Attachment 16

QUESTIONNAIRE TABLE OF CONTENTS

SCREENER QUESTIONNAIRE

SCREENER MODULE #1 (SCQ)

SCQ_INTRO010   HELLO, I'M {INTERVIEWER'S NAME} AND WE ARE CONDUCTING A SURVEY FOR THE "U.S. PUBLIC HEALTH SERVICE" MAY NEED TO BE CHANGED TO CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

SHOW ID CARD.

A LETTER WAS SENT TO YOU RECENTLY EXPLAINING A SURVEY WHICH IS CALLED THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY AND IS ABOUT YOUR FAMILY'S HEALTH.

IF RESIDENT DOES NOT REMEMBER LETTER, HAND NEW COPY.

ALL THE INFORMATION THAT YOU GIVE US IS VOLUNTARY AND WILL BE KEPT IN THE STRICTEST CONFIDENCE.   YOUR NAME WILL NOT BE ATTACHED TO ANY OF YOUR ANSWERS WITHOUT YOUR SPECIFIC PERMISSION.

SCQ_INTRO020 -- OMITTED

SCQ.025 -- OMITTED

SCQ.027   INTERVIEWER: IS THIS A DORMITORY ROOM?

                          YES... 1
                          NO.. 2
                          DK.. 9
                          RF.. 7

SCQ_CHECK030 -- OMITTED

SCQ.040 -- OMITTED

SCQ_CHECK050 – OMITTED

SCQ.060 -- OMITTED

SCQ.070   I WOULD LIKE TO VERIFY YOUR ADDRESS. PLEASE GIVE ME YOUR COMPLETE ADDRESS.

{#} {DIRECTION} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION} {#}
{PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX} {CITY} {STATE} { ZIP}

                          NO (WRONG ADDRESS)............................. 1 (SCQ_END5)
                          YES (CORRECTIONS)................................ 2 (SCQ.080)
                          YES.. 3 (SCQ.090)

SCQ.080   PRESENT "ADDRESS UPDATE SCREEN". REVIEW THE ADDRESS FIELDS AND MAKE CHANGES AS NECESSARY, THEN GO TO SCQ.090.

PROGRAMMER SPECS: IF "YES (CORRECTIONS)" IS SELECTED AND NONE OF THE ADDRESS FIELDS ARE MODIFIED, AUTO-BACKCODE THE RESPONSE TO "YES" AND GO TO SCQ.090. THE FIELD FOR STATE MAY NOT BE UPDATED.

SCQ.090   TO BEGIN, HOW MANY PEOPLE LIVE IN THIS HOUSEHOLD? PLEASE DO NOT INCLUDE ANYONE WHO USUALLY LIVES SOMEWHERE ELSE.

_____
NUMBER

DK... 99
RF... 77

SCQ.100 – 180. DISALLOW DK AND RF IN "FIRST" NAME FIELD. ENTRY IN THIS FIELD SHOULD BE A UNIQUE IDENTIFIER FOR THE PERSON.

PROGRAMMER SPECS: AFTER ENTRY, UPON EXITING THE SCREEN, POST INFORMATION ENTERED ON THIS SCREEN ON LINE ONE OF THE HH COMPOSITION MATRIX IN THE "NAME" FIELD.

SCQ.101   DISPLAY QUESTION TEXT ABOVE MATRIX WITH CURSOR IN THE CELL LABELED "GENDER".

SCQ.101   ASK IF NOT OBVIOUS.

               IS {NAME} MALE OR FEMALE?

MALE...   1
FEMALE..   2
DK...   9
RF...   7

PROGRAMMER SPEC: PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

SCQ_CHECK110   IF SCQ.090 = "1", GO TO SCQ.145; ELSE, GO TO SCQ.130.

SCQ.120 -- OMITTED.

SCQ.130 - 180   DISPLAY HH COMPOSITION MATRIX: NAME AND GENDER FIELDS. AFTER A NAME HAS BEEN ENTERED, POST THE NAME ON THE MATRIX AND DISPLAY THE TEXT OF THE GENDER QUESTION ABOVE THE MATRIX WITH THE CURSOR RESIDING ON THE APPROPRIATE CELL WITHIN THE MATRIX.

SCQ.145   DYNAMIC DISPLAY OF HH COMPOSITION MATRIX: FIRST, MIDDLE, LAST NAME, AND GENDER. IF TOTAL # OF PEOPLE ENUMERATED ON THE HH ROSTER =1, DISPLAY "PERSON"; ELSE DISPLAY "PEOPLE."

SCQ.145   I HAVE {TOTAL # OF PERSONS ENUMERATED} {PERSON/PEOPLE} LIVING HERE --

           [READ NAMES LISTED BELOW.]

SCQ.150 – 181. THE SWEEP QUESTIONS SHOULD BE DISPLAYED ON A SINGLE SCREEN AS APPEARS ON THE EXAMPLE BELOW. A "YES" RESPONSE TO THE SWEEP QUESTION BRINGS UP A SCREEN FOR ENTRY OF NAME(S) AND GENDER. UPON EXITING THE NAME/GENDER SCREEN, THE CURSOR SHOULD RETURN TO THE SCREEN OF SWEEP QUESTIONS WITH THE CURSOR RESIDING ON THE NEXT LINE (QUESTION) THAT REQUIRES AN ANSWER. IF ALL THE QUESTIONS HAVE BEEN ANSWERED, GO TO SCQ.190.

SCQ.150, 160, 170, 180.

           HAVE I MISSED . . .
           SCQ.150   . . . ANY BABIES OR SMALL CHILDREN?
           SCQ.160   . . . ANY LODGERS, BOARDERS, OR PERSONS IN YOUR EMPLOY WHO LIVE HERE?
           SCQ.170   . . . ANYONE WHO USUALLY LIVES HERE BUT IS NOW AWAY FROM HOME?
           SCQ.180   . . . ANYONE ELSE LIVING OR STAYING HERE?

                              YES... 1 (SCQ.150N, 160N, 170N, 180N)
                              NO.. 2 (SCQ.160, 170, 180, 190)
                              DK.. 9 (SCQ.160, 170, 180, 190)
                              RF... 7 (SCQ.160, 170, 180, 190)

SCQ.150N   (WHAT ARE THEIR NAMES?)

           PROBE: IS (HE/SHE) A "JUNIOR", "SENIOR", "THE 3RD" OR SOMETHING LIKE THAT? (WHAT IS THAT?)

           PROBE: ANY OTHERS?

           _____   _____   _____   ____
           FIRST   MIDDLE   LAST   SUFFIX

PROGRAMMER SPECS: AFTER ENTRY IN SCQ.150 THE CURSOR SHOULD MOVE TO THE GENDER CELL (SCQ.151) AND DISPLAY THE GENDER QUESTION. DO NOT ALLOW EXIT FROM THE MATRIX UNLESS ALL GENDER CELLS ARE FILLED. AFTER EXITING FROM THE NAME/GENDER SCREEN, THE NEXT QUESTION WOULD BE SCQ.160.

SCQ.151   DISPLAY QUESTION TEXT ABOVE MATRIX WITH CURSOR IN THE CELL LABELED "GENDER".

SCQ.151   ASK IF NOT OBVIOUS.

IS {NAME} MALE OR FEMALE?

MALE... 1
FEMALE... 2
DK... 9
RF.. 7

PROGRAMMER SPEC: PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

SCQ.160N   (WHAT ARE THEIR NAMES?)

PROBE: ANY OTHERS?

_____   _____   _____   ____
FIRST   MIDDLE   LAST   SUFFIX

DK... 9
RF.. 7

PROGRAMMER SPECS: AFTER ENTRY IN SCQ.160 THE CURSOR SHOULD MOVE TO THE GENDER CELL (SCQ.161) AND DISPLAY THE GENDER QUESTION. DO NOT ALLOW EXIT FROM THE MATRIX UNLESS ALL GENDER CELLS ARE FILLED. AFTER EXITING FROM THE NAME/GENDER SCREEN, THE NEXT QUESTION WOULD BE SCQ.170.

SCQ.161   DISPLAY QUESTION TEXT ABOVE MATRIX WITH CURSOR IN THE CELL LABELED "GENDER".

SCQ.161   ASK IF NOT OBVIOUS:

IS {NAME} MALE OR FEMALE?

MALE... 1
FEMALE... 2
DK... 9
RF.. 7

PROGRAMMER SPEC: PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

SCQ.170N   (WHAT ARE THEIR NAMES?)

PROBE: ANY OTHERS?

_____   _____   _____   ____
FIRST   MIDDLE   LAST   SUFFIX

DK... 9
RF... 7

PROGRAMMER SPECS: AFTER ENTRY IN SCQ.170 THE CURSOR SHOULD MOVE TO THE GENDER CELL (SCQ.171) AND DISPLAY THE GENDER QUESTION. DO NOT ALLOW EXIT FROM THE MATRIX UNLESS ALL GENDER CELLS ARE FILLED. AFTER EXITING FROM THE NAME/GENDER SCREEN, THE NEXT QUESTION WOULD BE SCQ.180.

SCQ.171   DISPLAY QUESTION TEXT ABOVE MATRIX WITH CURSOR IN THE CELL LABELED "GENDER".

SCQ.171   ASK IF NOT OBVIOUS:

IS {NAME} MALE OR FEMALE?

MALE.. 1
FEMALE... 2
DK... 9
RF... 7

PROGRAMMER SPEC: PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

SCQ.180N   (WHAT ARE THEIR NAMES?)

PROBE: ANY OTHERS?

_____   _____   _____   ____
FIRST   MIDDLE   LAST   SUFFIX

DK... 9
RF... 7

PROGRAMMER SPECS: AFTER ENTRY IN SCQ.180 THE CURSOR SHOULD MOVE TO THE GENDER CELL (SCQ.181) AND DISPLAY THE GENDER QUESTION. DO NOT ALLOW EXIT FROM THE MATRIX UNLESS ALL GENDER CELLS ARE FILLED. AFTER EXITING FROM THE NAME/GENDER SCREEN, THE NEXT QUESTION WOULD BE SCQ.190.

SCQ.181   DISPLAY QUESTION TEXT ABOVE MATRIX WITH CURSOR IN THE CELL LABELED "GENDER".

SCQ.181   ASK IF NOT OBVIOUS:

IS {NAME} MALE OR FEMALE?

MALE.. 1
FEMALE... 2
DK... 9

RF.. 7

PROGRAMMER SPEC: PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

SCQ.190 [VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]

PROGRAMMER SPECS: THE APPLICATION SHOULD ALLOW THE INTERVIEWER TO ADD OR DELETE NAMES OR ROWS FROM THE HH COMPOSITION MATRIX, AS NECESSARY, BASED ON RESPONDENT'S CONFIRMATION OF THE PERSONS WHO HAVE BEEN ENUMERATED.

SCQ_CHECK191 APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR HISPANICS, BLACKS, WHITE/OTHER NON-LOW INCOME OR WHITE/OTHER LOW INCOME, GO TO SCQ.430. OTHERWISE, CONTINUE.

SCQ_CHECK193 IF SCQ.027 = YES (1), CODE SCQ.195 AS DORM ROOM (3) AND SKIP TO SCQ.220.

SCQ.195 DO {YOU/ANY OF THE PERSONS IN THIS HOUSEHOLD} HAVE A HOME ANYWHERE ELSE?

STUDENTS LIVING AWAY AT SCHOOL ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE.

YES.. 1 (SCQ.200)
NO.. 2 (SCQ.220)
DK.. 9 (SCQ.210)
RF.. 7 (SCQ.210)

SCQ.200 DISPLAY QUESTION TEXT ABOVE HH COMPOSITION MATRIX.

SCQ.200 (WHO IS THAT?)

SELECT MEMBERS WITH HOME ELSEWHERE.

PROBE: ANYONE ELSE?

PROGRAMMER SPECS: THE CURSOR SHOULD RESIDE IN THE COLUMN "OTHER HOME". THE DEFAULT FILL FOR THIS COLUMN SHOULD BE "NO". HOWEVER, THE DEFAULT CAN BE TOGGLED TO "YES" BY MOVING THE CURSOR TO THE "OTHER HOME" CELL ASSOCIATED WITH THE PERSON WHO HAS A SECOND RESIDENCE, AND SELECTING "YES". IF NONE OF THE "OTHER HOME" CELLS HAVE BEEN SET TO "YES", AUTO-BACKCODE THE RESPONSE TO SCQ.195 TO "NO" AND PROCEED TO SCQ.220.

SCQ.210 DISPLAY QUESTION TEXT ABOVE HH COMPOSITION MATRIX, REPLACING SCQ.200.

SCQ.210 WHERE {DO YOU/DOES {NAME}} USUALLY LIVE AND SLEEP; HERE OR SOMEWHERE ELSE?

HERE.. 1

SOMEWHERE ELSE.................................... 2
DK.. 9
RF.. 7

PROGRAMMER SPECS: IF "1", "9", OR "7" LEAVE PERSON ON HH COMPOSITION MATRIX; ELSE, IF "2" AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF ALL HOUSEHOLD MEMBERS ARE "2", THE HOUSEHOLD IS "INELIGIBLE" AND THE SCREENER IS TERMINATED AFTER THE COLLECTION OF THE TELEPHONE NUMBER (SCQ.430); ELSE IF "2" AND THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD, SET A FLAG TO INDICATE THIS PERSON'S PERMANENT RESIDENCE WAS SOMEWHERE ELSE. THE FLAG IS AN INDICATION THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

IN THE EVENT THAT THE PERSON BEING FLAGGED AS "LIVING ELSEWHERE" IS THE REFERENCE PERSON, IDENTIFY A NEW REFERENCE PERSON AS THE NEXT PERSON WHO APPEARS ON THE ENUMERATION TABLE AND "LIVING HERE."

SCQ.220 ARE {YOU/ANY OF THE PERSONS IN THIS HOUSEHOLD} NOW ON FULL-TIME ACTIVE DUTY WITH THE ARMED FORCES OF THE UNITED STATES?

YES.. 1 (SCQ.230)
NO.. 2 (SCQ.242)
DK.. 9 (SCQ.242)
RF.. 7 (SCQ.242)

PROGRAMMER SPECS: IF CODED "1" AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF ALL HOUSEHOLD MEMBERS ARE "1", THE HOUSEHOLD IS "INELIGIBLE" AND THE SCREENER IS TERMINATED AFTER THE COLLECTION OF THE TELEPHONE NUMBER (SCQ.430); ELSE, IF THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD, THE SKIPS SHOULD BE FOLLOWED AS SPECIFIED ABOVE.

SCQ.230 DISPLAY QUESTION TEXT ABOVE HH COMPOSITION MATRIX.

SCQ.230 (WHO IS THAT?)

SELECT ACTIVE MILITARY MEMBERS.

PROBE: ANYONE ELSE?

PROGRAMMER SPECS: THE CURSOR SHOULD RESIDE IN THE COLUMN "ACTIVE MIL". THE DEFAULT FOR THIS COLUMN SHOULD BE "NO". HOWEVER, WHEN ON THIS QUESTION, THE DEFAULT CAN BE TOGGLED TO "YES" BY MOVING THE CURSOR TO THE "ACTIVE MIL" CELL ASSOCIATED WITH THE PERSON IDENTIFIED AND SELECTING "YES". IF NONE OF THE "ACTIVE MIL" CELLS HAVE BEEN SET TO "YES", AUTO-BACKCODE THE RESPONSE TO SCQ.220 TO "NO" AND GO TO SCQ.242.

SCQ.240 DISPLAY QUESTION TEXT ABOVE HH COMPOSITION MATRIX, REPLACING SCQ.230.

SCQ.240 WHERE {DO YOU/DOES {NAME}} USUALLY LIVE AND SLEEP; HERE OR SOME WHERE ELSE?

HERE.. 1
SOMEWHERE ELSE.................................... 2
DK.. 9
RF.. 7

PROGRAMMER SPECS: IF "1", "9", OR "7" LEAVE PERSON ON HH COMPOSITION MATRIX; DO **NOT** FLAG FOR SAMPLING.

IF "2", SET A FLAG TO INDICATE PERSON'S PERMANENT RESIDENCE WAS SOMEWHERE ELSE. THE FLAG IS AN INDICATION THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

IN THE EVENT THAT THE PERSON BEING FLAGGED AS "LIVING ELSEWHERE" IS THE REFERENCE PERSON, IDENTIFY A NEW REFERENCE PERSON AS THE NEXT PERSON WHO APPEARS ON THE ENUMERATION TABLE AND "LIVING HERE".

SCQ.242   THESE ARE THE MEMBERS OF THE DU WHO HAVE BEEN LISTED AS HH MEMBERS.

              {NAME   GENDER}

SCQ_CHECK245   APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR HISPANICS, BLACKS, WHITE/OTHER NON-LOW INCOME OR WHITE/OTHER LOW INCOME, GO TO SCQ.430. OTHERWISE, CONTINUE.

SCQ.260 – 303   FILL "NAME" WITH THE COMPONENTS OF THE "NAME" CELL THAT UNIQUELY IDENTIFIES THE PERSON; AT A MINIMUM THIS IS "FIRST" NAME.

SCQ.260   DISPLAY QUESTION TEXT ABOVE THE MATRIX.

CHANGE TO NCHS-HIS MODEL:

[DO YOU/DOES NAME] CONSIDER [YOURSELF/HIMSELF/HERSELF] TO BE HISPANIC OR LATINO?

READ IF NECESSARY: WHERE DO YOUR ANCESTORS COME FROM?
      PUERTO RICAN
      CUBAN/CUBAN AMERICAN
      DOMINICAN (REPUBLIC)
      MEXICAN/MEXICAN AMERICAN
      CENTRAL/SOUTH AMERICAN
      OTHER LATIN AMERICAN
      OTHER HISPANIC OR LATINO

YES..	1
NO...	2
DK..	9
RF..	7

HELP SCREEN: A HELP SCREEN WILL BE PLACED AT THIS QUESTION. THE HELP SCREEN WILL LIST **ALL** COUNTRIES ASSOCIATED WITH HISPANIC OR LATINO ORIGIN OR ANCESTRY. THIS HELP SCREEN WILL BE A DUPLICATE OF THE ONE NCHS PROPOSED FOR THE DMQ SECTION OF THE SP QUESTIONNAIRE.

PROGRAMMER SPECS: PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

SCQ.265   WARNING: REVIEW ETHNICITY FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

              {NAME   ETHNICITY}

PROGRAMMER SPECS: DISPLAY NAME AND ETHNICITY AS DETERMINED AT SCQ.260 FOR EACH ENUMERATED PERSON. INTERVIEWER MAY BACK-UP TO CORRECT.

SCQ.270   DISPLAY SCQ.270 ABOVE THE MATRIX.

SCQ.270   SHOW CARD 2

              WHAT RACE DO YOU CONSIDER {YOURSELF/NAME} TO BE? PLEASE SELECT ONE OR MORE.

              CHECK ALL THAT APPLY.

AMERICAN INDIAN OR ALASKAN NATIVE.	1
ASIAN..	2
BLACK OR AFRICAN AMERICAN.................	3
NATIVE HAWAIIAN OR PACIFIC ISLANDER	4
WHITE...	5
OTHER..	6
DK..	9
RF..	7

PROGRAMMER SPECS:
PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND
        ENTRY.

SCQ.275   WARNING! REVIEW RACE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

          {NAME   RACE}

PROGRAMMER SPECS: DISPLAY NAME AND RACE(S) AS DETERMINED AT SCQ.270 FOR EACH ENUMERATED
PERSON. INTERVIEWER MAY BACK-UP TO CORRECT.

SCQ.280 – OMITTED

SCQ_CHECK285   APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY
                ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR HISPANICS, BLACKS,
                WHITE/OTHER NON-LOW INCOME OR WHITE/OTHER LOW INCOME, GO TO SCQ.430.
                OTHERWISE, CONTINUE.

SCQ.290   DISPLAY QUESTION TEXT ABOVE THE MATRIX WITH CURSOR RESIDING IN THE FIRST DOB CELL
           ON THE MATRIX.

SCQ.290   WHAT IS {YOUR/{NAME}'S} BIRTHDATE?

                            ____ ____ ____
                            MM   DD   YYYY   (SCQ.291)

                            DK.. 9 (SCQ.292)
                            RF.. 7 (SCQ.292)

PROGRAMMER SPECS: IF DATE OF BIRTH IS SPECIFIED, CALCULATE AGE AND POST IN THE "AGE" CELL FOR
THE APPROPRIATE PERSON WITH THE CURSOR RESIDING IN THAT CELL AND SCQ.291 DISPLAYED ABOVE THE
MATRIX; ELSE GO TO SCQ.292. FILL DK AND RF AS FOLLOWS:

	DK	RF
MM	999	777
DD	999	777
YYYY	9999	7777

SCQ.291   DISPLAY QUESTION TEXT ABOVE THE MATRIX WITH CURSOR RESIDING IN APPROPRIATE "AGE"
           CELL ON THE MATRIX.

SCQ.291   SO {YOU ARE/{NAME} IS} {AGE AS CALCULATED FROM DOB}?

           IF NECESSARY, RE-ENTER CORRECT AGE.   (SCQ.301)

PROGRAMMER SPECS: IF AGE IS RE-ENTERED BY THE INTERVIEWER, THE APPLICATION SHOULD ADJUST DOB.

SCQ.292   DISPLAY QUESTION TEXT ABOVE THE MATRIX WITH CURSOR RESIDING IN APPROPRIATE "AGE" CELL ON THE MATRIX.

SCQ.292   ABOUT HOW OLD {ARE YOU/IS {NAME}}?

_____
AGE   (SCQ.301)

DK..   999   (SCQ.300)
RF..   777   (SCQ.300)

            IF AGE IS LESS THAN 12 MONTHS, ENTER "0".

PROGRAMMER SPEC: POST THE AGE COLLECTED IN SCQ.292 TO THE "AGE" CELL IN THE MATRIX.

SCQ.300   DISPLAY QUESTION TEXT ABOVE THE MATRIX WITH CURSOR RESIDING IN APPROPRIATE "AGE" CELL ON THE MATRIX. DISPLAY THE FOLLOWING AGE RANGES: FOR SAMPLED RACE/ETHNICITY
AGE   = WHITES/OTHERS, USE "LESS THAN 1 YEAR OLD, 1 - 2, 3 - 5, 6 - 11, 12 - 15, 16 - 19, 20 - 29, 30 - 39,
RANGES   40 - 49, 50 - 59, 60 - 69, 70 - 79, OR 80 YEARS OR OLDER"; FOR SAMPLED RACE/ETHNICITY =
WILL   HISPANIC OR BLACK, USE "LESS THAN 1 YEAR OLD, 1-2, 3-5, 6-11, 12-15, 16-19, 20-39, 40-59, 60
CHANGE   YEARS OR OLDER".

SCQ.300   WOULD YOU SAY {YOU ARE/{NAME} IS}...

            {{AGE RANGES FOR SAMPLED RACE/ETHNICITY = BLACK OR HISPANIC}/{AGE RANGES FOR SAMPLED RACE/ETHNICITY = WHITES/OTHERS; DK/RF RACE/ETHNICITY}}

                              DK..   9999
                              RF..   7777

PROGRAMMER SPEC: PROVIDE A SOFT RANGE EDIT CHECK THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

SCQ.301   WARNING: REVIEW AGE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

            {NAME   AGE}

PROGRAMMER SPECS: DISPLAY NAME AND AGE AS DETERMINED AT SCQ.291, SCQ.292, OR SCQ.300 FOR EACH ENUMERATED PERSON. INTERVIEWER MAY BACK-UP TO CORRECT.

SCQ_CHECK303   APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR HISPANICS, BLACKS, WHITE/OTHER NON-LOW INCOME OR WHITE/OTHER LOW INCOME, GO TO SCQ.430.

OTHERWISE, CONTINUE.

SCQ_CHECK313 IF THE REFERENCE PERSON IS NOT ELIGIBLE TO BE THE REFERENCE PERSON BASED ON WHERE S/HE USUALLY LIVES, IDENTIFICATION OF A NEW REFERENCE PERSON IS REQUIRED. RE-APPLY THE REFERENCE PERSON EDIT LOGIC TO IDENTIFY THE REFERENCE PERSON AS THE FIRST PERSON ON THE ENUMERATION TABLE WHO IS $\geq$ 18 YEARS OLD; ELSE, IF NO ONE ON THE ENUMERATION TABLE IS AGE 18 OR OLDER, IDENTIFY THE REFERENCE PERSON AS THE OLDEST PERSON IN THE HOUSEHOLD FOR WHOM THIS IS THE PRIMARY RESIDENCE.

APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR HISPANICS, BLACKS, WHITE/OTHER NON-LOW INCOME OR WHITE/OTHER LOW INCOME, GO TO SCQ.430. OTHERWISE, CONTINUE.

SCQ_CHECK315 IF SAMPLING MESSAGE FOR LOW INCOME SET, CONTINUE.
OTHERWISE, GO TO SCQ_CHECK355.

SCQ_CHECK320 IF SCQ.027 = YES (1), GO TO SCQ_CHECK355.
OTHERWISE, CONTINUE.

SCQ_CHECK325 IF **ALL** HOUSEHOLD MEMBER'S SAMPLED RACE/ETHNICITY = HISPANIC (1) OR BLACK (2), GO TO SCQ_CHECK355.
IF **ANY** HOUSEHOLD MEMBER'S SAMPLED RACE/ETHNICITY = WHITE/OTHER (3) AND ONE OR MORE PERSON'S IN THE HOUSEHOLD COULD MEET THE LOW INCOME SAMPLING CRITERIA AND THOSE PERSONS ARE NOT **ALL** ACTIVE MILITARY, CONTINUE.
OTHERWISE, GO TO SCQ_CHECK355.

SCQ_CHECK330 IF **ALL** HOUSEHOLD MEMBERS WHO WOULD MEET THE LOW INCOME SAMPLING CRITERIA ARE ALREADY SAMPLED BASED ON GENDER, ETHNICITY, RACE, AGE,OR ARE ACTIVE MILITARY, GO TO SCQ_CHECK355.
OTHERWISE, CONTINUE.

SCQ.340 PLEASE THINK FOR A MOMENT ABOUT THE VARIOUS SOURCES FROM WHICH THE MEMBERS OF THIS HOUSEHOLD RECEIVED INCOME DURING THE LAST 12 MONTHS, THAT IS FROM {CURRENT MONTH} {LAST YEAR IN 4-DIGITS} TO {LAST MONTH} {CURRENT YEAR IN 4-DIGITS}. THINKING ABOUT ALL THE SOURCES OF INCOME, PLEASE TELL ME WHETHER THE TOTAL INCOME RECEIVED BY THE MEMBERS OF THIS HOUSEHOLD DURING THE LAST 12 MONTHS WAS MORE OR LESS THAN {DISPLAY EXACT THRESHOLD DOLLAR AMOUNT FOR # OF PEOPLE LIVING IN HOUSEHOLD}.

IF INCOME EQUAL TO {DISPLAY EXACT THRESHOLD DOLLAR AMOUNT FOR # OF PEOPLE LIVING IN HOUSEHOLD}, CODE 'LESS'.

MORE... 1 (SCQ_CHECK355)
LESS.. 2 (SCQ_CHECK355)
DK... 9

RF.. 7

SCQ_CHECK345   IF **ANY** CHILDREN IN HOUSEHOLD <6 YEARS OLD, CONTINUE.
OTHERWISE, GO TO SCQ_CHECK 355.

SCQ_CHECK347   IF **ANY** MALES IN HOUSEHOLD >= 18 YEARS OLD, GO TO SCQ_CHECK355.
OTHERWISE, TREAT HOUSEHOLD AS LOW INCOME FOR PURPOSES OF SAMPLING.

SCQ_CHECK355   IF **ANY** INDIVIDUAL MEETS THE SPECIFIED SAMPLING CRITERIA BASED ON GENDER, ETHNICITY, RACE, AGE, STATUS, OR INCOME LEVEL **AND** IS **NOT** ON ACTIVE MILITARY STATUS, GO TO SCQ.370.

IF SAMPLING FOR ALL PARTICIPANTS IS INCONCLUSIVE DUE TO CONFIRMED MISSING DATA (DK/RF) IN THE CRITICAL SAMPLING VARIABLES, GO TO SCQ.430, THEN TERMINATE THE SCREENER WITH AN ASSIGNED STATUS OF "INCOMPLETE".

OTHERWISE, GO TO SCQ.430.

SCQ.370   THIS HOUSEHOLD HAS ELIGIBLE SURVEY PARTICIPANTS.

THE ELIGIBLE PERSON(S) SAMPLED IN THIS HOUSEHOLD ARE:

    {UNIQUE NAMES, GENDERS, AGES OF SAMPLED PERSONS}

PROGRAMMER SPECS: SINCE THE SAMPLING ALGORITHM HAS BEEN RUN FOR THE LAST TIME, BACK-UP IS NOT ALLOWED BEYOND THIS CHECK.

SCQ.420   IS {REFERENCE PERSON}'S MAILING ADDRESS THE SAME AS {HIS/HER} STREET ADDRESS?

YES... 1 (SCQ.430)
NO.. 2 (SCQ.425)
DK.. 9 (SCQ.430)
RF.. 7 (SCQ.430)

SCQ.425   PLEASE GIVE ME {REFERENCE PERSON}'S COMPLETE MAILING ADDRESS.

{#} {DIRECTION} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION} {#}
{PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX} {CITY} {STATE} { ZIP}

PROGRAMMER SPECS: DISPLAY THE COMPLETE ADDRESS OF THE HOUSEHOLD AS COLLECTED IN SCQ.070 OR SCQ.080 AND ALLOW UPDATES IN ALL FIELDS. IF UPDATES ARE MADE, STORE THIS ADDRESS AS THE MAILING ADDRESS. IF NO UPDATES ARE MADE, RESET SCQ.420 TO "NO" AND CONTINUE TO SCQ.430.

SCQ.430   PLEASE GIVE ME YOUR HOME TELEPHONE NUMBER IN CASE MY OFFICE WANTS TO CHECK MY WORK.

(_____) - _____ - _____ - _____
HOME TELEPHONE NUMBER   (SCQ.440)

NO HOME TELEPHONE................................ 2 (SCQ.460)
DK.. 9 (SCQ.460)
RF.. 7 (SCQ.460)

PROGRAMMER SPECS: FILL DK AND RF AS FOLLOWS:

	DK	RF
AREA CODE	999	777
EXCHANGE	999	777
NUMBER	9999	7777
EXTENSION	9999	7777

THE FIELD FOR "EXTENSION" SHOULD BE ALLOWED TO BE BLANK.

SCQ.440   IN WHOSE NAME IS THE TELEPHONE LISTED?

_____   _____
FIRST   LAST   (END_CHECK)

UNLISTED.. 1 (END_CHECK)
NOT ON LIST... 2 (SCQ.445)
DK.. 9 (END_CHECK)
RF.. 7 (END_CHECK)

SCQ.445   [IN WHOSE NAME IS THE TELEPHONE LISTED?]

_____   _____
FIRST   LAST   (END_CHECK)

SCQ.460   IS THERE ANOTHER NUMBER WHERE YOU CAN BE REACHED?

(_____) - _____ - _____ - _____
OTHER TELEPHONE NUMBER   (SCQ.461)

NO.. 2 (END_CHECK)
DK.. 9 (END_CHECK)
RF.. 7 (END_CHECK)

PROGRAMMER SPECS: FILL DK AND RF AS FOLLOWS:

	DK	RF
AREA CODE	999	777
EXCHANGE	999	777
NUMBER	9999	7777
EXTENSION	9999	7777

THE FIELD FOR "EXTENSION" SHOULD BE ALLOWED TO BE BLANK.

SCQ.461   WHERE IS THAT TELEPHONE LOCATED?

WORK.. 1
RELATIVE'S HOME...................................... 2
NEIGHBOR'S HOME.................................... 3
CELL PHONE 4
OTHER.. 5
DK... 9
RF... 7

END_CHECK   IF THIS IS AN INELIGIBLE HOUSEHOLD, GO TO SCQ_END1; ELSE
IF THIS IS AN ELIGIBLE HOUSEHOLD, GO TO SCQ_END2; ELSE
IF THIS IS A BREAK-OFF, GO TO SCQ_END3, THEN REQUIRE ENTRY OF DISPOSITION; ELSE
IF MISSING CRITICAL SAMPLING DATA, GO TO SCQ_END4; ELSE
IF SCQ.070 (ADDRESS VERIFICATION) IS "NO (WRONG ADDRESS)", GO TO SCQ_END5.

SCQ_END1   THANK YOU.

SCQ_END2   THANK YOU. THIS HOUSEHOLD HAS ELIGIBLE SURVEY PARTICIPANTS.

[READ NAMES LISTED BELOW.]

{UNIQUE NAMES, GENDERS, AGES OF SAMPLE PERSONS}

[IF APPROPRIATE, EXPLAIN PARTICIPATION IN STUDY TO RESPONDENT.]

PROGRAMMER SPECS: AFTER EXITING FROM THIS SCREEN, LAUNCH MODULE 2 OF THE SCREENER, COLLECTING RELATIONSHIP INFORMATION.

SCQ_END3   THANK YOU.

PROGRAMMER SPECS: AFTER EXITING FROM THIS SCREEN, PRESENT THE LIST OF DISPOSITIONS AND DO NOT ALLOW EXIT FROM THE APPLICATION WITHOUT ENTRY OF A DISPOSITION.

SCQ_END4   THANK YOU.

[EXPLAIN TO RESPONDENT THAT YOU WILL NEED TO RETURN TO THE HOUSEHOLD TO COLLECT CRITICAL INFORMATION THAT WAS NOT PROVIDED THIS TIME.]

SCQ_END5   THANK YOU.

LOCATE CORRECT ADDRESS AND RESTART SCREENER.

FAMILY RELATIONSHIP QUESTIONNAIRE

SCREENER MODULE #2 (SFQ)

TO BE ADMINISTERED TO ALL ELIGIBLE HOUSEHOLDS

BOX 1

CHECK ITEM SFQ.001:
IF ONLY 1 PERSON HOUSEHOLD, CODE PERSON AS "REFERENCE PERSON", CODE
RELATIONSHIP AS "SELF", ASSIGN FAMILY #1 TO PERSON AND GO TO END OF SECTION.
OTHERWISE, CONTINUE.

BOX 2

CHECK ITEM SFQ.004:
CODE FIRST PERSON LISTED ON H.H. MATRIX WHOSE AGE IS $\geq$ 18 AND IS **NOT** FLAGGED AS
LIVING "SOMEWHERE ELSE" AS "REFERENCE PERSON", HEAD OF FAMILY #1 AND
RELATIONSHIP AS "SELF".

BOX 3

LOOP 1:
ASK SFQ.010 – SFQ.040 AS APPROPRIATE FOR EACH PERSON {P} LISTED BELOW REFERENCE
PERSON ON THE HOUSEHOLD MATRIX.

SFQ.010   {The next questions are about family relationships.}

What is {PERSON'S) relationship to {REFERENCE PERSON}?

HAND CARD SFQ1

SPOUSE (HUSBAND/WIFE)	01
UNMARRIED PARTNER	02
CHILD (BIOLOGICAL/ADOPTIVE/IN-LAW/ STEP/FOSTER)	03
CHILD OF PARTNER	04
GRANDCHILD	05
PARENT (BIOLOGICAL/ADOPTIVE/ IN-LAW/STEP/FOSTER)	06
BROTHER/SISTER (BIOLOGICAL/ ADOPTIVE/IN-LAW/STEP/FOSTER)	07
GRANDMOTHER/GRANDFATHER	08
AUNT/UNCLE	09
NIECE/NEPHEW	10
OTHER RELATIVE	11
HOUSEMATE/ROOMMATE	12

ROOMER/BOARDER............................. 13
OTHER NONRELATIVE......................... 14
LEGAL GUARDIAN............................... 15
WARD.. 16
REFUSED... 77
DON'T KNOW....................................... 99

BOX 4

CHECK ITEM SFQ.015:
RELATIONSHIP CODES FROM SFQ.010. NOTE **RP** ON MATRIX MAY HAVE MULTIPLE
RELATIONSHIP CODES.

"RP" = REFERENCE PERSON
"P" = PERSON = MEMBERS OF HOUSEHOLD

■ IF CODE 1 (SPOUSE), CHECK GENDER OF BOTH **{RP}** AND **{P}** AND CODE **{RP}**
AS HUSBAND OR WIFE OF **{P}** DEPENDING ON GENDER
AND **{P}** AS HUSBAND OR WIFE OF **{RP}** DEPENDING ON GENDER.

■ IF CODE 2 (UNMARRIED PARTNER), CHECK GENDER OF BOTH **{RP}** AND
{P} AND CODE **{RP}** AS UNMARRIED MALE OR FEMALE PARTNER OF **{P}**
DEPENDING ON GENDER AND **{P}** AS UNMARRIED MALE OR FEMALE PARTNER OF **{RP}**
DEPENDING ON GENDER.

■ IF CODE 3 (CHILD), CHECK GENDER OF **{P}** AND **{RP}** AND CODE **{RP}** AS
MOTHER OR FATHER OF **{P}** DEPENDING ON GENDER AND **{P}** AS SON OR DAUGHTER OF
{RP} DEPENDING ON GENDER.

■ IF CODE 4 (CHILD OF PARTNER), CODE **{RP}** AS PARTNER OF CHILD'S
PARENT AND CODE **{P}** AS CHILD OF PARTNER.

■ IF CODE 5 (GRANDCHILD), CODE **{RP}** AS GRANDPARENT OF **{P}** AND
{P} AS GRANDCHILD OF **{RP}**.

■ IF CODE 6 (PARENT), CHECK GENDER OF BOTH **{RP}** AND **{P}** AND
CODE **{RP}** AS SON OR DAUGHTER OF **{P}** DEPENDING ON GENDER AND CODE **{P}** AS
MOTHER OR FATHER OF **{RP}** DEPENDING ON GENDER.

■ IF CODE 7 (BROTHER/SISTER), CHECK GENDER OF BOTH **{RP}** AND **{P}**
AND CODE **{RP}** AS BROTHER/SISTER OF **{P}** DEPENDING ON GENDER
AND **{P}** AS BROTHER/SISTER OF **{RP}** DEPENDING ON GENDER.

■ IF CODE 8 (GRANDPARENT), CODE **{RP}** AS GRANDCHILD OF **{RP}** AND
{P} AS GRANDPARENT OF **{P}**.

■ IF CODE 9 (AUNT/UNCLE), CODE **{RP}** AS NIECE/NEPHEW OF **{P}** AND
{P} AS AUNT/UNCLE OF **{RP}**.

■ IF CODE 10 (NIECE/NEPHEW), CODE **{RP}** AS AUNT/UNCLE OF **{P}** AND
{P} AS NIECE/NEPHEW OF **{RP}**.

■ IF CODE 11 (OTHER RELATIVE), CODE **{RP}** AS OTHER RELATIVE OF **{P}**
AND **{P}** AS OTHER RELATIVE OF **{RP}**.

■ IF CODE 12 (HOUSEMATE/ROOMMATE), CODE **{RP}** AS HOUSEMATE/
ROOMMATE OF **{P}** AND **{P}** AS HOUSEMATE/ROOMMATE **OF {RP}**.

■ IF CODE 13 (ROOMER/BOARDER), CODE **{RP}** AS OTHER NONRELATIVE
OF **{P}** AND **{P}** AS ROOMER/BOARDER OF **{RP}.**

■ IF CODE 14 (OTHER NONRELATIVE), CODE **{RP}** AS OTHER
NONRELATIVE OF **{P}** AND **{P}** AS OTHER NONRELATIVE OF **{RP}**.

■ IF CODE 15 (LEGAL GUARDIAN), CODE **{RP}** AS WARD OF **{P}** AND **{P}** AS LEGAL GUARDIAN OF **{RP}**.

■ IF CODE 16 (WARD), CODE **{RP}** AS LEGAL GUARDIAN OF **{P}** AND **{P}** AS WARD OF **{RP}**.

■ IF CODE 77 OR CODE 99, CODE **{RP}** AS OTHER RELATIVE OF **{P}** AND **{P}** AS OTHER RELATIVE OF **{RP}**.

BOX 5

CHECK ITEM SFQ.017:
IF **{P}** RELATIONSHIP IN SFQ.010 = CHILD (CODE 3), CONTINUE.
OTHERWISE, SKIP TO BOX 6.

SFQ.020   Is {PERSON}, {REFERENCE PERSON'S} biological (natural), adoptive, step, foster {son/daughter} or (son/daughter)-in-law?

BIOLOGICAL (NATURAL) {SON/
    DAUGHTER}... 1
ADOPTIVE {SON/DAUGHTER}............. 2
STEP {SON/DAUGHTER}...................... 3
FOSTER {SON/DAUGHTER}................. 4
{SON/DAUGHTER}-IN-LAW................... 5
REFUSED.. 7
DON'T KNOW... 9

BOX 6

CHECK ITEM SFQ.025:
IF {P} RELATIONSHIP IN SFQ.010 = PARENT (CODE 6), CONTINUE.
OTHERWISE, GO TO BOX 7.

SFQ.030   Is {PERSON}, {REFERENCE PERSON'S} biological (natural), adoptive, step, or foster parent or {mother/father}-in-law?

BIOLOGICAL (NATURAL) PARENT....... 1
ADOPTIVE PARENT.............................. 2
STEP PARENT...................................... 3
FOSTER PARENT................................. 4
{MOTHER/FATHER}-IN-LAW................ 5
REFUSED.. 7
DON'T KNOW... 9

BOX 7

CHECK ITEM SFQ.035:
IF {P} RELATIONSHIP IN SFQ.010 = BROTHER/SISTER (CODE 7), CONTINUE.
OTHERWISE, GO TO BOX 8.

SFQ.040   Is {PERSON}, {REFERENCE PERSON'S} full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in-law?

> FULL {BROTHER/SISTER}.................... 1
> HALF {BROTHER/SISTER}.................... 2
> ADOPTED {BROTHER/SISTER}............ 3
> STEP {BROTHER/SISTER}.................... 4
> FOSTER {BROTHER/SISTER}............... 5
> {BROTHER/SISTER}-IN-LAW................ 6
> REFUSED... 7
> DON'T KNOW.. 9

BOX 8

END LOOP 1:
ASK SFQ.010 – SFQ.040 AS APPROPRIATE FOR NEXT PERSON {P} LISTED BELOW REFERENCE PERSON ON THE HOUSEHOLD MATRIX.
IF NO NEXT PERSON, GO TO BOX 9.

BOX 9

CHECK ITEM SFQ.043:
IF ALL PERSONS IN HOUSEHOLD ARE RELATED (HAVE RELATIONSHIP CODES ASSOCIATED WITH CODES 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15, 16, 77 OR 99 IN SFQ.010 OR SFQ.070), GO TO BOX 20.
OTHERWISE, CONTINUE WITH BOX 10.

BOX 10

CHECK ITEM SFQ.045:
CODE FIRST PERSON REMAINING UNRELATED TO REFERENCE PERSON AND HEADS OF ADDITIONAL FAMILIES AND WHOSE AGE IS $\geq$18 AS HEAD OF NEXT FAMILY {H OF F} AS APPROPRIATE (#2, 3, 4, ETC.), AND GO TO BOX 11.
IF NO PERSONS AGE $\geq$ 18, CODE OLDEST PERSON FROM THIS GROUP AS HEAD OF FAMILY.

BOX 11

CHECK ITEM SFQ.047:
IF MORE THAN ONE PERSON CODED AS UNRELATED, CONTINUE WITH BOX 12.
OTHERWISE, GO TO BOX 20.

BOX 12

LOOP 2:
ASK SFQ.050 – SFQ.100 FOR FIRST (NEXT) HEAD OF FAMILY.

SFQ.050   Now I would like to talk about those persons in the household who are **not** related to {REFERENCE PERSON/REFERENCE PERSON OR HEADS OF FAMILY}. That is {LIST

ALL PERSONS IN HOUSEHOLD NOT RELATED TO {REFERENCE PERSON/REFERENCE PERSON OR HEADS OF FAMILY}.

DISPLAY NAME OF REFERENCE PERSON IF THIS IS THE FIRST TIME THIS QUESTION IS ASKED. DISPLAY NAMES OF REFERENCE PERSON AND ALL HEADS OF ADDITIONAL FAMILIES IF THIS IS NOT THE FIRST TIME QUESTION IS ASKED.

Is {HEAD OF FAMILY #2, 3, 4, ETC} related to anyone in the household?

YES...	1	
NO..	2	(BOX 19)
REFUSED...	7	
DON'T KNOW...	9	

SFQ.060　　Who is {HEAD OF FAMILY #2, 3, 4, ETC. FROM BOX 10} related to? {DISPLAY LIST OF NAMES OF ALL PERSONS WHO ARE NOT REFERENCE PERSON, OR HEAD OF FAMILY AND WHO ARE <u>NOT</u> RELATED TO ANYONE ELSE IN HOUSEHOLD (DO <u>NOT</u> HAVE RELATIONSHIP CODE = CODE 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15 OR 16)}.

SELECT NAMES OF PERSONS RELATED TO {REFERENCE PERSON **OR** HEAD(S) OF FAMILY}.

BOX 13

EMBEDDED LOOP 2A:
ASK SFQ.070 – SFQ.100 FOR EACH PERSON SELECTED IN SFQ.060.

SFQ.070　　What is {PERSON'S} relationship to {HEAD OF FAMILY}.

HAND CARD SFQ1

SPOUSE (HUSBAND/WIFE).................	01
UNMARRIED PARTNER........................	02
CHILD (BIOLOGICAL/ADOPTIVE/IN-LAW/ STEP/FOSTER)...................................	03
CHILD OF PARTNER............................	04
GRANDCHILD.......................................	05
PARENT (BIOLOGICAL/ADOPTIVE/ IN-LAW/STEP/FOSTER)......................	06
BROTHER/SISTER (BIOLOGICAL/ ADOPTIVE/IN-LAW/STEP/FOSTER)…	07
GRANDMOTHER/GRANDFATHER…….	08
AUNT/UNCLE..	09
NIECE/NEPHEW...................................	10
OTHER RELATIVE................................	11
HOUSEMATE/ROOMMATE...................	12
ROOMER/BOARDER............................	13
OTHER NONRELATIVE.........................	14
LEGAL GUARDIAN...............................	15
WARD..	16
REFUSED...	77

DON'T KNOW... 99

BOX 14

CHECK ITEM SFQ.073:
RELATIONSHIP CODES FROM SFQ.070. NOTE **H OF F** ON MATRIX MAY HAVE MULTIPLE RELATIONSHIP CODES.

"H OF F" = HEAD OF FAMILY IN SFQ.060 AS DEFINED I BOX 10.
"P" = OTHER PERSONS SELECTED IN SFQ.060.

- ■ IF CODE 1 (SPOUSE), CHECK GENDER OF BOTH **{H OF F}** AND **{P}** AND CODE **{H OF F}** AS HUSBAND OR WIFE OF {P} DEPENDING ON GENDER AND {P} AS HUSBAND OR WIFE OF **{H OF F}** DEPENDING ON GENDER.

- ■ IF CODE 2 (UNMARRIED PARTNER), CHECK GENDER OF BOTH **{H OF F}** AND {**P**} DEPENDING ON GENDER AND CODE **{H OF F}** AS UNMARRIED MALE OR FEMALE PARTNER OF **{P}** AND **{P}** AS UNMARRIED MALE OR FEMALE PARTNER OF **{H OF F}** DEPENDING ON GENDER.

- ■ IF CODE 3 (CHILD), CHECK GENDER OF **{P}** AND **{H OF F}** AND CODE **{H OF F}** AS MOTHER OR FATHER OF **{P}** DEPENDING ON GENDER AND **{P}** AS SON OR DAUGHTER OF **{H OF F}** DEPENDING ON GENDER.

- ■ IF CODE 4 (CHILD OF PARTNER), CODE **{H OF F}** AS PARTNER OF CHILD'S PARENT AND CODE **{P}** AS CHILD OF PARTNER.

- ■ IF CODE 5 (GRANDCHILD), CODE **{H OF F}** AS GRANDPARENT OF **{P}** AND **{P}** AS GRANDCHILD OF **{H OF F}**.

- ■ IF CODE 6 (PARENT), CHECK GENDER OF BOTH **{H OF F}** AND **{P}** AND CODE **{H OF F}** AS SON OR DAUGHTER OF **{P}** DEPENDING ON GENDER AND CODE **{P}** AS MOTHER OR FATHER OF **{H OF F}** DEPENDING ON GENDER.

- ■ IF CODE 7 (BROTHER/SISTER), CHECK GENDER OF BOTH **{H OF F}** AND **{P}** AND CODE **{H OF F}** AS BROTHER/SISTER OF **{P}** DEPENDING ON GENDER AND **{P}** AS BROTHER/SISTER OF **{H OF F}** DEPENDING ON GENDER.

- ■ IF CODE 8 (GRANDPARENT), CODE **{H OF F}** AS GRANDCHILD OF**{RP}** AND **{P}** AS GRANDPARENT OF **{P}**.

- ■ IF CODE 9 (AUNT/UNCLE), CODE **{H OF F}** AS NIECE/NEPHEW OF **{P}** AND **{P}** AS AUNT/UNCLE OF **{H OF F}**.

- ■ IF CODE 10 (NIECE/NEPHEW), CODE **{H OF F}** AS AUNT/UNCLE OF **{P}** AND **{P}** AS NIECE/NEPHEW OF **{H OF F}**.

- ■ IF CODE 11 (OTHER RELATIVE), CODE **{H OF F}** AS OTHER RELATIVE OF **{P}** AND **{P}** AS OTHER RELATIVE OF **{H OF F}**.

- ■ IF CODE 12 (HOUSEMATE/ROOMMATE), CODE **{H OF F}** AS HOUSEMATE/ ROOMMATE OF **{P}** AND **{P}** AS HOUSEMATE/ROOMMATE OF **{H OF F}**.

- ■ IF CODE 13 (ROOMER/BOARDER), CODE **{H OF F}** AS OTHER NONRELATIVE OF **{P}** AND **{P}** AS ROOMER/BOARDER OF **{H OF F}**.

- ■ IF CODE 14 (OTHER NONRELATIVE), CODE **{H OF F}** AS OTHER NONRELATIVE OF **{P}** AND {P} AS OTHER NONRELATIVE OF **{H OF F}**.

- ■ IF CODE 15 (LEGAL GUARDIAN), CODE **{H OF F}** AS WARD OF **{P}** AND **{P}** AS LEGAL GUARDIAN OF **{H OF F}**.

- ■ IF CODE 16 (WARD), CODE **{H OF F}** AS LEGAL GUARDIAN OF **{P}** AND **{P}** AS WARD OF **{H OF F}**.

■ IF CODE 77 OR CODE 99, CODE **{H OF F}** AS OTHER RELATIVE OF **{P}** AND **{P}** AS OTHER RELATIVE OF **{H OF F}**.

BOX 15

CHECK ITEM SFQ.075:
IF {P} RELATIONSHIP IN SFQ.070 = CHILD (CODE 3), CONTINUE.
OTHERWISE, SKIP TO BOX 16.

SFQ.080　　Is {PERSON}, {HEAD OF FAMILY'S} biological (natural), adoptive, step, foster {son/daughter} or (son/daughter)-in-law?

BIOLOGICAL (NATURAL) {SON/
　DAUGHTER}... 1
ADOPTIVE {SON/DAUGHTER}.............. 2
STEP {SON/DAUGHTER}...................... 3
FOSTER {SON/DAUGHTER}................. 4
{SON/DAUGHTER}-IN-LAW................... 5
REFUSED.. 7
DON'T KNOW.. 9

BOX 16

CHECK ITEM SFQ.085:
IF {P} RELATIONSHIP IN SFQ.070 = PARENT (CODE 6), CONTINUE.
OTHERWISE, GO TO BOX 17.

SFQ.090　　Is {PERSON}, {HEAD OF FAMILY'S} biological (natural), adoptive, step, or foster parent or {mother/father}-in-law?

BIOLOGICAL (NATURAL) PARENT....... 1
ADOPTIVE PARENT.............................. 2
STEP PARENT...................................... 3
FOSTER PARENT................................. 4
{MOTHER/FATHER}-IN-LAW................ 5
REFUSED.. 7
DON'T KNOW.. 9

BOX 17

CHECK ITEM SFQ.095:
IF {P} RELATIONSHIP IN SFQ.010 = BROTHER/SISTER (CODE 7), CONTINUE.
OTHERWISE, GO TO BOX 18.

SFQ.100　　Is {PERSON}, {HEAD OF FAMILY'S} full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in-law?

FULL {BROTHER/SISTER}.................... 1

HALF {BROTHER/SISTER}................... 2
ADOPTED {BROTHER/SISTER}........... 3
STEP {BROTHER/SISTER}................... 4
FOSTER {BROTHER/SISTER}.............. 5
{BROTHER/SISTER}-IN-LAW............... 6
REFUSED.. 7
DON'T KNOW....................................... 9

BOX 18

END EMBEDDED LOOP 2A:
ASK SFQ.070 – SFQ.100 AS APPROPRIATE FOR NEXT PERSON SELECTED AS RELATED TO HEAD OF FAMILY IN SFQ.060.
IF NO NEXT PERSON, GO TO BOX 19.

BOX 19

END LOOP 2:
IF MORE THAN 1 PERSON REMAINS UNRELATED TO THE REFERENCE PERSON OR THE HEAD OF ADDITION FAMILY:

■ DESIGNATE NEXT HEAD OF FAMILY AS INSTRUCTED IN BOX 10.
■ ASK SFQ.050 – SFQ.100 FOR NEXT HEAD OF FAMILY AND PERSONS WHO REMAIN AS UNRELATED.

IF NO NEXT PERSONS GO TO BOX 20.

BOX 20

CHECK ITEM SFQ.105:
■ IF REFERENCE PERSON IS MARRIED (CODED AS HUSBAND/WIFE) OR LIVING WITH A PARTNER (CODED AS UNMARRIED PARTNER).

AND

■ REFERENCE PERSON HAS A C
HILD OR THE **PARTNER** HAS A CHILD CONTINUE

OTHERWISE GO TO BOX 23.

BOX 21

LOOP 3:
ASK SFQ.110 FOR EACH PERSON (CHILD OF REFERENCE PERSON AND CHILD OF PARTNER –
RELATIONSHIP CODE 3 OR 4).

SFQ.110   I recorded that {NAME OF MOTHER/FATHER OF CHILD – THIS IS SPOUSE OR
PARTNER OF REFERENCE PERSON} is the {father/mother} of {NAME OF CHILD – THIS
IS CHILD OF REFERENCE PERSON AND SPOUSE OR REFERENCE PERSON AND
PARTNER OR CHILD OF PARTNER}. Is {NAME OF CHILD} {his/her} biological, adoptive,
step, foster child or (son or daughter)-in-law?

BIOLOGICAL CHILD..............................	1
ADOPTIVE CHILD.................................	2
STEP CHILD..	3
FOSTER CHILD.....................................	4
(SON/DAUGHTER)-IN-LAW..................	5
REFUSED..	7
DON'T KNOW..	9

BOX 22

END LOOP 3:
ASK SFQ.110 FOR NEXT PERSON (CHILD OR CHILD OF PARTNER).
IF NO NEXT PERSON, CONTINUE WITH BOX 23.

BOX 23

CHECK ITEM 115:
CHECK RELATIONSHIPS. IF ALL HOUSEHOLD MEMBERS HAVE MOTHER, FATHER, AND SPOUSE
OR PARTNER IDENTIFIED, GO TO BOX 31.
OTHERWISE, IF ANY OF THESE RELATIONSHIPS FOR EACH PERSON IS NOT ALREADY
IDENTIFIED, CONTINUE.

BOX 24

LOOP 4:
ASK SFQ.120 – SFQ.200 **AS APPROPRIATE** FOR EACH PERSON WHO DOES **NOT** HAVE A
MOTHER AND FATHER AND SPOUSE OR PARTNER IDENTIFIED IN HOUSEHOLD.

BOX 25

CHECK ITEM SFQ.117:
IF PERSON'S MOTHER HAS NOT BEEN IDENTIFIED, AND THERE ARE FEMALES IN THE
HOUSEHOLD WHO ARE ≥ 11 YEARS OLDER THAN PERSON, CONTINUE OTHERWISE, GO TO
BOX 27.

SFQ.120   Is {PERSON'S} mother a household member? [Include mother-in-law].

IF OBVIOUS, VERIFY ONLY.

CHOOSE MOTHER OVER MOTHER-IN-LAW IF BOTH PRESENT.

YES – MOTHER IN HOUSEHOLD......... 1
NO – MOTHER NOT IN HOUSEHOLD. . 2 (BOX 27)
LEGAL GUARDIAN IN HOUSEHOLD…. 3
REFUSED... 7 (BOX 27)
DON'T KNOW.. 9 (BOX 27)

SFQ.130   Who is that?
           [SELECT PERSON FROM HOUSEHOLD MATRIX.

BOX 26

CHECK ITEM SFQ.135:
IF LEGAL GUARDIAN CODED IN SFQ.120, GO TO BOX 27.
OTHERWISE, CONTINUE.

SFQ.140   Is {NAME OF MOTHER IN SFQ.130}, {PERSON'S} biological [natural], adoptive, step, or
           foster mother or mother-in-law?

BIOLOGICAL MOTHER.......................... 1
ADOPTIVE MOTHER............................. 2
STEP MOTHER.................................... 3
FOSTER MOTHER................................ 4
MOTHER-IN-LAW................................. 5
REFUSED... 7
DON'T KNOW.. 9

BOX 27

CHECK ITEM SFQ.145:
IF PERSON'S FATHER HAS NOT BEEN IDENTIFIED, AND THERE ARE MALES IN THE HOUSEHOLD
WHO ARE $\geq$ 11 YEARS OLDER THAN PERSON.
OTHERWISE, GO TO BOX 29A.

SFQ.150   Is {PERSON'S} father a household member? [Include father-in-law].

IF OBVIOUS, VERIFY ONLY.

CHOOSE FATHER OVER FATHER-IN-LAW IF BOTH PRESENT.

YES – FATHER IN HOUSEHOLD.......... 1
NO – FATHER NOT IN HOUSEHOLD… 2 (BOX 29)
LEGAL GUARDIAN IN HOUSEHOLD…. 3

REFUSED..	7 (BOX 29)
DON'T KNOW...	9 (BOX 29)

SFQ.160   Who is that?
[SELECT PERSON FROM HOUSEHOLD MATRIX.

BOX 28

CHECK ITEM SFQ.165:
IF LEGAL GUARDIAN CODED IN SFQ.150, GO TO BOX 29A.
OTHERWISE, CONTINUE.

SFQ.170   Is {NAME OF FATHER IN SFQ.160}, {PERSON'S} biological (natural), adoptive, step, or foster father or father-in-law?

BIOLOGICAL FATHER...........................	1
ADOPTIVE FATHER..............................	2
STEP FATHER......................................	3
FOSTER FATHER..................................	4
FATHER-IN-LAW...................................	5
REFUSED...	7
DON'T KNOW.......................................	9

BOX 29A

CHECK ITEM SFQ.175:
IF PERSON'S AGE >= 14 AND SPOUSE OR UNMARRIED PARTNER HAS NOT BEEN IDENTIFIED, CONTINUE.
OTHERWISE, GO TO BOX 30.

SFQ.180   Is {PERSON'S NAME} now married, widowed, divorced, separated, never married or living with a partner?

MARRIED..	1
WIDOWED...	2 (BOX 30)
DIVORCED..	3 (BOX 30)
SEPARATED...	4 (BOX 30)
NEVER MARRIED..................................	5 (BOX 30)
LIVING WITH PARTNER........................	6
REFUSED...	7 (BOX 30)
DON'T KNOW.......................................	9 (BOX 30)

BOX 29B

CHECK ITEM SFQ.185:
IF THERE ARE PERSONS IN THE HOUSEHOLD WHO ARE > = 14 YEARS OLD, CONTINUE.
OTHERWISE, GO TO BOX 30.

SFQ.190   Is {PERSON'S} {spouse/partner} living in the household?

YES.. 1
NO.. 2 (BOX 30)
REFUSED.. 7 (BOX 30)
DON'T KNOW.. 9 (BOX 30)

SFQ.200   Who is that?

DISPLAY LIST OF ALL NONDELETED HOUSEHOLD MEMBERS WHO ARE 14 YEARS OLD OR OLDER.

BOX 30

END LOOP 4:
ASK SFQ.120 – SFQ.200 FOR NEXT PERSON.
IF NO NEXT PERSON, GO TO BOX 31.

BOX 31

CHECK ITEM SFQ.205:
- APPLY NHANES AND CPS FAMILY DEFINITIONS.
- IF MORE THAN 1 NHANES FAMILY, CONTINUE.
- IF ONLY 1 NHANES FAMILY, GO TO SFQ.210. DO **NOT** REASK SCQ.430 – SCQ.461.

OTHERWISE, GO TO SFQ.210.

BOX 32

LOOP 5:
ASK MODULE 1 – SCQ.420 – SCQ.461 FOR EACH **ADDITIONAL** NHANES FAMILY.
NOTE: THE SUBJECT OF QUESTIONS SHOULD BE EACH ADDITIONAL HEAD OF NHANES FAMILY
DO **NOT** REASK SCQ.430 – SCQ.461 OF THE FIRST NHANES FAMILY.

SFQ.210   Thank you. That completes the questions about family relationships.

END OF SECTION

SAMPLE PERSON QUESTIONNAIRE

RESPONDENT SELECTION (RIQ)

NOTE: THIS IS ADMINISTRATIVE INFORMATION ENTERED BY THE INTERVIEWER NOT
QUESTIONS ASKED OF THE PARTICIPANT

RIQ.010   SELECT RESPONDENT FOR THE SP QUESTIONNAIRE FOR {SP NAME}.

CAPI INSTRUCTION:
DISPLAY **FAMILY ROSTER** AND 'SOMEONE OUTSIDE FAMILY' AS OPTION.

BOX 1

CHECK ITEM RIQ.015:
☐ IF SP IS SELECTED AS RESPONDENT AND SP AGE IS <=
15, GO TO RIQ.020.
☐ IF SP IS SELECTED AS RESPONDENT AND SP AGE IS >=
16, GO TO RIQ.080.
☐ IF SP IS <u>NOT</u> SELECTED AS RESPONDENT AND SP AGE
IS <= 15, GO TO BOX 2.
☐ IF SP IS <u>NOT</u> SELECTED AS RESPONDENT AND SP AGE
IS >= 16, GO TO RIQ.030.

RIQ.020   INTERVIEW SHOULD BE CONDUCTED WITH A PROXY BECAUSE SP IS
UNDER 16 YEARS OLD.

ENTER ONE OPTION.

SP IS AN INDEPENDENT MINOR......... 1 (RIQ.080)
PERSON SELECTED AS
   RESPONDENT IN ERROR.................. 2 (RIQ.010)
SP AGE ENTERED IN ERROR -- SP IS
   AGE 16+.. 3 (RIQ.080)

RIQ.030   WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS......... 1
SP HAS PHYSICAL PROBLEMS
   (SPECIFY)_____ 2
OTHER (SPECIFY)............................... 3

BOX 2

CHECK ITEM RIQ.031:
IF 'SOMEONE OUTSIDE THE FAMILY' SELECTED AS RESPONDENT,
CONTINUE.
OTHERWISE, GO TO RIQ.080.

IQ.040   WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE HOUSEHOLD?

_____

_____

....

RIQ.050   ENTER RESPONDENT NAME.

....
       FIRST NAME   LAST NAME

RIQ.060   ENTER RESPONDENT'S PHONE NUMBER.

ENTER '00' IN AREA CODE IF NO PHONE.

|___|___|___| |___|___|___| - |___|___|___|___|
   AREA CODE   ENTER PHONE NUMBER

RIQ.070   DESCRIBE RESPONDENT'S RELATIONSHIP TO SP.

_____

_____

....

RIQ.080   HAS RESPONDENT SIGNED A HOUSEHOLD INTERVIEW CONSENT FORM?

CAPI INSTRUCTION:
IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" AND RETURN TO RIQ.080.
NOTE: IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.

YES 1
NO 2

RIQ.090   INTERPRETER USED FOR THIS INTERVIEW?

YES 1

NO .... 2 (END OF SECTION)

RIQ.100 CODE TYPE OF INTERPRETER.

LIVING IN HOUSEHOLD......................... 1
NEIGHBORHOOD/FRIEND.................... 2 (RIQ.120)
PAID INTERPRETER............................. 3 (RIQ.120)

RIQ.110 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY NAMES OF HOUSEHOLD MEMBERS}

```
┌─────────────────────────────────────────────────────────────────────┐
│                            BOX 3                                      │
│                                                                       │
│       CHECK ITEM RIQ.115:                                             │
│       GO TO RIQ.140.                                                  │
└─────────────────────────────────────────────────────────────────────┘
```

RIQ.120 ENTER NAME OF INTERPRETER.

....
          FIRST NAME   LAST NAME

```
┌─────────────────────────────────────────────────────────────────────┐
│                            BOX 4                                      │
│                                                                       │
│       CHECK ITEM RIQ.125:                                             │
│       IF INTERPRETER IS NEIGHBOR OR FRIEND (CODE 2 IN RIQ.100),       │
│       CONTINUE.                                                       │
│       OTHERWISE, GO TO RIQ.140.                                       │
└─────────────────────────────────────────────────────────────────────┘
```

RIQ.130 ENTER PHONE NUMBER OF INTERPRETER.

ENTER '00' IN AREA CODE IF NO PHONE.

|___|___|___| |___|___|___| - |___|___|___|___|

REFUSED... 7
DON'T KNOW.. 9

RIQ.140   LANGUAGE OF INTERVIEW.

CHINESE..	1
FRENCH...	2
GERMAN...	3
ITALIAN..	4
JAPANESE...	5
RUSSIAN...	6
OTHER (SPECIFY).................................	7
DON'T KNOW...	9

END OF SECTION

INTRODUCTION AND VERIFICATION (IVQ)

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, YEAR)   AGE

REFUSED....................................77777777
DON'T KNOW...............................99999999

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 {YOU/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, INCLUDING MIDDLE NAME?

WHAT IS YOUR **FIRST** NAME?

VERIFY SPELLING
USE F1 FOR HELP RECORDING FIRST NAME

|___|___|___|___|
ENTER PREFIX (MS, MR, MRS, DR)

REFUSED...7777
DON'T KNOW......................................9999

_____
ENTER FIRST NAME

REFUSED... 7
DON'T KNOW.. 9

DMQ.050   WHAT IS {YOUR/SP'S} **MIDDLE** NAME?

