THE NATIONAL
CHILDREN'S
STUDY

HEALTH   GROWTH   ENVIRONMENT

Chronic Medical History SAQ

Event Category:	Time-Based
Event:	42M
Administration:	N/A
Instrument Target:	Biological Mother; Biological Father
Instrument Respondent:	Biological Mother; Biological Father
Domain:	Questionnaire
Document Category:	Questionnaire
Method:	Self-Administered
Mode (for this instrument*):	In-Person, PAPI
OMB Approved Modes:	In-Person, PAPI; Phone, PAPI; Web-Based, CAI
Estimated Administration Time:	3 minutes
Multiple Child/Sibling Consideration:	Per Event
Special Considerations:	N/A
Version:	1.0
MDES Release:	4.0

*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTERS PERMITTED	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	• Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	• Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	• DISPLAY AS MM/DD/YYYY • STORE AS YYYY-MM-DD • HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	• HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

Instrument Guidelines for Participant and Respondent IDs:

PRENATALLY, THE **P_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:
ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

RELATIONSHIP TO CHILD

RTC00100. Please complete the Chronic Medical History Questionnaire as best you can.

RTC01000/(CMH_CHILD_RELAT). What is your relationship to the child?

Label	Code	Go To
Biological (or Birth) Mother	1	
Adoptive Mother	2	
Biological Father	3	
Adoptive Father	4	
Grandparent	5	
Other Relative	6	
Other Non-Relative	7	

SOURCE
National Health and Nutrition Examination Survey (NHANES) (modified)

MEDICAL CONDITIONS

MC00100. These questions are about medical conditions or health problems you might have now or may have had in the past.

Have you ever been diagnosed with or had any of the following?

MC01000/(CMH_ASTHMA). Asthma?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

SOURCE
National Health and Nutrition Examination Survey (NHANES) (modified)

MC02000/(CMH_ECZEMA). Eczema or atopic dermatitis?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

SOURCE
National Health and Nutrition Examination Survey (NHANES) (modified)

MC03000/(CMH_ALLERGIES). Allergies?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

SOURCE
National Health and Nutrition Examination Survey (NHANES) (modified)

MC04000/(CMH_AUTOIMMUNE). Auto-immune disease?

Label	Code	Go To
Yes	1	
No	2	CMH_HIGHBP
Don't Know	-2	CMH_HIGHBP

SOURCE
National Health and Nutrition Examination Survey (NHANES) (modified)

MC05000/(CMH_AUTOIMMUNE_TYP). What were you diagnosed with?

Label	Code	Go To
Rheumatoid arthritis	1	
Lupus	2	
Other	3	
Don't Know	-2	

MC06000/(CMH_HIGHBP). High blood pressure?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC07000/(CMH_DIABETES). Diabetes?

Label	Code	Go To
Yes	1	
No	2	CMH_HIGHCHOLEST
Don't Know	-2	CMH_HIGHCHOLEST

MC08000/(CMH_CHILD_DIABETES). Were you diagnosed with diabetes as a child?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC09000/(CMH_INSULIN). Have you ever used insulin shots or an insulin pump to treat diabetes?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC10000/(CMH_HIGHCHOLEST). High cholesterol?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC11000/(CMH_HEARTATTACK). A heart attack?

Label	Code	Go To
Yes	1	
No	2	CMH_CATH_CABG
Don't Know	-2	CMH_CATH_CABG

MC12000/(CMH_ATTACK_AGE). Did you have a heart attack before age 55?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC13000/(CMH_CATH_CABG). An angioplasty or coronary bypass surgery?

Label	Code	Go To
Yes	1	
No	2	CMH_CANCER
Don't Know	-2	CMH_CANCER

MC14000/(CMH_CABG_AGE). Did you have an angioplasty or coronary bypass surgery before age 55?

Label	Code	Go To
Yes	1	

Label	Code	Go To
No	2	
Don't Know	-2	

MC15000/(CMH_CANCER). Any type of cancer?

Label	Code	Go To
Yes	1	
No	2	CMH_THYROID
Don't Know	-2	CMH_THYROID

MC16000/(CMH_CANCER_TYPE). What type of cancer were you diagnosed with?

_____

MC17000/(CMH_THYROID). Thyroid disease?

Label	Code	Go To
Yes	1	
No	2	CMH_ADD
Don't Know	-2	CMH_ADD

MC18000/(CMH_UNDERACTIVE). Were you diagnosed with underactive thyroid?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC19000/(CMH_OVERACTIVE). Were you diagnosed with overactive thyroid?

Label	Code	Go To
Yes	1	
No	2	

Label	Code	Go To
Don't Know	-2	

MC20000/(CMH_THYROID_DIS). Were you diagnosed with some other tyroid disease?

Label	Code	Go To
Yes	1	
No	2	CMH_ADD
Don't Know	-2	CMH_ADD

MC21000/(CMH_THYROID_DIS_OTH). Specify: _____

MC22000/(CMH_ADD). Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC23000/(CMH_AUTISM). Autism, Asperger syndrome, or other autism spectrum disorder?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC24000/(CMH_EATING_DISORDER). An eating disorder, such as anorexia or bulimia?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC25000/(CMH_ALCOHOLISM). Alcoholism?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC26000/(CMH_BIPOLAR). Bipolar disorder?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC27000/(CMH_DEPRESSION). Depression other than bipolar disorder?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC28000/(CMH_SCHIZOPHRENIA). Schizophrenia?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC29000/(CMH_ANXIETY). Anxiety disorder, such as generalized anxiety disorder (GAD), or obsessive compulsive disorder (OCD)?

Label	Code	Go To
Yes	1	

Label	Code	Go To
No	2	CMH_COG_DISABILITY
Don't Know	-2	CMH_COG_DISABILITY

MC30000/(CMH_ANXIETY_TYPE). What type of anxiety disorder were you diagnosed with?

_____

MC31000/(CMH_COG_DISABILITY). Intellectual disability?

Label	Code	Go To
Yes	1	
No	2	
Don't Know	-2	

MC32000/(CMH_BIRTH_DEFECT). A birth defect?

Label	Code	Go To
Yes	1	
No	2	CMH_GENETIC_DISORDER
Don't Know	-2	CMH_GENETIC_DISORDER

MC33000/(CMH_BIRTH_DEF_TYPE). What type of birth defect did you have?

_____

MC34000/(CMH_GENETIC_DISORDER). Genetic disease?

Label	Code	Go To
Yes	1	
No	2	CMH_MEDICATIONS
Don't Know	-2	CMH_MEDICATIONS

MC35000/(CMH_GENETIC_DIS_TYPE). What type of genetic disease were you diagnosed with?

_____

MC36000/(CMH_MEDICATIONS). Are you taking any medications?

Label	Code	Go To
Yes	1	
No	2	MC38000
Don't Know	-2	MC38000

MC37000/(CMH_MEDICATIONS_TYPE). What type of medications are you taking?

_____

_____

MC38000. Thank you for participating in the national Children's Study and for taking the time to complete this survey.

FOR OFFICIAL USE

FOU01000/(P_ID). Participant ID:

FOU02000/(R_P_ID). Respondent ID: