHERWISE, GO TO END OF SECTION.		
FSQ.121	Is {SP} now attending {Head Start/Early Head Start}?		
	CAPI INSTRUCTIONS: IF SP AGE = 0-3, DISPLAY "EARLY HEAD START". IF SP AGE = 4-5, DISPLAY "HEAD START".		
	YES		
	BOX 5		
	CHECK ITEM ECQ.125: IF SP AGE = 1-5, CONTINUE.		

(First/Next) I have some questions about day care and preschool. By day care I mean child care where there

ECQ.100

ECQ.130	On a typical weekday , about how many hours does {SP} spend away from home?		
		 ENTER NUMBER OF HOURS	
		REFUSED	
ECQ.140	On a typical weekend day, a	bout how many hours does (SP) spend away from home?	
		 ENTER NUMBER OF HOURS	
		REFUSED 77 DON'T KNOW 99	

Questionnaire: SP

Target Group: SPs Birth +

HOSPITAL UTILIZATION AND ACCESS TO CARE-HUQ

HUQ.010	{First/Next} I have some gen	eral questions about {your/SP's} health.	
	Would you say {your/SP's} h	ealth in general is	
	CAPI INSTRUCTION: DISPLAY "FIRST" IF SP AG	E IS >= 16 YEARS.	
		excellent, very good, good, fair, or poor? REFUSED DON'T KNOW	1 2 3 4 5 7
		BOX 1	
	CHECK ITEM HUQ.015: IF SP AGE >= 1, CONTINU OTHERWISE, GO TO HUG		
HUQ.020	Compared with 12 months a	ago, would you say {your/SP's} health is now	
		better, worse, or about the same? REFUSED DON'T KNOW	1 2 3 7 9
HUQ.030	Is there a place that {you/SP} about {your/his/her} health?	usually {go/goes} when {you are/he/she is} sic	k or {you/s/he} need{s} advice
	CAPI INSTRUCTION: IF SP AGE < 12, DISPLAY "YOU DISPLAY.	OU" IN THE FOURTH DISPLAY AND DON'T DIS	PLAY THE "S" IN THE FIFTH
		YES	1 2 (HUQ.050) 3 7 (HUQ.050) 9 (HUQ.050)
HUQ.040	What kind of place {do you/o some other place?	does SP} go to most often: is it a clinic, doctor	's office, emergency room, or
		CLINIC OR HEALTH CENTER DOCTOR'S OFFICE OR HMO HOSPITAL EMERGENCY ROOM HOSPITAL OUTPATIENT DEPARTMENT .	1 2 3 4

		SOME OTHER PLACE	7
HUQ.050	professional about {your/his/h	how/How} many times {have you/has SP} see er} health at a doctor's office, a clinic, hospitalized times {you were/s/he was} hospitalized	al emergency room, at home or
	CAPI INSTRUCTION: DISPLAY "12 MONTHS" ONL	LY IF SP'S AGE IS >= 1.	
		NONE 1 2 TO 3 4 TO 9 10 TO 12 13 OR MORE REFUSED DON'T KNOW	2 (HUQ.070) 3 (HUQ.070)
HUQ.060		nce {you/SP} last saw or talked to a doctor or clude doctors seen while {you were} {he/she was	
		6 months or less,	1
		more than 6 months, but not more than 1 year ago,	2
		more than 1 year, but not more than 3 years ago,	3
		more than 3 years, or	4
		never?	5 7
		DON'T KNOW	9
HUQ.070	{During the past 12 months, an overnight stay in the emergence.	were you/{Was/was} SP} a patient in a hosp gency room.	ital overnight ? Do not include
	CAPI INSTRUCTION: DISPLAY "12 MONTHS" ONL DISPLAY "WAS SP" WITH LE	LY IF SP'S AGE IS >= 1. EADING CAPS, IF SP'S AGE IS <1.	
		YES	2 (BOX 2) 7 (BOX 2)
HUQ.080	How many different times did {	you/SP} stay in any hospital overnight or longer	{during the past 12 months}?
	CAPI INSTRUCTION: DISPLAY "12 MONTHS" ONL	LY IF SP'S AGE IS >= 1.	
		 ENTER NUMBER	
		REFUSED	777

вох	2
CHECK ITEM 085: IF SP AGE >= 4, CONTINUE. OTHERWISE, GO TO END OF SECTION.	

HUQ.090 During the **past 12 months**, that is since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, {have you/has SP} seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about {your/his/her} health?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

8/11/98

Questionnaire: SP

Target Group: SPs Birth +

	IMMUNIZATION - IMQ	
	BOX 0	
	CHECK ITEM IMQ.005: IF SP AGE >= 2, CONTINUE. OTHERWISE, GO TO IMQ.020.	
IMQ.010	{Have you/Has SP} ever received the hepatitis A vaccine series? This is a two dose vaccine that is g to people who travel outside the United States. It has only been available since 1995.	jiven
	CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT	
	YES AT LEAST 2 DOSES 1 LESS THAN 2 DOSES 2 NO DOSES 3 REFUSED 7 DON'T KNOW 9	
IMQ.020	{Have you/Has SP} ever received the 3-dose series of the hepatitis B vaccine? This vaccine is given in t separate doses and has been recommended for all newborn infants since 1991. In 1995, it recommended that adolescents be given the vaccine. Persons who may be exposed to other people's bl such as health care workers, also may have received the vaccine.	was
	CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT	
	YES ALL 3 DOSES 1 LESS THAN 3 DOSES 2 NO DOSES 3 REFUSED 7 DON'T KNOW 9	
	BOX 1	
	CHECK ITEM IMQ.025: IF SP AGE >= 20, CONTINUE. OTHERWISE, GO TO END OF SECTION.	
IMQ.030	{Have you/Has SP} ever had a pneumonia vaccination? This shot is usually given only once in a pers lifetime and is different from a flu shot.	₃on's
	YES	

12/3/98 Questionnaire: SP
Target Group: SPs Birth +

INTRODUCTION AND VERIFICATION - DMQ - SPIV

DMQ.010

[You have been chosen to participate in the National Health and Nutrition Examination Survey conducted by the U.S. Public Health Service. All the information that you give us will be kept in the strictest of confidence. Your name will not be attached to any of your answers without your specific permission. HAND RESPONDENT THE ADVANCE LETTER.] I would like to begin the health interview by verifying some information about {you/SP}.

VERIFY OR ASK DATE OF BIRTH AND AGE.

CAPI INSTRUCTION:

DISPLAY DATE OF BIRTH AND SP AGE FROM SCREENER.

IF AGE OR ALL OR PART OF DATE OF BIRTH NOT AVAILABLE, FILL CORRESPONDING FIELDS WITH 'DK' OR 'REF' AS APPROPRIATE.

IF AGE IS A RANGE, DISPLAY THE RANGE FOR AGE.

IF AGE IS LESS THAN 1 YEAR, DISPLAY AGE IN MONTHS.

IF AGE IS CHANGED, DISPLAY MESSAGE TO CORRECT DOB.

IF DOB IS CHANGED, RECALCULATE AGE.

{ DATE OF BIRTH (MONTH, DAY, YE.		
•	•	7.02
REFUSED		

DMQ.020 VERIFY GENDER.

CAPI INSTRUCTION:

DISPLAY SP GENDER FROM SCREENER. IF GENDER NOT AVAILABLE, DISPLAY DK OR REF AS APPROPRIATE.

{ |___| } GENDER

BOX 1

CHECK ITEM DMQ.025:

RUN SAMPLING ALGORITHM. IF PERSON NO LONGER IN THE SAMPLE DUE TO UPDATED AGE OR GENDER INFORMATION, CONTINUE. OTHERWISE, GO TO BOX 4.

DMQ.030 Thank you for your participation in the study. Our scientific, random selection process indicates that {vou/SP} {have/has} not been selected for the next part of the study.

	BOX 2	
CHECK ITEM DMQ.035: GO TO END OF INTERVIEW.		

DMQ.040	What is {your/SP's} full name	e, including middle name?	
	What is your first name?		
	VERIFY SPELLING USE F1 FOR HELP RECORD	DING FIRST NAME	
		 ENTER PREFIX (MS, MR, MRS, DR)	
		REFUSED	
		ENTER FIRST NAME	
		REFUSED	7 9
DMQ.050	What is {your/SP's} middle n	ame?	
	VERIFY SPELLING USE F1 FOR HELP RECORD IF NO MIDDLE NAME, MARK		
		ENTER MIDDLE NAME #1	
		REFUSED	7 9
		ENTER MIDDLE NAME #2	
		REFUSED	7 9
DMQ.060	What is {your/SP's} last name	e?	
	VERIFY SPELLING USE F1 FOR HELP RECORD	DING LAST NAME(S)	
		ENTER LAST NAME #1	
		REFUSED	7 9
		ENTER LAST NAME #2	
		REFUSED	7 9

DMQ.070 {Do you/Does SP} have a suffix? [What is it?]

Questionnaire: SP **Target Group:** SPs 20+

KIDNEY CONDITIONS - KIQ

KIQ.020	{Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he} had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence. YES
	NO 2 REFUSED 7 DON'T KNOW 9
	BOX 1 CHECK ITEM KIQ.030: IF SP AGE >= 60, CONTINUE. OTHERWISE, GO TO BOX 2.
KIQ.040	In the past 12 months , {have you/has SP} had difficulty controlling {your/his/her} bladder, including leaking small amounts of urine when {you/s/he} cough{s} or sneeze{s}? {Do not include bladder control difficulties during pregnancy or recovery from childbirth.}
	CAPI INSTRUCTION: DISPLAY "DO NOT INCLUDE " ONLY IF SP IS FEMALE.
	YES
KIQ.060	How frequently does this occur? Would you say this occurs
	every day, 1 a few times a week, 2 a few times a month, or 3 a few times a year? 4 REFUSED 7 DON'T KNOW 9
	BOX 2
	CHECK ITEM KIQ.070: IF SP IS FEMALE OR IF SP IS MALE AGE 20-29, GO TO END OF SECTION. IF SP IS MALE AGE 30-59, GO TO KIQ.120. IF SP IS MALE AGE >=60, CONTINUE.
KIQ.080	{Do you/Does SP} usually have trouble starting to urinate (pass water)?

YES..... 1

		NO	2 7 9
KIQ.100	After urinating (passing water), does {your/SP's} bladder feel empty?	
		YES	1 2 7 9
KIQ.120	{Have you/Has SP} ever been gland?	told by a doctor or health professional that {you	/he} had an enlarged prostate
		YES	1 2 (KIQ.200) 7 (KIQ.200) 9 (KIQ.200)
KIQ.140	Was it a benign enlargement,	also called benign prostatic hypertrophy?	
		YES	1 2 (KIQ.180) 7 (KIQ.180) 9 (KIQ.180)
KIQ.160	How old {were you/was SP} w prostate gland?	hen {you were/he was} first told that {you/he} h	ad benign enlargement of the
		 ENTER AGE IN YEARS	
		REFUSED	
		BOX 3	
	CHECK ITEM KIQ.170: GO TO KIQ.200.		
KIQ.180	Was the enlargement due to	cancer?	
		YES	1 (KIQ.220) 2 7 9
KIQ.200	{Have you/Has SP} ever been	n told by a doctor or health professional that {yo	ou/he} had prostate cancer?
		YES	1 2 (BOX 4)

	REFUSED 7 (BOX 4) DON'T KNOW 9 (BOX 4)	
KIQ.220	How old {were you/was SP} when {you were/he was} first told that {you/he} had prostate canc	er?
	 ENTER AGE IN YEARS	
	REFUSED	
	BOX 4	
	CHECK ITEM KIQ.230: IF 'YES' (CODE 1) IN KIQ.120 OR KIQ.200, CONTINUE. OTHERWISE, GO TO BOX 5.	
KIQ.240	{Have you/Has SP} ever had surgery on {your/his/her} prostate gland?	
	YES	
	BOX 5	
	CHECK ITEM KIQ.250: IF 'YES' (CODE 1) IN KIQ.140 AND 'YES' (CODE 1) IN KIQ.200, CONTINUE. OTHERWISE, GO TO BOX 6.	
KIQ.260	Was it for an enlarged prostate gland that wasn't due to cancer?	
	IF MORE THAN 1 SURGERY, ASK RESPONDENT TO REFER TO MOST RECENT SURGE	RY.
	YES	
KIQ.280	Was the surgery for cancer of the prostate gland?	
	YES	

BOX 6	
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	CHECK ITEM KIQ.290: IF 'YES' (CODE 1) IN KIQ.180 OF OTHERWISE, GO TO KIQ.320.	R KIQ.200, CONTINUE.	
KIQ.300	{Have you/Has SP} ever had radiati	on treatments for prostate cancer?	
	NO . REFL	JSED	1 2 7 9
KIQ.320	{Have you/Has SP} ever had a blood prostate cancer, called PSA, or Pros	d test that {your/his} doctor told {you/himstate Specific Antigen?	} was being used to check for
	NO . REFL	JSED	1 2 7 9
	CHECK ITEM KIQ.330: IF SP AGE >= 60, CONTINUE. OTHERWISE, GO TO END OF S	BOX 7 ECTION.	
KIQ.340	{Have you/Has SP} ever had a recta	al examination?	
	NO . REFL	JSED	1 2 (END OF SECTION) 7 (END OF SECTION) 9 (END OF SECTION)
KIQ.360	Was this done to check for prostate	cancer?	
	NO . REFL	JSED	1 2 7 9
KIQ.380	Was this done to check for blood in	the stool?	