VERIFY SPELLING
USE F1 FOR HELP RECORDING MIDDLE NAME(S)
IF NO MIDDLE NAME, MARK CHECK BOX

_____
ENTER MIDDLE NAME #1

REFUSED... 7
DON'T KNOW.. 9

_____
ENTER MIDDLE NAME #2

REFUSED... 7
DON'T KNOW.. 9

DMQ.060   WHAT IS {YOUR/SP'S} **LAST** NAME?

VERIFY SPELLING

USE F1 FOR HELP RECORDING LAST NAME(S)

_____
ENTER LAST NAME #1

REFUSED.. 7
DON'T KNOW... 9

_____
ENTER LAST NAME #2

REFUSED.. 7
DON'T KNOW... 9

DMQ.070   {DO YOU/DOES SP} HAVE A SUFFIX? [WHAT IS IT?]

_____
ENTER SUFFIX (JR, SR, III)
        OR
NO... 2
REFUSED.. 7
DON'T KNOW... 9

EARLY CHILDHOOD (ECQ)

ECQ.010   FIRST I HAVE SOME QUESTIONS ABOUT {SP NAME'S} BIRTH.

           HOW OLD WAS {SP NAME'S} BIOLOGICAL MOTHER WHEN {S/HE} WAS BORN?

           |___|___|
           ENTER AGE IN YEARS

           CAPI INSTRUCTION:
           HARD EDIT 10-59, SOFT EDIT <13

           REFUSED.. 77
           DON'T KNOW... 99

ECQ.020   DID {SP NAME'S} BIOLOGICAL MOTHER SMOKE AT ANY TIME WHILE SHE WAS PREGNANT WITH {HIM/HER}?

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

ECQ.030   AT ANY TIME DURING THE PREGNANCY, DID {SP NAME'S} BIOLOGICAL MOTHER QUIT OR REFRAIN FROM SMOKING FOR THE REST OF THE PREGNANCY?

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

ECQ.040   ABOUT WHAT MONTH OF THE PREGNANCY DID {SP NAME'S} BIOLOGICAL MOTHER STOP SMOKING?
           USE ROUNDING RULE IF NECESSARY.

           FIRST MONTH... 1
           SECOND MONTH.. 2
           THIRD MONTH.. 3
           FOURTH MONTH.. 4
           FIFTH MONTH... 5
           SIXTH MONTH.. 6
           SEVENTH MONTH.. 7
           EIGHTH MONTH.. 8
           NINTH MONTH.. 9
           REFUSED.. 77
           DON'T KNOW... 99

ECQ.060   DID {SP NAME} RECEIVE ANY NEWBORN CARE IN AN INTENSIVE CARE UNIT, PREMATURE NURSERY, OR ANY OTHER TYPE OF SPECIAL CARE FACILITY?

              YES.. 1
              NO.. 2
              REFUSED... 7
              DON'T KNOW.. 9

ECQ.071/   HOW MUCH DID {SP NAME} WEIGH AT BIRTH?
L/O/K/M

              IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES.
              IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES.

                        |___|___|
                        ENTER NUMBER OF POUNDS

                        CAPI INSTRUCTION:
                        SOFT EDIT 3-13, HARD EDIT 0-20

                            AND

                        |___|___|
                        ENTER NUMBER OF OUNCES

                        CAPI INSTRUCTION:
                        HARD EDIT 0-15, NO SOFT EDIT

                            OR

                        |___|___|___|
                        ENTER NUMBER IN KILOGRAMS

                        CAPI INSTRUCTION:
                        SOFT EDIT 1.5-6, HARD EDIT 0-9

                            OR

                        |___|___|___|
                        ENTER NUMBER IN GRAMS

                        CAPI INSTRUCTION:
                        SOFT EDIT 1,500-6,000, HARD EDIT 0-9,000

                            OR

                        REFUSED.. 7777
                        DON'T KNOW.. 9999

```
┌─────────────────────────────────────────────────────────────────┐
│                              BOX 1                                │
│                                                                   │
│ CHECK ITEM ECQ.075:                                               │
│ IF REFUSED (CODE 7) OR DON'T KNOW (CODE 9), CONTINUE.             │
│ OTHERWISE, GO TO BOX 2.                                           │
└─────────────────────────────────────────────────────────────────┘
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ECQ.080   DID {SP NAME} WEIGH . . .

MORE THAN 5-1/2 LBS. (2500 G), OR......... 1
LESS THAN 5-1/2 LBS. (2500 G)?............... 2 (BOX 2)
REFUSED.. 7 (BOX 2)
DON'T KNOW.. 9 (BOX 2)

ECQ.090   DID {SP NAME} WEIGH . . .

MORE THAN 9 LBS. (4100 G), OR............... 1
LESS THAN 9 LBS. (4100 G)?...................... 2
REFUSED.. 7
DON'T KNOW.. 9

```
┌─────────────────────────────────────────────────────────────────┐
│                              BOX 2                                │
│                                                                   │
│ CHECK ITEM ECQ.095:                                               │
│ IF SP AGE = 2-15 YEARS, CONTINUE.                                 │
│ OTHERWISE, GO TO BOX 4.                                           │
└─────────────────────────────────────────────────────────────────┘
```

HEALTH INSURANCE (HIQ)

HIQ.011   THE NEXT QUESTIONS ARE ABOUT HEALTH INSURANCE.

INCLUDE HEALTH INSURANCE OBTAINED THROUGH EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE OR HELP PAY MEDICAL BILLS.

{ARE YOU/IS SP} COVERED BY HEALTH INSURANCE OR SOME OTHER KIND OF HEALTH CARE PLAN?

YES..	1	
NO..	2	(BOX 12)
REFUSED..	7	(BOX 12)
DON'T KNOW..	9	(BOX 12)

HIQ.031   WHAT KIND OF HEALTH INSURANCE OR HEALTH CARE COVERAGE {DO YOU/DOES SP} HAVE? **INCLUDE** THOSE THAT PAY FOR ONLY ONE TYPE OF SERVICE (NURSING HOME CARE, ACCIDENTS, OR DENTAL CARE). **EXCLUDE** PRIVATE PLANS THAT ONLY PROVIDE EXTRA CASH WHILE HOSPITALIZED. IF {YOU HAVE/S/HE HAS} MORE THAN ONE KIND OF HEALTH INSURANCE, TELL ME ALL PLANS THAT {YOU HAVE/S/HE HAS}.

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION:
DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.

PRIVATE HEALTH INSURANCE..	14
MEDICARE..	15
MEDI-GAP...	16
MEDICAID ({DISPLAY STATE PLAN NAME})......................................	17
SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM).........	18
MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA).......................	19
INDIAN HEALTH SERVICE..	20
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME})...	21
OTHER GOVERNMENT PROGRAM...	22
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS)..	23
NO COVERAGE OF ANY TYPE...	40
REFUSED..	77
DON'T KNOW..	99

BOX 2
OMITTED

BOX 3
OMITTED

BOX 4

OMITTED

BOX 5

OMITTED

BOX 10

OMITTED

BOX 11

OMITTED

BOX 12

IF AGE => 65 AND HIQ.031 = CODE 14 OR CODE 16-99 OR HIQ.031 IS EMPTY, GO TO HIQ.260.
IF AGE => 65 AND HIQ.031 = CODE 15, GO TO HIQ.500.
OTHERWISE, CONTINUE.

BOX 13

IF AGE < 65 AND (HIQ.011 = 1 (YES) AND HIQ.031 NOT = 40 (NO COVERAGE), GO TO HIQ.270.
IF AGE < 65 AND (HIQ.011 = 2, 7, OR 9 OR HIQ.031 = 40), GO TO END OF SECTION.

HIQ.260   {DO YOU/DOES SP} HAVE MEDICARE? THIS IS A HEALTH INSURANCE PROGRAM THAT VIRTUALLY ALL PERSONS 65 AND OLDER ARE ELIGIBLE FOR. A CARD IS AUTOMATICALLY MAILED TO YOU SHORTLY BEFORE YOUR 65TH BIRTHDAY, IT LOOKS LIKE THIS.

SHOW HAND CARD HIQ2 OF MEDICARE CARD

YES..   1
NO..   2   (BOX 14)
REFUSED...   7   (BOX 14)
DON'T KNOW...   9   (BOX 14)

HIQ.500   MAY I PLEASE SEE {YOUR/SP'S} MEDICARE CARD TO DETERMINE THE TYPE OF COVERAGE AND
TO RECORD THE HEALTH INSURANCE CLAIM NUMBER?
THIS NUMBER IS NEEDED TO ALLOW MEDICARE RECORDS OF THE CENTER FOR MEDICARE AND
MEDICAID SERVICES TO BE EASILY AND ACCURATELY LOCATED AND IDENTIFIED FOR
STATISTICAL OR RESEARCH PURPOSES. WE MAY ALSO NEED TO LINK IT WITH OTHER RECORDS
IN ORDER TO RE-CONTACT {YOU/SP}. EXCEPT FOR THESE PURPOSES, THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES WILL NOT RELEASE {YOUR/HIS/HER} HEALTH INSURANCE CLAIM
NUMBER TO ANYONE, INCLUDING ANY OTHER GOVERNMENT AGENCY. PROVIDING THE HEALTH
INSURANCE CLAIM NUMBER IS VOLUNTARY AND COLLECTED UNDER THE AUTHORITY OF THE
PUBLIC HEALTH SERVICE ACT. WHETHER THE NUMBER IS GIVEN OR NOT, THERE WILL BE NO
EFFECT ON {YOUR/HIS/HER} BENEFITS. THIS NUMBER WILL BE HELD IN STRICT CONFIDENCE.
[THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED STATES CODE, SECTION 242K.]

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY OF NUMBER.
ALLOW UP TO 11 CHARACTERS (LETTERS OR NUMBERS)

|___|___|___|___|___|___|___|___|___|___|___|
ENTER CLAIM NUMBER

REFUSED.. 777777777 (BOX 14)
DON'T KNOW.................................. 999999999 (BOX 14)

HIQ.105   INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE... 1
CARD NOT AVAILABLE............................... 2 (BOX 14)

```
┌─────────────────────────────────────────────────────────────────────────┐
│                               BOX 14                                      │
│                                                                           │
│ IF (HIQ.011 = 1 AND HIQ.031 NOT = 40) OR HIQ.260 = 1, CONTINUE.           │
│ OTHERWISE, GO TO END OF SECTION.                                          │
└─────────────────────────────────────────────────────────────────────────┘
```

```
┌─────────────────────────────────────────────────────────────────────────┐
│                               BOX 6                                       │
│                                                                           │
│                               OMITTED                                     │
└─────────────────────────────────────────────────────────────────────────┘
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```
┌─────────────────────────────────────────────────────────────────────────┐
│                               BOX 7                                       │
│                                                                           │
│                               OMITTED                                     │
└─────────────────────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────────────────────┐
│                               BOX 8                                       │
│                                                                           │
│                               OMITTED                                     │
└─────────────────────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────────────────────┐
│                               BOX 9                                       │
│                                                                           │
│                               OMITTED                                     │
└─────────────────────────────────────────────────────────────────────────┘
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HIQ.270   {DOES THIS PLAN/DO ANY OF THESE PLANS} COVER ANY PART OF THE COST OF PRESCRIPTIONS?

CAPI INSTRUCTION:
IF HIQ.031 = 15 OR HIQ.260 = 1, DISPLAY: [IF YOU ARE ENROLLED IN MEDICARE PART D, ALSO KNOWN AS THE MEDICARE PRESCRIPTION DRUG PLAN, YOU HAVE SOME PRESCRIPTION DRUG COVERAGE.]

YES...   1
NO...   2
REFUSED...   7
DON'T KNOW...   9

HIQ.210   IN THE **PAST 12 MONTHS**, WAS THERE ANY TIME WHEN {YOU/SP} DID **NOT** HAVE **ANY** HEALTH INSURANCE COVERAGE?

YES...   1
NO...   2
REFUSED...   7
DON'T KNOW...   9

HOSPITAL UTILIZATION AND ACCESS TO CARE (HUQ)

HUQ.010   {FIRST/NEXT} I HAVE SOME GENERAL QUESTIONS ABOUT {YOUR/SP'S} HEALTH.

WOULD YOU SAY {YOUR/SP'S} HEALTH IN GENERAL IS . . .

CAPI INSTRUCTION:
DISPLAY "FIRST" IF SP AGE IS >= 16 YEARS.

EXCELLENT,..	1
VERY GOOD,...	2
GOOD,..	3
FAIR, OR...	4
POOR?..	5
REFUSED..	7
DON'T KNOW..	9

BOX 1

IF SP AGE >= 1, CONTINUE.
OTHERWISE, GO TO HUQ.030.

HUQ.020   COMPARED WITH **12 MONTHS AGO**, WOULD YOU SAY {YOUR/SP'S} HEALTH IS NOW . . .

BETTER,..	1
WORSE, OR...	2
ABOUT THE SAME?......................................	3
REFUSED..	7
DON'T KNOW..	9

HUQ.030   IS THERE A PLACE THAT {YOU/SP} **USUALLY** {GO/GOES} WHEN {YOU ARE/HE/SHE IS} SICK OR {YOU/S/HE} NEED{S} ADVICE ABOUT {YOUR/HIS/HER} HEALTH?

CAPI INSTRUCTION:
IF SP AGE < 12, DISPLAY "YOU" IN THE FOURTH DISPLAY AND DON'T DISPLAY THE "S" IN THE FIFTH DISPLAY.

YES...	1	
THERE IS **NO** PLACE..................................	2	(HUQ.050)
THERE IS **MORE THAN ONE** PLACE...........	3	
REFUSED..	7	(HUQ.050)
DON'T KNOW..	9	(HUQ.050)

HUQ.040   WHAT KIND OF PLACE {DO YOU/DOES SP} GO TO MOST OFTEN: IS IT A CLINIC, DOCTOR'S OFFICE, EMERGENCY ROOM, OR SOME OTHER PLACE?

CLINIC OR HEALTH CENTER......................	1
DOCTOR'S OFFICE OR HMO......................	2
HOSPITAL EMERGENCY ROOM.................	3
HOSPITAL OUTPATIENT DEPARTMENT….	4
SOME OTHER PLACE.................................	5
REFUSED..	7
DON'T KNOW..	9

HUQ.050   {DURING THE **PAST 12 MONTHS**, HOW/HOW} MANY TIMES {HAVE YOU/HAS SP} SEEN A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL ABOUT {YOUR/HIS/HER} HEALTH AT A DOCTOR'S OFFICE, A CLINIC, HOSPITAL EMERGENCY ROOM, AT HOME OR SOME OTHER PLACE? **DO NOT INCLUDE** TIMES {YOU WERE/S/HE WAS} HOSPITALIZED OVERNIGHT.

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

NONE..	0	
1..	1	(HUQ.071)
2 TO 3..	2	(HUQ.071)
4 TO 9..	3	(HUQ.071)
10 TO 12..	4	(HUQ.071)
13 OR MORE..	5	(HUQ.071)
REFUSED..	7	(HUQ.071)
DON'T KNOW..	9	(HUQ.071)

HUQ.060   ABOUT HOW LONG HAS IT BEEN SINCE {YOU/SP} **LAST** SAW OR TALKED TO A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL ABOUT {YOUR/HIS/HER} HEALTH? **INCLUDE** DOCTORS SEEN WHILE {YOU WERE} {HE/SHE WAS} A PATIENT IN A HOSPITAL. HAS IT BEEN . . .

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
REFUSED..	7
DON'T KNOW..	9

HUQ.071   {DURING THE **PAST 12 MONTHS**, WERE YOU/{WAS/WAS} SP} A PATIENT IN A HOSPITAL **OVERNIGHT**? DO NOT INCLUDE AN OVERNIGHT STAY IN THE EMERGENCY ROOM.

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.
DISPLAY "WAS SP" WITH LEADING CAPS, IF SP'S AGE IS <1.

YES..	1	
NO..	2	(BOX 2)
REFUSED..	7	(BOX 2)

DON'T KNOW... 9 (BOX 2)

HUQ.080 HOW MANY DIFFERENT TIMES DID {YOU/SP} STAY IN ANY HOSPITAL OVERNIGHT OR LONGER {DURING THE **PAST 12 MONTHS**}? (DO NOT COUNT TOTAL NUMBER OF NIGHTS, JUST TOTAL NUMBER OF HOSPITAL ADMISSIONS FOR STAYS WHICH LASTED 1 OR MORE NIGHTS.)

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.
HARD EDIT: 1-366.
SOFT EDIT: 1-6.

|___|___|___|
ENTER NUMBER

REFUSED... 77777
DON'T KNOW.. 99999

```
BOX 1A

OMITTED
```

```
BOX 2

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

IMMUNIZATION (IMQ)

BOX 0

CHECK ITEM IMQ.005:
IF SP AGE >= 2, CONTINUE.
OTHERWISE, GO TO IMQ.020.

BOX 1

OMITTED

IMQ.011　　HEPATITIS (HEP-A-**TI**-TIS) A VACCINE IS GIVEN AS A TWO DOSE SERIES TO SOME CHILDREN OLDER THAN 2 YEARS AND ALSO TO SOME ADULTS, ESPECIALLY PEOPLE WHO TRAVEL OUTSIDE THE UNITED STATES. IT HAS ONLY BEEN AVAILABLE SINCE 1995. {HAVE YOU/HAS SP} **EVER** RECEIVED HEPATITIS A VACCINE?

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　　HEPATITIS (HEP-A-**TI**-TIS) B VACCINE IS GIVEN IN THREE SEPARATE DOSES AND HAS BEEN RECOMMENDED FOR ALL NEWBORN INFANTS SINCE 1991. IN 1995, IT WAS RECOMMENDED THAT ADOLESCENTS BE GIVEN THE VACCINE. PERSONS WHO MAY BE EXPOSED TO OTHER PEOPLE'S BLOOD, SUCH AS HEALTH CARE WORKERS, ALSO MAY HAVE RECEIVED THE VACCINE. {HAVE YOU/HAS SP} **EVER** RECEIVED THE 3-DOSE SERIES OF THE HEPATITIS B VACCINE?

CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT

YES AT LEAST 3 DOSES..............................	1
LESS THAN 3 DOSES...................................	2
NO DOSES..	3
REFUSED...	7
DON'T KNOW..	9

BOX 2

CHECK ITEM IMQ.035:
IF SP = FEMALE AND AGE IS >= 9 AND <= 59, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

IMQ.040   HUMAN PAPILLOMAVIRUS (HPV) VACCINE IS GIVEN TO PREVENT CERVICAL CANCER IN GIRLS AND WOMEN.   IT IS GIVEN IN 3 SEPARATE DOSES OVER 6 MONTHS AND HAS BEEN RECOMMENDED FOR GIRLS AND WOMEN SINCE JUNE, 2006.   {HAVE YOU/HAS SP} **EVER** RECEIVED ONE OR MORE DOSES OF THE HPV VACCINE? (THE BRAND NAME FOR THE VACCINE IS GARDASI.)

YES...   1
NO..   2   (END OF SECTION)
REFUSED...   7   (END OF SECTION)
DON'T KNOW...   9   (END OF SECTION)

IMQ.045   HOW MANY DOSES {HAVE YOU/HAS SP} RECEIVED?

1..   1
2..   2
3..   3
REFUSED...   7
DON'T KNOW...   9

MEDICAL CONDITIONS (MCQ)

MCQ.010   HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL **EVER** TOLD {YOU/SP} THAT {YOU HAVE/S/HE/SP HAS} ASTHMA (**AZ**-MA)?

CAPI INSTRUCTION:
IF SP AGE >= 12, DISPLAY SP NAME AND "S/HE":
IF SP AGE < 12, DISPLAY "YOU" AND SP NAME.

HELP SCREEN:
ASTHMA: ASTHMA IS A CONDITION THAT AFFECTS YOUR AIRWAYS.THAT CARRY AIR IN AND OUT OF YOUR LUNGS. IT CAUSES SYMPTOMS LIKE WHEEZING (A WHISTLING SOUND WHEN YOU BREATHE), COUGHING, CHEST TIGHTNESS, AND TROUBLE BREATHING,

INTERVIEWER: DO <u>NOT</u> ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

YES...	1	
NO...	2	(MCQ.053)
REFUSED...	7	(MCQ.053)
DON'T KNOW...	9	(MCQ.053)

MCQ.025   HOW OLD {WERE YOU/WAS SP} WHEN {YOU WERE/S/HE WAS} **FIRST** TOLD {HE/SHE} HAD ASTHMA (**AZ**-MA)?

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

CAPI INSTRUCTION:
HARD EDIT: 1-120

REFUSED..777	
DON'T KNOW...999	

MCQ.035   {DO YOU/DOES SP} STILL HAVE ASTHMA (**AZ**-MA)?

YES...	1	
NO...	2	(MCQ.053)
REFUSED...	7	(MCQ.053)
DON'T KNOW...	9	(MCQ.053)

MCQ.040   DURING THE **PAST 12 MONTHS**, {HAVE YOU/HAS SP} HAD AN EPISODE OF ASTHMA (**AZ**-MA) OR AN ASTHMA ATTACK?

HELP SCREEN:
EPISODE/ATTACK: WHEN YOUR ASTHMA SYMPTOMS BECOME WORSE THAN USUAL IT IS CALLED AN ASTHMA EPISODE OR ATTACK.

YES...   1
NO..   2   (MCQ.053)
REFUSED...   7   (MCQ.053)
DON'T KNOW...   9   (MCQ.053)

MCQ.050   [DURING THE **PAST 12 MONTHS**], {HAVE YOU/HAS SP} HAD TO VISIT AN EMERGENCY ROOM OR URGENT CARE CENTER BECAUSE OF ASTHMA (**AZ**-MA)?

HELP SCREEN:
EMERGENCY ROOM: AN EMERGENCY CARE FACILITY AT A HOSPITAL THAT IS OPEN 24 HOURS A DAY. NO APPOINTMENTS ARE NECESSARY. EMERGENCY CARE MAY BE ADMINISTERED BY A PHYSICIAN, NURSE, PARAMEDIC, PHYSICIAN EXTENDER, OR OTHER HEALTH PROVIDER. **DO NOT INCLUDE URGENT CARE CENTERS, WHICH ARE NOT PART OF A HOSPITAL, OR OUTPATIENT CLINICS.**

YES...   1
NO..   2
REFUSED...   7
DON'T KNOW...   9

MCQ.051   DURING THE **PAST 3 MONTHS**, {HAVE YOU/HAS SP} TAKEN MEDICATION PRESCRIBED BY A DOCTOR OR OTHER HEALTH PROFESSIONALS FOR ASTHMA?

YES...   1
NO..   2
REFUSED...   7
DON'T KNOW...   9

MCQ.053   DURING THE **PAST 3 MONTHS**, {HAVE YOU/HAS SP} BEEN ON TREATMENT FOR ANEMIA (A-**NEE**-ME-A), SOMETIMES CALLED "TIRED BLOOD" OR "LOW BLOOD"? [INCLUDE DIET, IRON PILLS, IRON SHOTS, TRANSFUSIONS AS TREATMENT.]

HELP SCREEN:
ANEMIA: ANEMIA (UH-NEE-ME-EH) IS A CONDITION IN WHICH A PERSON'S BLOOD HAS A LOWER THAN NORMAL NUMBER OF RED BLOOD CELLS (RBCS).

YES...   1
NO..   2
REFUSED...   7
DON'T KNOW...   9

BOX 2

IF SP AGE < 2, GO TO END OF SECTION.
IF SP AGE 2-15, GO TO BOX 3.
IF SP AGE 16+, CONTINUE.
OTHERWISE, CONTINUE.

MCQ.080   HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL **EVER** TOLD {YOU/SP} THAT {YOU WERE/S/HE/SP WAS} OVERWEIGHT?

                              YES.. 1
                              NO.. 2
                              REFUSED...................................... 7
                              DON'T KNOW................................. 9

BOX 2A

OMITTED

BOX 3

IF SP'S AGE >= 6, CONTINUE.
OTHERWISE, GO TO MCQ.140.

MCQ.092   {HAVE YOU/HAS SP} **EVER** RECEIVED A BLOOD TRANSFUSION?

                              YES.. 1
                              NO.. 2 (MCQ.140)
                              REFUSED...................................... 7 (MCQ.140)
                              DON'T KNOW................................. 9 (MCQ.140)

MCQ.093   IN WHAT YEAR DID {YOU/SP} RECEIVE {YOUR/HIS/HER} **FIRST** TRANSFUSION?

                              |___|___|___|___|
                              ENTER 4-DIGIT YEAR

                              CAPI INSTRUCTION:
                              HARD EDIT: 1900-2006

                              REFUSED.. 7777
                              DON'T KNOW.. 9999

BOX 4

OMITTED

<table>
<tr><td align="center">**BOX 6**

OMITTED</td></tr>
</table>

MCQ.140   {DO YOU/DOES SP} HAVE TROUBLE SEEING, EVEN WHEN WEARING GLASSES OR CONTACT LENSES, IF {YOU/HE/SHE} WEAR{S} THEM?

HELP SCREEN:
GLASSES: INCLUDES PRESCRIPTION EYEGLASSES AS WELL AS NONPRESCRIPTION READING GLASSES PURCHASED AT DRUG STORES OR VARIETY STORES. **DO <u>NOT</u> INCLUDE SAFETY GLASSES, WHICH ARE WORN FOR PROTECTION ONLY. DO NOT INCLUDE NON PRESCRIPTION SUNGLASSES OR GLASSES OR CONTACT LENSES WORN FOR COSMETIC PURPOSES.**

YES.. 1
NO... 2
REFUSED... 7
DON'T KNOW.. 9

BOX 7

IF SP'S AGE 6-19, CONTINUE.
IF SP'S AGE >= 20, GO TO MCQ.160.
OTHERWISE, GO TO END OF SECTION.

BOX 7A

IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.
OTHERWISE, GO TO MCQ.150.

MCQ.149   HAVE {SP'S} PERIODS OR MENSTRUAL (**MEN**-STRAL) CYCLES STARTED YET?

YES.. 1
NO... 2
REFUSED... 7
DON'T KNOW.. 9

MCQ.150
G/Q

DURING THE **PAST 12 MONTHS**, THAT IS, SINCE {DISPLAY CURRENT MONTH} OF {DISPLAY LAST YEAR}, ABOUT HOW MANY DAYS DID {YOU/SP} MISS SCHOOL BECAUSE OF AN ILLNESS OR INJURY?

IF NONE, ENTER 0

HELP SCREEN:
INJURY: INTERVIEWER: **INJURY** IS DEFINED BY THE RESPONDENT.

|___|___|___|
ENTER NUMBER OF DAYS

DID NOT GO TO SCHOOL............................666
REFUSED...777
DON'T KNOW...999

BOX 8
OMITTED

07NEW BOX 1
IF SP AGE >= 16, GO TO MCQ.245. OTHERWISE, GO TO MCQ.300B.

MCQ.160 HAS A DOCTOR OR OTHER HEALTH PROFESSIONAL **EVER** TOLD {YOU/SP} THAT {YOU/S/HE} . . . CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ.	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?

A.   **HAD ARTHRITIS (**AR-**THRY**-TIS**)?**
 	
    YES..................... 1
    NO....................... 2 (B)
    REFUSED........... 7 (B)
    DON'T KNOW...... 9 (B)
		HAD ARTHRITIS?
		
		|__|__|__|
		ENTER AGE IN YEARS
		
		REFUSED................................. 777
		DON'T KNOW........................... 999
			RHEUMATOID ARTHRITIS........................... 1
			OSTEOARTHRITIS...................................... 2
			OTHER.. 3
			REFUSED.. 7
			DON'T KNOW.. 9

N.   **HAD GOUT**?
 	
    YES..................... 1
    NO....................... 2
    REFUSED........... 7 →
    DON'T KNOW...... 9
		HAD GOUT?
		
		|__|__|__|
		ENTER AGE IN YEARS
		
		REFUSED................................. 777
		DON'T KNOW........................... 999	

B.   **HAD CONGESTIVE HEART FAILURE**?
 	
    YES..................... 1
    NO....................... 2 (C)
    REFUSED........... 7 (C)
    DON'T KNOW...... 9 (C)
		HAD CONGESTIVE HEART FAILURE?
		
		|__|__|__|
		ENTER AGE IN YEARS
		
		REFUSED................................. 777
		DON'T KNOW........................... 999	

C.   **HAD CORONARY (KOR**-O-NARE-EE**) HEART DISEASE**?
 	
    YES..................... 1 →
    NO....................... 2 (D)
    REFUSED........... 7 (D)
    DON'T KNOW...... 9 (D)
		HAD CORONARY HEART DISEASE?
		
		|__|__|__|
		ENTER AGE IN YEARS
		
		REFUSED................................. 777
		DON'T KNOW........................... 999	

D. **HAD ANGINA (**AN-**GĪ**-NA**), ALSO CALLED ANGINA PECTORIS**?		HAD ANGINA, ALSO CALLED AGINA PECTORIS? |__|__|__|	

58

		ENTER AGE IN YEARS	
YES...................... 1			
NO........................ 2 (E)		REFUSED... 777	
REFUSED............ 7 (E)		DON'T KNOW... 999	
DON'T KNOW...... 9 (E)			

59

60

E.	**HAD A HEART ATTACK (ALSO CALLED MYOCARDIAL INFARCTION (**MY-O-**CAR**-DEE-AL IN-**FARK**-SHUN))?**		HAD A HEART ATTACK (ALSO CALLED MYOCARDIAL INFARCTION)? |__|__|__| ENTER AGE IN YEARS	
	YES..................... 1 → NO....................... 2 (F) REFUSED........... 7 (F) DON'T KNOW...... 9 (F)		REFUSED................................... 777 DON'T KNOW............................ 999	
F.	**HAD A STROKE**?		HAD A STROKE? |__|__|__| ENTER AGE IN YEARS	
	YES..................... 1 NO....................... 2 (G) REFUSED........... 7 (G) DON'T KNOW...... 9 (G)		REFUSED................................... 777 DON'T KNOW............................ 999	
G.	**HAD EMPHYSEMA (**EMPH-PHI-**SEE**-MA)?		HAD EMPHYSEMA? |__|__|__| ENTER AGE IN YEARS	
	YES..................... 1 → NO....................... 2 (M) REFUSED........... 7 (M) DON'T KNOW...... 9 (M)		REFUSED................................... 777 DON'T KNOW............................ 999	
M.	HAD A THYROID (**THIGH**-ROID) PROBLEM?	HAVE A THYROID PROBLEM?	HAD A THYROID PROBLEM? |__|__|__| ENTER AGE IN YEARS	
	YES..................... 1 → NO....................... 2 (K) REFUSED........... 7 (K) DON'T KNOW...... 9 (K)	YES..................... 1 NO....................... 2 REFUSED........... 7 DON'T KNOW...... 9	REFUSED................................... 777 DON'T KNOW............................ 999	
K.	**HAD CHRONIC BRONCHITIS**?	HAVE CHRONIC BRONCHITIS?	HAD CHRONIC BRONCHITIS? |__|__|__| ENTER AGE IN YEARS	
	YES..................... 1 → NO....................... 2 (L) REFUSED........... 7 (L) DON'T KNOW...... 9 (L)	YES..................... 1 NO....................... 2 REFUSED........... 7 DON'T KNOW...... 9	REFUSED................................... 777 DON'T KNOW............................ 999	
L.	**HAD ANY KIND OF LIVER CONDITION**?	HAVE THIS LIVER CONDITION?	HAD THIS LIVER CONDITION? |__|__|__| ENTER AGE IN YEARS	
	YES..................1 →	YES..................... 1 NO....................... 2		

NO...................2 (MCQ.220)	REFUSED............ 7	REFUSED... 777	
REFUSED.........7 (MCQ.220)	DON'T KNOW...... 9	DON'T KNOW... 999	
DON'T KNOW. .9 (MCQ.220)			

HELP SCREENS FOR MCQ.160

MCQ160A
ARTHRITIS: IS JOINT INFLAMMATION CHARACTERIZED BY STIFFNESS, SWELLING, REDNESS, HEAT, OR PAIN IN THE JOINT. COMMON TYPES OF ARTHRITIS ARE RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS

MCQ160N
GOUT: GOUT IS ONE OF THE MOST PAINFUL FORMS OF ARTHRITIS. IT OCCURS WHEN TOO MUCH URIC ACID BUILDS UP IN THE BODY. FOR MANY PEOPLE, THE FIRST ATTACK OF GOUT OCCURS IN THE BIG TOE. OFTEN, THE ATTACK WAKES A PERSON FROM SLEEP.

MCQ160B
CONGESTIVE HEART FAILURE: HEART FAILURE IS A CONDITION WHERE THE HEART CANNOT PUMP ENOUGH BLOOD THROUGHOUT THE BODY. BLOOD AND FLUID TO "BACK UP" INTO THE LUNGS WHICH CAUSES SHORTNESS OF BREATH. THE HEART FAILURE CAUSES A BUILDUP OF FLUID IN THE FEET, ANKLES, AND LEGS. **DO <u>NOT</u> COUNT HEART MURMURS, DROPPED OR SKIPPED HEART BEATS, CHEST PAIN OR HEART ATTACKS.**

MCQ160C
CORONARY HEART DISEASE: OCCURS WHEN THE ARTERIES THAT SUPPLY BLOOD TO THE HEART MUSCLE BECOME HARDENED AND NARROWED DUE TO BUILDUP OF A MATERIAL CALLED PLAQUE (PLAK). THE BUILDUP OF PLAQUE IS KNOWN AS ATHEROSCLEROSIS (ATH-ER-O-SKLER-O-SIS). THIS CAN LEAD TO ANGINA OR A HEART ATTACK.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR CORONARY HEART DISEASE.

MCQ160D
ANGINA (ANGINA PECTORIS): (AN-JI-NA OR AN-JI-NA). ANGINA IS CHEST PAIN OR DISCOMFORT THAT OCCURS WHEN THE HEART DOES NOT GET ENOUGH BLOOD.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR ANGINA.

MCQ160E
HEART ATTACK (MYOCARDIAL INFARCTION): A HEART ATTACK HAPPENS WHEN A BLOOD CLOT DEVELOPS AT THE SITE OF PLAQUE IN A CORONARY ARTERY AND SUDDENLY CUTS OFF MOST OR ALL BLOOD SUPPLY TO THAT PART OF THE HEART MUSCLE. COMMON SYMPTOMS INCLUDE CRUSHING LOWER CHEST PAIN THAT MAY RADIATE TO THE JAW OR ARMS. THE CHEST PAIN MAY BE ASSOCIATED WITH NAUSEA, SWEATING, AND SHORTNESS OF BREATH.

MCQ160F
STROKE: A STROKE OCCURS WHEN THE BLOOD SUPPLY TO PART OF THE BRAIN IS SUDDENLY INTERRUPTED OR WHEN A BLOOD VESSEL IN THE BRAIN BURSTS. THE SYMPTOMS OF A STROKE INCLUDE SUDDEN NUMBNESS OR WEAKNESS, ESPECIALLY ON ONE SIDE OF THE BODY; SUDDEN CONFUSION OR TROUBLE SPEAKING OR UNDERSTANDING SPEECH; SUDDEN TROUBLE SEEING IN ONE OR BOTH EYES; SUDDEN TROUBLE WITH WALKING, DIZZINESS, OR LOSS OF BALANCE OR COORDINATION; OR SUDDEN SEVERE HEADACHE WITH NO KNOWN CAUSE.

MCQ160G
EMPHYSEMA: EMPHYSEMA IS A LUNG DISEASE IN WHICH THE ALVEOLI (TINY AIR SACS) BECOME DAMAGED AND LESS AIR GOES IN AND OUT. IT IS FREQUENTLY DUE TO SMOKING. THE MAIN SYMPTOM IS SHORTNESS OF BREATH.

MCQ160M

THYROID PROBLEM: INCLUDE HYPERTHYROIDISM (OVERACTIVE THYROID); HYPOTHYROIDISM (UNDERACTIVE THYROID); GRAVES DISEASE (A THYROID EYE DISEASE); HASHIMOTO'S THYRODITIS (INFLAMED THYROID); THYROID CANCER; THYROID NODULE (LUMP GROWING IN THYROID); AND POSTPARTUM THYROIDITIS (A THYROID DISEASE THAT OCCURS AFTER DELIVERY).

MCQ160K

CHRONIC (BRONCHITIS): IS CHARACTERIZED BY A PRODUCTIVE **COUGH** THAT PRODUCES SPUTUM FOR THREE MONTHS OR MORE IN AT LEAST TWO CONSECUTIVE YEARS.

MCQ.220   {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/S/HE} HAD CANCER OR A MALIGNANCY (MA-**LIG**-NAN-SEE) OF ANY KIND?

HELP SCREEN:
CANCER: AN ABNORMAL UNCONTROLLED GROWTH OF TISSUE THAT HAS POTENTIAL TO SPREAD TO DISTANT SITES OF THE BODY, ALSO KNOWN AS A MALIGNANT TUMOR.

MALIGNANCY: A TUMOR OR GROWTH THAT IS CANCEROUS.

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 KINDS.   IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

CAPI INSTRUCTIONS:
ALLOW UP TO 3 ENTRIES.
ALLOW 'MORE THAN 3 KINDS (CODE 66) ONLY AS 4TH ENTRY.

(   )   (   )   (   )   (   )

BLADDER.. 10	LEUKEMIA...21	SKIN (NON-MELANOMA)....................32
BLOOD... 11	LIVER..22	SKIN (DON'T KNOW WHAT KIND).......33
BONE.. 12	LUNG...23	SOFT TISSUE (MUSCLE OR FAT).......34
BRAIN.. 13	LYMPHOMA/HODGKINS' DISEASE.....24	STOMACH..35
BREAST.. 14	MELANOMA..25	TESTIS (TESTICULAR)........................36
CERVIX (CERVICAL)....................... 15	MOUTH/TONGUE/LIP.........................26	THYROID...37
COLON.. 16	NERVOUS SYSTEM............................27	UTERUS (UTERINE)............................38
ESOPHAGUS (ESOPHAGEAL)........ 17	OVARY (OVARIAN)..............................28	OTHER...39
GALLBLADDER............................... 18	PANCREAS (PANCREATIC)................29	MORE THAN 3 KINDS..........................66
KIDNEY... 19	PROSTATE...30	REFUSED...77
LARYNX/WINDPIPE......................... 20	RECTUM (RECTAL)............................31	DON'T KNOW.......................................99

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..777
DON'T KNOW..999

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
G/Q

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

HELP SCREEN:
JOB: WORK (WORKING) FOR PAY, TIPS OR IN EXCHANGE FOR MEALS, LIVING QUARTERS, OR SUPPLIES PROVIDED IN PLACE OF PAY.

BOX 10

OMITTED

07NEW BOX

IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO MCQ.300B.

MCQ.300
A/B/C
INCLUDING LIVING AND DECEASED, **WERE ANY OF {SP'S/YOUR} CLOSE BIOLOGICAL** THAT IS, BLOOD **RELATIVES** INCLUDING FATHER, MOTHER, SISTERS OR BROTHERS, **EVER TOLD BY A HEALTH PROFESSIONAL THAT THEY HAD** . . .

CAPI INSTRUCTION:
TEXT OF QUESTION SHOULD BE OPTIONAL, "[ ]'S, AFTER FIRST TIME.

A. **A HEART ATTACK OR ANGINA (**AN-**GĪ**-NA**) BEFORE THE AGE OF 50?**

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

B. **ASTHMA (AZ**-MA**)?**

CAPI INSTRUCTION:
IF SP AGE 6-19, DISPLAY: INCLUDING LIVING AND DECEASED, WERE ANY OF {SP'S/YOUR} CLOSE BIOLOGICAL THAT IS, BLOOD RELATIVES INCLUDING FATHER, MOTHER, SISTERS OR BROTHERS, EVER TOLD BY A HEALTH PROFESSIONAL THAT THEY HAD . . .

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

07NEW BOX 3

IF SP AGE 6-19, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

C. **DIABETES?**

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

BOX 11

IF SP IS MALE AGE >= 40, CONTINUE.
OTHERWISE, GO TO END OF SECTION

MCQ.265
INCLUDING LIVING AND DECEASED, **WERE ANY OF {SP'S/YOUR} BIOLOGICAL** THAT IS, BLOOD **RELATIVES** INCLUDING GRANDFATHERS, FATHERS, BROTHERS, **EVER TOLD BY A HEALTH PROFESSIONAL THAT THEY HAD** PROSTATE (**PROS**-STATE) CANCER?

YES... 1
NO.. 2 (MCQ.310)
REFUSED... 7 (MCQ.310)
DON'T KNOW.. 9 (MCQ.310)

MCQ.268   WHICH BIOLOGICAL [BLOOD] FAMILY MEMBERS?
           CODE ALL THAT APPLY.

                              FATHER.. 1
                              MOTHER'S FATHER................................... 2
                              FATHER'S FATHER..................................... 3
                              BROTHER.. 4
                              REFUSED... 7
                              DON'T KNOW.. 9

MCQ.310   {HAVE YOU/HAS SP} EVER HAD A BLOOD TEST THAT {YOUR/HIS} DOCTOR TOLD {YOU/HIM} WAS
           BEING USED TO CHECK FOR PROSTATE (**PROS**-STATE) CANCER, CALLED PSA, OR PROSTATE
           SPECIFIC ANTIGEN (**AN**-TI-JEN)?

                              YES... 1
                              NO... 2   (END OF SECTION)
                              REFUSED... 7   (END OF SECTION)
                              DON'T KNOW.. 9   (END OF SECTION)

MCQ.320   HOW OLD {WERE YOU/WAS SP} WHEN {YOU/HE} FIRST HAD {YOUR/HIS} PSA TEST?

                              |___|___|___|
                              ENTER AGE IN YEARS

                              CAPI INSTRUCTION:
                              HARD EDIT: 1-120

                              REFUSED..777
                              DON'T KNOW..999

MCQ.330   HOW LONG AGO WAS {YOUR/HIS} LAST PSA TEST?
Q/U
                              |___|___|___|
                              ENTER NUMBER

                              CAPI INSTRUCTION:
                              HARD EDITS: 0-366.

                              ENTER UNIT

                              DAYS... 1
                              WEEKS.. 2
                              MONTHS.. 3
                              YEARS... 4
                              REFUSED... 777
                              DON'T KNOW.. 999

MCQ.340   HOW MANY PSA TESTS {HAVE YOU/HAS SP} HAD IN THE LAST 5 YEARS?

|___|___|
ENTER NUMBER

CAPI INSTRUCTION:
SOFT EDIT: 0-20

REFUSED.. 777
DON'T KNOW.. 999

MCQ.350   HAS A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL EVER TOLD {YOU/SP} THAT {YOUR/HIS}
PSA TEST WAS NOT NORMAL?

YES... 1
NO... 2
REFUSED... 7
DON'T KNOW.. 9

KIDNEY CONDITIONS (KIQ)

KIQ.022   {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 (**BLADD**-ER) INFECTIONS, OR INCONTINENCE (IN-**KON**-TI-NENS).

YES...	1	
NO..	2	(END OF SECTION)
REFUSED.....................................	7	(END OF SECTION)
DON'T KNOW................................	9	(END OF SECTION)

KIQ.025   IN THE **PAST 12 MONTHS**, {HAVE YOU/HAS SP} RECEIVED DIALYSIS (EITHER HEMODIALYSIS (HEEMO-DI-**AL**-I-SIS) OR PERITONEAL DIALYSIS (PARE-I-TON-**NEE**-AL DI-**AL**-I-SIS))?

YES...	1
NO..	2
REFUSED.....................................	7
DON'T KNOW................................	9

KIQ.026   {HAVE YOU/HAS SP} **EVER** HAD KIDNEY STONES?

YES...	1	
NO..	2	(END OF SECTION)
REFUSED.....................................	7	(END OF SECTION)
DON'T KNOW................................	9	(END OF SECTION)

KIQ.028   HOW MANY TIMES {HAVE YOU/HAS SP} PASSED A KIDNEY STONE?

|___|___|
ENTER NUMBER OF TIMES

SOFT EDIT 1-12

NEVER...	1
REFUSED.....................................	77
DON'T KNOW................................	99

PHYSICAL FUNCTIONING (PFQ)

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┌─────────────────────────────────────────────────────────────────┐
│                            BOX 1A                                 │
│                                                                   │
│  CHECK ITEM PFQ.001:                                              │
│  IF AGE OF SP IS >= 20, GO TO PFQ.049                             │
│  OTHERWISE, CONTINUE WITH BOX 1B.                                 │
└─────────────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────────────┐
│                            BOX 1B                                 │
│                                                                   │
│  CHECK ITEM PFQ.002:                                              │
│  IF SP <= 4, CONTINUE.                                            │
│  OTHERWISE, GO TO PFQ.020.                                        │
└─────────────────────────────────────────────────────────────────┘
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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 PROBLEM THAT HAS LASTED, OR IS EXPECTED
           TO LAST **12 MONTHS OR LONGER**?

                                        YES..   1
                                        NO..   2
                                        REFUSED...   7
                                        DON'T KNOW...   9

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 1BB                                   │
│                                                                       │
│ CHECK ITEM PFQ.035A:                                                  │
│ IF SP AGE <= 17, CONTINUE.                                            │
│ OTHERWISE, GO TO END OF SECTION.                                      │
└─────────────────────────────────────────────────────────────────────┘
```

PFQ.041   DOES {SP} RECEIVE SPECIAL EDUCATION OR EARLY INTERVENTION SERVICES?

                                        YES..   1
                                        NO..   2
                                        REFUSED...   7
                                        DON'T KNOW...   9

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 1C                                    │
│                                                                       │
│ CHECK ITEM PFQ.045:                                                   │
│ GO TO END OF SECTION.                                                 │
└─────────────────────────────────────────────────────────────────────┘
```

PFQ.049   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 [OR PREGNANCY].

           DOES A PHYSICAL, MENTAL OR EMOTIONAL PROBLEM **NOW** KEEP {YOU/SP} FROM
           WORKING AT A JOB OR BUSINESS?

                                        YES..   1
                                        NO..   2
                                        REFUSED...   7
                                        DON'T KNOW...   9

PFQ.051   {ARE YOU/IS SP} LIMITED IN THE KIND **OR** AMOUNT OF WORK {YOU/S/HE} CAN DO
           BECAUSE OF A PHYSICAL, MENTAL OR EMOTIONAL PROBLEM?

                                        YES..   1
                                        NO..   2
                                        REFUSED...   7
                                        DON'T KNOW...   9

PFQ.054   BECAUSE OF A HEALTH PROBLEM, {DO YOU/DOES SP} HAVE DIFFICULTY WALKING
WITHOUT USING ANY **SPECIAL EQUIPMENT**?

                                    YES... 1
                                    NO... 2
                                    REFUSED... 7
                                    DON'T KNOW... 9

PFQ.057   {ARE YOU/IS SP} **LIMITED IN ANY WAY** BECAUSE OF DIFFICULTY REMEMBERING OR
BECAUSE {YOU/S/HE} EXPERIENCE{S} PERIODS OF CONFUSION?

                                    YES... 1
                                    NO... 2
                                    REFUSED... 7
                                    DON'T KNOW... 9

+---+
| **BOX 1D** |
| |
| **CHECK ITEM PFQ.058:** |
| IF 'YES' (CODE 1) IN PFQ.049, PFQ.051, PFQ.054, OR PFQ.057, GO TO PFQ.061. |
| OTHERWISE, CONTINUE. |
+---+

PFQ.059   {ARE YOU/IS SP} **LIMITED IN ANY WAY** IN ANY ACTIVITY BECAUSE OF A PHYSICAL,
MENTAL OR EMOTIONAL PROBLEM?

                                    YES... 1
                                    NO... 2
                                    REFUSED... 7
                                    DON'T KNOW... 9

+---+
| **BOX 1E** |
| |
| **CHECK ITEM PFQ.059A:** |
| IF SP AGE IS <=59 AND 'NO' (CODE 2) ENTERED IN PFQ.049, PFQ.057 **AND** |
| PFQ.059, GO TO PFQ.090. |
| OTHERWISE, CONTINUE. |
+---+

PFQ.061   THE NEXT QUESTIONS ASK ABOUT DIFFICULTIES {YOU/SP} MAY HAVE DOING CERTAIN
A-T   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 {YOURSELF/HIMSELF/HERSELF} AND WITHOUT USING ANY SPECIAL EQUIPMENT, HOW MUCH DIFFICULTY {DO YOU/DOES SP} HAVE . . .

HAND CARD PFQ1
DO NOT INCLUDE TEMPORARY CONDITIONS LIKE PREGNANCY OR BROKEN LIMBS.

CAPI INSTRUCTION:
IF PFQ.054 = '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, DO NOT DO THIS ACTIVITY = 5, 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?** ____

O. **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]?** ____

T. **PUSHING OR PULLING LARGE OBJECTS LIKE A LIVING ROOM CHAIR?** ____

BOX 1F

CHECK ITEM PFQ.066A:
IF 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.061 A THROUGH T, CONTINUE.
OTHERWISE, GO TO PFQ.090.

PFQ.063   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.061 A THROUGH T <=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

BOX 2

CHECK ITEM PFQ.068A:
IF CODE 10-11 OR 13-28 IN PFQ.063, CONTINUE WITH LOOP 1.
OTHERWISE, GO TO PFQ.090.

LOOP 1:
ASK QUESTION PFQ.069 FOR EACH CONDITION MENTIONED IN PFQ.063
(CONDITION: 10-11 OR 13-28).

PFQ.069
G/Q/U
A-R

HOW LONG {HAVE YOU/HAS SP} HAD {CONDITION 10-11 OR 13-28}?

CAPI INSTRUCTION:
IF CODE 28 IN PFQ.063, THE FILL SHOULD BE {THE OTHER CONDITION YOU MENTIONED}.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

SINCE BIRTH..666
REFUSED...777
DON'T KNOW...999

ENTER UNIT

DAYS.. 1
WEEKS... 2
MONTHS... 3
YEARS.. 4
REFUSED.. 7
DON'T KNOW... 9

BOX 3

END LOOP 1:
CYCLE ON NEXT CONDITION.
IF NO NEXT CONDITION, GO TO PFQ.090.

PFQ.090

{DO YOU/DOES SP} NOW HAVE ANY HEALTH PROBLEM THAT REQUIRES {YOU/HIM/HER} TO USE SPECIAL EQUIPMENT, SUCH AS A CANE, A WHEELCHAIR, A SPECIAL BED, OR A SPECIAL TELEPHONE?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW... 9

DIABETES (DIQ)

DIQ.010   {OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}/{HAVE YOU/HAS SP}} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/{HE/SHE/SP} HAS} DIABETES OR SUGAR DIABETES?

CAPI INSTRUCTION:
IF SP AGE < 15, DISPLAY "HAS SP" 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 (BOX 4)
BORDERLINE OR PREDIABETES................ 3 (BOX 4)
REFUSED... 7 (BOX 4)
DON'T KNOW... 9 (BOX 4)

DIQ.0
40
G/Q   HOW OLD {WAS SP/WERE YOU} WHEN A DOCTOR OR OTHER HEALTH PROFESSIONAL **FIRST** TOLD {YOU/HIM/HER} THAT {YOU/HE/SHE} HAD DIABETES OR SUGAR DIABETES?

|___|___|
ENTER AGE IN YEARS

LESS THAN 1 YEAR......................................666
REFUSED..777
DON'T KNOW..999

+---+
| **BOX 6** |
| |
| **CHECK ITEM DIQ.219:** |
| IF AGE AT SCREENING MINUS AGE RECORDED AT DIQ.040 > 2, GO TO|
| BOX 4. |
| OTHERWISE, CONTINUE. |
+---+

DIQ.220   WAS {YOUR/HIS/HER} DIABETES DIAGNOSED …

                        3 MONTHS AGO OR LESS,...........................   1
                        MORE THAN 3 MONTHS AGO BUT NOT MORE
                            THAN 6 MONTHS AGO,............................   2
                        MORE THAN 6 MONTHS AGO BUT NOT MORE
                            THAN 9 MONTHS AGO,............................   3
                        MORE THAN 9 MONTHS AGO BUT NOT MORE
                            THAN 12 MONTHS AGO, OR...................   4
                        MORE THAN 12 MONTHS AGO?.................   5
                        REFUSED..   7
                        DON'T KNOW...   9

BOX 4

CHECK ITEM DIQ.159:
IF AGE < 12, GO TO DIQ.050.
IF AGE >= 12 AND DIQ.010 = 1 (YES), GO TO DIQ.190.
IF AGE >= 12 AND DIQ.010 = 3, GO TO DIQ.170.
OTHERWISE, CONTINUE.

DIQ.160   {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL
THAT {YOU HAVE/SP HAS} ANY OF THE FOLLOWING: PREDIABETES, IMPAIRED FASTING
GLUCOSE, IMPAIRED GLUCOSE TOLERANCE, BORDERLINE DIABETES OR THAT
{YOUR/HER/HIS} BLOOD SUGAR IS HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE
CALLED DIABETES OR SUGAR DIABETES?

CAPI INSTRUCTION:
HELP SCREEN: **PREDIABETES, IMPAIRED FASTING GLUCOSE, IMPAIRED GLUCOSE
TOLERANCE, OR BORDERLINE DIABETES** OCCURS WHEN BLOOD SUGAR (GLUCOSE)
LEVELS ARE HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE DIABETES.

                        YES...   1
                        NO..   2
                        REFUSED..   7
                        DON'T KNOW...   9

HAND CARD DIQ1

                        PREDIABETES
                        IMPAIRED FASTING GLUCOSE
                        IMPAIRED GLUCOSE TOLERANCE
                        BORDERLINE DIABETES

DIQ.170   {HAVE YOU/HAS SP} EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/S/HE HAS} HEALTH CONDITIONS OR A MEDICAL OR FAMILY HISTORY THAT INCREASES {YOUR/HIS/HER} RISK FOR DIABETES?

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

DIQ.180   {HAVE YOU/HAS SP} HAD A BLOOD TEST FOR HIGH BLOOD SUGAR OR DIABETES WITHIN THE PAST THREE YEARS?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

BOX 4A

OMITTED

DIQ.190   TO LOWER {YOUR/HIS/HER} RISK FOR CERTAIN DISEASES, DURING THE PAST 12 MONTHS {HAVE YOU/HAS S/HE} EVER BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL TO:

CAPI INSTRUCTION:
HELP SCREEN: CONTROLLING YOUR WEIGHT MIGHT BE RECOMMENDED TO HELP PREVENT HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OTHER CONDITIONS.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

A.   CONTROL {YOUR/HIS/HER} WEIGHT OR LOSE WEIGHT?   ____

B.   INCREASE {YOUR/HIS/HER} PHYSICAL ACTIVITY OR EXERCISE?   ____

C.   REDUCE THE AMOUNT OF FAT OR CALORIES IN {YOUR/HIS/HER} DIET?   ____

DIQ.200   TO LOWER {YOUR/HIS/HER} RISK FOR CERTAIN DISEASES, {ARE YOU/IS S/HE} NOW DOING ANY OF THE FOLLOWING:

CAPI INSTRUCTION:
HELP SCREEN: CONTROLLING YOUR WEIGHT MIGHT BE RECOMMENDED TO HELP PREVENT HIGH BLOOD PRESSURE, DIABETES, HIGH CHOLESTEROL AND OTHER CONDITIONS.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

A.   CONTROLLING {YOUR/HIS/HER} WEIGHT OR LOSING WEIGHT?   ____

B.   INCREASING {YOUR/HIS/HER} PHYSICAL ACTIVITY OR EXERCISE?   ____

C.   REDUCING THE AMOUNT OF FAT OR CALORIES IN {YOUR/HIS/HER} DIET?   ____

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┌─────────────────────────────────────────────────────────────┐
│                          BOX 5                                │
│                                                               │
│                         OMITTED                               │
└─────────────────────────────────────────────────────────────┘
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DIQ.050   {IS SP/ARE YOU} **NOW** TAKING INSULIN?

YES.. 1
NO... 2 (BOX 0)
REFUSED...................................... 7 (BOX 0)
DON'T KNOW............................... 9 (BOX 0)

DIQ.0   FOR HOW LONG {HAVE YOU/HAS SP} BEEN TAKING INSULIN?
60
G/Q/U

|___|___|___|
ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN 1 MONTH.................................666
REFUSED..777
DON'T KNOW...999

ENTER UNIT

MONTHS... 1
YEARS.. 2

BOX 0

CHECK ITEM DIQ.065:
IF DIQ.010 = 1 (YES) OR DIQ.160 = 1 (YES), CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DIQ.070   {IS SP/ARE YOU} **NOW** TAKING DIABETIC PILLS TO LOWER {{HIS/HER}/YOUR} BLOOD SUGAR?
THESE ARE SOMETIMES CALLED ORAL AGENTS OR ORAL HYPOGLYCEMIC AGENTS.

YES..   1
NO..   2
REFUSED..   7
DON'T KNOW...   9

BOX 1

OMITTED

BOX 8

CHECK ITEM DIQ.229:
IF DIQ.160 = 1 (YES), GO TO END OF SECTION.
OTHERWISE, CONTINUE.

DIQ.230   WHEN WAS THE LAST TIME {YOU/SP} SAW A DIABETES NURSE EDUCATOR OR DIETITIAN OR
NUTRITIONIST FOR {YOUR/HIS/HER} DIABETES? DO NOT INCLUDE DOCTORS OR OTHER
HEALTH PROFESSIONALS.

INTERVIEWER INSTRUCTION: IF RESPONDENT ANSWERS "TODAY" OR A PERIOD LESS THAN
A MONTH, CODE 1 – THE 0-12 MONTH CATEGORY.

CAPI INSTRUCTION:
HELP SCREEN: A DIABETES NURSE EDUCATOR IS A NURSE WHO TEACHES PEOPLE WITH DIABETES AND WHO IS KNOWLEDGEABLE ABOUT THE DAY-TO-DAY ASPECTS OF DIABETES SELF-CARE, SUCH AS, USE OF DIABETES MEDICATIONS, CHECKING AND CONTROLLING BLOOD GLUCOSE LEVELS, MANAGING WEIGHT THOUGH DIET AND PHYSICAL ACTIVITY, AND MAINTAINING A HEALTHY PREGNANCY IF DIABETES IS PRESENT.

1 YEAR AGO OR LESS...................................	1
MORE THAN 1 YEAR AGO BUT NO MORE THAN 2 YEARS AGO.................................	2
MORE THAN 2 YEARS AGO BUT NO MORE THAN 5 YEARS AGO.................................	3
MORE THAN 5 YEARS AGO.........................	4
NEVER...	5
REFUSED..	7
DON'T KNOW..	9

DIQ.240   IS THERE **ONE** DOCTOR OR OTHER HEALTH PROFESSIONAL {YOU USUALLY SEE/SP USUALLY SEES} FOR {YOUR/HIS/HER} DIABETES? DO NOT INCLUDE SPECIALISTS TO WHOM {YOU HAVE/SP HAS} BEEN REFERRED SUCH AS DIABETES EDUCATORS, DIETICIANS OR FOOT AND EYE DOCTORS.

CAPI INSTRUCTION:
HELP SCREEN: A DIABETES NURSE EDUCATOR IS A NURSE WHO TEACHES PEOPLE WITH DIABETES AND WHO IS KNOWLEDGEABLE ABOUT THE DAY-TO-DAY ASPECTS OF DIABETES SELF-CARE, SUCH AS, USE OF DIABETES MEDICATIONS, CHECKING AND CONTROLLING BLOOD GLUCOSE LEVELS, MANAGING WEIGHT THOUGH DIET AND PHYSICAL ACTIVITY, AND MAINTAINING A HEALTHY PREGNANCY IF DIABETES IS PRESENT.

YES..	1	
NO..	2	(DIQ.260)
REFUSED..	7	(DIQ.260)
DON'T KNOW..	9	(DIQ.260)

DIQ.250   HOW MANY TIMES {HAVE YOU/HAS SP} SEEN THIS DOCTOR OR OTHER HEALTH PROFESSIONAL IN THE PAST 12 MONTHS?

|___|___|___|
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:
HARD EDIT: DO NOT ALLOW 0.

NONE..	2
REFUSED..	7777
DON'T KNOW..	9999

BOX 9

CHECK ITEM DIQ.369:
IF DIQ.250 = 2 (NONE), CONTINUE.
OTHERWISE, GO TO BOX 10.

DIQ.370   INTERVIEWER: YOU HAVE ENTERED "NONE" FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES...   1
NO...   2 (DIQ.250)

BOX 10

CHECK ITEM DIQ.379:
IF DIQ.250 = 100 OR MORE, CONTINUE.
OTHERWISE, GO TO DIQ.260.

DIQ.380   INTERVIEWER: YOU HAVE ENTERED A VALUE THAT IS OUTSIDE THE EXPECTED RANGE FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES...   1
NO...   2 (DIQ.250)

BOX 2

OMITTED

DIQ.2   HOW OFTEN {DO YOU CHECK YOUR/DOES SP CHECK HIS/HER} BLOOD FOR GLUCOSE OR
60   SUGAR? INCLUDE TIMES WHEN CHECKED BY A FAMILY MEMBER OR FRIEND, BUT DO NOT
G/Q/U   INCLUDE TIMES WHEN CHECKED BY A DOCTOR OR OTHER HEALTH PROFESSIONAL.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS.

|___|___|___|
ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT 30 OR MORE PER WEEK.

NEVER.. 2
UNABLE TO DO ACTIVITY (BLIND).............. 3
REFUSED.. 7777
DON'T KNOW... 9999

ENTER UNIT

PER DAY.. 1
PER WEEK... 2
PER MONTH... 3
PER YEAR.. 4

DIQ.2   GLYCOSYLATED (GLY-CO-SYL-AT-ED) HEMOGLOBIN OR THE "A ONE C" TEST MEASURES
70   THE AVERAGE LEVEL OF BLOOD SUGAR OVER THE PAST 3 MONTHS, AND USUALLY RANGES
G/Q   BETWEEN 5 AND 14. DURING THE PAST 12 MONTHS, HOW MANY TIMES HAS A DOCTOR OR
        OTHER HEALTH PROFESSIONAL CHECKED {YOU/SP} FOR GLYCOSYLATED HEMOGLOBIN OR "A
        ONE C"?

|___|___|___|
ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT MORE THAN 13 TIMES.

NOT TESTED IN LAST 12 MONTHS............ 2 (DIQ.300)
NEVER HEARD OF A ONE C TEST.............. 3 (DIQ.300)
DON'T KNOW HOW MANY TIMES............... 4
REFUSED.. 7777

DIQ.280   WHAT WAS {YOUR/SP'S} LAST "A ONE C" LEVEL?

CAPI INSTRUCTION:
SOFT EDIT FOR ANY NUMBER LESS THAN 5 OR MORE THAN 14.

|___|___| . |___|
ENTER VALUE

REFUSED.. 777
DON'T KNOW... 999

DIQ.290   WHAT DOES {YOUR/SP'S} DOCTOR OR OTHER HEALTH PROFESSIONAL SAY {YOUR/HIS/HER} "A ONE C" LEVEL   SHOULD BE?   (PICK THE LOWEST LEVEL RECOMMENDED BY YOUR HEALTH CARE PROFESSIONAL.)

HAND CARD DIQ2

6 OR LESS..	1
7 OR LESS..	2
8 OR LESS..	3
9 OR LESS..	4
10 OR LESS..	5
PROVIDER DID NOT SPECIFY GOAL..........	6
REFUSED..	77
DON'T KNOW..	99

BOX 10A

CHECK ITEM DIQ.295:
IF AGE <12, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

DIQ.300 S/D   BLOOD PRESSURE IS USUALLY GIVEN AS ONE NUMBER OVER ANOTHER.   WHAT WAS {YOUR/SP'S} MOST RECENT BLOOD PRESSURE IN NUMBERS?

CAPI INSTRUCTION:
SYSTOLIC VALUE HARD EDIT: 48-300, SOFT EDIT 80-200. DIASTOLIC VALUE HARD EDIT: 0-300, SOFT EDIT 0-150.

|___|___|___| OVER |___|___|___|
SYSTOLIC   DIASTOLIC
ENTER VALUES

CAPI INSTRUCTION:
HARD EDIT 0-300. SOFT EDIT 80-200.

REFUSED...	7777
DON'T KNOW..	9999

DIQ.3   WHAT DOES {YOUR/SP'S} DOCTOR OR OTHER HEALTH PROFESSIONAL SAY
10   {YOUR/HIS/HER} BLOOD PRESSURE SHOULD BE?
G/S/D

CAPI INSTRUCTION:
SYSTOLIC VALUE HARD EDIT: 48-300, SOFT EDIT 80-200. DIASTOLIC VALUE HARD EDIT: 0-300, SOFT EDIT 0-150.

|___|___|___| OVER |___|___|___|
SYSTOLIC   DIASTOLIC
ENTER VALUES

INTERVIEWER INSTRUCTION. IF RANGE
GIVEN, RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:
HARD EDIT 0-300. SOFT EDIT 0-150.

PROVIDER DID NOT SPECIFY GOAL.......... 2
REFUSED.. 7777
DON'T KNOW... 9999

DIQ.3   ONE PART OF TOTAL SERUM CHOLESTEROL IN {YOUR/SP'S} BLOOD IS A BAD
20   CHOLESTEROL, CALLED LDL, WHICH BUILDS UP AND CLOGS {YOUR/HIS/HER} ARTERIES. WHAT
G/Q   WAS {YOUR/HIS/HER} MOST RECENT LDL CHOLESTEROL NUMBER?

|___|___|___|
ENTER VALUE

CAPI INSTRUCTION:
HARD EDIT: ALLOW 25-350. SOFT EDIT ALLOW 40-250.

NEVER HEARD OF LDL................................ 2 (DIQ.335)
NEVER HAD CHOLESTEROL TEST............. 3 (DIQ.335)
REFUSED.. 7777
DON'T KNOW... 9999

DIQ.3   WHAT DOES {YOUR/SP'S} DOCTOR OR OTHER HEALTH PROFESSIONAL SAY
30   {YOUR/HIS/HER} LDL CHOLESTEROL SHOULD BE?
G/Q

|___|___|___|
ENTER VALUE. INTERVIEWER INSTRUCTION: IF RANGE GIVEN,
RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:
HARD EDIT 25-350. SOFT EDIT 40-250.

PROVIDER DID NOT SPECIFY GOAL.......... 2
REFUSED.. 7777
DON'T KNOW... 9999

DIQ.335　　INTERVIEWER INSTRUCTION ONLY:
　　　　　　DOES THE SP HAVE BOTH FEET AMPUTATED?

　　　　　　　　　　　YES... 1　(DIQ.360)
　　　　　　　　　　　NO.. 2

DIQ.3　　　　DURING THE PAST 12 MONTHS, ABOUT HOW MANY TIMES HAS A DOCTOR OR OTHER
40　　　　　　HEALTH PROFESSIONAL CHECKED {YOUR/SP'S} FEET FOR ANY SORES OR IRRITATIONS?
G/Q

　　　　　　　　　　　|___|___|___|
　　　　　　　　　　　ENTER NUMBER OF TIMES

　　　　　　　　　　　CAPI INSTRUCTION:
　　　　　　　　　　　HARD EDIT: DO NOT ALLOW 0.

　　　　　　　　　　　NONE.. 2
　　　　　　　　　　　REFUSED.. 7777
　　　　　　　　　　　DON'T KNOW/NOT SURE.......................... 9999

DIQ.3　　　　HOW OFTEN {DO YOU CHECK YOUR FEET/DOES SP CHECK (HIS/HER) FEET} FOR SORES
50　　　　　　OR IRRITATIONS? INCLUDE TIMES WHEN CHECKED BY A FAMILY MEMBER OR FRIEND, BUT DO
G/Q/U　　　　NOT INCLUDE TIMES WHEN CHECKED BY A DOCTOR OR OTHER HEALTH PROFESSIONAL.

　　　　　　　　　　　|___|___|___|
　　　　　　　　　　　ENTER NUMBER OF TIMES

　　　　　　　　　　　NONE.. 2
　　　　　　　　　　　REFUSED... 7777
　　　　　　　　　　　DON'T KNOW... 9999

　　　　　　　　　　　ENTER UNIT

　　　　　　　　　　　PER DAY... 1
　　　　　　　　　　　PER WEEK.. 2
　　　　　　　　　　　PER MONTH.. 3
　　　　　　　　　　　PER YEAR... 4

DIQ.360   WHEN WAS THE LAST TIME {YOU/SP} HAD AN EYE EXAM IN WHICH THE PUPILS WERE
DILATED? THIS WOULD HAVE MADE {YOU/SP} TEMPORARILY SENSITIVE TO BRIGHT LIGHT.

LESS THAN 1 MONTH................................. 1
1-12 MONTHS.. 2
13-24 MONTHS... 3
GREATER THAN 2 YEARS........................... 4
NEVER... 5
REFUSED... 7
DON'T KNOW... 9

DIQ.080   HAS A DOCTOR **EVER** TOLD {YOU/SP} THAT DIABETES HAS AFFECTED {YOUR/HIS/HER} EYES
OR THAT {YOU/S/HE} HAD RETINOPATHY (RET-IN-OP-ATH-EE)?

YES.. 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

BLOOD PRESSURE (BPQ)

BPQ.020   {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU/S/HE} HAD HYPERTENSION (HY-PER-**TEN**-SHUN), ALSO CALLED HIGH BLOOD PRESSURE? [IF HIGH BLOOD PRESSURE **ONLY** DURING PREGNANCY, CODE NO.]

INTERVIEWER INSTRUCTION: IF SP SAYS "HIGH NORMAL BLOOD PRESSURE", "BORDERLINE HYPERTENSION" OR "PREHYPERTENSION" CODE NO.

YES...	1	
NO...	2	(BPQ.052)
REFUSED...	7	(BPQ.052)
DON'T KNOW..	9	(BPQ.052)

HELP SCREEN:
HYPERTENSION (HIGH BLOOD PRESSURE): A REPEATEDLY INCREASED BLOOD PRESSURE WITH THE FIRST NUMBER 140 OR HIGHER AND THE SECOND NUMBER 90 OR HIGHER.

BPQ.030   {WERE YOU/WAS SP} TOLD ON 2 OR MORE **DIFFERENT** VISITS THAT {YOU/S/HE} HAD HYPERTENSION (HY-PER-**TEN**-SHUN), ALSO CALLED HIGH BLOOD PRESSURE?

YES...	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

BPQ.035   HOW OLD {WERE YOU/WAS SP} WHEN {YOU WERE/HE/SHE WAS} **FIRST** TOLD THAT {YOU/HE/SHE} HAD HYPERTENSION OR HIGH BLOOD PRESSURE?

|___|___|
ENTER AGE IN YEARS

LESS THAN 1 YEAR....................................	666
REFUSED..	777
DON'T KNOW...	999

BPQ.040A   BECAUSE OF {YOUR/SP'S} (HIGH BLOOD PRESSURE/HYPERTENSION) (HY-PER-**TEN**-SHUN), {HAVE YOU/HAS S/HE} **EVER** BEEN TOLD TO **TAKE PRESCRIBED MEDICINE**?

YES...	1	
NO...	2	(BPQ.052)
REFUSED...	7	(BPQ.052)
DON'T KNOW..	9	(BPQ.052)

HELP SCREEN:
PRESCRIBED MEDICINE: PRESCRIBED MEDICINES ARE THOSE ORDERED BY A DOCTOR OR OTHER HEALTH PROVIDER THROUGH A WRITTEN OR VERBAL PRESCRIPTION FOR A PHARMACIST TO FILL. PRESCRIPTION MEDICINES CAN ALSO BE GIVEN BY A MEDICAL PROVIDER DIRECTLY TO A PATIENT TO TAKE HOME, SUCH AS FREE SAMPLES.

<table>
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BOX 1A

OMITTED

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BOX 1B

OMITTED

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BPQ.050A   {ARE YOU/IS SP} **NOW** TAKING A PRESCRIBED MEDICINE?

YES... 1
NO... 2
REFUSED... 7
DON'T KNOW... 9

BPQ.052   {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/SP HAS} PREHYPERTENSION?

HELP SCREEN:
PREHYPERTENSION IS DEFINED AS HAVING A BLOOD PRESSURE READING OF 120 TO 139 FOR THE FIRST READING AND THE SECOND READING OF 80 TO 89 MILLIMETERS.

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

BPQ.057   {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/SP HAS} HIGH NORMAL BLOOD PRESSURE OR BORDERLINE HYPERTENSION?

YES... 1
NO... 2
REFUSED... 7
DON'T KNOW... 9

HAND CARD BPQ1

HIGH NORMAL BLOOD PRESSURE
BORDERLINE HYPERTENSION

CAPI INSTRUCTION:
HELP SCREEN:
HIGH NORMAL BLOOD PRESSURE OR BORDERLINE HYPERTENSION IS DEFINED AS HAVING A BLOOD PRESSURE READING OF 120 TO 139 FOR THE FIRST READING AND THE SECOND READING OF 80 TO 89 MILLIMETERS. PEOPLE WITH BLOOD PRESSURES THAT ARE HIGH NORMAL BLOOD PRESSURE OR BORDERLINE HYPERTENSION ALSO CALLED **PREHYPERTENSION**.

