

NIH-AARP Diet and Health Study Short Questionnaire

NATIONAL INSTITUTES OF HEALTH AND AARP

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in professional confidence. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and report as statistical summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for review instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

GENERAL INSTRUCTIONS

Answer to the best of your ability, rather than leaving a response blank.

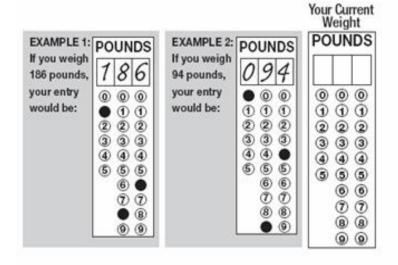
Be certain to completely blacken in each of your answers and do not make any stray marks.

What is your current weight in pounds?
 2.

CORRECT MARK:

(Enter your current weight and mark one circle beneath each box.)

2.	For each of the ages shown below, select the
	diagram that best describes your body shape
	at that age. (Mark one circle at each age.)



Men	A PA						· Milli	の現	
Age 20 Age 30	00	00	0	0	0	00	00	00	0
Age 40	0	0	ŏ	0	0	0	0	0	0
Age 50 Age 60	00	0	0	00	00	00	00	0	00
Currently	0	0	_0	0	_0	_0	_0	0	0
Women	Å	Å	N	N.	A			S S S S S S S S S S S S S S S S S S S	
Age 20 Age 30	0	00	ó	0	00	0	0	00	0000
Age 40	00	ŏ	ŏ	0	0	0	ŏ	0	ŏ
Age 50 Age 60	00	00	00	00	00	0	0	0	00
						0	0	0	

J.	that increases y	our heart raté or makes y	ou breathe harder than no	rmal? (For example, brisk walk- awn, or playing doubles tennis.)
	○ None	○ 1–2 times/week	○ 3–4 times/week	○ 5 or more times/week
4.	sweat or puff a	nd pant? <i>(For example, jo</i>		physical activity that makes you ining or lifting, or fast bicycling.)5 or more times/week

5.	Do you currently smoke cigarettes? ○ No ○ Yes ➡ How many cigarettes/day? ○ 1-	-10	○ 11–20	21–40	41 or more		
6.	Have you ever been told by a doctor that you had a of the following conditions? (Please mark one circle to indicate the year that you were first diagnosed.)	YES—YEAR CONDITION WAS <u>FIRST</u> DIAGNOSED (Mark only one response per condition.)					
	Condition (First Diagnosed)	No	Before 2004	2004– 2005	2006– Present		
	High blood pressure	0	0	0	0		
	Diabetes	Ŏ	Ŏ	Ŏ	Ŏ		
	High cholesterol	ŏ	Ŏ	Ŏ	Ŏ		
	Heart attack, angina, or coronary artery disease	Ŏ	Ŏ	Ŏ	Ö		
	TIA (Transient Ischemic Attack)	Ŏ	Ŏ	Ŏ	Ŏ		
	Stroke	Ŏ	Ö	Ö	Ö		
	Pulmonary embolus (blood clot in lungs)	Ŏ	Ŏ	Ŏ	Ŏ		
	COPD (Chronic Obstructive Pulmonary Disease)			0			
	Emphysema or chronic bronchitis	Ō	0	Ō			
	Hip fracture	0		0			
	Macular degeneration of the eye	0	0	0			
	Kidney stones		0	0			
	Gallstones	0	0	0			
	Colon or rectal polyps	0	0	0			
	Stomach or duodenal ulcer	0	0	0			
	Parkinson's disease	0		0			
	Multiple sclerosis	0	0	0	0		
	ALS (Amyotrophic lateral sclerosis, Lou Gehrig's Disease)			\circ			
	Depression	\circ	0	\circ			
	Cancer (any type)			0			
7.	Have you ever had any of the following procedures YES—YEAR FIRST PERFORMED						
	performed? (Please mark one circle to indicate		(Mark only o	r procedure.)			
	the year that you were first performed.)		Before	2004–	2006-		
		No	2004	2005	Present		
	Coronary angioplasty	0		0			
	Coronary artery bypass		0	0			
	Gallbladder removal	0	0	0			
	Hip replacement	0		0			
	MEN ON	LY					
8.	. When did you last have a PSA test (a test that screens your blood for indications of prostate cancer)? (Mark only one circle.) Output Never had one Less than 1 year ago 1-2 years ago 3-4 years ago 5 or more years ago Had one, but not sure when Not sure if had one						
	WOMEN O	NLY					
9.	 Have you had your uterus removed, that is, have you had a hysterectomy? ○ No ○ Yes ☞ Date of surgery: ○ Before 2004 ○ 2004–2005 ○ 2006–present 						
10	Have you had either of your ovaries surgically remo ○ No ○ Yes ☞ Date of most recent surgery: ○ B ☞ How many ovaries do you hav	Sefore 2			006–present)ne		