 REFUSED
 7

 DON'T KNOW
 9

Questionnaire: SP (Year 2) **Target Group:** SPs 1+

MEDICAL CONDITIONS - MCQ

MCQ.010	Has a doctor or other health professional ever told {you/SP} that {you have/s/he/SP has} asthma?					
	CAPI INSTRUCTION: IF SP AGE >= 12, DISPLAY SP NAME AND "S/HE": IF SP AGE < 12, DISPLAY "YOU" AND SP NAME.					
	YES					
	BOX 1					
	CHECK ITEM MCQ.015: IF SP'S AGE <= 19, CONTINUE. OTHERWISE, GO TO MCQ.040.					
MCQ.020	How old {were you/was SP} when {you were/s/he was} first told {he/she} had asthma?					
	IF LESS THAN 1 YEAR, ENTER 1					
	CAPI INSTRUCTION: IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU WERE". IF SP AGE = 12-15, DISPLAY "WAS {SP}" AND "S/HE WAS". IF SP AGE < 12, DISPLAY "WAS {SP}" AND "YOU WERE".					
	 ENTER AGE IN YEARS					
	REFUSED					
MCQ.030	{Do you/Does SP} still have asthma?					
	YES					
MCQ.040	During the past 12 months , {have you/has SP} had an episode of asthma or an asthma attack?					
	YES					

		DON'T KNOW	9 (MCQ.053)
MCQ.050	[During the past 12 month because of asthma?	s], {have you/has SP} had to visit an emergen	cy room or urgent care center
		YES	1
		NO	
		REFUSED	
		DON'T KNOW	9
MCQ.053	-	ave you/has SP} been on treatment for anemia, s t, iron pills, iron shots, transfusions as treatmer	
		YES	1
		NO	2
		REFUSED	7
		DON'T KNOW	9
		BOX 2	
	CHECK ITEM MCQ.055: IF SP AGE < 2, GO TO M IF SP AGE 2-3, GO TO M IF SP AGE 4-19, CONTIN IF SP AGE >= 20, GO TO	CQ.080. UE.	
MCQ.060	Has a doctor or health profe	ssional ever told {you/SP} that {you/s/he/SP} has	ad attention deficit disorder?
	CAPI INSTRUCTION: IF SP AGE >= 16, DISPLAY IF SP AGE = 12-15, DISPLAY IF SP AGE < 12, DISPLAY	AY SP NAME AND "S/HE".	
		VEC	1
		YES	1
		REFUSED	7
		DON'T KNOW	9
MCQ.080	Has a doctor or health profe	ssional ever told {you/SP} that {you were/s/he/\$	SP was} overweight?
	CAPI INSTRUCTION:		
	IF SP AGE >= 16, DISPLAY		
	IF SP AGE = 12-15, DISPLA IF SP AGE < 12, DISPLAY "		
		YES	1
		NO	
		REFUSED	7
		DON'T KNOW	9

	CHECK ITEM MCQ.081: IF SP'S AGE = 4-15, CONTINUE. IF SP AGE >= 16, GO TO MCQ.090. OTHERWISE, GO TO MCQ.114.	
MCQ.083	Has a representative from a school or a health professional ever told {you/SP} that {s/he/SP} I disability?	had a learning
	CAPI INSTRUCTION: IF SP AGE >= 12, DISPLAY SP NAME AND "S/HE". IF SP AGE < 12, DISPLAY "YOU" AND SP NAME.	
	YES	
	BOX 3	
	CHECK ITEM MCQ.085: IF SP'S AGE >= 6, CONTINUE. OTHERWISE, GO TO MCQ.114.	
MCQ.090	{Have you/Has SP} ever had chickenpox?	
	YES	
MCQ.092	{Have you/Has SP} ever received a blood transfusion?	
	YES	
MCQ.093	In what year did {you/SP} receive {your/his/her} first transfusion?	
	_ ENTER 4-DIGIT YEAR	
	BOX 4	
	CHECK ITEM MCQ.095: IF SP'S AGE = 8-15, CONTINUE IF SP'S AGE >= 20, GO TO MCQ.140. OTHERWISE, GO TO MCQ.120.	

BOX 2A

MCQ.100	Has a doctor or health professional ever told {SP} that {s/he} had hypertension, also called high blood pressure?				
		YES	1 2 (MCQ.120) 7 (MCQ.120) 9 (MCQ.120)		
MCQ.110	Because of {SP's} high blood	d pressure [hypertension], is {he/she} currently to	aking medicine?		
		YES	1 2 7 9		
		BOX 5			
	CHECK ITEM MCQ.112: IF SP'S AGE >= 6, GO TO OTHERWISE, CONTINUE				
MCQ.114	Has {SP} ever been tested for	or lead poisoning?			
		YES	1 2 (MCQ.120) 7 (MCQ.120) 9 (MCQ.120)		
MCQ.117	How long has it been since {	SP} was tested?			
	IF LESS THAN 1 MONTH, E	NTER 1 MONTH			
		 ENTER NUMBER (OF MONTHS OR YEARS)			
		REFUSED	77 99		
		ENTER UNIT			
		MONTHS YEARS REFUSED DON'T KNOW	1 2 7 9		
MCQ.120	During the past 12 months,	{have you/has SP} had			
	CAPI INSTRUCTIONS:				

DISPLAY ITEMS A AND B IF SP AGE <= 3.

DISPLAY ALL ITEMS (A, B, C AND D) IF SP AGE = 4-15.

DISPLAY ITEMS A AND C IF SP AGE >= 16.

	RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.					
	a. hay fever?					
	b. 3 or more ear infections?					
	c. frequent or severe headaches, including					
	migraines?					
	d. stuttering or stammering?					
	BOX 6					
	CHECK ITEM MCQ.135: IF SP'S AGE >= 2, CONTINUE.					
	OTHERWISE, GO TO END OF SECTION.					
	<u>'</u>					
MCQ.140	{Do you/Does SP} have trouble seeing, even when wearing glasses or contact lenses, if {you/he/sh them?	ne} wear{s}				
	YES 1					
	NO 2					
	REFUSED					
	DON'T KNOW					
	DOV 7					
	BOX 7					
	CHECK ITEM MCQ.145:					
	IF SP'S AGE 6-19, CONTINUE.					
	IF SP'S AGE >= 20, GO TO MCQ.160. OTHERWISE, GO TO END OF SECTION.					
	OTHERWISE, GO TO END OF SECTION.					
	BOX 7A					
	CUEOK ITEM MOO 440					
	CHECK ITEM MCQ.146: IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.					
	OTHERWISE, GO TO MCQ.150.					
MCQ.147	Have {SP's} periods or menstrual cycles started yet?					
	YES 1					
	NO 2 (MCQ.150)					
	REFUSED					
	DON'T KNOW					
MCQ.148	How old was {SP} when her periods or menstrual cycles started?					
	I——I——I ENTER AGE IN YEARS					
	REFUSED					
	DON'T KNOW					

ŀ	how many days did {you/SP} miss school because of an illness or injury?				
I	IF NONE, ENTER 0				
	 ENTER NUMBER OF DAYS				
	DID NOT GO TO SCHOOL 666 REFUSED 777 DON'T KNOW 999				
	BOX 8				
	CHECK ITEM MCQ.155: IF SP AGE >= 16, GO TO MCQ.245. OTHERWISE, GO TO END OF SECTION.				

During the past 12 months, that is, since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, about

MCQ.150

MCQ.160 Has a doctor or other health professional ever told {you/SP} that {you/s/he}	MCQ.170 {Do you/Does SP} still ?	MCQ.180 How old {were you/was SP} when {you were/s/he was} first told {you/s/he}	MCQ.190 Which type of arthritis was it?
CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.			
a. had arthritis? YES		had arthritis?	
b. had congestive heart failure? YES		had congestive heart failure? ENTER AGE IN YEARS REFUSED 77 DON'T KNOW 99	
c. had coronary heart disease? YES		had coronary heart disease? ENTER AGE IN YEARS REFUSED 77 DON'T KNOW 99	
d. had angina, also called angina pectoris? YES		had angina, also called agina pectoris? ENTER AGE IN YEARS REFUSED 77 DON'T KNOW 99	
e. had a heart attack (also called myocardial infarction)? YES		had a heart attack (also called myocardial infarction)? _ ENTER AGE IN YEARS REFUSED	

f.	had a stroke?		had a stroke?		
	YES 1 NO 2 (g)		III ENTER AGE IN YEARS		
	REFUSED 7 (g)		REFUSED	777	
	DON'T KNOW 9 (g)		DON'T KNOW	999	
g.	had emphysema?		had emphysema?		
	YES 1		 ENTER AGE IN YEARS		
	NO 2 (h) REFUSED 7 (h)		REFUSED	777	
	DON'T KNOW 9 (h)		DON'T KNOW	999	
h.	had a goiter?	have a goiter?	had a goiter?		
	YES 1	YES 1 NO 2	 ENTER AGE IN YEARS		
	NO 2 (i)	REFUSED 7		777	
	REFUSED 7 (i) DON'T KNOW 9 (i)	DON'T KNOW 9	REFUSEDDON'T KNOW	777 999	
i.	had another thyroid disease?	have another thyroid disease?	had another thyroid disease?		
	YES 1	YES 1 NO 2	 ENTER AGE IN YEARS		
	NO 2 (j) REFUSED 7 (j)	REFUSED 7	DEFLICED	777	
	DON'T KNOW 9 (j)	DON'T KNOW 9	REFUSED DON'T KNOW	777 999	
				_	
j.	was overweight?				
j.	YES 1				
j.	YES 1 NO				
j.	YES				
j. k.	YES	have chronic bronchitis?	had chronic bronchitis?		
j. k.	YES	YES 1	had chronic bronchitis? ENTER AGE IN YEARS		
j. k.	YES	YES 1 NO	 ENTER AGE IN YEARS	777	
j. k.	YES	YES 1 NO 2		777 999	
j. k.	YES	YES 1 NO	 ENTER AGE IN YEARS REFUSED		
I	YES	YES	ENTER AGE IN YEARS REFUSED		
I	YES	YES	_ _ _ ENTER AGE IN YEARS REFUSED	999	
I	YES	YES	_ _ _ ENTER AGE IN YEARS REFUSED		

MCQ.200 {Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he} had an ulcer, the could be a stomach, duodenal or peptic ulcer?					s			
			YES				1	
			NO				2 (MCQ.220)	
			REFUSED				7 (MCQ.220)	
			DON'T KNOW	/			9 (MCQ.220)	
MCQ.210	During the past 12 m	onths	{have you/has S	SP} had a	n ulcer?			
			YES				1	
			NO				2	
			REFUSED				7	
			DON'T KNOW	/			9	
MCQ.220	{Have you/Has SP} e malignancy of any kir		en told by a doc	tor or oth	er health pr	ofessional tl	nat {you/s/he} had cancer or	а
			YES				1	
			NO				2 (MCQ.245)	
			REFUSED				7 (MCQ.245)	
			DON'T KNOW	/			9 (MCQ.245)	
MCQ.230	What kind of cancer	was it?						
	ENTER UP TO 3 KIND	OS. IF F	RESPONDENT C	FFERS I	MORE THAN	N 3, ENTER	66 AS THE 4TH RESPONSE	Ξ.
	CAPI INSTRUCTION							
	ALLOW UP TO 3 EN ALLOW 'MORE THAI			ONLY AS	S 4TH ENTE	8Y		
	ALLOW MORE ITIA	· O ran	100 (0002 00)	ONE! A	5 1111 211 11	、		
	()		()	()	()		
			EUKEMIA			,	N-MELANOMA)	
			VER				N'T KNOW WHAT KIND) 33 SUE (MUSCLE OR FAT) 34	
			YMPHOMA/HODG				H	
BREAST		14 M	ELANOMA		25	TESTIS (T	TESTICULAR) 36	
	ERVICAL)		OUTH/TONGUE/L					
	JS (ESOPHAGEAL)		ERVOUS SYSTEN VARY (OVARIAN)				(UTERINE)	
	DER		ANCREAS (PANC			MORE TH	AN 3 KINDS	
KIDNEY		19 P	ROSTATE		30	REFUSED) 77	
LARYNX/W	INDPIPE	20 R	ECTUM (RECTAL)	31	DON'T KN	IOW 99	
		1				1		_

BOX 9

LOOP 1:

ASK MCQ.240 FOR EACH TYPE OF CANCER (CODES 10-39 AND CODE 99) ENTERED IN MCQ.230.

