Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: CHS.100 00.010 Instrument Variable Name: CASMHSP QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, has [fill: S.C. name] stayed overnight in a hospital because of asthma?

1 Yes

2 No

7 Refused

9 Don't know

Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months UniverseText:

SkipInstructions: <1,2,R,D> [go to CWZMSWK]

Question ID: CHS.100 00.030 Instrument Variable Name: **CWZMSWK** QuestionnaireFileName: Sample Child

QuestionText: DURING THE PAST 12 MONTHS, HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school or

work] did [fill: S.C. name] miss because of [fill: his/her] asthma?

*Enter '0' for none.

*Enter 995 if child home schooled.

*Enter 996 if child did not go to [fill1: daycare or preschool/fill2: school/fill3: school or work].

000-365 000-365 days

995 Child was home schooled

996 child did not go to day care, preschool, school, or work

997 Refused Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

<0-100,995,996,R,D> [go to CASMPMED] **SkipInstructions:**

<101-365> [go to ERR1] CWZMSWK]

<366-994> [go to ERR2 CWZMSWK]

Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: CHS_100_00_060 Instrument Variable Name: CASMPMED QuestionnaireFileName: Sample Child

QuestionText: Now I'm going to ask you about two different kinds of ASTHMA medicine. One prevents symptoms over the long term.

The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in through

your mouth using a canister inhaler or a disk inhaler.

DURING THE PAST 3 MONTHS, has [fill: S.C. name] used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1> [goto CASMTYP] <2,R,D> [go to CASMDTP2]

Question ID: CHS.100 00.065 Instrument Variable Name: CASMTYP QuestionnaireFileName: Sample Child

QuestionText: When [fill: S.C. name] takes [his/her]rescue prescription asthma medication, would you say that [he/she] most often uses an inhaler and/or disk, or does [he/she] most often use a nebulizer?

*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes

- 1 Inhaler or disk
- 2 Nebulizer
- 7 Refused
- 9 Don't know

UniverseText: Sample child <18 who have used a quick relief prescription asthma inhaler in the past three months

SkipInstructions: <1> [go to CASMCAN] <2,R,D> [go to CASMDTP2]

Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: QuestionnaireFileName: CHS.100 00.070 Instrument Variable Name: **CASMCAN** Sample Child

DURING THE PAST 3 MONTHS did [fill: S.C. name] use more than three canisters or disks of this type of quick relief

inhaler?

1 Yes

QuestionText:

2 No

7 Refused 9

UniverseText: Sample child <18 who have used a prescription asthma inhaler/disk most often in the past three months

SkipInstructions: <1,2,R,D> [go to CASMDTP2]

Don't Know

Question ID: CHS.100 00.090 Instrument Variable Name: CASMDTP2 QuestionnaireFileName: Sample Child

QuestionText: The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used

to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.

Is [fill: S.C. name] NOW taking a preventive asthma medication every day or almost every day, less often, or never?

1 Every day or almost every day

2 Less often

3 Never

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D>[go to CASWMP]

Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: CHS_100_00_100 Instrument Variable Name: CASWMP QuestionnaireFileName: Sample Child

QuestionText:

An asthma action plan is a printed form with specific instructions based on [fill: S.C. name]'s asthma that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given [fill: S.C. name] an asthma action plan?

*Read if necessary: Include nurses and asthma educators.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to CASCLASS]

Question ID: CHS.100_00.110 Instrument Variable Name: CASCLASS QuestionnaireFileName: Sample Child

QuestionText: Has [fill: S.C. name] ever taken a course or class on how to manage [fill: his/her] asthma?

*Include adult(s) who took a course for the child's asthma.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to CAS_REC]

Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: CHS.100_00.116 Instrument Variable Name: CAS_REC QuestionnaireFileName: Sample Child

QuestionText: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian

...how to recognize early signs or symptoms of an asthma episode?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to CAS RES]

Question ID: CHS.100 00.117 Instrument Variable Name: CAS RES QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or

guardian

...how to respond to episodes of asthma?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to CAS_MON]

Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: CHS.100_00.118 Instrument Variable Name: CAS_MON QuestionnaireFileName: Sample Child

QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or

guardian

...how to monitor peak flow for daily therapy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to CAPENVLN]

Question ID: CHS.100 00.130 Instrument Variable Name: CAPENVLN QuestionnaireFileName: Sample Child

QuestionText: Has a doctor or other health professional EVER advised you to change things in [fill: S.C. name]'s home, school, or work

to improve [fill: his/her] asthma?

1 Yes

2 No

3 Was told no changes needed

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D> [go to CAROUTIN]

Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: CHS_100_00_135 Instrument Variable Name: CAROUTIN QuestionnaireFileName: Sample Child

QuestionText: During the past 12 months how many times did [fill: S.C. name] see a doctor or other health professional for a routine

checkup for [fill: his/her] asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits

for acute care for an asthma episode or attack.

*Enter '0' for none.

000 None

001-365 001-365 times997 Refused999 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <0> [if AGE LE 2 go to CCONDT1 1; else go to CCONDT 1]; <1-50,R,D> [go to CASYMPT] <51-365> [goto

ERR_CAROUTIN]

Question ID: CHS.100 00.140 Instrument Variable Name: CASYMPT QuestionnaireFileName: Sample Child

QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN

....[fill: he/she] had asthma symptoms?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months and saw a

doctor/health professional about S.C.'s asthma in the past year

SkipInstructions: <1,2,R,D> if CASMPMED=1 [go to CARESCUE]; else [goto CAACTLIM]

Child Health Status & Limitations

Document Version Date: 10-Aug-12

Question ID: CHS_100_00_145 Instrument Variable Name: CARESCUE QuestionnaireFileName: Sample Child

QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN

....[fill: he/she] used [fill: his/her] quick relief inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months and use a quick relief

inhaler and saw a doctor/health professional about S.C.'s asthma in the past year

SkipInstructions: <1,2,R,D> [go to CAACTLIM]

Question ID: CHS.100_00.150 Instrument Variable Name: CAACTLIM QuestionnaireFileName: Sample Child

QuestionText: At his/her last visit, did [fill: S.C. name]'s doctor or other health professional ask HOW OFTEN

...asthma symptoms limited [fill: his/her] daily activities?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample child <18 who still have asthma or who had asthma episode/attack in past 12 months and saw a

doctor/health professional about S.C.'s asthma in the past year

SkipInstructions: <1,2,R,D> [if AGE LE 2 go to CCONDT1_1; else go to CCONDT_1]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN.020 00.010 Instrument Variable Name: HYPYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had hypertention

SkipInstructions: <1,2,R,D> [goto CHLYR]

Question ID: ACN.025_00.010 Instrument Variable Name: CHLYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had high cholesterol?

*Enter '1' if respondent is taking medication to control his/her high cholesterol.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto CHDEV]

Question ID: ACN.100 00.010 Instrument Variable Name: AASMHSP QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you stayed overnight in a hospital because of asthma?

*If in hospital for asthma AND other reasons, enter '1'.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AWZMSWK]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN 100 00.030 Instrument Variable Name: AWZMSWK QuestionnaireFileName: Sample Adult

DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to [fill1: work/get work done around the

house] because of your asthma?

*Enter '0' for none.

*Enter '996' if respondent is unable to do this activity.

000-365 000-365 days

996 Unable to do this activity

997 Refused999 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <0-100,996,R,D> [go to AASMPMED]

<101-365> [go to ERR1_AWZMSWK] <366-994> [go to ERR2_AWZMSWK]

Question ID: ACN.100_00.060 Instrument Variable Name: AASMPMED QuestionnaireFileName: Sample Adult

QuestionText:

QuestionText:

Now I'm going to ask you about two different kinds of ASTHMA medicine. One prevents symptoms over the long term. The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in through your mouth using a canister inhaler or a disk inhaler.

DURING THE PAST 3 MONTHS, have you used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1> [goto AASMTYP] <2,R,D> [go to AASMDTP2]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN 100 00.065 Instrument Variable Name: AASMTYP QuestionnaireFileName: Sample Adult

QuestionText: When you take your rescue prescription asthma medication, would you say that you most often use an inhaler and/or disk,

or do vou most often use a nebulizer?

*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a

few minutes

1 Inhaler or disk

2 Nebulizer

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have used a quick relief prescription asthma inhaler in the past three months

SkipInstructions: <1> [go to AASMCAN] <2,R,D> [go to AASMDTP2]

Question ID: ACN 100 00.070 Instrument Variable Name: AASMCAN QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 3 MONTHS did you use more than three canisters or disks of this type of quick relief inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have used a prescription asthma inhaler/disk most often in the past three months

SkipInstructions: <1,2,R,D> [go to AASMDTP2]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN 100 00.090 Instrument Variable Name: AASMDTP2 QuestionnaireFileName: Sample Adult

QuestionText: The second kind of asthma medication is dif

The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used

to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.

