Attachment 3b

Questionnaires, Hand Cards and MEC Data Collection Forms

Form Approved OMB No. 0920-095 Exp. Date xx/xx/20xx

Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308 (d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA every NCHS employee, contractor and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Cybersecurity Enhancement Act of 2015. This law requires the Federal government to protect its information by using computer security programs to identify cybersecurity risks against federal computer networks.

NOTICE-Public reporting burden of this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0950).

NATIONAL HEALTH AND NUTRITION EXAMINATION (NHANES)

QUESTIONNAIRE

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1 SCREENER QUESTIONNAIRE

1.1 SCREENER (SCQ)

SCREENER MODULE #1 (SCQ)

SCQ_INTR Hello, I'm {INTERVIEWER'S NAME} and we are conducting a survey for the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC).

SHOW ID CARD.

A letter was sent to you recently explaining a survey which is called the National Health and Nutrition Examination Survey and is about your family's health.

IF RESIDENT DOES NOT REMEMBER LETTER, HAND NEW COPY.

All the information that you give us is voluntary and will be kept confidential. Your name will not be attached to any of your answers without your specific permission.

HELP SCREEN:
We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice or an establishment will be used only for statistical purposes. NCHS staff, contractors and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308 (d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA every NCHS employee, contractor and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Cybersecurity Enhancement Act of 2015. This law requires the Federal government to protect its information by using computer security programs to identify cybersecurity risks against federal computer networks. Public reporting burden for this collection of information is estimated to average 6.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

SCQ.010 Before we begin, I would like to verify a few things.
ASK FOR ALL PERSONS WHO APPEAR UNDER 30 YEARS OF AGE:

Are you 18 years or older?

NO.....	1	(SCQ_END6)
NO, EMANCIPATED MINOR.....	2	
YES.....	3	

SCQ.015 Do you live here?

NO	1	(SCQ_END6)
YES	3	

SCQ.027 INTERVIEWER: IS THIS A DORMITORY ROOM?

YES	1
NO	2
DK	9
RF	7

SCQ.070a Please give me your complete address.

{#} {DIRECTION} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION} {#}
{PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX} {CITY} {STATE} { ZIP}

NO (WRONG ADDRESS)	1	(SCQ_END5)
YES (CORRECTIONS)	2	(SCQ.070b)
YES	3	(SCQ.090)

SCQ.070b Please give me your complete address.

{ADDITIONAL ADDRESS LINE}
{#} {DIRECTION} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION}
{UNIT/APT/BLDG} {UNIT #} {PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX}
{CITY} {STATE} { ZIP}-{ZIP-4}

CAPI INSTRUCTIONS: DISPLAY THE ADDRESS COLUMNS LISTED ABOVE AND ALLOW THE INTERVIEWER TO MAKE CORRECTIONS AS NEEDED. ONCE THE INTERVIEWER IS DONE, SHE WILL PRESS THE NEXT KEY TO CONTINUE.

THE FIELD FOR STATE MAY NOT BE UPDATED.

IF SCQ.070A = 2 AND NONE OF THE ADDRESS FIELDS ARE MODIFIED, AUTO-BACKCODE THE RESPONSE TO SCQ.070A = 3 (YES) AND GO TO SCQ.090.

SCQ.090 To begin, how many people live in this household? Please do not include anyone who usually lives somewhere else.

_____
NUMBER

DK	99
RF	77

SCQ.130 What are the names of all of the persons living here? Start with the name of the person, or one of the persons, who owns or rents this home. (Please remember not to include anyone who usually lives somewhere else.)

PROBE: Any others?

FIRST	MIDDLE	LAST	SUFFIX	GENDER
_____	_____	_____	_____	_____

DK..... 9
RF..... 7

CAPI INSTRUCTIONS: WHEN THE FOCUS IS ON THE “GENDER” FIELD, DISPLAY:

ASK IF NOT OBVIOUS:
Is {NAME} male or female?

MALE..... 1
FEMALE..... 2
DK..... 9
RF..... 7

CAPI INSTRUCTIONS:
HARD EDIT: IF FOCUS IS SHIFTED FROM THE “GENDER” FIELD AND NO ENTRY HAS BEEN MADE FOR GENDER, DISPLAY THE FOLLOWING HARD EDIT:

“REQUIRED VALUE MISSING FOR GENDER IN ROW {ROW IN WHICH GENDER IS MISSING}. PLEASE ENTER A VALUE.”

SOFT EDIT: THE FIRST TIME DK OR RF IS ENTERED FOR GENDER, DISPLAY THE FOLLOWING:
“A MISSING VALUE HERE MAY RESULT IN INCONCLUSIVE SAMPLING. PLEASE RE-ENTER THE VALUE TO CONFIRM.”

ACCEPT THE SECOND ENTRY.

ENSURE THAT EACH NAME (COMBINATION OF FIRST, MIDDLE, LAST, SUFFIX) IS UNIQUE WITHIN THE HOUSEHOLD. IF A DUPLICATE NAME IS ENTERED, DISPLAY THE FOLLOWING HARD EDIT, “NAMES MUST BE UNIQUE. PERSONS # AND # HAVE IDENTICAL NAMES RECORDED. CORRECT THE ERROR TO CONTINUE.”

SCQ.145 I have {TOTAL # OF PERSONS ENUMERATED} {person/people} living here --

[READ NAMES LISTED BELOW.]

FIRST	MIDDLE	LAST	SUFFIX	GENDER
_____	_____	_____	_____	_____

SCQ.150

Have I missed . . .

SCQ.150 . . . any babies or small children?
SCQ.160 . . . any lodgers, boarders, or persons in your employ who live here?
SCQ.170 . . . anyone who usually lives here but is now away from home?
SCQ.180 . . . anyone else living or staying here?

YES	1	(SCQ.150N, 160N, 170N, 180N)
NO	2	(SCQ.190)
DK	9	(SCQ.190)
RF	7	(SCQ.190)

CAPI INSTRUCTIONS: THE SWEEP QUESTIONS (SCQ.150, 160, 170 AND 180) SHOULD BE DISPLAYED ON A SINGLE SCREEN. A "YES" RESPONSE TO A SWEEP QUESTION BRINGS UP THE HOUSEHOLD COMPOSITION MATRIX. BY CLICKING ON THE “INSERT ROW” BUTTON ON THIS SCREEN, A NEW ROW APPEARS FOR ENTRY OF NAME AND GENDER.

UPON EXITING THE NAME/GENDER SCREEN, THE CURSOR SHOULD RETURN TO THE SCREEN OF SWEEP QUESTIONS WITH THE CURSOR RESIDING ON THE NEXT LINE (QUESTION) THAT REQUIRES AN ANSWER.

IF ALL THE QUESTIONS HAVE BEEN ANSWERED, GO TO SCQ.190.

SCQ.150N [Have I missed any babies or small children?] (What are their names?)
PROBE: Is (he/she) a “Junior”, “Senior”, “the 3rd” or something like that? (What is that?)
PROBE: Any others?

_____	_____	_____	_____	_____
FIRST	MIDDLE	LAST	SUFFIX	GENDER

DK	9
RF	7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

ASK IF NOT OBVIOUS:
Is {NAME} male or female?

MALE	1
FEMALE	2
DK	9
RF	7

SCQ.160N [Have I missed any lodgers, boarders, or persons in your employ who live here?] (What are their names?)
PROBE: Any others?

_____	_____	_____	_____	_____
FIRST	MIDDLE	LAST	SUFFIX	GENDER

DK..... 9
RF..... 7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

ASK IF NOT OBVIOUS:
Is {NAME} male or female?
MALE..... 1
FEMALE..... 2
DK..... 9
RF..... 7

SCQ.170N [Have I missed anyone who usually lives here but is now away from home?] (What are their names?)
PROBE: Any others?

_____	_____	_____	_____	_____
FIRST	MIDDLE	LAST	SUFFIX	GENDER

DK..... 9
RF..... 7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

ASK IF NOT OBVIOUS:
Is {NAME} male or female?
MALE..... 1
FEMALE..... 2
DK..... 9
RF..... 7

SCQ.180N [Have I missed anyone else living or staying here?] (What are their names?)
PROBE: Any others?

FIRST	MIDDLE	LAST	SUFFIX	GENDER
_____	_____	_____	_____	_____

DK..... 9
RF..... 7

CAPI INSTRUCTIONS: IF THE FOCUS IS ON THE GENDER FIELD, DISPLAY:

ASK IF NOT OBVIOUS:
Is {NAME} male or female?

MALE..... 1
FEMALE..... 2
DK..... 9
RF..... 7

SCQ.190 [VERIFY HOUSEHOLD MEMBERS BY READING NAMES LISTED BELOW.]

FIRST	MIDDLE	LAST	SUFFIX	GENDER
_____	_____	_____	_____	_____

CAPI INSTRUCTIONS: THE APPLICATION SHOULD ALLOW THE INTERVIEWER TO ADD OR DELETE NAMES OR ROWS FROM THE HH COMPOSITION MATRIX, AS NECESSARY, BASED ON RESPONDENT'S CONFIRMATION OF THE PERSONS WHO HAVE BEEN ENUMERATED.

BOX 1

CHECK ITEM SCQ.191:
APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR GENDER GO TO SCQ.430; ELSE

GO TO BOX 2.

BOX 2

CHECK ITEM SCQ.193:
IF SCQ.027 = YES (1), CODE SCQ.195 AS "YES" (1) AND GO TO SCQ.220; ELSE

CONTINUE.

SCQ.195 Do {you/any of the persons in this household} have a home anywhere else?

STUDENTS LIVING AWAY AT SCHOOL ARE CONSIDERED TO HAVE A HOME SOMEWHERE ELSE.

YES.....	1	(SCQ.200)
NO.....	2	(SCQ.220)

SCQ.200 (Who is that?)

SELECT MEMBERS WITH HOME ELSEWHERE.

Name Other Home

CAPI INSTRUCTIONS: DISPLAY FIRST AND LAST NAMES OF ALL PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX.

PROBE: Anyone else?

CAPI INSTRUCTIONS: THE DEFAULT FILL FOR THE "OTHER HOME" COLUMN IS "NO". HOWEVER, THE DEFAULT CAN BE TOGGLED TO "YES" BY MOVING THE CURSOR TO THE "OTHER HOME" CELL ASSOCIATED WITH THE PERSON WHO HAS A SECOND RESIDENCE, AND SELECTING "YES".

IF NONE OF THE "OTHER HOME" CELLS HAVE BEEN SET TO "YES", DISPLAY THE FOLLOWING BOX:

". You did NOT select any HH member living in another place.

Button 1: Go back and select a person
Button 2: No one living elsewhere
"

IF BUTTON #1 IS SELECTED, RETURN TO SCQ.200. IF BUTTON #2 IS SELECTED, AUTO-BACKCODE THE RESPONSE TO SCQ.195 TO "NO" AND PROCEED TO SCQ.220.

SCQ.210 Where {do you/does {NAME}} usually live and sleep; here or somewhere else?

Name Live Here

CAPI INSTRUCTIONS: DISPLAY "NAME" AND "LIVE HERE" COLUMNS. THE ANSWER CATEGORIES FOR THE LIVE HERE COLUMN ARE "HERE" (1), "SOMEWHERE ELSE" (2), "DK" (9), AND "RF" (7)

HERE.....	1
SOMEWHERE ELSE.....	2
DK.....	9
RF.....	7

CAPI INSTRUCTIONS: IF "1", "9", OR "7" IS SELECTED, LEAVE THE PERSON ON THE HH COMPOSITION MATRIX; ELSE

IF “2” IS SELECTED AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF “2” HAS BEEN SELECTED FOR ALL HOUSEHOLD MEMBERS, THE HOUSEHOLD IS “INELIGIBLE” AND THE SCREENER IS TERMINATED AFTER THE COLLECTION OF THE TELEPHONE NUMBER (SCQ.430); ELSE

IF “2” IS SELECTED FOR AT LEAST ONE PERSON AND THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD AND “2” HAS **NOT** BEEN SELECTED FOR **ALL** MEMBERS OF THE HH, SET A FLAG TO INDICATE THIS PERSON’S PERMANENT RESIDENCE WAS SOMEWHERE ELSE.
THE FLAG IS AN INDICATION THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

IF THE REFERENCE PERSON IS NOT ELIGIBLE TO BE THE REFERENCE PERSON BASED ON WHERE S/HE USUALLY LIVES, IDENTIFICATION OF A NEW REFERENCE PERSON IS REQUIRED. RE-APPLY THE REFERENCE PERSON EDIT LOGIC TO IDENTIFY THE REFERENCE PERSON AS THE FIRST PERSON ON THE ENUMEARATION TABLE WHO IS $\geq$ 18 YEARS OLD; ELSE

IF NO ONE ON THE ENUMBERATION TABLE IS AGE 18 OR OLDER, IDENTIFY THE REFERENCE PERSON AS THE OLDEST PERSON IN THE HOUSEHOLD FOR WHOM THIS IS THE PRIMARY RESIDENCE.

SCQ.220 Are {you/any of the persons in this household} now on full-time active duty with the Armed Forces of the United States?

YES.....	1	(SCQ.230)
NO.....	2	(SCQ.245)
DK.....	9	(SCQ.245)
RF.....	7	(SCQ.245)

CAPI INSTRUCTIONS: IF CODED “1” AND THIS IS A SINGLE PERSON HOUSEHOLD, OR IF ALL HOUSEHOLD MEMBERS ARE "1", THE HOUSEHOLD IS “INELIGIBLE” AND THE SCREENER IS TERMINATED AFTER THE COLLECTION OF THE TELEPHONE NUMBER (SCQ.430); ELSE

IF THE HOUSEHOLD IS MORE THAN A SINGLE PERSON HOUSEHOLD, THE SKIPS SHOULD BE FOLLOWED AS SPECIFIED ABOVE.

SCQ.230 Who is that?

Name Military

SELECT ACTIVE MILITARY MEMBERS.

CAPI INSTRUCTIONS: DISPLAY FIRST, MIDDLE AND LAST NAMES OF ALL PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX.

PROBE: Anyone else?

CAPI INSTRUCTIONS: THE CURSOR SHOULD RESIDE IN THE COLUMN “Military”. THE DEFAULT FILL FOR THIS COLUMN SHOULD BE “NO”. HOWEVER, WHEN ON THIS QUESTION, THE DEFAULT CAN BE TOGGLED TO “YES” BY MOVING THE CURSOR TO THE “Military” CELL ASSOCIATED WITH THE PERSON IDENTIFIED AND SELECTING “YES”. WHEN LEAVING THIS SCREEN, IF NONE OF THE “Military” CELLS HAVE BEEN SET TO “YES”, DISPLAY THE FOLLOWING BOX:

You did NOT select any HH member on active duty.

Button 1: Go back and select a person
Button 2: No one on active duty
"

IF BUTTON #1 IS SELECTED, RETURN TO SCQ.230. IF BUTTON #2 IS SELECTED, AUTO-BACKCODE THE RESPONSE TO SCQ.220 TO "NO" AND PROCEED TO SCQ.250.
CONTINUE.

SCQ.240 Where {do you/does {NAME}} usually live and sleep; here or some where else?

HERE	1
SOMEWHERE ELSE	2
DK	9
RF	7

CAPI INSTRUCTIONS: IF "1", "9", OR "7" IS ENTERED, LEAVE PERSON ON HH COMPOSITION MATRIX; DO **NOT** FLAG FOR SAMPLING.

IF "2" IS ENTERED, SET A FLAG TO INDICATE PERSON'S PERMANENT RESIDENCE WAS SOMEWHERE ELSE. THE FLAG IS AN INDICATION THAT ON ALL FUTURE DISPLAYS OF THE HH COMPOSITION MATRIX, THIS PERSON (AND ALL PERSON-LEVEL DATA) WILL NOT BE DISPLAYED.

IN THE EVENT THAT THE PERSON BEING FLAGGED AS LIVING "SOMEWHERE ELSE" IS THE REFERENCE PERSON, IDENTIFICATION OF A NEW REFERENCE PERSON IS REQUIRED. RE-APPLY THE REFERENCE PERSON EDIT LOGIC TO IDENTIFY THE REFERENCE PERSON AS THE FIRST PERSON ON THE ENUMEARATION TABLE WHO IS ≥ 18 YEARS OLD; ELSE

IF NO ONE ON THE ENUMERATION TABLE IS AGE 18 OR OLDER, IDENTIFY THE REFERENCE PERSON AS THE OLDEST PERSON IN THE HOUSEHOLD FOR WHOM THIS IS THE PRIMARY RESIDENCE.

SCQ.245 Has anyone who lives here ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard? {Do not include anyone you just told me about who is currently on active duty.}

YES	1	(SCQ.247)
NO	2	(SCQ.250)
DK	9	(SCQ.250)
RF	7	(SCQ.250)

HELP SCREEN:
Active duty does **not** include training for the Reserves or National Guard, but **does** include activation, for example, for service in the U.S. or in a foreign country in support of military or humanitarian operations.

CAPI INSTRUCTION: DISPLAY 3 ONLY IF SCQ.220 = 1.

SCQ.247 Who is that?

NAME EVER SERVED IN MILITARY

CAPI INSTRUCTIONS: DISPLAY FIRST, MIDDLE AND LAST NAMES OF ALL PERSONS LISTED ON THE HOUSEHOLD COMPOSITION MATRIX.

PROBE: Anyone else?

CAPI INSTRUCTIONS: THE CURSOR SHOULD RESIDE IN THE COLUMN "EVER SERVED IN MILITARY". THE DEFAULT FILL FOR THIS COLUMN SHOULD BE "NO". HOWEVER, WHEN ON THIS QUESTION, THE DEFAULT CAN BE TOGGLED TO "YES" BY MOVING THE CURSOR TO THE "EVER SERVED IN MILITARY" CELL ASSOCIATED WITH THE PERSON IDENTIFIED AND SELECTING "YES". WHEN LEAVING THIS SCREEN, IF NONE OF THE "EVER SERVED IN MILITARY" CELLS HAVE BEEN SET TO "YES",
DISPLAY THE FOLLOWING BOX:

You did NOT select any HH member in military.

Button 1: Go back and select a person
Button 2: No one in military
"

IF BUTTON #1 IS SELECTED, RETURN TO SCQ.247. IF BUTTON #2 IS SELECTED, AUTO-BACKCODE THE RESPONSE TO SCQ.245 TO "NO" AND PROCEED TO SCQ.250.

SCQ.250 THESE ARE THE MEMBERS OF THE DU WHO HAVE BEEN LISTED AS HH MEMBERS.

{NAME GENDER}

BOX 3

CHECK ITEM SCQ.255:
APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR PLACE OF RESIDENCE, GO TO SCQ.430; ELSE

CONTINUE.

BOX 3A

CHECK ITEM SCQ.256:
ASK SCQ.260 FOR EACH PERSON ON HH ROSTER.

SCQ.260 [Do you/Does NAME] consider [yourself/himself/herself] to be Hispanic, Latino, or of Spanish origin?

READ IF NECESSARY: Where do {your/his/her} ancestors come from?
- Puerto Rican
- Cuban/Cuban American
- Dominican (Republic)
- Mexican/Mexican American
- Central/South American
- Other Latin American
- Other Hispanic or Latino

YES	1
NO	2
DK	9
RF	7

HELP SCREEN:
SPANISH, HISPANIC OR LATINO PEOPLE MAY BE OF ANY RACE. LISTED BELOW ARE HISPANIC OR LATINO CATEGORIES/COUNTRIES.

MEXICAN
PUERTO RICAN
CUBAN
DOMINICAN REPUBLIC
CENTRAL AMERICAN:
- COSTA RICAN
- GUATEMALAN
- HONDURAN
- NICARAGUAN
- PANAMANIAN
- SALVADORAN
- OTHER CENTRAL AMERICAN

SOUTH AMERICAN:
- ARGENTINEAN
- BOLIVIAN
- CHILEAN
- COLOMBIAN
- ECUADORIAN
- PARAGUAYAN
- PERUVIAN
- URUGUAYAN
- VENEZUELAN
- OTHER SOUTH AMERICAN

OTHER HISPANIC OR LATINO:
- SPANIARD
- SPANISH
- SPANISH AMERICAN

CAPI INSTRUCTIONS: DISPLAY THE FOLLOWING SOFT EDIT THE FIRST TIME A DK OR RF IS ENTERED:

"A missing value here may result in inconclusive sampling. Please re-enter the value to confirm."

ACCEPT THE SECOND ENTRY.

SCQ.262 WARNING: REVIEW HISPANIC STATUS FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

{NAME ETHNICITY}

CAPI INSTRUCTIONS: DISPLAY NAME AND ETHNICITY FOR EACH ENUMERATED PERSON AS DETERMINED AT SCQ.260. INTERVIEWER MAY BACK-UP TO CORRECT.

BOX 3B

CHECK ITEM SCQ.265:
CYCLE THROUGH SCQ.270 FOR EACH PERSON LISTED ON HH ROSTER.

SCQ.270 HAND CARD #1

What race do you consider {yourself/NAME} to be? Please select one or more.

CHECK ALL THAT APPLY.

AMERICAN INDIAN OR ALASKAN NATIVE.	1
ASIAN.....	2
BLACK OR AFRICAN AMERICAN.....	3
NATIVE HAWAIIAN OR PACIFIC ISLANDER..	4
WHITE.....	5
OTHER.....	6
DK.....	9
RF.....	7

CAPI INSTRUCTIONS: DISPLAY THE FOLLOWING SOFT EDIT THE FIRST TIME A DK OR RF IS ENTERED.

"A missing value here may result in inconclusive sampling. Please re-enter the value to confirm."

ACCEPT THE SECOND ENTRY.

HAND CARD #1

- American Indian or Alaska Native
- Asian
  - Asian Indian
  - Cambodian
  - Chinese
  - Filipino
  - Hmong
  - Japanese
  - Korean
  - Laotian

  - Pakistani
  - Thai
  - Vietnamese
  - Other Asian
- Black or African American
- Native Hawaiian or Pacific Islander
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
- White

BOX 3C

CHECK ITEM SCQ.270A:
ASK FOR NEXT PERSON. IF NO NEXT PERSON, CONTINUE WITH BOX 3D.

BOX 3D

CHECK ITEM SCQ.270B:
CYCLE THROUGH BOX 3E THROUGH SCQ.280 FOR EACH PERSON ON HH ROSTER.

BOX 3E

CHECK ITEM SCQ.270C:
CHECK SCQ.260 FOR EACH PERSON. IF PERSON LISTED AS **NOT** HISPANIC (CODE 2), CONTINUE.
OTHERWISE, SKIP TO BOX 3H.

BOX 3F

CHECK ITEM SCQ.270D:
CHECK SCQ.270 – IF ANY PERSON'S RACE = CODE 6 (OTHER) AND DOES **NOT** = CODE 2 OR CODE 3 (ASIAN OR BLACK), CONTINUE.
OTHERWISE, SKIP TO BOX 3H.

BOX 3G

CHECK ITEM SCQ.270E:
ASK QUESTION SCQ.280 FOR EACH PERSON ON HH ROSTER WHO MEET THE CRITERIA SPECIFIED IN BOXES 3E AND 3F (CODE 2 IN SCQ.260 AND CODE 6 ALONE OR WITH CODE 1, 4 OR 5 IN SCQ.270.

SCQ.280

Do any of the groups on this card represent {your/NAME's} national origin or ancestry?

HAND CARD #2

YES.....	1	(CONTINUE WITH CAPI INSTRUCTION SCQ.282)
NO.....	2	(BOX 3H)

SCQ.282

CAPI INSTRUCTION: ADD CODE #2 (ASIAN) AS RACE IN SCQ.270.

BOX 3H

CHECK ITEM SCQ.282A:
CYCLE THROUGH BOX 3D – SCQ.280 FOR NEXT PERSON. IF NO NEXT PERSON, CONTINUE.

SCQ.271 WARNING! REVIEW RACE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

{NAME RACE}

CAPI INSTRUCTIONS: DISPLAY NAME AND RACE(S) FOR EACH ENUMERATED PERSON AS DETERMINED AT SCQ.270, SCQ.280, or SCQ.282. INTERVIEWER MAY BACK-UP TO CORRECT.

BOX 3I

CHECK ITEM SCQ.282B:
IF SCQ.260 = CODE 1 (YES-HISPANIC), APPLY HISPANIC SAMPLING ALGORITHM AND SKIP TO BOX 4. OTHERWISE, CONTINUE WITH BOX 3J.

BOX 3J

CHECK ITEM SCQ.282C:
IF AT LEAST ONE CODE IN SCQ.270 = CODE 3 (BLACK), APPLY BLACK/AFRICAN AMERICAN SAMPLING ALGORITHM AND SKIP TO BOX 4. OTHERWISE, CONTINUE WITH BOX 3K.

BOX 3K

CHECK ITEM SCQ.282D:
IF SCQ.270 = 2 (ASIAN) OR IF SCQ.280 = 1, APPLY ASIAN SAMPLING ALGORITHM AND SKIP TO BOX 4. OTHERWISE, GO TO BOX 3L.

BOX 3L

CHECK ITEM SCQ.282E:
APPLY WHITE/OTHER SAMPLING ALGORITHM.

BOX 4

CHECK ITEM SCQ.285:
IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FOR ETHNICITY OR RACE, GO TO SCQ.430; OTHERWISE, CONTINUE.

SCQ.290 What is {your/{NAME}'s} birthdate?

____ ____ ____
MM DD YYYY (SCQ.291)

DK..... 9 (SCQ.292)
RF..... 7 (SCQ.292)

CAPI INSTRUCTIONS: IF DATE OF BIRTH IS SPECIFIED, CALCULATE AGE AND POST IN THE "AGE" CELL FOR THE APPROPRIATE PERSON WITH THE CURSOR RESIDING IN THAT CELL AND SCQ.291 DISPLAYED ABOVE THE HH COMPOSITION MATRIX; ELSE

GO TO SCQ.292.

SCQ.291 So {you are/{NAME} is} {AGE AS CALCULATED FROM DOB}?

IF NECESSARY, RE-ENTER CORRECT AGE.

CAPI INSTRUCTIONS: IF AGE IS RE-ENTERED BY THE INTERVIEWER, THE APPLICATION SHOULD ADJUST DOB YEAR IF VALID VALUES FOR DOB MONTH AND DAY EXIST. IF DOB MONTH, DAY AND YEAR ARE RF OR DK, DO **NOT** BACK-FILL THE DOB YEAR BASED ON THE ENTERED AGE.

SCQ.292 How old {are you/is {NAME}}?

IF AGE IS LESS THAN 12 MONTHS, ENTER 0.

_____
AGE (SCQ.301)

DK..... 999 (SCQ.300)
RF..... 777 (SCQ.300)

SCQ.300 About how old {are you/is {NAME}}?

{AGE RANGES FOR SAMPLED RACE/ETHNICITY = BLACK OR HISPANIC}/{AGE RANGES FOR SAMPLED RACE/ETHNICITY = ASIAN}/{AGE RANGES FOR SAMPLED RACE/ETHNICITY = WHITES/OTHERS}; {AGE RANGES FOR DK/RF RACE/ETHNICITY}

DK..... 9999
RF..... 7777

CAPI INSTRUCTIONS: DISPLAY QUESTION TEXT ABOVE THE HH COMPOSITION MATRIX WITH THE CURSOR RESIDING IN THE “AGE RANGE” CELL ON THE MATRIX.

AGE RANGE CATEGORIES						
Black non-Hispanic	M&F	0-11 mos.	White/Other	M&F	0-11 mos.
		1-2 yrs.	Low Income		1-2 yrs.
		3-5 yrs.			3-5 yrs.
	M	6-11 yrs.		M	6-11 yrs.
		12-19 yrs.			12-19 yrs.
		20-39 yrs.			20-29 yrs.
		40-49 yrs.			30-39 yrs.
		50-59 yrs.			40-49 yrs.
		60+ yrs.			50-59 yrs.
	F	6-11 yrs.			60-69 yrs.
		12-19 yrs.			70-79 yrs.
		20-39 yrs.			80+ yrs.
		40-49 yrs.		F	6-11 yrs.
		50-59 yrs.			12-19 yrs.
		60+ yrs.			20-29 yrs.
Hispanic	M&F	0-11 mos.			30-39 yrs.
		1-2 yrs.			40-49 yrs.
		3-5 yrs.			50-59 yrs.

		M	6-11 yrs.				60-69 yrs.
			12-19 yrs.				70-79 yrs.
			20-39 yrs.				80+ yrs.
			40-49 yrs.		White/Other	M& F	0-11 mos.
			50-59 yrs.		Not Low Income		1-2 yrs.
			60+ yrs.				3-5 yrs.
		F	6-11 yrs.			M	6-11 yrs.
			12-19 yrs.				12-19 yrs.
			20-39 yrs.				20-29 yrs.
			40-49 yrs.				30-39 yrs.
			50-59 yrs.				40-49 yrs.
			60+ yrs.				50-59 yrs.
	Asian non-Black/ non-Hispanic	M& F	0-11 mos.				60-69 yrs.
			1-2 yrs.				70-79 yrs.
			3-5 yrs.				80+ yrs.
		M	6-11 yrs.			F	6-11 yrs.
			12-19 yrs.				12-19 yrs.
			20-39 yrs.				20-29 yrs.

		40-49 yrs.	30-39 yrs.
		50-59 yrs.	40-49 yrs.
		60+ yrs.	50-59 yrs.
	F	6-11 yrs.	60-69 yrs.
		12-19 yrs.	70-79 yrs.
		20-39 yrs.	80+ yrs.
		40-49 yrs.	
		50-59 yrs.	
		60+ yrs.	

DISPLAY THE FOLLOWING SOFT EDIT THE FIRST TIME A DK OR RF IS ENTERED. ACCEPT THE SECOND ENTRY.

"A missing value here may result in inconclusive sampling. Please re-enter the value to confirm."

ACCEPT THE SECOND ENTRY.

SCQ.301 WARNING: REVIEW AGE FOR EACH PERSON! SAMPLING ALGORITHM WILL BE APPLIED.

{NAME AGE RANGE}

CAPI INSTRUCTIONS: DISPLAY NAME AND AGE AS DETERMINED AT SCQ291, SCQ292, OR SCQ300 FOR EACH ENUMERATED PERSON. INTERVIEWER MAY BACK-UP TO CORRECT.

BOX 5

CHECK ITEM SCQ.303:
APPLY THE SAMPLING ALGORITHM. IF NO PERSON IN THE HOUSEHOLD IS "POTENTIALLY ELIGIBLE" FOR THE STUDY BASED ON SAMPLING MESSAGES FO AGE, GO TO SCQ.430; ELSE

CONTINUE.

BOX 6

CHECK ITEM SCQ.315:
IF SAMPLING MESSAGE FOR LOW INCOME IS SET, CONTINUE; ELSE

GO TO BOX 12.

BOX 7

CHECK ITEM SCQ.320:
IF SCQ.027 = YES (1), GO TO BOX 12; ELSE

CONTINUE.

BOX 8

CHECK ITEM SCQ.325:
IF **ALL** HOUSEHOLD MEMBER'S SAMPLED RACE/ETHNICITY = HISPANIC (1) OR BLACK (2), GO TO BOX 12; ELSE

IF **ANY** HOUSEHOLD MEMBER'S SAMPLED RACE/ETHNICITY = WHITE/OTHER (3) AND ONE OR MORE PERSON'S IN THE HOUSEHOLD COULD MEET THE LOW INCOME SAMPLING CRITERIA AND THOSE PERSONS ARE NOT **ALL** ACTIVE MILITARY, CONTINUE; ELSE

GO TO BOX 12.

BOX 9

CHECK ITEM SCQ.330:
IF **ALL** HOUSEHOLD MEMBER'S WHO WOULD MEET THE LOW INCOME SAMPLING CRITERIA ARE ALREADY SAMPLED BASED ON GENDER, ETHNICITY, RACE, AGE OR ARE ACTIVE MILITARY, GO TO BOX 12; ELSE

CONTINUE.

SCQ.340 Please think for a moment about the various sources from which the members of this household received income during the last 12 months, that is from {CURRENT MONTH} {LAST YEAR IN 4-DIGITS} to {LAST MONTH} {CURRENT YEAR IN 4-DIGITS}. Thinking about all the sources of income, please tell me whether the total income received by the members of this household during the last 12 months was more or less than {DISPLAY EXACT THRESHOLD DOLLAR AMOUNT FOR # OF PEOPLE LIVING IN HOUSEHOLD}.

CAPI INSTRUCTIONS: DISPLAY 1.85 TIMES THE AMOUNT IN TABLE BELOW (185%).

INCOME THRESHOLDS: BASED ON 2016 HHS POVERTY GUIDELINES

INTERVIEWER INSTRUCTIONS: IF INCOME EQUAL TO {DISPLAY EXACT THRESHOLD DOLLAR AMOUNT FOR # OF PEOPLE LIVING IN HOUSEHOLD}, CODE 'LESS'.

MORE.....	1	(BOX 12)
LESS.....	2	(BOX 12)
DK.....	9	
RF.....	7	

BOX 10

CHECK ITEM SCQ.345:
IF **ANY** CHILDREN IN HOUSEHOLD <6 YEARS OLD, CONTINUE; ELSE

GO TO BOX 12.

BOX 11

CHECK ITEM SCQ.347:
IF **ANY** MALES IN HOUSEHOLD ≥18, GO TO BOX 12; ELSE

TREAT HOUSEHOLD AS LOW INCOME FOR PURPOSES OF SAMPLING.

BOX 12

CHECK ITEM SCQ.355:
IF **ANY** INDIVIDUAL MEETS THE SPECIFIED SAMPLING CRITERIA BASED ON GENDER, ETHNICITY, RACE, AGE; OR INCOME LEVEL **AND** IS **NOT** ON ACTIVE MILITARY STATUS, GO TO SCQ.370; ELSE

IF SAMPLING FOR ALL INDIVIDUALS IS INCONCLUSIVE DUE TO CONFIRMED MISSING DATA (DK/RF) IN THE CRITICAL SAMPLING VARIABLES, GO TO SCQ.430, THEN TERMINATE THE SCREENER WITH AN ASSIGNED STATUS OF "INCOMPLETE"; ELSE

GO TO SCQ.430.

SCQ.370 THIS HOUSEHOLD HAS ELIGIBLE SURVEY PARTICIPANTS.

THE ELIGIBLE PERSON(S) SAMPLED IN THIS HOUSEHOLD ARE:

{UNIQUE NAMES, GENDERS, ETHNICITIES RACES, AGES OF SAMPLED PERSONS}

CAPI INSTRUCTIONS: SINCE THE SAMPLING ALGORITHM HAS BEEN RUN FOR THE LAST TIME, BACK-UP IS NOT ALLOWED AFTER THIS SCREEN.

SCQ.420 Is {REFERENCE PERSON}'s mailing address the same as {his/her} street address?
SFQ.220

YES.....	1	(SCQ.430)
NO.....	2	(SCQ.425)
DK.....	9	(SCQ.430)
RF.....	7	(SCQ.430)

SCQ.425 Please give me {REFERENCE PERSON}'s complete mailing address.
SFQ.225

{#} {DIRECTION} {STREET NAME} {STREET/ROAD/AVENUE} {DIRECTION} {#}
{PO BOX} {RURAL ROUTE #} {RURAL ROUTE BOX} {CITY} {STATE} { ZIP}

CAPI INSTRUCTIONS: DISPLAY THE COMPLETE ADDRESS OF THE HOUSEHOLD AS COLLECTED IN SCQ070 OR SCQ080 AND ALLOW UPDATES IN ALL FIELDS. IF UPDATES ARE MADE, STORE THIS ADDRESS AS THE MAILING ADDRESS. IF NO UPDATES ARE MADE, RESET SCQ.420 TO "NO" AND CONTINUE TO SCQ.430.

SCQ.430 Please give me your home telephone number in case my office wants to check my work.
SFQ.230

(_____) - _____ - _____ - _____
HOME TELEPHONE NUMBER (SCQ.440a)

NO HOME TELEPHONE.....	2	(SCQ.460)
DK.....	9	(SCQ.460)
RF.....	7	(SCQ.460)

CAPI INSTRUCTIONS: THE FIELD FOR "EXTENSION" IS ALLOWED TO BE BLANK.

SCQ.440a In whose name is the telephone listed?
SFQ.240a

INTERVIEWER INSTRUCTION: SELECT NAME FOR TELEPHONE LISTING FROM HOUSEHOLD ROSTER.

_____ _____
FIRST LAST (BOX 13)

UNLISTED.....	1	(BOX 13)
NOT ON LIST.....	2	(SCQ440b)
DK.....	9	(BOX 13)
RF.....	7	(BOX 13)

CAPI INSTRUCTIONS: THE DEFAULT FILL FOR THE "NAME" FIELD SHOULD BE THE FIRST, LAST, AND SUFFIX NAME OF THE REFERENCE PERSON. HOWEVER, MOVING THE FOCUS OF THE CURSOR OVER THE "NAME" FILL PRODUCES A LIST DISPLAYING THE FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX AND THE OPTIONS OF "UNLISTED", AND "NOT ON LIST".

SCQ.440b [In whose name is the telephone listed?]
SFQ.240b

INTERVIEWER INSTRUCTION: ENTER NAME.

Name _____ _____
{FIRST} {LAST} (BOX 13)

SCQ.460 Is there another number where you can be reached?

(_____) - _____ - _____ - _____
OTHER TELEPHONE NUMBER (SCQ461)

NO	2	(BOX 13)
DK	9	(BOX 13)
RF	7	(BOX 13)

CAPI INSTRUCTIONS: THE FIELD FOR "EXTENSION" IS ALLOWED TO BE BLANK.

SCQ461 Where is that telephone located?

WORK	1
RELATIVE'S HOME	2
NEIGHBOR'S HOME	3
CELL PHONE	4
OTHER	5
DK	9
RF	7

BOX 13

CHECK ITEM SCQ.465:
IF THIS IS AN INELIGIBLE HOUSEHOLD, GO TO SCQ_END1; ELSE
IF THIS IS AN ELIGIBLE HOUSEHOLD, GO TO SCQ_END2; ELSE
IF THIS IS A BREAK-OF, GO TO SCQ_END3 AND REQUIRE ENTRY OF DISPOSITION; ELSE
IF MISSING CRITICAL SAMPLING DATA, GO TO SCQ_END4; ELSE
IF SCQ.070 (ADDRESS VERIFICATION) IS "NO (WRONG ADDRESS)"; GO TO SCQ_END 5.

SCQ_END1 Thank you.

BOX 14

CHECK ITEM SCQ.???:
GO TO INTERPRETER MODULE – INT_END1.

SCQ_END2 Thank you. This household has eligible survey participants.

[READ NAMES LISTED BELOW.]

{UNIQUE NAMES, GENDERS, AGES OF SAMPLE PERSONS}

[IF APPROPRIATE, EXPLAIN PARTICIPATION IN STUDY TO RESPONDENT.]

SCQCONT PERFORM THE RELATIONSHIP INTERVIEW AT THIS TIME?

YES.....	1	SCQ_MODULE 2)
NO.....	2	(SCQ_END2b)

CAPI INSTRUCTIONS: IF CODED "YES" (1), UPON LEAVING THIS SCREEN, LAUNCH MODULE 2 OF THE SCREENER, COLLECTING RELATIONSHIP INFORMATION.

RIQ.010 SELECT RESPONDENT FOR THE SCREENER MODULE 1 – HOUSEHOLD COMPOSITION.

Respondent _____
{FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS: WHEN THE FOCUS OF THE CURSOR IS ON THE "RESPONDENT" FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX.

MDUREMIN REMINDER: PLEASE COMPLETE THE MISSED-DU PROCEDURE.

CAPI INSTRUCTION: DISPLAY IF CASE SELECTED FOR MDU PROCEDURE.

BOX 15

CHECK ITEM SCQ.???:
GO TO INTERPRETER MODULE – INT_END1.

SCQ_END3 Thank you.

SCQEND3 PROGRAMMER SPEC: AFTER EXITING FROM THIS SCREEN, PRESENT THE LIST OF DISPOSITIONS AND DO NOT ALLOW EXIT FROM THE APPLICATION WITHOUT ENTRY OF A DISPOSITION.

SCQ_END4 Thank you.

[EXPLAIN TO RESPONDENT THAT YOU WILL NEED TO RETURN TO THE HOUSEHOLD TO COLLECT CRITICAL INFORMATION THAT WAS NOT PROVIDED THIS TIME.]

SCQ_END5 Thank you.

LOCATE CORRECT ADDRESS AND RESTART SCREENER.

SCQ_END6 Thank you.

IDENTIFY HOUSEHOLD RESIDENT WHO IS 18 YEARS OR OLDER.

CAPI INSTRUCTION: KEEP SCREENER DISPOSITION AS ‘NOT WORKED’.

2 FAMILY RELATIONSHIP QUESTIONNAIRE

2.1 FAMILY RELATIONSHIP (SFQ)

SCREENER MODULE #2 (SFQ)

TO BE ADMINISTERED TO ALL ELIGIBLE HOUSEHOLDS

BOX 1

CHECK ITEM SFQ.001:
IF ONLY 1 PERSON HOUSEHOLD, CODE PERSON AS "REFERENCE PERSON", CODE RELATIONSHIP AS "SELF", ASSIGN FAMILY #1 TO PERSON AND GO TO END OF SECTION.
OTHERWISE, CONTINUE.

BOX 2

CHECK ITEM SFQ.004:
CODE FIRST PERSON LISTED ON H.H. MATRIX WHOSE AGE IS ≥ 18 AND IS **NOT** FLAGGED AS LIVING "SOMEWHERE ELSE" AS "REFERENCE PERSON", HEAD OF FAMILY #1 AND RELATIONSHIP AS "SELF".

BOX 3

LOOP 1:
ASK NEW BOX 3A – SFQ.040 AS APPROPRIATE FOR EACH PERSON {P} LISTED BELOW REFERENCE PERSON ON THE HOUSEHOLD MATRIX.

NEW BOX 3A

CHECK ITEM SFQ.005:
CHECK GENDER OF {PERSON} FROM SCREENER. IF {PERSON} IS MALE, DISPLAY SFQ.006. IF FEMALE, DISPLAY SFQ.007.

SFQ.000 {The next questions are about family relationships.}

SFQ.006 What is {PERSON'S} relationship to {REFERENCE PERSON}?

HAND CARD SFQ1

CAPI DESIGN = RADIO BUTTONS

RELATED		NOT RELATED	
HUSBAND	O 01	HOUSEMATE/ROOMMATE	O 12
PARTNER	O 02	ROOMER/BOARDER	O 13
SON (BIOLOGICAL, SON-IN-LAW, ADOPTIVE, FOSTER, STEP)	O 03	OTHER/NON RELATED	O 14
SON OF PARTNER	O 04	LEGAL GUARDIAN	O 15
GRANDSON	O 05	WARD	O 16

FATHER.....O 06
BROTHER.....O 07
GRANDFATHER.....O 08
UNCLE.....O 09
NEPHEW.....O 10
OTHER RELATIVE.....O 11

REFUSED.....O 77
DON'T KNOW.....O 99

CAPI INSTRUCTIONS: IF CODE 1 AND {PERSON} IS <16 YEARS OLD, DISPLAY THE FOLLOWING BOX:

{PERSON} is listed as being under 16 years old. Are you sure {PERSON} should be coded as {HUSBAND/WIFE}?

Button 1: No, change relationship
Button 2: Yes, continue

IF BUTTON #1 IS SELECTED, RETURN TO SFQ.006/007. IF BUTTON #2 IS SELECTED, CONTINUE WITH BOX 5.

SFQ.007 {The next questions are about family relationships.}

What is {PERSON'S} relationship to {REFERENCE PERSON}?

HAND CARD SFQ2

CAPI DESIGN = RADIO BUTTONS

RELATED

WIFE.....O 01
PARTNER.....O 02
DAUGHTER (BIOLOGICAL, DAUGHTER-IN-LAW, ADOPTIVE, FOSTER, STEP).....O 03
DAUGHTER OF PARTNER.....O 04
GRANDDAUGHTER.....O 05
MOTHER.....O 06
SISTER.....O 07
GRANDMOTHER.....O 08
AUNT.....O 09
NIECE.....O 10
OTHER RELATIVE.....O 11

NOT RELATED

HOUSEMATE/ROOMMATE.....O 12
ROOMER/BOARDER.....O 13
OTHER/NON RELATED.....O 14

LEGAL GUARDIAN.....O 15
WARD.....O 16

REFUSED.....O 77
DON'T KNOW.....O 99

CAPI INSTRUCTIONS: IF CODE 1 AND {PERSON} IS <16 YEARS OLD, DISPLAY THE FOLLOWING BOX:

{PERSON} is listed as being under 16 years old. Are you sure {PERSON} should be coded as {HUSBAND/WIFE}?

Button 1: No, change relationship
Button 2: Yes, continue

IF BUTTON #1 IS SELECTED, RETURN TO SFQ.006/007. IF BUTTON #2 IS SELECTED, CONTINUE WITH BOX 5.

BOX 5

CHECK ITEM SFQ.017:
IF **{P}** RELATIONSHIP IN SFQ.006 or SFQ.007 = SON OR DAUGHTER (CODE 3), CONTINUE.
OTHERWISE, SKIP TO BOX 6.

SFQ.020 Is {PERSON}, {REFERENCE PERSON'S} biological (natural), adoptive, step, foster {son/daughter} or (son/daughter)-in-law?

BIOLOGICAL (NATURAL) {SON/ DAUGHTER}	1
ADOPTIVE {SON/DAUGHTER}	2
STEP {SON/DAUGHTER}	3
FOSTER {SON/DAUGHTER}	4
{SON/DAUGHTER}-IN-LAW	5
REFUSED	7
DON'T KNOW	9

BOX 6

CHECK ITEM SFQ.025:
IF {P} RELATIONSHIP IN SFQ.006 or SFQ.007 = FATHER OR MOTHER (CODE 6), CONTINUE.
OTHERWISE, GO TO BOX 7.

SFQ.030 Is {PERSON}, {REFERENCE PERSON'S} biological (natural), adoptive, step, or foster parent or {mother/father}-in-law?

BIOLOGICAL (NATURAL) PARENT	1
ADOPTIVE PARENT	2
STEP PARENT	3
FOSTER PARENT	4
{MOTHER/FATHER}-IN-LAW	5
REFUSED	7
DON'T KNOW	9

BOX 7

CHECK ITEM SFQ.035:
IF {P} RELATIONSHIP IN SFQ. 006 or SFQ.007 = BROTHER OR SISTER (CODE 7), CONTINUE.
OTHERWISE, GO TO BOX 8.

SFQ.100 Is {PERSON}, {REFERENCE PERSON'S} full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in-law?

FULL {BROTHER/SISTER}	1
HALF {BROTHER/SISTER}	2
ADOPTED {BROTHER/SISTER}	3
STEP {BROTHER/SISTER}	4
FOSTER {BROTHER/SISTER}	5
{BROTHER/SISTER}-IN-LAW	6
REFUSED	7
DON'T KNOW	9

BOX 8

END LOOP 1:
ASK NEW BOX 3A – SFQ.040 AS APPROPRIATE FOR NEXT PERSON {P} LISTED BELOW REFERENCE PERSON OR NEXT PERSON RELATED TO HEAD OF FAMILY ON THE HOUSEHOLD MATRIX.
IF NO NEXT PERSON, GO TO BOX 9.

BOX 9

CHECK ITEM SFQ.043:
IF ALL PERSONS IN HOUSEHOLD ARE RELATED (HAVE RELATIONSHIP CODES ASSOCIATED WITH CODES 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15, 16, 77 OR 99 IN SFQ.006 OR SFQ.007), GO TO BOX 20.
OTHERWISE, CONTINUE WITH BOX 10.

BOX 10

CHECK ITEM SFQ.045:
CODE FIRST PERSON REMAINING UNRELATED TO REFERENCE PERSON AND HEADS OF ADDITIONAL FAMILIES AND WHOSE AGE IS ≥18 AS HEAD OF NEXT FAMILY {H OF F} AS APPROPRIATE (#2, 3, 4, ETC.), AND GO TO BOX 11.
IF NO PERSONS AGE ≥ 18, CODE OLDEST PERSON FROM THIS GROUP AS HEAD OF FAMILY.

BOX 11

CHECK ITEM SFQ.047:
IF MORE THAN ONE PERSON CODED AS UNRELATED, CONTINUE WITH SFQ.050.
OTHERWISE, GO TO BOX 20.

SFQ.050 Now I would like to talk about those persons in the household who are **not** related to {REFERENCE PERSON/REFERENCE PERSON OR HEADS OF FAMILY}. That is {LIST ALL PERSONS IN HOUSEHOLD NOT RELATED TO {REFERENCE PERSON/REFERENCE PERSON OR HEADS OF FAMILY}.

DISPLAY NAME OF REFERENCE PERSON IF THIS IS THE FIRST TIME THIS QUESTION IS ASKED. DISPLAY NAMES OF REFERENCE PERSON AND ALL HEADS OF ADDITIONAL FAMILIES IF THIS IS NOT THE FIRST TIME QUESTION IS ASKED.

Is {HEAD OF FAMILY #2, 3, 4, ETC} related to anyone in the household?

YES	1	
NO	2	(BOX 19)
REFUSED	7	
DON'T KNOW	9	

SFQ.060 Who is {HEAD OF FAMILY #2, 3, 4, ETC. FROM BOX 10} related to? {DISPLAY LIST OF NAMES OF ALL PERSONS WHO ARE NOT REFERENCE PERSON, OR HEAD OF FAMILY AND WHO ARE NOT RELATED TO ANYONE ELSE IN HOUSEHOLD (DO NOT HAVE RELATIONSHIP CODE = CODE 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15 OR 16)}.

SELECT NAMES OF PERSONS RELATED TO {REFERENCE PERSON **OR** HEAD(S) OF FAMILY}.

BOX 13

EMBEDDED LOOP 2A:
ASK NEW BOX 3A THROUGH SFQ.040 FOR EACH PERSON SELECTED IN SFQ.060.

BOX 18

END EMBEDDED LOOP 2A:
ASK NEW BOX 3A THROUGH SFQ.040 AS APPROPRIATE FOR NEXT PERSON SELECTED AS RELATED TO HEAD OF FAMILY IN SFQ.060.
IF NO NEXT PERSON, GO TO BOX 19.

BOX 19

END LOOP 2:
IF MORE THAN 1 PERSON REMAINS UNRELATED TO THE REFERENCE PERSON OR THE HEAD OF ADDITION FAMILY:

- DESIGNATE NEXT HEAD OF FAMILY AS INSTRUCTED IN BOX 10.
- ASK NEW BOX 3A THROUGH SFQ.040 FOR NEXT HEAD OF FAMILY AND PERSONS WHO REMAIN AS UNRELATED.

IF NO NEXT PERSONS GO TO BOX 20.

BOX 20

CHECK ITEM SFQ.105:

- IF REFERENCE PERSON OR HEAD OF FAMILY IS MARRIED (CODED AS 01 IN SFQ.006 OR SFQ.007) OR
  LIVING WITH A PARTNER (CODED AS UNMARRIED PARTNER IN SFQ.006 OR SFQ.007).

AND

- REFERENCE PERSON OR HEAD OF FAMILY HAS A CHILD OR THE **PARTNER** HAS A CHILD (CODED AS 03 OR 04 IN SFQ.006 OR SFQ.007), CONTINUE.

OTHERWISE GO TO BOX 23.

BOX 21

LOOP 3:
ASK SFQ.110 FOR EACH PERSON (CHILD OF REFERENCE PERSON AND CHILD OF PARTNER – RELATIONSHIP CODE 3 OR 4).

SFQ.110 I recorded that {NAME OF MOTHER/FATHER OF CHILD – THIS IS SPOUSE OR PARTNER OF REFERENCE PERSON} is the {father/mother} of {NAME OF CHILD – THIS IS CHILD OF REFERENCE PERSON AND SPOUSE OR REFERENCE PERSON AND PARTNER OR CHILD OF PARTNER}. Is {NAME OF CHILD} {his/her} biological, adoptive, step, foster child, (son or daughter)-in-law or a non relative of {NAME OF MOTHER/FATHER}?

BIOLOGICAL CHILD	1
ADOPTIVE CHILD	2
STEP CHILD	3
FOSTER CHILD	4
(SON/DAUGHTER)-IN-LAW	5
NON RELATIVE	6
REFUSED	7
DON'T KNOW	9

BOX 22

END LOOP 3:
ASK SFQ.110 FOR NEXT PERSON (CHILD OR CHILD OF PARTNER).
IF NO NEXT PERSON, CONTINUE WITH BOX 23.

BOX 23

CHECK ITEM 115:
CHECK RELATIONSHIPS. IF ALL HOUSEHOLD MEMBERS HAVE MOTHER, FATHER, AND SPOUSE OR PARTNER IDENTIFIED, GO TO BOX 31.
OTHERWISE, IF ANY OF THESE RELATIONSHIPS FOR EACH PERSON IS NOT ALREADY IDENTIFIED, CONTINUE.

BOX 24

LOOP 4:
ASK SFQ.120 – SFQ.200 **AS APPROPRIATE** FOR EACH PERSON WHO DOES **NOT** HAVE A MOTHER AND FATHER AND SPOUSE OR PARTNER IDENTIFIED IN HOUSEHOLD.

BOX 25

CHECK ITEM SFQ.117:
IF PERSON'S MOTHER HAS NOT BEEN IDENTIFIED, AND THERE ARE FEMALES IN THE HOUSEHOLD WHO ARE > 13 YEARS OLDER THAN PERSON, CONTINUE
OTHERWISE, GO TO BOX 27.

SFQ.120 Is {PERSON'S} mother a household member? [Include mother-in-law].

IF OBVIOUS, VERIFY ONLY.

CHOOSE MOTHER OVER MOTHER-IN-LAW IF BOTH PRESENT.

YES – MOTHER IN HOUSEHOLD.....	1	
NO – MOTHER NOT IN HOUSEHOLD.....	2	(BOX 27)
LEGAL GUARDIAN IN HOUSEHOLD.....	3	
REFUSED.....	7	(BOX 27)
DON'T KNOW.....	9	(BOX 27)

SFQ.130 Who is that?
[SELECT PERSON FROM HOUSEHOLD MATRIX.

BOX 26

CHECK ITEM SFQ.135:
IF LEGAL GUARDIAN CODED IN SFQ.120, GO TO BOX 27.
OTHERWISE, CONTINUE.

SFQ.140 Is {NAME OF MOTHER IN SFQ.130}, {PERSON'S} biological [natural], adoptive, step, or foster mother or mother-in-law?

BIOLOGICAL MOTHER.....	1
ADOPTIVE MOTHER.....	2
STEP MOTHER.....	3
FOSTER MOTHER.....	4
MOTHER-IN-LAW.....	5
REFUSED.....	7
DON'T KNOW.....	9

BOX 27

CHECK ITEM SFQ.145:
IF PERSON'S FATHER HAS NOT BEEN IDENTIFIED, AND THERE ARE MALES IN THE HOUSEHOLD WHO ARE > 13 YEARS OLDER THAN PERSON.
OTHERWISE, GO TO BOX 29A.

SFQ.150 Is {PERSON'S} father a household member? [Include father-in-law].

IF OBVIOUS, VERIFY ONLY.

CHOOSE FATHER OVER FATHER-IN-LAW IF BOTH PRESENT.

YES – FATHER IN HOUSEHOLD.....	1	
NO – FATHER NOT IN HOUSEHOLD.....	2	(BOX 29)
LEGAL GUARDIAN IN HOUSEHOLD.....	3	
REFUSED.....	7	(BOX 29)
DON'T KNOW.....	9	(BOX 29)

SFQ.160 Who is that?
[SELECT PERSON FROM HOUSEHOLD MATRIX.

BOX 28

CHECK ITEM SFQ.165:
IF LEGAL GUARDIAN CODED IN SFQ.150, GO TO BOX 29A.
OTHERWISE, CONTINUE.

SFQ.170 Is {NAME OF FATHER IN SFQ.160}, {PERSON'S} biological (natural), adoptive, step, or foster father or father-in-law?

BIOLOGICAL FATHER.....	1
ADOPTIVE FATHER.....	2
STEP FATHER.....	3
FOSTER FATHER.....	4
FATHER-IN-LAW.....	5
REFUSED.....	7
DON'T KNOW.....	9

BOX 29A

CHECK ITEM SFQ.175:
IF PERSON'S AGE >= 14 AND SPOUSE OR UNMARRIED PARTNER HAS NOT BEEN IDENTIFIED, CONTINUE.
OTHERWISE, GO TO BOX 30.

SFQ.180 Is {PERSON'S NAME} now married, widowed, divorced, separated, never married or living with a partner?

MARRIED.....	1	
WIDOWED.....	2	(BOX 30)
DIVORCED.....	3	(BOX 30)
SEPARATED.....	4	(BOX 30)
NEVER MARRIED.....	5	(BOX 30)
LIVING WITH PARTNER.....	6	
REFUSED.....	7	(BOX 30)
DON'T KNOW.....	9	(BOX 30)

BOX 29B

CHECK ITEM SFQ.185:
IF THERE ARE PERSONS IN THE HOUSEHOLD WHO ARE > = 14 YEARS OLD, CONTINUE.
OTHERWISE, GO TO BOX 30.

SFQ.190 Is {PERSON'S} {spouse/partner} living in the household?

YES	1	
NO	2	(BOX 30)
REFUSED	7	(BOX 30)
DON'T KNOW	9	(BOX 30)

SFQ.200 Who is that?

DISPLAY LIST OF ALL NONDELETED HOUSEHOLD MEMBERS WHO ARE 14 YEARS OLD OR OLDER.

BOX 30

END LOOP 4:
ASK SFQ.120 – SFQ.200 FOR NEXT PERSON.
IF NO NEXT PERSON, GO TO BOX 31.

BOX 31

CHECK ITEM SFQ.205:
- APPLY NHANES AND CPS FAMILY DEFINITIONS.
- IF MORE THAN 1 NHANES FAMILY, CONTINUE.
- IF ONLY 1 NHANES FAMILY, GO TO SFQ.210. DO **NOT** REASK SCQ.430 – SCQ.461.

OTHERWISE, GO TO SFQ.210.

BOX 32

LOOP 5:
ASK MODULE 1 – SCQ.420 – SCQ.440b FOR EACH **ADDITIONAL** NHANES FAMILY.
NOTE: THE SUBJECT OF QUESTIONS SHOULD BE EACH ADDITIONAL HEAD OF NHANES FAMILY AND NUMBERED SFQ.220, SFQ.225, SFQ.230 AND SFQ.240a.
DO **NOT** REASK SCQ.430 – SCQ.461 OF THE FIRST NHANES FAMILY.

SFQEND Thank you. That completes the questions about family relationships.

RIQ.010 SELECT RESPONDENT FOR THE SCREENER MODULE II – HOUSEHOLD RELATIONSHIPS.

Respondent _____
{FIRST NAME} {LAST NAME}

CAPI INSTRUCTIONS: WHEN THE FOCUS OF THE CURSOR IS ON THE "RESPONDENT" FIELD, THE ANSWER CHOICES SHOULD BE A LIST THAT DISPLAYS FIRST AND LAST NAMES OF ALL HH MEMBERS ON THE HH COMPOSITION MATRIX.

INT.001 WAS AN INTERPRETER USED FOR INTERVIEW?

YES.....	1	
NO.....	2	(GO TO THE END OF THE SECTION)

BOX #1

CHECK ITEM INT.001A:
IF THIS IS SCREENER, SKIP TO INT.003.
OTHERWISE, IF THIS IS RELATIONSHIP MODULE, CONTINUE WITH BOX 2.

BOX #2

CHECK ITEM INT.001B:
IF SCREENER AND RELATIONSHIP COMPLETED DURING SAME SESSION (SCQ_END 2a = YES), SKIP TO INT.003.
OTHERWISE, CONTINUE.

INT.002 IS THIS THE SAME INTERPRETER THAT WAS USED FOR THE SCREENER?

YES.....	1	{CODE INTERPRETER SCREENER INFORMATION AND SKIP TO END OF SECTION)}
NO.....	2	(CONTINUE)

INT.003 LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE.....	1	(SKIP TO INT.005)
CHINESE (CANTONESE).....	2	(SKIP TO INT.005)
CHINESE (MANDARIN).....	3	(SKIP TO INT.005)
FRENCH.....	4	(SKIP TO INT.005)
GERMAN.....	5	(SKIP TO INT.005)
ITALIAN.....	6	(SKIP TO INT.005)
JAPANESE.....	7	(SKIP TO INT.005)
KOREAN.....	8	(SKIP TO INT.005)
RUSSIAN.....	9	(SKIP TO INT.005)
SPANISH (READER).....	10	(SKIP TO INT.005)

VIETNAMESE..... 11 (SKIP TO INT.005)
OTHER SPECIFY..... 99

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

_____

INT.005 HOW WAS INTERPRETER OBTAINED

ARRANGED BY FIELD OFFICE..... 1
RECRUITED DURING VISIT/APPOINTMENT 2 (INT.007)

INT.006 SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

{DROP DOWN LIST SHOULD HAVE ALL NAMES FROM EVM AND AN “OTHER SPECIFY” TO ALLOW FOR THOSE NAMES THAT HAVE NOT BEEN TRANSFERRED TO INTERVIEWER PENTOP}

BOX #3

CHECK ITEM INT.006A:
IF OTHER (SELECTED IN INT.006) GO TO INT.009.
OTHERWISE, GO TO SFQMISDU.

INT.007 SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD..... 1
NON-RELATIVE LIVING IN HOUSEHOLD.... 2
NEIGHBOR, RELATIVE OR FRIEND –
NOT IN HOUSEHOLD..... 3 (SKIP TO INT.009)

INT.008 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY CAPI PULL DOWN LIST FROM HH ROSTER}

BOX #4

CHECK ITEM INT.008A:
GO TO END OF SECTION.

INT.009 ENTER NAME OF INTERPRETER

_____

INT.010 ENTER PHONE # OF INTERPRETER

___ -___ ____

INT.011 ENTER AGE RANGE OF INTERPRETER

{AGE RANGE CAN BE A PULL DOWN LIST}

RANGES = 18-29
30-59
60+

INT.012 ENTER GENDER OF INTERPRETER

MALE..... 1
FEMALE..... 2

SFQMISDU REMINDER: PLEASE COMPLETE THE MISSED-DU PROCEDURE.

CAPI INSTRUCTION: DISPLAY IF CASE SELECTED FOR MDU PROCEDURE.

3 SAMPLE PERSON QUESTIONNAIRE

3.1 RESPONDENT SELECTION SECTION - RIQ - SP QUESTIONNAIRE

RESPONDENT SELECTION SECTION - RIQ - SP QUESTIONNAIRE

RIQ.006 SELECT RESPONDENT FOR THE SP QUESTIONNAIRE FOR {SP NAME}.

CAPI INSTRUCTION:
DISPLAY HOUSEHOLD ROSTER FROM SCREENER AND 'SOMEONE NOT LIVING IN HH' AS OPTION.

BOX 0

CHECK ITEM RIQ.008:
IF PROXY RESPONDENT FOR SP AGE 15 OR YOUNGER, GO TO RIQ.012.
IF PROXY RESPONDENT FOR SP AGE 16 OR OLDER, GO TO RIQ.014.
OTHERWISE GO TO BOX 1.

RIQ.012 INTERVIEWER: ASK OR MARK IF KNOWN.
(What is your relationship to {SP}?)

MOTHER (BIOLOGICAL/ADOPTIVE/ STEP/FOSTER)	1	(BOX 1)
FATHER (BIOLOGICAL/ADOPTIVE/ STEP/FOSTER)	2	(BOX 1)
GRANDPARENT (GRANDMOTHER/ GRANDFATHER)	3	(BOX 1)
AUNT/UNCLE	4	(BOX 1)
BROTHER/SISTER	5	(BOX 1)
OTHER RELATIVE	6	(BOX 1)
NON-RELATIVE	7	(BOX 1)
REFUSED	77	(BOX 1)
DON'T KNOW	99	(BOX 1)

RIQ.014 INTERVIEWER: ASK OR MARK IF KNOWN.
(What is your relationship to {SP}?)

SPOUSE (WIFE/HUSBAND) OR PARTNER	1
DAUGHTER OR SON (BIOLOGICAL/ ADOPTIVE/IN-LAW/STEP/FOSTER)	2
PARENT (BIOLOGICAL/ADOPTIVE/ STEP/FOSTER)	3
GRANDPARENT (GRANDMOTHER/ GRANDFATHER)	4
BROTHER/SISTER	5
OTHER RELATIVE	6
NON-RELATIVE	7
REFUSED	77
DON'T KNOW	99

BOX 1

CHECK ITEM *11RIQ.015:

- IF SP IS SELECTED AS RESPONDENT AND SP AGE IS <= 15, GO TO *11RIQ.020.
- IF SP IS SELECTED AS RESPONDENT AND SP AGE IS >= 16, GO TO BOX 3AA.
- IF SP IS NOT SELECTED AS RESPONDENT AND SP AGE IS <= 15, GO TO BOX 2.
- IF SP IS NOT SELECTED AS RESPONDENT AND SP AGE IS >= 16, GO TO RIQ.039.

*11RIQ.020 INTERVIEW SHOULD BE CONDUCTED WITH A PROXY BECAUSE SP IS UNDER 16 YEARS OLD.

ENTER ONE OPTION.

SP IS AN EMANCIPATED MINOR	1	(BOX 3)
PERSON SELECTED AS RESPONDENT IN ERROR	2	(RIQ.006)
SP AGE ENTERED IN ERROR -- SP IS AGE 16+	3	(BOX 3AA)

RIQ.039 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS	1
SP HAS PHYSICAL PROBLEMS (SPECIFY)_____	2

*11RIQ.035 DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH A PROXY?

YES	1	
NO	2	(RIQ.006)

BOX 2

CHECK ITEM RIQ.031:
IF 'SOMEONE NOT LIVING IN HH' SELECTED AS RESPONDENT IN RIQ.006, CONTINUE.
OTHERWISE, GO TO BOX 3AA.

RIQ.040 WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE HOUSEHOLD?

_____

_____

_____

RIQ.050 ENTER RESPONDENT NAME.

_____ _____
FIRST NAME LAST NAME

RIQ.060 ENTER RESPONDENT'S PHONE NUMBER.

ENTER '00' IN AREA CODE IF NO PHONE.

|___|___|___| |___|___|___| - |___|___|___|___|
AREA CODE ENTER PHONE NUMBER

BOX 3

CHECK ITEM *11RIQ.072:
IF SP SELECTED AS RESPONDENT IS <12 YEARS OLD, CONTINUE.
OTHERWISE, GO TO BOX 3AA.

*11RIQ.074 EMANCIPATED MINOR MUST BE AT LEAST 12 YEARS OLD.
PRESS ‘ENTER’ TO SELECT ANOTHER RESPONDENT.

CAPI INSTRUCTION:
WHEN ‘ENTER’ IS PRESSED, CAPI SHOULD RETURN TO RIQ.006.

BOX 3AA

CHECK ITEM RIQ.245:
IF SP SELECTED AS RESPONDENT IS 16 OR 17 YEARS OLD, CONTINUE.
OTHERWISE, GO TO RIQ.250.

RIQ.248 IS SP AN EMANCIPATED MINOR?

YES..... 1
NO..... 2

BOX 3B
OMITED

RIQ.250 HAND RESPONDENT COPY OF HOME INTERVIEW CONSENT FORM IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS WITH RESPONDENT OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY RESPONDENT QUESTIONS. (PRESS NEXT TO CONTINUE)

BOX 3C

CHECK ITEM RIQ.260:
IF RESPONDENT IS 16-17 YEARS OLD AND NOT EMANCIPATED (RIQ.248 = 2/NO OR *11RIQ.020 NOT EQUAL TO 1), CONTINUE.
OTHERWISE, SKIP TO RIQ.278.

RIQ.274 WHO IS PARENT/GUARDIAN CONSENTING FOR {SP}?

CAPI INSTRUCTION:
LIST HH ROSTER MEMBERS WHO ARE 18+ AND ‘SOMEONE NOT LIVING IN HH’ AS RESPONSE OPTIONS.
IF ‘NOT ON LIST’ SELECTED GO TO RIQ.276. IF HH MEMBER SELECTED, GO TO RIQ.278.

RIQ.276 WHAT IS PARENT/GUARDIAN’S NAME?

INTERVIEWER INSTRUCTION: ENTER NAME. VERIFY SPELLING.

_____ _____
FIRST NAME LAST NAME

RIQ.278 CAPI INSTRUCTION:

1. DISPLAY IMAGE HOME INTERVIEW CONSENT FORM. SHOW TOP OF FORM, INCLUDING FIRST THREE PARAGRAPHS.
2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.

3. DISPLAY INTERVIEWER INSTRUCTION: “TURN SCREEN TO {SP/PROXY NAME/NAME IN RIQ.274 OR 276} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.”
4. DISPLAY PERSON CONSENTING/SIGNING IN INSTRUCTION #3 AS:
    a. ‘SP’ IF ADULT SP RESPONDENT OR
    b. ‘PROXY NAME’ IF PROXY FOR ADULT OR CHILD OR
    c. ‘NAME FROM RIQ.274 OR RIQ.276’ IF RESPONDENT IS 16-17 YEAR OLD SP AND NOT EMANCIPATED.

RIQ.280a/b EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK {SP/PROXY NAME/NAME IN RIQ.274 OR 276} TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW.

a. I have read the information above. I agree to {allow SP to} proceed with the interview {for SP}.

YES..... 1
NO..... 2

b. We can do additional health research by linking the interview and exam data to vital statistics, health, nutrition, and other related records. May we try to link {your/SP’s} survey records with other records?

YES..... 1
NO..... 2

CAPI INSTRUCTION:

1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
2. IN RIQ.280 STEM, DISPLAY PERSON CONSENTING/SIGNING IN INSTRUCTION AS:
    i. ‘SP’ IF ADULT SP RESPONDENT OR
    ii. ‘PROXY NAME’ IF PROXY FOR ADULT OR CHILD OR
    iii. ‘NAME FROM RIQ.274 OR RIQ.276’ IF RESPONDENT IS 16-17 YEAR OLD SP AND NOT EMANCIPATED.
3. DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.
4. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
5. DISABLE LINKAGE QUESTION IF RIQ.280a = NO (2).
6. IF RIQ.280a = 2, DISPLAY THE FOLLOWING MESSAGE: “EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED” (FUNCTIONS LIKE CURRENT RIQ.080-081).
7. FOR RIQ.280a: DISPLAY “allow SP to” WHEN RESPONDENT IS 16-17 YEAR OLD SP AND NOT EMANCIPATED. OTHERWISE LEAVE BLANK.
8. FOR RIQ.280b: DISPLAY ‘your’ IF ADULT SP RESPONDENT OR 16-17 YEAR OLD SP RESPONDENT WHO IS EMANCIPATED. DISPLAY ‘SP’s’ IF PROXY RESPONDENT FOR SP AGED 0-15 OR 18+. DISPLAY ‘SP’s’ IF RESPONDENT IS SP 16-17 YEAR OLD NON-EMANCIPATED.
9. FOR RIQ.280a: DISPLAY “for SP” IF PROXY RESPONDENT.

RIQ.320 ADULT RESPONDENT OR PARENT/GUARDIAN OF NON-EMANCIPATED 16-17 YEAR OLD SIGNATURE SCREEN (USED FOR ALL INTERVIEWS)

CAPI INSTRUCTION:
1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
2. CHECK BOX LABELED 'OFFICE USE ONLY: ☐ H' FOR FI TO CHOOSE IF RESPONDENT REFUSES TO SIGN ELECTRONICALLY BUT WILL SIGN HARDCOPY. IF SELECTED SKIP TO RIQ.080.
3. REFUSED BUTTON LABELED 'RF' FOR IF RESPONDENT REFUSES TO CONSENT. IF REFUSED, DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" (FUNCTIONS LIKE CURRENT RIQ.080-081).
4. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE, RF BUTTON OR HARDCOPY SIGNATURE ENTERED. CODE REFUSAL AS -1.
5. Display "YES I agree to proceed with the interview {for SP}" if RIQ.280a = 1.
6. DISPLAY "YES we may link {your/SP's} survey records with other records" if RIQ.280b = 1.
DISPLAY "NO we may not link {your/SP's} survey records with other records" if RIQ.280b = 2.
7. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
8. ABOVE SIGNATURE BOX, DISPLAY "Sign below."
9. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
10. UNDER SIGNATURE LINE, DISPLAY NAME OF PERSON SIGNING (IF ADULT SP OR EMANCIPATED MINOR, DISPLAY SP NAME. IF 16-17 YEAR OLD NOT EMANCIPATED, DISPLAY NAME FROM RIQ.274 OR RIQ.276).

BOX 3D

CHECK ITEM RIQ.290:
IF RESPONDENT SP 16-17 YEARS OLD AND MINOR (NOT EMANCIPATED
(RIQ.248 = 2/NO OR *11RIQ.020 NOT EQUAL TO 1)
IF YES, CONTINUE.
IF NO, GO TO RIQ.350.
IF RESPONDENT REFUSED, EXIT OUT (STEP #3 ABOVE).
IF RESPONDENT REQUESTED HARDCOPY SIGNATURE, SKIP TO RIQ.390.

RIQ.300 GIVE PARENT/GUARDIAN PERMISSION TO AUDIO RECORD HOME INTERVIEW FORM TO PARENT/GUARDIAN IN THE LANGUAGE HE/SHE READS.

REVIEW THAT WE WOULD LIKE TO AUDIO RECORD THE SP'S INTERVIEW OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY QUESTIONS.

CONTINUE.....	1	
NOT OFFERING RECORDING.....	2	(RIQ.334)

RIQ.305 CAPI INSTRUCTION:

1. DISPLAY IMAGE OF PARENTAL/GUARDIAN PERMISSION TO AUDIO RECORD THE HOME INTERVIEW FORM. DISPLAY TOP OF FORM, INCLUDING TITLE AND FIRST PARAGRAPH.
2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
3. DISPLAY INTERVIEWER INSTRUCTION: "TURN SCREEN TO {NAME IN RIQ.274 OR 276} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY."

RIQ.310 INTERVIEWER: TURN SCREEN FOR PARENT/GUARDIAN TO SELECT ANSWER.

I have read the Parent/Guardian Permission to Audio Record the Home Interview.

I agree to have my child's interview recorded for quality control..... 1
I do not agree to have my child's interview recorded for quality control..... 2

CAPI INSTRUCTION:
DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
DISPLAY RESPONSE OPTIONS AS RADIO BUTTONS, ALLOWING ONLY ONE CHOICE.
DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.

RIQ.332 PARENTAL/GUARDIAN PERMISSION TO AUDIO RECORD THE HOME INTERVIEW SIGNATURE SCREEN

CAPI INSTRUCTION:
1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
2. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE,
3. DISPLAY "AGREE to have my child's interview recorded for quality control." IF RIQ.310 = 1.
DISPLAY "DO NOT AGREE to have my child's interview recorded for quality control." IF RIQ.310 =2.
7. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
8. ABOVE SIGNATURE BOX, DISPLAY "Sign below."
9. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
10. UNDER SIGNATURE LINE, DISPLAY NAME OF PERSON SIGNING (DISPLAY PARENTAL/GUARDIAN NAME FROM RIQ.274 OR RIQ.276).

BOX 3E

*OMITED.

RIQ.334 CAPI INSTRUCTION:

1. DISPLAY IMAGE HOME INTERVIEW CONSENT FORM. SHOW TOP OF FORM, INCLUDING FIRST THREE PARAGRAPHS.
2. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
3. DISPLAY INTERVIEWER INSTRUCTION: "TURN SCREEN TO {SP} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY."

RIQ.336a/b EXPLAIN THE HOME INTERVIEW CONSENT AND LINKAGE CHECK BOXES. TURN SCREEN AND ASK {SP} TO RECORD HIS/HER HOME INTERVIEW CONSENT AND LINKAGE CHOICE BELOW.

a. I have read the information above. I agree to proceed with the interview.

YES..... 1
NO..... 2

b. We can do additional health research by linking the interview and exam data to vital statistics, health, nutrition, and other related records. May we try to link your survey records with other records?

YES..... 1
NO..... 2

CAPI INSTRUCTION:
DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.
DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
DISPLAY LINKAGE QUESTION (RIQ.RIQ.336b) WHEN RIQ.336a = 1 AND RIQ. = 280b = 1.
IF RIQ.336a = 2, DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" (FUNCTIONS LIKE CURRENT RIQ.080-081).

RIQ.340 16-17 YEAR OLD SP (NON EMANCIPATED) SIGNATURE SCREEN

CAPI INSTRUCTION:
1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
2. REFUSED BUTTON LABELED 'RF' FOR IF RESPONDENT REFUSES TO CONSENT. IF REFUSED, DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" (FUNCTIONS LIKE CURRENT RIQ.080-081). CODE REFUSAL AS -1.
3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE, RF BUTTON OR HARDCOPY SIGNATURE ENTERED.
4. DISPLAY "YES I agree to proceed with the interview" if RIQ.336a = 1.
5. DISPLAY "YES we may link your survey records with other records" if RIQ.280b AND RIQ.336B = 1.
6. DISPLAY "NO we may not link your survey records with other records" if RIQ.280b OR RIQ.336B = 2
7. IF SP IS 16-17 YEARS OLD, AND PARENT AGREED TO HAVE CHILD'S INTERVIEW RECORDED (RIQ.310=1), DISPLAY "PARENT AGREED to have my interview recorded for quality control."
8. IF SP IS 16-17 YEARS OLD, AND PARENT DID NOT AGREE TO HAVE CHILD'S INTERVIEW RECORDED (RIQ.310=2), DISPLAY "PARENT DID NOT AGREE to have my interview recorded for quality control."
9. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
10. ABOVE SIGNATURE BOX, DISPLAY "Sign below." BELOW ALLOW ADEQUATE SPACE FOR RESPONDENT TO SIGN.
11. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
12. DISPLAY SP NAME UNDER SIGNATURE LINE.

RIQ.350 IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS.....	1	
INTERPRETER.....	2	(RIQ.370)
NO.....	3	(RIQ.380)

RIQ.360 WITNESS SIGNATURE SCREEN

CAPI INSTRUCTION:
1. DISPLAY IN ENGLISH.
2. WITNESS MUST SIGN ELECTRONICALLY IF RESPONDENT DID.
3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.
4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
5. ABOVE SIGNATURE BOX, DISPLAY, "I observed the interviewer read this form to the RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking." BELOW ALLOW ADEQUATE SPACE FOR WITNESS TO SIGN.
6. SKIP TO RIQ.380.

RIQ.370 INTERPRETER SIGNATURE SCREEN

CAPI INSTRUCTION:
1. DISPLAY IN ENGLISH.
2. INTERPRETER MUST SIGN ELECTRONICALLY IF RESPONDENT DID.
3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.
4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
5. ABOVE SIGNATURE BOX, DISPLAY, “I interpreted this form to the RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking.” BELOW ALLOW ADEQUATE SPACE FOR INTERPRETER TO SIGN.

RIQ.380 DID RESPONDENT REQUEST A COPY OF THE CONSENT FORM(S) WITH HIS/HER SIGNATURE PRINTED BE MAILED IMMEDIATELY (NOT AFTER END OF STAND)?

YES..... 1 (BOX 3A)
NO..... 2 (BOX 3A)

CAPI INSTRUCTION:
SET AN ELECTRONIC INDICATOR (VARIABLE/ALERT/FLAG?) TO KNOW WHICH RESPONDENTS REQUESTED THE PRINTED FORMS BE MAILED IMMEDIATELY INSTEAD OF AFTER END OF STAND.

RIQ.390 ASK RESPONDENT TO SIGN TWO COPIES OF THE HOME INTERVIEW CONSENT FORM. HAVE RESPONDENT KEEP ONE COPY AND COLLECT ONE IN THE HH FOLDER AND RETURN TO FIELD OFFICE.

TO COMPLETE THE HARDCOPY FORM:
PRINT NAME OF PERSON ANSWERING QUESTIONS.
CHECK BOXES REGARDING LINKING WITH OTHER VITAL RECORDS.
IF 16-17 YEAR OLD RESPONDENT ANSWERING FOR HIM/HERSELF, SP SIGNS FORM AND PARENT/GUARDIAN SIGNS FORM.
IF 16-17 YEAR OLD EMANCIPATED MINOR, SP SIGNS FORM AND CHECK BOX FOR EMANCIPATED MINOR TO DOCUMENT THAT A PARENT/GUARDIAN SIGNATURE IS NOT REQUIRED.
IF NOT 16-17 YEAR OLD RESPONDENT, SIGNED BY RESPONDENT WHO IS ANSWERING FOR CHILD 0-15, BY ADULT SP, OR PROXY FOR AN ADULT.
SIGNED BY WITNESS/INTERPRETER (IF NECESSARY).
SIGNED BY STAFF MEMBER.
RECORD HH & FAMILY ID.
CHECK QUESTIONNAIRE BOXES FOR ALL COMPLETED WITH RESPONDENT (SPS & FAMILY).
RECORD NAMES OF ALL PROXY INTERVIEWS RESPONDENT IS RESPONDING FOR ALONG WITH SP IDS.
PRESS NEXT TO CONTINUE.

RIQ.080 HAS RESPONDENT SIGNED A HOUSEHOLD INTERVIEW CONSENT FORM?

CAPI INSTRUCTION:
IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" AND RETURN TO RIQ.080.
NOTE: IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.
SET FORM TYPE VARIABLE TO HARDCOPY SO ISIS E/S KNOWS A HARDCOPY FORM MUST BE IMAGE SCANNED.

YES..... 1
NO..... 2

RIQ.085 PLEASE RECORD RESPONDENT'S ANSWER TO THE LINKAGE QUESTION ON THE HOUSEHOLD CONSENT.

INTERVIEWER INSTRUCTION: IF 16-17 YEAR OLD RESPONDENT, YES MEANS BOTH PARENT/GUARDIAN AND SP AGREE TO LINKING.

RESPONDENT'S ANSWER:

YES (MAY LINK)..... 1
NO (MAY NOT LINK)..... 2

BOX 3A

CHECK ITEM RIQ.160:
IF RESPONDENT SP AGE 16 OR 17 NOT EMANCIPATED AND SIGNED HARDCOPY CONSENT (NOT E-CONSENT), GO TO RIQ.210.
IF SP 16-17 NOT EMANCIPATED AND PARENT AGREED TO AUDIO RECORDING (RIQ.310 = 1), GO TO RIQ.230.
IF SP 16-17 NOT EMANCIPATED AND PARENT DID NOT AGREE TO AUDIO RECORDING (RIQ.310 = 2), GO TO INT.001.
IF SP 16-17 NOT EMANCIPATED AND NOT OFFERING RECORDING (RIQ.300 = 2), GO TO RIQ.221.
IF SAME RESPONDENT AS A PREVIOUS INTERVIEW AND GAVE PERMISSION TO RECORD THAT PREVIOUS INTERVIEW, GO TO RIQ.200. IF NOT SAME RESPONDENT AS PREVIOUS INTERVIEW, GO TO RIQ.170.

RIQ.210 DO YOU HAVE WRITTEN PARENT/GUARDIAN PERMISSION TO AUDIO RECORD THIS INTERVIEW?

YES PARENT AGREED..... 1
NO PARENT DID NOT AGREE..... 2 (INT.001)

RIQ.170 DO YOU WANT TO OFFER AUDIO-RECORDING?

YES..... 1 (RIQ.230)
NO..... 2

RIQ.221 OS WHY ARE YOU NOT OFFERING AUDIO RECORDING?

SM APPROVED REFUSAL	1	(INT.001)
ANOTHER INTERPRETED INTERVIEW ALREADY RECORDED IN SAME HH	2	(INT.001)
RESPONDENT REFUSED RECORDING PREVIOUS INTERVIEW	3	(INT.001)
HH PREVIOUSLY REFUSED RECORDING ALL HH INTERVIEWS	4	(INT.001)
OTHER (SPECIFY)	8	(INT.001)

_____
_____

RIQ.230 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A standard part of our quality control procedures is to record interviews.

The information being recorded is protected and kept confidential, the same as all of your answers to the survey.

This recording will be used to improve the quality of our survey and to review the quality of my work.

{Your parent/guardian has already given permission to record the interview.}

The computer is now recording our conversation.

Do I have your permission to record this interview?

CAPI INSTRUCTION: IF SP AGE = 16 OR 17 DISPLAY “Your parent/guardian has already given permission to record the interview.”

YES	1	(INT.001)
NO	2	(INT.001)

CAPI INSTRUCTION: IF RIQ.230 = 2/NO, STOP.

RIQ.200 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A reminder that the system is now recording our conversation. Do I have your permission to record this interview?

YES	1
NO	2

CAPI INSTRUCTION: IF RIQ.200 = 2/NO, STOP.

INT.001 IS AN INTERPRETER BEING USED FOR INTERVIEW?

YES	1	
NO	2	(GO TO THE END OF THE SECTION)

INT.003 LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE	1	(INT.013)
CHINESE (CANTONESE)	2	(INT.013)
CHINESE (MANDARIN)	3	(INT.013)
FRENCH	4	(INT.013)
GERMAN	5	(INT.013)
ITALIAN	6	(INT.013)
JAPANESE	7	(INT.013)
KOREAN	8	(INT.013)
RUSSIAN	9	(INT.013)
SPANISH (READER)	10	(INT.013)
VIETNAMESE	11	(INT.013)
OTHER SPECIFY	99	

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

_____

INT.013 {DISPLAY INTERPRETER NAMES FROM ALL PREVIOUS INTERVIEWS: SCREENER, RELATIONSHIP, SP, FAMILY QUESTIONNAIRE}

ENTER INTERPRETER NAME INFO

SAME INTERPRETER USED IN OTHER INTERVIEW FOR HOUSEHOLD	1	(INT.014)
NEW INTERPRETER	2	(INT.005)

INT.014 {DISPLAY LIST OF INTERPRETER NAMES FROM SCREENER, RELATIONSHIP, SP AND/OR FAMILY QUESTIONNAIRES}
{INCLUDE “OTHER” AS A SELECTION}

SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

BOX 4

CHECK ITEM INT.014a:
IF ‘OTHER’ SELECTED IN INT.014, GO TO INT.005.
OTHERWISE, CODE INTERPRETER INFO FROM PREVIOUS INTERVIEW AND GO TO END OF SECTION.

INT.005 HOW WAS INTERPRETER OBTAINED

ARRANGED BY FIELD OFFICE..... 1
RECRUITED DURING VISIT/APPOINTMENT 2 (INT.007)

INT.006 SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT “OTHER” AND ENTER INTERPRETER NAME

{DROP DOWN LIST SHOULD HAVE ALL NAMES FROM EVM AND AN “OTHER SPECIFY” TO ALLOW FOR THOSE NAMES THAT HAVE NOT BEEN TRANSFERRED TO INTERVIEWER PENTOP}

BOX 6

CHECK ITEM INT.006A:
IF OTHER (SELECTED IN INT.006), GO TO INT.009.
OTHERWISE, GO TO END OF SECTION.

INT.007 SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD..... 1
NON-RELATIVE LIVING IN HOUSEHOLD.... 2
NEIGHBOR, RELATIVE OR FRIEND –
NOT IN HOUSEHOLD..... 3 (SKIP TO INT.009)

INT.008 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY CAPI PULL DOWN LIST FROM HH ROSTER}

BOX 7

CHECK ITEM INT.008A:
GO TO END OF SECTION.

INT.009 ENTER NAME OF INTERPRETER

_____

INT.010 ENTER PHONE # OF INTERPRETER

___ -___ ____

INT.011 ENTER AGE RANGE OF INTERPRETER

{AGE RANGE CAN BE A PULL DOWN LIST}

RANGES = 18-29
30-59
60+

INT.012 ENTER GENDER OF INTERPRETER

MALE..... 1
FEMALE..... 2

DMQ.INTRO [{You have/SP has} been chosen to participate in the National Health and Nutrition Examination Survey conducted for the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC).] [All the information that you give us will be kept confidential. Your name will not be attached to any of your answers without your specific permission.] HAND RESPONDENT THE ADVANCE LETTER.

I would like to begin the health interview by verifying some information about {you/SP}.

DMQ.010 VERIFY OR ASK DATE OF BIRTH AND AGE.

CAPI INSTRUCTION:
DISPLAY PERSON #, NAME, DOB MONTH, DAY AND YEAR AND AGE IN YEARS. ALLOW DOB AND AGE FIELDS TO BE UPDATED.

DMQ.020 VERIFY GENDER.

MALE..... 1
FEMALE..... 2

CAPI INSTRUCTION:
PREFILL WITH GENDER FROM SCREENER AND ALLOW UPDATE.

BOX 8

CHECK ITEM DMQ.025:
APPLY SAMPLING ALGORITHM. IF SP IS NO LONGER ELIGIBLE DUE TO GENDER AND AGE CHANGES, CONTINUE.
OTHERWISE, SKIP TO DMQ.040.

DMQ.030 Thank you for your participation in the study. Our scientific, random selection process indicates that {you have/SP has} not been selected for the next part of the study.

BOX 9

CHECK ITEM DMQ.032:
END INTERVIEW AND APPLY DISPOSITION CODE 'COMPLETE, ELIGIBILITY PROBLEMS'.

DMQ.040 What is {your/SP's} full name, including middle name?
VERIFY SPELLING.
What is {your/SP's} first name?

Enter Prefix (Ms, Mr, Mrs, Dr):
Drop Down List
Dr.
Mr.
Mrs.
Ms.
Miss
Master

First Name: _____

CAPI INSTRUCTION:
PREFILL FIRST NAME FROM SCREENER AND ALLOW UPDATES.

DMQ.050 [What is {your/SP's} full name, including middle name?]
VERIFY SPELLING.
What is {your/SP's} middle name?

Middle Name #1: _____

Middle Name #2: _____

No middle name..... 1
REFUSED..... 7
DON'T KNOW..... 9

CAPI INSTRUCTION:
PREFILL WITH MIDDLE NAME FROM SCREENER AND ALLOW UPDATES.

DMQ.060 [What is {your/SP's} full name, including middle name?]
VERIFY SPELLING.
What is {your/SP's} last name?

Last Name #1: _____

Last Name #2: _____

CAPI INSTRUCTION:
PREFILL WITH LAST NAME FROM SCREENER AND ALLOW UPDATES.

DMQ.070 [What is {your/SP's} full name, including middle name?]
VERIFY SPELLING.
{Do you/Does SP} have a suffix? [What is it?]

Suffix: _____

CAPI INSTRUCTION:
ALLOW SUFFIX FIELD TO BE LEFT BLANK/NULL.

3.2 EARLY CHILDHOOD (ECQ)

EARLY CHILDHOOD – ECQ
Target Group: SPs Birth to 15 Years

ECQ.010 First I have some questions about {SP NAME's} birth.

How old was {SP NAME's} biological mother when {s/he} was born?

|___|___|
ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT <10 AND >59, SOFT EDIT 10, 11, AND 12

REFUSED.....7777
DON'T KNOW.....9999

HELP SCREEN:
Biological Mother: The person who gave birth to the child.

ECQ.020 Did {SP NAME's} biological mother smoke at any time while she was pregnant with {him/her}?

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

HELP SCREEN:
Biological Mother: The person who gave birth to the child.

ECQ.071/ L/O/K/M How much did {SP NAME} weigh at birth?

IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES.
IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES.
ENTER WEIGHT IN POUNDS, KILOGRAMS OR GRAMS.

|___|
ENTER NUMBER OF POUNDS
AND OUNCES..... 1
ENTER NUMBER IN KILOGRAMS..... 2
ENTER NUMBER IN GRAMS..... 3
REFUSED..... 7 (BOX 1)
DON'T KNOW..... 9 (BOX 1)

|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 3-20, HARD EDIT GREATER THAN 20

AND

|___|___|
ENTER NUMBER OF OUNCES

CAPI INSTRUCTION:
HARD EDIT 0-15, NO SOFT EDIT

OR

|___|___|___|
ENTER NUMBER IN KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 1.5-9, HARD EDIT GREATER THAN 9

OR

|___|___|___|
ENTER NUMBER IN GRAMS

CAPI INSTRUCTION:
SOFT EDIT 1,500-9,000, HARD EDIT GREATER THAN 9,000

BOX 1

CHECK ITEM ECQ.075:
IF REFUSED (CODE 7) OR DON'T KNOW (CODE 9), CONTINUE.
OTHERWISE, GO TO BOX 2.

ECQ.080 Did {SP NAME} weigh . . .

more than 5-1/2 lbs. (2500 g), or.....	1	
less than 5-1/2 lbs. (2500 g)?.....	2	(BOX 2)
REFUSED.....	7	(BOX 2)
DON'T KNOW.....	9	(BOX 2)

ECQ.090 Did {SP NAME} weigh . . .

more than 9 lbs. (4100 g), or.....	1
less than 9 lbs. (4100 g)?.....	2
REFUSED.....	7
DON'T KNOW.....	9

BOX 2

CHECK ITEM ECQ.095:
IF SP AGE = 2-15 YEARS, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

WHQ.030e Do you consider {SP} now to be . . .

overweight,.....	1
underweight, or.....	2
about the right weight?.....	3
REFUSED.....	7
DON'T KNOW.....	9

MCQ.080e Has a doctor or health professional **ever** told you that {SP} was overweight?

YES.....	1	
NO.....	2	(END OF SECTION)
REFUSED.....	7	(END OF SECTION)
DON'T KNOW.....	9	(END OF SECTION)

HELP SCREEN:
Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

ECQ.150 Are you now doing anything to help {SP} control {his/her} weight?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

3.3 HOSPITAL UTILIZATION AND ACCESS TO CARE (HUQ)

HUQ.010 {First/Next} I have some general questions about {your/SP's} health.

Would you say {your/SP's} health in general is . . .

CAPI INSTRUCTION:
DISPLAY "FIRST" IF SP AGE IS >= 16 YEARS.

excellent,	1
very good,	2
good,	3
fair, or	4
poor?	5
REFUSED	7
DON'T KNOW	9

BOX 1

CHECK ITEM HUQ.015:
IF SP AGE >= 1, CONTINUE.
OTHERWISE, GO TO HUQ.030.

HUQ.020 Compared with **12 months ago**, would you say {your/SP's} health is now . . .

better,	1
worse, or	2
about the same?	3
REFUSED	7
DON'T KNOW	9

HUQ.030 Is there a place that {you/SP} **usually** {go/goes} when {you are/he/she is} sick or {you/s/he} need{s} advice about {your/his/her} health?

CAPI INSTRUCTION:
IF SP AGE < 12, DISPLAY "YOU" IN THE FOURTH DISPLAY AND DON'T DISPLAY THE "S" IN THE FIFTH DISPLAY.

YES	1	
THERE IS **NO** PLACE	2	(HUQ.051)
THERE IS **MORE THAN ONE** PLACE	3	
REFUSED	7	(HUQ.051)
DON'T KNOW	9	(HUQ.051)

HELP SCREEN:
Usual Place: Include walk-in clinic, doctor's office, clinic, health center, Health Maintenance Organization or HMO, hospital emergency room or outpatient clinic, or a military or VA health care facility.

HUQ.041 {What kind of place is it – a clinic, doctor's office, emergency room, or some other place?}
{What kind of place {do you/does SP} go to most often – a clinic, doctor's office, emergency room, or some other place?}

CLINIC OR HEALTH CENTER	1
DOCTOR'S OFFICE OR HMO	2
HOSPITAL EMERGENCY ROOM	3
HOSPITAL OUTPATIENT DEPARTMENT	4
SOME OTHER PLACE	5
DOESN'T GO TO ONE PLACE MOST OFTEN	6
REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTION:
IF HUQ.030 = 1 DISPLAY "What kind of place is it – a clinic, doctor's office, emergency room, or some other place?"
IF HUQ.030 = 3 DISPLAY "What kind of place {do you/does SP} go to most often – a clinic, doctor's office, emergency room, or some other place?"

HUQ.051 {During the **past 12 months**, how/How} many times {have you/has SP} seen a doctor or other health care professional about {your/his/her} health at a doctor's office, a clinic or some other place? **Do not include** times {you were/s/he was} hospitalized overnight, visits to hospital emergency rooms, home visits or telephone calls.

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

NONE	0	
1	1	(HUQ.071)
2 TO 3	2	(HUQ.071)
4 TO 5	3	(HUQ.071)
6 TO 7	4	(HUQ.071)
8 TO 9	5	(HUQ.071)
10 TO 12	6	(HUQ.071)
13 TO 15	7	(HUQ.071)
16 OR MORE	8	(HUQ.071)
REFUSED	77	(HUQ.071)
DON'T KNOW	99	(HUQ.071)

HELP SCREEN:
Include: Physician's, osteopaths, doctor's assistants, nurse practitioners, nurses, lab technicians and technicians who administer shots (i.e., allergy shots), paramedics, medics and physical therapists who work with or in a doctor's office.

Do not include: Dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists and psychologists or social workers.

HUQ.061 About how long has it been since {you/SP} **last** saw or talked to a doctor or other health care professional about {your/his/her} health? **Include** doctors seen while {you were} {he/she was} a patient in a hospital. Has it been . . .

6 months or less,	1
more than 6 months, but not more than 1 year ago,	2
more than 1 year, but not more than 2 years ago,	3
more than 2 years, but not more than 5 years ago,	4
more than 5 years ago, or	5
never?	6
REFUSED	77
DON'T KNOW	99

HUQ.071 {During the **past 12 months**, {were you/was SP} a patient in a hospital **overnight**? Do not include an overnight stay in the emergency room.

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.
DISPLAY "WAS SP" WITH LEADING CAPS, IF SP'S AGE IS <1.

YES	1	
NO	2	(BOX 2)
REFUSED	7	(BOX 2)
DON'T KNOW	9	(BOX 2)

HELP SCREEN:
Overnight Stay in a Hospital: A person is admitted to a hospital and spends at least one night in the hospital. Note that a person can be "admitted" to a hospital without staying overnight. Do not count as "overnight" when a person is admitted and discharged on the same day. Do not include visits outpatient clinics or stays for non-medical reasons, such as staying with a family member.

HUQ.080 How many different times did {you/SP} stay in any hospital overnight or longer {during the **past 12 months**}? (Do not count total number of nights, just total number of hospital admissions for stays which lasted 1 or more nights.)

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.
HARD EDIT: 1-366.
SOFT EDIT: 1-6.

|___|___|___|
ENTER NUMBER

REFUSED	777
DON'T KNOW	999

CAPI INSTRUCTION:
ELIMINATE CURRENT HELP.

BOX 1A

OMITTED

BOX 2

CHECK ITEM 085:
IF SP AGE >= 4, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

HUQ.090 During the **past 12 months**, that is since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, {have you/has SP} seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about {your/his/her} health?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN FOR HUQ.041:

Clinic: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals, that is not located at a hospital. (Do not include hospital outpatient departments.) Include a clinic operated solely for employees of a company or industry, regardless of where the clinic is located.

Doctor's Office: In Hospital - An individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

Doctor's Office: Not in Hospital - An individual office in the doctor's home or office building, or a suite of offices occupied by several doctors. Suites of doctors offices are not considered clinics.

Health Center: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals that is not located at a hospital.

HMO Clinic: A medical facility sponsored by an HMO that typically includes a group of doctors on staff.

Hospital Outpatient Department: A unit of a hospital providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight, such as outpatient surgery centers. Examples of outpatient departments include the following:

Well-baby clinics/pediatric OPD;
Obesity clinics;
Eye, ear, nose, and throat clinics;
Cardiology clinic;
Internal medicine department;
Family planning clinics;
Alcohol and drug abuse clinics;
Physical therapy clinics; and
Radiation therapy clinics.

Hospital outpatient departments may also provide general primary care.

HELP SCREEN FOR HUQ.061:

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities. Hospitals provide medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor’s assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor’s office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

HELP SCREEN FOR HUQ.090:

Mental Health Professional: A person trained to diagnose and treat emotional or mental health problems, including, psychiatrists, psychologists, counselors, and social workers.

Psychologist: A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Psychiatrist: A physician who specializes in dealing with the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders, such as psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions and adjustment reactions.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Social Worker: A person who assists patients and their families in handling social, environmental and emotional problems associated with illness or injury. Can include social work specialists, such as a medical or psychiatric social worker.

3.4 IMUNIZATION (IMQ)

IMMUNIZATION – IMQ
Target Group: SPs Birth +

BOX 0

CHECK ITEM IMQ.005:
IF SP AGE >= 2, CONTINUE.
OTHERWISE, GO TO IMQ.020.

BOX 1

OMITTED

IMQ.011 Hepatitis (Hep-a-**ti**-tis) A vaccine is given as a two dose series to some children older than 2 years and also to some adults, especially people who travel outside the United States. It has only been available since 1995. {Have you/Has SP} **ever** received the hepatitis A vaccine?

INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE A VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 2 DOSES' IF RESPONDENT ANSWERS 3 OR 4 DOSES WERE RECEIVED. CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT.

YES AT LEAST 2 DOSES	1
LESS THAN 2 DOSES	2
NO DOSES	3
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
REMOVE CURRENT HELP.

IMQ.020 Hepatitis (Hep-a-**ti**-tis) B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. In 1995, it was recommended that adolescents be given the vaccine. Persons who may be exposed to other people's blood, such as health care workers, also may have received the vaccine. {Have you/Has SP} **ever** received the 3-dose series of the hepatitis B vaccine?

INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE B VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 3 DOSES' IF RESPONDENT ANSWERS 4 DOSES WERE RECEIVED. CODE 'LESS THAN 3 DOSES' ONLY IF MENTIONED BY RESPONDENT.

YES AT LEAST 3 DOSES	1	
LESS THAN 3 DOSES	2	
NO DOSES	3	
REFUSED	7	
DON'T KNOW	9	

CAPI INSTRUCTION:
REMOVE CURRENT HELP.

BOX 2

OMITTED

BOX 3

CHECK ITEM IMQ.050:
IF SP = FEMALE AND AGE IS >= 9 AND <= 59, CONTINUE.
IF SP = MALE AND AGE IS >= 9 AND <= 59, GO TO IMQ.070.
OTHERWISE, GO TO END OF SECTION.

IMQ.060 Human Papillomavirus (HPV) vaccine is given to prevent cervical cancer in girls and women. The HPV vaccines available are called Cervarix, Gardasil or Gardasil 9. It is given in 3 separate doses over a 6 month period. {Have you/Has SP} **ever** received one or more doses of the HPV vaccine?

YES	1	(IMQ.081)
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

IMQ.070 Human Papillomavirus (HPV) vaccine is given to prevent HPV infection and genital warts in boys and men. It is given in 3 separate doses over a 6 month period. {Have you/Has SP} **ever** received one or more doses of the HPV vaccine? (The brand name for the vaccine is Gardasil or Gardasil 9.)

YES	1	(IMQ.090)
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

IMQ.081 Which of the HPV vaccines did {you/SP} receive, Cervarix, Gardasil or Gardasil 9?

INTERVIEWER: CODE ALL THAT APPLY.

CERVARIX..... 1
GARDASIL..... 2
GARDASIL 9..... 3
GARDASIL (NOT SURE WHICH ONE)..... 4
REFUSED..... 7
DON'T KNOW..... 9

IMQ.090 How old {were you/was SP} when {you/SP} received your first dose of {Cervarix/Gardasil/Gardasil 9/ Gardasil or Gardasil 9/the vaccine}?

INTERVIEWER: IF MORE THAN ONE VACCINE WAS REPORTED AND SP ASKS WHICH AGE BE REPORTED, INSTRUCT SP TO PROVIDE AGE OF FIRST VACCINE RECEIVED.

HARD EDIT: IF AGE SP RECEIVED FIRST DOSE IS GREATER THAN SP'S CURRENT AGE, DISPLAY "AGE SP RECEIVED FIRST DOSE CANNOT EXCEED SP'S CURRENT AGE."
SOFT EDIT: IF DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE SP RECEIVED FIRST DOSE IS MORE THAN TEN YEARS, DISPLAY "UNLIKELY RESPONSE AS HPV VACCINES WERE NOT AVAILABLE AT THAT TIME. PLEASE CONFIRM AGE SP RECEIVED FIRST DOSE."

|___|___|___|
ENTER AGE IN YEARS

REFUSED.....777
DON'T KNOW.....999

CAPI INSTRUCTION:
IF SP = MALE, THEN FILL GARDASIL OR GARDASIL 9
IF IMQ.081 = 1, DISPLAY "Cervarix"; ELSE IF IMQ.081 = 2, DISPLAY "Gardasil"; ELSE IF IMQ.081 = 3, DISPLAY "Gardasil 9"; ELSE IF IMQ.081 = 4, DISPLAY "Gardasil or Gardasil 9"; ELSE DISPLAY "the vaccine".

IMQ.100 How many doses of {Cervarix/Gardasil/Gardasil or Gardasil 9/the vaccine} {have you/has SP} received?

INTERVIEWER: IF MORE THAN ONE VACCINE WAS REPORTED AND SP ASKS WHICH VACCINE DOSES BE REPORTED, INSTRUCT SP TO PROVIDE DOSES FOR THE FIRST VACCINE RECEIVED.

1 DOSE..... 1
2 DOSES..... 2
3 DOSES..... 3
REFUSED..... 7
DON'T KNOW..... 9

CAPI INSTRUCTION:
IF SP = MALE, THEN FILL GARDASIL OR GARDASIL 9
IF IMQ.081 = 1, DISPLAY "Cervarix"; ELSE IF IMQ.081 = 2, DISPLAY "Gardasil"; ELSE if IMQ.081 = 3, DISPLAY "GARDASIL 9"; ELSE IF IMQ.081 = 4, DISPLAY "Gardasil or Gardasil 9"; ELSE DISPLAY "the vaccine".

3.5 PHYSICAL FUNCTIONING (PFQ)

PHYSICAL FUNCTIONING - PFQ
Target Group: SPs 3+

BOX 1A

CHECK ITEM PFQ.001:
IF AGE OF SP IS >= 20, GO TO PFQ.049
OTHERWISE, CONTINUE.

PFQ.020 {Do you/Does SP} have an impairment or health problem that limits {your/his/her} ability to {walk, run or play} {walk or run}?

CAPI INSTRUCTION:
IF CHILD'S AGE = 3-15, DISPLAY "WALK, RUN OR PLAY". IF SP'S AGE = 16-19, DISPLAY "WALK OR RUN".

YES	1	
NO	2	(BOX 1BB)
REFUSED	7	(BOX 1BB)
DON'T KNOW	9	(BOX 1BB)

PFQ.030 Is this an impairment or health problem that has lasted, or is expected to last **12 months or longer**?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1AA

CHECK ITEM PFQ.032:
IF SP AGE 3-15, CONTINUE.
OTHERWISE, GO TO BOX 1BB.

PFQ.033 {Do you/Does SP} have any impairment or health problem that requires {you/him/her} to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?

YES	1	
NO	2	(PFQ.041)
REFUSED	7	(PFQ.041)
DON'T KNOW	9	(PFQ.041)

PFQ.037 What special equipment {do you/does he/does she} use?
OS

BRACE	1
WHEELCHAIR	2
HEARING AID	3
OTHER (SPECIFY)	4
REFUSED	7
DON'T KNOW	9

BOX 1BB

CHECK ITEM PFQ.035A:
IF SP AGE <= 17, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

PFQ.041 {Do you/Does SP} receive Special Education or Early Intervention Services?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.

BOX 1C

CHECK ITEM PFQ.045:
GO TO END OF SECTION.

PFQ.049 The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold [or pregnancy].

Does a physical, mental or emotional problem **now** keep {you/SP} from working at a job or business?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

PFQ.051 {Are you/Is SP} limited in the kind **or** amount of work {you/s/he} can do because of a physical, mental or emotional problem?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

PFQ.054 Because of a health problem, {do you/does SP} have difficulty walking **without** using any **special equipment**?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

PFQ.057 {Are you/Is SP} **limited in any way** because of difficulty remembering or because {you/s/he} experience{s} periods of confusion?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1D

CHECK ITEM PFQ.058:
IF 'YES' (CODE 1) IN PFQ.049, PFQ.051, PFQ.054, OR PFQ.057, GO TO PFQ.061.
OTHERWISE, CONTINUE.

PFQ.059 {Are you/Is SP} **limited in any way** in any activity because of a physical, mental or emotional problem?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1E

CHECK ITEM PFQ.059A:
IF SP AGE IS <=59 AND 'NO' (CODE 2) ENTERED IN PFQ.049, PFQ.057 **AND** PFQ.059, GO TO PFQ.090.
OTHERWISE, CONTINUE.

PFQ.061 a-t The next questions ask about difficulties {you/SP} may have doing certain activities because of a health problem. By "health problem" we mean any long-term physical, mental or emotional problem or illness {not including pregnancy}.

By {yourself/himself/herself} and **without using any special equipment**, how much difficulty {do you/does SP} have . . .

HAND CARD PFQ1
DO NOT INCLUDE TEMPORARY CONDITIONS LIKE PREGNANCY OR BROKEN LIMBS.

CAPI INSTRUCTION:
IF PFQ.054 = '1' (YES), DO NOT DISPLAY 'B' OR 'C'.
IF SP FEMALE, DISPLAY 'NOT INCLUDING PREGNANCY'.

RESPONSES: NO DIFFICULTY = 1, SOME DIFFICULTY = 2, MUCH DIFFICULTY = 3, UNABLE TO DO = 4, DO NOT DO THIS ACTIVITY = 5, REFUSED = 7, DON'T KNOW = 9.

a. **managing {your/his/her} money [such as keeping track of {your/his/her} expenses or paying bills]**? ____

b. **walking for a quarter of a mile [that is about 2 or 3 blocks]**? ____

c. **walking up 10 steps without resting**? ____

d. **stooping, crouching, or kneeling**? ____

e. **lifting or carrying something as heavy as 10 pounds [like a sack of potatoes or rice]**? ____

f. **doing chores around the house [like vacuuming, sweeping, dusting, or straightening up]**? ____

g. **preparing {your/his/her} own meals**? ____

h. **walking from one room to another on the same level**? ____

i. **standing up from an armless straight chair**? ____

j. **getting in or out of bed**? ____

k. **eating, like holding a fork, cutting food or drinking from a glass**? ____

l. **dressing {yourself/himself/herself}, including tying shoes, working zippers, and doing buttons**? ____

m. **standing or being on {your/his/her} feet for about 2 hours**? ____

n. **sitting for about 2 hours**? ____

o. **reaching up over {your/his/her} head**? ____

p. **using {your/his/her} fingers to grasp or handle small objects**? ____

q. **going out to things like shopping, movies, or sporting events**? ____

r. **participating in social activities [visiting friends, attending clubs or meetings or going to parties]**? ____

s. **doing things to relax at home or for leisure [reading, watching TV, sewing, listening to music]**? ____

t. **pushing or pulling large objects like a living room chair**? ____

BOX 1F

CHECK ITEM PFQ.066A:
IF ‘SOME DIFFICULTY’ (CODE 2), ‘MUCH DIFFICULTY’ (CODE 3), OR ‘UNABLE TO DO’ (CODE 4) IN PFQ.061 A THROUGH T, CONTINUE.
OTHERWISE, GO TO PFQ.090.

PFQ.063 What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?

HAND CARD PFQ2
ENTER ALL THAT APPLY UP TO 5 BUT DO NOT PROBE.
DO NOT ENTER 'OLD AGE' AS CONDITION -- IF OLD AGE IS REPORTED, PROBE FOR ANY **OTHER** CONDITION.

CAPI INSTRUCTION:
IF THE TOTAL NUMBER OF ITEMS CODED 'SOME DIFFICULTY' (CODE 2), 'MUCH DIFFICULTY' (CODE 3), OR 'UNABLE TO DO' (CODE 4) IN PFQ.061 A THROUGH T <=3, DISPLAY EACH ITEM NAME IN THE TEXT OF QUESTION. IF MORE THAN 3 ITEMS ARE CODED IN THIS MANNER DISPLAY "THESE ACTIVITIES" IN THE TEXT OF QUESTION.

ARTHRITIS/RHEUMATISM	10
BACK OR NECK PROBLEM	11
BIRTH DEFECT	12
CANCER	13
DEPRESSION/ANXIETY/EMOTIONAL PROBLEM	14
OTHER **DEVELOPMENTAL** PROBLEM (SUCH AS CEREBRAL PALSY)	15
DIABETES	16
FRACTURES, BONE/JOINT INJURY	17
HEARING PROBLEM	18
HEART PROBLEM	19
HYPERTENSION/HIGH BLOOD PRESSURE	20
LUNG/BREATHING PROBLEM	21
INTELLECTUAL DISABILITY	22
OTHER INJURY	23
SENILITY	24
STROKE PROBLEM	25
VISION/PROBLEM SEEING	26
WEIGHT PROBLEM	27
OTHER IMPAIRMENT/PROBLEM	28
REFUSED	77
DON'T KNOW	99

PFQ.090 {Do you/Does SP} now have any health problem that requires {you/him/her} to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN FOR PFQ.020:

Impairment: An objective assessment of anatomical, physiological or mental losses from injury, disease, residuals of disease or birth defects. Impairments may or may not interfere with physical or mental functioning. Examples include missing limbs, digits or other body parts; partial paralysis from an early case of polio, accident or war wound; stiff joints, deformed fingers or other physical evidence of arthritis; and vision or hearing loss.

Problem (Health, Physical, Mental, Emotional): The person's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Health Problem: Respondent defined, should be limited to chronic conditions.

Limited: When a person can only partially perform an activity, can do it fully only part of the time, or cannot do it at all. Do not define this term to the respondent; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

Limited Activities: Difficulties that limit the child's ability to participate in the activities. We are only interested in difficulties that are associated with an impairment or a physical or mental health problem. Limited activity participation (for example, playing games) means that the child cannot do the activity as long or in the same way as he/she did previous to the impairment or physical or mental health problem, but still does it to some extent (as opposed to not being able to do it at all). If the child has had the impairment or physical or mental health problem since birth, limited activity participation means the child cannot do the activity as well as other children of his/her age, or as well as he/she might if he/she did not have the impairment or health problem.

HELP SCREEN FOR PFQ.030:

Impairment: An objective assessment of anatomical, physiological or mental losses from injury, disease, residuals of disease or birth defects. Impairments may or may not interfere with physical or mental functioning. Examples include missing limbs, digits or other body parts; partial paralysis from an early case of polio, accident or war wound; stiff joints, deformed fingers or other physical evidence of arthritis; and vision or hearing loss.

Problem (Health, Physical, Mental, Emotional): The person's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Health Problem: Respondent defined, should be limited to chronic conditions.

HELP SCREEN FOR PFQ.049:

Limited: When a person can only partially perform an activity, can do it fully only part of the time, or cannot do it at all. Do not define this term to the respondent; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

Limited Activities: Difficulties that limit the child's ability to participate in the activities. We are only interested in difficulties that are associated with an impairment or a physical or mental health problem. Limited activity participation (for example, playing games) means that the child cannot do the activity as long or in the same way as he/she did previous to the impairment or physical or mental health problem, but still does it to some extent (as opposed to not being able to do it at all). If the child has had the impairment or physical or mental health problem since birth, limited activity participation means

the child cannot do the activity as well as other children of his/her age, or as well as he/she might if he/she did not have the impairment or health problem.

Problem (Health, Physical, Mental, Emotional): The person's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Emotional Problem: A kind of mental health problem affecting a person's emotional well being.

Physical Problem: Some people may not do some activities at all, because of a reason other than a health or physical problem. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment or a health problem.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.

Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

HELP SCREEN FOR PFQ.051:

Limited: When a person can only partially perform an activity, can do it fully only part of the time, or cannot do it at all. Do not define this term to the respondent; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

Limited Activities: Difficulties that limit the child's ability to participate in the activities. We are only interested in difficulties that are associated with an impairment or a physical or mental health problem. Limited activity participation (for example, playing games) means that the child cannot do the activity as long or in the same way as he/she did previous to the impairment or physical or mental health problem, but still does it to some extent (as opposed to not being able to do it at all). If the child has had the impairment or physical or mental health problem since birth, limited activity participation means the child cannot do the activity as well as other children of his/her age, or as well as he/she might if he/she did not have the impairment or health problem.

Problem (Health, Physical, Mental, Emotional): The person’s perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Emotional Problem: A kind of mental health problem affecting a person's emotional well being.

Physical Problem: Some people may not do some activities at all, because of a reason other than a health or physical problem. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment or a health problem.

HELP SCREEN FOR PFQ.054:

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

Problem (Health, Physical, Mental, Emotional): The person’s perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health

related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Health Problem: Respondent defined, should be limited to chronic conditions.

HELP SCREEN FOR PFQ.057:

Limited: When a person can only partially perform an activity, can do it fully only part of the time, or cannot do it at all. Do not define this term to the respondent; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

In Any Way: This refers to activities that are normal for most people of that age.

Difficulty: It is important to determine for the questions in this section whether the problems that a respondent might have with an activity are because of an impairment or a physical or mental health problem. Some people may not do these activities because of gender or social norms or because of personal preferences. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment (deaf), a physical health problem (high blood pressure), or mental health problem (depression).

HELP SCREEN FOR PFQ.059:

Limited: When a person can only partially perform an activity, can do it fully only part of the time, or cannot do it at all. Do not define this term to the respondent; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

In Any Way: This refers to activities that are normal for most people of that age.

Problem (Health, Physical, Mental, Emotional): The person’s perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Emotional Problem: A kind of mental health problem affecting a person's emotional well being.

Physical Problem: Some people may not do some activities at all, because of a reason other than a health or physical problem. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment or a health problem.

HELP SCREEN FOR PFQ.061:

Difficulty: It is important to determine for the questions in this section whether the problems that a respondent might have with an activity are because of an impairment or a physical or mental health problem. Some people may not do these activities because of gender or social norms or because of personal preferences. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment (deaf), a physical health problem (high blood pressure), or mental health problem (depression).

Problem (Health, Physical, Mental, Emotional): The person’s perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing

extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

Health Problem: Respondent defined, should be limited to chronic conditions.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Emotional Problem: A kind of mental health problem affecting a person's emotional well being.

Physical Problem: Some people may not do some activities at all, because of a reason other than a health or physical problem. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment or a health problem.

HELP SCREEN FOR PFQ.090:

Problem (Health, Physical, Mental, Emotional): The person’s perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Health Problem: Respondent defined, should be limited to chronic conditions.

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

Bed: Anything used for lying down or sleeping, including a sofa, cot, or mattress.

3.6 MEDICAL CONDITIONS SECTION (MCQ)

MEDICAL CONDITIONS – MCQ
Target Group: SPs 1+

MCQ.010 The following questions are about different medical conditions.

Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} asthma (**az**-ma)?

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “YOU” AND “YOU HAVE”.
IF SP AGE = 12-15, DISPLAY "SP" AND “S/HE HAS”.
IF SP AGE < 12, DISPLAY “YOU” AND “SP HAS”.
IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

INTERVIEWER: DO <u>NOT</u> ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

YES	1	
NO	2	(MCQ.053)
REFUSED	7	(MCQ.053)
DON'T KNOW	9	(MCQ.053)

HELP SCREEN:
Asthma: Is a disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath.

MCQ.025 How old {were you/was SP} when {you were/s/he was} **first** told {you/he/she} had asthma (**az**-ma)?

IF LESS THAN 1 YEAR, ENTER 1

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU WERE".
IF SP AGE = 12-15, DISPLAY "WAS {SP}" AND "S/HE WAS".
IF SP AGE < 12, DISPLAY "WAS {SP}" AND "YOU WERE".

|___|___|___|
ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 1-120

REFUSED	77777
DON'T KNOW	99999

MCQ.035 {Do you/Does SP} still have asthma (**az**-ma)?

YES	1	
NO	2	(MCQ.053)
REFUSED	7	(MCQ.053)
DON'T KNOW	9	(MCQ.053)

MCQ.040 During the **past 12 months**, {have you/has SP} had an episode of asthma (**az**-ma) or an asthma attack?

CAPI INSTRUCTION:
IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Episode/attack: When your asthma symptoms become worse than usual it is called an asthma episode or attack.

MCQ.050 [During the **past 12 months**], {have you/has SP} had to visit an emergency room or urgent care center because of asthma (**az**-ma)?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

AGQ.030 **During the past 12 months**, {have you/has SP} had an episode of hay fever?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Hay Fever: Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. The pollens that cause hay fever vary from person to person and from region to region. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air. Examples of plants commonly responsible for hay fever include Trees, Grasses, Flowers, and Ragweed.

MCQ.053 During the **past 3 months**, {have you/has SP} been on treatment for anemia (a-**nee**-me-a), sometimes called "tired blood" or "low blood"? [Include diet, iron pills, iron shots, transfusions as treatment.]

CAPI INSTRUCTION:
IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Anemia: Anemia (uh-NEE-me-eh) is a condition in which a person’s blood has a lower than normal number of red blood cells (RBCs).

BOX 2

CHECK ITEM MCQ.055:
IF SP AGE < 6, GO TO END OF SECTION.
IF SP AGE 6-15, GO TO MCQ.092.
IF SP AGE 16+, CONTINUE.

MCQ.080 Has a doctor or other health professional **ever** told {you/SP} that {you were/s/he/SP was} overweight?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

BOX 2AA

OMITTED

BOX 2A

OMITTED

BOX 3

OMITTED

MCQ.092 {Have you/Has SP} **ever** received a blood transfusion?

YES	1	
NO	2	(BOX 7)
REFUSED	7	(BOX 7)
DON'T KNOW	9	(BOX 7)

MCQ.093 In what year did {you/SP} receive {your/his/her} **first** transfusion?

|___|___|___|___|
ENTER 4-DIGIT YEAR

CAPI INSTRUCTION:
HARD EDIT: IF BIRTH YEAR IS RF OR DK, RANGE = 1900 – 2100.
HARD EDIT: >= birth year and <= current year

REFUSED	777777
DON'T KNOW	999999

BOX 4

OMITTED

BOX 6

OMITTED

BOX 7

CHECK ITEM MCQ.145:
IF SP'S AGE >= 20, GO TO MCQ.160.
OTHERWISE, CONTINUE.

BOX 7A

CHECK ITEM MCQ.146:
IF SP AGE 8-11 AND SP IS FEMALE, CONTINUE.
OTHERWISE, GO TO BOX 8.

MCQ.149 Have {SP's} periods or menstrual (men-stral) cycles started yet?

CAPI INSTRUCTION:
IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

YES	1	
NO	2	(BOX 8)
REFUSED	7	(BOX 8)
DON'T KNOW	9	(BOX 8)

HELP TEXT: When a girl starts having periods or menstrual cycles is a very important milestone in growth and development. Growth and development is very related to physical activity and body weight.

MCQ.151 How old was {SP} when she had {her} first menstrual period?

|___|___| YEARS (BOX 8)

REFUSED	77	(BOX 8)
DON'T KNOW	99	(BOX 8)

HARD EDITS: MAXIMUM OF 11 AND AGE OF ONSET MUST BE LESS THAN OR EQUAL TO CURRENT AGE.
SOFT EDIT: IF AGE LESS THAN 7.

HELP TEXT: When a girl starts having periods or menstrual cycles is a very important milestone in growth and development. Growth and development is very related to physical activity and body weight.

MCQ.NEW In what month did {SP} have {her} first menstrual period?
1 – January

2 – February
3 – March
4 – April
5 – May
6 – June
7 – July
8 – August
9 – September
10 – October
11 – November
12 – December

BOX 8

IF SP'S AGE 6-11, GO TO MCQ.203.

OTHERWISE, IF SP'S AGE 12-19 GO TO MCQ.209.

BOX 8A

OMITTED

MCQ.160 Has a doctor or other health professional **ever** told {you/SP} that {you/s/he} . . . CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER FIRST ITEM IS READ. *IF ITEMS 160B, C, D, E, OR F CHANGED, CHECK MEC COMPONENT.	MCQ.170 {Do you/Does SP} still . . . ?	MCQ.180 How old {were you/was SP} when {you were/s/he was} **first** told {you/s/he} . . .	MCQ.195 Which type of arthritis was it?
a. **had arthritis (**ar-**thry**-tis**)**? YES..... 1 ⟶ NO..... 2 (n) REFUSED..... 7 (n) DON'T KNOW. . 9 (n)		had arthritis? **SOFT EDIT: SP AGE 0-10. "PLEASE VERIFY AGE WHEN SP WAS FIRST TOLD ABOUT CONDITION."** |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	Osteoarthritis or degenerative arthritis... 1 Rheumatoid arthritis..... 2 Psoriatic arthritis..... 3 Other..... 4 REFUSED..... 7 DON'T KNOW..... 9
n. **had gout**? YES..... 1 ⟶ NO..... 2 (b) REFUSED..... 7 (b) DON'T KNOW. . 9 (b)		had gout? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	
*b. **had congestive heart failure**? ⟶ YES..... 1 NO..... 2 (c) REFUSED..... 7 (c) DON'T KNOW. . 9 (c)		had congestive heart failure? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	
*c. **had coronary (kor**-o-nare-ee**) heart disease**? YES..... 1 ⟶ NO..... 2 (d) REFUSED..... 7 (d) DON'T KNOW. . 9 (d)		had coronary heart disease? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	

*d. **had angina (**an-**gī**-na**), also called angina pectoris**? YES..... 1 ⟶ NO..... 2 (e) REFUSED..... 7 (e) DON'T KNOW. . 9 (e)		had angina, also called angina pectoris? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	
*e. **had a heart attack (also called myocardial infarction (**my-O-**car**-dee-al in-**fark**-shun**))**? YES..... 1 ⟶ NO..... 2 (f) REFUSED..... 7 (f) DON'T KNOW. . 9 (f)		had a heart attack (also called myocardial infarction)? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	
*f. **had a stroke**? YES..... 1 ⟶ NO..... 2 (m) REFUSED..... 7 (m) DON'T KNOW. . 9 (m)		had a stroke? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	
m. had a thyroid (**thigh**-roid) problem? YES..... 1 ⟶ NO..... 2 (g) REFUSED..... 7 (g) DON'T KNOW. . 9 (g)	have a thyroid problem? YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW. . 9	had a thyroid problem? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	
g. **had emphysema (**emph-phi-**see**-ma**)**? YES..... 1 ⟶ NO..... 2 (k) REFUSED..... 7 (k) DON'T KNOW. . 9 (k)		had emphysema? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777 DON'T KNOW.....99999	
k. **had chronic bronchitis**? YES..... 1 ⟶ NO..... 2 (o) REFUSED..... 7 (o)	have chronic bronchitis? YES..... 1 NO..... 2 REFUSED..... 7	had chronic bronchitis? |___|___|___| ENTER AGE IN YEARS REFUSED.....77777	

DON'T KNOW. . 9 (o)	DON'T KNOW. . 9	DON'T KNOW.....99999	
o. **had COPD**? YES.....1 (l) NO.....2 (l) REFUSED....7 (l) DON'T KNOW 9 (l)			

l. **had any kind of liver condition**? YES.....1 → NO.....2 (MCQ.211) REFUSED....7 (MCQ.211) DON'T KNOW 9 (MCQ.211)	have this liver condition? YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW. . 9	had this liver condition? |___|___|___| (MCQ.210) ENTER AGE IN YEARS REFUSED 77777 (MCQ.210) DON'T KNOW 99999 (MCQ.210)	

HELP SCREENS FOR MCQ.160

MCQ160a

Arthritis: Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ.195

Osteoarthritis: Is the most common kind of arthritis in older persons. It is also called degenerative joint disease. Most often, it affects the knees, the hips, the hands, the feet, and the spine. There is usually bony joint enlargement. There can be joint deformity or pain.

Rheumatoid Arthritis: Causes inflammation, redness and swelling of both hands and knees, but it can affect joints anywhere in the body. You may feel sick and tired, and sometimes there are fevers.

Psoriatic Arthritis: Is arthritis caused by the skin rash Psoriasis. Most often it causes redness and swelling of joints such as the spine, knees, hips and hands.

Arthritis: Is a disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis.

MCQ160n

Gout: Gout attacks are the sudden onset of pain, redness and swelling in a joint. The big toe is the most common joint attacked, but knee and wrist attacks are also common. Gout is caused by uric acid crystal build up in the body.

MCQ160b

Congestive Heart Failure: Is when the heart can't pump enough blood to the body. Blood and fluid "back up" into the lungs, which makes you short of breath. Heart failure causes fluid buildup in and swelling of the feet, legs and ankles.

INTERVIEWER: DO NOT COUNT HEART MURMURS, IRREGULAR HEART BEATS, CHEST PAIN OR HEART ATTACKS.

MCQ160c

Coronary Heart Disease: Is when the blood vessels that bring blood to the heart muscle become narrow and hardened due to plaque (plak). Plaque buildup is called atherosclerosis (ATH-er-o-skler-O-sis). Blocked blood vessels to the heart can cause chest pain or a heart attack.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR CORONARY HEART DISEASE.

MCQ160d

Angina (Angina Pectoris): (AN-ji-na or an-JI-na). Angina is chest pain or discomfort that occurs when the heart does not get enough blood.

INTERVIEWER: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR ANGINA.

MCQ160e

Heart Attack (Myocardial Infarction): A heart attack happens when there is narrowing of a blood vessel that supplies the heart. A blood clot can form and suddenly cut off the blood supply to the heart muscle. This damage causes crushing chest pain that may also be felt in the arms or neck. There can also be nausea, sweating, or shortness of breath.

MCQ160f

Stroke: Is when the blood supply to a part of the brain is suddenly cut off by a blood clot or a burst blood vessel in the brain. The part of the brain affected can no longer do its job. There can be numbness or weakness on one side of the body; trouble speaking or understanding speech; loss of eyesight; trouble with walking, dizziness, loss of balance or coordination; or severe headache.

MCQ160g

Emphysema: Is disease where the tiny air sacs in the lungs become damaged so less air goes in and out. As a result, the body does not get the oxygen it needs. Emphysema makes it hard to catch your breath. It is often due to smoking.

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MCQ160m

Thyroid Problem: The thyroid is a gland in the neck that makes thyroid hormone. The thyroid sets your body's energy level: the temperature and heart rate. Thyroid problems include thyroid levels that are too high or too low, an inflamed or enlarged gland, and thyroid lumps or cancer.

INTERVIEWER: INCLUDE HYPERTHYROID (OVERACTIVE THYROID); HYPOTHYROID (UNDERACTIVE THYROID); GRAVES DISEASE (HYPERTHYROID AND/OR THYROID EYE DISEASE); HASHIMOTO'S THYRODITIS (INFLAMED THYROID); POSTPARTUM THYROIDITIS (INFLAMED THYROID THAT HAPPENS AFTER DELIVERY OF A BABY); GOITER (ENLARGED THYROID); THYROID NODULE (LUMP IN THYROID- NOT CANCER); AND THYROID CANCER.

MCQ160k

Chronic Bronchitis: Is a long lasting breathing problem where you constantly cough up phlegm. Often there is a daily cough with phlegm for several months at a time for two or more years and you are short of breath. It is often due to smoking.

MCQ160l

Liver Condition: The liver is located under your rib cage on your right side. The liver helps your body digest food, store energy, and remove poisons. Liver conditions include viral diseases, autoimmune diseases, liver cancer, and liver disease from medications, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called fibrosis or cirrhosis.

INTERVIEWER: INCLUDE VIRAL HEPATITIS (INCLUDING HEPATITIS A, HEPATITITS B; AND HEPATITIS C); AUTOIMMUNE LIVER DISEASE (INCLUDING PRIMARY BILIARY CIRRHOSIS; AUTOIMMUNE HEPATITIS, SCLEROSING CHOLANGITIS); GENETIC LIVER DIEASES (INCLUDING ALPHA-1-ANTITRYSIN DEFICIENCY, HEMOCHROMOTOSIS, AND WILSON'S DISEASE); DRUG- OR MEDICATION-INDUCED LIVER DISEASE;

ALCOHOLIC LIVER DISEASE; NON-ALCHOLIC FATTY LIVER DISEASE; FATTY LIVER DISEASE; LIVER CANCER; LIVER CYST; LIVER ABCESS; LIVER FIBROSIS; AND LIVER CIRRHOSIS.

INTERVIEWER DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS.

MCQ.160o

COPD: stands for “Chronic Obstructive Pulmonary Disease.” It includes both Emphysema and Chronic Bronchitis. It is lung problem where you have trouble getting air in and out of your lungs. You may also have constant cough and phlegm.

MCQ.209 Has a doctor or other health professional ever told {you/SP} that {you/s/he} ever had any kind of liver condition?

YES	1
NO	2 (BOX 8B)
REFUSED	7 (BOX 8B)
DON'T KNOW	9 (BOX 8B)

HELP SCREEN:
Liver Condition: The liver is located under your rib cage on your right side. The liver helps your body digest food, store energy, and remove poisons. Liver conditions include viral diseases, autoimmune diseases, liver cancer, and liver disease from medications, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called fibrosis or cirrhosis.

INTERVIEWER: INCLUDE VIRAL HEPATITIS (INCLUDING HEPATITIS A, HEPATITITS B; AND HEPATITIS C); AUTOIMMUNE LIVER DISEASE (INCLUDING PRIMARY BILIARY CIRRHOSIS; AUTOIMMUNE HEPATITIS, SCLEROSING CHOLANGITIS); LIVER DAMAGE FROM TRAUMA; GENETIC LIVER DIEASES (INCLUDING ALPHA-1-ANTITRYSIN DEFICIENCY, HEMOCHROMOTOSIS, AND WILSON'S DISEASE); DRUG- OR MEDICATION-INDUCED LIVER DISEASE; ALCOHOLIC LIVER DISEASE; NON-ALCHOLIC FATTY LIVER DISEASE; FATTY LIVER DISEASE; LIVER CANCER; LIVER CYST; LIVER ABCESS; LIVER FIBROSIS; AND LIVER CIRRHOSIS. INTERVIEWER DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS

MCQ.210 Which type of liver condition was it?
INTERVIEWER: READ OPTIONS CODE ALL THAT APPLY.

Fatty liver	1 (BOX 8B)
Liver fibrosis	2 (BOX 8B)
Liver cirrhosis	3 (BOX 8B)
Viral hepatitis	4 (BOX 8B)
Autoimmune hepatitis	5 (BOX 8B)
Other liver condition	6 (BOX 8B)
REFUSED	7 (BOX 8B)
DON'T KNOW	9 (BOX 8B)

BOX 8B

IF SP'S AGE 12-19, GO TO MCQ.203.
OTHERWISE, IF SP'S AGE ≥ 20 GO TO MCQ.211.

MCQ.211 During the past 12 months {have you/has s/he} had pain in the area shaded on the diagram?

INTERVIEWER INSTRUCTION: For females do not include menstrual pain.

HAND CARD GALL1

YES	1
NO	2 (MCQ.214)
REFUSED	7 (MCQ.214)
DON'T KNOW	9 (MCQ.214)

MCQ.212 Sometimes people have more than one type of pain. I am going to ask you a few questions about the pain that has been the most uncomfortable in the past 12 months.

For the pain that was most uncomfortable please show me where the pain was located?

HAND CARD GALL1

1	1
2	2
3	3
REFUSED	7
DON'T KNOW	9

MCQ.213 {Have you/has s/he} ever seen a doctor about this pain?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

MCQ.214 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had gallstones?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Gallstones**:** Gallstones are hard particles that develop in the gallbladder. The gallbladder is a small, pear-shaped organ located in the upper right abdomen—the area between the chest and hips—below the liver.

MCQ.215 Have {you/s/he} ever had gallbladder surgery? Do not include medical procedures on your gallbladder which did not involve removing your gall bladder.

YES	1
NO	2 (MCQ.203)
REFUSED	7 (MCQ.203)
DON'T KNOW	9 (MCQ.203)

MCQ.216 How old {were you/was SP} when {you /s/he} **first** had gallbladder surgery?

IF LESS THAN 1 YEAR, ENTER 1

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU".
IF SP AGE = 12-15, DISPLAY "WAS {SP}" AND "S/HE ".

|___|___|___| (MCQ.203)
ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 1-120

REFUSED.....77777 (MCQ.203)
DON'T KNOW.....99999 (MCQ.203)

MCQ.203 Has **anyone ever** told {you/SP} that {you/she/he/SP} had yellow skin, yellow eyes or jaundice? Please do not include infant jaundice, which is common during the first weeks after birth.

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “YOU” AND “YOU”.
IF SP AGE = 12-15, DISPLAY "SP" AND “S/HE”.
IF SP AGE = 6-11, DISPLAY “YOU” AND “SP”.

INTERVIEWER: DO ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

YES.....	1	
NO.....	2	(BOX 8B)
REFUSED.....	7	(BOX 8B)
DON'T KNOW.....	9	(BOX 8B)

HELP SCREEN:
Infant jaundice is a yellow discoloration in a newborn baby’s skin and eyes.

MCQ.206 How old {were you/was SP} when {you were/s/he was} **first** told {you/s/he} had yellow skin, yellow eyes or jaundice?

INTERVIEWER: IF LESS THAN 1 YEAR, ENTER 0

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU WERE" AND “YOU”.
IF SP AGE = 12-15, DISPLAY "WAS {SP}" AND "S/HE WAS" AND “S/HE”.
IF SP AGE = 6-11, DISPLAY "WAS {SP}" AND "YOU WERE" AND “S/HE”.

HARD EDIT: MCQ.206 > SP AGE

|___|___|___|
ENTER AGE IN YEARS

CAPI INSTRUCTION:
HARD EDIT: 0-120

REFUSED.....777
DON'T KNOW.....999

HELP SCREEN:
Infant jaundice is a yellow discoloration in a newborn baby’s skin and eyes.

BOX 8AA

CHECK ITEM MCQ.209:

IF SP MCQ.206 = ZERO, CONTINUE.

ELSE, GO TO BOX 8B.

MCQ.207 Please remember not to include infant jaundice, which is common during the first weeks after birth. {Have you/Has SP} been told that {you/he/she} had yellow skin, yellow eyes or jaundice other than during the first weeks after birth?

YES.....	1	(BOX 8B)
NO.....	2	
REFUSED.....	7	(BOX 8B)
DON'T KNOW.....	9	(BOX 8B)

CAPI INSTRUCTION:
IF MCQ.207 = NO, THEN CHANGE MCQ.203 = NO AND MCQ.206 = EMPTY AND CONTINUE TO BOX 8B.

BOX 8B

CHECK ITEM MCQ.208:

IF SP AGE 6-19, GO TO MCQ300b

IF SP AGE ≥ 20, CONTINUE.

MCQ.220 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had cancer or a malignancy (ma-**lig**-nan-see) of any kind?

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES	1	
NO	2	(MCQ.300b)
REFUSED	7	(MCQ.300b)
DON'T KNOW	9	(MCQ.300b)

HELP SCREEN:
Cancer: Is an abnormal growth that can spread to other parts of the body. This causes damage and even death. Most cancers are named for where they start: for example lung cancer or breast cancer. A cancer is also called a "malignancy" or a "malignant tumor".

Malignancy: A tumor or growth that is a cancer. (see Cancer)

MCQ.230 What kind of cancer was it?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

CAPI INSTRUCTIONS:
ALLOW UP TO 3 ENTRIES.
ALLOW 'MORE THAN 3 KINDS (CODE 66) ONLY AS 4TH ENTRY.

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

( ) ( ) ( ) ( )

BLADDER..... 10	LEUKEMIA.....21	SKIN (NON-MELANOMA).....32
BLOOD..... 11	LIVER.....22	SKIN (DON'T KNOW WHAT KIND) 33
BONE..... 12	LUNG.....23	SOFT TISSUE (MUSCLE OR FAT) 34
BRAIN..... 13	LYMPHOMA/HODGKINS' DISEASE	STOMACH.....35
BREAST..... 14	24	TESTIS (TESTICULAR).....36
CERVIX (CERVICAL)..... 15	MELANOMA.....25	THYROID.....37
COLON..... 16	MOUTH/TONGUE/LIP.....26	UTERUS (UTERINE).....38
ESOPHAGUS (ESOPHAGEAL). 17	NERVOUS SYSTEM.....27	OTHER.....39
GALLBLADDER..... 18	OVARY (OVARIAN).....28	MORE THAN 3 KINDS.....66
KIDNEY..... 19	PANCREAS (PANCREATIC).....29	REFUSED.....77
LARYNX/WINDPIPE..... 20	PROSTATE.....30	DON'T KNOW.....99
	RECTUM (RECTAL).....31	

BOX 9

LOOP 1:
ASK MCQ.240 FOR EACH TYPE OF CANCER (CODES 10-39 AND CODE 99) ENTERED IN MCQ.230.

MCQ.240 How old {were you/was SP} when {TYPE OF CANCER/cancer} was **first** diagnosed?

CAPI INSTRUCTIONS:
DISPLAY TYPE OF CANCER (CODE 10-39) ENTERED IN MCQ.230.
DISPLAY "CANCER " IF DON'T KNOW ENTERED IN MCQ.230.

|___|___|___|
ENTER AGE IN YEARS

REFUSED..... 77777
DON'T KNOW..... 99999

BOX 9A

END LOOP 1:
ASK MCQ.240 FOR NEXT TYPE OF CANCER (CODES 10-39 AND CODE 99) ENTERED IN MCQ.230.
IF NO NEXT TYPE, CONTINUE WITH MCQ.300b.

BOX 10

OMITTED

BOX 10A

OMITTED

MCQ.300 a/b/c Including living and deceased, **were any of {SP's/your} close biological** that is, blood **relatives** including father, mother, sisters or brothers, **ever told by a health professional that they had** . . .

CAPI INSTRUCTION:
TEXT OF QUESTION SHOULD BE OPTIONAL, "[ ]'S, AFTER FIRST TIME.

HELP SCREEN:
Close biological relatives: Include SP's parents, full siblings, and children.

b. **asthma (az**-ma**)?**

CAPI INSTRUCTION:
IF SP AGE 6-19, DISPLAY: Including living and deceased, were any of {SP's/your} close biological that is, blood relatives including father, mother, sisters or brothers, ever told by a health professional that they had . . .

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 10c

OMITTED

BOX 10D

CHECK ITEM MCQ.360:
IF SP AGE 6-15, GO TO END OF SECTION.
IF SP AGE16-19, GO TO MCQ.365.
OTHERWISE, CONTINUE.

c. **diabetes?**

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

a. **a heart attack or angina (**an-**gī**-na**) before the age of 50?**

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 11

OMITTED

MCQ.365 a/b/c/d

During the past 12 months {have you/has s/he} ever been told by a doctor or health professional to:

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

a. control {your/his/her} weight or lose weight? ____

b. increase {your/his/her} physical activity or exercise? ____

c. watch or reduce the amount of sodium or salt in {your/his/her} diet? ____

d. watch or reduce the amount of fat or calories in {your/his/her} diet? ____

HELP SCREEN: Controlling your weight might be recommended to help prevent high blood pressure, diabetes, high cholesterol and other conditions.

MCQ.370 a/b/c/d

{Are you/ Is s/he} now doing any of the following:

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

a. controlling {your/his/her} weight or losing weight? ____

b. increasing {your/his/her} physical activity or exercise? ____

c. watching or reducing the amount of sodium or salt in {your/his/her} diet? ____

d. watching or reducing the amount of fat or calories in {your/his/her} diet? ____

HELP SCREEN: Controlling your weight might be recommended to help prevent high blood pressure, diabetes, high cholesterol and other conditions.

BOX 12

OMITTED

BOX 13

CHECK ITEM MCQ.385:
IF SP AGE LESS THAN 40, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

OSQ.230 The following question is about metal objects you may have inside your body.

Do you have any artificial joints, pins, plates, metal suture material, or other types of metal objects in your body? Some common examples are on the hand card.

INTERVIEWER INSTRUCTION: Do not include piercings, crowns, dental braces or retainers, shrapnel, or bullets. The metal object should NOT be visible on the outside of the body or in the mouth.

HAND CARD OSQ3

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

3.7 HEPATITIS (HEQ)

HEPATITIS (HEQ)
Target Group: SPs 6+

HEQ.010 Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} hepatitis B? (Hepatitis is a form of liver disease. Hepatitis B is an infection of the liver from the hepatitis B virus (HBV).)

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “YOU” AND “YOU HAVE”.
IF SP AGE = 12-15 OR >=16 AND PROXY INTERVIEW, DISPLAY "SP" AND “S/HE HAS”.
IF SP AGE = 6-11, DISPLAY “YOU” AND “SP HAS”.

INTERVIEWER: DO NOT ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

YES	1	
NO	2	(HEQ.030)
REFUSED	7	(HEQ.030)
DON'T KNOW	9	(HEQ.030)

HEQ.020 Please look at the drugs on this card that are prescribed for hepatitis B. {Were you/ Was/s/he/SP} ever prescribed any medicine to treat hepatitis B?

HAND CARD HEQ1

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “WERE YOU”.
IF SP AGE = 12-15 OR >=16 AND PROXY INTERVIEW, DISPLAY "WAS S/HE”.
IF SP AGE = 6-11, DISPLAY “WAS SP”.

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

HEQ.030 Has a doctor or other health professional **ever** told {you/SP} that {you have/s/he/SP has} hepatitis C? (Hepatitis is a form of liver disease. Hepatitis C is an infection of the liver from the hepatitis C virus (HCV).)

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “YOU” AND “YOU HAVE”.
IF SP AGE = 12-15 OR >=16 AND PROXY INTERVIEW, DISPLAY "SP" AND “S/HE HAS”.
IF SP AGE = 6-11, DISPLAY “YOU” AND “SP HAS”.

INTERVIEWER: DO NOT ACCEPT SELF-DIAGNOSED OR DIAGNOSED BY A PERSON WHO IS NOT A DOCTOR OR OTHER HEALTH PROFESSIONAL.

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

HEQ.040 Please look at the drugs on this card that are prescribed for hepatitis C. {Were you/ Was/s/he/ SP} ever prescribed any medicine to treat hepatitis C?

HAND CARD HEQ2

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “WERE YOU”.
IF SP AGE = 12-15 OR >=16 AND PROXY INTERVIEW, DISPLAY "WAS S/HE”.
IF SP AGE = 6-11, DISPLAY “WAS SP”.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

3.8 KIDNEY CONDITIONS (KIQ)

KIQ.022 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had weak or failing kidneys? Do not include kidney stones, bladder (**bladd**-er) infections, or incontinence (in-**kon**-ti-nens).

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES	1	
NO	2	(KIQ.026)
REFUSED	7	(KIQ.026)
DON'T KNOW	9	(KIQ.026)

HELP SCREEN:
Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Health Care Professionals (Health Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, technicians who administer shots (i.e., allergy shots), and who work with a doctor. Also include paramedics, medics, and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

KIQ.025 In the **past 12 months**, {have you/has SP} received dialysis (either hemodialysis (heemo-di-**al**-i-sis) or peritoneal dialysis (pare-i-ton-**nee**-al di-**al**-i-sis))?

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

KIQ.026 {Have you/Has SP} **ever** had kidney stones?

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

KIQ.029 In the **past 12 months** {have you/has SP} passed a kidney stone?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
If the respondent indicates a stone was not passed but they had it broken up with lithotripsy or removed by a doctor, code 'Yes'.

3.9 DISABILITY (DLQ)

DISABILITY (DLQ)
Target Group: SPs 1+

DLQ.010 With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

{Are you/Is SP} deaf or {do you/does he/does she} have serious difficulty hearing?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "YOU" AND "DO YOU".
IF SP AGE <16, DISPLAY "SP" AND "DOES HE/DOES SHE".

DLQ.020 {Are you/Is SP} blind or {do you/does he/does she} have serious difficulty seeing even when wearing glasses?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "YOU" AND "DO YOU".
IF SP AGE <16, DISPLAY "SP" AND "DOES HE/DOES SHE".

BOX 1

CHECK ITEM DLQ.030:

IF SP AGE < 5, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DLQ.040 Because of a physical, mental, or emotional condition, {do you/does he/does she} have serious difficulty concentrating, remembering, or making decisions?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “DO YOU”.
IF SP AGE <16, DISPLAY “DOES HE/DOES SHE”.

DLQ.050 {Do you/Does SP} have serious difficulty walking or climbing stairs?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “DO YOU”.
IF SP AGE <16, DISPLAY “DOES SP”.

DLQ.060 {Do you/Does SP} have difficulty dressing or bathing?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 2

CHECK ITEM DLQ.070:

IF SP AGE < 15, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DLQ.080 Because of a physical, mental, or emotional condition, {do you/does he/does she} have difficulty doing errands alone such as visiting a doctor's office or shopping?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY “DO YOU”.
IF SP AGE <16, DISPLAY “DOES HE/DOES SHE”.

BOX 3

CHECK ITEM DLQ.090

IF SP AGE < 18 OR PROXY INTERVIEW, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DLQ.100 How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

DAILY	1
WEEKLY	2
MONTHLY	3
A FEW TIMES A YEAR	4
NEVER	5
REFUSED	7
DON'T KNOW	9

DLQ.110 Do you take medication for these feelings?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 4

CHECK ITEM DLQ.120

IF DLQ.100 = 5, GO TO DLQ.140.

OTHERWISE, CONTINUE.

DLQ.130 Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

A LITTLE	1
A LOT	2
SOMEWHERE IN BETWEEN A LITTLE AND A LOT	3
REFUSED	7
DON'T KNOW	9

DLQ.140 How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

DAILY	1
WEEKLY	2
MONTHLY	3
A FEW TIMES A YEAR	4
NEVER	5
REFUSED	7
DON'T KNOW	9

DLQ.150 Do you take medication for depression?

INTERVIEWER: MEDICATION FOR DEPRESSION IN THIS QUESTION INCLUDES ALL PRESCRIPTION AND NON-PRESCRIPTION DRUGS.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 5

CHECK ITEM DLQ.160

IF DLQ.140 = 5, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

DLQ.170 Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

A LITTLE	1
A LOT	2
SOMEWHERE IN BETWEEN A LITTLE AND A LOT	3
REFUSED	7
DON'T KNOW	9

3.10 **DIABETES (DIQ)**

DIABETES – DIQ
Target Group: SPs 1+

DIQ.010 {Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} **ever** been told by a doctor or other health professional that {you have/{s/he/SP} has} diabetes or sugar diabetes?

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "HAVE YOU" AND "YOU HAVE"
IF SP AGE 12-15, DISPLAY "HAS {SP}" AND "S/HE HAS"
IF SP AGE <12, DISPLAY "HAVE YOU" AND "{SP} HAS"
IF SP IS FEMALE AND AGE >= 20, DISPLAY "OTHER THAN DURING PREGNANCY, {HAVE YOU/HAS SP}".
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES	1	
NO	2	(BOX 4)
BORDERLINE OR PREDIABETES	3	(BOX 4)
REFUSED	7	(BOX 4)
DON'T KNOW	9	(BOX 4)

DIQ.040 G/Q How old {was SP/were you} when a doctor or other health professional **first** told {you/him/her} that {you/s/he} had diabetes or sugar diabetes?

CAPI INSTRUCTION:
IF SP AGE >= 16, DISPLAY "WERE YOU" AND "YOU" AND "YOU"
IF SP AGE 12-15, DISPLAY "WAS {SP}" AND "HIM/HER" AND "S/HE"
IF SP AGE <12, DISPLAY "WAS {SP}" AND "YOU" AND "S/HE"
IF ITEM CHANGES, CHECK MEC COMPONENT.

|___|

ENTER AGE IN YEARS	1	
LESS THAN 1 YEAR	2	(BOX 4)
REFUSED	7	(BOX 4)
DON'T KNOW	9	(BOX 4)

|___|___|
ENTER AGE IN YEARS

REFUSED	77777
DON'T KNOW	99999

BOX 4

CHECK ITEM DIQ.159:
IF AGE < 12 OR DIQ.010 = 1 (YES) GO TO DIQ.050.
IF AGE >= 12 AND DIQ.010 = 3, GO TO DIQ.170.
OTHERWISE, CONTINUE.

DIQ.160 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/SP has} any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that {your/her/his} blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?

HAND CARD DIQ1

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN: **PREDIABETES, IMPAIRED FASTING GLUCOSE, IMPAIRED GLUCOSE TOLERANCE, OR BORDERLINE DIABETES** OCCURS WHEN BLOOD SUGAR (GLUCOSE) LEVELS ARE HIGHER THAN NORMAL BUT NOT HIGH ENOUGH TO BE DIABETES.

DIQ.170 {Have you/Has SP} ever been told by a doctor or other health professional that {you have/s/he has} health conditions or a medical or family history that increases {your/his/her} risk for diabetes?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DIQ.172 {Do you/Does SP} feel {you/he/she} could be at risk for diabetes or prediabetes?

YES	1	
NO	2	(DIQ.180)
REFUSED	7	(DIQ.180)
DON'T KNOW	9	(DIQ.180)

DIQ.175 OS Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes?

[Anything else?]

INTERVIEWER INSTRUCTION: DO NOT READ. CODE ALL THAT APPLY.

CAPI INSTRUCTION: IF RESPONDENT ANSWERS “OTHER”, ALLOW ENTRY OF RESPONSE UP TO 250 CHARACTERS.

HAND CARD DIQ2

FAMILY HISTORY	10
OVERWEIGHT	11
AGE	12
POOR DIET	13
RACE	14
HAD A BABY THAT WEIGHED OVER 9 LBS. AT BIRTH	15
LACK OF PHYSICAL ACTIVITY OR SEDENTARY LIFESTYLE	16
HIGH BLOOD PRESSURE	17
HIGH BLOOD SUGAR	18
HIGH CHOLESTEROL	19
HYPOGLYCEMIC	20
EXTREME HUNGER	21
TINGLING/NUMBNESS IN HANDS OR FEET	22
BLURRED VISION	23
INCREASED FATIGUE	24
ANYONE COULD BE AT RISK	25
DOCTOR WARNING	26
OTHER, SPECIFY	27
GESTATIONAL DIABETES	28
FREQUENT URINATION	29
THIRST	30
REFUSAL	77
DON’T KNOW	99

DIQ.180 {Have you/Has SP} had a blood test for high blood sugar or diabetes within the past three years?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS

YES	1
NO	2
REFUSED	7
DON’T KNOW	9

DIQ.050 {Is SP/Are you} **now** taking insulin?

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES	1	
NO	2	(BOX 0)
REFUSED	7	(BOX 0)
DON'T KNOW	9	(BOX 0)

HELP SCREEN:
Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

DIQ.060 For how long {have you/has SP} been taking insulin?
G/Q/U

|___|

ENTER NUMBER (OF MONTHS OR YEARS)	1	
LESS THAN 1 MONTH	2	(BOX 0)
REFUSED	7	(BOX 0)
DON'T KNOW	9	(BOX 0)

|___|___|___|

ENTER NUMBER (OF MONTHS OR YEARS)		
REFUSED	77777	(BOX 0)
DON'T KNOW	99999	(BOX 0)

ENTER UNIT

|___|

MONTHS	1
YEARS	2

HELP SCREEN:
Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

BOX 0

CHECK ITEM DIQ.065:
IF DIQ.010 = 1 (YES) OR DIQ.160 = 1 (YES) OR DIQ.010 = 3, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DIQ.070 {Is SP/Are you} **now** taking diabetic pills to lower {{his/her}/your} blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 8

CHECK ITEM DIQ.229:
IF DIQ.010 = 3 OR DIQ.160 = 1 (YES), GO TO END OF SECTION.
OTHERWISE, CONTINUE.

DIQ.230 When was the last time {you/SP} saw a diabetes nurse educator or dietitian or nutritionist for {your/his/her} diabetes? Do not include doctors or other health professionals.

INTERVIEWER INSTRUCTION: CODE 5 FOR NEVER. IF RESPONDENT ANSWERS "TODAY" OR A PERIOD LESS THAN A MONTH, CODE 1 – 1 YEAR AGO OR LESS.

1 YEAR AGO OR LESS	1
MORE THAN 1 YEAR AGO BUT NO MORE THAN 2 YEARS AGO	2
MORE THAN 2 YEARS AGO BUT NO MORE THAN 5 YEARS AGO	3
MORE THAN 5 YEARS AGO	4
NEVER	5
REFUSED	7
DON'T KNOW	9

HELP SCREEN: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes medications, checking and controlling blood glucose levels, managing weight through diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

DIQ.240 Is there **one** doctor or other health professional {you usually see/SP usually sees} for {your/his/her} diabetes? Do not include specialists to whom {you have/SP has} been referred such as diabetes educators, dieticians or foot and eye doctors.

YES	1	
NO	2	(DIQ.260)
REFUSED	7	(DIQ.260)
DON'T KNOW	9	(DIQ.260)

HELP SCREEN: A diabetes nurse educator is a nurse who teaches people with diabetes and who is knowledgeable about the day-to-day aspects of diabetes self-care, such as, use of diabetes

medications, checking and controlling blood glucose levels, managing weight though diet and physical activity, and maintaining a healthy pregnancy if diabetes is present.

DIQ.250 How many times {have you/has SP} seen this doctor or other health professional in the past 12 months?

G/Q

|___|___|___|
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:
HARD EDIT: DO NOT ALLOW 0.

NONE..... 2
REFUSED..... 7777
DON'T KNOW..... 9999

BOX 9

CHECK ITEM DIQ.369:
IF DIQ.250 = 2 (NONE), CONTINUE.
OTHERWISE, GO TO BOX 10.

DIQ.370 INTERVIEWER: YOU HAVE ENTERED "NONE" FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES..... 1
NO..... 2 (DIQ.250)

BOX 10

CHECK ITEM DIQ.379:
IF DIQ.250 = 100 OR MORE, CONTINUE.
OTHERWISE, GO TO DIQ.260.

DIQ.380 INTERVIEWER: YOU HAVE ENTERED A VALUE THAT IS OUTSIDE THE EXPECTED RANGE FOR THE NUMBER OF TIMES IN THE PAST 12 MONTHS THAT THE SP HAS SEEN THEIR USUAL DOCTOR OR OTHER HEALTH PROFESSIONAL. THIS IS AN UNLIKELY RESPONSE. IS THIS CORRECT?

YES..... 1
NO..... 2 (DIQ.250)

DIQ.260 G/Q/U How often {do you check your/does SP check his/her} blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE URINE TESTS.

|___|
ENTER NUMBER OF TIMES..... 1
NEVER..... 2 (DIQ.275)
UNABLE TO DO ACTIVITY (BLIND)..... 3 (DIQ.275)
REFUSED..... 7 (DIQ.275)
DON'T KNOW..... 9 (DIQ.275)

|___|___|___|
ENTER NUMBER OF TIMES

CAPI INSTRUCTION: SOFT EDIT 7 OR MORE PER DAY
SOFT EDIT 30 OR MORE PER WEEK.
REFUSED..... 7777 (DIQ.275)
DON'T KNOW..... 9999 (DIQ.275)

ENTER UNIT

|___|
PER DAY..... 1
PER WEEK..... 2
PER MONTH..... 3
PER YEAR..... 4

DIQ.275 Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the “A one C” test measures your average level of blood sugar for the past 3 months, and usually ranges between 5.0 and 13.9. During the past 12 months, has a doctor or other health professional checked {your/SP’s} glycosylated hemoglobin or “A one C”?

YES..... 1
NO..... 2 (BOX 10A)
REFUSED..... 7 (BOX 10A)
DON'T KNOW..... 9 (BOX 10A)

DIQ.280 What was {your/SP’s} last “A one C” level?

CAPI INSTRUCTION:
SOFT EDIT FOR ANY NUMBER LESS THAN 5 OR MORE THAN 14.

|___|___| . |___|
ENTER VALUE

REFUSED..... 7777
DON'T KNOW..... 9999

DIQ.291 What does {your/SP's} doctor or other health professional say {your/his/her} "A one C" level should be? (Pick the lowest level recommended by {your/his/her} health care professional.)

HAND CARD DIQ3

LESS THAN 6	1
LESS THAN 7	2
LESS THAN 8	3
LESS THAN 9	4
LESS THAN 10	5
PROVIDER DID NOT SPECIFY GOAL	6
REFUSED	77
DON'T KNOW	99

BOX 10A

CHECK ITEM DIQ.295:
IF AGE <12, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

DIQ.300 S/D Blood pressure is usually given as one number over another. What was {your/SP's} most recent blood pressure in numbers?

|___|___|___| OVER |___|___|___|
SYSTOLIC DIASTOLIC
ENTER VALUES

CAPI INSTRUCTION:
SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200.
DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.

REFUSED	777
DON'T KNOW	999

DIQ.310 G/S/D What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?

|___|
ENTER VALUES..... 1
PROVIDER DID NOT SPECIFY GOAL..... 2 (DIQ.320)
REFUSED..... 7 (DIQ.320)
DON'T KNOW..... 9 (DIQ.320)

|___|___|___| OVER |___|___|___|
SYSTOLIC DIASTOLIC
ENTER VALUES

INTERVIEWER INSTRUCTION:
IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:
SYSTOLIC RANGE: 0-776 SOFT EDIT: 80-200.
DIASTOLIC RANGE: 0-776 SOFT EDIT: 0-150.
REFUSED..... 777
DON'T KNOW..... 999

DIQ.320 G/Q One part of total serum cholesterol in {your/SP's} blood is a bad cholesterol, called LDL, which builds up and clogs {your/his/her} arteries. What was {your/his/her} most recent LDL cholesterol number?

|___|
ENTER VALUE..... 1
NEVER HEARD OF LDL..... 2 (DIQ.341)
NEVER HAD CHOLESTEROL TEST..... 3 (DIQ.341)
REFUSED..... 7
DON'T KNOW..... 9

|___|___|___|
ENTER VALUE

CAPI INSTRUCTION:
RANGE: 0-776 SOFT EDIT: 40-250.

REFUSED..... 777
DON'T KNOW..... 999

DIQ.330 G/Q What does {your/SP's} doctor or other health professional say {your/his/her} LDL cholesterol should be?

|___|
ENTER VALUE..... 1
PROVIDER DID NOT SPECIFY GOAL..... 2 (DIQ.341)
REFUSED..... 7 (DIQ.341)
DON'T KNOW..... 9 (DIQ.341)

|___|___|___|
ENTER VALUE

INTERVIEWER INSTRUCTION:
IF RANGE GIVEN, RECORD UPPER VALUE OF RANGE.

CAPI INSTRUCTION:
RANGE: 0-776 SOFT EDIT: 40-250.

REFUSED..... 777
DON'T KNOW..... 999

DIQ.341 G/Q During the past 12 months, about how many times has a doctor or other health professional checked {your/SP's} feet for any sores or irritations?

|___|
ENTER NUMBER OF TIMES..... 1
NONE..... 2
BOTH FEET AMPUTATED..... 3 (DIQ.360)
REFUSED..... 7
DON'T KNOW/NOT SURE..... 9

|___|___|___|
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:
HARD EDIT: DO NOT ALLOW 0.

REFUSED..... 7777
DON'T KNOW/NOT SURE..... 9999

DIQ.350 G/Q/U

How often {do you check your feet/does SP check (his/her) feet} for sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.

|___|
ENTER NUMBER OF TIMES..... 1
NONE..... 2 (DIQ.360)
REFUSED..... 7 (DIQ.360)
DON'T KNOW..... 9 (DIQ.360)

CAPI INSTRUCTION:
HARD EDIT: DO NOT ALLOW 0.

|___|___|___|
ENTER NUMBER OF TIMES

REFUSED..... 7777 (DIQ.360)
DON'T KNOW..... 9999 (DIQ.360)

ENTER UNIT

|___|
PER DAY..... 1
PER WEEK..... 2
PER MONTH..... 3
PER YEAR..... 4

DIQ.360

When was the last time {you/SP} had an eye exam in which the pupils were dilated? This would have made {you/SP} temporarily sensitive to bright light.

LESS THAN 1 MONTH..... 1
1-12 MONTHS..... 2
13-24 MONTHS..... 3
GREATER THAN 2 YEARS..... 4
NEVER..... 5
REFUSED..... 7
DON'T KNOW..... 9

DIQ.080 Has a doctor **ever** told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy (ret-in-op-ath-ee)?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Retinopathy: Any disorder of the retina.

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

HELP SCREEN FOR DIQ.010/040:

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

3.11 BLOOD PRESSURE SECTION (BPQ)

BLOOD PRESSURE – BPQ
Target Group: SPs 16+

BPQ.020 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had hypertension (hy-per-**ten**-shun), also called high blood pressure?
IF HIGH BLOOD PRESSURE **ONLY** DURING PREGNANCY, CODE NO.

INTERVIEWER INSTRUCTION: IF SP SAYS "HIGH NORMAL BLOOD PRESSURE", "BORDERLINE HYPERTENSION" OR "PREHYPERTENSION" CODE NO.

YES	1	
NO	2	(BPQ.080)
REFUSED	7	(BPQ.080)
DON'T KNOW	9	(BPQ.080)

HELP SCREEN:
Hypertension (High Blood Pressure): A repeatedly increased blood pressure with the first number 140 or higher and the second number 90 or higher.

BPQ.030 {Were you/Was SP} told on 2 or more **different** visits that {you/s/he} had hypertension (hy-per-**ten**-shun), also called high blood pressure?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BPQ.035 G/Q How old {were you/was SP} when {you were/he/she was} **first** told that {you/he/she} had hypertension or high blood pressure?

HARD EDIT: SP AGE CANNOT BE LESS THAN 6.

SOFT EDIT: PLEASE VERIFY THAT SP WAS LESS THAN 11 YEARS OLD.

|___|		
ENTER AGE IN YEARS	1	
REFUSED	7	(BPQ.040a)
DON'T KNOW	9	(BPQ.040a)
|___|___|		
ENTER AGE IN YEARS		
REFUSED	777	
DON'T KNOW	999	

BPQ.040a Because of {your/SP's} (high blood pressure/hypertension) (hy-per-**ten**-shun), {have you/has s/he} **ever** been told to **take prescribed medicine**?

YES	1	
NO	2	(BPQ.080)
REFUSED	7	(BPQ.080)
DON'T KNOW	9	(BPQ.080)

HELP SCREEN:
Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

BOX 1A

OMITTED

BOX 1B

OMITTED

BPQ.050a {Are you/Is SP} **now** taking a prescribed medicine?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

BOX 2

OMITTED

BPQ.080 {Have you/Has SP} **ever** been told by a doctor or other health professional that {your/his/her} blood cholesterol level was high?

YES	1	(BPQ.070)
NO	2	
REFUSED	7	
DON'T KNOW	9	

HELP SCREEN:
Cholesterol: Cholesterol is a type of fat in the bloodstream and is measured with a blood test, usually done in the morning before you've eaten. High levels of cholesterol are a major risk factor for heart disease, which leads to heart attack.

BPQ.060 {Have you/Has SP} **ever** had {your/his/her} blood cholesterol checked?

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

BPQ.070 About how long has it been since {you/SP} **last** had {your/his/her} blood cholesterol checked? Has it been…

less than 1 year ago,.....	1	
1 year but less than 2 years ago,.....	2	
2 years but less than 5 years ago, or.....	3	
5 years or more?.....	4	
REFUSED.....	7	
DON'T KNOW.....	9	

BPQ.090d To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to take prescribed medicine**?

YES.....	1	
NO.....	2	(END OF SECTION)
REFUSED.....	7	(END OF SECTION)
DON'T KNOW.....	9	(END OF SECTION)

HELP SCREEN:
Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

BOX 3

OMITTED

BPQ.100d {Are you/Is SP} **now** taking a prescribed medicine?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

HELP SCREEN:
Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

BOX 5

OMITTED

BOX 6

OMITTED

BOX 7

OMITTED

BOX 8

OMITTED

BOX 9

OMITTED

3.12 CARDIOVASCULAR DISEASE (CDQ)

CARDIOVASCULAR DISEASE – CDQ
Target Group: SPs 40+

CDQ.001 {Have you/Has SP} ever had any pain or discomfort in {your/her/his} chest?

YES	1	
NO	2	(CDQ.010)
REFUSED	7	(CDQ.010)
DON'T KNOW	9	(CDQ.010)

CDQ.002 {Do you/Does she/Does he} get it when {you/she/he} {walk/walks} uphill or {hurry/hurries}?

YES	1	
NO	2	(CDQ.008)
NEVER WALKS UPHILL OR HURRIES	3	
REFUSED	7	(CDQ.008)
DON'T KNOW	9	(CDQ.008)

CDQ.003 {Do you/Does she/Does he} get it when {you/she/he} {walk/walks} at an ordinary pace on level ground?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1

CHECK ITEM CDQ.003A:
IF 'YES' (CODE '1') IN CDQ.002 OR CDQ.003, CONTINUE.
OTHERWISE, GO TO CDQ.008.

CDQ.004 What {do you/does she/does he} do if {you/she/he} get it while {you/she/he} are walking? {Do you/Does she/Does he} stop or slow down, or continue at the same pace?

CODE "STOP OR SLOW DOWN" IF SP CARRIES ON AFTER TAKING NITROGLYCERINE.

STOP OR SLOW DOWN.....	1	
CONTINUE AT THE SAME PACE.....	2	(CDQ.008)
REFUSED.....	7	(CDQ.008)
DON'T KNOW.....	9	(CDQ.008)

CDQ.005 If {you/she/he} {stand/stands} still, what happens to it? Is the pain or discomfort relieved or not relieved?

RELIEVED.....	1	
NOT RELIEVED.....	2	(CDQ.008)
REFUSED.....	7	(CDQ.008)
DON'T KNOW.....	9	(CDQ.008)

CDQ.006 How soon is the pain relieved? Would you say . . .

10 minutes or less or.....	1	
more than 10 minutes?.....	2	(CDQ.008)
REFUSED.....	7	(CDQ.008)
DON'T KNOW.....	9	(CDQ.008)

CDQ.009 Please look at this card and show me where the pain or discomfort is located.

CODE ALL THAT APPLY.
PROBE FOR ADDITIONAL AREAS.

HAND CARD CDQ1

1.....	1
2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
REFUSED.....	77
DON'T KNOW.....	99

CDQ.008 Have {you/she/he} ever had a severe pain across the front of {your/her/his} chest lasting for half an hour or more?

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

CDQ.010 {Have you/Has SP} had shortness of breath either when hurrying on the level or walking up a slight hill?

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

BOX 2

OMITTED

3.13 OSTEOPOROSIS (OSQ)

OSTEOPOROSIS – OSQ
Target Group: Males and Females 50+

OSQ.010 a/b/c Has a doctor or other health professional **ever** told {you/SP} that {you/SP} had broken or fractured {your/his/her} . . .

a. hip? YES.....1 →
NO..... 2 (b)
REFUSED..... 7 (b)
DON'T KNOW…. 9 (b)

HELP SCREEN:
Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots

OSQ.020 How many times {have you/has SP} broken or fractured {your/his/her} {hip/wrist/spine}?

|___|___|
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:
HARD EDIT: 1-33.

REFUSED.....77
DON'T KNOW.….99

(i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.		
b. wrist? DO NOT INCLUDE FOREARM OR HAND	YES.....1 → NO..... 2 (c) REFUSED..... 7 (c) DON'T KNOW…. 9 (c)	|___|___| ENTER NUMBER OF TIMES CAPI INSTRUCTION: HARD EDIT: 1-33. REFUSED.....77 DON'T KNOW…..99
c. spine?	YES.....1 → NO..... 2 (BOX 1) REFUSED..... 7 (BOX 1) DON'T KNOW…. 9 (BOX 1)	|___|___| ENTER NUMBER OF TIMES CAPI INSTRUCTION: HARD EDIT: 1-33. REFUSED.....77 DON'T KNOW…..99

BOX 1

CHECK ITEM OSQ.025:
IF 'YES' (CODE 1) IN OSQ.010 a, b, OR c, CONTINUE WITH LOOP 1.
OTHERWISE, GO TO OSQ.080.

LOOP 1:
ASK OSQ.030 - OSQ.051 FOR EACH **TYPE** AND EACH **INCIDENT** OF FRACTURE.
(EXAMPLE: HOW OLD WERE YOU WHEN YOU FRACTURED YOUR **HIP** THE **FIRST** TIME?)

OSQ.030 a/b/c — How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd/10th or more recent time . . .} time}?

CAPI INSTRUCTION:
IF ONLY BROKE HIP, WRIST OR SPINE 1 TIME, DO NOT DISPLAY "THE {1ST/2ND . . .} TIME".
IF 10TH TIME, DISPLAY {10TH OR MOST RECENT TIME}.

|___|___|___| (BOX 2)
ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 1-120.

REFUSED.....777
DON'T KNOW.....999

CAPI INSTRUCTION:
IF OSQ.030 = DK, RF OR NULL AND SP AGE < 50, CODE OSQ.040 = 1 (UNDER 50).
IF OSQ.030 = DK, RF OR NULL AND SP AGE >= 50, CONTINUE.

OSQ.040 a/b/c — {Were you/Was SP} . . .

under 50 years old, or.....	1	
50 years old or older?.....	2	
REFUSED.....	7	(BOX 3)
DON'T KNOW.....	9	(BOX 3)

BOX 2

CHECK ITEM OSQ.045:
IF AGE IS >= 50 IN OSQ.030 OR OSQ.040, CONTINUE.
OTHERWISE, GO TO BOX 3.

OSQ.051 — Did that fracture occur as a result of . . .

a fall from **standing height or less**, for example, tripped, slipped, fell out of bed....	4
a hard fall, such as falling off a ladder or step stool, down stairs, or.....	5
a car accident or other severe trauma?.....	6
REFUSED.....	7
DON'T KNOW.....	9

HELP SCREEN:
Additional examples for “a fall from standing height or less” include leg gave way, was dizzy, fell bending over, fell out of a chair. Additional examples for “a hard fall” include being forcibly knocked down by another person or bicycle.

BOX 3

END LOOP1:

- ASK OSQ.030 - OSQ.051 FOR NEXT INCIDENT OF FRACTURE.
- IF NO NEXT INCIDENT, CONTINUE.

OSQ.080 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had broken or fractured any other bone **after** {you were/s/he was} 20 years of age?

YES	1	
NO	2	(OSQ.060)
REFUSED	7	(OSQ.060)
DON'T KNOW	9	(OSQ.060)

OSQ.090 Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?

YES	1	(OSQ.120)
NO	2	
REFUSED	7	(OSQ.120)
DON'T KNOW	9	(OSQ.120)

HELP SCREEN:
Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair.
Additional examples for “a hard fall” include being knocked down by another person or bicycle.

OSQ.100 Please look at this card and tell me where the fracture occurred.

HAND CARD OSQ 1

HEAD/FACE	10	
UPPER ARM (HUMERUS)	11	
LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	12	
ELBOW	13	
HAND	14	
FINGERS	15	
SHOULDER	16	
COLLAR BONE	17	
RIBS (EITHER SIDE)	18	
PELVIS (NOT HIP)	19	
UPPER LEG (THIGH EXCLUDING HIP)	20	
LOWER LEG (BETWEEN ANKLE AND KNEE)	21	
KNEE (PATELLA)	22	
ANKLE	23	
HEEL	24	
FOOT	25	
TOES	26	
OTHER (DO NOT SPECIFY)	27	
REFUSED	77	
DON'T KNOW	99	

OSQ.110 How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ.100) for the **first** time after age 20?

|___|___|___|
ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 20-120.

REFUSED	777	
DON'T KNOW	999	

OSQ.120 Has a doctor or other health professional ever told {you/SP} that {you/s/he} had broken or fractured **any other bones after** {you were/s/he was} 20 years of age?

YES	1	
NO	2	(OSQ.060)
REFUSED	7	(OSQ.060)
DON'T KNOW	9	(OSQ.060)

BOX 4

CHECK ITEM OSQ.129:
IF OSQ120 = 1 (YES), CONTINUE WITH LOOP 2. OTHERWISE, GO TO OSQ.060.

LOOP 2:
ASK OSQ.090 – OSQ.120 FOR NEXT INCIDENT OF FRACTURE. IF NO NEXT INCIDENT, CONTINUE.

OSQ.060 Has a doctor or other health professional **ever** told {you/SP} that {you/s/he} had osteoporosis, sometimes called thin or brittle bones?

YES	1	
NO	2	(OSQ.130)
REFUSED	7	(OSQ.130)
DON'T KNOW	9	(OSQ.130)

HELP SCREEN:
Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. Osteoporosis is not always painful. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

OSQ.072 Please look at the drugs on this card that are prescribed for osteoporosis. {Have you/Has SP} ever been told by a doctor or other health professional to take a **prescribed medicine** for osteoporosis?

HAND CARD OSQ 2

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. Osteoporosis is not always painful. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

OSQ.130 {Have you/has SP} **ever** taken **any** prednisone or cortisone pills **nearly every day for a month or longer**? [Prednisone and cortisone are types of steroids.]

YES	1	
NO	2	(OSQ.150)
REFUSED	7	(OSQ.150)
DON'T KNOW	9	(OSQ.150)

OSQ.140 Q/U Please think about {your/SP's} use of prednisone or cortisone during {your/his/her} lifetime. For how long did {you/s/he} use prednisone or cortisone **nearly every day**? Do not count the months or years when {you were/s/he was} not taking the medicine.

|___|___|
ENTER NUMBER

CAPI INSTRUCTION: SOFT EDIT: 19 OR HIGHER.

REFUSED	777
DON'T KNOW	999

ENTER UNIT

MONTH	1
YEAR	2
REFUSED	7
DON'T KNOW	9

OSQ.150 Including living and deceased, were either of {your/SP's} biological parents ever told by a doctor or other health professional that they had osteoporosis or brittle bones?

YES	1	
NO	2	(OSQ.170)
REFUSED	7	(OSQ.170)
DON'T KNOW	9	(OSQ.170)

OSQ.160 Which biological [blood] parent?

CODE ALL THAT APPLY

MOTHER	1
FATHER	2
REFUSED	7
DON'T KNOW	9

OSQ.170 Did {your/SP's} biological mother **ever** fracture her hip?

YES	1	
NO	2	(OSQ.200)
REFUSED	7	(OSQ.200)
DON'T KNOW	9	(OSQ.200)

OSQ.180 About how old was she when she fractured her hip (the **first** time)?

|___|___|___| (OSQ.200)
ENTER AGE IN YEARS

REFUSED	777
DON'T KNOW	999

OSQ.190 Was she. . .

under 50 years old, or	1	
50 years old or older?	2	
REFUSED	7	
DON'T KNOW	9	

OSQ.200 Did {your/SP's} biological father **ever** fracture his hip?

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

OSQ.210 About how old was he when he fractured his hip (the **first** time)?

|___|___|___| (END OF SECTION)
ENTER AGE IN YEARS

CAPI INSTRUCTION: HARD EDIT: 20-120.

REFUSED	777
DON'T KNOW	999

OSQ.220 Was he . . .

under 50 years old, or	1	
50 years old or older?	2	
REFUSED	7	
DON'T KNOW	9	

3.14 AUDIOMETRY (AUQ)

AUDIOMETRY – AUQ
Target Group: SPs 1+

AUQ.054 These next questions are about {your/SP's} hearing.

Which statement best describes {your/SP's} hearing (without a hearing aid or other listening devices)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?

EXCELLENT	1
GOOD	2
A LITTLE TROUBLE	3
MODERATE HEARING TROUBLE	4
A LOT OF TROUBLE	5
DEAF	6
REFUSED	77
DON'T KNOW	99

HELP SCREEN:
Deaf means that you can't hear in both ears without the use of hearing aids or other devices to help you hear. If you can hear in one ear, you are not deaf.

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Other Listening Devices: Other listening devices are any device you use to help you hear. They are also called assistive listening devices. These are:

A pocket talker
An amplified telephone
An amplified or vibrating alarm clock
A light signaler for your doorbell
A TV headset
Closed-captioned TV
TTY (teletypewriter)
TDD (telecommunications device for the deaf)
A telephone relay service
A video relay service
A sign language interpreter

BOX 1A

CHECK ITEM AUQ.055:
IF {SP AGE >=6 AND SP AGE <=19 OR SP AGE > 69} AND {AUQ.054 = 1, 7, 9} GO TO NEW.003;
IF {SP AGE >=6 AND SP AGE <=19 OR SP AGE > 69} AND {AUQ.054 = 2, 3, 4, 5 OR 6} CONTINUE.
OTHERWISE, END OF SECTION.

AUQ.060 These next questions refer to hearing without the use of a hearing aid or any other listening devices. If {you have/SP has} one ear that is better than the other, please answer the questions for the hearing in {your/SP's} better ear.

Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **whispers** to {you/him/her} from across a quiet room?

YES	1	(BOX NEW)
NO	2	
REFUSED	7	
DON'T KNOW	9	

AUQ.070 Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **talks in a normal voice** to {you/him/her} from across a quiet room?

YES	1	(BOX NEW)
NO	2	
REFUSED	7	
DON'T KNOW	9	

AUQ.080 Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **shouts** to {you/him/her} from across a quiet room?

YES	1	(BOX NEW)
NO	2	
REFUSED	7	
DON'T KNOW	9	

AUQ.090 Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **speaks loudly** into {your/his/her} **better ear**?

INTERVIEWER: IF THE INTERVIEWEE HEARS BETTER IN ONE EAR THAN THE OTHER, RECORD THE RESPONSE FOR SPEAKING LOUDLY INTO THE BETTER EAR.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX NEW

CHECK ITEM AUQ.NEW:
IF AUQ.054 = {3, 4, 5 OR 6} CONTINUE.
OTHERWISE GO TO NEW.003.

NEW.001 How old {were you/was SP} when {you/he/she} began to have any hearing loss?

READ CATEGORIES IF NECESSARY

BEFORE AGE 1 YEAR OLD…..... 1
BETWEEN 2 AND 5 YEARS OLD..... 2
BETWEEN 6 AND 19 YEARS OLD..... 3
BETWEEN 20 AND 39 YEARS OLD..... 4
BETWEEN 40 AND 59 YEARS OLD..... 5
BETWEEN 60 AND 69 YEARS OLD..... 6
70 YEARS AND OLDER…….. 7
NO HEARING LOSS…… ……. 8
REFUSED……..... 77
DON'T KNOW..... 99

NEW.002 What are the main causes of {your/SP's} hearing loss?

INTERVIEWER INSTRACTION: CODE ALL THAT APPLY

HAND CARD AUQ1

GENETIC/HEREDITARY CAUSES……..... 1
EAR INFECTIONS (INCLUDING FLUID IN EARS)..... 2
EAR DISEASES (OTOSCLEROSIS, MENIERES, TUMOR)…….3
ILLNESS/INFECTIONS (MEASLES, MENINGITIS, MUMPS)… 4
DRUGS/MEDICATIONS……..... 5
HEAD OR NECK INJURY/TRAUMA…… 6
LOUD BRIEF EXPLOSIVE NOISE/SOUNDS …….. 7
NOISE EXPOSURE, LONG-TERM (MACHINERY, ETC)..... 8
AGING, GETTING OLDER..... 9
OTHER CAUSES…..... 10
SPECIFY:_____

REFUSED……..... 77
DON'T KNOW..... 99

NEW.003 {Have you/Has SP} **ever** had ear infections or ear aches?

YES..... 1
NO..... 2 (AUQ.144)
REFUSED..... 7 (AUQ.144)
DON'T KNOW..... 9 (AUQ.144)

NEW.004 {Have you/Has SP} **ever** had 3 or more ear infections or ear aches?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NEW.005 {Have you/Has SP} **ever** had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear or to treat ear infections?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

AUQ.144 A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat doctors, and trained technicians or occupational nurses. When was the last time {you/SP} had {your/his/her} hearing tested by a hearing specialist?

READ CATEGORIES IF NECESSARY

LESS THAN A YEAR AGO	1
1 YEAR TO 4 YEARS AGO	2
5 TO 9 YEARS AGO	3
TEN OR MORE YEARS AGO	4
NEVER	5
REFUSED	7
DON'T KNOW	9

NEW.006 {Do you/Does SP} **now wear or use** a hearing aid, a personal sound amplifier, or cochlear implant?

YES	1	
NO	2	(NEW.008)
REFUSED	7	(NEW.008)
DON'T KNOW	9	(NEW.008)

HELP SCREEN:
Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little "boost" in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for an individual's hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing-impaired individuals as a low-cost alternative to hearing aids.

Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.

AUQ.148 Which was it?

CODE ALL THAT APPLY

CAPI INSTRUCTION:
IF **ANY** OR **ALL** RESPONSE OPTIONS 1, 2, OR 3 ARE SELECTED, GO TO NEW.007.

A HEARING AID.....	1	
A PERSONAL SOUND AMPLIFER ……..	2	
A COCHLEAR IMPLANT.....	3	
REFUSED.....	7	(NEW.008)
DON'T KNOW.....	9	(NEW.008)

NEW.007 In the **past 2 weeks,** how often {have you/has SP} worn a {"hearing aid" and/or "personal sound amplifier" or "cochlear implant"}?

If unsure, provide {your/SP's} best estimate of the average amount of time {you have/SP} has worn your hearing aid, personal sound amplifier, or cochlear implant.

CAPI INSTRUCTION:
IF AUQ148A=1, DISPLAY "HEARING AID"
IF AUQ148B=2, DISPLAY "PERSONAL SOUND AMPLIFER"
IF AUQ148C=3, DISPLAY "COCHLEAR IMPLANT"
IF AUQ148A=1 AND AUQ148B=2, DISPLAY "HEARING AID AND/OR PERSONAL SOUND AMPLIFER"
IF AUQ148A=1 AND AUQ148C=3, DISPLAY "HEARING AID AND/OR COCHLEAR IMPLANT"
IF AUQ148B=2 AND AUQ148C=3, DISPLAY "PERSONAL SOUND AND/OR COCHLEAR IMPLANT"
IF AUQ148A=1 AND AUQ148B=2 AND AUQ148C=3, DISPLAY "HEARING AID AND/OR PERSONAL SOUND AND/OR COCHLEAR IMPLANT"

READ CATEGORIES IF NECESSARY

LESS THAN 1 HOUR A DAY.....	1
1 TO 3 HOURS A DAY.....	2
4 TO 7 HOURS A DAY.....	3
8 OR MORE HOURS PER DAY.....	4
NEVER.....	5
REFUSED.....	7
DON'T KNOW.....	9

HELP SCREEN:
Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little "boost" in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for an individual's hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing-impaired individuals as a low-cost alternative to hearing aids.

Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.

NEW.008 Have you {Has SP} **ever** used or worn a hearing aid(s) or personal sound amplifier in the past?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

AUQ.154 Because of hearing loss, {have you/Has SP} **ever** used any of the following to improve your hearing: FM systems, instant or text messages, live video streaming, amplified telephone, relay services, or a sign-language interpreter?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
This question asks about the use of “Assistive Listening Devices”, which include any device {you use/SP uses} to help {you hear/SP hears}. Some examples include:
FM system, which provides direct input to your hearing aid or another earpiece.
Instant or text messages, when used because {you have/SP has} difficulty hearing on the telephone
Live video streaming
Classroom amplification systems
Amplified telephone, which improve telephone communication through amplified volumn, loud ringers, light signalers, voice enhancers, etc.
Notification or signaling alarm system (such as a vibrating alarm clock or a light signaler for doorbell, etc.)

Relay services, in which a third party transmits messages between {you/SP} and another person
Sign language interpreter

BOX 4

CHECK ITEM AUQ.055:
IF SP AGE >=6 AND SP AGE <=15 CONTINUE.
OTHERWISE GO TO AUQ.101.

NEW.009 Has SP **ever** received Special Education or Early Intervention Services for speech-language, reading, hearing or listening skills, intellectual disability, movement or mobility difficulties (e.g., using arms or legs), or other developmental or disability problems?

YES..... 1
NO..... 2 (NEW.011)
REFUSED..... 7 (NEW.011)
DON'T KNOW..... 9 (NEW.011)

HELP SCREEN:

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.

NEW.010 Which was it?

INTERVIEWER INSTRACTION: CODE ALL THAT APPLY

HAND CARD AUQ2

SPEECH-LANGUAGE ……..…….....1
READING ……..…….....2
HEARING OR LISTENING SKILLS…….....3
INTELLECTUAL DISABILITY ……..…….....4
MOVEMENT OR MOBILITY DIFFCULTIES 5
OTHER DEVELOPMENTAL OR DISABLITY PROBLEMS.....6

REFUSED 77
DON'T KNOW 99

NEW.011 Has SP **ever** been exposed to **very loud noise or music** for **10 more hours a week for a period of 3 months or longer**?

This is noise so loud {he/she has} to shout to be understood or heard 3 feet away.

YES..... 1
NO..... 2 (END OF SECTION)
REFUSED..... 7 (END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

NEW.012 How long has SP been exposed to **very loud noise or music** for **10 more hours a week**?

This is noise so loud that {he/she has} to shout to be understood or heard 3 feet away.

READ CATEGORIES IF NECESSARY

LESS THAN 1 YEAR.....1 (END OF SECTION)
1 TO 2 YEARS.....2 (END OF SECTION)
3 TO 4 YEARS.....3 (END OF SECTION)
5 OR MORE YEARS.....4 (END OF SECTION)
REFUSED.....7 (END OF SECTION)
DON'T KNOW.....9 (END OF SECTION)

AUQ.101 How often {do you/does SP} have difficulty hearing and understanding if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...

HAND CARD AUQ3

Always,..... 1
Usually,..... 2
About half the time,..... 3
Seldom, or..... 4
Never?..... 5
REFUSED..... 7
DON'T KNOW..... 9

AUQ.110 How often does {your/SP's} hearing cause {you/him/her} to feel frustrated when talking to members of {your/his/her} family or to friends? Would you say...

HAND CARD AUQ3

Always,..... 1
Usually,..... 2
About half the time,..... 3
Seldom, or..... 4
Never?..... 5
REFUSED..... 7
DON'T KNOW..... 9

NEW.013 How often does {your/SP's} hearing cause {you/him/her} to avoid groups of people, limiting or hampering your personal or social life? Would you say…

HAND CARD AUQ3

Always,.....	1
Usually,.....	2
About half the time,.....	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	7
DON'T KNOW.....	9

NEW.014: During the **past 12 months**, {have you/has SP} had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, unsteadiness or imbalance?

Do not include times when drinking alcohol.

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

AUQ.191 In the **past 12 months**, {have you/has SP} been bothered by ringing, roaring, or buzzing in {your/his/her} ears or head **that lasts for 5 minutes or more**?

YES.....	1	
NO.....	2	(AUQ.300)
REFUSED.....	7	(AUQ.300)
DON'T KNOW.....	9	(AUQ.300)

HELP SCREEN:
Tinnitus (tin-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.

AUQ.250 How long {have you/has SP} been bothered by this ringing, roaring, or buzzing in {your/his/her} ears or head?

READ CATEGORIES IF NECESSARY

LESS THAN THREE MONTHS.....	1
THREE MONTHS TO A YEAR.....	2
1 TO 4 YEARS.....	3
5 TO 9 YEARS.....	4
TEN OR MORE YEARS.....	5
REFUSED.....	7
DON'T KNOW.....	9

AUQ.255 **In the past 12 months**, how often {have you/has SP} had this ringing, roaring, or buzzing in {your/his/her} ears or head? Would you say...

almost always,.....	1
at least once a day,.....	2
at least once a week,.....	3
at least once a month, or.....	4
less frequently than once a month?.....	5
REFUSED 7	
DON'T KNOW.....	9

AUQ.260 {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head **only** after listening to loud sounds or loud music?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

AUQ.270 {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head when going to sleep?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

AUQ.280 How much of a problem is this ringing, roaring, or buzzing in {your/his/her} ears or head? Would you say...

No problem,.....	1
A small problem,.....	2
A moderate problem,.....	3
A big problem, or.....	4
A very big problem?.....	5
REFUSED.....	7
DON'T KNOW.....	9

NEW.015 Have you ever discussed this ringing, roaring, or buzzing in your ears or head with your doctor or other health care professional?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

AUQ.300 This next question is about {your/SP's} use of firearms that {you/he/she} may have used for target shooting, hunting, for {your/his/her} job or in military service. {Have you/Has SP} ever used firearms for any reason?

YES	1	
NO	2	(AUQ.330)
REFUSED	7	(AUQ.330)
DON'T KNOW	9	(AUQ.330)

HELP SCREEN:
Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

AUQ.310 How many **total** rounds {have you/has SP} ever fired?

READ CATEGORIES IF NECESSARY

INTERVIEWER: ONE ROUND EQUALS ONE SHOT. INCLUDE TARGET SHOOTING, HUNTING, YOUR JOB AND MILITARY SERVICE.

1 TO LESS THAN 100 ROUNDS	1
100 TO LESS THAN 1000 ROUNDS	2
1000 TO LESS THAN 10,000 ROUNDS	3
10,000 TO LESS THAN 50,000 ROUNDS	4
50,000 ROUNDS OR MORE	5
REFUSED	7
DON'T KNOW	9

AUQ.320 How often {did you/did SP} wear hearing protection devices (ear plugs, ear muffs) when shooting firearms?

INTERVIEWER: PROTECTIVE HEARING DEVICES INCLUDE PLUGS AND EARMUFFS.

HAND CARD AUQ3

Always,	1
Usually,	2
About half the time,	3
Seldom, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

AUQ.330 These next questions are about noise exposure {you/SP} may have had at work.

{Have you/Has SP} **ever had a job, or combination of jobs where** {you were/s/he was} exposed to loud sounds or noise for **4 or more hours a day, several days a week**?

(Loud means so loud that {you/s/he} must speak in a raised voice to be heard.)

YES	1	
NO	2	(AUQ.370)
NEVER WORKED	3	(AUQ.370)
REFUSED	7	(AUQ.370)
DON'T KNOW	9	(AUQ.370)

AUQ.340 For how many months or years {have you/has SP} been exposed at work to loud sounds or noise for 4 or more hours a day, several days a week?

READ CATEGORIES IF NECESSARY

LESS THAN 3 MONTHS	1
3 TO 11 MONTHS	2
1 TO 2 YEARS	3
3 TO 4 YEARS	4
5 TO 9 YEARS	5
10 TO 14 YEARS	6
15 OR MORE YEARS	7
REFUSED	77
DON'T KNOW	99

AUQ.350 In {your/SP's} work {were you/was he/was she} exposed to **very loud noise**? (**Very loud noise** is noise that is so loud {you have/he has/she has} to shout in order to be understood by someone standing 3 feet away from {you/him/her}.)

YES	1	
NO	2	(AUQ.370)
REFUSED	7	(AUQ.370)
DON'T KNOW	9	(AUQ.370)

AUQ.360 This next question is about {your/SP's} work in jobs where there was **very loud noise** for 4 or more hours a day, several days a week.

Please give me the total number of months or years for all jobs where this has happened.

READ CATEGORIES IF NECESSARY

LESS THAN 3 MONTHS	1
3 TO 11 MONTHS	2
1 TO 2 YEARS	3
3 TO 4 YEARS	4
5 TO 9 YEARS	5
10 TO 14 YEARS	6
15 OR MORE YEARS	7
NOT EXPOSED	8
REFUSED	77
DON'T KNOW	99

AUQ.370 **Outside of a job,** {have you/has SP} **ever** been exposed to **very loud noise or music** for **10 or more hours a week**? This is noise so loud that {you have/s/he has} to shout to be **understood or heard 3 feet away**. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, motor boats or loud music.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NEW.016 How long {have you/has SP} been exposed to **very loud noise or music** for **10 more hours a week**?

This is noise so loud that {you have/s/he has} to shout to be understood or heard 3 feet away.

READ CATEGORIES IF NECESSARY

LESS THAN 1 YEAR	1
1 TO 2 YEARS	2
3 TO 4 YEARS	3
5 OR MORE YEARS	4
REFUSED	7
DON'T KNOW	9

AUQ.380 **In the past 12 months, how often** did {you/SP} wear hearing protection devices (ear plugs, ear muffs) when exposed to very loud sounds or noise?

Note: Please include both on the job and off the job exposures.

HAND CARD AUQ4

ALWAYS	1
USUALLY	2
ABOUT HALF THE TIME	3
SELDOM	4
NEVER	5
NO NOISE EXPOSURE PAST 12 MONTHS.	6
REFUSED	77
DON'T KNOW	99

3.15 DERMATOLOGY (DEQ)

DERMATOLOGY – DEQ
Target Group: SPs 20-59

DEQ.031 Next are some general questions about {your/SP's} skin.

If after several months of not being in the sun, {you/SP} **then** went out in the sun without sunscreen or protective clothing for **a half hour**, which one of these would happen to {your/his/her} skin?

HAND CARD DEQ1

GET A SEVERE SUNBURN WITH BLISTERS	1	
A SEVERE SUNBURN FOR A FEW DAYS WITH PEELING	2	
MILDLY BURNED WITH SOME TANNING…	3	
TURNING DARKER WITHOUT A SUNBURN	4	
NOTHING WOULD HAPPEN IN HALF AN HOUR	5	
OTHER	6	
REFUSED	77	
DON'T KNOW	99	

HELP SCREEN:
Sun Exposure: If respondent says that it would depend on the time of year or on the UV rating, probe for "in general" or "on average".

DEQ.034 a/c/d When {you go/SP goes} outside on a very sunny day, for **more** than one hour, how often {do you/does SP} . . .

HAND CARD DEQ2

a. Stay in the shade? Would you say . . .

always,	1	
most of the time,	2	
sometimes,	3	
rarely, or	4	
never?	5	
DON'T GO OUT IN THE SUN	6	(DEQ.038)
REFUSED	77	
DON'T KNOW	99	

c. Wear a long sleeved shirt? Would you say . . .

always,	1	
most of the time,	2	
sometimes,	3	
rarely, or	4	
never?	5	
REFUSED	7	
DON'T KNOW	9	

d. Use sunscreen? Would you say . . .

always,.....	1	
most of the time,.....	2	
sometimes,.....	3	
rarely, or.....	4	
never?.....	5	(DEQ.038)
REFUSED.....	7	(DEQ.038)
DON'T KNOW.....	9	(DEQ.038)

DEQ.038 G/Q How many times in the **past year** {have you/has SP} had a sunburn?

|___|

ENTER NUMBER.....	1	
NEVER.....	2	(DEQ.120)
REFUSED.....	7	(DEQ.120)
DON'T KNOW.....	9	(DEQ.120)

|___|___|___|
ENTER NUMBER OF TIMES

REFUSED.....77777
DON'T KNOW.....99999

CAPI INSTRUCTION:
BUILD HARD EDITS AS 1-365.

DEQ.120 G/Q/U

The next questions ask about the time you spent outdoors during the past 30 days. By outdoors, I mean outside and not under any shade.

How much time did you usually spend outdoors between 9 in the morning and 5 in the afternoon **on the days that you worked or went to school**?

PROBE IF NEEDED: I am only interested in the amount of time you spent outdoors between 9 in the morning and 5 in the afternoon.

|___|
ENTER AMOUNT OF TIME
(IN MINUTES OR HOURS)..... 1
NO TIME SPENT OUTDOORS..... 2 (DEQ.125)
DOES NOT WORK OR GO TO SCHOOL..... 3 (DEQ.125)
REFUSED..... 7 (DEQ.125)
DON'T KNOW..... 9 (DEQ.125)
|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

HARD EDIT: The value entered cannot exceed 8 hours or 480 minutes.
REFUSED.....77777 (DEQ.125)
DON'T KNOW.....99999 (DEQ.125)

ENTER UNIT

|___|
MINUTES..... 1
HOURS..... 2
REFUSED..... 7
DON'T KNOW..... 9

DEQ.125 G/Q/U During the past 30 days, how much time did you usually spend outdoors between 9 in the morning and 5 in the afternoon **on the days when you were not working or going to school**?

|___|
ENTER AMOUNT OF TIME
(IN MINUTES OR HOURS)..... 1
NO TIME SPENT OUTDOORS..... 2 (END OF SECTION)
AT WORK OR SCHOOL
9 TO 5 SEVEN DAYS A WEEK..... 3 (END OF SECTION)
REFUSED..... 7 (END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)
|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

HARD EDIT: The value entered cannot exceed 8 hours or 480 minutes.
REFUSED.....77777 (END OF SECTION)
DON'T KNOW.....99999 (END OF SECTION)

ENTER UNIT

|___|
MINUTES..... 1
HOURS..... 2
REFUSED..... 7
DON'T KNOW..... 9

3.16 ORAL HEALTH (OHQ)

ORAL HEALTH – OHQ
Target Group: SPs 1+

OHQ.030 The next questions are about {your/SP's} teeth and gums.

About how long has it been since {you/SP} **last** visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

6 MONTHS OR LESS	1	
MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO	2	
MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO	3	
MORE THAN 2 YEARS, BUT NOT MORE THAN 3 YEARS AGO	4	
MORE THAN 3 YEARS, BUT NOT MORE THAN 5 YEARS AGO	5	
MORE THAN 5 YEARS AGO	6	
NEVER HAVE BEEN	7	(BOX 0)
REFUSED	77	
DON'T KNOW	99	

HELP SCREEN:
Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

OHQ.033 What was the main reason {you/SP} **last** visited the dentist?

HAND CARD OHQ1

WENT IN ON OWN FOR CHECK-UP, EXAMINATION OR CLEANING	1
WAS CALLED IN BY THE DENTIST FOR CHECK-UP, EXAMINATION OR CLEANING	2
SOMETHING WAS WRONG, BOTHERING OR HURTING {ME/SP}	3
WENT FOR TREATMENT OF A CONDITION THAT DENTIST DISCOVERED AT EARLIER CHECK-UP OR EXAMINATION	4
OTHER	5
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Cleaning (Dental): Refers to activities performed by a dentist or dental hygienist to maintain healthy teeth and prevent cavities. Cleaning includes scraping tartar deposits off teeth, both above and below the gumline.

Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

OHQ.770 During the past 12 months, was there a time when {you/SP} needed dental care but could not get it at that time?

YES	1	
NO	2	(BOX 0)
REFUSED	7	(BOX 0)
DON'T KNOW	9	(BOX 0)

OHQ.780 What were the reasons that {you/SP} could not get the dental care {you/she/he} needed?

CODE ALL THAT APPLY

HAND CARD OHQ2

COULD NOT AFFORD THE COST..... 10
DID NOT WANT TO SPEND THE MONEY… 11
INSURANCE DID NOT COVER
RECOMMENDED PROCEDURES..... 12
DENTAL OFFICE IS TOO FAR AWAY..... 13
DENTAL OFFICE IS NOT OPEN AT
CONVENIENT TIMES..... 14
ANOTHER DENTIST RECOMMENDED
NOT DOING IT..... 15
AFRAID OR DO NOT LIKE DENTISTS..... 16
UNABLE TO TAKE TIME OFF FROM
WORK..... 17
TOO BUSY..... 18
I DID NOT THINK ANYTHING SERIOUS
WAS WRONG/EXPECTED DENTAL
PROBLEMS TO GO AWAY..... 19
OTHER..... 20
REFUSED..... 77
DON'T KNOW..... 99

BOX 0

CHECK ITEM OHQ.550:
IF SP AGE <3, GO TO OHQ.845
IF SP AGE 3-15, CONTINUE.
ELSE IF SP AGE 16+ and OHQ.030 = 1 or 2, GO TO OHQ.610.
ELSE GO TO BOX 2.

OHQ.555 G/Q/U We would like you to think of the time when {SP} started brushing {his/her} teeth either with your help or alone. At what age did {SP} start brushing {his/her} teeth?

|____|

ENTER AGE	1	
HAS NOT STARTED BRUSHING TEETH	2	(OHQ.566)
REFUSED	7	(OHQ.566)
DON'T KNOW	9	(OHQ.566)

|___|___|

ENTER AGE IN MONTHS OR YEARS

REFUSED	7777	(OHQ.566)
DON'T KNOW	9999	(OHQ.566)

ENTER UNIT

MONTHS	1
YEARS	2

CAPI INSTRUCTION:
SOFT EDIT: OHQ.555 >SP'S AGE
ERROR MESSAGE: 'AGE STARTED BRUSHING TEETH CANNOT BE OLDER THAN SP'S CURRENT AGE.'

OHQ.560 G/Q/U At what age did {SP} start using toothpaste?

|____|

ENTER AGE	1	
HAS NEVER USED TOOTHPASTE	2	(OHQ.566)
REFUSED	7	(OHQ.566)
DON'T KNOW	9	(OHQ.566)

|___|___|

ENTER AGE IN MONTHS OR YEARS

REFUSED	7777	(OHQ.566)
DON'T KNOW	9999	(OHQ.566)

ENTER UNIT

MONTHS	1
YEARS	2

CAPI INSTRUCTION:
SOFT EDIT: OHQ.560 >SP'S AGE
ERROR MESSAGE: 'AGE STARTED USING TOOTHPASTE CANNOT BE OLDER THAN SP'S CURRENT AGE.'

OHQ.566 Has {SP} ever received prescription fluoride drops or fluoride tablets?

YES	1	
NO	2	(BOX 1)
REFUSED	7	(BOX 1)
DON'T KNOW	9	(BOX 1)

OHQ.571 Q/U How old in months or years was {SP} when {he/she} started taking prescription fluoride drops or fluoride tablets?

|___|___|
ENTER AGE IN MONTHS OR YEARS

REFUSED	7777	(BOX 1)
DON'T KNOW	9999	(BOX 1)

ENTER UNIT

MONTHS	1
YEARS	2

CAPI INSTRUCTION:
SOFT EDIT: OHQ.571 >SP'S AGE
ERROR MESSAGE: 'AGE STARTED TAKING FLUORIDE DROPS OR FLUORIDE TABLETS CANNOT BE OLDER THAN SP'S CURRENT AGE.'

OHQ.576 G/Q/U How old in months or years was {SP} when {he/she} stopped taking prescription fluoride drops or fluoride tablets?

|____|
ENTER AGE..... 1
STILL TAKING FLUORIDE DROPS OR TABLETS..... 2 (BOX 1)
REFUSED..... 7 (BOX 1)
DON'T KNOW..... 9 (BOX 1)

|___|___|

ENTER AGE IN MONTHS OR YEARS
REFUSED.....7777 (BOX 1)
DON'T KNOW.....9999 (BOX 1)

ENTER UNIT

MONTHS..... 1
YEARS..... 2

CAPI INSTRUCTION:
SOFT EDIT: OHQ.576 >SP'S AGE
ERROR MESSAGE: 'AGE STOPPED TAKING FLUORIDE DROPS OR TABLETS CANNOT BE OLDER THAN SP'S CURRENT AGE.'

IF 'STILL TAKING FLUORIDE DROPS OR TABLETS SELECTED, FILL OHQ.576 Q/U WITH CURRENT AGE AND GO TO BOX 1.'

SOFT EDIT: OHQ.575 LESS THAN OHQ.571
ERROR MESSAGE: 'AGE STOPPED TAKING FLUORIDE DROPS OR TABLETS CANNOT BE YOUNGER THAN AGE WHEN STARTED.'

BOX 1

CHECK ITEM OHQ.592:
IF SP AGE 3-15, GO TO OHQ.845.

OHQ.610 In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about…

… the benefits of giving up cigarettes or other types of tobacco to improve {your/SP's} dental health?

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

OHQ.612 (In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about…)

… the dental health benefits of checking {your/his/her} blood sugar?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

OHQ.614 (In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about…)

… the importance of examining {your/his/her} mouth for oral cancer?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 2

CHECK ITEM OHQ.616:

IF SP AGE 16-29, GO TO OHQ.845.

IF SP AGE 30+, CONTINUE.

OHQ.620 How often during the last year {have you/has SP} had painful aching anywhere in {your/his/her} mouth? Would you say . . .

HAND CARD OHQ3

Very often,	1
Fairly often,	2
Occasionally,	3
Hardly ever, or	4
Never?	5
REFUSED	7
DON'T KNOW	9

OHQ.640 How often during the last year {have you/has SP} had difficulty doing {your/his/her} usual jobs or attending school because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ3

Very often,.....	1
Fairly often,.....	2
Occasionally,.....	3
Hardly ever, or.....	4
Never?.....	5
REFUSED.....	7
DON'T KNOW.....	9

OHQ.680 How often during the last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her} teeth, mouth or dentures? Would you say . ..

HAND CARD OHQ3

Very often,.....	1
Fairly often,.....	2
Occasionally,.....	3
Hardly ever, or.....	4
Never?.....	5
REFUSED.....	7
DON'T KNOW.....	9

OHQ.835 The next questions will ask about the condition of {your/SP's} teeth and some factors related to gum health.

Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease?

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

OHQ.845 Overall, how would {you/SP} rate the health of {your/his/her} teeth and gums? Would you say . . .

Excellent,.....	1
Very good,.....	2
Good,.....	3
Fair, or.....	4
Poor?.....	5
REFUSED.....	7
DON'T KNOW.....	9

BOX 3

CHECK ITEM OHQ.846:

IF SP AGE 3-19, CONTINUE.

IF SP AGE >= 30, GO TO OHQ.850.

OTHERWISE, GO TO END OF SECTION.

OHQ.848 G/Q How many times {do you/does SP} brush (your/his/her} teeth in one day?

|___|

ENTER NUMBER	1	
CHILD DOES NOT BRUSH YET	2	(END OF SECTION)
DOES NOT BRUSH EVERY DAY	3	(OHQ.849)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

|___|

1 TIME	01	
2 TIMES	02	
3 TIMES	03	
4 TIMES	04	
5 TIMES	05	
6 TIMES	06	
7 TIMES	07	
8 TIMES	08	
9 OR MORE TIMES	09	
REFUSED	77	(END OF SECTION)
DON'T KNOW	99	(END OF SECTION)

OHQ.849 On average, how much toothpaste {do you/does SP} use when brushing {your/his/her} teeth?

HAND CARD OHQ4

FULL LOAD	1	(END OF SECTION)
HALF LOAD	2	(END OF SECTION)
PEA SIZE	3	(END OF SECTION)
SMEAR	4	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

OHQ.850 {Have you/Has SP} ever had treatment for gum disease such as scaling and root planing, sometimes called deep cleaning?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

OHQ.860 {Have you/Has SP} ever been told by a dental professional that {you/s/he} lost bone around {your/his/her} teeth?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

OHQ.870 Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use dental floss or any other device to clean between {your/his/her} teeth?

HARD EDIT 0-7.

INTERVIEWER INSTRUCTION: CODE '0' IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES. PLEASE DO NOT PUT INFORMATION ABOUT NO TEETH IN THE COMMENTS.

|___|
ENTER NUMBER OF DAYS

REFUSED	77	
DON'T KNOW	99	

OHQ.880 {Have you/Has SP} ever had an exam for oral cancer in which the doctor or dentist pulls on {your/his/her} tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

OHQ.895 When did {you/SP} have {your/his/her} most recent oral or mouth cancer exam? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?

Within past year	1	
Between 1 and 3 years ago	2	
Over 3 years ago	3	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

OHQ.900 What type of health care professional performed {your/SP's} most recent oral cancer exam?

Doctor/physician	1
Nurse/nurse practitioner	2
Dentist (include oral surgeons)	3
Dental Hygienist	4
Other	5
REFUSED	7
DON'T KNOW	9

3.17 PHYSICAL ACTIVITY AND PHYSICAL FITNESS (PAQ)

PHYSICAL ACTIVITY AND PHYSICAL FITNESS – PAQ

Target Group: SPs 2+

BOX 1

CHECK ITEM PAQ.700:

IF SP AGE 2-11 or 16-17, GO TO PAQ706.

IF SP AGE <2 OR SP 12-15, GO TO NEXT SECTION.

IF SP AGE 18+, CONTINUE.

PAQ.605 Next I am going to ask you about the time {you spend/SP spends} doing different types of physical activity in a typical week.

Think first about the time {you spend/he spends/she spends} doing work. Think of work as the things that {you have/he has/she has} to do such as paid or unpaid work, household chores, and yard work.

Does {your/SP's} work involve **vigorous**-intensity activity that causes **large increases** in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for **at least 10 minutes continuously**?

YES	1
NO	2(PAQ.620)
REFUSED	7(PAQ.620)
DON'T KNOW	9 (PAQ.620)

PAQ.610 In a typical week, on how many days {do you/does SP} do **vigorous**-intensity activities as part of {your/his/her} work?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES IN THIS QUESTION.

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED .....77(PAQ.620)
DON'T KNOW..... 99 (PAQ.620)

PAQ.615 How much time {do you/does SP} spend doing **vigorous**-intensity activities at work on a typical day?

Q/U

PROBE IF NEEDED: Think about a typical day when {you do/he does/she does} vigorous-intensity activities during {your/his/her} work.

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: ≥24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|___|___|___|

ENTER NUMBER OF MINUTES OR HOURS

REFUSED .....777(PAQ.620)

DON'T KNOW..... 999 (PAQ.620)

ENTER UNIT

MINUTES 1

HOURS 2

PAQ.620 Does {your/SP's} work involve **moderate**-intensity activity that causes **small increases** in breathing or heart rate such as brisk walking or carrying light loads for **at least 10 minutes continuously**?

YES 1

NO .....2(PAQ.635)

REFUSED .....7(PAQ.635)

DON'T KNOW..... 9 (PAQ.635)

PAQ.625 In a typical week, on how many days {do you/does SP} do **moderate**-intensity activities as part of {your/his/her} work?

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED .....77(PAQ.635)
DON'T KNOW..... 99 (PAQ.635)

PAQ.630 How much time {do you/does SP} spend doing **moderate**-intensity activities at work on a typical day?

Q/U

PROBE IF NEEDED: Think about a typical day when {you do/he does/she does} moderate-intensity activities during {your/his/her} work.

PROBE IF NEEDED: Moderate-intensity activity causes small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

INTERVIEWER: REMEMBER, WE ARE ONLY ASKING ABOUT WORK AND CHORES.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY ACTIVITIES AT WORK ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: ≥24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|___|___|___|

ENTER NUMBER OF MINUTES OR HOURS

REFUSED .....777(PAQ.635)

DON'T KNOW..... 999 (PAQ.635)

ENTER UNIT

MINUTES 1

HOURS 2

REFUSED 7

DON'T KNOW..... 9

PAQ.635 The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way {you travel/SP travels} to and from places. For example to work, for shopping, to school.

In a typical week {do you/does SP} walk or use a bicycle for **at least 10 minutes continuously** to get to and from places?

YES 1

NO .....2(PAQ.650)

REFUSED .....7(PAQ.650)

DON'T KNOW..... 9 (PAQ.650)

PAQ.640 In a typical week, on how many days {do you/does SP} walk or bicycle for **at least 10 minutes continuously** to get to and from places?

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED..... 77(PAQ.650)
DON'T KNOW..... 99(PAQ.650)

PAQ.645 How much time {do you/does SP} spend walking or bicycling for travel on a typical day?
Q/U

PROBE IF NEEDED: Think about a typical day when {you walk or bicycle/SP walks or bicycles} for travel.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS WALKING OR BICYCLING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: ≥24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|___|___|___|
ENTER NUMBER OF MINUTES OR HOURS

REFUSED .....777(PAQ.650)
DON'T KNOW..... 999 (PAQ.650)

ENTER UNIT

MINUTES 1
HOURS 2
REFUSED 7
DON'T KNOW..... 9

PAQ.650 The next questions exclude the work and transportation activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.

In a typical week {do you/does SP} do any **vigorous**-intensity sports, fitness, or recreational activities that cause **large increases** in breathing or heart rate like running or basketball for **at least 10 minutes continuously**?

YES 1
NO .....2(PAQ.665)
REFUSED .....7(PAQ.665)
DON'T KNOW..... 9 (PAQ.665)

PAQ.655 In a typical week, on how many days {do you/does SP} do **vigorous**-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Vigorous-intensity activity causes large increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

HARD EDIT: 1-7.
ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED .....77(PAQ.665)
DON'T KNOW..... 99 (PAQ.665)

PAQ. 660 Q/U How much time {do you/does SP} spend doing **vigorous**–intensity sports, fitness or recreational activities on a typical day?

PROBE IF NEEDED: Think about a typical day when {you do/SP does} vigorous-intensity sports, fitness or recreational activities.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING VIGOROUS-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: ≥24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|___|___|___|

ENTER NUMBER OF MINUTES OR HOURS

REFUSED .....777(PAQ.665)
DON'T KNOW..... 999 (PAQ.665)

ENTER UNIT

MINUTES 1
HOURS 2
REFUSED 7
DON'T KNOW..... 9

PAQ.665 In a typical week {do you/does SP} do any **moderate**-intensity sports, fitness, or recreational activities that cause a **small increase** in breathing or heart rate such as brisk walking, bicycling, swimming, or golf for **at least 10 minutes continuously**?

YES 1
NO .....2(PAQ.680)
REFUSED .....7(PAQ.680)
DON'T KNOW..... 9 (PAQ.680)

PAQ.670 In a typical week, on how many days {do you/does SP} do **moderate**-intensity sports, fitness or recreational activities?

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

HARD EDIT: 1-7.

ERROR MESSAGE: THE NUMBER OF DAYS SHOULD BE BETWEEN 1 AND 7.

|___|___|
ENTER NUMBER OF DAYS

REFUSED .....77(PAQ.680)
DON'T KNOW..... 99 (PAQ.680)

PAQ. 675 Q/U

How much time {do you/does SP} spend doing **moderate**-intensity sports, fitness or recreational activities on a typical day?

PROBE IF NEEDED: Think about a typical day when {you do/SP does} moderate-intensity sports, fitness or recreational activities.

PROBE IF NEEDED: Moderate-intensity sports, fitness or recreational activities cause small increases in breathing or heart rate and is done for at **least 10 minutes continuously**.

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: ≥24 HOURS.

HARD EDIT: <10 MINUTES.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

|___|___|___|

ENTER NUMBER OF MINUTES OR HOURS

REFUSED .....777(PAQ.680)

DON'T KNOW..... 999 (PAQ.680)

ENTER UNIT

MINUTES 1

HOURS 2

REFUSED 7

DON'T KNOW..... 9

PAQ. 680 Q/U

The following question is about sitting at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.

How much time {do you/does SP} usually spend sitting on a typical day?

|___|___|___|
ENTER NUMBER OF MINUTES OR HOURS

REFUSED .....777(BOX 2)
DON'T KNOW..... 999 (BOX 2)

ENTER UNIT

MINUTES 1
HOURS 2
REFUSED 7
DON'T KNOW..... 9

SOFT EDIT: 18 HOURS OR MORE.
ERROR MESSAGE: PLEASE VERIFY TIMES OF 18 HOURS OR MORE.

HARD EDIT: 24 HOURS OR MORE.
ERROR MESSAGE: THE TIME SHOULD BE LESS THAN 24 HOURS.

BOX 2

CHECK ITEM PAQ.720:
IF SP AGE 18+, GO TO NEXT SECTION.

PAQ.706 Now I'd like to ask you some questions about {your/SP's} activities.

During the **past 7 days**, on how many days {were you/was SP} physically active for a total of **at least 60 minutes per day**? Add up all the time {you/he/she} spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time.

0 days	0
1 day	1
2 days	2
3 days	3
4 days	4
5 days	5
6 days	6
7 days	7
REFUSED	77
DON'T KNOW	99

PAQ.710 Now I will ask you first about TV watching and then about computer use.

Over the past 30 days, on average how many **hours per day** did {you/SP} sit and watch TV or videos? Would you say . . .

less than 1 hour,	0
1 hour,	1
2 hours,	2
3 hours,	3
4 hours,	4
5 hours or more, or	5
{You do/SP does} not watch TV or videos.	8
REFUSED	77
DON'T KNOW	99

PAQ.715 Over the past 30 days, on average how many **hours per day** did {you/SP} use a computer or play computer games outside of school? Include time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the internet. Would you say . . .

less than 1 hour,.....	0
1 hour, ...1	
2 hours, ...2	
3 hours, ...3	
4 hours, ...4	
5 hours or more, or.....	5
{You do/SP does} not use a computer outside of work or school.....	8
REFUSED 77	
DON'T KNOW.....	99

HELP SCREEN:

If the SP watches T.V. or video at the same time as working on the computer, count this time as watching T.V. or video.

3.18 SLEEP DISORDERS (SLQ)

SLEEP DISORDERS – SLQ
Target Group: 16+

SLQ.300 The next set of questions is about {your/SP's} sleep and work behavior.

What time {do you/does SP} usually fall asleep on weekdays or workdays?

|__|__| : |__|__| ENTER AM OR PM
HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED.
INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 **AM**.

REFUSED.....	77777777
DON'T KNOW.....	99999999

SLQ.310 What time {do you/does SP} usually wake up on weekdays or workdays?

|__|__| : |__|__| ENTER AM OR PM
HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED.
INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM.

REFUSED..... 77777777
DON'T KNOW..... 99999999

CAPI INSTRUCTION:
SOFT EDIT: LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP. IF SLQ.300 OR 310 IS DK OR RF, DO NOT APPLY SOFT EDIT.
ERROR MESSAGE: PLEASE VERIFY SLEEP TIMES OF LESS THAN 4 HOURS OR MORE THAN 12 HOURS.

SLQ.new1 What time {do you/does SP} usually fall asleep on weekends or non-workdays?

|__|__| : |__|__| ENTER AM OR PM
HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED.
INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE “MIDNIGHT” CODE AS 12:00 **AM**.

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT FALLS ASLEEP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.300.

REFUSED..... 77777777
DON'T KNOW..... 99999999

SLQ.new 2 What time {do you/does SP} usually wake up on weekends or non-workdays?

|__|__| : |__|__| ENTER AM OR PM
HH MM

INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED.
INTERVIEWER INSTRUCTION: ENTER TIME AS HH:MM AM OR PM.

REFUSED..... 77777777
DON'T KNOW..... 99999999

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENTS WAKES UP TIME IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS SLQ.310.

CAPI INSTRUCTION:
SOFT EDIT: LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP. IF SLQ.300 OR 310 IS DK OR RF, DO NOT APPLY SOFT EDIT.
ERROR MESSAGE: PLEASE VERIFY SLEEP TIMES OF LESS THAN 4 HOURS OR MORE THAN 12 HOURS.