MCQ.240	How old {were you/was SP} when {TYPE OF CANCER/cancer} was first diagnosed?					
	CAPI INSTRUCTIONS: DISPLAY TYPE OF CANCER (CODE 10-39) ENTERED IN MCQ.230. DISPLAY "CANCER " IF DON'T KNOW ENTERED IN MCQ.230.					
	 ENTER AGE IN YEARS					
	REFUSED					
	BOX 9A					
	END LOOP 1: ASK MCQ.240 FOR NEXT TYPE OF CANCER (CODES 10-39 AND CODE 99) ENTERED IN MCQ.230. IF NO NEXT TYPE, CONTINUE WITH MCQ.245.					
MCQ.245	During the past 12 months , that is since {DISPLAY CURRENT MONTH} of last year, about how many days did {you/SP} miss work at a job or business because of an illness or injury {do not include maternity leave}?					
	CAPI INSTRUCTION: DISPLAY "DO NOT INCLUDE MATERNITY LEAVE" ONLY IF SP IS FEMALE.					
	 ENTER NUMBER OF DAYS					
	DOES NOT WORK 666 REFUSED 777 DON'T KNOW 999					
	BOX 10					
	CHECK ITEM MCQ.247: IF SP AGE >= 20, CONTINUE. OTHERWISE, GO TO END OF SECTION.					

MCQ.250 MCQ.260 Including living and deceased, were any of {SP's/ Which biological [blood] family member? your} biological that is, blood relatives including CODE ALL THAT APPLY grandparents, parents, brothers, sisters ever told by a health professional that they had ... CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL, "[]'S, AFTER FIRST TIME. MOTHER diabetes? FATHER MOTHER'S MOTHER YES 1 MOTHER'S FATHER NO 2 (b) FATHER'S MOTHER 5 REFUSED 7 DON'T KNOW . . 9 (b) FATHER'S FATHER 6 BROTHER 7 SISTER 8 OTHER 9 REFUSED 77 DON'T KNOW 99 MOTHER Alzheimer's disease? FATHER 2 MOTHER'S MOTHER 3 YES 1 NO 2 (c) MOTHER'S FATHER 4 FATHER'S MOTHER 5 REFUSED 7 (c) FATHER'S FATHER 6 DON'T KNOW . . 9 (c) BROTHER 7 SISTER 8 OTHER 9 REFUSED 77 DON'T KNOW 99 MOTHER asthma? FATHER 2 YES 1 MOTHER'S FATHER 4 NO 2 (d) FATHER'S MOTHER 5 REFUSED 7 (d) FATHER'S FATHER 6 DON'T KNOW . . 9 (d) BROTHER SISTER OTHER REFUSED 77 DON'T KNOW 99 MOTHER arthritis? FATHER MOTHER'S MOTHER YES 1 MOTHER'S FATHER NO 2 (e) REFUSED 7 (e) FATHER'S MOTHER DON'T KNOW . . 9 (e) FATHER'S FATHER BROTHER SISTER OTHER 9 REFUSED 77 DON'T KNOW 99

e. osteoporosis or britt	1 2 (f) 7 (f)	MOTHER FATHER MOTHER'S MOTHER MOTHER'S FATHER FATHER'S MOTHER FATHER'S FATHER BROTHER SISTER OTHER REFUSED	2 3 4 5 6 7 8 9
f high blood processes	ar strake hafers the are of EO?	DON'T KNOW	
f. high blood pressure YES NO REFUSED DON'T KNOW	2 (g) 7 (g)	FATHER MOTHER'S MOTHER MOTHER'S FATHER FATHER'S MOTHER FATHER'S FATHER BROTHER SISTER OTHER REFUSED DON'T KNOW	2 3 4 5 6 7 8 9
g. heart attack or angin	a before the age of 50?	MOTHER	1
YES	1 2 7	FATHER MOTHER'S MOTHER MOTHER'S FATHER FATHER'S MOTHER FATHER'S FATHER BROTHER SISTER OTHER REFUSED DON'T KNOW	2 2 4 5 6 7 8 9 77
MCQ.270 Did {your/	SP's} biological mother ever frac	cture her hip?	
	NO REFUSED .	7	(END OF SECTION) (END OF SECTION) (END OF SECTION)
MCQ.280 About how	old was she when she fractured	d her hip (the first time)?	
	_ ENTER AGE	_ (END OF SECTION) E IN YEARS	
MCQ.290 Was she.			
	50 years old REFUSED .	ars old, or	

9/9/98

Questionnaire: SP Target Group: SPs 20+

MISCELLANEOUS PAIN - MPQ

MPQ.010	During the past 12 months , {I [Do not include neck pain.]	have you/has SP} had pain, aching, stiffness or	r swelling in or around a joint?
		YES	7 (MPQ.060)
MPQ.020	Were these symptoms prese	ent on most days for at least 1 month?	
		YES	1 2 7 9
MPQ.030	Did these symptoms begin o	nly because of an injury?	
		YES	7 (MPQ.050)
MPQ.040	How many weeks or months	, in the past year , did {you/SP} have joint symp	otoms due to an injury?
		_ ENTER NUMBER (OF WEEKS OR MONTHS	8)
		REFUSED	
		ENTER UNIT	
		WEEKS	1 2 7 9

	CODE ALL THAT APPLY.			
	HAND CARD MPQ1			
		SHOULDER - RIGHT SHOULDER - LEFT ELBOW - RIGHT ELBOW - LEFT HIP - RIGHT HIP - RIGHT WRIST - RIGHT WRIST - LEFT KNEE - RIGHT KNEE - LEFT ANKLE - RIGHT ANKLE - LEFT TOES - RIGHT TOES - LEFT FINGERS/THUMB - RIGHT FINGERS/THUMB - LEFT OTHER (SPECIFY) REFUSED DON'T KNOW	22 23 24 25 26 77	
MPQ.060		out pain {you/SP} may have experienced in the lay or more. Do not report aches and pains the layer pack pain?		
	Duning the past 3 months , di	YES	1 2 7 9	
MPQ.070	[During the past 3 months],	did {you/SP} have low back pain?		
		YES	7	(MPQ.090) (MPQ.090) (MPQ.090)
MPQ.080	Did this pain spread down eith	ner leg to areas below the knees?		
		YES	1 2 7 9	

Please refer

Please look at this card and give me the joints that were affected.

MPQ.050

MPQ.090	During the past 3 months, did	{you/SP} have severe headaches or migrain	es?	
	1	YES	1 2 7 9	
MPQ.100	During the past month , {have	you/has SP} had a problem with pain that la	sted	more than 24 hours?
	1	YES	7	(END OF SECTION) (END OF SECTION) (END OF SECTION)
MPQ.110	For how long {have you/has SF	P} experienced this pain? Would you say		
	6 6 1	ess than a month,	1 2 3 4 7 9	
MPQ.120	Regarding {your/SP's} pain pro	blem, which regions are affected?		
	CODE ALL THAT APPLY			
	HAND CARD MPQ2			
		HEAD FACE/DENTAL SHOULDER GIRDLE - RIGHT SHOULDER GIRDLE - LEFT JPPER ARM - RIGHT JPPER ARM - LEFT MID-ARM - RIGHT MID-ARM - LEFT LOWER ARM - LEFT LOWER ARM - LEFT JPPER BACK - RIGHT JPPER BACK - RIGHT JPPER BACK - RIGHT LOWER BACK - LEFT JOWER BACK - LEFT JUTTOCKS - RIGHT BUTTOCKS - RIGHT JPPER LEG - RIGHT JPPER LEG - RIGHT JPPER LEG - RIGHT JPPER LEG - LEFT MID-LEG - RIGHT LOWER LEG - LEFT MID-LEG - LEFT LOWER LEG - LEFT MID-LEG - RIGHT LOWER LEG - LEFT MID-LEG - RIGHT LOWER LEG - LEFT NECK STERNUM CHEST - RIGHT CHEST - LEFT	16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	

ABDOMEN	36
SPINE	37
HAND - RIGHT	38
HAND - LEFT	39
FOOT - RIGHT	40
FOOT - LEFT	41
REFUSED	77
DON'T KNOW	99

3/7/00 Questionnaire: SP
Target Group: SPs 2+

PAQ.020

PAQ.050

PHYSICAL ACTIVITY AND PHYSICAL FITNESS - PAQ

	BOX 1A
CHECK ITEM PAQ.005: IF SP AGE >= 16, CONT OTHERWISE, GO TO BO	
days. First I will ask about a activities, and finally, about	s are about physical activities that {you/SP} {have/has} done over the past 30 ctivities that are related to transportation. Then I'll ask about {your/his/her} daily physical activities that {you do/he/she does} in {your/his/her} leisure time. ave/has} {you/SP} walked or bicycled as part of getting to and from work, or
school, or to do errands?	and the same of the same and th
CODE 'UNABLE TO DO' O	NLY IF RESPONDENT VOLUNTEERS
	YES 1 NO 2 (PAQ.100) UNABLE TO DO ACTIVITY 3 (PAQ.100) REFUSED 7 (PAQ.100) DON'T KNOW 9 (PAQ.100)
work, or school, or to do en	ow often did {you/SP} do this? [Walk or bicycle as part of getting to and from rands.] per day, per week, or per month did {you/s/he} do these activities?
	 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)
	REFUSED
	ENTER UNIT
	DAY 1 WEEK 2

		 ENTER NUMBER (OF MINUTES OR HOURS)	
		REFUSED 77° DON'T KNOW 99°	
		ENTER UNIT	
		HOURS	1 2 7 9
I	minutes that required modera	ou/SP} do any tasks in or around {your/his/her} he or greater physical effort? By moderate physht to moderate increase in {your/his/her} heart or heavy cleaning.]	ical effort I mean, tasks that
(CODE 'UNABLE TO DO' ONL	Y IF RESPONDENT VOLUNTEERS	
		NO	1 2 (PAQ.180) 3 (PAQ.180) 7 (PAQ.180) 9 (PAQ.180)
t	that is tasks requiring at least m	often did {you/SP} do these tasks in or around { noderate effort? [Such as raking leaves, mowing er day, per week, or per month did {you/s/he} do	the lawn or heavy cleaning]
		 ENTER NUMBER OF TIMES (PER DAY, WEE	K OR MONTH)
		REFUSED 77' DON'T KNOW 999	•
		ENTER UNIT	
		WEEK	1 2 3 7 (PAQ.180) 9 (PAQ.180)

On those days when {you/SP} walked or bicycled, about how long did {you/s/he} spend altogether doing this?

PAQ.080

V
\

ENTER NUMBER (OF MINUTES OR HOURS))
REFUSED	
ENTER UNIT	
HOURS	1 7 9

PAQ.180 Please tell me which of these four sentences **best** describes {your/SP's} usual daily activities? [Daily activities may include {your/his/her} work, housework if {you are/s/he is} a homemaker, going to and attending classes if {you are/s/he is} a student, and what {you/s/he} normally {do/does} throughout a typical day if {you are/he/she is} a retiree or unemployed.] . . .

HAND CARD PAQ1

{You sit/He/She sits} during the day and {do/does} not walk about very much;	1
{You stand or walk/He/She stands or walks} about quite a lot during the day, but	
{do/does} not have to carry or lift	
things very often;	2
{You lift or carry/He/She lifts or carries} light	
loads, or {have/has} to climb stairs or	
hills often; or	3
{You do/He/She does} heavy work or {carry/	
carries} heavy loads	4
REFUSED	7
DON'T KNOW	9

PAQ.200 The next questions are about physical activities including exercise, sports, and physically active hobbies that {you/SP} may have done in {your/his/her} leisure time or at school over the **past 30 days**.

First I will ask you about **vigorous** activities that cause **heavy** sweating or **large increases** in breathing or heart rate. Then I will ask you about **moderate** activities that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate.