Are you NOW taking a preventive asthma medication every day or almost every day, less often, or never?

1 Every day or almost every day

2 Less often

3 Never

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D> [go to AASWMP]

Question ID: ACN.100_00.100 Instrument Variable Name: AASWMP QuestionnaireFileName: Sample Adult

QuestionText:

An asthma action plan is a printed form with specific instructions based on your asthma that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you an asthma action plan?

*Read if necessary: Include nurses and asthma educators.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AASCLASS]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN.100 00.110 Instrument Variable Name: AASCLASS QuestionnaireFileName: Sample Adult

QuestionText: Have you ever taken a course or class on how to manage asthma yourself?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAS REC]

Question ID: ACN.105 00.110 Instrument Variable Name: AAS REC QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER taught you

...how to recognize early signs or symptoms of an asthma episode?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAS_RES]

Question ID: ACN.105 02.020 Instrument Variable Name: AAS RES QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught you

...how to respond to episodes of asthma?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAS_MON]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN.105_03.030 Instrument Variable Name: AAS_MON QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary: Has a doctor or other health professional EVER taught you

...how to monitor peak flow for daily therapy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,R,D> [go to AAPENVLN]

Question ID: ACN.107_00.010 Instrument Variable Name: AAPENVLN QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER advised you to change things in your home, school, or work to improve

your asthma?

1 Yes

2 No

3 Was told no changes needed

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D> [go to AAROUTIN]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN.107 00.020 Instrument Variable Name: AAROUTIN QuestionnaireFileName: Sample Adult

QuestionText: During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for

your asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits for acute care for an

asthma episode or attack.

*Enter '0' for none.

000 None

001-365 001-365 times997 Refused999 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <0> [goto ULCEV]; <1-50,R,D> [go to AASYMPT] <51-365> [goto ERR AAROUTIN]

Question ID: ACN.107_00.030 Instrument Variable Name: AASYMPT QuestionnaireFileName: Sample Adult

QuestionText: At your last visit, did your doctor or other health professional ask HOW OFTEN

....you had asthma symptoms?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months and saw a

doctor/health professional about their asthma in the past year

SkipInstructions: <1,2,R,D> if AASMPMED=1 [go to AARESCUE]; else [goto AAACTLIM]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN.107 00.040 Instrument Variable Name: AARESCUE QuestionnaireFileName: Sample Adult

QuestionText: At your last visit, did your doctor or other health professional ask HOW OFTEN

....you used your quick relief inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months and who use a quick

relief inhaler and saw a doctor/health professional about their asthma in the past year

SkipInstructions: <1,2,R,D> [go to AAACTLIM]

Question ID: ACN.107 00.050 Instrument Variable Name: AAACTLIM QuestionnaireFileName: Sample Adult

QuestionText: At your last visit, did your doctor or other health professional ask HOW OFTEN

...your asthma symptoms limited your daily activities?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months and saw a

doctor/health professional about their asthma in the past year

SkipInstructions: <1,2,R,D> [goto ULCEV]

Question ID: ACN.192_00.010 Instrument Variable Name: EPILEP1 QuestionnaireFileName: Sample Adult

QuestionText: Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto EPILEP2]

<2,R,D> [goto AHAYFYR]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN.192 00.020 Instrument Variable Name: EPILEP2 QuestionnaireFileName: Sample Adult

QuestionText: Are you currently taking any medicine to control your seizure disorder or epilepsy?

1 Yes

2 No.

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP3]

Question ID: ACN.192 00.030 Instrument Variable Name: EPILEP3 QuestionnaireFileName: Sample Adult

QuestionText: Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you

had in the past year?

*Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch.".

*If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

- 0 None
- 1 One
- 2 Two or three
- 3 Between four and ten
- 4 More than 10
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <0-4,R,D> [goto EPILEP4]

Adult Conditions

Document Version Date: 10-Aug-12

Question ID: ACN.192_00.040 Instrument Variable Name: EPILEP4 QuestionnaireFileName: Sample Adult

QuestionText: In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP5]

Question ID: ACN.192 00.050 Instrument Variable Name: EPILEP5 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like

working, school, or socializing with family or friends? Would you say...

*Read categories below.

1 Not at all

- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1-5,R,D> [goto AHAYFYR]

2013 NHIS Instrument Spec Report

Section name: Adult Immunosuppression		
Module	49	
Section Name	Adult Immunosuppression	
Part		
Question ID	AIS.010_00.010	
Variable Name	AIMSUPEV	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999'))	
Universe-text	Sample adults 18+	
Question Text	Have you EVER been told by a doctor or other health professional that your immune system is weakened?	
	*Read if necessary: A weakened immune system is also called immune compromised or immune suppressed. It means that you are not able to fight infections and is usually caused by an underlying illness or by various medical treatments or prescription medications.	
Answer Codes	1. Yes 2. No Refused Don't know	
Question Type	Yes/No	
Field Pane Description	on	
Fill Instructions		
Special Instructions		
Skip Instructions	<1> [goto AIMSPSTL] <2,R,D> [goto next section]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	49
Section Name	Adult Immunosuppression
Part	
Question ID	AIS.010_00.020
Variable Name	AIMSPSTL
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AIMSUPEV(e)='1'
Universe-text	Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system
Question Text	Do you still have a weakened immune system?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AIMSPMED]
Hard Edits	
Soft Edits	
AssocHelp	

Module	49
Section Name	Adult Immunosuppression
Part	
Question ID	AIS.010_00.030
Variable Name	AIMSPMED
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997', '999')) and AIMSUPEV(e)='1'
Universe-text	Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system
Question Text	The next questions are about reasons a doctor or other health professional may have told you that your immune system was weakened. Please say yes or no to each.
	DURING THE PAST 6 MONTHS, have you taken prescription medication or had any medical treatments that a doctor or other health professional told you would weaken your immune system? Examples include steroid or corticosteroid pills, such as prednisone, or other oral or injected medications for treating many types of autoimmune conditions or certain cancers.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AIMSPCHC]
Hard Edits	
Soft Edits	
AssocHelp	

Module	49
Section Name	Adult Immunosuppression
Part	
Question ID	AIS.010_00.040
Variable Name	AIMSPCHC
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AIMSUPEV(e)='1'
Universe-text	Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system
Question Text	Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, even without related medications or treatments? Examples include certain kinds of leukemia, lymphoma, or HIV infection.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto AIMSPSHC]
Hard Edits	
Soft Edits	
AssocHelp	

Module	49
Section Name	Adult Immunosuppression
Part	
Question ID	AIS.010_00.050
Variable Name	AIMSPSHC
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AIMSUPEV(e)='1'
Universe-text	Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system
Question Text	Has a doctor or other health professional EVER told you that your immune system is weakened because you have kidney disease, lung disease, liver disease, diabetes, poor nutrition, or general frailty?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> if CANKIND_1=1-30 or CANKIND_2=1-30 or CANKIND_3=1-30 or CANKIND_4=96 [goto AIMSPCAN]; else [goto AIMSPCLD]
Hard Edits	
Soft Edits	
AssocHelp	

Module

49

Section Name

Adult Immunosuppression

Part

Question ID

AIS.010 00.060

Variable Name

AIMSPCAN

Universe

HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AIMSUPEV(e)='1' and ((01<=CANKIND_1(e)<=30) or (01<=CANKIND_2(e)<=30) or (01<=CANKIND 3(e)<=30) or CANKIND 4(e)='96)

Universe-text

Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system and have one or more kinds of cancer

Question Text

Earlier you said you had {fill1: type of cancer from CANKIND_1, CANKIND_2, CANKIND_3, CANKIND_4 cancer}. Did a doctor or other health professional EVER tell you that your immune system is weakened because of {fill2: this cancer/these cancers}?

*Read if necessary: Please only respond yes if a doctor or health care professional told you the cancer weakens the immune system, even if you are not now having treatments or taking prescription medicines that weaken the immune system.