SLQ.030 **In the past 12 months,** how often did {you/SP} snore while {you were/s/he was} sleeping?

INTERVIEWER INSTRUCTION: IF R SAYS "DON'T KNOW", PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE.

Never,..... 0
Rarely – 1-2 nights a week,..... 1
Occasionally – 3-4 nights a week, or..... 2
Frequently – 5 or more nights a week?..... 3
REFUSED..... 7
DON'T KNOW..... 9

SLQ.040 **In the past 12 months,** how often did {you/SP} snort, gasp, or stop breathing while {you were/s/he was} asleep?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT ASKS "HOW WOULD I KNOW IF I SNORT, GASP OR STOP BREATHING WHEN I AM SLEEPING? PROBE IF ANYONE TOLD THEM THAT THEY DO THIS.

Never,..... 0
Rarely – 1-2 nights a week,..... 1
Occasionally – 3-4 nights a week, or..... 2
Frequently – 5 or more nights a week?..... 3
REFUSED..... 7
DON'T KNOW..... 9

SLQ.050 {Have **you**/Has SP} **ever told** a doctor or other health professional that {you have/s/he has} trouble sleeping?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SLQ.120 **In the past month,** how often did {you/SP} feel excessively or overly sleepy during the day?

HAND CARD SLQ1

NEVER	0
RARELY – 1 TIME A MONTH	1
SOMETIMES – 2-4 TIMES A MONTH	2
OFTEN – 5-15 TIMES A MONTH	3
ALMOST ALWAYS – 16-30 TIMES A MONTH	4
REFUSED	7
DON'T KNOW	9

3.19 DIET BEHAVIOR & NUTRITION (DBQ)

DIET BEHAVIOR AND NUTRITION – DBQ
Target Group: SPs Birth + (Questions grouped by age categories)

BOX 1

CHECK ITEM DBQ.005:
IF SP AGE <= 6, CONTINUE.
OTHERWISE, GO TO BOX 2.

DBQ.010 Now I'm going to ask you some general questions about {SP's} eating habits.

Was {SP} ever breastfed or fed breastmilk?

YES	1	
NO	2	(DBQ.041)
REFUSED	7	(DBQ.041)
DON'T KNOW	9	(DBQ.041)

DBQ.030 How old was {SP} when {he/she} **completely stopped** breastfeeding or being fed breastmilk?
G/Q/U

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.
HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|___|
ENTER NUMBER..... 1
STILL BREASTFEEDING..... 2 (DBQ.041)
REFUSED..... 7 (DBQ.041)
DON'T KNOW..... 9 (DBQ.041)

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED.....777777 (DBQ.041)
DON'T KNOW.....999999 (DBQ.041)

ENTER UNIT

|___|
DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.041 How old was {SP} when {he/she} was **first** fed formula?
G/Q/U

|___|
ENTER NUMBER..... 1
NEVER 2 (DBQ.055)
REFUSED 7 (DBQ.050)
DON'T KNOW 9 (DBQ.050)

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.
HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED 777777 (DBQ.050)
DON'T KNOW 999999 (DBQ.050)

ENTER UNIT

|___|
DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.050 How old was {SP} when {he/she} **completely stopped** drinking formula?
G/Q/U

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.
HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|___|
ENTER NUMBER..... 1
STILL DRINKING FORMULA..... 2 (DBQ.055)
REFUSED..... 7 (DBQ.055)
DON'T KNOW..... 9 (DBQ.055)

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED.....777777 (DBQ.055)
DON'T KNOW.....999999 (DBQ.055)

ENTER UNIT

|___|
DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.055 G/Q/U

This next question is about the first thing that {SP} was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that {SP} might have been given, even water.

How old was {SP} when {he/she} was first fed anything other than breast milk or formula?

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.
HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

INTERVIEWER INSTRUCTION:
DO NOT COUNT MEDICATIONS, VITAMIN DROPS, OR SMALL AMOUNT OF WATER THAT WAS USED FOR ORAL HYGIENE PURPOSES.

|___|
ENTER NUMBER..... 1
NEVER..... 2 (BOX 2)
REFUSED..... 7 (BOX 2)
DON'T KNOW..... 9 (BOX 2)

|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED.....777777 (DBQ.061)
DON'T KNOW.....999999 (DBQ.061)

ENTER UNIT

|___|
DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.061 How old was {SP} when {he/she} was first fed **milk**?
G/Q/U

INCLUDE LACTAID AS MILK.
DO NOT INCLUDE BREASTMILK OR FORMULA.

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.
HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|___|
ENTER NUMBER..... 1
NEVER..... 2 (BOX 2)
REFUSED..... 7 (DBQ.073)
DON'T KNOW..... 9 (DBQ.073)

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

REFUSED.....777777 (DBQ.073)
DON'T KNOW.....999999 (DBQ.073)

ENTER UNIT

|___|
DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

HELP SCREEN:
Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

Formula: A milk mixture or milk substitute that is fed to babies.

DBQ.073 What type of milk was {SP} **first** fed? Was it . . .

CODE ALL THAT APPLY

whole or regular,.....	10
2% fat or reduced-fat milk,.....	11
1% fat or low-fat milk (includes 0.5% fat milk or “low-fat milk” not further specified),..	12
fat-free, skim or nonfat milk,.....	13
soy milk, or.....	14
another type?.....	30
REFUSED.....	77
DON'T KNOW.....	99

HELP SCREEN:
Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

BOX 2

CHECK ITEM DBQ.085:
IF SP AGE >= 16, CONTINUE.
IF SP AGE <16 BUT >= 1, GO TO DBQ.197.
OTHERWISE, GO TO FSQ.653.

DBQ.700 Next I have some questions about {your/SP’s} eating habits.

In general, how healthy is {your/his/her} overall diet? Would you say . . .

excellent,.....	1
very good,.....	2
good,.....	3
fair, or.....	4
poor?.....	5
REFUSED.....	7
DON'T KNOW.....	9

BOX 3

OMITTED

BOX 4

OMITTED

DBQ.197 {Next I have some questions about {SP's} eating habits.}

{First/Next}, I'm going to ask a few questions about **milk products**. Do not include their use in cooking.

In the **past 30 days**, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say . . .

HAND CARD DBQ1

CAPI INSTRUCTION:
THIS SHOULD **NOT** BE A GATE QUESTION ANYMORE.
CAPI DISPLAY INSTRUCTIONS: IF SP AGE 7-15 YEARS OLD, DISPLAY "{Next I have some questions about {SP's} eating habits.} First, I'm going to ask about milk products. Do not include their use in cooking." IF SP AGE <= 6 OR => 16 YEARS OLD, DISPLAY "Next I'm going to ask a few questions about milk products. Do not include their use in cooking."

never,.....	0	(BOX 6)
rarely – less than once a week,.....	1	
sometimes – once a week or more, but less than once a day, or.....	2	
often – once a day or more?.....	3	
VARIED.....	4	
REFUSED.....	7	(BOX 6)
DON'T KNOW.....	9	(BOX 6)

DBQ.223 What type of milk was it? Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY.

whole or regular,.....	10
2% fat or reduced-fat milk,.....	11
1% fat or low-fat milk (includes 0.5% fat milk or "low-fat milk" not further specified),..	12
fat-free, skim or nonfat milk,.....	13
soy milk, or.....	14
another type?.....	30
REFUSED.....	77
DON'T KNOW.....	99

HELP SCREEN:
Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

BOX 6

CHECK ITEM DBQ.225:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO BOX 9.

DBQ.229 The next question is about **regular** milk use.

A regular milk drinker is someone who uses any type of milk at **least 5 times a week**. Using this definition, which statement best describes {you/SP}?

HAND CARD DBQ2

{I've/He's/She's} been a **regular** milk drinker for **most** or **all** of {my/his/her} life, including {my/his/her} childhood.....	1	
{I've/He's/She's} **never** been a **regular** milk drinker.....	2	(BOX 8A)
{My/His/Her} milk drinking has **varied** over {my/his/her} life – sometimes {I've/he's/she's} been a **regular** milk drinker and sometimes {I have/he has/she has} **not** been a regular milk drinker.....	3	
REFUSED.....	7	(BOX 8A)
DON'T KNOW.....	9	(BOX 8A)

DBQ.235 a/b/c Now, I'm going to ask you how often {you/SP} drank **milk** at different times in {your/his/her} **life**.

How often did {you/SP} drink any type of milk, including milk added to cereal, when {you were/s/he was} . . .

HAND CARD DBQ3

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD.

CAPI INSTRUCTION:
THESE (A-C) SHOULD **NOT** BE GATE QUESTIONS ANYMORE.

a. **a child between the ages of 5 and 12 years old? Would you say. . .**

never,.....	0
rarely – less than once a week,.....	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more?.....	3
VARIED.....	4
REFUSED.....	7
DON'T KNOW.....	9

b. **a teenager between the ages of 13 and 17 years old**? **Would you say . . .**

never,.....	0
rarely – less than once a week,.....	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more?.....	3
VARIED.....	4
REFUSED.....	7
DON'T KNOW.....	9

c. **a young adult between the ages of 18 and 35 years old**? **Would you say . . .**

never,.....	0
rarely – less than once a week,.....	1
sometimes – once a week or more, but less than once a day, or.....	2
often – once a day or more?.....	3
VARIED.....	4
REFUSED.....	7
DON'T KNOW.....	9

BOX 8A

CHECK ITEM DBQ.265A:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO BOX 15.

DBQ.301 The next questions are about meals provided by community or government programs.

In the **past 12 months**, did {you/SP} receive any meals **delivered** to {your/his/her} home from community programs, "Meals on Wheels", or any other programs?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.330 In the **past 12 months**, did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 8B

CHECK ITEM DBQ.335:
GO TO BOX 15.

BOX 9

CHECK ITEM DBQ.355:
IF SP AGE 4-19, CONTINUE.
OTHERWISE, GO TO BOX 14.

DBQ.360 During the **school year**, {do you/does SP} attend a kindergarten, grade school, junior or high school?

INTERVIEWER INSTRUCTION: ENTER 'NO' IF THE SP IS HOME SCHOOLED.

YES	1	
NO	2	(BOX 14)
REFUSED	7	(BOX 14)
DON'T KNOW	9	(BOX 14)

DBQ.370 Does {your/SP's} school serve school lunches? These are **complete** lunches that cost **the same every day**.

YES	1	
NO	2	(DBQ.400)
REFUSED	7	(DBQ.400)
DON'T KNOW	9	(DBQ.400)

DBQ.381 G/Q During the **school year**, about how many times a week {do you/does SP} usually get a complete school lunch?

|___|

ENTER NUMBER	1	
NONE	2	(DBQ.400)
REFUSED	7	(DBQ.400)
DON'T KNOW	9	(DBQ.400)

CAPI INSTRUCTION:
HARD EDIT 1-5

|___|
ENTER NUMBER OF TIMES

REFUSED	7777
DON'T KNOW	9999

DBQ.390 {Do you/Does SP} get these lunches free, at a reduced price, or {do you/does he/she} pay full price?

FREE	1
REDUCED PRICE	2
FULL PRICE	3
REFUSED	7
DON'T KNOW	9

DBQ.400 Does {your/SP's} school serve a **complete** breakfast that costs **the same every day**?

YES	1	
NO	2	(BOX 9A)
REFUSED	7	(BOX 9A)
DON'T KNOW	9	(BOX 9A)

DBQ.411 G/Q During the **school year**, about how many times a week {do you/does SP} usually get a complete breakfast at school?

|___|
ENTER NUMBER..... 1
NONE..... 2 (BOX 9A)
REFUSED..... 7 (BOX 9A)
DON'T KNOW..... 9 (BOX 9A)

CAPI INSTRUCTION:
HARD EDIT 1-5

|___|
ENTER NUMBER OF TIMES

REFUSED.....7777
DON'T KNOW.....9999

DBQ.421 {Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?

FREE..... 1
REDUCED PRICE..... 2
FULL PRICE..... 3
REFUSED..... 7
DON'T KNOW..... 9

BOX 9A

CHECK ITEM DBQ.422:
IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.421 = CODE 1 OR CODE 2, CONTINUE.
OTHERWISE, GO TO BOX 14.

DBQ.424 {Do you/Does SP} get a free or reduced price meal at any summer program {you/he/she} attends?

YES..... 1
NO..... 2
DID NOT ATTEND SUMMER PROGRAM..... 3
REFUSED..... 7
DON'T KNOW..... 9

BOX 10

OMITTED

BOX 10A

OMITTED

BOX 11

OMITTED

BOX 14

CHECK ITEM DBQ.710:

IF SP AGE > 5, GO TO BOX 15.

OTHERWISE, CONTINUE.

FSQ.653 Next are a few questions about the WIC program.

Has {SP} **ever** received benefits from WIC, that is, the Women, Infants, and Children program?

YES	1	
NO	2	(FSQ.690)
REFUSED	7	(FSQ.690)
DON'T KNOW	9	(FSQ.690)

HELP SCREEN:
WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

BOX 14a

OMITTED

FSQ.673 Is {SP} **now** receiving benefits from the WIC program?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 14B

CHECK ITEM DBQ.710b:

IF SP AGE < 1, GO TO FSQ.685.

OTHERWISE, CONTINUE.

FSQ.675 Did {SP} receive benefits from WIC when {he/she} was less than one year old?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 14C

CHECK ITEM DBQ.950:

IF FSQ.673 = 1 (NOW RECEIVING WIC), GO TO FSQ.685.

OTHERWISE, CONTINUE.

FSQ.682 Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of {1 to {SP AGE/4} years old/12 to {SP AGE} months old}?

CAPI INSTRUCTION:

If SP age = 1, DISPLAY “12 to {the current age of the SP in months} months old”;
If SP age = 2 or 3, DISPLAY “1 to {the current age of the SP in years} years old”;
If SP age >3, DISPLAY “1 to 4 years old”.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 14d

OMITTED

FSQ.685 Q/U How long {did SP receive/has SP been receiving} benefits from the WIC program?

CAPI INSTRUCTION:
IF FSQ.673 = 1, DISPLAY "HAS SP BEEN RECEIVING"
OTHERWISE, DISPLAY "DID SP RECEIVE"

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.

|__|__|
ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED.....777 (FSQ.690)
DON'T KNOW.....999 (FSQ.690)

|__|
ENTER UNIT

MONTHS..... 1
YEARS..... 2

FSQ.690 Did {SP's} mother receive benefits from WIC, while she was pregnant with {SP}?

YES..... 1
NO..... 2 (BOX 15)
REFUSED..... 7 (BOX 15)
DON'T KNOW..... 9 (BOX 15)

FSQ.695 How many months pregnant was {SP's} mother when she began to receive WIC benefits?

|__|__|
ENTER NUMBER

REFUSED.....777
DON'T KNOW.....999

BOX 15

CHECK ITEM DBQ.715:

IF SP AGE < 1 GO TO END OF SECTION.

IF SP AGE 12-15 GO TO END OF SECTION.

OTHERWISE, CONTINUE.

BOX 12

OMITTED

BOX 13

OMITTED

DBQ.895 G/Q

Next I'm going to ask you about meals. By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals {did you/did SP} get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

{Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.}

CAPI INSTRUCTION:
IF DBQ381G = 1 OR DBQ.411G = 1, DISPLAY {Please do not include meals provided as part of the school lunch or school breakfast.}
IF DBQ.301 = 1 OR DBQ.330 = 1, DISPLAY {Please do not include meals provided as part of the community programs you reported earlier.}
SOFT EDIT: DISPLAY A MESSAGE FOR ENTRY LARGER THAN "21." – "Unusually large number entered – Please verify – this is more than 3 meals per day, each day during the past 7 days."

|___|___|
ENTER NUMBER

NONE..... 2 (DBQ.905)
REFUSED..... 7 (DBQ.905)
DON'T KNOW..... 9 (DBQ.905)

DBQ.900 G/Q

How many of those meals {did you/did SP} get from a fast-food or pizza place?

ENTER NUMBER..... 1

NONE..... 2 (DBQ.905)
REFUSED..... 7 (DBQ.905)
DON'T KNOW..... 9 (DBQ.905)

|___|___|
ENTER NUMBER

CAPI INSTRUCTION: HARD EDIT
NUMBER OF MEALS ENTERED IN DBQ.900 MUST BE EQUAL TO OR LESS THAN NUMBER ENTERED IN DBQ.895. IF NOT, DISPLAY THE FOLLOWING:
"THE NUMBER OF MEALS FROM A FAST FOOD OR PIZZA PLACE CANNOT BE GREATER THAN NUMBER OF MEALS PREPARED AWAY FROM HOME."

DBQ.905 G/Q/U Some grocery stores sell “ready to eat” foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the **past 30 days**, how often did {you/SP} eat “ready to eat” foods from the grocery store? Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods.

ENTER NUMBER OF TIMES..... 1

NEVER 2 (DBQ.910)
REFUSED..... 7 (DBQ.910)
DON’T KNOW..... 9 (DBQ.910)

|___|___|
ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

|___|
ENTER UNIT

DAY..... 1
WEEK..... 2
MONTH..... 3

SOFT EDIT IF RESPONSE IS GREATER THAN 6 TIMES A DAY. “THIS IS AN UNUSUALLY LARGE NUMBER OF TIMES PER DAY, PLEASE VERIFY THE ANSWER.”

DBQ.910 G/Q/U During the **past 30 days**, how often did {you/SP} eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.

HAND CARD DBQ4

ENTER NUMBER..... 1

NEVER ..... 2 (BOX 15A)
REFUSED..... 7 (BOX 15A)
DON’T KNOW..... 9 (BOX 15A)

|___|___|
ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

|___|
ENTER UNIT

DAY..... 1
WEEK..... 2
MONTH..... 3

CAPI INSTRUCTION: SOFT EDIT IF RESPONSE IS GREATER THAN 6 TIMES A DAY. “THIS IS AN UNUSUALLY LARGE NUMBER OF TIMES PER DAY, PLEASE VERIFY THE ANSWER.”

BOX 15A

CHECK ITEM DBQ.715a:

IF SP AGE < 16, GO TO END OF SECTION.

OTHERWISE, CONTINUE.

CBQ.596 Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government.

{Have you/Has SP} heard of **My Plate**?

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW		
9		(END OF SECTION)

CBQ.606 {Have you/Has SP} looked up the My Plate plan on the internet?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.611 {Have you/Has SP} tried to follow the recommendations in the My Plate plan?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.930 {Are you/Is SP} the person who does **most** of the planning **or** preparing of meals in {your/SP's} family?

INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.935 {Do you/Does SP} share in the planning or preparing of meals with someone else?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.940 {Are you/Is SP} the person who does **most** of the shopping for food in {your/SP's} family?

INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.945 {Do you/Does SP} share in the shopping for food with someone else?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

END OF SECTION

3.20 WEIGHT (WHQ)

WEIGHT HISTORY – WHQ
Target Group: SPs 16+

WHQ.010 G/F/I/M/C These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life.

How tall {are you/is SP} without shoes?

|___|
ENTER HEIGHT IN FEET AND INCHES..... 1
ENTER HEIGHT IN METERS
AND CENTIMETERS..... 2
REFUSED..... 7 (WHQ.025)
DON'T KNOW..... 9 (WHQ.025)

|___|___|
ENTER NUMBER OF FEET

REFUSED..... 7777 (WHQ.025)
DON'T KNOW..... 9999 (WHQ.025)

AND

|___|___|
ENTER NUMBER OF INCHES

DON'T KNOW..... 9999 (WHQ.025)

OR

|___|___|
ENTER NUMBER OF METERS

REFUSED..... 7777 (WHQ.025)
DON'T KNOW..... 9999 (WHQ.025)

AND

|___|___|___|
ENTER NUMBER OF CENTIMETERS

DON'T KNOW..... 9999 (WHQ.025)

WHQ.025/ L/K How much {do you/does SP} weigh without clothes or shoes? [If {you are/she is} currently pregnant, how much did {you/she} weigh **before** your pregnancy?]

RECORD **CURRENT** WEIGHT. ENTER WEIGHT IN POUNDS OR KILOGRAMS.

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you are/she is} currently pregnant . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.
IF ITEM CHANGED, CHECK MEC COMPONENT.

|___|
ENTER WEIGHT IN POUNDS..... 1
ENTER WEIGHT IN KILOGRAMS..... 2
REFUSED..... 7 (WHQ.030)
DON'T KNOW..... 9 (WHQ.030)

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED.....77777
DON'T KNOW.....99999

WHQ.030 {Do you/Does SP} consider {your/his/her}self now to be . . . [If {you are/she is} currently pregnant, what did {you/she} consider {your/her}self to be before {you were/she was} pregnant?]

overweight,..... 1
underweight, or..... 2
about the right weight?..... 3
REFUSED..... 7
DON'T KNOW..... 9

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you are/she is} currently pregnant…] ONLY IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

WHQ.040 Would {you/SP} like to weigh . . .

more,..... 1
less, or..... 2
stay about the same?..... 3
REFUSED..... 7
DON'T KNOW..... 9

WHQ.053/ L/K How much did {you/SP} weigh **a year ago**? [If {you were/she was} pregnant a year ago, how much did {you/she} weigh **before** your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you were/she was} pregnant . . .] **ONLY** IF SP IS FEMALE **AND** SP AGE IS 17 THROUGH 60.

|___|
ENTER WEIGHT IN POUNDS..... 1
ENTER WEIGHT IN KILOGRAMS..... 2
REFUSED..... 7 (BOX 1)
DON'T KNOW..... 9 (BOX 1)

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750
OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED.....77777
DON'T KNOW.....99999

BOX 1

CHECK ITEM WHQ.055:
IF WEIGHT IN WHQ.053/L/K IS 10 POUNDS, 4.55 KILOGRAMS, OR MORE THAN WEIGHT IN WHQ.025/L/K (E.G., WHQ.053/L/K = 150 LBS AND WHQ.025/L/K = 135 LBS), CONTINUE.
OTHERWISE, GO TO WHQ.070.

WHQ.061 Was the change between {your/SP's} **current** weight and {your/his/her} weight **a year ago because {you/s/he} tried to lose weight**?

YES.....	1	(WHQ.092/OS)
NO.....	2	
REFUSED.....	7	
DON'T KNOW.....	9	

WHQ.070 During the **past 12 months**, {have you/has SP} tried to lose weight?

YES.....	1	
NO.....	2	(WHQ.225)
REFUSED.....	7	(WHQ.225)
DON'T KNOW.....	9	(WHQ.225)

WHQ.092/ OS How did {you/SP} try to lose weight?

HAND CARD WHQ1
CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT).....100
SWITCHED TO FOODS WITH LOWER CALORIES.....110
ATE LESS FAT.....120
ATE FEWER CARBOHYDRATES.....125
EXERCISED.....130
SKIPPED MEALS, FASTED.....140
ATE “DIET” FOODS OR PRODUCTS.....150
USED A LIQUID DIET FORMULA SUCH AS SLIMFAST, OPTIFAST OR SHAKEOLOGY.....160
JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS.....170
FOLLOWED A SPECIAL DIET SUCH AS DR. ATKINS, SOUTH BEACH, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, CABBAGE SOUP DIET, ORNISH, NUTRISYSTEM, BODY-FOR-LIFE, JUICE DIET 300
TOOK DIET PILLS PRESCRIBED BY A DOCTOR.....310
TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION.....320
STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN.....325
TOOK LAXATIVES OR VOMITED.....330
HAD WEIGHT LOSS SURGERY SUCH AS GASTRIC BYPASS.....335
DRANK A LOT OF WATER.....340
ATE MORE FRUITS, VEGETABLES, SALADS.....350
ATE LESS SUGAR, CANDY, SWEETS.....360
CHANGED EATING HABITS (DIDN’T EAT LATE AT NIGHT, ATE SEVERAL SMALL MEALS A DAY, ATE AT HOME MORE) 370
ATE LESS JUNK FOOD OR FAST FOOD.....380
OTHER (SPECIFY)_____400
REFUSED.....777
DON’T KNOW.....999

BOX 2A

OMITTED

WHQ.225 How many times {have you/has SP} lost 10 pounds or more **because {you were/he was/she was} trying to lose weight**? Was it . . .

1 to 2,.....	1
3 to 5,.....	2
6 to 10,.....	3
11 times or more, or.....	4
never?.....	5
REFUSED.....	7
DON'T KNOW.....	9

BOX 2

CHECK ITEM WHQ.105:
IF SP AGE >= 36, CONTINUE.
OTHERWISE, GO TO BOX 3.

WHQ.111/ L/K How much did {you/SP} weigh **10 years ago**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before {your/her} pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE AND AGE IS LESS THAN OR EQUAL TO 69.

|___|

ENTER WEIGHT IN POUNDS.....	1	
ENTER WEIGHT IN KILOGRAMS.....	2	
REFUSED.....	7	(BOX 3)
DON'T KNOW.....	9	(BOX 3)

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED..... 77777
DON'T KNOW..... 99999

BOX 3

CHECK ITEM WHQ.115A:
IF SP AGE >= 27, CONTINUE.
OTHERWISE, GO TO WHQ.147/L/K.

WHQ.121/ L/K How much did {you/SP} weigh at **age 25**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE.

|___|
ENTER WEIGHT IN POUNDS..... 1
ENTER WEIGHT IN KILOGRAMS..... 2
REFUSED..... 7 (WHQ.130)
DON'T KNOW..... 9 (WHQ.130)

|___|___|___|
ENTER NUMBER OF POUNDS

OR

|___|___|___|
ENTER NUMBER OF KILOGRAMS

OR

REFUSED..... 77777
DON'T KNOW..... 99999

BOX 3A

CHECK ITEM WHQ.125:
IF SP AGE >= 50, CONTINUE.
OTHERWISE, GO TO WHQ.147/L/K.

WHQ.130/ F/I/M/C How tall {were you/was SP} at **age 25**? [If you don't know {your/his/her} exact height, please make your best guess.]

|___|
ENTER HEIGHT IN FEET AND INCHES..... 1
ENTER HEIGHT IN
METERS AND CENTIMETERS..... 2
REFUSED..... 7 (WHQ.147)
DON'T KNOW..... 9 (WHQ.147)

|___|___|
ENTER NUMBER OF FEET

CAPI INSTRUCTION: HARD EDIT 2-8
AND
|___|___|
ENTER NUMBER OF INCHES

CAPI INSTRUCTION: HARD EDIT 0-11
OR
|___|___|
ENTER NUMBER OF METERS

CAPI INSTRUCTION: HARD EDIT 0-3
AND
|___|___|___|
ENTER NUMBER OF CENTIMETERS

CAPI INSTRUCTION: HARD EDIT 0-99
OR
REFUSED..... 7777
DON'T KNOW..... 9999

BOX 4

OMITTED

WHQ.147/ L/K What is the most {you have/SP has} **ever** weighed? [Do not include any times when {you were/she was} pregnant.]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

|___|
ENTER WEIGHT IN POUNDS..... 1
ENTER WEIGHT IN KILOGRAMS..... 2
REFUSED..... 7 (WHQ.190)
DON'T KNOW..... 9 (WHQ.190)

|___|___|___|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750
OR
|___|___|___|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338
OR

REFUSED.....77777 (WHQ.190)
DON'T KNOW.....99999 (WHQ.190)

WHQ.150 How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]

|___|___|___|
ENTER AGE IN YEARS

REFUSED..... 77777
DON'T KNOW..... 99999

BOX 5

OMITTED

WHQ.190 {Have you/Has SP} **ever** had weight loss surgery, also called bariatric surgery?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE LIPOSUCTION, TUMMY TUCK, EXTRA SKIN REMOVED OR FAT REMOVAL AS WEIGHT LOSS SURGERY.

YES	1	(WHQ.195)
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

CAPI INSTRUCTION:
IF ITEM CHANGED, CHECK MEC COMPONENT

WHQ.195 OS Which type of weight loss surgery did {you/SP} have?

HAND CARD WHQ 2

INTERVIEWER INSTRUCTION: IF RESPONDENT ONLY MENTIONS “LIPOSUCTION”, “TUMMY TUCK”, “EXTRA SKIN REMOVED” OR “FAT REMOVAL” GO BACK AND CODE WHQ.190 “NO”.

CODE ALL THAT APPLY

GASTRIC BYPASS (ROUX-EN-Y GASTRIC BYPASS)	1
GASTRIC BANDING (ADJUSTABLE GASTRIC BANDING OR GASTRIC STAPLING)	2
BARIATRIC SLEEVE (SLEEVE GASTRECTOMY)	3
DUODENAL SWITCH (BILIOPANCREATIC DIVERSION OR BILIOPANCREATIC DIVERSION WITH A DUODENAL SWITCH)	4
OTHER (DO NOT SELECT FOR LIPOSUCTION, TUMMY TUCK, EXTRA SKIN REMOVE, FAT REMOVAL)	5
REFUSED	7
DON’T KNOW	9

IF ITEM CHANGED, CHECK MEC COMPONENT

WHQ.200 [How old {were you/was SP} when {you/she/he} had weight loss surgery?]

[How old {were you/was SP} when {you/she/he} had the most recent weight loss surgery?]

CAPI INSTRUCTION:
IF ONE SURGERY SELECTED IN WHQ.195, DISPLAY: "How old {were you/was SP} when {you/she/he} had weight loss surgery?"
IF MORE THAN ONE SURGERY SELECTED IN WHQ.195, DISPLAY: "How old {were you/was SP} when {you/she/he} had the most recent weight loss surgery?"
HARD EDIT: AGE CANNOT BE GREATER THAN AGE {SP's AGE} OF SP.

|___|___|___|
ENTER AGE IN YEARS

REFUSED.....77777
DON'T KNOW.....99999

IF ITEM CHANGED, CHECK MEC COMPONENT

3.21 SMOKING (SMQ)

SMOKING AND TOBACCO USE – SMQ
Target Group: SPs 0-11 years and 18+

BOX 0

CHECK ITEM SMQ.005:
IF SP >= 18 YEARS, CONTINUE.
IF SP 12-17 YEARS, GO TO END OF SECTION.
ELSE GO TO BOX 5.

These next questions are about cigarette smoking. Then I will ask about other tobacco products.

SMQ.022 {Have you/Has SP} smoked at least 100 **cigarettes** in {your/his/her} entire life? This hand card shows you the products we would like you to include and not include when answering this question.

HAND CARD SMQ1

YES.....	1	
NO.....	2	(SMQ.890
REFUSED.....	7	(SMQ.890
DON'T KNOW.....	9	(SMQ.890

SMQ.030 How old {were you/was SP} when {you/s/he} first started to smoke cigarettes regularly?
G/Q

ENTER AGE.....	1	
NEVER SMOKED CIGARETTES REGULARLY.....	2	(SMQ.040)
REFUSED.....	7	(SMQ.040)
DON'T KNOW.....	9	(SMQ.040)

CAPI INSTRUCTION:
SOFT EDIT: SP AGE <13
DISPLAY "UNLIKELY RESPONSE. PLEASE VERIFY."

|___|___|___|
ENTER AGE IN YEARS

REFUSED.....	77777
DON'T KNOW.....	99999

HELP SCREEN:
"regularly" refers to age when started smoking cigarettes on a routine basis as opposed to age when tried first cigarette.

SMQ.040 {Do you/Does SP} **now** smoke cigarettes . . .

every day,.....	1	(SMQ.078)
some days, or.....	2	(SMQ.641)
not at all?.....	3	
REFUSED.....	7	(SMQ.890)
DON'T KNOW.....	9	(SMQ.890)

SMQ.050 How long has it been since {you/SP} quit smoking cigarettes?
Q/U

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED.....	77777
DON'T KNOW.....	99999

|___|
ENTER UNIT

DAYS.....	1
WEEKS.....	2
MONTHS.....	3
YEARS.....	4

SMQ.057 At that time, about how many cigarettes did {you/SP} **usually** smoke a day?

1 PACK EQUALS 20 CIGARETTES
IF LESS THAN 1 PER DAY, ENTER 1
IF 95 OR MORE PER DAY, ENTER 95

|___|___|___|
ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSED..... 7777
DON'T KNOW..... 9999

BOX 1B

CHECK ITEM SMQ.060:
GO TO SMQ.890.

SMQ.078 How soon after {you/SP} wake{s} up {do you/does s/he} smoke? Would you say . . .

within 5 minutes,..... 1
from 6 to 30 minutes,..... 2
from more than 30 minutes to 1 hour,..... 3
from more than 1 hour to 2 hours,..... 4
from more than 2 hours to 3 hours,..... 5
from more than 3 hours to 4 hours, or..... 6
more than 4 hours?..... 7
REFUSED..... 77
DON'T KNOW..... 99

SMQ.641 On how many of the past **30 days** did {you/SP} smoke cigarettes?

|___|___|
ENTER NUMBER OF DAYS

REFUSED.....7777
DON'T KNOW.....9999

CAPI INSTRUCTION:
ALLOW '0' AS AN ENTRY. IF '0' DK OR RF ENTERED, SKIP TO QUESTION SMQ.093.

SMQ.650 On average, when you smoked during the past **30 days**, how many cigarettes did {you/s/he} smoke a day?

1 PACK EQUALS 20 CIGARETTES
IF LESS THAN 1 PER DAY, ENTER 1
IF 95 OR MORE PER DAY, ENTER 95

|___|___|___|
ENTER NUMBER OF CIGARETTES (PER DAY)

REFUSED.....7777
DON'T KNOW.....9999

SMQ.093 May I please see the pack for the brand of cigarettes {you **usually** smoke/SP **usually** smokes}.

TO OBTAIN ACCURATE PRODUCT INFORMATION, IT IS IMPORTANT THAT YOU SEE THE CIGARETTE PACK.

PACK SEEN.....	1	
PACK NOT SEEN.....	2	(SMQ.100k)
NO USUAL BRAND.....	3	(SMQ.670)
ROLLS OWN CIGARETTES.....	4	(SMQ.670)
REFUSED.....	7	(SMQ.100k)

SMQ.310 ENTER THE UNIVERSAL PRODUCT CODE FROM THEBARCODE ON THE CIGARETTE PACK. UPC MUST CONTAIN **8 OR 12** DIGITS.

SELECT ONE OPTION.

ENTERING 8 DIGIT UPC.....	1	
ENTERING 12 DIGIT UPC.....	2	(SMQ.330)
UNABLE TO READ CODE-PACK DAMAGED.	3	(SMQ.100k)

SMQ.320 ENTER THE 8 DIGIT UPC CODE.

|___|___|___|___|___|___|___|___|

CAPI INSTRUCTION:

DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE: ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS 'ENTER' TO CHANGE.

BOX 2B

CHECK ITEM SMQ.329:
GO TO BOX 3.

SMQ.330 ENTER THE 12 DIGIT UPC CODE.

|___|___|___|___|___|___|___|___|___|___|___|___|

CAPI INSTRUCTION:

DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE: ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS 'ENTER' TO CHANGE.

BOX 3

CHECK ITEM SMQ.096A:
IF INVALID CODE OR CODE NOT ON FILE, GO TO SMQ.099.
OTHERWISE, CONTINUE.

SMQ.098 YOU HAVE SELECTED

{DISPLAY BRAND ASSOCIATED WITH CODE}

CORRECT..... 1 (SMQ.670)
NOT CORRECT..... 2 (SMQ.100k)

CAPI INSTRUCTION:
DISPLAY BRAND NAME WITH ALL QUALIFIERS – NAME, SIZE/LENGTH (REGULAR, KING, 100, 120), FILTERED/NONFILTERED, MENTHOL/NONMENTHOL,
IF SMQ098 = 1 (CORRECT) AND SMQ310 = 1 (ENTER 8 DIGIT UPC), PREFILL THE FOLLOWING::
SMQ094A = UPC8 CODE
SMQ094B = UPC8 PRODUCT DESCRIPTION

SMQ100 = UPC8 CIGARETTE BRAND
SMQ110A = UPC8 FILTER
SMQ110B = UPC8 MENTHOL

SMQ110F = UPC8 SIZE/LENGTH
IF SMQ098 = 1 (CORRECT) AND SMQ310 = 2 (ENTER 12 DIGIT UPC), PREFILL THE FOLLOWING:
SMQ094A = UPC12 CODE
SMQ094B = UPC12 PRODUCT DESCRIPTION

SMQ100 = UPC12 CIGARETTE BRAND
SMQ110A = UPC12 FILTER
SMQ110B = UPC12 MENTHOL

SMQ110F = UPC12 SIZE/LENGTH

SMQ.099 CODE NOT ON FILE – PRESS 'ENTER' TO CONTINUE

SMQ.100k What brand of cigarettes {do you/does SP} **usually** smoke?
This HANDCARD (SMQ.NEW) has pictures with the names of many popular brands.

CAPI INSTRUCTION:
FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW INTERVIEWER TO ENTER 1 BRAND OF CIGARETTES.

REFER TO PRODUCT LABEL IF AVAILABLE.

ENTER **BRAND** NAME OF CIGARETTE.

SMQ.111 PRESS BS TO START THE LOOKUP.

SELECT PRODUCT FROM
LIST OR TYPE NAME IDENTIFIED FROM THE HANDCARD

IF PRODUCT **NOT** ON LIST.
PRESS BS TO
DELETE ENTRY.

TYPE '**'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100K BY TYPING IN '**'.

BOX 4A

CHECK ITEM SMQ.112:
IF '** PRODUCT NOT ON LIST' SELECTED AT SMQ.111, CONTINUE.
OTHERWISE, GO TO SMQ.670.

SMQ.110a ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT FILTERED OR NON-FILTERED?

ENTER '1' FOR **FILTERED**
ENTER '0' FOR **NON-FILTERED**

CAPI INSTRUCTION:
'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

FILTERED	1
NON-FILTERED	0
REFUSED	7777
DON'T KNOW	9999

SMQ.110b ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT MENTHOL OR NON-MENTHOL?

ENTER '1' FOR **MENTHOL**
ENTER '0' FOR **NON-MENTHOL**

CAPI INSTRUCTION:
'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

MENTHOL..... 1
NON-MENTHOL..... 0
REFUSED.....7777
DON'T KNOW.....9999

SMQ.110h ASK IF NECESSARY:

WHAT IS THE CIGARETTE PRODUCT SIZE?

CAPI INSTRUCTION:
THIS ITEM IS STORED IN SMQ.110f IN THE DATA BASE.
INTERVIEWER INSTRUCTION: “KINGS” ARE THE MOST POPULAR SIZE AND NOT USUALLY SHOWN ON THE PACK.

REGULARS (72 MM)..... 1
KINGS (84 OR 85 MM)..... 2
100S..... 3
120S..... 4
REFUSED.....7777
DON'T KNOW.....9999

SMQ.670 During the past **12 months,** {have you/has SP} stopped smoking for one day or longer **because {you were/he was/she was} trying to quit smoking?**

YES..... 1
NO..... 2 (SMQ.890)
REFUSED..... 7 (SMQ.890)
DON'T KNOW..... 9 (SMQ.890)

SMQ.848 During the past 12 months, how many times {have you/has SP} stopped smoking cigarettes because {you were/he was/she was} trying to quit smoking?

|___|___|
ENTER NUMBER OF TIMES (1-20 TIMES)

REFUSED.....777
DON'T KNOW.....999

CAPI INSTRUCTION:
IF MORE THAN 20 TIMES ENTER 20

SMQ.852 Q/U The last time {you/SP} tried to quit, how long {were you/was he/was she} able to stop smoking?

CAPI INSTRUCTION:
SOFT EDIT: SMQ.852 CANNOT BE GREATER THAN 364 DAYS, 11 MONTHS OR 51 WEEKS.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS OR MONTHS)

REFUSED	7777
DON'T KNOW	9999

ENTER UNIT

DAYS	1
WEEKS	2
MONTHS	3
REFUSED	7
DON'T KNOW	9

BOX 4B

CHECK ITEM SMQ.920:
GO TO SMQ.890.

SMQ.890 {Have you/Has SP} **ever** smoked a regular cigar, cigarillo or little filtered cigar **even one time**? This hand card shows examples of some cigars; however there are others not included here.

HAND CARD SMQ2

YES	1	
NO	2	(SMQ.900)
REFUSED	7	(SMQ.900)
DON'T KNOW	9	(SMQ.900)

HELP TEXT: A cigar is defined, for tax purposes, as: Any roll of tobacco wrapped in leaf tobacco or in any substance containing tobacco.

SMQ.895 During the past **30 days**, on how many days did {you/SP} smoke a regular cigar, cigarillo or little filtered cigar?

|___|___|
ENTER NUMBER OF DAYS

REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTION: ALLOW '0' AS AN ENTRY.

SMQ.900 The next question is about e-cigarettes. These are battery-powered devices that usually contain liquid nicotine, and don't produce smoke

{Have you/Has SP} **ever** used an e-cigarette **even one time**? This hand card shows examples of some e-cigarettes and other devices used to inhale liquid nicotine; however there are others not included here.

HAND CARD SMQ3

INTERVIEWER: USE OF THESE DEVICES FOR MARIJUANA OR SUBSTANCES OTHER THAN NICOTINE SHOULD NOT BE COUNTED.

YES	1	
NO	2	(SMQ.910)
REFUSED	7	(SMQ.910)
DON'T KNOW	9	(SMQ.910)

HELP SCREEN for SMQ.900: E-cigarettes, e-hookahs, vape pens and other similar products are bought as disposable or reusable kits with a cartridge or with refillable container. They contain nicotine or flavored liquid, called "e-liquid" or "e-juice".

SMQ.905 During the past **30 days**, on how many days did {you/SP} use e-cigarettes?

|___|___|
ENTER NUMBER OF DAYS

REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTION: ALLOW '0' AS AN ENTRY.

SMQ.910 Smokeless tobacco products are placed in the mouth and nose and include chewing tobacco, snuff, dip, snus (pronounced as "snoose") and dissolvable tobacco.

{Have you/Has SP} **ever** used smokeless tobacco **even one time**? This hand card shows examples of smokeless products; however there are others not included here.

HAND CARD SMQ4

YES	1	
NO	2	(SMQ.856)
REFUSED	7	(SMQ.856)
DON'T KNOW	9	(SMQ.856)

SMQ.915 During the past **30 days**, on how many days did {you/SP} use smokeless tobacco?

|___|___|
ENTER NUMBER OF DAYS

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTION: ALLOW '0' AS AN ENTRY.

BOX 5

CHECK ITEM SMQ.854:
IF SP AGE 0-11, GO SMQ.860.
OTHERWISE, CONTINUE.

SMQ.856 I will now ask you about tobacco smoke in other places.

During the last 7 days, {were you/was SP} working at **a job or business outside of the home?**

YES..... 1
NO..... 2 (SMQ.860)
REFUSED..... 7 (SMQ.860)
DON'T KNOW..... 9 (SMQ.860)

SMQ.858 While {you were/SP was} **working at a job or business outside of the home,** did someone else smoke cigarettes or other tobacco products indoors?

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

SMQ.860 {I will now ask you about smoking in other places.} During the last 7 days, did {you/SP} spend time in a **restaurant?**

YES..... 1
NO..... 2 (BOX 6)
REFUSED..... 7 (BOX 6)
DON'T KNOW..... 9 (BOX 6)

CAPI INSTRUCTION:
DISPLAY 'I will now ask you about smoking in other places' IF SP AGE 0-11 YEARS.

SMQ.862 While {you were/SP was} in a **restaurant**, did someone else smoke cigarettes or other tobacco products indoors?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

BOX 6

CHECK ITEM SMQ.864:
IF SP >=18 YEARS, CONTINUE.
OTHERWISE, GO TO SMQ.870.

SMQ.866 During the last 7 days, {did you/SP} spend time in **a bar?**

YES	1	
NO	2	(SMQ.870)
REFUSED	7	(SMQ.870)
DON'T KNOW	9	(SMQ.870)

SMQ.868 While {you were/SP was} in **a bar,** did someone else smoke cigarettes or other tobacco products indoors?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

SMQ.870 During the last 7 days, did {you/SP} ride in a **car or motor vehicle?**

YES	1	
NO	2	(SMQ.874)
REFUSED	7	(SMQ.874)
DON'T KNOW	9	(SMQ.874)

SMQ.872 While {you were/SP was} riding in **a car or motor vehicle,** did someone else smoke cigarettes or other tobacco products?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

SMQ.874 During the last 7 days, did {you/SP} spend time in **a home other than {your/his/her} own?**

YES	1	
NO	2	(SMQ.878)
REFUSED	7	(SMQ.878)
DON'T KNOW	9	(SMQ.878)

SMQ.876 While {you were/SP was} in **a home other than {your/his/her} own,** did someone else smoke cigarettes or other tobacco products indoors?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SMQ.878 During the last 7 days,{were you/was SP} in **any other indoor area?**

INTERVIEWER: IF RESPONDENT ASKS WHAT IS MEANT BY OR DOESN'T SEEM TO UNDERSTAND "ANY OTHER INDOOR AREA" SAY "OTHER THAN AT WORK, IN A BAR, RESTAURANT, CAR, OTHER MOTOR VEHICLE, OR A HOUSE."

YES	1	
NO	2	(SMQ.new1)
REFUSED	7	(SMQ.new1)
DON'T KNOW	9	(SMQ.new1

SMQ.880 While {you were/SP was} in the **other indoor** area, did someone else smoke cigarettes or other tobacco products?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SMQ.new1 The next question is about e-cigarettes.
During the last 7 days, {were you/was SP} in an **indoor** place where someone was using an e-cigarette, e-hookah, vape-pen or other similar electronic product?

YES	1 (END OF SECTION)
NO	2 (END OF SECTION)
REFUSED	7 (END OF SECTION)
DON'T KNOW	9 (END OF SECTION)

3.22 CODED OCCUPATIONS (OCQ)

OCCUPATION – OCQ
Target Group: SPs 16+

OCQ.152 In this part of the survey I will ask you questions about {your/SP's} work experience.

Which of the following {were you/was SP} doing **last week** . . .

working at a job or business,.....	1	(OCQ.180)
with a job or business but not at work,.....	2	(OCQ.210)
looking for work, or.....	3	(OCQ.385G/Q)
not working at a job or business?.....	4	(OCQ.380)
REFUSED.....	7	(OCQ.385G/Q)
DON'T KNOW.....	9	(OCQ.385G/Q)

OCQ.180 How many hours did {you/SP} work **last week** at **all** jobs or businesses?

|___|___|___|
ENTER NUMBER OF HOURS

CAPI INSTRUCTION:
HARD EDIT 1-168.

REFUSED.....	77777
DON'T KNOW.....	99999

BOX 1

CHECK ITEM OCQ.200:
IF HOURS IN OCQ.180 <= 34, OR REFUSED (CODE 777), OR DON'T KNOW (CODE 999), CONTINUE.
OTHERWISE, GO TO OCQ.220.

OCQ.210 {Do you/Does SP} **usually** work 35 hours or more per week in total at all jobs or businesses?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

OCQ.220 For whom did {you/SP} work at {your/his/her} main job or business? (What is the name of the company, business, organization or employer?)

IF MORE THAN 1 JOB, PROBE FOR **MAIN** JOB.
INTERVIEWER: DO NOT USE ABBREVIATIONS.

_____
ENTER NAME OF EMPLOYER

REFUSED..... 7---77
DON'T KNOW..... 9---99

OCQ.230 What kind of business or industry is this? (For example: a TV or radio station, retail shoe store, state labor department, farm.)

INTERVIEWER: DO NOT USE ABBREVIATIONS. BE SPECIFIC – EXAMPLES INCLUDE HOSPITAL (PRIMARY CARE, OUTPATIENT CLINIC).
SCHOOL (PRESCHOOL, ELEMENTARY, HIGH SCHOOL, COMMUNITY COLLEGE, TRADE).
CONSTRUCTION (RESIDENTIAL OR COMMERCIAL, DRYWALL, MASONRY, ELECTRICAL).

_____
ENTER NAME OF BUSINESS OR INDUSTRY

REFUSED..... 7---77
DON'T KNOW..... 9---99

OCQ.240 What kind of work {were you/was SP} doing? (For example: farming, mail clerk, computer specialist.)

INTERVIEWER: ENTER JOB TITLE OR WHAT WOULD BE ON A BUSINESS CARD.
TEACHER – PROBE FOR SUBJECT AND GRADE LEVEL.
LABORER – PROBE FOR TYPE OF WORK SUCH AS FARM, CONSTRUCTION, MASONRY.
HEALTHCARE/NURSE – PROBE FOR REGISTERED NURSE, CERTIFIED NURSING ASSISTANT, NURSE PRACTITIONER.

_____
ENTER NAME OF OCCUPATION

REFUSED..... 7---77
DON'T KNOW..... 9---99

OCQ.250 What were {your/SP's} most important activities on this job? (For example: sells cars, keeps account books, operates printing press.)

PROBE IF NECESSARY:
Walk me through a typical day – what {do you/does SP} do when {you first get/he first gets/she first gets} to work? What {do you/does he/does she} do next?
Pretend you are training me to do {your/his/her} job – what are the things you would need to teach me to do?

_____
ENTER NAME OF DUTIES

REFUSED..... 7---77
DON'T KNOW..... 9---99

OCQ.260 Looking at the card, which of these **best** describes this job or work situation?

ASK IF NOT CLEAR.
HAND CARD OCQ1

AN EMPLOYEE OF A **PRIVATE** COMPANY, BUSINESS, OR INDIVIDUAL FOR WAGES, SALARY, OR COMMISSION..... 1
A **FEDERAL** GOVERNMENT EMPLOYEE.... 2
A **STATE** GOVERNMENT EMPLOYEE..... 3
A **LOCAL** GOVERNMENT EMPLOYEE..... 4
SELF-EMPLOYED IN **OWN** BUSINESS, PROFESSIONAL PRACTICE OR FARM..... 5
WORKING **WITHOUT PAY** IN FAMILY BUSINESS OR FARM..... 6
REFUSED..... 77
DON'T KNOW..... 99

OCQ.270 Q/U About how long {have you/has SP} worked for {EMPLOYER} as a(n) {OCCUPATION}?

CAPI INSTRUCTIONS:
DISPLAY AS LEFT HEADER "EMPLOYER:" AND EMPLOYER FROM OCQ.220.
DISPLAY AS LEFT HEADER "OCCUPATION:" AND OCCUPATION FROM OCQ.240.
IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY “AT YOUR MAIN JOB.” IF PROXY, DISPLAY {HIS/HER MAIN JOB}.
DO NOT ALLOW MORE THAN THE SP’S AGE, OR >90 DAYS OR >104 WEEKS OR GREATER THAN 48 MONTHS OR GREATER THAN 60 YEARS.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED	777777	(OCQ.600)
DON'T KNOW	999999	(OCQ.600)

|___|
ENTER UNIT

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4

OCQ.600 During the past 12 months at {your/SP's} job as a(n) {OCCUPATION} for {EMPLOYER}, how often {do you/does SP} wear protective hearing devices?

HAND CARD OCQ2

INTERVIEWER: PROTECTIVE HEARING DEVICES INCLUDE PLUGS AND EARMUFFS.

ALWAYS	1
USUALLY	2
ABOUT HALF THE TIME	3
SELDOM	4
NEVER	5
NO NOISE EXPOSURE PAST 12 MONTHS.	6
REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTIONS:
FILL AND DISPLAY AS LEFT HEADER "OCCUPATION:" AND {OCCUPATION FROM OCQ.240}.
FILL DISPLAY AS LEFT HEADER "EMPLOYER:" AND {EMPLOYER FROM OCQ.220}.
IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY “AT YOUR MAIN JOB.” IF PROXY, DISPLAY {HIS/HER MAIN JOB}.

OCQ.610 These next questions are about noise at work. First we are going to ask about loud noise. Loud means so loud that {you/s/he} must speak in a raised voice to be heard by someone three feet away when not using hearing protection. After that we will ask about very loud noise. Very loud noise is noise that is so loud {you have/he has/she has} to shout to be heard by someone three feet away when not using hearing protection.

How many days per month {are you/is SP} usually exposed to **loud** noise at {your/his/her} job as a(n) {OCCUPATION} for {EMPLOYER}? (Loud means so loud that {you/s/he} must speak in a raised voice to be heard by someone three feet away when not using hearing protection.)

|___|___|
ENTER NUMBER OF DAYS

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTIONS:
FILL AND DISPLAY AS LEFT HEADER "EMPLOYER:" AND {EMPLOYER FROM OCQ.220}.
FILL AND DISPLAY AS LEFT HEADER "OCCUPATION:" AND {OCCUPATION FROM OCQ.240}.
IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY “AT YOUR MAIN JOB.” IF PROXY, DISPLAY {HIS/HER MAIN JOB}.

HARD EDIT: MORE THAN 31 DAYS.
HARD EDIT: IF OCQ.600 = 6/NO NOISE EXPOSURE IN LAST 12 MONTHS AND OCQ.610 IS GREATER THAN ZERO.
SOFT EDIT: 25-31 DAYS.

BOX 2

CHECK ITEM: OCQ.620:
IF OCQ.610 = ZERO, SKIP TO OCQ.640.
OTHERWISE, CONTINUE.

OCQ.630 On average, during days when {you are/SP is} exposed to this loud noise, for how many hours per day {have you/has SP} been exposed? (Loud means so loud that {you/s/he} must speak in a raised voice to be heard by someone three feet away when not using hearing protection.)

INTERVIEWER: IF LESS THAN 1 HOUR, ENTER 1.

|___|___|
ENTER NUMBER OF HOURS

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTION:
HARD EDIT: ZERO OR MORE THAN 24 HOURS.
HARD EDIT: IF OCQ.600 = 6/NO NOISE EXPOSURE IN LAST 12 MONTHS AND OCQ.630 IS GREATER THAN ZERO.
SOFT EDIT: 13 TO 24 HOURS.

OCQ.640 How many days per month {are you/is SP} usually exposed to **very loud** noise at {your/his/her} job as a(n) {OCCUPATION} for {EMPLOYER}? (**Very loud** noise is noise that is so loud {you have/he has/she has} to shout to be heard by someone three feet away when not using hearing protection.)

|___|___|
ENTER NUMBER OF DAYS

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTIONS:
FILL AND DISPLAY AS LEFT HEADER "EMPLOYER:" AND {EMPLOYER FROM OCQ.220}.
FILL AND DISPLAY AS LEFT HEADER "OCCUPATION:" AND {OCCUPATION FROM OCQ.240}.
IF OCQ.220 AND/OR OCQ.240 ARE DK/RF, DISPLAY “AT YOUR MAIN JOB.” IF PROXY, DISPLAY {HIS/HER MAIN JOB}.

HARD EDIT: MORE THAN 31 DAYS
SOFT EDIT: 25-31 DAYS.

BOX 2A

CHECK ITEM: OCQ.650:
IF OCQ.640 = ZERO, SKIP TO BOX 3.
OTHERWISE, CONTINUE.

OCQ.660 On average, during days when {you are/SP is} exposed to this **very loud** noise, for how many hours per day {have you/has he/has she} been exposed? (Very loud noise is noise that is so loud {you have/he has/she has} to shout in order to be understood by someone standing 3 feet away from {you/him/her} when you aren’t wearing hearing protection.)

INTERVIEWER: IF LESS THAN 1 HOUR, ENTER 1.

|___|___|
ENTER NUMBER OF HOURS

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTIONS:
HARD EDIT: ZERO OR MORE THAN 24 HOURS.
SOFT EDIT:13-24 HOURS.

OCQ.NEW Which of the following best describes your overall work schedule (include all jobs) for the last three months?

traditional 9am to 5pm day …… 1
evenings or nights……..…. 2
early mornings ……..…. 3
variable (early mornings, days, and nights)…….. 4

BOX 3

CHECK ITEM OCQ.370:
GO TO OCQ.392G/Q.

OCQ.380 What is the **main** reason {you/SP} did not work **last week**?

TAKING CARE OF HOUSE OR FAMILY.....	1
GOING TO SCHOOL.....	2
RETIRED.....	3
UNABLE TO WORK FOR HEALTH REASONS.....	4
ON LAYOFF.....	5
DISABLED.....	6
OTHER.....	7
REFUSED.....	77
DON'T KNOW.....	99

OCQ.385 G/Q Thinking of all the **paid** jobs {you/SP} **ever** had, what kind of work {were you/was s/he} doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.)

CAPI INSTRUCTION:
IF CURRENT OCCUPATION HAS BEEN ENTERED IN OCQ.240, DISPLAY AS LEFT HEADER "CURRENT OCCUPATION: {OCQ.240}".

|___|

ENTER OCCUPATION.....	1	
ARMED FORCES.....	3	(OCQ.393)
NEVER WORKED.....	4	(END OF SECTION)
REFUSED.....	7	(OCQ.393)
DON'T KNOW.....	9	(OCQ.393)

_____
ENTER OCCUPATION
or

REFUSED.....	7----7
DON'T KNOW.....	9----9

OCQ.389 What kind of business or industry {did you/did SP} work in for the longest period of time as a (DISPLAY LONGEST OCCUPATION AS “LONGEST OCCUPATION” {OCQ385Q})? (For example, a TV or radio station, retail shoe store, state labor department, farm.)

INTERVIEWER: DO NOT USE ABBREVIATIONS. BE SPECIFIC – EXAMPLES INCLUDE HOSPITAL (PRIMARY CARE, OUTPATIENT CLINIC).
SCHOOL (PRESCHOOL, ELEMENTARY, HIGH SCHOOL, COMMUNITY COLLEGE, TRADE).
CONSTRUCTION (RESIDENTIAL OR COMMERCIAL, DRYWALL, MASONRY, ELECTRICAL).

_____ (OCQ.393)
ENTER DESCRIPTION FOR KIND OF BUSINESS/INDUSTRY

REFUSED..... 7---77 (OCQ.393)
DON'T KNOW..... 9---99 (OCQ.393)

OCQ.392 G/Q Thinking of all the **paid** jobs {you/SP} **ever** had, what kind of work {were you/was s/he} doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.)

CAPI INSTRUCTION:
IF CURRENT OCCUPATION HAS BEEN ENTERED IN OCQ.240, DISPLAY AS LEFT HEADER "CURRENT OCCUPATION: {OCQ.240}".

INTERVIEWER: ENTER JOB TITLE OR WHAT WOULD BE ON A BUSINESS CARD.
TEACHER – PROBE FOR SUBJECT AND GRADE LEVEL.
LABORER – PROBE FOR TYPE OF WORK SUCH AS FARM, CONSTRUCTION, MASONRY.
HEALTHCARE/NURSE – PROBE FOR REGISTERED NURSE, CERTIFIED NURSING ASSISTANT, NURSE PRACTITIONER.

|___|
ENTER OCCUPATION..... 1
SAME AS CURRENT OCCUPATION..... 2 (END OF SECTION)
ARMED FORCES..... 3 (OCQ.393)
REFUSED..... 7 (OCQ.393)
DON'T KNOW..... 9 (OCQ.393)

_____
ENTER OCCUPATION
or
REFUSED.....7------7 (OCQ.394)
DON'T KNOW.....9-----9 (OCQ.394)

OCQ.394 What kind of business or industry {did you/did SP} work in for the longest period of time as a (DISPLAY LONGEST OCCUPATION AS “LONGEST OCCUPATION” {OCQ392Q})? (For example, a TV or radio station, retail shoe store, state labor department, farm.)

INTERVIEWER: DO NOT USE ABBREVIATIONS. BE SPECIFIC – EXAMPLES INCLUDE HOSPITAL (PRIMARY CARE, OUTPATIENT CLINIC).
SCHOOL (PRESCHOOL, ELEMENTARY, HIGH SCHOOL, COMMUNITY COLLEGE, TRADE).
CONSTRUCTION (RESIDENTIAL OR COMMERCIAL, DRYWALL, MASONRY, ELECTRICAL).

_____
ENTER DESCRIPTION FOR KIND OF BUSINESS/INDUSTRY

REFUSED..... 7---77
DON'T KNOW..... 9---99

OCQ.393 What were {your/SP's} most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

PROBE IF NECESSARY:
Walk me through a typical day – what {do you/does SP} do when {you first get/he first gets/she first gets} to work? What {do you/does he/does she} do next?
Pretend you are training me to do {your/his/her} job – what are the things you would need to teach me to do?

_____
ENTER NAME OF DUTIES

REFUSED..... 7---77
DON'T KNOW..... 9---99

OCQ.395 Q/U About how long did {you/SP} work at that job or business?

CAPI INSTRUCTION:
DISPLAY "LONGEST OCCUPATION: {OCQ.385G/Q or OCQ.392G/Q}" AS LEFT HEADER.
DO NOT ALLOW LESS THAN SP’S AGE OR <90 DAYS OR <104 WEEKS OR <48 MONTHS OR <60 YEARS.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED..... 77777 (END OF SECTION)
DON'T KNOW..... 99999 (END OF SECTION)

|___|
ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

BOX 4

OMITTED

BOX 4A

OMITTED

BOX 5A

OMITTED

BOX 5B

OMITTED

BOX 6

OMITTED

HELP SCREEN FOR OCQ.152:

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Looking for Work: To be looking for work, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:
1. Filled out applications or sent out resumes;
2. Placed or answered classified ads;
3. Checked union/professional registers;
4. Bid on a contract or auditioned for a part in a play;
5. Contacted friends or relatives about possible jobs;
6. Contacted school/college university employment office;
7. Contacted employment directly.

Job search methods that are not active include the following:
1. Looked at ads without responding to them;
2. Picked up a job application without filling it out.

HELP SCREEN FOR OCQ.180:

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Hours Worked Last Week: The number of hours actually worked last week. Hours worked will include overtime if the person worked overtime last week. The actual hours worked is often not the same as the hours on which the person's salary is based. We want the actual hours spent working on the job, whether the hours were paid or not. However, unpaid hours spent traveling to and from work are not included in hours worked last week.

HELP SCREEN FOR OCQ.210:

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

HELP SCREEN FOR OCQ.220:

Main Job: The job or business where the person worked the most hours.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer

work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

HELP SCREEN FOR OCQ.250:

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;

2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

HELP SCREEN FOR OCQ.260:

Private Company or Business: Employees of an organization whose operations are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes private organizations doing contract work for government agencies.

Federal Government: Include individuals working for any branch of the federal government, as well as paid elected officials, civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.

State Government: Include individuals working for agencies of state governments, as well as paid state officials, the state police, employees of state universities and colleges, and statewide JTPP administrators.

Local Government: Include individuals employed by cities, towns, counties, parishes, and other local areas, as well as employees of city-owned businesses, such as electric power companies, water and sewer services, etc. Also included here would be city-owned bus lines and employees of public elementary and secondary schools who worked for the local government.

Self-employed: Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators or independent truckers.

Working Without Pay: Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

HELP SCREEN FOR OCQ.380:

Taking Care of House or Family: Doing any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

Retired: Respondent defined.

Unable to Work for Health Reasons: Respondent defined.

On Layoff: Is when a person is waiting to be called back to a job from which they were temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his or her place of employment as being in layoff.

Disabled: Respondent defined.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

HELP SCREEN FOR OCQ.385:

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.

Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

HELP SCREEN FOR OCQ.392:

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.

Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

HELP SCREEN FOR OCQ.395:

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:
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Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

3.23 ACCULTURATION (ACQ)

ACCULTURATION – ACQ
Target Group: SPs 3+

BOX 1

OMITTED

BOX 1B

CHECK ITEM ACQ.006:
- IF SP CODED HISPANIC IN SCREENER, GO TO ACQ.042.
- ELSE IF SP CODED ASIAN IN SCREENER, GO TO ACQ.049.
- IF CODED BOTH HISPANIC AND ASIAN IN SCREENER, GO TO ACQ.042

OTHERWISE, CONTINUE.

ACQ.011 Now I'm going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

ENGLISH	1
SPANISH	8
OTHER	9
REFUSED	77
DON'T KNOW	99

BOX 2

CHECK ITEM ACQ.015:
GO TO END OF SECTION.

ACQ.042 Now I’m going to ask you about language use.

What language(s) {do you/does SP} usually speak at home? {Do you/Does he/Does she} speak only **Spanish**, more **Spanish** than English, both equally, more English than **Spanish**, or only English?

HAND CARD ACQ1

ONLY SPANISH,.....	1
MORE SPANISH THAN ENGLISH,.....	2
BOTH EQUALLY,.....	3
MORE ENGLISH THAN SPANISH, OR.....	4
ONLY ENGLISH.....	5
REFUSED.....	7
DON'T KNOW.....	9

BOX 3

CHECK ITEM ACQ.045:
GO TO ACQ.120.

ACQ.049 OS Now I’m going to ask you about language use.

What language(s) {do you/does SP} usually speak at home?

CODE ALL THAT APPLY

HAND CARD ACQ2

ENGLISH.....	10	
CHINESE.....	11	
FARSI/PERSIAN.....	12	
HINDI.....	13	
JAPANESE.....	14	
KHMER/CAMBODIAN.....	15	
KOREAN.....	16	
TAGALOG/FILIPINO.....	17	
URDU.....	18	
VIETNAMESE.....	19	
OTHER (SPECIFY).....	20	
REFUSED.....	77	(ACQ.120)
DON’T KNOW.....	99	(ACQ.120)

BOX 4

CHECK ITEM ACQ.090:
IF ACQ.049 = 10 ONLY, GO TO ACQ.120.
IF ACQ.049 = 10 AND ONE OTHER RESPONSE 11-20, GO TO ACQ.110.
IF ACQ.049 DOES NOT EQUAL 10, GO TO ACQ.120
IF ACQ.049 = 10 AND TWO OR MORE OTHER RESPONSES 11-20, GO TO ACQ.101.

ACQ.101 Of these languages {ACQ.049 responses 11-20}, which {do you/does SP} speak more of at home?

CAPI INSTRUCTION:
- FILL NON-ENGLISH RESPONSE OPTIONS SELECTED IN ACQ.049 AND/OR ACQ.049OS SEPARATING WITH A COMMA. BEFORE LAST RESPONSE DISPLAY "and". FOR RESPONSE OPTION 20, DISPLAY OTHER SPECIFY TEXT.
- DISPLAY ONLY NON-ENGLISH RESPONSE OPTIONS SELECTED IN ACQ.049 AND/OR ACQ.049OS THAT WERE SELECTED.

CHINESE	11	
FARSI/PERSIAN	12	
HINDI	13	
JAPANESE	14	
KHMER/CAMBODIAN	15	
KOREAN	16	
TAGALOG/FILIPINO	17	
URDU	18	
VIETNAMESE	19	
{ACQ.049OS}	20	
REFUSED	77	(ACQ.120)
DON'T KNOW	99	(ACQ.120)

ACQ.110 {Do you/Does SP} speak only (NON-ENGLISH LANGUAGE), more (NON-ENGLISH LANGUAGE) than English, both equally, more English than (NON-ENGLISH LANGUAGE), or only English?

CAPI INSTRUCTION:
- IF ENGLISH AND ONE OTHER RESPONSE OPTION 11-20 WAS SELECTED IN ACQ.049, FILL NON-ENGLISH LANGUAGE WITH RESPONSE OPTION 11-20.
- IF ENGLISH AND TWO OR MORE OTHER OPTIONS 11-20 WERE SELECTED IN ACQ.049, FILL NON-ENGLISH WITH RESPONSE TO QUESTION ACQ.101.

ONLY (NON-ENGLISH LANGUAGE),	1
MORE (NON-ENGLISH), THAN ENGLISH,	2
BOTH EQUALLY,	3
MORE ENGLISH THAN (NON-ENG), OR	4
ONLY ENGLISH	5
REFUSED	7
DON'T KNOW	9

ACQ.120 In what country was {your/SP's} father born?
OS

UNITED STATES, EXCEPT PUERTO RICO.	1
PUERTO RICO	2
CAMBODIA	3
CHINA	4
CUBA	5
DOMINICAN REPUBLIC	6
EL SALVADOR	7
INDIA	8
IRAN	9
JAPAN	10
KOREA	11
MEXICO	12
NICARAGUA	13
PAKISTAN	14
PHILIPPINES	15
VIETNAM	16
OTHER (SPECIFY)	17
REFUSED	77
DON'T KNOW	99

ACQ.130 In what country was {your/SP's} mother born?
OS

UNITED STATES, EXCEPT PUERTO RICO.	1
PUERTO RICO	2
CAMBODIA	3
CHINA	4
CUBA	5
DOMINICAN REPUBLIC	6
EL SALVADOR	7
INDIA	8
IRAN	9
JAPAN	10
KOREA	11
MEXICO	12
NICARAGUA	13
PAKISTAN	14
PHILIPPINES	15
VIETNAM	16
OTHER (SPECIFY)	17
REFUSED	77
DON'T KNOW	99

3.24 **DEMOGRAPHICS (DMQ)**

DEMOGRAPHICS INFORMATION – DMQ – SP
Target Group: SPs Birth +

BOX 1A

CHECK ITEM DMQ.030:
IF SP AGE >= 6, CONTINUE.
OTHERWISE, GO TO DMQ.061.

DMQ.141 What is the **highest** grade or level of school {you have/SP has} **completed** or the **highest degree** {you have/s/he has} **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY.
ENTER HIGHEST LEVEL OF SCHOOL.

NEVER ATTENDED/KINDERGARTEN ONLY	0	(BOX 1B)
1ST GRADE	1	
2ND GRADE	2	
3RD GRADE	3	
4TH GRADE	4	
5TH GRADE	5	
6TH GRADE	6	
7TH GRADE	7	
8TH GRADE	8	
9TH GRADE	9	
10TH GRADE	10	
11TH GRADE	11	
12TH GRADE, NO DIPLOMA	12	
HIGH SCHOOL GRADUATE	13	
GED OR EQUIVALENT	14	
SOME COLLEGE, NO DEGREE	15	
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM	16	
ASSOCIATE DEGREE: ACADEMIC PROGRAM	17	
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)	18	
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)	19	
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)	20	
DOCTORAL DEGREE (EXAMPLE: PhD, EdD)	21	
REFUSED	77	
DON'T KNOW	99	

CAPI INSTRUCTION:
EDITS:
(DMQ.141 = 19, 20 OR 21 AND SP AGE < 22) OR
(DMQ.141 = 15, 16, 17 OR 18 AND SP AGE < 18) OR
(DMQ.141 = 10, 11, 12, 13 OR 14 AND SP AGE < 14) OR
(DMQ.141 = 5, 6, 7, 8 OR 9 AND SP AGE < 8)
DISPLAY "IMPROBABLE ANSWER DUE TO SP's AGE {SP AGE}. PLEASE VERIFY."

BOX 1AA

CHECK ITEM DMQ.035:
IF SP AGE <= 19, CONTINUE
OTHERWISE, GO TO DMQ.052.

DMQ.037 {Are you/Is SP} now . . .

going to school,.....	1	
between grades, or.....	2	
neither?.....	3	
REFUSED.....	7	
DON'T KNOW.....	9	

HELP SCREEN:
Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

BOX 1B

CHECK ITEM DMQ.040:
IF SP AGE >= 17, CONTINUE.
OTHERWISE, GO TO DMQ.061.

DMQ.052 {Have you/Has SP} ever served on active duty in **the U.S. Armed Forces**, military Reserves, or National Guard? (Active duty does **not** include training for the Reserves or National Guard, but **does** include activation, for service in the U.S. or in a foreign country, in support of military or humanitarian operations.)

YES.....	1	
NO.....	2	(DMQ.061)
REFUSED.....	7	(DMQ.061)
DON'T KNOW.....	9	(DMQ.061)

HELP SCREEN:
Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines).

DMQ.054 Did {you/SP} ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission? (This would include National Guard or reserve or active duty monitoring or conducting peace keeping operations in Bosnia and Kosovo, in the Sinai between Egypt and Israel, or in response to the 2004 tsunami or Haiti in 2010.)

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

DMQ.057 When did {you/SP} serve on **active duty** in the U.S. Armed Forces?

HAND CARD DMQ2

CODE ALL THAT APPLY

INTERVIEWER: CHECK ALL PERIODS IN WHICH THIS PERSON SERVED. CHECK THE ITEM EVEN IF THE SP SERVED JUST FOR PART OF THAT PERIOD.

SEPT 2001 OR LATER	10
AUGUST 1990 TO AUGUST 2001 (INCLUDING PERSIAN GULF WAR)	11
SEPTEMBER 1980 TO JULY 1990	12
MAY 1975 TO AUGUST 1980	13
AUGUST 1964 TO APRIL 1975 (VIETNAM ERA)	14
MARCH 1961 TO JULY 1964	15
FEBRUARY 1955 TO FEBRUARY 1961	16
JULY 1950 TO JANUARY 1955 (KOREAN WAR)	17
JANUARY 1947 TO JUNE 1950	18
DECEMBER 1941 TO DECEMBER 1946 (WORLD WAR II)	19
NOVEMBER 1941 OR EARLIER	20
REFUSED	77
DON'T KNOW	99

NEW BOX 1BB

CHECK ITEM DMQ.058:
IF CODE 11 (AUGUST 1990 TO AUGUST 2001) IN DMQ.057, CONTINUE.
OTHERWISE, GO TO DMQ.061.

DMQ.059 Did {you/SP} serve in the Persian Gulf during Operation Desert Shield or Operation Desert Storm between August 1990 and April 1991?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DMQ.061 Next I have a few questions about {your/SP's} name. {Do you/Does SP} usually go by **another** first name besides {DISPLAY FIRST NAME FROM DMQ-SPIV.040}?

CAPI INSTRUCTION:
DISPLAY "FIRST NAME:" AND FIRST NAME FROM DMQ-SPIV.040 AS LEFT HEADER.

YES	1	
NO	2	(BOX 1BBB)
REFUSED	7	(BOX 1BBB)
DON'T KNOW	9	(BOX 1BBB)

DMQ.071 What is this **other first** name?

VERIFY SPELLING

_____
ENTER NAME

REFUSED..... 7----7
DON'T KNOW..... 9----9

BOX 1BBB

CHECK ITEM DMQ.073a:
IF AGE >= 14, CONTINUE.
OTHERWISE, GO TO BOX 1D.

DMQ.380 {Are you/Is SP} **now** married, widowed, divorced, separated, never married or living with a partner?

