

ATTACHMENT 6

Summary Tables of Questionnaire Changes

Proposed changes in the questionnaire

Questions	Changes
<p>To lower your risk of developing heart disease or stroke, are you –</p> <p>35a. Eating fewer high fat or high cholesterol foods? 1. YES 2. NO 9. REF 7. DK</p> <p>35b. Eating more fruits and vegetables? 1. YES 2. NO 9. REF 7. DK</p> <p>35a. More physically active? 1. YES 2. NO 9. REF 7. DK</p>	<p>Removed</p> <p>Removed</p> <p>Removed</p> <p>Removed</p>
<p>Do you take aspirin daily or every other day? 1. YES [GO TO 36.c] 2. NO 9. REF 7. DK</p> <p>36.b Do you have a health problem or condition that makes taking aspirin unsafe for you? If “yes”, ask “Is this a stomach condition?” Code upset stomach as stomach problems. 1. YES, NOT STOMACH RELATED [GO TO Q37] 2. YES, STOMACH PROBLESM [GO TO Q37] 3. NO [GO TO Q37] 9. REF 7. DK [BOTH GO TO Q37]</p> <p>36.c Why do you take aspirin? . . .To relieve pain 1. YES 2. NO 9. REF 7. DK</p> <p>36.d (Why do you take aspirin?) . . .To reduce the chance of a heart attack 1. YES 2. NO 9. REF 7. DK</p> <p>36.e (Why do you take aspirin?) . . .To reduce the chance of a stroke 1. YES 2. NO 9. REF 7. DK</p>	<p>Removed</p> <p>Removed</p> <p>Removed</p> <p>Removed</p> <p>Removed</p>
<p>Did you vote in the last presidential election? (the November 2008 election between XXX and XXX) 1. YES 2. NO 7. DON’T KNOW/NOT SURE 9. REFUSED</p>	<p>Removed</p>
<p>1. Are you now trying to lose weight? 1 Yes [Go to Q3] 2 No 7 Don’t know / Not sure 9 Refused</p>	<p>Removed</p>

<p>2. Are you now trying to maintain your current weight, that is, to keep from gaining weight? 1 Yes 2 No [Go to Q5] 7 Don't know / Not sure [Go to Q5] 9 Refused [Go to Q5]</p> <p>3. Are you eating either fewer calories or less fat to — lose weight? [If “Yes” to Q1] keep from gaining weight? [If “Yes” to Q2]</p> <p>Probe for which: 1 Yes, fewer calories 2 Yes, less fat 3 Yes, fewer calories and less fat 4 No 7 Don't know / Not sure 9 Refused</p> <p>4. Are you using physical activity or exercise to — lose weight? [If “Yes” to Q1] keep from gaining weight? [If “Yes” to Q2]</p> <p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>5. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?</p> <p>Probe for which: 1 Yes, lose weight 2 Yes, gain weight 3 Yes, maintain current weight 4 No 7 Don't know / Not sure 9 Refused</p>	<p>Removed</p> <p>Removed</p> <p>Removed</p> <p>Removed</p> <p>Removed</p>
<p>Has a doctor, nurse or other health professional ever discussed hepatitis B with you?</p> <p>1. YES 2. NO 7. DON'T KNOW/NOT SURE 9. REFUSED</p>	<p>Removed</p>
<p>Are people who have hepatitis B at risk for liver cancer? Would you say yes or no?</p> <p>1. YES 2. NO 7. DON'T KNOW/NOT SURE 9. REFUSED</p>	<p>Removed</p>
<p>Were you born in the United States?</p> <p>1 Yes 2 No</p>	<p>New question</p>
<p>Where were you tested for hepatitis B? (MARK ALL THAT APPLY)</p>	<p>New question</p>

<ol style="list-style-type: none"> 1. Your doctor's office/lab 2. In the hospital (as an overnight patient) 3. At a clinic (other than your doctor's office) 4. In a community screening program 5. Other site (such as blood bank, military installation, mobile clinic, prison or jail, emergency room, etc.) 77. DON'T KNOW 99. REFUSED 	
<p>Why were you tested for hepatitis B? (MARK ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. You had symptoms (such as yellow eyes, abdominal pain, etc) 2. You had an abnormal lab test 3. You or someone else was concerned you might be at risk of having hepatitis B 4. You were pregnant and testing was part of your care 5. You were donating blood 6. You were in a special screening program 7. Doctor ordered the test 8. Other reason 77. DON'T KNOW 99. REFUSED 	New question
<p>How long ago did you first learn you had Hepatitis B? (ANSWER IN YEARS OR MONTHS)</p> <p> _ _ years ago _ _ months ago</p> <p>77. DON'T KNOW 99. REFUSED</p>	New question
<p>Are you currently seeing a doctor for your hepatitis B?</p> <ol style="list-style-type: none"> 1. Yes 2. No 7. DON'T KNOW 9. REFUSED 	New question
<p>Have you ever taken any medications such as pills or shots prescribed by a doctor for Hepatitis B?</p> <ol style="list-style-type: none"> 1. Yes 2. No 77. DON'T KNOW 99. REFUSED 	New question
<p>Have you ever had a blood test for hepatitis C?</p> <ol style="list-style-type: none"> 1. YES 2. NO [GO TO HEPCTOLD] 77. DON'T KNOW [GO TO HEPCTOLD] 99. REFUSE [GO TO HEPCTOLD] 	New question
<p>Where were you tested for hepatitis C? (MARK ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. Your doctor's office/lab 2. In the hospital (as an overnight patient) 3. At a clinic (other than your doctor's office) 4. In a community screening program 5. Other site (such as blood bank, military installation, mobile clinic, prison or 	New question

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Have you ever taken any medications such as pills or shots prescribed by a doctor for Hepatitis C? 1. Yes 2. No 77. DON'T KNOW 99. REFUSED	New question