```
                              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 (END OF SECTION)
                          REFUSED..................................... 7 (END OF SECTION)
                          DON'T KNOW............................... 9 (END OF SECTION)

            CAPI INSTRUCTION:
            IF DIQ.320 = 3 (NEVER HAD CHOLESTEROL TEST) AND BPQ.060 = 1 (NO), DISPLAY THE
            FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP HAS HAD THEIR BLOOD CHOLESTEROL
            CHECKED. EARLIER ON DIQ SP REPORTED NEVER HAVING A CHOLESTEROL TEST – RECONCILE
            RESPONSE WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW (BPQ.060)."
            DISPLAY RESPONSES TO BOTH – WITH LABELS. DIQ.320 – NEVER HAD CHOLESTEROL TEST,
            BPQ.060 – HAS HAD CHOLESTEROL CHECKED. HIGHLIGHT MUST BE ON DIQ.320.

BPQ.070   ABOUT HOW LONG HAS IT BEEN SINCE {YOU/SP} **LAST** HAD {YOUR/HIS/HER} BLOOD
            CHOLESTEROL CHECKED? HAS IT BEEN...

                          LESS THAN 1 YEAR AGO,........................... 1
                          1 YEAR BUT LESS THAN 2 YEARS AGO,… 2
                          2 YEARS BUT LESS THAN 5 YEARS AGO, OR   3
                          5 YEARS OR MORE?.................................. 4
                          REFUSED..................................... 7
                          DON'T KNOW............................... 9

BPQ.080   {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT
            {YOUR/HIS/HER} BLOOD CHOLESTEROL LEVEL WAS HIGH?

                          YES... 1
                          NO.. 2 (END OF SECTION)
                          REFUSED..................................... 7 (END OF SECTION)
                          DON'T KNOW............................... 9 (END OF SECTION)

            HELP SCREEN:
            CHOLESTEROL: CHOLESTEROL IS A TYPE OF FAT IN THE BLOODSTREAM AND IS MEASURED
            WITH A BLOOD TEST, USUALLY DONE IN THE MORNING BEFORE YOU'VE EATEN. HIGH LEVELS
            OF CHOLESTEROL IS A MAJOR RISK FACTOR FOR HEART DISEASE, WHICH LEADS TO HEART
            ATTACK.

BPQ.090   TO LOWER {YOUR/HIS/HER} BLOOD CHOLESTEROL, {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL . . .

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

A. **TO EAT FEWER HIGH FAT OR HIGH 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 MEDICINE**?   ____

HELP SCREEN:
PRESCRIBED MEDICINE: PRESCRIBED MEDICINES ARE THOSE ORDERED BY A DOCTOR OR OTHER HEALTH PROVIDER THROUGH A WRITTEN OR VERBAL PRESCRIPTION FOR A PHARMACIST TO FILL. PRESCRIPTION MEDICINES CAN ALSO BE GIVEN BY A MEDICAL PROVIDER DIRECTLY TO A PATIENT TO TAKE HOME, SUCH AS FREE SAMPLES.

+---+
| **BOX 3** |
| |
| **CHECK ITEM BPQ.095:** |
| IF 'YES' (CODE 1) TO BPQ.090A, B, C OR D, CONTINUE WITH BPQ.100. |
| OTHERWISE, GO TO END OF SECTION. |
+---+

BPQ.100   {ARE YOU/IS SP} **NOW** FOLLOWING THIS ADVICE TO {DISPLAY ACTIVITY}?

CAPI INSTRUCTIONS:
DISPLAY EACH ACTIVITY CODED 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 CHOLESTEROL FOODS?   ____

B. CONTROL {YOUR/HIS/HER} WEIGHT OR LOSE WEIGHT?   ____

C. INCREASE {YOUR/HIS/HER} PHYSICAL ACTIVITY OR EXERCISE?   ____

D. TAKE PRESCRIBED MEDICINE?   ____

HELP SCREEN:
PRESCRIBED MEDICINE: PRESCRIBED MEDICINES ARE THOSE ORDERED BY A DOCTOR OR OTHER HEALTH PROVIDER THROUGH A WRITTEN OR VERBAL PRESCRIPTION FOR A PHARMACIST TO FILL. PRESCRIPTION MEDICINES CAN ALSO BE GIVEN BY A MEDICAL PROVIDER DIRECTLY TO A PATIENT TO TAKE HOME, SUCH AS FREE SAMPLES.

+---+
| **BOX 5** |
| |
| OMITTED |
+---+

BOX 6

OMITTED

BOX 7

OMITTED

BOX 8

OMITTED

BOX 9

OMITTED

CARDIOVASCULAR DISEASE (CDQ)

CDQ.001   {HAVE YOU/HAS SP} EVER HAD ANY PAIN OR DISCOMFORT IN {YOUR/HER/HIS}
CHEST?

YES...	1	
NO...	2	(CDQ.010)
REFUSED...	7	(CDQ.010)
DON'T KNOW..	9	(CDQ.010)

CDQ.002   {DO YOU/DOES SHE/DOES HE} GET IT WHEN {YOU/SHE/HE} {WALK/WALKS} UPHILL
OR {HURRY/HURRIES}?

YES...	1	
NO...	2	(CDQ.008)
NEVER WALKS UPHILL OR HURRIES........	3	
REFUSED...	7	(CDQ.008)
DON'T KNOW..	9	(CDQ.008)

CDQ.003   {DO YOU/DOES SHE/DOES HE} GET IT WHEN {YOU/SHE/HE} {WALK/WALKS} AT AN
ORDINARY PACE ON LEVEL GROUND?

YES...	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

```
┌─────────────────────────────────────────────────────────────────┐
│                              BOX 1                                │
│                                                                   │
│ CHECK ITEM CDQ.003A:                                              │
│ IF 'YES' (CODE '1') IN CDQ.002 OR CDQ.003, CONTINUE.              │
│ OTHERWISE, GO TO CDQ.008.                                         │
└─────────────────────────────────────────────────────────────────┘
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CDQ.004   WHAT {DO YOU/DOES SHE/DOES HE} DO IF {YOU/SHE/HE} GET IT WHILE
{YOU/SHE/HE} ARE WALKING? {DO YOU/DOES SHE/DOES HE} STOP OR SLOW
DOWN, OR CONTINUE AT THE SAME PACE?

CODE "STOP OR SLOW DOWN" IF SP CARRIES ON AFTER TAKING NITROGLYCERINE.

STOP OR SLOW DOWN...............................	1	
CONTINUE AT THE SAME PACE..................	2	(CDQ.008)
REFUSED...	7	(CDQ.008)
DON'T KNOW..	9	(CDQ.008)

CDQ.005 IF {YOU/SHE/HE} {STAND/STANDS} STILL, WHAT HAPPENS TO IT? IS THE PAIN OR DISCOMFORT RELIEVED OR NOT RELIEVED?

RELIEVED.. 1
NOT RELIEVED.. 2 (CDQ.008)
REFUSED.. 7 (CDQ.008)
DON'T KNOW.. 9 (CDQ.008)

CDQ.006 HOW SOON IS THE PAIN RELIEVED? WOULD YOU SAY . . .

10 MINUTES OR LESS OR........................... 1
MORE THAN 10 MINUTES?.......................... 2 (CDQ.008)
REFUSED.. 7 (CDQ.008)
DON'T KNOW.. 9 (CDQ.008)

CDQ.009 PLEASE LOOK AT THIS CARD AND SHOW ME WHERE THE PAIN OR DISCOMFORT IS LOCATED.

CODE ALL THAT APPLY.
PROBE FOR ADDITIONAL AREAS.

HAND CARD CDQ1

1... 1
2... 2
3... 3
4... 4
5... 5
6... 6
7... 7
8... 8
REFUSED.. 77
DON'T KNOW.. 99

CDQ.008 HAVE {YOU/SHE/HE} EVER HAD A SEVERE PAIN ACROSS THE FRONT OF {YOUR/HER/HIS} CHEST LASTING FOR HALF AN HOUR OR MORE?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

CDQ.010 {HAVE YOU/HAS SP} HAD SHORTNESS OF BREATH EITHER WHEN HURRYING ON THE LEVEL OR WALKING UP A SLIGHT HILL?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

OSTEOPOROSIS (OSQ)

OSQ.010 A/B/C	HAS A DOCTOR **EVER** TOLD {YOU/SP} THAT {YOU/SP} 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 CAPI INSTRUCTION: HARD EDIT: 1-33. 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 CAPI INSTRUCTION: HARD EDIT: 1-33. 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 CAPI INSTRUCTION: HARD EDIT: 1-33. REFUSED...........77 DON'T KNOW.....99

BOX 1

CHECK ITEM OSQ.025:
IF 'YES' (CODE 1) IN OSQ.010 A, B, OR C, CONTINUE WITH LOOP 1.
OTHERWISE, GO TO OSQ.080.

LOOP 1:
ASK OSQ.030 - OSQ.051 FOR EACH **TYPE** AND EACH **INCIDENT** OF FRACTURE.
(EXAMPLE: HOW OLD WERE YOU WHEN YOU FRACTURED YOUR **HIP** THE **FIRST** TIME?)

OSQ.
030
A/B/C
HOW OLD {WERE YOU/WAS SP} WHEN {YOU/S/HE} FRACTURED {YOUR/HIS/HER} {HIP/WRIST/SPINE} {THE {1ST/2ND/10TH OR MORE RECENT TIME . . .} TIME}?

CAPI INSTRUCTION:
IF ONLY BROKE HIP, WRIST OR SPINE 1 TIME, DO NOT DISPLAY "THE {1ST/2ND . . .} TIME".
IF 10TH TIME, DISPLAY {10TH OR MOST RECENT TIME}.

|___|___|___| (BOX 2)
ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 1-120.

REFUSED..777
DON'T KNOW..999

OSQ.040
A/B/C
{WERE YOU/WAS SP} . . .

UNDER 50 YEARS OLD, OR......................... 1
50 YEARS OLD OR OLDER?....................... 2
REFUSED... 7 (BOX 3)
DON'T KNOW.. 9 (BOX 3)

BOX 2

CHECK ITEM OSQ.045:
IF AGE IS >= 50 IN OSQ.030 OR OSQ.040, CONTINUE.
OTHERWISE, GO TO BOX 3.

OSQ.051   DID THAT FRACTURE OCCUR AS A RESULT OF . . .

A FALL FROM **STANDING HEIGHT OR LESS**, FOR
     EXAMPLE, TRIPPED, SLIPPED, FELL OUT OF BED
    4
A HARD FALL, SUCH AS FALLING OFF A LADDER OR
     STEP STOOL, DOWN STAIRS, OR.......... 5
A CAR ACCIDENT OR OTHER SEVERE TRAUMA?   6
REFUSED... 7
DON'T KNOW.. 9

CAPI INSTRUCTION:
HELP SCREEN SHOULD READ: ADDITIONAL EXAMPLES FOR "A FALL FROM STANDING HEIGHT OR LESS" INCLUDE LEG GAVE WAY, WAS DIZZY, FELL BENDING OVER, FELL OUT OF A CHAIR. ADDITIONAL EXAMPLES FOR "A HARD FALL" INCLUDE BEING FORCIBLY KNOCKED DOWN BY ANOTHER PERSON OR BICYCLE.

```
┌──────────────────────────────────────────────────────────────────────┐
│                              BOX 3                                      │
│                                                                        │
│ END LOOP1:                                                             │
│   ■        ASK OSQ.030 - OSQ.051 FOR NEXT INCIDENT OF FRACTURE.        │
│   ■        IF NO NEXT INCIDENT, CONTINUE.                              │
└──────────────────────────────────────────────────────────────────────┘
```

OSQ.080   HAS A DOCTOR EVER TOLD {YOU/SP} THAT {YOU/S/HE} HAD BROKEN OR FRACTURED ANY
OTHER BONE **AFTER** {YOU WERE/S/HE WAS} 20 YEARS OF AGE?

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

OSQ.090   WAS THIS FRACTURE THE RESULT OF SEVERE TRAUMA SUCH AS A CAR ACCIDENT, BEING
STRUCK BY A VEHICLE, A PHYSICAL ATTACK, OR A HARD FALL SUCH AS FALLING OFF A
LADDER OR DOWN STAIRS?

YES.. 1 (OSQ.120)
NO... 2
REFUSED... 7 (OSQ.120)
DON'T KNOW... 9 (OSQ.120)

CAPI INSTRUCTION:
HELP SCREEN SHOULD READ:
DO NOT INCLUDE A FALL FROM STANDING HEIGHT OR LESS, FOR EXAMPLE, TRIPPED,
SLIPPED, FELL OUT OF BED, LEG GAVE WAY, WAS DIZZY, FELL BENDING OVER, OR FELL
OUT OF A CHAIR.
ADDITIONAL EXAMPLES FOR "A HARD FALL" INCLUDE BEING KNOCKED DOWN BY ANOTHER
PERSON OR BICYCLE.

OSQ.100   PLEASE LOOK AT THIS CARD AND TELL ME WHERE THE FRACTURE OCCURRED.

HAND CARD OSQ 1

HEAD/FACE..	10
UPPER ARM (HUMERUS)............................	11
LOWER ARM BETWEEN WRIST AND	
ELBOW (DO NOT INCLUDE WRIST)........	12
ELBOW...	13
HAND...	14
FINGERS...	15
SHOULDER...	16
COLLAR BONE...	17
RIBS (EITHER SIDE)....................................	18
PELVIS (NOT HIP)..	19
UPPER LEG (THIGH EXCLUDING HIP).......	20
LOWER LEG (BETWEEN ANKLE AND	
KNEE)...	21
KNEE (PATELLA)..	22
ANKLE...	23
HEEL...	24
FOOT...	25
TOES...	26
OTHER (DO NOT SPECIFY).........................	27
REFUSED...	77
DON'T KNOW..	99

OSQ.110   HOW OLD {WERE YOU/WAS SP} WHEN {YOU/SP} FRACTURED {YOUR/HIS/HER} (FRACTURE SITE SELECTED IN OSQ.100) FOR THE **FIRST** TIME AFTER AGE 20?

|___|___|___|
ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 20-120.

REFUSED..	777
DON'T KNOW...	999

OSQ.120   HAS A DOCTOR EVER TOLD {YOU/SP} THAT {YOU/S/HE} HAD BROKEN OR FRACTURED **ANY OTHER BONES AFTER** {YOU WERE/S/HE WAS} 20 YEARS OF AGE?

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

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 4                                    │
│                                                                       │
│ CHECK ITEM OSQ.129:                                                   │
│ IF OSQ120 = 1 (YES), CONTINUE WITH LOOP 2.  OTHERWISE, GO TO OSQ.060. │
│                                                                       │
│ LOOP 2:                                                               │
│ ASK OSQ.090 – OSQ.120 FOR NEXT INCIDENT OF FRACTURE.  IF NO NEXT      │
│ INCIDENT, CONTINUE.                                                   │
└─────────────────────────────────────────────────────────────────────┘
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OSQ.060   HAS A DOCTOR **EVER** TOLD {YOU/SP} THAT {YOU/S/HE} HAD OSTEOPOROSIS, SOMETIMES CALLED THIN OR BRITTLE BONES?

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

OSQ.070   {WERE YOU/WAS SP} EVER TREATED FOR OSTEOPOROSIS?

YES..	1
NO...	2
REFUSED.......................................	7
DON'T KNOW.................................	9

OSQ.130   {HAVE YOU/HAS SP} **EVER** TAKEN **ANY** PREDNISONE OR CORTISONE PILLS **NEARLY EVERY DAY FOR A MONTH OR LONGER**?   [PREDNISONE AND CORTISONE ARE TYPES OF STEROIDS.]

YES..	1	
NO...	2	(OSQ.150)
REFUSED.......................................	7	(OSQ.150)
DON'T KNOW.................................	9	(OSQ.150)

OSQ.
140
Q/U
PLEASE THINK ABOUT {YOUR/SP'S} USE OF PREDNISONE OR CORTISONE DURING {YOUR/HIS/HER} LIFETIME. FOR HOW LONG DID {YOU/S/HE} USE PREDNISONE OR CORTISONE **NEARLY EVERY DAY**? DO NOT COUNT THE MONTHS OR YEARS WHEN {YOU WERE/S/HE WAS} NOT TAKING THE MEDICINE.

|___|___|
ENTER NUMBER

CAPI INSTRUCTION: SOFT EDIT: 19 OR HIGHER.

REFUSED...777
DON'T KNOW..999

ENTER UNIT

MONTH.. 1
YEAR.. 2
REFUSED... 7
DON'T KNOW.. 9

OSQ.150   INCLUDING LIVING AND DECEASED, WERE EITHER OF {YOUR/SP'S} BIOLOGICAL PARENTS EVER TOLD BY A HEALTH PROFESSIONAL THAT THEY HAD OSTEOPOROSIS OR BRITTLE BONES?

YES.. 1
NO.. 2 (OSQ.170)
REFUSED... 7 (OSQ.170)
DON'T KNOW.. 9 (OSQ.170)

OSQ.160   WHICH BIOLOGICAL [BLOOD] PARENT?

CODE ALL THAT APPLY

MOTHER.. 1
FATHER.. 2
REFUSED... 7
DON'T KNOW.. 9

OSQ.170   DID {YOUR/SP'S} BIOLOGICAL MOTHER **EVER** FRACTURE HER HIP?

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

OSQ.180   ABOUT HOW OLD WAS SHE WHEN SHE FRACTURED HER HIP (THE **FIRST** TIME)?

|___|___|___| (OSQ.200)
ENTER AGE IN YEARS

REFUSED...777
DON'T KNOW...999

OSQ.190   WAS SHE. . .

UNDER 50 YEARS OLD, OR......................... 1
50 YEARS OLD OR OLDER?........................ 2
REFUSED... 7
DON'T KNOW... 9

OSQ.200   DID {YOUR/SP'S} BIOLOGICAL FATHER **EVER** FRACTURE HIS HIP?

YES... 1
NO... 2   (END OF SECTION)
REFUSED... 7   (END OF SECTION)
DON'T KNOW.. 9   (END OF SECTION)

OSQ.210   ABOUT HOW OLD WAS HE WHEN HE FRACTURED HIS HIP (THE **FIRST** TIME)?

|___|___|___| (END OF SECTION)
ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 20-120.

REFUSED...777
DON'T KNOW...999

OSQ.220   WAS HE . . .

UNDER 50 YEARS OLD, OR......................... 1
50 YEARS OLD OR OLDER?........................ 2
REFUSED... 7
DON'T KNOW... 9

RESPIRATORY HEALTH AND DISEASE (RDQ)

+---+
| **BOX 1** |
| |
| IF SP AGE < 40, GO TO RDQ.070. |
| OTHERWISE, CONTINUE |
+---+

RDQ.031   {DO YOU/DOES SP} USUALLY COUGH ON MOST DAYS FOR **3 CONSECUTIVE MONTHS OR MORE** DURING THE YEAR?

YES.. 1
NO.. 2 (RDQ.050)
REFUSED... 7 (RDQ.050)
DON'T KNOW.. 9 (RDQ.050)

RDQ.040   FOR HOW MANY YEARS {HAVE YOU/HAS SP} HAD THIS COUGH?

IF LESS THAN 1 YEAR, ENTER 1

|___|___|___|
ENTER NUMBER OF YEARS

REFUSED...777
DON'T KNOW...999

RDQ.050   {DO YOU/DOES SP} BRING UP PHLEGM ON MOST DAYS FOR **3 CONSECUTIVE MONTHS OR MORE** DURING THE YEAR?

YES.. 1
NO.. 2 (RDQ.070)
REFUSED... 7 (RDQ.070)
DON'T KNOW.. 9 (RDQ.070)

RDQ.060   FOR HOW MANY YEARS, {HAVE YOU/HAS SP} HAD TROUBLE WITH PHLEGM (FLEM)?

IF LESS THAN 1 YEAR, ENTER 1

|___|___|
ENTER NUMBER OF YEARS

REFUSED...777
DON'T KNOW...999

RDQ.070   IN THE **PAST 12 MONTHS** {HAVE YOU/HAS SP} HAD WHEEZING OR WHISTLING IN {YOUR/HIS/HER} CHEST?

YES..	1
NO..	2 (RDQ.140)
REFUSED...	7 (RDQ.140)
DON'T KNOW..	9 (RDQ.140)

RDQ.080   [IN THE **PAST 12 MONTHS**], HOW MANY ATTACKS OF WHEEZING OR WHISTLING {HAVE YOU/HAS SP} HAD?

IF 12 OR MORE EPISODES, ENTER 12

CAPI INSTRUCTION:
HARD EDIT: RANGE EQUALS 1 TO 12.

|___|___|
ENTER NUMBER OF EPISODES

REFUSED...	77
DON'T KNOW..	99

RDQ.090   [IN THE **PAST 12 MONTHS**], HOW OFTEN, **ON AVERAGE,** HAS {YOUR/SP'S} SLEEP BEEN DISTURBED BECAUSE OF WHEEZING? WOULD YOU SAY THIS HAPPENS . . .

NEVER,..	0
1 OR MORE NIGHTS PER WEEK, OR.........	1
LESS THAN 1 NIGHT PER WEEK?.............	2
REFUSED...	7
DON'T KNOW..	9

RDQ.100   [IN THE **PAST 12 MONTHS**], HAS {YOUR/SP'S} CHEST SOUNDED WHEEZY DURING OR AFTER EXERCISE OR PHYSICAL ACTIVITY?

YES..	1
NO..	2
REFUSED...	7
DON'T KNOW..	9

BOX 3

OMITTED

RDQ.120   [IN THE **PAST 12 MONTHS**], HOW MANY TIMES {HAVE YOU/HAS SP} GONE TO THE DOCTOR'S OFFICE OR THE HOSPITAL EMERGENCY ROOM FOR ONE OR MORE OF THESE ATTACKS OF WHEEZING OR WHISTLING?

IF NEVER, ENTER 0

|___|___|
ENTER NUMBER

CAPI INSTRUCTION:
SOFT EDIT: IF RESPONSE >20, THEN DISPLAY "UNLIKELY RESPONSE.
PLEASE VERIFY. (RDQ.150)."
HARD EDIT: CHECK: RDQ.120 – RANGE ERROR, THE VALID RANGE IS
0-50.

REFUSED... 77
DON'T KNOW.. 99

RDQ.134   [IN THE **PAST 12 MONTHS**], {HAVE YOU/HAS SP} TAKEN ANY MEDICATION, PRESCRIBED BY A
DOCTOR, FOR WHEEZING OR WHISTLING?

YES.. 1
NO... 2
REFUSED... 7
DON'T KNOW....................................... 9

RDQ.135   DURING THE **PAST 12 MONTHS**, HOW MUCH DID {YOU/SP} LIMIT {YOUR/HIS/HER} USUAL
ACTIVITIES DUE TO WHEEZING OR WHISTLING? WOULD YOU SAY…

NOT AT ALL,...................................... 1
A LITTLE,.. 2
A FAIR AMOUNT,................................ 3
A MODERATE AMOUNT, OR................ 4
A LOT?... 5
REFUSED.. 7
DON'T KNOW....................................... 9

BOX 4

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

AGQ.030 **DURING THE PAST 12 MONTHS**, {HAVE YOU/HAS SP} HAD AN EPISODE OF HAY FEVER?

YES.. 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

VISION (VIQ)

<table>
<tr><td align="center">**BOX 1**

OMITTED</td></tr>
</table>

VIQ.010 NEXT I HAVE SOME QUESTIONS ABOUT {YOUR/SP'S} **ABILITY TO SEE**.

WITH BOTH EYES OPEN, CAN {YOU/HE/SHE} SEE LIGHT?

                             YES... 1 (VIQ.031)
                             NO.. 2
                             REFUSED....................................... 7
                             DON'T KNOW................................ 9

CAPI INSTRUCTION:
IF VIQ.010 = 2 AND MCQ.140 = 1, DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT – PLEASE VERIFY BY REENTERING THE RESPONSE." CAPI SHOULD DISPLAY VIQ.010 AGAIN WITH BLANK ENTRY.

IF VIQ.010 = 2 AND MCQ.140 = 2, DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP CANNOT SEE LIGHT. EARLIER SP REPORTED NO TROUBLE SEEING. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW." DISPLAY RESPONSES TO BOTH – WITH LABELS. MCQ.140 – TROUBLE SEEING, VIQ.010 – SEE LIGHT, HIGHLIGHT MUST BE ON VIQ.010.

VIQ.017 {ARE YOU/IS SP} BLIND IN BOTH EYES?

                             YES... 1
                             NO.. 2
                             REFUSED....................................... 7
                             DON'T KNOW................................ 9

CAPI INSTRUCTION:
IF VIQ.010 = 2 (NO) AND VIQ.017 = 2 (NO), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP IS **NOT** BLIND. EARLIER SP REPORTED THAT HE/SHE **CANNOT SEE LIGHT**. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE QUESTION BELOW:" DISPLAY RESPONSES TO BOTH VIQ.010 AND VIQ.017 WITH LABELS. PLACE HIGHLIGHT ON VIQ.010.

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BOX 1A

CHECK ITEM VIQ.024:
IF VIQ.017 = 1, GO TO VIQ.071.
OTHERWISE, CONTINUE.

</div>

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BOX 1A

OMITTED

</div>

<div style="border:1px solid black; padding:10px;">

BOX 2

OMITTED

</div>

VIQ.031   AT THE **PRESENT TIME**, WOULD YOU SAY {YOUR/SP'S} EYESIGHT, WITH GLASSES OR CONTACT LENSES IF {YOU/S/HE} WEAR THEM, IS . . .

EXCELLENT,...	1
GOOD,...	2
FAIR,..	3
POOR, OR..	4
VERY POOR?...	5
REFUSED...	7
DON'T KNOW...	9

CAPI INSTRUCTION:
IF VIQ.010 = 2 AND VIQ.031 = 1 (EXCELLENT VISION), DISPLAY THE FOLLOWING MESSAGE:
"YOU HAVE CODED THAT SP CANNOT SEE LIGHT. SP REPORTED EXCELLENT VISION. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW."
DISPLAY RESPONSES TO ALL – WITH LABELS.

VIQ.010 – CAN'T SEE LIGHT
VIQ.031 = 1 (EXCELLENT VISION)

HIGHLIGHT MUST BE ON VIQ.010.

VIQ.041   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

BOX 3

CHECK ITEM VIQ.049:
IF SP AGE < 20, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

VIQ.051   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.056   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

CAPI INSTRUCTION:
IF VIQ.010 = 2 AND VIQ.056 = 1 (NO DIFFICULTY), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE REPORTED THAT SP CANNOT SEE LIGHT. SP REPORTED NO DIFFICULTY DRIVING. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW."
DISPLAY RESPONSES TO ALL – WITH LABELS.

VIQ.010 – CAN'T SEE LIGHT
VIQ.056 = 1 (NO DIFFICULTY),

HIGHLIGHT MUST BE ON VIQ.010.

VIQ.061   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.071   {HAVE YOU/HAS SP} **EVER** HAD A CATARACT OPERATION?

YES..	1
NO..	2 (BOX 4)
REFUSED...	7 (BOX 4)
DON'T KNOW...	9 (BOX 4)

VIQ.081   WAS THE OPERATION IN {YOUR/SPS} RIGHT EYE, LEFT EYE, OR BOTH EYES?

                RIGHT EYE.. 1
                LEFT EYE.. 2
                BOTH.. 3
                REFUSED... 7
                DON'T KNOW.. 9

BOX 4

CHECK ITEM VIQ.089:
IF SP AGE < 40, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

VIQ.090   {HAVE YOU/HAS SP} EVER BEEN TOLD BY AN EYE DOCTOR THAT {YOU HAVE/S/HE HAS} GLAUCOMA (GLA-**CO**-MA), SOMETIMES CALLED HIGH PRESSURE IN {YOUR/HIS/HER} EYES?

HELP SCREEN:
AN EYE DOCTOR IS A PERSON WHO SPECIALIZES IN THE STUDY OF THE EYE. AN OPHTHALMOLOGIST SPECIALIZES IN THE STRUCTURE, FUNCTION, AND DISEASES OF THE EYE. AN OPTOMETRIST SPECIALIZES IN THE EXAMINING THE EYE FOR DEFECTS AND FAULTS OF REFRACTION AND PRESCRIBING CORRECTIONAL LENSES OR EXERCISES.

                YES.. 1
                NO... 2 (VIQ.310)
                REFUSED... 7 (VIQ.310)
                DON'T KNOW.. 9 (VIQ.310)

VIQ.100   WAS THE GLAUCOMA (GLA-**C**O-MA) IN {YOUR/HIS/HER} RIGHT EYE, LEFT EYE, OR BOTH EYES?

                RIGHT EYE.. 1
                  LEFT EYE.. 2
                BOTH.. 3
                REFUSED... 7
                DON'T KNOW.. 9

VIQ.310   {HAVE YOU/HAS SP} EVER BEEN TOLD BY AN EYE DOCTOR THAT {YOU HAVE/S/HE HAS} AGE-
RELATED MACULAR (**MAC**-Ū-LAR) DEGENERATION?

HELP SCREEN:
AN EYE DOCTOR IS A PERSON WHO SPECIALIZES IN THE STUDY OF THE EYE. AN
OPHTHALMOLOGIST SPECIALIZES IN THE STRUCTURE, FUNCTION, AND DISEASES OF THE
EYE. AN OPTOMETRIST SPECIALIZES IN THE EXAMINING THE EYE FOR DEFECTS AND
FAULTS OF REFRACTION AND PRESCRIBING CORRECTIONAL LENSES OR EXERCISES.

YES... 1
NO.. 2 (END OF SECTION)
REFUSED.. 7 (END OF SECTION)
DON'T KNOW... 9 (END OF SECTION)

VIQ.320   WAS THE AGE-RELATED MACULAR (**MAC**-Ū-LAR) DEGENERATION IN {YOUR/HIS/HER} RIGHT
EYE, LEFT EYE, OR BOTH EYES?

RIGHT EYE... 1
LEFT EYE.. 2
BOTH.. 3
REFUSED.. 7
DON'T KNOW... 9

AUDIOMETRY (AUQ)

AUQ.131   THESE NEXT QUESTIONS ARE ABOUT {YOUR/SP'S} HEARING.

WHICH STATEMENT BEST DESCRIBES {YOUR/SP'S} HEARING (WITHOUT A HEARING AID)? WOULD YOU SAY {YOUR/HIS/HER} HEARING IS EXCELLENT, GOOD, THAT {YOU HAVE/S/HE HAS} A LITTLE TROUBLE, MODERATE TROUBLE, A LOT OF TROUBLE, OR {ARE YOU/IS S/HE} DEAF?

EXCELLENT..	1
GOOD..	2
A LITTLE TROUBLE.....................................	3
MODERATE HEARING TROUBLE...............	4
A LOT OF TROUBLE....................................	5
DEAF...	6
REFUSED..	7
DON'T KNOW..	9

BOX 1

IF SP AGE >= 12 AND AGE <= 19, GO TO AUQ.136.
OTHERWISE, CONTINUE.

BOX 2

IF AGE 70+, GO TO AUQ.141.
OTHERWISE, GO TO END OF SECTION.

AUQ.136   {HAVE YOU/HAS SP} EVER HAD 3 OR MORE EAR INFECTIONS?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW..	9

AUQ.138   {HAVE YOU/HAS SP} EVER HAD A TUBE PLACED IN {YOUR/HIS/HER} EAR TO DRAIN THE FLUID FROM {YOUR/HIS/HER} EAR?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW..	9

AUQ.141   WHEN WAS THE LAST TIME {YOU HAD/SP HAD} {YOUR/HIS/HER} HEARING TESTED?

READ CATEGORIES IF NECESSARY

LESS THAN A YEAR AGO............................	1
1 YEAR TO 4 YEARS AGO...........................	2
5 TO 9 YEARS AGO.....................................	3
TEN OR MORE YEARS AGO.......................	4
NEVER..	5
REFUSED..	7
DON'T KNOW...	9

AUQ.150   {HAVE YOU/HAS SP} EVER WORN A HEARING AID?

YES...	1	
NO...	2	(AUQ.185)
REFUSED..	7	(AUQ.185)
DON'T KNOW...	9	(AUQ.185)

AUQ.171   IN THE PAST 12 MONTHS, {HAVE YOU/HAS SP} WORN A HEARING AID AT LEAST 5 HOURS A WEEK?

YES...	1
NO...	2
REFUSED..	7
DON'T KNOW...	9

AUQ.185   {HAVE YOU/HAS SP} EVER USED ASSISTIVE LISTENING DEVICES (ALDS), SUCH AS FM SYSTEMS, CLOSED-CAPTIONED TELEVISION, OR AMPLIFIED TELEPHONE (OR RELAY SERVICES)?

YES...	1
NO...	2
REFUSED..	7
DON'T KNOW...	9

```
                    07BOX 3

IF SP AGE >= 70, GO TO END OF SECTION.
OTHERWISE, CONTINUE.
```

AUQ.191   IN THE PAST 12 MONTHS, {HAVE YOU/HAS SP} BEEN BOTHERED BY RINGING, ROARING, OR BUZZING IN {YOUR/HIS/HER} EARS OR HEAD THAT LASTS FOR 5 MINUTES OR MORE?

YES...	1	
NO...	2	(AUQ.211)
REFUSED..	7	(AUQ.211)
DON'T KNOW...	9	(AUQ.211)

AUQ.250   HOW LONG {HAVE YOU/HAS SP} BEEN BOTHERED BY THIS RINGING, ROARING, OR BUZZING IN {YOUR/HIS/HER} EARS OR HEAD?

READ CATEGORIES IF NECESSARY

LESS THAN THREE MONTHS......................	1
THREE MONTHS TO A YEAR.......................	2
1 TO 4 YEARS...	3
5 TO 9 YEARS...	4
TEN OR MORE YEARS................................	5
REFUSED...	7
DON'T KNOW..	9

AUQ.260   {ARE YOU/IS SP} BOTHERED BY RINGING, ROARING, OR BUZZING IN {YOUR/HIS/HER} EARS OR HEAD ONLY AFTER LISTENING TO LOUD SOUNDS OR LOUD MUSIC?

YES...	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

AUQ.270   {ARE YOU/IS SP} BOTHERED BY RINGING, ROARING, OR BUZZING IN {YOUR/HIS/HER} EARS OR HEAD WHEN GOING TO SLEEP?

YES...	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

AUQ.280   HOW MUCH OF A PROBLEM IS THIS RINGING, ROARING, OR BUZZING IN {YOUR/HIS/HER} EARS OR HEAD?

NO PROBLEM..	1
A SMALL PROBLEM.....................................	2
A MODERATE PROBLEM............................	3
A BIG PROBLEM...	4
A VERY BIG PROBLEM...............................	5
REFUSED...	7
DON'T KNOW..	9

AUQ.211   {HAVE YOU/HAS SP} EVER USED FIREARMS FOR TARGET SHOOTING, HUNTING, OR FOR ANY OTHER PURPOSES?

YES...	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

AUQ.290   {HAVE YOU/HAS SP} EVER HAD A JOB WHERE {YOU WERE/S/HE WAS} EXPOSED TO LOUD NOISE
           FOR 5 OR MORE HOURS A WEEK? 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
                              REFUSED...   7
                              DON'T KNOW...   9

AUQ.231   OUTSIDE OF A JOB, {HAVE YOU/HAS SP} EVER BEEN EXPOSED TO STEADY LOUD NOISE OR
           MUSIC FOR 5 OR MORE HOURS A WEEK? THIS IS NOISE SO LOUD THAT {YOU HAVE/S/HE HAS} TO
           RAISE {YOUR/HIS/HER} VOICE TO BE HEARD. EXAMPLES ARE NOISE FROM POWER TOOLS, LAWN
           MOWERS, FARM MACHINERY, CARS, TRUCKS, MOTORCYCLES, OR LOUD MUSIC.

                              YES..   1
                              NO...   2
                              REFUSED...   7
                              DON'T KNOW...   9

AUQ.241   HOW OFTEN {DO YOU/DOES SP} WEAR HEARING PROTECTION DEVICES (EAR PLUGS, EAR
           MUFFS) WHEN EXPOSED TO LOUD SOUNDS OR NOISE? (INCLUDE BOTH JOB AND OFF WORK
           EXPOSURES.)

                              MOST OF THE TIME....................................   1
                              SOMETIMES..   2
                              RARELY/SELDOM..   3
                              NEVER...   4
                              REFUSED...   7
                              DON'T KNOW...   9

ORAL HEALTH (OHQ)

OHQ.011   NOW I HAVE SOME QUESTIONS ABOUT THE CONDITION OF YOUR TEETH AND GUMS.

HOW WOULD YOU DESCRIBE THE CONDITION OF {YOUR/SP'S} TEETH? WOULD YOU SAY . . .

EXCELLENT,...	11
VERY GOOD,..	12
GOOD,..	13
FAIR, OR...	14
POOR?...	15
REFUSED..	7
DON'T KNOW..	9

OHQ.620   HOW OFTEN DURING THE LAST YEAR {HAVE YOU/HAS SP} HAD PAINFUL ACHING ANYWHERE IN {YOUR/HIS/HER} MOUTH? WOULD YOU SAY . . .

HAND CARD OHQ1

VERY OFTEN,..	1
FAIRLY OFTEN,...	2
OCCASIONALLY,..	3
HARDLY EVER, OR.......................................	4
NEVER?...	5
REFUSED..	7
DON'T KNOW..	9

OHQ.630   HOW OFTEN DURING THE LAST YEAR {HAVE YOU/HAS SP} FELT THAT LIFE IN GENERAL WAS LESS SATISFYING BECAUSE OF PROBLEMS WITH {YOUR/HIS/HER} TEETH, MOUTH OR DENTURES?

HAND CARD OHQ1

VERY OFTEN,..	1
FAIRLY OFTEN,...	2
OCCASIONALLY,..	3
HARDLY EVER, OR.......................................	4
NEVER?...	5
REFUSED..	7
DON'T KNOW..	9

OHQ.640   HOW OFTEN DURING THE LAST YEAR {HAVE YOU/HAS SP} HAD DIFFICULTY DOING {YOUR/HIS/HER} USUAL JOBS OR ATTENDING SCHOOL BECAUSE OF PROBLEMS WITH {YOUR/HIS/HER} TEETH, MOUTH OR DENTURES?

HAND CARD OHQ1

VERY OFTEN,.. 1
FAIRLY OFTEN,.. 2
OCCASIONALLY,... 3
HARDLY EVER, OR..................................... 4
NEVER?.. 5
REFUSED.. 7
DON'T KNOW.. 9

OHQ.650   HOW OFTEN DURING THE LAST YEAR {HAS YOUR/HAS SP'S} SENSE OF TASTE BEEN AFFECTED BY PROBLEMS WITH {YOUR/HIS/HER} TEETH, MOUTH OR DENTURES?

         HAND CARD OHQ1

VERY OFTEN,.. 1
FAIRLY OFTEN,.. 2
OCCASIONALLY,... 3
HARDLY EVER, OR..................................... 4
NEVER?.. 5
REFUSED.. 7
DON'T KNOW.. 9

OHQ.660   HOW OFTEN DURING THE LAST YEAR {HAVE YOU/HAS SP} AVOIDED PARTICULAR FOODS BECAUSE OF PROBLEMS WITH {YOUR/HIS/HER} TEETH, MOUTH OR DENTURES?

         HAND CARD OHQ1

VERY OFTEN,.. 1
FAIRLY OFTEN,.. 2
OCCASIONALLY,... 3
HARDLY EVER, OR..................................... 4
NEVER?.. 5
REFUSED.. 7
DON'T KNOW.. 9

OHQ.670   HOW OFTEN DURING THE LAST YEAR {HAVE YOU/HAS SP} FOUND IT UNCOMFORTABLE TO EAT ANY FOOD BECAUSE OF PROBLEMS WITH {YOUR/HIS/HER} TEETH, MOUTH OR DENTURES?

         HAND CARD OHQ1

VERY OFTEN,.. 1
FAIRLY OFTEN,.. 2
OCCASIONALLY,... 3
HARDLY EVER, OR..................................... 4
NEVER?.. 5
REFUSED.. 7
DON'T KNOW.. 9

OHQ.680   HOW OFTEN DURING THE LAST YEAR {HAVE YOU/HAS SP} BEEN SELF-CONSCIOUS OR EMBARRASSED BECAUSE OF {YOUR/HIS/HER} TEETH, MOUTH OR DENTURES?

HAND CARD OHQ1

VERY OFTEN,...	1
FAIRLY OFTEN,..	2
OCCASIONALLY,...	3
HARDLY EVER, OR......................................	4
NEVER?...	5
REFUSED...	7
DON'T KNOW...	9

SLEEP DISORDERS (SLQ)

SLQ.010   THE NEXT SET OF QUESTIONS IS ABOUT YOUR SLEEPING HABITS.
H/M

HOW MUCH SLEEP {DO YOU/DOES SP} USUALLY GET AT NIGHT ON WEEKDAYS OR WORKDAYS?

|___|___|
ENTER HOURS

CAPI INSTRUCTION: HARD EDIT: HOURS MUST EQUAL 0-24.

REFUSED...777
DON'T KNOW.......................................999

SLQ.021G   HOW LONG DOES IT USUALLY TAKE {YOU/SP} TO FALL ASLEEP AT BEDTIME?

ENTER MINUTES 1-59.................................. 1
ONE HOUR OR MORE................................. 2 (SLQ.030)
REFUSED.. 777 (SLQ.030)
DON'T KNOW... 999 (SLQ.030)

CAPI INSTRUCTION:
GATE QUESTION.

SLQ.021M   HOW LONG DOES IT USUALLY TAKE {YOU/SP} TO FALL ASLEEP AT BEDTIME?

|___|___|
ENTER MINUTES 1-59

CAPI INSTRUCTION:
HARD EDIT: MINUTES MUST EQUAL 0-59.

SLQ.030   **IN THE PAST 12 MONTHS,** HOW OFTEN DID {YOU/SP} SNORE WHILE {YOU WERE/S/HE WAS} SLEEPING?

NEVER... 0
RARELY (1-2 NIGHTS/WEEK)..................... 1
OCCASIONALLY (3-4 NIGHTS/WEEK)......... 2
FREQUENTLY (5 OR MORE NIGHTS/WEEK)   3
REFUSED... 7
DON'T KNOW.. 9

SLQ.040   **IN THE PAST 12 MONTHS,** HOW OFTEN DID {YOU/SP} SNORT, GASP, OR STOP BREATHING WHILE {YOU WERE/S/HE WAS} ASLEEP?

NEVER...	0
RARELY (1-2 NIGHTS/WEEK)......................	1
OCCASIONALLY (3-4 NIGHTS/WEEK).........	2
FREQUENTLY (5 OR MORE NIGHTS/WEEK)	3
REFUSED...	7
DON'T KNOW...	9

SLQ.050   {HAVE **YOU**/HAS SP} **EVER TOLD** A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/S/HE HAS} TROUBLE SLEEPING?

YES..	1
NO..	2
REFUSED...	7
DON'T KNOW...	9

SLQ.060   {HAVE **YOU**/HAS SP} **EVER BEEN TOLD** BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT {YOU HAVE/S/HE HAS} A SLEEP DISORDER?

YES..	1	
NO..	2	(SLQ.080)
REFUSED...	7	(SLQ.080)
DON'T KNOW...	9	(SLQ.080)

SLQ.070   WHAT WAS THE SLEEP DISORDER?

CODE ALL THAT APPLY.

SLEEP APNEA...	1
INSOMNIA..	2
RESTLESS LEGS..	3
OTHER...	4
REFUSED...	7
DON'T KNOW...	9

SLQ.080   THIS NEXT SET OF QUESTIONS IS ABOUT {YOUR/SP'S} SLEEPING HABITS **IN THE PAST MONTH**.

IN THE PAST MONTH, HOW OFTEN DID {YOU/SP} HAVE TROUBLE FALLING ASLEEP?

HAND CARD SLQ1

NEVER...	0
RARELY – 1 TIME A MONTH.......................	1
SOMETIMES – 2-4 TIMES A MONTH...........	2
OFTEN – 5-15 TIMES A MONTH..................	3
ALMOST ALWAYS – 16-30 TIMES A MONTH...	4
REFUSED...	7
DON'T KNOW...	9

SLQ.090   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] WAKE UP DURING THE NIGHT AND HAD TROUBLE GETTING BACK TO SLEEP?

HAND CARD SLQ1

NEVER...	0
RARELY – 1 TIME A MONTH........................	1
SOMETIMES – 2-4 TIMES A MONTH...........	2
OFTEN – 5-15 TIMES A MONTH..................	3
ALMOST ALWAYS – 16-30 TIMES A	
MONTH...	4
REFUSED..	7
DON'T KNOW...	9

SLQ.100   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] WAKE UP TOO EARLY IN THE MORNING AND {WERE/WAS} UNABLE TO GET BACK TO SLEEP?

HAND CARD SLQ1

NEVER...	0
RARELY – 1 TIME A MONTH........................	1
SOMETIMES – 2-4 TIMES A MONTH...........	2
OFTEN – 5-15 TIMES A MONTH..................	3
ALMOST ALWAYS – 16-30 TIMES A	
MONTH...	4
REFUSED..	7
DON'T KNOW...	9

SLQ.110   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] FEEL UNRESTED DURING THE DAY, NO MATTER HOW MANY HOURS OF SLEEP {YOU HAVE/S/HE HAS} HAD?

HAND CARD SLQ1

NEVER...	0
RARELY – 1 TIME A MONTH........................	1
SOMETIMES – 2-4 TIMES A MONTH...........	2
OFTEN – 5-15 TIMES A MONTH..................	3
ALMOST ALWAYS – 16-30 TIMES A	
MONTH...	4
REFUSED..	7
DON'T KNOW...	9

SLQ.120   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] FEEL EXCESSIVELY OR OVERLY SLEEPY DURING THE DAY?

HAND CARD SLQ1

NEVER..	0
RARELY – 1 TIME A MONTH........................	1
SOMETIMES – 2-4 TIMES A MONTH...........	2
OFTEN – 5-15 TIMES A MONTH..................	3
ALMOST ALWAYS – 16-30 TIMES A MONTH..	4
REFUSED...	7
DON'T KNOW...	9

SLQ.130   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] NOT GET ENOUGH SLEEP?

HAND CARD SLQ1

NEVER..	0
RARELY – 1 TIME A MONTH........................	1
SOMETIMES – 2-4 TIMES A MONTH...........	2
OFTEN – 5-15 TIMES A MONTH..................	3
ALMOST ALWAYS – 16-30 TIMES A MONTH..	4
REFUSED...	7
DON'T KNOW...	9

SLQ.140   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] TAKE SLEEPING PILLS OR OTHER MEDICATION TO HELP {YOU/HIM/HER} SLEEP?

HAND CARD SLQ1

NEVER..	0
RARELY – 1 TIME A MONTH........................	1
SOMETIMES – 2-4 TIMES A MONTH...........	2
OFTEN – 5-15 TIMES A MONTH..................	3
ALMOST ALWAYS – 16-30 TIMES A MONTH..	4
REFUSED...	7
DON'T KNOW...	9

SLQ.150   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] HAVE LEG JERKS WHILE TRYING TO SLEEP?

HAND CARD SLQ1

NEVER... 0
RARELY – 1 TIME A MONTH........................ 1
SOMETIMES – 2-4 TIMES A MONTH........... 2
OFTEN – 5-15 TIMES A MONTH.................. 3
ALMOST ALWAYS – 16-30 TIMES A
  MONTH.. 4
REFUSED.. 7
DON'T KNOW... 9

SLQ.160   [IN THE PAST MONTH, HOW OFTEN DID {YOU/SP}] HAVE LEG CRAMPS WHILE TRYING TO SLEEP?

           HAND CARD SLQ1

NEVER... 0
RARELY – 1 TIME A MONTH........................ 1
SOMETIMES – 2-4 TIMES A MONTH........... 2
OFTEN – 5-15 TIMES A MONTH.................. 3
ALMOST ALWAYS – 16-30 TIMES A
  MONTH.. 4
REFUSED.. 7
DON'T KNOW... 9

SLQ.170   THE PURPOSE OF THIS NEXT SET OF QUESTIONS IS TO FIND OUT IF {YOU GENERALLY HAVE/SP GENERALLY HAS} DIFFICULTY CARRYING OUT CERTAIN ACTIVITIES BECAUSE {YOU ARE/S/HE IS} TOO SLEEPY OR TIRED. WHEN THE WORDS "SLEEPY" OR "TIRED" ARE USED, IT MEANS THE FEELING THAT {YOU/S/HE} CAN'T KEEP {YOUR/HIS/HER} EYES OPEN, {YOUR/HIS/HER} HEAD IS DROOPY, THAT {YOU/S/HE} WANT TO "NOD OFF" OR THAT {YOU FEEL/S/HE FEELS} THE URGE TO TAKE A NAP. THE WORDS DO NOT REFER TO THE TIRED OR FATIGUED FEELING {YOU/SHE} MAY HAVE AFTER {YOU HAVE/S/HE HAS} EXERCISED.

           {DO YOU/DOES SP} HAVE DIFFICULTY CONCENTRATING ON THE THINGS {YOU DO/S/HE DOES} BECAUSE {YOU FEEL/S/HE FEELS} SLEEPY OR TIRED?

           HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER
  REASONS.. 1
NO DIFFICULTY.. 2
YES, A LITTLE DIFFICULTY........................ 3
YES, MODERATE DIFFICULTY................... 4
YES, EXTREME DIFFICULTY....................... 5
REFUSED.. 7
DON'T KNOW... 9

SLQ.180   {DO YOU/DOES SP} GENERALLY HAVE DIFFICULTY REMEMBERING THINGS, BECAUSE {YOU ARE/S/HE IS} SLEEPY OR TIRED?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER
  REASONS.. 1
NO DIFFICULTY... 2
YES, A LITTLE DIFFICULTY......................... 3
YES, MODERATE DIFFICULTY.................... 4
YES, EXTREME DIFFICULTY....................... 5
REFUSED... 7
DON'T KNOW... 9

SLQ.190   {DO YOU/DOES SP} HAVE DIFFICULTY FINISHING A MEAL BECAUSE {YOU BECOME/S/HE BECOMES} SLEEPY OR TIRED?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER
  REASONS.. 1
NO DIFFICULTY... 2
YES, A LITTLE DIFFICULTY......................... 3
YES, MODERATE DIFFICULTY.................... 4
YES, EXTREME DIFFICULTY....................... 5
REFUSED... 7
DON'T KNOW... 9

SLQ.200   {DO YOU/DOES SP} HAVE DIFFICULTY WORKING ON A HOBBY, FOR EXAMPLE, SEWING, COLLECTING, GARDENING, BECAUSE {YOU ARE/S/HE IS} SLEEPY OR TIRED?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER
  REASONS.. 1
NO DIFFICULTY... 2
YES, A LITTLE DIFFICULTY......................... 3
YES, MODERATE DIFFICULTY.................... 4
YES, EXTREME DIFFICULTY....................... 5
REFUSED... 7
DON'T KNOW... 9

SLQ.210   {DO YOU/DOES SP} HAVE DIFFICULTY GETTING THINGS DONE BECAUSE {YOU ARE/S/HE IS} TOO
          SLEEPY OR TIRED TO DRIVE OR TAKE PUBLIC TRANSPORTATION?

          HAND CARD SLQ2

                              DON'T DO THIS ACTIVITY FOR OTHER
                                 REASONS..   1
                              NO DIFFICULTY...   2
                              YES, A LITTLE DIFFICULTY.........................   3
                              YES, MODERATE DIFFICULTY...................   4
                              YES, EXTREME DIFFICULTY.......................   5
                              REFUSED...   7
                              DON'T KNOW...   9

SLQ.220   {DO YOU/DOES SP} HAVE DIFFICULTY TAKING CARE OF FINANCIAL AFFAIRS AND DOING
          PAPERWORK (FOR EXAMPLE, PAYING BILLS OR KEEPING FINANCIAL RECORDS) BECAUSE {YOU
          ARE/S/HE IS} SLEEPY OR TIRED?

          HAND CARD SLQ2

          CAPI INSTRUCTION:
          DISPLAY IF AGE 16-19:   "{DO YOU/DOES S/HE} HAVE DIFFICULTY DOING **HOMEWORK** OR
          PAPERWORK, FOR EXAMPLE PAYING BILLS OR KEEPING FINANCIAL RECORDS, BECAUSE {YOU
          ARE/S/HE IS} SLEEPY OR TIRED?"

                              DON'T DO THIS ACTIVITY FOR OTHER
                                 REASONS..   1
                              NO DIFFICULTY...   2
                              YES, A LITTLE DIFFICULTY.........................   3
                              YES, MODERATE DIFFICULTY...................   4
                              YES, EXTREME DIFFICULTY.......................   5
                              REFUSED...   7
                              DON'T KNOW...   9

SLQ.230   {DO YOU/DOES SP} HAVE DIFFICULTY PERFORMING EMPLOYED OR VOLUNTEER WORK BECAUSE
          {YOU ARE/S/HE IS} SLEEPY OR TIRED?

          HAND CARD SLQ2

          CAPI INSTRUCTION:
          DISPLAY IF SP AGE 16-19: "{DO YOU/DOES SP} HAVE DIFFICULTY PERFORMING EMPLOYED OR
          VOLUNTEER WORK **OR ATTENDING SCHOOL** BECAUSE {YOU ARE/S/HE IS} SLEEPY OR TIRED?"

                              DON'T DO THIS ACTIVITY FOR OTHER
                                 REASONS..   1
                              NO DIFFICULTY...   2
                              YES, A LITTLE DIFFICULTY.........................   3
                              YES, MODERATE DIFFICULTY...................   4
                              YES, EXTREME DIFFICULTY.......................   5
                              REFUSED...   7
                              DON'T KNOW...   9

SLQ.240   {DO YOU/DOES SP} HAVE DIFFICULTY MAINTAINING A TELEPHONE CONVERSATION BECAUSE {YOU BECOME/S/HE BECOMES} SLEEPY OR TIRED?

HAND CARD SLQ2

DON'T DO THIS ACTIVITY FOR OTHER
  REASONS.. 1
NO DIFFICULTY... 2
YES, A LITTLE DIFFICULTY......................... 3
YES, MODERATE DIFFICULTY.................... 4
YES, EXTREME DIFFICULTY....................... 5
REFUSED.. 7
DON'T KNOW... 9

PHYSICAL ACTIVITY AND PHYSICAL FITNESS (PAQ)

PAQ.605   NEXT I AM GOING TO ASK YOU ABOUT THE TIME {YOU SPEND/SP SPENDS} DOING DIFFERENT TYPES OF PHYSICAL ACTIVITY IN A TYPICAL WEEK. PLEASE ANSWER THESE QUESTIONS EVEN IF {YOU DO NOT CONSIDER YOURSELF/SP DOES NOT CONSIDER HIMSELF/HERSELF} TO BE A PHYSICALLY ACTIVE PERSON.

THINK FIRST ABOUT THE TIME {YOU SPEND/SP SPENDS} DOING WORK. THINK OF WORK AS THE THINGS THAT {YOU HAVE/SP HAS} TO DO SUCH AS PAID OR UNPAID WORK, STUDYING OR TRAINING, HOUSEHOLD CHORES, AND YARD WORK.   IN ANSWERING THE FOLLOWING QUESTIONS, 'VIGOROUS-INTENSITY ACTIVITIES' ARE ACTIVITIES THAT REQUIRE HARD PHYSICAL EFFORT AND CAUSE LARGE INCREASES IN BREATHING OR HEART RATE, AND 'MODERATE-INTENSITY ACTIVITIES' ARE ACTIVITIES THAT REQUIRE MODERATE PHYSICAL EFFORT AND CAUSE SMALL INCREASES IN BREATHING OR HEART RATE.

DOES {YOUR/SP'S} WORK INVOLVE VIGOROUS-INTENSITY ACTIVITY THAT CAUSES LARGE INCREASES IN BREATHING OR HEART RATE LIKE CARRYING OR LIFTING HEAVY LOADS, DIGGING OR CONSTRUCTION WORK FOR **AT LEAST 10 MINUTES CONTINUOUSLY**?

```
YES................................................................    1
NO..................................................................    2   (PAQ.620)
REFUSED.......................................................    7   (PAQ.620)
DON'T KNOW.................................................    9   (PAQ.620)
```

PAQ.610   IN A TYPICAL WEEK, ON HOW MANY DAYS {DO YOU/DOES SP} DO **VIGOROUS-INTENSITY** ACTIVITIES AS PART OF YOUR WORK?

HARD EDIT: 1-7.