Answer Codes

1. Yes 2. No Refused Don't know

Question Type

Yes/No

Field Pane Description

Fill Instructions

Fill1: Fill cancer(s) from CANKIND_1, CANKIND_2, CANKIND_3, CANKIND_4:

bladder cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 1 blood cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 2 bone cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 3 brain cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 4 breast cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 5 cervical cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 6 colon cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 7 esophageal cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 8 gallbladder cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 9 kidney cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 10 larvnx-windpipe cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 11 leukemia if CANKIND 1 or CANKIND 2 or CANKIND 3 = 12 liver cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 13 lung cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 14 lymphoma if CANKIND_1 or CANKIND_2 or CANKIND_3 = 15 melanoma if CANKIND 1 or CANKIND 2 or CANKIND 3 = 16 mouth/tongue/lip cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 17 ovarian cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 18 pancreatic cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 19 prostate cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 20 rectal cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 21 skin (non-melanoma) cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 22 skin (don't know what kind) cancer CANKIND 1 or CANKIND 2 or CANKIND 3 = 23 soft tissue (muscle or fat) cancer if CANKIND 1 or CANKIND 2 or CANKIND 3 = 24

stomach cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 25
testicular cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 26
throat/pharynx cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 27
thyroid cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 28
uterine cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 29
cancer if CANKIND_1 or CANKIND_2 or CANKIND_3 = 30 or CANKIND_4=96 (more than three kinds)
Refused
Don't know

Fill2: If CANKIND_1 not=blank and CANKIND_2, CANKIND_2, CANKIND 4=blank,then fill "this cancer"; else fill "these cancers"

Special Instructions	
Skip Instructions	<1,2,R,D> [goto AIMSPCLD]
Hard Edits	
Soft Edits	
AssocHelp	
Module	49
Section Name	Adult Immunosuppression
Part	
Question ID	AIS.010_00.070
Variable Name	AIMSPCLD
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and AIMSUPEV(e)='1'
Universe-text	Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened immune system
Question Text	Has a doctor or other health professional EVER told you that your immune system is weakened because you seem to get many infections and colds or that you can't seem to get over them?
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1,2,R,D> [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Adult Access to Health Care & Utilization

Document Version Date: 10-Aug-12

Question ID: AAU.126_01.010 Instrument Variable Name: ARX12MO QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARX12 1]

<2,R,D> [goto ARX12 5]

Question ID: AAU.365 00.010 Instrument Variable Name: AHEPBTST QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a blood test for hepatitis B?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto SHTHEPB]

Question ID: AAU.405 00.010 Instrument Variable Name: AHEPCTST QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a blood test for hepatitis C?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPCRES] <2,R,D> if AGE GE 50 goto SHINGLES

elseif AGE LT 50 goto SHTTD

Adult Access to Health Care & Utilization

Document Version Date: 10-Aug-12

Question ID: AAU.405_00.020 Instrument Variable Name: AHEPCRES QuestionnaireFileName: Sample Adult

QuestionText: What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.

- You or your doctor thought you were at risk for hepatitis C
- You were born from 1945 to 1965
- 3 You were at risk due to exposure of blood on your job, injection drug use or receipt of transfusion before 1992
- 4 Some other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had a blood test for hepatitis C

SkipInstructions: <1-4,R,D> if AGE GE 50 [goto SHINGLES]; elseif AGE LT 50 goto SHTTD

Question ID: AAU.448_00.010 Instrument Variable Name: AHPVAGE QuestionnaireFileName: Sample Adult

QuestionText: How old were you when you received your first HPV shot?

08-64 8 to 64 years
 7 Refused
 9 Don't know

UniverseText: Sample adults age LE 64 who have had an HPV shot

SkipInstructions: <8-64,R,D> [goto LIVEV]

Adult Access and Utilization

Document Version Date: 10-Aug-12

Question ID: AAU.705 00.000 Instrument Variable Name: WHYTST QuestionnaireFileName: Sample Adult QuestionText: (book) A11 I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested? 01 It's unlikely you've been exposed to HIV 02 You were afraid to find out if you were HIV positive (that you had HIV) 03 You didn't want to think about HIV or about being HIV positive 04 You were worried your name would be reported to the government if you tested positive 05 You didn't know where to get tested 06 You don't like needles 07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection 08 Some other reason 09 No particular reason 97 Refused 99 Don't know

UniverseText: Sample adults 18+ who have not been tested for HIV

SkipInstructions: <1-7,9,R,D> [goto next section]

<8> [goto WHYSPEC]

Question ID: AAU.706 00.000 Instrument Variable Name: WHYSPEC QuestionnaireFileName: Sample Adult

QuestionText: What was the main reason why you have not been tested?

Verbatim Verbatim response

7 Refused9 Don't know

UniverseText: Sample adults 18+ with some other reason for no HIV test

SkipInstructions: <75 char long> [goto next section]

2013 Instrument Spec Report

Section name: **Cancer Screening** 30 Module **Cancer Screening** Section Name Part NAF.032 00.000 **Question ID** Variable Name **SNONCE** HHSTAT4 = 'S' and (AGE GE '018' and AGE not IN ('997', '999')) Universe Sample adults 18+ Universe-text DURING THE PAST 12 MONTHS, have you used an indoor tanning device such as a **Question Text** sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan. Answer Codes 1. Yes 2. No Refused Don't know Question Type Yes/No Field Pane Description Fill Instructions **Special Instructions** <1>[goto SNNUM1] <2,R,D> if SEX=2 and if APSPAP=1 [goto RPAP1_M1]; else if Skip Instructions SEX=2 and APSPAP ne 1 [goto PAPHAD1]; else if SEX=1 and AGE GE 40 [goto PSAREC]; else [goto next section]

