



## Adult Biometric Measures - Documentation of Question Provenance

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#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
5	BP1a_ad	<p>Was this only when you were pregnant?</p> <p>1 YES [SKIP TO TOB1_ad]                      2 NO                      -1 DON'T KNOW [SKIP TO TOB1_ad]                      -2 REFUSED [SKIP TO TOB1_ad]</p>	BRFSS 2011	<p>Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?                      (84)</p> <p>Read only if necessary: By —other health professional we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.                      If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”</p> <p>1 Yes                      2 Yes, but female told only during pregnancy [Go to next section]                      3 No [Go to next section]                      4 Told borderline high or pre-hypertensive [Go to next section]                      7 Don’t know / Not sure [Go to next section]                      9 Refused [Go to next section]</p>	Yes
6	BP2_ad	<p>Since we last interviewed you on [DATE], have you changed your eating habits to help lower or control your high blood pressure?</p> <p>1 YES                      2 NO                      -1DON'T KNOW / NOT SURE                      -2REFUSED</p>	BRFSS 2011	<p>(Are you) changing your eating habits (to help lower or control your high blood pressure)?                      (316)</p> <p>1 Yes                      2 No                      7 Don’t know / Not sure                      9 Refused</p>	Yes

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7	BP3_ad	<p>Since we last interviewed you on [DATE], have you cut down on salt to help lower or control your high blood pressure?</p> <p>1 YES 2 NO 3 (VOLUNTEERED) DO NOT USE SALT -1 DON'T KNOW / NOT SURE -2 REFUSED</p>	BRFSS 2011	<p>(Are you) cutting down on salt (to help lower or control your high blood pressure)? (317) 1 Yes 2 No 3 Do not use salt 7 Don't know / Not sure 9 Refused</p>	Yes
8	BP4_ad	<p>(Since we last interviewed you on [DATE]), Have you reduced alcohol use to help lower or control your high blood pressure?</p> <p>1 YES 2 NO 3 (VOLUNTEERED): DO NOT DRINK -1 DON'T KNOW / NOT SURE -2REFUSED</p>	BRFSS 2011	<p>(Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318) 1 Yes 2 No 3 Do not drink 7 Don't know / Not sure 9 Refused</p>	Yes
9	BP5_ad	<p>(Since we last interviewed you on [DATE]), Are you exercising to help lower or control your high blood pressure?</p> <p>1 YES 2 NO -1 DON'T KNOW / NOT SURE -2 REFUSED</p>	BRFSS 2011	<p>(Are you) exercising (to help lower or control your high blood pressure)? (319) 1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	Yes

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10	BP6_ad	(Since we last interviewed you on [DATE],) Are you taking medicine for your high blood pressure?  1 YES 2 NO [SKIP TO TOB1_AD] -1 DON'T KNOW / NOT SURE [SKIP TO TOB1_AD] -2 REFUSED	BRFSS 2011	Are you currently taking medicine for your high blood pressure? (85) 1 Yes 2 No 7 Don't know / Not sure 9 Refused	Yes
11	TOB1_ad	Do you currently smoke cigarettes?  1 Yes 2 No – SKIP TO QUESTION TOB2_ad -1 DON'T KNOW – SKIP TO QUESTION TOB2_ad -2 REFUSED – SKIP TO QUESTION TOB2_ad	BRFSS 2011	Do you now smoke cigarettes every day, some days, or not at all? 1 Every day 2 Some days 3 Not at all[Go to Q7.4] 7 Don't know/ Not Sure [Go to Q7.5] 9 Refused [Go to Q7.5]	Yes
12	TOB1_a_ad	How much do you usually smoke per day? You can either tell me in number of cigarettes on in packs per day. (NOTE TO INTERVIEWER: A PACK OF CIGARETTES CONTAINS 20 CIGARETTES. IF THE RESPONDENT ANSWERS A PACK AND A HALF, CODE AS 10 CIGARETTES).  ----- _____Cigarettes _____Packs  -1DON'T KNOW -2REFUSED	NHIS 2011	On the average, how many cigarettes do you now smoke a day? 01-94 1 - 94 cigarettes 95 95+ cigarettes 97 Refused 99 Don't know	Yes