Over the past 30 days, did {you/SP} do any vigorous activities for at least 10 minutes that caused heavy sweating, or large increases in breathing or heart rate? Some examples are running, lap swimming, aerobics classes or fast bicycling.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES	1	
NO	2	(PAQ.320)
UNABLE TO DO ACTIVITY	3	(PAQ.320)
REFUSED	7	(PAQ.320)
DON'T KNOW	9	(PAQ.320)

CODE ALL THAT APPLY

AEROBICS	10
BASEBALL	11
BASKETBALL	12
BICYCLING	13
BOWLING	14
DANCE	15
FISHING	16
FOOTBALL	17
GARDENING	18
GOLF	19
HIKING	20
HOCKEY	21
HUNTING	22
JOGGING	23
KAYAKING	24
PUSH-UPS	25
RACQUETBALL	26
ROLLERBLADING	27
ROWING	28
RUNNING	29
SIT-UPS	30
SKATING	31
SKIING - CROSS COUNTRY (INCLUDING	
NORDIC TRACK)	32
SKIING – DOWNHILL	33
SOCCER	34
SOFTBALL	35
STAIR CLIMBING	36
STRETCHING	37
SWIMMING	38
TENNIS	39
TREADMILL	40
VOLLEYBALL	41
WALKING	42
WEIGHT LIFTING	43
YARD WORK	44
OTHER (SPECIFY)	45
OTHER (SPECIFY)	46
OTHER (SPECIFY)	47
REFUSED	77
DON'T KNOW	99

BOX 1B

LOOP 1:ASK PAQ.280 AND PAQ.300 FOR EACH ACTIVITY ENTERED IN PAQ.220.

PAQ.280 [Over the **past 30 days**], how often did {you/SP} {ACTIVITY}?

PROBE: How many times per day, per week, or per month?

CAPI INSTRUCTION:

FILLS FOR ACTIVITY SHOULD BE AS FOLLOWS: 10. do aerobics, 11. play baseball, 12. play basketball, 13. bicycle, 14. bowl, 15. dance, 16. fish, 17. play football, 18. garden, 19. play golf, 20. hike, 21. play hockey, 22. hunt, 23. jog, 24. kayak, 25. do push-ups, 26. play racquetball, 27. rollerblade, 28. row, 29. run, 30. do sit-ups, 31. skate, 32. cross country ski (use the Nordic Track), 33. downhill ski, 34. play soccer, 35. play softball, 36. climb stairs, 37. stretch, 38. swim, 39. play tennis, 40. treadmill, 41. play volleyball, 42. walk, 43. lift weights, 44. do yard work, 45. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 46. DISPLAY ACTIVITY IN 'OTHER SPECIFY'.

		$ \underline{} \underline{} $ ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)
		REFUSED
		ENTER UNIT
		DAY 1 WEEK 2 MONTH 3 REFUSED 7 DON'T KNOW 9
PAQ.300	[Over the past 30 days], on a	average about how long did {you/SP} {ACTIVITY} each time?
		 ENTER NUMBER (OF MINUTES OR HOURS)
		REFUSED
		ENTER UNIT
		MINUTES 1 HOURS 2 REFUSED 7 DON'T KNOW 9

BOX 2

END LOOP 1:

ASK PAQ.280 AND PAQ.300 FOR NEXT ACTIVITY. IF NO NEXT ACTIVITY, CONTINUE WITH PAQ.320.

PAQ.320 [Over the **past 30 days**], did {you/SP} do **moderate** activities for **at least 10 minutes** that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES	1	
NO	2	(PAQ.440)
UNABLE TO DO ACTIVITY	3	(PAQ.440)
REFUSED	7	(PAQ.440)
DON'T KNOW	9	(PAQ.440)

PAQ.340 [Over the past 30 days], what activity or activities did {you/SP} do?

CODE ALL THAT APPLY

AEROBICS	10	
BASEBALL	11	
BASKETBALL	12	
BICYCLING	13	
BOWLING	14	
DANCE	15	
FISHING	16	
FOOTBALL	17	
GARDENING	18	
GOLF	19	
HIKING	20	
HOCKEY	21	
HUNTING	22	
JOGGING	23	
KAYAKING	24	
PUSH-UPS	25	
RACQUETBALL	26	
ROLLERBLADING	27	
ROWING	28	
RUNNING	29	
SIT-UPS	30	
SKATING	31	
SKIING - CROSS COUNTRY (INCLUDE		
NORDIC TRACK)	32	
SKIING – DOWNHILL	33	
SOCCER	34	
SOFTBALL	35	
STAIR CLIMBING	36	
STRETCHING	37	
SWIMMING	38	
TENNIS	39	
TREADMILL	40	
VOLLEYBALL	41	
WALKING	42	
WEIGHT LIFTING	43	
YARD WORK	44	
OTHER (SPECIFY)	45	
OTHER (SPECIFY)	46	
OTHER (SPECIFY)	47	
REFUSED	77	(PAQ.440)
DON'T KNOW	99	(PAQ.440)

_	~	·	•
В	U.	X	3

LOOP 2:

ASK PAQ.400 AND PAQ.420 FOR EACH ACTIVITY ENTERED IN PAQ.340.

PAQ.400 [Over the **past 30 days**], how often did {you/SP} {ACTIVITY}? **PROBE:** How many times per day, per week, or per month?

CAPI INSTRUCTION:

FILLS FOR ACTIVITY SHOULD BE AS FOLLOWS: 10. do aerobics, 11. play baseball, 12. play basketball, 13. bicycle, 14. bowl, 15. dance, 16. fish, 17. play football, 18. garden, 19. play golf, 20. hike, 21. play hockey, 22. hunt, 23. jog, 24. kayak, 25. do push-ups, 26. play racquetball, 27. rollerblade, 28. row, 29. run, 30. do sit-ups, 31. skate, 32. cross country ski (use the Nordic Track), 33. downhill ski, 34. play soccer, 35. play softball, 36. climb stairs, 37. stretch, 38. swim, 39. play tennis, 40. treadmill, 41. play volleyball, 42. walk, 43. lift weights, 44. do yard work, 45. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 46. DISPLAY ACTIVITY IN 'OTHER SPECIFY'.

	ACTIVITY IN OTHER SPEC	IFY', 47. DISPLAY ACTIVITY IN 'OTHER SPECIFY'.
		 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)
		REFUSED
		ENTER UNIT
		DAY 1 WEEK 2 MONTH 3 REFUSED 7 DON'T KNOW 9
PAQ.420	[Over the past 30 days], on	average about how long did {you/SP} {ACTIVITY} each time?
PAQ.420	[Over the past 30 days], on	average about how long did {you/SP} {ACTIVITY} each time? ENTER NUMBER (OF MINUTES OR HOURS)
PAQ.420	[Over the past 30 days], on	
PAQ.420	[Over the past 30 days], on	ENTER NUMBER (OF MINUTES OR HOURS) REFUSED

BOX 4

END LOOP 2:

ASK PAQ.400 AND PAQ.420 FOR NEXT ACTIVITY. IF NO NEXT ACTIVITY, CONTINUE WITH PAQ.440.

PAQ.440	Over the past 30 days , did {you/SP} do any physical activities specifically designed to strengthen {your/his/her} muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.		
	CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS		
	YES		
PAQ.460	[Over the past 30 days], how often did {you/SP} do these physical activities? [Activities designe strengthen {your/his/her} muscles such as lifting weights, push-ups or sit-ups.]		
	 ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)		
	REFUSED 777 DON'T KNOW 999		
	ENTER UNIT		
	DAY		
PAQ.480	Now I will ask about TV watching or computer use.		
	Over the past 30 days , on a typical day how much time altogether did {you/SP} spend sitting and watching TV or videos or using a computer outside of work ? Would you say		
	less than 1 hour,		
	2 hours,		
	3 hours,		
	4 hours,		
	{you do/s/he does} not watch TV or videos		
	or use a computer outside of work? 6 REFUSED		
	DON'T KNOW 9		
PAQ.500	How does the amount of activity that you reported {for SP} for the past 30 days compare with {your/his/her} physical activity for the past 12 months ? Over the past 30 days , {were you/was he/she}		
	more active, 1		
	less active, or		
	REFUSED		
	DON'T KNOW		

PAQ.520	Compared with most {men/boys/women/girls} {your/SP's} age, would you say that {you are/s/he is}			
	more active,			
	BOX 5			
	CHECK ITEM PAQ.530: IF SP AGE >= 30, CONTINUE WITH PAQ.540. OTHERWISE, GO TO BOX 6.			
PAQ.540	Compared with {yourself/himself/herself} 10 years ago , would you say that {you are/SP is}			
	more active now, 1 less active now, or 2 about the same? 3 REFUSED 7 DON'T KNOW 9			
	BOX 6 CHECK ITEM PAQ.550: IF SP AGE = 2-11, CONTINUE. OTHERWISE, GO TO END OF SECTION.			
PAQ.560	Now I'd like to ask you some questions about {SP's} activities.			
	How many times per week {does SP} play or exercise enough to make {him/her} sweat and breathe hard? IF NEVER, ENTER 0 IF LESS THAN ONCE PER WEEK, ENTER 1			
	ENTER NUMBER OF TIMES			
	REFUSED			
PAQ.575	About how many hours did {SP} sit and watch TV or videos yesterday? Would you say			
	less than 1 hour, 0 1 hour, 1 2 hours, 2 3 hours, 3 4 hours, or 4 5 hours or more? 5 NONE 6 REFUSED 7 DON'T KNOW 9			

PAQ.580 About how many hours did {SP} use a computer or play computer games yesterday? Would you say . .

14.000

less than 1 hour,	0
1 hour,	1
2 hours,	2
3 hours,	3
4 hours, or	4
5 hours or more?	5
NONE	6
REFUSED	7
DON'T KNOW	9

12/3/98 Questionnaire: SP
Target Group: SP 1+

PHYSICAL FUNCTIONING - PFQ

BOX 1A

CHECK ITEM PFQ.001:

IF AGE OF SP IS >= 20, GO TO PFQ.048 OTHERWISE, CONTINUE WITH BOX 1B.

BOX 1B

CHECK ITEM PFQ.002:

IF SP <= 4, CONTINUE. OTHERWISE, GO TO PFQ.020.

PFQ.010 The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold.

Is {SP} limited in the kind or amount of play activities {he/she} can do because of a physical, mental or emotional problem?

 YES
 1

 NO
 2 (PFQ.020)

 REFUSED
 7 (PFQ.020)

 DON'T KNOW
 9 (PFQ.020)

PFQ.015 Is {SP} able to take part at all in the usual kinds of play activities done by most children {his/her} age?

 YES
 1

 NO
 2

 REFUSED
 7

 DON'T KNOW
 9

PFQ.020 {Do you/Does SP} have an impairment or health problem that limits {your/his/her} ability to {crawl, walk or play} {walk, run or play} {walk or run}?

CAPI INSTRUCTION:

IF CHILD'S AGE = 1-4, DISPLAY "CRAWL, WALK OR PLAY". IF CHILD'S AGE = 5-15, DISPLAY "WALK, RUN OR PLAY". IF SP'S AGE = 16-19, DISPLAY "WALK OR RUN".

 YES
 1

 NO
 2 (BOX 1BB)

 REFUSED
 7 (BOX 1BB)

 DON'T KNOW
 9 (BOX 1BB)

PFQ.030	Is this an impairment or health p	problem that has lasted, or is expected to last	st 12 months or longer?
	N R	ES	1 2 7 9
	_		
		BOX 1BB	
	CHECK ITEM PFQ.035: IF SP AGE <= 15, CONTIN OTHERWISE, GO TO END		
PFQ.040	Does {SP} receive Special Educ	ation or Early Intervention Services?	
	N R	ES	1 2 7 9
		BOX 1C	
	CHECK ITEM PFQ.045: GO TO END OF SECTION		
PFQ.048		limitations caused by any long-term physical temporary conditions, such as a cold [or produced]	
	Does a physical, mental or emo	tional problem now keep {you/SP} from wor	rking at a job or business?
	N R	ES O EFUSED ON'T KNOW	1 2 (PFQ.056) 7 (PFQ.056) 9 (PFQ.056)
PFQ.050	{Are you/Is SP} limited in the k emotional problem?	ind or amount of work {you/s/he} can do be	ecause of a physical, mental or
	N R	ES	1 2 7 9
PFQ.055	Because of a health problem, {do	you/does SP} have difficulty walking without	using any special equipment?
	N R	ES	1 2 7

PFQ.056	{Are you/Is SP} limited in any way because of difficulty remembering or be periods of confusion?	ecause {you/s	:/he} experience{s}
	YES	1 2 7 9	
	BOX 1D		
	CHECK ITEM PFQ.058: IF 'YES' (CODE 1) IN PFQ.048, PFQ.050, PFQ.055, OR PFQ.056, GO TO PFQ.060. OTHERWISE, CONTINUE.		
PFQ.059	{Are you/Is SP} limited in any way in any activity because of a physical, m	ental or emot	ional problem?
	YES	1 2 7 9	
	BOX 1E		1
	CHECK ITEM PFQ.059A: IF SP AGE IS <=59 AND 'NO' (CODE 2) ENTERED IN PFQ.048, PFQ.056 AND PFQ.059, GO TO PFQ.090. OTHERWISE, CONTINUE.		