Hard Edits

Soft Edits

AssocHelp

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.033_00.000
Variable Name	SNNUM1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and (SNONCE(e)='1')
Universe-text	Sample adults 18+ who have used indoor tanning device in past year
Question Text	DURING THE PAST 12 MONTHS, how many times have you used an indoor tanning device such as a sunlamp, sunbed or tanning booth? Do NOT include times you have gotten a spray-on tan.
Answer Codes	(Allow 1-365,R,D)
Question Type	Integer
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-365,R,D> if SEX=2 and if APSPAP=1 [goto RPAP1_M1]; else if SEX=2 and APSPAP ne 1 [goto PAPHAD1]; else if SEX=1 and AGE GE 40 [goto PSAREC]; else [goto next section]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.130_00.000
Variable Name	PAPHAD1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and APSPAP(e) IN('2','7','9')
Universe-text	Female sample adults 18+ who have not had a Pap test in the past 12 months
Question Text	Have you EVER HAD a Pap smear or Pap test?
	*Read if necessary. A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.
Answer Codes	1. Yes 2. No Refused Don't know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	If APSPAP=1 fill '1' here and don't ask question
Skip Instructions	<1> [goto RPAP1_MT] <2> [goto MDRECP1] <r,d> [goto HYST]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.150_01.000
Variable Name	RPAP1_M1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and PAPHAD1(e)='1'
Universe-text	Female sample adults 18+ who have ever had a Pap smear
Question Text	1 of 2
	[Fill1: Earlier you said you had a Pap test.]
	When did you have your MOST RECENT Pap test?
	*Enter month of last Pap test.
	*Enter '96' to go to number and time period format.
Answer Codes	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 96. Time period format Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Description	on
Fill Instructions	If APSPAP=1 then fill: Earlier you said you had a Pap test.
Special Instructions	if RPAP1_M1 = <r> store 'R' in RPAP1_Y1 if RPAP1_M1 = <96> store '9996' in RPAP1_Y1</r>
Skip Instructions	<1-12,D> [goto RPAP1_Y1] <r> store 'R' in RPAP1_Y1 [goto RPAP21] <96> store '9996' in RPAP1_Y1 [goto RPAP1N1]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.150_02.000
Variable Name	RPAP1_Y1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and PAPHAD1(e)='1' and ('01' <= RPAP1_M1(e) <= '12' or RPAP1_M1(e)='99')
Universe-text	Female sample adults age 18+ who answered month of last Pap smear test or didn't know month of last Pap smear test
Question Text	2 of 2
	*Enter year of last Pap test.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Allow 4 character numeric field – must enter 4 numbers
Skip Instructions Hard Edits	<pre><valid year=""> if RPAP1_Y1 gt current year or (RPAP1_Y1=current year and RPAP1_M1 gt current month) goto ERR1_ RPAP1_Y1 (future date) elseif RPAP1_Y1 lt DOBY or (RPAP1_Y1=DOBY and RPAP1_M1 lt DOBM) goto ERR2_ RPAP1_Y1 (prior to birth date) elseif RPAP1_M1=D goto RPAP21 elseif RPAP1_M1=1-12 goto PAPREA1 <r,d> goto RPAP21</r,d></valid></pre> ERR1_ RPAP1_Y1 * Future date invalid. Please correct.
	* Future date invalid. Please correct. ERR2_ RPAP1_Y1 * Date before birth. Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.160_01.000
Variable Name	RPAP1N1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and PAPHAD1(e)='1' and RPAP1_M1(e)='96'
Universe-text	Female sample adults 18+ who selected number and time period format for most recent Pap smear test from the initial month screen
Question Text	1 of 2
	When did you have your MOST RECENT Pap test?
	*Enter number for time since last Pap test.
	*Enter '95' for 95 or more.
Answer Codes	(Allow 1-95,R,D)
Question Type	Integer
Field Pane Descripti	
Fill Instructions	
Special Instructions	if RPAP1N1 = <r> store 'R' in RPAP1T1 if RPAP1N1 = <d> store 'D' in RPAP1T1</d></r>
Skip Instructions	<1-95> [goto RPAP1T1] <r,d> store 'R,D' in RPAP1T1 [goto RPAP21]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.160_02.000
Variable Name	RPAP1T1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and PAPHAD1(e)='1' and RPAP1_M1(e)='96' and ('01' <= RPAP1N1(e) <= '95')
Universe-text	Female sample adults 18+ who answered 1-95 for number part of this 2 part question
Question Text	2 of 2
	*Enter time period for time since most recent Pap test.
Answer Codes	1. Days ago 2. Weeks ago 3. Months ago 4. Years ago Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on [
Fill Instructions	
Special Instructions	If RPAP1N1 gt 5 and RPAP1T1=4, store '5' in RPAP21.
	If RPAP1N1=4 and RPAP1T1=4, store '4' in RPAP21.
Skip Instructions	<1-3> goto PAPREA1 <4> if RPAP1N1=4 set RPAP21=4 goto PAPREA1 elseif RPAP1N1 gt 5 and RPAP1N1 gt AGE goto ERR_RPAP1T1 (greater than persons age) elseif RPAP1N1 gt 5 and RPAP1N1 le AGE set RPAP21=5 goto PAPREA1 elseif RPAP1N1=1,2,3,5 goto RPAP21 <r,d> goto RPAP21</r,d>
Hard Edits	ERR_RPAP1T1
	* Time since last exam cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.165_00.000
Variable Name	RPAP21
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and PAPHAD1(e)='1' and (RPAP1_M1(e) IN ('97','98','99') or RPAP1_Y1(e) IN ('9997','9998','9999') or RPAP1N1(e) IN ('97','98','99') or RPAP1T1(e) IN ('7','8','9') or (RPAP1T1(e) = '4' and RPAP1N1(e) IN ('1','2','3','5')))
Universe-text	Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last Pap smear test was over 5 years ago)
Question Text	Was it:
	*Read answer categories.
Answer Codes	 A year ago or less More than 1 year but not more than 2 years More than 2 years but not more than 3 years More than 3 years but not more than 5 years Over 5 years ago Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Description	
Fill Instructions	
Special Instructions	Display answer categories 1-5 in BOLD BLACK text.
	If RPAP1N1 gt 5 and RPAP1T1=4, store '5' in RPAP21 and don't ask question.
	If RPAP1N1=4 and RPAP1T1=4, store '4' in RPAP21 and don't ask question.
	Based upon prior answers: if RPAP1N1 = 1 and RPAP1T1 = '4', gray out answer codes 3,4,5 if RPAP1N1 = 2 and RPAP1T1 = '4', gray out answer codes 1,4,5 if RPAP1N1 = 3 and RPAP1T1 = '4', gray out answer codes 1,2,5 if RPAP1N1 = 5 and RPAP1T1 = '4', gray out answer codes 1,2,3
Skip Instructions	<1-5,R,D> if answer code is grayed out [goto ERR_RPAP21] else [goto PAPREA1]
Hard Edits	ERR_RPAP21
	*That is not a valid response. *Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.170_00.000
Variable Name	PAPREA1
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and PAPHAD1(e)='1'
Universe-text	Female sample adults 18+ who have ever had a Pap smear
Question Text	What was the MAIN reason you had this Pap test - was it part of a routine exam, because of a problem, or some other reason?
Answer Codes	1. Part of a routine exam 2. Because of a problem 3. Other reason Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto MDRECP1]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.215_00.000	
Variable Name	MDRECP1	
Universe	HHSTAT4='S' and (AGE GE '018' ar PAPHAD1(e) not IN ('7','9')	nd AGE not IN ('997','999')) and SEX='2' and
Universe-text	Female sample adults 18+ who did r question	not answer refused or don't know to initial Pap test
Question Text		ent screening exam LE 3 years from system date) ommended by a doctor or other health
	RPAP21=R,D)	=1 and GT 3 years from system date or ctor or other health professional RECOMMENDED
Answer Codes	1. Yes 2. No 3. Did not see a doctor in the last 12 Refused Don't Know	months
Question Type	Pick One - answer pane list	
Field Pane Description		
Fill Instructions	(current year – 3) and RPAP1_M1 g 3)) or (RPAP1T1 = 3 and RPAP1N1 recommended by a doctor or other h	as a doctor or other health professional
Special Instructions		
Skip Instructions	<1-3,R,D> if PAPHAD1=1 [goto PAF	WHEN]; else [goto HYST]
Hard Edits		
Soft Edits		
AssocHelp		