MARRIED.....	1	
WIDOWED.....	2	
DIVORCED.....	3	
SEPARATED.....	4	
NEVER MARRIED.....	5	(BOX 1D)
LIVING WITH PARTNER.....	6	
REFUSED.....	77	
DON'T KNOW.....	99	

BOX 1C

CHECK ITEM DMQ.075A:
IF SP IS MALE, GO TO BOX 1D.
OTHERWISE, CONTINUE.

DMQ.081 {Do you/Does SP} have a maiden name?

ASK IF NOT KNOWN

YES.....	1	
NO.....	2	(BOX 1D)
REFUSED.....	7	(BOX 1D)
DON'T KNOW.....	9	(BOX 1D)

DMQ.090 G/Q

What is {your/SP's} **maiden** name?

VERIFY SPELLING

CAPI INSTRUCTION:
DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ-SPIV.060 AS LEFT HEADER.

|___|
ENTER MAIDEN NAME..... 1
SAME AS CURRENT LAST NAME..... 2 (BOX 1D)
REFUSED..... 7 (BOX 1D)
DON'T KNOW..... 9 (BOX 1D)

_____
REFUSED.....7----7
DON'T KNOW.....9----9

BOX 1D

CHECK ITEM DMQ.094:
IF SP AGE >= 16, CONTINUE.
OTHERWISE, GO TO DMQ.241.

DMQ.101 G/Q

What is {your/SP's} **father's** last name?

VERIFY SPELLING

CAPI INSTRUCTION:
DISPLAY "LAST NAME:" AND SP'S CURRENT LAST NAME FROM DMQ-SPIV.060 AS LEFT HEADER.
IF MAIDEN NAME ENTERED IN DMQ.090G/Q, AND MAIDEN NAME IS DIFFERENT FROM CURRENT LAST NAME, ALSO DISPLAY "MAIDEN NAME:" AND MAIDEN NAME FROM DMQ.090G/Q AS LEFT HEADER.

CAPI INSTRUCTION:
HARD EDIT: IF SP MALE, DO NOT ALLOW RESPONSE 3.

|___|
ENTER NAME..... 1
SAME AS CURRENT LAST NAME..... 2 (DMQ.241)
SAME AS MAIDEN NAME..... 3 (DMQ.241)
REFUSED..... 7 (DMQ.241)
DON'T KNOW..... 9 (DMQ.241)

_____
REFUSED.....7----7
DON'T KNOW.....9----9

DMQ.241 {Do you/Does SP} consider {yourself/himself/herself} to be Hispanic, Latino, or of Spanish origin?

READ IF NECESSARY: Where {do your/do his/do her} ancestors come from?
Puerto Rican
Cuban/Cuban American
Dominican Republic
Mexican/Mexican American
Central/South American
Other Latin American
Other Hispanic or Latino

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
SPANISH, HISPANIC OR LATINO PEOPLE MAY BE OF ANY RACE. LISTED BELOW ARE HISPANIC OR LATINO CATEGORIES/COUNTRIES.

MEXICAN
PUERTO RICAN
CUBAN
DOMINICAN REPUBLIC
CENTRAL AMERICAN:
COSTA RICAN
GUATEMALAN
HONDURAN
NICARAGUAN
PANAMANIAN
SALVADORAN
OTHER CENTRAL AMERICAN
SOUTH AMERICAN:
ARGENTINEAN
BOLIVIAN
CHILEAN
COLOMBIAN
ECUADORIAN
PARAGUAYAN
PERUVIAN
URUGUAYAN
VENEZUELAN
OTHER SOUTH AMERICAN
OTHER HISPANIC OR LATINO:
SPANIARD
SPANISH
SPANISH AMERICAN

BOX 3E
OMITTED

BOX 3F

OMITTED

BOX 3G

OMITTED

BOX 3H

OMITTED

BOX 3I

CHECK ITEM DMQ.242:
IF YES (CODE 1) IN DMQ.241 AND YES IN SCQ.260 GO TO DMQ.253.
IF NO (CODE 2) IN DMQ.241 AND NO IN SCQ.260 GO TO DMQ.263.
OTHERWISE, GO TO **BOX 3J**.

BOX 3J

CHECK ITEM DMQ.249:
IF YES (CODE 1) OR DK IN DMQ.241 AND NO (CODE 2) IN SCQ.260, DISPLAY SOFT EDIT MESSAGE "WARNING – SCREENER ETHNICITY IS **NOT** HISPANIC – SP MAY BE **DESAMPLED**. HAND CARD DMQ3 TO RESPONDENT AND READ CATEGORIES.
OTHERWISE, GO TO **BOX 3K**.

BOX 3K

CHECK ITEM DMQ.254:
IF NO (CODE 2) OR DK IN DMQ.241 AND YES (CODE 1) IN SCQ.260, DISPLAY SOFT EDIT MESSAGE "WARNING – SCREENER ETHNICITY **IS HISPANIC** – SP MAY BE **DESAMPLED**. HAND CARD DMQ3 TO RESPONDENT AND READ CATEGORIES.
OTHERWISE, GO TO **BOX 3K-1**.

BOX 3K-1

CHECK ITEM DMQ.256:
IF YES IN DMQ.241, CONTINUE.
OTHERWISE, GO TO DMQ.263.

DMQ.253 Please give me the number of the group that represents {your/SP's} **Hispanic/Latino** or Spanish origin or

OS ancestry. Please select 1 or more of these categories.

PROBE: Where do you/your ancestors come from?

HAND CARD DMQ3
SELECT 1 OR MORE

MEXICAN	10
PUERTO RICAN	11
CUBAN	12
DOMINICAN REPUBLIC	13
CENTRAL AMERICAN:	
COSTA RICAN	14
GUATEMALAN	15
HONDURAN	16
NICARAGUAN	17
PANAMANIAN	18
SALVADORAN	19
OTHER CENTRAL AMERICAN	20
SOUTH AMERICAN:	
ARGENTINEAN	21
BOLIVIAN	22
CHILEAN	23
COLOMBIAN	24
ECUADORIAN	25
PARAGUAYAN	26
PERUVIAN	27
URUGUAYAN	28
VENEZUELAN	29
OTHER SOUTH AMERICAN	30
OTHER HISPANIC OR LATINO:	
FILIPINO	31
SPANIARD	32
SPANISH	33
SPANISH AMERICAN	34
HISPANO/HISPANA	35
HISPANIC/LATINO	36
OTHER HISPANIC/LATINO (SPECIFY)	40
CHICANA/CHICANO	41
REFUSED	77
DON'T KNOW	99

BOX 3L

CHECK ITEM DMQ.255:
IF 'OTHER SPECIFY' (CODE 40) IN DMQ.253, DISPLAY SOFT ERROR MESSAGE "PLEASE REVIEW THE LIST AND SELECT RESPONSE FROM LIST BEFORE TYPING. THE LIST IS MEANT TO INCLUDE **ALL** CATEGORIES" AND CAPI SHOULD RETURN TO DMQ.253.

DMQ.263 Please look at the categories on this card. What race or races {do you/does SP} consider {yourself/himself/herself} to be? Please select one or more.

HAND CARD DMQ4

CHECK ALL THAT APPLY.

AMERICAN INDIAN OR ALASKA NATIVE....	1
ASIAN.....	2
BLACK OR AFRICAN AMERICAN.....	3
NATIVE HAWAIIAN OR PACIFIC ISLANDER..	4
WHITE.....	5
OTHER.....	6
DK.....	99
RF.....	77

NEW BOX L-1

CHECK ITEM DMQ.310:
IF CODE 2 (ASIAN) IN DMQ.263 AND CODE 2 (ASIAN) IN SCQ.270, GO TO DMQ.336.
IF NOT CODE 2 (ASIAN) IN DMQ.263 AND NOT CODE 2 (ASIAN) IN SCQ.270, GO TO **BOX L-4d**.
OTHERWISE, GO TO **NEW BOX L-2**.

NEW BOX L-2

CHECK ITEM DMQ.315:
IF CODE 2 (ASIAN) OR DK IN DMQ.263 AND NOT (CODE 2) IN SCQ.270, DISPLAY SOFT EDIT MESSAGE "WARNING – SCREENER RACE IS **NOT** ASIAN – SP MAY BE **DESAMPLED**."
OTHERWISE, GO TO **NEW BOX L-3**.

NEW BOX L-3

CHECK ITEM DMQ.320:
IF **NOT** CODE 2 OR DK IN DMQ.263 AND CODE 2 (ASIAN) IN SCQ.270, DISPLAY SOFT EDIT MESSAGE "WARNING – SCREENER RACE **IS ASIAN** – SP MAY BE **DESAMPLED**.
OTHERWISE, GO TO **NEW BOX L-4**.

NEW BOX L-4

CHECK ITEM DMQ.325:
IF CODE 2 (ASIAN) IN DMQ.263, GO TO DMQ.336.
OTHERWISE, GO TO **NEW BOX L-4a**.

NEW BOX L-4a

CHECK ITEM DMQ.327:
IF CODE 3 (BLACK) IN DMQ.263 AND CODE 3 (BLACK) IN SCQ.270, GO TO NEW BOX L-4d.
IF NOT CODE 3 (BLACK) IN DMQ.263 AND NOT CODE 3 (BLACK) IN SCQ.270, GO TO NEW BOX L-4d.
OTHERWISE, GO TO **NEW BOX L-4b**.

NEW BOX L-4b

CHECK ITEM DMQ.332:
IF CODE 3 (BLACK) OR DK IN DMQ.263 AND NOT CODE 3 IN SCQ.270, DISPLAY SOFT EDIT MESSAGE "WARNING-SCREENER RACE IS **NOT** BLACK/AFRICAN AMERICAN-SP MAY BE **DESAMPLED**."
OTHERWISE, GO TO **NEW BOX L-4c**.

NEW BOX L-4c

CHECK ITEM DMQ.338:
IF **NOT** 3 OR DK IN DMQ.263 AND CODE 3 (BLACK/AFRICAN AMERICAN) IN SCQ.270, DISPLAY SOFT EDIT MESSAGE "WARNING-SCREENER RACE **IS BLACK/AFRICAN AMERICAN**-SP MAY BE **DESAMPLED**."
OTHERWISE, GO TO **NEW BOX L-4d**.

NEW BOX L-4d

CHECK ITEM DMQ.339:
IF CODE 4 (NHPI) IN DMQ.263, GO TO DMQ.350.
IF NOT CODE 4 (NHPI) IN DMQ.263, GO TO NEW BOX L-5.

NEW BOX L-5

CHECK ITEM DMQ.330:IF CODE 6 (OTHER) IN DMQ.263 AND CODE 1 (YES-HISPANIC) IN DMQ.241, GO TO DMQ.266.
OTHERWISE, GO TO DMQ.107.

DMQ.350 Please give me the number of the group that represents {your/SP's} Native Hawaiian or Pacific Islander origin or ancestry. Please select one or more of these categories.

HAND CARD DMQ5

PROBE: Where do your ancestors come from?

NATIVE HAWAIIAN	1
GUAMANIAN OR CHAMORRO	2
SAMOAN	3
OTHER PACIFIC ISLANDER	4
REFUSED	7
DON'T KNOW	9

BOX L-5a

CHECK ITEM DMQ.355:
GO TO NEW BOX L-5.

DMQ.336 Please give me the number of the group that represents {your/SP's} Asian origin or ancestry. Please select one or more of these categories.

HAND CARD DMQ6

PROBE: Where do your ancestors come from?

ASIAN INDIAN	10
BANGLADESHI	11
BENGALESE	12
BHARAT	13
BHUTANESE	14
BURMESE	15
CAMBODIAN	16
CANTONESE	17
CHINESE	18
DRAVIDIAN	19
EAST INDIAN	20
FILIPINO	21
GOANESE	22
HMONG	23
INDOCHINESE	24
INDONESIAN	25
IWO JIMAN	26
JAPANESE	27
KOREAN	28
LAOHMONG	29
LAOTIAN	30
MADAGASCAR/MALAGASY	31
MALAYSIAN	32
MALDIVIAN	33
MONG	34
NEPALESE	35
NIPPONESE	36
OKINAWAN	37
PAKISTANI	38
SIAMESE	39
SINGAPOREAN	40
SRI LANKAN	41
TAIWANESE	42
THAI	43
VIETNAMESE	44
REFUSED	77
DON'T KNOW	99

NEW BOX L-6

CHECK ITEM DMQ.340:
SKIP TO DMQ.107.

DMQ.266 OS CODE SP ANSWER TO 'OTHER RACE'.

MEXICAN	10
PUERTO RICAN	11
CUBAN	12
DOMINICAN REPUBLIC	13
CENTRAL AMERICAN:	
COSTA RICAN	14
GUATEMALAN	15
HONDURAN	16
NICARAGUAN	17
PANAMANIAN	18
SALVADORAN	19
OTHER CENTRAL AMERICAN	20
SOUTH AMERICAN:	
ARGENTINEAN	21
BOLIVIAN	22
CHILEAN	23
COLOMBIAN	24
ECUADORIAN	25
PARAGUAYAN	26
PERUVIAN	27
URUGUAYAN	28
VENEZUELAN	29
OTHER SOUTH AMERICAN	30
OTHER HISPANIC OR LATINO:	
SPANIARD	32
SPANISH	33
SPANISH AMERICAN	34
HISPANO/HISPANA	35
HISPANIC/LATINO	36
OTHER (SPECIFY)	40
REFUSED	77
DON'T KNOW	99

BOX 3M

CHECK ITEM DMQ.268:
IF 'OTHER SPECIFY' (CODE 40) IN DMQ.266, DISPLAY SOFT ERROR MESSAGE – "PLEASE REVIEW THE LIST AND SELECT RESPONSE FROM LIST BEFORE TYPING. THE LIST IS MEANT TO INCLUDE **ALL** CATEGORIES." AND CAPI SHOULD RETURN TO QUESTION DMQ.266.

DMQ.107 In what country {were you/was SP} born?

UNITED STATES	1	(DMQ.130)
OTHER COUNTRY	2	(NEW BOX 3N)
REFUSED	7	(BOX 5)
DON'T KNOW	9	(BOX 5)

NEW BOX 3N

CHECK ITEM DMQ.108:
IF CODE 2 (ASIAN) IN DMQ.263, GO TO DMQ.125.
OTHERWISE, CONTINUE.

DMQ.112 SELECT COUNTRY OF BIRTH
OS

ARGENTINA	1	(DMQ.160 M/Y)
BELIZE	2	(DMQ.160 M/Y)
BOLIVIA	3	(DMQ.160 M/Y)
BRAZIL	4	(DMQ.160 M/Y)
CHILE	5	(DMQ.160 M/Y)
COLOMBIA	6	(DMQ.160 M/Y)
COSTA RICA	7	(DMQ.160 M/Y)
CUBA	8	(DMQ.160 M/Y)
DOMINICAN REPUBLIC	9	(DMQ.160 M/Y)
ECUADOR	10	(DMQ.160 M/Y)
EL SALVADOR	11	(DMQ.160 M/Y)
GUATEMALA	12	(DMQ.160 M/Y)
HONDURAS	13	(DMQ.160 M/Y)
MEXICO	14	(DMQ.160 M/Y)
NICARAGUA	15	(DMQ.160 M/Y)
PANAMA	16	(DMQ.160 M/Y)
PARAGUAY	17	(DMQ.160 M/Y)
PERU	18	(DMQ.160 M/Y)
PHILIPPINES	19	(DMQ.160 M/Y)
PUERTO RICO	20	(DMQ.160 M/Y)
SPAIN	21	(DMQ.160 M/Y)
URUGUAY	22	(DMQ.160 M/Y)
VENEZUELA	23	(DMQ.160 M/Y)
OTHER COUNTRY (CAPI INSTRUCTION: DISPLAY DMQ.112 COUNTRY LIST.)	40	(DMQ.160 M/Y)

CAPI INSTRUCTION:
IF ‘OTHER’ SELECTED, DISPLAY COUNTRY LIST IN ALPHABETICAL ORDER. INTERVIEWER SHOULD BE ABLE TO SELECT ONE FROM THE LIST.

DMQ.125 SELECT COUNTRY OF BIRTH
OS

BANGLADESH..... 1
BHUTAN..... 2
BURMA/MYANMAR..... 3
CAMBODIA..... 4
CHINA..... 5
HONG KONG..... 6
INDIA..... 7
INDONESIA..... 8
JAPAN..... 9
KOREA..... 10
LAOS..... 11
MACAU..... 12
MADAGASCAR..... 13
MALAYSIA..... 14
MALDIVES..... 15
NEPAL..... 16
PAKISTAN..... 17
PHILIPPINES..... 18
SINGAPORE..... 19
SRI LANKA..... 20
TAIWAN..... 21
THAILAND 22
TIBET..... 23
VIETNAM..... 24
OTHER (CAPI INSTRUCTION: DISPLAY DMQ.125 COUNTRY LIST.)..... 25

CAPI INSTRUCTION:
IF 'OTHER' SELECTED, DISPLAY COUNTRY LIST IN ALPHABETICAL ORDER. INTERVIEWER SHOULD BE ABLE TO SELECT ONE FROM THE LIST.

DMQ.160 In what month and year did {you/SP} come to the United States to stay?
M/Y

CAPI INSTRUCTION:
HARD EDIT: NOT BEFORE SP'S DATE OF BIRTH AND NOT AFTER CURRENT DATE. IF OUT OF RANGE DISPLAY "DATE OF IMMIGRATION MUST BE AFTER DATE OF BIRTH {DOB YYYY} AND BEFORE TODAY."

|___|___|
ENTER MONTH NUMBER

REFUSED..... 7777
DON'T KNOW..... 9999

|___|___|___|___|
ENTER 4-DIGIT YEAR

REFUSED..... 777777
DON'T KNOW..... 999999

DMQ.170 {Are you/Is SP} a citizen of the United States?

[Information about citizenship is being collected by the National Center for Health Statistics to perform health related research. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on pending immigration or citizenship petitions.]

HAND CARD DMQ7

YES, BORN IN UNITED STATES	1
YES, BORN IN PUERTO RICO, GUAM, AMERICAN VIRGIN ISLANDS, OR OTHER U.S. TERRITORY	2
YES, BORN ABROAD TO AMERICAN PARENTS	3
YES, U.S. CITIZEN BY NATURALIZATION	4
NO, NOT A CITIZEN OF THE UNITED STATES	5
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Naturalization: The process of granting full citizenship to a person of foreign birth.

BOX 4

CHECK ITEM DMQ.172:
IF CODE 1 (BORN IN U.S.) IN DMQ.170 – DISPLAY SOFT ERROR MESSAGE "SP SAYS NOT BORN IN U.S. IN PREVIOUS QUESTION – PLEASE CORRECT."

BOX 5

CHECK ITEM DMQ.175:
SKIP TO DMQ.281a.

DMQ.130 In what state {were you/was SP} born?

ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.
SELECT STATE FROM CAPI STATE LIST.
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:
DISPLAY FIPS STATE LIST. INTERVIEWER ONLY SHOULD BE ABLE TO SELECT 1 STATE FROM LIST. WHEN A STATE ABBREVIATION IS SELECTED, PREFILL THE FOLLOWING:
DMQ130A – STATES FIPS CODE
DMQ130B = STATE NAME
DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.
THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.281a The National Center for Health Statistics will conduct statistical research by combining {your/his/her} survey data with vital, health, nutrition and other related records. {Your/SP's} social security number is used only for these purposes. Providing this information is voluntary and is collected under the authority of Section 306 of the Public Health Service Act. There will be no effect on {your/his/her} benefits if you do not provide it.

INTERVIEWER INSTRUCTION—ONLY READ IF ASKED. [Public Health Service Act is title 42, United States Code, section 242k.]

What is {your/SP's} Social Security Number?

INTERVIEWER INSTRUCTION:
IF RESPONDENT CANNOT RECALL FROM MEMORY ASK {HIM/HER} TO GET CARD AT THIS TIME.
IF RESPONDENT IS RELUCTANT OR NEEDS MORE INFORMATION OR REFUSES, READ:

I understand your concern. By matching NHANES data with other health-related records, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. Here are other examples (HAND CARD DMQ8) of things we have learned when we matched records from different sources. May I have {your/SP's} Social Security Number?

ENTER SOCIAL SECURITY NUMBER.....	1	(DMQ281b)
DOES NOT HAVE SOCIAL SECURITY NUMBER.....	2	(BOX 6)
REFUSED.....	7	(BOX 6)
DON'T KNOW.....	9	(BOX 6)

CAPI INSTRUCTION:
IF SP REFUSES (CODE 7), DISPLAY THE FOLLOWING SOFT ERROR MESSAGE:
"Make sure you have read the required text on the screen."

DMQ281b/c

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY OF SOCIAL SECURITY NUMBER.

|___|___|___| |___|___| |___|___|___|___|
ENTER SOCIAL SECURITY NUMBER
or

REFUSED.....	777777777	(BOX 6)
DON'T KNOW.....	999999999	(BOX 6)

HARD EDIT:
VALIDATE THAT THERE ARE 9 DIGITS ENTERED FOR AN SSN. DO NOT ACCEPT ENTRY LESS THAN 9 DIGITS FOR DMQ281B/C. IF A LESS THAN 9 DIGITS NUMBER WAS ENTERED, DISPLAY THE MESSAGE "The SSN should be a 9-digit number, please verify."

THE SSN IS A 3-PART NUMBER (3-DIGIT AREA NUMBER + 2-DIGIT GROUP NUMBER + 4-DIGIT SERIAL NUMBER). NONE OF THESE COMPARTMENTS CAN BE ALL ZEROS. PLEASE VERIFY AND DISPLAY ERROR MESSAGE "It is unlikely that the SSN starts with "000", has "00" as its middle 2-digits, or has "0000" as its last 4 digits, please verify that you have the complete number."

DMQ.300 INTERVIEWER: SELECT CATEGORY FOR REPORTING OF SOCIAL SECURITY NUMBER

SELF REPORTED FROM MEMORY	1
SELF REPORTED FROM RECORDS	2
PROXY REPORTED FROM MEMORY	3
PROXY REPORTED FROM RECORDS	4

HELP SCREEN FOR DMQ.141:

School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools.

Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, junior colleges specializing in skill training, colleges of education, and nursing schools where a Bachelor's degree is offered.

If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included:

- Training Programs - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree.

- Vocational, Trade, or Business School - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

- General Educational Development (GED) or High School Equivalency - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14."

- Adult Education - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma (or GED), or a college degree.

- Other School Systems - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special circumstances, ask the respondent to give the nearest equivalent of years in regular U.S. schooling.

GED (General Educational Development): An exam certified equivalent of a high school diploma.

Occupational/Technical/Vocational Programs: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.

Vocational (Trade or Business) School: When determining the highest grade or year of regular school the person ever completed, do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

College: Any junior college, community college, four-year college or university, nursing school or seminary where a college degree is offered, and graduate school or professional school that is attended after obtaining a degree from a 4-year institution.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a four-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Doctorate Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

3.25 HEALTH INSURANCE (HIQ)

HEALTH INSURANCE – HIQ
Target Group: All Ages

HIQ.011 The next questions are about health insurance.

Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

{Are you/Is SP} covered by health insurance or some other kind of health care plan?

YES	1	
NO	2	(BOX 12)
REFUSED	7	(BOX 12)
DON'T KNOW	9	(BOX 12)

HIQ.031 What kind of health insurance or health care coverage {do you/does SP} have? **Include** those that pay for only one type of service (nursing home care, accidents, or dental care). **Exclude** private plans that only provide extra cash while hospitalized. If {you have/s/he has} more than one kind of health insurance, tell me all plans that {you have/s/he has}.

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION:
DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.

PRIVATE HEALTH INSURANCE..... 14
MEDICARE..... 15
MEDI-GAP..... 16
MEDICAID ({DISPLAY STATE PLAN NAME})..... 17
SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM)..... 18
MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA)..... 19
INDIAN HEALTH SERVICE..... 20
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME})..... 21
OTHER GOVERNMENT PROGRAM..... 22
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS)..... 23
NO COVERAGE OF ANY TYPE..... 40
REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTION:
SOFT EDIT: IF SP AGE LESS THAN 18 AND HIQ.031 = 15 (MEDICARE) DIPLAY ERROR MESSAGE, "PLEASE VERIFY THAT CHILD SP HAS MEDICARE. ONLY DISABLED CHILDREN OR CHILDREN WITH KIDNEY FAILURE CAN GET MEDICARE. CHILDREN WHO HAVE MEDICARE ARE ALMOST ALWAYS ALSO RECEIVING SOCIAL SECURITY OR SSI AND HAVE MEDICAID."

SOFT EDIT: IF SP AGE EQUAL TO OR GREATER THAN 18 AND LESS THAN 65 AND HIQ.031 – 15 (MEDICARE) DISPLAY ERROR MESSAGE, "PLEASE VERIFY THAT SP AGE 18-64 HAS MEDICARE. ONLY DISABLED ADULTS OR ADULTS WITH KIDNEY FAILURE UNDER 65 YEARS OLD CAN HAVE MEDICARE. THEY ARE ALMOST ALWAYS RECEIVING DISABILITY CHECKS FROM SOCIAL SECURITY OR SSI."

HARD EDIT: IF HIQ.031 = 16 (MEDI-GAP) AND 15 (MEDICARE)IS NOT SELECTED, DISPLAY ERROR MESSAGE, "MEDI-GAP REFERS TO MEDICARE SUPPLEMENTAL INSURANCE. YOU MUST HAVE MEDICARE TO BE ELIGIBLE TO PURCHASE MEDI-GAP. PLEASE VERIFY IF SP HAS MEDI-GAP AND, IF YES, IF HE/SHE HAS MEDICARE."
{CAPI DISPLAYS ONE QUESTION FOR CORRECTION}
HIQ.031

BOX 2

OMITTED

BOX 3

OMITTED

BOX 4

OMITTED

BOX 5

OMITTED

BOX 10

OMITTED

BOX 11

OMITTED

BOX 12

CHECK ITEM HIQ.065:

- IF AGE => 65 AND HIQ.031 = CODE 14 OR CODE 16-99 OR HIQ.031 IS EMPTY, GO TO HIQ.260.
- IF AGE = BIRTH+ AND HIQ.031 = CODE 15, GO TO HIQ.502.
- OTHERWISE, CONTINUE.

BOX 13

CHECK ITEM HIQ.259:

IF AGE < 65 AND (HIQ.011 = 1 (YES) AND HIQ.031 NOT = 40 (NO COVERAGE), GO TO HIQ.270.

IF AGE < 65 AND (HIQ.011 = 2, 7, OR 9 OR HIQ.031 = 40), GO TO END OF SECTION.

HIQ.260 {Do you/Does SP} have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday, it looks like this.

SHOW HAND CARD HIQ2 OF MEDICARE CARD

YES	1	
NO	2	(BOX 14)
REFUSED	7	(BOX 14)
DON'T KNOW	9	(BOX 14)

HIQ.502 May I please see {your/SP's} Medicare card to record the Health Insurance Claim Number?

This number is needed to allow Medicare records of the Center for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact {you/SP}. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on {your/his/her} benefits. This number will be held confidential. [The Public Health Service Act is Title 42, United States Code, Section 242K.]

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY OF NUMBER.
ALLOW UP TO 11 CHARACTERS (LETTERS OR NUMBERS)

|___|___|___|___|___|___|___|___|___|___|___|
ENTER CLAIM NUMBER

REFUSED	77777777777	(BOX 14)
DON'T KNOW	99999999999	(BOX 14)

HIQ.105 INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE	1	
CARD NOT AVAILABLE	2	(BOX 14)

BOX 14

CHECK ITEM HIQ.269:
IF (HIQ.011 = 1 AND HIQ.031 NOT = 40) OR HIQ.260 = 1, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

BOX 6

OMITTED

BOX 7

OMITTED

BOX 8

OMITTED

BOX 9

OMITTED

HIQ.270 {Does this plan/Do any of these plans} cover any part of the cost of prescriptions?

CAPI INSTRUCTION:
IF HIQ.031 = 15 or HIQ.260 = 1, DISPLAY: [If you are enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan, you have some prescription drug coverage.]

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HIQ.210 In the **past 12 months**, was there any time when {you/SP} did **not** have **any** health insurance coverage?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN FOR HIQ.011:

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.
Medicare consists of two parts, A and B:
Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.
Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.
Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.
If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

HELP SCREEN FOR HIQ.031:

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.
Medicare consists of two parts, A and B:
Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.
Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.
Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.
If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

CHAMPUS/TRICARE/CHAMP-VA: CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the "managed care" version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Indian Health Service: The federal health care program for Native Americans.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

Single Service Plan (SSP): Health insurance coverage paid for by an individual that provides for only one type of service or treatment for a specific condition. These plans are usually bought to supplement a more comprehensive health insurance plan. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

HELP SCREEN FOR HIQ.502:

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.
Medicare consists of two parts, A and B:
Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.
Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.
Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.
If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

3.26 DIETARY SUPPLEMENTS AND ANTACIDS SECTION (DSQ)

DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION – DSQ
Target Group: SPs Birth +

DSQ.012 The next questions are about {your/SP's} use of dietary supplements, nonprescription antacids, and prescription medications during the **past 30 days**.

{Have you/Has SP} used or taken any **vitamins, minerals, herbals or other dietary supplements** in the **past 30 days**? Include prescription and non-prescription supplements.

This card lists some examples of different types of dietary supplements.

HAND CARD DSQ1a

CAPI INSTRUCTION:
IF ITEM CHANGES, CHECK MEC COMPONENT.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

RXQ.021 {Have you/Has SP} used or taken any nonprescription **antacids** in the **past 30 days**?

HAND CARD DSQ1b

CAPI INSTRUCTION:
IF ITEM CHANGED, CHECK MEC COMPONENT.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

BOX 0
OMITTED

RXQ.033 In the **past 30 days**, {have you/has SP} used or taken medication for which a **prescription** is needed? Include only those products prescribed by a health professional such as a doctor or dentist. {Please remember to include any prescription birth control products that you are taking or using such as pills or patches.} [Do not include prescription vitamins or minerals you may have already told me about.]

YES.....	1	(BOX 0AA)
NO.....	2	(BOX 0AA)
REFUSED.....	7	(BOX 0AA)
DON'T KNOW.....	9	(BOX 0AA)

CAPI INSTRUCTION:
IF SP FEMALE AND AGE 16-49 YEARS, DISPLAY 'Please remember to include prescription birth control products that you are taking or using such as pills or patches.'

CAPI HARD EDIT CHECK #1
IF 'NO' (CODE 2) IN RXQ.033 AND 'YES' (CODE 1) IN DIQ.050 OR DIQ.070, DISPLAY THE FOLLOWING MESSAGE:
Earlier in the interview you reported currently taking insulin or a diabetic pill. If this is correct, we should count that as prescription medication you have taken in the last 30 days.
{CAPI DISPLAYS THREE QUESTIONS FOR CORRECTION}
DIQ.050 = Taking Insulin
DIQ.070 = Taking Diabetic Pills
RXQ.033 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #2
IF 'NO' (CODE 2) IN RXQ.033 AND 'YES' (CODE 1) IN BPQ.050a, DISPLAY THE FOLLOWING MESSAGE:
Earlier in the interview you reported currently taking prescription medication for high blood pressure. If this is correct, we should count that as prescription medication you have taken in the last 30 days.
{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}
BPQ.050a = Taking Blood Pressure Medication
RXQ.033 = Prescription Medication in Last 30 Days

CAPI HARD EDIT CHECK #3
IF 'NO' (CODE 2) IN RXQ.033 AND 'YES' (CODE 1) IN BPQ.100d, DISPLAY THE FOLLOWING MESSAGE:
Earlier in the interview you reported currently taking prescription medication for high cholesterol. If this is correct, we should count that as prescription medication you have taken in the last 30 days.
{CAPI DISPLAYS TWO QUESTIONS FOR CORRECTION}
BPQ.100d = Taking High Cholesterol Medicine
RXQ.033 = Prescription Medication in Last 30 Days

BOX 0A

OMITTED

BOX 0AA

CHECK ITEM RXQ.085:

IF RXQ.033 = 2/NO AND DLQ.150 = 1/YES, CONTINUE.

OTHERWISE, GO TO BOX 0AAA.

RXQ.090 Earlier in the interview you reported taking medication for depression. Was that a prescription medication?

YES	1	
NO	2	(BOX 0AAA)
REFUSED	7	(BOX 0AAA)
DON'T KNOW	9	(BOX 0AAA)

RXQ.100 Did you take it in the last 30 days?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 0AAA

CHECK ITEM RXQ.105:

IF RXQ.033 = 2/NO AND DLQ.110 = 1/YES, CONTINUE.

OTHERWISE, GO TO BOX 1.

RXQ.110 Earlier in the interview you reported taking medication for feeling worried, nervous or anxious. Was that a prescription medication?

YES	1	
NO	2	(BOX 1)
REFUSED	7	(BOX 1)
DON'T KNOW	9	(BOX 1)

RXQ.120 Did you take it in the last 30 days?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1

CHECK ITEM DSQ.035A:
IF 'YES' (CODE 1) IN DSQ.012, RXQ.021, RXQ.033, RXQ.100 OR RXQ.120, CONTINUE.
OTHERWISE, GO TO BOX 17A.

DSQ.042 May I please see the containers for **all** the {vitamins, minerals, herbals, and other dietary supplements}, {and} {nonprescription antacids} {and} {prescription medicines} that {you/SP} used or took in the **past 30 days**?

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY {vitamins, minerals, herbals and other dietary supplements,} only if DSQ.012 = yes (1), {nonprescription antacids.} only if RXQ.021 = yes (1), {prescription medicines,} only if RXQ.033, RXQ.100 or RXQ.120 = yes (1), and the word {“and”} only before the last product type if there is more than one product type.

BOX 1A

CHECK ITEM DSQ.045:
IF 'YES' (CODE 1) IN DSQ.012, CONTINUE WITH DSQ.055.
OTHERWISE, GO TO BOX 6.

DSQ.055 I will start with the vitamins, minerals, herbals and other dietary supplements. Please show me any {you have/SP has} taken in the **past 30 days**.

CHECK THE BACK OF THE PRODUCT LABEL AND VERIFY THAT THIS IS THE ONLY NUTRIENT (ELEMENT) LISTED IN THE SUPPLEMENTS FACTS BOX. IF THERE IS ANYTHING ELSE LISTED, ENTER AS A REGULAR PRODUCT.
IS THIS PRODUCT ON THE LIST BELOW?

YES	1	
NO	2	(DSQ.052)
DON'T KNOW	9	(DSQ.052)
VITAMIN A	10	
VITAMIN B6	12	
VITAMIN B12	13	
VITAMIN C (WITH OR WITHOUT ROSE HIPS)	14	
VITAMIN D (D3)	15	
VITAMIN E	16	
CALCIUM	18	
CHROMIUM (CHROMIUM PICOLINATE)	19	
FOLATE (FOLIC ACID)	20	
IRON (FERROUS XXXATE)	21	
MAGNESIUM	27	
POTASSIUM	28	
SELENIUM	29	
ZINC (ZINC GLUCONATE)	40	

DSQ.056 WHICH PRODUCT IS IT?
CHECK THE BACK OF THE PRODUCT LABEL AND VERIFY THAT THIS IS THE ONLY NUTRIENT (ELEMENT) LISTED IN THE SUPPLEMENTS FACTS BOX. IF THERE IS ANYTHING ELSE LISTED, ENTER AS A REGULAR PRODUCT.
ENTER 1 PRODUCT CODE

CAPI INSTRUCTION:
IF ITEM CHANGED, CHECK MEC COMPONENT.

VITAMIN A	10	
VITAMIN B6	12	
VITAMIN B12	13	
VITAMIN C (WITH OR WITHOUT ROSE HIPS)	14	
VITAMIN D (D3)	15	
VITAMIN E	16	
CALCIUM	18	
CHROMIUM (CHROMIUM PICOLINATE)	19	
FOLATE (FOLIC ACID)	20	
IRON (FERROUS XXXATE)	21	
MAGNESIUM	27	
POTASSIUM	28	
SELENIUM	29	
ZINC (ZINC GLUCONATE)	40	
REFUSED	77	(DSQ.052)
DON'T KNOW	99	(DSQ.052)

BOX 1B

CHECK ITEM DSQ.059:
GO TO DSQ.071.

DSQ.052 REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED. ENTER FULL NAME OF SUPPLEMENT, INCLUDING BRAND.

_____
ENTER SUPPLEMENT NAME

REFUSED..... 7---7
DON'T KNOW..... 9---9

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSAL, THEN GO TO BOX 6.
SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED.
TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.
IF ITEM CHANGED, CHECK MEC COMPONENT.

DSQ.060s OMITTED

BOX 2

OMITTED

DSQ.057 OMITTED

DSQ.071 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.
IF ITEM CHANGED, CHECK MEC COMPONENT.

CONTAINER SEEN..... 1
CONTAINER NOT SEEN..... 2

BOX 2A

CHECK ITEM DSQ.074:

- IF PRODUCT WAS SELECTED FROM SPECIAL PRODUCT LIST (YES, CODE 1 IN DSQ.055) **AND CONTAINER SEEN**, CONTINUE.
- IF PRODUCT WAS **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.055) AND **CONTAINER SEEN**, GO TO DSQ.077.
- OTHERWISE (IF CONTAINER NOT SEEN), GO TO DSQ.096.

DSQ.066 a/aO **SELECT STRENGTH FOR {ELEMENT}**

IF STRENGTH NOT ON FRONT OR UNCLEAR, TURN CONTAINER AROUND AND GET STRENGTH FROM FACTS BOX.

PRESS BS TO START LOOKUP.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

- {ELEMENT} = DISPLAY PRODUCT ELEMENT SELECTED IN DSQ.056.
- DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.
- IF “OTHER” STRENGTH IS SELECTED, GET OTHER SPECIFY AND INTERVIEWER INSTRUCTION SHOULD READ “ENTER SUPPLEMENT STRENGTH”.
- **ALL** OF THE STRENGTH QUESTION AND INSTRUCTION SHOULD APPEAR WHEN STRENGTH LOOKUP LIST IS DISPLAYED (NO SCROLLING). THIS MAY MEAN PRINTING ALL WORDS ON THE SCREEN FLUSH LEFT IN MULTIPLE LINES.
- IF ITEM CHANGED, CHECK MEC COMPONENT.

BOX 3

OMITTED

DSQ.077 WHAT IS THE FORM OF THIS PRODUCT?
OS

CAPSULES	1
TABLETS	2
CHEWABLE TABLETS	3
PILLS	4
CAPLETS	5
SOFT GELS	6
GEL CAPS	7
VEGICAPS	8
PACKAGE/PACKETS	9
LIQUID	10
POWDER	11
WAFERS	12
CHEWS/GUMMIES	13
DOTS	14
GRANULES	15
LOZENGES/COUGH DROPS	16
GEL	17
OTHER FORM (SPECIFY)	91
REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.
IF ITEM CHANGED, CHECK MEC COMPONENT.

BOX 3A

CHECK ITEM DSQ.079:
IF PRODUCT **NOT** SELECTED FROM SPECIAL PRODUCT LIST (NO, CODE 2 IN DSQ.055), CONTINUE.
OTHERWISE, GO TO DSQ.096.

DSQ.081K ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

_____
ENTER MANUFACTURER/DISTRIBUTOR/STORE BRAND NAME

REFUSED	7----7	(DSQ.088b)
DON'T KNOW	9----9	(DSQ.088b)

CAPI INSTRUCTION:
FOLLOW THE BASIC FORMAT FOR THE DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 MANUFACTURER. DISPLAY PRODUCT NAME AS A LEFT HEADER.

DSQ.084 PRESS BS TO START THE LOOKUP.

SELECT MANUFACTURER
FROM LIST.

IF MANUFACTURER **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY

TYPE '**'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY MANUFACTURER LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONLY 1 MANUFACTURER OR THE '**' OPTION.
DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS.
IF MANUFACTURER IS SELECTED FROM THE LOOKUP LIST, AUTOMATICALLY FILL IN THE CITY (DSQ088B) AND STATE INFORMATION (DSQ.088C).
IF '**' OPTION IS SELECTED, DSQ088A (MANUFACTURER NAME) IS OBTAINED FROM DSQ081K.
DISPLAY PRODUCT NAME AS LEFT HEADER.

BOX 4

CHECK ITEM DSQ.085:
IF MANUFACTURER SELECTED FROM LOOKUP, GO TO DSQ.096.
OTHERWISE, CONTINUE.

DSQ.088b ENTER **CITY** NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

_____
ENTER CITY

REFUSED..... 7---7
DON'T KNOW..... 9---9

DSQ.088c ENTER **STATE** NAME.

ENTER 2-LETTER
STATE ABBREVIATION.

PRESS ENTER TO
SELECT STATE FROM LIST.

_____
ENTER STATE

REFUSED..... 7777
DON'T KNOW..... 9999

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.
AN ENTRY MUST BE MADE IN ALL DSQ.081 AND DSQ.087 FIELDS (MANUFACTURER INFO). IF THE MANUFACTURER INFO IS DON'T KNOW OR REFUSED, THEN SET THE NO MANUFACTURER INFORMATION VARIABLE.

DSQ.096 Q/U For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED.....7777777 (DSQ.103)
DON'T KNOW.....9999999 (DSQ.103)

|___|
ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DSQ.103 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:

- {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN DSQ.096 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN DSQ.096 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.056 OR PRODUCT ENTERED IN DSQ.052.

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

REFUSED.....	7777
DON'T KNOW.....	9999

DSQ.123 On the days that {you/SP} took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

Q/U/OS

CAPI INSTRUCTION:
SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.
HARD EDIT: NUMBER MUST BE IN 0.20 – 60.0 RANGE.
ERROR MESSAGE: “You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?”

|___|___|___|
ENTER NUMBER

REFUSED.....777777 (DSQ.124)
DON'T KNOW.....999999 (DSQ.124)

|___|___|
ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/ SOFTGELS/GEL CAPS/VEGICAPS/ CHEWABLE TABLETS	1	(07BOX NEW 4A)
DROPPERS	2	(07BOX NEW 4A)
DROPS	3	(07BOX NEW 4A)
INJECTIONS/SHOTS	5	(07BOX NEW 4A)
LOZENGES/COUGH DROPS	6	(07BOX NEW 4A)
MILLILITERS	7	(07BOX NEW 4A)
TABLESPOONS	11	(07BOX NEW 4A)
TEASPOONS	12	(07BOX NEW 4A)
WAFERS	13	(07BOX NEW 4A)
CANS	15	(07BOX NEW 4A)
GRAMS	16	(07BOX NEW 4A)
DOTS	17	(07BOX NEW 4A)
CUPS	18	(07BOX NEW 4A)
SPRAYS/SQUIRTS	19	(07BOX NEW 4A)
CHEWS/GUMMIES	20	(07BOX NEW 4A)
SCOOPS	21	(07BOX NEW 4A)
CAPFULS	23	(07BOX NEW 4A)
OUNCES	27	(07BOX NEW 4A)
PACKAGES/PACKETS	28	(CONTINUE)
VIALS	29	(07BOX NEW 4A)
GUMBALLS	30	(07BOX NEW 4A)
OTHER FORM (SPECIFY)	91	(07BOX NEW 4A)
REFUSED	77	(07BOX NEW 4A)
DON’T KNOW	99	(07BOX NEW 4A)

CAPI INSTRUCTION:

- IF FORM CODE 1 THROUGH 8 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 1 AND SKIP TO 07BOX NEW 4A.

- IF FORM CODE 12 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 13 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.

- IF FORM CODE 13 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 20 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.

- IF FORM CODE 14 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 17 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 16 IN DSQ.077, AUTOMATICALLY CODE THE UNIT CODE 6 FOR DSQ.123U AND SKIP TO 07BOX NEW 4A.
- IF FORM CODE 9 IN DSQ.077, DISPLAY THE UNIT CODES 1, 6, 7, 11, 12, 13, 15, 16, 17, 18, 20, 21, 23, 27, 28, 30, 91, 77, 99 FOR DSQ.123U.
- IF FORM CODE 10, 17 IN DSQ.077, DISPLAY THE UNIT CODES 2, 3, 5, 7, 11, 12, 15, 18, 19, 23, 27, 29, 91, 77, 99 FOR DSQ.123U.
- IF FORM CODE 11, 15 IN DSQ.077, DISPLAY THE UNIT CODES 11, 12, 15, 16, 18, 21, 23, 27, 28, 91, 77, 99 FOR DSQ.123U.
- IF FORM CODE 91, 77, 99 IN DSQ.077, DISPLAY ENTIRE PICK LIST FOR DSQ.123U.
- IF CONTAINER NOT SEEN (CODE 2 IN DSQ.071), DISPLAY ENTIRE PICK LIST FOR DSQ.123U.

DSQ.125 {Did you/Does SP} take an entire packet of {PRODUCT NAME} each time?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

07BOX NEW 4A

CHECK ITEM DSQ.105:
IF PRODUCT NOT SEEN IN DSQ.071 (CODE 2) AND DSQ.123 = 7, 11, 12, 15, 16, 18, 21, 23 OR 27, CONTINUE.
OTHERWISE, SKIP TO DSQ.124.

DSQ.110 Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	77
DON'T KNOW	99

DSQ.124 HAND CARD DSQ2

Looking at this card, what is the reason {you take/SP takes} {PRODUCT NAME}?

(Did {you/SP NAME} decide to take it for reasons of your own or did a doctor or other health provider tell you to take it?)

DECIDED TO TAKE IT FOR REASONS OF MY OWN	1	
A DOCTOR OR OTHER HEALTH PROVIDER TOLD ME TO	2	
REFUSED	7	(DSQ.127)
DON'T KNOW	9	(DSQ.127)

DSQ.136 {For what reason or reasons {do you/does SP} take {PRODUCT NAME}?}
DSQ137OS {For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?}

HAND CARD DSQ3

CODE ALL THAT APPLY.

TO:

BUILD MUSCLE..... 35
GAIN WEIGHT..... 36
GET MORE ENERGY..... 25
IMPROVE DIGESTION..... 31
IMPROVE MY OVERALL HEALTH..... 14
MAINTAIN HEALTH (TO STAY HEALTHY)..... 17
MAINTAIN HEALTHY BLOOD SUGAR LEVEL, DIABETES..... 29
PREVENT COLDS, BOOST IMMUNE SYSTEM..... 18
PREVENT HEALTH PROBLEMS..... 13
SUPPLEMENT MY DIET (BECAUSE I DON'T GET ENOUGH FROM FOOD)..... 16

FOR:

ANEMIA, SUCH AS LOW IRON..... 27
BONE HEALTH, BUILD STRONG BONES, OSTEOPOROSIS..... 24
EYE HEALTH..... 20
GOOD BOWEL/COLON HEALTH..... 10
HEALTHY JOINTS, ARTHRITIS..... 21
HEALTHY SKIN, HAIR, AND NAILS..... 22
HEART HEALTH, CHOLESTEROL..... 19
KIDNEY AND BLADDER HEALTH, URINARY TRACT HEALTH..... 30
LIVER HEALTH, DETOXIFICATION, CLEANSE SYSTEM..... 34
MENOPAUSE, HOT FLASHES..... 28
MENTAL HEALTH..... 12
MUSCLE RELATED ISSUES, MUSCLE CRAMPS..... 32
PREGNANCY/BREASTFEEDING..... 26
PROSTATE HEALTH..... 11
RELAXATION, DECREASE STRESS, IMPROVE SLEEP..... 33
TEETH, PREVENT CAVITIES..... 15
WEIGHT LOSS..... 23

OTHER SPECIFY..... 91
REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTION:
IF CODE 1 IN DSQ.124, DISPLAY For what reason or reasons {do you/does SP} take {PRODUCT NAME}?
IF CODE 2 IN DSQ.124, DISPLAY For what reason or reasons did the doctor or other health professional tell {you/SP} to take {PRODUCT}?

DSQ.127 ARE THERE ANY OTHER VITAMINS, MINERALS, HERBALS OR DIETARY SUPPLEMENTS?

YES..... 1
NO..... 2

HELP SCREEN:
Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as

dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

BOX 5

CHECK ITEM DSQ.129:
ASK DSQ.127 FOR NEXT VITAMIN (CODE 1 IN DSQ.127). IF NO NEXT VITAMIN (CODE 2 IN DSQ.127), CONTINUE WITH DSQ.131.

DSQ.131 REVIEW TOTAL NUMBER OF DIETARY SUPPLEMENTS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} vitamin(s), mineral(s), herbals or dietary supplement(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME (STRENGTH)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY LIST OF ALL VITAMIN AND MINERAL NAMES AND STRENGTHS SELECTED AT DSQ.056 AND ENTERED AT DSQ.052. CALCULATE TOTAL NUMBER OF ALL VITAMINS AND MINERALS SELECTED AT DSQ.056 AND ENTERED AT DSQ.052. DISPLAY NUMBER ON SCREEN.

HELP SCREEN:
Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

BOX 6

CHECK ITEM DSQ.133:
IF 'YES' (CODE 1) IN RXQ.021, CONTINUE.
OTHERWISE, GO TO NEW BOX 10AA.

RXQ.141 Now I would like to ask you some questions about {your/SP's} use of **nonprescription antacids** in the **past 30 days**.

[First I will record some information about an antacid, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED. ENTER **FULL** BRAND NAME OF ANTACID.

_____
ENTER ANTACID NAME

REFUSED..... 7---7
DON'T KNOW..... 9---9

CAPI INSTRUCTION:
IF DON'T KNOW OR REFUSED, THEN GO TO BOX 10AA.
SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.
[TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.
IF ITEM CHANGED, CHECK MEC COMPONENT.

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Past Month: The past 30 days. From yesterday, 30 days back.

RXQ.150s PRESS BS TO START THE LOOKUP.

SELECT ANTACID
FROM LIST.

IF ANTACID **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE '**'.

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:
DISPLAY CAPI ANTACID PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.141 BY TYPING IN "**". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.
INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 2.
ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

DRUG TYPE {3}
GENERIC NAME {60}
THERAPEUTIC CLASS CODE {6}
GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.
IF ITEM CHANGED, CHECK MEC COMPONENT.

BOX 7

OMITTED

RXQ.160 INTERVIEWER: ENTER 1 RESPONSE.

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.
IF ITEM CHANGED, CHECK MEC COMPONENT.

CONTAINER SEEN..... 1
CONTAINER NOT SEEN..... 2

RXQ.180 Q/U For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED	7777777	(RXQ.191)
DON'T KNOW	9999999	(RXQ.191)

ENTER UNIT

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4

RXQ.191 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did {you/SP} take {PRODUCT NAME}?

CAPI INSTRUCTION:
- {30 DAYS/NUMBER AND UNIT} = IF NUMBER AND UNIT ENTERED IN RXQ.180 >= 30 DAYS, OR REFUSED (CODE 7), OR DON'T KNOW (CODE 9), DISPLAY "30 DAYS" IN TEXT OF QUESTION. IF NUMBER AND UNIT ENTERED IN RXQ.180 IS < 30 DAYS, DISPLAY ACTUAL NUMBER AND UNIT ENTERED IN DSQ.096 IN TEXT OF QUESTION.
- {PRODUCT NAME} = PRODUCT SELECTED AT DSQ.056 OR PRODUCT ENTERED IN DSQ.052.

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

REFUSED	7777
DON'T KNOW	9999

RXQ.195 Q/U/OS On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

CAPI INSTRUCTION:
SOFT EDIT: QUANTITY SHOULD BE LESS THAN 10.
ERROR MESSAGE: “You said {you/he/she} took {QUANTITY TAKEN}. Is that correct?”

|___|___|___|
ENTER NUMBER

REFUSED.....777777 (RXQ.216)
DON'T KNOW.....999999 (RXQ.216)

|___|___|
ENTER UNIT/FORM

TABLETS/CAPSULES/PILLS/CAPLETS/ SOFTGELS/GEL CAPS/VEGICAPS/ CHEWABLE TABLETS	1	(07BOX NEW 8)
DROPPERS	2	(07BOX NEW 8)
DROPS	3	(07BOX NEW 8)
INJECTIONS/SHOTS	5	(07BOX NEW 8)
LOZENGES/COUGH DROPS	6	(07BOX NEW 8)
MILLILITERS	7	(07BOX NEW 8)
TABLESPOONS	11	(07BOX NEW 8)
TEASPOONS	12	(07BOX NEW 8)
WAFERS	13	(07BOX NEW 8)
CANS	15	(07BOX NEW 8)
GRAMS	16	(07BOX NEW 8)
DOTS	17	(07BOX NEW 8)
CUPS	18	(07BOX NEW 8)
SPRAYS/SQUIRTS	19	(07BOX NEW 8)
CHEWS/GUMMIES	20	(07BOX NEW 8)
SCOOPS	21	(07BOX NEW 8)
CAPFULS	23	(07BOX NEW 8)
OUNCES	27	(07BOX NEW 8)
PACKAGES/PACKETS	28	(CONTINUE)
VIALS	29	(07BOX NEW 8)
GUMBALLS	30	(07BOX NEW 8)
OTHER FORM (SPECIFY)	91	(07BOX NEW 8)
REFUSED	77	(07BOX NEW 8)
DON’T KNOW	99	(07BOX NEW 8)

RXQ.200 {Do you/Does SP} take an entire packet each time?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

07BOX NEW 8

CHECK ITEM RXQ.205:
IF RXQ.195U IS 7, 11, 12, 15, 16, 18, 21, 23, OR 27, CONTINUE.
OTHERWISE, SKIP TO RXQ.215a.

DSQ.111 Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

RXQ.215a Did you take {PRODUCT NAME} as an antacid, as a calcium supplement, or both?

ANTACID	1
CALCIUM SUPPLEMENT	2
BOTH	3
NEITHER	4
REFUSED	7
DON'T KNOW	9

RXQ.216 CHECK CONTAINERS. ARE THERE ANY OTHER NONPRESCRIPTION ANTACIDS?

OR ASK RESPONDENT:
[Are there any other nonprescription antacids that {you/SP} used in the past 30 days?]

YES	1
NO	2

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

BOX 9

CHECK ITEM RXQ.219:
ASK RXQ.141 FOR NEXT ANTACID (CODE 1 IN RXQ.216). IF NO NEXT ANTACID, (CODE 2 IN RXQ.216), CONTINUE WITH RXQ.221.

RXQ.221 REVIEW TOTAL NUMBER OF ANTACIDS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} nonprescription antacid(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. CALCULATE TOTAL NUMBER OF ALL ANTACIDS SELECTED AT RXQ.150 AND ENTERED AT RXQ.141. DISPLAY NUMBER ON SCREEN.

HELP SCREEN:
Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

BOX 15

OMITTED

BOX 16

OMITTED

BOX 16A

OMITTED

BOX 10A

OMITTED

NEW BOX 10AA

CHECK ITEM RXQ.227:
IF 'YES' (CODE 1) TO RXQ.033, RXQ.100 OR RXQ.120, CONTINUE.
OTHERWISE, GO TO NEW BOX 17A.

RXQ.231 Now I would like to talk about **prescription medication** {you have/SP has} used in the **past 30 days**. Again, these are products prescribed by a health professional such as a doctor or dentist.

[First I will record some information about the medication, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.

_____
ENTER MEDICATION NAME

REFUSED..... 7---7
DON'T KNOW..... 9---9

CAPI INSTRUCTION:
IF THE ONLY PRESCRIPTION MEDICATION IS DON'T KNOW OR REFUSED, GO TO NEW BOX 17A.
SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP.
TEXT SHOULD BE OPTIONAL, "[ ]"S, AFTER THE FIRST TIME.
IF ITEM CHANGED, CHECK MEC COMPONENT.

RXQ.240s PRESS BS TO START THE LOOKUP.

SELECT MEDICATION
FROM LIST.

IF MEDICATION **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE '**'.

PRESS ENTER TO SELECT

CAPI INSTRUCTION:
DISPLAY CAPI MEDICATION PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN RXQ.231 BY TYPING IN "**". THE LOOKUP BOX SHOULD BE LOW ENOUGH ON THE SCREEN SO THAT THE INSTRUCTION ABOUT HOW TO ACCEPT THE KEYED PRODUCT NAME IS SHOWING ABOVE THE LOOKUP BOX. THE LOOKUP SHOULD ONLY SHOW THE PRODUCT NAMES WITH THE OTHER LOOKUP INFO OFF THE SCREEN TO THE RIGHT.
INTERVIEWER SHOULD BE ABLE TO ACCEPT THE KEYED NAME AS A NEW PRODUCT NAME AN UNLIMITED NUMBER OF TIMES. AFTER ENTRY, INTERVIEWER SHOULD RETURN TO THE DATA BASE LIST. IF NO MORE ENTRIES, INTERVIEWERS SHOULD HAVE A WAY OF MOVING INTO LOOP 3.
ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:

- DRUG TYPE {3}
- GENERIC NAME {60}
- THERAPEUTIC CLASS CODE {6}
- GENERIC FLAG {1}

THERE IS NO NEED TO DISPLAY THIS INFORMATION.

IF ITEM CHANGED, CHECK MEC COMPONENT.

BOX 10B

OMITTED

BOX 11

OMITTED

RXQ.251 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS A LEFT HEADER.

CONTAINER SEEN..... 1
CONTAINER NOT SEEN..... 2
ONLY PHARMACY PRINT OUT SEEN..... 3

RXQ.260 Q/U For how long {have/has} {you/SP} been using or taking {PRODUCT NAME}?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED.....7777777
DON'T KNOW.....9999999

|___|
ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

BOX 13

OMITTED

BOX 13A

CHECK ITEM RXQ.262:
IF RXQ240s = '**' (DRUG NOT ON LIST) OR DRUG'S GENERIC ID DOES NOT EXIST IN THE DRUG REASON TABLE, GO TO RXQ.290.

RXQ.289 What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?
INTERVIEWER: IF NECESSARY, READ REASONS FROM LIST. SELECT UP TO 3 REASONS.

{REASON TEXT}	10	(RXQ.294)
{REASON TEXT}	11	(RXQ.294)
{REASON TEXT}	12	(RXQ.294)
{REASON TEXT}	13	(RXQ.294)
{REASON TEXT}	14	(RXQ.294)
{REASON TEXT}	15	(RXQ.294)
{REASON TEXT}	16	(RXQ.294)
{REASON TEXT}	17	(RXQ.294)
{REASON TEXT}	18	(RXQ.294)
{REASON TEXT}	19	(RXQ.294)
{REASON TEXT}	20	(RXQ.294)
{REASON TEXT}	21	(RXQ.294)
{REASON TEXT}	22	(RXQ.294)
{REASON TEXT}	23	(RXQ.294)
{REASON TEXT}	24	(RXQ.294)
{REASON TEXT}	25	(RXQ.294)
{REASON TEXT}	26	(RXQ.294)
{REASON TEXT}	27	(RXQ.294)
{REASON TEXT}	28	(RXQ.294)
{REASON TEXT}	29	(RXQ.294)
{REASON TEXT}	30	(RXQ.294)
{REASON TEXT}	31	(RXQ.294)
{REASON TEXT}	32	(RXQ.294)
{REASON TEXT}	33	(RXQ.294)
{REASON TEXT}	34	(RXQ.294)
OTHER SPECIFY	97	
RF	777	(RXQ.294)
DK	999	(RXQ.294)

CAPI INSTRUCTION: POPULATE THE {REASON TEXT} FIELDS FROM THE DRUG REASON TABLE. ALLOW UP TO 3 REASONS TO BE SELECTED AND POPULATED INTO RXQ298A, RXQ298B, AND RXQ298C.

RXQ.290 What is the **main** reason for which (you use/SP uses) {PRODUCT NAME}?

_____
_____
_____

REFUSED	7----7
DON'T KNOW	9----9

RXQ.294 CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS?

OR ASK RESPONDENT:
[Are there any other prescription medications that {you/SP} used in the past 30 days?]

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 14

CHECK ITEM RXQ.299:
ASK RXQ.231 - RXQ.294 FOR NEXT MEDICATION (CODE 1 IN RXQ.294). IF NO NEXT MEDICATION (CODE 2 IN RXQ.294), CONTINUE WITH NEW BOX 15.

NEW BOX 15

CHECK ITEM RXQ.370:

IF DIQ.050 = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 215), CONTINUE WITH RXQ.372.

OTHERWISE, GO TO NEW BOX 15B.

RXQ.372 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one is insulin?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED	77
DON'T KNOW	99

NEW BOX 15A

CHECK ITEM RXQ.374:

IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.

OTHERWISE, CONTINUE.

NEW BOX 15B

CHECK ITEM RXQ.376:

IF DIQ.070 = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 213, 214, 216, 271, 282, 309, 314, 371, OR 458), THEN CONTINUE WITH RXQ.378.

OTHERWISE, GO TO NEW BOX 15D.

RXQ.378 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for diabetes or blood sugar?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED..... 77
DON'T KNOW..... 99

NEW BOX 15C

CHECK ITEM RXQ.380:

IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.

OTHERWISE, CONTINUE.

NEW BOX 15D

CHECK ITEM RXQ.382:

IF BPQ.050a = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES NOT EQUAL TO d00132 OR d00135), THEN CONTINUE WITH RXQ.384.

OTHERWISE, GO TO NEW BOX 15F.

RXQ.384 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} blood pressure?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED..... 77
DON'T KNOW..... 99

NEW BOX 15E

CHECK ITEM RXQ.386:

IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.

OTHERWISE, CONTINUE.

NEW BOX 15F

CHECK ITEM RXQ.388:

IF BPQ.100d = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 19 OR DRUG CODE NOT EQUAL TO d00497), THEN CONTINUE WITH RXQ.390.

OTHERWISE, GO TO NEW BOX 15H.

RXQ.390 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking to lower {your/his/her} cholesterol?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED..... 77
DON'T KNOW..... 99

NEW BOX 15G

CHECK ITEM RXQ.392:

IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.

OTHERWISE, CONTINUE.

NEW BOX 15H

CHECK ITEM RXQ.545:

IF RXQ.100=1/YES AND ANY PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT TO 249, SKIP TO RXQ.570.

IF DLQ.150 = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP CLASS CODES NOT EQUAL TO 249), THEN CONTINUE WITH RXQ.550.

OTHERWISE, GO TO NEW BOX 15J.

RXQ.550 Earlier in the interview you reported that {you have/he has/she has} taken medication for depression. Is this medication for depression a **prescription** medication?

YES	1	
NO	2	(NEW BOX 15J)
REFUSED	7	(NEW BOX 15J)
DON'T KNOW	9	(NEW BOX 15J)

RXQ.560 Did {you/SP} take it in the last 30 days?

YES	1	
NO	2	(NEW BOX 15J)
REFUSED	7	(NEW BOX 15J)
DON'T KNOW	9	(NEW BOX 15J)

RXQ.570 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for depression (feeling depressed)?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED	777
DON'T KNOW	999

BOX 15I

CHECK ITEM RXQ.575:

IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.

OTHERWISE, CONTINUE.

BOX 15J

CHECK ITEM RXQ.580:

IF RXQ.120 = 1/YES AND **ANY** PRODUCT SELECTED FROM LOOKUP DRUG CODE NOT EQUAL TO d00040, d00148, d00149, d00168, d00182, d00189, d00197, d00198, d00288 OR **ANY** REASON FROM LIST NOT EQUAL TO ANXIETY, SKIP TO RXQ.610.

IF DLQ.110 = 1 AND (**ANY** PRODUCT SELECTED FROM LOOKUP DRUG CODE NOT EQUAL TO d00040, d00148, d00149, d00168, d00182, d00189, d00197, d00198, d00288 OR **ANY** REASON FROM LIST NOT EQUAL TO ANXIETY), THEN CONTINUE WITH RXQ.590.

OTHERWISE, GO TO RXQ.295.

RXQ.590 Earlier in the interview you reported that {you have/he has/she has} taken medication for feeling worried, nervous or anxious. Is this medication for feeling worried, nervous or anxious a **prescription** medication?

YES	1	
NO	2	(RXQ.295)
REFUSED	7	(RXQ.295)
DON'T KNOW	9	(RXQ.295)

RXQ.600 Did {you/SP} take it in the last 30 days?

YES	1	
NO	2	(RXQ.295)
REFUSED	7	(RXQ.295)
DON'T KNOW	9	(RXQ.295)

RXQ.610 I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}. Which one {are you/is he/is she} taking for feeling worried, nervous or anxious?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231.

CODE ALL THAT APPLY.

SELECT MEDICATION FROM DISPLAY
OR SELECT OTHER-NEW MEDICATION

REFUSED.....777
DON'T KNOW.....999

NEW BOX 15K

CHECK ITEM RXQ.615:
IF NEW MEDICATION IS SELECTED, ENTER ON NEW GRID AND ASK RXQ.231 – RXQ.294 FOR THIS MEDICATION.
OTHERWISE, CONTINUE.

RXQ.295 REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT.

I have listed {TOTAL NUMBER} prescription medication(s) that {you have/SP has} taken in the **past 30 days**: {PRODUCT NAME(S)}

PRESS ENTER TO CONTINUE

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. CALCULATE TOTAL NUMBER OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQ.240 AND ENTERED AT RXQ.231. DISPLAY NUMBER ON SCREEN.

BOX 17A

CHECK ITEM RXQ.500:
IF SP >= 40 YEARS OLD OR MCQ.160C, MCQ.160D, MCQ.160E OR MCQ.160F = 1/YES, CONTINUE WITH RXQ.510.
OTHERWISE, GO TO BOX 18.

RXQ.510 Doctors and other health care providers sometimes recommend that {you take/SP takes) a low-dose aspirin each day to prevent heart attacks, strokes, or cancer. {Have you/Has SP} ever been told to do this?

YES.....	1	
NO.....	2	(RXQ.520)
REFUSED.....	7	(RXQ.520)
DON'T KNOW.....	9	(RXQ.520)

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT VOLUNTEERS THEY HAVE BEEN TOLD TO TAKE AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.515 {Are you/Is SP} now following this advice?

YES	1	(RXQ.525)
NO	2	(BOX 18)
SOMETIMES	3	(RXQ.525)
STOPPED ASPIRIN USE DUE TO SIDE EFFECTS	4	(BOX 18)
REFUSED	7	(BOX 18)
DON'T KNOW	9	(BOX 18)

HELP SCREEN:
Side Effect: is an unexpected health problem that is caused by a medicine. Some side effects of aspirin are stomach problems, easy bruising or bleeding, runny nose, wheezing and skin rashes.

RXQ.520 **On {your/SP's} own,** {are you/is SP} now taking a low-dose aspirin each day to prevent heart attacks, strokes, or cancer?

YES	1	
NO	2	(BOX 18)
REFUSED	7	(BOX 18)
DON'T KNOW	9	(BOX 18)

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE "YES".

RXQ.525 How often {do you/does SP} take an aspirin?
G/Q/U

|___|
ONE EVERY DAY..... 1 (RXQ.530)
ONE EVERY OTHER DAY..... 2 (RXQ.530)
OTHER, ENTER NUMBER/UNIT..... 3
REFUSED..... 7 (RXQ.530)
DON'T KNOW..... 9 (RXQ.530)

|___|
ENTER NUMBER

REFUSED.....777 (RXQ.530)
DON'T KNOW.....999 (RXQ.530)

|___|
ENTER UNIT

PER DAY..... 1
PER WEEK..... 2
REFUSED..... 7
DON'T KNOW..... 9

CAPI INSTRUCTION: Soft edit: if >2 per day.

RXQ.530 What is the size or dose that {you take/SP takes}?

81 MG..... 1
325 MG..... 2
500 MG..... 3
OTHER (SPECIFY)..... 4
REFUSED..... 7
DON'T KNOW..... 9

|___|___|___|___| MG
ENTER NUMBER

BOX 18

CHECK ITEM DSQ.332:
IF PROXY INTERVIEW IN RIQ, CONTINUE.
IF NOT PROXY INTERVIEW IN RIQ, GO TO DSQ.335.

DSQ.334 INTERVIEWER OBSERVATION: WAS SP PRESENT FOR ALL OR PART OF INTERVIEW?

YES..... 1
NO..... 2

DSQ.335 PRESS F10 TO EXIT BLAISE.

HELP SCREEN FOR DSQ.012:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.033:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR DSQ.042:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs,

herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR DSQ.052:

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.231:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Past Month: The past 30 days. From yesterday, 30 days back.

HELP SCREEN FOR RXQ.294/RXQ.295:

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;

- Diaphragms and IUD's (Intra-Uterine Devices); or

- Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

3.27 MAILING ADDRESS (MAQ)

MAILING ADDRESS – MAQ
Target Group: SPs Birth +
Placing: Just After Blaise Closes

MAQ.005 Processing Extended SP Questionnaire. Please Wait.

MAQ.020 The National Center for Health Statistics may wish to contact {you/SP} again. Please give me {your/SP's} **complete mailing** address.

CRITICAL INFORMATION – CHECK CAREFULLY.

USE PEN OR PRESS 'TAB' KEY TO MOVE TO THE NEXT ENTRY FIELD.

TAP 'NEXT' BUTTON OR PRESS 'ENTER' KEY WHEN FINISHED VERIFYING ADDRESS.

CAPI INSTRUCTION:
DISPLAY THE SCREENER MAILING ADDRESS INFORMATION. ENTRY SHOULD APPEAR IN ALL CAPS – AS IT DOES IN IVQ.
DISPLAY “YOU/YOUR” IF SP AGE >= TO 16. DISPLAY “SP/SP’s” IF SP AGE < 16.

_____	_____	_____	_____	_____	_____
STREET #	DIR PRE	STREET NAME	ST/RD/AVE	DIR POST	APT/LOT #

_____	_____	_____	_____	_____	_____
PO BOX #	RR #	RR BOX	CITY	STATE	ZIP

MAQ.040 I have recorded . . .

{DISPLAY ADDRESS ENTERED IN MAQ.020 IN UPPER CASE}

Is that correct?

YES..... 1 (MAQ.080ck)
NO..... 2

MAQ.060 ENTER CORRECTED MAILING ADDRESS INFORMATION.
PROBE FOR **MAILING** ADDRESS CORRECTIONS, IF NECESSARY.

USE PEN OR PRESS 'TAB' KEY TO MOVE TO THE NEXT ENTRY FIELD.
TAP 'NEXT' BUTTON OR PRESS 'ENTER' KEY WHEN CORRECTIONS COMPLETED.

{DISPLAY ALL ADDRESS FIELDS AND INFORMATION ENTERED IN MAQ.020 IN UPPER CASE. ALLOW CORRECTIONS.}

MAQ.080 I now have {your/SP's} **mailing** address as . . .

{DISPLAY CORRECTED ADDRESS FROM MAQ.060 IN UPPER CASE}

Is that correct?

YES	1	
NO	2	

BOX 2

CHECK ITEM MAQ.080ck:
IF 'NO' IN MAQ.080, RETURN TO MAQ.060. DISPLAY CORRECTED ADDRESS INFORMATION IN MAQ.060. OTHERWISE, CONTINUE.

BOX New

CHECK ITEM MAQ.New1:
IF SP AGE 0-15, GO TO BOX 2A;
OTHERWISE, CONTINUE.

MAQ. NEW2 Do you have an e-mail account?

YES	1	
NO	2	(BOX 2A)
REFUSED	7	(BOX 2A)
DON'T KNOW	9	(BOX 2A)

MAQ. NEW3 What is your e-mail address?

|_____|@|_____|

REFUSED	7	(BOX 2A)
DON'T KNOW	9	(BOX 2A)

MAQ. NEW4 I have recorded . . .

{DISPLAY E-MAIL ADDRESS ENTERED IN MAQ. NEW3}

Is that correct?

YES	1	
NO	2	(MAQ.NEW3)

BOX 2A

CHECK ITEM MAQ.083:
IF SP AGE 0-4, GO TO MAQ.090.
IF SP AGE 5-15, CONTINUE.
IF SP AGE GREATER THAN 15 AND INT.001 = 1, GO TO MAQ.090.
IF SP AGE GREATER THAN 15 AND INT.001 = 2, CONTINUE.

MAQ.087 How well {do you/does SP} speak English?

Very well	1
Well	2
Not well	3
Not at all	4
REFUSED	7
DON'T KNOW	9

MAQ.090 INTERVIEWER INSTRUCTION:
SPECIFY LANGUAGE IN WHICH HARD COPY MATERIALS SHOULD BE MAILED.

ENGLISH	1
SPANISH	2
VIETNAMESE	3
KOREAN	4
CHINESE (TRADITIONAL SCRIPT)	5
CHINESE (SIMPLIFIED SCRIPT)	6

BOX 3

CHECK TELEPHONE NUMBER LISTED IN SCREENER (SCQ.430). IF NO HOME TELEPHONE (CODE 2), REF (CODE 9), OR DK (CODE 7), CONTINUE. OTHERWISE, GO TO BOX 4.

MAQ.100 Please give me your home telephone number in case my office wants to check my work.

CAPI INSTRUCTION:
ONLY ALLOW 10 DIGIT PHONE NUMBER. DISPLAY HARD RANGE CHECK MESSAGE IF NOT 10 DIGITS.

|__|__|__|__|__|__|__|__|__|__|

NO HOME TELEPHONE	2
REFUSED	7
DON'T KNOW	9

MAQ.110 Is there another number where you can be reached?

CAPI INSTRUCTION:
ONLY ALLOW 10 DIGIT PHONE NUMBER. DISPLAY HARD RANGE ERROR IF NOT 10 DIGITS.

|__|__|__|__|__|__|__|__|__|__|

NO	2	(BOX 4)
REFUSED	7	(BOX 4)
DON'T KNOW	9	(BOX 4)

MAQ.115 I have recorded . . .

{DISPLAY PHONE ENTERED IN MAQ.110 AS (XXX) XXX-XXXX}

Is that correct?

YES	1	
NO	2	(MAQ.110)

MAQ.120 Where is that phone located?

WORK	1
RELATIVE'S HOME	2
NEIGHBOR'S HOME	3
CELL PHONE	4
OTHER	5
REFUSED	7
DON'T KNOW	9

BOX 4

CHECK ITEM MAQ.140:
IF SP AGE >= TO 16 AND MAQ.120 = 4, GO TO MAQ.160.
IF SP AGE >= 16 AND MAQ.120 NOT EQUAL TO 4, GO TO MAQ.150.
IF SP AGE 12-15, GO TO MAQ.150
IF SP AGE <12, GO TO MAQ.130.