```
|___|___|
ENTER NUMBER OF DAYS
```

```
REFUSED....................................................   777   (PAQ.620)
DON'T KNOW.............................................   999   (PAQ.620)
```

PAQ615 HOW MUCH TIME {DO YOU/DOES SP} SPEND DOING **VIGOROUS-INTENSITY** ACTIVITIES AT WORK ON A TYPICAL DAY?

Q/U

SOFT EDIT: >11 HOURS.
HARD EDIT: >24 HOURS.

|___|___|___|
ENTER NUMBER OF MINUTES OR HOURS

REFUSED... 7777
DON'T KNOW.. 9999

ENTER UNIT

MINUTES.. 1
HOURS... 2
REFUSED.. 7
DON'T KNOW.. 9

PAQ.620 DOES {YOUR/SP'S} WORK INVOLVE **MODERATE-INTENSITY** ACTIVITY THAT CAUSES SMALL INCREASES IN BREATHING OR HEART RATE SUCH AS BRISK WALKING OR CARRYING LIGHT LOADS FOR **AT LEAST 10 MINUTES CONTINUOUSLY**?

YES... 1
NO... 2 (PAQ.635)
REFUSED.. 7 (PAQ.635)
DON'T KNOW.. 9 (PAQ.635)

PAQ.625 IN A TYPICAL WEEK, ON HOW MANY DAYS {DO YOU/DOES SP} DO MODERATE-INTENSITY ACTIVITIES AS PART OF {YOUR/HIS/HER} WORK?

HARD EDIT: 1-7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED... 777 (PAQ.635)
DON'T KNOW... 999 (PAQ.635)

PAQ.630   HOW MUCH TIME {DO YOU/DOES SP} SPEND DOING **MODERATE-INTENSITY** ACTIVITIES AT WORK
ON A TYPICAL DAY?

Q/U

SOFT EDIT: >11 HOURS.
HARD EDIT: >24 HOURS.

|___|___|___|
ENTER NUMBER OF MINUTES OR HOURS

REFUSED... 7777
DON'T KNOW... 9999

ENTER UNIT

MINUTES.. 1
HOURS.. 2
REFUSED.. 7
DON'T KNOW.. 9

PAQ.635   THE NEXT QUESTIONS EXCLUDE THE PHYSICAL ACTIVITY OF WORK THAT YOU HAVE ALREADY
MENTIONED.   NOW I WOULD LIKE TO ASK YOU ABOUT THE USUAL WAY {YOU TRAVEL/SP
TRAVELS} TO AND FROM PLACES. FOR EXAMPLE TO WORK, FOR SHOPPING, TO SCHOOL.

{DO YOU/DOES SP} WALK OR USE A BICYCLE FOR **AT LEAST 10 MINUTES CONTINUOUSLY** TO
GET TO AND FROM PLACES?

YES... 1
NO... 2 (PAQ.650)
REFUSED.. 7 (PAQ.650)
DON'T KNOW.. 9 (PAQ.650)

PAQ.640   IN A TYPICAL WEEK, ON HOW MANY DAYS {DO YOU/DOES SP} WALK OR BICYCLE FOR **AT LEAST
10 MINUTES CONTINUOUSLY** TO GET TO AND FROM PLACES?

HARD EDIT: 1-7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED... 777 (PAQ.650)
DON'T KNOW... 999 (PAQ.650)

PAQ.645   HOW MUCH TIME {DO YOU/DOES SP} SPEND WALKING OR BICYCLING FOR TRAVEL ON A TYPICAL
           DAY?

Q/U
           SOFT EDIT: >11 HOURS.
           HARD EDIT: >24 HOURS.

                                    |___|___|___|
                                    ENTER NUMBER OF MINUTES OR HOURS

                                    REFUSED.. 7777
                                    DON'T KNOW.. 9999

                                    ENTER UNIT

                                    MINUTES.. 1
                                    HOURS... 2
                                    REFUSED.. 7
                                    DON'T KNOW.. 9

PAQ.650   THE NEXT QUESTIONS EXCLUDE THE WORK AND TRANSPORT ACTIVITIES THAT YOU HAVE
           ALREADY MENTIONED. NOW I WOULD LIKE TO ASK YOU ABOUT SPORTS, FITNESS AND
           RECREATIONAL ACTIVITIES.

           {DO YOU/DOES SP} DO ANY VIGOROUS-INTENSITY SPORTS, FITNESS, OR RECREATIONAL
           ACTIVITIES THAT CAUSE LARGE INCREASES IN BREATHING OR HEART RATE LIKE RUNNING OR
           BASKETBALL FOR **AT LEAST 10 MINUTES CONTINUOUSLY**?

                                    YES... 1
                                    NO... 2 (PAQ.665)
                                    REFUSED.. 7 (PAQ.665)
                                    DON'T KNOW.. 9 (PAQ.665)

PAQ.655   IN A TYPICAL WEEK, ON HOW MANY DAYS {DO YOU/DOES SP} DO **VIGOROUS-INTENSITY** SPORTS,
           FITNESS OR RECREATIONAL ACTIVITIES?

           HARD EDIT: 1-7.

                                    |___|___|
                                    ENTER NUMBER OF DAYS

                                    REFUSED.. 777 (PAQ.665)
                                    DON'T KNOW.. 999 (PAQ.665)

PAQ.660   HOW MUCH TIME {DO YOU/DOES SP} SPEND DOING **VIGOROUS–INTENSITY** SPORTS, FITNESS OR
Q/U   RECREATIONAL ACTIVITIES ON A TYPICAL DAY?

           SOFT EDIT: >11 HOURS.
           HARD EDIT: >24 HOURS.

                              |___|___|___|
                              ENTER NUMBER OF MINUTES OR HOURS

                              REFUSED.. 7777
                              DON'T KNOW.. 9999

                              ENTER UNIT

                              MINUTES... 1
                              HOURS... 2
                              REFUSED.. 7
                              DON'T KNOW.. 9

PAQ.665   {DO YOU/DOES SP} DO ANY MODERATE-INTENSITY SPORTS, FITNESS, OR RECREATIONAL
           ACTIVITIES THAT CAUSE A SMALL INCREASE IN BREATHING OR HEART RATE SUCH AS BRISK
           WALKING, BICYCLING, SWIMMING, OR GOLF FOR **AT LEAST 10 MINUTES CONTINUOUSLY**?

                              YES.. 1
                              NO... 2   (PAQ.680)
                              REFUSED.. 7   (PAQ.680)
                              DON'T KNOW.. 9   (PAQ.680)

PAQ.670   IN A TYPICAL WEEK, ON HOW MANY DAYS {DO YOU/DOES SP} DO **MODERATE-INTENSITY**
           SPORTS, FITNESS OR RECREATIONAL ACTIVITIES?

           HARD EDIT: 1-7.

                              |___|___|
                              ENTER NUMBER OF DAYS

                              REFUSED... 777   (PAQ.680)
                              DON'T KNOW... 999   (PAQ.680)

PAQ.675   HOW MUCH TIME {DO YOU/DOES SP} SPEND DOING **MODERATE-INTENSITY** SPORTS, FITNESS OR
Q/U   RECREATIONAL ACTIVITIES ON A TYPICAL DAY?

           SOFT EDIT: >11 HOURS.
           HARD EDIT: >24 HOURS.

                                    |___|___|___|
                                    ENTER NUMBER OF MINUTES OR HOURS

                                    REFUSED... 7777
                                    DON'T KNOW.. 9999

                                    ENTER UNIT

                                    MINUTES... 1
                                    HOURS.. 2
                                    REFUSED.. 7
                                    DON'T KNOW.. 9

PAQ.680   THE FOLLOWING QUESTION IS ABOUT SITTING OR RECLINING AT WORK, AT HOME, OR AT
Q/U   SCHOOL. INCLUDE TIME SPENT SITTING AT A DESK, SITTING WITH FRIENDS, TRAVELING IN A
           CAR, BUS, OR TRAIN, READING, PLAYING CARDS, WATCHING TELEVISION, OR USING A
           COMPUTER. DO NOT INCLUDE TIME SPENT SLEEPING. HOW MUCH TIME {DO YOU/DOES SP}
           USUALLY SPEND SITTING OR RECLINING ON A TYPICAL DAY?

           SOFT EDIT: >11 HOURS.
           HARD EDIT: >24 HOURS.

                                    |___|___|___|
                                    ENTER NUMBER OF MINUTES OR HOURS

                                    REFUSED... 7777
                                    DON'T KNOW.. 9999

                                    ENTER UNIT

                                    MINUTES... 1
                                    HOURS.. 2
                                    REFUSED.. 7
                                    DON'T KNOW.. 9

PAQ.685   DURING THE PAST 12 MONTHS, WHEN {YOU THOUGHT/SP THOUGHT} OR WERE (INFORMED) AIR
           QUALITY WAS BAD, {DID YOU/DID SP} DO ANYTHING DIFFERENTLY?

                                    YES... 1
                                    NO... 2 (END OF SECTION)
                                    REFUSED.. 7 (END OF SECTION)
                                    DON'T KNOW... 9 (END OF SECTION)

PAQ.690   WHICH OF THESE {DID YOU/DID SP} DO DIFFERENTLY?

INTERVIEWER: CODE ALL THAT APPLY.

HAND CARD 07PAQ1

WORE A MASK...	10
SPENT LESS TIME OUTDOORS..................	11
AVOIDED ROADS THAT HAVE HEAVY TRAFFIC...	12
DID LESS STRENUOUS ACTIVITIES...........	13
TOOK MEDICATION.....................................	14
CLOSED WINDOWS OF YOUR HOUSE......	15
DROVE MY CAR LESS.................................	16
CANCELED OUTDOOR ACTIVITIES...........	17
EXERCISED INDOORS INSTEAD OF OUTSIDE...	18
USED BUSES, TRAINS, OR SUBWAYS.......	19
NONE OF ABOVE...	20
OTHER (SPECIFY)_____	71
REFUSED..	77
DON'T KNOW..	99

DIET BEHAVIOR AND NUTRITION - DBQ
Target Group: SPs Birth + (Questions grouped by age categories)

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?

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

DBQ.020   How old was {SP} when {he/she} was **first** fed something other than breastmilk or water?
G/Q/U

INCLUDE FORMULA, JUICE, SOLID FOODS

|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER... 2 (BOX 2)
REFUSED...777 (BOX 2)
DON'T KNOW...999 (BOX 2)

ENTER UNIT

DAYS... 1
WEEKS.. 2
MONTHS... 3
YEARS... 4
REFUSED... 7
DON'T KNOW.. 9

DBQ.030   How old was {SP} when {he/she} **completely stopped** breastfeeding or being fed breastmilk?
G/Q/U

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

STILL BREASTFEEDING......................... 6666
REFUSED... 7777
DON'T KNOW.. 9999

ENTER UNIT

DAYS.. 1
WEEKS... 2
MONTHS... 3
YEARS.. 4
REFUSED.. 7
DON'T KNOW.. 9

DBQ.040
G/Q/U

How old was {SP} when {he/she} was **first** fed formula on a **daily basis**?

INCLUDE CHILDREN RECEIVING FORMULA **AND** THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS.......................... 2 (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
G/Q/U

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.. 1
WEEKS... 2
MONTHS... 3
YEARS.. 4
REFUSED.. 7
DON'T KNOW.. 9

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

INCLUDE LACTAID AS MILK
DO NOT INCLUDE BREASTMILK OR FORMULA

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS.......................... 2 (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.072   What type of milk was {SP} **first** fed on a daily basis? Was it . . .

CODE ALL THAT APPLY

whole or regular,... 10
2% fat or reduced-fat milk,.............................. 11
1% fat or low-fat milk (includes 0.5% fat
   milk or "low-fat milk" not further specified),.. 12
fat-free, skim or nonfat milk, or........................ 13
another type?... 30
REFUSED... 77
DON'T KNOW... 99

DBQ.080 How old was {SP} when {he/she} **started** eating solid foods [such as strained foods like baby food or any
G/Q/U   other non-liquid foods] on a daily basis?

                                    |___|___|___|___|
                                    ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

                                    NEVER ON A DAILY BASIS.......................... 2
                                    REFUSED... 7777
                                    DON'T KNOW.. 9999

                                    ENTER UNIT

                                    DAYS... 1
                                    WEEKS... 2
                                    MONTHS.. 3
                                    YEARS.. 4
                                    REFUSED... 7
                                    DON'T KNOW... 9

BOX 2

CHECK ITEM DBQ.085:
IF SP AGE >= 16, CONTINUE.
IF SP AGE <16 BUT >= 1, GO TO DBQ.197.
OTHERWISE, GO TO FSQ.651.

DBQ.700 Next I have some questions about {your/SP's} eating habits.

         In general, how healthy is {your/his/her} overall diet? Would you say . . .

                                    excellent,.. 1
                                    very good,... 2
                                    good,... 3
                                    fair, or.. 4
                                    poor?.. 5
                                    REFUSED... 7
                                    DON'T KNOW... 9

BOX 3

OMITTED

BOX 4

OMITTED

DBQ.197   {Next I have some questions about {SP's} eating habits.}

{First/Next} 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 DBQ1

CAPI INSTRUCTION:
THIS SHOULD **NOT** BE A GATE QUESTION ANYMORE.
CAPI DISPLAY INSTRUCTIONS: IF SP AGE 7-15 YEARS OLD, DISPLAY "{Next I have some questions about {SP's} eating habits.} First, I'm going to ask about milk products. Do not include their use in cooking. IF SP AGE <= 6 OR => 16 YEARS OLD. DISPLAY "Next I'm going to ask a few questions about milk products. Do not include their use in cooking."

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.222   What type of milk was it? Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY

whole or regular,...	10
2% fat or reduced-fat milk,.............................	11
1% fat or low-fat milk (includes 0.5% fat	
milk or "low-fat milk" not further specified),..	12
fat-free, skim or nonfat milk, or.......................	13
another type?..	30
REFUSED...	77
DON'T KNOW..	99

BOX 6

CHECK ITEM DBQ.225:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO BOX 9.

DBQ.229   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 DBQ2

{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 (BOX 8A)
{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 (BOX 8A)
DON'T KNOW... 9 (BOX 8A)

DBQ.235
a/b/c

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 DBQ3

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD

CAPI INSTRUCTION:
THESE (A-C) SHOULD **NOT** BE GATE QUESTIONS ANYMORE.

a.   **a child between the ages of 5 and 12 years old? Would you say. . .**

never,...	0
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
DON'T KNOW...	9

b.   **a teenager between the ages of 13 and 17 years old**? **Would you**
        say . . .

never,...	0
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
DON'T KNOW...	9

c.   **a young adult between the ages of 18 and 35 years old**? **Would**
        you say . . .

never,...	0
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
DON'T KNOW...	9

```
BOX 8A

CHECK ITEM DBQ.265A:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO BOX 15.
```

DBQ.301   The next questions are about meals provided by community or government programs.

In the **past 12 months**, did {you/SP} receive any meals **delivered** to {your/his/her} home from community programs, "Meals on Wheels", or any other programs?

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

DBQ.330   In the **past 12 months**, did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

```
BOX 8B

CHECK ITEM DBQ.335:
GO TO BOX 15.
```

```
BOX 9

CHECK ITEM DBQ.355:
IF SP AGE 4-19, CONTINUE.
OTHERWISE, GO TO BOX 14.
```

DBQ.360   During the **school year**, {do you/does SP} attend a kindergarten, grade school, junior or high school?

YES... 1
NO.. 2 (BOX 14)
REFUSED... 7 (BOX 14)
DON'T KNOW.. 9 (BOX 14)

DBQ.370   Does {your/SP's} school serve school lunches? These are **complete** lunches that cost **the same every day**.

                                    YES.. 1
                                    NO... 2 (DBQ.400)
                                    REFUSED.. 7 (DBQ.400)
                                    DON'T KNOW.. 9 (DBQ.400)

DBQ.381   During the **school year**, about how many times a week {do you/does SP} usually get a complete school
G/Q   lunch?

                                    |___|
                                    ENTER NUMBER OF TIMES

                                    NONE.. 2 (DBQ.400)
                                    REFUSED.. 7 (DBQ.400)
                                    DON'T KNOW.. 9 (DBQ.400)

DBQ.390   {Do you/Does SP} get these lunches free, at a reduced price, or {do you/does he/she} pay full price?

                                    FREE... 1
                                    REDUCED PRICE... 2
                                    FULL PRICE... 3
                                    REFUSED.. 7
                                    DON'T KNOW.. 9

DBQ.400   Does {your/SP's} school serve a **complete** breakfast that costs **the same every day**?

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

DBQ.411   During the **school year**, about how many times a week {do you/does SP} usually get a complete breakfast at
G/Q   school?

                                    |___|
                                    ENTER NUMBER OF TIMES

                                    NONE.. 2 (BOX 9A)
                                    REFUSED.. 7 (BOX 9A)
                                    DON'T KNOW.. 9 (BOX 9A)

DBQ.421   {Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?

FREE...   1
REDUCED PRICE..   2
FULL PRICE..   3
REFUSED...   7
DON'T KNOW..   9

BOX 9A
CHECK ITEM DBQ.422: IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.421 = CODE 1 OR CODE 2, CONTINUE. OTHERWISE, GO TO BOX 14.

DBQ.424   {Do you/Does SP} get a free or reduced price meal at any summer program {you/he/she} attends?

YES...   1
NO...   2
DID NOT ATTEND SUMMER PROGRAM.....   3
REFUSED...   7
DON'T KNOW..   9

BOX 10
OMITTED

BOX 10A
OMITTED

BOX 11
OMITTED

BOX 14
CHECK ITEM DBQ.710: IF SP AGE > 11, GO TO BOX 15. ELSE, IF SP AGE 6-11, GO TO FSQ.675, OTHERWISE, CONTINUE.

FSQ.651　　　Next are a few questions about the WIC program.

Did {SP} receive benefits from WIC, that is, the Women, Infants, and Children program, in the **past 12 months?**

YES..	1	(FSQ.673)
NO...	2	(BOX 14a)
REFUSED..	7	(BOX 14a)
DON'T KNOW..	9	(BOX 14a)

BOX 14a

CHECK ITEM DBQ.710a:
IF SP AGE < 1, GO TO FSQ.690.
OTHERWISE, GO TO FSQ.675.

FSQ.673　　　Is {SP} **now** receiving benefits from the WIC program?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW..	9

BOX 14b

CHECK ITEM DBQ.710b:
IF SP AGE =1 or < 1, GO TO FSQ.685.
OTHERWISE, CONTINUE.

{Next are a few questions about the WIC program, that is, the Women, Infants, and Children program}

FSQ.675　　　Did {SP} receive benefits from WIC when {he/she} was less than one year old?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW..	9

CAPI INSTRUCTION:
DISPLAY INTRODUCTION IF SP AGE IS 6-11.

FSQ.680   Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of 1 to {SP AGE} years old?

CAPI INSTRUCTION:
If SP age = 2 or 3, DISPLAY the current age of the SP in years;
If SP age >3, DISPLAY "4".

YES...   1
NO...   2
REFUSED..   7
DON'T KNOW..   9

FSQ.685   How long {did SP receive/has SP been receiving} benefits from the WIC program?

|__|__|
ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED..   77
DON'T KNOW..   99

ENTER UNIT

MONTHS...   1
YEARS..   2
REFUSED..   7
DON'T KNOW..   9

FSQ.690   Did {SP's} mother receive benefits from WIC, while she was pregnant with {SP}?

YES.. 1
NO.. 2 (BOX 15)
REFUSED.. 7 (BOX 15)
DON'T KNOW... 9 (BOX 15)

FSQ.695   What month of the pregnancy did {SP's} mother begin to receive WIC benefits?

|__|__|
ENTER NUMBER

REFUSED.. 77
DON'T KNOW... 99

```
┌────────────────────────────────────────────────────────────┐
│                        BOX 15                                │
│                                                              │
│ CHECK ITEM DBQ.715:                                          │
│ IF SP AGE < 1 GO TO END OF SECTION.                          │
│ IF SP AGE 12-15 GO TO DBQ.915.                               │
│ OTHERWISE, CONTINUE.                                         │
└────────────────────────────────────────────────────────────┘
```

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┌────────────────────────────────────────────────────────────┐
│                        BOX 12                                │
│                                                              │
│                       OMITTED                                │
└────────────────────────────────────────────────────────────┘
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┌────────────────────────────────────────────────────────────┐
│                        BOX 13                                │
│                                                              │
│                       OMITTED                                │
└────────────────────────────────────────────────────────────┘
```

DBQ.895   Next I'm going to ask you about meals. By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals {did you/did SP} get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

{Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.}

CAPI INSTRUCTION:
IF DBQ381G = 1 OR DBQ.411G = 1, DISPLAY {Please do not include meals provided as part of the school lunch or school breakfast.}
IF DBQ.301 = 1 OR DBQ.330 = 1, DISPLAY {Please do not include meals provided as part of the community programs you reported earlier.}

|___|___|
ENTER NUMBER

NONE..   2   (DBQ.905)
REFUSED...   7   (DBQ.905)
DON'T KNOW..   9   (DBQ.905)

DBQ.900   How many of those meals {did you/did SP} get from a fast-food or pizza place?

|___|___|
ENTER NUMBER

NONE..   2
REFUSED...   7
DON'T KNOW..   9

CAPI INSTRUCTION: HARD EDIT
NUMBER OF MEALS ENTERED IN DBQ.900 MUST BE EQUAL TO OR LESS THAN NUMBER ENTERED IN DBQ.895. IF NOT, DISPLAY THE FOLLOWING:
"THE NUMBER OF MEALS FROM A FAST FOOD OR PIZZA PLACE CANNOT BE GREATER THAN NUMBER OF MEALS PREPARED AWAY FROM HOME."

DBQ.905   Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the **past 30 days**, how often did {you/SP} buy "ready to eat" foods at the grocery store? Please do not count frozen or canned foods.

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

NEVER 0
REFUSED... 7
DON'T KNOW.. 9

ENTER UNIT

DAY.. 1
WEEK.. 2
MONTH.. 3
REFUSED... 7
DON'T KNOW.. 9

DBQ.910   During the **past 30 days**, how often did you {SP} eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.

HAND CARD DBQ4

|___|___|
ENTER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER 0
REFUSED... 7
DON'T KNOW.. 9

ENTER UNIT

DAY.. 1
WEEK.. 2
MONTH.. 3
REFUSED... 7
DON'T KNOW.. 9

DBQ.915   {Do you/Does SP} consider {yourself/himself/herself} to be a vegetarian?

YES... 1
NO... 2
REFUSED... 7
DON'T KNOW.. 9

DBQ.920   {Do you/Does SP} have any food allergies?

                                YES.. 1
                                NO... 2 (BOX 15a)
                                REFUSED.. 7 (BOX 15a)
                                DON'T KNOW... 9 (BOX 15a)

             HELP SCREEN:
             Food Allergy: A reaction causing a skin rash, hives, difficulty breathing, wheezing, or itching of the
             eyes, mouth, throat or skin.

DBQ.925   What foods {are you/is SP} allergic to?

             HAND CARD DBQ5

             [CODE ALL THAT APPLY]

                                Wheat 10
                                Cow's Milk 11
                                Eggs 12
                                Fish 13
                                Shellfish (shrimp, crab, or lobster)................. 14
                                Corn 15
                                Peanut 16
                                Other Nuts 17
                                Soy Products 18
                                Other 19
                                REFUSED..   7
                                DON'T KNOW...   9

                            BOX 15a

                CHECK ITEM DBQ.715a:
                IF SP AGE < 16, GO TO END OF SECTION.
                OTHERWISE, CONTINUE.

DBQ.930   Are you the person who does **most** of the planning **or** preparing of meals in your family?

             INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES

                                YES.. 1
                                NO... 2
                                REFUSED.. 7
                                DON'T KNOW... 9

DBQ.935   Do you share in the planning or preparing of meals with someone else?

                                        YES...   1
                                        NO...   2
                                        REFUSED..   7
                                        DON'T KNOW...   9

DBQ.940   Are you the person who does **most** of the shopping for food in your family?

                                        YES...   1
                                        NO...   2
                                        REFUSED..   7
                                        DON'T KNOW...   9

DBQ.945   Do you share in the shopping for food with someone else?

                                        YES...   1
                                        NO...   2
                                        REFUSED..   7
                                        DON'T KNOW...   9

                            END OF SECTION

WEIGHT HISTORY (WHQ)

WHQ.010
G/F/I/M/C

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

REFUSED.. 7777
DON'T KNOW... 9999

WHQ.025/
L/K

HOW MUCH {DO YOU/DOES SP} WEIGH WITHOUT CLOTHES OR SHOES? [IF {YOU ARE/SHE IS} CURRENTLY PREGNANT, HOW MUCH DID {YOU/SHE} WEIGH **BEFORE** YOUR PREGNANCY?]

RECORD **CURRENT** WEIGHT
ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [IF {YOU ARE/SHE IS} CURRENTLY PREGNANT . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED...777
DON'T KNOW...999

WHQ.030   {DO YOU/DOES SP} CONSIDER {YOUR/HIS/HER}SELF NOW TO BE . . . [IF {YOU ARE/SHE IS} CURRENTLY PREGNANT, WHAT DID {YOU/SHE} CONSIDER {YOUR/HER}SELF TO BE BEFORE {YOU WERE/SHE WAS} PREGNANT?]

OVERWEIGHT,.. 1
UNDERWEIGHT, OR..................................... 2
ABOUT THE RIGHT WEIGHT?.................... 3
REFUSED... 7
DON'T KNOW... 9

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [IF {YOU ARE/SHE IS} CURRENTLY PREGNANT…] ONLY IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

WHQ.040   WOULD {YOU/SP} LIKE TO WEIGH . . .

MORE,... 1
LESS, OR... 2
STAY ABOUT THE SAME?.......................... 3 (WHQ.053)
REFUSED... 7 (WHQ.053)
DON'T KNOW... 9 (WHQ.053)

WHQ.045/   HOW MUCH {WOULD YOU/WOULD SP} LIKE TO WEIGH?
L/K

ENTER WEIGHT IN POUNDS OR KILOGRAMS

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

REFUSED... 77777
DON'T KNOW.. 99999

WHQ.053/   HOW MUCH DID {YOU/SP} WEIGH **A YEAR AGO**? [IF {YOU WERE/SHE WAS} PREGNANT A YEAR
L/K   AGO, HOW MUCH DID {YOU/SHE} WEIGH **BEFORE** YOUR PREGNANCY?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [IF {YOU WERE/SHE WAS} PREGNANT . . .] **ONLY** IF SP IS FEMALE
AND SP AGE IS 17 THROUGH 60.

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED...777
DON'T KNOW...999

BOX 1

IF WEIGHT IN WHQ.053/L/K IS 10 POUNDS, 4.55 KILOGRAMS, OR MORE THAN
WEIGHT IN WHQ.025/L/K (E.G., WHQ.053/L/K = 150 LBS AND WHQ.025/L/K = 135
LBS), CONTINUE.
OTHERWISE, GO TO WHQ.070.

WHQ.061   WAS THE CHANGE BETWEEN {YOUR/SP'S} **CURRENT** WEIGHT AND {YOUR/HIS/HER} WEIGHT **A
YEAR AGO BECAUSE YOU TRIED TO LOSE WEIGHT**?

YES.. 1 (WHQ.088/OS)
NO.. 2
REFUSED... 7
DON'T KNOW.. 9

WHQ.070 DURING THE **PAST 12 MONTHS**, {HAVE YOU/HAS SP} TRIED TO LOSE WEIGHT?

YES.. 1
NO.. 2 (WHQ.090)
REFUSED.. 7 (WHQ.090)
DON'T KNOW.. 9 (WHQ.090)

WHQ.088/ HOW DID {YOU/SP} TRY TO LOSE WEIGHT?
OS

HAND CARD WHQ1
CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT).........................100
SWITCHED TO FOODS WITH LOWER
  CALORIES...110
ATE LESS FAT...120
ATE FEWER CARBOHYDRATES.................125
EXERCISED..130
SKIPPED MEALS...140
ATE "DIET" FOODS OR PRODUCTS............150
USED A LIQUID DIET FORMULA SUCH
  AS SLIMFAST OR OPTIFAST.....................160
JOINED A WEIGHT LOSS PROGRAM
  SUCH AS WEIGHT WATCHERS, JENNY
  CRAIG, TOPS, OR OVEREATERS
  ANONYMOUS...170
FOLLOWED A SPECIAL DIET SUCH AS
  DR. ATKINS, OTHER HIGH PROTEIN OR
  LOW CARBOHYDRATE DIET, ZONE,
  GRAPEFRUIT, PRITIKIN.............................300
TOOK DIET PILLS PRESCRIBED BY A
  DOCTOR...310
TOOK OTHER PILLS, MEDICINES, HERBS,
  OR SUPPLEMENTS NOT NEEDING A
  PRESCRIPTION...320
STARTED TO SMOKE OR BEGAN TO
  SMOKE AGAIN..325
TOOK LAXATIVES OR VOMITED.................330
DRANK A LOT OF WATER............................340
OTHER (SPECIFY)......................................400
REFUSED...777
DON'T KNOW..999

WHQ.270 IN THE **PAST 12 MONTHS**, {DID YOU/DID SP} SEEK HELP FROM A PERSONAL TRAINER, DIETITIAN, NUTRITIONIST, DOCTOR OR OTHER HEALTH PROFESSIONAL TO LOSE WEIGHT?

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

WHQ.280   WAS THAT A . . .

            CODE ALL THAT APPLY.

                                PERSONAL TRAINER,................................ 1
                                DIETITIAN,... 2
                                NUTRITIONIST,.. 3
                                DOCTOR, OR... 4
                                OTHER HEALTH PROFESSIONAL?............ 5
                                REFUSED.. 7
                                DON'T KNOW.. 9

BOX 2A

IF WHQ.061 = CODE 1 OR WHQ.070 = CODE 1, GO TO WHQ.220/L/K.

WHQ.090   DURING THE **PAST 12 MONTHS**, {HAVE YOU/HAS SP} DONE ANYTHING TO KEEP FROM GAINING
            WEIGHT?

                                YES.. 1
                                NO... 2 (WHQ.210)
                                REFUSED.. 7 (WHQ.210)
                                DON'T KNOW.. 9 (WHQ.210)

WHQ.103/   WHAT DID {YOU/SP} DO TO KEEP FROM GAINING WEIGHT?
OS
            CODE ALL THAT APPLY.

            HAND CARD WHQ1

                                ATE LESS FOOD (AMOUNT).......................100
                                SWITCHED TO FOODS WITH LOWER
                                  CALORIES...110

```
ATE LESS FAT...............................................120
ATE FEWER CARBOHYDRATES.................125
EXERCISED....................................................130
SKIPPED MEALS..........................................140
ATE "DIET" FOODS OR PRODUCTS............150
USED A LIQUID DIET FORMULA SUCH
  AS SLIMFAST OR OPTIFAST.....................160
JOINED A WEIGHT LOSS PROGRAM
  SUCH AS WEIGHT WATCHERS, JENNY
  CRAIG, TOPS, OR OVEREATERS
  ANONYMOUS.............................................170
FOLLOWED A SPECIAL DIET SUCH AS
  DR. ATKINS, OTHER HIGH PROTEIN OR
  LOW CARBOHYDRATE DIET, ZONE,
  GRAPEFRUIT, PRITIKIN..............................300
TOOK DIET PILLS PRESCRIBED BY A
  DOCTOR....................................................310
TOOK OTHER PILLS, MEDICINES, HERBS,
  OR SUPPLEMENTS NOT NEEDING A
  PRESCRIPTION..........................................320
STARTED TO SMOKE OR BEGAN TO
  SMOKE AGAIN............................................325
TOOK LAXATIVES OR VOMITED.................330
DRANK A LOT OF WATER............................340
OTHER (SPECIFY)......................................400
REFUSED....................................................777
DON'T KNOW...............................................999
```

WHQ.210   {HAVE YOU/HAS SP} **EVER** TRIED TO LOSE WEIGHT?

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

WHQ.220/   HOW MUCH WEIGHT {DID YOU/DID SP} LOSE IN {YOUR/HIS/HER} MOST SUCCESSFUL ATTEMPT
L/K   **EVER** TO LOSE WEIGHT?
            ENTER WEIGHT IN POUNDS OR KILOGRAMS

            HELP SCREEN: THIS QUESTION REFERS ONLY TO DELIBERATE ATTEMPTS TO LOSE WEIGHT; IT
            DOES **NOT** REFER TO WEIGHT LOSS BECAUSE OF ILLNESS, SIDE EFFECTS OF MEDICATION,
            STRESS, OR OTHER UNINTENDED CAUSES.

                        |___|___|___|
                        ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT OVER 100 POUNDS

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT OVER 45 KILOGRAMS

OR

REFUSED..777
DON'T KNOW...999

BOX 2

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

WHQ.111/   HOW MUCH DID {YOU/SP} WEIGH **10 YEARS AGO**? [IF YOU DON'T KNOW {YOUR/HIS/HER} EXACT
L/K   WEIGHT, PLEASE MAKE YOUR BEST GUESS.] [IF {YOU WERE/SHE WAS} PREGNANT, HOW MUCH
           DID {YOU/SHE} WEIGH BEFORE {YOUR/HER} PREGNANCY?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [IF {YOU WERE/SHE WAS} . . .] ONLY IF SP IS FEMALE AND AGE IS
LESS THAN OR EQUAL TO 69.

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED.. 77777
DON'T KNOW... 99999

```
┌─────────────────────────────────────────────────────────────────┐
│                           BOX 3                                   │
│                                                                   │
│  IF SP AGE >= 27, CONTINUE.                                       │
│  OTHERWISE, GO TO WHQ.147/L/K.                                    │
└─────────────────────────────────────────────────────────────────┘
```

WHQ.121/   HOW MUCH DID {YOU/SP} WEIGH AT **AGE 25**? [IF YOU DON'T KNOW {YOUR/HIS/HER} EXACT
L/K   WEIGHT, PLEASE MAKE YOUR BEST GUESS.] [IF {YOU WERE/SHE WAS} PREGNANT, HOW MUCH
            DID {YOU/SHE} WEIGH BEFORE YOUR PREGNANCY?]

            ENTER WEIGHT IN POUNDS OR KILOGRAMS

            CAPI INSTRUCTION:
            DISPLAY OPTIONAL SENTENCE [IF {YOU WERE/SHE WAS} . . .] ONLY IF SP IS FEMALE.

                                |___|___|___|
                                ENTER NUMBER OF POUNDS

                                     OR

                                |___|___|___|
                                ENTER NUMBER OF KILOGRAMS

                                     OR

                                REFUSED... 77777
                                DON'T KNOW... 99999

```
┌─────────────────────────────────────────────────────────────────┐
│                          BOX 3A                                   │
│                                                                   │
│  IF SP AGE >= 50, CONTINUE.                                       │
│  OTHERWISE, GO TO WHQ.147/L/K.                                    │
└─────────────────────────────────────────────────────────────────┘
```

WHQ.130/   HOW TALL {WERE YOU/WAS SP} AT **AGE 25**? [IF YOU DON'T KNOW {YOUR/HIS/HER} EXACT HEIGHT,
F/I/M/C   PLEASE MAKE YOUR BEST GUESS.]

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

|___|___|
ENTER NUMBER OF FEET

CAPI INSTRUCTION: HARD EDIT 2-8

AND

|___|___|
ENTER NUMBER OF INCHES

CAPI INSTRUCTION: HARD EDIT 0-11

OR

|___|___|
ENTER NUMBER OF METERS

CAPI INSTRUCTION: HARD EDIT 0-3

AND

|___|___|___|
ENTER NUMBER OF CENTIMETERS

CAPI INSTRUCTION: HARD EDIT 0-99

OR

REFUSED.. 7777
DON'T KNOW... 9999

BOX 4

OMITTED

WHQ.147/   WHAT IS THE MOST {YOU HAVE/SP HAS} **EVER** WEIGHED? [DO NOT INCLUDE ANY TIMES WHEN
L/K   {YOU WERE/SHE WAS} PREGNANT.]

             ENTER WEIGHT IN POUNDS OR KILOGRAMS

             CAPI INSTRUCTION:
             DISPLAY OPTIONAL SENTENCE {DO NOT INCLUDE . . .} **ONLY** IF SP IS FEMALE.

                              |___|___|___|
                              ENTER NUMBER OF POUNDS

                              CAPI INSTRUCTION:
                              SOFT EDIT 75-500, HARD EDIT 50-750

                                   OR

                              |___|___|___|
                              ENTER NUMBER OF KILOGRAMS

                              CAPI INSTRUCTION:
                              SOFT EDIT 34-225, HARD EDIT 23-338

                                   OR

                              REFUSED.....................................777 (END OF SECTION)
                              DON'T KNOW...............................999 (END OF SECTION)

WHQ.150   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... 77777
                              DON'T KNOW.. 99999

+---+
| **BOX 5** |
| |
| OMITTED |
+---+

SMOKING AND TOBACCO USE (SMQ)

THESE NEXT QUESTIONS ARE ABOUT CIGARETTE SMOKING.

SMQ.020   {HAVE YOU/HAS SP} SMOKED AT LEAST 100 **CIGARETTES** IN {YOUR/HIS/HER} ENTIRE LIFE?

                         YES.. 1
                         NO... 2   (END OF SECTION)
                         REFUSED... 7   (END OF SECTION)
                         DON'T KNOW.. 9   (END OF SECTION)

SMQ.030   HOW OLD {WERE YOU/WAS SP} WHEN {YOU/S/HE} FIRST STARTED TO SMOKE CIGARETTES
FAIRLY REGULARLY?
G/Q

                         |___|___|___|
                         ENTER AGE IN YEARS

                         NEVER SMOKED CIGARETTES
                           REGULARLY..   666
                         REFUSED... 77777
                         DON'T KNOW... 99999

SMQ.040   {DO YOU/DOES SP} **NOW** SMOKE CIGARETTES . . .

                         EVERY DAY,... 1   (SMQ.077)
                         SOME DAYS, OR.. 2   (SMQ.641)
                         NOT AT ALL?.. 3   (SMQ.050Q/U)
                         REFUSED... 7   (END OF SECTION)
                         DON'T KNOW.. 9   (END OF SECTION)

SMQ.050   HOW LONG HAS IT BEEN SINCE {YOU/SP} QUIT SMOKING CIGARETTES?
Q/U

                         |___|___|___|
                         ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

                         REFUSED... 77777
                         DON'T KNOW... 99999

                         ENTER UNIT

                         DAYS.. 1
                         WEEKS... 2
                         MONTHS... 3
                         YEARS.. 4
                         REFUSED... 7
                         DON'T KNOW.. 9

```
                           BOX 1A

IF SMQ.050Q/U >= 1 YEAR (365 DAYS, 52 WEEKS, 12 MONTHS, OR 1 YEAR),
CONTINUE.
OTHERWISE, GO TO END.
```

SMQ.055   HOW OLD {WERE YOU/WAS SP} WHEN {YOU/S/HE} **LAST** SMOKED CIGARETTES {FAIRLY
           REGULARLY}?

           CAPI INSTRUCTION:
           DISPLAY "FAIRLY REGULARLY" EXCEPT WHEN SMQ.030G/Q = 666 (NEVER SMOKED CIGARETTES
           REGULARLY).

                          |___|___|___|
                          ENTER AGE IN YEARS

                          REFUSED... 77777
                          DON'T KNOW... 99999

SMQ.057   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 (PER DAY)

                          REFUSED... 7777
                          DON'T KNOW... 9999

```
                           BOX 1B

GO TO END.
```

SMQ.077   HOW SOON AFTER {YOU/SP} WAKE{S} UP {DO YOU/DOES S/HE} SMOKE? WOULD YOU SAY . . .

                          WITHIN 5 MINUTES,.................................... 1
                          FROM 6 TO 30 MINUTES,............................ 2
                          FROM MORE THAN 30 MINUTES TO 1 HOUR, OR   3
                          MORE THAN 1 HOUR?................................ 4
                          REFUSED.. 7
                          DON'T KNOW... 9

SMQ.641   DURING THE PAST **30 DAYS**, ON HOW MANY DAYS DID {YOU/SP} SMOKE CIGARETTES?

|___|___|
ENTER NUMBER OF DAYS

REFUSED..7777
DON'T KNOW..9999

CAPI INSTRUCTION:
ALLOW '0' AS AN ENTRY. IF '0' DK OR RF ENTERED, SKIP TO QUESTION SMQ.093.

SMQ.650   DURING THE **PAST 30 DAYS**, ON THE DAYS THAT {YOU/SP} SMOKED, HOW MANY CIGARETTES DID {YOU/S/HE} 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 (PER DAY)

REFUSED..7777
DON'T KNOW..9999

SMQ.093   MAY I PLEASE SEE THE PACK FOR THE BRAND OF CIGARETTES {YOU **USUALLY** SMOKE/SP **USUALLY** SMOKES}.

TO OBTAIN ACCURATE PRODUCT INFORMATION, IT IS IMPORTANT THAT YOU SEE THE CIGARETTE PACK.

PACK SEEN... 1
PACK NOT SEEN... 2 (SMQ.100K)
REFUSED.. 7 (SMQ.100K)

SMQ.310   ENTER THE UNIVERSAL PRODUCT CODE FROM THE CIGARETTE PACK. UPC MUST CONTAIN **8 OR 12** DIGITS.

SELECT ONE OPTION.

ENTERING 8 DIGIT UPC.............................. 1
ENTERING 12 DIGIT UPC............................ 2 (SMQ.330)
UNABLE TO READ CODE-PACK DAMAGED.   3 (SMQ.100K)

SMQ.320   ENTER THE 8 DIGIT UPC CODE.

|___|___|___|___|___|___|___|___|

CAPI INSTRUCTION:

DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE: ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS 'ENTER' TO CHANGE.

BOX 2B

GO TO END.

SMQ.330   ENTER THE 12 DIGIT UPC CODE.

|___|___|___|___|___|___|___|___|___|___|___|___|

CAPI INSTRUCTION:

DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE: ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS 'ENTER' TO CHANGE.

BOX 3

IF <u>INVALID</u> CODE OR CODE NOT ON FILE, GO TO SMQ.099.
OTHERWISE, CONTINUE.

SMQ.098   YOU HAVE SELECTED

{DISPLAY BRAND ASSOCIATED WITH CODE}

CORRECT... 1 (END OF SECTION)
NOT CORRECT.. 2 (SMQ.100K)

CAPI INSTRUCTION:
DISPLAY BRAND NAME WITH ALL QUALIFIERS – NAME, SIZE (REGULAR, KING, 100, 120), FILTERED/NONFILTERED, MENTHOLATED/NONMENTHOLATED, OTHER QUALIFIERS (DELUXE, HARD PACK, LIGHTS, ETC.)

SMQ.099   CODE NOT ON FILE – PRESS 'ENTER' TO CONTINUE

SMQ.100K   WHAT BRAND OF CIGARETTES {DO YOU/DOES SP} **USUALLY** SMOKE?

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

REFER TO PRODUCT LABEL IF AVAILABLE.

ENTER **BRAND** NAME OF CIGARETTE.

IF NO USUAL BRAND, TYPE 'NO USUAL BRAND'.

SMQ.111   PRESS BS TO START THE LOOKUP.

SELECT PRODUCT FROM
LIST OR TYPE
'NO USUAL BRAND.'

IF PRODUCT **NOT** ON LIST.
PRESS BS TO
DELETE ENTRY.

TYPE '**'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST OR 'NO USUAL BRAND'. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100K BY TYPING IN '**'.

+--+
| **BOX 4A** |
| |
| IF '** PRODUCT NOT ON LIST' SELECTED AT SMQ.111, CONTINUE. |
| OTHERWISE, GO TO END OF SECTION. |
+--+

SMQ.110A   ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT 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.

FILTERED.....................................……..   1
NON-FILTERED.........................…..……….   0

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.

<div style="margin-left: 2em;">

MENTHOLATED.. 1
NON-MENTHOLATED.................................. 0
REFUSED... 7
DON'T KNOW.. 9

</div>

SMQ.110H   ASK IF NECESSARY:

WHAT IS THE CIGARETTE PRODUCT SIZE?

CAPI INSTRUCTION:
THIS ITEM IS STORED IN SMQ.110F IN THE DATA BASE.

<div style="margin-left: 2em;">

REGULARS.. 1
KINGS... 2
100S... 3
120S... 4
REFUSED... 77
DON'T KNOW.. 99

</div>

SMQ.110G   REFER TO PRODUCT LABEL, IF AVAILABLE – ASK IF NECESSARY.

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

CAPI INSTRUCTION:
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.

<div style="margin-left: 2em;">

DELUXE.. 10
HARD PACK.. 11
LIGHTS... 12
MILDS... 13
SLIMS... 14
SPECIALS.. 15
SUPER.. 16
ULTRA LIGHTS... 17
OTHER (SPECIFY)....................................... 18

NONE.. 19
REF... 77
DK... 99

</div>

SOCIAL SUPPORT (SSQ)
TARGET GROUP: SPS >= 40

SSQ.011　　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............................................................  1
NO..............................................................  2  (SSQ.044)
SP DOESN'T NEED HELP............................  3  (SSQ.044)
REFUSED.....................................................  7  (SSQ.044)
DON'T KNOW...............................................  9  (SSQ.044)
```

SSQ.021　　IN THE **LAST 12 MONTHS**, WHO WAS MOST HELPFUL IN PROVIDING {YOU/SP} WITH **EMOTIONAL** SUPPORT?

CODE ALL THAT APPLY

```
SPOUSE.......................................................  10
DAUGHTER..................................................  11
SON.............................................................  12
SISTER/BROTHER......................................  13
PARENT.......................................................  14
OTHER RELATIVE.......................................  15
NEIGHBORS.................................................  16
CO-WORKERS.............................................  17
CHURCH MEMBERS....................................  18
CLUB MEMBERS..........................................  19
PROFESSIONALS........................................  20
FRIENDS......................................................  21
OTHER..........................................................  22
NO ONE........................................................  23
REFUSED.....................................................  77
DON'T KNOW...............................................  99
```

SSQ.031　　[IN THE **LAST 12 MONTHS**], COULD {YOU/SP} HAVE USED MORE **EMOTIONAL** SUPPORT THAN {YOU/S/HE} RECEIVED?

```
YES............................................................  1
NO..............................................................  2  (SSQ.044)
REFUSED.....................................................  7  (SSQ.044)
DON'T KNOW...............................................  9  (SSQ.044)
```

SSQ.041   WOULD YOU SAY THAT {YOU/SP} COULD HAVE USED . . .

A LOT MORE,.. 1
SOME, OR.. 2
A LITTLE MORE EMOTIONAL SUPPORT?.. 3
REFUSED.. 7
DON'T KNOW... 9

SSQ. 044 Q/U   HOW OFTEN {DO YOU/DOES SP} ATTEND CHURCH OR RELIGIOUS SERVICES?

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

NEVER... 2
REFUSED...777
DON'T KNOW...999

ENTER UNIT

DAYS.. 1
WEEKS... 2
MONTHS... 3
YEAR.. 4
REFUSED.. 7
DON'T KNOW... 9

SSQ.051   IF {YOU/SP} NEED{S} SOME EXTRA HELP FINANCIALLY, COULD {YOU/S/HE} COUNT ON ANYONE TO HELP {YOU/HIM/HER}; FOR EXAMPLE, BY PAYING ANY BILLS, HOUSING COSTS, HOSPITAL VISITS, OR PROVIDING {YOU/HIM/HER} WITH FOOD OR CLOTHES?

YES.. 1
NO.. 2
OFFERED HELP BUT WOULDN'T
 ACCEPT IT... 3
REFUSED.. 7
DON'T KNOW... 9

SSQ.061   IN GENERAL, HOW MANY CLOSE FRIENDS {DO YOU/DOES SP} HAVE?
PROBE: BY "CLOSE FRIENDS" I MEAN RELATIVES OR NON-RELATIVES THAT {YOU S/HE} FEEL{S} AT EASE WITH, CAN TALK TO ABOUT PRIVATE MATTERS, AND CAN CALL ON FOR HELP.

INTERVIEWER INSTRUCTION: ENTER '50' FOR RESPONSES OF 50 OR MORE.

|___|___|
ENTER NUMBER OF CLOSE FRIENDS

REFUSED.. 777
DON'T KNOW.. 999

OCCUPATION – OCQ
Target Group: SPs 16+

OCQ.152 In this part of the survey I will ask you questions about {your/SP's} work experience.

Which of the following {were you/was SP} doing **last week** . . .

working at a job or business,..........................	1	(OCQ.180)
with a job or business but not at work,...........	2	(OCQ.210)
looking for work, or.......................................	3	(OCQ.385G/Q)
not working at a job or business?..................	4	(OCQ.380)
REFUSED..	7	(OCQ.385G/Q)
DON'T KNOW...	9	(OCQ.385G/Q)

OCQ.180 How many hours did {you/SP} work **last week** at **all** jobs or businesses?

|___|___|___|
ENTER NUMBER OF HOURS

CAPI INSTRUCTION:
HARD EDIT 1-168.

REFUSED.. 77777
DON'T KNOW... 99999

BOX 1

CHECK ITEM OCQ.200:
IF HOURS IN OCQ.180 <= 34, OR REFUSED (CODE 777), OR DON'T KNOW (CODE 999), CONTINUE.
OTHERWISE, GO TO OCQ.220.

OCQ.210 {Do you/Does SP} **usually** work 35 hours or more per week in total at all jobs or businesses?

YES..	1
NO..	2
REFUSED..	7
DON'T KNOW...	9

OCQ.220   For whom did {you/SP} work at {your/his/her} main job or business?   (What is the name of the company, business, organization or employer?)

IF MORE THAN 1 JOB, PROBE FOR **MAIN** JOB.

_____
ENTER NAME OF EMPLOYER

REFUSED.. 7---77
DON'T KNOW.. 9---99

OCQ.230   What kind of business or industry is this? (For example: a TV or radio station, retail shoe store, state labor department, farm.)

_____
ENTER NAME OF BUSINESS OR INDUSTRY

REFUSED.. 7---77
DON'T KNOW.. 9---99

OCQ.240   What kind of work {were you/was SP} doing? (For example: farming, mail clerk, computer specialist.)

_____
ENTER NAME OF OCCUPATION

REFUSED.. 7---77
DON'T KNOW.. 9---99

OCQ.250   What were {your/SP's} most important activities on this job? (For example: sells cars, keeps account books, operates printing press.)

_____
ENTER NAME OF DUTIES

REFUSED.. 7---77
DON'T KNOW.. 9---99

OCQ.260 Looking at the card, which of 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
A **FEDERAL** GOVERNMENT EMPLOYEE.... 2
A **STATE** GOVERNMENT EMPLOYEE......... 3
A **LOCAL** GOVERNMENT EMPLOYEE........ 4
SELF-EMPLOYED IN **OWN** BUSINESS,
 PROFESSIONAL PRACTICE OR FARM..... 5
WORKING **WITHOUT PAY** IN FAMILY
 BUSINESS OR FARM................................. 6
REFUSED.. 77
DON'T KNOW.. 99

OCQ.265 Which of the following best describes the hours {you/SP} **usually** {work/works} at {your/his/her} main job or business?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS "FLEXTIME", ETC., PROBE TO DETERMINE WHETHER THE SHIFT THAT IS WORKED ACTUALLY FALLS IN A DAY, EVENING, NIGHT, OR ROTATING SHIFT CATEGORY BEFORE CODING IT AS "ANOTHER SCHEDULE."

HELP AVAILABLE:
Standard Shift Definitions are:
A regular daytime schedule: this is work anytime between 6am and 6pm.
A regular evening shift: this is work anytime between 2pm and midnight.
A regular night shift: this is work anytime between 9pm and 8am.
A rotating shift: a work shift that changes periodically from days to evenings or nights.
Another schedule includes: a split shift (consisting of two distinct work periods each day), an irregular schedule arranged by the employer, or any other schedule.

A regular daytime schedule............................ 1
A regular evening shift.................................... 2
A regular night shift.. 3
A rotating shift... 4
Another schedule... 5
REFUSED... 7
DON'T KNOW.. 9

OCQ.270
Q/U

About how long {have you/has SP} worked for {EMPLOYER} as a(n) {OCCUPATION}?

CAPI INSTRUCTIONS:
DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.
DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.
IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY "AT YOUR MAIN JOB." IF PROXY, DISPLAY {HIS/HER MAIN JOB}.
DO NOT ALLOW MORE THAN THE SP'S AGE, OR >90 DAYS OR >104 WEEKS OR GREATER THAN 48 MONTHS OR GREATER THAN 60 YEARS.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED.. 777777
DON'T KNOW...................................... 999999

ENTER UNIT

DAYS... 1
WEEKS... 2
MONTHS... 3
YEARS.. 4
REFUSED.. 7
DON'T KNOW... 9

OCQ.290G/
Q

The next questions are about conditions {you/SP} may experience at {EMPLOYER} as a(n) {OCCUPATION}.

At this job or business, how many hours per day can {you/SP} smell the smoke from other people's cigarettes, cigars, and/or pipes?

CAPI INSTRUCTIONS:
DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.
DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.
IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY "AT YOUR MAIN JOB."
HARD EDIT 0-24.

|___|___|
ENTER NUMBER OF HOURS

NEVER.. 66
REFUSED... 7777
DON'T KNOW... 9999

BOX 3

CHECK ITEM OCQ.370:
GO TO OCQ.392G/Q.

OCQ.380   What is the **main** reason {you/SP} did not work **last week**?

                              TAKING CARE OF HOUSE OR FAMILY.......   1
                              GOING TO SCHOOL....................................   2
                              RETIRED..   3
                              UNABLE TO WORK FOR HEALTH
                                REASONS...   4
                              ON LAYOFF..   5
                              DISABLED..   6
                              OTHER...   7
                              REFUSED...   77
                              DON'T KNOW...   99

OCQ.385   Thinking of all the **paid** jobs {you/SP} **ever** had, what kind of work {were you/was s/he} doing the longest?
G/Q   (For example, electrical engineer, stock clerk, typist, farmer.)

            CAPI INSTRUCTION:
            IF CURRENT OCCUPATION HAS BEEN ENTERED IN OCQ.240, DISPLAY AS LEFT HEADER
            "CURRENT OCCUPATION: {OCQ.240}".

                              _____
                              ENTER OCCUPATION
                                  or
                              ARMED FORCES..   3   (OCQ.393)
                              NEVER WORKED...   4   (END OF SECTION)
                              REFUSED...   7   (OCQ.393)
                              DON'T KNOW...   9   (OCQ.393)

OCQ.389   What kind of business or industry {did you/did SP} work in for the longest period of time as a (DISPLAY
            LONGEST OCCUPATION AS "LONGEST OCCUPATION" {OCQ385Q})? (For example, a TV or radio
            station, retail shoe store, state labor department, farm.)

                              _____   (OCQ.393)
                              ENTER DESCRIPTION FOR KIND OF BUSINESS/INDUSTRY

                              REFUSED..   7---77   (OCQ.393)
                              DON'T KNOW..   9---99   (OCQ.393)

OCQ.392   Thinking of all the **paid** jobs {you/SP} **ever** had, what kind of work {were you/was s/he} doing the longest?
G/Q   (For example, electrical engineer, stock clerk, typist, farmer.)

           CAPI INSTRUCTION:
           IF CURRENT OCCUPATION HAS BEEN ENTERED IN OCQ.240, DISPLAY AS LEFT HEADER
           "CURRENT OCCUPATION: {OCQ.240}".

                              _____
                              ENTER OCCUPATION
                                  or
                              SAME AS CURRENT OCCUPATION............ 2 (BOX 6)
                              ARMED FORCES... 3 (OCQ.393)
                              REFUSED.. 7 (OCQ.393)
                              DON'T KNOW.. 9 (OCQ.393)

OCQ.394   What kind of business or industry {did you/did SP} work in for the longest period of time as a (DISPLAY
           LONGEST OCCUPATION AS "LONGEST OCCUPATION" {OCQ392Q})? (For example, a TV or radio
           station, retail shoe store, state labor department, farm.)

                              _____
                              ENTER DESCRIPTION FOR KIND OF BUSINESS/INDUSTRY

                              REFUSED... 7---77
                              DON'T KNOW... 9---99

OCQ.393   What were {your/SP's} most important activities on this job or business? (For example: sells cars,
           keeps account books, operates printing press.)

                              _____
                              ENTER NAME OF DUTIES

                              REFUSED... 7---77
                              DON'T KNOW... 9---99

OCQ.395
Q/U

About how long did {you/SP} work at that job or business?

CAPI INSTRUCTION:
DISPLAY "LONGEST OCCUPATION: {OCQ.385G/Q or OCQ.392G/Q}" AS LEFT HEADER.
DO NOT ALLOW LESS THAN SP'S AGE OR <90 DAYS OR <104 WEEKS OR <48 MONTHS OR <60 YEARS.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED... 77777
DON'T KNOW.. 99999

ENTER UNIT

DAYS.. 1
WEEKS... 2
MONTHS... 3
YEARS.. 4
REFUSED.. 7
DON'T KNOW.. 9

BOX 4

OMITTED

BOX 4A

OMITTED

BOX 5A

OMITTED

BOX 5B

OMITTED

BOX 6

CHECK ITEM OCQ.500:
IF SP AGE >= 16 AND < 80, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

OCQ.510   The next questions ask about being exposed to dust in {your/SPs} work.
Being exposed to dust means that {you/SP} breathed in the dust or had dust on {your/his/her} clothes, skin or hair.

INTERVIEWER INSTRUCTION: DO NOT COUNT TEMPORARY ONE-TIME EXPOSURES THAT MIGHT HAVE HAPPENED.

In any job, {have you/has SP} **ever** been exposed to dust from rock, sand, concrete, coal, asbestos, silica or soil?

YES...	1
NO...	2 (OCQ.530)
REFUSED..	7 (OCQ.530)
DON'T KNOW...	9 (OCQ.530)

OCQ.520   Please give me the total number of years for **all jobs** where this has happened.

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS MORE THAN ONE JOB, THEY SHOULD ADD ALL YEARS TOGETHER.

IF LESS THAN 1 YEAR, ENTER 0

|___|___|___|
ENTER NUMBER OF YEARS

REFUSED..777
DON'T KNOW..999

OCQ.530   **In any job**, {have you/has SP} **ever** been exposed to dust from baking flours, grains, wood, cotton, plants or animals?

YES...	1
NO...	2 (OCQ.550)
REFUSED..	7 (OCQ.550)
DON'T KNOW...	9 (OCQ.550)

OCQ.540   Please give me the total number of years for **all jobs** where this has happened.

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS MORE THAN ONE JOB, THEY SHOULD ADD ALL YEARS TOGETHER.

IF LESS THAN 1 YEAR, ENTER 0

|___|___|___|
ENTER NUMBER OF YEARS

REFUSED..777
DON'T KNOW..999

OCQ.550   The next questions ask about being exposed to fumes in {your/SPs} work.
Being exposed to fumes means that {you/SP} breathed in fumes or had a lasting smell on {your/his/her} clothes, skin or hair.

INTERVIEWER INSTRUCTION: DO NOT COUNT TEMPORARY ONE-TIME EXPOSURES THAT MIGHT HAVE HAPPENED.

In any job, {have you/has SP} **ever** been exposed to exhaust fumes from trucks, buses, heavy machinery, or diesel engines?

YES..	1	
NO..	2	(OCQ.570)
REFUSED..	7	(OCQ.570)
DON'T KNOW..	9	(OCQ.570)

OCQ.560   Please give me the total number of years for **all jobs** where this has happened.

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS MORE THAN ONE JOB, THEY SHOULD ADD ALL YEARS TOGETHER.

IF LESS THAN 1 YEAR, ENTER 0

|___|___|___|
ENTER NUMBER OF YEARS

REFUSED...777	
DON'T KNOW..999	

OCQ.570   **In any job**, {have you/has SP} **ever** been exposed to **any other** gases, vapors or fumes?
Examples are vapors from paints, cleaning products, glues, solvents, and acids; or welding/soldering fumes.

YES..	1	
NO..	2	(END OF SECTION)
REFUSED..	7	(END OF SECTION)
DON'T KNOW..	9	(END OF SECTION)

OCQ.580   Please give me the total number of years for **all jobs** where this has happened.

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS MORE THAN ONE JOB, THEY SHOULD ADD ALL YEARS TOGETHER.

IF LESS THAN 1 YEAR, ENTER 0

|___|___|___|
ENTER NUMBER OF YEARS

REFUSED...777
DON'T KNOW..999

DEMOGRAPHICS INFORMATION – DMQ – SP
Target Group: SPs Birth +

```
┌─────────────────────────────────────────────────────────┐
│                         BOX 1A                          │
├─────────────────────────────────────────────────────────┤
│ CHECK ITEM DMQ.030:                                     │
│ IF SP AGE >= 6, CONTINUE.                               │
│ OTHERWISE, GO TO DMQ.061.                               │
└─────────────────────────────────────────────────────────┘
```

DMQ.141   What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY.
ENTER HIGHEST LEVEL OF SCHOOL.

NEVER ATTENDED/KINDERGARTEN ONLY	0	(BOX 1B)
1ST GRADE	1	
2ND GRADE	2	
3RD GRADE	3	
4TH GRADE	4	
5TH GRADE	5	
6TH GRADE	6	
7TH GRADE	7	
8TH GRADE	8	
9TH GRADE	9	
10TH GRADE	10	
11TH GRADE	11	
12TH GRADE, NO DIPLOMA	12	
HIGH SCHOOL GRADUATE	13	
GED OR EQUIVALENT	14	
SOME COLLEGE, NO DEGREE	15	
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM	16	
ASSOCIATE DEGREE: ACADEMIC PROGRAM	17	
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)	18	
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)	19	
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)	20	
DOCTORAL DEGREE (EXAMPLE: 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
                                    on vacation from school (between
                                       grades), or...   2
                                    neither?...   3
                                    REFUSED...   7
                                    DON'T KNOW..   9


```
┌─────────────────────────────────────────────────────────────┐
│                          BOX 1B                              │
│                                                              │
│ CHECK ITEM DMQ.040:                                          │
│ IF SP AGE >= 17, CONTINUE.                                   │
│ OTHERWISE, GO TO DMQ.061.                                    │
└─────────────────────────────────────────────────────────────┘
```

DMQ.051   Did {you/SP} **ever** serve in the Armed Forces of the United States?

                                    YES...   1
                                    NO...   2
                                    REFUSED...   7
                                    DON'T KNOW..   9

DMQ.061   {Do you/Does SP} usually go by **another** first name besides {DISPLAY FIRST NAME FROM
               DMQ.040}?

               CAPI INSTRUCTION:
               DISPLAY "FIRST NAME:" AND FIRST NAME FROM DMQ.040 AS LEFT HEADER.

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

DMQ.071   What is this **other first** name?

VERIFY SPELLING

_____
ENTER NAME

REFUSED.. 7
DON'T KNOW... 9

BOX 1BB

CHECK ITEM DMQ.073a:
IF AGE >= 14, CONTINUE.
OTHERWISE, GO TO BOX 1D.

DMQ.380   {Are you/Is SP} **now** married, widowed, divorced, separated, never married or living with a partner?

MARRIED... 1
WIDOWED... 2
DIVORCED... 3
SEPARATED... 4
NEVER MARRIED... 5   (BOX 1D)
LIVING WITH PARTNER.............................. 6
REFUSED.. 7
DON'T KNOW... 9

BOX 1C

CHECK ITEM DMQ.075A:
IF SP IS MALE OR CODED AS 'NEVER MARRIED' IN DMQ.380, GO TO
BOX 1D.
OTHERWISE, CONTINUE.

DMQ.081   {Do you/Does SP} have a maiden name?

ASK IF NOT KNOWN

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

DMQ.090   What is {your/SP's} **maiden** name?
G/Q

VERIFY SPELLING

CAPI INSTRUCTION:
DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060 AS LEFT HEADER.

_____
ENTER MAIDEN NAME
   or
SAME AS CURRENT LAST NAME................   2
REFUSED..   7
DON'T KNOW..   9