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13	TOB1b_ad	How long has it been since you last smoked a cigarette? You can tell me the number of hours ago, days ago or months ago. _____ Hours ago _____ Days ago _____ Months ago -1DON'T KNOW -2 REFUSED {HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}	BRFSS 2011	How long has it been since you last smoked a cigarette, even one or two puffs? 0 1 Within the past month (less than 1 month ago) 0 2 Within the past 3 months (1 month but less than 3 months ago) 0 3 Within the past 6 months (3 months but less than 6 months ago) 0 4 Within the past year (6 months but less than 1 year ago) 0 5 Within the past 5 years (1 year but less than 5 years ago) 0 6 Within the past 10 years (5 years but less than 10 years ago) 0 7 10 years or more 7 7 Don't know / Not sure 9 9 Refused	Yes
14	TOB2_ad	TOB2_ad Do you currently smoke cigars, cigarillos or a pipe (tobacco only)? 1 Yes 2 No – SKIP TO QUESTION TOB3_ad -1 DON'T KNOW – SKIP TO QUESTION TOB3_ad -2 REFUSED – SKIP TO QUESTION TOB3_ad	YRBS 2011	During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?	Yes

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15	TOB2a_ad	<p>TOB2a_ad How long has it been since you last smoked a cigar, cigarillo or pipe? You can tell me the number of hours ago, days ago or months ago.</p> <p>____Hours ago            _____Days ago            _____Months ago</p> <p>-1 DON'T KNOW            -2 REFUSED</p> <p>{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}</p>	BRFSS 2011	<p>How long has it been since you last smoked a cigarette, even one or two puffs?</p> <p>0 1 Within the past month (less than 1 month ago)            0 2 Within the past 3 months (1 month but less than 3 months ago)            0 3 Within the past 6 months (3 months but less than 6 months ago)            0 4 Within the past year (6 months but less than 1 year ago)            0 5 Within the past 5 years (1 year but less than 5 years ago)            0 6 Within the past 10 years (5 years but less than 10 years ago)            0 7 10 years or more            7 7 Don't know / Not sure            9 9 Refused</p>	Yes
16	TOB3_ad	<p>Do you currently use chewing tobacco, snuff, or dip such as Redman, Skoal, or Copenhagen?</p> <p>1 Yes            2 No – SKIP TO QUESTION TOB4_ad            -1 DON'T KNOW – SKIP TO QUESTION TOB4_ad            -2 REFUSED – SKIP TO QUESTION TOB4_ad</p>	BRFSS 2011	<p>Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?</p>	Yes

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17	TOB3a_ad	How long ago did you last use any of those? _____ Hours ago _____ Days ago _____ Weeks ago _____ Months ago DON'T KNOW REFUSED {HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}	BRFSS 2011	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	Yes
18	TOB4_ad	Are currently using anything to help you quit smoking like a nicotine patch, nicotine gum, nasal spray or inhaler? 1YES 2NO – SKIP TO QUESTION TOB5_ad -1DON'T KNOW – SKIP TO QUESTION TOB5_ad -2REFUSED – SKIP TO QUESTION TOB5_ad	BRFSS 2011	When you quit smoking...The last time you tried to quit smoking...did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?	Yes
19	TOB4a_ad	TOB4a_ad. When did you last use any of these things that are designed to help you quit smoking? _____ Currently using (e.g. patch) _____ HOURS AGO _____ DAYS AGO _____ WEEKS AGO _____ MONTHS AGO -1 DON'T KNOW -2 REFUSED {HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}	RTI Developed	N/A	N/A

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20	TOB5_ad	During the past 7 days, on how many days were you in the same room with somebody who was smoking cigarettes? RECORD NUMBER OF DAYS ____ DAYS (RANGE 0-7) -1 DON'T KNOW/NOT SURE -2 REFUSED	BRFSS 2011	Not counting decks, porches, or garages, during the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did someone other than you smoke tobacco inside our home while you were at home?	Yes
21	TOB6_ad	During the past 7 days, that is since <DATE>, not counting at home, on how many days did you breathe smoke from someone else who was smoking in an indoor public place? Include the place you work if people smoke indoors there. IF NEEDED, SAY: Examples of indoor public places are indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas. RECORD NUMBER OF DAYS ____ NUMBER OF DAYS (RANGE 0-7) -1 DON'T KNOW -2 REFUSED	BRFSS 2011	Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last [TODAY'S DAY OF THE WEEK], on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco? __ Number of days [01-07] 8 8 None 7 7 Don't know / Not sure 9 9 Refused	Yes
22	WGT1_ad	Do you consider yourself now to be... 1 overweight 2 underweight 3 about right -1 DON'T KNOW / NOT SURE -2 REFUSED	NHANES 2011	{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	Yes



