

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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Chronic Medical History SAQ

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Chronic Medical History SAQ

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 |  |

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| 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 |  |

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| 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 |  |

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| 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 |  |

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| 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 |

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| 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 |  |

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

**MC06000/(CMH\_HIGHBP).** High blood pressure?

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

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

**MC07000/(CMH\_DIABETES).** Diabetes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CMH\_HIGHCHOLEST |
| Don't Know | -2 | CMH\_HIGHCHOLEST |

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

**MC08000/(CMH\_CHILD\_DIABETES).** Were you diagnosed with diabetes as a child?

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

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

**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 |  |

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

**MC10000/(CMH\_HIGHCHOLEST).** High cholesterol?

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

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

**MC11000/(CMH\_HEARTATTACK).** A heart attack?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CMH\_CATH\_CABG |
| Don't Know | -2 | CMH\_CATH\_CABG |

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

**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 |  |

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

**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 |

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

**MC14000/(CMH\_CABG\_AGE).** Did you have an angioplasty or coronary bypass surgery before age 55?

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

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

**MC15000/(CMH\_CANCER).** Any type of cancer?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CMH\_THYROID |
| Don't Know | -2 | CMH\_THYROID |

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

**MC16000/(CMH\_CANCER\_TYPE).** What type of cancer were you diagnosed with?

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

**MC17000/(CMH\_THYROID).** Thyroid disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CMH\_ADD |
| Don't Know | -2 | CMH\_ADD |

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

**MC18000/(CMH\_UNDERACTIVE).** Were you diagnosed with underactive thyroid?

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

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

**MC19000/(CMH\_OVERACTIVE).** Were you diagnosed with overactive thyroid?

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

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

**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 |

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

**MC21000/(CMH\_THYROID\_DIS\_OTH).** Specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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 |  |

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

**MC23000/(CMH\_AUTISM).** Autism, Asperger syndrome, or other autism spectrum disorder?

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

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

**MC24000/(CMH\_EATING\_DISORDER).** An eating disorder, such as anorexia or bulimia?

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

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

**MC25000/(CMH\_ALCOHOLISM).** Alcoholism?

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

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

**MC26000/(CMH\_BIPOLAR).** Bipolar disorder?

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

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

**MC27000/(CMH\_DEPRESSION).** Depression other than bipolar disorder?

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

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

**MC28000/(CMH\_SCHIZOPHRENIA).** Schizophrenia?

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

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

**MC29000/(CMH\_ANXIETY).** Anxiety disorder, such as generalized anxiety disorder (GAD), or obsessive compulsive disorder (OCD)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CMH\_COG\_DISABILITY |
| Don't Know | -2 | CMH\_COG\_DISABILITY |

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

**MC30000/(CMH\_ANXIETY\_TYPE).** What type of anxiety disorder were you diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MC31000/(CMH\_COG\_DISABILITY).** Intellectual disability?

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

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

**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 |

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

**MC33000/(CMH\_BIRTH\_DEF\_TYPE).** What type of birth defect did you have?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MC34000/(CMH\_GENETIC\_DISORDER).** Genetic disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CMH\_MEDICATIONS |
| Don't Know | -2 | CMH\_MEDICATIONS |

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

**MC35000/(CMH\_GENETIC\_DIS\_TYPE).** What type of genetic disease were you diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MC36000/(CMH\_MEDICATIONS).** Are you taking any medications?

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

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

**MC37000/(CMH\_MEDICATIONS\_TYPE).** What type of medications are you taking?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_