

Attachment H.

**Protocol for Creatinine Phosphokinase (CPK) Study (ages 12+)**

**National Health and Nutrition Examination Survey (NHANES)  
Creatinine Phosphokinase (CPK) Pilot Study**

OMB no. 0920-0237

Expires: 12/31/2011

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**Creatinine Phosphokinase (CPK) Pilot Study Protocol:**

Eligibility: Sample persons aged 12 years or older are eligible for the Creatinine Phosphokinase (CPK) Pilot Study.

Informed Consent: Informed consent will be obtained as a part of standard NHANES consenting procedures.

Exclusion Criteria: There are no overall exclusion criteria for these questions. However respondents, who do not have CPK measured, due to already established exclusion criteria for the NHANES phlebotomy, would not have this component.

Study Design: These Creatinine Phosphokinase (CPK) related questions will be added to the NHANES MEC Questionnaire

**Creatine Kinase MEC Questionnaire  
(03/22/2010)**

Target:

12+ Years

CKQ.010 In the **past 3 days**, did {you/SP} do any strenuous exercise or heavy physical work?

PROBE IF NEEDED: Strenuous exercise or heavy physical work is exercise or work that causes large increases in breathing or heart rate if they are done for at least 10 minutes continuously.

YES ..... 1  
NO..... 2 (CKQ.030)  
REFUSED ..... 7 (CKQ.030)  
DON'T KNOW ..... 9 (CKQ.030)

CKQ.020 Did it make {your/SPs} muscles sore or painful?

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

CKQ.030 In the **past 3 days**, did {you/SP} injure or bruise any muscles?

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

CKQ.040 Did it make {your/SP's} muscles sore or painful?

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

<b>BOX 1</b>
<b>CHECK ITEM CKQ.050:</b> IF CKQ.020=1 or CKQ.040=1, GO TO CKQ.065 OTHERWISE, CONTINUE

CKQ.060 In the last 3 days, have {you/SP} had any muscle pain or soreness?

- YES ..... 1 (CKQ.070)
- NO..... 2 (END SECTION)
- REFUSED ..... 7 (END SECTION)
- DON'T KNOW ..... 9 (END SECTION)

CKQ.065 In the last 3 days, have {you/SP} had any **other** muscle pain, aching or soreness?

- YES ..... 1 (CKQ.070)
- NO..... 2 (END SECTION)
- REFUSED ..... 7 (END SECTION)

CKQ.070 For how long have {you/SP} had this pain, aching or soreness?

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

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

ENTER UNIT

- DAYS..... 1
- WEEKS ..... 2
- MONTHS..... 3
- YEARS ..... 4

Data Collection: Participants will take the assessment in a private Mobile Examination Center (MEC) interview room.

Report of Findings: The related CPK results are already routinely reported to participants.

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