PFQ.060

The next questions ask about difficulties {you/SP} may have doing certain activities because of a health problem. By "health problem" we mean any long-term physical, mental or emotional problem or illness {not including pregnancy}.

By $\{\text{yourself/himself/herself}\}\$ and without using any special equipment, how much difficulty $\{\text{do you/does SP}\}\$ have . . .

HAND CARD PFQ1

DO NOT INCLUDE TEMPORARY CONDITIONS LIKE PREGNANCY OR BROKEN LIMBS.

CAPI INSTRUCTION:

IF PFQ.055 = '1' (YES), DO NOT DISPLAY 'B' OR 'C'.
IF SP FEMALE, DISPLAY 'NOT INCLUDING PREGNANCY'.

RESPONSES: NO DIFFICULTY = 1, SOME DIFFICULTY = 2, MUCH DIFFICULTY = 3, UNABLE TO DO = 4, REFUSED = 7, DON'T KNOW = 9.

a.	managing {your/his/her} money [such as keeping track of {your/his/her} expenses or paying bills]?
b.	walking for a quarter of a mile [that is about 2 or 3 blocks]?
c.	walking up 10 steps without resting?
d.	stooping, crouching, or kneeling?
e.	lifting or carrying something as heavy as 10 pounds [like a sack of potatoes or rice]?
f.	doing chores around the house [like vacuuming, sweeping, dusting, or straightening up]?
g.	preparing {your/his/her} own meals?
h.	walking from one room to another on the same level?
i.	standing up from an armless straight chair?
j.	getting in or out of bed?
k.	eating, like holding a fork, cutting food or drinking from a glass?
l.	dressing {yourself/himself/herself}, including tying shoes, working zippers, and doing buttons?
m.	standing or being on {your/his/her} feet for about 2 hours?
n.	sitting for about 2 hours?
ο.	reaching up over {your/his/her} head?
p.	using {your/his/her} fingers to grasp or handle small objects?
q.	going out to things like shopping, movies, or sporting events?
r.	participating in social activities [visiting friends, attending clubs or meetings or going to parties]?
S.	doing things to relax at home or for leisure [reading, watching TV, sewing, listening to music]?

BOX 1F

CHECK ITEM PFQ.066:

IF 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.060 A THROUGH S, CONTINUE.

OTHERWISE, GO TO PFQ.090.

PFQ.067 What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?

HAND CARD PFQ2

ENTER ALL THAT APPLY UP TO 5 BUT DO NOT PROBE.

DO NOT ENTER 'OLD AGE' AS CONDITION -- IF OLD AGE IS REPORTED, PROBE FOR ANY **OTHER** CONDITION.

CAPI INSTRUCTION:

IF THE TOTAL NUMBER OF ITEMS CODED 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.060 A THROUGH S <=3, DISPLAY EACH ITEM NAME IN THE TEXT OF QUESTION. IF MORE THAN 3 ITEMS ARE CODED IN THIS MANNER DISPLAY "THESE ACTIVITIES" IN THE TEXT OF QUESTION.

ARTHRITIS/RHEUMATISM	10
BACK OR NECK PROBLEM	11
BIRTH DEFECT	12
CANCER	13
DEPRESSION/ANXIETY/EMOTIONAL	
PROBLEM	14
OTHER DEVELOPMENTAL PROBLEM	
(SUCH AS CEREBRAL PALSY)	15
DIABETES	16
FRACTURES, BONE/JOINT INJURY	17
HEARING PROBLEM	18
HEART PROBLEM	19
HYPERTENSION/HIGH BLOOD	
PRESSURE	20
LUNG/BREATHING PROBLEM	21
MENTAL RETARDATION	22
OTHER INJURY	23
SENILITY	24
STROKE PROBLEM	25
VISION/PROBLEM SEEING	26
WEIGHT PROBLEM	27
OTHER IMPAIRMENT/PROBLEM	28
REFUSED	77
DON'T KNOW	99

			069 FOR EACH CONDITION 67 (CONDITION: 10-11 OR 13-28).	
PFQ.069	How long have you	u had {CO	NDITION 10-11 or 13-28}?	
	CAPI INSTRUCTION IF CODE 28 IN PE		HE FILL SHOULD BE {THE OTHER CONDITION YOU MEN	NTIONED}.
 EN	_ _ TER NUMBER (OF I	DAYS, WE	EEKS, MONTHS OR YEARS)	
SIN	ICE BIRTH	666		
	FUSED N'T KNOW	777		
ЪО	IN I KINOW	999		
EN	TER UNIT			
DA	YS	1		
	EKS	2		
	NTHS	3		
	ARS	4		
	FUSED N'T KNOW	7 9		
ЪО	IN I KNOW	9		
			BOX 3	7
	END LOOP 1			
	CYCLE ON N	EXT CON		
	IF NO NEXT	CONDITIC	DN, GO TO PFQ.090.	
PFQ.090			ave any health problem that requires {you/him/her} to use spec a special bed, or a special telephone?	ial equipment, suc
			YES	
PFQ.100	{Do you/Does SP}	usually us	se any special eating utensils?	
			YES 1 NO 2 REFUSED 7 DON'T KNOW 9	

BOX 2

IF CODE 10-11 OR 13-28 IN PFQ.067, CONTINUE WITH LOOP

CHECK ITEM PFQ.068:

OTHERWISE, GO TO PFQ.090.

{Do you/Does SP} usually use any aids or devices to help {you/him/her} dress [such as button hooks, zipper pulls, long-handled shoe horn, etc.]?			
YES	1		
NO	2		
REFUSED	7		
DON'T KNOW	9		

10/19/98

Questionnaire: SP Target Group: SPs 12+

OCCUPATION - OCQ

		BOX 0		
	CHECK ITEM OCQ.120: IF SP AGE 12-15, CONTINU OTHERWISE, GO TO BOX			
OCQ.130	The next question is about wo	rk at a job or business.		
	On the average, how many ho	ours per week does {SP} work in a paid or un	paid job	' Would you say
		5 or fewer hours, 6 to 9 hours, 10 to 14 hours, 15 to 19 hours, 20 to 24 hours, or 25 or more hours? NONE REFUSED DON'T KNOW	1 2 3 4 5 6 7 77 99	
		BOX 0A		$\overline{}$
	CHECK ITEM OCQ.140: IF SP AGE >= 16, CONTINU OTHERWISE GO TO END			
OCQ.150	In this part of the survey I will	ask you questions about {your/SP's} work exp	erience.	
	Which of the following {were y	rou/was SP} doing last week		
		working at a job or business,	2	CQ.180) CQ.380)
OCQ.160	Did {you/SP} do any work at business]?	a job or business at all last week [include ur	npaid wo	rk in a family farm or
		YES	2 (BC	

	BOX 0B		
CHECK ITEM OCQ.170: IF OCQ.150 IS CODED '2' OTHERWISE, GO TO OC			
How many hours did {you/SF	P} work last week at all jobs or businesses?		
	 ENTER NUMBER OF HOURS		
	REFUSED		
	BOX 0C		
CHECK ITEM OCQ.190: IF OCQ.150 IS "LOOKING OTHERWISE, CONTINUE	" (CODE 3), GO TO OCQ.390. WITH BOX 1.		
	BOX 1		
CHECK ITEM OCQ.200: IF HOURS IN OCQ.180 <= 999), CONTINUE. OTHERWISE, GO TO OC	: 34, OR REFUSED (CODE 777), OR DON'T K Q.220.	NOW (CODE	
[Do you/Does SP} usually w	ork 35 hours or more per week in total at all job	s or businesses?	ı
	YES NO REFUSED DON'T KNOW	1 2 7 9	
For whom did {you/SP} work ousiness, organization or em	at {your/his/her} main job or business? (What ployer?)	is the name of th	ne company
F MORE THAN 1 JOB, PRO	BE FOR MAIN JOB.		
	ENTER NAME OF EMPLOYER		
	REFUSED	7 9	

What kind of business or industry is this? (For example: TV and radio management, retail shoe store, state

ENTER NAME OF BUSINESS, JOB, OR INDUSTRY

OCQ.180

OCQ.210

OCQ.220

OCQ.230

labor department, farm.)

		DON'T KNOW	9
OCQ.240	What kind of work {were you	ı/was SP} doing? (For example: farming, mail	clerk, computer specialist.)
		ENTER NAME OF OCCUPATION	
		REFUSED	7 9
OCQ.250	What were {your/SP's} most account books, operates pring	important activities on this job or business? (F	or example: sells cars, keeps
		ENTER NAME OF DUTIES	
		REFUSED	7 9
OCQ.260	Looking at the card, which of	f these best describes this job or work situation	?
	ASK IF NOT CLEAR. HAND CARD OCQ1		
		AN EMPLOYEE OF A PRIVATE COMPANY, BUSINESS, OR INDIVIDUAL FOR WAGES, SALARY, OR COMMISSION	1 2 3 4 5 6 7 9
OCQ.270	About how long {have you/ha	as SP} worked for {EMPLOYER} as a(n) {OCCU	JPATION}?
		R "EMPLOYER:" AND EMPLOYER FROM OCC R "OCCUPATION:" AND OCCUPATION FROM	
		 ENTER NUMBER (OF DAYS, WEEKS, MON	THS OR YEARS)
		REFUSED	
		ENTER UNIT	
		DAYS WEEKS MONTHS YEARS REFUSED DON'T KNOW	

OCQ.280	Was health insurance offered	to {you/SP} through this job or business?
		R "EMPLOYER:" AND EMPLOYER FROM OCQ.220. R "OCCUPATION:" AND OCCUPATION FROM OCQ.240.
		YES
OCQ.290	The next questions are about {EMPLOYER} as a(n) {OCCI	conditions {you/SP} may experience and equipment {you/he/she} may use at JPATION}.
	At this job or business, how cigarettes, cigars, and/or pip	w many hours per day can {you/SP} smell the smoke from other people's es?
		R "EMPLOYER:" AND EMPLOYER FROM OCQ.220. R "OCCUPATION:" AND OCCUPATION FROM OCQ.240.
		ENTER NUMBER OF HOURS
		NEVER 66 REFUSED 77 DON'T KNOW 99
OCQ.300	In this job, {do you/does SP}	ever wear protective equipment?
	CAPI INSTRUCTIONS: DISPLAY AS LEFT HEADER	R "OCCUPATION:" AND OCCUPATION FROM OCQ.240.
		YES 1 NO 2 (OCQ.340) REFUSED 7 (OCQ.340) DON'T KNOW 9 (OCQ.340)
OCQ.310	{Do you/Does SP} ever wear	·
	RESPONSES: YES = 1, NO	= 2, REFUSED = 7, DON'T KNOW = 9
	c. protective weather (pi gloves to p cuts, tears	r? hearing devices? gloves other than those for cold rotective gloves include special rotect your hands against chemicals, punctures, heat, flame, subzero cold, or body fluids)?

	IF YES (CODE 1) TO OCC OTHERWISE, GO TO OC	Q.310c (GLOVES), CONTINUE. Q.340.	
OCQ.330	Are these gloves made of		
	READ OPTIONS CODE ALL THAT APPLY		
		latex rubber, leather, vinyl, cloth, or something else? REFUSED DON'T KNOW	1 2 3 4 5 7
OCQ.340		nave/SP has} ever had, {have you/has s/he} eve onths ? By loud noise I mean noise so loud tha	
		YES	7 (OCQ.390)
OCQ.350		OCCUPATION} for {EMPLOYER}, {are you/is s/tean noise so loud that {you/s/he} {have/has} to	
		R "EMPLOYER:" AND EMPLOYER FROM OCC R "OCCUPATION:" AND OCCUPATION FROM	
		YES	7 (OCQ.390)
OCQ.360	On average, for how many h	ours per day {are you/is SP} currently exposed	d to this loud noise?
	IF LESS THAN 1 HOUR, EN	ITER 1	

BOX 3

ENTER NUMBER OF HOURS

 REFUSED
 77

 DON'T KNOW
 99

CHECK ITEM OCQ.370: GO TO OCQ.390.