```
┌─────────────────────────────────────────────────────────┐
│                        BOX 1D                             │
│                                                           │
│  CHECK ITEM DMQ.094:                                      │
│  IF SP AGE >= 16, CONTINUE.                               │
│  OTHERWISE, GO TO DMQ.106.                                │
└─────────────────────────────────────────────────────────┘
```

DMQ.101   What is {your/SP's} **father's** last name?
G/Q

VERIFY SPELLING

CAPI INSTRUCTION:
DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ.060 AS LEFT HEADER.
IF MAIDEN NAME ENTERED IN DMQ.090G/Q, AND MAIDEN NAME IS DIFFERENT FROM CURRENT LAST NAME, ALSO DISPLAY "MAIDEN NAME:" AND MAIDEN NAME FROM DMQ.090G/Q AS LEFT HEADER.

CAPI INSTRUCTION:
HARD EDIT: IF SP MALE, DO NOT ALLOW RESPONSE 3.

_____
ENTER NAME
   or
SAME AS CURRENT LAST NAME................   2
SAME AS MAIDEN NAME............................   3
REFUSED..   7
DON'T KNOW..   9

DMQ.107   In what country {were you/was SP} born?

UNITED STATES...   1 (DMQ.130)
OTHER COUNTRY......................................   2
REFUSED..   7 (BOX 3)
DON'T KNOW..   9 (BOX 3)

DMQ.112   SELECT COUNTRY OF BIRTH

ARGENTINA...	1	(DMQ.160 M/Y)
BELIZE...	2	(DMQ.160 M/Y)
BOLIVIA..	3	(DMQ.160 M/Y)
BRAZIL...	4	(DMQ.160 M/Y)
CHILE...	5	(DMQ.160 M/Y)
COLOMBIA...	6	(DMQ.160 M/Y)
COSTA RICA..	7	(DMQ.160 M/Y)
CUBA...	8	(DMQ.160 M/Y)
DOMINICAN REPUBLIC................................	9	(DMQ.160 M/Y)
ECUADOR..	10	(DMQ.160 M/Y)
EL SALVADOR..	11	(DMQ.160 M/Y)
GUATEMALA..	12	(DMQ.160 M/Y)
HONDURAS..	13	(DMQ.160 M/Y)
MEXICO..	14	(DMQ.160 M/Y)
NICARAGUA...	15	(DMQ.160 M/Y)
PANAMA...	16	(DMQ.160 M/Y)
PARAGUAY...	17	(DMQ.160 M/Y)
PERU..	18	(DMQ.160 M/Y)
PHILIPPINES..	19	(DMQ.160 M/Y)
PUERTO RICO..	20	(DMQ.160 M/Y)
SPAIN...	21	(DMQ.160 M/Y)
URUGUAY..	22	(DMQ.160 M/Y)
VENEZUELA...	23	(DMQ.160 M/Y)
OTHER COUNTRY (CAPI INSTRUCTION:		
DO NOT SPECIFY)....................................	40	(DMQ.160 M/Y)

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 DMQ.241. |
+---+

DMQ.160   In what month and year did {you/SP} come to the United States to stay?
M/Y

|___|___|
ENTER MONTH NUMBER

REFUSED... 7777
DON'T KNOW... 9999

|___|___|___|___|
ENTER 4-DIGIT YEAR

REFUSED.. 777777
DON'T KNOW.. 999999

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 DMQ2

YES, BORN IN UNITED STATES.................. 1
YES, BORN IN PUERTO RICO, GUAM,
  AMERICAN VIRGIN ISLANDS, OR
  OTHER U.S. TERRITORY.......................... 2
YES, BORN ABROAD TO AMERICAN
  PARENTS... 3
YES, U.S. CITIZEN BY NATURALIZATION... 4
NO, NOT A CITIZEN OF THE UNITED
  STATES.. 5
REFUSED.. 7
DON'T KNOW.. 9

DMQ.241   {Do you/Does SP} consider {yourself/himself/herself} to be Hispanic or Latino?

READ IF NECESSARY: Where do your ancestors come from?
        Puerto Rican
        Cuban/Cuban American
        Dominican Republic
        Mexican/Mexican American
        Central/South American
        Other Latin American
        Other Hispanic or Latino

                        YES..   1
                        NO...   2
                        REFUSED...   7
                        DON'T KNOW..   9

HELP SCREEN:
SPANISH, HISPANIC OR LATINO PEOPLE MAY BE OF ANY RACE.   LISTED BELOW ARE HISPANIC OR LATINO CATEGORIES/COUNTRIES.

Mexican
Puerto Rican
Cuban
Dominican Republic
Central American:
    Costa Rican
    Guatemalan
    Honduran
    Nicaraguan
    Panamanian
    Salvadoran
    Other Central American
South American:
    Argentinean
    Bolivian
    Chilean
    Colombian
    Ecuadorian
    Paraguayan
    Peruvian
    Uruguayan
    Venezuelan
    Other South American
Other Hispanic or Latino:
    Spaniard
    Spanish
    Spanish American

<div style="border:1px solid black">

BOX 3F

CHECK ITEM DMQ.244:
IF YES (CODE 1) IN DMQ.241, GO TO DMQ.252.
IF DON'T KNOW (CODE 9) OR REF (CODE 7) IN DMQ.241.
          OR
*IF NO (CODE 2) IN DMQ.241, CONTINUE TO BOX 3G.

</div>

<div style="border:1px solid black">

BOX 3G

CHECK ITEM DMQ.246:
IF NO (CODE 2) IN 07SCQ.New260 (07 SCREENER QUESTIONNAIRE), GO TO DMQ.261.
IF HISPANIC OR LATINO IN 07SCQ.New260 (07 SCREENER QUESTIONNAIRE), DISPLAY SOFT EDIT ONCE THEN GO TO BOX 3H.
OTHERWISE, GO TO DMQ.261.
CAPI INSTRUCTION:

DISPLAY SOFT EDIT MESSAGE –

"SCREENER ETHNICITY: HISPANIC OR LATINO.
INTERVIEWER: GIVE RESPONDENT **HAND CARD DMQ4** AND READ CATEGORIES."

</div>

<div style="border:1px solid black">

BOX 3H

CHECK ITEM DMQ.248:
IF YES (CODE 1) IN DMQ.241, CONTINUE.
OTHERWISE, GO TO DMQ.261.

</div>

DMQ.252   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 DMQ4
SELECT 1 OR MORE

Mexican...	1
Puerto Rican..................................	2
Cuban..	3
Dominican Republic.......................	4
Central American:	
Costa Rican..............................	5
Guatemalan..............................	6
Honduran.................................	7

Nicaraguan.. 8
Panamanian.. 9
Salvadoran... 10
Other Central American............................ 11

South American:

Argentinean.. 12
Bolivian.. 13
Chilean... 14
Colombian.. 15
Ecuadorian... 16
Paraguayan.. 17
Peruvian... 18
Uruguayan.. 19
Venezuelan... 20
Other South American............................... 21

Other Hispanic or Latino:

Spaniard... 22
Spanish.. 23
Spanish American...................................... 24
OTHER (SPECIFY)....................................... 40
REFUSED.. 77
DON'T KNOW.. 99

DMQ.261   What race {do you/does SP} consider {yourself/himself/herself} to be? Please select 1 or more of these categories.

HAND CARD DMQ5
SELECT 1 OR MORE

WHITE.. 1 (BOX 4)
BLACK/AFRICAN AMERICAN...................... 2 (BOX 4)

INDIAN (AMERICAN).................................... 3 (BOX 4)
ALASKA NATIVE.. 4 (BOX 4)

NATIVE HAWAIIAN...................................... 5 (BOX 4)
GUAMANIAN.. 6 (BOX 4)
SAMOAN... 7 (BOX 4)
OTHER PACIFIC ISLANDER (SPECIFY)...... 8 (BOX 4)

ASIAN INDIAN (INCLUDES PERSONS OF
    INDIA, PAKISTAN, CEYLON, AND
    SRI LANKA)... 9 (BOX 4)
CHINESE.. 10 (BOX 4)
FILIPINO (FROM PHILIPPINES).................. 11 (BOX 4)
JAPANESE.. 12 (BOX 4)
KOREAN... 13 (BOX 4)

VIETNAMESE.. 14 (BOX 4)
OTHER ASIAN... 15 (DMQ.264)

SOME OTHER RACE.................................... 16 (DMQ.267)

REFUSED... 77 (BOX 4)
DON'T KNOW.. 99 (BOX 4)

CAPI INSTRUCTION:
THE WORDS "INDIA", "PAKISTAN", "CEYLON", AND "SRI LANKA" SHOULD APPEAR IN BLUE.

DMQ.264   CODE SP ANSWER TO OTHER ASIAN.

HMONG... 1 (BOX 4)
LAOTIAN.. 2 (BOX 4)
CAMBODIAN... 4 (BOX 4)
TAIWANESE... 5 (BOX 4)
OTHER (SPECIFY)....................................... 40 (BOX 4)

DMQ.267   CODE SP ANSWER TO 'OTHER RACE'.

Mexican... 1
Puerto Rican... 2
Cuban.. 3
Dominican Republic...................................... 4
Central American:
   Costa Rican... 5
   Guatemalan... 6
   Honduran.. 7
   Nicaraguan.. 8
   Panamanian... 9
   Salvadoran.. 10
   Other Central American............................. 11
South American:
   Argentinean... 12
   Bolivian.. 13
   Chilean... 14
   Colombian.. 15
   Ecuadorian.. 16
   Paraguayan... 17
   Peruvian... 18
   Uruguayan... 19
   Venezuelan.. 20

Other South American................................ 21
Other Hispanic or Latino:
Spaniard.. 22
Spanish... 23
Spanish American....................................... 24
OTHER SPECIFY.. 40
REFUSED.. 77
DON'T KNOW.. 99

CAPI INSTRUCTION:
CHECK DMQ.241. IF "NO" (CODE 2) IN DMQ.241, DISPLAY THE FOLLOWING HARD ERROR MESSAGE. RESPONDENT CODED AS **NOT HISPANIC** IN PREVIOUS QUESTION "DO YOU CONSIDER YOURSELF HISPANIC/LATINO – BACK UP TO CORRECT PREVIOUS QUESTION OR CORRECT ENTRY AT THIS QUESTION.

<div style="border:1px solid black">

BOX 4

CHECK ITEM DMQ.270:
IF MORE THAN 1 ENTRY IN DMQ.261, CONTINUE.
OTHERWISE, GO TO DMQ.281.

</div>

DMQ.275
G/Q

Which one of these groups, that is {DISPLAY RESPONSES CODED IN DMQ.260 WITH CORRESPONDING CODES}, would you say **best** represents {your/SP's} race?

|___|___|
ENTER RACE CODE

CANNOT CHOOSE 1 RACE.................... 66
REFUSED.. 7777
DON'T KNOW.. 9999

DMQ.281a   The Department of Health and Human Services will conduct statistical research by combining {your/his/her} survey data with vital, health, nutrition and other related records. Your social security number is used only for these purposes and the Department will not release it to anyone, including any government agency, for any other reason. Providing this information is voluntary and is collected under the authority of Section 306 of the Public Health Service Act. There will be no effect on {your/his/her} benefits if you do not provide it.

INTERVIEWER INSTRUCTION—ONLY READ IF ASKED. [Public Health Service Act is title 42, United States Code, section 242k.]

What is {your/SP's} Social Security Number?

INTERVIEWER INSTRUCTION:
IF RESPONDENT CANNOT RECALL FROM MEMORY ASK {HIM/HER} TO GET CARD AT THIS TIME.
IF RESPONDENT IS RELUCTANT OR NEEDS MORE INFORMATION, PRESS F1 TO ACCESS THE HELP SCREEN AND FOLLOW THE SCRIPT.

ENTER SOCIAL SECURITY NUMBER	1	(DMQ281b)
DOES NOT HAVE SOCIAL SECURITY NUMBER	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

CAPI INSTRUCTION:
IF SP REFUSES (CODE 7), DISPLAY THE FOLLOWING SOFT ERROR MESSAGE:
TEXT TO BE SUPPLIED LATER AND WILL BE WRITTEN BY NCHS/WESTAT.

DMQ281b/c

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY OF SOCIAL SECURITY NUMBER.

|___|___|___| |___|___| |___|___|___|___|
ENTER SOCIAL SECURITY NUMBER
or

REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

CAPI INSTRUCTION:
IF SP REFUSES (CODE 7), DISPLAY THE FOLLOWING SOFT ERROR MESSAGE:
TEXT TO BE SUPPLIED LATER AND WILL BE WRITTEN BY NCHS/WESTAT.

NEW HELP SCREEN TO ADDRESS RESPONDENTS WHO ARE RELUCTANT OR WHO NEED MORE INFORMATION WILL BE WRITTEN BY NCHS/WESTAT.

DMQ.300   INTERVIEWER: SELECT CATEGORY FOR REPORTING OF SOCIAL SECURITY NUMBER

SELF REPORTED FROM MEMORY.. 1
SELF REPORTED FROM RECORDS.. 2
PROXY REPORTED FROM MEMORY... 3
PROXY REPORTED FROM RECORDS... 4

NEW HELP SCREEN TO ADDRESS REFUSALS AND SPs WHO NEED MORE INFORMATION TO FOLLOW – FROM NCHS.

ACCULTURATION (ACQ)

<table>
<tr><td colspan="2">BOX 1</td></tr>
<tr><td>CHECK ITEM ACQ.005:
IF SP CODED HISPANIC IN SCREENER, GO TO ACQ.041.
OTHERWISE, CONTINUE.</td></tr>
</table>

ACQ.011   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
SPANISH..	8
OTHER..	9
REFUSED...	77
DON'T KNOW...	99

<table>
<tr><td>BOX 2</td></tr>
<tr><td>CHECK ITEM ACQ.015:
GO TO END OF SECTION.</td></tr>
</table>

ACQ.041   NOW I'M GOING TO ASK YOU ABOUT LANGUAGE USE.

WHAT LANGUAGE(S) {DO YOU/DOES 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
REFUSED..	7
DON'T KNOW..	9

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION – DSQ
Target Group: SPs Birth +

DSQ.012   The next questions are about {your/SP's} use of dietary supplements, nonprescription antacids, and prescription medications during the **past 30 days**.

{Have you/Has SP} used or taken any **vitamins, minerals, herbals or other dietary supplements** in the **past 30 days**? Include prescription and non-prescription supplements.

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

HAND CARD DSQ1a

YES.. 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

RXQ.021   {Have you/Has SP} used or taken any nonprescription **antacids** in the **past 30 days**?

HAND CARD DSQ1b

YES.. 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

BOX 0
OMITTED

RXQ.032   In the **past 30 days**, {have you/has SP} used or taken medication for which a **prescription** is needed? Include only those products prescribed by a health professional such as a doctor or dentist. [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.035A:
IF 'YES' (CODE 1) IN DSQ.012, RXQ.021, OR RXQ.032, CONTINUE.
OTHERWISE, GO TO BOX 14A.

DSQ.042   May I please see the containers for **all** the {vitamins, minerals, herbals, and other dietary supplements}, {and} {nonprescription antacids} {and} {prescription medicines} that {you/SP} used or took in the **past 30 days**?

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY {vitamins, minerals, herbals and other dietary supplements,} only if DSQ.012 = yes (1), {nonprescription antacids.} only if RXQ.021 = yes (1), {prescription medicines,} only if RXQ.032 = yes (1), and the word {"and"} only before the last product type if there is more than one product type.

BOX 1A

CHECK ITEM DSQ.045:
IF 'YES' (CODE 1) IN DSQ.012, CONTINUE WITH DSQ.047.
OTHERWISE, GO TO BOX 6.

DSQ.047   I will start with the vitamins, minerals, herbals and other dietary supplements. Please show me any {you have/SP has} taken in the **past 30 days**.

CHECK PRODUCT LABEL OR ASK PRODUCT NAME.
IS THIS PRODUCT ON THE LIST BELOW?

YES.. 1
NO.. 2 (DSQ.052)
DON'T KNOW... 9 (DSQ.052)

SINGLE ELEMENTS

VITAMIN A... 10
VITAMIN B6... 12
VITAMIN B12... 13
VITAMIN C (WITH OR WITHOUT ROSE HIPS)   14
VITAMIN D... 15
VITAMIN E... 16
CALCIUM... 18
CHROMIUM (CHROMIUM PICOLINATE).... 19
FOLATE (FOLIC ACID)................................ 20
IRON (FERROUS XXXATE)......................... 21
MAGNESIUM.. 27
POTASSIUM... 28
SELENIUM.. 29
ZINC (ZINC GLUCONATE)........................... 40

MULTI ELEMENTS

VITAMINS A & D... 50
CALCIUM & VITAMIN D................................ 51
CALCIUM & MAGNESIUM............................. 52

DSQ.049   WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

VITAMIN A... 10
VITAMIN B6... 12

VITAMIN B12.. 13
VITAMIN C (WITH OR WITHOUT ROSE HIPS)   14
VITAMIN D... 15
VITAMIN E... 16
CALCIUM... 18
CHROMIUM (CHROMIUM PICOLINATE)..... 19
FOLATE (FOLIC ACID)................................. 20
IRON (FERROUS XXXATE)........................... 21
MAGNESIUM.. 27
POTASSIUM.. 28
SELENIUM... 29
ZINC (ZINC GLUCONATE)........................... 40
VITAMINS A & D... 50
CALCIUM & VITAMIN D............................... 51
CALCIUM & MAGNESIUM............................ 52
REFUSED.. 77 (DSQ.052)
DON'T KNOW... 99 (DSQ.052)

BOX 1B

CHECK ITEM DSQ.059:
GO TO DSQ.071.

DSQ.052   REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY
SUPPLEMENTS USED. ENTER FULL NAME OF SUPPLEMENT, INCLUDING BRAND.

_____
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.060s   PRESS BS TO START THE LOOKUP.

SELECT SUPPLEMENT FROM LIST.

IF SUPPLEMENT **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE '**'

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI VITAMIN PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN DSQ.052 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 ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME. 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 2** |
| |
| **CHECK ITEM DSQ.061:** |
| IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT NAME IS |
| GREATER THAN THE LOOKUP DISPLAY FIELD, CONTINUE WITH DSQ.057. |
| OTHERWISE, GO TO DSQ.071. |
+---+

DSQ.057   YOU HAVE SELECTED

{DISPLAY **FULL** VARIABLE NAME}

IS THIS CORRECT?

           YES.. 1
           NO... 2 (CAPI
           INSTRUCTION)

CAPI INSTRUCTION:
DISPLAY SCREEN DSQ.060s – ENTRY FIELD SHOULD BE BLANK. AT DSQ.060s, INTERVIEWER SHOULD PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER PRODUCT.

DSQ.071   INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

CONTAINER SEEN.. 1
CONTAINER NOT SEEN............................... 2

BOX 2A

CHECK ITEM DSQ.074:
- IF PRODUCT WAS SELECTED FROM SPECIAL PRODUCT LIST (YES, CODE 1 IN DSQ.047) **AND CONTAINER SEEN**, CONTINUE.
- IF PRODUCT WAS **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.047) AND **CONTAINER SEEN**, GO TO DSQ.077.
- OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096.

DSQ.066   **SELECT STRENGTH FOR {ELEMENT}**
a/b/aO/bO

IF STRENGTH NOT ON FRONT OR UNCLEAR, TURN CONTAINER AROUND AND GET STRENGTH FROM FACTS BOX.

PRESS BS TO START LOOKUP.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
- {ELEMENT} = DISPLAY PRODUCT ELEMENT SELECTED IN DSQ.049. IF PRODUCT SELECTED HAS MORE THAN 1 ELEMENT (EXAMPLE =   ), STRENGTH QUESTION SHOULD APPEAR FOR **EACH** ELEMENT.
- IF "OTHER" STRENGTH IS SELECTED, GET OTHER SPECIFY AND INTERVIEWER INSTRUCTION SHOULD READ "ENTER SUPPLEMENT STRENGTH".
- **ALL** OF THE STRENGTH QUESTION AND INSTRUCTION SHOULD APPEAR WHEN STRENGTH LOOKUP LIST IS DISPLAYED (NO SCROLLING). THIS MAY MEAN PRINTING ALL WORDS ON THE SCREEN FLUSH LEFT IN MULTIPLE LINES.

BOX 3

OMITTED

DSQ.077   WHAT IS THE FORM OF THIS PRODUCT?
OS

CAPSULES..	1
TABLETS..	2
CHEWABLE TABLETS..................................	3
PILLS...	4
CAPLETS...	5
SOFT GELS..	6
GEL CAPS..	7
VEGICAPS..	8
PACKAGE/PACKETS..................................	9
LIQUID...	10
POWDER..	11
WAFERS...	12
CHEWS/GUMMIES.......................................	13
DOTS..	14
GRANULES..	15
LOZENGES/COUGH DROPS.......................	16
GEL..	17
OTHER FORM (SPECIFY)............................	91
REFUSED...	77
DON'T KNOW...	99

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 3A

CHECK ITEM DSQ.079:
IF PRODUCT **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN
DSQ.047), CONTINUE.
OTHERWISE, GO TO DSQ.096.

DSQ.081   ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

_____
ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

REFUSED...	7	(DSQ.088)
DON'T KNOW...	9	(DSQ.088)

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.084   PRESS BS TO START THE LOOKUP.

SELECT MANUFACTURER
FROM LIST.

IF MANUFACTURER **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY

TYPE '**'.

PRESS ENTER TO SELECT.

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.088).
DISPLAY PRODUCT NAME AS LEFT HEADER.

+---+
| **BOX 4** |
| |
| **CHECK ITEM DSQ.085:** |
| IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096. |
| OTHERWISE, CONTINUE. |
+---+

DSQ.088b   ENTER **CITY** NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

_____
ENTER CITY

REFUSED..   7
DON'T KNOW...   9

DSQ.088c   ENTER **STATE** NAME.

                ENTER 2-LETTER
                STATE ABBREVIATION.

                PRESS ENTER TO
                SELECT STATE FROM LIST.

                _____
                ENTER STATE

                REFUSED...   7
                DON'T KNOW...   9

                CAPI INSTRUCTION:
                DISPLAY PRODUCT NAME AS A LEFT HEADER.
                AN ENTRY MUST BE MADE IN ALL DSQ.081 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE.

DSQ.096   For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?
Q/U

                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)

                REFUSED..777
                DON'T KNOW...999

                ENTER UNIT

                DAYS...   1
                WEEKS..   2
                 MONTHS...   3
                 YEARS..   4
                 REFUSED..   7
                 DON'T KNOW...   9

DSQ.103   In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:
- {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

REFUSED..777
DON'T KNOW..999

DSQ.123   On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

Q/U/OS

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

REFUSED...7777 (DSQ.126a)
DON'T KNOW..9999 (DSQ.126a)

|___|___|
ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/
  SOFTGELS/GEL CAPS/VEGICAPS/
  CHEWABLE TABLETS............................... 1 (07BOX NEW 4A)
DROPPERS... 2 (07BOX NEW 4A)
DROPS... 3 (07BOX NEW 4A)
INJECTIONS/SHOTS.................................... 5 (07BOX NEW 4A)
LOZENGES/COUGH DROPS....................... 6 (07BOX NEW 4A)
MILLILITERS... 7 (07BOX NEW 4A)
TABLESPOONS... 11 (07BOX NEW 4A)
TEASPOONS... 12 (07BOX NEW 4A)
WAFERS.. 13 (07BOX NEW 4A)
CANS... 15 (07BOX NEW 4A)
GRAMS.. 16 (07BOX NEW 4A)
DOTS... 17 (07BOX NEW 4A)
CUPS... 18 (07BOX NEW 4A)
SPRAYS/SQUIRTS...................................... 19 (07BOX NEW 4A)
CHEWS/GUMMIES...................................... 20 (07BOX NEW 4A)
SCOOPS.. 21 (07BOX NEW 4A)
CAPFULS... 23 (07BOX NEW 4A)
OUNCES.. 27 (07BOX NEW 4A)
PACKAGES/PACKETS................................ 28 (CONTINUE)
VIALS.. 29 (07BOX NEW 4A)
GUMBALLS.. 30 (07BOX NEW 4A)
OTHER FORM (SPECIFY)............................ 91 (07BOX NEW 4A)
REFUSED.. 77 (07BOX NEW 4A)
DON'T KNOW... 99 (07BOX NEW 4A)

CAPI INSTRUCTION:
- IF FORM CODE 1 THROUGH 8 IN DSQ.077, PREFILL AND DISPLAY THE UNIT CODE 1 FOR DSQ.123U.

- IF FORM CODE 12 IN DSQ.077, PREFILL AND DISPLAY THE UNIT CODE 13 FOR DSQ.123U.

- IF FORM CODE 13 IN DSQ.077, PREFILL AND DISPLAY THE UNIT CODE 20 FOR DSQ.123U.

- IF FORM CODE 14 IN DSQ.077, PREFILL AND DISPLAY THE UNIT CODE 17 FOR DSQ.123U.

- IF FORM CODE 16 IN DSQ.077, PREFILL AND DISPLAY THE UNIT CODE 6 FOR DSQ.123U.

- IF FORM CODE 9 IN DSQ.077, DISPLAY THE UNIT CODES 1, 6, 7, 11, 12, 13, 15, 16, 17, 18, 20, 21, 23, 27, 28, 30, 91, 77, 99 FOR DSQ.123U.

- IF FORM CODE 10, 17 IN DSQ.077, DISPLAY THE UNIT CODES 2, 3, 5, 7, 11, 12, 15, 18, 19, 23, 27, 29, 91, 77, 99 FOR DSQ.123U.

- IF FORM CODE 11, 15 IN DSQ.077, DISPLAY THE UNIT CODES 11, 12, 15, 16, 18, 21, 23, 27, 28, 91, 77, 99 FOR DSQ.123U.

- IF FORM CODE 91, 77, 99 IN DSQ.077, DISPLAY ENTIRE PICK LIST FOR DSQ.123U.

- IF CONTAINER NOT SEEN (CODE 2 IN DSQ.071), DISPLAY ENTIRE PICK LIST FOR DSQ.123U.

DSQ.125 {Did you/Does SP} take an entire packet of {PRODUCT NAME} each time?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW...	9

07BOX NEW 4A

CHECK ITEM DSQ.105:
IF PRODUCT NOT SEEN IN DSQ.071 (CODE 2) AND DSQ.123 = 7, 11, 12, 15, 16, 18, 21, 23 OR 27, CONTINUE.
OTHERWISE, SKIP TO DSQ.124.

DSQ.110 Was that a liquid or powder?

LIQUID..	1
POWDER..	2
REFUSED..	77
DON'T KNOW...	99

DSQ.124 HAND CARD 2

Looking at this card, what is the reason {you take/SP takes} {PRODUCT NAME}?

(Did you decide to take it for reasons of your own or did a doctor or other health provider tell you to take it?)

<div style="margin-left:30%">

DECIDED TO TAKE IT FOR REASONS
 OF MY OWN... 1
A DOCTOR OR OTHER HEALTH
 PROVIDER TOLD ME TO........................... 2
REFUSED.. 7 (DSQ.127)
DON'T KNOW.. 9 (DSQ.127)

</div>

DSQ.128   {For what reason or reasons {do you/does SP} take {PRODUCT NAME}?}
{For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?}

HAND CARD 3

CODE ALL THAT APPLY.

FOR GOOD BOWEL/COLON HEALTH.........	1
FOR PROSTATE HEALTH............................	2
FOR MENTAL HEALTH................................	3
TO PREVENT HEALTH PROBLEMS............	4
TO IMPROVE MY OVERALL HEALTH..........	5
FOR TEETH, PREVENT CAVITIES...............	6
TO SUPPLEMENT MY DIET (BECAUSE I DON'T GET ENOUGH FROM FOOD)......	7
TO MAINTAIN HEALTH (TO STAY HEALTHY)...	8
TO PREVENT COLDS, BOOST IMMUNE SYSTEM..	9
FOR HEART HEALTH, CHOLESTEROL.......	10
FOR EYE HEALTH..	11
FOR HEALTHY JOINTS, ARTHRITIS............	12
FOR SKIN HEALTH, DRY SKIN....................	13
FOR WEIGHT LOSS.....................................	14
FOR BONE HEALTH, BUILD STRONG BONES, OSTEOPOROSIS..........................	15
TO GET MORE ENERGY..............................	16
FOR PREGNANCY..	17
FOR ANEMIA, SUCH AS LOW IRON............	18
OTHER SPECIFY...	91
REFUSED..	77
DON'T KNOW...	99

CAPI INSTRUCTION:
IF CODE 1 IN DSQ.124, DISPLAY For what reason or reasons {do you/does SP} take {PRODUCT NAME}?
IF CODE 2 IN DSQ.124, DISPLAY For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?

DSQ.127   ARE THERE ANY OTHER VITAMINS, MINERALS, HERBALS OR DIETARY SUPPLEMENTS?

YES...	1
NO...	2

BOX 5

CHECK ITEM DSQ.129:
ASK DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN
(CODE 2 IN DSQ.127), CONTINUE WITH DSQ.131.

DSQ.131   REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH
RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s), herbals or dietary supplement(s) that {you
have/SP has} taken in the **past 30 days**: {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.052. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND
MINERALS SELECTED AT DSQ.060 AND ENTERED AT DSQ.052. DISPLAY NUMBER ON
SCREEN.

BOX 6

CHECK ITEM DSQ.133:
IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.
OTHERWISE, GO TO BOX 10A.

RXQ.141   Now I would like to ask you some questions about {your/SP's} use of **nonprescription antacids** in the
past 30 days.

[First I will record some information about an antacid, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION
ANTACIDS USED. ENTER **FULL** BRAND NAME OF ANTACID.

_____
ENTER ANTACID NAME

REFUSED..   7
DON'T KNOW...   9

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10A.
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.150s   PRESS BS TO START THE LOOKUP.

SELECT ANTACID
FROM LIST.

IF ANTACID **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

  TYPE '**'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.141 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 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
OMITTED

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)

REFUSED...777
DON'T KNOW...999

ENTER UNIT

DAYS.. 1
WEEKS... 2
MONTHS.. 3
YEARS... 4
REFUSED... 7
DON'T KNOW... 9

RXQ.191   In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:
■   {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
■   {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.049 OR PRODUCT ENTERED IN DSQ.052.

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

REFUSED...7777
DON'T KNOW...9999

RXQ.195   On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single
Q/U/OS   day?

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.

OPTIONS <u>MUST</u> BE IN ORDER SPECIFIED – APPROVED BY DRG (NCHS)

|___|___|___|
ENTER NUMBER

REFUSED..7777 (RXQ.216)
DON'T KNOW..9999 (RXQ.216)

ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/
  SOFTGELS/GEL CAPS/VEGICAPS/
  CHEWABLE TABLETS..............................   1 (07BOX NEW 8)
DROPPERS...   2 (07BOX NEW 8)
DROPS...   3 (07BOX NEW 8)
INJECTIONS/SHOTS....................................   5 (07BOX NEW 8)
LOZENGES...   6 (07BOX NEW 8)
MILLILITERS...   7 (07BOX NEW 8)
TABLESPOONS... 11 (07BOX NEW 8)
TEASPOONS.. 12 (07BOX NEW 8)
WAFERS... 13 (07BOX NEW 8)
CANS.. 15 (07BOX NEW 8)
GRAMS... 16 (07BOX NEW 8)
DOTS.. 17 (07BOX NEW 8)
CUPS.. 18 (07BOX NEW 8)
SPRAYS/SQUIRTS...................................... 19 (07BOX NEW 8)
CHEWS... 20 (07BOX NEW 8)
SCOOPS... 21 (07BOX NEW 8)
CAPFULS.. 23 (07BOX NEW 8)
OUNCES... 27 (07BOX NEW 8)
PACKAGES/PACKETS................................ 28 (CONTINUE)
VIALS.. 29 (07BOX NEW 8)
GUMBALLS... 30 (07BOX NEW 8)
OTHER FORM (SPECIFY)........................... 91 (07BOX NEW 8)
REFUSED... 77 (07BOX NEW 8)
DON'T KNOW... 99 (07BOX NEW 8)

RXQ.200
Q/U/OS

{Do you/Does SP{ take an entire packet each time?

YES		1
NO		2
REFUSED		7
DON'T KNOW		9

07BOX NEW 8

CHECK ITEM RXQ.205:
IF RXQ.195U IS 7, 11, 12, 15, 16, 18, 21, 23, OR 27, CONTINUE.
OTHERWISE, SKIP TO RXQ.215a.

DSQ.110   Was that a liquid or powder?

LIQUID		1
POWDER		2
REFUSED		77
DON'T KNOW		99

RXQ.215a   Did you take {PRODUCT NAME} as an antacid, as a calcium supplement, or both?

ANTACID		1
CALCIUM SUPPLEMENT		2
BOTH		3
NEITHER		4
REFUSED		7
DON'T KNOW		9

RXQ.216   CHECK CONTAINERS. ARE THERE ANY OTHER NONPRESCRIPTION ANTACIDS?

OR ASK RESPONDENT:
[Are there any other nonprescription antacids that {you/SP} used in the past 30 days?]

YES		1
NO		2

BOX 9

CHECK ITEM RXQ.219:
ASK RXQ.216 FOR NEXT ANTACID (CODE 1 IN RXQ.216). IF NO NEXT ANTACID,
(CODE 2 IN RXQ.216), CONTINUE WITH RXQ.221.

RXQ.221   REVIEW TOTAL NUMBER OF ANTACIDS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} nonprescription antacid(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. DISPLAY NUMBER ON SCREEN.

BOX 15
OMITTED

BOX 16
OMITTED

BOX 16A
OMITTED

BOX 10A
CHECK ITEM DSQ.225: IF 'YES' (CODE 1) IN RXQ.032, CONTINUE. OTHERWISE, GO TO BOX 14A.

RXQ.231   Now I would like to talk about **prescription medication** {you have/SP has} used in the **past 30 days**. Again, these are products prescribed by a health professional such as a doctor or dentist.

[First I will record some information about the medication, then I will ask you some questions about it.]

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

_____
ENTER MEDICATION NAME

REFUSED...   7
DON'T KNOW...   9

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSED, THEN GO TO BOX 18.
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.240s   PRESS BS TO START THE LOOKUP.

SELECT MEDICATION
FROM LIST.

IF MEDICATION **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

  TYPE '**'.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:
DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.231 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 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 10B

CHECK ITEM RXQ.243:
IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT HAS AN
'OTC' DESIGNATION, CONTINUE WITH RXQ.245.
OTHERWISE, GO TO RXQ.250.

RXQ.245   YOU HAVE SELECTED

{DISPLAY FULL PRODUCT VARIABLE NAME}.

YOU HAVE SELECTED THIS PRODUCT IN AN **'OVER THE COUNTER'** FORM.   IS THIS
CORRECT?

YES..   1
NO..   2   DISPLAY HARD
ERROR

CAPI INSTRUCTION:
DISPLAY SCREEN RXQ.240s – ENTRY FIELD SHOULD BE BLANK.   INTERVIEWER SHOULD
PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER
PRODUCT.

BOX 11

OMITTED

RXQ.250   INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.

CONTAINER SEEN..   1
CONTAINER NOT SEEN..............................   2

RXQ.260
Q/U

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)

REFUSED..777
DON'T KNOW..999

ENTER UNIT

DAYS... 1
WEEKS... 2
MONTHS... 3
YEARS.. 4

BOX 13

OMITTED

RXQ.290

What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?

_____
_____
_____

RXQ.291

INTERVIEWER INSTRUCTION: ASK IF NECESSARY

IS SP TAKING MEDICATION FOR ASTHMA, BREATHING PROBLEMS, EMPHYSEMA OR RELATED CONDITION?

YES.. 1
NO.. 2
REFUSED.. 77
DON'T KNOW.. 99

RXQ.294   CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:
[Are there any other prescription medications that {you/SP} used in the past 30 days?]

YES..   1
NO..   2
REFUSED...   77
DON'T KNOW..   99

BOX 14

CHECK ITEM RXQ.294A:
ASK RXQ.250 - RXQ.294 FOR NEXT MEDICATION (CODE 1 IN RXQ.294). IF NO
NEXT MEDICATION (CODE 2 IN RXQ.294), 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 30
days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND
ENTERED AT RXQ.231. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS
SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. DISPLAY NUMBER ON SCREEN.

07BOX NEW13A

CHECK ITEM RXQ.370:
1. IF PRODUCT SELECTED FROM LOOKUP AND CLASS CODE = 125, 131 OR 296,
CONTINUE.
2. IF PRODUCT **NOT** SELECTED FROM LIST AND RXQ.291 = ASTHMA OR
BREATHING DIFFICULTY (CODE 1), CONTINUE.
3. OTHERWISE, SKIP TO RXQ.450.

RXQ.372   Now I would like to ask you a few additional questions about {PRODUCTS SPECIFIED IN 07BOX NEW13A – CLASS CODE 125, 131 OR 296 AND PRODUCTS NOT SELECTED FROM LIST WITH CODE 1 IN RXQ.291.

07BOX NEW13AA

CHECK ITEM RXQ.374:
ASK RXQ.376 – RXQ.440 FOR EACH MEDICATION THAT MEETS SPECIFICATION IN 07BOX NEW13A #1 OR #2.

RXQ.376   Have you used {PRODUCT NAME} every day or nearly every day for a month or longer?

YES...	1	
NO...	2	(07BOX NEW14A)
REFUSED..	7	(07BOX NEW14A)
DON'T KNOW....................................	9	(07BOX NEW14A)

RXQ.378   During the past 3 months, how many months did you use this medication every day or nearly every day?

HAND CARD 4

1 month or less...	1
More than 1 month but less than 2 months.…	2
More than 2 months but less than 3 months. .	3
3 months or more..	4
REFUSED..	7
DON'T KNOW...	9

BOX 13B

CHECK ITEM RXQ.410:
CHECK RXQ.250. IF CONTAINER NOT SEEN (CODE 2), GO TO RXQ.425.
OTHERWISE, CONTINUE

RXQ.415   ENTER DRUG STRENGTH FROM LABEL NCHS??

REFUSED..	77
DON'T KNOW...	99

RXQ.420   INTERVIEWER: RECORD FORM FROM PRODUCT CONTAINER.

CAPSULES..	1
TABLETS..	2
CHEWABLE TABLETS..................................	3
PILLS...	4
CAPLETS...	5
SOFT GELS..	6
GEL CAPS..	7
VEGICAPS..	8
PACKAGE/PACKETS...................................	9
LIQUID...	10
POWDER..	11
WAFERS..	12
CHEWS..	13
DOTS...	14
GRANULES..	15
LOZENGES..	16
GEL..	17
INHALER..	18
NEBULIZER...	19
INJECTION...	20
DISCUS..	21
REFUSED...	77
DON'T KNOW...	99

SKIP TO RXQ.430

RXQ.425   Please look at this card and tell me in what form is this product?

HAND CARD 5

CAPSULES.....................................	1	INHALER..	18
TABLETS..	2	NEBULIZER.....................................	19
CHEWABLE TABLETS...................	3	INJECTION......................................	20
PILLS..	4	DISCUS...	21
CAPLETS..	5	REFUSED..	77
SOFT GELS....................................	6	DON'T KNOW.................................	99
GEL CAPS......................................	7		
VEGICAPS......................................	8		
PACKAGE/PACKETS......................	9		
LIQUID...	10		
POWDER..	11		
WAFERS...	12		
CHEWS..	13		
DOTS..	14		
GRANULES.....................................	15		
LOZENGES.....................................	16		
GEL...	17		

RXQ.430   On the days that you took this medication, how many **times** did you **usually** take it in a single day?

CAPI INSTRUCTION:

|___|___|___|
NUMBER OF TIMES

REFUSED.. 77
DON'T KNOW.. 99

RXQ.435   How much did you take each time you took it?
Q/U/OS

|___|___|___|
ENTER NUMBER

|___|___|
ENTER UNIT

CAPSULES...   1
TABLETS..   2
CHEWABLE TABLETS...............................   3
PILLS..   4
CAPLETS..   5
SOFT GELS..   6
GEL CAPS..   7
VEGICAPS..   8
PACKAGE/PACKETS..................................   9
WAFERS.. 10
CHEWS.. 11
DOTS... 12
LOZENGES.. 13
DROPS... 14
TEASPOONS... 15
TABLESPOONS... 16
MILLILITERS.. 17
SCOOPS.. 18
PUFFS... 19
DOSES... 20
VIALS... 21
INJECTIONS.. 22
OTHER (SPECIFY)_____ 23
REFUSED... 77
DON'T KNOW... 99

CAPI INSTRUCTION FOR UNIT – CHECK RXQ.420 OR RXQ.425 (FORM):
■   IF FORM CODE 1 THROUGH 9 OR 12, 13, 14, 15, OR 16 IN RXQ.420 OR RXQ.425, PREFILL
       AND DISPLAY THE SAME FORM FOR UNIT.

■   IF CODE 10 IN RXQ.420 OR RXQ.425, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
                    DROPS... 14
                    TEASPOONS... 15
                    TABLESPOONS... 16
                    MILLILITERS.. 17
                    OTHER (SPECIFY)_____ 22

■   IF CODE 11 IN RXQ.420 OR RXQ.425, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
                    TEASPOONS... 15
                    TABLESPOONS... 16
                    SCOOPS.. 18
                    OTHER (SPECIFY)_____ 22

- ■ IF CODE 17, 20, OR 21 IN RXQ.420 OR RXQ.425, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

  OTHER (SPECIFY)_____ 22

- ■ IF CODE 18 IN RXQ.420 OR RXQ.425, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

  PUFFS.. 19
  DOSES... 20
  OTHER (SPECIFY)_____ 22

- ■ IF CODE 19 IN RXQ.420 OR RXQ.425, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

  VIALS.. 21
  OTHER (SPECIFY)_____ 22

- ■ IF DK/REF (CODE 77 OR CODE 99), DISPLAY ENTIRE PICK LIST.

RXQ.440   So you took {NUMBER/UNIT} each time you took it, correct?

  CORRECT... 1
  INCORRECT... 2   (RETURN TO
  RXQ.435 Q/U/OS)

CAPI INSTRUCTION:
DISPLAY NUMBER AND UNIT FROM RXQ.435 Q/U/OS.

+---+
| **07BOX NEW14A** |
| |
| **CHECK ITEM RXQ.445:** |
| ASK RXQ.376 – RXQ.440 FOR NEXT MEDICATION (FROM BOX 13AA).|
| IF NO NEXT MEDICATION, CONTINUE. |
+---+

RXQ.450   During the **past 3 months**, have you used/taken {any/any other similar} products for asthma or breathing difficulties **every day or nearly every day**. This card lists some examples.

HAND CARD 6

  YES... 1
  NO.. 2   (BOX 18)
  REFUSED.. 77   (BOX 18)
  DON'T KNOW.. 99   (BOX 18)

CAPI INSTRUCTION:
DISPLAY "ANY" IF THERE HAS BEEN NO ASTHMA MEDICATION ENTERED (NO CLASS CODE 125, 131 OR 296 SELECTED FROM LOOKUP OR CODE 2 IN RXQ.291).
DISPLAY "ANY OTHER" IF CLASS CODE 125, 131 OR 296 ENTERED FROM LOOKUP OR CODE 1 IN RXQ.291.

RXQ.455   May I please see all the containers for these medications.

REFER TO PRODUCT LABEL OR ASK THE RESPONDENT FOR NAME(S) OF PRODUCTS.

BOX 14B

CHECK ITEM RXQ.380:
ASK RXQ.381 THROUGH – RXQ.392 FOR EACH MEDICATION.

RXQ.381   PRESS BS TO START THE LOOKUP.

SELECT MEDICATION
FROM LIST.

IF MEDICATION **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

   TYPE '**'.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:
DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT
THE PRODUCT NAME AS IT WAS KEYED IN RXQ.231 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 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 15

CHECK ITEM RXQ.243:
IF PRODUCT IS SELECTED FROM THE LOOKUP AND THE PRODUCT HAS AN
'OTC' DESIGNATION, CONTINUE WITH RXQ.382.
OTHERWISE, GO TO RXQ.383.

RXQ.382   YOU HAVE SELECTED

{DISPLAY FULL PRODUCT VARIABLE NAME}.

YOU HAVE SELECTED THIS PRODUCT IN AN **'OVER THE COUNTER'** FORM.   IS THIS CORRECT?

YES..   1
NO...   2   DISPLAY HARD
ERROR

CAPI INSTRUCTION:
DISPLAY SCREEN RXQ.381 – ENTRY FIELD SHOULD BE BLANK.   INTERVIEWER SHOULD PRESS THE 'BACKSPACE' KEY TO START THE LOOKUP AGAIN AND SELECT ANOTHER PRODUCT.

RXQ.383   INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.

CONTAINER SEEN.......................................   1
CONTAINER NOT SEEN..............................   2

RXQ.384   For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?
Q/U
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)

REFUSED...777
DON'T KNOW..999

ENTER UNIT

DAYS...   1
WEEKS...   2
MONTHS...   3
YEARS...   4

RXQ.385   What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?

ENTER TEXT_____

_____

_____

RXQ.386   Have you used {PRODUCT NAME} every day or nearly every day for a month or longer?

YES.. 1
NO.. 2 (07BOX NEW17)
REFUSED.. 7 (07BOX NEW17)
DON'T KNOW... 9 (07BOX NEW17)

RXQ.387   During the past 3 months, how many months did you use this medication every day or nearly every day?

HAND CARD 7

1 month or less.. 1
More than 1 month but less than 2 months.… 2
More than 2 months but less than 3 months. . 3
3 months or more... 4
REFUSED.. 7
DON'T KNOW... 9

BOX 16

CHECK ITEM RXQ.410:
CHECK RXQ.383. IF CONTAINER NOT SEEN (CODE 2), GO TO RXQ.389.
OTHERWISE, CONTINUE

RXQ.388   INTERVIEWER: RECORD FORM FROM PRODUCT CONTAINER.

CAPSULES.. 1
TABLETS.. 2
CHEWABLE TABLETS.................................. 3
PILLS... 4
CAPLETS.. 5
SOFT GELS.. 6
GEL CAPS.. 7
VEGICAPS... 8
PACKAGE/PACKETS................................... 9
LIQUID... 10
POWDER.. 11
WAFERS.. 12
CHEWS.. 13
DOTS.. 14
GRANULES.. 15
LOZENGES.. 16
GEL.. 17
INHALER.. 18
NEBULIZER... 19
INJECTION... 20
DISCUS.. 21
REFUSED... 77
DON'T KNOW... 99

SKIP TO RXQ.390

RXQ.389   Please look at this card and tell me in what form is this product?

HAND CARD 8

CAPSULES..	1
TABLETS...	2
CHEWABLE TABLETS.................................	3
PILLS..	4
CAPLETS..	5
SOFT GELS..	6
GEL CAPS..	7
VEGICAPS..	8
PACKAGE/PACKETS...................................	9
LIQUID..	10
POWDER..	11
WAFERS...	12
CHEWS...	13
DOTS..	14
GRANULES..	15
LOZENGES..	16
GEL..	17
INHALER..	18
NEBULIZER..	19
INJECTION...	20
DISCUS..	21
REFUSED...	77
DON'T KNOW...	99

RXQ.390   On the days that you took this medication, how many **times** did you **usually** take it in a single day?

CAPI INSTRUCTION:

|___|___|___|
NUMBER OF TIMES

REFUSED...	77
DON'T KNOW...	99

RXQ.391   How much did you take each time you took it?
Q/U/OS

|___|___|___|
ENTER NUMBER

|___|___|
ENTER UNIT

CAPSULES.. 1
TABLETS... 2
CHEWABLE TABLETS................................ 3
PILLS... 4
CAPLETS.. 5
SOFT GELS... 6
GEL CAPS... 7
VEGICAPS... 8
PACKAGE/PACKETS.................................. 9
WAFERS.. 10
CHEWS.. 11
DOTS... 12
LOZENGES.. 13
DROPS... 14
TEASPOONS... 15
TABLESPOONS... 16
MILLILITERS.. 17
SCOOPS.. 18
PUFFS... 19
DOSES... 20
VIALS... 21
INJECTIONS.. 22
OTHER (SPECIFY)_____ 23
REFUSED... 77
DON'T KNOW... 99

CAPI INSTRUCTION FOR UNIT – CHECK RXQ.388 OR RXQ.389 (FORM):
■   IF FORM CODE 1 THROUGH 9 OR 12, 13, 14, 15, OR 16 IN RXQ.388 OR RXQ.389, PREFILL
     AND DISPLAY THE SAME FORM FOR UNIT (FORM CODE 1 THROUGH 13 ON UNIT LIST).

■   IF CODE 10 IN RXQ.388 OR RXQ.389, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
                    DROPS.. 14
                    TEASPOONS... 15
                    TABLESPOONS... 16
                    MILLILITERS.. 17
                    OTHER (SPECIFY)_____ 22

■   IF CODE 11 IN RXQ.388 OR RXQ.389, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:
                    TEASPOONS... 15
                    TABLESPOONS... 16
                    SCOOPS... 18
                    OTHER (SPECIFY)_____ 22

■   IF CODE 17, 20, OR 21 IN RXQ.388 OR RXQ.389, DISPLAY THE FOLLOWING PICK LIST FOR
UNIT:

OTHER (SPECIFY)_____ 22

■   IF CODE 18 IN RXQ.388 OR RXQ.389, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

PUFFS.. 19
DOSES... 20
OTHER (SPECIFY)_____ 22

■   IF CODE 19 IN RXQ.388 OR RXQ.389, DISPLAY THE FOLLOWING PICK LIST FOR UNIT:

VILES.. 21
OTHER (SPECIFY)_____ 22

■   IF DK/REF (CODE 77 OR CODE 99), DISPLAY ENTIRE PICK LIST.

RXQ.392   So you took {NUMBER/UNIT} each time you took it, correct?

CORRECT.. 1
INCORRECT... 2 (RETURN TO
RXQ.435 Q/U/OS)

CAPI INSTRUCTION:
DISPLAY NUMBER AND UNIT FROM RXQ.435 Q/U/OS.

RXQ.393   CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:
[During the past 3 months, were there any other products that {you/SP} used for asthma or breathing
problems every day or nearly every day?]

YES... 1
NO.. 2
REFUSED... 77
DON'T KNOW... 99

┌───┐
| **BOX 17** |
| |
| **CHECK ITEM RXQ.395:** |
| ASK RXQ.381 – RXQ.393 FOR NEXT PRODUCT. |
| IF NO NEXT PRODUCT, CONTINUE WITH 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   INTERVIEWER OBSERVATION: WAS SP PRESENT FOR ALL OR PART OF INTERVIEW?

YES.. 1
NO.. 2

DSQ.335   PRESS F10 TO EXIT BLAISE.

FAMILY QUESTIONNAIRE

DEMOGRAPHIC BACKGROUND/OCCUPATION – DMQ - FAM
Target Group: ■ **Head of CPS Family (Non-SP)**
■ **Head of CPS Family Spouse (Non-SP)**

BOX 1A

RULES FOR ADMINISTERING THE DEMOGRAPHIC AND OCCUPATION SECTION OF THE FAMILY QUESTIONNAIRE:

- ■ A CPS FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE 16+ AND RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: A CPS FAMILY CAN BE ONE INDIVIDUAL.

BOX 1

LOOP 1:
ASK DMQ.106 – DMQ.141 AS APPROPRIATE FOR NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE (RELATIONSHIP OF "MARRIED" IN THE SCREENER) OF HEAD OF CPS FAMILY.
- ■ FIRST ASK DMQ.106, 130, AND 141 FOR NON-SP HEAD OF CPS FAMILY.
- ■ NEXT, ASK DMQ.141 FOR NON-SP SPOUSE OF HEAD OF CPS FAMILY.
- ■ EACH TARGET PERSON SHOULD BE ASKED THIS SECTION ONCE.
- ■ IF NO NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE, GO TO END OF SECTION.

DMQ.107   In what country {were you/was NON-SP Head} born?

UNITED STATES	1	(DMQ.130)
OTHER COUNTRY	2	
REFUSED	7	
DON'T KNOW	9	

DMQ.112   SELECT COUNTRY OF BIRTH

ARGENTINA... 1 (DMQ.141)
BELIZE... 2 (DMQ.141)
BOLIVIA.. 3 (DMQ.141)
BRAZIL... 4 (DMQ.141)
CHILE... 5 (DMQ.141)
COLOMBIA.. 6 (DMQ.141)
COSTA RICA.. 7 (DMQ.141)
CUBA... 8 (DMQ.141)
DOMINICAN REPUBLIC............................. 9 (DMQ.141)
ECUADOR... 10 (DMQ.141)
EL SALVADOR.. 11 (DMQ.141)
GUATEMALA... 12 (DMQ.141)
HONDURAS... 13 (DMQ.141)
MEXICO.. 14 (DMQ.141)
NICARAGUA.. 15 (DMQ.141)
PANAMA... 16 (DMQ.141)
PARAGUAY... 17 (DMQ.141)
PERU.. 18 (DMQ.141)
PHILIPPINES.. 19 (DMQ.141)
PUERTO RICO... 20 (DMQ.141)
SPAIN... 21 (DMQ.141)
URUGUAY... 22 (DMQ.141)
VENEZUELA.. 23 (DMQ.141)
OTHER COUNTRY (CAPI INSTRUCTION:
    DO NOT SPECIFY)................................... 40 (DMQ.141)

+---+
| **BOX 2** |
| |
| **CHECK ITEM DMQ.120:** |
| IF ANY CODE OTHER THAN 'UNITED STATES', SKIP TO DMQ.141. |
+---+

DMQ.130   In what state {were you/was NON-SP HEAD} 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 SHOULD ONLY BE ABLE TO SELECT 1 STATE
            FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE
            LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.141   What is the **highest** grade or level of school {you have/NON-SP HEAD/NON-SP SPOUSE has} **completed** or the **highest degree** {you have/he/she has} **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY
ENTER HIGHEST LEVEL OF SCHOOL.

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

BOX 3

END LOOP 1:
- ASK DMQ.106-141 FOR NEXT TARGET PERSON (NON-SP HEAD)
- ASK DMQ.141 FOR NEXT TARGET PERSON (NON-SP SPOUSE – RELATIONSHIP OF "MARRIED" IN THE SCREENER).

IF NO NEXT PERSON, GO TO BOX 4.

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 4                                   │
│                                                                     │
│  LOOP 2:                                                            │
│  ASK OCQ.150 - OCQ.380 FOR NON-SP HEAD IF AGE >= 16 AND NON-SP SPOUSE│
│  (RELATIONSHIP OF 'MARRIED' IN THE SCREENER) OF HEAD IF NON-SP       │
│  SPOUSE AGE >= 16.                                                   │
└─────────────────────────────────────────────────────────────────────┘
```

OCQ.150   The next questions are about {your/NON-SP HEAD'S/NON-SP SPOUSE'S} current job or business. Which of the following {were you/was} {NON-SP HEAD/NON-SP SPOUSE} doing **last week** . . .

working at a job or business,.......................... 1 (OCQ.261)
with a job or business but not at work,........... 2
looking for work, or.. 3
not working at a job or business?................... 4 (OCQ.380)
REFUSED.. 7
DON'T KNOW.. 9

OCQ.160   Did {you/NON-SP HEAD/NON-SP SPOUSE} do **any** work at a job or business at all **last week** (include unpaid work in a family farm or business)?

YES.. 1
NO.. 2
REFUSED.. 7 (OCQ.380)
DON'T KNOW.. 9 (OCQ.380)

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 5                                   │
│                                                                     │
│  CHECK ITEM DMQ.170:                                               │
│  IF OCQ.150 IS CODED '2', CONTINUE.                                │
│  OTHERWISE, GO TO BOX 7.                                           │
└─────────────────────────────────────────────────────────────────────┘
```

OCQ.261   Looking at the card, which of these **best** describes this job or work situation?

ASK IF NOT CLEAR

HAND CARD DMQ2

AN EMPLOYEE OF A **PRIVATE** COMPANY,
BUSINESS, OR INDIVIDUAL FOR WAGES,
SALARY, OR COMMISSION......................... 1
A **FEDERAL** GOVERNMENT EMPLOYEE.... 2
A **STATE** GOVERNMENT EMPLOYEE......... 3
A **LOCAL** GOVERNMENT EMPLOYEE........ 4
SELF-EMPLOYED IN **OWN** BUSINESS,
  PROFESSIONAL PRACTICE OR FARM..... 5
WORKING **WITHOUT PAY** IN FAMILY
  BUSINESS OR FARM................................. 6
REFUSED.. 7
DON'T KNOW.. 9

BOX 6

CHECK ITEM DMQ.270:
GO TO BOX 7.

OCQ.380   What is the **main** reason {you/NON-SP HEAD/NON-SP SPOUSE} did not work **last week**?

TAKING CARE OF HOUSE OR FAMILY....... 1
GOING TO SCHOOL..................................... 2
RETIRED.. 3
UNABLE TO WORK FOR HEALTH
  REASONS.. 4
ON LAYOFF.. 5
DISABLED.. 6
OTHER... 7
REFUSED.. 77
DON'T KNOW.. 99

BOX 7

END LOOP 2:
ASK OCQ.150 - OCQ.380 FOR NEXT TARGET PERSON (NON-SP HEAD OR NON-SP SPOUSE - RELATIONSHIP OF "MARRIED" IN THE SCREENER).
IF NO NEXT PERSON, GO TO END OF SECTION.

HOUSING CHARACTERISTICS – HOQ
TARGET GROUP: SPS FAMILY

HOQ.040   I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR HOME.

WHEN WAS THIS HOME ORIGINALLY BUILT?

READ CATEGORIES IF NECESSARY.

1990 TO PRESENT,	1
1978 TO 1989,	2
1960 TO 1977,	3
1950 TO 1959,	4
1940 TO 1949, OR	5
BEFORE 1940?	6
REFUSED	77
DON'T KNOW	99

HOQ.050   HOW MANY ROOMS ARE IN THIS HOME? COUNT THE KITCHEN BUT NOT THE BATHROOM.

|___|___|
ENTER NUMBER OF ROOMS

REFUSED	777777
DON'T KNOW	999999

HOQ.060   HOW LONG {HAVE YOU/HAS YOUR FAMILY} LIVED AT THIS ADDRESS?
G/Q/U

|___|___|___|
ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN ONE MONTH	666 (HOQ.065)
REFUSED	777777 (HOQ.065)
DON'T KNOW	999999 (HOQ.065)

ENTER UNIT

MONTHS	1
YEARS	2

HOQ.065   IS THIS HOME OWNED, BEING BOUGHT, RENTED, OR OCCUPIED BY SOME OTHER ARRANGEMENT BY {YOU/YOU OR SOMEONE ELSE IN YOUR FAMILY}?

OWNED OR BEING BOUGHT	1
RENTED	2
OTHER ARRANGEMENT	3
REFUSED	7
DON'T KNOW	9

HOQ.070   WHAT IS THE SOURCE OF TAP WATER IN THIS HOME? IS IT A PRIVATE OR PUBLIC WATER COMPANY, A PRIVATE OR PUBLIC WELL, OR SOMETHING ELSE?

> PRIVATE/PUBLIC WATER COMPANY......... 1
> PRIVATE/PUBLIC WELL............................... 2
> SOMETHING ELSE....................................... 3
> REFUSED... 7
> DON'T KNOW.. 9

HOQ.080   ARE ANY OF THE WATER TREATMENT DEVICES LISTED ON THIS CARD USED IN YOUR HOME?

HAND CARD HOQ1

> YES... 1
> NO... 2 (HOQ.230)
> REFUSED.. 7 (HOQ.230)
> DON'T KNOW.. 9 (HOQ.230)

HOQ.083   WHICH OF THESE WATER TREATMENT DEVICES ARE NOW USED IN YOUR HOME?

HAND CARD HOQ1
CODE ALL THAT APPLY

> BRITA OR OTHER PITCHER
>   WATER FILTER... 1
> CERAMIC OR CHARCOAL FILTER............. 2
> WATER SOFTENER..................................... 3
> AERATOR.. 4
> REVERSE OSMOSIS.................................... 5
> REFUSED.. 7
> DON'T KNOW.. 9

SMOKING (SMQ)

SMQ.410   I WOULD NOW LIKE TO ASK YOU A FEW QUESTIONS ABOUT SMOKING.

DOES **ANYONE** WHO LIVES HERE SMOKE CIGARETTES, CIGARS, OR PIPES **ANYWHERE INSIDE** THIS HOME?

YES..	1	
NO..	2	(END OF SECTION)
REFUSED..	7	(END OF SECTION)
DON'T KNOW...	9	(END OF SECTION)

SMQ.420   WHO SMOKES?
PROBE: ANYONE ELSE?

CAPI INSTRUCTION:
DISPLAY **HOUSEHOLD** ROSTER

SELECT NAMES FROM HOUSEHOLD ROSTER

SELECT..	1
REFUSED...	7
DON'T KNOW...	9

BOX 1

LOOP 1:
ASK SMQ.430 FOR EACH PERSON SELECTED FROM HOUSEHOLD ROSTER AS SMOKING INSIDE THE HOME.

SMQ.430   HOW MANY CIGARETTES **PER DAY** {DO YOU/DOES PERSON} USUALLY SMOKE **ANYWHERE INSIDE** THE HOME?

1 PACK EQUALS 20 CIGARETTES
IF NONE, ENTER 0
IF LESS THAN 1 PER DAY, ENTER 1

|___|___|___|
ENTER NUMBER OF CIGARETTES

REFUSED..	777777
DON'T KNOW..	999999

BOX 2

END LOOP 1:
ASK SMQ.430 FOR EACH PERSON SELECTED FROM HOUSEHOLD ROSTER AS
SMOKING INSIDE THE HOME.
IF NO NEXT PERSON, GO TO END OF SECTION.

CONSUMER BEHAVIOR (CBQ)
Target Group: Family Questionnaire

CBQ.010   {Is anyone in this family/Are you} on any kind of diet, either to lose weight or for some other health-related reason?

HELP SCREEN:
Examples of special diets include diet for weight loss, low carbohydrate, high protein, Atkins, to lower cholesterol, gluten-free, low sodium, diabetic diet, etc.

YES...	1
NO...	2
REFUSED..	7
DON'T KNOW...	9

CBQ.020   The next questions ask how often {your family has/you have} certain types of food **available** at home.

How often {does your family/do you} have **fruits** available at home? This includes fresh, dried, canned and frozen fruits. Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD CBQ1

ALWAYS	1
MOST OF THE TIME	2
SOMETIMES	3
RARELY	4
NEVER	5
REFUSED..	7
DON'T KNOW...	9

CBQ.030   How often {does your family/do you} have any of these **dark green vegetables** available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ2 and HAND CARD CBQ3.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE ICEBERG, BUTTERHEAD, BOSTON, AND MANOA LETTUCE

ALWAYS	1
MOST OF THE TIME	2
SOMETIMES	3
RARELY	4
NEVER	5
REFUSED..	7
DON'T KNOW...	9

CBQ.040   How often {does your family/do you} have **salty snacks** such as chips and crackers available at home? Do not include nuts. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

ALWAYS	1
MOST OF THE TIME	2
SOMETIMES	3
RARELY	4
NEVER	5
REFUSED..	7
DON'T KNOW...	9

CBQ.050   How often {does your family/do you} have **1% fat, skim or fat-free milk** available at home? Please do not include 2% milk. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

INTERVIEWER INSTRUCTION: DO NOT INCLUDE SOY MILK

ALWAYS	1
MOST OF THE TIME	2
SOMETIMES	3
RARELY	4
NEVER	5
REFUSED..	7
DON'T KNOW...	9

CBQ.060   How often {does your family/do you} have **soft drinks, fruit-flavored drinks, or fruit punch** available at home? Please do not include diet drinks or 100 percent juice. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

ALWAYS	1
MOST OF THE TIME	2
SOMETIMES	3
RARELY	4
NEVER	5
REFUSED..	7
DON'T KNOW...	9

CBQ.070
Q/U   The next questions are about how much money {your family spends/you spend} on food. First I'll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores.

During the **past 30 days**, how much money {did your family/did you} spend at **supermarkets** or **grocery stores**? Please include purchases made with food stamps. (You can tell me per week or per month.)

$ |___|___|___|___|___|___|___|___|___|

REFUSED... 7 (CBQ.100)
DON'T KNOW.. 9 (CBQ.100)

ENTER UNIT

WEEK.. 1
MONTH.. 2
REFUSED... 7
DON'T KNOW.. 9

CBQ.080   Was any of this money spent on **nonfood items** such as cleaning or paper products, pet food, cigarettes or alcoholic beverages?

YES.. 1
NO.. 2 (CBQ.100)
REFUSED... 7 (CBQ.100)
DON'T KNOW.. 9 (CBQ.100)

CBQ.090   About how much money was spent on nonfood items? (You can tell me per week or per month.)
Q/U

$ |___|___|___|___|___|___|___|___|___|

REFUSED... 7
DON'T KNOW.. 9

ENTER UNIT

WEEK.. 1
MONTH.. 2
REFUSED... 7
DON'T KNOW.. 9

CBQ.100   During the **past 30 days**, {did your family/did you} spend money on **food** at stores **other** than grocery stores? Here are some examples of stores where you might buy food. Please do not include stores that you have already told me about.

HAND CARD CBQ4

YES.. 1
NO.. 2 (CBQ.120)
DON'T KNOW.. 9 (CBQ.120)

CBQ.110
Q/U

About how much money {did your family/did you} spend on **food** at these types of stores? (Please do not include any stores you have already told me about.) (You can tell me per week or per month.)

HAND CARD CBQ4

$ |___|___|___|___|___|___|___|___|___|

REFUSED.. 7
DON'T KNOW... 9

ENTER UNIT

WEEK... 1
MONTH... 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.120
Q/U

During the **past 30 days**, how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

$ |___|___|___|___|___|___|___|___|___|

REFUSED.. 7
DON'T KNOW... 9

ENTER UNIT

WEEK... 1
MONTH... 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.130
Q/U

During the **past 30 days**, how much money {did your family/did you} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

$ |___|___|___|___|___|___|___|___|___|

REFUSED.. 7
DON'T KNOW... 9

ENTER UNIT

WEEK... 1
MONTH... 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.140   How often {do you/does someone} do the major food shopping for {yourself/your family}? Please do not include times when {you buy/someone buys} only a few items.

Would you say…

CAPI INSTRUCTIONS:
IF FAMILY IS COMPRISED OF ONLY ONE ADULT SP, SELECT FIRST PREFILLS FOR THE THREE ALTERNATIVE PHRASINGS.

more than once a week, ...   1
once a week, ...   2
once every two weeks, or..............................   3
once a month or less?   4
RARELY MAKE ANY MAJOR SHOPPING
  TRIPS, ONLY SMALL TRIPS   5
RARELY SHOP FOR FOOD   6
REFUSED...   7
DON'T KNOW...   9

CBQ.150   How much time does it usually take you to get to the grocery store for food shopping?
H/M
INTERVIEWER INSTRUCTION: IF MORE THAN ONE STORE SAY: Please tell me about the one you go to most often.

INTERVIEWER INSTRUCTION: THE AMOUNT OF TIME RECORDED HERE REFERS TO A "ONE-WAY" TRIP.

|___|___|
HOURS

and

|___|___|
MINUTES

REFUSED...   777
DON'T KNOW...   999

CBQ.160　　During the **past 7 days**, how many times did {you or someone else in your family/you} cook food for dinner or supper at home?

HELP SCREEN:
This includes time spent putting the ingredients together to cook a meal.　Do not include heating up leftovers.

CAPI INSTRUCTIONS:
SOFT EDIT: 1-7.

|___|___|
ENTER NUMBER

NEVER..　　0
REFUSED..　77
DON'T KNOW..　99

CBQ.170　　How much time do {you or someone else in your family/do you} **usually** spend on cooking dinner or supper and cleaning up after the cooking?　Please do not include time spent eating.

|___|
HOURS

and

|___|___|
MINUTES

REFUSED...777
DON'T KNOW..999

BOX 1

CHECK ITEM CBQ.175:
IF ONLY 1 PERSON IN FAMILY, GO TO END OF SECTION.

CBQ.180　　During the **past 7 days**, how many meals did all or **most of your family** sit down and eat together at home?

|___|___|
ENTER NUMBER

NEVER..　　0　(END OF SECTION)
REFUSED..　777　(END OF SECTION)
DON'T KNOW...　999　(END OF SECTION)

CBQ.190   How many of these meals were cooked at home?

|___|___|
ENTER NUMBER

REFUSED...777
DON'T KNOW...999

INCOME – INQ
Target Group: SP, Family, Household

RULES FOR ADMINISTRATION

FOR THE PURPOSE OF ADMINISTERING THE INCOME SECTION:

- A FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONE OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS "UNRELATED INDIVIDUALS"

- ONE INCOME SECTION IS ADMINISTERED FOR EACH FAMILY AND FOR EACH UNRELATED INDIVIDUAL.

TOTAL HOUSEHOLD INCOME QUESTIONS ARE ASKED FOR EVERY FAMILY QUESTIONNAIRE COMPLETED WITHIN A HOUSEHOLD (SEE UNNUMBERED BOX)

INQ.020　　The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of {NAMES OF OTHER NHANES FAMILY MEMBERS} for {LAST CALENDAR YEAR}. Did {you/you or OTHER FAMILY MEMBERS 16+} receive income in {LAST CALENDAR YEAR} from **wages and salaries**?

[Did {you/you or OTHER FAMILY MEMBERS 16+} get paid for work in {LAST CALENDAR YEAR}.]

YES..	1
NO...	2
REFUSED...	7
DON'T KNOW...	9

INQ.012　　Did {you/you or **any** family members 16 and older} receive income in {LAST CALENDAR YEAR} from **self-employment** including business and farm income?

[Self-employment means you worked for yourself.]

YES..	1
NO...	2
REFUSED...	7
DON'T KNOW...	9

BOX 1B
OMITTED

BOX 1C

OMITTED

INQ.030   When answering the next questions about different kinds of income members of your family might have received in {LAST CALENDAR YEAR}, please consider that we also want to know about family members less than 16 years old. Did {you/you or **any** family members living here, that is: you or NAME(S) OF OTHER FAMILY MEMBERS} receive income in {LAST CALENDAR YEAR} from **Social Security** or **Railroad Retirement**?

> YES...   1
> NO...   2
> REFUSED...   7
> DON'T KNOW..   9

BOX 1D

OMITTED

BOX 1E

OMITTED

INQ.060   Did {you/you or **any** family members living here} receive **any disability** pension [other than Social Security or Railroad Retirement] in {LAST CALENDAR YEAR}?

> YES...   1
> NO...   2
> REFUSED...   7
> DON'T KNOW..   9

BOX 2A

OMITTED

INQ.080   Did {you/you or **any** family members living here} receive **retirement or survivor pension** [other than Social Security or Railroad Retirement or disability pension] in {LAST CALENDAR YEAR}?

> YES...   1
> NO...   2
> REFUSED...   7
> DON'T KNOW..   9

BOX 2B

OMITTED

INQ.090   Did {you/you or **any** family members living here} receive **Supplemental Security Income** [SSI] in {LAST CALENDAR YEAR}?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

BOX 2C

OMITTED

BOX 3A

OMITTED

INQ.132   Did {you/you or **any** family members living here} receive any **cash** assistance from a state or county welfare program such as {DISPLAY SPECIFIC STATE PROGRAMS} in {LAST CALENDAR YEAR}?

CAPI INSTRUCTION:
DISPLAY FULL NAMES OF ALL STATE PROGRAMS FOR STATE IN WHICH INTERVIEW IS BEING CONDUCTED. NAMES FOR EACH STATE WILL BE SENT TO PROGRAMMING IN A SEPARATE FILE.

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

BOX 3AA

OMITTED

BOX 3B

OMITTED

INQ.140 Did {you/you or **any** family members living here} receive **interest** from savings or other bank accounts or income from dividends received from stocks or mutual funds or net rental income from property, royalties, estates, or trusts in {LAST CALENDAR YEAR}?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

```
                    BOX 3C

                    OMITTED
```

INQ.150 Did {you/you or **any** family members living here} receive income in {LAST CALENDAR YEAR} from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?

INTERVIEWER INSTRUCTION: CONTRIBUTIONS INCLUDE GIFTS.

INTERVIEWER INSTRUCTION: IF RESPONDENT IS A COLLEGE STUDENT LIVING AWAY FROM THEIR FAMILY PLEASE ADD "INCLUDING MONEY RECEIVED FROM FAMILY FOR COLLEGE TUITION, BOOKS AND LIVING EXPENSES"

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