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.216_00.000
Variable Name	PAPWHEN
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2' and PAPHAD1(e)='1'
Universe-text	Female sample adults 18+ who have ever had a Pap smear
Question Text	When do you expect to have your next Pap smear or Pap test?
Answer Codes	1. A year or less from now 2. More than 1 year to 3 years from now 3. More than 3 years to 5 years from now 4. More than 5 years from now 5. When doctor recommends it 6. Never, had HPV DNA test 7. Never, had HPV vaccine 8. Never, other reason Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Description	
Fill Instructions	
Special Instructions	
Skip Instructions	<1-8,R,D> [goto HYST]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.220_00.000	
Variable Name	HYST	
Universe	HHSTAT4='S' and (AGE GE '018' and AGE not IN ('997','999')) and SEX='2'	
Universe-text	Female sample adults 18+	
Question Text	Have you had a hysterectomy?	
Answer Codes	1. Yes 2. No Refused Don't Know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1,2,R,D> if AGE GE 30 [goto MAMHAD]; else [goto next section]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.230_00.000
Variable Name	MAMHAD
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and APSMAM(e) IN('2','7','9')
Universe-text	Female sample adults 30+ who have not had a mammogram in the past 12 months
Question Text	Have you EVER HAD a mammogram?
	*Read if necessary.
	A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Display the text " A mammogram is an x-ray taken only of the breast by a machine that presses against the breast." in BOLD GRAY text; if APSMAM=1 fill '1' here and don't ask question
Skip Instructions	<1> [goto RMAM1_MT] <2> [goto MDRECMAM] <r,d> if AGE GE 40 [goto COLHAD]; else [goto next section]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.260_01.000
Variable Name	RMAM1_MT
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and MAMHAD(e)='1'
Universe-text	Female sample adults 30+ who have ever had a mammogram
Question Text	1 of 2
	[Fill1: Earlier you said you had a mammogram.]
	When did you have your MOST RECENT mammogram?
	*Enter month of last mammogram.
	*Enter '96' to go to number and time period format.
Answer Codes	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 96. Time period format Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Description	on
Fill Instructions	If APSMAM=1 then fill: Earlier you said you had a mammogram.
Special Instructions	if RMAM1_MT = <r> store 'R' in RMAM1_YR if RMAM1_MT = <96> store '9996' in RMAM1_YR</r>
Skip Instructions	<1-12,D> [goto RMAM1_YR] <r> store 'R' in RMAM1_YR [goto RMAM2] <96> store '9996' in RMAM1_YR [goto RMAM1N]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.260_02.000
Variable Name	RMAM1_YR
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and MAMHAD(e)='1' and ('01' <= RMAM1_MT(e) <= '12' or RMAM1_MT(e)='99')
Universe-text	Female sample adults age 30+ who answered month of last mammogram or didn't know month of last mammogram
Question Text	2 of 2
	*Enter year of last mammogram.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Allow 4 character numeric field – must enter 4 numbers
Skip Instructions	<pre><valid year=""> if RMAM1_YR gt current year or (RMAM1_YR=current year and RMAM1_MT gt current month) goto ERR1_ RMAM1_YR (future date) elseif RMAM1_YR It DOBY or (RMAM1_YR=DOBY and RMAM1_MT It DOBM) goto ERR2_ RMAM1_YR (prior to birth date) elseif RMAM1_MT=D goto RMAM2 elseif RMAM1_MT=1-12 goto MAMREAS <r,d> goto RMAM2</r,d></valid></pre>
Hard Edits	ERR1_ RMAM1_YR
	* Future date invalid. Please correct.
	ERR2_ RMAM1_YR
	* Date before birth. Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.270_01.000
Variable Name	RMAM1N
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and MAMHAD(e)='1' and RMAM1_M1(e)='96'
Universe-text	Female sample adults 30+ who selected number and time period format for most recent mammogram from the initial month screen
Question Text	1 of 2
	When did you have your MOST RECENT mammogram?
	*Enter number for time since last mammogram.
	*Enter '95' for 95 or more.
Answer Codes	(Allow 1-95,R,D)
Question Type	Integer
Field Pane Descripti	on
Fill Instructions	
Special Instructions	if RMAM1N = <r> store 'R' in RMAM1T if RMAM1N = <d> store 'D' in RMAM1T</d></r>
Skip Instructions	<1-95> [goto RMAM1T] <r,d> store 'R,D' in RMAM1T [goto RMAM2]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.270_02.000
Variable Name	RMAM1T
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and MAMHAD(e)='1' and RMAM1_MT(e)='96' and ('01' <= RMAM1N(e) <= '95')
Universe-text	Female sample adults 30+ who answered 1-95 for number part of this 2 part question
Question Text	2 of 2
	*Enter time period for time since most recent mammogram.
Answer Codes	1. Days ago 2. Weeks ago 3. Months ago 4. Years ago Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	if RMAM1N gt 5 and RMAM1T=4, store '5' in RMAM2.
	if RMAM1N=4 and RMAM1T=4, store '4' in RMAM2.
Skip Instructions	<1-3> goto MAMREAS <4> if RMAM1N=4 set RMAM2=4 goto MAMREAS elseif RMAM1N gt 5 and RMAM1N gt AGE goto ERR_RMAM1T (greater than persons age) elseif RMAM1N gt 5 and RMAM1N le AGE set RMAM2=5 goto MAMREAS elseif RMAM1N=1,2,3,5 goto RMAM2 < <r,d> goto RMAM2</r,d>
Hard Edits	ERR_RMAM1T
	* Time since last exam cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.275_00.000
Variable Name	RMAM2
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and MAMHAD(e)='1' and (RMAM1_MT(e) IN ('97','98','99') or RMAM1_YR(e) IN ('9997','9998','9999') or RMAM1N(e) IN ('97','98','99') or RMAM1T(e) IN ('7','8','9') or (RMAM1T(e) = '4' and RMAM1N(e) IN ('1','2','3','5')))
Universe-text	Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last mammogram was over 5 years ago)
Question Text	Was it:
	*Read answer categories.
Answer Codes	 A year ago or less More than 1 year but not more than 2 years More than 2 years but not more than 3 years More than 3 years but not more than 5 years Over 5 years ago Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Display answer categories 1-5 in BOLD BLACK text.
	If RMAM1N gt 5 and RMAM1T=4, store '5' in RMAM2 and don't ask question.
	If RMAM1N=4 and RMAM1T=4, store '4' in RMAM2 and don't ask question.
	Based upon prior answers: if RMAM1N = 1 and RMAM1T = '4', gray out answer codes 3,4,5 if RMAM1N = 2 and RMAM1T = '4', gray out answer codes 1,4,5 if RMAM1N = 3 and RMAM1T = '4', gray out answer codes 1,2,5 if RMAM1N = 5 and RMAM1T = '4', gray out answer codes 1,2,3
Skip Instructions	<1-5,R,D> if answer code is grayed out [goto ERR_RMAM2] else [goto MAMREAS]
Hard Edits	ERR_RMAM2
	*That is not a valid response. *Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.310_00.000
Variable Name	MAMREAS
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and MAMHAD(e)='1'
Universe-text	Female sample adults 30+ who have ever had a mammogram
Question Text	What was the MAIN reason you had this mammogram was it part of a routine exam, because of a problem, or some other reason?
Answer Codes	1. Part of a routine exam 2. Because of a problem 3. Other reason Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto MDRECMAM]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.370_00.000	
Variable Name	MDRECMAM	
Universe	HHSTAT4='S' and (AGE GE '030' and AGE not IN ('997','999')) and SEX='2' and MAMHAD(e) not IN('7','9')	
Universe-text	Female sample adults 30+ who did not answer refused or don't know to initial mammogram question	
Question Text	Fill1: (IF MAMHAD=1 and most recent screening exam LE 2 years from system date) [Was your most recent mammogram recommended by a doctor or other health professional?]	
	Else (IF MAMHAD=2, or MAMHAD GT 2 years from system date or RMAM2=R,D) [In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a mammogram?]	
Answer Codes	1. Yes 2. No 3. Did not see a doctor in the last 12 months Refused Don't Know	
Question Type	Pick One - answer pane list	
Field Pane Description		
Fill Instructions	[fill 1] if MAMHAD = '1' and ((RMAM2 = 1,2) or (RMAM1T = 1,2) or (RMAM1_YR = (current year - 2) and RMAM1_MT ge current month) or (RMAM1_YR gt (current year - 2)) or (RMAM1T = 3 and RMAM1N le 24)) fill "Was your most recent mammogram recommended by a doctor or other health professional?" else fill "In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a mammogram?"	
Special Instructions		
Skip Instructions	<1-3,R,D> if AGE GE 40 [goto COLHAD]; else [goto next section]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.427_00.000
Variable Name	PSAREC
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1'
Universe-text	Male sample adults 40+
Question Text	Has a doctor EVER recommended that you have a PSA test?
	*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	Display the text "A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. " in BOLD GRAY text.
Skip Instructions	<1,2,R,D> [goto PSAHAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.430_00.000
Variable Name	PSAHAD
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1'
Universe-text	Male sample adults 40+
Question Text	Have you EVER HAD a PSA test?
	*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	Display the text "A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. " in BOLD GRAY text.
Skip Instructions	<1> [goto RPSA1_MT] <2,R,D> [goto COLHAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.440_00.000
Variable Name	RPSA1_MT
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1' and PSAHAD(e)='1'
Universe-text	Male sample adults 40+ who have had a PSA test
Question Text	1 of 2
	When did you have your MOST RECENT PSA test?
	* Enter month of last PSA test.
	* Enter '96' to go to number and time period format.
Answer Codes	 January February March April May June July August September October November December Time period format Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	if RPSA1_MT = <r> store 'R' in RPSA1_YR if RPSA1_MT = <96> store '9996' in RPSA1_YR</r>
Skip Instructions	<1-12,D> [goto RPSA1_YR] <r> store 'R' in RPSA1_YR [goto RPSA2] <96> store '9996' in RPSA1_YR [goto RPSA1N]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.440_01.000
Variable Name	RPSA1_YR
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1' and PSAHAD(e)='1' and ('01' <= RPSA1_MT(e) <= '12' or RSPA1_MT(e)='99')
Universe-text	Male sample adults 40+ who answred month of last PSA test or didn't know month of last PSA test
Question Text	2 of 2
	* Enter year of last PSA test.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Allow 4 character numeric field – must enter 4 numbers
Skip Instructions Hard Edits	<pre><valid year=""> if RPSA1_YR gt current year or (RPSA1_YR=current year and RPSA1_MT gt current month) goto ERR1_ RPSA1_YR (future date) elseif RPSA1_YR It DOBY or (RPSA1_YR=DOBY and RPSA1_MT It DOBM) goto ERR2_ RPSA1_YR (prior to birth date) elseif RPSA1_MT=D goto RPSA2 elseif RPSA1_MT=1-12 goto PSAREAS <r,d> goto RPSA2</r,d></valid></pre> ERR1_ RPSA1_YR
mara Baus	
	* Future date invalid. Please correct.
	ERR2_RPSA1_YR
	* Date before birth. Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.440_02.000
Variable Name	RPSA1N
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1' and PSAHAD(e)='1' and RPSA1_MT(e)='96'
Universe-text	Male sample adults 40+ who have selected number and time period format for most recent PSA test from the initial month screen
Question Text	1 of 2
	When did you have your MOST RECENT PSA test?
	* Enter number for time since last PSA test.
	* Enter '95' for 95 or more.
Answer Codes	(Allow 1-95,R,D)
Question Type	Integer
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	if RPSA1N = <r> store 'R' in RPSA1T if RPSA1N = <d> store 'D' in RPSA1T</d></r>
Skip Instructions	<1-95> [goto RPSA1T] <r,d> store 'R,D' in RPSA1T [goto RPSA2]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.440_03.000
Variable Name	RPSA1T
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1' and PSAHAD(e)='1' and RPSA1_MT(e)='96' and ('01' <= RPSA1N(e) <= '95')
Universe-text	Male sample adults 40+ who answered 1-95 for number part of this 2 part question
Question Text	2 of 2
	* Enter time period for time since most recent PSA test.
Answer Codes	1. Days ago 2. Weeks ago 3. Months ago 4. Years ago Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	If RPSA1N gt 5 and RPSA1T=4, store '5' in RPSA2.
	If RPSA1N=4 and RPSA1T=4, store '4' in RPSA2.
Skip Instructions	<1-3> goto PSAREAS <4> if RPSA1N=4 set RPSA2=4 goto PSAREAS elseif RPSA1N gt 5 and RPSA1N gt AGE goto ERR_RPSA1T (greater than persons age) elseif RPSA1N gt 5 and RPSA1N le AGE set RPSA2=5 goto PSAREAS elseif RPSA1N=1,2,3,5 goto RPSA2 <r,d> goto RPSA2</r,d>
Hard Edits	ERR_RPSA1T
	* Time since last exam cannot be greater than age. * Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.440_04.000
Variable Name	RPSA2
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1' and PSAHAD(e)='1' and (RPSA1_MT(e) IN ('97','98','99') or RPSA1_YR(e) IN ('9997','9998','9999') or RPSA1N(e) IN ('97','98','99') or RPSA1T(e) IN ('7','8','9') or (RPSA1T(e) = '4' and RPSA1N(e) IN ('1','2','3','5')))
Universe-text	Male sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last PSA test was over 5 years ago)
Question Text	Was it:
	*Read answer categories.
Answer Codes	1. A year ago or less 2. More than 1 year but not more than 2 years 3. More than 2 years but not more than 3 years 4. More than 3 years but not more than 5 years 5. Over 5 years ago Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Description	on
Fill Instructions	
Special Instructions	Display answer categories 1-5 in BOLD BLACK text.
	If RPSA1N gt 5 and RPSA1T=4, store '5' in RPSA2 and don't ask question.
	If RPSA1N=4 and RPSA1T=4, store '4' in RPSA2 and don't ask question.
	Based upon prior answers: if RPSA1N = 1 and RPSA1T = '4', gray out answer codes 3,4,5 if RPSA1N = 2 and RPSA1T = '4', gray out answer codes 1,4,5 if RPSA1N = 3 and RPSA1T = '4', gray out answer codes 1,2,5 if RPSA1N = 5 and RPSA1T = '4', gray out answer codes 1,2,3
Skip Instructions	<1-5,R,D> if answer code is grayed out [goto ERR_RPSA2] else [goto PSAREAS]
Hard Edits	ERR_RPSA2
	*That is not a valid response. *Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.441_00.000
Variable Name	PSAREAS
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SEX='1' and PSAHAD(e)='1'
Universe-text	Male sample adults 40+ who have had a PSA test
Question Text	What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?
Answer Codes	1. Part of a routine exam 2. Because of a problem 3. Other reason Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-3,R,D> [goto COLHAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.540_00.000
Variable Name	COLHAD
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999'))
Universe-text	Sample adults 40+
Question Text	Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. Have you EVER HAD a colonoscopy? *Read if necessary: A polyp is a small growth that develops on the inside of the colon or rectum.
	Before these tests, you are asked to take a medication that causes diarrhea.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	Display the text "A polyp is a small growth that develops on the inside of the colon or rectum." in BOLD GRAY text.
	Display the text "Before these tests, you are asked to take a medication that causes diarrhea." in BOLD GRAY text.
Skip Instructions	<1> [goto COL_MT] <2,R,D> [goto SIGHAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.560_01.000
Variable Name	COL_MT
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and COLHAD(e)='1'
Universe-text	Sample adults 40+ who have ever had a colonoscopy
Question Text	1 of 2
	When did you have your MOST RECENT colonoscopy?
	*Enter month of last exam.
	*Enter '96' to go to number and time period format.
Answer Codes	 January February March April May June July August September October November December Time period format Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	if COL_MT = <r> store 'R' in COL_YR if COL_MT = <96> store '9996' in COL_YR</r>
Skip Instructions	<1-12,D> [goto COL_YR] <r> store 'R' in COL_YR [goto COL2] <96> store '9996' in COL_YR [goto COLN]</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.560_02.000
Variable Name	COL_YR
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and COLHAD(e)='1' and ('01' <= COL_MT(e) <= '12' or COL_MT(e)='99')
Universe-text	Sample adults age 40+ who answered month of last colonoscopy or didn't know month of last colonoscopy
Question Text	2 of 2
	*Enter year of last colonoscopy.
Answer Codes	
Question Type	Integer
Field Pane Descripti	on
Fill Instructions	
Special Instructions	Allow 4 character numeric field – must enter 4 numbers
Skip Instructions	<pre><valid year=""> if COL_YR gt current year or (COL_YR=current year and COL_MT gt current month) goto ERR1_ COL_YR (future date) elseif COL_YR It DOBY or (COL_YR=DOBY and COL_MT It DOBM) goto ERR2_ COL_YR (prior to birth date) elseif COL_MT=D goto COL2 elseif COL_MT=1-12 goto COLREAS <r,d> goto COL2</r,d></valid></pre>
Hard Edits	ERR1_ COL_YR
	* Future date invalid. Please correct.
	ERR2_COL_YR
	* Date before birth. Please correct.
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.570_01.000
Variable Name	COLN
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and COLHAD(e)='1' and COL_MT(e)='96'
Universe-text	Sample adults 40+ who selected number and time period format for most recent colonoscopy from the initial month screen
Question Text	1 of 2
	When did you have your MOST RECENT colonoscopy?
	*Enter number for time since last colonoscopy.
	*Enter '95' for 95 or more.
Answer Codes	(Allow 1-95,R,D)
Question Type	Integer
Field Pane Descripti	ion
Fill Instructions	
Special Instructions	if COLN = <r> store 'R' in COLT If COLN = <d> store 'D' in COLT</d></r>
Skip Instructions	<1-95> [goto COLT] <r,d> store 'R,D' in COLT [goto COL2]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.570_02.000	
Variable Name	COLT	
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and COLHAD(e)='1' and COL_MT(e)='96' and ('01' <= COLN(e) <= '95')	
Universe-text	Sample adults 40+ who answered 1-95 for number part of this 2 part question	
Question Text	2 of 2	
	*Enter time period for time since most recent colonoscopy.	
Answer Codes	1. Days ago 2. Weeks ago 3. Months ago 4. Years ago Refused Don't know	
Question Type	Pick One - answer pane list	
Field Pane Descripti	on	
Fill Instructions		
Special Instructions	If COLN gt 10 and COLT=4, store '6' in COL2.	
	If COLN=6,7,8,9 and COLT=4, store '5' in COL2.	
	If COLN=4 and COLT=4, store '4' in COL2.	
Skip Instructions	<1-3> goto COLREAS <4> if COLN=4 set COL2=4 goto COLREAS elseif COLN=6,7,8,9 set COL2=5 goto COLREAS elseif COLN gt 10 and COLN gt AGE goto ERR_COLT (greater than persons age) elseif COLN gt 10 and COLN le AGE set COL2=6 goto COLREAS elseif COLN=1,2,3,5,10 goto COL2 <r,d> goto COL2</r,d>	
Hard Edits	ERR_COLT	
	* Time since last exam cannot be greater than age. * Please correct.	
Soft Edits		