OCQ.380	What is the main reason {you/\$	SP} did not work last week?	
	(F (C F	TAKING CARE OF HOUSE OR FAMILY	
OCQ.390		usinesses {you/SP} ever had, what kind of we ectrical engineer, stock clerk, typist, farmer.)	ork {were you/was s/he} doing
		AS BEEN ENTERED IN OCQ.240, DISPLAY A	S LEFT HEADER "CURRENT
	S <i>A</i> N F	ENTER OCCUPATION or SAME AS CURRENT OCCUPATION ARMED FORCES	3 4 (END OF SECTION) 7
OCQ.395	About how long did {you/SP} w	ork at that job or business?	
	CAPI INSTRUCTION: DISPLAY "LONGEST OCCUPA	ATION: {OCQ.390}" AS LEFT HEADER.	
	l. E	 ENTER NUMBER (OF DAYS, WEEKS, MON	THS OR YEARS)
		REFUSED	
	E	ENTER UNIT	
	\ N \ F	DAYS WEEKS MONTHS YEARS REFUSED DON'T KNOW	1 2 3 4 7 9
		ROY 4	

BOX 4

CHECK ITEM OCQ.400:
IF SP CURRENTLY WORKING (CODE 1 OR CODE 2 IN OCQ.150), CONTINUE WITH BOX 4A.
IF SP NOT CURRENTLY WORKING (CODE 3, 4, 7, OR 9 IN OCQ.150), GO TO

OCQ.420.

BOX	4A
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	ITEM	$\Delta \Delta \Delta$	440.
CHECK		CH.U.	410

IF 'YES' (CODE 1) IN OCQ.340, GO TO OCQ.430.

OTHERWISE, GO TO BOX 5.

OCQ.420	Thinking of all the previous jobs (you have/SP has) ever had, (have you/has s/he) ever been exposed to loud
	noise at work for at least three months? [By loud noise I mean noise so loud that {you/s/he} had to speak
	in a raised voice to be heard?]

YES	1	
NO	2	(BOX 5
REFUSED	7	(BOX 5
DON'T KNOW	9	(BOX 5

OCQ.430 Remembering the kind of work {you/SP} did the longest, that is, as a(n) {KIND OF WORK DOING THE LONGEST}, {were you/was s/he} ever exposed to loud noise in that job for at least three months? [By loud noise I mean noise so loud that {you/s/he} had to speak in a raised voice to be heard?]

CAPI INSTRUCTIONS:

DISPLAY AS LEFT HEADER "LONGEST OCCUPATION:" AND NAME OF OCCUPATION FROM OCQ.390.

YES	1	
NO	2	(BOX 5)
REFUSED	7	(BOX 5)
DON'T KNOW	9	(BOX 5)

OCQ.440 On average, for how many hours per day {were you/was SP} exposed to loud noise in that job?

IF LESS THAN 1 HOUR, ENTER 1

|___|__|
ENTER NUMBER OF HOURS

OCQ.450 Did {you/SP} **ever** wear protective hearing devices while {you were/s/he was} exposed to loud noise in that job?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 5

CHECK ITEM OCQ.460:

IF SP AGE <= 59 AND ASTHMA REPORTED AS CONDITION (CODE 1 IN MCQ.010, CONTINUE.

OTHERWISE, GO TO END OF SECTION.

OCQ.470	Earlier I recorded that {you have/SP has} been told by a doctor that {you/s/he} had asthma.		
	When {you/SP} first develope example, electrical engineer,	ed symptoms of asthma, what kind of work {we stock clerk, typist, farmer.)	ere you/was s/he} doing? (For
	DISPLAY AS LEFT HEADER	"CURRENT OCCUPATION:" AND CURRENT OC "LONGEST OCCUPATION:" AND OCCUPATION:" OM CURRENT OCCUPATION.	
		ENTER OCCUPATION or	
		SAME AS CURRENT OCCUPATION SAME AS LONGEST OCCUPATION NOT WORKING AT THAT TIME	3 4 (END OF SECTION) 7 (END OF SECTION)
OCQ.480	What kind of business or indufarm.)	ustry was that? (For example, TV and radio ma	anufacturing, retail shoe store,
		ENTER NAME OF BUSINESS, JOB, OR IND	USTRY
		REFUSED	7 9
OCQ.490	What were {your/SP's} most account books, operates prin	t important activities or duties in this job? (Forting press.)	or example, sells cars, keeps
		ENTER NAME OF DUTIES	
		REFUSED	7 9

12/3/98 Questionnaire: SP Target Group: 2+

ORAL HEALTH - OHQ

OHQ.010	Now I have some questions about {your/SP's} mouth and teeth.				
	How would you describe the condition of {your/SP's} mouth and teeth? Would you say				
	INCLUDE FALSE TEETH AND DENTURES				
	very good, 1 good, 2 fair, or 3 poor? 4 REFUSED 7 DON'T KNOW 9				
	BOX 1				
	CHECK ITEM OHQ.015: IF SP'S AGE >= 18, CONTINUE. OTHERWISE, GO TO OHQ.030.				
OHQ.020	How often {do you/does SP} limit the kinds or amounts of food {you/s/he} eat{s} because of problems with {your/his/her} teeth or dentures? Would you say				
	always, 1 very often, 2 often, 3 sometimes, 4 seldom, or 5 never? 6 REFUSED 7 DON'T KNOW 9				
OHQ.030	About how long has it been since {you/SP} last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.				
	6 MONTHS OR LESS				
	MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO				
	MORE THAN 3 YEARS, BUT NOT MORE THAN 5 YEARS AGO				
	DON'T KNOW				

NO 2 (END OF SECTION)

care or dental advice?

		DON'T KNOW	9 (END OF SECTION)
OHQ.070	For how long has this been	{your/SP's} regular source of dental care?	
		 ENTER NUMBER (OF DAYS, WEEKS, MON	THS OR YEARS)
		REFUSED	
		ENTER UNIT	
		DAYS WEEKS MONTHS YEARS REFUSED DON'T KNOW	1 2 3 4 7 9
		BOX 4	
	CHECK ITEM OHQ.075: IF SP AGE >= 40, CONT OTHERWISE, GO TO EI	INUE.	
OHQ.080	{Do you/Does SP} sip liquid	ds to aid in swallowing any foods?	
		YES	1
		NO	2 7
		DON'T KNOW	9
OHQ.090	Does the amount of saliva notice it?	in {your/SP's} mouth seem to be too little, too mi	uch, or {do you/does s/he} not
		TOO LITTLE	1
		TOO MUCH	2
		DOESN'T NOTICE IT	3 7
		DON'T KNOW	9
OHQ.100	{Do you/Does SP} have difficulties swallowing any foods?		
		YES	1
		NO	2
		REFUSED	7 9
OHQ.110	Does {your/SP's} mouth fee	el dry when {you/s/he} eat{s} a meal?	
		YES	1
		NO	2
		REFUSED	7

REFUSED 7 (END OF SECTION)

8/11/98

Questionnaire: SP Target Group: SPs 20+

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OSTEOPOROSIS-OSQ

OSQ.010	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her}		OSQ.020	How many times {have you/has SP} broken or fractured {your/his/her} {hip/wrist/spine}?
	a. hip?	YES 1 NO 2 (b) REFUSED 7 (b) DON'T KNOW 9 (b)		ENTER NUMBER OF TIMES REFUSED 77 DON'T KNOW . 99
	b. wrist? DO NOT INCLUDE FOREARM OR HAND	YES 1 NO 2 (c) REFUSED 7 (c) DON'T KNOW 9 (c)		ENTER NUMBER OF TIMES REFUSED 77 DON'T KNOW . 99
	c. spine?	YES 1 NO 2 (BOX 1) REFUSED 7 (BOX 1) DON'T KNOW 9 (BOX 1)		ENTER NUMBER OF TIMES REFUSED 77 DON'T KNOW . 99

вох	1
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CHECK ITEM OSQ.025:

IF 'YES' (CODE 1) IN OSQ.010 a, b, OR c, CONTINUE WITH LOOP 1. OTHERWISE, GO TO OSQ.060.

LOOP 1:

ASK OSQ.030 - OSQ.050 FOR EACH **TYPE** AND EACH **INCIDENCE** OF FRACTURE. (EXAMPLE: HOW OLD WERE YOU WHEN YOU FRACTURED YOUR **HIP** THE **FIRST** TIME?)

OSQ.030	How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd time}?		
	CAPI INSTRUCTION: IF ONLY BROKE HIP, WRIST OR SPINE 1 TIME, DO NOT DISPLAY "THE {1ST/2ND} TIME".		
	(BOX 2) ENTER AGE IN YEARS		
	REFUSED 777		

OSQ.040	{Were you/Was SP}		
		under 50 years old, or 50 years old or older? REFUSED DON'T KNOW	1 2 7 (BOX 3) 9 (BOX 3)
		BOX 2	
	CHECK ITEM OSQ.045: IF AGE IS >= 50 IN OSQ. OTHERWISE, GO TO BO	030 OR OSQ.040, CONTINUE WITH OSQ.050.	
OSQ.050	Did that fracture occur		
		as a result of a fall from standing	
		height or less,	1
		because of a harder fall, or	2
		trauma?	3
		REFUSED	7
		DON'T KNOW	9
		BOX 3	
		SQ.050 FOR NEXT INCIDENT OF FRACTURE. DENT, GO TO OSQ.060.	
OSQ.060	Has a doctor ever told {you/	SP} that {you/s/he} had osteoporosis, sometime	s called thin or brittle bones'
		YES	1
		NO	1 2 (END OF SECTION)
		REFUSED	7 (END OF SECTION)
		DON I KNOW	9 (END OF SECTION)
OSQ.070	{Were you/Was SP} treated	for osteoporosis?	
		YES	1
		NO REFUSED	2 7
		DON'T KNOW	9

Questionnaire: SP Target Group: SP1+

RESPIRATORY HEALTH AND DISEASE - RDQ

		BOX 1				
	CHECK ITEM RDQ.005: IF SP AGE >=12, GO TO F OTHERWISE, CONTINUE					
RDQ.010	In the past 12 months , has	In the past 12 months , has {SP} had problems with coughing?				
		YES	1 2 (RDQ.070) 7 (RDQ.070) 9 (RDQ.070)			
RDQ.020	[In the past 12 months], how	w many episodes of coughing has {SP} had?				
		_ ENTER NUMBER OF EPISODES				
		12 OR MORE EPISODES CONTINUOUS REFUSED DON'T KNOW	66 77			
		BOX 2				
	CHECK ITEM RDQ.025: GO TO RDQ.070.					
RDQ.030	{Do you/Does SP} usually co	ough on most days for 3 consecutive months	or more during the year?			
		YES	1 2 (RDQ.050) 7 (RDQ.050) 9 (RDQ.050)			
RDQ.040	For how many years {have y	ou/has SP} had this cough?				
	IF LESS THAN 1 YEAR, ENTER 1					
		 ENTER NUMBER OF YEARS				
		REFUSED				

RDQ.050	{Do you/Does SP} bring up phlegm on most days for 3 consecutive months or more during the year?			
	YES			
RDQ.060	For how many years, {have you/has SP} had trouble with ph	egm?		
	IF LESS THAN 1 YEAR, ENTER 1			
	 ENTER NUMBER OF YEARS			
	REFUSED			
RDQ.070	In the past 12 months {have you/has SP} had wheezing or	whistling in {your/his/her} chest?		
	YES			
RDQ.080	[In the past 12 months], how many attacks of wheezing or v	histling {have you/has SP} had?		
	IF 12 OR MORE EPISODES, ENTER 12			
	 ENTER NUMBER OF EPISOD	DES		
	REFUSED			
RDQ.090	RDQ.090 [In the past 12 months], how often, on average , has {your/SP's} sleep been diswheezing? Would you say this happens			
	never,			
RDQ.100	[In the past 12 months], has {your/SP's} chest sounded wheez	during or after exercise or physical activity?		
	YES			
	NO			
	DON'T KNOW			

_	_	\ /	_
В	u	Х	-

CHECK		

IF 'NEVER' (CODE 0) IN RDQ.090, AND IF NO (CODE 2), REFUSED (CODE 7), OR DON'T KNOW (CODE 9) IN RDQ.100, GO TO RDQ.140.
OTHERWISE, CONTINUE.

RDQ.110	[In the past 12 months], has the wheezing ever been severe enough to limit {your/SP's} speech to only one or two words at a time between breaths?			
		NO WORDS OR LANGUAGE YES NO REFUSED DON'T KNOW	0 1 2 7 9	
RDQ.120		ow many times {have you/has SP} gone to the nore of these attacks of wheezing or whistling?		
	IF NEVER, ENTER 0			
		 ENTER NUMBER		
		REFUSED		
RDQ.130	[In the past 12 months], {have you/has SP} taken any medication for wheezing or whistling?			
		YES	7 (RDQ.135)	
RDQ.133	Was the medicine prescribed	by a doctor?		
		YES NO	1 2 7 9	
RDQ.135	During the past 12 months , h whistling? Would you say	now much did {you/SP} limit {your/his/her} usua	al activities due to wheezing or	
		not at all a little, a fair amount, a moderate amount, or a lot? REFUSED DON'T KNOW	1 2 3 4 5 7	

BOX 4

	ITEM	

IF SP AGE = 6-69 YEARS, CONTINUE. OTHERWISE, GO TO RDQ.140.