```
                    BOX 3D

                    OMITTED
```

```
                    BOX 4A

                    OMITTED
```

```
                    BOX 4C

                    OMITTED
```

BOX 4B

OMITTED

BOX 5

OMITTED

BOX 7

ASK INQ.200 – 230 FOR EACH FAMILY IN THE HOUSEHOLD.

FOR THE PURPOSE OF ADMINISTERING THE QUESTIONS ABOUT TOTAL INCOME:

- A FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONG OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS "UNRELATED INDIVIDUALS".

- TOTAL INCOME IS ADMINISTERED FOR THE FAMILY AND FOR THE ENTIRE HOUSEHOLD.

INQ.200   Now I am going to ask about the **total income** for {you/NAME(S) OF FAMILY MEMBERS} in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

CAPI INSTRUCTIONS:
- DISPLAY "YOU" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

$ |___|___|___|___|___|___|___|___|___| (GO TO BOX 8A)

REFUSED..................................... 7777777777 (INQ.220)
DON'T KNOW................................ 9999999999 (INQ.220)

CAPI INSTRUCTION:
- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
    "INCOME FOR {NAMES OF FAMILY MEMBERS} HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.200} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

BOX 5A

OMITTED

INQ.220 You may not be able to give us an exact figure for {your/NAME(S) OF FAMILY MEMBERS} income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

PROBE: Income is important in using the health information we collect. For example, it helps us to learn whether persons in one income group use certain types of medical services or have certain health conditions more or less often than those in another income group.

CAPI INSTRUCTIONS:
- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

$20,000 or more, or.......................................	1	
less than $20,000?.......................................	2	
REFUSED...	7	(BOX 8)
DON'T KNOW...	9	(BOX 8)

INQ.230
a/b

Of these income groups, can you tell me which letter **best** represents {your/NAME(S) OF FIRST/NEXT FAMILY MEMBERS} income in {LAST CALENDAR YEAR}?

HAND CARD {INQ1 AND INQ2}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

CAPI INSTRUCTIONS:
- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.
- IF $20,000 OR MORE, DISPLAY HAND CARD INQ1.
- IF LESS THAN $20,000, DISPLAY HAND CARD INQ2.

|___|___|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	SS
F	N	V	DD	LL	TT
G	O	W	EE	MM	UU
H	P	X	FF	NN	VV
					WW

REFUSED... 77
DON'T KNOW... 99

BOX 6
OMITTED

INQ.235   What is the total income received last month, {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} by {you/all members of your family}} before taxes?

[Please include income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.]

[INTERVIEWER INSTRUCTION: IF SP DOES NOT KNOW INCOME OF OTHER FAMILY MEMBERS, ENTER DON'T KNOW.]

CAPI INSTRUCTION:
- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
     "LAST MONTH'S INCOME FOR {NAMES OF FAMILY MEMBERS} HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.200} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.
- FOR THE CALENDAR FILL: IF CURRENT MONTH IS JANUARY THE PAST CALENDAR YEAR WILL BE SHOWN

$ |___|___|___|___|___|___|___|___|___| (INQ.244)

REFUSED...   7
DON'T KNOW..   9

INQ.238   You may not be able to give us an exact figure, but can you tell me if {your/your family} income in {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} was . . .

{185% or less of monthly poverty
   level}, or...   1   (INQ.244)
more than {185% monthly poverty level}?......   2
REFUSED...   7
DON'T KNOW..   9

PROBE: (That would be {12 times 185% monthly poverty level}} per year.)

CAPI INSTRUCTION:
- Fill 185% of the monthly poverty level based on family size:
  For family size of **1**, fill ($1511 round to nearest 100s = **$1,500**)
  For each additional family member, fill {[$1511+(524* # of additional person)] round to nearest 100s}
- Fill 185% of the **annual** poverty level based on family size in the PROBE:
  For family size of **1**, fill [($1511*12) round to nearest 100s] = **$18,100**)
  For each additional member, fill {[$1511+(524* # of additional person)]*12 round to nearest 100s}

Persons in Family	185% monthly poverty level		185% annual poverty level	
	Raw Number[1]	Rounded to nearest	Raw Number[3]	Rounded to nearest

		100s²		100s⁴
1	1511	1500	18132	18100
2	2035	2000	24420	24400
3	2559	2600	30708	30700
4	3083	3100	36996	37000
5	3607	3600	43284	43300
6	4131	4100	49572	49600
7	4655	4700	55860	55900
8	5179	5200	62148	62100

[1]: $1,511 for family size of 1, thereafter, adding $524 for each additional person.
[2]: These are the numbers to be used in the response category fills.
[3]: Multiply by 12 to the raw number of the 185% monthly poverty level.
[4]: These are the numbers to be used in the probe fills

INQ.241   Was it more or less than {130% monthly poverty level}?

130% or less than monthly poverty level........	1
More than 130% of monthly poverty level...…	2
REFUSED..	7
DON'T KNOW...	9

PROBE: {That would be 12 times 130% annual poverty level per year.}

CAPI INSTRUCTION:
- Fill 130% of the monthly poverty level based on family size:
  For family size of **1**, fill ($1062 round to nearest 100s = **$1,100**)
  For each additional family member, fill {[$1062+(368* # of additional person)] round to nearest 100s}
- Fill 130% of the **annual** poverty level based on family size in the PROBE:
  For family size of **1**, fill [($1062*12) round to nearest 100s] = **$12,700**)
  For each additional member, fill {[$1062+(368* # of additional person)]*12 round to nearest 100s}

Persons in Family	130% monthly poverty level		130% annual poverty level	
	Raw Number¹	Rounded to nearest 100s²	Raw Number³	Rounded to nearest 100s⁴
1	1062	1100	12744	12700
2	1430	1400	17160	17200
3	1798	1800	21576	21600
4	2166	2200	25992	26000
5	2534	2500	30408	30400
6	2902	2900	34824	34800
7	3270	3300	39240	39200
8	3638	3600	43656	43700

[1]: $1,062 for family size of 1, thereafter, adding $368 for each additional person.

[2]: These are the numbers to be used in the text of question and response category fills.

[3]: Multiply 12 to the raw number of the 130% monthly poverty level.

[4]: These are the numbers to be used in the probe fills

BOX NEW 7A

CHECK ITEM INQ.242:
IF FAMILY ANNUAL INCOME (INQ200) EQUAL OR LESS THAN {200% POVERTY LEVEL}, CONTINUE;
OTHERWISE, GO TO BOX 8.

CALCULATE 200% OF THE ANNUAL POVERTY LEVEL BASED ON FAMILY SIZE: $19,600 FOR FAMILY SIZE OF 1, THEREAFTER, ADDING $6,800 FOR EACH ADDITIONAL PERSON

INQ.244   Do {you/the members of your family} have more than $5,000 in savings at this time? Please include money in your checking accounts.

INTERVIEWER INSTRUCTION: INCLUDE CASH, SAVINGS OR CHECKING ACCOUNTS, STOCKS, BONDS, MUTUAL FUNDS, RETIREMENT FUNDS (SUCH AS PENSIONS, IRAS, 401KS, ETC), AND CERTIFICATES OF DEPOSIT.

CAPI INSTRUCTION:
DISPLAY "you" for single-person family; DISPLAY "the members of your family" for multi-persons family.

YES...	1	(END OF SECTION)
NO...	2	
REFUSED...	7	(END OF SECTION)
DON'T KNOW.....................................	9	(END OF SECTION)

INQ.247   Which letter on this card best represents {your/your family's} total savings or cash assets at this time?

HAND CARD 3

|___| ENTER LETTER

REFUSED..   7
DON'T KNOW..   9

A: Less than $500
B: $501- $1000
C: $1001-$2000
D: $2001-$3000
E: $3001-$4000
F: $4001-$5000

BOX 8

END LOOP 2:
ASK INQ.200 – INQ.230 FOR NEXT FAMILY.
IF NO NEXT FAMILY, CONTINUE.

BOX 9

CHECK ITEM INQ.240:
IF THERE IS MORE THAN ONE FAMILY IN THE HOUSEHOLD, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

INQ.250   Now I am going to ask you about the total **household** income for the persons we have talked about plus NAMES OF ALL OTHER PERSONS IN ADDITIONAL FAMILIES (MEMBERS OF FAMILIES WHO ARE NOT INCLUDED IN THIS QUESTIONNAIRE) in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

$ |___|___|___|___|___|___|___|___|___| (GO TO END OF SECTION)

REFUSED...................................... 7777777777 (INQ.260)
DON'T KNOW................................ 9999999999 (INQ.260)

CAPI INSTRUCTION:
- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
      "INCOME FOR YOUR HOUSEHOLD HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.250} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

INQ.260   You may not be able to give us an exact figure for your total household income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

$20,000 or more, or....................................... 1
less than $20,000?....................................... 2
REFUSED.. 7 (END OF SECTION)
DON'T KNOW... 9 (END OF SECTION)

INQ.270   Of these income groups, can you tell me which letter **best** represents your total household income in {LAST CALENDAR YEAR}?

HAND CARD {INQ1 AND INQ2}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED HOUSEHOLD INCOME.

|___|___|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	SS
F	N	V	DD	LL	TT
G	O	W	EE	MM	UU
H	P	X	FF	NN	VV
					WW

REFUSED.. 77
DON'T KNOW.. 99

CAPI INSTRUCTION:
IF $20,000 OR MORE, DISPLAY HAND CARD INQ1.
IF LESS THAN $20,000, DISPLAY HAND CARD INQ2.

END OF SECTION

INQ1

U.	$20,000 - $20,999	JJ.	$35,000 - $39,999
V.	$21,000 - $21,999	KK.	$40,000 - $44,999
W.	$22,000 - $22,999	LL.	$45,000 - $49,999
X.	$23,000 - $23,999	MM.	$50,000 - $54,999
Y.	$24,000 - $24,999	NN.	$55,000 - $59,999
Z.	$25,000 - $25,999	OO.	$60,000 - $64,999
AA.	$26,000 - $26,999	PP.	$65,000 - $69,999
BB.	$27,000 - $27,999	QQ.	$70,000 - $74,999
CC.	$28,000 - $28,999	RR.	$75,000 - $79,999
DD.	$29,000 - $29,999	SS.	$80,000 - $84,999
EE.	$30,000 - $30,999	TT.	$85,000 - $89,999
FF.	$31,000 - $31,999	UU.	$90,000 - $94,999
GG.	$32,000 - $32,999	VV.	$95,000 - $99,999
HH.	$33,000 - $33,999	WW.	$100,000 and over
II.	$34,000 - $34,999		

INQ2

A.	Less than $1,000	K.	$10,000 - $10,999
B.	$1,000 - $1,999	L.	$11,000 - $11,999
C.	$2,000 - $2,999	M.	$12,000 - $12,999
D.	$3,000 - $3,999	N.	$13,000 - $13,999
E.	$4,000 - $4,999	O.	$14,000 - $14,999
F.	$5,000 - $5,999	P.	$15,000 - $15,999
G.	$6,000 - $6,999	Q.	$16,000 - $16,999
H.	$7,000 - $7,999	R.	$17,000 - $17,999
I.	$8,000 - $8,999	S.	$18,000 - $18,999
J.	$9,000 - $9,999	T.	$19,000 - $19,999

$$\boxed{\begin{array}{c} \text{INQ} \\ 3 \end{array}}$$

A. Less than $500

B. $501 - $1000

C. $1001 - $2000

D. $2001 - $3000

E. $3001 - $4000

F. $4001 - $5000

FOOD SECURITY – FSQ
TARGET GROUP: HOUSEHOLD

BOX 0
CHECK ITEM FSQ.005: IF THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD, CONTINUE. OTHERWISE, GO TO END OF SECTION.

BOX 1
OMITTED

BOX 1A
OMITTED

FSQ.032　　NOW I AM GOING TO READ YOU SEVERAL STATEMENTS THAT PEOPLE HAVE MADE ABOUT THEIR FOOD SITUATION. FOR THESE STATEMENTS, PLEASE TELL ME WHETHER THE STATEMENT WAS **OFTEN** TRUE, **SOMETIMES** TRUE, OR **NEVER** TRUE FOR {YOU/YOUR HOUSEHOLD} IN THE **LAST 12 MONTHS**, THAT IS SINCE LAST {DISPLAY CURRENT MONTH}.

CAPI INSTRUCTION:
CHECK SCREENER: ASK D AND E ONLY IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17).
DISPLAY INSTRUCTIONS FOR {YOU/YOUR HOUSEHOLD}:
　　IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "YOU".
　　IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "YOUR HOUSEHOLD".
DISPLAY INSTRUCTIONS FOR {I/WE}, {MY/OUR} AND {I WAS/WE WERE}:
　　IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "I" AND "MY".
　　IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "WE" AND "OUR".
DISPLAY INSTRUCTIONS FOR {NAME/THE CHILDREN}:
　　IF ONLY ONE CHILD IN THE HOUSEHOLD AGE <=17, DISPLAY CHILD'S NAME.
　　IF MORE THAN ONE CHILD IN HOUSEHOLD AGE <=17, DISPLAY "THE CHILDREN".

RESPONSES: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON'T KNOW = 9

A. **{I/WE} WORRIED WHETHER {MY/OUR} FOOD WOULD RUN OUT BEFORE {I/WE} GOT MONEY TO BUY MORE**.　　____

B. **THE FOOD THAT {I/WE} BOUGHT JUST DIDN'T LAST, AND {I/WE} DIDN'T HAVE MONEY TO GET MORE**.　　____

C. **{I/WE} COULDN'T AFFORD TO EAT BALANCED MEALS**.　　____

D. **(I/WE) RELIED ON ONLY A FEW KINDS OF LOW-COST FOODS TO FEED {NAME/THE CHILDREN} BECAUSE (I WAS/WE WERE) RUNNING OUT OF MONEY TO BUY FOOD**.　　____

E. **(I/WE) COULDN'T FEED {NAME/THE CHILDREN} A BALANCED MEAL, BECAUSE (I/WE) COULDN'T AFFORD THAT**.　　____

BOX 2

CHECK ITEM FSQ.038B:
IF THE RESPONSE TO FSQ.032 'A', 'B', 'C', 'D' OR 'E' IS 'OFTEN TRUE' (CODE 1) OR 'SOMETIMES TRUE' (CODE 2), CONTINUE.
OTHERWISE, GO TO FSQ.151.

BOX 3

CHECK ITEM FSQ.039A:
IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE WITH ITEM F.
OTHERWISE, GO TO FSQ.041.

F. **{NAME WAS/THE CHILDREN WERE} NOT EATING ENOUGH BECAUSE (I/WE) JUST COULDN'T AFFORD ENOUGH FOOD**.　　____

FSQ.041   IN THE **LAST 12 MONTHS**, SINCE LAST {DISPLAY CURRENT MONTH}, DID {YOU/YOU OR OTHER ADULTS IN YOUR HOUSEHOLD} **EVER** CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?

YES...	1	
NO...	2	(FSQ.061)
REFUSED......................................	7	(FSQ.061)
DON'T KNOW...............................	9	(FSQ.061)

FSQ.052   HOW OFTEN DID THIS HAPPEN?

ALMOST EVERY MONTH,.............................	1
SOME MONTHS BUT NOT EVERY MONTH, OR	2
IN ONLY 1 OR 2 MONTHS?.........................	3
REFUSED......................................	7
DON'T KNOW...............................	9

FSQ.061   IN THE **LAST 12 MONTHS**, DID YOU **EVER** EAT **LESS** THAN YOU FELT YOU SHOULD BECAUSE THERE WASN'T ENOUGH MONEY TO BUY FOOD?

YES...	1
NO...	2
REFUSED......................................	7
DON'T KNOW...............................	9

FSQ.071   [IN THE **LAST 12 MONTHS**], WERE YOU **EVER** HUNGRY BUT DIDN'T EAT BECAUSE YOU COULDN'T AFFORD ENOUGH FOOD?

YES...	1
NO...	2
REFUSED......................................	7
DON'T KNOW...............................	9

FSQ.081   [IN THE **LAST 12 MONTHS**], DID YOU LOSE WEIGHT BECAUSE YOU DIDN'T HAVE ENOUGH MONEY FOR FOOD?

YES...	1
NO...	2
REFUSED......................................	7
DON'T KNOW...............................	9

BOX 5

CHECK ITEM FSQ.086A:
IF FSQ.032F IS OFTEN TRUE (CODE 1) OR SOMETIMES TRUE (CODE 2), OR IF 'YES' (CODE 1) IN FSQ.041, FSQ.061, FSQ.071, OR FSQ.081, CONTINUE. OTHERWISE, GO TO FSQ.151.

FSQ.092   [IN THE **LAST 12 MONTHS**], DID {YOU/YOU OR OTHER ADULTS IN YOUR HOUSEHOLD} **EVER** NOT EAT FOR A WHOLE DAY BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?

YES..	1	
NO..	2	(BOX 4A)
REFUSED..	7	(BOX 4A)
DON'T KNOW...	9	(BOX 4A)

FSQ.102   HOW OFTEN DID THIS HAPPEN?

ALMOST EVERY MONTH,............................	1	
SOME MONTHS BUT NOT EVERY MONTH, OR		2
IN ONLY 1 OR 2 MONTHS?..........................	3	
REFUSED..	7	
DON'T KNOW...	9	

BOX 4A

CHECK ITEM FSQ.085A:
IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE.
OTHERWISE, GO TO FSQ.151.

FSQ.111   THE NEXT QUESTIONS ARE ABOUT CHILDREN LIVING IN THE HOUSEHOLD WHO ARE UNDER 18 YEARS OLD.

IN THE **LAST 12 MONTHS**, SINCE {DISPLAY CURRENT MONTH} OF LAST YEAR, DID YOU **EVER** CUT THE SIZE OF {CHILD'S NAME'S/ANY OF THE CHILDREN'S} MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?

CAPI INSTRUCTION:
IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

YES..	1
NO..	2
REFUSED..	7
DON'T KNOW...	9

FSQ.121   [IN THE **LAST 12 MONTHS**], DID {CHILD'S NAME/ANY OF THE CHILDREN} **EVER** SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?

CAPI INSTRUCTION:
IF ONLY 1 CHILD IN HOUSEHOLD <= 17, DISPLAY CHILD'S NAME.

YES..	1	
NO..	2	(FSQ.141)
REFUSED..	7	(FSQ.141)
DON'T KNOW...	9	(FSQ.141)

FSQ.132   HOW OFTEN DID THIS HAPPEN?

                              ALMOST EVERY MONTH,............................ 1
                              SOME MONTHS BUT NOT EVERY MONTH, OR   2
                              IN ONLY 1 OR 2 MONTHS?......................... 3
                              REFUSED... 7
                              DON'T KNOW... 9

FSQ.141   IN THE **LAST 12 MONTHS**, {WAS CHILD'S NAME/WERE THE CHILDREN} **EVER** HUNGRY BUT YOU
            JUST COULDN'T AFFORD MORE FOOD?

            CAPI INSTRUCTION:
            IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

                              YES... 1
                              NO... 2
                              REFUSED... 7
                              DON'T KNOW... 9

FSQ.146   [IN THE **LAST 12 MONTHS**], DID {CHILD'S NAME/ANY OF THE CHILDREN} **EVER** NOT EAT FOR A
            WHOLE DAY BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?

            CAPI INSTRUCTION:
            IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

                              YES... 1
                              NO... 2
                              REFUSED... 7
                              DON'T KNOW... 9

FSQ.151   IN THE **LAST 12 MONTHS**, DID {YOU/YOU OR ANY MEMBER OF YOUR HOUSEHOLD} **EVER** GET
            EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR EAT IN A SOUP
            KITCHEN?

                              YES... 1
                              NO... 2
                              REFUSED... 7
                              DON'T KNOW... 9

+--+
| **BOX 6** |
| |
| **CHECK ITEM FSQ.155B:** |
| IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <=5 (OR IN THE |
| AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 5) |
| OR THERE IS A FEMALE IN THE HOUSEHOLD WHO IS BETWEEN 12 AND 59 (OR |
| IN THE AGE RANGE THAT INCLUDES OR IS GREATER THAN THE ONE THAT |
| INCLUDES 12 **AND** IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE |
| ONE THAT INCLUDES 59), CONTINUE. |
| OTHERWISE, GO TO FSQ.165. |
+--+

FSQ.162   [IN THE **LAST 12 MONTHS**], DID {YOU/YOU OR ANY MEMBER OF YOUR HOUSEHOLD} RECEIVE BENEFITS FROM THE WIC PROGRAM, THAT IS, THE WOMEN, INFANTS AND CHILDREN PROGRAM?

YES..	1
NO..	2
REFUSED..	7
DON'T KNOW..	9

FSQ.165   THE NEXT QUESTIONS ARE ABOUT THE FOOD STAMP PROGRAM. FOOD STAMPS ARE USUALLY PROVIDED ON AN ELECTRONIC DEBIT CARD, EBT CARD, ALSO CALLED THE {STATE FSP NAME} IN {STATE NAME}.

CAPI INSTRUCTION:
INCLUDE FOOD STAMP PROGRAM NAME AND THE STATE THE STAND IS IN THE INTRODUCTORY SENTENCE.

HAVE {YOU/YOU OR ANYONE IN YOUR HOUSEHOLD} **EVER** RECEIVED FOOD STAMP BENEFITS?

YES..	1	
NO..	2	(END OF SECTION)
REFUSED..	7	(END OF SECTION)
DON'T KNOW..	9	(END OF SECTION)

FSQ.171   [IN THE **LAST 12 MONTHS**], DID {YOU/YOU OR ANY MEMBER OF YOUR HOUSEHOLD} RECEIVE FOOD STAMP BENEFITS?

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

FSQ.225
M/D/Y   ON WHAT DATE DID {YOU/YOUR HOUSEHOLD} **LAST** RECEIVE FOOD STAMP BENEFITS?

|___|___| - |___|___| - |___|___| (FSQ.235)
   MONTH   DAY   YEAR

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

CAPI INSTRUCTION:
SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

REFUSED..	7
DON'T KNOW..	9

FSQ.230   {DO YOU/DOES ANY MEMBER OF YOUR HOUSEHOLD} CURRENTLY RECEIVE FOOD STAMP BENEFITS?

YES..	1
NO..	2
REFUSED..	7
DON'T KNOW..	9

FSQ.235   HOW MUCH DID {YOU/YOUR HOUSEHOLD} RECEIVE IN FOOD STAMP BENEFITS THE LAST TIME
            YOU GOT THEM?

|___|___|___|___|
ENTER DOLLAR AMOUNT

REFUSED... 77777
DON'T KNOW... 99999

TRACKING AND TRACING (TTQ)

```
┌─────────────────────────────────────────────────────────────────┐
│                            BOX 1                                  │
│                                                                   │
│ LOOP 1:                                                           │
│ ASK TTQ.010 - TTQ.040 FOR 2 CONTACT PERSONS.                     │
└─────────────────────────────────────────────────────────────────┘
```

TTQ.005   THE UNITED STATES PUBLIC HEALTH SERVICE MAY WISH TO CONTACT YOU AGAIN TO OBTAIN ADDITIONAL HEALTH RELATED INFORMATION. PLEASE GIVE ME THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF 2 RELATIVES OR FRIENDS WHO WOULD KNOW WHERE YOU COULD BE REACHED IN CASE WE HAVE TROUBLE REACHING YOU. (PLEASE GIVE ME THE NAMES OF PERSONS NOT CURRENTLY LIVING IN THE HOUSEHOLD.)

PRESS F6 IF RESPONDENT REFUSES {ALL/SECOND} CONTACT INFORMATION
PRESS F5 IF RESPONDENT DOESN'T KNOW {ANY/SECOND} CONTACT INFORMATION
PRESS ENTER TO ADD {FIRST/SECOND} CONTACT INFORMATION

REFUSED....................................... 7 (END OF SECTION)
DON'T KNOW................................ 9 (END OF SECTION)

TTQ.010   **REFERRING TO PERSON {1/2}**

VERIFY SPELLING.

_____
ENTER FIRST NAME

REFUSED......................... 7
DON'T KNOW................... 9

PROBE FOR MIDDLE NAME IF NOT REPORTED
ENTER "NMN" FOR NO MIDDLE NAME

_____
ENTER MIDDLE NAME

REFUSED......................... 7
DON'T KNOW................... 9

_____
ENTER LAST NAME

REFUSED......................... 7
DON'T KNOW................... 9

TTQ.020   **REFERRING TO PERSON {1/2}**

WHAT IS THIS PERSON'S ADDRESS? [IF THERE IS MORE THAN ONE ADDRESS, PLEASE GIVE US THE ADDRESS USED MOST OFTEN.]

ENCOURAGE RESPONDENT TO USE PHONE BOOK OR OTHER DOCUMENTATION IF AVAILABLE.

_____   _____   _____
ENTER STREET NUMBER   ENTER STREET NAME   ENTER APARTMENT NUMBER

REFUSED.............. 7   REFUSED.................. 7   REFUSED................... 7
DON'T KNOW......... 9   DON'T KNOW.............. 9   DON'T KNOW............. 9

_____ |___|___| |___|___|___|___|___|
ENTER TOWN OR   ENTER 2 LETTER   ENTER POSTAL CODE
CITY NAME   STATE ABBREVIATION TO   OR ZIPCODE
                        TO START THE LOOKUP.
                 SELECT STATE FROM CAPI STATE LIST.
                 PRESS ENTER TO ACCEPT SELECTION.

REFUSED.............. 7   REFUSED.................. 77   REFUSED....................77777
DON'T KNOW......... 9   DON'T KNOW.............. 99   DON'T KNOW..............99999

CAPI INSTRUCTION:
DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

TTQ.030   **REFERRING TO PERSON {1/2}**

WHAT IS THIS PERSON'S TELEPHONE NUMBER, BEGINNING WITH THE AREA CODE?

REPEAT AREA CODE
REPEAT PHONE NUMBER
REPEAT EXTENSION

|___|___|___| |___|___|___| - |___|___|___|___| |___|___|___|___|
ENTER AREA CODE   ENTER TELEPHONE NUMBER   ENTER EXTENSION

NO PHONE...........666 (TTQ.040)   REFUSED...................7777777   REFUSED...................7777
REFUSED.............777 (TTQ.040)   DON'T KNOW.............9999999   DON'T KNOW.............9999
DON'T KNOW.......999 (TTQ.040)

TTQ.040   **REFERRING TO PERSON {1/2}**

WHAT IS THE RELATIONSHIP OF THIS CONTACT PERSON TO YOU?

SPOUSE/EX-SPOUSE NOT LIVING IN HH. .   1
UNMARRIED PARTNER NOT LIVING IN HH. .   2
CHILD..   3
GRANDCHILD..   4
PARENT (MOTHER OR FATHER)...............   5
BROTHER OR SISTER.................................   6
GRANDPARENT...   7
OTHER RELATIVE..   8
LEGAL GUARDIAN.......................................   9
FRIEND..   10
CO-WORKER..   11
NEIGHBOR...   12
OTHER...   13
REFUSED...   77
DON'T KNOW..   99

+---+
| **BOX 2** |
| |
| **END LOOP 1:** |
| ASK TTQ.010 - TTQ.040 FOR SECOND CONTACT PERSON. |
| IF SECOND CONTACT PERSON INFORMATION COLLECTED, GO TO TTQ.050. |
+---+

TTQ.050   THIS IS THE END OF THE FAMILY INTERVIEW.   THANK YOU VERY MUCH FOR YOUR
           COOPERATION.

           PRESS F10 TO SAVE AND EXIT FOR

MEC QUESTIONNAIRE - CAPI

RESPONDENT SELECTION (RIQ)

RIQ.005 INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

SP...	1	(RIQ.090)
MOTHER...	2	
FATHER..	3	
SPOUSE...	4	
SISTER OR BROTHER.................................	5	
CHILD...	6	
GRANDPARENT...	7	
LEGAL GUARDIAN......................................	8	
OTHER (SPECIFY)_____	9	

RIQ.030 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS.................	1
SP HAS PHYSICAL PROBLEMS (SPECIFY)_____	2
OTHER (SPECIFY)_____	3

RIQ.038 INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

YES..	1
NO..	2

RIQ.090 INTERPRETER USED FOR THIS INTERVIEW?

YES..	1	
NO..	2	(END OF SECTION)

RIQ.100 CODE TYPE OF INTERPRETER.

RELATIVE...	1
NEIGHBOR OR FRIEND................................	2
PAID INTERPRETER....................................	3

RIQ.140 LANGUAGE OF INTERVIEW.

```
CHINESE.........................................................   1
FRENCH..........................................................   2
GERMAN.........................................................   3
ITALIAN...........................................................   4
JAPANESE......................................................   5
RUSSIAN........................................................   6
VIETNAMESE................................................   8
SPANISH.........................................................   9
OTHER (SPECIFY)_____   10
```

BOX 1

CHECK ITEM RIQ.149:

■ IF SP 8-11 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "DURING THIS INTERVIEW, I WILL BE ASKING YOU QUESTIONS ABOUT YOUR HEALTH AND WEIGHT. YOUR ANSWERS WILL BE KEPT PRIVATE. DO YOU HAVE ANY QUESTIONS BEFORE WE BEGIN?"

■ IF SP 12 YEARS OR OLDER AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "DURING THIS INTERVIEW, I WILL BE ASKING YOU QUESTIONS ON YOUR CURRENT HEALTH STATUS, AND ON OTHER HEALTH BEHAVIORS. REMEMBER, ALL OF YOUR RESPONSES TO THESE QUESTIONS WILL BE KEPT STRICTLY CONFIDENTIAL. DO YOU HAVE ANY QUESTIONS BEFORE WE BEGIN?"

■ OTHERWISE, DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "DURING THIS INTERVIEW, I WILL BE ASKING YOU QUESTIONS ABOUT {SP}'S CURRENT HEALTH STATUS, AND ON OTHER HEALTH BEHAVIORS."

CURRENT HEALTH STATUS (HSQ)

HUQ.010   {FIRST/NEXT} I HAVE SOME GENERAL QUESTIONS ABOUT {YOUR/SP'S} HEALTH.

WOULD YOU SAY {YOUR/SP'S} HEALTH IN GENERAL IS . . .

CAPI INSTRUCTION:
DISPLAY "FIRST" IF SP AGE IS >= 16 YEARS.

EXCELLENT,..	1
VERY GOOD,...	2
GOOD,...	3
FAIR, OR..	4
POOR?...	5
REFUSED...	7
DON'T KNOW..	9

HSQ.470   THE NEXT QUESTIONS ARE ABOUT {YOUR/SP'S} RECENT HEALTH DURING THE 30 DAYS OUTLINED ON THE CALENDAR.

THINKING ABOUT {YOUR/SP'S} PHYSICAL HEALTH, WHICH INCLUDES PHYSICAL ILLNESS AND INJURY, FOR HOW MANY DAYS DURING THE PAST 30 DAYS WAS {YOUR/HIS/HER} PHYSICAL HEALTH NOT GOOD?

HAND CARD HSQ1

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

|___|___|
ENTER # OF DAYS

REFUSED...	77
DON'T KNOW..	99

HSQ.480   NOW THINKING ABOUT {YOUR/SP'S} MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, FOR HOW MANY DAYS DURING THE PAST 30 DAYS WAS {YOUR/HIS/HER} MENTAL HEALTH NOT GOOD?

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

|___|___|
ENTER # OF DAYS

REFUSED...	77
DON'T KNOW..	99

HSQ.490   DURING THE PAST 30 DAYS, FOR ABOUT HOW MANY DAYS DID POOR PHYSICAL OR MENTAL
            HEALTH KEEP {YOU/SP} FROM DOING {YOUR/HIS/HER} USUAL ACTIVITIES, SUCH AS SELF-CARE,
            WORK, SCHOOL OR RECREATION?

            CAPI INSTRUCTION:
            HARD EDIT VALUES: 0-30.

                                        |___|___|
                                        ENTER # OF DAYS

                                        REFUSED.. 77
                                        DON'T KNOW.. 99

HSQ.493   DURING THE PAST 30 DAYS, FOR ABOUT HOW MANY DAYS DID PAIN MAKE IT HARD FOR YOU TO
            DO YOUR USUAL ACTIVITIES, SUCH AS SELF-CARE, WORK, OR RECREATION?

            CAPI INSTRUCTION:
            HARD EDIT VALUES: 0-30.

                                        |___|___|
                                        ENTER # OF DAYS

                                        REFUSED.. 77
                                        DON'T KNOW.. 99

HSQ.496   DURING THE PAST 30 DAYS, FOR ABOUT HOW MANY DAYS HAVE YOU FELT WORRIED, TENSE,
            OR ANXIOUS?

            CAPI INSTRUCTION:
            HARD EDIT VALUES: 0-30.

                                        |___|___|
                                        ENTER # OF DAYS

                                        REFUSED.. 77
                                        DON'T KNOW.. 99

HSQ.500   DID {YOU/SP} HAVE A HEAD COLD OR CHEST COLD THAT STARTED DURING THOSE 30 DAYS?

                                        YES.. 1
                                        NO... 2
                                        REFUSED.. 7
                                        DON'T KNOW.. 9

HSQ.510   DID {YOU/SP} HAVE A STOMACH OR INTESTINAL ILLNESS WITH VOMITING OR DIARRHEA THAT
            STARTED DURING THOSE 30 DAYS?

                                        YES.. 1
                                        NO... 2
                                        REFUSED.. 7
                                        DON'T KNOW.. 9

HSQ.520   DID {YOU/SP} HAVE FLU, PNEUMONIA, OR EAR INFECTIONS THAT STARTED DURING THOSE 30
            DAYS?

                                        YES...   1
                                        NO...   2
                                        REFUSED...   7
                                        DON'T KNOW...   9

+--+
| **BOX 1** |
| |
| **CHECK ITEM HSQ.560:** |
| IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.571. |
| OTHERWISE, GO TO END OF SECTION. |
+--+

HSQ.571   DURING THE **PAST 12 MONTHS**, THAT IS, SINCE {DISPLAY CURRENT MONTH, DISPLAY LAST
            YEAR}, {HAVE YOU/HAS SP} DONATED BLOOD?

                                        YES...   1
                                        NO...   2   (HSQ.590)
                                        REFUSED...   7   (HSQ.590)
                                        DON'T KNOW...   9   (HSQ.590)

HSQ.580   HOW LONG AGO WAS {YOUR/SP'S} LAST BLOOD DONATION?

            IF LESS THAN ONE MONTH, ENTER '1'.

            CAPI INSTRUCTION:
            HARD EDIT VALUES: 1-12.

                                        |___|___|
                                        ENTER # OF MONTHS

                                        REFUSED...   77
                                        DON'T KNOW...   99

HSQ.590   EXCEPT FOR TESTS {YOU/SP} MAY HAVE HAD AS PART OF BLOOD DONATIONS, {HAVE YOU/HAS
            HE/HAS SHE} EVER HAD {YOUR/HIS/HER} BLOOD TESTED FOR THE AIDS VIRUS INFECTION?

                                        YES...   1
                                        NO...   2
                                        REFUSED...   7
                                        DON'T KNOW...   9

DEPRESSION SCREEN (DPQ)

<table>
<tr><td>

05BOX 1

CHECK ITEM 05DPQ.001:
- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE.
- OTHERWISE, GO TO NEXT SECTION.

</td></tr>
</table>

05DPQ.010   OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:

LITTLE INTEREST OR PLEASURE IN DOING THINGS? WOULD YOU SAY . . .

HANDCARD DPQ1

NOT AT ALL,...	0
SEVERAL DAYS,...	1
MORE THAN HALF THE DAYS, OR.............	2
NEARLY EVERY DAY?.................................	3
REFUSED...	7
DON'T KNOW..	9

05DPQ.020   [OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:]

FEELING DOWN, DEPRESSED, OR HOPELESS?

HANDCARD DPQ1

NOT AT ALL..	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS....................	2
NEARLY EVERY DAY...................................	3
REFUSED...	7
DON'T KNOW..	9

05DPQ.030   [OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:]

TROUBLE FALLING OR STAYING ASLEEP, OR SLEEPING TOO MUCH?

HANDCARD DPQ1

NOT AT ALL...	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS....................	2
NEARLY EVERY DAY...................................	3
REFUSED...	7
DON'T KNOW...	9

05DPQ.040   [OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:]

FEELING TIRED OR HAVING LITTLE ENERGY?

HANDCARD DPQ1

NOT AT ALL...	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS....................	2
NEARLY EVERY DAY...................................	3
REFUSED...	7
DON'T KNOW...	9

05DPQ.050   [OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:]

POOR APPETITE OR OVEREATING?

HANDCARD DPQ1

NOT AT ALL...	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS....................	2
NEARLY EVERY DAY...................................	3
REFUSED...	7
DON'T KNOW...	9

05DPQ.060 [OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:]

FEELING BAD ABOUT YOURSELF – OR THAT YOU ARE A FAILURE OR HAVE LET YOURSELF OR YOUR FAMILY DOWN?

HANDCARD DPQ1

NOT AT ALL..	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS.....................	2
NEARLY EVERY DAY...................................	3
REFUSED..	7
DON'T KNOW..	9

05DPQ.070 [OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:]

TROUBLE CONCENTRATING ON THINGS, SUCH AS READING THE NEWSPAPER OR WATCHING TV?

HANDCARD DPQ1

NOT AT ALL..	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS.....................	2
NEARLY EVERY DAY...................................	3
REFUSED..	7
DON'T KNOW..	9

05DPQ.080 [OVER THE **LAST 2 WEEKS**, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS:]

MOVING OR SPEAKING SO SLOWLY THAT OTHER PEOPLE COULD HAVE NOTICED? OR THE OPPOSITE – BEING SO FIDGETY OR RESTLESS THAT YOU HAVE BEEN MOVING AROUND A LOT MORE THAN USUAL?

HANDCARD DPQ1

NOT AT ALL..	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS.....................	2
NEARLY EVERY DAY...................................	3
REFUSED..	7
DON'T KNOW..	9

05DPQ.090   OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEM:

THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR OF HURTING YOURSELF IN SOME WAY?

INTERVIEWER INSTRUCTION: IF DPQ.090 CODED 1, 2, OR 3, PLEASE COMPLETE MENTAL HEALTH OBSERVATION FOR PHYSICIAN REVIEW AT CONCLUSION OF INTERVIEW.

NOT AT ALL..	0
SEVERAL DAYS..	1
MORE THAN HALF THE DAYS.....................	2
NEARLY EVERY DAY..................................	3
REFUSED...	7
DON'T KNOW..	9

05BOX 2

CHECK ITEM 05DPQ.095:
- IF RESPONSE TO ANY OF QUESTIONS 05DPQ.010 – 05DPQ.090 = 1, 2, OR 3, GO TO 05DPQ.100.
- OTHERWISE, GO TO NEXT SECTION.

05DPQ.100   HOW **DIFFICULT** HAVE THESE PROBLEMS MADE IT FOR YOU TO DO YOUR WORK, TAKE CARE OF THINGS AT HOME, OR GET ALONG WITH PEOPLE?

NOT AT ALL DIFFICULT,...............................	0
SOMEWHAT DIFFICULT,..............................	1
VERY DIFFICULT,...	2
EXTREMELY DIFFICULT?.............................	3
REFUSED...	7
DON'T KNOW..	9

TOBACCO (SMQ)

SMQ.680   THE FOLLOWING QUESTIONS ASK ABOUT USE OF TOBACCO OR NICOTINE PRODUCTS IN THE PAST **5 DAYS**.

DURING THE PAST **5 DAYS**, DID {YOU/HE/SHE} USE ANY PRODUCT CONTAINING NICOTINE INCLUDING CIGARETTES, PIPES, CIGARS, CHEWING TOBACCO, SNUFF, NICOTINE PATCHES, NICOTINE GUM, OR ANY OTHER PRODUCT CONTAINING NICOTINE?

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT YES, NO.

YES..	1	
NO..	2	(END OF SECTION)
REFUSED..	7	(END OF SECTION)
DON'T KNOW..	9	(END OF SECTION)

SMQ.690   WHICH OF THESE PRODUCTS DID {YOU/HE/SHE} USE? (CHECK ALL THAT APPLY)

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT ALL THAT YOU USED.

CIGARETTES...	1
PIPES..	2
CIGARS...	3
CHEWING TOBACCO....................................	4
SNUFF...	5
NICOTINE PATCHES, GUM, OR OTHER NICOTINE PRODUCT...	6
REFUSED..	77
DON'T KNOW...	99

```
                              BOX 2

CHECK ITEM SMQ.700:
IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.
IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.710.
```

SMQ.710   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID {YOU/HE/SHE} SMOKE CIGARETTES?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED.. 7
DON'T KNOW.. 9

SMQ.720   DURING THE PAST **5 DAYS**, ON THE DAYS {YOU/HE/SHE} SMOKED, HOW MANY CIGARETTES DID {YOU/HE/SHE} SMOKE EACH DAY?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|___|___|
ENTER NUMBER OF CIGARETTES

REFUSED..777
DON'T KNOW..999

SMQ.725   WHEN DID {YOU/HE/SHE} SMOKE {YOUR/HIS/HER} LAST CIGARETTE? WAS IT . . .

TODAY,.. 1
YESTERDAY, OR.. 2
3 TO 5 DAYS AGO?...................................... 3
REFUSED.. 7
DON'T KNOW.. 9

BOX 3

CHECK ITEM SMQ.730:
IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.740.

SMQ.740   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID {YOU/HE/SHE} SMOKE A PIPE?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED... 7
DON'T KNOW... 9

SMQ.750   DURING THE PAST **5 DAYS**, ON THE DAYS {YOU/HE/SHE} SMOKED A PIPE, HOW MANY PIPES DID {YOU/HE/SHE} SMOKE EACH DAY?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|___|
ENTER NUMBER OF PIPES

REFUSED... 77
DON'T KNOW... 99

SMQ.755   WHEN DID {YOU/HE/SHE} SMOKE {YOUR/HIS/HER} LAST PIPE? WAS IT . . .

TODAY,... 1
YESTERDAY, OR.. 2
3 TO 5 DAYS AGO?...................................... 3
REFUSED... 7
DON'T KNOW... 9

BOX 4

CHECK ITEM SMQ.760:
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.770.

SMQ.770   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID {YOU/HE/SHE} SMOKE CIGARS?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED... 7
DON'T KNOW.. 9

SMQ.780   DURING THE PAST **5 DAYS**, ON THE DAYS {YOU/HE/SHE} SMOKED CIGARS, HOW MANY CIGARS DID {YOU/HE/SHE} SMOKE EACH DAY?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|___|
ENTER NUMBER OF CIGARS

REFUSED... 77
DON'T KNOW.. 99

SMQ.785   WHEN DID {YOU/HE/SHE} SMOKE {YOUR/HIS/HER} LAST CIGAR? WAS IT . . .

TODAY,.. 1
YESTERDAY, OR... 2
3 TO 5 DAYS AGO?..................................... 3
REFUSED.. 7
DON'T KNOW... 9

<div style="border:1px solid black">

BOX 5

CHECK ITEM SMQ.790:
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.800.

</div>

SMQ.800   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID {YOU/HE/SHE} USE CHEWING TOBACCO, SUCH AS REDMAN, LEVI GARRETT OR BEECHNUT?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED.. 7
DON'T KNOW.. 9

SMQ.815   WHEN DID {YOU/HE/SHE} LAST USE CHEWING TOBACCO? WAS IT . . .

TODAY,... 1
YESTERDAY, OR.. 2
3 TO 5 DAYS AGO?...................................... 3
REFUSED.. 7
DON'T KNOW.. 9

<div style="border:1px solid black">

BOX 5A

CHECK ITEM SMQ.816:
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.817.

</div>

SMQ.817   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID {YOU/HE/SHE} USE SNUFF, SUCH AS SKOAL, SKOAL BANDITS, OR COPENHAGEN?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED.. 7
DON'T KNOW.. 9

SMQ.819   WHEN DID {YOU/HE/SHE} LAST USE SNUFF? WAS IT . . .

TODAY,... 1
YESTERDAY, OR.. 2
3 TO 5 DAYS AGO?...................................... 3
REFUSED.. 7
DON'T KNOW.. 9

BOX 6

CHECK ITEM SMQ.820:
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.830.
OTHERWISE, GO TO END OF SECTION.

SMQ.830   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID {YOU/HE/SHE} USE ANY PRODUCT CONTAINING NICOTINE TO HELP {YOU/HIM/HER} STOP SMOKING? INCLUDE NICOTINE PATCHES, GUM, OR ANY OTHER PRODUCT CONTAINING NICOTINE.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED.. 7
DON'T KNOW.. 9

SMQ.840   WHEN DID {YOU/HE/SHE} LAST USE A PRODUCT CONTAINING NICOTINE? WAS IT . .

TODAY,.. 1
YESTERDAY, OR... 2
3 TO 5 DAYS AGO?....................................... 3
REFUSED... 7
DON'T KNOW... 9

REPRODUCTIVE HEALTH (RHQ)

RHQ.010   THE NEXT SERIES OF QUESTIONS ARE ABOUT {YOUR/SP'S} REPRODUCTIVE HISTORY. I WILL BEGIN BY ASKING SOME QUESTIONS ABOUT {YOUR/SP'S} PERIOD OR MENSTRUAL CYCLE.

HOW OLD {WERE YOU/WAS SP} WHEN {YOU/SHE} HAD {YOUR/HER} **FIRST** MENSTRUAL PERIOD?

CODE "0" IF HAVEN'T STARTED YET.

CAPI INSTRUCTION:
SOFT EDIT VALUES: 8-25 YEARS.
HARD EDIT VALUES: AGE OF 1ST PERIOD CANNOT BE GREATER THAN CURRENT AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW.. 99

BOX 1

CHECK ITEM RHQ.015:
- IF PERIODS HAVEN'T STARTED (CODED '0'), GO TO END OF SECTION.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED '1' - '76') IN RHQ.010, OR IF SP REFUSES AGE (CODED '77') IN RHQ.010, GO TO RHQ.031.
- OTHERWISE, CONTINUE WITH RHQ.020.

RHQ.020   {WERE YOU/WAS SP} . . .

YOUNGER THAN 10,..................................... 1
10 TO 12,.. 2
13 TO 15, OR.. 3
16 OR OLDER?... 4
REFUSED.. 7
DON'T KNOW.. 9

RHQ.031   {HAVE YOU/HAS SP} HAD **AT LEAST ONE MENSTRUAL PERIOD** IN THE **PAST 12 MONTHS**? (PLEASE DO NOT INCLUDE BLEEDINGS CAUSED BY MEDICAL CONDITIONS, HORMONE THERAPY, OR SURGERIES.)

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 60 AND RHQ.031 IS CODED YES.
ERROR MESSAGE: "IT IS UNLIKELY THAT SPS AGED 60 YEARS OR OLDER WILL STILL BE MENSTRUATING. PLEASE VERIFY."

YES.. 1 (RHQ.131)
NO.. 2
REFUSED.. 7 (RHQ.060)
DON'T KNOW.. 9 (RHQ.060)

RHQ.042   WHAT IS THE REASON THAT {YOU HAVE/SP HAS} NOT HAD **A PERIOD** IN THE PAST 12 MONTHS?

PREGNANCY... 1 (RHQ.143)
BREAST FEEDING 2 (RHQ.143)
MENOPAUSE/HYSTERECTOMY................. 7
MEDICAL CONDITIONS/TREATMENTS....... 8
OTHER... 9
REFUSED.. 77
DON'T KNOW... 99

RHQ.060   ABOUT HOW OLD {WERE YOU/WAS SP} WHEN {YOU/SHE} HAD {YOUR/HER} **LAST** MENSTRUAL PERIOD?

SOFT EDIT: DISPLAY EDIT WHEN RHQ.060 IS GREATER THAN 59.
ERROR MESSAGE: "IT IS UNLIKELY THAT AN SP WILL HAVE HER LAST MENSTRUAL PERIOD AFTER AGE 59. PLEASE VERIFY."

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW... 99

BOX 2

CHECK ITEM RHQ.065:
- IF SP DOESN'T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED '99') IN RHQ.060, CONTINUE WITH RHQ.070.
- OTHERWISE, GO TO RHQ.131.

RHQ.070   {WERE YOU/WAS SP} . . .

YOUNGER THAN 30,.................................... 1
30 TO 34,.. 2
35 TO 39,.. 3
40 TO 44,.. 4
45 TO 49,.. 5
50 TO 54, OR.. 6
55 OR OLDER?.. 7
REFUSED.. 77
DON'T KNOW... 99

RHQ.131   THE NEXT QUESTIONS ARE ABOUT {YOUR/SP'S} PREGNANCY HISTORY.

{HAVE YOU/HAS SP} **EVER** BEEN PREGNANT? PLEASE INCLUDE (CURRENT PREGNANCY,) LIVE BIRTHS, MISCARRIAGES, STILLBIRTHS, TUBAL PREGNANCIES AND ABORTIONS.

MARK IF KNOWN. OTHERWISE ASK.

YES.. 1
NO.. 2   (BOX 12)
REFUSED.. 7   (BOX 12)
DON'T KNOW.. 9   (BOX 12)

BOX 6

CHECK ITEM RHQ.135C:
- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031) OR SP HAS NOT EXPERIENCED MENOPAUSE/HYSTERECTOMY (<u>NOT</u> CODED 7 IN RHQ.042), CONTINUE WITH RHQ.143.
- OTHERWISE, GO TO RHQ.160.

RHQ.143   {ARE YOU/IS SP} PREGNANT **NOW**?

MARK IF KNOWN. OTHERWISE ASK.

YES.. 1
NO.. 2   (RHQ.160)
REFUSED.. 7   (RHQ.160)
DON'T KNOW.. 9   (RHQ.160)

RHQ.152   WHICH MONTH OF PREGNANCY {ARE YOU/IS SHE} IN?

|___|___|
ENTER NUMBER OF MONTHS

REFUSED.. 77
DON'T KNOW.. 99

RHQ.160   HOW MANY TIMES {HAVE YOU/HAS SP} BEEN PREGNANT? ({AGAIN, BE/BE} SURE TO COUNT ALL {YOUR/HER} PREGNANCIES INCLUDING (CURRENT PREGNANCY,) LIVE BIRTHS, MISCARRIAGES, STILLBIRTHS, TUBAL PREGNANCIES, OR ABORTIONS.)

|___|___|
ENTER NUMBER OF PREGNANCIES

REFUSED.. 77
DON'T KNOW.. 99

RHQ.162   **DURING ANY PREGNANCY**, WERE YOU EVER TOLD BY A DOCTOR OR OTHER HEALTH PROFESSIONAL THAT YOU HAD DIABETES, SUGAR DIABETES OR GESTATIONAL DIABETES? PLEASE DO NOT INCLUDE DIABETES THAT YOU MAY HAVE KNOWN ABOUT BEFORE THE PREGNANCY.

HELP SCREEN SHOULD READ: GESTATIONAL DIABETES IS A FORM OF DIABETES OR HIGH BLOOD SUGAR FOUND IN PREGNANT WOMEN.

YES..	1	
NO..	2	(BOX 7)
BORDERLINE...	3	(BOX 7)
REFUSED..	7	(BOX 7)
DON'T KNOW...	9	(BOX 7)

RHQ.163   HOW OLD WERE YOU WHEN YOU WERE **FIRST** TOLD YOU HAD DIABETES **DURING A PREGNANCY**?

HARD EDIT: RHQ.163 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE CANNOT BE GREATER THAN AGE OF SP."

|___|___|
ENTER AGE IN YEARS

REFUSED..	77
DON'T KNOW...	99

BOX 7

CHECK ITEM RHQ.165:
- IF SP ONLY HAD ONE PREGNANCY (CODED '1') IN RHQ.160 AND CURRENTLY PREGNANT (CODED '1') IN RHQ.143, SKIP TO RHQ.395.
- OTHERWISE CONTINUE WITH RHQ.166.

RHQ.166   HOW MANY VAGINAL DELIVERIES {HAVE YOU/HAS SP} HAD? {PLEASE COUNT STILLBIRTHS AS WELL AS LIVE BIRTHS}

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN.   FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

HARD EDIT: RHQ.166 MUST BE EQUAL TO OR LESS THAN RHQ.160.
ERROR MESSAGE: "NUMBER OF VAGINAL DELIVERIES CANNOT BE GREATER THAN THE NUMBER OF PREGNANCIES."

|___|___|
ENTER NUMBER

REFUSED..	77
DON'T KNOW...	99

```
                              BOX 7A

CHECK ITEM RHQ.168:
■  IF NUMBER OF PREGNANCIES IN RHQ.160 EQUALS THE NUMBER OF
   VAGINAL DELIVERIES IN RHQ.166, SKIP TO RHQ.172.
■  OTHERWISE, CONTINUE WITH RHQ.169.
```

RHQ.169   HOW MANY CESAREAN DELIVERIES {HAVE YOU/HAS SP} HAD? (CESAREAN DELIVERIES ARE
ALSO KNOWN AS C-SECTIONS.) (PLEASE COUNT STILLBIRTHS AS WELL AS LIVE BIRTHS.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN.   FOR
EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE
DELIVERY.

SOFT EDIT: SUM OF RHQ166 AND RHQ.169 MUST BE EQUAL TO OR LESS THAN RHQ160.
ERROR MESSAGE: "IT IS UNLIKELY THAT THE NUMBER OF DELIVERIES (VAGINAL AND CESAREAN
DELIVERIES COMBINED) IS GREATER THAN THE NUMBER OF PREGNANCIES. PLEASE VERIFY."

HARD EDIT: RHQ.169 MUST BE EQUAL TO OR LESS THAN RHQ.160.
ERROR MESSAGE: "NUMBER OF CESAREAN DELIVERIES CANNOT BE GREATER THAN THE
NUMBER OF PREGNANCIES."

|___|___|
ENTER NUMBER

REFUSED.. 77
DON'T KNOW.. 99

RHQ.172   {DID {YOUR/SP'S} DELIVERY/DID ANY OF {YOUR/SP'S} DELIVERIES} RESULT IN A BABY THAT
WEIGHED 9 POUNDS (4082 G) OR MORE AT BIRTH? (PLEASE COUNT STILLBIRTHS AS WELL AS
LIVE BIRTHS.)

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), DISPLAY {YOUR DELIVERY}.
IF SP HAD MORE THAN ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 > 1), DISPLAY {ANY OF
YOUR DELIVERIES}.

YES... 1
NO.. 2 (RHQ.171)
REFUSED.. 7 (RHQ.171)
DON'T KNOW.. 9 (RHQ.171)

RHQ.173   HOW OLD WERE YOU WHEN YOU DELIVERED A BABY THAT WEIGHED 9 POUNDS OR MORE? (PLEASE COUNT STILLBIRTHS AS WELL AS LIVE BIRTHS.)

[IF MORE THAN 1 BABY WEIGHED 9 POUNDS OR MORE RECORD AGE FOR FIRST ONE]
HARD EDIT: RHQ.173 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE CANNOT BE GREATER THAN AGE OF SP."

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW... 99

BOX 7B

CHECK ITEM RHQ.170A:
- IF THE NUMBER OF DELIVERIES IN RHQ.166 AND RHQ.169 EQUALS ZERO, GO TO BOX 12.
- OTHERWISE, CONTINUE WITH RHQ.171.

RHQ.171   HOW MANY OF {YOUR/HER} DELIVERIES RESULTED {DID {YOUR/HER} DELIVERY RESULT} IN A LIVE BIRTH?

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), REPLACE {HOW MANY OF {YOUR/HER} DELIVERIES RESULTED} WITH {DID {YOUR/HER} DELIVERY RESULT}.

FOR SINGLE DELIVERIES:
YES = 1
NO = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

|___|___|
ENTER NUMBER OF DELIVERIES

REFUSED.. 77
DON'T KNOW... 99

BOX 8

CHECK ITEM RHQ.175:
- IF SP HAD <u>NO</u> DELIVERIES THAT RESULTED IN A LIVE BIRTH (CODED '0') IN RHQ.171, GO TO BOX 12.
- IF SP HAD ONE DELIVERY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171, GO TO RHQ.190.
- OTHERWISE, CONTINUE WITH RHQ.180.

RHQ.180   HOW OLD {WERE YOU/WAS SP} AT THE TIME OF {YOUR/HER} **FIRST** LIVE BIRTH?

CAPI INSTRUCTION:
HARD EDIT: RHQ.180 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE OF SP AT FIRST DELIVERY CANNOT BE GREATER THAN AGE OF SP."

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW... 99

RHQ.190   HOW OLD {WERE YOU/WAS SP} AT THE TIME OF {YOUR/HER} {**LAST**} LIVE BIRTH?

CAPI INSTRUCTION:
IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.171, DISPLAY {LAST}.

HARD EDIT: RHQ190 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE OF SP AT LAST DELIVERY CANNOT BE GREATER THAN AGE OF SP."

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW... 99

BOX 9

CHECK ITEM RHQ.195:
- IF DIFFERENCE BETWEEN AGE AT TIME OF LAST DELIVERY IN RHQ.190 AND CURRENT AGE IS ZERO OR 1, CONTINUE.
- OTHERWISE, GO TO RHQ.205.

RHQ.197   HOW MANY MONTHS AGO DID YOU HAVE YOUR BABY?

|___|___|___|
ENTER NUMBER OF MONTHS

REFUSED..777
DON'T KNOW...999

RHQ.200   {ARE YOU/IS SP} **NOW** BREAST FEEDING A CHILD?

YES... 1
NO... 2
REFUSED.. 7
DON'T KNOW... 9

RHQ.205   DID {YOU/SP} BREAST FEED ANY OF {YOUR/HER} CHILDREN FOR AT LEAST ONE MONTH?

CAPI INSTRUCTION:
IF SP HAD ONE LIVE BIRTH (CODED '1') IN RHQ.171, DISPLAY {YOUR CHILD}.
IF SP HAD MORE THAN ONE LIVE BIRTH (CODED > 1) IN RHQ.171, DISPLAY {ANY OF YOUR CHILDREN}.

YES..	1
NO..	2
REFUSED...	7
DON'T KNOW...	9

BOX 12

CHECK ITEM RHQ.275A:
- IF SP < 20 YEARS OLD, GO TO RHQ.420.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, GO TO RHQ.395.
- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED '1' IN RHQ.031), GO TO RHQ.282.
- OTHERWISE, CONTINUE WITH RHQ.282.

RHQ.282   {HAVE YOU/HAS SP} HAD A HYSTERECTOMY, INCLUDING A PARTIAL HYSTERECTOMY, THAT IS, SURGERY TO **REMOVE** {YOUR/HER} UTERUS OR WOMB?

MARK IF KNOWN. OTHERWISE ASK.

YES..	1	
NO..	2	(RHQ.300)
REFUSED...	7	(RHQ.300)
DON'T KNOW...	9	(RHQ.300)

RHQ.291   HOW OLD {WERE YOU/WAS SP} WHEN {YOU/SHE} HAD {YOUR/HER} (HYSTERECTOMY/UTERUS REMOVED/WOMB REMOVED)?

|___|___|___|
ENTER AGE IN YEARS

REFUSED...777	
DON'T KNOW...999	

RHQ.305   {HAVE YOU/HAS SP} HAD **BOTH** OF {YOUR/HER} OVARIES REMOVED (EITHER WHEN {YOU/SHE} HAD {YOUR/HER} UTERUS REMOVED OR AT ANOTHER TIME)?

YES..	1	
NO..	2	(RHQ.395)
REFUSED...	7	(RHQ.395)
DON'T KNOW...	9	(RHQ.395)

RHQ.332   HOW OLD {WERE YOU/WAS SP} WHEN {YOU/SHE} HAD {YOUR/HER} OVARIES REMOVED OR LAST OVARY REMOVED IF REMOVED AT DIFFERENT TIMES?

|___|___|___|
ENTER AGE IN YEARS

REFUSED..777
DON'T KNOW..999

RHQ.395   {DO YOU/DOES SP} EXPERIENCE BULGING OR SOMETHING FALLING OUT THAT {YOU/SHE} CAN SEE OR FEEL IN THE VAGINAL AREA?

YES... 1
NO... 2
REFUSED.. 7
DON'T KNOW.. 9

RHQ.420   NOW I AM GOING TO ASK YOU ABOUT {YOUR/SP'S} BIRTH CONTROL HISTORY.

{HAVE YOU/HAS SP} **EVER** TAKEN BIRTH CONTROL PILLS FOR ANY REASON?

YES... 1
NO... 2   (RHQ.510)
REFUSED.. 7   (RHQ.510)
DON'T KNOW.. 9   (RHQ.510)

BOX 18

CHECK ITEM RHQ.435B:
- IF SP < 20 YEARS OLD AND IF SP IS <u>NOT</u> PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), CONTINUE WITH RHQ.442.
- IF SP >= 20 YEARS OLD AND IF SP IS <u>NOT</u> PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2', '7', '9' OR MISSING IN RHQ.282) AND IF SP HAS NOT HAD BOTH HER OVARIES REMOVED (CODED '2', '7', '9' IN RHQ.305) AND IF SP IS <u>NOT</u> MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042), CONTINUE WITH RHQ.442.
- OTHERWISE, GO TO RHQ.460.

RHQ.442   {ARE YOU/IS SP} TAKING BIRTH CONTROL PILLS **NOW**?

YES... 1
NO... 2
REFUSED.. 7   (RHQ.510)
DON'T KNOW.. 9   (RHQ.510)

RHQ.460   NOT COUNTING ANY TIME WHEN {YOU/SP} STOPPED TAKING THEM, FOR HOW LONG
Q/U   **ALTOGETHER** {HAVE YOU TAKEN/DID YOU TAKE/HAS SHE TAKEN/DID SHE TAKE} BIRTH CONTROL
PILLS?

CODE "1" FOR LESS THAN ONE MONTH.

|___|___|
ENTER NUMBER

REFUSED.. 77
DON'T KNOW... 99

ENTER UNIT

MONTHS..   1
YEARS...   2
REFUSED...   7
DON'T KNOW...   9

RHQ.510   {HAVE YOU/HAS SP} **EVER** USED DEPO-PROVERA OR INJECTABLES TO PREVENT PREGNANCY?

YES..   1
NO..   2   (BOX 20)
REFUSED...   7   (BOX 20)
DON'T KNOW...   9   (BOX 20)

BOX 19

CHECK ITEM RHQ.519:
- IF SP < 20 YEARS OLD AND IF SP IS <u>NOT</u> PREGNANT (CODED '2', '7', '9' OR
  MISSING IN RHQ.143), CONTINUE WITH RHQ.520.
- IF SP >= 20 YEARS OLD AND IF SP IS <u>NOT</u> PREGNANT (CODED '2', '7', '9' OR
  MISSING IN RHQ.143) AND IF SP HAS NOT HAD HYSTERECTOMY (CODED '2',
  '7', '9' OR MISSING IN RHQ.282) AND IF SP HAS NOT HAD BOTH HER
  OVARIES REMOVED (CODED '2', '7', '9' IN RHQ.305) AND IF SP IS <u>NOT</u>
  MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042),
  CONTINUE WITH RHQ.520.
- OTHERWISE, GO TO BOX 20.

RHQ.520   {ARE YOU/IS SP} **NOW** USING DEPO-PROVERA OR INJECTABLES TO PREVENT PREGNANCY?

YES..   1
NO..   2
REFUSED...   7
DON'T KNOW...   9

BOX 20

CHECK ITEM RHQ.535:
- IF SP 20 YEARS OF AGE OR OLDER, CONTINUE WITH RHQ.540.
- OTHERWISE, SKIP TO BOX 24.

RHQ.540 {HAVE YOU/HAS SP} **EVER** USED FEMALE HORMONES SUCH AS ESTROGEN AND PROGESTERONE? PLEASE INCLUDE ANY FORMS OF FEMALE HORMONES, SUCH AS PILLS, CREAM, PATCH, AND INJECTABLES, BUT **DO NOT** INCLUDE BIRTH CONTROL METHODS OR USE FOR INFERTILITY.

YES..	1	
NO...	2	(BOX 24)
REFUSED...	7	(BOX 24)
DON'T KNOW....................................	9	(BOX 24)

RHQ.541 WHICH FORMS OF FEMALE HORMONES {HAVE YOU/HAS SP} USED?

CODE ALL THAT APPLY

PILLS...	10
PATCHES..	11
CREAM/SUPPOSITORY/INJECTION...........	12
REFUSED..	77
DON'T KNOW....................................	99

BOX 21

CHECK ITEM RHQ.552:
IF SP USED FEMALE HORMONE PILLS (CODE '10') IN RHQ.541, CONTINUE WITH RHQ.554.
OTHERWISE, GO TO BOX 22.

RHQ.554 {HAVE YOU/HAS SP} **EVER** TAKEN FEMALE HORMONE **PILLS** CONTAINING **ESTROGEN ONLY** (LIKE PREMARIN)? (DO NOT INCLUDE BIRTH CONTROL PILLS.)

YES..	1	
NO...	2	(RHQ.562)
REFUSED...	7	(RHQ.562)
DON'T KNOW....................................	9	(RHQ.562)

RHQ.558 {ARE YOU/IS SP} TAKING PILLS CONTAINING ESTROGEN ONLY **NOW**?

YES..	1
NO...	2
REFUSED...	7
DON'T KNOW....................................	9

RHQ.560   NOT COUNTING ANY TIME WHEN {YOU/SP} STOPPED TAKING THEM, FOR HOW LONG
Q/U   **ALTOGETHER** {HAVE YOU TAKEN/DID YOU TAKE/HAS SHE TAKEN/DID SHE TAKE} PILLS
          CONTAINING ESTROGEN ONLY?

          CODE "1" FOR LESS THAN 1 MONTH

                              |___|___|
                              ENTER NUMBER

                              REFUSED... 77
                              DON'T KNOW.. 99

                              ENTER UNIT

                              MONTHS... 1
                              YEARS.. 2
                              REFUSED.. 7
                              DON'T KNOW.. 9

RHQ.562   {HAVE YOU/HAS SP} TAKEN FEMALE HORMONE **PILLS** CONTAINING **PROGESTIN ONLY** (LIKE
          PROVERA)? (DO NOT INCLUDE BIRTH CONTROL PILLS.)

                              YES.. 1
                              NO.. 2 (RHQ.570)
                              REFUSED.. 7 (RHQ.570)
                              DON'T KNOW.. 9 (RHQ.570)

RHQ.566   {ARE YOU/IS SP} TAKING PILLS CONTAINING PROGESTIN ONLY **NOW**?

                              YES.. 1
                              NO.. 2
                              REFUSED.. 7
                              DON'T KNOW.. 9

RHQ.568   NOT COUNTING ANY TIME WHEN {YOU/SP} STOPPED TAKING THEM, FOR HOW LONG
Q/U   **ALTOGETHER** {HAVE YOU TAKEN/DID YOU TAKE/HAS SHE TAKEN/DID SHE TAKE} PILLS
          CONTAINING PROGESTIN ONLY?

          CODE "1" FOR LESS THAN 1 MONTH

                              |___|___|
                              ENTER NUMBER

                              REFUSED.. 77
                              DON'T KNOW.. 99

                              ENTER UNIT

                              MONTHS... 1
                              YEARS.. 2
                              REFUSED.. 7
                              DON'T KNOW.. 9

RHQ.570　　{HAVE YOU/HAS SP} TAKEN FEMALE HORMONE **PILLS** CONTAINING **BOTH ESTROGEN AND PROGESTIN** (LIKE PREMPRO, PREMPHASE)? (DO NOT INCLUDE BIRTH CONTROL PILLS.)

YES...　1
NO...　2　(BOX 22)
REFUSED...　7　(BOX 22)
DON'T KNOW...　9　(BOX 22)

RHQ.574　　{ARE YOU/IS SP} TAKING PILLS CONTAINING BOTH ESTROGEN AND PROGESTIN **NOW**?

YES...　1
NO...　2
REFUSED...　7
DON'T KNOW...　9

RHQ.576
Q/U　　NOT COUNTING ANY TIME WHEN {YOU/SP} STOPPED TAKING THEM, FOR HOW LONG **ALTOGETHER** {HAVE YOU TAKEN/DID YOU TAKE/HAS SHE TAKEN/DID SHE TAKE} PILLS CONTAINING BOTH ESTROGEN AND PROGESTIN?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED...　77
DON'T KNOW...　99

ENTER UNIT

MONTHS...　1
YEARS..　2
REFUSED...　7
DON'T KNOW...　9

BOX 22

CHECK ITEM RHQ.578:
IF SP USED PATCHES (CODE '11') IN RHQ.541, CONTINUE WITH RHQ.580.
OTHERWISE, GO TO BOX 24.

RHQ.580　　{HAVE YOU/HAS SP} **EVER** USED FEMALE HORMONE **PATCHES** CONTAINING **ESTROGEN ONLY**?

YES...　1
NO...　2　(RHQ.596)
REFUSED...　7　(RHQ.596)
DON'T KNOW...　9　(RHQ.596)

RHQ.584   {ARE YOU/IS SP} USING PATCHES CONTAINING ESTROGEN ONLY **NOW**?

YES... 1
NO... 2
REFUSED... 7
DON'T KNOW... 9

RHQ.586
Q/U   NOT COUNTING ANY TIME WHEN {YOU/SP} STOPPED USING THEM, FOR HOW LONG **ALTOGETHER** {HAVE YOU USED/DID YOU USE/HAS SHE USED/DID SHE USE} PATCHES CONTAINING ESTROGEN ONLY?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED... 77
DON'T KNOW... 99

ENTER UNIT

MONTHS... 1
YEARS.. 2
REFUSED... 7
DON'T KNOW... 9

RHQ.596   {HAVE YOU/HAS SP} USED FEMALE HORMONE **PATCHES** CONTAINING **BOTH ESTROGEN AND PROGESTIN**?

YES... 1
NO... 2 (BOX 24)
REFUSED... 7 (BOX 24)
DON'T KNOW... 9 (BOX 24)

RHQ.600   {ARE YOU/IS SP} USING PATCHES CONTAINING BOTH ESTROGEN AND PROGESTIN **NOW**?

YES... 1
NO... 2
REFUSED... 7
DON'T KNOW... 9

RHQ.602
Q/U   NOT COUNTING ANY TIME WHEN {YOU/SP} STOPPED USING THEM, FOR HOW LONG **ALTOGETHER** {HAVE YOU USED/DID YOU USE/HAS SHE USED/DID SHE USE} PATCHES CONTAINING BOTH ESTROGEN AND PROGESTIN?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED.. 77
DON'T KNOW.. 99

ENTER UNIT

MONTHS... 1
YEARS.. 2
REFUSED.. 7
DON'T KNOW.. 9

BOX 24

CHECK ITEM RHQ.640A:
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.652.
- IF THE AGE DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE AT LAST LIVE BIRTH IN RHQ.190 IS ZERO, 1, OR 2, CONTINUE WITH FSQ.652.
- OTHERWISE, GO TO END OF SECTION.

FSQ.652   THESE NEXT QUESTIONS ARE ABOUT PARTICIPATION IN PROGRAMS FOR WOMEN WITH YOUNG CHILDREN.

DID {YOU/SP} PERSONALLY RECEIVE BENEFITS FROM WIC, THAT IS, THE WOMEN, INFANTS, AND CHILDREN PROGRAM, IN THE **PAST 12 MONTHS**?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

BOX 26

CHECK ITEM RHQ.640A:
- IF CODED '1-12' IN RHQ.197, CONTINUE WITH FSQ.661.
- OTHERWISE, GO TO END OF SECTION.

FSQ.661   {ARE YOU/IS SP} **NOW** RECEIVING BENEFITS FROM THE WIC PROGRAM?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW.. 9

FSQ.671
Q/U

HOW LONG {DID YOU RECEIVE/HAVE YOU BEEN RECEIVING/DID SHE RECEIVE/HAS SHE BEEN RECEIVING} BENEFITS FROM THE WIC PROGRAM?

CAPI INSTRUCTION:
IF SP CURRENTLY RECEIVING WIC BENEFITS (CODED '1') IN FSQ.661, DISPLAY {HAVE YOU BEEN RECEIVING/HAS SHE BEEN RECEIVING}.
OTHERWISE, DISPLAY {DID YOU RECEIVE/DID SHE RECEIVE}.

|___|___|
ENTER QUANTITY

REFUSED.. 77
DON'T KNOW.. 99

ENTER UNIT

MONTHS.. 1
YEARS... 2
REFUSED.. 7
DON'T KNOW.. 9

ALCOHOL USE (ALQ)

ALQ.101   THE NEXT QUESTIONS ARE ABOUT DRINKING ALCOHOLIC BEVERAGES. INCLUDED ARE LIQUOR (SUCH AS WHISKEY OR GIN), BEER, WINE, WINE COOLERS, AND ANY OTHER TYPE OF ALCOHOLIC BEVERAGE.

IN **ANY ONE YEAR**, {HAVE YOU/HAS SP} HAD AT LEAST 12 DRINKS OF ANY TYPE OF ALCOHOLIC BEVERAGE? BY A DRINK, I MEAN A 12 OZ. BEER, A 5 OZ. GLASS OF WINE, OR ONE AND HALF OUNCES OF LIQUOR.

YES...	1	(ALQ.120)
NO...	2	
REFUSED...	7	
DON'T KNOW...	9	

ALQ.110   IN {YOUR/SP'S} **ENTIRE LIFE**, {HAVE YOU/HAS HE/HAS SHE} HAD AT LEAST 12 DRINKS OF ANY TYPE OF ALCOHOLIC BEVERAGE?

YES...	1	
NO...	2	(END OF SECTION)
REFUSED...	7	(END OF SECTION)
DON'T KNOW...	9	(END OF SECTION)

ALQ.120   IN THE **PAST 12 MONTHS**, HOW OFTEN DID {YOU/SP} DRINK ANY TYPE OF ALCOHOLIC
Q/U   BEVERAGE?
PROBE: HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID {YOU/SP} DRINK?

ENTER '0' FOR NEVER.

|___|___|___|
ENTER QUANTITY

REFUSED...777	
DON'T KNOW..999	

ENTER UNIT

WEEK..	1
MONTH..	2
YEAR...	3
REFUSED..	7
DON'T KNOW...	9

```
┌─────────────────────────────────────────────────────────────────┐
│                            BOX 1                                  │
│                                                                   │
│ CHECK ITEM ALQ.125:                                               │
│ IF SP DIDN'T DRINK (CODED '0') IN ALQ.120, GO TO ALQ.150.         │
│ OTHERWISE, CONTINUE WITH ALQ.130.                                 │
└─────────────────────────────────────────────────────────────────┘
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ALQ.130   IN THE **PAST 12 MONTHS**, ON THOSE DAYS THAT {YOU/SP} DRANK ALCOHOLIC
           BEVERAGES, ON THE AVERAGE, HOW MANY DRINKS DID {YOU/HE/SHE} HAVE?