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AssocHelp		

30 Module **Cancer Screening** Section Name Part Question ID NAF.575_00.000 Variable Name COL₂ HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997', '999')) and COLHAD(e)='1' Universe and (COL_MT(e) IN ('97','98','99') or COL_YR(e) IN ('9997','9998','9999') or COLN(e) IN ('97','98','99') or COLT(e) IN ('7','8','9') or (COLT(e)='4' and COLN(e) IN ('1','2','3','5','10'))) Universe-text Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last colonoscopy was 6-9 or over 10 years ago) Was it: **Ouestion Text** *Read answer categories. Answer Codes 1. A year ago or less 2. More than 1 year but not more than 2 years 3. More than 2 years but not more than 3 years 4. More than 3 years but not more than 5 years 5. More than 5 years but not more than 10 years 6. Over 10 years ago Refused Don't know Question Type Pick One - answer pane list Field Pane Description Fill Instructions **Special Instructions** Display answer categories 1-6 in BOLD BLACK text. If COLN gt 10 and COLT=4, store '6' in COL2 and don't ask question. If COLN=6,7,8,9 and COLT=4, store '5' in COL2 and don't ask question. If COLN=4 and COLT=4, store '4' in COL2 and don't ask question. Based upon prior answers: if COLN = 1 and COLT = '4', gray out answer codes 3,4,5,6 if COLN = 2 and COLT = '4', gray out answer codes 1,4,5,6 if COLN = 3 and COLT = '4', gray out answer codes 1,2,5,6 if COLN = 5 and COLT = '4', gray out answer codes 1,2,3,6 if COLN = 10 and COLT = '4', gray out answer codes 1,2,3,4 <1-6,R,D> if answer code is grayed out [goto ERR_COL2] else [goto COLREAS] Skip Instructions Hard Edits ERR_COL2 *That is not a valid response.