RDQ.137 During the **past 12 months**, how many days of work or school did {you/SP} miss due to wheezing or whistling?

NONE	0
1 TO 7	1
8 TO 30	2
31 PLUS	3
REFUSED	7
DON'T KNOW	9

RDQ.140 [In the **past 12 months**], {have you/has SP} had a dry cough at night **not counting** a cough associated with a cold or chest infection lasting **14 days** or more?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

Target Group: SPs 20+

SMOKING AND TOBACCO USE - SMQ

These next questions are about cigarette smoking and other tobacco use.

SMQ.020	{Have you/Has SP} smoked at least 100 cigarettes in {your/his/her} entire life?		
		YES 1 NO 2 (SMQ.120) REFUSED 7 (SMQ.120) DON'T KNOW 9 (SMQ.120)	
SMQ.030	How old {were you/was SP} v	when {you/s/he} first started to smoke cigarettes fairly regularly?	
		 ENTER AGE IN YEARS	
		NEVER SMOKED CIGARETTES REGULARLY	
SMQ.040	{Do you/Does SP} now smok	e cigarettes	
		every day, 1 (SMQ.070) some days, or 2 (SMQ.080) not at all? 3 (SMQ.050) REFUSED 7 (SMQ.120) DON'T KNOW 9 (SMQ.120)	
SMQ.050	How long has it been since {y	ou/SP} quit smoking cigarettes?	
		 ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)	
		REFUSED	
		ENTER UNIT	
		DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 REFUSED 7 DON'T KNOW 9	

BOX 1
CHECK ITEM SMQ.053: IF SMQ.050 >= 1 YEAR (365 DAYS, 52 WEEKS, 12 MONTHS, OR 1 YEAR), CONTINUE. OTHERWISE, GO TO SMQ.120.
How old {were you/was SP} when {you/s/he} last smoked cigarettes {fairly regularly}?
CAPI INSTRUCTION: DISPLAY "FAIRLY REGULARLY" EXCEPT WHEN SMQ.030 = 666 (NEVER SMOKED CIGARETTES REGULARLY).
 ENTER AGE IN YEARS
REFUSED
At that time, about how many cigarettes did {you/SP} usually smoke per day?
1 PACK EQUALS 20 CIGARETTES IF LESS THAN 1 PER DAY, ENTER 1 IF 95 OR MORE PER DAY, ENTER 95
 ENTER NUMBER OF CIGARETTES
REFUSED
BOX 2
CHECK ITEM SMQ.060: GO TO SMQ.120.
On average, how many cigarettes {do you/does SP} now smoke per day?
1 PACK EQUALS 20 CIGARETTES IF LESS THAN 1 PER DAY, ENTER 1 IF 95 OR MORE PER DAY, ENTER 95

SMQ.055

SMQ.057

		REFUSED DON'T KNOW	
SMQ.077	How soon after {you/SP} wal	ke{s} up {do you/does s/he} smoke? Would yo	ou say
		within 5 minutes, from 6 to 30 minutes, from more than 30 minutes to 1 hour, or more than 1 hour? REFUSED DON'T KNOW	1 2 3 4 7 9
SMQ.080	On how many of the past 30	days did {you/SP} smoke a cigarette?	
		 ENTER NUMBER OF DAYS	
		REFUSED	
SMQ.090	During the past 30 days , on s/he} smoke per day?	the days that {you/SP} smoked, about how ma	any cigarettes did {you/
	1 PACK EQUALS 20 CIGAR IF LESS THAN 1 PER DAY, IF 95 OR MORE PER DAY,	ENTER 1	
		 ENTER NUMBER OF CIGARETTES (PER D	DAY)
		REFUSED	
SMQ.100	What brand of cigarettes {do	you/does SP} usually smoke?	
	ENTER BRAND NAME	IL IE AVAILADLE	

REFER TO PRODUCT LABEL, IF AVAILABLE IF NO USUAL BRAND, ENTER 'NO SPECIFIC BRAND'

CAPI INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW INTERVIEWER TO ENTER 1 BRAND OF CIGARETTES OR 'NO SPECIFIC BRAND'. ALLOW ENTRY OF DON'T KNOW AND REFUSED.

SMQ.110 PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT PRODUCT FROM CAPI CIGARETTE PRODUCT LIST OR SELECT 'NO SPECIFIC BRAND'. IF PRODUCT ${\bf NOT}$ ON LIST –

PRESS BACKSPACE KEY TO DELETE ENTRY

THEN TYPE '**' AND SELECT '** PRODUCT NOT ON LIST'.

PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST OR 'NO SPECIFIC BRAND'. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100 BY TYPING IN '**'. INTERVIEWER SHOULD ALSO BE ABLE TO USE THE F5 AND F6 KEYS FOR DON'T KNOW AND REFUSED.

BOX 3

CHECK ITEM SMQ.111:

IF '** PRODUCT NOT ON LIST' SELECTED AT SMQ.110, CONTINUE. OTHERWISE, GO TO SMQ.120.

SMQ.110f	f ASK IF NECESSARY:					
	WHAT IS THE CIGARETTE PRODUCT SIZE?					
		REGULARS 1 KINGS 2 100S 3 120S 4 REFUSED 7777 DON'T KNOW 9999				
SMQ.110a	ASK IF NECESSARY:					
	IS THE CIGARETTE PRODU	ICT FILTERED OR NON-FILTERED?				
	ENTER '1' FOR FILTERED ENTER '0' FOR NON-FILTERED					
	CAPI INSTRUCTION: '1' AND '0' SHOULD BE THE	ONLY CODES ACCEPTED BY CAPI.				
		REFUSED 7 DON'T KNOW 9				
SMQ.110b	ASK IF NECESSARY:					
	IS THE CIGARETTE PRODUCT MENTHOLATED OR NON-MENTHOLATED?					
	ENTER '1' FOR MENTHOLATED ENTER '0' FOR NON-MENTHOLATED					
	CAPI INSTRUCTION: '1' AND '0' SHOULD BE THE	ONLY CODES ACCEPTED BY CAPI.				
		REFUSED 7 DON'T KNOW 9				

WHAT ARE THE OTHER NAME BRAND QUALIFIERS FOR THE CIGARETTE PRODUCT?

C.A	PI	IN!	ST	RH	CTI	ON:

SHOULD BE A 'CODE ALL THAT APPLY' EXCEPT IF "REF", "DK" OR "NONE" SELECTED. NO OTHER RESPONSE OPTION SHOULD BE ALLOWED. THE "OTHER SPECIFY" RESPONSE SHOULD REQUIRE A TEXT ENTRY.

	DELUXE HARD PACK LIGHTS MILDS SLIMS SPECIALS SUPER ULTRA LIGHTS OTHER (SPECIFY) NONE REF DK	
SMQ.120	{Have you/Has SP} smoked a pipe at least 20 times in {your/h	is/her} entire life?
	YES	
SMQ.130	How old {were you/was SP} when {you/s/he} first started to sm	noke a pipe fairly regularly?
	ENTER AGE IN YEARS NEVER SMOKED A PIPE REGI REFUSED	
SMQ.140	{Do you/Does SP} now smoke a pipe	
	every day,	
SMQ.143	How many pipefuls of tobacco {do you/does SP} smoke per da	ay?
	IF LESS THAN 1 PER DAY, ENTER 1	
	 ENTER NUMBER OF PIPEFUL	S
	REFUSED	

SMQ.145 For about how many years {have you/has SP} smoked this amount?					
	IF LESS THAN 1 YEAR, ENTER 1				
		 ENTER NUMBER OF YEARS			
		REFUSED			
SMQ.150	{Have you/Has SP} smoked	a cigar at least 20 times in {your/his/her} entire life?			
		YES 1 NO 2 (SMQ.18 REFUSED 7 (SMQ.18 DON'T KNOW 9 (SMQ.18			
SMQ.160	How old {were you/was SP}	when {you/s/he} first started to smoke a cigar fairly regularly?			
		 ENTER AGE IN YEARS			
		NEVER SMOKED CIGARS REGULARLY . 666 (SMQ.18 REFUSED			
SMQ.170	{Do you/Does SP} now smo	ke a cigar			
		every day, 1 some days, or 2 (SMQ.18 not at all? 3 (SMQ.18 REFUSED 7 (SMQ.18 DON'T KNOW 9 (SMQ.18			
SMQ.173	How many cigars {do you/do	es SP} smoke per day?			
	IF LESS THAN 1 PER DAY, ENTER 1				
		 ENTER NUMBER OF CIGARS			
		REFUSED 77 DON'T KNOW 99			
SMQ.175	For about how many years {have you/has SP} smoked this amount?				
	IF LESS THAN 1 YEAR, ENTER 1				
		 ENTER NUMBER OF YEARS			
		REFUSED			

SMQ.180	{Have you/Has SP} used snuff , such as Skoal, Skoal Bandit, or Copenhagen at least 20 times in {your/his/her} entire life?		
	 	YES	7 (SMQ.210)
SMQ.190	How old {were you/was SP} wh	nen {you/s/he} first started to use snuff fairly r	egularly?
	ļ	 ENTER AGE IN YEARS	
	1	NEVER USED SNUFF REGULARLY 6 REFUSED	777 (SMQ.210)
SMQ.200	{Do you/Does SP} now use sn	uff	
	; ! !	every day,some days, ornot at all?REFUSEDDON'T KNOW	2 (SMQ.210) 3 (SMQ.210) 7 (SMQ.210)
SMQ.203	How many "pinches", "dips" or	"rubs" of snuff {do you/does SP} use per day	?
	IF LESS THAN 1 PER DAY, EI	NTER 1	
	 	 ENTER NUMBER OF PINCHES, DIPS OR R	UBS
		REFUSED	77 99
SMQ.205	For about how many years {ha	ve you/has SP} used this amount?	
	IF LESS THAN 1 YEAR, ENTE	ER 1	
		 ENTER NUMBER OF YEARS	
		REFUSED	77 99
SMQ.210	{Have you/Has SP} used chew in {your/his/her} entire life?	ving tobacco, such as Redman, Levi Garrett	or Beechnut at least 20 times
	l J	YES	1 2 (END OF SECTION) 7 (END OF SECTION) 9 (END OF SECTION)

SMQ.220	MQ.220 How old {were you/was SP} when {you/s/he} first started to use chewing tobacco fairly re		
		 ENTER AGE IN YEARS	
		NEVER USED CHEWING TOBACCO REGULARLY	
SMQ.230	{Do you/Does SP} now use	chewing tobacco	
		every day, 1 some days, or 2 (END OF SECTION) not at all? 3 (END OF SECTION) REFUSED 7 (END OF SECTION) DON'T KNOW 9 (END OF SECTION)	
SMQ.233	How many "plugs", "wads"	or "chaws" of chewing tobacco {do you/does SP} use per day?	
	IF LESS THAN 1 PER DAY	, ENTER 1	
		 ENTER NUMBER OF PLUGS, WADS OR CHAWS	
		REFUSED	
SMQ.235	For about how many years	{have you/has SP} used this amount?	
	IF LESS THAN 1 YEAR, EN	NTER 1	
		ENTER NUMBER OF YEARS	
		REFUSED	

12/3/98

Questionnaire: SP

Target Group: SPs >=60

SOCIAL SUPPORT - SSQ

SSQ.010	Now I would like to ask a few questions about {your/SP's} friends and family.			
	Can {you/SP} count on anyone to provide {you/him/her} with emotional support such as talking over problems or helping {you/him/her} make a difficult decision?			
		YES	3 (SSQ.050) 7 (SSQ.050)	
SSQ.020	In the last 12 months, who wa	as most helpful in providing {you/SP} with em	notional support?	
	CODE ALL THAT APPLY			
		SPOUSE DAUGHTER SON SISTER/BROTHER PARENT OTHER RELATIVE NEIGHBORS CO-WORKERS CHURCH MEMBERS CLUB MEMBERS PROFESSIONALS FRIENDS OTHER NO ONE REFUSED DON'T KNOW	19 20 21 22 23 77	
SSQ.030	[In the last 12 months], could	{you/SP} have used more emotional support	rt than {you/s/he} received?	
		YES		
SSQ.040	Would you say that {you/SP} o	could have used		
		a lot more,	1 2 3 7 9	

	example, by paying any bills, ho	using costs, hospital visits, or providing (you	/him/her} with food or clothes?
		YES	
		ACCEPT IT	7
SSQ.060	In general, how many close frie PROBE: By "close friends" I me about private matters, and can	ean relatives or non-relatives that {you s/he}	feel{s} at ease with, can talk to
		_ ENTER NUMBER OF CLOSE FRIENDS	
		REFUSED	

If {you/SP} need{s} some extra help financially, could {you/s/he} count on anyone to help {you/him/her}; for

SSQ.050

8/26/98

Questionnaire: SP

Target Group: Sample Persons 1+

TUBERCULOSIS-TBQ

TBQ.010 {Have you/Has SP} ever been given a TB or tuberculosis skin test?