MAQ.150 {Do you/does your child} have a cell phone?

CAPI INSTRUCTION:
DISPLAY "DO YOU/YOUR" IF SP AGE >= TO 16. DISPLAY "DOES YOUR CHILD" IF SP AGE 12-15.

YES	1	
NO	2	(MAQ.130)
REFUSED	7	(MAQ.130)
DON'T KNOW	9	(MAQ.130)

MAQ.160 We may want to send {you/your child} short text messages about the exam. These messages will not contain confidential information, but will contain reminders about {your/your child's} participation. There may be fees to get a text message, depending on your plan. May we send {you/your child} text messages?"

CAPI INSTRUCTION:
DISPLAY "YOU/YOUR" IF SP AGE >= TO 16. DISPLAY "YOUR CHILD/YOUR CHILD'S" IF SP AGE 12-15.

YES	1	
NO	2	(MAQ.130)
NO TEXT MESSAGING, NOT POSSIBLE	3	(MAQ.130)
REFUSED	7	(MAQ.130)
DON'T KNOW	9	(MAQ.130)

BOX 5

CHECK ITEM MAQ.170:
IF SP AGE >= TO 16 AND MAQ.120 = 4, GO TO MAQ.130.
OTHERWISE, CONTINUE WITH MAQ.180.

MAQ.180 What is {your/your child's} cell phone number?

CAPI INSTRUCTION:
DISPLAY "YOUR" IF SP AGE >= TO 16. DISPLAY "YOUR CHILD's" IF SP AGE 12-15.

|__|__|__|__|__|__|__|__|__|__|

REFUSED	7	(MAQ.130)
DON'T KNOW	9	(MAQ.130)

MAQ.185 I have recorded . . .

{DISPLAY PHONE ENTERED IN MAQ.180 AS (XXX) XXX-XXXX}

Is that correct?

YES	1	
NO	2	(MAQ.180)

MAQ.130 This is the end of the health interview. Thank you very much for your cooperation.

POST INTERVIEW

APPTCONT PERFORM THE APPOINTMENT MODULE AT THIS TIME?

YES 1
NO 2

4 FAMILY QUESTIONNAIRE

4.1 RESPONDENT SELECTION SECTION (RIQ)

RESPONDENT SELECTION SECTION – RIQ – FAMILY QUESTIONNAIRE

*11RIQ.010 SELECT RESPONDENT FOR THE FAMILY QUESTIONNAIRE.

CAPI INSTRUCTION:
DISPLAY ALL FAMILY MEMBERS WHO ARE >= 18 YEARS OLD.
IF NO FAMILY MEMBERS ARE >= 18 YEARS OLD, DISPLAY ALL FAMILY MEMBERS >= 12 YEARS OLD.
ALSO DISPLAY 'SOMEONE OUTSIDE FAMILY'.

BOX 1A

CHECK ITEM *11RIQ.018:
IF 'SOMEONE OUTSIDE FAMILY' SELECTED AS RESPONDENT, GO TO *11RIQ.040.
OTHERWISE, GO TO BOX 3B.

*11RIQ.040 INTERVIEW SHOULD BE CONDUCTED WITH FAMILY MEMBER 18 YEARS OR OLDER WHO KNOWS ABOUT FAMILY MATTERS.

WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE FAMILY?

ONLY FAMILY MEMBER HAS COGNITIVE PROBLEMS.....	1	
ONLY FAMILY MEMBER IS A CHILD UNDER 16 (WARD OF STATE).....	2	(*11RIQ.045)
'SOMEONE OUTSIDE THE FAMILY' SELECTED IN ERROR.....	3	(*11RIQ.010)
OTHER (SPECIFY).....	4	

*11RIQ.042 DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH SOMEONE OUTSIDE THE FAMILY?

NOTE: IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.

CAPI INSTRUCTION:
IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE: "SUPERVISORY PERMISSION IS REQUIRED TO USE A PROXY FOR THIS INTERVIEW. MOVING FORWARD WILL EXIT THIS INTERVIEW" ALLOW RETURN TO 11RIQ.042 WITH BACK BUTTON. MOVING FORWARD EXITS INTERVIEW.

YES..... 1
NO..... 2

*11RIQ.045 ENTER RESPONDENT NAME.

_____
FIRST NAME LAST NAME

*11RIQ.047 ENTER RESPONDENT'S PHONE NUMBER.

ENTER '00' IN AREA CODE IF NO PHONE.

|___|___|___| |___|___|___| - |___|___|___|___|
AREA CODE ENTER PHONE NUMBER

*11RIQ.049 DESCRIBE RESPONDENT'S RELATIONSHIP TO SP.

_____

_____

_____

BOX 3B

CHECK ITEM RIQ.249:
HAS RESPONDENT SIGNED A HOME INTERVIEW FORM PREVIOUSLY (RESPONDENT SELECTED IN *11RIQ.010)?
NO, CONTINUE TO RIQ.250.
YES, SKIP TO BOX 1B.

RIQ.250 HAND RESPONDENT COPY OF HOME INTERVIEW CONSENT FORM IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS WITH RESPONDENT OR READ CONSENT FORM OUT LOUD IF NECESSARY.

ANSWER ANY RESPONDENT QUESTIONS. (PRESS NEXT TO CONTINUE)

BOX 3C

OMITTED

RIQ.278 CAPI INSTRUCTION:

5. DISPLAY IMAGE HOME INTERVIEW CONSENT FORM. SHOW TOP OF FORM, INCLUDING FIRST THREE PARAGRAPHS.
6. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
7. DISPLAY INTERVIEWER INSTRUCTION: "TURN SCREEN TO {RESPONDENT} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY."
8. DISPLAY RESPONDENT NAME FROM *11RIQ.010 OR *11RIQ.045

RIQ.280a EXPLAIN THE HOME INTERVIEW CONSENT. ASK {RESPONDENT} TO RECORD HIS/HER HOME INTERVIEW CONSENT CHOICE BELOW.

c. I have read the information above. I agree to proceed with the interview.

YES..... 1
NO..... 2

CAPI INSTRUCTION:
DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
DISPLAY YES/NO OPTIONS AS RADIO BUTTON, ALLOWING ONLY ONE CHOICE.
DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
IF RIQ.280a = 2, DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" (FUNCTIONS LIKE CURRENT RIQ.080-081).
DISPLAY RESPONDENT NAME FROM *11RIQ.010 OR *11RIQ.045.

RIQ.320 ADULT RESPONDENT SIGNATURE SCREEN (USED FOR ALL INTERVIEWS)

CAPI INSTRUCTION:
1. DEFAULT SCREEN LANGUAGE TO ENGLISH, BUT INCLUDE A DROP DOWN LIST FOR THE FI TO CHOOSE THE LANGUAGE OF THE HARDCOPY CONSENT FORM (THE LANGUAGE THE PERSON CONSENTING READS). THIS INCLUDES ENGLISH, SPANISH, CHINESE TRADITIONAL, CHINESE SIMPLIFIED, KOREAN AND VIETNAMESE.
2. CHECK BOX LABELED 'OFFICE USE ONLY: ☐ H' FOR FI TO CHOOSE IF RESPONDENT REFUSES TO SIGN ELECTRONICALLY BUT WILL SIGN HARDCOPY. IF SELECTED SKIP TO RIQ.080.
3. REFUSED BUTTON LABELED 'RF' FOR IF RESPONDENT REFUSES TO CONSENT. IF REFUSED, DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" (FUNCTIONS LIKE CURRENT RIQ.080-081).
4. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE, RF BUTTON OR HARDCOPY SIGNATURE ENTERED. CODE REFUSAL AS -1.
5. Display "YES I agree to continue with the interview" if RIQ.280a = 1.
6. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
7. ABOVE SIGNATURE BOX, DISPLAY "Sign below."
8. DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN.
9. UNDER SIGNATURE LINE, DISPLAY NAME OF PERSON SIGNING

BOX 3E

CHECK ITEM RIQ.330:
IF RESPONDENT REQUESTED HARDCOPY SIGNATURE, SKIP TO RIQ.390.

RIQ.350 IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS.....	1	
INTERPRETER.....	2	(RIQ.370)
NO.....	3	(RIQ.380)

RIQ.360 WITNESS SIGNATURE SCREEN

CAPI INSTRUCTION:
1. DISPLAY IN ENGLISH.
2. WITNESS MUST SIGN ELECTRONICALLY IF RESPONDENT DID.
3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.
4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
5. ABOVE SIGNATURE BOX, DISPLAY, "I observed the interviewer read this form to the RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking." BELOW ALLOW ADEQUATE SPACE FOR WITNESS TO SIGN.
6. SKIP TO RIQ.380.

RIQ.370 INTERPRETER SIGNATURE SCREEN

CAPI INSTRUCTION:
1. DISPLAY IN ENGLISH.
2. INTERPRETER MUST SIGN ELECTRONICALLY IF RESPONDENT DID.
3. DO NOT ALLOW INSTRUMENT TO MOVE FORWARD WITHOUT A SIGNATURE.
4. COLLECT DATE AND TIME STAMP WHEN SIGNATURE IS CAPTURED.
5. ABOVE SIGNATURE BOX, DISPLAY, "I interpreted this form to the RESPONDENT NAME and {he/she} agreed to participate by electronically signing or marking." BELOW ALLOW ADEQUATE SPACE FOR INTERPRETER TO SIGN.

RIQ.380 DID RESPONDENT REQUEST A COPY OF THE CONSENT FORM(S) WITH HIS/HER SIGNATURE PRINTED BE MAILED IMMEDIATELY (NOT AFTER END OF STAND)?

YES..... 1 (BOX 1B)
NO..... 2 (BOX 1B)

CAPI INSTRUCTION:
SET AN ELECTRONIC INDICATOR (VARIABLE/ALERT/FLAG) TO KNOW WHICH RESPONDENTS REQUESTED THE PRINTED FORMS BE MAILED IMMEDIATELY INSTEAD OF AFTER END OF STAND.

RIQ.390 ASK RESPONDENT TO SIGN TWO COPIES OF THE HOME INTERVIEW CONSENT FORM. HAVE RESPONDENT KEEP ONE COPY AND COLLECT ONE IN THE HH FOLDER AND RETURN TO FIELD OFFICE.

TO COMPLETE THE HARDCOPY FORM:
PRINT NAME OF PERSON ANSWERING QUESTIONS.
CHECK BOXES REGARDING LINKING WITH OTHER VITAL RECORDS IF HE/SHE WILL BE RESPONDING TO SP INTERVIEWS LATER.
IF 16-17 YEAR OLD EMANCIPATED MINOR, SP SIGNS FORM AND CHECK BOX FOR EMANCIPATED MINOR TO DOCUMENT THAT A PARENT/GUARDIAN SIGNATURE IS NOT REQUIRED.
SIGNED BY WITNESS/INTERPRETER (IF NECESSARY).
SIGNED BY STAFF MEMBER.
RECORD HH & FAMILY ID.
CHECK QUESTIONNAIRE BOXES FOR ALL COMPLETED WITH RESPONDENT (SPS & FAMILY).
RECORD NAMES OF ALL PROXY INTERVIEWS RESPONDENT IS RESPONDING FOR ALONG WITH SP IDS.
PRESS NEXT TO CONTINUE.

RIQ.080 HAS RESPONDENT SIGNED A HOUSEHOLD INTERVIEW CONSENT FORM?

CAPI INSTRUCTION:
IF 'NO' (CODE 2), DISPLAY THE FOLLOWING MESSAGE: "EACH RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE MUST SIGN A HOUSEHOLD INTERVIEW CONSENT FORM BEFORE THE INTERVIEW CAN BE ADMINISTERED" AND RETURN TO RIQ.080.
NOTE: IF INTERPRETER USED, RESPONDENT MUST SIGN FORM.
SET FORM TYPE VARIABLE TO HARDCOPY SO ISIS E/S KNOWS A HARDCOPY FORM MUST BE IMAGE SCANNED.

YES.....	1	
NO.....	2	

BOX 3F

OMITTED.

BOX 1B

CHECK ITEM RIQ.165:
IF AUDIO_CONSENT FLAG = 1 (SAME SP AS SP INTERVIEW AND GAVE PERMISSION TO RECORD SP INTERVIEW), GO TO RIQ.200.
ELSE, GO TO RIQ.170.

RIQ.170 DO YOU WANT TO OFFER AUDIO-RECORDING?

YES.....	1	(RIQ.230)
NO.....	2	

RIQ.221 WHY ARE YOU NOT OFFERING AUDIO RECORDING?

SM APPROVED REFUSAL.....	1	(INT.001)
ANOTHER INTERPRETED INTERVIEW ALREADY RECORDED IN SAME HH.....	2	(INT.001)
RESPONDENT REFUSED RECORDING PREVIOUS INTERVIEW.....	3	(INT.001)
HH PREVIOUSLY REFUSED RECORDING ALL HH INTERVIEWS.....	4	(INT.001)
OTHER (SPECIFY).....	8	(INT.001)

_____
_____

RIQ.230 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A standard part of our quality control procedures is to record interviews.

The information being recorded is protected and kept confidential, the same as all of your answers to the survey.

This recording will be used to improve the quality of our survey and to review the quality of my work.

The computer is now recording our conversation.

Do I have your permission to record this interview?

YES	1	(INT.001)
NO	2	(INT.001)

CAPI INSTRUCTION: IF RIQ.230 = 2/NO, STOP.

RIQ.200 CAPI INSTRUCTION: BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.

A reminder that the system is now recording our conversation. Do I have your permission to record this interview?

YES	1	
NO	2	

CAPI INSTRUCTION: IF RIQ.200 = 2/NO, STOP.

INT.001 IS AN INTERPRETER BEING USED FOR INTERVIEW?

YES	1	
NO	2	(GO TO THE END OF THE SECTION)

INT.003 LANGUAGE USED FOR INTERVIEW

AMERICAN SIGN LANGUAGE	1	(INT.013)
CHINESE (CANTONESE)	2	(INT.013)
CHINESE (MANDARIN)	3	(INT.013)
FRENCH	4	(INT.013)
GERMAN	5	(INT.013)
ITALIAN	6	(INT.013)
JAPANESE	7	(INT.013)
KOREAN	8	(INT.013)
RUSSIAN	9	(INT.013)
SPANISH (READER)	10	(INT.013)
VIETNAMESE	11	(INT.013)
OTHER SPECIFY	99	

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

_____

INT.013 {DISPLAY INTERPRETER NAMES FROM ALL PREVIOUS INTERVIEWS: SCREENER, RELATIONSHIP, SP, FAMILY QUESTIONNAIRE}

ENTER INTERPRETER NAME INFO

SAME INTERPRETER USED IN OTHER INTERVIEW FOR HOUSEHOLD.....	1	(INT.014)
NEW INTERPRETER.....	2	(INT.005)

INT.014 {DISPLAY LIST OF INTERPRETER NAMES FROM SCREENER, RELATIONSHIP, SP AND/OR FAMILY QUESTIONNAIRES}
{INCLUDE "OTHER" AS A SELECTION}

SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT "OTHER" AND ENTER INTERPRETER NAME

BOX 4

CHECK ITEM INT.014a:
IF 'OTHER' SELECTED IN INT.014, GO TO INT.005.
OTHERWISE, CODE INTERPRETER INFO FROM PREVIOUS INTERVIEW AND GO TO END OF SECTION.

INT.005 HOW WAS INTERPRETER OBTAINED

ARRANGED BY FIELD OFFICE.....	1	
RECRUITED DURING VISIT/APPOINTMENT	2	(INT.007)

INT.006 SELECT INTERPRETER FROM DROP DOWN LIST OR SELECT "OTHER" AND ENTER INTERPRETER NAME

{DROP DOWN LIST SHOULD HAVE ALL NAMES FROM EVM AND AN "OTHER SPECIFY" TO ALLOW FOR THOSE NAMES THAT HAVE NOT BEEN TRANSFERRED TO INTERVIEWER PENTOP}

BOX 6

CHECK ITEM INT.006A:
IF OTHER (SELECTED IN INT.006), GO TO INT.009.
OTHERWISE, GO TO END OF SECTION.

INT.007 SELECT INTERPRETER SOURCE

RELATIVE LIVING IN HOUSEHOLD..... 1
NON-RELATIVE LIVING IN HOUSEHOLD.... 2
NEIGHBOR, RELATIVE OR FRIEND –
NOT IN HOUSEHOLD..... 3 (SKIP TO INT.009)

INT.008 SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER.

{DISPLAY CAPI PULL DOWN LIST FROM HH ROSTER}

BOX 7

CHECK ITEM INT.008A:
GO TO END OF SECTION.

INT.009 ENTER NAME OF INTERPRETER

_____

INT.010 ENTER PHONE # OF INTERPRETER

___ -___ ____

INT.011 ENTER AGE RANGE OF INTERPRETER

{AGE RANGE CAN BE A PULL DOWN LIST}

RANGES = 18-29
30-59
60+

INT.012 ENTER GENDER OF INTERPRETER

MALE..... 1
FEMALE..... 2

4.2 DEMOGRAPHIC BACKGROUND/OCCUPATION (DMQ)

DEMOGRAPHIC BACKGROUND/OCCUPATION – DMQ - FAM
Target Group: ■ Head of CPS Family (Non-SP)
■ Head of CPS Family Spouse (Non-SP)

BOX 1A

RULES FOR ADMINISTERING THE DEMOGRAPHIC AND OCCUPATION SECTION OF THE FAMILY QUESTIONNAIRE:

- A CPS FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE 16+ AND RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: A CPS FAMILY CAN BE ONE INDIVIDUAL.

BOX 1

LOOP 1:
ASK DMQ.107 – DMQ.141 AS APPROPRIATE FOR NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE (RELATIONSHIP OF "MARRIED" IN THE SCREENER) OF HEAD OF CPS FAMILY.

- FIRST ASK DMQ.107, 130, AND 141 FOR NON-SP HEAD OF CPS FAMILY.
- NEXT, ASK DMQ.141 FOR NON-SP SPOUSE OF HEAD OF CPS FAMILY.
- EACH TARGET PERSON SHOULD BE ASKED THIS SECTION ONCE.
- IF NO NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE, GO TO END OF SECTION.

DMQ.107 In what country {were you/was NON-SP Head} born?

UNITED STATES.....	1	(DMQ.130)
OTHER COUNTRY.....	2	
REFUSED.....	7	(BOX 2)
DON'T KNOW.....	9	(BOX 2)

DMQ.113 SELECT COUNTRY OF BIRTH

ARGENTINA	1
BANGLADESH	2
BELIZE	3
BHUTAN	4
BOLIVIA	5
BRAZIL	6
BURMA/MYANMAR	7
CAMBODIA	8
CHILE	9
CHINA	10
COLOMBIA	11
COSTA RICA	12
CUBA	13
DOMINICAN REPUBLIC	14
ECUADOR	15
EL SALVADOR	16
GUATEMALA	17
HONDURAS	18
HONG KONG	19
INDIA	20
INDONESIA	21
JAPAN	22
KOREA	23
LAOS	24
MACAU	25
MADAGASCAR	26
MALAYSIA	27
MALDIVES	28
MEXICO	29
NEPAL	30
NICARAGUA	31
PAKISTAN	32
PANAMA	33
PARAGUAY	34
PERU	35
PHILIPPINES	36
PUERTO RICO	37
SINGAPORE	38
SPAIN	39
SRI LANKA	40
TAIWAN	41
THAILAND	42
TIBET	43
URUGUAY	44
VENEZUELA	45
VIETNAM	46
OTHER COUNTRY (CAPI INSTRUCTION: DO NOT SPECIFY)	50

BOX 2

CHECK ITEM DMQ.120:
IF ANY CODE OTHER THAN 1 (UNITED STATES)IN DMQ.107, GO TO DMQ.141.

DMQ.130 In what state {were you/was NON-SP HEAD} born?

ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.
SELECT STATE FROM CAPI STATE LIST.
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:
DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.141 What is the **highest** grade or level of school {you have/NON-SP HEAD/NON-SP SPOUSE has} **completed** or the **highest degree** {you have/he/she has} **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY
ENTER HIGHEST LEVEL OF SCHOOL.

NEVER ATTENDED/KINDERGARTEN ONLY	0
1ST GRADE	1
2ND GRADE	2
3RD GRADE	3
4TH GRADE	4
5TH GRADE	5
6TH GRADE	6
7TH GRADE	7
8TH GRADE	8
9TH GRADE	9
10TH GRADE	10
11TH GRADE	11
12TH GRADE, NO DIPLOMA	12
HIGH SCHOOL GRADUATE	13
GED OR EQUIVALENT	14
SOME COLLEGE, NO DEGREE	15
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM	16
ASSOCIATE DEGREE: ACADEMIC PROGRAM	17
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)	18
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)	19
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)	20
DOCTORAL DEGREE (EXAMPLE: PhD, EdD)	21
REFUSED	77
DON'T KNOW	99

BOX 3

END LOOP 1:

- ASK DMQ.107-141 FOR NEXT TARGET PERSON (NON-SP HEAD)
- ASK DMQ.141 FOR NEXT TARGET PERSON (NON-SP SPOUSE – RELATIONSHIP OF "MARRIED" IN THE SCREENER).

IF NO NEXT PERSON, GO TO BOX 4.

BOX 4

LOOP 2:
ASK OCQ.150 - OCQ.380 FOR NON-SP HEAD IF AGE >= 16 AND NON-SP SPOUSE (RELATIONSHIP OF 'MARRIED' IN THE SCREENER) OF HEAD IF NON-SP SPOUSE AGE >= 16.

OCQ.150 The next questions are about {your/NON-SP HEAD'S/NON-SP SPOUSE'S} current job or business. Which of the following {were you/was} {NON-SP HEAD/NON-SP SPOUSE} doing **last week** . . .

working at a job or business,.....	1	(BOX 7)
with a job or business but not at work,.....	2	(BOX 7)
looking for work, or.....	3	(BOX 7)
not working at a job or business?.....	4	
REFUSED.....	7	(BOX 7)
DON'T KNOW.....	9	(BOX 7)

OCQ.380 What is the **main** reason {you/NON-SP HEAD/NON-SP SPOUSE} did not work **last week**?

TAKING CARE OF HOUSE OR FAMILY.....	1
GOING TO SCHOOL.....	2
RETIRED.....	3
UNABLE TO WORK FOR HEALTH REASONS.....	4
ON LAYOFF.....	5
DISABLED.....	6
OTHER.....	7
REFUSED.....	77
DON'T KNOW.....	99

BOX 7

END LOOP 2:
ASK OCQ.150 – OCQ.380 FOR NEXT TARGET PERSON (NON-SP HEAD OR NON-SP SPOUSE - RELATIONSHIP OF "MARRIED" IN THE SCREENER).
IF NO NEXT PERSON, GO TO END OF SECTION.

HELP SCREEN FOR DMQ.141:

School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools.
Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, junior colleges specializing in skill training, colleges of education, and nursing schools where a Bachelor's degree is offered.
If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included:
Training Programs - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree.
Vocational, Trade, or Business School - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.
General Educational Development (GED) or High School Equivalency - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14."
Adult Education - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma (or GED), or a college degree.
Other School Systems - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special circumstances, ask the respondent to give the nearest equivalent of years in regular U.S. schooling.
GED (General Educational Development): An exam certified equivalent of a high school diploma.
Occupational, Technical, or Vocational Program: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.
Bachelor's Degree: An educational degree given by a college or university to a person who has completed a 4-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).
Doctoral Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

HELP SCREEN FOR OCQ.150:

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.
Job: A job exists when there is:
1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.
Include:
Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.

Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Business: A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

Sewing performed in the sewer's house using his/her own equipment.

Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

Yard sales; the sale of personal property is not a business or work.

Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.

Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Looking for Work: To be looking for work, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:

1. Filled out applications or sent out resumes;
2. Placed or answered classified ads;
3. Checked union/professional registers;
4. Bid on a contract or auditioned for a part in a play;
5. Contacted friends or relatives about possible jobs;
6. Contacted school/college university employment office;
7. Contacted employment directly.

Job search methods that are not active include the following:

1. Looked at ads without responding to them;
2. Picked up a job application without filling it out.

HELP SCREEN FOR OCQ.380:

Taking Care of House or Family: Doing any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

Retired: Respondent defined.

Unable to Work for Health Reasons: Respondent defined.

On Layoff: Is when a person is waiting to be called back to a job from which they were temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his or her place of employment as being in layoff.

Disabled: Respondent defined.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

4.3 OCCUPATION (OCQ)

OCCUPATION – OCQ
Target Group: SPs 16+

BOX 4

LOOP 2:
ASK OCQ.150-OCQ.380 FOR NON-SP HEAD IF AGE >= 16 AND NON-SP SPOUSE (RELATIONSHIP OF 'MARRIED' IN THE SCREENER) OF HEAD IF NON-SP SPOUSE AGE >= 16.

OCQ.150 The next questions are about {your/NON-SP HEAD'S/NON-SP SPOUSE'S} current job or business. Which of the following {were you/was} {NON-SP HEAD/NON-SP SPOUSE} doing **last week** . . .

working at a job or business,.....	1	(BOX 7)
with a job or business but not at work,.....	2	(BOX 7)
looking for work, or.....	3	(BOX 7)
not working at a job or business?.....	4	
REFUSED.....	7	(BOX 7)
DON'T KNOW.....	9	(BOX 7)

OCQ.380 What is the **main** reason {you/NON-SP HEAD/NON-SP SPOUSE} did not work **last week**?

TAKING CARE OF HOUSE OR FAMILY.....	1
GOING TO SCHOOL.....	2
RETIRED.....	3
UNABLE TO WORK FOR HEALTH REASONS.....	4
ON LAYOFF.....	5
DISABLED.....	6
OTHER.....	7
REFUSED.....	77
DON'T KNOW.....	99

BOX 7

END LOOP 2:
ASK OCQ.150 FOR NEXT TARGET PERSON (NON-SP HEAD OR NON-SP SPOUSE - RELATIONSHIP OF "MARRIED" IN THE SCREENER).
IF NO NEXT PERSON, GO TO END OF SECTION.

4.4 HOUSING CHARACTERISTICS (HOQ)

HOUSING CHARACTERISTICS – HOQ
Target Group: SPs Family

HOQ.new I would like to ask you a few questions about your home.

Please look at this card (HANDCARD HOQ.new). Which best describes your house or building?

A one-family house detached from any other house…… 1
A one-family house attached to one or more houses……. 2
A building with 2 apartments …… 3
A building with 3 or 4 apartments ……..4
A building with 5 to 9 apartments ……..5
A building with 10 to 19 apartments ……..6
A building with 20 to 49 apartments……...7
A building with 50 or more apartments…….. 8
A mobile home, trailer, or manufactured home……..9
A dormitory or similar boarding house?.....10
REFUSED ,,,

4.5 SMOKING (SMQ)

SMOKING – SMQ
Target Group: Household

SMQ.460 Now I would like to ask you a few questions about smoking in this home.

How many people who live here **smoke** cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product?

INTERVIEWER INSTRUCTION: IF RESPONSE IS NO ONE, ENTER ZERO

|___|___|
ENTER NUMBER OF PERSONS

REFUSED..... 777
DON'T KNOW..... 999

HELP SCREEN:
Tobacco products do not include marijuana.

CAPI INSTRUCTION:
ALLOW '0' AS AN ENTRY.
RANGE EDIT: CANNOT BE GREATER THAN # OF PEOPLE IN THE HOUSEHOLD.
IF '0', DK OR RF, GO TO END OF SECTION.

SMQ.470 Not counting decks, porches, or detached garages, how many people who live here **smoke** cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product **inside** this home?

|___|___|
ENTER NUMBER OF PERSONS

REFUSED..... 777
DON'T KNOW..... 999

HELP SCREEN:
Tobacco products do not include marijuana.

CAPI INSTRUCTION:
ALLOW '0' AS AN ENTRY.
HARD EDIT: NUMBER ENTERED IN SMQ.470 MUST BE EQUAL OR LESS THAN SMQ.460.
IF '0', DK OR RF, GO TO END OF SECTION.

SMQ.480 (Not counting decks, porches, or detached garages) During the past 7 days, that is since last [TODAY'S DAY OF WEEK], on how many days did {anyone who lives here/you}, smoke tobacco **inside** this home?

|___|
ENTER NUMBER OF DAYS FROM 0 TO 7.

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTION:
IF ONLY ONE PERSON LIVING IN HOUSEHOLD DISPLAY "you.." IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, DISPLAY "anyone who lives here.."

4.6 CONSUMER BEHAVIOR (CBQ)

CONSUMER BEHAVIOR – CBQ

Target Group: Family Questionnaire

BOX 1A

OMITTED

CBQ.071 Q/U The next questions are about how much money {your family spends/you spend} on food. First I'll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores. When you answer these questions, please **do not** include money spent on **alcoholic beverages**.

During the **past 30 days**, how much money {did your family/did you} spend at **supermarkets** or **grocery stores**? Please include purchases made with food stamps. (You can tell me per week or per month.)

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|___|

NO MONEY SPENT..... 0 (CBQ.101)
REFUSED..... 7----7 (CBQ.101)
DON'T KNOW..... 9----9 (CBQ.101)

ENTER UNIT

WEEK..... 1
MONTH..... 2

CBQ.081 Was any of this money spent on **nonfood items** such as cleaning or paper products, pet food, cigarettes or alcoholic beverages?

YES..... 1
NO..... 2 (CBQ.101)
REFUSED..... 7 (CBQ.101)
DON'T KNOW..... 9 (CBQ.101)

CBQ.091 Q/U About how much money was spent on nonfood items? (You can tell me per week or per month.)

$ |___|___|___|___|___|___|___|___|___|

HARD EDIT: AMOUNT CANNOT BE MORE THAN
THE AMOUNT ENTERED ON CBQ.071.

REFUSED..... 7----7 (CBQ.101)
DON'T KNOW..... 9----9 (CBQ.101)

ENTER UNIT

WEEK..... 1
MONTH..... 2

CBQ.101 During the **past 30 days**, {did your family/did you} spend money on **food** at stores **other** than grocery stores? Please do not include money that you have already told me about. Here are some examples of stores other than grocery stores where you might buy food.

HAND CARD CBQ1

YES..... 1
NO..... 2 (CBQ.121)
REFUSED..... 7 (CBQ.121)
DON'T KNOW..... 9 (CBQ.121)

CBQ.111 Q/U About how much money {did your family/did you} spend on **food** at these types of stores? Please do not include money you have already told me about. (You can tell me per week or per month.)

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|___|

REFUSED..... 7----7 (CBQ.121)
DON'T KNOW..... 9----9 (CBQ.121)

ENTER UNIT

WEEK..... 1
MONTH..... 2

CBQ.121 Q/U

During the **past 30 days**, how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|___|___|

REFUSED..... 7----7 (CBQ.131)
DON'T KNOW..... 9----9 (CBQ.131)

ENTER UNIT

WEEK..... 1
MONTH..... 2

CBQ.131 Q/U

During the **past 30 days**, how much money {did your family/did you} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|___|___|

REFUSED..... 7----7 (END OF SECTION)
DON'T KNOW..... 9----9 (END OF SECTION)

ENTER UNIT

WEEK..... 1
MONTH..... 2

BOX 2

CHECK ITEM CBQ.New1:
IF THE FAMILY INCLUDES AT LEAST ONE SP AGED 1-15 YEARS OLD, CONTINUE;
OTHERWISE, GO TO THE END OF SECTION

CBQ.New2 Who is the person who does most of the planning or preparing of meals in your family?

CAPI INSTRUCTION:

- DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS.
- SORT THE LIST BY FAMILY, AND DISPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
- WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE.
- BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
- THIS QUESTION IS NOT “CODE ALL THAT APPLY”, ONLY ALLOW ONE PERSON BEING SELECTED

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT	1
NOT SELECT	2
REFUSED	7
DON'T KNOW	9

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD”

CBQ.New3 {Do you/Does he/she} share in the planning or preparing of meals with someone else?

YES	1	
NO	2	(CBQ.New5)
REFUSED	7	(CBQ.New5)
DON'T KNOW	9	(CBQ.New5)

CBQ.New4 Who is the person who shares in the planning or preparing of meals with {you/him/her}?

CAPI INSTRUCTION:

- DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS, EXCEPT THE ONE NAMED IN CBQ.New2.
- SORT THE LIST BY FAMILY, AND DIAPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
- WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE.
- BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
- THIS QUESTION IS NOT “CODE ALL THAT APPLY”, ONLY ALLOW ONE PERSON BEING SELECTED

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT 1
NOT SELECT 2
REFUSED 7
DON'T KNOW..... 9

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD”

CBQ.New5 Who is the person who does most of the shopping for food in your family?

CAPI INSTRUCTION:

- DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS.
- SORT THE LIST BY FAMILY, AND DIAPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
- WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE.
- BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
- THIS QUESTION IS NOT “CODE ALL THAT APPLY”, ONLY ALLOW ONE PERSON BEING SELECTED

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT	1
NOT SELECT	2
REFUSED	7
DON'T KNOW	9

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD”

CBQ.New6 {Do you/Does he/she} share in the shopping for food with someone else?

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

CBQ.New7 Who is the person who shares the food shopping with {you/him/her}?

CAPI INSTRUCTION:

- DISPLAY NAMES, GENDERS, AND AGES OF ALL HOUSEHOLD MEMBERS, EXCEPT THE ONE NAMED IN CBQ.New5.
- SORT THE LIST BY FAMILY, AND DIAPLAY THE FAMILY OF THE CURRENT RESPONDENT FIRST.
- WITHIN EACH FAMILY, SORT THE FAMILY MEMBERS BY AGE.
- BLOCK ALL MEMBERS 10 YEAR OR YOUNGER FROM BEING SELECTED.
- THIS QUESTION IS NOT “CODE ALL THAT APPLY”, ONLY ALLOW ONE PERSON BEING SELECTED

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT 1
NOT SELECT 2
REFUSED 7
DON'T KNOW..... 9

SOFT EDIT:

IF THE SELECTED PERSON IS LESS THAN 18 YEARS OLD, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY THAT THE PERSON SELECTED IS YOUNGER THAN 18 YEARS OLD”

4.7 INCOME (INQ)

INCOME – INQ

Target Group: SP, Family, Household

Definitions for Testers:

- NHANES FAMILY: Everyone related to each other by blood, marriage or a marriage-like relationship including partners and foster children.

- FAMILY: Individuals and groups of individuals who are related by birth, marriage or adoption. step children, parents or siblings are included. It also includes unmarried partners if they have a biological or adoptive child in common. It does not include unmarried partners who do not have a child in common, foster parents or foster children. Note: Individuals living alone or with other unrelated individuals are referred to as “unrelated individuals”.

INQ.020 The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of {NAMES OF OTHER **NHANES** FAMILY MEMBERS} for {LAST CALENDAR YEAR}. Did {you/you and OTHER NHANES FAMILY MEMBERS 16+} receive income in {LAST CALENDAR YEAR} from **wages and salaries**?

[Did {you/you or OTHER FAMILY MEMBERS 16+} get paid for work in {LAST CALENDAR YEAR}.]

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

INQ.012 Did {you/you or **any** family members 16 and older} receive income in {LAST CALENDAR YEAR} from **self-employment** including business and farm income?

[Self-employment means you worked for yourself.]

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 1B

OMITTED

BOX 1C

OMITTED

INQ.030 When answering the next questions about different kinds of income members of your family might have received in {LAST CALENDAR YEAR}, please consider that we also want to know about family members less than 16 years old. Did {you/you or **any** family members living here, that is: you or NAME(S) OF OTHER NHANES FAMILY MEMBERS} receive income in {LAST CALENDAR YEAR} from **Social Security** or **Railroad Retirement**?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

BOX 1D

OMITTED

BOX 1E

OMITTED

INQ.060 Did {you/you or **any** family members living here} receive **any disability** pension [other than Social Security or Railroad Retirement] in {LAST CALENDAR YEAR}?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Disability Pension: The following are the most common types of disability pensions: company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, state or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.
Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

BOX 2A

OMITTED

INQ.080 Did {you/you or **any** family members living here} receive **retirement or survivor pension** [other than Social Security or Railroad Retirement or disability pension] in {LAST CALENDAR YEAR}?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 2B

OMITTED

INQ.090 Did {you/you or **any** family members living here} receive **Supplemental Security Income** [SSI] in {LAST CALENDAR YEAR}?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
SSI: Also known as Supplemental Security Income (SSI), this federal program provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to persons who are both

needy and aged (65 years or older), blind, or disabled. A person may be eligible for SSI payments even if they have never worked. SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security. The SSI program is issued by the Social Security Administration. Each state may add to the federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the federal payment, the words "STATE PAYMENT INCLUDED" will appear on the federal check. A few states make SSI payments to individuals who do not receive a federal payment.

BOX 2C

OMITTED

BOX 3A

OMITTED

INQ.132 Did {you/you or **any** family members living here} receive any **cash** assistance from a state or county welfare program such as {DISPLAY SPECIFIC STATE PROGRAMS} in {LAST CALENDAR YEAR}?

CAPI INSTRUCTION:
DISPLAY FULL NAMES OF ALL STATE PROGRAMS FOR STATE IN WHICH INTERVIEW IS BEING CONDUCTED. NAMES FOR EACH STATE WILL BE SENT TO PROGRAMMING IN A SEPARATE FILE.
DISPLAY “welfare, public assistance, AFDC, or some other program” WHEN NO STATE PROGRAMS FOR STATE IN WHICH INTERVIEW IS BEING CONDUCTED ARE SPECIFIED IN TABLE.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 3AA

OMITTED

BOX 3B

OMITTED

INQ.140 Did {you/you or **any** family members living here} receive **interest** from savings or other bank accounts or income from dividends received from stocks or mutual funds or net rental income from property, royalties, estates, or trusts in {LAST CALENDAR YEAR}?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HELP SCREEN:
Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

BOX 3C

OMITTED

INQ.150 Did {you/you or **any** family members living here} receive income in {LAST CALENDAR YEAR} from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?

INTERVIEWER INSTRUCTION: CONTRIBUTIONS INCLUDE GIFTS.

INTERVIEWER INSTRUCTION: IF RESPONDENT IS A COLLEGE STUDENT LIVING AWAY FROM THEIR FAMILY PLEASE ADD “INCLUDING MONEY RECEIVED FROM FAMILY FOR COLLEGE TUITION, BOOKS AND LIVING EXPENSES”

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 3D

OMITTED

BOX 4A

OMITTED

BOX 4C

OMITTED

BOX 4B

OMITTED

BOX 5

OMITTED

BOX 7

ASK INQ.200 – 230 FOR EACH FAMILY IN THE HOUSEHOLD.

FOR THE PURPOSE OF ADMINISTERING THE QUESTIONS ABOUT TOTAL INCOME:

- A FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONE OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS “UNRELATED INDIVIDUALS”.

- TOTAL INCOME IS ADMINISTERED FOR EACH FAMILY AND THEN FOR THE ENTIRE HOUSEHOLD.

INQ.200 Now I am going to ask about the **total income** for {you/NAME(S) OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

CAPI INSTRUCTIONS:

- DISPLAY "YOU" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

$ |___|___|___|___|___|___|___|___|___|___| (GO TO INQ.235)

REFUSED..... 77777777777 (INQ.220)
DON'T KNOW..... 99999999999 (INQ.220)

CAPI INSTRUCTION:

- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
  DOUBLE ENTRY OF INCOME REQUIRED.
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.
- IF INQ.200 NOT DK OR RF, SET FAMILY ANNUAL INCOME THRESHOLD = INQ.200.

BOX 5A

OMITTED

INQ.220 You may not be able to give us an exact figure for {your/NAME(S) OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

PROBE: Income is important in using the health information we collect. For example, it helps us to learn whether persons in one income group use certain types of medical services or have certain health conditions more or less often than those in another income group.

CAPI INSTRUCTIONS:

- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

$20,000 or more, or.....	1	
less than $20,000?.....	2	
REFUSED.....	7	(BOX 9)
DON'T KNOW.....	9	(INQ.235)

HELP SCREEN:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

INQ.230 a/b Of these income groups, can you tell me which letter **best** represents {your/NAME(S) OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} income in {LAST CALENDAR YEAR}?

HAND CARD {INQ1 AND INQ2}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

CAPI INSTRUCTIONS:

- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.
- IF $20,000 OR MORE, DISPLAY HAND CARD INQ1.
- IF LESS THAN $20,000, DISPLAY HAND CARD INQ2.
- IF INQ.230 NOT EQUAL TO DK OR RF, SET FAMILY ANNUAL INCOME THRESHOLD = LOWER VALUE IN RANGE.

|___|___|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	

REFUSED..... 7777
DON'T KNOW..... 9999

HELP SCREEN:
Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

BOX 6

OMITTED

INQ.235 What is the total income received last month, {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} by {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS}} before taxes?

[Please include income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.]

[INTERVIEWER INSTRUCTION: IF SP DOES NOT KNOW INCOME OF OTHER FAMILY MEMBERS, ENTER DON'T KNOW.]
SOFT EDIT: AMOUNT REPORTED IN INQ.235 (MONTHLY INCOME) GREATER THAN OR EQUAL TO THE AMOUNT REPORTED IN INQ.200 (ANNUAL INCOME), DISPLAY SOFT EDIT MESSAGE: "INTERVIEWER, YOU HAVE RECORDED AN ANNUAL TOTAL INCOME OF {ANNUAL INCOME REPORTED IN INQ.200} AND LAST MONTH'S TOTAL INCOME WAS RECORDED AS {TOTAL MONTHLY INCOME REPORTED IN INQ.235}. PLEASE CONFIRM WITH SP THAT LAST MONTH'S INCOME OF {TOTAL MONTHLY INCOME REPORTED IN INQ.235} IS CORRECT.
CAPI INSTRUCTION:

- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
  DOUBLE ENTRY OF INCOME REQUIRED.
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.
- FOR THE CALENDAR FILL: IF CURRENT MONTH IS JANUARY THE PAST CALENDAR YEAR WILL BE SHOWN

$ |___|___|___|___|___|___|___|___|___|___| (INQ.300)

REFUSED..... 77777777777
DON'T KNOW..... 99999999999

INQ.238 You may not be able to give us an exact figure, but can you tell me if the income for {you/NAMES OF OTHER FAMILY/your family} in {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} was . . .

{185% or less of monthly poverty level}, or.....	1	
more than {185% monthly poverty level}?.....	2	(INQ.300)
REFUSED.....	7	
DON'T KNOW.....	9	

PROBE: (That would be {12 times 185% monthly poverty level}} per year.)

CAPI INSTRUCTION:

- Fill 185% of the **monthly** poverty level based on family size:
  For family sizes **1-8**, use the numbers in the 3rd column in the table below.
  For family size **> 8**, with each additional family member, fill {[$6,304+($641* # of additional person)] round to nearest 100s}.
- Fill 185% of the **annual** poverty level based on family size in the PROBE:
  For family sizes **1-8**, use the numbers in the 5th column in the table below.
  For family size **> 8**, with each additional member, fill {[$6,304+($641* # of additional person)]*12 round to nearest 100s}.

Persons in Family	185% monthly poverty level		185% annual poverty level	
	Raw Number[1]	Rounded to nearest 100s[2]	Raw Number[3]	Rounded to nearest 100s[4]
1	1,832	1,800	21,978	22,000
2	2,470	2,500	29,637	29,600
3	3,108	3,100	37,296	37,300
4	3,746	3,700	44,955	45,000
5	4,385	4,400	52,614	52,600
6	5,023	5,000	60,273	60,300
7	5,663	5,700	67,951	68,000
8	6,304	6,300	75,647	75,600

[1]: $1,832 for family size of 1. Note: The 2016 HHS poverty guidelines did not employ a constant increment for family sizes 1-8.

[2]: These are the numbers to be used in the response category fills.

[3]: Multiply by 12 to the raw number of the 185% monthly poverty level.

[4]: These are the numbers to be used in the probe fills.

INQ.241 Was it more or less than {130% monthly poverty level}?

130% or less than monthly poverty level..... 1
More than 130% of monthly poverty level..... 2
REFUSED..... 7
DON'T KNOW..... 9

PROBE: {That would be 12 times 130% annual poverty level per year.}

CAPI INSTRUCTION:

- Fill 130% of the **monthly** poverty level based on family size:
  For family sizes **1-8**, use the numbers in the 3rd column in the table below.
  For family size **> 8**, with each additional family member, fill {[$4,430+($451* # of additional person)] round to nearest 100s}.
- Fill 130% of the **annual** poverty level based on family size in the PROBE:
  For family sizes **1-8**, use the numbers in the 5th column in the table below.
  For family size **> 8**, with each additional member, fill {[$4,430+($451* # of additional person)]*12 round to nearest 100s}

Persons in Family	130% monthly poverty level		130% annual poverty level	
	Raw Number[1]	Rounded to nearest 100s[2]	Raw Number[3]	Rounded to nearest 100s[4]
1	1,287	1,300	15,444	15,400
2	1,736	1,700	20,826	20,800
3	2,184	2,200	26,208	26,200
4	2,633	2,600	31,590	31,600
5	3,081	3,100	36,972	37,000
6	3,530	3,500	42,354	42,400
7	3,979	4,000	47,749	47,700
8	4,430	4,400	53,157	53,200

[1]: $1,287 for family size of 1. Note: The 2016 HHS poverty guidelines did not employ a constant increment for family sizes 1-8.

[2]: These are the numbers to be used in the text of question and response category fills.

[3]: Multiply 12 to the raw number of the 130% monthly poverty level.

[4]: These are the numbers to be used in the probe fills.

NEW BOX 7A

OMITTED

NEW BOX 7B

OMITTED

INQ.300 Do {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} have more than $20,000 in savings at this time? Please include money in all types of accounts {you/your family} may have. Here are some examples of the types of accounts.

HAND CARD INQ3

CAPI INSTRUCTION:
DISPLAY “you” for single-person family; DISPLAY “the members of your family” for multi-persons family.

YES	1	(BOX 9)
NO	2	
REFUSED	7	(BOX 9)
DON'T KNOW	9	(BOX 9)

INQ.310 Which letter on this card best represents the total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}?

HAND CARD INQ4

|___| ENTER LETTER

REFUSED	7
DON'T KNOW	9

A: $0 - $3,000
B: $3,001 - $5,000
C: $5,001 - $10,000
D: $10,001 - $15,000
E: $15,001 - $20,000

BOX 8

OMITTED

BOX 9

CHECK ITEM INQ.240:
IF THERE IS MORE THAN ONE NHANES FAMILY IN THE HOUSEHOLD, CONTINUE.
OTHERWISE, GO TO INQ.320.

BOX 9A

CHECK ITEM INQ.249:
HOUSEHOLD INCOME (INQ.250, 260, 270) SHOULD ONLY BE ASKED **ONCE** OF THE FIRST FAMILY TO COMPLETE THE FAMILY QUESTIONNAIRE REGARDLESS OF FAMILY NUMBER. IT SHOULD NOT BE ASKED TWICE FOR A HOUSEHOLD AND SHOULD NOT BE MISSED IF ONE FAMILY DOES NOT COMPLETE THE FAMILY QUESTIONNAIRE.

INQ.250 Now I am going to ask you about the total **household** income for the persons we have talked about plus {NAMES OF ALL OTHER PERSONS IN ADDITIONAL NHANES FAMILIES} in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

$ |___|___|___|___|___|___|___|___|___|___| (GO TO INQ.320)

REFUSED..... 77777777777 (INQ.260)
DON'T KNOW..... 99999999999 (INQ.260)

CAPI INSTRUCTION:
- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
  DOUBLE ENTRY OF INCOME REQUIRED.
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

INQ.260 You may not be able to give us an exact figure for your total household income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

$20,000 or more, or.....	1	
less than $20,000?.....	2	
REFUSED.....	7	(INQ.320)
DON'T KNOW.....	9	(INQ.320)

HELP SCREEN:
Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

INQ.270 Of these income groups, can you tell me which letter **best** represents your total household income in {LAST CALENDAR YEAR}?

HAND CARD {INQ1 AND INQ2}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED HOUSEHOLD INCOME.

|___|___|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	

REFUSED.....	77
DON'T KNOW.....	99

CAPI INSTRUCTION:
IF $20,000 OR MORE, DISPLAY HAND CARD INQ1.
IF LESS THAN $20,000, DISPLAY HAND CARD INQ2.

HELP SCREEN:
Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

INQ.320 Now I will ask you a question about how your household usually travels to the store for your grocery shopping.

Please look at this card. How do {you/you or anyone who lives in the household} **usually** get to the store (or stores) where you do **most** of your grocery shopping?

HAND CARD INQ5

INTERVIEWER INSTRUCTION:
1. IF THE RESPONDENT CANNOT DECIDE ON ONE SINGLE ANSWER, PROBE FOR THE "**USUAL/MOST COMMON**" WAY.
2. SELECT "NO USUAL MODE OF TRAVELING TO STORE" ONLY WHEN THE RESPONDENT CANNOT REPORT A SINGLE USUAL MODE FOR THE QUESTION.
3. IF THE RESPONDENT USES DIFFERENT MODES FOR GETTING TO AND RETURNING FROM STORE, ENTER THE MODE OF "GETTING TO" THE STORE.

IN MY CAR	1
IN A CAR THAT BELONGS TO SOMEONE I LIVE WITH	2
IN A CAR THAT BELONGS TO SOMEONE WHO LIVES ELSEWHERE	3
WALK	4
RIDE BICYCLE	5
BUS, SUBWAY OR OTHER PUBLIC TRANSIT	6
TAXI OR OTHER PAID DRIVER	7
SOMEONE ELSE DELIVERS GROCERIES	8
OTHER	9
NO USUAL MODE OF TRAVELING TO STORE	66
REFUSED	77
DON'T KNOW	99

HELP SCREEN FOR INQ.012:

Self-Employed: Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators or independent truckers.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Business: A business exists when one or more of the following conditions are met:
1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)
Examples of what to include as a business:
Sewing performed in the sewer's house using his/her own equipment.
Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.
Do not count the following as a business:
Yard sales; the sale of personal property is not a business or work.
Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

HELP SCREEN FOR INQ.080:

Retirement or Survivors Pension: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:
Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and
Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.
Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

Disability Pension: The following are the most common types of disability pensions: company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, state or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person’s long-term employment in the railroad industry.

HELP SCREEN FOR INQ.132:

Government Payments (Welfare, Public Assistance, AFDC, Some Other Program): Aid to Families with Dependent Children (AFDC) or Aid for Dependent Children (ADC) are the old welfare program names. AFDC and ADC have been replaced by Temporary Assistance to Needy Families (TANF; pronounced "tan'iff"). TANF is administered by state and local governments. Each TANF program has a unique name depending on the state or local area.
Eligibility for TANF programs varies from state to state, but usually depends on having low-income. Services provided through TANF programs also vary from state to state. Where AFDC primarily provided cash benefits, TANF provides a wide range of services such as job training, child care, and subsidies to employers.

AFDC (Aid to Families with Dependent Children): Was a government program that provided cash benefits to needy children (and certain others in their households) who had been deprived of parental support or care because their father or mother was absent from the home continuously, incapacitated, deceased, or unemployed. AFDC has been replaced by TANF (Temporary Assistance to Needy Families).

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

HELP SCREEN FOR INQ.150:

Child Support: Money received from parents for the support of their children. In some cases, child support payments may be delivered to recipients by a government office, court office, or welfare agency.

Workers' Compensation: A system, required by law, of compensating workers injured or disabled in connection with work. This system establishes the liability of an employer for injuries or sickness that arise in the course of employment. The liability is created without regard to the fault or negligence of the employer. The benefits under this system generally include hospital and other medical payments and compensation for loss of income.

Unemployment Compensation: Payment by the state government of a fixed amount of money to an unemployed person, usually at regular intervals over a fixed period of time.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

HELP SCREEN FOR INQ.200/250:

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments. SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Retirement Benefits: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:
Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and
Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.
Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

4.8 FOOD SECURITY (FSQ)

FOOD SECURITY – FSQ

TARGET GROUP: HOUSEHOLD

CAPI DISPLAY INSTRUCTIONS FOR ALL QUESTIONS IN SECTION:

1. IF ONLY ONE PERSON IN HOUSEHOLD
   - FOR {YOU/YOUR HOUSEHOLD}, DISPLAY “YOU”
   - FOR {I/WE}, {MY/OUR}, DISPLAY “I” AND “MY”
   - FOR {YOU/YOU OR OTHER ADULTS IN YOUR HOUSEHOLD}, DISPLAY “YOU”.
2. IF MORE THAN ONE PERSON IN HOUSEHOLD
   - FOR {YOU/YOUR HOUSEHOLD}, DISPLAY “YOUR HOUSEHOLD”
   - FOR {I/WE}, {MY/OUR}, DISPLAY “WE” AND “OUR”
   - FOR {YOU/YOU OR OTHER ADULTS IN YOUR HOUSEHOLD}, DISPLAY “YOU OR OTHER ADULTS IN YOUR HOUSEHOLD”.

FSQ.032 I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for {you/your household} in the **last 12 months**, that is since {DISPLAY CURRENT MONTH AND LAST YEAR}.

HAND CARD FSQ1

CAPI INSTRUCTION:
IF ITEM CHANGED, CHECK MEC COMPONENT.

RESPONSES TO FSQ032A, B, AND C: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON’T KNOW = 9

a. {I/We} worried whether {my/our} food would run out before {I/we} got money to buy more. ____

b. The food that {I/we} bought just didn't last, and {I/we} didn't have enough money to get more food. ____

c. {I/We} couldn't afford to eat balanced meals. ____

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Balanced Meal: A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit and some protein like meat, fish, cheese or eggs.

BOX 1

IF RESPONSE TO FSQ032 a, b, OR c, IS CODE 1 OR 2 (OFTEN TRUE OR SOMETIMES TRUE), CONTINUE.

OTHERWISE, GO TO BOX 3.

FSQ.041 In the **last 12 months**, since last { DISPLAY CURRENT MONTH AND LAST YEAR }, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES 1
NO .....2(FSQ.061)
REFUSED .....7(FSQ.061)
DON'T KNOW..... 9 (FSQ.061)

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

FSQ.052 How often did this happen?

Almost every month,..... 1
some months but not every month, or..... 2
in only 1 or 2 months?..... 3
REFUSED 7
DON'T KNOW..... 9

FSQ.061 In the **last 12 months**, did you ever eat less than you felt you should because there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

FSQ.071 [In the **last 12 months**], were you ever hungry but didn't eat because there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

FSQ.081 [In the **last 12 months**], did you lose weight because there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

BOX 2

CHECK ITEM FSQ.083:
IF RESPONSE TO FSQ.041, 061, 071, **OR** 081 IS CODE 1 (YES), CONTINUE.
OTHERWISE GO TO BOX 3.

FSQ.092 [In the **last 12 months**], did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?

YES	1
NO	.....2(BOX 3)
REFUSED	.....7(BOX 3)
DON'T KNOW.....	9 (BOX 3)

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

FSQ.102 How often did this happen?

Almost every month,.....	1
some months but not every month, or.....	2
in only 1 or 2 months?.....	3
REFUSED	7
DON'T KNOW.....	9

BOX 3

CHECK ITEM FSQ.085A:

IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE.

OTHERWISE, GO TO FSQ.151.

CAPI DISPLAY INSTRUCTIONS FOR ALL QUESTIONS:

IF ONLY ONE CHILD IN THE HOUSEHOLD AGED <=17, DISPLAY CHILD'S NAME.

IF MORE THAN ONE CHILD IN HOUSEHOLD AGED <=17, DISPLAY "THE CHILDREN IN YOUR HOUSEHOLD WHO ARE UNDER 18 YEARS OLD", "THE CHILDREN", OR "ANY OF THE CHILDREN".

FSQ032 The next questions are about children living in the household who are under 18 years old.

I am going to read you several statements that people have made about their **children's** food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for {CHILD's NAME/your child/the children in your household who are under 18 years old} in the **last 12 months**, that is since {DISPLAY CURRENT MONTH AND LAST YEAR}.

RESPONSES TO FSQ032D, E, AND F: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON'T KNOW = 9

CAPI INSTRUCTION:
IF ITEM CHANGED, CHECK MEC COMPONENT.

d. (I/We) relied on only a few kinds of low-cost foods to feed {CHILD's NAME/the children} because there wasn't enough money for food. ____

e. (I/We) couldn't feed {(CHILD's NAME/the children} a balanced meal, because there wasn't enough money for food. ____

f. {CHILD's NAME was/The children were} not eating enough because there wasn't enough money for food. ____

HELP SCREEN:
Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

NEW BOX 4

CHECK ITEM FSQ.108:
IF RESPONSE TO FSQ.032d, e, or f, IS CODE 1 OR 2 (OFTEN TRUE OR SOMETIMES TRUE), CONTINUE.
OTHERWISE, GO TO FSQ.151.

FSQ.111 In the **last 12 months**, since {DISPLAY CURRENT MONTH AND LAST YEAR} did you ever cut the size of {CHILD'S NAME/any of the children's} meals because there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

FSQ.121 [In the **last 12 months**], did {CHILD'S NAME/any of the children} ever skip meals because there wasn't enough money for food?

YES 1
NO .....2(FSQ.141)
REFUSED .....7(FSQ.141)
DON'T KNOW..... 9 (FSQ.141)

FSQ.132 How often did this happen?

Almost every month,..... 1
some months but not every month, or..... 2
in only 1 or 2 months?..... 3
REFUSED 7
DON'T KNOW..... 9

FSQ.141 In the **last 12 months**, {was CHILD'S NAME/were any of the children} ever hungry, but there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

FSQ.146 [In the **last 12 months**], did {CHILD'S NAME/any of the children} ever not eat for a whole day because there wasn't enough money for food?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

FSQ.151 [In the **last 12 months**], did {you/you or any member of your household} ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

HELP SCREEN:

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Community Kitchen: A place you went to eat because you didn't have money for food. Do not include a place you went to for social reasons, such as, a senior center or a place you went to for shelter because of something like a hurricane or flood.

BOX 5

CHECK ITEM FSQ.155B:

IF THE HOUSEHOLD INCLUDES:

**A CHILD AGED 5 YEARS OR UNDER, OR IN AN AGE RANGE THAT INCLUDES AGE 5 AND UNDER

OR

** A FEMALE BETWEEN AGES 12 AND 59, OR IN AN AGE RANGE THAT INCLUDES ANY AGES BETWEEN 12 AND 59) CONTINUE

OTHERWISE, GO TO FSQ.755.

FSQ.760 Next are a few questions about the WIC program, that is, the Women, Infants and Children program

Did {you/you or anyone who lives here} receive WIC benefits in the **past 30 days**? {Here is the list of children 5 years and younger and women ages 12 to 59 years who live here, let me read it to you.}

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL CHILDREN AGES 5 AND UNDER, AND WOMEN AGES 12 TO 59 IN THE HOUSEHOLD, AND HOUSEHOLD MEMBERS WITH UNKNOWN AGE OR GENDER.

CAPI INSTRUCTION:

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “Here is the list of children 5 years and younger and women ages 12 to 59 years who live here, let me read it to you.”

HELP SCREEN:

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

YES	1
NO	.....2(FSQ.162)
REFUSED	.....7(FSQ.162)
DON’T KNOW.....	9 (FSQ.162)

BOX 5AA

CHECK ITEM FSQ.765:

IF FSQ.760 = 1 AND ONLY ONE PERSON IN HOUSEHOLD, FLAG PERSON AS RECEIVING WIC IN FSQ.770, GO TO BOX 5BB.

OTHERWISE CONTINUE.

FSQ.770 Who in the household has received WIC benefits in the past 30 days?

PROBE: Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL CHILDREN AGES 5 AND UNDER, AND WOMEN AGES 12 TO 59 IN THE HOUSEHOLD.

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT	1
NOT SELECT	2
REFUSED	7
DON'T KNOW	9

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.770:

“You said that someone who lives here has received WIC in the last 30 days, is that correct?”

IF YES, GO BACK TO FSQ.770 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.760 AS ‘NO’.

BOX 5BB

CHECK ITEM FSQ.775:

GO TO FSQ.755.

FSQ.162 In the **last 12 months**, did {you/you or any member of your household} receive benefits from the WIC program?

YES	1
NO	2
REFUSED	7
DON’T KNOW	9

BOX 5A

OMITTED

BOX 5B

OMITTED

NEW BOX 6

OMITTED

BOX 3

OMITTED

FSQ.755 The next questions are about SNAP, the Supplemental Nutrition Assistance Program, also known as the Food Stamp Program. SNAP benefits are provided on a food stamp benefit card {called the {DISPLAY STATE NAME FOR EBT CARD} card in STATE}/or EBT card}.

Do {you/you or anyone in your household} **currently** get SNAP or Food Stamps? This includes any SNAP benefits or Food Stamps, even if the amount is small and even if the benefits are received on behalf of children in the household.

CAPI INSTRUCTIONS:

INSERT “OR EBT CARD” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD AND STATE NAME IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

YES 1
NO .....2(FSQ.855)
REFUSED .....7(FSQ.855)
DON’T KNOW..... 9 (FSQ.855)

BOX 6

CHECK ITEM FSQ.785:

IF FSQ.755 = 1 AND ONLY ONE PERSON IN HOUSEHOLD, FLAG PERSON AS RECEIVING SNAP IN FSQ.790, GO TO FSQ.795.

OTHERWISE CONTINUE.

FSQ.790 Who in the household is currently on the {DISPLAY STATE NAME FOR EBT CARD} card}/or EBT card} to get Food Stamps? Here is the list of people who live here, let me read it to you.

PROBE: Is anyone else on the card?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS.

INTERVIEWER INSTRUCTION:

READ NAMES OF ALL HOUSEHOLD MEMBERS TO THE RESPONDENT

SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

CAPI INSTRUCTIONS:

INSERT “EBT CARD” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SELECT	1
NOT SELECT	2
REFUSED	7
DON'T KNOW	9

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.790:

“You said someone who lives here is currently getting Food Stamps. Is that correct?”

IF YES, GO BACK TO FSQ.790 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.755 AS ‘NO’.

FSQ.795 During the past 12 months, for how many months did {you/you and NAMES/NAME(S)} get Food Stamps?

CAPI INSTRUCTION:

FOR EVERY HH MEMBER WITH "SELECT (CODE "1")" IN FSQ.790, ENABLE A FIELD FOR INTERVIEWER TO ENTER THE NUMBER OF MONTHS

INTERVIEWER INSTRUCTION:

ASK FOR EVERY HH MEMBER WITH "SELECT (CODE "1")" IN FSQ.790.

ENTER '1' FOR LESS THAN ONE MONTH PARTICIPATION

|___|___|

ENTER NUMBER OF MONTHS

REFUSED 77

DON'T KNOW..... 99

HARD EDIT:

THE RESPONSE NEEDS TO BE BETWEEN 1-12.

BOX 7

CHECK ITEM FSQ.800:

IF ONLY ONE PERSON WITH "SELECTED" IN FSQ.790, GO TO FSQ.810.

OTHERWISE CONTINUE.

FSQ.805 Are {you and NAME(S) OF ALL HH MEMBER WITH "SELECTED" IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH "SELECTED" IN FSQ.790} getting Food Stamps on the same {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT "EBT" IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

YES 1

NO .....2(FSQ.825)

REFUSED 7

DON'T KNOW..... 9

FSQ.810 On what date were food stamps last put on {your/their/her/his} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

FSQ.811

FSQ.812

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 31 DAYS OF CURRENT DATE. IF THE “DAY” FIELD IS DK/RF, THEN THE MONTH/YEAR ENTERED MUST BE WITHIN PAST 1 MONTH OF CURRENT MONTH. INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|___|___| - |___|___| - |___|___|___|___|
MONTH DAY YEAR

REFUSED 7
DON'T KNOW..... 9

FSQ.815 In {MONTH FROM FSQ.810 /that last time}, what amount in food stamps was put on {your/their/her/his} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “MONTH FROM FSQ.810” IF MONTH FILED FSQ.810 IS NOT MISSING, RF OR DK.

INSERT “THAT LAST TIME” IF MONTH FILED FSQ.810 IS MISSING, RF OR DK.

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

|___|___|___|___|
ENTER DOLLAR AMOUNT

REFUSED 77777
DON’T KNOW 99999

BOX 8

CHECK ITEM FSQ.820:

IF ALL HH MEMBERS ARE MARKED “SELECT” ON FSQ.790, GO TO THE END OF SECTION.

OTHERWISE, CONTINUE WITH FSQ.855

FSQ.825 Among {you and NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH “SELECT” IN FSQ.790}, how many {DISPLAY STATE NAME FOR EBT CARD} /EBT} cards are there?

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: RESPONSE CANNOT BE ZERO, AND CANNOT BE MORE THAN THE NUMBER OF PEOPLE “SELECTED (CODE 1)” IN FSQ.790.

|___|___|
NUMBER OF CARDS

REFUSED 77
DON’T KNOW 99

BOX 9

CHECK ITEM FSQ.830:

IF FSQ.825 = DK OR RF, THEN ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.840.

IF THE NUMBER OF CARDS EQUALS TO THE NUMBER OF PERSONS LISTED “SELECT” ON FSQ.790, ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.840.

OTHERWISE CONTINUE.

FSQ.835 Can you tell me who is on card {#}?

CAPI INSTRUCTIONS:

DISPLAY A GRID SO INTERVIEWER CAN ALLOCATE EACH HH MEMBERS WITH “SELECT” IN FSQ.790 TO EACH OF THE CARDS. EACH CARD SHOULD ALLOW MULTIPLE PERSONS BE SELECTED INTO.

FOR EXAMPLE:

Name	Card 1	Card 2	Card 3
John Doe			
Jane Doe			
Bobby Jones			

HARD EDIT: EACH HH MEMBERS WITH “SELECT” IN FSQ.790 SHOULD BELONG TO ONE CARD, AND ONE CARD ONLY. IF NO MEMBER BELONGS TO A CARD, GO BACK TO FSQ.825 AND CORRECT THE NUMBER OF CARDS.

BOX 10

LOOP 1:

ASK FSQ.840 - FSQ.845 FOR EACH CARD.

FSQ.840 On what date were food stamps last put on {your/NAME'S(S') ON EACH CARD} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

FSQ.841

FSQ.842

CAPI INSTRUCTIONS:

INSERT "EBT" IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 31 DAYS OF CURRENT DATE. IF THE "DAY" FIELD IS DK/RF, THEN THE MONTH/YEAR ENTERED MUST BE WITHIN PAST 1 MONTH OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|___|___| - |___|___| - |___|___|___|___|
MONTH DAY YEAR

REFUSED 7
DON'T KNOW..... 9

FSQ.845 In {MONTH FROM FSQ.840/that last time}, what amount in food stamps was put on {your/theirs/his/her} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT "MONTH FROM FSQ.840" IF MONTH FILED FSQ.840 IS NOT MISSING, RF OR DK.

INSERT "THAT LAST TIME" IF MONTH FILED FSQ.840 IS MISSING, RF OR DK.

INSERT "EBT" IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

|___|___|___|___|
ENTER DOLLAR AMOUNT

REFUSED 77777
DON'T KNOW 99999

BOX 11

END LOOP 1:

ASK FSQ.840 - FSQ.845 FOR SECOND CARD.

IF INFORMATION COLLECTED FOR ALL CARDS, GO TO BOX12.

BOX 12

CHECK ITEM FSQ.850:

IF ALL HH MEMBERS ARE MARKED “SELECT” ON FSQ.790, GO TO THE END OF SECTION.

OTHERWISE, CONTINUE WITH FSQ.855.

FSQ.855 Have {you/you or NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790} recently been notified that {you/you or she, you or he, you or they/he, she, they} will start to get Food Stamps later this month or next month?

CAPI INSTRUCTIONS:

IF FSQ.755 = NO, REFUSED, OR DON’T KNOW (NO ONE IN THE HH IDENTIFIED AS “CURRENT SNAP RECIPIENT”), THEN DISPLAY THE QUESTION AS:

“Have {you/you or anyone in your household} recently been notified that {you/you or they} will start to get Food Stamps later this month or next month? {Here is the list of people who live here, let me read it to you.}”

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “Here is the list of people who live here, let me read it to you.”

YES	1
NO	.....2(FSQ.870)
REFUSED	.....7(FSQ.870)
DON’T KNOW.....	9 (FSQ.870)

FSQ.860
FSQ.861
FSQ.862

On what date {do you/ do you, NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790/ does {/NAME(S) OF HH MEMBERS WHO ARE NOT THE RESPONDENT AND WITH "NOT SELECTED (CODE "2")" IN FSQ.790}} think {you/you or she, you or he, you or they/he, she, they} will start getting Food Stamps?

CAPI INSTRUCTIONS:

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE AT OR AFTER CURRENT DATE. DATE MUST NOT BE MORE THAN TWO MONTHS FROM CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE. IF THERE ARE MULTIPLE ANTICIPATED STARTING DATES, ENTER THE ONE CLOSEST TO THE CURRENT DATE.

|___|___| - |___|___| - |___|___|___|___|
MONTH DAY YEAR

REFUSED 7
DON'T KNOW..... 9

FSQ.865 What amount in Food Stamps {do you/do you or she, do you or he, do you or they/does he, does she/do they} expect to get at that time?

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

|___|___|___|___|
ENTER DOLLAR AMOUNT

REFUSED 77777
DON'T KNOW 99999

FSQ.870 In the **last 12 months**, did {you/you or NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790/ NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN FSQ.790} get Food Stamps, even if only for one month? This includes any SNAP benefits or Food Stamps received in the past year, even if the amount was small or if they were received on behalf of children in the household.

CAPI INSTRUCTIONS:

IF FSQ.755 = NO, REFUSED, OR DON'T KNOW (NO ONE IN THE HH IDENTIFIED AS "CURRENT SNAP RECIPIENT"), THEN DISPLAY THE QUESTION AS:

"In the last 12 months, did {you/ you or anyone in your household} get Food Stamps, even if only for one month?" {(Here is the list of people who live here, let me read it to you.)}

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "(Here is the list of people who live here, let me read it to you.)"

YES	1
NO	.....2(FSQ.945)
REFUSED	.....7(FSQ.945)
DON'T KNOW.....	9 (FSQ.945)

BOX 13

CHECK ITEM FSQ.875:

IF FSQ.870 = 1 AND ONLY ONE PERSON IN HOUSEHOLD OR ONE PERSON THAT'S "NOT SELECTED (CODE 2)" IN FSQ.790, FLAG PERSON AS RECEIVING SNAP IN FSQ.880, GO TO FSQ.885.

OTHERWISE CONTINUE.

FSQ.880 Among {you and NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790/NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN FSQ.790}, who was on the {DISPLAY STATE NAME FOR EBT CARD}/or EBT} card to get Food Stamps in the past 12 months?

PROBE: Was anyone else on the card?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS WITH “NOT SELECTED (CODE “2”)” IN FSQ.790.

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

INTERVIEWER INSTRUCTION:

READ NAMES OF ALL HOUSEHOLD MEMBERS WITH “NOT SELCTED (CODE “2”)” IN FSQ.790 TO THE RESPONDENT

SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT	1
NOT SELECT	2
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:

IF FSQ.755 = NO, REFUSED, OR DON’T KNOW (NO ONE IN THE HH IDENTIFIED AS “CURRENT SNAP RECIPIENT”), THEN DISPLAY THE QUESTION AS:

“Who in the household was on the {DISPLAY STATE NAME FOR EBT CARD} card}/or EBT card} to get Food Stamps in the past 12 months? (Here is the list of people who live here, let me read it to you.”)

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS.

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.880:

"You said someone who lives here got Food Stamps in the past 12 months. Is that correct?"

IF YES, GO BACK TO FSQ.880 AND ASK: "Who was that?" WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.870 AS 'NO'.

FSQ.885 During the past 12 months, for how many months did {you/{NAME(S)} get Food Stamps?

CAPI INSTRUCTION:

FOR EVERY HH MEMBER WITH "SELECT (CODE "1")" IN FSQ.880, ENABLE A FIELD FOR INTERVIEWER TO ENTER THE NUMBER OF MONTHS

INTERVIEWER INSTRUCTION:

ASK FOR EVERY HH MEMBER WITH "SELECT (CODE "1")" IN FSQ.880.

ENTER '1' FOR LESS THAN ONE MONTH PARTICIPATION

|___|___|
ENTER NUMBER OF MONTHS

REFUSED 77
DON'T KNOW..... 99

HARD EDIT:

THE RESPONSE NEEDS TO BE BETWEEN 1-12.

BOX 14

CHECK ITEM FSQ.890:

IF ONLY ONE PERSON WITH "SELECTED" IN FSQ.880, GO TO FSQ.900.

OTHERWISE CONTINUE.

FSQ.895 Did {you and NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880/ NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880} get Food Stamps on the same {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

YES 1
NO .....2(FSQ.915)
REFUSED 7
DON’T KNOW..... 9

FSQ.900 On what date were food stamps last put on {your/their/her/his} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

FSQ.901

FSQ.902

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 12 MONTHS OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|___|___| - |___|___| - |___|___|___|___|
MONTH DAY YEAR

REFUSED 7
DON'T KNOW..... 9

FSQ.905 In {MONTH FROM FSQ.900 /that last time}, what amount in food stamps was put on {your/their/his/her} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “MONTH FROM FSQ.900” IF MONTH FILED FSQ.900 IS NOT MISSING, RF OR DK.

INSERT “THAT LAST TIME” IF MONTH FILED FSQ.900 IS MISSING, RF OR DK.

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

|___|___|___|___|
ENTER DOLLAR AMOUNT

REFUSED 77777
DON’T KNOW 99999

BOX 15

CHECK ITEM FSQ.910:

IF ALL HH MEMBERS ARE MARKED “SELECTED” ON FSQ.790 OR FSQ.880, GO TO THE END OF SECTION.

OTHERWISE, CONTINUE WITH FSQ.945.

FSQ.915 Among {you and NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880/ NAME(S) OF ALL HH MEMBER WITH “SELECTED” IN FSQ.880}, how many {DISPLAY STATE NAME FOR EBT CARD} /EBT} cards are there?