*Please correct.

Soft Edits	
AssocHelp	
Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.590_00.000
Variable Name	COLREAS
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and COLHAD(e)='1'
Universe-text	Sample adults 40+ who have had a colonoscopy
Question Text	What was the MAIN reason you had this colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?
Answer Codes	1. Part of a routine exam 2. Because of a problem 3. Follow-up test of an earlier test or screening exam 4. Other reason Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto SIGHAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.591_00.000	
Variable Name	SIGHAD	
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999'))	
Universe-text	Sample adults 40+	
Question Text	Recall that a sigmoidoscopy is similar to a colonoscopy but the doctor checks only part of the colon and you are fully awake. Have you EVER HAD a sigmoidoscopy?	
Answer Codes	1. Yes 2. No Refused Don't Know	
Question Type	Yes/No	
Field Pane Description		
Fill Instructions		
Special Instructions		
Skip Instructions	<1> [goto SIG_MT] <2,R,D> [goto HFOBHAD]	
Hard Edits		
Soft Edits		
AssocHelp		

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.592_01.000	
Variable Name	SIG_MT	
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SIGHAD(e)='1'	
Universe-text	Sample adults 40+ who have ever had a sigmoidoscopy	
Question Text	1 of 2	
	When did you have your MOST RECENT sigmoidoscopy?	
	*Enter month of last exam.	
	*Enter '96' to go to number and time period format.	
Answer Codes	1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December 96. Time period format Refused Don't know	
Question Type	Pick One - answer pane list	
Field Pane Descripti	on	
Fill Instructions		
Special Instructions	if SIG_MT = <r> store 'R' in SIG_YR if SIG_MT = <96> store '9996' in SIG_YR</r>	
Skip Instructions	<1-12,D> [goto SIG_YR] <r> store 'R' in SIG_YR [goto SIG2] <96> store '9996' in SIG_YR [goto SIGN]</r>	
Hard Edits		
Soft Edits		
AssocHelp		

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.593_02.000	
Variable Name	SIG_YR	
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SIGHAD(e)='1' and ('01' <= SIG_MT(e) <= '12' or SIG_MT(e)='99')	
Universe-text	Sample adults age 40+ who answered month of last sigmoidoscopy or didn't know month of last sigmoidoscopy	
Question Text	2 of 2	
	*Enter year of last sigmoidoscopy.	
Answer Codes		
Question Type	Integer	
Field Pane Descripti	on	
Fill Instructions		
Special Instructions	Allow 4 character numeric field – must enter 4 numbers	
Skip Instructions Hard Edits	<pre><valid year=""> if SIG_YR gt current year or (SIG_YR=current year and SIG_MT gt current month) goto ERR1_ SIG_YR (future date) elseif SIG_YR It DOBY or (SIG_YR=DOBY and SIG_MT It DOBM) goto ERR2_ SIG_YR (prior to birth date) elseif SIG_MT=D goto SIG2 elseif SIG_MT=1-12 goto SIGREAS <r,d> goto SIG2</r,d></valid></pre> ERR1_ SIG_YR	
	* Future date invalid. Please correct.	
	ERR2_SIG_YR	
	* Date before birth. Please correct.	
Soft Edits		
AssocHelp		

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.594_01.000
Variable Name	SIGN
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SIGHAD(e)='1' and SIG_MT(e)='96'
Universe-text	Sample adults 40+ who selected number and time period format for most recent sigmoidoscopy from the initial month screen
Question Text	1 of 2
	When did you have your MOST RECENT sigmoidoscopy?
	*Enter number for time since last sigmoidoscopy.
	*Enter '95' for 95 or more.
Answer Codes	(Allow 1-95,R,D)
Question Type	Integer
Field Pane Descripti	on
Fill Instructions	
Special Instructions	if SIGN = <r> store 'R' in SIGT If SIGN = <d> store 'D' in SIGT</d></r>
Skip Instructions	<1-95> [goto SIGT] <r,d> store 'R,D' in SIGT [goto SIG2]</r,d>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30	
Section Name	Cancer Screening	
Part		
Question ID	NAF.595_02.000	
Variable Name	SIGT	
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SIGHAD(e)='1' and SIG_MT(e)='96' and ('01' <= SIGN(e) <= '95')	
Universe-text	Sample adults 40+ who answered 1-95 for number part of this 2 part question	
Question Text	2 of 2	
	*Enter time period for time since most recent sigmoidoscopy.	
Answer Codes	1. Days ago 2. Weeks ago 3. Months ago 4. Years ago Refused Don't know	
Question Type	Pick One - answer pane list	
Field Pane Descripti	on	
Fill Instructions		
Special Instructions	If SIGN gt 10 and SIGT=4, store '6' in SIG2.	
	If SIGN=6,7,8,9 and SIGT=4, store '5' in SIG2.	
	If SIGN=4 and SIGT=4, store '4' in SIG2.	
Skip Instructions	<1-3> goto SIGREAS <4> if SIGN=4 set SIG2=4 goto SIGREAS elseif SIGN=6,7,8,9 set SIG2=5 goto SIGREAS elseif SIGN gt 10 and SIGN gt AGE goto ERR_SIGT (greater than persons age) elseif SIGN gt 10 and SIGN le AGE set SIG2=6 goto SIGREAS elseif SIGN=1,2,3,5,10 goto SIG2 <r,d> goto SIG2</r,d>	
Hard Edits	ERR_SIGT	
	* Time since last exam cannot be greater than age. * Please correct.	
Soft Edits		

AssocHelp		

30 Module **Cancer Screening** Section Name Part Question ID NAF.596_00.000 Variable Name SIG2 HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997', '999')) and SIGHAD(e)='1' and Universe (SIG_MT(e) IN ('97','98','99') or SIG_YR(e) IN ('9997','9998','9999') or SIGN(e) IN ('97','98','99') or SIGT(e) IN ('7','8','9') or (SIGT(e)='4' and SIGN(e) IN ('1','2','3','5','10'))) Sample adults 40+ who failed to give a complete date in either the month or year format Universe-text or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last sigmoidoscopy was 6-9 or over 10 years ago) Was it: **Ouestion Text** *Read answer categories. Answer Codes 1. A year ago or less 2. More than 1 year but not more than 2 years 3. More than 2 years but not more than 3 years 4. More than 3 years but not more than 5 years 5. More than 5 years but not more than 10 years 6. Over 10 years ago Refused Don't know Question Type Pick One - answer pane list Field Pane Description Fill Instructions Display answer categories 1-6 in BOLD BLACK text. **Special Instructions** If SIGN gt 10 and SIGT=4, store '6' in SIG2 and don't ask question. If SIGN=6,7,8,9 and SIGT=4, store '5' in SIG2 and don't ask question. If SIGN=4 and SIGT=4, store '4' in SIG2 and don't ask question. Based upon prior answers: if SIGN = 1 and SIGT = '4', gray out answer codes 3,4,5,6 if SIGN = 2 and SIGT = '4', gray out answer codes 1,4,5,6 if SIGN = 3 and SIGT = '4', gray out answer codes 1,2,5,6 if SIGN = 5 and SIGT = '4', gray out answer codes 1,2,3,6 if SIGN = 10 and SIGT = '4', gray out answer codes 1,2,3,4 <1-6,R,D> if answer code is grayed out {goto ERR SIG2] else [goto SIGREAS] Skip Instructions **Hard Edits** ERR_SIG2 *That is not a valid response. *Please correct. Soft Edits