PROBE: For one version of this test, a doctor or nurse presses a plastic button with little metal prongs down on your arm. That kind is called a tine test. For another version of this test, they use a small shot needle to stick a few drops of tuberculin or PPD just under the skin.

HAND CARD TBQ1 HAND CARD TBQ2

YES	1	
NO	2	(TBQ.040)
REFUSED	7	(TBQ.040)
DON'T KNOW	9	(TBQ 040)

TBQ.020 {Have you/Has SP} ever been told that {you/s/he/SP} had a positive TB skin test?

CAPI INSTRUCTION:

IF SP AGE < 12, DISPLAY "HAVE YOU" FOR THE FIRST DISPLAY AND SP NAME FOR THE SECOND DISPLAY.

YES	1	
NO	2	(TBQ.040)
REFUSED	7	(TBQ.040)
DON'T KNOW	9	(TBQ.040)

TBQ.030 After getting a positive TB skin test, {were you/was SP} prescribed any medicine to keep {you/him/her} from getting sick with TB?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

TBQ.040 {Were you/Was SP} **ever** told that {you/s/he/SP} had **active** tuberculosis or TB?

CAPI INSTRUCTION:

IF SP AGE < 12, DISPLAY "WERE YOU" FOR THE FIRST DISPLAY AND SP NAME FOR THE SECOND DISPLAY.

YES	1	
NO	2	(TBQ.060)
REFUSED	7	(TBQ.060)
DON'T KNOW	9	(TBQ.060)

TBQ.050	{Were you/Was SP} ever prescribed any medicine to treat active tuberculosis or TB?		
		YES	2 7
TBQ.060	{Have you/Has SP} ever live tuberculosis or TB?	ed in the same household with someone whi	le that person was sick with
		YES	2 7

Questionnaire: SP Target Group: SPs 20+

VISION - VIQ

VIQ.020	IS {SP} COMPLETELY BLIND OR UNABLE TO SEE AT ALL?	
	ASK IF NOT OBVIOUS	
	YES	
	BOX 1	
	CHECK ITEM VIQ.021: IF SP AGE > = 50, CONTINUE WITH BOX 2. OTHERWISE, GO TO END OF SECTION.	
	BOX 2	
	CHECK ITEM VIQ.025: IF VIQ.020 = 1, GO TO VIQ.040. OTHERWISE, CONTINUE WITH VIQ.030.	
VIQ.030	Next I have general questions about {your/SP's} vision.	
	At the present time , would you say {your/SP's} eyesight, with glasses or contact lenses if {you/s/he} we them, is	ar
	excellent, 1 good, 2 fair, 3 poor, or 4 very poor? 5 REFUSED 7 DON'T KNOW 9	
VIQ.040	How much of the time {do you/does SP} worry about {your/his/her} eyesight? Would you say	
	none of the time, 0 a little of the time, 1 some of the time, 2 most of the time, or 3 all of the time? 4 REFUSED 7 DON'T KNOW 9	

VIQ.050	The next questions are about how much difficulty, if any, {you have/SP has} doing certain activities, such as reading ordinary newsprint or going down steps. If {you/s/he} usually wear{s} glasses or contact lenses to do these activities, please rate {your/his/her} ability to do them while wearing {your/his/her} glasses or contacts.			
	How much difficulty {do you/does SP} have			
	HAND CARD VIQ1. READ CATEGORIES TO RESPONDENT IF NECESSARY.			
	RESPONSES: NO DIFFICULTY = 1, A LITTLE DIFFICULTY = 2, MODERATE DIFFICULTY = 3, EXTREME DIFFICULTY = 4, UNABLE TO DO BECAUSE OF EYESIGHT = 5, DOES NOT DO THIS FOR OTHER REASONS = 6, REFUSED = 7, DON'T KNOW = 9.			
	a. reading ordinary print in newspapers?			
	b. doing work or hobbies that require {you/him/her} to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?			
	c. going down steps, stairs, or curbs in dim light or at night?			
	d. noticing objects off to the side while {you are/s/he is} walking?			
	e. finding something on a crowded shelf?			
VIQ.055	How much difficulty {do you/does SP} have driving during the daytime in familiar places?			
	HAND CARD VIQ2			
	NO DIFFICULTY 1 A LITTLE DIFFICULTY 2 MODERATE DIFFICULTY 3 EXTREME DIFFICULTY 4 UNABLE TO DO BECAUSE OF EYESIGHT 5 DOES NOT DO THIS FOR OTHER REASONS 6 NEVER DROVE 7 REFUSED 77 DON'T KNOW 99			
VIQ.060	How limited {are you/is SP} in how long {you/s/he} can work or do other daily activities such as housework,			

VIQ.060 How limited {are you/is SP} in how long {you/s/he} can work or do other daily activities such as housework, child care, school, or community activities because of {your/his/her} vision? Would you say {you are/s/he is} limited . . .

none of the time,	0
a little of the time,	1
some of the time,	2
most of the time, or	3
all of the time?	4
REFUSED	7
DON'T KNOW	9

VIQ.070	{Have you/Has SP} ever had a	cataract operation?	
	Γ F	YES	2 (END OF SECTION) 7 (END OF SECTION)
VIQ.080	Was the operation in {your/SPs	s} right eye, left eye, or both eyes?	
	L E F	RIGHT EYE LEFT EYE BOTH REFUSED DON'T KNOW	2 3

9/29/98 Questionnaire: SP
Target Group: SPs 16+

WEIGHT HISTORY - WHQ

WHQ.010 These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life. How tall {are you/is SP} without shoes? ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS ENTER NUMBER OF FEET AND **ENTER NUMBER OF INCHES** OR **ENTER NUMBER OF METERS** AND **ENTER NUMBER OF CENTIMETERS** OR WHQ.020 How much {do you/does SP} weigh without clothes or shoes? RECORD CURRENT WEIGHT INCLUDE WEIGHT DURING PREGNANCY ENTER WEIGHT IN POUNDS OR KILOGRAMS **ENTER NUMBER OF POUNDS** OR ENTER NUMBER OF KILOGRAMS OR

WHQ.030	{Do you/Does SP} consider {you	ur/his/her}self now to be	
	uı al R	verweight, nderweight, or bout the right weight? EFUSED ON'T KNOW	1 2 3 7 9
WHQ.040	Would {you/SP} like to weigh		
	le st R	nore, ess, or tay about the same? EFUSED ON'T KNOW	1 2 3 7 9
WHQ.050	How much did {you/SP} weigh a	a year ago?	
	ENTER WEIGHT IN POUNDS OF IF PREGNANT, ASK FOR WEIGH		
	L E	 NTER NUMBER OF POUNDS	
		OR	
	L E	 NTER NUMBER OF KILOGRAMS	
		OR	
		EFUSED	
		BOX 1 0 POUNDS, 4.55 KILOGRAMS, OR MORE WHQ.050 = 150 LBS AND WHQ.020 = 135	
WHQ.060	Was the change between {your/	'SP's} current weight and {your/his/her} weight	ght a year ago intentional?
	N R	ES	1 (WHQ.090) 2 7 9
WHQ.070	During the past 12 months, {ha	ave you/has SP} tried to lose weight?	
	N R	ES	1 2 (WHQ.090) 7 (WHQ.090) 9 (WHQ.090)

WHQ.080 How did {you/SP} try to lose weight?

HAND CARD WHQ1 CODE ALL THAT APPLY

During the past 12 months,

WHQ.090

ATE LESS FOOD (AMOUNT)	10	
SWITCHED TO FOODS WITH LOWER		
CALORIES	11	
ATE LESS FAT	12	
EXERCISED	13	
SKIPPED MEALS	14	
ATE "DIET" FOODS OR PRODUCTS	15	
USED A LIQUID DIET FORMULA SUCH		
AS SLIMFAST OR OPTIFAST	16	
JOINED A WEIGHT LOSS PROGRAM		
SUCH AS WEIGHT WATCHERS, JENNY		
CRAIG, TOPS, OR OVEREATERS		
ANONYMOUS	17	
TOOK DIET PILLS PRESCRIBED BY A		
DOCTOR	18	
TOOK OTHER PILLS, MEDICINES, HERBS	,	
OR SUPPLEMENTS NOT NEEDING A		
PRESCRIPTION	19	
TOOK LAXATIVES OR VOMITED	20	
OTHER (SPECIFY)	21	
REFUSED	77	
DON'T KNOW	99	
{have you/has SP} done anything to keep fron	า gai	ning weight?
YES	1	
NO	_	(BOX 2)
REFUSED	7	(BOX 2)
DON'T KNOW	9	(BOX 2)

HAND CARD WHQ1 CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT)	10
SWITCHED TO FOODS WITH LOWER	
CALORIES	11
ATE LESS FAT	12
EXERCISED	13
SKIPPED MEALS	14
ATE "DIET" FOODS OR PRODUCTS	15
USED A LIQUID DIET FORMULA SUCH	
AS SLIMFAST OR OPTIFAST	16
JOINED A WEIGHT LOSS PROGRAM	
SUCH AS WEIGHT WATCHERS, JENNY	
CRAIG, TOPS, OR OVEREATERS	
ANONYMOUS	17
TOOK DIET PILLS PRESCRIBED BY A	
DOCTOR	18
TOOK OTHER PILLS, MEDICINES, HERBS,	
OR SUPPLEMENTS NOT NEEDING A	
PRESCRIPTION	19
TOOK LAXATIVES OR VOMITED	20
OTHER (SPECIFY)	21
	77
DON'T KNOW	99

BOX 2

CHECK ITEM WHQ.105:

IF SP AGE >= 36, CONTINUE. OTHERWISE, GO TO BOX 3.

WHQ.110 How much did {you/SP} weigh **10 years ago**? [If you don't know {your/his/her} exact weight, please make your best guess.]

ENTER WEIGHT IN POUNDS OR KILOGRAMS
IF PREGNANT, ASK FOR WEIGHT BEFORE PREGNANCY

|__|__| ENTER NUMBER OF POUNDS

OR

|__|_| ENTER NUMBER OF KILOGRAMS

OR

 REFUSED
 777

 DON'T KNOW
 999

BOX 3

CHECK ITEM WHQ.115:

IF SP AGE >= 27, CONTINUE. OTHERWISE, GO TO BOX 3A.

WHQ.120	How much did {you/SP} weigh at age 25 ? [If you don't know {your/his/her} exact weight, please make your best guess.]					
	ENTER WEIGHT IN POUNDS OR KILOGRAMS IF PREGNANT, ASK FOR WEIGHT BEFORE PREGNANCY					
	 ENTER NUMBER OF POUNDS					
	OR					
	 ENTER NUMBER OF KILOGRAMS					
	OR					
	REFUSED					
	BOX 3A					
	CHECK ITEM WHQ.125: IF SP AGE >= 50, CONTINUE. OTHERWISE, GO TO BOX 4.					
WHQ.130	How tall {were you/was SP} at age 25 ? [If you don't know {your/his/her} exact height, please make your bes guess.]					
	ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS					
	_ ENTER NUMBER OF FEET					
	AND					
	 ENTER NUMBER OF INCHES					
	OR					
	 ENTER NUMBER OF METERS					
	AND					
	 ENTER NUMBER OF CENTIMETERS					
	OR					
	REFUSED					
	BOX 4					
	CHECK ITEM WHQ.135: IF SP AGE >= 18, CONTINUE. OTHERWISE, GO TO END OF SECTION.					

	ENTER WEIGHT IN POUNDS OR KILOGRAMS DO NOT INCLUDE WEIGHT DURING PREGNANCY						
	 ENTER NUMBER OF POUNDS						
	OR						
	 ENTER NUMBER OF KILOGRAMS						
	OR						
	REFUSED						
WHQ.150	How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best gue						
	 ENTER AGE IN YEARS						
	REFUSED						
	BOX 5						
	CHECK ITEM WHQ.155: IF SP AGE >= 19, CONTINUE. OTHERWISE, GO TO END OF SECTION.						
WHQ.160	What is the least {you/SP} ever weighed since {you were/s/he was} 18?						
	ENTER WEIGHT IN POUNDS OR KILOGRAMS DO NOT INCLUDE WEIGHT DURING PREGNANCY						
	 ENTER NUMBER OF POUNDS						
	OR						
	 ENTER NUMBER OF KILOGRAMS						
	OR						
	REFUSED						
WHQ.170	How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]						
	 ENTER AGE IN YEARS						
	REFUSED						

Up to the present time, what is the most {you have/SP has} ever weighed?

WHQ.140