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: RESPONSE CANNOT BE ZERO, AND CANNOT BE MORE THAN THE NUMBER OF PEOPLE “SELECTED (CODE 1)” IN FSQ.880.

|___|___|
NUMBER OF CARDS

REFUSED 77
DON’T KNOW 99

BOX 16

CHECK ITEM FSQ.920:

IF FSQ.915 = DK OR RF, THEN ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.930.

IF THE NUMBER OF CARDS EQUALS TO THE NUMBER OF PERSONS LISTED "SELECT" ON FSQ.880, ALLOCATE EACH PERSON WITH ONE CARD, THEN SKIP TO FSQ.930.

OTHERWISE CONTINUE.

FSQ.925 Can you tell me who is on card {#}?

CAPI INSTRUCTIONS:

DISPLAY A GRID SO INTERVIEWER CAN ALLOCATE EACH HH MEMBERS WITH "SELECTED" IN FSQ.880 TO EACH OF THE CARDS. EACH CARD SHOULD ALLOW MULTIPLE PERSONS BE SELECTED INTO.

FOR EXAMPLE:

Name	Card 1	Card 2	Card 3
John Doe			
Jane Doe			
Bobby Jones			

HARD EDIT: EACH HH MEMBERS WITH "SELECT" IN FSQ.880 SHOULD BELONG TO ONE CARD, AND ONE CARD ONLY. IF NO MEMBER BELONGS TO A CARD, GO BACK TO FSQ.915 AND CORRECT THE NUMBER OF CARDS.

BOX 17

LOOP 2:

ASK FSQ.930 - FSQ.935 FOR EACH CARD.

FSQ.930 On what date were food stamps last put on {your/NAME'S(S') ON EACH CARD}

{DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

FSQ.931

FSQ.932

CAPI INSTRUCTIONS:

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

HARD EDIT: DATE MUST BE WITHIN PAST 12 MONTHS OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|___|___| - |___|___| - |___|___|___|___|
MONTH DAY YEAR

REFUSED 7
DON'T KNOW..... 9

FSQ.935 In {MONTH FROM FSQ.930/that last time}, what amount in food stamps was put on {your/their/his/her} {DISPLAY STATE NAME FOR EBT CARD} /EBT} card?

CAPI INSTRUCTIONS:

INSERT “MONTH FROM FSQ.930” IF MONTH FILED FSQ.930 IS NOT MISSING, RF OR DK.

INSERT “THAT LAST TIME” IF MONTH FILED FSQ.930 IS MISSING, RF OR DK.

INSERT “EBT” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

INSERT STATE NAME FOR EBT CARD IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

HARD EDIT: AMOUNT SHOULD BE GREATER THAN ZERO.

|___|___|___|___|
ENTER DOLLAR AMOUNT

REFUSED 77777
DON’T KNOW 99999

BOX 18

END LOOP 2:

ASK FSQ.930 - FSQ.935 FOR SECOND CARD.

IF INFORMATION COLLECTED FOR ALL CARDS, GO TO BOX19.

BOX 19

CHECK ITEM FSQ.940:

IF ALL HH MEMBERS ARE MARKED "SELECTED" ON FSQ.790 OR FSQ.880, GO TO THE END OF SECTION.

OTHERWISE, CONTINUE WITH FSQ.945.

FSQ.945 Have/Has {you/you or NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN BOTH FSQ.790 AND FSQ.880/NAME(S) OF ALL HH MEMBER WITH "NOT SELECTED (CODE "2")" IN BOTH FSQ.790 AND FSQ.880} **ever** gotten Food Stamps?

CAPI INSTRUCTIONS:

IF BOTH FSQ.755 AND FSQ.870 = NO, REFUSED, OR DON'T KNOW (CODE "2, 7, OR 9"), THEN DISPLAY THE QUESTION AS:

"Have {you/ you or anyone in your household} **ever** gotten Food Stamps? {(Here is the list of people who live here, let me read it to you.)}"

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "Here is the list of people who live here, let me read it to you."

YES	1
NO	.....2(END OF SECTION)
REFUSED	.....7(END OF SECTION)
DON'T KNOW.....	9 (END OF SECTION)

BOX 20

CHECK ITEM FSQ.950:

IF FSQ.945=1 AND ONLY ONE PERSON IN HOUSEHOLD OR ONE PERSON THAT'S "NOT SELECTED (CODE 2)" IN FSQ.790 AND FSQ.880, FLAG PERSON AS RECEIVING SNAP IN FSQ.955, GO TO END OF SECTION.

OTHERWISE CONTINUE.

FSQ.955 Among {you and NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880/NAME(S) OF ALL HH MEMBER WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880}, who has **ever** gotten Food Stamps?

PROBE: Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880.

INTERVIEWER INSTRUCTION:

READ NAMES OF ALL HOUSEHOLD MEMBERS WITH “NOT SELECTED (CODE “2”)” IN BOTH FSQ.790 AND FSQ.880 TO THE RESPONDENT

SELECT NAME(S) FROM ROSTER

CAPI INSTRUCTION:

AUTOFILL THOSE WHO WERE NOT SELECTED AS CODE “2”.

SELECT 1
NOT SELECT 2
REFUSED 7
DON'T KNOW..... 9

CAPI INSTRUCTION:

IF BOTH FSQ.755 AND FSQ.870 = NO, REFUSED, OR DON’T KNOW (CODE “2, 7, OR 9”), THEN DISPLAY THE QUESTION AS:

“Who in the household has **ever** gotten Food Stamps? (Here is the list of people who live here, let me read it to you.)”

AND DISPLAY HOUSEHOLD ROSTER WITH NAMES OF ALL HH MEMBERS.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY (Here is the list of people who live here, let me read it to you.)

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.955:

“You said someone who lives here has been on Food Stamps. Is that correct?”

IF YES, GO BACK TO FSQ.955 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.945 AS ‘NO’.

4.9 TRACKING AND TRACING (TTQ)

TRACKING AND TRACING – TTQ
Target Group: Family

BOX 1
LOOP 1: ASK TTQ.010 - TTQ.040 FOR 2 CONTACT PERSONS.

TTQ.005 The National Center for health Statistics may wish to contact you again to obtain additional health related information. Please give me the names, addresses, and telephone numbers of 2 relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give me the names of persons not currently living in the household.)

PRESS F6 IF RESPONDENT REFUSES {ALL/SECOND} CONTACT INFORMATION
PRESS F5 IF RESPONDENT DOESN'T KNOW {ANY/SECOND} CONTACT INFORMATION
PRESS ENTER TO ADD {FIRST/SECOND} CONTACT INFORMATION

REFUSED..... 777777 (END OF SECTION)
DON'T KNOW..... 999999 (END OF SECTION)

HELP SCREEN:
Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.
Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

TTQ.010 **REFERRING TO PERSON {1/2}**

VERIFY SPELLING.

_____
ENTER FIRST NAME

REFUSED 7----7
DON'T KNOW..... 9----9

PROBE FOR MIDDLE NAME IF NOT REPORTED
ENTER "NMN" FOR NO MIDDLE NAME

_____
ENTER MIDDLE NAME

REFUSED 7----7
DON'T KNOW..... 9----9

_____
ENTER LAST NAME

REFUSED 7----7
DON'T KNOW..... 9----9

TTQ.020 **REFERRING TO PERSON {1/2}**

What is this person's address? [If there is more than one address, please give us the address used most often.]

ENCOURAGE RESPONDENT TO USE PHONE BOOK OR OTHER DOCUMENTATION IF AVAILABLE.

_____	_____	_____
a. ENTER STREET NUMBER	b. ENTER STREET NAME	c. ENTER APARTMENT NUMBER
REFUSED.....7777777777	REFUSED..... 7----7	REFUSED..... 77777777
DON'T KNOW.….9999999999	DON'T KNOW..... 9----9	DON'T KNOW..... 99999999

_____	|____|____|	|___|____|____|____|____|
d. ENTER TOWN OR CITY NAME	e. ENTER 2 LETTER STATE ABBREVIATION TO TO START THE LOOKUP. SELECT STATE FROM CAPI STATE LIST. PRESS ENTER TO ACCEPT SELECTION.	f. ENTER POSTAL CODE OR ZIPCODE
REFUSED.....7----7	REFUSED.....777777	REFUSED.....
.....77777777777		
DON'T KNOW.....9----9	DON'T KNOW.....999999	DON'T KNOW.....
.....99999999999		

CAPI INSTRUCTION:
DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

SAVE STATE LOOKUP NAME AS TTQ.020g AND STATE FIPS LOOKUP CODE AS TTQ.020h.

TTQ.030 **REFERRING TO PERSON {1/2}**

What is this person's telephone number, beginning with the area code?

REPEAT AREA CODE
REPEAT PHONE NUMBER
REPEAT EXTENSION

|___|___|___|	|___|___|___| - |___|___|___|___|	|___|___|____|____|
ENTER AREA CODE	ENTER TELEPHONE NUMBER	ENTER EXTENSION
NO PHONE..... 666 (TTQ.040)	REFUSED.....7777777777	REFUSED..... 7777
REFUSED.....777777Q.040)	DON'T KNOW.....9999999999	DON'T KNOW.....9999999
DON'T KNOW...999999 (TTQ.040)		

CAPI: ALLOW TTQ030c (PHONE EXTENSION) TO BE BLANK.

TTQ.040 **REFERRING TO PERSON {1/2}**

What is the relationship of this contact person to you?

SPOUSE/EX-SPOUSE NOT LIVING IN HH. .	1
UNMARRIED PARTNER NOT LIVING IN HH. .	2
CHILD.....	3
GRANDCHILD.....	4
PARENT (MOTHER OR FATHER).....	5
BROTHER OR SISTER.....	6
GRANDPARENT.....	7
OTHER RELATIVE.....	8
LEGAL GUARDIAN.....	9
FRIEND.....	10
CO-WORKER.....	11
NEIGHBOR.....	12
OTHER.....	13
REFUSED.....	77
DON'T KNOW.....	99

HELP SCREEN:
Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

Unmarried Partner: Persons who share living quarters because they have a close, personal relationship, but are not legally married (i.e., unmarried couples living together as if they were married).

Child: Male or female child through birth or adoption, regardless of age. Also include stepchildren, foster children and sons/daughters-in-law. Do not include an unmarried partner's children. A stepchild is one's spouse's male or female child by a previous relationship. A foster child is not one's biological child, but lives with one's family as one's son or daughter. A son/daughter-in-law is the spouse of one's child.

Grandchild: A child of one’s daughter or son.

Parent: Include a person’s biological, adoptive, step or foster mother or father, as well as his/her mother or father-in-law.

Mother: One's female parent, including biological, adoptive, step and foster mothers and mothers-in-law. A stepmother is the spouse of one's biological or adoptive father. A foster mother is the mother in one's foster family.

Father: One's male parent, including biological, adoptive, step, and foster fathers and fathers-in-law. A stepfather is the spouse of one's biological or adoptive mother. A foster father is the father in one's foster family.

Brother: Includes biological, adoptive, step, foster and half brothers, and brothers-in-law. A brother is one's male sibling who shares both of the same biological or adoptive parents. A stepbrother is one's stepparent's son by a previous relationship. A half brother is one's male sibling who shares one of the same biological or adoptive parents. A brother-in-law is one's sister's husband. A foster brother is the foster son of one or both of one's parents or the son of one's foster parent(s).

Sister: A sister includes biological, adoptive, step, foster, half sisters and sisters-in-law. A sister is one's female sibling who shares both of the same biological or adoptive parents. A stepsister is one's stepparent's daughter by a previous relationship. A half sister is one's female sibling who shares one of the same biological or adoptive parents. A sister-in-law is one's brother's wife. A foster sister is the foster daughter of one or both of one's parents or the daughter of one's foster parent(s).

Grandfather: The male parent of one's mother or father.

Grandmother: The female parent of one's mother or father.

Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

Legal Guardian: A person appointed to take charge of the affairs of a minor, or of a person not capable of managing his/her own affairs.

BOX 2

END LOOP 1:
ASK TTQ.010 - TTQ.040 FOR SECOND CONTACT PERSON.
IF SECOND CONTACT PERSON INFORMATION COLLECTED, GO TO TTQ.050.

TTQ.050 This is the end of the Family Interview. Thank you very much for your cooperation.

PRESS F10 TO SAVE AND EXIT FORM

5 MEC QUESTIONNAIRE – CAPI

5.1 RESPONDENT SELECTION SECTION (RIQ)

RESPONDENT SELECTION SECTION - RIQ - MEC
Target Group: SPs 8+

RIQ.005 INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP IF OTHER THAN SP.

SP	1	(BOX 1)
MOTHER	2	
FATHER	3	
SPOUSE	4	
SISTER OR BROTHER	5	
CHILD	6	
GRANDPARENT	7	
LEGAL GUARDIAN	8	
OTHER (SPECIFY)	9	

RIQ.030 WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

SP HAS COGNITIVE PROBLEMS	1
SP HAS PHYSICAL PROBLEMS (SPECIFY)	2
OTHER (SPECIFY)	3

RIQ.038 INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

YES	1
NO	2

BOX 1

CHECK ITEM RIQ.149:

- IF SP 8-11 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions about your health and weight. Your answers will be kept private. Do you have any questions before we begin?"
- IF SP (12-17 YEARS OR 60+ YEARS) AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions about your home, current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept confidential. Do you have any questions before we begin?"
- IF SP 18-59 YEARS AND INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions about your home, your sexual orientation, current health status, and on other health behaviors. Remember, all of your responses to these questions will be kept confidential. Do you have any questions before we begin?"
- OTHERWISE, DISPLAY THE FOLLOWING INTRODUCTORY TEXT: "During this interview, I will be asking you questions about {SP}'s current health status and on other health behaviors."

5.2 SEXUAL BEHAVIOR (SXQ)

SEXUAL BEHAVIOR – (SXQ) – MEC
Target Group: SPs 18-59

BOX XX

CHECK ITEM XXX.XXX:

- IF SP=FEMALE AND SP=18-59 YEARS, CONTINUE WITH SXQ.295.
- ELSE IF SP=MALE AND SP=18-59 YEARS, CONTINUE WITH SXQ.296
- OTHERWISE, GO TO END OF SECTION.

SXQ.295 Which of the following best represents how you think of yourself?
(Target Females 18-59)

HAND CARD SXQ1

Lesbian or Gay	1
Straight, that is, not lesbian or gay	2
Bisexual	3
Something else	4
I don't know the answer	9
REFUSED	77
DON'T KNOW	99

SXQ.296 Which of the following best represents how you think of yourself?
(Target Males 18-59)

HAND CARD SXQ2

Gay	1
Straight, that is, not gay	2
Bisexual	3
Something else	4
I don't know the answer	9
REFUSED	77
DON'T KNOW	99

5.3 VOLATILE TOXICANT (VTQ)

VOLATILE TOXICANT – VTQ

Target Group: SPs 12-150 Sub-Sampled into VOC

The VOC section is applicable for only those SPs that are subsampled into VOC. To determine if a particular SP is subsampled into VOC, check the mec_sp_subsample. If the SP in question has a record for subsample 1, they are subsampled for VOC and so should get the VOC section.

VTQ.210_ First, I would like to ask you a few questions about {your/SP's} home.

VTQ.210 Does {your/her/his} home have an attached garage?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

VTQ.220 Is the source of water for {your/her/his} home from a private well?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

VTQ.200a {Do you/Does she/Does he} currently store paints or fuels inside {your/her/his} home? Include {your/her/his} basement {and attached garage}.

CAPI INSTRUCTION:
IF SP HAS AN ATTACHED GARAGE (CODED '1' IN VTQ.210), DISPLAY {and attached garage}.

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

VTQ.231a {Do you/Does she/Does he} currently use moth balls, moth crystals or toilet bowl deodorizers inside {your/her/his} home?

HELP SCREEN SHOULD READ: Some toilet bowl deodorizers clip onto the toilet rim, others, such as deodorant blocks and gels, are placed inside the tank or hang inside the wall of the tank. Brand names include Bully, 2000 Flushes, Vanish, X-14, Ty-D-Bol, Toilet Duck, Clorox, Lime-A-Way, and Sno Bol.

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

VTQ.233a **In the last three days,** did {you/she/he} inhale smoke from **any** source for 10 or more minutes?

HELP SCREEN: Inhaled smoke includes smoke from campfires, fireplaces, marijuana, and tobacco products such as cigarettes, cigars and pipes.

YES 1
NO .....2(VTQ.241_)
REFUSED .....7(VTQ.241_)
DON'T KNOW..... 9 (VTQ.241_)

VTQ.233b When did {you/she/he} last spend 10 or more minutes inhaling smoke?

TODAY	1
YESTERDAY	2
MORE THAN 2 DAYS	3
REFUSED	7
DON'T KNOW	9

VTQ.241_ Now I am going to ask you a few questions about {your/SP's} activities **over the last 48 hours**. This means today or yesterday.

VTQ.241a **In the last 48 hours,** did {you/she/he} cook or bake with natural gas?

HELP SCREEN: Natural gas is often informally referred to simply as "gas." It is the most common fuel source for modern furnaces and is generally purchased through a local utility company. Other fuel sources that are not natural gas are LPG (liquefied petroleum gas) butane, propane, oil, coal or wood.

YES	1
NO	2(VTQ.244a)
REFUSED	7(VTQ.244a)
DON'T KNOW	9 (VTQ.244a)

VTQ.241b How long ago, in hours, did {you/she/he} cook or bake with natural gas?

G/Q/D/T

CAPI INSTRUCTION:
IF “1” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF “2” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER “DATE EVENT OCCURRED” WITH A CALENDAR WHERE DATE CAN BE SELECTED AND “TIME EVENT OCCURRED”. CALCULATE “HOURS SINCE EVENT OCCURRED” BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:
“DATE EVENT OCCURRED” AND “TIME EVENT OCCURRED” COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.
WHEN “TIME SINCE EVENT OCCURRED” FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

VTQ.244a **In the last 48 hours,** did {you/she/he} pump gas into a car or other motor vehicle {yourself/herself/himself}?

YES 1
NO .....2(VTQ.251a)
REFUSED .....7(VTQ.251a)
DON'T KNOW..... 9 (VTQ.251a)

VTQ.244b G/Q/D/T How long ago, in hours, did {you/she/he} pump gas into a car or other motor vehicle {yourself/herself/himself}?

CAPI INSTRUCTION:
IF “1” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF “2” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER “DATE EVENT OCCURRED” WITH A CALENDAR WHERE DATE CAN BE SELECTED AND “TIME EVENT OCCURRED”. CALCULATE “HOURS SINCE EVENT OCCURRED” BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:

“DATE EVENT OCCURRED” AND “TIME EVENT OCCURRED” COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.

WHEN “TIME SINCE EVENT OCCURRED” FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

VTQ.251a **In the last 48 hours,** did {you/she/he} spend any time at a swimming pool, in a hot tub, or in a steam room?

YES 1
NO .....2(VTQ.261a)
REFUSED .....7(VTQ.261a)
DON'T KNOW..... 9 (VTQ.261a)

VTQ.251b G/Q/D/T How long ago, in hours, has it been since {you/she/he} spent time at a swimming pool, in a hot tub, or in a steam room?

CAPI INSTRUCTION:
IF “1” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF “2” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER “DATE EVENT OCCURRED” WITH A CALENDAR WHERE DATE CAN BE SELECTED AND “TIME EVENT OCCURRED”. CALCULATE “HOURS SINCE EVENT OCCURRED” BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:
“DATE EVENT OCCURRED” AND “TIME EVENT OCCURRED” COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.
WHEN “TIME SINCE EVENT OCCURRED” FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

VTQ.261a **In the last 48 hours,** did {you/she/he} use dry cleaning solvents, visit a dry cleaning shop or wear clothes that had been dry-cleaned within the last week?

HELP SCREEN: Examples of dry cleaning solvents include Guardsman Dry Cleaning Fluid, Amway prewash, LPS F-104 Dry Solvent, Dryel At-Home Dry Cleaning starter kit, Woolite Dry Clean at Home, and Bounce 15 minute Dry Cleaner.

YES 1
NO .....2(VTQ.271a)
REFUSED .....7(VTQ.271a)
DON'T KNOW..... 9 (VTQ.271a)

VTQ.261b How long ago, in hours, has it been since {you/she/he} used dry cleaning solvents, visited a dry
G/Q/D/T cleaning shop or wore clothes that had been dry-cleaned within the last week?

CAPI INSTRUCTION:
IF “1” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF “2” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER “DATE EVENT OCCURRED” WITH A CALENDAR WHERE DATE CAN BE SELECTED AND “TIME EVENT OCCURRED”. CALCULATE “HOURS SINCE EVENT OCCURRED” BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:

“DATE EVENT OCCURRED” AND “TIME EVENT OCCURRED” COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.

WHEN “TIME SINCE EVENT OCCURRED” FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

VTQ.271a **In the last 48 hours,** did {you/she/he} take a hot shower or bath for five minutes or longer?

YES 1
NO .....2(VTQ.281a)
REFUSED .....7(VTQ.281a)
DON'T KNOW..... 9 (VTQ.281a)

VTQ.271b How long ago, in hours, has it been since {your/SP's} last shower or hot bath?

G/Q/D/T

CAPI INSTRUCTION:
IF "1" IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF "2" IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER "DATE EVENT OCCURRED" WITH A CALENDAR WHERE DATE CAN BE SELECTED AND "TIME EVENT OCCURRED". CALCULATE "HOURS SINCE EVENT OCCURRED" BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:
"DATE EVENT OCCURRED" AND "TIME EVENT OCCURRED" COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.
WHEN "TIME SINCE EVENT OCCURRED" FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

VTQ.281a **In the last 48 hours,** did {you/she/he} breathe fumes from freshly painted indoor surfaces, paints, paint thinner, or varnish?

YES 1
NO .....2(VTQ.281c)
REFUSED .....7(VTQ.281c)
DON'T KNOW..... 9 (VTQ.281c)

VTQ.281b G/Q/D/T How long ago, in hours, has it been since {you/she/he} breathed fumes from freshly painted indoor surfaces, paints, paint thinner, or varnish?

CAPI INSTRUCTION:
IF “1” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF “2” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER “DATE EVENT OCCURRED” WITH A CALENDAR WHERE DATE CAN BE SELECTED AND “TIME EVENT OCCURRED”. CALCULATE “HOURS SINCE EVENT OCCURRED” BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:

“DATE EVENT OCCURRED” AND “TIME EVENT OCCURRED” COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.

WHEN “TIME SINCE EVENT OCCURRED” FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

VTQ.281c **In the last 48 hours,** did {you/she/he} breathe fumes from diesel fuel or kerosene?

YES 1
NO .....2(VTQ.281e)
REFUSED .....7(VTQ.281e)
DON'T KNOW..... 9 (VTQ.281e)

VTQ.281d How long ago, in hours, has it been since {you/she/he} breathed fumes from diesel fuel or kerosene?

G/Q/D/T

CAPI INSTRUCTION:
IF “1” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF “2” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER “DATE EVENT OCCURRED” WITH A CALENDAR WHERE DATE CAN BE SELECTED AND “TIME EVENT OCCURRED”. CALCULATE “HOURS SINCE EVENT OCCURRED” BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:
“DATE EVENT OCCURRED” AND “TIME EVENT OCCURRED” COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.
WHEN “TIME SINCE EVENT OCCURRED” FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

VTQ.281e **In the last 48 hours,** did {you/she/he} breathe fumes from fingernail polish?

YES 1
NO .....2(END OF SECTION)
REFUSED .....7(END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

VTQ.281f G/Q/D/T How long ago, in hours, has it been since {you/she/he} breathed fumes from fingernail polish?

CAPI INSTRUCTION:
IF “1” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER NUMBER OF HOURS WITH A HARD EDIT RANGE OF 1 – 48.

IF “2” IS ENTERED FOR GATE, ALLOW INTERVIEWER TO ENTER “DATE EVENT OCCURRED” WITH A CALENDAR WHERE DATE CAN BE SELECTED AND “TIME EVENT OCCURRED”. CALCULATE “HOURS SINCE EVENT OCCURRED” BASED ON THE CURRENT DATE AND TIME AND DISPLAY RESULT ON SCREEN. THE RESULT OF THE CALCULATION USING THE CALENDAR AND TIME GOES INTO Q. HARD EDIT RANGE IS 1 – 48.

THE APPLICATION WILL PERFORM THE FOLLOWING CONSISTENCY CHECKS AND ROUNDING RULE:
“DATE EVENT OCCURRED” AND “TIME EVENT OCCURRED” COMBINED MUST BE BEFORE CURRENT DATE AND TIME COMBINED.
WHEN “TIME SINCE EVENT OCCURRED” FALLS EXACTLY ON THE ONE-HALF, ROUND TO THE NEAREST EVEN WHOLE NUMBER.

|___|___|
HOURS

ENTER DATE AND TIME..... 2
REFUSED 77
DON'T KNOW..... 99

5.4 PESTICIDE USE (PUQ)

PESTICIDE USE – PUQ
Target Group: SPs 8+

PUQ.100 In the **past 7 days**, were any chemical products used in {your/his/her} home to control fleas, roaches, ants, termites, or other insects?

CAPI INSTRUCTION:
IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17."

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

PUQ.110 In the **past 7 days**, were any chemical products used in {your/his/her} lawn or garden to kill weeds?

CODE ‘NO’ IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

CAPI INSTRUCTION:
IF SP 8-17 YEARS, DISPLAY THE FOLLOWING INTERVIEWER INSTRUCTION: "THIS ITEM IS COLLECTED VIA PROXY FOR SPS 8-17."

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

5.5 CURRENT HEALTH STATUS (HSQ)

CURRENT HEALTH STATUS – HSQ

Target Group: SPs 12+

HUQ.010 Next, I have some general questions about {your/SP's} health.

Would you say {your/SP's} health in general is . . .

excellent,	1
very good,	2
good,	3
fair, or	4
poor?	5
REFUSED	7
DON'T KNOW	9

HSQ.500 The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.

Did {you/SP} have a head cold or chest cold that started during those **30 days**?

HAND CARD HSQ1

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HSQ.510 Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those **30 days**?

HAND CARD HSQ1

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

HSQ.520 Did {you/SP} have flu, pneumonia, or ear infections that started during those **30 days**?

HAND CARD HSQ1

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

BOX 1

CHECK ITEM HSQ.560:
IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.571.
OTHERWISE, GO TO END OF SECTION.

HSQ.571 During the **past 12 months**, that is, since {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, {have you/has SP} donated blood?

YES 1
NO .....2(HSQ.590)
REFUSED .....7(HSQ.590)
DON'T KNOW..... 9 (HSQ.590)

HSQ.580 How long ago was {your/SP's} last blood donation?

IF LESS THAN ONE MONTH, ENTER '1'.

CAPI INSTRUCTION:
HARD EDIT VALUES: 1-12.

|___|___|
ENTER # OF MONTHS

REFUSED 77
DON'T KNOW..... 99

HSQ.590 The next question is about the test for HIV, the virus that causes AIDS. Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever been tested for HIV?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

5.6 DEPRESSION SCREEN (DPQ)

DEPRESSION SCREEN – DPQ
Target Group: SPs 12+

BOX 1

CHECK ITEM DPQ.001:
- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1' IN RIQ.005), CONTINUE.
- OTHERWISE, GO TO NEXT SECTION.

DPQ.010 Over the **last 2 weeks**, how often have you been bothered by the following problems:

little interest or pleasure in doing things? Would you say . . .

HANDCARD DPQ1

Not at all,.....	0
several days,.....	1
more than half the days, or.....	2
nearly every day?.....	3
REFUSED.....	7
DON'T KNOW.....	9

DPQ.020 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

feeling down, depressed, or hopeless?

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS.....	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED.....	7
DON'T KNOW.....	9

DPQ.030 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

trouble falling or staying asleep, or sleeping too much?

HANDCARD DPQ1

NOT AT ALL.....	0
SEVERAL DAYS.....	1
MORE THAN HALF THE DAYS.....	2
NEARLY EVERY DAY.....	3
REFUSED.....	7
DON'T KNOW.....	9

DPQ.040 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

feeling tired or having little energy?

HANDCARD DPQ1

NOT AT ALL	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS	2
NEARLY EVERY DAY	3
REFUSED	7
DON'T KNOW	9

DPQ.050 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

poor appetite or overeating?

HANDCARD DPQ1

NOT AT ALL	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS	2
NEARLY EVERY DAY	3
REFUSED	7
DON'T KNOW	9

DPQ.060 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

feeling bad about yourself – or that you are a failure or have let yourself or your family down?

HANDCARD DPQ1

NOT AT ALL	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS	2
NEARLY EVERY DAY	3
REFUSED	7
DON'T KNOW	9

DPQ.070 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

trouble concentrating on things, such as reading the newspaper or watching TV?

HANDCARD DPQ1

NOT AT ALL	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS	2
NEARLY EVERY DAY	3
REFUSED	7
DON'T KNOW	9

DPQ.080 [Over the **last 2 weeks**, how often have you been bothered by the following problems:]

moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

HANDCARD DPQ1

NOT AT ALL	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS	2
NEARLY EVERY DAY	3
REFUSED	7
DON'T KNOW	9

DPQ.090 Over the **last 2 weeks**, how often have you been bothered by the following problem:

Thoughts that you would be better off dead or of hurting yourself in some way?

HAND CARD DPQ1

NOT AT ALL	0
SEVERAL DAYS	1
MORE THAN HALF THE DAYS	2
NEARLY EVERY DAY	3
REFUSED	7
DON'T KNOW	9

BOX 2

CHECK ITEM DPQ.095:

- IF RESPONSE TO ANY OF QUESTIONS DPQ.010 – DPQ.090 = 1, 2, OR 3, GO TO DPQ.100.
- OTHERWISE, GO TO NEXT SECTION.

DPQ.100 How **difficult** have these problems made it for you to do your work, take care of things at home, or get along with people?

Not at all difficult,.....	0
Somewhat difficult,.....	1
Very difficult,.....	2
Extremely difficult?.....	3
REFUSED.....	7
DON'T KNOW.....	9

5.7 TOBACCO (SMQ)

TOBACCO – SMQ
Target Group: SPs 12+ (CAPI)

BOX 1

CHECK ITEM SMQ.859:
IF SP AGED 12-17, GO TO SMQ.860.
OTHERWISE, CONTINUE.

SMQ.681 The following questions ask about use of tobacco products in the past **5 days**.

During the past **5 days**, including today, did {you/he/she} smoke cigarettes, pipes, cigars, little cigars or cigarillos, water pipes, hookahs, or e-cigarettes?

HAND CARD SMQ1

YES.....	1	
NO.....	2	(SMQ.851)
REFUSED.....	7	(SMQ.851)
DON'T KNOW.....	9	(SMQ.851)

SMQ.692 Which of these products did {you/he/she} smoke?

HAND CARD SMQ1

(CHECK ALL THAT APPLY)

Cigarettes.....	1	
Pipes.....	2	
Cigars, or little cigars, or cigarillos.....	3	
Water pipes or Hookahs.....	4	
E-cigarettes.....	5	
REFUSED.....	77	(SMQ.851)
DON'T KNOW.....	99	(SMQ.851)

BOX 2

CHECK ITEM SMQ.701:
IF ‘CIGARETTES’ (CODE 1) IN SMQ.692, GO TO SMQ.710.
IF ‘PIPES’ (CODE 2) IN SMQ.692, GO TO SMQ.740.
IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.
IF ‘WATER PIPES OR HOOKAHS’ (CODE 4) IN SMQ.692, GO TO SMQ.845.
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO SMQ.849.

SMQ.710 During the past **5 days,** including today, on how many days did {you/he/she} smoke cigarettes?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

SMQ.720 During the past **5 days**, including today, on the days {you/he/she} smoked, how many cigarettes did {you/he/she} smoke each day?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

HARD EDIT: RANGE 1 – 95.

|___|___|
ENTER NUMBER OF CIGARETTES

REFUSED.....777
DON'T KNOW.....999

SMQ.725 When did {you/he/she} smoke {your/his/her} last cigarette? Was it . . .

today,..... 1
yesterday, or..... 2
3 to 5 days ago?..... 3
REFUSED..... 7
DON'T KNOW..... 9

BOX 3

CHECK ITEM SMQ.731:
IF ‘PIPES’ (CODE 2) IN SMQ.692, GO TO SMQ.740.
IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.
IF ‘WATER PIPES OR HOOKAHS’ (CODE 4) IN SMQ.692, GO TO SMQ.845.
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO SMQ.849.
OTHERWISE, GO TO SMQ.851.

SMQ.740 During the past **5 days,** including today, on how many days did {you/he/she} smoke a pipe?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 4

CHECK ITEM SMQ.761:
IF ‘CIGARS’ (CODE 3) IN SMQ.692, GO TO SMQ.771.
IF ‘WATER PIPES OR HOOKAH IN SMQ.692, GO TO SMQ.845.
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO SMQ.849.
OTHERWISE, GO TO SMQ.851.

SMQ.771 During the past **5 days,** including today, on how many days did {you/he/she} smoke cigars, or little cigars or cigarillos?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 5

CHECK ITEM SMQ.791:
IF ‘WATER PIPE’ (CODE 4) IN SMQ.692, GO TO 845.
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO 849.
OTHERWISE, GO TO SMQ.851.

SMQ.845 During the past **5 days,** including today, on how many days did {you/he/she} smoke tobacco in a water pipe or Hookah?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 6

CHECK ITEM SMQ.847:
IF 'E-CIGARETTE' (CODE 5) IN SMQ.692, GO TO 849.
OTHERWISE, GO TO SMQ.851.

SMQ.849 During the past **5 days,** including today, on how many days did {you/he/she} smoke an e-cigarette?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

SMQ.851 Smokeless tobacco products are placed in the mouth or nose and include chewing tobacco, snuff, snus, or dissolvables.

During the past **5 days**, including today, did {you/he/she} use any smokeless tobacco?

(Please do not include nicotine replacement products like patches, gum, lozenge, or spray which are considered products to help {you/him/her} stop smoking.)

YES..... 1
NO..... 2 (SMQ.863)
REFUSED..... 7 (SMQ.863)
DON'T KNOW..... 9 (SMQ.863)

SMQ.853 Which of these products did {you/he/she} use?

(CHECK ALL THAT APPLY)

Chewing tobacco	1	
Snuff	2	
Snus	3	
Dissolvables	4	
REFUSED	7	(SMQ.863)
DON'T KNOW	9	(SMQ.863)

BOX 7

CHECK ITEM SMQ.855:
- IF 'CHEWING' (CODE 1) IN SMQ.853, GO TO SMQ.800.
- IF 'SNUFF' (CODE 2) IN SMQ.853, GO TO SMQ.817.
- IF 'SNUS' (CODE 3) IN SMQ.853, GO TO SMQ.857.
- IF 'DISSOLVABLES' (CODE 4) IN SMQ.853, GO TO SMQ.861.

SMQ.800 During the past **5 days,** including today, on how many days did {you/he/she} use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED	7
DON'T KNOW	9

BOX 8

CHECK ITEM SMQ.818:
IF 'SNUFF' (CODE 2) IN SMQ.853, GO TO SMQ.817.
IF 'SNUS' (CODE 3) IN SMQ.853, GO TO SMQ.857.
IF DISSOLVABLES (CODE 4) IN SMQ.853, GO TO SMQ.861.
OTHERWISE, GO TO SMQ.863.

SMQ.817 During the past **5 days,** including today, on how many days did {you/he/she} use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED	7
DON'T KNOW	9

BOX 9

CHECK ITEM SMQ.821:
IF 'SNUS' (CODE 3) IN SMQ.853, GO TO SMQ.857.
IF DISSOLVABLES (CODE 4) IN SMQ.853, GO TO SMQ.861.
OTHERWISE, GO TO SMQ.863.

SMQ.857 During the past **5 days,** including today, on how many days did {you/he/she} use snus?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 10

CHECK ITEM SMQ.859:
IF DISSOLVABLES (CODE 4), CONTINUE.
OTHERWISE, GO TO SMQ.863.

SMQ.861 During the past **5 days,** including today, on how many days did {you/he/she} use dissolvables such as strips or orbs?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

SMQ.863 During the past **5 days**, including today, did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?

YES..... 1
NO..... 2 (END OF SECTION)
REFUSED..... 7 (END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

SMQ.831 During the past **5 days,** including today, on how many days did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?

HARD EDIT: RANGE 1 – 5.

|___|
ENTER NUMBER OF DAYS

REFUSED	7	
DON'T KNOW	9	

SMQ.841 When did {you/he/she} last use a nicotine replacement therapy product? Was it . . .

today,	1	(END OF SECTION)
yesterday, or	2	(END OF SECTION)
3 to 5 days ago?	3	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

SMQ.860 The next questions are about {your/his/her} exposure to other people's tobacco smoke.

During the last 7 days, did {you/SP} spend time in a **restaurant?**

YES	1	
NO	2	(SMQ.870)
REFUSED	7	(SMQ.870)
DON'T KNOW	9	(SMQ.870)

SMQ.862 While {you were/SP was} in a **restaurant**, did someone else smoke cigarettes or other tobacco products indoors?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SMQ.870 During the last 7 days, did {you/SP} ride in a **car or motor vehicle?**

YES	1	
NO	2	(SMQ.874)
REFUSED	7	(SMQ.874)
DON'T KNOW	9	(SMQ.874)

SMQ.872 While {you were/SP was} riding in **a car or motor vehicle,** did someone else smoke cigarettes or other tobacco products?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

SMQ.874 During the last 7 days, did {you/SP} spend time in **a home other than {your/his/her} own?**

YES	1	
NO	2	(SMQ.878)
REFUSED	7	(SMQ.878)
DON'T KNOW	9	(SMQ.878)

SMQ.876 While {you were/SP was} in **a home other than {your/his/her} own,** did someone else smoke cigarettes or other tobacco products indoors?

YES	1	
NO	2	
REFUSED	7	
DON'T KNOW	9	

SMQ.878 During the last 7 days, {were you/was SP} in **any other indoor area?**

YES	1	
NO	2	(SMQ.new1)
REFUSED	7	(SMQ.new1)
DON'T KNOW	9	(SMQ.new1)

SMQ.880 While {you were/SP was} in the **other indoor** area, did someone else smoke cigarettes or other tobacco products?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SMQ.new1 The next question is about e-cigarettes.
During the last 7 days, {were you/was SP} in an **indoor** place where someone was using an e-cigarette, e-hookah, vape-pen or other similar electronic product?

YES	1 (END OF SECTION)
NO	2 (END OF SECTION)
REFUSED	7 (END OF SECTION)
DON'T KNOW	9 (END OF SECTION)

5.8 ALCOHOL USE (ALQ)

ALCOHOL USE – ALQ

Target Group: SPs 18+ (CAPI)

ALQ.111 The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage.

In {your/SP's} **entire life**, {have you/has he/has she} had at least 1 drink of any kind of alcohol, not counting small tastes or sips? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

HAND CARD ALQ1

YES	1	
NO	2	(END OF SECTION)
REFUSED	7	
DON'T KNOW	9	

ALQ.121 During the **past 12 months**, about how often did {you/SP} drink any type of alcoholic beverage?

PROBE: How many days per week, per month, or per year did {you/SP} drink?

HAND CARD ALQ2

EVERY DAY	1
NEARLY EVERY DAY	2
3 TO 4 TIMES A WEEK	3
2 TIMES A WEEK	4
ONCE A WEEK	5
2 TO 3 TIMES A MONTH	6
ONCE A MONTH	7
7 TO 11 TIMES IN THE LAST YEAR	8
3 TO 6 TIMES IN THE LAST YEAR	9
1 TO 2 TIMES IN THE LAST YEAR	10
NEVER IN THE LAST YEAR	0
REFUSED	77
DON'T KNOW	99

BOX 1

CHECK ITEM ALQ.125:
IF SP DIDN'T DRINK (CODED '0') IN ALQ.121, GO TO ALQ.151.
OTHERWISE, CONTINUE WITH ALQ.130.

ALQ.130 During the **past 12 months**, on those days that {you/SP} drank alcoholic beverages, on the **average**, how many drinks did {you/he/she} have? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.)

HAND CARD ALQ1

IF LESS THAN 1 DRINK, ENTER '1'.
IF 95 DRINKS OR MORE, ENTER '95'.

CAPI INSTRUCTION:
SOFT EDIT: IF RESPONSE >=20, THEN DISPLAY “YOU SAID ON THE DAYS THAT YOU DRINK YOU HAVE ON **AVERAGE** {DISPLAY QUANTITY} DRINKS, IS THAT CORRECT?”

HARD EDIT: Range – 1-95

|___|___|___|
ENTER # OF DRINKS

REFUSED..... 777
DON'T KNOW..... 999

ALQ.142 During the **past 12 months**, about how often did {you/SP} have **{DISPLAY NUMBER} or more drinks** of any alcoholic beverage?

PROBE: How many days per week, per month, or per year did {you/SP} have {DISPLAY NUMBER} or more drinks in a single day?

HAND CARD ALQ2

INTERVIEWER INSTRUCTION: IF SP ANSWERS NONE, PLEASE CODE '0', NEVER IN THE LAST YEAR.

CAPI INSTRUCTION:
IF SP = MALE, DISPLAY = 5
IF SP = FEMALE, DISPLAY = 4

HARD EDIT: ALQ.142 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.142 IS CODED '0'.
ERROR MESSAGE: "SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121."

EVERY DAY	1	
NEARLY EVERY DAY	2	
3 TO 4 TIMES A WEEK	3	
2 TIMES A WEEK	4	
ONCE A WEEK	5	
2 TO 3 TIMES A MONTH	6	
ONCE A MONTH	7	
7 TO 11 TIMES IN THE LAST YEAR	8	
3 TO 6 TIMES IN THE LAST YEAR	9	
1 TO 2 TIMES IN THE LAST YEAR	10	
NEVER IN THE LAST YEAR	0	(ALQ.151)
REFUSED	77	
DON'T KNOW	99	

ALQ.270 During the **past 12 months**, about how often did {you/SP} have {DISPLAY NUMBER} **or more drinks** in a period of **two hours or less**?

HAND CARD ALQ2

CAPI INSTRUCTION:
IF SP = MALE, DISPLAY = **5**
IF SP = FEMALE, DISPLAY = **4**

HARD EDIT: ALQ.270 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.270 IS CODED '0'.
ERROR MESSAGE: "SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121."

EVERY DAY	1
NEARLY EVERY DAY	2
3 TO 4 TIMES A WEEK	3
2 TIMES A WEEK	4
ONCE A WEEK	5
2 TO 3 TIMES A MONTH	6
ONCE A MONTH	7
7 TO 11 TIMES IN THE LAST YEAR	8
3 TO 6 TIMES IN THE LAST YEAR	9
1 TO 2 TIMES IN THE LAST YEAR	10
NEVER IN THE LAST YEAR	0
REFUSED	77
DON'T KNOW	99

ALQ.280 During the **past 12 months**, about how often did {you/SP} have **8 or more** drinks in **a single day**?

HAND CARD ALQ2

HARD EDIT: ALQ.280 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.280 IS CODED '0'.
ERROR MESSAGE: "SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121."

EVERY DAY	1	
NEARLY EVERY DAY	2	
3 TO 4 TIMES A WEEK	3	
2 TIMES A WEEK	4	
ONCE A WEEK	5	
2 TO 3 TIMES A MONTH	6	
ONCE A MONTH	7	
7 TO 11 TIMES IN THE LAST YEAR	8	
3 TO 6 TIMES IN THE LAST YEAR	9	
1 TO 2 TIMES IN THE LAST YEAR	10	
NEVER IN THE LAST YEAR	0	(ALQ.151)
REFUSED	77	
DON'T KNOW	99	

ALQ.290 During the **past 12 months**, about how often did {you/SP} have **12 or more** drinks in **a single day**?

HAND CARD ALQ2

HARD EDIT: ALQ.290 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.290 IS CODED '0'.
ERROR MESSAGE: "SP HAS REPORTED DRINKING MORE TIMES IN THIS QUESTION THAN WAS PREVIOUSLY REPORTED IN ALQ.121."

EVERY DAY	1
NEARLY EVERY DAY	2
3 TO 4 TIMES A WEEK	3
2 TIMES A WEEK	4
ONCE A WEEK	5
2 TO 3 TIMES A MONTH	6
ONCE A MONTH	7
7 TO 11 TIMES IN THE LAST YEAR	8
3 TO 6 TIMES IN THE LAST YEAR	9
1 TO 2 TIMES IN THE LAST YEAR	10
NEVER IN THE LAST YEAR	0
REFUSED	77
DON'T KNOW	99

ALQ.151 Was there ever a time or times in {your/SP's} life when {you/he/she} **drank {DISPLAY NUMBER} or more drinks** of any kind of alcoholic beverage **almost every day**?

CAPI INSTRUCTION:
IF SP = MALE, DISPLAY = 5
IF SP = FEMALE, DISPLAY = 4

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

5.9 REPRODUCTIVE HEALTH (RHQ)

REPRODUCTIVE HEALTH – RHQ
Target Group: Female SPs Ages 12+

RHQ.010 The next series of questions are about {your/SP's} reproductive history. I will begin by asking some questions about {your/SP's} period or menstrual cycle.

How old {were you/was SP} when {you/she} had {your/her} **first** menstrual period?

CODE "0" IF HAVEN'T STARTED YET.

CAPI INSTRUCTION:
SOFT EDIT VALUES: AGE ≤8 AND ≥ 25 YEARS.
ERROR MESSAGE: "UNLIKELY RESPONSE. PLEASE VERIFY."
HARD EDIT VALUES: AGE OF 1ST PERIOD CANNOT BE GREATER THAN CURRENT AGE.
ERROR MESSAGE: "AGE MENSTRUAL CYCLE STARTED CANNOT BE GREATER THAN AGE OF SP."
SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 20 AND RHQ.010 IS CODED '0'.
ERROR MESSAGE: "IT IS UNLIKELY THAT SP'S 20 OR OLDER WILL NOT HAVE BEGUN TO MENSTRUATE. PLEASE VERIFY."

|___|___|
ENTER AGE IN YEARS

REFUSED 77
DON'T KNOW..... 99

BOX 1

CHECK ITEM RHQ.015:

- IF PERIODS HAVEN'T STARTED (CODED '0'), GO TO END OF SECTION.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED '1' - '76') IN RHQ.010 AND SP AGE IS 12-19 GO TO RHQ.NEW
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODES '1' – '76') IN RHQ.019 AND SP AGE >=20 OR IF SP REFUSES AGE (CODED '77') IN RHQ.010, GO TO RHQ.031.
- OTHERWISE, CONTINUE.

RHQ.NEW In what month did {you/SP} have {your/her} first menstrual period?

1 – January
2 – February
3 – March
4 – April
5 – May
6 – June
7 – July
8 – August
9 – September
10 – October
11 – November
12 – December

RHQ.020 {Were you/Was SP} . . .

younger than 10,..... 1
10 to 12, ...2
13 to 15, or 3
16 or older? 4
REFUSED 7
DON'T KNOW..... 9

RHQ.031 {Have you/Has SP} had **at least one menstrual period** in the **past 12 months**? Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 60 AND RHQ.031 IS CODED YES.
ERROR MESSAGE: "IT IS UNLIKELY THAT SPS AGED 60 YEARS OR OLDER WILL STILL BE MENSTRUATING. PLEASE VERIFY."

YES 1
NO .....2(RHQ.043)
REFUSED .....7(RHQ.060)
DON'T KNOW..... 9 (RHQ.060)

BOX 1A

CHECK ITEM RHQ.033:

- IF SP < 20 YEARS OLD AND RHQ.031=1, GO TO BOX 3.
- IF SP 20+ YEARS OLD AND RHQ.031=1, GO TO RHQ 282.
- OTHERWISE, CONTINUE.

RHQ.043 What is the reason that {you have/SP has} not had **a period** in the past 12 months?

HAND CARD RHQ 1

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS YOUNGER THAN OR EQUAL TO 50 AND RHQ.043 IS CODED 7 (MENOPAUSE/CHANGE OF LIFE).
ERROR MESSAGE: "UNLIKELY RESPONSE. PLEASE VERIFY."

PREGNANCY.....1(BOX 3)
BREAST FEEDING..... 2
HYSTERECTOMY..... 3
MENOPAUSE/CHANGE OF LIFE..... 7
OTHER 9
REFUSED 77
DON'T KNOW..... 99

RHQ.282 {Have you/Has SP} had a hysterectomy, including a partial hysterectomy, that is, surgery to **remove** {your/her} uterus or womb?

MARK IF KNOWN. OTHERWISE ASK.

HARD EDIT: IF RHQ043 CODED AS "3", BUT REPORTED "NO" TO RHQ282, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWERS TO RHQ043 AND RHQ282:
"You mentioned that hysterectomy is the reason that you have not had a period in the past 12 months, is it correct?"

YES 1
NO .....2(RHQ.305)
REFUSED .....7(RHQ.305)
DON'T KNOW..... 9 (RHQ.305)

RHQ.291 How old {were you/was SP} when {you/she} had {your/her} hysterectomy?

CAPI INSTRUCTION:
HARD EDIT: RHQ.291 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE CANNOT BE GREATER THAN AGE OF SP."

|___|___|___|
ENTER AGE IN YEARS

REFUSED 777
DON'T KNOW.....999

RHQ.305 {Have you/Has SP} had **both** of {your/her} ovaries removed {either when {you/she} had {your/her} uterus removed or at any other time}?

CAPI INSTRUCTION: IF RHQ.282=1 DISPLAY {either when {you/she} had {your/her} uterus removed or at any other time}"

YES 1
NO .....2(BOX 1B)
REFUSED .....7(RHQ.060)
DON'T KNOW..... 9 (RHQ.060)

RHQ.332 How old {were you/was SP} when {you/she} had {your/her} ovaries removed or last ovary removed if removed at different times?

CAPI INSTRUCTION:
HARD EDIT: RHQ.332 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE CANNOT BE GREATER THAN AGE OF SP."

|___|___|___|
ENTER AGE IN YEARS

REFUSED 777
DON'T KNOW.....999

BOX 1B

CHECK ITEM RHQ.334:

- IF RHQ.031 = 1 AND RHQ.282 = 2 AND RHQ.305 = 2, GO TO BOX 3.
- OTHERWISE, CONTINUE.

RHQ.060 About how old {were you/was SP} when {you/she} had {your/her} **last** menstrual period?

SOFT EDIT: DISPLAY EDIT WHEN RHQ.060 IS GREATER THAN 59.
ERROR MESSAGE: "IT IS UNLIKELY THAT AN SP WILL HAVE HER LAST MENSTRUAL PERIOD AFTER AGE 59. PLEASE VERIFY."

SOFT EDIT: RHQ.060 MUST BE LESS THAN OR EQUAL TO RHQ.291 OR RHQ.332.
ERROR MESSAGE: "AGE OF SP AT LAST MENSTRUAL PERIOD CANNOT BE GREATER THAN AGE OF SP AT HYSTERECTOMY OR AGE OF SP AT OOPHORECTOMY."

HARD EDIT: RHQ.060 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE OF SP AT LAST MENSTRUAL PERIOD CANNOT BE GREATER THAN AGE OF SP."

|___|___|
ENTER AGE IN YEARS

REFUSED 77
DON'T KNOW..... 99

BOX 2

CHECK ITEM RHQ.065:

- IF SP DOESN'T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED '99') IN RHQ.060, CONTINUE.
- OTHERWISE, GO TO BOX 3.

RHQ.070 {Were you/Was SP} . . .

younger than 30,..... 1
30 to 34, ...2
35 to 39, ...3
40 to 44, ...4
45 to 49, ...5
50 to 54, or 6
55 or older? 7
REFUSED 77
DON'T KNOW..... 99

BOX 3

CHECK ITEM RHQ.072:

- IF SP IS 18-59 YEARS OLD, CONTINUE.
- OTHERWISE, GO TO RHQ.131.

RHQ.074 The next questions are about {your/SP's} pregnancy history.

{Have you/Has SP} ever attempted to become pregnant over a period of at least a year without becoming pregnant?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

RHQ.076 {Have you/Has SP} ever been to a doctor or other medical provider because {you have/she has} been unable to become pregnant?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

RHQ.078 {Have you/Has SP} ever been treated for an infection in {your/her} fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

RHQ.131 {The next questions are about {your/SP's} pregnancy history.}

{Have you/Has SP} **ever** been pregnant? Please include {current pregnancy,} live births, miscarriages, stillbirths, tubal pregnancies and abortions.

MARK IF KNOWN. OTHERWISE ASK.

CAPI INSTRUCTIONS:
IF SP IS AGED 12-17 OR 60+ DISPLAY {The next questions are about {your/SP's} pregnancy history.}
IF RHQ.043=1, DISPLAY {current pregnancy}

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy. Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks) of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

YES 1
NO .....2(RHQ.420)
REFUSED .....7(RHQ.420)
DON'T KNOW..... 9 (RHQ.420)

BOX 6

CHECK ITEM RHQ.136:

- IF THE SP HAS EXPERIENCED MENOPAUSE (RHQ.043 = 7), GO TO RHQ.160.
- IF THE SP HAD HYSTERECTOMY (RHQ.043 = 3 OR RHQ.282 = 1), GO TO RHQ.160.
- OTHERWISE, CONTINUE.

RHQ.143 {Are you/Is SP} pregnant **now**?

MARK IF KNOWN. OTHERWISE ASK.

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

RHQ.160 How many times {have you/has SP} been pregnant? Please count all {your/her} pregnancies including {current pregnancy,} live births, miscarriages, stillbirths, tubal pregnancies, and abortions.)

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy. Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks) of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

CAPI INSTRUCTION: IF RHQ.143=1 DISPLAY {current pregnancy}.

|___|___|
ENTER NUMBER OF PREGNANCIES

REFUSED 77
DON'T KNOW..... 99

RHQ.162 **During {any/your/SP's} pregnancy,** {were you/was SP} ever told by a doctor or other health professional that {you/she} had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that {you/SP} may have known about before the pregnancy.

CAPI INSTRUCTION:
IF RHQ.160 = 1, DISPLAY {your/SP's}. OTHERWISE, DISPLAY {any}.

HELP SCREEN SHOULD READ: Gestational diabetes is a form of diabetes or high blood sugar found in pregnant women.

YES 1
NO .....2(BOX 7)
BORDERLINE..... 3 (BOX 7)
REFUSED .....7(BOX 7)
DON'T KNOW..... 9 (BOX 7)

RHQ.163 How old {were you/was SP} when {you were/she was} **first** told {you/she} had diabetes **during a pregnancy**?

SOFT EDIT: IF RHQ.143 = 1 AND RHQ.160 = 1, THEN RHQ.163 MUST BE EQUAL TO THE AGE OF THE SP OR THE AGE OF THE SP MINUS 1.
ERROR MESSAGE: "IT IS UNLIKELY YOU WERE FIRST TOLD YOU HAD DIABETES AT THAT AGE SINCE THIS IS YOUR FIRST PREGNANCY. PLEASE VERIFY."

HARD EDIT: RHQ.163 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE CANNOT BE GREATER THAN AGE OF SP."

SOFT EDIT: RHQ.163 MUST BE EQUAL TO OR GREATER THAN 12.
ERROR MESSAGE: "UNLIKELY AGE. PLEASE VERIFY."

|___|___|
ENTER AGE IN YEARS

REFUSED 77
DON'T KNOW..... 99

BOX 7

CHECK ITEM RHQ.165:

- IF SP ONLY HAD ONE PREGNANCY (CODED '1') IN RHQ.160 AND CURRENTLY PREGNANT (CODED '1') IN RHQ.143, SKIP TO RHQ.420.
- OTHERWISE CONTINUE.

RHQ.166 How many vaginal deliveries {have you/has SP} had? Please count stillbirths as well as live births.

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

HARD EDIT: RHQ.166 MUST BE EQUAL TO OR LESS THAN RHQ.160.
ERROR MESSAGE: "NUMBER OF VAGINAL DELIVERIES CANNOT BE GREATER THAN THE NUMBER OF PREGNANCIES."

SOFT EDIT: IF RHQ.143 = 1, THEN RHQ.166 MUST BE EQUAL TO OR LESS THAN RHQ.160 MINUS 1.
ERROR MESSAGE: "Since you are currently pregnant, it is unlikely that the number of vaginal deliveries is equal to or greater than the number of your pregnancies. Please verify."

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

BOX 7A

CHECK ITEM RHQ.168:

- IF NUMBER OF PREGNANCIES IN RHQ.160 EQUALS THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166, SKIP TO RHQ.172.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143 AND THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166 EQUALS THE NUMBER OF PREGNANCIES IN RHQ.160 MINUS 1, SKIP TO RHQ.172.
- OTHERWISE, CONTINUE WITH RHQ.169.

RHQ.169 How many cesarean deliveries, also known as C-sections, {have you/has SP} had? (Please count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: SUM OF RHQ.166 AND RHQ.169 MUST BE EQUAL TO OR LESS THAN RHQ.160.
ERROR MESSAGE: "It is unlikely that the number of deliveries (vaginal and cesarean deliveries combined) is greater than the number of pregnancies. Please verify."

SOFT EDIT: IF CURRENTLY PREGNANT (CODED '1' IN RHQ.143) THEN THE SUM OF RHQ.166 AND RHQ.169 SHOULD BE LESS THAN OR EQUAL TO RHQ.160 MINUS 1.
ERROR MESSAGE: "Since SP is currently pregnant, it is unlikely that the number of vaginal and cesarean deliveries is equal to or greater than the number of pregnancies. Please verify."

HARD EDIT: RHQ.169 MUST BE EQUAL TO OR LESS THAN RHQ.160.
ERROR MESSAGE: "Number of cesarean deliveries cannot be greater than the number of pregnancies."

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

BOX 7B

CHECK ITEM RHQ.170A:

- IF THE NUMBER OF DELIVERIES IN RHQ.166 AND RHQ.169 EQUALS ZERO, GO TO RHQ.420.
- OTHERWISE, CONTINUE WITH RHQ.172.

RHQ.172 {Did {your/SP's} delivery/Did any of {your/SP's} deliveries} result in a baby that weighed 9 pounds or more at birth? Please count stillbirths as well as live births.

INTERVIEWER INSTRUCTION: IF SP ONLY RECALLS HER BABY'S BIRTH WEIGHT IN KILOS/GRAMS: 9 LB ~ 4.1 KG/ 4,100 G.

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), DISPLAY {YOUR DELIVERY}.
IF SP HAD MORE THAN ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 > 1), DISPLAY {ANY OF YOUR DELIVERIES}.

YES 1
NO .....2(RHQ.171)
REFUSED .....7(RHQ.171)
DON'T KNOW..... 9 (RHQ.171)

RHQ.173 How old {were you/was SP} when {you/she} delivered {a/the first} baby that weighed 9 pounds or more? (Please count stillbirths as well as live births.)

INTERVIEWER INSTRUCTION: IF SP ONLY RECALLS HER BABY'S BIRTH WEIGHT IN KILOS/GRAMS: 9 LB ~ 4.1 KG/ 4,100 G.

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), DISPLAY {a}. OTHERWISE, DISPLAY {the first}.

HARD EDIT: RHQ.173 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE CANNOT BE GREATER THAN AGE OF SP."

|___|___|
ENTER AGE IN YEARS

REFUSED 77
DON'T KNOW..... 99

RHQ.171 How many of {your/her} deliveries resulted {Did {your/her} delivery result} in a live birth?

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1), REPLACE {How many of {your/her} deliveries resulted} WITH {Did {your/her} delivery result}.

FOR SINGLE DELIVERIES:
Yes = 1
No = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

|___|___|
ENTER NUMBER OF DELIVERIES

REFUSED 77
DON'T KNOW..... 99

BOX 8

CHECK ITEM RHQ.177:

- IF SP HAD NO DELIVERIES THAT RESULTED IN A LIVE BIRTH (CODED '0') IN RHQ.171, GO TO RHQ.184.
- IF SP HAD ONE DELIVERY (SUM OF RHQ.166 AND RHQ.169 = 1) AND THAT DELIVERY RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.171 AND SP DELIVERED ONE BABY THAT WEIGHED 9 POUNDS OR MORE (CODED '1') IN RHQ.172, GO TO RHQ.184.
- OTHERWISE, CONTINUE.

RHQ.180 How old {were you/was SP} at the time of {your/her} {**first**} live birth?

CAPI INSTRUCTION:
IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.171, DISPLAY {**first**}.

CAPI INSTRUCTION:
HARD EDIT: RHQ.180 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: "AGE OF SP AT FIRST DELIVERY CANNOT BE GREATER THAN AGE OF SP."
SOFT EDIT: DISPLAY EDIT WHEN RHQ.180 IS GREATER THAN OR EQUAL TO RHQ.010.
ERROR MESSAGE: "AGE OF SP AT FIRST LIVE BIRTH CANNOT BE LESS THAN AGE WHEN SP'S FIRST PERIOD STARTED.
SOFT EDIT: DISPLAY EDIT WHEN RHQ.180 IS GREATER THAN (RHQ.163 +1).
ERROR MESSAGE: "AGE OF SP AT FIRST LIVE BIRTH IS NOT LIKELY TO BE MORE THAN ONE YEAR GREATER THAN THE AGE WHEN SP'S FIRST TOLD HAVING DIABETES DURING A PREGNANCY. PLEASE VERIFY."
SOFT EDIT: DISPLAY EDIT WHEN RHQ.180 IS GREATER THAN RHQ.173.
ERROR MESSAGE: "AGE OF SP AT FIRST LIVE BIRTH IS NOT LIKELY TO BE GREATER THAN THE AGE WHEN SP FIRST DELIVERED A BABY THAT WEIGHTED 9 POUNDS OR MORE. PLEASE VERIFY."

|___|___|
ENTER AGE IN YEARS

REFUSED 77
DON'T KNOW..... 99

RHQ.184 M/Y What is the month and year of your last delivery? Please count stillbirths as well as live births.

|___|___|
MONTH

REFUSED 77
DON'T KNOW.....99

|___|___|___|___| .....(BOX9A)
YEAR

REFUSED .....7777(RHQ.200)
DON'T KNOW.....9999 (RHQ.200)

HARD EDIT: DATE MUST BE EQUAL OR LESS THAN CURRENT MONTH/YEAR.
HARD EDIT VALUES FOR MONTH: 01 – 12.
HARD EDIT VALUES FOR YEAR: 1900 – 2100.

INTERVIEWER INSTRUCTION:
WE ARE ASKING THE BIRTH MONTH AND YEAR OF THE WOMAN'S LAST CHILD OR THE DATE HER LAST PREGNANCY ENDED (IF STILLBIRTH).

CAPI INSTRUCTIONS:
SEPARATE FIELDS FOR MONTH AND YEAR AND ALLOW ENTRY OF RF AND DK IN FIELDS.
HARD EDIT: DISPLAY ERROR WHEN ONLY ONE DIGIT IS ENTERED FOR MONTH.
ERROR MESSAGE: "ENTER TWO DIGITS FOR MONTH."

CAPI INSTRUCTIONS:
CALCULATE SP'S {AGE OF THIS LAST DELIVERY} AND USE THIS AGE IN THE FOLLOWING SOFT EDITS:

1. IF THE SP ONLY HAD ONE PREGNANCY (RHQ.160=1), AND THE DIFFERENCES BETWEEN {AGE OF THIS LAST DELIVERY} AND AGE REPORTED IN RHQ.163 IS MORE THAN 1 ([{AGE OF THIS LAST DELIVERY} – RHQ.163] >1 OR < 0), DISPLAY: "THIS MEANS THE SP WAS {AGE OF THIS LAST DELIVERY} YEARS OLD AT LAST DELIVERY. REPORTED AGE WHEN FIRST DIAGNOSED WITH GESTATIONAL DIABETES = {AGE AT RHQ.163}. SP ONLY REPORTED ONE PREGNANCY SO IT IS LIKELY THAT ONE OF THE REPORTED AGES IS INCORRECT. PLEASE VERIFY."

2. IF THE SP HAD MULTIPLE PREGNANCIES (RHQ.160>1), AND THE {AGE OF THIS LAST DELIVERY} IS LESS THAN WHAT WAS REPORTED IN RHQ.163, DISPLAY: "THIS MEANS THE SP WAS {AGE OF THIS LAST DELIVERY} YEARS OLD AT LAST DELIVERY. REPORTED AGE WHEN FIRST DIAGNOSED WITH GESTATIONAL DIABETES = {AGE AT RHQ.163}. IT IS UNLIKEY THAT SHE WAS DIAGNOSED WITH GESTATIONAL DIABETES AFTER HER LAST DELIVERY. PLEASE VERIFY."

3. IF THE SP ONLY HAD ONE PREGNANCY (RHQ.160=1), AND THE {AGE OF THIS LAST DELIVERY} IS DIFFERENT THAN THE AGE REPORTED IN RHQ.173, DISPLAY: "THIS MEANS THE SP WAS {AGE OF THIS LAST DELIVERY} YEARS OLD AT LAST DELIVERY. REPORTED AGE WHEN DELIVERED A BABY THAT WEIGHED 9 POUNDS OR MORE = {AGE AT RHQ.163}. SP ONLY REPORTED ONE PREGNANCY SO IT IS UNLIKEY THAT THESE TWO AGES ARE DIFFERENT. PLEASE VERIFY."

4. IF THE SP HAD MULTIPLE PREGNANCIES (RHQ.160>1), AND THE {AGE OF THIS LAST DELIVERY} IS LESS THAN WHAT REPORTED IN RHQ.173, DISPLAY: "THIS MEANS THE SP WAS {AGE OF THIS LAST DELIVERY} YEARS OLD AT LAST DELIVERY. THIS IS UNLIKELY BECAUSE SP REPORTED HAVING DELIVERED A BABY THAT WEIGHED 9 POUNDS OR MORE WHEN SHE WAS {AGE AT RHQ.173}. PLEASE VERIFY."

5. IF {AGE OF THIS LAST DELIVERY} IS LESS THAN WHAT REPORTED IN RHQ.180, DISPLAY: "THIS MEANS THE SP WAS {AGE OF THIS LAST DELIVERY} YEARS OLD AT LAST DELIVERY. THIS IS UNLIKELY BECAUSE THE SP REPORTED HAVING HER FIRST LIVE BIRTH WHEN SHE WAS {AGE AT RHQ.180}. PLEASE VERIFY."

BOX 9A

CHECK ITEM RHQ.187:

- IF THE DATE OF LAST DELIVERY IN RHQ.184 IS WITHIN THE LAST 24 MONTHS, CONTINUE.
- IF THE MONTH IN RHQ.184 IS "REFUSED" OR "DON'T KNOW" AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 3)], CONTINUE.
- OTHERWISE, GO TO RHQ.420.

RHQ.200 {Are you/Is SP} **now** breast feeding a child?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

RHQ.420 {Have you/Has SP} **ever** taken birth control pills for any reason?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 20

CHECK ITEM RHQ.535:

- IF SP 20 YEARS OF AGE OR OLDER, CONTINUE.
- OTHERWISE, GO TO BOX 24.

RHQ.540 {Have you/Has SP} **ever** used female hormones such as estrogen and progesterone? Please include any forms of prescription female hormones, such as pills, creams, patches, and injectables, but **do not** include birth control methods or use for infertility.

IN SITUATIONS OF HORMONE USE FOR NON-MENOPAUSAL CONDITIONS, CODE HRT USE AS "NO".

HAND CARD RHQ 2

YES	1
NO	2(BOX 24)
REFUSED	7(BOX 24)
DON'T KNOW	9 (BOX 24)

RHQ.542 Which forms of female hormones {have you/has SP} used?

CODE ALL THAT APPLY

HAND CARD RHQ 2

PILLS	10
PATCHES	11
CREAM/SUPPOSITORY/INJECTION	12
OTHER	13
REFUSED	77
DON'T KNOW	99

BOX 21

CHECK ITEM RHQ.552:
IF SP USED FEMALE HORMONE PILLS (CODE '10') IN RHQ.542, CONTINUE.
OTHERWISE, GO TO BOX 22.

RHQ.554 {Have you/Has SP} **ever** taken female hormone **pills** containing **estrogen only** like Premarin? Do not include birth control pills.

HAND CARD RHQ 2

YES 1
NO .....2(RHQ.570)
REFUSED .....7(RHQ.570)
DON'T KNOW..... 9 (RHQ.570)

Not counting any time when {you/SP} stopped taking them, for how long **altogether** {did you take/did she take} pills
Q/U containing estrogen only?

HAND CARD RHQ 2

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

ENTER UNIT

MONTHS 1
YEARS 2

RHQ.570 {Have you/Has SP} taken female hormone **pills** containing **both estrogen and progestin** like Prempro or Premphase? Do not include birth control pills.

HAND CARD RHQ 2

YES 1
NO .....2(BOX 22)
REFUSED .....7(BOX 22)
DON'T KNOW..... 9 (BOX 22)

Not counting any time when {you/SP} stopped taking them, for how long **altogether** {did you take/did she take} pills containing both estrogen and progestin?
Q/U

HAND CARD RHQ 2

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

ENTER UNIT

MONTHS 1
YEARS 2

BOX 22

CHECK ITEM RHQ.578:
IF SP USED PATCHES (CODE '11') IN RHQ.542, CONTINUE WITH RHQ.580.
OTHERWISE, GO TO BOX 24.

RHQ.580 {Have you/Has SP} **ever** used female hormone **patches** containing **estrogen only**?

YES 1
NO .....2(RHQ.596)
REFUSED .....7(RHQ.596)
DON'T KNOW..... 9 (RHQ.596)

Not counting any time when {you/SP} stopped using them, for how long **altogether** {did you use/did she use} patches containing estrogen only?
Q/U

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

ENTER UNIT

MONTHS 1
YEARS 2

RHQ.596 {Have you/Has SP} used female hormone **patches** containing **both estrogen and progestin**?

YES 1
NO .....2(BOX 24)
REFUSED .....7(BOX 24)
DON'T KNOW..... 9 (BOX 24)

Not counting any time when {you/SP} stopped using them, for how long **altogether** {did you use/did she use} patches
Q/U containing both estrogen and progestin?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

ENTER UNIT

MONTHS 1
YEARS 2

BOX 24

CHECK ITEM RHQ.642:

- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.652a.
- ELSE IF RHQ.184 IS WITHIN THE LAST 24 MONTHS, GO TO FSQ.652b.
- ELSE IF THE MONTH IN RHQ.184 IS "REFUSED" OR "DON'T KNOW" AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 3)], GO TO FSQ.652b.
- OTHERWISE, GO TO END OF SECTION.

FSQ.652a These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During this pregnancy have you used WIC benefits to buy food for yourself?

YES 1
NO .....2(END OF SECTION)
REFUSED .....7(END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

FSQ.672a How many months pregnant were you when you first started to receive WIC benefits to buy food for yourself?

|__|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

BOX 27

CHECK ITEM RHQ.644:
■ GO TO FSQ.662.

FSQ.652b These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During your last pregnancy, did you use WIC benefits to buy food for yourself? Please include any stillbirth or miscarriage.

YES 1
NO .....2(FSQ.652c)
REFUSED .....7(FSQ.652c)
DON'T KNOW..... 9 (FSQ.652c)

FSQ.672b How many months pregnant were you when you first started to receive WIC benefits to buy food for yourself?

|__|
ENTER NUMBER

REFUSED 77
DON'T KNOW..... 99

FSQ.652c After your {last} child was born, did you use WIC benefits to buy food for yourself?

IF RHQ.160 > 1, DISPLAY {last}.

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

BOX 28

CHECK ITEM RHQ.646:

- IF RHQ.184 IS WITHIN THE LAST 12 MONTHS, CONTINUE WITH FSQ.662.
- IF THE MONTH IN RHQ.184 IS "REFUSED" OR "DON'T KNOW" AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 2)], CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

FSQ.662 Are you **now** receiving WIC benefits for yourself?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

5.10 KIDNEY CONDITIONS (KIQ)

KIDNEY CONDITIONS - KIQ

New Target Group: SPs 20+

KIQ.005 Many people have leakage of urine. The next few questions ask about urine leakage.

How often {do you/does SP} have urinary leakage? Would {you/s/he} say . . .

CAPI INSTRUCTION:

HELP SCREEN: Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, loss of urine control.

never, ...1(KIQ.042)
less than once a month,..... 2
a few times a month,..... 3
a few times a week, or..... 4
every day and/or night?..... 5
REFUSED .....7(KIQ.042)
DON'T KNOW..... 9 (KIQ.042)

KIQ.010 How much urine {do you/does SP} lose each time? Would {you/s/he} say . . .

drops, ...1
small splashes, or..... 2
more? 3
REFUSED 7
DON'T KNOW..... 9

KIQ.042 During the **past 12 months**, {have you/has SP} leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

YES	.....	1
NO	.....	2(KIQ.044)
REFUSED	.....	7(KIQ.044)
DON'T KNOW	.....	9 (KIQ.044)

KIQ.430 How frequently does this occur? Would {you/s/he} say this occurs . . .

HAND CARD KIQ1

less than once a month,	.....	1
a few times a month,	.....	2
a few times a week, or	.....	3
every day and/or night?	.....	4
REFUSED	.....	7
DON'T KNOW	.....	9

KIQ.044 During the **past 12 months**, {have you/has SP} leaked or lost control of even a small amount of urine with an urge or pressure to urinate and {you/s/he} couldn't get to the toilet fast enough?

YES	.....	1
NO	.....	2(KIQ.046)
REFUSED	.....	7(KIQ.046)
DON'T KNOW	.....	9 (KIQ.046)

KIQ.450 How frequently does this occur? Would {you/s/he} say this occurs. . .

HAND CARD KIQ1

less than once a month,	.....	1
a few times a month,	.....	2
a few times a week, or	.....	3
every day and/or night?	.....	4
REFUSED	.....	7
DON'T KNOW	.....	9

KIQ.046 During the **past 12 months**, {have you/has SP} leaked or lost control of even a small amount of urine **without** an activity like coughing, lifting, or exercise, or an urge to urinate?