AssocHelp	
Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.597_00.000
Variable Name	SIGREAS
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and SIGHAD(e)='1'
Universe-text	Sample adults 40+ who have had a sigmoidoscopy
Question Text	What was the MAIN reason you had this sigmoidoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?
Answer Codes	1. Part of a routine exam 2. Because of a problem 3. Follow-up test of an earlier test or screening exam 4. Other reason Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Description	on
Fill Instructions	
Special Instructions	
Skip Instructions	<1-4,R,D> [goto HFOBHAD]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.620_00.000
Variable Name	HFOBHAD
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999'))
Universe-text	Sample adults 40+
Question Text	The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. Have you EVER HAD a blood stool test, using a HOME test kit? *Read if necessary: Do not include tests done at the doctor's office.
Answer Codes	1. Yes 2. No Refused Don't Know
Question Type	Yes/No
Field Pane Description	on
Fill Instructions	
Special Instructions	Display the text "Do not include tests done at the doctor's office." In BOLD GRAY text.
Skip Instructions	<1> [goto RHFO1_MT] <2,R,D> [goto COLPROB]
Hard Edits	
Soft Edits	
AssocHelp	

Module	30
Section Name	Cancer Screening
Part	
Question ID	NAF.640_01.000
Variable Name	RHFO1_MT
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and HFOBHAD(e)='1'
Universe-text	Sample adults 40+ who have ever had a home blood stool test
Question Text	1 of 2
	When did you have your MOST RECENT blood stool test using a kit at home?
	*Enter month of last home blood stool test.
	*Enter '96' to go to number and time period format.
Answer Codes	 January February March April May June July August September October November December Time period format Refused Don't know
Question Type	Pick One - answer pane list
Field Pane Descripti	on
Fill Instructions	
Special Instructions	if RHFO1_MT = <r> store 'R' in RHFO1_YR if RHFO1_MT = <96> store '9996' in RHFO1_YR</r>
Skip Instructions	<1-12,D> goto RHFO1_YR <r> store "R" in RHFO1_YR and goto RHFO2 <96> store "9996" in RHFO1_YR and goto RHFO1N</r>
Hard Edits	
Soft Edits	
AssocHelp	

Module	30			
Section Name	Cancer Screening			
Part				
Question ID	NAF.640_02.000			
Variable Name	RHFO1_YR			
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and HFOBHAD(e)='1' and ('01' <= RHFO1_MT(e) <= '12' or RHFO1_MT(e)='99')			
Universe-text	Sample adults age 40+ who answered month of last home blood stool test or didn't know month of last test			
Question Text	2 of 2			
	*Enter year of last home blood stool test.			
Answer Codes				
Question Type	Integer			
Field Pane Description				
Fill Instructions				
Special Instructions	Allow 4 character numeric field – must enter 4 numbers			
Skip Instructions Hard Edits	<pre><valid year=""> if RHFO1_YR gt current year or (RHFO1_YR=current year and RHRO1_MT gt current month)</valid></pre>			
	* Date before birth. Please correct.			
Soft Edits				
AssocHelp				

Module	30				
Section Name	Cancer Screening				
Part					
Question ID	NAF.650_01.000				
Variable Name	RHF01N				
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and HFOBHAD(e)='1' and RHFO1_MT(e)='96'				
Universe-text	Sample adults 40+ who selected number and time period format for most recent home blood stool test from the initial month screen				
Question Text	1 of 2				
	When did you have your MOST RECENT blood stool test using a kit at home?				
	*Enter number for time since last home blood stool test.				
	*Enter '95' for 95 or more.				
Answer Codes	(Allow 1-95,R,D)				
Question Type	Integer				
Field Pane Descripti	on				
Fill Instructions					
Special Instructions	if RHFO1N = <r> store 'R' in RHFO1T If RHFO1N = <d> store 'D' in RHFO1T</d></r>				
Skip Instructions	<1-95> [goto RHFO1T] <r,d> store 'R,D' in RHFO1T [goto RHFO2]</r,d>				
Hard Edits					
Soft Edits					
AssocHelp					

Module	30		
Section Name	Cancer Screening		
Part			
Question ID	NAF.650_02.000		
Variable Name	RHF01T		
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and HFOBHAD(e)='1' and RHFO1_MT(e)='96' and ('01' <= RHFO1N(e) <= '95')		
Universe-text	Sample adults 40+ who answered 1-95 for number part of this 2 part question		
Question Text	2 of 2		
	*Enter time period for time since most recent home blood stool test.		
Answer Codes	1. Days ago 2. Weeks ago 3. Months ago 4. Years ago Refused Don't know		
Question Type	Pick One - answer pane list		
Field Pane Descripti	on		
Fill Instructions			
Special Instructions	If RHFO1N gt 10 and RHFO1T=4, store '6' in RHFO2.		
	If RHFO1N=6,7,8,9 and RHFO1T=4, store '5' in RHFO2.		
	If RHFO1N=4 and RHFO1T=4, store '4' in RHFO2.		
Skip Instructions	<1-3> goto HFOBREA1 <4> if RHFO1N=4 set RHFO2=4 goto HFOBREA1 elseif RHFO1N=6,7,8,9 set RHFO2=5 goto HFOBREA1 elseif RHFO1N gt 10 and RHFO1N gt AGE goto ERR_RHFO1T (greater than persons age) elseif RHFO1N gt 10 and RHFO1N le AGE set RHFO2=6 goto HFOBREA1 elseif RHFO1N=1,2,3,5,10 goto RHFO2 < <r,d> goto RHFO2</r,d>		
Hard Edits	ERR_RHF01T		
	* Time since last exam cannot be greater than age. * Please correct.		
Soft Edits			

AssocHelp			

30 Module **Cancer Screening** Section Name Part Question ID NAF.655 00.000 Variable Name RHF₀₂ HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997', '999')) and HFOBHAD(e)='1' Universe and (RHFO1_MT(e) IN ('97','98','99') or RHFO1_YR(e) IN ('9997','9998','9999') or RHFO1N(e) IN ('97','98','99') or RHFO1T(e) IN ('7','8','9') or (RHFO1T(e) = '4' and RHFO1N(e) IN ('1','2','3','5','10'))) Universe-text Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last home blood stool test was 6-9 or over 10 years ago) Was it: **Ouestion Text** *Read answer categories. Answer Codes 1. A year ago or less 2. More than 1 year but not more than 2 years 3. More than 2 years but not more than 3 years 4. More than 3 years but not more than 5 years 5. More than 5 years but not more than 10 years 6. Over 10 years ago Refused Don't know Question Type Pick One - answer pane list Field Pane Description Fill Instructions **Special Instructions** Display answer categories 1-6 in BOLD BLACK text. If RHFO1N gt 10 and RHFO1T=4, store '6' in RHFO2 and don't ask question. If RHFO1N=6,7,8,9 and RHFO1T=4, store '5' in RHFO2 and don't ask question. If RHFO1N=4 and RHFO1T=4, store '4' in RHFO2 and don't ask question. Based upon prior answers: if RHFO1N = 1 and RHFO1T = '4', gray out answer codes 3,4,5,6 if RHFO1N = 2 and RHFO1T = '4', gray out answer codes 1,4,5,6 if RHFO1N = 3 and RHFO1T = '4', gray out answer codes 1,2,5,6 if RHFO1N = 5 and RHFO1T = '4', gray out answer codes 1,2,3,6 if RHFO1N = 10 and RHFO1T = '4', gray out answer codes 1,2,3,4 Skip Instructions <1-6.R.D> if answer code is grayed out [goto ERR RHFO2] else [goto HFOBREA1] Hard Edits ERR_RHFO2

*That is not a valid response.

*Please correct.

Soft Edits			
AssocHelp			
Module	30		
Section Name	Cancer Screening		
Part			
Question ID	NAF.660_00.000		
Variable Name	HFOBREA1		
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999')) and HFOBHAD(e)='1'		
Universe-text	Sample adults 40+ who have had a home blood stool test		
Question Text	What was the MAIN reason you had this home blood stool test - was it part of a routine exam, because of a problem, or some other reason?		
Answer Codes	1. Part of a routine exam 2. Because of a problem 3. Other reason Refused Don't know		
Question Type	Pick One - answer pane list		
Field Pane Description			
Fill Instructions			
Special Instructions			
Skip Instructions	<1-3,R,D> [goto COLPROB]		
Hard Edits			
Soft Edits			
AssocHelp			

Module	30		
Section Name	Cancer Screening		
Part			
Question ID	NAF.750_00.000		
Variable Name	COLPROB		
Universe	HHSTAT4='S' and (AGE GE '040' and AGE not IN ('997','999'))		
Universe-text	Sample adults 40+		
Question Text	In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?		
Answer Codes	1. Yes 2. No Refused Don't Know		
Question Type	Yes/No		
Field Pane Description			
Fill Instructions			
Special Instructions			
Skip Instructions	<1,2,R,D> [goto next section]		
Hard Edits			
Soft Edits			
AssocHelp			