           IF LESS THAN 1 DRINK, ENTER '1'.
           IF 95 DRINKS OR MORE, ENTER '95'.

                          |___|___|___|
                          ENTER # OF DRINKS

                          REFUSED.......................................777
                          DON'T KNOW.................................999

ALQ.140   IN THE **PAST 12 MONTHS**, ON HOW MANY **DAYS** DID {YOU/SP} HAVE 5 OR MORE DRINKS OF ANY
Q/U   ALCOHOLIC BEVERAGE?
           PROBE: HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID {YOU/SP}
           HAVE 5 OR MORE DRINKS IN A SINGLE DAY?

           ENTER '0' FOR NONE.

                          |___|___|___|
                          ENTER QUANTITY

                          REFUSED.......................................777
                          DON'T KNOW.................................999

                          ENTER UNIT

                          WEEK.. 1
                          MONTH.. 2
                          YEAR... 3
                          REFUSED....................................... 7
                          DON'T KNOW................................. 9

ALQ.150   WAS THERE EVER A TIME OR TIMES IN {YOUR/SP'S} LIFE WHEN {YOU/HE/SHE}
           DRANK 5 OR MORE DRINKS OF ANY KIND OF ALCOHOLIC BEVERAGE **ALMOST
           EVERY DAY**?

                          YES... 1
                          NO... 2
                          REFUSED....................................... 7
                          DON'T KNOW................................. 9

KIDNEY CONDITIONS (KIQ)

05KIQ.005   MANY PEOPLE HAVE LEAKAGE OF URINE. THE NEXT FEW QUESTIONS ASK ABOUT URINE LEAKAGE.

HOW OFTEN {DO YOU/DOES SP} HAVE URINARY LEAKAGE? WOULD {YOU/S/HE} SAY . . .

NEVER,..	1	(KIQ.042)
LESS THAN ONCE A MONTH,......................	2	
A FEW TIMES A MONTH,.............................	3	
A FEW TIMES A WEEK, OR..........................	4	
EVERY DAY AND/OR NIGHT?......................	5	
REFUSED...	7	(KIQ.042)
DON'T KNOW...	9	(KIQ.042)

05KIQ.010   HOW MUCH URINE {DO YOU/DOES SP} LOSE EACH TIME? WOULD {YOU/S/HE} SAY . . .

DROPS,...	1
SMALL SPLASHES, OR................................	2
MORE?..	3
REFUSED...	7
DON'T KNOW...	9

KIQ.042   DURING THE **PAST 12 MONTHS**, {HAVE YOU/HAS SP} LEAKED OR LOST CONTROL OF EVEN A SMALL AMOUNT OF URINE WITH AN ACTIVITY LIKE COUGHING, LIFTING OR EXERCISE?

YES...	1	
NO...	2	(KIQ.044)
REFUSED...	7	(KIQ.044)
DON'T KNOW...	9	(KIQ.044)

05KIQ.430   HOW FREQUENTLY DOES THIS OCCUR? WOULD {YOU/S/HE} SAY THIS OCCURS . . .

LESS THAN ONCE A MONTH,......................	1
A FEW TIMES A MONTH,.............................	2
A FEW TIMES A WEEK, OR..........................	3
EVERY DAY AND/OR NIGHT?......................	4
REFUSED...	7
DON'T KNOW...	9

KIQ.044   DURING THE **PAST 12 MONTHS**, {HAVE YOU/HAS SP} LEAKED OR LOST CONTROL OF EVEN A SMALL AMOUNT OF URINE WITH AN URGE OR PRESSURE TO URINATE AND {YOU/S/HE} COULDN'T GET TO THE TOILET FAST ENOUGH?

YES..	1
NO..	2 (KIQ.046)
REFUSED...	7 (KIQ.046)
DON'T KNOW...	9 (KIQ.046)

05KIQ.450   HOW FREQUENTLY DOES THIS OCCUR? WOULD {YOU/S/HE} SAY THIS OCCURS. . .

LESS THAN ONCE A MONTH,......................	1
A FEW TIMES A MONTH,..............................	2
A FEW TIMES A WEEK, OR..........................	3
EVERY DAY AND/OR NIGHT?......................	4
REFUSED...	7
DON'T KNOW...	9

KIQ.046   DURING THE **PAST 12 MONTHS**, {HAVE YOU/HAS SP} LEAKED OR LOST CONTROL OF EVEN A SMALL AMOUNT OF URINE **WITHOUT** AN ACTIVITY LIKE COUGHING, LIFTING, OR EXERCISE, OR AN URGE TO URINATE?

YES..	1
NO..	2 (05BOX 1)
REFUSED...	7 (05BOX 1)
DON'T KNOW...	9 (05BOX 1)

05KIQ.470   HOW FREQUENTLY DOES THIS OCCUR? WOULD {YOU/S/HE} SAY THIS OCCURS . . .

LESS THAN ONCE A MONTH,......................	1
A FEW TIMES A MONTH,..............................	2
A FEW TIMES A WEEK, OR..........................	3
EVERY DAY AND/OR NIGHT?......................	4
REFUSED...	7
DON'T KNOW...	9

05BOX 1

CHECK ITEM KIQ.048A:
- IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044 OR KIQ.046, CONTINUE WITH KIQ.050.
- OTHERWISE, GO TO 05KIQ.480.

KIQ.050   DURING THE **PAST 12 MONTHS**, HOW MUCH DID {YOUR/HER/HIS} LEAKAGE OF URINE BOTHER {YOU/HER/HIM}?   PLEASE SELECT ONE OF THE FOLLOWING CHOICES:

NOT AT ALL,..	1

ONLY A LITTLE,.. 2
SOMEWHAT,.. 3
VERY MUCH, OR.. 4
GREATLY?... 5
REFUSED... 7
DON'T KNOW... 9

KIQ.052   DURING THE **PAST 12 MONTHS**, HOW MUCH DID {YOUR/HIS/HER} LEAKAGE OF URINE AFFECT {YOUR/HIS/HER} DAY-TO-DAY ACTIVITIES? PLEASE SELECT ONE OF THE FOLLOWING CHOICES:

NOT AT ALL,... 1
ONLY A LITTLE,.. 2
SOMEWHAT,.. 3
VERY MUCH, OR.. 4
GREATLY?... 5
REFUSED... 7
DON'T KNOW... 9

05KIQ.480   DURING THE **PAST 30 DAYS**, HOW MANY TIMES PER NIGHT DID {YOU/SP} MOST TYPICALLY GET UP TO URINATE, FROM THE TIME {YOU/S/HE} WENT TO BED AT NIGHT UNTIL THE TIME {YOU/HE/SHE} GOT UP IN THE MORNING. WOULD {YOU/S/HE} SAY . . .

0,... 1
1,... 2
2,... 3
3,... 4
4,... 5
5 OR MORE?.. 6
REFUSED... 7
DON'T KNOW... 9

05BOX 2

CHECK ITEM KIQ.070:
- IF SP FEMALE, GO TO END OF SECTION.
- IF SP MALE AGE 20-39, GO TO 05KIQ.490.
- OTHERWISE, CONTINUE WITH KIQ.080.

KIQ.080   {DO YOU/DOES SP} **USUALLY** HAVE TROUBLE STARTING TO URINATE (PASS WATER)?

YES.. 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

KIQ.100   AFTER URINATING (PASSING WATER), DOES {YOUR/HIS} BLADDER FEEL EMPTY?

YES.. 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

05KIQ.490   THE NEXT SET OF QUESTIONS IS ABOUT MEN'S HEALTH INCLUDING URINARY AND PROSTATE PROBLEMS. THE PROSTATE IS A GLAND LOCATED JUST BELOW THE BLADDER.

{HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL THAT {YOU HAVE/HE HAS} ANY DISEASE OF THE PROSTATE? THIS INCLUDES AN ENLARGED PROSTATE.

YES.. 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

05BOX 3

CHECK ITEM KIQ.170:
- IF SP AGE IS 20-39, GO TO END OF SECTION.
- OTHERWISE, CONTINUE WITH KIQ.120.

KIQ.120   {HAVE YOU/HAS SP} **EVER** BEEN TOLD BY A DOCTOR OR HEALTH PROFESSIONAL THAT {YOU/HE} HAD AN ENLARGED PROSTATE GLAND?

YES.. 1
NO.. 2 (KIQ.360)
REFUSED... 7 (KIQ.360)
DON'T KNOW... 9 (KIQ.360)

KIQ.140   WAS IT A BENIGN ENLARGEMENT – THAT IS, NOT CANCEROUS, ALSO CALLED BENIGN PROSTATIC HYPERTROPHY?

YES.. 1
NO.. 2 (KIQ.180)
REFUSED... 7 (KIQ.180)
DON'T KNOW... 9 (KIQ.180)

KIQ.160   HOW OLD {WERE YOU/WAS SP} WHEN {YOU WERE/HE WAS} FIRST TOLD THAT {YOU/HE} HAD BENIGN ENLARGEMENT OF THE PROSTATE GLAND?

|___|___|___|
ENTER AGE IN YEARS

REFUSED...777
DON'T KNOW...999

05BOX 4

CHECK ITEM KIQ.230:
■   GO TO KIQ.360.

KIQ.180   WAS THE ENLARGEMENT DUE TO CANCER?

                                 YES...   1
                                 NO...   2
                                 REFUSED...   7

KIQ.360   {HAVE YOU/HAS SP} EVER HAD A RECTAL EXAMINATION TO CHECK FOR PROSTATE
               CANCER? A RECTAL EXAMINATION IS USUALLY DONE BY A DOCTOR WHO INSERTS
               A FINGER IN THE RECTUM TO CHECK FOR PROBLEMS.

                                 YES...   1
                                 NO..   2
                                 REFUSED...   7
                                 DON'T KNOW...   9

BOWEL HEALTH (BHQ)

```
                        05BOX 1

CHECK ITEM BHQ.005:
■  IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT
   (CODED '1' IN RIQ.005), CONTINUE WITH 05BHQ.010.
■  OTHERWISE, GO TO NEXT SECTION.
```

05BHQ.010   NEXT, WE'D LIKE TO TALK TO YOU ABOUT BOWEL HEALTH. WE'LL START WITH ACCIDENTAL BOWEL LEAKAGE. THERE ARE FOUR TYPES OF BOWEL LEAKAGE THAT CAN HAPPEN: LEAKAGE (PASSING) OF GAS, LEAKAGE OF MUCUS, LEAKAGE OF LIQUID STOOL, AND LEAKAGE OF SOLID STOOL. WE WILL ASK YOU ABOUT LEAKAGE OF EACH OF THESE ONE AT A TIME.

HOW OFTEN DURING THE **PAST 30 DAYS** HAVE YOU HAD ANY AMOUNT OF ACCIDENTAL BOWEL LEAKAGE THAT CONSISTED OF GAS? WOULD YOU SAY . . .

HAND CARD BHQ1

CAPI INSTRUCTION:
HELP SCREEN SHOULD READ: THE **BOWEL** IS ANOTHER NAME FOR THE INTESTINES. OTHER NAMES FOR THE BOWEL INCLUDE GUTS OR INNARDS. **ACCIDENTAL BOWEL LEAKAGE** IS LEAKING FROM THE BOWEL OR INTESTINES THAT CAN'T BE CONTROLLED. **LEAKAGE OF GAS** IS ALSO CALLED PASSING GAS, PASSING WIND, OR FARTING.

2 OR MORE TIMES A DAY,...........................	1
ONCE A DAY,...	2
2 OR MORE TIMES A WEEK,.......................	3
ONCE A WEEK,..	4
1-3 TIMES A MONTH, OR.............................	5
NEVER?..	6
REFUSED..	77
DON'T KNOW..	99

05BHQ.020   HOW OFTEN DURING THE **PAST 30 DAYS** HAVE YOU HAD ANY AMOUNT OF ACCIDENTAL BOWEL LEAKAGE THAT CONSISTED OF MUCUS?

HAND CARD BHQ1

CAPI INSTRUCTION:
HELP SCREEN SHOULD READ: MUCUS IS A THICK, JELLY-LIKE SUBSTANCE MADE BY THE INTESTINES THAT HELPS COAT AND PROTECT THE LINING OF THE INTESTINE. MUCUS ALSO HELPS STOOL PASS THROUGH THE LARGE INTESTINE AND RECTUM MORE EASILY.

2 OR MORE TIMES A DAY............................	1
ONCE A DAY..	2
2 OR MORE TIMES A WEEK........................	3
ONCE A WEEK...	4
1-3 TIMES A MONTH....................................	5
NEVER..	6
REFUSED..	77
DON'T KNOW..	99

05BHQ.030   HOW OFTEN DURING THE **PAST 30 DAYS** HAVE YOU HAD ANY AMOUNT OF ACCIDENTAL BOWEL LEAKAGE THAT CONSISTED OF LIQUID STOOL?

HAND CARD BHQ1

CAPI INSTRUCTION:
HELP SCREEN SHOULD READ: STOOL IS ALSO CALLED A BOWEL MOVEMENT, BM, OR POOP.

2 OR MORE TIMES A DAY............................	1
ONCE A DAY..	2
2 OR MORE TIMES A WEEK........................	3
ONCE A WEEK...	4
1-3 TIMES A MONTH....................................	5
NEVER..	6
REFUSED..	77
DON'T KNOW..	99

05BHQ.040   HOW OFTEN DURING THE **PAST 30 DAYS** HAVE YOU HAD ANY AMOUNT OF ACCIDENTAL BOWEL LEAKAGE THAT CONSISTED OF SOLID STOOL?

HAND CARD BHQ1

2 OR MORE TIMES A DAY............................	1
ONCE A DAY..	2
2 OR MORE TIMES A WEEK........................	3
ONCE A WEEK...	4
1-3 TIMES A MONTH....................................	5
NEVER..	6
REFUSED..	77
DON'T KNOW..	99

05BHQ.050   HOW OFTEN DO YOU USUALLY HAVE BOWEL MOVEMENTS?
Q/U

PROBE: HOW MANY TIMES PER DAY OR PER WEEK DO YOU USUALLY HAVE A
BOWEL MOVEMENT?

|___|___|
ENTER NUMBER OF TIMES (PER DAY OR PER WEEK)

REFUSED... 77
DON'T KNOW.. 99

ENTER UNIT

DAY...   1
WEEK...   2
REFUSED...   7
DON'T KNOW...   9

05BHQ.060   PLEASE LOOK AT THIS CARD AND TELL ME THE NUMBER THAT CORRESPONDS TO
YOUR USUAL OR MOST COMMON STOOL TYPE.

HAND CARD BHQ2

TYPE 1 (SEPARATE HARD LUMPS, LIKE
   NUTS)...   1
TYPE 2 (SAUSAGE-LIKE, BUT LUMPY).......   2
TYPE 3 (LIKE A SAUSAGE BUT WITH
   CRACKS IN THE SURFACE).....................   3
TYPE 4 (LIKE A SAUSAGE OR SNAKE,
   SMOOTH AND SOFT)................................   4
TYPE 5 (SOFT BLOBS WITH CLEAR-CUT
   EDGES)..   5
TYPE 6 (FLUFFY PIECES WITH RAGGED
   EDGES, A MUSHY STOOL)........................   6
TYPE 7 (WATERY, NO SOLID PIECES).......   7
REFUSED... 77
DON'T KNOW.. 99

PHYSICAL ACTIVITY AND PHYSICAL FITNESS (PAQ)

PAQ.605   NEXT I AM GOING TO ASK YOU ABOUT THE TIME YOU SPEND DOING DIFFERENT TYPES OF PHYSICAL ACTIVITY IN A TYPICAL WEEK. PLEASE ANSWER THESE QUESTIONS EVEN IF YOU DO NOT CONSIDER YOURSELF TO BE A PHYSICALLY ACTIVE PERSON.

THINK FIRST ABOUT THE TIME YOU SPEND DOING WORK. THINK OF WORK AS THE THINGS THAT YOU HAVE TO DO SUCH AS PAID OR UNPAID WORK, STUDYING OR TRAINING, HOUSEHOLD CHORES, AND YARD WORK. IN ANSWERING THE FOLLOWING QUESTIONS 'VIGOROUS-INTENSITY ACTIVITIES' ARE ACTIVITIES THAT REQUIRE HARD PHYSICAL EFFORT AND CAUSE LARGE INCREASES IN BREATHING OR HEART RATE, 'MODERATE-INTENSITY ACTIVITIES' ARE ACTIVITIES THAT REQUIRE MODERATE PHYSICAL EFFORT AND CAUSE SMALL INCREASES IN BREATHING OR HEART RATE.

DOES YOUR WORK INVOLVE VIGOROUS-INTENSITY ACTIVITY THAT CAUSES LARGE INCREASES IN BREATHING OR HEART RATE LIKE CARRYING OR LIFTING HEAVY LOADS, DIGGING OR CONSTRUCTION WORK FOR AT LEAST 10 MINUTES CONTINUOUSLY?

YES..	1	
NO..	2	(PAQ.620)
REFUSED..	7	(PAQ.620)
DON'T KNOW...	9	(PAQ.620)

PAQ.610   IN A TYPICAL WEEK, ON HOW MANY DAYS DO YOU DO VIGOROUS-INTENSITY ACTIVITIES AS PART OF YOUR WORK?

HARD EDIT: LESS THAN 1 DAY OR MORE THAN 7 DAYS
ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED..	77	(PAQ.620)
DON'T KNOW...	99	(PAQ.620)

PAQ.615   HOW MUCH TIME DO YOU SPEND DOING VIGOROUS–INTENSITY ACTIVITIES AT WORK ON A
            TYPICAL DAY?

Q/U

            SOFT EDIT: 12 HOURS OR MORE.
            ERROR MESSAGE: PLEASE VERIFY TIMES OF 12 HOURS OR MORE.

            HARD EDIT: LESS THAN 10 MINUTES OR 24 HOURS OR MORE.
            ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

                            |___|___|___|
                            ENTER NUMBER (OF MINUTES OR HOURS)

                            REFUSED..777
                            DON'T KNOW..999

                            ENTER UNIT

                            MINUTES... 1
                            HOURS.. 2
                            REFUSED... 7
                            DON'T KNOW.. 9

PAQ.620   DOES YOUR WORK INVOLVE MODERATE-INTENSITY ACTIVITY THAT CAUSES SMALL INCREASES
            IN BREATHING OR HEART RATE SUCH AS BRISK WALKING OR CARRYING LIGHT LOADS FOR AT
            LEAST 10 MINUTES CONTINUOUSLY?

                            YES... 1
                            NO... 2 (PAQ.635)
                            REFUSED... 7 (PAQ.635)
                            DON'T KNOW.. 9 (PAQ.635)

PAQ.625   IN A TYPICAL WEEK, ON HOW MANY DAYS DO YOU DO MODERATE-INTENSITY ACTIVITIES AS
            PART OF YOUR WORK?

            HARD EDIT: LESS THAN 1 DAY OR MORE THAN 7 DAYS
            ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

                            |___|___|
                            ENTER NUMBER OF DAYS

                            REFUSED.. 77 (PAQ.635)
                            DON'T KNOW.. 99 (PAQ.635)

PAQ.630   HOW MUCH TIME DO YOU SPEND DOING MODERATE-INTENSITY ACTIVITIES AT WORK ON A
           TYPICAL DAY?

Q/U
           SOFT EDIT: 12 HOURS OR MORE.
           ERROR MESSAGE: PLEASE VERIFY TIMES OF 12 HOURS OR MORE.

           HARD EDIT: LESS THAN 10 MINUTES OR 24 HOURS OR MORE.
           ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

                              |___|___|___|
                              ENTER NUMBER (OF MINUTES OR HOURS)

                              REFUSED..777
                              DON'T KNOW...999

                              ENTER UNIT

                              MINUTES.. 1
                              HOURS... 2
                              REFUSED.. 7
                              DON'T KNOW... 9

PAQ.635   THE NEXT QUESTIONS EXCLUDE THE PHYSICAL ACTIVITY OF WORK THAT YOU HAVE ALREADY
           MENTIONED. NOW I WOULD LIKE TO ASK YOU ABOUT THE USUAL WAY YOU TRAVEL TO AND
           FROM PLACES. FOR EXAMPLE TO SCHOOL, FOR SHOPPING, TO WORK.

           DO YOU WALK OR USE A BICYCLE FOR A LEAST 10 MINUTES CONTINUOUSLY TO GET TO AND
           FROM PLACES?

                              YES... 1
                              NO... 2   (PAQ.650)
                              REFUSED.. 7   (PAQ.650)
                              DON'T KNOW... 9   (PAQ.650)

PAQ.640   IN A TYPICAL WEEK, ON HOW MANY DAYS DO YOU WALK OR BICYCLE FOR AT LEAST 10 MINUTES
           CONTINUOUSLY TO GET TO AND FROM PLACES?

           HARD EDIT: LESS THAN 1 DAY OR MORE THAN 7 DAYS
           ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

                              |___|___|
                              ENTER NUMBER OF DAYS

                              REFUSED.. 77   (PAQ.650)
                              DON'T KNOW... 99   (PAQ.650)

PAQ.645   HOW MUCH TIME DO YOU SPEND WALKING OR BICYCLING FOR TRAVEL ON A TYPICAL DAY?
Q/U

SOFT EDIT: 12 HOURS OR MORE.
ERROR MESSAGE: PLEASE VERIFY TIMES OF 12 HOURS OR MORE.

HARD EDIT: LESS THAN 10 MINUTES OR 24 HOURS OR MORE.
ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED..777
DON'T KNOW...999

ENTER UNIT

MINUTES..   1
HOURS...   2
REFUSED..   7
DON'T KNOW...   9

PAQ.650   THE NEXT QUESTIONS EXCLUDE THE WORK AND TRANSPORT ACTIVITIES THAT YOU HAVE
ALREADY MENTIONED.   NOW I WOULD LIKE TO ASK YOU ABOUT SPORTS, FITNESS AND
RECREATIONAL ACTIVITIES.

DO YOU DO ANY VIGOROUS-INTENSITY SPORTS, FITNESS, OR RECREATIONAL ACTIVITIES THAT
CAUSE LARGE INCREASES IN BREATHING OR HEART RATE LIKE RUNNING OR BASKETBALL FOR
AT LEAST 10 MINUTES CONTINUOUSLY?

YES...   1
NO...   2   (PAQ.665)
REFUSED..   7   (PAQ.665)
DON'T KNOW...   9   (PAQ.665)

PAQ.655   IN A TYPICAL WEEK, ON HOW MANY DAYS DO YOU DO VIGOROUS-INTENSITY SPORTS, FITNESS
OR RECREATIONAL ACTIVITIES?

HARD EDIT: LESS THAN 1 DAY OR MORE THAN 7 DAYS
ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED..   77   (PAQ.665)
DON'T KNOW...   99   (PAQ.665)

PAQ.660   HOW MUCH TIME DO YOU SPEND DOING VIGOROUS – INTENSITY SPORTS, FITNESS OR
Q/U   RECREATIONAL ACTIVITIES ON A TYPICAL DAY?

          SOFT EDIT: 12 HOURS OR MORE.
          ERROR MESSAGE: PLEASE VERIFY TIMES OF 12 HOURS OR MORE.

          HARD EDIT: LESS THAN 10 MINUTES OR 24 HOURS OR MORE.
          ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

                         |___|___|___|
                         ENTER NUMBER (OF MINUTES OR HOURS)

                         REFUSED..777
                         DON'T KNOW...999

                         ENTER UNIT

                         MINUTES... 1
                         HOURS.. 2
                         REFUSED... 7
                         DON'T KNOW.. 9

PAQ.665   DO YOU DO ANY MODERATE-INTENSITY SPORTS, FITNESS, OR RECREATIONAL ACTIVITIES THAT
          CAUSE A SMALL INCREASE IN BREATHING OR HEART RATE LIKE SUCH AS BRISK WALKING,
          BICYCLING, SWIMMING, OR VOLLEYBALL FOR AT LEAST 10 MINUTES CONTINUOUSLY?

                         YES... 1
                         NO... 2   (PAQ.680Q)
                         REFUSED... 7   (PAQ.680Q)
                         DON'T KNOW.. 9   (PAQ.680Q)

PAQ.670   IN A TYPICAL WEEK, ON HOW MANY DAYS DO YOU DO MODERATE-INTENSITY SPORTS, FITNESS
          OR RECREATIONAL ACTIVITIES?

          HARD EDIT: LESS THAN 1 DAY OR MORE THAN 7 DAYS
          ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

                         |___|___|
                         ENTER NUMBER OF DAYS

                         REFUSED... 77   (PAQ.680Q)
                         DON'T KNOW.. 99   (PAQ.680Q)

PAQ.675   HOW MUCH TIME DO YOU SPEND DOING MODERATE –INTENSITY SPORTS, FITNESS OR
Q/U   RECREATIONAL ACTIVITIES ON A TYPICAL DAY?

           SOFT EDIT: 12 HOURS OR MORE.
           ERROR MESSAGE: PLEASE VERIFY TIMES OF 12 HOURS OR MORE.

           HARD EDIT: LESS THAN 10 MINUTES OR 24 HOURS OR MORE.
           ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED...777
DON'T KNOW..999

ENTER UNIT

MINUTES... 1
HOURS.. 2
REFUSED... 7
DON'T KNOW.. 9

PAQ.680   THE FOLLOWING QUESTION IS ABOUT SITTING OR RECLINING AT SCHOOL, AT HOME, AT WORK,
Q/U   GETTING TO AND FROM PLACES, OR WITH FRIENDS INCLUDING TIME SPENT SITTING AT A DESK,
           SITTING WITH FRIENDS, TRAVELING IN CAR, BUS, TRAIN, READING, PLAYING CARDS OR
           WATCHING TELEVISION, BUT DO NOT INCLUDE TIME SPENT SLEEPING.

           HOW MUCH TIME DO YOU USUALLY SPEND SITTING OR RECLINING ON A TYPICAL DAY?

           SOFT EDIT: 12 HOURS OR MORE.
           ERROR MESSAGE: PLEASE VERIFY TIMES OF 12 HOURS OR MORE.

           HARD EDIT: 24 HOURS OR MORE.
           ERROR MESSAGE: THE TIME SHOULD BE LESS THAN 24 HOURS.

|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED...777
DON'T KNOW..999

ENTER UNIT

MINUTES... 1
HOURS.. 2
REFUSED... 7
DON'T KNOW.. 9

WEIGHT HISTORY (WHQ)

BOX 1

CHECK ITEM WHQ.499:
- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005), CONTINUE WITH WHQ.030C.
- OTHERWISE, GO TO NEXT SECTION.

WHQ.030C   DO YOU CONSIDER YOURSELF NOW TO BE . . .

FAT OR OVERWEIGHT,................................	1
TOO THIN, OR..	2
ABOUT THE RIGHT WEIGHT?....................	3
REFUSED..	7
DON'T KNOW..	9

WHQ.500   WHICH OF THE FOLLOWING ARE YOU TRYING TO DO ABOUT YOUR WEIGHT:

LOSE WEIGHT,...	1	
GAIN WEIGHT,...	2	(WHQ.520)
STAY THE SAME WEIGHT, OR...................	3	(WHQ.520)
NOT TRYING TO DO ANYTHING ABOUT YOUR WEIGHT? ....(WHQ.520)	4	
REFUSED..	7	(WHQ.520)
DON'T KNOW..	9	(WHQ.520)

WHQ.511   WHY ARE YOU TRYING TO LOSE WEIGHT? (CHECK ALL THAT APPLY)

HAND CARD WHQ1 [CATEGORIES 22, 23, AND 24 APPEAR ON INTERVIEWER'S SCREEN ONLY]

I WANT TO LOOK BETTER	10
I WANT TO BE HEALTHIER..........................	11
I WANT TO BE BETTER AT SPORTS AND OTHER PHYSICAL ACTIVITIES.................	12
I GET TEASED ABOUT MY WEIGHT............	13
I THINK MY CLOTHES WILL FIT BETTER…	14
I THINK BOYS WILL LIKE ME BETTER........	15
I THINK GIRLS WILL LIKE ME BETTER.......	16
MY FRIENDS ARE TRYING TO LOSE WEIGHT	17
SOMEONE IN MY FAMILY IS TRYING TO LOSE WEIGHT...	18

MY MOTHER OR FATHER WANTS ME
   TO LOSE WEIGHT...................................... 19
MY TEACHER OR COACH WANTS
   ME TO LOSE WEIGHT............................... 20
A DOCTOR, NURSE, OR OTHER HEALTH
   PROFESSIONAL WANTS ME TO LOSE
   WEIGHT... 21
I DON'T WANT TO BE FAT.......................... 22
I WANT TO BE SKINNY............................... 23
I WANT TO FEEL GOOD/BETTER ABOUT
   MYSELF... 24
OTHER (SPECIFY)..................................... 30
REFUSED... 77
DON'T KNOW.. 99

WHQ.520   IN THE PAST YEAR, HOW OFTEN HAVE YOU TRIED TO LOSE WEIGHT? WOULD YOU SAY . . .

NEVER,.. 1 (BOX 2)
SOMETIMES, OR 2
A LOT?.. 3
REFUSED.. 7
DON'T KNOW.. 9

WHQ.530   IN THE PAST YEAR, HOW OFTEN HAVE YOU BEEN ON A DIET **TO LOSE WEIGHT**? WOULD YOU SAY . . .

NEVER,.. 1
SOMETIMES, OR 2
A LOT?.. 3
REFUSED.. 7
DON'T KNOW.. 9

WHQ.540   IN THE PAST YEAR, HOW OFTEN HAVE YOU STARVED (NOT EATEN) FOR A DAY OR MORE **TO LOSE WEIGHT**? WOULD YOU SAY . . .

NEVER,.. 1
SOMETIMES, OR 2
A LOT?.. 3
REFUSED.. 7
DON'T KNOW.. 9

WHQ.550   IN THE PAST YEAR, HOW OFTEN HAVE YOU CUT BACK ON WHAT YOU ATE **TO LOSE WEIGHT**? WOULD YOU SAY . . .

NEVER,.. 1
SOMETIMES, OR 2
A LOT?.. 3
REFUSED.. 7
DON'T KNOW.. 9

WHQ.560   IN THE PAST YEAR, HOW OFTEN HAVE YOU SKIPPED MEALS **TO LOSE WEIGHT**? WOULD YOU SAY . . .

NEVER,...	1
SOMETIMES, OR	2
A LOT?..	3
REFUSED..	7
DON'T KNOW..	9

WHQ.570   IN THE PAST YEAR, HOW OFTEN HAVE YOU EXERCISED **TO LOSE WEIGHT**? WOULD YOU SAY . . .

NEVER,...	1
SOMETIMES, OR	2
A LOT?..	3
REFUSED..	7
DON'T KNOW..	9

WHQ.580   IN THE PAST YEAR, HOW OFTEN HAVE YOU EATEN LESS SWEETS OR FATTY FOODS **TO LOSE WEIGHT**? WOULD YOU SAY . . .

NEVER,...	1
SOMETIMES, OR	2
A LOT?..	3
REFUSED..	7
DON'T KNOW..	9

BOX 2

CHECK ITEM WHQ.709:
- IF SP AGE >= 12, CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

DBQ.092
G/Q   NEXT, I'M GOING TO ASK YOU ABOUT MEALS. BY MEAL, I MEAN **BREAKFAST, LUNCH AND DINNER**. DURING THE **PAST 7 DAYS**, HOW MANY MEALS DID YOU GET THAT WERE **PREPARED AWAY FROM HOME** IN PLACES SUCH AS RESTAURANTS, FAST FOOD PLACES, FOOD STANDS, GROCERY STORES, OR FROM VENDING MACHINES? PLEASE **DO NOT** INCLUDE MEALS PROVIDED AS PART OF THE SCHOOL LUNCH OR SCHOOL BREAKFAST.

|___|___|
ENTER NUMBER PER WEEK

NEVER...	2	(DBQ.905)
REFUSED..	77	(DBQ.905)
DON'T KNOW..	99	(DBQ.905)

DBQ.900   HOW MANY OF THOSE MEALS DID YOU GET FROM A FAST-FOOD OR PIZZA PLACE?

|___|___|
ENTER NUMBER PER WEEK

NEVER...   2
REFUSED... 77
DON'T KNOW... 99

DBQ.905   SOME GROCERY STORES SELL "READY TO EAT" FOODS SUCH AS SALADS, SOUPS, CHICKEN, SANDWICHES AND COOKED VEGETABLES IN THEIR SALAD BARS AND DELI COUNTERS.

DURING THE **PAST 30 DAYS**, HOW OFTEN DID YOU BUY "READY TO EAT" FOODS AT THE GROCERY STORE? PLEASE DO NOT COUNT FROZEN OR CANNED FOODS.

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

NEVER   0
REFUSED... 77
DON'T KNOW... 99

ENTER UNIT

DAY..   1
WEEK...   2
MONTH...   3
REFUSED...   7
DON'T KNOW...   9

DBQ.910   DURING THE **PAST 30 DAYS**, HOW OFTEN DID YOU EAT FROZEN MEALS OR FROZEN PIZZAS? HERE ARE SOME EXAMPLES OF FROZEN MEALS AND FROZEN PIZZAS.

HAND CARD WHQ2

|___|___|
ENTER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER   0
REFUSED... 77
DON'T KNOW... 99

ENTER UNIT

DAY..   1
WEEK...   2
MONTH...   3
REFUSED...   7
DON'T KNOW...   9

PESTICIDE USE (PUQ)

PUQ.NEW1   IN THE PAST 7 DAYS, WERE ANY CHEMICAL PRODUCTS USED IN YOUR (HIS, HER) HOME TO CONTROL FLEAS, ROACHES, ANTS, TERMITES, OR OTHER INSECTSPUQ.NEW2

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

PUQ.NEW2   IN THE PAST 7 DAYS, WERE ANY CHEMICAL PRODUCTS USED IN YOUR (HIS, HER) LAWN OR GARDEN TO KILL WEEDS?

INTERVIEWER INSTRUCTION. IF THE RESPONDENT SAYS SO NOT HAVE A LAWN OR A GARDEN –CODE 'NO'.

YES... 1
NO.. 2
REFUSED... 7
DON'T KNOW... 9

MEC QUESTIONNAIRE – ACASI

SMOKING (SMQ)

SMQ.620 THE FOLLOWING QUESTIONS ARE ABOUT CIGARETTE SMOKING AND OTHER TOBACCO USE.

HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN 1 OR 2 PUFFS?

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT YES, NO.

YES.. 1
NO... 2 (SMQ.680)
REFUSED.. 7 (SMQ.680)
DON'T KNOW.. 9 (SMQ.680)

SMQ.630 HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE **FIRST** TIME?

IF R SAYS LESS THAN 6 YEARS, ENTER 6 YEARS.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER AN AGE OR SELECT NEVER SMOKED A WHOLE CIGARETTE.

CAPI INSTRUCTION:
ACCEPTABLE VALUES: 6-19 YEARS.

|___|___|
ENTER AGE

NEVER SMOKED A WHOLE CIGARETTE   666
....(SMQ.680)
REFUSED...777 (SMQ.680)
DON'T KNOW..999 (SMQ.680)

SMQ.640 DURING THE PAST **30 DAYS**, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO IF NONE.

|___|___|
ENTER NUMBER OF DAYS

REFUSED.. 77
DON'T KNOW.. 99

BOX 1A

CHECK ITEM SMQ.645:

IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW'
(CODE '99') IN SMQ.640, GO TO SMQ.670.
OTHERWISE, CONTINUE WITH SMQ.650.

SMQ.650　　DURING THE PAST **30 DAYS**, ON THE DAYS THAT YOU SMOKED, HOW MANY
CIGARETTES DID YOU SMOKE PER DAY?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|___|
ENTER NUMBER OF CIGARETTES

MORE THAN 1 PACK OF CIGARETTES　　66
REFUSED... 77
DON'T KNOW....................................... 99

SMQ.077　　HOW SOON AFTER YOU WAKE UP DO YOU SMOKE? WOULD YOU SAY . . .

WITHIN 5 MINUTES,............................. 1
FROM 6 TO 30 MINUTES,..................... 2
FROM MORE THAN 30 MINUTES TO ONE HOUR, OR
....3
MORE THAN ONE HOUR?................... 4
REFUSED... 7
DON'T KNOW....................................... 9

SMQ.660　　DURING THE PAST **30 DAYS**, ON THE DAYS THAT YOU SMOKED, WHICH BRAND OF
CIGARETTES DID YOU **USUALLY** SMOKE?

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES: MARLBORO, CAMEL,
NEWPORT, KOOL, WINSTON, BENSON AND HEDGES, SALEM, SOME OTHER BRAND.

MARLBORO,.. 1
CAMEL,... 2
NEWPORT,... 3
KOOL,.. 4
WINSTON,.. 5
BENSON AND HEDGES,....................... 6
SALEM,.. 7
OTHER... 8
REFUSED.. 77
DON'T KNOW....................................... 99

BOX 1B

CHECK ITEM SMQ.662:
IF NEWPORT, KOOL, OR SALEM BRAND (CODED '3', '4', OR '7')
REPORTED IN SMQ.660, GO TO SMQ.666.

> OTHERWISE, CONTINUE WITH SMQ.664.

SMQ.664　{WERE/WAS} THE {BRAND REPORTED IN SMQ.660} CIGARETTES MENTHOL OR NON-MENTHOL?

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT MENTHOL, NON-MENTHOL.

CAPI INSTRUCTION:
IF SMQ.660 = 8, DISPLAY {WAS} {BRAND OF}.

MENTHOL..	1
NON-MENTHOL.......................................	2
REFUSED..	7
DON'T KNOW..	9

SMQ.666　{WERE/WAS} THE {BRAND REPORTED IN SMQ.660} CIGARETTES REGULARS, LIGHTS, OR ULTRA-LIGHTS?

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT REGULARS, LIGHTS, ULTRA-LIGHTS.

CAPI INSTRUCTION:
IF SMQ.660 = 8, DISPLAY {WAS} {BRAND OF}.

REGULARS...	1
LIGHTS..	2
ULTRA-LIGHTS.......................................	3
REFUSED..	7
DON'T KNOW..	9

SMQ.670　DURING THE PAST **12 MONTHS**, HAVE YOU STOPPED SMOKING FOR ONE DAY OR LONGER **BECAUSE YOU WERE TRYING TO QUIT SMOKING**?

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT YES, NO.

YES..	1
NO..	2
REFUSED..	7
DON'T KNOW..	9

SMQ.680　THE FOLLOWING QUESTIONS ASK ABOUT USE OF TOBACCO OR NICOTINE PRODUCTS IN THE PAST **5 DAYS**.

DURING THE PAST **5 DAYS**, DID YOU USE ANY PRODUCT CONTAINING NICOTINE INCLUDING CIGARETTES, PIPES, CIGARS, CHEWING TOBACCO, SNUFF, NICOTINE PATCHES, NICOTINE GUM, OR ANY OTHER PRODUCT CONTAINING NICOTINE?

VERBAL INSTRUCTIONS TO SP:

PLEASE SELECT YES, NO.

YES.. 1
NO.. 2 (END OF SECTION)
REFUSED... 7 (END OF SECTION)
DON'T KNOW.. 9 (END OF SECTION)

SMQ.690   WHICH OF THESE PRODUCTS DID YOU USE? (CHECK ALL THAT APPLY)

VERBAL INSTRUCTIONS TO SP:
PLEASE SELECT ALL THAT YOU USED.

CIGARETTES.. 1
PIPES.. 2
CIGARS... 3
CHEWING TOBACCO........................... 4
SNUFF... 5
NICOTINE PATCHES, GUM, OR OTHER
   NICOTINE PRODUCT......................... 6
REFUSED.. 77
DON'T KNOW.. 99

BOX 2

CHECK ITEM SMQ.700:
IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.
IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.710.

SMQ.710   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED.. 7
DON'T KNOW.. 9

SMQ.720   DURING THE PAST **5 DAYS**, ON THE DAYS YOU SMOKED, HOW MANY CIGARETTES DID YOU SMOKE EACH DAY?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|___|___|
ENTER NUMBER OF CIGARETTES

REFUSED...777
DON'T KNOW.......................................999

SMQ.725   WHEN DID YOU SMOKE YOUR LAST CIGARETTE? WAS IT . . .

TODAY,... 1
YESTERDAY, OR................................. 2
3 TO 5 DAYS AGO?.............................. 3
REFUSED... 7
DON'T KNOW.. 9

```
┌──────────────────────────────────────────────────────────┐
│                          BOX 3                             │
│ CHECK ITEM SMQ.730:                                        │
│ IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.             │
│ IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.            │
│ IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.              │
│ IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.             │
│ IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.  │
│ IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,│
│ GO TO SMQ.740.                                             │
└──────────────────────────────────────────────────────────┘
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SMQ.740   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID YOU
           SMOKE A PIPE?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED... 7
DON'T KNOW.. 9

SMQ.750   DURING THE PAST **5 DAYS**, ON THE DAYS YOU SMOKED A PIPE, HOW MANY PIPES
           DID YOU SMOKE EACH DAY?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|___|
ENTER NUMBER OF PIPES

REFUSED... 77
DON'T KNOW.. 99

SMQ.755   WHEN DID YOU SMOKE YOUR LAST PIPE? WAS IT . . .

TODAY,.. 1
YESTERDAY, OR............................... 2
3 TO 5 DAYS AGO?............................ 3
REFUSED... 7
DON'T KNOW.. 9

BOX 4

CHECK ITEM SMQ.760:
IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.770.

SMQ.770   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID YOU SMOKE CIGARS?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED... 7
DON'T KNOW.. 9

SMQ.780   DURING THE PAST **5 DAYS**, ON THE DAYS YOU SMOKED CIGARS, HOW MANY CIGARS DID YOU SMOKE EACH DAY?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|___|
ENTER NUMBER OF CIGARS

REFUSED... 77
DON'T KNOW.. 99

SMQ.785   WHEN DID YOU SMOKE YOUR LAST CIGAR? WAS IT . . .

TODAY,..	1
YESTERDAY, OR..................................	2
3 TO 5 DAYS AGO?.............................	3
REFUSED...	7
DON'T KNOW.......................................	9

BOX 5

CHECK ITEM SMQ.790:
IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.800.

SMQ.800   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID YOU USE
CHEWING TOBACCO, SUCH AS REDMAN, LEVI GARRETT OR BEECHNUT?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED...	7
DON'T KNOW.......................................	9

SMQ.815   WHEN DID YOU LAST USE CHEWING TOBACCO? WAS IT . . .

TODAY,..	1
YESTERDAY, OR.................................	2
3 TO 5 DAYS AGO?.............................	3
REFUSED...	7
DON'T KNOW.......................................	9

BOX 5A

CHECK ITEM SMQ.816:
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.817.

SMQ.817   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID YOU USE
SNUFF, SUCH AS SKOAL, SKOAL BANDITS, OR COPENHAGEN?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|

ENTER NUMBER OF DAYS

REFUSED... 7
DON'T KNOW.. 9

SMQ.819   WHEN DID YOU LAST USE SNUFF? WAS IT . . .

TODAY,... 1
YESTERDAY, OR.................................. 2
3 TO 5 DAYS AGO?.............................. 3
REFUSED... 7
DON'T KNOW.. 9

```
                        BOX 6
CHECK ITEM SMQ.820:
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690,
GO TO SMQ.830.
OTHERWISE, GO TO END OF SECTION.
```

SMQ.830   DURING THE PAST **5 DAYS** (INCLUDING TODAY), ON HOW MANY DAYS DID YOU USE
ANY PRODUCT CONTAINING NICOTINE TO HELP YOU STOP SMOKING? INCLUDE
NICOTINE PATCHES, GUM, OR ANY OTHER PRODUCT CONTAINING NICOTINE.

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

|___|
ENTER NUMBER OF DAYS

REFUSED... 7
DON'T KNOW.. 9

SMQ.840   WHEN DID YOU LAST USE A PRODUCT CONTAINING NICOTINE? WAS IT . .

TODAY,... 1
YESTERDAY, OR.................................. 2
3 TO 5 DAYS AGO?.............................. 3
REFUSED... 7

ALCOHOL USE (ALQ)
(AUDIO-CASI)

ALQ.010_ THE FOLLOWING QUESTIONS ASK ABOUT ALCOHOL USE. THIS INCLUDES BEER, WINE, WINE COOLERS, AND LIQUOR SUCH AS RUM, GIN, VODKA, OR WHISKEY. THIS DOES NOT INCLUDE DRINKING A FEW SIPS OF WINE FOR RELIGIOUS PURPOSES.

ALQ.010 HOW OLD WERE YOU WHEN YOU HAD YOUR **FIRST** DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

HARD EDIT: IF (RIAAGEYR < 17 AND ALQ.010 = 7) OR (RIAAGEYR < 15 AND ALQ.010 IN (6, 7)) OR (RIAAGEYR < 13 AND ALQ.010 IN (5, 6, 7)) THEN ERROR
ERROR MESSAGE: "YOUR RESPONSE IS OLDER THAN YOUR RECORDED AGE. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

I HAVE NEVER HAD A DRINK OF ALCOHOL OTHER THAN A FEW SIPS.....................................	1 (END OF SECTION)
8 YEARS OLD OR YOUNGER......................	2
9 OR 10 YEARS OLD...................................	3
11 OR 12 YEARS OLD.................................	4
13 OR 14 YEARS OLD................................	5
15 OR 16 YEARS OLD................................	6
17 YEARS OLD OR OLDER.........................	7
REFUSED..	77
DON'T KNOW...	99

ALQ.022 DURING YOUR LIFE, ON HOW MANY DAYS HAVE YOU HAD AT LEAST ONE DRINK OF ALCOHOL?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

1 OR 2 DAYS...	2
3 TO 9 DAYS...	3
10 TO 19 DAYS...	4
20 TO 39 DAYS...	5
40 TO 99 DAYS...	6
100 OR MORE DAYS....................................	7
REFUSED...	77
DON'T KNOW..	99

ALQ.031   DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

HARD EDIT: IF (ALQ.022 = 2 AND ALQ.031 IN (3,4,5,6,7)) OR (ALQ.022 =3 AND ALQ.031 IN (5,6,7)) OR (ALQ.022 = 4 AND ALQ.031 IN (6,7)) THEN ERROR
ERROR MESSAGE: "YOUR RESPONSE IS NOT CONSISTENT WITH YOUR LIFETIME USE. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

0 DAYS...	1 (END OF SECTION)
1 OR 2 DAYS...	2
3 TO 5 DAYS...	3
6 TO 9 DAYS...	4
10 TO 19 DAYS..	5
20 TO 29 DAYS..	6
ALL 30 DAYS...	7
REFUSED..	77
DON'T KNOW...	99

ALQ.041   DURING THE PAST 30 DAYS, ON HOW MANY DAYS DID YOU HAVE 5 OR MORE DRINKS OF ALCOHOL IN A ROW, THAT IS, WITHIN A COUPLE OF HOURS?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

HARD EDIT: IF (ALQ.031= 2 AND ALQ.041 IN (4,5,6,7)) OR (ALQ.031=3 AND ALQ.041 IN (5,6,7)) OR (ALQ.031 = 4 AND ALQ.041 IN (6,7)) OR (ALQ.031 = 5 AND ALQ.041 = 7) THEN ERROR
ERROR MESSAGE: "YOUR RESPONSE IS NOT CONSISTENT WITH YOUR USE IN THE PAST 30 DAYS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

0 DAYS...	1
1 DAY..	2
2 DAYS...	3
3 TO 5 DAYS...	4
6 TO 9 DAYS...	5
10 TO 19 DAYS..	6
20 OR MORE DAYS......................................	7
REFUSED..	77
DON'T KNOW...	99

DRUG USE (DUQ)
TARGET GROUP: SPS 12-69 (AUDIO-CASI)

05DUQ.200_   THE FOLLOWING QUESTIONS ASK ABOUT USE OF DRUGS NOT PRESCRIBED BY A DOCTOR. PLEASE REMEMBER THAT YOUR ANSWERS TO THESE QUESTIONS ARE STRICTLY CONFIDENTIAL.

THE FIRST QUESTIONS ARE ABOUT MARIJUANA AND HASHISH. MARIJUANA IS ALSO CALLED POT OR GRASS. MARIJUANA IS USUALLY SMOKED, EITHER IN CIGARETTES, CALLED JOINTS, OR IN A PIPE. IT IS SOMETIMES COOKED IN FOOD. HASHISH IS A FORM OF MARIJUANA THAT IS ALSO CALLED "HASH." IT IS USUALLY SMOKED IN A PIPE. ANOTHER FORM OF HASHISH IS HASH OIL.

07BOX NEW1

CHECK ITEM 07DUQ.NEWBOXITEM1:
- IF 60 – 69 YEARS GO TO 05DUQ.240
- ELSE CONTINUE

05DUQ.200   HAVE YOU **EVER**, EVEN ONCE, USED MARIJUANA OR HASHISH?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES...   1
NO..   2
....(05DUQ.240)
REFUSED..   7
....(05DUQ.240)
DON'T KNOW...   9
....(05DUQ.240)

05DUQ.210 HOW OLD WERE YOU THE **FIRST TIME** YOU USED MARIJUANA OR HASHISH?

INSTRUCTIONS TO SP:
PLEASE ENTER AN AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED... 77
DON'T KNOW... 99

HARD EDIT VALUES: 0-59
ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 59 YEARS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."
HARD EDIT: 05DUQ.210 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR RECORDED AGE. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05DUQ.220
G/Q/U
HOW LONG HAS IT BEEN SINCE YOU **LAST** USED MARIJUANA OR HASHISH?

INSTRUCTIONS TO SP:
PLEASE ENTER THE NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS, THEN SELECT THE UNIT OF TIME.

CAPI INSTRUCTIONS:
IF SP REF/DK THEN STORE 7/9 IN DUQ.220G AND DUQ.220U, 7/9-FILL IN DUQ.220Q
IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.220Q, UNIT IN DUQ.220U AND 1 IN DUQ.220G
HARD EDIT: RESPONSE MUST BE EQUAL TO OR LESS THAN CURRENT AGE MINUS DUQ.210.
ERROR MESSAGE: "YOUR RESPONSE TO TIME OF LAST USE IS EARLIER THAN YOUR RESPONSE TO AGE OF FIRST USE. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED.. 777
DON'T KNOW... 999

ENTER UNIT

DAYS.. 1
WEEKS... 2
MONTHS... 3
YEARS.. 4
REFUSED.. 7
DON'T KNOW.. 9

```
                                05BOX 1

CHECK ITEM 05DUQ.225:
■   IF SP USED MARIJUANA WITHIN THE PAST MONTH (CODED 1-
    30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN 05DUQ.220),
    CONTINUE WITH 05DUQ.230.
■   OTHERWISE, GO TO 05DUQ.240.
```

05DUQ.230   DURING THE **PAST 30 DAYS**, ON HOW MANY DAYS DID YOU USE MARIJUANA OR HASHISH?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

HARD EDIT VALUES: 1-30.
IF DUQ.230 = 0, DISPLAY ERROR MESSAGE: "YOUR RESPONSE MUST BE GREATER THAN 0. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN.
IF DUQ.230 > 30, DISPLAY ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 30 DAYS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

|___|___|
ENTER A NUMBER

REFUSED.. 77
DON'T KNOW... 99

(AGES 14-69)
05DUQ.240   HAVE YOU **EVER** USED COCAINE, CRACK COCAINE, HEROIN, OR METHAMPHETAMINE?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES...   1
NO...   2
....(05DUQ.370)
REFUSED..   7
....(05DUQ.370)
DON'T KNOW...   9
....(05DUQ.370)

(AGES 14-69)

05DUQ.250_ THE FOLLOWING QUESTIONS ARE ABOUT COCAINE, INCLUDING ALL THE DIFFERENT FORMS OF COCAINE SUCH AS POWDER, 'CRACK', 'FREE BASE', AND COCA PASTE.

05DUQ.250 HAVE YOU **EVER**, EVEN ONCE, USED COCAINE, IN ANY FORM?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES.. 1
NO... 2
....(05DUQ.290)
REFUSED.. 7
....(05DUQ.290)
DON'T KNOW.. 9
....(05DUQ.290)

07BOX NEW2

CHECK ITEM 07DUQ.NEWBOXITEM2:
- IF 60 – 69 YEARS GO TO 05DUQ.290
- ELSE CONTINUE

05DUQ.260 HOW OLD WERE YOU THE **FIRST TIME** YOU USED COCAINE, IN ANY FORM?

INSTRUCTIONS TO SP:
PLEASE ENTER AN AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED... 77
DON'T KNOW.. 99

HARD EDIT VALUES: 0-59
ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 59 YEARS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."
HARD EDIT: 05DUQ.260 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR RECORDED AGE. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05DUQ.270   HOW LONG HAS IT BEEN SINCE YOU **LAST** USED COCAINE, IN ANY FORM?
G/Q/U
INSTRUCTIONS TO SP:
PLEASE ENTER THE NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS, THEN SELECT
UNIT OF TIME.

CAPI INSTRUCTIONS:
IF SP REF/DK THEN STORE 7/9 IN DUQ.270G AND DUQ.270U, 7/9-FILL IN DUQ.270Q
IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.270Q,
UNIT IN DUQ.270U AND 1 IN DUQ.270G
HARD EDIT: RESPONSE MUST BE EQUAL TO OR LESS THAN CURRENT AGE MINUS
DUQ.260.
ERROR MESSAGE: "YOUR RESPONSE TO TIME OF LAST USE IS EARLIER THAN
YOUR RESPONSE TO AGE OF FIRST USE. PLEASE PRESS THE "BACK" BUTTON,
PRESS "CLEAR," AND TRY AGAIN."

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED... 777
DON'T KNOW... 999

ENTER UNIT

DAYS.. 1
WEEKS.. 2
MONTHS.. 3
YEARS... 4
REFUSED... 7
DON'T KNOW... 9

05DUQ.272   DURING YOUR **LIFE**, ALTOGETHER HOW MANY TIMES HAVE YOU USED COCAINE, IN
ANY FORM?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

ONCE... 1
2-5 TIMES.. 2
6-19 TIMES.. 3
20-49 TIMES.. 4
50-99 TIMES.. 5
100 TIMES OR MORE.................................. 6
REFUSED... 77
DON'T KNOW.. 99

<div style="border:1px solid black">

05BOX 2

CHECK ITEM 05DUQ.275:
- IF SP USED COCAINE WITHIN THE PAST MONTH (CODED 1-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN 05DUQ.270), CONTINUE WITH 05DUQ.280.
- OTHERWISE, GO TO 05DUQ.290.

</div>

05DUQ.280   DURING THE **PAST 30 DAYS**, ON HOW MANY DAYS DID YOU USE COCAINE, IN ANY FORM?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER

HARD EDIT VALUES: 1-30.
IF DUQ.280 = 0, DISPLAY ERROR MESSAGE: "YOUR RESPONSE MUST BE GREATER THAN 0. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN.
IF DUQ.280 > 30, DISPLAY ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 30 DAYS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

|___|___|
ENTER A NUMBER

REFUSED.. 77
DON'T KNOW.. 99

(AGES 14-69)
05DUQ.290_ THE FOLLOWING QUESTIONS ARE ABOUT HEROIN.

05DUQ.290   HAVE YOU **EVER**, EVEN ONCE, USED HEROIN?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES.. 1
NO.. 2
....(05DUQ.330)
REFUSED.. 7
....(05DUQ.330)
DON'T KNOW.. 9
....(05DUQ.330)

<div style="border:1px solid black">

07NEWBOX3

CHECK ITEM 07NEWBOX3:
- IF 05DUQ.290=1 AND SP 60-69 YEARS GO TO 05DUQ.330
- OTHERWISE, CONTINUE.

</div>

05DUQ.300   HOW OLD WERE YOU THE **FIRST TIME** YOU USED HEROIN?

INSTRUCTIONS TO SP:
PLEASE ENTER AN AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW.. 99

HARD EDIT VALUES: 0-59
ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 59 YEARS. PLEASE PRESS
THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."
HARD EDIT: 05DUQ.300 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR RECORDED AGE.
PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05DUQ.310   HOW LONG HAS IT BEEN SINCE YOU **LAST** USED HEROIN?
G/Q/U
INSTRUCTIONS TO SP:
PLEASE ENTER THE NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS, THEN SELECT
THE UNIT OF TIME.

CAPI INSTRUCTIONS:
IF SP REF/DK THEN STORE 7/9 IN DUQ.310G AND DUQ.310U, 7/9-FILL IN DUQ.310Q
IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.310Q,
UNIT IN DUQ.310U AND 1 IN DUQ.310G
HARD EDIT: RESPONSE MUST BE EQUAL TO OR LESS THAN CURRENT AGE MINUS
DUQ.300.
ERROR MESSAGE: "YOUR RESPONSE TO TIME OF LAST USE IS EARLIER THAN
YOUR RESPONSE TO AGE OF FIRST USE. PLEASE PRESS THE "BACK" BUTTON,
PRESS "CLEAR," AND TRY AGAIN."

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED.. 777
DON'T KNOW.. 999

ENTER UNIT

DAYS..   1
WEEKS...   2
MONTHS...   3
YEARS..   4
REFUSED..   7
DON'T KNOW..   9

05BOX 3

CHECK ITEM 05DUQ.315:
- IF SP USED HEROIN WITHIN THE PAST MONTH (CODED 1-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN 05DUQ.310), CONTINUE WITH 05DUQ.320.
- OTHERWISE, GO TO 05DUQ.330.

05DUQ.320   DURING THE **PAST 30 DAYS**, ON HOW MANY DAYS DID YOU USE HEROIN?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

HARD EDIT VALUES: 1-30.
IF DUQ.320 = 0, DISPLAY ERROR MESSAGE: "YOUR RESPONSE MUST BE GREATER THAN 0. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN.
IF DUQ.320 > 30, DISPLAY ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 30 DAYS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

|___|___|
ENTER A NUMBER

REFUSED... 77
DON'T KNOW... 99

05DUQ.330_ THE FOLLOWING QUESTIONS ARE ABOUT METHAMPHETAMINE, ALSO KNOWN AS CRANK, CRYSTAL, ICE OR SPEED.
(AGES 14-69)
05DUQ.330   HAVE YOU **EVER**, EVEN ONCE, USED METHAMPHETAMINE?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES.. 1
NO.. 2
....(05DUQ.370)
REFUSED.. 7
....(05DUQ.370)
DON'T KNOW... 9
....(05DUQ.370)

07NEWBOX4

CHECK ITEM 07NEWBOX4:
- IF 05DUQ.330=1 AND SP 60-69 YEARS GO TO 05DUQ.370
- OTHERWISE, CONTINUE.

05DUQ.340   HOW OLD WERE YOU THE **FIRST TIME** YOU USED METHAMPHETAMINE?

INSTRUCTIONS TO SP:
PLEASE ENTER AN AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW.. 99

HARD EDIT VALUES: 0-59
ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 59 YEARS. PLEASE PRESS
THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."
HARD EDIT: 05DUQ.340 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR RECORDED AGE.
PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05DUQ.350   HOW LONG HAS IT BEEN SINCE YOU **LAST** USED METHAMPHETAMINE?
G/Q/U
INSTRUCTIONS TO SP:
PLEASE ENTER THE NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS, THEN SELECT
THE UNIT OF TIME.

CAPI INSTRUCTIONS:
IF SP REF/DK THEN STORE 7/9 IN DUQ.350G AND DUQ.350U, 7/9-FILL IN DUQ.350Q
IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.350Q,
UNIT IN DUQ.350U AND 1 IN DUQ.350G
HARD EDIT: RESPONSE MUST BE EQUAL TO OR LESS THAN CURRENT AGE MINUS
DUQ.340.
ERROR MESSAGE: "YOUR RESPONSE TO TIME OF LAST USE IS EARLIER THAN
YOUR RESPONSE TO AGE OF FIRST USE. PLEASE PRESS THE "BACK" BUTTON,
PRESS "CLEAR," AND TRY AGAIN."

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED.. 777
DON'T KNOW... 999

ENTER UNIT

DAYS.. 1
WEEKS... 2
MONTHS... 3
YEARS.. 4
REFUSED... 7
DON'T KNOW... 9

05DUQ.352   DURING YOUR **LIFE**, ALTOGETHER HOW MANY TIMES HAVE YOU USED METHAMPHETAMINE?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

ONCE...	1
2-5 TIMES..	2
6-19 TIMES..	3
20-49 TIMES..	4
50-99 TIMES..	5
100 TIMES OR MORE..................................	6
REFUSED...	77
DON'T KNOW..	99

05BOX 4

CHECK ITEM 05DUQ.355:
- IF SP USED METHAMPHETAMINE WITHIN THE PAST MONTH (CODED 1-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN 05DUQ.350), CONTINUE WITH 05DUQ.360.
- OTHERWISE, GO TO 05DUQ.370.

05DUQ.360   DURING THE **PAST 30 DAYS**, ON HOW MANY DAYS DID YOU USE METHAMPHETAMINE?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER.

HARD EDIT VALUES: 1-30.
IF DUQ.360 = 0, DISPLAY ERROR MESSAGE: "YOUR RESPONSE MUST BE GREATER THAN 0. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN.
IF DUQ.360 > 30, DISPLAY ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 30 DAYS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

|___|___|
ENTER A NUMBER

REFUSED...	77
DON'T KNOW..	99

(AGES 14-69)

05DUQ.370_ THE FOLLOWING QUESTIONS ARE ABOUT THE DIFFERENT WAYS THAT CERTAIN DRUGS CAN BE USED.

05DUQ.370 HAVE YOU **EVER**, EVEN ONCE, USED A NEEDLE TO INJECT A DRUG **NOT PRESCRIBED** BY A DOCTOR?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES... 1
NO.. 2 (05BOX 5)
REFUSED... 7 (05BOX 5)
DON'T KNOW.. 9 (05BOX 5)

(AGES 14-69)
05DUQ.380 WHICH OF THE FOLLOWING DRUGS HAVE YOU INJECTED USING A NEEDLE?

INSTRUCTIONS TO SP:
PLEASE SELECT ALL THE DRUGS THAT YOU INJECTED.

CAPI INSTRUCTION:
SHOW ALL FIVE ITEMS ON SINGLE ACASI SCREEN

HARD EDIT: AT LEAST ONE ITEM IN 05DUQ.380 MUST BE SELECTED.
ERROR MESSAGE: "EARLIER YOU REPORTED USING A NEEDLE TO INJECT DRUGS **NOT** PRESCRIBED BY A DOCTOR. WHICH OF THESE DRUGS DID YOU INJECT?"

COCAINE... 1
HEROIN... 2
METHAMPHETAMINE.................................. 3
STEROIDS... 4
ANY OTHER DRUGS.................................... 5
REFUSED... 7
DON'T KNOW.. 9

(AGES 14-69)

05DUQ.390   HOW OLD WERE YOU WHEN YOU **FIRST** USED A NEEDLE TO INJECT ANY DRUG NOT
PRESCRIBED BY A DOCTOR?

INSTRUCTIONS TO SP:
PLEASE ENTER AN AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW.. 99

HARD EDIT VALUES: 0-59
ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 59 YEARS. PLEASE PRESS
THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."
HARD EDIT: 05DUQ.390 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR RECORDED AGE.
PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

(AGES 14-69)

05DUQ.400   HOW LONG AGO HAS IT BEEN SINCE YOU **LAST** USED A NEEDLE TO INJECT A DRUG
G/Q/U   NOT PRESCRIBED BY A DOCTOR?

INSTRUCTIONS TO SP:
PLEASE ENTER THE NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS, THEN SELECT
THE UNIT OF TIME.

CAPI INSTRUCTIONS:
IF SP REF/DK THEN STORE 7/9 IN DUQ.400G AND DUQ.400U, 7/9-FILL IN DUQ.400Q
IF A VALUE IS ENTERED IN QUANTITY AND UNIT STORE QUANTITY IN DUQ.400Q,
UNIT IN DUQ.400U AND 1 IN DUQ.400G
HARD EDIT: RESPONSE MUST BE EQUAL TO OR LESS THAN CURRENT AGE MINUS
DUQ.390.
ERROR MESSAGE: "YOUR RESPONSE TO TIME OF LAST USE IS EARLIER THAN
YOUR RESPONSE TO AGE OF FIRST USE. PLEASE PRESS THE "BACK" BUTTON,
PRESS "CLEAR," AND TRY AGAIN."

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED... 777
DON'T KNOW... 999

ENTER UNIT

DAYS... 1
WEEKS.. 2
MONTHS... 3
YEARS.. 4
REFUSED... 7
DON'T KNOW... 9

(AGES 14-69)

05DUQ.410   DURING YOUR **LIFE**, ALTOGETHER HOW MANY TIMES HAVE YOU INJECTED DRUGS
NOT PRESCRIBED BY A DOCTOR?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

ONCE... 1
....(05DUQ.430)
2-5 TIMES... 2
6-19 TIMES... 3
20-49 TIMES... 4
50-99 TIMES... 5
100 TIMES OR MORE................................. 6
REFUSED... 77
DON'T KNOW... 99

(AGES 14-69)

05DUQ.420 THINK ABOUT THE PERIOD OF YOUR LIFE WHEN YOU INJECTED DRUGS THE **MOST OFTEN**. HOW OFTEN DID YOU INJECT THEN?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

MORE THAN ONCE A DAY............................ 1
ABOUT ONCE A DAY................................... 2
AT LEAST ONCE A WEEK BUT NOT EVERY DAY 3
AT LEAST ONCE A MONTH BUT NOT EVERY WEEK 4
LESS THAN ONCE A MONTH....................... 5
REFUSED... 7
DON'T KNOW.. 9

05BOX 5

CHECK ITEM 05DUQ.425:
- IF SP 60-69 YEARS END

- IF SP HAS USED MARIJUANA (CODED '1') IN 05DUQ.200 OR SP HAS USED COCAINE, HEROIN, OR METHAMPHETAMINE (CODED '1') IN 05DUQ.240, OR SP HAS INJECTED ANY DRUG NOT PRESCRIBED BY A DOCTOR (CODED '1') IN 05DUQ.370, GO TO 05DUQ.430.
- OTHERWISE, GO TO END OF SECTION.

05DUQ.430 HAVE YOU **EVER** BEEN IN A DRUG TREATMENT OR DRUG REHABILITATION PROGRAM?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES... 1
NO... 2
REFUSED... 7
DON'T KNOW.. 9

SEXUAL BEHAVIOR (SXQ)
TARGET GROUP: SPS 14-69 (AUDIO-CASI)

SXQ.021_   THE NEXT SET OF QUESTIONS IS ABOUT YOUR SEXUAL BEHAVIOR. BY SEX, WE MEAN VAGINAL, ANAL, OR ORAL SEX. PLEASE REMEMBER THAT YOUR ANSWERS ARE STRICTLY CONFIDENTIAL.

SXQ.021   HAVE YOU EVER HAD VAGINAL, ANAL, OR ORAL SEX?
INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES.. 1
NO... 2 (BOX 11)
REFUSED.. 7 (BOX 11)
DON'T KNOW.. 9 (BOX 11)

SXQ.031   WHEN YOU FIRST HAD VAGINAL, ANAL, OR ORAL SEX, HOW OLD WERE YOU?

INSTRUCTIONS TO SP:
PLEASE ENTER AN AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED.. 77
DON'T KNOW.. 99

HARD EDIT VALUES: 0-59
ERROR MESSAGE: "YOUR RESPONSE CANNOT EXCEED 59 YEARS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."
HARD EDIT: SXQ.031 MUST BE EQUAL TO OR LESS THAN CURRENT AGE.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR RECORDED AGE. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 3

CHECK ITEM SXQ.090:
- IF SP MALE, GO TO SXQ.171.
- OTHERWISE, CONTINUE WITH SXQ.101.

SXQ.101   IN **YOUR LIFETIME**, WITH HOW MANY **MEN** HAVE YOU HAD VAGINAL, ANAL, OR ORAL SEX?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW.. 9999