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23	WGT2_ad	During the past 12 months, have you tried to lose weight?  1 YES 2 NO -1 DON'T KNOW / NOT SURE -2REFUSED	NHANES 2011	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)	No
24	WGT3_ad	During the past 30 days, have you gained weight?  1 YES - How many pounds?_____ lbs./kg 2 NO -1DON'T KNOW / NOT SURE -2REFUSED	NHANES 2011	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)	Yes
25	WGT4_ad	During the past 30 days, have you lost weight?  1 YES - How many pounds?_____ lbs./kg 2 NO -1 DON'T KNOW / NOT SURE -2 REFUSED	NHANES 2011	How much weight {did you/did SP} lose in {your/his/her} most successful attempt ever to lose weight?	Yes
26	FOOD1_ad	What food or foods did you eat during your last meal or snack? Please tell me all the food and drinks you have had during your last meal or snack.  _____ [5000 MAX CHARACTERS] -1 DON'T KNOW / NOT SURE -2 REFUSED	RTI Developed	N/A	N/A

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27	FOOD2_ad	When did you last eat or drink anything besides water? Was that....  1. Today 2. Yesterday 3. Sometime earlier -1 DON'T KNOW / NOT SURE -2 REFUSED	RTI Developed	N/A	N/A
28	FOOD3_ad	[ASK IF FOOD2_ad_cy=1, ELSE SKIP] And what time was that? (At what time did you last eat or drink anything besides water?) ____ HOUR [1 – 12] ____ MINUTES [0-59] 1. AM 2. PM -1 DON'T KNOW / NOT SURE -2 REFUSED	RTI Developed	N/A	N/A
29	ILL1_ad	Have you had any colds, flus or other illnesses in the last two weeks?  1. YES 2. NO -1. DON'T KNOW/NOT SURE -2. REFUSED	RTI Developed	N/A	N/A
30	SAL_INTRO_a d	The next few questions will help us understand the results of your saliva sample.	DG		

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31	SAL1_ad	Has a doctor or dentist told you that you had periodontal disease (that is, an infection of the soft tissues and bones surrounding the teeth)? 1 YES 2 NO -1 DON'T KNOW/NOT SURE -2 REFUSED	NHANES 2011	Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease? YES....1 NO.....2 REFUSED.....7 DON'T KNOW.....9	Yes
32	SAL2_ad	Before this visit, when was the last time you brushed your teeth? Time: _____ INDICATE: AM/PM	DG	N/A	N/A
33	SAL3_ad	The last time you brushed your teeth, did you see any pink or reddish color when you spit into the sink? 1 YES 2 NO -1 DON'T KNOW/NOT SURE -2 REFUSED	DG	N/A	N/A
34	SAL4_ad	In the past 24 hours have you had any injuries to your mouth or any dental work that caused bleeding? 1 YES 2 NO -1 DON'T KNOW/NOT SURE -2 REFUSED	DG	N/A	N/A

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35	SAL5_ad	Do you have any open sores or cuts in your mouth?  1 YES 2 NO -1 DON'T KNOW/NOT SURE -2 REFUSED	DG	N/A	N/A
36	BP_INTRO_ad	Next, I would like to measure your blood pressure.		N/A	N/A
37	BP_1_ad	ARM SELECTED: 1 RIGHT 2 LEFT  ENTER ARM MEASUREMENT ____ CM -1 UNABLE TO OBTAIN – SKIP TO HEIGHT -2 REFUSED	RTI Developed	N/A	N/A
38	MEDS1_ad	Now I'd like to talk about medications. What medications are you currently taking? (Prescription medications, OTC, vitamins, dietary supplements, etc.) It would be really helpful if you could show me the actual medication so I can record the dosage.  ALLOW TIME FOR R TO GO GET MEDICATION  For each medication, please tell me the name, the dosage, how often you take it, how you take it, why you take it, when	RTI Developed	N/A	N/A
39	OTHER_BIO_1	ADULT HEIGHT MEASURED CM _____ UNABLE TO OBTAIN.....998 REFUSED.....-29	RTI Developed	N/A	N/A

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40	OTHER_BIO_2	ADULT WAIST CIRCUMFERENCE MEASURED CM _____ UNABLE TO OBTAIN.....998 REFUSED.....-29	RTI Developed	N/A	N/A
41	OTHER_BIO_3	ADULT WEIGHT MEASURED KG _____ UNABLE TO OBTAIN.....998 REFUSED.....-29	RTI Developed	N/A	N/A
42	OTHER_BIO_5	SALIVA SAMPLE COLLECTED YES/NO _____ REFUSED..... - 2 UNABLE TO OBTAIN..... - 5	RTI Developed	N/A	N/A
43	OTHER_BIO_6	SALIVA SAMPLE #  ID _____  ID _____	RTI Developed	N/A	N/A

1. Granger, D. A., Kivlighan, K. T., Fortunato, C., Harmon, A. G., Hibbel, L. C., Schwartz, E. B., Whembolua, G. (2007). Integration of salivary biomarkers into developmental and behaviorally-oriented research: Problems and solutions for collecting specimens. *Physiology and Behavior*, 92 (4), 585-590.