```
                              05BOX 4

CHECK ITEM SXQ.110:
■  IF SP 60-69 YEARS, END

■  IF SP NEVER HAD MALE PARTNER (CODED '0000') IN SXQ.101, GO TO
   SXQ.130.
■  OTHERWISE, CONTINUE WITH 05SXQ.350.
```

05SXQ.350   WITH HOW MANY OF THESE **MEN** HAVE YOU HAD **ONLY ORAL** SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW.. 9999

HARD EDIT: 05SXQ.350 MUST BE EQUAL TO OR LESS THAN SXQ.101.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR LIFETIME NUMBER OF MALE
PARTNERS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR", AND TRY AGAIN."

SXQ.130   IN **YOUR LIFETIME**, WITH HOW MANY **WOMEN** HAVE YOU HAD SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW.. 9999

```
                              05BOX 5

CHECK ITEM 05SXQ.370:
■  IF SP FEMALE, GO TO 05BOX 9.
■  OTHERWISE, CONTINUE WITH SXQ.171.
```

SXQ.171   IN **YOUR LIFETIME**, WITH HOW MANY **WOMEN** HAVE YOU HAD VAGINAL, ANAL, OR ORAL SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW... 9999

05BOX 7

CHECK ITEM 05SXQ.390:
- IF SP 60-69 YEARS, GO TO SXQ.410 .

- IF SP NEVER HAD FEMALE PARTNER (CODED '0000') IN SXQ.171, GO TO 05SXQ.410.
- OTHERWISE, CONTINUE WITH 05SXQ.400.

05SXQ.400   WITH HOW MANY OF THESE **WOMEN** HAVE YOU HAD **ONLY ORAL** SEX?

VERBAL INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW... 9999

HARD EDIT: 05SXQ.400 MUST BE EQUAL TO OR LESS THAN SXQ.171.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR LIFETIME NUMBER OF FEMALE PARTNERS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR", AND TRY AGAIN."

05SXQ.410   IN **YOUR LIFETIME**, WITH HOW MANY **MEN** HAVE YOU HAD ANAL OR ORAL SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW... 9999

05BOX 8

CHECK ITEM SXQ.210:
- IF SP NEVER HAD MALE PARTNER (CODED '0000') IN 05SXQ.410 AND SP IS 60-69 YEARS, END.

- IF SP NEVER HAD MALE PARTNER (CODED '0000') IN 05SXQ.410, GO TO 05BOX 9.
- OTHERWISE, CONTINUE WITH 05SXQ.430.

05SXQ.430   WITH HOW MANY OF THESE **MEN** HAVE YOU HAD **ONLY ORAL** SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED.. 7777
DON'T KNOW... 9999

HARD EDIT: 05SXQ.430 MUST BE EQUAL TO OR LESS THAN SXQ.410.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR LIFETIME NUMBER OF MALE PARTNERS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR", AND TRY AGAIN."

05BOX 9

CHECK ITEM SXQ.230:
- IF SP IS 60-69 YEARS, END .

- IF SP IS MALE, GO TO 05BOX 16.
- IF SP IS FEMALE AND HAD NO MALE PARTNER (CODED '0000') IN SXQ.101, GO TO 05BOX 14.
- OTHERWISE, CONTINUE WITH 05SXQ.450.

05SXQ.450   IN THE **PAST 12 MONTHS**, WITH HOW MANY **MEN** HAVE YOU HAD VAGINAL, ANAL, OR ORAL SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED.. 7777
DON'T KNOW... 9999

HARD EDIT: 05SXQ.450 MUST BE EQUAL TO OR LESS THAN SXQ.101.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR LIFETIME NUMBER OF MALE PARTNERS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 14

CHECK ITEM 05SXQ.460:
- IF SP DID NOT HAVE ANY MALE PARTNER (CODED '0000') IN 05SXQ.450, GO TO 05BOX 15.
- OTHERWISE, CONTINUE WITH 05SXQ.470.

05SXQ.470   WITH HOW MANY OF THESE **MEN** HAVE YOU HAD **ONLY ORAL** SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED..   7777
DON'T KNOW...   9999

HARD EDIT: 05SXQ.470 MUST BE EQUAL TO OR LESS THAN 05SXQ.450.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR NUMBER OF MALE PARTNERS IN THE PAST 12 MONTHS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 15

CHECK ITEM 05SXQ.480:
- IF SP DID NOT HAVE ANY FEMALE PARTNER (CODED '0000') IN SXQ.130, GO TO 05BOX 16.
- OTHERWISE, CONTINUE WITH 05SXQ.490.

05SXQ.490   IN **THE PAST 12 MONTHS**, WITH HOW MANY **FEMALES** HAVE YOU HAD SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED..   7777
DON'T KNOW...   9999

HARD EDIT: 05SXQ.490 MUST BE EQUAL TO OR LESS THAN SXQ.130.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR LIFETIME NUMBER OF FEMALE PARTNERS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 16

CHECK ITEM 05SXQ.500:
- IF SP IS FEMALE, GO TO 05BOX 20.
- IF SP IS MALE, AND NEVER HAD FEMALE PARTNER (CODED '0000') IN SXQ.171, GO TO 05BOX 18.
- OTHERWISE CONTINUE WITH 05SXQ.510.

05SXQ.510   IN **THE PAST 12 MONTHS**, WITH HOW MANY **WOMEN** HAVE YOU HAD VAGINAL, ANAL, OR ORAL SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED.. 7777
DON'T KNOW.. 9999

HARD EDIT: 05SXQ.510 MUST BE EQUAL TO OR LESS THAN SXQ.171.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR LIFETIME NUMBER OF FEMALE PARTNERS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 17

CHECK ITEM 05SXQ.520:
- IF SP HAD NO FEMALE PARTNER (CODED '0000') IN 05SXQ.510, GO TO 05BOX 18.
- OTHERWISE, CONTINUE WITH 05SXQ.530.

05SXQ.530   WITH HOW MANY OF THESE **FEMALES** HAVE YOU HAD **ONLY ORAL** SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED.. 7777
DON'T KNOW.. 9999

HARD EDIT: 05SXQ.530 MUST BE EQUAL TO OR LESS THAN 05SXQ.510.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR NUMBER OF FEMALE PARTNERS IN THE PAST 12 MONTHS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 18

CHECK ITEM 05SXQ.540:
- IF SP NEVER HAD MALE PARTNER (CODED '0000') IN 05SXQ.410, GO TO 05BOX 20.
- OTHERWISE, GO TO 05SXQ.550.

05SXQ.550   IN THE **PAST 12 MONTHS**, WITH HOW MANY **MEN** HAVE YOU HAD ANAL OR ORAL SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED.. 7777
DON'T KNOW.. 9999

HARD EDIT: 05SXQ.550 MUST BE EQUAL TO OR LESS THAN 05SXQ.410.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR LIFETIME NUMBER OF MALE PARTNERS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 19

CHECK ITEM 05SXQ.560:
- IF SP HAD NO MALE PARTNER (CODED '0000') IN 05SXQ.550, GO TO 05BOX 20.

05SXQ.570   WITH HOW MANY OF THESE **MEN** HAVE YOU HAD **ONLY ORAL** SEX?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED...7777
DON'T KNOW...9999

HARD EDIT: 05SXQ.570 MUST BE EQUAL TO OR LESS THAN 05SXQ.550.
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR NUMBER OF MALE PARTNERS IN THE PAST 12 MONTHS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05BOX 20

CHECK ITEM 05SXQ.580:
- IF SP HAD NO PARTNER IN PAST 12 MONTHS (CODED '0000' IN 05SXQ.450 AND 05SXQ.490 FOR FEMALES, OR CODED '0000' IN 05SXQ.510 AND 05SXQ.550 FOR MALES), GO TO SXQ.260.
- OTHERWISE, CONTINUE WITH 05SXQ.590.

05SXQ.590   OF THE PERSONS YOU HAD SEX WITH IN THE PAST 12 MONTHS, HOW MANY WERE FIVE OR MORE YEARS **OLDER** THAN YOU?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW.. 9999

HARD EDIT FOR FEMALES: 05SXQ.590 MUST BE EQUAL TO OR LESS THAN (SUM OF 05SXQ.450 AND 05SXQ.490)
HARD EDIT FOR MALES: 05SXQ.590 MUST BE EQUAL TO OR LESS THAN (SUM OF 05SXQ.510 AND 05SXQ.550)
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR TOTAL NUMBER OF PARTNERS IN THE PAST 12 MONTHS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05SXQ.600   OF THE PERSONS YOU HAD SEX WITH IN THE PAST 12 MONTHS, HOW MANY WERE FIVE OR MORE YEARS **YOUNGER** THAN YOU?

INSTRUCTIONS TO SP:
PLEASE ENTER A NUMBER OR ENTER ZERO FOR NONE.

|___|___|___|___|

ENTER NUMBER

REFUSED... 7777
DON'T KNOW.. 9999

HARD EDIT FOR FEMALES: 05SXQ.600 MUST BE EQUAL TO OR LESS THAN (SUM OF 05SXQ.450 AND 05SXQ.490)
HARD EDIT FOR MALES: 05SXQ.600 MUST BE EQUAL TO OR LESS THAN (SUM OF 05SXQ.510 AND 05SXQ.550)
ERROR MESSAGE: "YOUR RESPONSE IS GREATER THAN YOUR TOTAL NUMBER OF PARTNERS IN THE PAST 12 MONTHS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."
HARD EDIT (COMBINED) FOR 05SXQ.590 AND 05SXQ.600
HARD EDIT FOR FEMALES: (SUM OF 05SXQ.590 AND 05SXQ.600) MUST BE EQUAL TO OR LESS THAN (SUM OF 05SXQ.450 AND 05SXQ.490)
HARD EDIT FOR MALES: (SUM OF 05SXQ.590 AND 05SXQ.600) MUST BE EQUAL TO OR LESS THAN (SUM OF SXQ.510 AND SXQ.550)
ERROR MESSAGE: "YOUR RESPONSES TO THE LAST TWO QUESTIONS ARE INCONSISTENT WITH YOUR TOTAL NUMBER OF PARTNERS IN THE PAST 12 MONTHS. PLEASE PRESS THE "BACK" BUTTON, PRESS "CLEAR," AND TRY AGAIN."

05SXQ.610   IN THE **PAST 12 MONTHS**, ABOUT HOW MANY **TIMES** HAVE YOU HAD VAGINAL OR ANAL SEX?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

NEVER..	0
ONCE...	1
2-11 TIMES...	2
12-51 TIMES...	3
52-103 TIMES...	4
104-364 TIMES...	5
365 TIMES OR MORE....................................	6
REFUSED..	77
DON'T KNOW..	99

05BOX 10

CHECK ITEM SXQ.245:
- IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED '0') IN 05SXQ.610, GO TO SXQ.260.
- OTHERWISE, CONTINUE WITH SXQ.250.

SXQ.250   IN THE **PAST 12 MONTHS**, ABOUT HOW OFTEN HAVE YOU HAD VAGINAL OR ANAL SEX WITHOUT USING A CONDOM?

INSTRUCTIONS TO SP:
PLEASE SELECT ONE OF THE FOLLOWING CHOICES.

NEVER...	1
LESS THAN HALF OF THE TIME..................	2
ABOUT HALF OF THE TIME.........................	3
NOT ALWAYS, BUT MORE THAN HALF OF THE TIME	4
ALWAYS...	5
REFUSED...	7
DON'T KNOW..	9

SXQ.260   HAS A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL **EVER** TOLD YOU THAT YOU HAD GENITAL HERPES?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES..	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

SXQ.265   HAS A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL **EVER** TOLD YOU THAT YOU HAD GENITAL WARTS?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES..	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

SXQ.270   IN THE **PAST 12 MONTHS**, HAS A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL TOLD YOU THAT YOU HAD GONORRHEA, SOMETIMES CALLED GC OR CLAP?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES..	1
NO...	2
REFUSED...	7
DON'T KNOW..	9

SXQ.272   IN THE **PAST 12 MONTHS**, HAS A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL TOLD YOU
THAT YOU HAD CHLAMYDIA?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

YES..   1
NO..   2
REFUSED..   7
DON'T KNOW..   9

BOX 11

CHECK ITEM SXQ.275:
- IF SP MALE, CONTINUE WITH SXQ.280.
- IF SP FEMALE 18-59 YEARS, GO TO SXQ.294.
- IF SP FEMALE 14-17 YEARS, GO TO END OF SECTION.

SXQ.280   ARE YOU CIRCUMCISED OR UNCIRCUMCISED?

INSTRUCTIONS TO SP:
PLEASE SELECT . . .

CAPI INSTRUCTIONS:
DISPLAY THE SKETCHES BELOW EACH SELECTION. SKETCH SHOULD DISPLAY BY DEFAULT.
ACASI FIGURE SXQ1 – CLINICAL SKETCH OF CIRCUMCISED PENIS
ACASI FIGURE SXQ2 – CLINICAL SKETCH OF UNCIRCUMCISED PENIS

CIRCUMCISED...   1
UNCIRCUMCISED.......................................   2
REFUSED..   7
DON'T KNOW..   9

BOX 12

CHECK ITEM SXQ.285:
- IF SP AGE 18-59 YEARS, CONTINUE WITH SXQ.292.
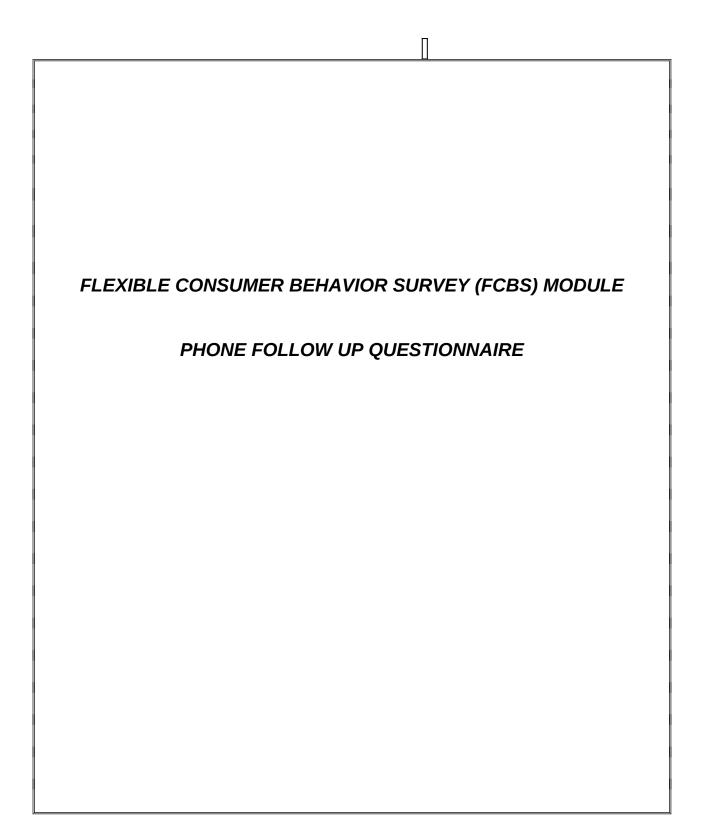- OTHERWISE, GO TO END OF SECTION.

SXQ.292   DO YOU THINK OF YOURSELF AS . . .

HETEROSEXUAL OR STRAIGHT (ATTRACTED TO WOMEN)   1
HOMOSEXUAL OR GAY (ATTRACTED TO MEN)   2
BISEXUAL (ATTRACTED TO MEN AND WOMEN)   3
SOMETHING ELSE.......................................   4
NOT SURE..   5
REFUSED..   7
DON'T KNOW..   9

BOX 17

CHECK ITEM SXQ.293:
- END OF SECTION

SXQ.294   DO YOU THINK OF YOURSELF AS . . .

HETEROSEXUAL OR STRAIGHT (ATTRACTED TO MEN)	1
HOMOSEXUAL OR GAY (ATTRACTED TO WOMEN)	2
BISEXUAL (ATTRACTED TO MEN AND WOMEN)	3
SOMETHING ELSE.......................................	4
NOT SURE...	5
REFUSED..	7
DON'T KNOW..	9

SPECIAL FOLLOW-UP QUESTIONNAIRES

FLEXIBLE CONSUMER BEHAVIOR SURVEY (FCBS) MODULE

PHONE FOLLOW UP QUESTIONNAIRE

- ■ BOX 1, AGES 1-11 YEARS
- ■
- ■ INSTRUCTIONS FOR CBQ.NEW20:
- ■ LIST ALL SP'S IN HOUSEHOLD IN DESCENDING ORDER FOR AGE AND LIST ADULTS AGES >=16 IN GREEN, 0-15 YEARS IN RED, AND "NON-SP" IN BLUE.
- ■
- ■ THIS IS A QUESTION FOR THE INTERVIEWER TO COMPLETE BY SELECTING THE APPROPRIATE OPTION. NO NEED TO READ THE QUESTION TO THE RESPONDENT.
- ■
- ■ IF "NON-SP" WAS SELECTED, THE "NAME" FIELD WILL BE ACTIVE FOR INTERVIEWER TO ENTER THE NAME.
- ■

CBQ.NEW20   WHO IS THE PROXY?

- □ SP 1 NAME
- □ SP 2 NAME
- □ SP 3 NAME
- □ NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

- ■ BOX 2, AGES 1-11 YEARS
- ■
- ■ IF THE PROXY IS AN SP, LINK THEIR CBQ PFU DATA TO ALL SP'S 1-15 YEARS IN THE FAMILY AND GO TO END, OTHERWISE CONTINUE WITH CBQ.NEW21

CBQ.NEW21   WHO IS THE PERSON WHO DOES MOST OF THE PLANNING OR PREPARING OF MEALS IN YOUR FAMILY?

- □ SP 1 NAME
- □ SP 2 NAME
- □ SP 3 NAME
- □ NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

CBQ.NEW22   {DO YOU/DOES HE/SHE} SHARE IN THE PLANNING OR PREPARING OF MEALS WITH SOMEONE ELSE?

- □ NO
- □ SP 1 NAME
- □ SP 2 NAME
- □ SP 3 NAME
- □ NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

CBQ.NEW23   WHO IS THE PERSON WHO DOES MOST OF THE SHOPPING FOR FOOD IN YOUR HOUSEHOLD?

- □ SP 1 NAME
- □ SP 2 NAME
- □ SP 3 NAME
- □ NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

CBQ.NEW24   {DO YOU/DOES HE/SHE} SHARE IN THE SHOPPING FOR FOOD WITH SOMEONE
            ELSE?

            ☐   NO
            ☐   SP 1 NAME
            ☐   SP 2 NAME
            ☐   SP 3 NAME
            ☐   NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

            ■   BOX 5, AGES 12-15 YEARS
            ■
            ■   INSTRUCTIONS FOR CBQ.NEW25 (SCREEN 6):
            ■
            ■   LIST ALL SP'S IN HOUSEHOLD IN DESCENDING ORDER FOR AGE AND LIST
            ADULTS AGES >=16 IN GREEN, 0-15 YEARS IN RED, AND "NON-SP" IN BLUE.

            ■   THIS IS A QUESTION FOR THE INTERVIEWER TO COMPLETE BY SELECTING
            THE APPROPRIATE OPTION. NO NEED TO READ THE QUESTION TO THE
            RESPONDENT.
            ■
            ■   IF "NON-SP" WAS SELECTED, THE "NAME" FIELD WILL BE ACTIVE FOR
            INTERVIEWER TO ENTER THE NAME.

CBQ.NEW25   WHO COMPLETED THE INTERVIEW?

            ☐   SP 1 NAME
            ☐   SP 2 NAME
            ☐   SP 3 NAME
            ☐   NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

            ■   BOX 6, AGES 12-15 YEARS
            ■
            ■   IF DAY 2 DIETARY INTERVIEW WAS COMPLETED BY AN ADULT SP, LINK
            THE PROXY'S CBQ PFU DATA TO ALL SP'S 1-15 YEARS IN THE FAMILY AND GO
            TO END, OTHERWISE CONTINUE WITH CBQ.NEW21

CBQ.NEW21   WHO IS THE PERSON WHO DOES MOST OF THE PLANNING OR PREPARING OF
            MEALS IN YOUR FAMILY?

            ☐   SP 1 NAME
            ☐   SP 2 NAME
            ☐   SP 3 NAME
            ☐   NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

CBQ.NEW22   {DO YOU/DOES HE/SHE} SHARE IN THE PLANNING OR PREPARING OF MEALS
            WITH SOMEONE ELSE?

            ☐   NO
            ☐   SP 1 NAME
            ☐   SP 2 NAME
            ☐   SP 3 NAME

☐ NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

CBQ.NEW23 WHO IS THE PERSON WHO DOES MOST OF THE SHOPPING FOR FOOD IN YOUR HOUSEHOLD?

☐ SP 1 NAME
☐ SP 2 NAME
☐ SP 3 NAME
☐ NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

CBQ.NEW24 {DO YOU/DOES HE/SHE} SHARE IN THE SHOPPING FOR FOOD WITH SOMEONE ELSE?

☐ NO
☐ SP 1 NAME
☐ SP 2 NAME
☐ SP 3 NAME
☐ NON-SP (NAME: _____RELATIONSHIP TO SP: _____)

■ BOX 7, AGES 12-15 YEARS
■
■   ISIS WILL FOLLOW THE PROTOCOL TO SELECT APPROPORATE PROXY AND DISPLAY
■
■   "IS {PROXY} HOME NOW? MAY I SPEAK WITH HIM/HER?"
■
■   IF PROXY NOT HOME, SCHEDULE APPOINTMENT FOR A LATER TIME.
■
■   OTHERWISE, CONTINUE

CBQ.NEW26   IN THE PAST 12 MONTHS, DID YOU BUY FOOD FROM FAST FOOD OR PIZZA
              PLACES?

                    YES... 1
                    NO... 2 [CBQ.NEW35]
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW27   I'M GOING TO READ SEVERAL REASONS WHY YOU MIGHT BUY FOOD FROM
              FAST FOOD OR PIZZA PLACES INSTEAD OF COOKING AT HOME.

              FIRST, DO YOU BUY FOOD FROM FAST FOOD OR PIZZA PLACES BECAUSE IT IS
              CHEAPER THAN COOKING AT HOME?

                    YES... 1
                    NO... 2
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW28   [NEXT], DO YOU BUY FOOD FROM FAST FOOD OR PIZZA PLACES BECAUSE THE
              FOODS THERE ARE MORE NUTRITIOUS THAN FOODS COOKED AT HOME?

                    YES... 1
                    NO... 2
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW29   [NEXT], DO YOU BUY FOOD FROM FAST FOOD OR PIZZA PLACES BECAUSE THE
              FOODS THERE TASTE BETTER THAN FOODS COOKED AT HOME?

                    YES... 1
                    NO... 2
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW30   [NEXT], DO YOU BUY FOOD FROM FAST FOOD OR PIZZA PLACES BECAUSE IT IS
              MORE CONVENIENT THAN COOKING AT HOME?

                    YES... 1
                    NO... 2
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW31   [NEXT], DO YOU EAT AT FAST FOOD OR PIZZA PLACES INSTEAD OF COOKING AT HOME TO SOCIALIZE WITH FAMILY AND FRIENDS?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW..	9

CBQ.NEW32   THE LAST TIME WHEN YOU ATE OUT OR BOUGHT FOOD AT A FAST-FOOD OR PIZZA PLACE, DID YOU SEE NUTRITION OR HEALTH INFORMATION ABOUT ANY FOODS ON THE MENU?

YES..	1
NO...	2 (CBQ.NEW34)
REFUSED..	7 (CBQ.NEW34)
DON'T KNOW..	9 (CBQ.NEW34)

CBQ.NEW33   DID YOU USE THE INFORMATION IN DECIDING WHICH FOODS TO BUY?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW..	9

CBQ.NEW34   IF NUTRITION OR HEALTH INFORMATION WAS READILY AVAILABLE IN FAST FOOD OR PIZZA PLACES, WOULD YOU USE IT OFTEN, SOMETIMES, RARELY, OR NEVER, IN DECIDING WHAT TO ORDER?

[HAND CARD CBQ.NEW34]

OFTEN..	1
SOMETIMES...	2
RARELY	3
NEVER	4
REFUSED..	7
DON'T KNOW..	9

CBQ.NEW35   IN THE PAST 12 MONTHS, DID YOU EAT AT A RESTAURANT WITH WAITER OR WAITRESS SERVICE?

YES..	1
NO...	2 [CBQ.NEW44]
REFUSED..	7
DON'T KNOW..	9

CBQ.NEW36   I'M GOING TO READ SEVERAL REASONS WHY YOU MIGHT EAT AT A RESTAURANT WITH A WAITER OR WAITRESS INSTEAD OF COOKING AT HOME.

FIRST, DO YOU EAT AT A RESTAURANT WITH A WAITER OR WAITRESS BECAUSE IT IS CHEAPER THAN COOKING AT HOME?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW37   [NEXT], DO YOU EAT AT A RESTAURANT (WITH A WAITER OR WAITRESS) BECAUSE THE FOODS THERE ARE MORE NUTRITIOUS THAN FOODS COOKED AT HOME?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW38   [NEXT], DO YOU EAT AT A RESTAURANT (WITH A WAITER OR WAITRESS) BECAUSE THE FOODS THERE TASTE BETTER THAN FOODS COOKED AT HOME?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW39   [NEXT], DO YOU EAT AT A RESTAURANT (WITH A WAITER OR WAITRESS) BECAUSE IT IS MORE CONVENIENT THAN COOKING AT HOME?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW40   [NEXT], DO YOU EAT AT A RESTAURANT (WITH A WAITER OR WAITRESS) INSTEAD OF COOKING AT HOME TO SOCIALIZE WITH FAMILY AND FRIENDS?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW41   THE LAST TIME YOU ATE AT A RESTAURANT WITH A WAITER OR WAITRESS, DID
            YOU SEE NUTRITION OR HEALTH INFORMATION ABOUT ANY FOODS ON THE MENU?

                    YES.. 1
                    NO.. 2 (CBQ.NEW43)
                    REFUSED.. 7 (CBQ.NEW43)
                    DON'T KNOW... 9 (CBQ.NEW43)

CBQ.NEW42   DID YOU USE THE INFORMATION IN DECIDING WHICH FOODS TO BUY?

                    YES.. 1
                    NO.. 2
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW43   IF NUTRITION INFORMATION WERE READILY AVAILABLE IN RESTAURANTS WITH
            A WAITER OR WAITRESS, WOULD YOU USE IT OFTEN, SOMETIMES, RARELY, OR
            NEVER, IN DECIDING WHAT TO ORDER?

            [HAND CARD CBQ.NEW34]

                    OFTEN.. 1
                    SOMETIMES.. 2
                    RARELY 3
                    NEVER 4
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW44   HAVE YOU HEARD OF MYPYRAMID?

                    YES.. 1 (CBQ.NEW46)
                    NO.. 2
                    REFUSED.. 7
                    DON'T KNOW... 9

CBQ.NEW45   HAVE YOU HEARD OF THE FOOD PYRAMID OR THE FOOD GUIDE
            PYRAMID?

                    YES.. 1 (CBQ.NEW47)
                    NO.. 2 (CBQ.NEW53)
                    REFUSED.. 7 (CBQ.NEW53)
                    DON'T KNOW... 9 (CBQ.NEW53)

CBQ.NEW46   HAVE YOU LOOKED UP THE MYPYRAMID PLAN FOR A {MAN/WOMAN} YOUR AGE ON THE INTERNET?

YES.. 1
NO.. 2
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW47   HAVE YOU TRIED TO FOLLOW THE (MYPYRAMID PLAN/PYRAMID PLAN) RECOMMENDED FOR YOU?

YES.. 1
NO..2
REFUSED.. 7
DON'T KNOW... 9

- ■   BOX 9
- ■   IF CBQ.NEW44 IS YES, CONTINUE
- ■   IF CBQ.NEW45 IS YES, GO TO CBQ.NEW53
- ■

CBQ.NEW48   LET US TALK ABOUT THE AMOUNTS FROM DIFFERENT FOOD GROUPS THAT A PERSON SHOULD EAT EACH DAY. HOW MANY CUPS OF MILK WOULD YOU SAY A {MAN/WOMAN} OF YOUR AGE AND PHYSICAL ACTIVITY SHOULD EAT EACH DAY FOR GOOD HEALTH?

|___|___|.|___|
ENTER NUMBER OF CUPS

REFUSED...77
DON'T KNOW..99

CBQ.NEW49   HOW MANY CUPS OF FRUITS WOULD YOU SAY A {MAN/WOMAN} OF YOUR AGE AND PHYSICAL ACTIVITY SHOULD EAT EACH DAY FOR GOOD HEALTH?

|___|___|.|___|
ENTER NUMBER OF CUPS

REFUSED...77
DON'T KNOW..99

CBQ.NEW50   HOW MANY CUPS OF VEGETABLES, INCLUDING DARK GREEN, ORANGE, STARCHY, AND OTHER VEGETABLES, WOULD YOU SAY A {MAN/WOMAN} OF YOUR AGE AND PHYSICAL ACTIVITY SHOULD EAT EACH DAY FOR GOOD HEALTH?

|___|___|.|___|
ENTER NUMBER OF CUPS

REFUSED..77
DON'T KNOW...99

CBQ.NEW51   HOW MANY OUNCES OF MEAT AND BEANS WOULD YOU SAY A {MAN/WOMAN} OF YOUR AGE AND PHYSICAL ACTIVITY SHOULD EAT EACH DAY FOR GOOD HEALTH?

|___|___|.|___|
ENTER NUMBER OF OUNCES

REFUSED..77
DON'T KNOW...99

CBQ.NEW52 HOW MANY OUNCES OF "WHOLE GRAINS", WOULD YOU SAY A {MAN/WOMAN} OF YOUR AGE AND PHYSICAL ACTIVITY SHOULD EAT EACH DAY FOR GOOD HEALTH?

|___|___|.|___|
ENTER NUMBER OF OUNCES

REFUSED..77
DON'T KNOW...99

CBQ.NEW53   ABOUT HOW MANY CALORIES DO YOU THINK A {MAN/WOMAN} OF YOUR AGE
AND PHYSICAL ACTIVITY NEEDS TO CONSUME A DAY TO MAINTAIN YOUR
CURRENT WEIGHT?

[HAND CARD CBQ.NEW53]

LESS THAN 500 CALORIES 1
500-1000 CALORIES 2
1001-1500 CALORIES 3
1501-2000 CALORIES 4
2001-2500 CALORIES 5
2501-3000 CALORIES 6
MORE THAN 3000 CALORIES 7
REFUSED.. 77
DON'T KNOW... 99

DBQ.890   WOULD YOU SAY YOU STRONGLY AGREE, SOMEWHAT AGREE, NEITHER AGREE
NOR DISAGREE, SOMEWHAT DISAGREE, OR STRONGLY DISAGREE WITH THE
FOLLOWING STATEMENT: "SOME PEOPLE ARE BORN TO BE FAT AND SOME THIN;
THERE IS NOT MUCH YOU CAN DO TO CHANGE THIS"?

[HAND CARD DBQ.890]

STRONGLY AGREE... 1
SOMEWHAT AGREE... 2
NEITHER AGREE NOR DISAGREE............................... 3
SOMEWHAT DISAGREE.. 4
STRONGLY DISAGREE... 5
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW54 WOULD YOU SAY YOU STRONGLY AGREE, SOMEWHAT AGREE, NEITHER AGREE
NOR DISAGREE, SOMEWHAT DISAGREE, OR STRONGLY DISAGREE WITH THE
FOLLOWING STATEMENT: "THERE IS NO REASON FOR ME TO MAKE CHANGES TO
THE THINGS I EAT"?

[HAND CARD DBQ.890]

STRONGLY AGREE... 1
SOMEWHAT AGREE... 2
NEITHER AGREE NOR DISAGREE............................... 3
SOMEWHAT DISAGREE.. 4
STRONGLY DISAGREE... 5
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW55   WHEN YOU BUY FOOD FROM A GROCERY STORE OR SUPERMARKET, HOW IMPORTANT IS "PRICE"?

WOULD YOU SAY VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, OR NOT AT ALL IMPORTANT?

[HAND CARD CBQ.NEW55]

VERY IMPORTANT... 1
SOMEWHAT IMPORTANT 2
NOT TOO IMPORTANT 3
NOT AT ALL IMPORTANT 4
NEVER BUY FROM A GROCERY STORE OR SUPERMARKET 5
(DBQ.750)
REFUSED... 7
DON'T KNOW.. 9

CBQ.NEW56   WHEN YOU BUY FOOD FROM A GROCERY STORE OR SUPERMARKET, HOW IMPORTANT IS "NUTRITION"? [WOULD YOU SAY VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, OR NOT AT ALL IMPORTANT?]

[HAND CARD CBQ.NEW55]

VERY IMPORTANT... 1
SOMEWHAT IMPORTANT 2
NOT TOO IMPORTANT 3
NOT AT ALL IMPORTANT 4
REFUSED.. 7
DON'T KNOW... 9

CBQ.NEW57   WHEN YOU BUY FOOD FROM A GROCERY STORE OR SUPERMARKET, HOW IMPORTANT IS "TASTE"? [WOULD YOU SAY VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, OR NOT AT ALL IMPORTANT?]

[HAND CARD CBQ.NEW55]

VERY IMPORTANT... 1
SOMEWHAT IMPORTANT 2
NOT TOO IMPORTANT 3
NOT AT ALL IMPORTANT 4
REFUSED... 7
DON'T KNOW.. 9

CBQ.NEW58   WHEN YOU BUY FOOD FROM A GROCERY STORE OR SUPERMARKET, HOW IMPORTANT IS "HOW EASY THE FOOD IS TO PREPARE"? [WOULD YOU SAY VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, OR NOT AT ALL IMPORTANT?]

[HAND CARD CBQ.NEW55]

VERY IMPORTANT.. 1
SOMEWHAT IMPORTANT 2
NOT TOO IMPORTANT 3
NOT AT ALL IMPORTANT 4
REFUSED... 7
DON'T KNOW.. 9

CBQ.NEW59   WHEN YOU BUY FOOD FROM A GROCERY STORE OR SUPERMARKET, HOW IMPORTANT IS "HOW WELL THE FOOD KEEPS AFTER IT'S BOUGHT"? [WOULD YOU SAY VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, OR NOT AT ALL IMPORTANT?]

[HAND CARD CBQ.NEW55]

VERY IMPORTANT.. 1
SOMEWHAT IMPORTANT 2
NOT TOO IMPORTANT 3
NOT AT ALL IMPORTANT 4
REFUSED... 7
DON'T KNOW.. 9

DBQ.750   PLEASE LOOK AT HANDCARD NUMBER XX WHICH SHOWS AN EXAMPLE OF THE FOOD LABEL. [HANDCARD DBQ.NEW750A]

THIS PART OF THE FOOD LABEL IS CALLED THE "NUTRITION FACTS" PANEL. HOW OFTEN DO YOU USE THE NUTRITION FACTS PANEL WHEN DECIDING TO BUY A FOOD PRODUCT?

WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, RARELY, OR NEVER?

[HAND CARD DBQ.750]

ALWAYS......................1
MOST OF THE TIME….2
SOMETIMES.................3
RARELY........................4
NEVER..........................5 (DBQ.780)
NEVER SEEN...............6 (DBQ.780)
REFUSED.....................7
DON'T KNOW...............9

DBQ.760   HOW ABOUT THE LIST OF INGREDIENTS? [HAND CARD DBQ.NEW750A]
[HOW OFTEN DO YOU USE THE LIST OF INGREDIENTS WHEN DECIDING TO BUY A
FOOD PRODUCT? WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES,
RARELY, OR NEVER?]

[HAND CARD DBQ.750]

ALWAYS.......................1
MOST OF THE TIME....2
SOMETIMES.................3
RARELY.......................4
NEVER.........................5
NEVER SEEN..............6
REFUSED.....................7
DON'T KNOW..............9

DBQ.770   HOW ABOUT THE INFORMATION ON THE SIZE OF A SERVING?   [HAND CARD
DBQ.NEW750A]
[HOW OFTEN DO YOU USE INFORMATION ON THE SIZE OF A SERVING WHEN
DECIDING TO BUY A FOOD PRODUCT? WOULD YOU SAY ALWAYS, MOST OF THE
TIME, SOMETIMES, RARELY, OR NEVER?]

[HAND CARD DBQ.750]

ALWAYS.......................1
MOST OF THE TIME....2
SOMETIMES.................3
RARELY.......................4
NEVER.........................5
NEVER SEEN..............6
REFUSED.....................7
DON'T KNOW..............9

CBQ.NEW60   HOW ABOUT THE INFORMATION ON THE PERCENT DAILY VALUE? [HAND CARD
DBQ.NEW750A]
[HOW OFTEN DO YOU USE INFORMATION ON THE PERCENT DAILY VALUE WHEN
DECIDING TO BUY A FOOD PRODUCT? WOULD YOU SAY ALWAYS, MOST OF THE
TIME, SOMETIMES, RARELY, OR NEVER?]

[HAND CARD DBQ.750]

ALWAYS.......................1
MOST OF THE TIME....2
SOMETIMES.................3
RARELY.......................4
NEVER.........................5
REFUSED.....................7
DON'T KNOW..............9

DBQ.780   SOME FOOD PACKAGES CONTAIN HEALTH CLAIMS ABOUT THE BENEFITS OF NUTRIENTS OR FOODS LIKE THE EXAMPLES ON THIS CARD. [HAND CARD DBQ.780] HOW OFTEN DO YOU USE THIS KIND OF HEALTH CLAIM WHEN DECIDING TO BUY A PRODUCT?

WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, RARELY, OR NEVER?

[HANDCARD DBQ.750]

```
ALWAYS.......................1
MOST OF THE TIME....2
SOMETIMES.................3
RARELY.......................4
NEVER.........................5
NEVER SEEN..............6
REFUSED....................7
DON'T KNOW..............9
```

.

CBQ.NEW61   NOW THINK ABOUT THE "SERVING SIZE" ON THIS LABEL. WHAT DOES SERVING SIZE MEAN TO YOU? PLEASE INCLUDE ALL MEANINGS THAT APPLY. SERVING SIZE IS…

CODE ALL THAT APPLY

CAPI INSTRUCTION: IF ONLY ONE RESPONSE IS GIVEN, SHOW SCREEN DISPLAYING, "ANYTHING ELSE?"

[HAND CARD CBQ.NEW61]

```
THE AMOUNT OF THIS FOOD THAT PEOPLE SHOULD EAT  1
THE AMOUNT OF THIS FOOD THAT PEOPLE USUALLY EAT      2
SOMETHING THAT MAKES IT EASIER TO COMPARE FOODS     3
REFUSED............................................................................ 7
DON'T KNOW....................................................................... 9
```

CBQ.NEW62   MANY FOOD PACKAGES CONTAIN AN EXPIRATION DATE SUCH AS "USE BY" OR "SELL BY". HOW OFTEN DO YOU USE THE EXPIRATION DATE WHEN DECIDING TO BUY A PRODUCT?

WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, RARELY, OR NEVER?

[HAND CARDDBQ.750]

```
ALWAYS.......................1
MOST OF THE TIME....2
SOMETIMES.................3
RARELY.......................4
NEVER.........................5
```

NEVER SEEN..............6
REFUSED.....................7
DON'T KNOW..............9

```
                          BOX P2

CHECK ITEM DBQ. 789NEW:
IF (DBQ.750  = 1-4) OR (DBQ.760  = 1-4) OR (DBQ.770  = 1-4) OR (DBQ.780
= 1-4), OR (CBQ.NEW60  = 1-4), CONTINUE;
OTHERWISE, GO TO CBQ.NEW69.
```

CBQ.NEW63   NOW THINK ABOUT THE TYPES OF FOOD PRODUCTS YOU BUY USING FOOD
LABELS.
HOW OFTEN DO YOU LOOK FOR NUTRITION INFORMATION ON THE FOOD LABEL
WHEN YOU BUY SNACK ITEMS LIKE CHIPS, POPCORN, OR PRETZELS?

WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, RARELY, OR NEVER?

[HAND CARD DBQ.750]

ALWAYS 1
MOST OF THE TIME 2
SOMETIMES 3
RARELY... 4
NEVER... 5
NEVER BUY THESE ITEMS 6
REFUSED... 7
DON'T KNOW................................... 9

CBQ.NEW64   HOW OFTEN DO YOU LOOK FOR NUTRITION INFORMATION ON THE
FOOD LABEL WHEN YOU BUY BREAKFAST CEREALS?
[WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, RARELY, OR NEVER?]

[HAND CARD DBQ.750]

ALWAYS 1
MOST OF THE TIME 2
SOMETIMES 3
RARELY... 4
NEVER... 5
NEVER BUY THESE ITEMS 6
REFUSED... 7
DON'T KNOW................................... 9

CBQ.NEW65   HOW OFTEN DO YOU LOOK FOR NUTRITION INFORMATION ON THE FOOD
             LABEL WHEN YOU BUY SALAD DRESSINGS?
             [WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, RARELY, OR NEVER?]

    [HAND CARD DBQ.750]

             ALWAYS 1
             MOST OF THE TIME 2
             SOMETIMES 3
             RARELY... 4
             NEVER... 5
             NEVER BUY THESE ITEMS 6
             REFUSED... 7
             DON'T KNOW................................... 9

CBQ.NEW66   HOW OFTEN DO YOU LOOK FOR NUTRITION INFORMATION ON THE FOOD LABEL
             WHEN YOU BUY RAW MEAT, POULTRY, OR FISH? [WOULD YOU SAY ALWAYS, MOST
             OF THE TIME, SOMETIMES, RARELY, OR NEVER?]

    [HAND CARD DBQ.750]

             ALWAYS 1
             MOST OF THE TIME 2
             SOMETIMES 3
             RARELY... 4
             NEVER... 5
             NEVER BUY THESE ITEMS 6
             REFUSED... 7
             DON'T KNOW................................... 9

CBQ.NEW67 HOW OFTEN DO YOU LOOK FOR NUTRITION INFORMATION ON THE FOOD LABEL
           WHEN YOU BUY PROCESSED MEAT PRODUCTS LIKE HOT DOGS OR BOLOGNA?
           [WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, RARELY, OR NEVER?]

    [HAND CARD DBQ.750]

             ALWAYS 1
             MOST OF THE TIME 2
             SOMETIMES 3
             RARELY... 4
             NEVER... 5
             NEVER BUY THESE ITEMS 6
             REFUSED... 7
             DON'T KNOW................................... 9

CBQ.NEW68   HOW OFTEN DO YOU LOOK FOR NUTRITION INFORMATION ON THE FOOD LABEL
             WHEN YOU BUY BREAD? [WOULD YOU SAY ALWAYS, MOST OF THE TIME,
             SOMETIMES, RARELY, OR NEVER?]

       [HAND CARD DBQ.750]

```
ALWAYS ..........................................  1
MOST OF THE TIME .......................  2
SOMETIMES ...................................  3
RARELY...........................................  4
NEVER.............................................  5
NEVER BUY THIS ITEM ...................  6
REFUSED.........................................  7
DON'T KNOW...................................  9
```

CBQ.NEW69   IN THE PAST 30 DAYS, DID YOU BUY ANY FOOD THAT WAS LABELED 'ORGANIC'?

[HAND CARD CBQ.NEW69 (QP42)]

HELP SCREEN

```
YES....................................................1
NO.....................................................2 (BOX 6)
DO NOT SHOP FOR FOOD .............3 (BOX 6)
REFUSED..........................................7 (BOX 6)
DON'T KNOW....................................9 (BOX 6)
```

CBQ.NEW70   HOW OFTEN DO YOU BUY ORGANIC FOOD?
              WOULD YOU SAY ALWAYS, MOST OF THE TIME, SOMETIMES, OR RARELY?

[HAND CARD CBQ.NEW69 (QP42)]

```
ALWAYS ..........................................  1
MOST OF THE TIME .......................  2
SOMETIMES ...................................  3
RARELY...........................................  4
REFUSED.........................................  7
DON'T KNOW...................................  9
```

```
                                BOX 6.

CHECK ITEM CBQ.NEWXX:

CBQ.NEW71, DBQ.NEW7-10, CBQ.NEW72 - CBQ.NEW74 ONLY APPLY TO
NON-SP PROXY:

IF SP IS 16+ YEARS, GO TO CBQ.NEW75.
OTHERWISE, CONTINUE.
```

CBQ.NEW71   WHAT IS YOUR RELATION WITH {SP}?

MOTHER OF SP..	1
FATHER OF SP...	2
GRANDPARENT OF SP	3
CHILD CARE PROVIDER, CARETAKER	4
OTHER RELATIVE	5
FRIEND, NON RELATIVE	6
REFUSED...	7
DON'T KNOW..	9

DBQ.NEW7 ARE YOU THE PERSON WHO DOES MOST OF THE PLANNING OR PREPARING OF MEALS IN YOUR HOUSEHOLD?

INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES

YES..	1
NO..	2
REFUSED...	7
DON'T KNOW..	9

DBQ.NEW8 DO YOU SHARE IN THE PLANNING OR PREPARING OF MEALS WITH SOMEONE ELSE?

YES..	1
NO..	2
REFUSED...	7
DON'T KNOW..	9

DBQ.NEW9 ARE YOU THE PERSON WHO DOES MOST OF THE SHOPPING FOR FOOD IN YOUR HOUSEHOLD?

CAPI INSTRUCTION: IF YES, ENTER "DO YOU" IN CBQ.NEW14; IF NO, DON'T KNOW, OR MISSING, ENTER "DOES SOMEONE" IN CBQ.NEW14

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW...	9

DBQ.NEW10   DO YOU SHARE IN THE SHOPPING FOR FOOD WITH SOMEONE ELSE?

YES..	1
NO...	2
REFUSED..	7
DON'T KNOW...	9

CBQ.NEW72   WHAT IS THE GENDER OF THE RESPONDENT?

[INTERVIEWER INSTRUCTION: THIS IS A QUESTION FOR THE INTERVIEWER TO COMPLETE BY SELECTING THE APPROPRIATE OPTION. NO NEED TO READ THE QUESTION TO THE SP]

MALE..	1
FEMALE...	2

CBQ.NEW73   HOW OLD ARE YOU?

|___|___| YEARS
ENTER AGE

REFUSED..77	
DON'T KNOW..99	

CBQ.NEW74   WHICH OF THE FOLLOWING BEST DESCRIBE YOUR HIGHEST EDUCATION LEVEL?

LESS THAN HIGH SCHOOL...	1
HIGH SCHOOL DIPLOMA (INCLUDING GED), OR........	2
MORE THAN HIGH SCHOOL	3
REFUSED..	7
DON'T KNOW...	9

CBQ.NEW75   THE INTERVIEW WAS COMPLETED IN:

INTERVIEWER INSTRUCTION:
THIS IS A QUESTION FOR THE INTERVIEWER TO COMPLETE BY SELECTING THE APPROPRIATE OPTION. DO NOT READ THE QUESTION TO THE SP.

ENGLISH.. 1
SPANISH... 2
ENGLISH AND SPANISH....................... 3
OTHER..
END INTERVIEW--THANK YOU FOR YOUR TIME. WE WANT TO EMPHASIZE THAT EVERYTHING YOU HAVE TOLD US WILL BE HELD STRICTLY CONFIDENTIAL. WE APPRECIATE YOUR PARTICIPATION IN THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY.

HANES HEPATITIS C FOLLOW-UP QUESTIONNAIRE

TELEPHONE SURVEY SCRIPT AND QUESTIONNAIRE:

I AM CALLING FROM THE NHANES PROGRAM. YOU PARTICIPATED IN OUR EXAMINATION SURVEY IN _____,<MONTH/YEAR>, AND ON _____ <DATE> YOU WERE MAILED A LETTER WITH YOUR HEPATITIS C TEST RESULT. EXPLAIN WHAT REPORT THIS IS. PARTICIPANTS GET PRELIMINARY RESULTS AT THE TIME OF THE EXAMINATION, EARLY REPORTS OF ABNORMAL LABS (LIVER FUNCTION TESTS) AND LETTERS REPORTING OTHER POSSIBLE INFECTION...HEPATITIS B.

)   DID YOU RECEIVE A LETTER IN THE MAIL WITH YOUR HEPATITIS C TEST RESULTS?

1. YES
2. NO –> <VERIFY ADDRESS, DESCRIBE LETTER AND FACT SHEET, IF ABSOLUTELY NO RECALL, RESEND LETTER, FOLLOW-UP IN TWO MONTHS> (IF PARTICIPANT HAS QUESTIONS ABOUT HEPATITIS C, TRANSFER CALL TO DR. KATHRYN PORTER (EXT. 4441) OR DR. GERALDINE MCQUILLAN (EXT. 4371). END INTERVIEW

I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT YOU KNOW ABOUT HEPATITIS C AND ANY FOLLOW-UP YOU MAY HAVE TAKEN SINCE GETTING THE LETTER.   THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL INFORMATION YOU PROVIDE IS STRICTLY CONFIDENTIAL, AND YOUR PARTICIPATION IS VOLUNTARY. INFORMATION WILL BE USED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO HELP PEOPLE WITH HEPATITIS C. MAY WE PROCEED WITH THE INTERVIEW?
IF "YES", GO TO 2). IF NOT - SET UP AN APPOINTMENT FOR A BETTER TIME, OR NOTE THE REASON FOR THE REFUSAL.

2)   THERE ARE MANY TYPES OF HEPATITIS. BEFORE RECEIVING THE LETTER WITH YOUR TEST RESULT, HAD YOU HEARD OF HEPATITIS C?

1. YES
2. NO
3. HEARD OF HEPATITIS, BUT NOT SPECIFICALLY HEPATITIS C
7. REFUSED
9. DON'T KNOW

3)   WAS THE TEST RESULT IN OUR LETTER THE FIRST TIME YOU WERE TOLD YOU HAD HEPATITIS C?

1. YES [SKIP TO 6]
2. NO
7. REFUSED [SKIP TO 6]
9. DON'T KNOW [SKIP TO 6]

4)   FOR ABOUT HOW LONG HAVE YOU KNOWN THAT YOU HAD HEPATITIS C? WOULD YOU SAY..

1. ONE YEAR

       2. 2 TO 5 YEARS
       3. MORE THAN 5 YEARS
       7. REFUSED
       9. DON'T KNOW

5)   WHY WERE YOU FIRST TESTED FOR HEPATITIS C? WAS IT BECAUSE:

       1. YOU DONATED BLOOD?
       2. YOU HAD OTHER BLOOD TESTS DONE FOR A ROUTINE PHYSICAL THAT
           SHOWED YOU MIGHT HAVE LIVER DISEASE?
       3. YOU WERE SICK WITH SYMPTOMS LIKE FATIGUE, NAUSEA, STOMACH PAIN,
           YELLOWING OF THE EYES OR SKIN (KNOWN AS JAUNDICE)?
       4. YOU WERE EXPOSED TO BLOOD WHILE ON THE JOB?
       5. YOU OR YOUR DOCTOR THOUGHT YOU WERE AT RISK OF HAVING HEPATITIS
C?
       6. YOU HAD AN OTHER REASON?
       7. REFUSED
       9. DON'T KNOW

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT WHAT YOU HAVE DONE SINCE FINDING
OUT THAT YOU HAVE HEPATITIS C.

6)   DID YOU SEE A DOCTOR OR OTHER HEALTH PROFESSIONAL ABOUT YOUR HEPATITIS C
TEST RESULT? (IF TESTED BEFORE NHANES, QUESTION REFERS TO FIRST TEST; OTHERWISE
REFERS TO NHANES TEST)

       1. YES [SKIP TO 8]
       2. NO
       7. REFUSED
       9. DON'T KNOW

7)   DO YOU HAVE AN APPOINTMENT TO SEE A DOCTOR OR OTHER HEALTH CARE
PROFESSIONAL ABOUT YOUR HEPATITIS C TEST RESULT?

       1. YES [SKIP TO 15]
       2. NO [SKIP TO 15]
       7. REFUSED [SKIP TO 15]
       9. DON'T KNOW [SKIP TO 15]

8)   WHEN YOU SAW A DOCTOR OR OTHER HEALTH PROFESSIONAL ABOUT YOUR
       HEPATITIS C TEST RESULTS, DID YOU HAVE OTHER BLOOD TESTS TO CHECK HOW
       YOUR LIVER IS WORKING?

       1. YES
       2. NO
       7. REFUSED
       9. DON'T KNOW

9)   WHICH OF THE FOLLOWING STATEMENTS DESCRIBES MOST CLOSELY WHAT YOUR
DOCTOR TOLD YOU ABOUT YOUR HEPATITIS C TEST RESULT? (READ EACH STATEMENT AND
CHECK ONLY ONE)

1. YOU HAVE HEPATITIS C AND NEED REGULAR MEDICAL FOLLOW-UP.
2. YOU TESTED POSITIVE FOR HEPATITIS C, BUT YOU DO NOT NEED TO DO ANYTHING OR WORRY ABOUT IT. [SKIP TO 15]
3. YOU REALLY DON'T HAVE HEPATITIS C BECAUSE A FOLLOW-UP TEST SHOWED THAT THE POSITIVE TEST RESULT WAS IN ERROR.   (END INTERVIEW)
4. OTHER
7. REFUSED
9. DON'T KNOW

10)   DID YOU HAVE A LIVER BIOPSY (PROCEDURE TO GET A SMALL PIECE OF YOUR LIVER THROUGH A NEEDLE)?

1. YES
2. NO
7. REFUSED
9. DON'T KNOW

11)   DID YOUR DOCTOR OR HEALTH CARE PROFESSIONAL TELL YOU THAT YOUR HEPATITIS C SHOULD BE TREATED WITH MEDICATION SUCH AS INTERFERON AND RIBAVIRIN?

1. YES
2. NO (SKIP TO 14)
7. REFUSED (SKIP TO 14)
9. DON'T KNOW (SKIP TO 14)

12)   DID YOU GET TREATED WITH THESE MEDICINES?

1. YES (SKIP TO 14)
2. NO
7. REFUSED (SKIP TO 14)
9. DON'T KNOW (SKIP TO 14)

13)   WHY DID YOU NOT GET TREATED? (CHOSE ALL THAT APPLY) WAS IT BECAUSE ..

1. THE SIDE EFFECTS TO THE TREATMENT ARE UNPLEASANT.
2. THE TREATMENT SHOTS MUST BE SELF INJECTED.
3. THE TREATMENT IS TOO EXPENSIVE,
4. THERE IS A HOPE OF BETTER TREATMENT IN THE FUTURE.
5. OR IS THERE SOME OTHER REASON?

14)   DID YOUR DOCTOR OR HEALTH CARE PROFESSIONAL TELL YOU TO AVOID OR LIMIT ALCOHOLIC BEVERAGES BECAUSE OF YOUR HEPATITIS C?

1. YES
2. NO
7. REFUSED
9. DON'T KNOW

WE WOULD LIKE TO KNOW WHAT YOU HAVE LEARNED ABOUT HEPATITIS C. PLEASE TELL ME IF YOU BELIEVE THE FOLLOWING STATEMENTS ARE TRUE OR FALSE, OR IF YOU DON'T KNOW WHETHER THEY ARE TRUE OR FALSE.

15)   IF SOMEONE IS INFECTED WITH HEPATITIS C VIRUS, THEY WILL MOST LIKELY CARRY
        THE VIRUS ALL THEIR LIVES.
                1. TRUE
                2. FALSE
                7. REFUSED
                9. DON'T KNOW

16)   INFECTION WITH THE HEPATITIS C VIRUS CAN CAUSE THE LIVER TO STOP WORKING.
                1. TRUE
                2. FALSE
                7. REFUSED
                9. DON'T KNOW

17)   SOMEONE WITH HEPATITIS C CAN LOOK AND FEEL FINE.

                1. TRUE
                2. FALSE
                7. REFUSED
                9. DON'T KNOW

18)   YOU CAN GET HEPATITIS C BY GETTING A BLOOD TRANSFUSION FROM AN INFECTED
        DONOR.

                1. TRUE
                2. FALSE
                7. REFUSED
                9. DON'T KNOW

19)   YOU CAN GET HEPATITIS C BY SHAKING HANDS WITH SOMEONE WHO HAS HEPATITIS
        C.

                1. TRUE
                2. FALSE
                7. REFUSED
                9. DON'T KNOW

20)   YOU CAN GET HEPATITIS C BY KISSING SOMEONE WHO HAS HEPATITIS C.

                1. TRUE
                2. FALSE
                7. REFUSED
                9. DON'T KNOW

21)   YOU CAN GET HEPATITIS C BY HAVING SEX WITH SOMEONE WHO HAS HEPATITIS C.

                1. TRUE
                2. FALSE
                7. REFUSED

9. DON'T KNOW

22) YOU CAN GET HEPATITIS C BY BEING BORN TO A WOMAN WHO HAD HEPATITIS C WHEN SHE GAVE BIRTH.

1. TRUE
2. FALSE
7. REFUSED
9. DON'T KNOW

23) YOU CAN GET HEPATITIS C BY BEING STUCK WITH A NEEDLE OR SHARP INSTRUMENT THAT HAS HEPATITIS C INFECTED BLOOD ON IT.

1. TRUE
2. FALSE
7. REFUSED
9. DON'T KNOW

24) YOU CAN GET HEPATITIS C BY WORKING WITH SOMEONE WHO HAS HEPATITIS C.

1. TRUE
2. FALSE
7. REFUSED
9. DON'T KNOW

25) YOU CAN GET HEPATITIS C BY INJECTING ILLEGAL DRUGS, EVEN IF ONLY A FEW TIMES.

1. TRUE
2. FALSE
7. REFUSED
9. DON'T KNOW

END INTERVIEW

THANK YOU FOR YOUR TIME. WE WANT TO EMPHASIZE THAT EVERYTHING YOU HAVE TOLD US WILL BE HELD STRICTLY CONFIDENTIAL. WE APPRECIATE YOUR PARTICIPATION IN THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY.

NHANES EXIT INTERVIEW

SP ID Label

WHAT ARE THE MAIN REASONS YOU AGREED TO HAVE THE MOBILE EXAMINA[...]
(MEC) EXAM?

       CIVIC DUTY
       MONEY
       HEALTH EXAM
       TRAVEL EXPENSES
       CURIOSITY
      OTHER (SPECIFY)_____

WHAT WERE THE MAIN BARRIERS TO GETTING TO THE MEC?

       TIME COMMITMENT
       CHILD CARE
       SCHEDULING
       TRANSPORTATION
       MISTRUST OF GOVERNMENT
       NOT ENOUGH INFORMATION