YES	1
NO	2(BOX 1)
REFUSED	7(BOX 1)
DON'T KNOW	9 (BOX 1)

KIQ.470 How frequently does this occur? Would {you/s/he} say this occurs . . .

HAND CARD KIQ1

less than once a month,	1
a few times a month,	2
a few times a week, or	3
every day and/or night?	4
REFUSED	7
DON'T KNOW	9

BOX 1

CHECK ITEM KIQ.048A:

- IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044 OR KIQ.046, CONTINUE WITH KIQ.050.
- OTHERWISE, GO TO KIQ.480.

KIQ.050 During the **past 12 months**, how much did {your/her/his} leakage of urine bother {you/her/him}? Please select one of the following choices:

not at all,	1
only a little,	2
somewhat,	3
very much, or	4
greatly?	5
REFUSED	7
DON'T KNOW	9

KIQ.052 During the **past 12 months**, how much did {your/his/her} leakage of urine affect {your/his/her} day-to-day activities? (Please select one of the following choices:)

not at all,	1
only a little,	2
somewhat,	3
very much, or	4
greatly?	5
REFUSED	7
DON'T KNOW	9

KIQ.480 During the **past 30 days**, how many times per night did {you/SP} most typically get up to urinate, from the time {you/s/he} went to bed at night until the time {you/he/she} got up in the morning. Would {you/s/he} say . . .

0,	0
1,	1
2,	2
3,	3
4,	4
5 or more?	5
REFUSED	77
DON'T KNOW	99

5.11 PHYSICAL ACTIVITY AND PHYSICAL FITNESS (PAQ)

PHYSICAL ACTIVITY AND PHYSICAL FITNESS – PAQ

Target Group: SPs 12-15

PAQ.706 Now I'd like to ask you some questions about {your/SP's} activities.

During the **past 7 days**, on how many days {were you/was SP} physically active for a total of **at least 60 minutes per day**? Add up all the time {you/he/she} spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time.

0 days	0
1 day	1
2 days	2
3 days	3
4 days	4
5 days	5
6 days	6
7 days	7
REFUSED	77
DON'T KNOW	99

PAQ.710 Now I will ask you first about TV watching and then about computer use.

Over the past 30 days, on average how many **hours per day** did {you/SP} sit and watch TV or videos? Would you say . . .

less than 1 hour,	0
1 hour,	1
2 hours,	2
3 hours,	3
4 hours,	4
5 hours or more, or	5
{You do/SP does} not watch TV or videos.	8
REFUSED	77
DON'T KNOW	99

PAQ.715 Over the past 30 days, on average how many **hours per day** did {you/SP} use a computer or play computer games outside of school? Include time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the internet. Would you say . . .

less than 1 hour,.....	0
1 hour, ...1	
2 hours, ...2	
3 hours, ...3	
4 hours, ...4	
5 hours or more, or.....	5
{You do/SP does} not use a computer outside of work or school.....	8
REFUSED 77	
DON'T KNOW.....	99

HELP SCREEN:

If the SP watches T.V. or video at the same time as working on the computer, count this time as watching T.V. or video.

5.12 WEIGHT HISTORY (WHQ)

WEIGHT HISTORY – WHQ
Target Group: SPs 8-15 years

BOX 1

CHECK ITEM WHQ.499:

- IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005 AND NO INTERPRETER USED (INT.001 CODED '2'), CONTINUE WITH WHQ.030m.
- IF INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED '1') IN RIQ.005 AND INTERPRETER USED (INT.001 CODED '1'), AND INTERPRETER SOURCE = 4, 5, 6, 7, OR 99 IN INT.007, CONTINUE WITH WHQ.030m.
- OTHERWISE, GO TO NEXT SECTION.

WHQ.030m Do you consider yourself now to be . . .

fat or overweight,.....	1
too thin, or.....	2
about the right weight?.....	3
REFUSED.....	7
DON'T KNOW.....	9

WHQ.500 Which of the following are you trying to do about your weight:

lose weight,.....	1
gain weight,.....	2
stay the same weight, or.....	3
not trying to do anything about your weight?..	4
REFUSED.....	7
DON'T KNOW.....	9

WHQ.520 In the past year, how often have you tried to lose weight? Would you say . . .

never,.....	1
sometimes, or	2
a lot?.....	3
REFUSED.....	7
DON'T KNOW.....	9

BOX 2

CHECK ITEM WHQ.709:
- IF SP AGE >= 12, CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

DBQ.895 G/Q Next, I'm going to ask you about meals.

By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals did you get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

Please **do not** include meals provided as part of the school lunch or school breakfast.

SOFT EDIT VALUES: 0-21

Error message: "Please verify that you ate **more** than 3 meals prepared away from home **every** day during the past 7 days."

|___|___|
ENTER NUMBER

NONE.....	2	(DBQ.905)
REFUSED.....	77	(DBQ.905)
DON'T KNOW.....	99	(DBQ.905)

DBQ.900 G/Q

How many of those meals did you get from a fast-food or pizza place?

HARD EDIT: “DBQ.900 must be equal to or less than DBQ.895.”

Error message: "The number of meals from a fast-food or pizza place cannot be greater than the total number of meals you had that were prepared away from home. Could I have another answer please?"

|___|___|
ENTER NUMBER

NONE	2	(DBQ.905)
REFUSED	7	(DBQ.905)
DON'T KNOW	9	(DBQ.905)

DBQ.905 G/Q/U

Some grocery stores sell “ready to eat” foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the **past 30 days**, how often did you buy “ready to eat” foods at the grocery store? Please do not count frozen or canned foods.

|___|___|
ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER	2	(DBQ.910)
REFUSED	7	(DBQ.910)
DON'T KNOW	9	(DBQ.910)

ENTER UNIT

DAY	1
WEEK	2
MONTH	3

DBQ.910 G/Q/U During the **past 30 days**, how often did you eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.

HAND CARD WHQ2

|___|___|
ENTER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

ENTER UNIT

DAY	1
WEEK	2
MONTH	3

5.13 MEC INTERVIEW CRITICAL ITEMS

MEC Interview
Critical Data Items

Verify Street Address

SCQ.070 I would like to verify {your/SP's} address. Please give me {your/SP's} complete address.

SCQ.420 Is {your/SP's} mailing address the same as {your/SP's} street address?

Validation Form Q7 Did {you/he/she} live at this address on {SCREENER DISPOSITION DATE}?

Verify Mailing Address

In case we have to contact {you/SP} again, please give me {your/his/her} complete mailing address.

Verify Phone Numbers

Please give me {your/SP's} home telephone number.

Is there another number where {you/SP} can be reached? Where is that phone located?

Verify SSN

BOX 1

- IF DMQ.281b FROM THE HOUSEHOLD INTERVIEW IS MISSING, CODED '777777777', OR CODED '999999999', CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

DMQ.281a The National Center for Health Statistics will conduct statistical research by combining {your/his/her} survey data with vital, health, nutrition and other related records. {Your/SP's} social security number is used only for these purposes. Providing this information is voluntary and is collected under the authority of Section 306 of the Public Health Service Act. There will be no effect on {your/his/her} benefits if you do not provide it.

INTERVIEWER INSTRUCTION—ONLY READ IF ASKED. [Public Health Service Act is title 42, United States Code, section 242k.]

What is {your/SP's} Social Security Number?

INTERVIEWER INSTRUCTION: **READ THE FOLLOWING IF THE RESPONDENT ASKS FOR FURTHER CLARIFICATION ON THE USE OF SSN.**

Providing {your/SP's} social security number will help researchers match NHANES data with other health-related records like Medicare and Medicaid. By combining these data, researchers can study health conditions like heart attacks and diabetes in depth. They can also better understand health care use and health care costs for all Americans. These findings will help doctors assist patients in making smart choices. Here are other examples (HAND CARD DMQ8) of things we have learned when we matched records from different sources

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY OF SOCIAL SECURITY NUMBER.

DMQ.281b/c |___|___|___| |___|___| |___|___|___|___| (END OF SECTION)
ENTER SOCIAL SECURITY NUMBER

REFUSED 777777777
DON'T KNOW.....999999999
DOES NOT HAVE SOCIAL SECURITY NUMBER……222222222 (END OF SECTION)

HARD EDIT:

1. Validate that there are 9 digits entered for an SSN. Do not accept entry less than 9 digits for DMQ281b/c. If a less than 9 digits number was entered, display the message "The SSN should be a 9-digit number, please verify."

2. The SSN is a 3-part number (3-digit Area Number + 2-digit Group Number + 4-digit Serial Number). None of these compartments can be all zeros. Please verify and display error message "It is unlikely that the SSN {starts with "0000"/has "00" as its middle 2-digits/has "0000" as its last 4 digits}, please verify.".

DMQ.281d/e I understand your concern. Would you provide us with the **last four digits** of {your/SP's} Social Security Number? This information will allow researchers to match NHANES survey data with health-related records to study important things like changes in health status, eating patterns and health care costs. [May I have the last four digits of {your/SP's} Social Security Number?]

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY.

|___|___|___|___|
ENTER 4-DIGIT SOCIAL SECURITY NUMBER

REFUSED 7777
DON'T KNOW.....9999

HARD EDIT:
1. Validate that there are 4 digits entered. Do not accept entry less than 4 digits for DMQ281d.
2. The entry cannot be all zeros. Please verify and display error message "It is unlikely that the SSN has "0000" as its last 4 digits, please verify."

6 MEC QUESTIONNAIRE – ACASI

6.1 TOBACCO (SMQ)

TOBACCO – SMQ
Target Group: SPs 12-17 (Audio-CASI)

SMQ.621__ The following questions are about cigarette smoking and other tobacco use. Do not include cigars or marijuana.

SMQ.621 About how many cigarettes have you smoked in your **entire life**?

INSTRUCTIONS TO SP:
Please select . . .

I have never smoked, not even a puff.....	1	(SMQ.681_)
1 or more puffs but never a whole cigarette…	2	(SMQ.681_)
1 cigarette.....	3	
2 to 5 cigarettes.....	4	
6 to 15 cigarettes.....	5	
16 to 25 cigarettes.....	6	
26 to 99 cigarettes.....	7	
100 or more cigarettes.....	8	
REFUSED.....	77	(SMQ.681_)
DON'T KNOW.....	99	(SMQ.681_)

SMQ.632 How old were you when you smoked a whole cigarette for the **first** time?
SMQ.632a

INSTRUCTIONS TO SP:
Please enter an age.

CAPI INSTRUCTION:
COMBINATION CONTROL: NUMBER PAD: ENTER AGE
ACCEPTABLE VALUES: 6-18 YEARS, REFUSED, DON'T KNOW.
IF R ENTERS 1-5, STORE 6 YEARS.

HARD EDIT: IF SMQ.632 > RIAAGEYR THEN ERROR.
ERROR MESSAGE: "Your response is older than your recorded age. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: IF SMQ.632 = 0 THEN ERROR.
ERROR MESSAGE: "Your response must be greater than zero. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER AGE

AGE.....	1-18
REFUSED.....	77
DON'T KNOW.....	99

SMQ.641 During the past **30 days**, on how many days did you smoke cigarettes?

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

CAPI INSTRUCTION:
ACCEPTABLE VALUES: 0-30, REFUSED, DON'T KNOW
HARD EDIT: IF SMQ.641 > 30 THEN ERROR.
ERROR MESSAGE: "Your response cannot exceed 30 days. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER NUMBER OF DAYS

REFUSED..... 77
DON'T KNOW..... 99

BOX 1A

CHECK ITEM SMQ.645:
- (IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW' (CODE '99') IN SMQ.641) AND SMQ.621 NOT EQUAL TO 8, GO TO SMQ.681_.
- (IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T KNOW' (CODE '99') IN SMQ.641) AND SMQ.621 = 8, CONTINUE.
- OTHERWISE, GO TO SMQ.650.

SMQ.050 How long has it been since you quit smoking cigarettes?
Q/U

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED..... 77777
DON'T KNOW..... 99999

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4
REFUSED..... 7
DON'T KNOW..... 9

BOX 1A1

CHECK ITEM SMQ.051:

- IF SMQ.050 GREATER THAN OR EQUAL TO 1 YEAR (365 DAYS, 52 WEEKS, 12 MONTHS, OR 1 YEAR), CONTINUE.
- IF SMQ.050 LESS THAN 30 DAYS GO TO SMQ.650.
- OTHERWISE, GO TO SMQ.681_.

SMQ.055 How old were you when you **last** smoked cigarettes ?

INSTRUCTIONS TO SP:
Please enter an age.

CAPI INSTRUCTION:
HARD EDIT: IF RESPONSE IS LESS THAN SMQ.632, THEN ERROR.
ERROR MESSAGE: "Your response is earlier than your response to the age when you smoked a whole cigarette for the first time. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77777
DON'T KNOW..... 99999

BOX 1A2

CHECK ITEM SMQ.056:

- GO TO SMQ.681_.

SMQ.650 During the past **30 days**, on the days that you smoked, how many cigarettes did you smoke per day?
SMQ.650a

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTION:
IF R SAYS 95 OR MORE CIGARETTES PER DAY, STORE 95.
ACCEPTABLE VALUES: 1-95, REFUSED, DON'T KNOW
HARD EDIT: IF SMQ.650 = 0 THEN ERROR.
ERROR MESSAGE: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER NUMBER OF CIGARETTES

MORE THAN 1 PACK OF CIGARETTES..... 95
REFUSED.....777
DON'T KNOW.....999

SMQ.078 How soon after you wake up do you smoke? Would you say . . .

Within 5 minutes	1	
From 6 to 30 minutes	2	
From more than 30 minutes to one hour	3	
From more than 1 hour to 2 hours	4	
From more than 2 hours to 3 hours	5	
From more than 3 hours to 4 hours	6	
More than 4 hours	7	
REFUSED	77	
DON'T KNOW	99	

SMQ.661 During the past **30 days**, on the days that you smoked, which brand of cigarettes did you **usually** smoke?

INSTRUCTIONS TO SP:
Please select one of the following choices

Marlboro	1	
Camel	2	
Newport	3	
Other brand	8	
No usual brand	9	
Hand-rolled cigarettes	10	
REFUSED	77	(SMQ.670)
DON'T KNOW	99	(SMQ.670)

BOX 1B

CHECK ITEM SMQ.663:
IF MARLBORO BRAND (CODE '1'), GO TO SMQ,665A.
IF CAMEL (CODE '2'), GO TO SMQ.665B.
IF NEWPORT (CODE '3'), GO TO SMQ.665C.
IF OTHER BRAND (CODE '8'), GO TO SMQ.665D.
OTHERWISE, GO TO SMQ.670.

SMQ.665A Please select the Marlboro pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other Marlboro.'

CAPI INSTRUCTIONS: SHOW IMAGES OF MARLBORO RED, MARLBORO RED 83S, MARLBORO GOLD, MARLBORO GOLD MENTHOL, MARLBORO SILVER, MARLBORO BLACK, MARLBORO MENTHOL FF AND OTHER MARLBORO.

MARLBORO RED	1	(SMQ.670)
MARLBORO RED 83S	2	(SMQ.670)
MARLBORO GOLD	3	(SMQ.670)
MARLBORO GOLD MENTHOL	4	(SMQ.670)
MARLBORO SILVER	5	(SMQ.670)
MARLBORO BLACK	6	(SMQ.670)
MARLBORO MENTHOL FF	7	(SMQ.670)
OTHER MARLBORO	8	(SMQ.670)
REFUSED	77	(SMQ.670)
DON'T KNOW	99	(SMQ.670)

SMQ.665B Please select the Camel pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other Camel.'

CAPI INSTRUCTIONS: SHOW IMAGES OF CAMEL FILTERS, CAMEL BLUE, CAMEL CRUSH, CAMEL CRUSH BOLD, CAMEL MENTHOL, CAMEL MENTHOL SILVER, AND OTHER CAMEL.

CAMEL FILTERS	1	(SMQ.670)
CAMEL BLUE	2	(SMQ.670)
CAMEL CRUSH	3	(SMQ.670)
CAMEL CRUSH BOLD	4	(SMQ.670)
CAMEL MENTHOL	5	(SMQ.670)
CAMEL MENTHOL SILVER	6	(SMQ.670)
OTHER CAMEL	7	(SMQ.670)
REFUSED	77	(SMQ.670)
DON'T KNOW	99	(SMQ.670)

SMQ.665C Please select the Newport pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other Newport.'

CAPI INSTRUCTIONS: SHOW IMAGES OF NEWPORT FF, NEWPORT MENTHOL GOLD, AND OTHER NEWPORT.

NEWPORT FF	1	(SMQ.670)
NEWPORT MENTHOL GOLD	2	(SMQ.670)
OTHER NEWPORT	3	(SMQ.670)
REFUSED	77	(SMQ.670)
DON'T KNOW	99	(SMQ.670)

SMQ.665D Please select the pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other brand of cigarette.'

CAPI INSTRUCTIONS: SHOW IMAGES OF BASIC FF, DORAL RED 100S, DORAL MENTHOL GOLD BOX 100S, GPC FF, GPC FF MENTHOL, KOOL BLUE MENTHOL 100S, KOOL TRUE MENTHOL, VIRGINIA SLIMS FF, AND OTHER BRAND.

BASIC FF	1
DORAL RED 100S	2
DORAL MENTHOL GOLD BOX 100S	3
GPC FF	4
GPC FF MENTHOL	5
KOOL BLUE MENTHOL 100S	6
KOOL TRUE MENTHOL	7
VIRGINIA SLIMS FF	8
OTHER BRAND	9
REFUSED	77
DON'T KNOW	99

SMQ.670 During the past **12 months**, have you stopped smoking for one day or longer **because you were trying to quit smoking**?

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SMQ.681_ The following questions ask about use of tobacco products in the past **5 days**.

SMQ.681 During the past **5 days**, including today, did you smoke cigarettes, pipes, cigars, little cigars or cigarillos, water pipes, hookahs, or e-cigarettes?

INSTRUCTIONS TO SP:
Please select . . .

CAPI INSTRUCTIONS:
If SMQ.621 = 1 OR 2 or SMQ.641 = 00 then do not display {"cigarettes, "}
Recording Note: 2 wave files needed one with and one without the word cigarettes.

Yes	1	
No	2	(SMQ.851)
REFUSED	7	(SMQ.851)
DON'T KNOW	9	(SMQ.851)

BOX 1C

CHECK ITEM SMQ.850:

- IF SMQ.621 = 1 OR 2 or SMQ.641 = 00, GO TO SMQ.692B
- OTHERWISE, CONTINUE WITH SMQ.692A.

SMQ.692A Which of these products did you smoke? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:
Please select all that you used.

Cigarettes	1	(BOX 2)
Pipes	2	(BOX 2)
Cigars or little cigars or cigarilllos	3	(BOX 2)
Water pipes or Hookahs	4	(BOX 2)
E-cigarettes	5	(BOX 2)
REFUSED	77	(SMQ.851)
DON'T KNOW	99	(SMQ.851)

SMQ.692B Which of these products did you smoke? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:
Please select all that you used.

Pipes	1	
Cigars, or little cigars, or cigarilllos	2	
Water pipes or Hookahs	3	
E-cigarettes	4	
REFUSED	77	(SMQ.851)
DON'T KNOW	99	(SMQ.851)

BOX 2

CHECK ITEM SMQ.701:

- IF 'CIGARETTES' (CODE 1) IN SMQ.692A, GO TO SMQ.710.
- IF 'PIPES' (CODE 2) IN SMQ.692A OR (CODE 1) IN SMQ.692B, GO TO SMQ.740.
- IF 'CIGARS' (CODE 3) IN SMQ.692A OR (CODE 2) IN SMQ.692B, GO TO SMQ.771.
- IF 'WATER PIPE OR HOOKAH' (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.845.
- IF 'E-CIGARETTE' (CODE 5) IN SMQ.692A OR (CODE 4) IN 692B, GO TO SMQ.849.

SMQ.710 During the past **5 days**, including today, on how many days did you smoke cigarettes?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.710 < 1 OR SMQ.710 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

SMQ.720 During the past **5 days**, including today, on the days you smoked, how many cigarettes did you smoke each day?

SMQ.720a

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTION:
IF R SAYS 95 OR MORE CIGARETTES PER DAY, STORE 95.
HARD EDIT: IF SMQ.720 = 0 THEN ERROR.
ERROR MESSAGE: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER NUMBER OF CIGARETTES

MORE THAN 1 PACK OF CIGARETTES..... 95
REFUSED.....777
DON'T KNOW.....999

SMQ.725 When did you smoke your last cigarette? Was it . . .

Today..... 1
Yesterday..... 2
3 to 5 days ago..... 3
REFUSED..... 7
DON'T KNOW..... 9

BOX 3

CHECK ITEM SMQ.731:

- IF 'PIPES' (CODE 2) IN SMQ.692A OR (CODE 1) IN SMQ.692B, GO TO SMQ.740.
- IF 'CIGARS' (CODE 3) IN SMQ.692A OR (CODE 2) IN SMQ.692B, GO TO SMQ.771.
- IF 'WATER PIPE OR HOOKAH (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.845.
-
- IF 'E-CIGARETTE' (CODE 5) IN SMQ.692A OR (CODE 4) IN SMQ.692B, GO TO SMQ.849.
- OTHERWISE, GO TO SMQ.851.

SMQ.740 During the past **5 days**, including today, on how many days did you smoke a pipe?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.740 < 1 OR SMQ.740 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 4

CHECK ITEM SMQ.761:

- IF 'CIGARS' (CODE 3) IN SMQ.692A OR (CODE 2) IN SMQ.692B, GO TO SMQ.771.
- IF 'WATER PIPES OR HOOKAH' (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.SMQ.845.
- IF E-CIGARETTE' (CODE 5) IN SMO.692A OR (CODE 4) IN SMQ.692B, GO TO SMQ.849
- OTHERWISE, GO TO SMQ.851.

SMQ.771 During the past **5 days**, including today, on how many days did you smoke cigars or little cigars or cigarillos?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.771 < 1 OR SMQ.771 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 5

CHECK ITEM SMQ.791:
- IF 'WATERPIPE' (CODE 4) IN SMQ.692A OR (CODE 3) IN SMQ.692B, GO TO SMQ.845.
- IF 'E-CIGARETTE' (CODE 5) IN SMQ.692A OR (CODE 4) IN SMQ.692B, GO TO SMQ.849
- OTHERWISE GO TO SMQ.851.

SMQ.845 During the past **5 days**, including today, on how many days did you smoke tobacco in a water pipe or hookah?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.845 < 1 OR SMQ.845 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 6

CHECK ITEM SMQ.847:

- IF 'E-CIGARETTE' (CODE 5) IN SMQ692A OR (CODE 4) IN SMQ.692B, GO TO SMQ.849.
- OTHERWISE GO TO SMQ.851.

SMQ.849 During the past **5 days**, including today, on how many days did you smoke an e-cigarette?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
IF SMQ.849 < 1 OR SMQ.849 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

SMQ.851_ Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, snus or dissolvable tobacco.

SMQ.851 During the past **5 days**, including today, did you use any smokeless tobacco?

INSTRUCTIONS TO SP:
Please do not include nicotine replacement therapy products like patches, gum, lozenge or spray which are considered products to help you stop smoking.

Please select . . .

CAPI INSTRUCTIONS:

Yes 1
No .....2(END OF SECTION)
REFUSED .....7(END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

SMQ.853 Which of these products did you use? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:
Please select all that you used.

Chewing tobacco.....	1	
Snuff.....	2	
Snus.....	3	
Dissolvables.....	4	
REFUSED.....	77	(END OF SECTION)
DON'T KNOW.....	99	(END OF SECTION)

BOX 7

CHECK ITEM SMQ.855:
- IF 'CHEWING' (CODE 1) IN SMQ.853, GO TO SMQ.800.
- IF 'SNUFF' (CODE 2) IN SMQ.853, GO TO SMQ.817.
- IF 'SNUS' (CODE 3) IN SMQ.853, GO TO SMQ.857.
- IF 'DISSOLVABLES' (CODE 4) IN SMQ.853, GO TO SMQ.861.

SMQ.800 During the past **5 days**, including today, on how many days did you use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.800 < 1 OR SMQ.800 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED.....	7
DON'T KNOW.....	9

BOX 8

CHECK ITEM SMQ.818:
- IF 'SNUFF' (CODE 2) IN SMQ.853, GO TO SMQ.817.
- IF 'SNUS' (CODE 3) IN SMQ.853, GO TO SMQ.857.
- IF 'DISSOLVABLES' (CODE 4) IN SMQ.853, GO TO SMQ.861.
- OTHERWISE, GO TO END OF SECTION.

SMQ.817 During the past **5 days**, including today, on how many days did you use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.817 < 1 OR SMQ.817 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 9

CHECK ITEM SMQ.821:
- IF 'SNUS' (CODE 3) IN SMQ.853, GO TO SMQ.857.
- IF 'DISSOLVABLES' (CODE 4) IN SMQ.853, GO TO SMQ.861.
- OTHERWISE, GO TO END OF SECTION.

SMQ.857 During the past **5 days**, including today, on how many days did you use snus?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.857 < 1 OR SMQ.857 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

BOX 10

CHECK ITEM SMQ.859:
- IF 'DISSOLVABLES' (CODE 4) IN SMQ.853, GO TO SMQ.861.

OTHERWISE, GO TO END OF SECTION.

SMQ.861 During the past **5 days**, including today, on how many days did you use dissolvables such as strips or orbs?

INSTRUCTIONS TO SP:
Please enter a number.

CAPI INSTRUCTIONS:
HARD EDIT: IF SMQ.861 < 1 OR SMQ.861 > 5 THEN ERROR.
ERROR MESSAGE: "Please enter a number between 1 and 5. Please press the "Back" button, press "Clear," and try again."

|___|
ENTER NUMBER OF DAYS

REFUSED..... 7
DON'T KNOW..... 9

6.2 ALCOHOL USE (ALQ)

ALCOHOL USE – ALQ
Target Group: SPs 12-17 (Audio-CASI)

ALQ.010_ The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes.

ALQ.010 How old were you when you had your **first** drink of alcohol, other than a few sips?

INSTRUCTIONS TO SP:
Please select one of the following choices.

HARD EDIT: If (RIAAGEYR < 17 and ALQ.010 = 7) OR (RIAAGEYR < 15 and ALQ.010 in (6, 7)) OR (RIAAGEYR < 13 and ALQ.010 in (5, 6, 7)) then ERROR
Error message: "Your response is older than your recorded age. Please press the "Back" button, press "Clear," and try again."

I have never had a drink of alcohol other than a few sips..... 1 (END OF SECTION)
8 years old or younger..... 2
9 or 10 years old..... 3
11 or 12 years old..... 4
13 or 14 years old..... 5
15 or 16 years old..... 6
17 years old or older..... 7
REFUSED..... 77
DON'T KNOW..... 99

ALQ.022 During your life, on how many days have you had at least one drink of alcohol?

INSTRUCTIONS TO SP:
Please select one of the following choices.

1 or 2 days	2
3 to 9 days	3
10 to 19 days	4
20 to 39 days	5
40 to 99 days	6
100 or more days	7
REFUSED	77
DON'T KNOW	99

ALQ.031 During the past 30 days, on how many days did you have at least one drink of alcohol?

INSTRUCTIONS TO SP:
Please select one of the following choices.

HARD EDIT: If (ALQ.022 = 2 and ALQ.031 in (3,4,5,6,7)) or (ALQ.022 =3 and ALQ.031 in (5,6,7)) or (ALQ.022 = 4 and ALQ.031 in (6,7)) then ERROR
Error message: "Your response is not consistent with your lifetime use. Please press the "Back" button, press "Clear," and try again."

0 days	1	(END OF SECTION)
1 or 2 days	2	
3 to 5 days	3	
6 to 9 days	4	
10 to 19 days	5	
20 to 29 days	6	
All 30 days	7	
REFUSED	77	
DON'T KNOW	99	

ALQ.042 During the past 30 days, on how many days did you have {DISPLAY NUMBER} or more drinks of alcohol in a row, that is, within a couple of hours?

INSTRUCTIONS TO SP:
Please select one of the following choices.

CAPI INSTRUCTION:
IF SP = MALE, DISPLAY = 5
IF SP = FEMALE, DISPLAY = 4

HARD EDIT: If (ALQ.031= 2 and ALQ.042 in (4,5,6,7)) or (ALQ.031=3 and ALQ.042 in (5,6,7)) or (ALQ.031 = 4 and ALQ.042 in (6,7)) or (ALQ.031 = 5 and ALQ.042 = 7) then ERROR
Error message: "Your response is not consistent with your use in the past 30 days. Please press the "Back" button, press "Clear," and try again."

0 days	1
1 day	2
2 days	3
3 to 5 days	4
6 to 9 days	5
10 to 19 days	6
20 or more days	7
REFUSED	77
DON'T KNOW	99

6.3 DRUG USE (DUQ)

DRUG USE – DUQ
Target Group: SPs 12-69 (Audio-CASI)

DUQ.200_ The following questions ask about use of drugs not prescribed by a doctor. Please remember that your answers to these questions will be kept confidential.

BOX 1a

CHECK ITEM DUQ.201:
- IF 60 – 69 YEARS GO TO DUQ.240.
- ELSE CONTINUE.

DUQ.200 The first questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil.

Have you **ever**, even once, used marijuana or hashish?

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(DUQ.240)
REFUSED	7	(DUQ.240)
DON'T KNOW	9	(DUQ.240)

DUQ.210 How old were you the **first time** you used marijuana or hashish?

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: DUQ.210 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

DUQ.211 Have you ever smoked marijuana or hashish at least **once a month for more than one year?**
INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(DUQ.220G)
REFUSED	7	(DUQ.220G)
DON'T KNOW	9	(DUQ.220G)

DUQ.213 How old were you when you started smoking marijuana or hashish at least **once a month for one year**?

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: DUQ.213 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: DUQ.213 must be equal to or greater than DUQ.210.
Error message: "Your response is earlier than your response to the age when you first used marijuana or hashish. Please press the "Back" button, press "Clear," and try again."

DUQ.215 How long has it been since you last smoked marijuana or hashish at least **once a month for one year**?

INSTRUCTIONS TO SP: Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:
HARD EDIT: If DUQ.215 equal to 0 weeks, 0 months, or 0 years, display error message.
Error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED..... 777
DON'T KNOW..... 999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

DUQ.217 During the time that you smoked marijuana or hashish, how often would you **usually** use it?

INSTRUCTIONS TO SP:
Please select . . .

Once per month	1
2-3 times per month	2
4-8 times per month (about 1-2 times per week)	3
9-24 times per month (about 3-6 times per week)	4
25-30 times per month (one or more times per day)	5
REFUSED	7
DON'T KNOW	9

DUQ.219 During the time that you smoked marijuana or hashish, how many joints or pipes would you **usually** smoke in a day?

INSTRUCTIONS TO SP:
Please select . . .

1 per day	1
2 per day	2
3-5 per day	3
Six or more per day	4
REFUSED	7
DON'T KNOW	9

DUQ.220 G/Q/U How long has it been since you **last** used marijuana or hashish?

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:
If SP Ref/DK then store 7/9 in DUQ.220G and DUQ.220U, 7/9-fill in DUQ.220Q.
If a value is entered in Quantity and Unit store Quantity in DUQ.220Q, Unit in DUQ.220U and 1 in DUQ.220G.
HARD EDIT: Response must be equal to or less than current age minus DUQ.210.
Error message: "Your response to time of last use is earlier than your response to age of first use. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: If DUQ.220 equal to 0 weeks, 0 months, or 0 years, display error message.
Error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED..... 777
DON'T KNOW..... 999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

BOX 1

CHECK ITEM DUQ.225:
- IF SP USED MARIJUANA WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.220), CONTINUE WITH DUQ.230.
- OTHERWISE, GO TO DUQ.240.

DUQ.230 During the **past 30 days**, on how many days did you use marijuana or hashish?

INSTRUCTIONS TO SP:
Please enter a number.

HARD EDIT VALUES: 1-30.
If DUQ.230 = 0, display error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.
If DUQ.230 > 30, display error message: "Your response cannot exceed 30 days. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER A NUMBER

REFUSED..... 77
DON'T KNOW..... 99

DUQ.240 Have you **ever** used cocaine, crack cocaine, heroin, or methamphetamine?
(Target 12-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes.....	1	
No.....	2	(DUQ.370_)
REFUSED.....	7	(DUQ.370_)
DON'T KNOW.....	9	(DUQ.370_)

DUQ.250_ The following questions are about cocaine, including all the different forms of cocaine such as powder, 'crack', 'free base', and coca paste.

DUQ.250 Have you **ever**, even once, used cocaine, in any form?
(Target 12-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes.....	1	
No.....	2	(DUQ.290_)
REFUSED.....	7	(DUQ.290_)
DON'T KNOW.....	9	(DUQ.290_)

BOX 2a

CHECK ITEM DUQ.255:
- IF 60 – 69 YEARS GO TO DUQ.290_.
- ELSE CONTINUE.

DUQ.260 How old were you the **first time** you used cocaine, in any form?

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: DUQ.260 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

DUQ.270 G/Q/U How long has it been since you **last** used cocaine, in any form?

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select unit of time.

CAPI INSTRUCTIONS:
If SP Ref/DK then store 7/9 in DUQ.270G and DUQ.270U, 7/9-fill in DUQ.270Q.
If a value is entered in Quantity and Unit store Quantity in DUQ.270Q, Unit in DUQ.270U and 1 in DUQ.270G.
HARD EDIT: Response must be equal to or less than current age minus DUQ.260.
Error message: "Your response to time of last use is earlier than your response to age of first use. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: If DUQ.270 equal to 0 weeks, 0 months, or 0 years, display error message.
Error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED..... 777
DON'T KNOW..... 999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

DUQ.272 During your **life**, altogether how many times have you used cocaine, in any form?

INSTRUCTIONS TO SP:
Please select one of the following choices.

Once	1
2-5 times	2
6-19 times	3
20-49 times	4
50-99 times	5
100 times or more	6
REFUSED	77
DON'T KNOW	99

BOX 2

CHECK ITEM DUQ.275:
- IF SP USED COCAINE WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.270), CONTINUE WITH DUQ.280.
- OTHERWISE, GO TO DUQ.290_.

DUQ.280 During the **past 30 days**, on how many days did you use cocaine, in any form?

INSTRUCTIONS TO SP:
Please enter a number.

HARD EDIT VALUES: 1-30.
If DUQ.280 = 0, display error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.
If DUQ.280 > 30, display error message: "Your response cannot exceed 30 days. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER A NUMBER

REFUSED	77
DON'T KNOW	99

DUQ.290_ The following questions are about heroin.

DUQ.290 Have you **ever**, even once, used heroin?
(Target 12-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(DUQ.330_)
REFUSED	7	(DUQ.330_)
DON'T KNOW	9	(DUQ.330_)

BOX 3a

CHECK ITEM DUQ.295:
- IF SP 60-69 YEARS GO TO DUQ.330_.
- OTHERWISE, CONTINUE.

DUQ.300 How old were you the **first time** you used heroin?

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: DUQ.300 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

DUQ.310 G/Q/U How long has it been since you **last** used heroin?

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:
If SP Ref/DK then store 7/9 in DUQ.310G and DUQ.310U, 7/9-fill in DUQ.310Q.
If a value is entered in Quantity and Unit store Quantity in DUQ.310Q, Unit in DUQ.310U and 1 in DUQ.310G.
HARD EDIT: Response must be equal to or less than current age minus DUQ.300.
Error message: "Your response to time of last use is earlier than your response to age of first use. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: If DUQ.310 equal to 0 weeks, 0 months, or 0 years, display error message.
Error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED..... 777
DON'T KNOW..... 999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

BOX 3

CHECK ITEM DUQ.315:
- IF SP USED HEROIN WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.310), CONTINUE WITH DUQ.320.
- OTHERWISE, GO TO DUQ.330_.

DUQ.320 During the **past 30 days**, on how many days did you use heroin?

INSTRUCTIONS TO SP:
Please enter a number.

HARD EDIT VALUES: 1-30.
If DUQ.320 = 0, display error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.
If DUQ.320 > 30, display error message: "Your response cannot exceed 30 days. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER A NUMBER

REFUSED..... 77
DON'T KNOW..... 99

DUQ.330_ The following questions are about methamphetamine, also known as crank, crystal, ice or speed.

DUQ.330 (Target 12-69) Have you **ever**, even once, used methamphetamine?

INSTRUCTIONS TO SP:
Please select . . .

Yes.....	1	
No.....	2	(DUQ.370_)
REFUSED.....	7	(DUQ.370_)
DON'T KNOW.....	9	(DUQ.370_)

BOX 4a

CHECK ITEM DUQ.335:
- IF SP 60-69 YEARS GO TO DUQ.370_.
- OTHERWISE, CONTINUE.

DUQ.340 How old were you the **first time** you used methamphetamine?

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: DUQ.340 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

DUQ.350 G/Q/U How long has it been since you **last** used methamphetamine?

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:
If SP Ref/DK then store 7/9 in DUQ.350G and DUQ.350U, 7/9-fill in DUQ.350Q.
If a value is entered in Quantity and Unit store Quantity in DUQ.350Q, Unit in DUQ.350U and 1 in DUQ.350G.
HARD EDIT: Response must be equal to or less than current age minus DUQ.340.
Error message: "Your response to time of last use is earlier than your response to age of first use. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: If DUQ.350 equal to 0 weeks, 0 months, or 0 years, display error message.
Error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED..... 777
DON'T KNOW..... 999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

DUQ.352 During your **life**, altogether how many times have you used methamphetamine?

INSTRUCTIONS TO SP:
Please select one of the following choices.

Once	1
2-5 times	2
6-19 times	3
20-49 times	4
50-99 times	5
100 times or more	6
REFUSED	77
DON'T KNOW	99

BOX 4

CHECK ITEM DUQ.355:
- IF SP USED METHAMPHETAMINE WITHIN THE PAST MONTH (CODED 0-30 DAYS, OR 1-4 WEEKS, OR 1 MONTH IN DUQ.350), CONTINUE WITH DUQ.360.
- OTHERWISE, GO TO DUQ.370_.

DUQ.360 During the **past 30 days**, on how many days did you use methamphetamine?

INSTRUCTIONS TO SP:
Please enter a number.

HARD EDIT VALUES: 1-30.
If DUQ.360 = 0, display error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.
If DUQ.360 > 30, display error message: "Your response cannot exceed 30 days. Please press the "Back" button, press "Clear," and try again."

|___|___|
ENTER A NUMBER

REFUSED	77
DON'T KNOW	99

DUQ.370_ The following questions are about the different ways that certain drugs can be used.

DUQ.370 Have you **ever**, even once, used a needle to inject a drug **not prescribed** by a doctor? (Target 12-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(BOX 5)
REFUSED	7	(BOX 5)
DON'T KNOW	9	(BOX 5)

DUQ.380 Which of the following drugs have you injected using a needle?
(Target 12-69)

INSTRUCTIONS TO SP:
Please select all the drugs that you injected.

CAPI INSTRUCTION:
SHOW ALL FIVE ITEMS ON SINGLE ACASI SCREEN

Cocaine	1
Heroin	2
Methamphetamine	3
Steroids	4
Any other drugs	5
REFUSED	7
DON'T KNOW	9

DUQ.390 How old were you when you **first** used a needle to inject any drug not prescribed by a doctor?
(Target 12-69)

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

HARD EDIT VALUES: 0-69
Error message: "Your response cannot exceed 69 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: DUQ.390 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

DUQ.400 G/Q/U (Target 12-69) How long ago has it been since you **last** used a needle to inject a drug not prescribed by a doctor?

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

CAPI INSTRUCTIONS:
If SP Ref/DK then store 7/9 in DUQ.400G and DUQ.400U, 7/9-fill in DUQ.400Q.
If a value is entered in Quantity and Unit store Quantity in DUQ.400Q, Unit in DUQ.400U and 1 in DUQ.400G.
HARD EDIT: Response must be equal to or less than current age minus DUQ.390.
Error message: "Your response to time of last use is earlier than your response to age of first use. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: If DUQ.400 equal to 0 weeks, 0 months, or 0 years, display error message.
Error message: "Your response must be greater than 0. Please press the "Back" button, press "Clear," and try again.

|___|___|___|
ENTER NUMBER OF DAYS, WEEKS, MONTHS, OR YEARS

REFUSED..... 7777
DON'T KNOW..... 9999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

DUQ.410 (Target 12-69) During your **life**, altogether how many times have you injected drugs not prescribed by a doctor?

INSTRUCTIONS TO SP:
Please select one of the following choices.

Once..... 1 (BOX 5)
2-5 times..... 2
6-19 times..... 3
20-49 times..... 4
50-99 times..... 5
100 times or more..... 6
REFUSED..... 77
DON'T KNOW..... 99

DUQ.420 Think about the period of your life when you injected drugs the **most often**. How often did you inject then?

(Target 12-69)

INSTRUCTIONS TO SP:
Please select one of the following choices.

More than once a day.....	1
About once a day.....	2
At least once a week but not every day.....	3
At least once a month but not every week.….	4
Less than once a month.....	5
REFUSED.....	7
DON'T KNOW.....	9

BOX 5

CHECK ITEM DUQ.426:

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- IF SP HAS USED MARIJUANA (CODED '1') IN DUQ.200 OR SP HAS USED COCAINE, HEROIN, OR METHAMPHETAMINE (CODED '1') IN DUQ.240, OR SP HAS INJECTED ANY DRUG NOT PRESCRIBED BY A DOCTOR (CODED '1') IN DUQ.370, GO TO DUQ.430.
- OTHERWISE, GO TO END OF SECTION.

DUQ.430 Have you **ever** been in a drug treatment or drug rehabilitation program?

INSTRUCTIONS TO SP:
Please select . . .

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

6.4 SEXUAL BEHAVIOR (SXQ)

SEXUAL BEHAVIOR – (SXQ)
Target Group: Female SPs 14-69 (Audio-CASI)

SXQ.615_ The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers will be kept confidential.

BOX 1B

CHECK ITEM SXQ.773:

- IF SP AGE GREATER THAN 17, GO TO SXQ.700.
- OTHERWISE, CONTINUE.

SXQ.615 Have you **ever** had **any** kind of sex?
(Target 14-17)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(END OF SECTION)
REFUSED	7	(END OF SECTION)
DON'T KNOW	9	(END OF SECTION)

SXQ.700 Have you **ever** had vaginal sex, also called sexual intercourse, with a man? This means a man's penis in your vagina.
(Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SXQ.703 Have you **ever performed** oral sex on a man? This means putting your mouth on a man's penis or genitals.
(Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SXQ.706 Have you **ever** had anal sex? This means contact between a man's penis and your anus or butt.
(Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

ever had **any** kind of sex with a woman? By sex, we mean sexual contact with another woman's vagina or (Target 14-69)genitals.

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

BOX 1A

CHECK ITEM SXQ.762:

- IF SP 60-69 YEARS AND SXQ.700 = 2 AND SXQ.703 = 2 AND SXQ.706 = 2 AND SXQ.709 = 2, GO TO END OF SECTION.
- IF SP 60-69 YEARS AND SXQ.703 = 1 AND SXQ.700 = 2 AND SXQ.706 = 2 AND SXQ.709 = 2, GO TO SXQ.618.
- IF SXQ.700, SXQ.706, AND SXQ.709 = 2 AND SXQ.703 = 1, GO TO BOX 4.
- IF SXQ.700, SXQ.703, SXQ.706, AND SXQ.709 = 2, GO TO BOX 11.
- OTHERWISE, CONTINUE.

How old were you the first time you had **any** kind of sex, including {vaginal, anal, or oral / vaginal or anal / vaginal or oral / (Target 14-69)anal or oral / vaginal / anal / oral}?

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTION:
IF SXQ.700 AND SXQ.703 = 1 AND SXQ.706 NOT EQUAL TO '1', DISPLAY {vaginal or oral}.
IF SXQ.700 AND SXQ.709 = 1 AND SXQ.706 NOT EQUAL TO '1', DISPLAY {vaginal or oral}.

IF SXQ.700 AND SXQ.706 = 1 AND SXQ.703 AND SXQ.709 NOT EQUAL TO '1', DISPLAY {vaginal or anal}.

IF SXQ.703 AND SXQ.706 = 1 AND SXQ.700 NOT EQUAL TO '1', DISPLAY {anal or oral}.
IF SXQ.706 AND SXQ.709 = 1 AND SXQ.700 NOT EQUAL TO '1', DISPLAY {anal or oral}.

IF SXQ.700 = 1 AND SXQ.703, SXQ.706, AND SXQ.709 NOT EQUAL TO '1', DISPLAY {vaginal}.
IF SXQ.706 = 1 AND SXQ.700, SXQ.703, AND SXQ.709 NOT EQUAL TO '1', DISPLAY {anal}.
IF SXQ.709 = 1 AND SXQ.700, AND SXQ.706 NOT EQUAL TO '1', DISPLAY {oral}.

OTHERWISE, DISPLAY {vaginal, anal, or oral}.

HARD EDIT VALUES: 0-69
Error message: "Your response cannot exceed 69 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: SXQ.618 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

BOX 1

CHECK ITEM SXQ.701:

- IF SP 60-69 YEARS, AND SXQ.700 = 2 AND SXQ.703 = 2 AND SXQ.706 = 2 AND SXQ.709 = 1, GO TO END OF SECTION.
- IF SP 60-69 YEARS, GO TO SXQ.712.
- IF SXQ.703 = 1 AND SXQ.700 AND SXQ.706 = 2, GO TO BOX 4.
- IF SXQ.700 = 1 AND SXQ.703 AND SXQ.706 = 2, GO TO BOX 3.
- IF SXQ.709 = 1 AND SXQ.700, SXQ.703, AND SXQ.706 = 2, GO TO BOX 6.
- OTHERWISE, CONTINUE.

SXQ.712 In your **lifetime**, with how many **men** have you had **any** kind of sex?
(Target 14-69)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.712 must be greater than 0.
Error message: "Your response is not consistent with your previous responses about male sex partners. Please press the "Back" button, press "Clear," and try again."

BOX 2

CHECK ITEM SXQ.715:

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- OTHERWISE, GO TO SXQ.718

SXQ.718 In the **past 12 months**, with how many **men** have you had **any** kind of sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.718 must be equal to or less than SXQ.712.
Error message: "Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again."

BOX 3

CHECK ITEM SXQ.721:

- IF SXQ.700 = 1, GO TO SXQ.724.
- OTHERWISE, GO TO BOX 4.

your lifetime, with how many **men** have you had **vaginal** sex? Vaginal sex means a man's penis in your vagina. (Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.724 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about male vaginal sex partners. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.724 must be equal to or less than SXQ.712.
Error message: "Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again."

past 12 months, with how many **men** have you had **vaginal** sex? Vaginal sex means a man's penis in your vagina. (Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.727 must be equal to or less than SXQ.724.
Error message: "Your response is greater than your lifetime number of male vaginal sex partners. Please press the "Back" button, press "Clear", and try again."

SOFT EDIT: SXQ.727 must be equal to or less than SXQ.718.

Error message: "Your response is greater than your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

BOX 4

CHECK ITEM SXQ.730:
- IF SXQ.703 = 1, GO TO SXQ.621.
- OTHERWISE, GO TO BOX 6.

How old were you when you first **performed** oral sex on a man? Performing oral sex means your mouth on a man's penis (Target 14-59)or genitals.

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: SXQ.621 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.621 must be equal to or greater than SXQ.618
Error message: "Your response is earlier than your response to the age when you first had any type of sex.

SXQ.624 In your **lifetime**, on how many **men** have you **performed oral** sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.624 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about male oral sex partners. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.624 must be equal to or less than SXQ.712.
Error message: "Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again."

SXQ.627 In the **past 12 months**, on how many **men** have you **performed oral** sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.627 must be equal to or less than SXQ.624.
Error message: “Your response is greater than your lifetime number of male oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.627 must be equal to or less than SXQ.718.

Error message: “Your response is greater than your total number of partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

BOX 5

CHECK ITEM SXQ.765:

- IF SP HAD ONLY 1 LIFETIME ORAL SEX PARTNER (CODED ‘1’) IN SXQ.624, GO TO BOX 6.
- OTHERWISE CONTINUE.

How long has it been since the last time you **performed oral** sex on a **new male** partner? A new sexual partner is someone (Target 14-59)that you had never had sex with before.

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED..... 77777
DON'T KNOW..... 99999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.621.
Error message: "Your response is earlier than your response to the age when you first performed oral sex on a man. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.630 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

BOX 6

CHECK ITEM SXQ.733:
- IF SXQ.709 = 1, GO TO SXQ.736.
- OTHERWISE, GO TO BOX 7.

your lifetime with how many **women** have you had sex? By sex, we mean sexual contact with another woman's vagina (Target 14-59)or genitals.

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW.....99999

HARD EDIT: SXQ.736 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about sex with a female partner. Please press the "Back" button, press "Clear," and try again."

past 12 months, with how many **women** have you had sex? By sex, we mean sexual contact with another woman's (Target 14-59)vagina or genitals.

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW.....99999

HARD EDIT: SXQ.739 must be equal to or less than SXQ.736.
Error message: "Your response is greater than your lifetime number of female partners. Please press the "Back" button, press "Clear", and try again."

ever performed oral sex on a **woman**? Performing oral sex means your mouth on a woman's vagina or genitals. (Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes.....	1	
No.....	2	(BOX 7A)
REFUSED.....	7	(BOX 7A)
DON'T KNOW.....	9	(BOX 7A)

How old were you when you first **performed** oral sex on a woman? Performing oral sex means your mouth on a woman's (Target 14-59)vagina or genitals.

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.633 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.633 must be equal to or greater than SXQ.618
Error message: "Your response is earlier than your response to the age when you first had any type of sex. Please press the "Back" button, press "Clear," and try again."

SXQ.636 In **your lifetime**, on how many **women** have you **performed oral** sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED.....77777
DON'T KNOW.....99999

HARD EDIT: SXQ.636 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about female oral sex partners. Please press the “Back” button, press “Clear,” and try again."

HARD EDIT: SXQ.636 must be equal to or less than SXQ.736.
Error message: “Your response is greater than your lifetime number of female partners. Please press the “Back” button, press “Clear,” and try again.”

SXQ.639 In the **past 12 months**, on how many **women** have you **performed oral** sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED.....77777
DON'T KNOW.....99999

HARD EDIT: SXQ.639 must be equal to or less than SXQ.636.
Error message: “Your response is greater than your lifetime number of female oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.639 must be equal to or less than SXQ.739.

Error message: “Your response is greater than your total number of female partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

BOX 6B

CHECK ITEM SXQ.768:

- IF SP HAD ONLY 1 LIFETIME ORAL SEX PARTNER (CODED ‘1’) IN SXQ.636, GO TO BOX 7A.
- OTHERWISE, CONTINUE.

How long has it been since the last time you **performed oral** sex on a **new female** partner? A new sexual partner is (Target 14-59)someone that you had never had sex with before.

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED..... 77777
DON'T KNOW..... 99999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.633.
Error message: "Your response is earlier than your response to the age when you first performed oral sex on a woman. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.642 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

BOX 7A

CHECK ITEM SXQ.744:
- IF SP DID NOT HAVE A PARTNER IN PAST 12 MONTHS (SXQ.718, SXQ.727, SXQ.627, SXQ.639, AND SXQ.739 CODED '0000' OR MISSING), GO TO SXQ.260.
- IF SXQ.709 = 1 AND SXQ.700, SXQ.703, OR SXQ.706 = 1, THEN DISPLAY "The next set of questions is about all of your partners, males and females.", THEN GO TO BOX 7.
- OTHERWISE, GO TO BOX 7.

BOX 7

CHECK ITEM SXQ.747:
- IF SP HAD ORAL SEX PARTNER IN PAST 12 MONTHS (SXQ.627 OR SXQ.639 GREATER THAN '0000'), THEN GO TO SXQ.645.
- OTHERWISE, GO TO BOX 7B.

performed oral sex in the **past 12 months**, how often would you use **protection**, like a condom or dental dam? (Target 14-59)

INSTRUCTIONS TO SP:
Please select one of the following choices.

Never	1
Rarely	2
Usually	3
Always	4
Unsure	5
REFUSED	7
DON'T KNOW	9

BOX 7B

CHECK ITEM SXQ.771:
- IF SXQ.718, SXQ.727, SXQ.627, SXQ.639 OR SXQ.739 GREATER THAN '0000', GO TO SXQ.648.
- OTHERWISE, GO TO BOX 9.

SXQ.648 In the **past 12 months**, did you have **any** kind of sex with a person that you never had sex with before? (Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

BOX 8A

CHECK ITEM SXQ.759:
- IF SXQ.700 OR SXQ.706 = 1, THEN CONTINUE.
- OTHERWISE, GO TO BOX 9,

SXQ.610 In the **past 12 months**, about how many **times** have you had {vaginal or anal/vaginal/anal} sex? (Target 14-59)

INSTRUCTIONS TO SP:
Please select one of the following choices.

Never	0
Once	1
2-11 times	2
12-51 times	3
52-103 times	4
104-364 times	5
365 times or more	6
REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTON:
IF SXQ.700 = 1 AND SXQ.706 = 2, DISPLAY {vaginal}.
IF SXQ.700 = 2 AND SXQ.706 = 1, DISPLAY {anal}.
OTHERWISE, DISPLAY {vaginal or anal}.

BOX 8

CHECK ITEM SXQ.246:
- IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED '0') IN SXQ.610, GO TO BOX 9.
- OTHERWISE, CONTINUE WITH SXQ.250.

past 12 months, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom? (Target 14-59)

INSTRUCTIONS TO SP:
Please select one of the following choices.

Never	1
Less than half of the time	2
About half of the time	3
Not always, but more than half of the time	4
Always	5
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTON:
IF SXQ.700 = 1 AND SXQ.706 = 2, DISPLAY {vaginal}.
IF SXQ.700 = 2 AND SXQ.706 = 1, DISPLAY {anal}.
OTHERWISE, DISPLAY {vaginal or anal}.

BOX 9

CHECK ITEM SXQ.750:

- IF SP 14-29 YEARS AND IF SP HAD PARTNER IN PAST 12 MONTHS (SXQ.718, SXQ.727, SXQ.627, SXQ.639, OR SXQ.739 GREATER THAN '0000'), GO TO SXQ.651.
- OTHERWISE, GO TO SXQ.260.

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **older** than you? (Target 14-29)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT FOR FEMALES: SXQ.651 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.718, SXQ.727, and SXQ.739)
Error message: "Your response is greater than your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **younger** than you? (Target 14-29)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT FOR FEMALES: SXQ.654 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.718, SXQ.727, and SXQ.739)
Error message: "Your response is greater than your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

HARD EDIT (combined) for SXQ.651 and SXQ.654
HARD EDIT FOR FEMALES: (sum of SXQ.651 and SXQ.654) must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.718, SXQ.727, and SXQ.739)
Error message: "Your responses to the last two questions are not consistent with your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

SXQ.260 Has a doctor or other health care professional **ever** told you that you had genital herpes?
(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	
REFUSED	7	
DON'T KNOW	9	

SXQ.265 Has a doctor or other health care professional **ever** told you that you had genital warts?
(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(SXQ.753)
REFUSED	7	(SXQ.753)
DON'T KNOW	9	(SXQ.753)

SXQ.267 How old were you when you were first told that you had genital warts?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

HARD EDIT VALUES: 0-59
Error message: “Your response cannot exceed 59 years. Please press the “Back” button, press “Clear,” and try again.”
HARD EDIT: SXQ.618 must be equal to or less than current age.
Error message: “Your response is greater than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

SXQ.753 Has a doctor or other health care professional **ever** told you that you had human papillomavirus or HPV?
(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

past 12 months, has a doctor or other health care professional told you that you had gonorrhea, sometimes called (Target 14-59)GC or clap?

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SXQ.272 In the **past 12 months**, has a doctor or other health care professional told you that you had chlamydia?
(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SEXUAL BEHAVIOR – (SXQ)
Target Group: Male SPs 14-69 (Audio-CASI)

SXQ.615_ The next set of questions is about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers will be kept confidential.

BOX 1B

CHECK ITEM SXQ.873:
- IF SP AGE GREATER THAN 17, GO TO SXQ.800.
- OTHERWISE, CONTINUE.

SXQ.615 Have you **ever** had **any** kind of sex?
(Target 14-17)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(BOX 8)
REFUSED	7	(BOX 8)
DON'T KNOW	9	(BOX 8)

ever had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a woman's vagina. (Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

ever performed oral sex on a woman? This means putting your mouth on a woman's vagina or genitals. (Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

ever had anal sex with a woman? Anal sex means contact between your penis and a woman's anus or butt. (Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SXQ.809 Have you **ever** had **any** kind of sex with a man, including oral or anal? (Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

BOX 1A

CHECK ITEM SXQ.862:

- IF SP 60-69 YEARS AND SXQ.800 = 2 AND SXQ.806 = 2 AND SXQ.803 = 2 AND SXQ.809 = 2, GO TO END OF SECTION.
- IF SP 60-69 YEARS AND SXQ.803 = 1 AND SXQ.800 = 2 AND SXQ.806 = 2 AND SXQ.809 = 2, GO TO SXQ.618.
- IF SXQ.800, SXQ.806, AND SXQ.809 = 2 AND SXQ.803 = 1, GO TO BOX 4.
- IF SXQ.800, SXQ.803, SXQ.806, AND SXQ.809 = 2, GO TO BOX 12.
- OTHERWISE, CONTINUE.

How old were you the first time you had **any** kind of sex, including {vaginal, anal, or oral / vaginal or anal / vaginal or oral / (Target 14-69)anal or oral / vaginal / anal / oral}?

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

CAPI INSTRUCTION:
IF SXQ.800 AND SXQ.803 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO '1', DISPLAY {vaginal or oral}.

IF SXQ.800 AND SXQ.806 = 1 AND SXQ.803 AND SXQ.809 NOT EQUAL TO '1', DISPLAY {vaginal or anal}.

IF SXQ.809 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal or oral}.
IF SXQ.803 AND SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal or oral}.

IF SXQ.800 = 1 AND SXQ.803, SXQ.806, AND SXQ.809 NOT EQUAL TO '1', DISPLAY {vaginal}.
IF SXQ.806 = 1 AND SXQ.800, SXQ.803, AND SXQ.809 NOT EQUAL TO '1', DISPLAY {anal}.

OTHERWISE, DISPLAY {vaginal, anal, or oral}.

HARD EDIT VALUES: 0-69
Error message: "Your response cannot exceed 69 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: SXQ.618 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

BOX 1

CHECK ITEM SXQ.801:

- IF SP 60-69 YEARS, AND SXQ.800 = 2 AND SXQ.803 = 2 AND SXQ.806 = 2 AND SXQ.809 = 1, GO TO BOX 5.
- IF SP 60-69 YEARS, GO TO SXQ.812.
- IF SXQ.803=1 AND SXQ.800 AND SXQ.806 = 2, GO TO BOX 4.
- IF SXQ.800=1 AND SXQ.803 AND SXQ.806 = 2, GO TO BOX 3.
- IF SXQ.809=1 AND SXQ.800, SXQ.803, AND SXQ.806 = 2, GO TO BOX 5.
- OTHERWISE, CONTINUE.

SXQ.812 In **your lifetime**, with how many **women** have you had **any** kind of sex?
(Target 14-69)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.812 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about female sex partners. Please press the "Back" button, press "Clear," and try again."

BOX 2

CHECK ITEM SXQ.815:

- IF SP 60-69 YEARS AND SXQ.809 = 1, GO TO SXQ.410.
- IF SP 60-69 YEARS AND SXQ.809 NOT EQUAL TO 1, GO TO END OF SECTION.
- OTHERWISE, CONTINUE WITH SXQ.818.

SXQ.818 In the **past 12 months**, with how many **women** have you had **any** kind of sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.818 must be equal to or less than SXQ.812.
Error message: "Your response is greater than your lifetime number of female partners. Please press the "Back" button, press "Clear," and try again."

BOX 3

CHECK ITEM SXQ.821:
- IF SXQ.800 = 1, GO TO SXQ.824.
- OTHERWISE, GO TO BOX 4.

your lifetime, with how many **women** have you had **vaginal** sex? Vaginal sex means your penis in a woman's vagina. (Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.824 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about female vaginal sex partners. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.824 must be equal to or less than SXQ.812.
Error message: "Your response is greater than your lifetime number of female partners. Please press the "Back" button, press "Clear," and try again."

past 12 months, with how many **women** have you had **vaginal** sex? Vaginal sex means your penis in a woman's (Target 14-59)vagina.

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED.....77777
DON'T KNOW.....99999

HARD EDIT: SXQ.827 must be equal to or less than SXQ.824.
Error message: "Your response is greater than your lifetime number of female vaginal sex partners. Please press the "Back" button, press "Clear", and try again."

SOFT EDIT: SXQ.827 must be equal to or less than SXQ.818.

Error message: "Your response is greater than your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

BOX 4

CHECK ITEM SXQ.830:
- IF SXQ.803 = 1, GO TO SXQ.633.
- OTHERWISE, GO TO BOX 5.

How old were you when you first **performed** oral sex on a woman? Performing oral sex means your mouth on a woman's (Target 14-59)vagina or genitals.

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED..... 77
DON'T KNOW..... 99

HARD EDIT VALUES: 0-59
Error message: "Your response cannot exceed 59 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: SXQ.633 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.633 must be equal to or greater than SXQ.618
Error message: "Your response is earlier than your response to the age when you first had any type of sex.

SXQ.636 In **your lifetime**, on how many **women** have you **performed oral** sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.636 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about female oral sex partners. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.636 must be equal to or less than SXQ.812.
Error message: "Your response is greater than your lifetime number of female partners. Please press the "Back" button, press "Clear," and try again."

SXQ.639 In the **past 12 months**, on how many **women** have you **performed oral** sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.639 must be equal to or less than SXQ.636.
Error message: "Your response is greater than your lifetime number of female oral sex partners. Please press the "Back" button, press "Clear," and try again."

SOFT EDIT: SXQ.639 must be equal to or less than SXQ.818.

Error message: "Your response is greater than your total number of female partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

BOX 4B

CHECK ITEM SXQ.868:
- IF SP HAD ONLY 1 LIFETIME ORAL SEX PARTNER (CODED '1') IN SXQ.636, GO TO BOX 5.
- OTHERWISE CONTINUE.

How long has it been since the last time you **performed oral** sex on a **new female** partner? A new sexual partner is (Target 14-59)someone that you had never had sex with before.

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED..... 77777
DON'T KNOW..... 99999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.633.
Error message: "Your response is earlier than your response to the age when you first performed oral sex on a woman. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.642 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

BOX 5

CHECK ITEM SXQ.833:
- IF SXQ.809 = 1, GO TO SXQ.410.
- OTHERWISE, GO TO BOX 9.

SXQ.410 (Target 14-69) In **your lifetime**, with how many **men** have you had anal or oral sex?

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|

ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.410 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about male sex partners. Please press the "Back" button, press "Clear," and try again."

BOX 5B

CHECK ITEM SXQ.875:
- IF SP IS 60-69 YEARS, GO TO SXQ.836.
- OTHERWISE, CONTINUE WITH SXQ.550.

SXQ.550 (Target 14-59) In the **past 12 months**, with how many **men** have you had anal or oral sex?

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|

ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.550 must be equal to or less than SXQ.410.
Error message: "Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again."

SXQ.836 In **your lifetime**, with how many **men** have you had anal sex?
(Target 14-69)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.836 must be equal to or less than SXQ.410.
Error message: "Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again."

BOX 6

CHECK ITEM SXQ.839:
- IF SP IS 60-69 YEARS, GO TO SXQ.853.
- IF SP HAD NO ANAL SEX PARTNERS (CODED '0000' IN SXQ.836), GO TO SXQ.853.
- OTHERWISE, CONTINUE WITH SXQ.841.

SXQ.841 In the **past 12 months**, with how many **men** have you had anal sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.841 must be equal to or less than SXQ.836.
Error message: "Your response is greater than your lifetime number of male partners. Please press the "Back" button, press "Clear," and try again."

SOFT EDIT: SXQ.841 must be equal to or less than SXQ.550.

Error message: "Your response is greater than your total number of male partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

ever performed oral sex on a **man**? Performing oral sex means your mouth on a man's penis or genitals. (Target 14-69)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

BOX 7

CHECK ITEM SXQ.847:

- IF SP NEVER HAD ORAL MALE PARTNER (CODED '2', '7', OR '9') IN SXQ.853 AND SP IS 60-69 YEARS, GO TO END OF SECTION.
- IF SP NEVER HAD ORAL MALE PARTNER (CODED '2', '7', OR '9') IN SXQ.853 AND SP IS 14-59 YEARS, GO TO BOX 9A.
- OTHERWISE, CONTINUE WITH SXQ.621.

How old were you when you first **performed** oral sex on a man? Performing oral sex means your mouth on a man's penis (Target 14-69)or genitals.

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

HARD EDIT VALUES: 0-69
Error message: "Your response cannot exceed 69 years. Please press the "Back" button, press "Clear," and try again."
HARD EDIT: SXQ.621 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.621 must be equal to or greater than SXQ.618
Error message: "Your response is earlier than your response to the age when you first had any type of sex. Please press the "Back" button, press "Clear," and try again."

SXQ.624 In your **lifetime**, on how many **men** have you **performed oral** sex?
(Target 14-69)

INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.624 must be greater than zero.
Error message: "Your response is not consistent with your previous responses about male oral sex partners. Please press the “Back” button, press “Clear,” and try again."

HARD EDIT: SXQ.624 must be equal to or less than SXQ.410.
Error message: “Your response is greater than your lifetime number of male partners. Please press the “Back” button, press “Clear,” and try again.”

BOX 8

CHECK ITEM SXQ.850:
- IF SP 60-69 YEARS, GO TO END OF SECTION.
- IF SP 14-17 YEARS AND SXQ.615 = 2, 7, OR 9, GO TO SXQ.280.
- IF SXQ.800, SXQ.803, SXQ.806, AND SXQ.809 = 2, 7, OR 9, GO TO SXQ.280.
- OTHERWISE, CONTINUE WITH SXQ.627.

SXQ.627 In the **past 12 months**, on how many **men** have you **performed oral** sex?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT: SXQ.627 must be equal to or less than SXQ.624.
Error message: “Your response is greater than your lifetime number of male oral sex partners. Please press the “Back” button, press “Clear,” and try again.”

SOFT EDIT: SXQ.627 must be equal to or less than SXQ.550.

Error message: “Your response is greater than your total number of male partners in the past 12 months. Please press the “Back” button, press “Clear,” and try again.”

BOX 8B

CHECK ITEM SXQ.865:

- IF SP HAD ONLY 1 LIFETIME MALE ORAL SEX PARTNER (CODED '1') IN SXQ.624, GO TO BOX 9A.
- OTHERWISE CONTINUE.

How long has it been since the last time you **performed oral** sex on a **new male** partner? A new sexual partner is someone (Target 14-59)that you had never had sex with before.

INSTRUCTIONS TO SP:
Please enter the number of days, weeks, months, or years, then select the unit of time.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED..... 77777
DON'T KNOW..... 99999

ENTER UNIT

Days..... 1
Weeks..... 2
Months..... 3
Years..... 4

HARD EDIT: Response must be equal to or less than current age minus SXQ.621.
Error message: "Your response is earlier than your response to the age when you first performed oral sex on a man. Please press the "Back" button, press "Clear," and try again."

HARD EDIT: SXQ.630 must be equal to or less than current age.
Error message: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

BOX 9A

CHECK ITEM SXQ.844:

- IF SP DID NOT HAVE A PARTNER IN PAST 12 MONTHS (SXQ.627, SXQ.639, SXQ.818, SXQ.827, SXQ.550 AND SXQ.841 CODED '0000' OR MISSING), GO TO SXQ.260.
- IF SXQ.809 = 1 AND SXQ.800, SXQ.803, OR SXQ.806 = 1, THEN DISPLAY "The next set of questions is about all of your partners, males and females.", THEN GO TO BOX 9.
- OTHERWISE, GO TO BOX 9.

BOX 9

CHECK ITEM SXQ.845:

- IF SP HAD ORAL SEX PARTNER IN PAST 12 MONTHS (SXQ.627 OR SXQ.639 GREATER THAN '0000'), GO TO SXQ.645.
- OTHERWISE, GO TO BOX 9B.

performed oral sex in the **past 12 months**, how often would you use **protection**, like a condom or dental dam? (Target 14-59)

INSTRUCTIONS TO SP:
Please select one of the following choices.

Never	1
Rarely	2
Usually	3
Always	4
Unsure	5
REFUSED	7
DON'T KNOW	9

BOX 9B

CHECK ITEM SXQ.871:

- IF SXQ.818, SXQ.841, SXQ.827, SXQ.550, SXQ.627, OR SXQ.639 GREATER THAN '0000', GO TO SXQ.648.
- OTHERWISE, GO TO BOX 11.

SXQ.648 In the **past 12 months**, did you have **any** kind of sex with a person that you never had sex with before?
(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

BOX 10A

CHECK ITEM SXQ.859:

- IF SXQ.800, SXQ.806, AND SXQ.809 NOT EQUAL TO '1', GO TO BOX 11.
- OTHERWISE, GO TO SXQ.610.

SXQ.610 In the **past 12 months**, about how many **times** have you had {vaginal or anal/vaginal/anal} sex? (Target 14-59)

INSTRUCTIONS TO SP:
Please select one of the following choices.

Never	0
Once	1
2-11 times	2
12-51 times	3
52-103 times	4
104-364 times	5
365 times or more	6
REFUSED	77
DON'T KNOW	99

CAPI INSTRUCTION:
IF SXQ.800 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO '1', DISPLAY {vaginal}.
IF SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal}.
IF SXQ.836 GREATER THAN '0000' AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal}.
OTHERWISE, DISPLAY {vaginal or anal}.

BOX 10

CHECK ITEM SXQ.245:
- IF SP DID NOT HAVE VAGINAL OR ANAL SEX (CODED '0') IN SXQ.610, GO TO BOX 11.
- OTHERWISE, CONTINUE WITH SXQ.250.

past 12 months, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom? (Target 14-59)

INSTRUCTIONS TO SP:
Please select one of the following choices.

Never	1
Less than half of the time	2
About half of the time	3
Not always, but more than half of the time	4
Always	5
REFUSED	7
DON'T KNOW	9

CAPI INSTRUCTION:
IF SXQ.800 = 1 AND SXQ.806 AND SXQ.809 NOT EQUAL TO '1', DISPLAY {vaginal}.
IF SXQ.806 = 1 AND SXQ.800 NOT EQUAL TO '1', DISPLAY {anal}.
OTHERWISE, DISPLAY {vaginal or anal}.

BOX 11

CHECK ITEM SXQ.856:

- IF SP 14-29 YEARS AND IF SP HAD PARTNER IN PAST 12 MONTHS (SXQ.627, SXQ.639, SXQ.818, SXQ.827, SXQ.550, OR SXQ.841 GREATER THAN '0000'), GO TO SXQ.651.
- OTHERWISE, GO TO SXQ.260.

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **older** than you? (Target 14-29)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT FOR MALES: SXQ.651 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.818, SXQ.827, and SXQ.841)
Error message: "Your response is greater than your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

Of the persons you had **any** kind of sex with in the **past 12 months**, how many were five or more years **younger** than you? (Target 14-29)

INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|___|___|
ENTER NUMBER

REFUSED..... 77777
DON'T KNOW..... 99999

HARD EDIT FOR MALES: SXQ.654 must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.818, SXQ.827, and SXQ.841).
Error message: "Your response is greater than your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

HARD EDIT (combined) for SXQ.651 and SXQ.654
HARD EDIT FOR MALES: (sum of SXQ.651 and SXQ.654) must be equal to or less than (sum of SXQ.627, SXQ.639, SXQ.818, SXQ.827, and SXQ.841).
Error message: "Your responses to the last two questions are not consistent with your total number of partners in the past 12 months. Please press the "Back" button, press "Clear," and try again."

SXQ.260 Has a doctor or other health care professional **ever** told you that you had genital herpes?
(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	
REFUSED	7	
DON'T KNOW	9	

SXQ.265 Has a doctor or other health care professional **ever** told you that you had genital warts?
(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1	
No	2	(SXQ.270)
REFUSED	7	(SXQ.270)
DON'T KNOW	9	(SXQ.270)

SXQ.267 How old were you when you were first told that you had genital warts?
(Target 14-59)

INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

HARD EDIT VALUES: 0-59
Error message: “Your response cannot exceed 59 years. Please press the “Back” button, press “Clear,” and try again.”
HARD EDIT: SXQ.618 must be equal to or less than current age.
Error message: “Your response is greater than your recorded age. Please press the “Back” button, press “Clear,” and try again.”

past 12 months, has a doctor or other health care professional told you that you had gonorrhea, sometimes called (Target 14-59)GC or clap?

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SXQ.272 In the **past 12 months**, has a doctor or other health care professional told you that you had chlamydia?

(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

SXQ.280 Are you circumcised or uncircumcised?

(Target 14-59)

INSTRUCTIONS TO SP:
Please select . . .

CAPI INSTRUCTIONS:
Display the sketches below each selection. Sketch should display by default.
ACASI FIGURE SXQ1 – CLINICAL SKETCH OF CIRCUMCISED PENIS
ACASI FIGURE SXQ2 – CLINICAL SKETCH OF UNCIRCUMCISED PENIS

Circumcised	1
Uncircumcised	2
REFUSED	7
DON'T KNOW	9

7 DIETARY INTERVIEW

Target Group: SPs all ages

7.1 24-HOUR DIETARY RECALL INTERVIEW

Information will be obtained on all foods and beverages that were consumed during a 24-hour time period (midnight to midnight). The information that is obtained for foods and beverages includes the following:

a. Time of day -Time when the food was eaten

b. Meal name code - The name of the eating occasion is selected from a list of options.

c. Meal place - Whether the meal was eaten at home.

d. Food item name - The name of the food is either typed in or selected from a list of food item names.

e. Food item description - Detailed description of the food including information about commercial product name (if applicable), preparation method, and major recipe ingredients.

f. Fat added in preparation - A preparation fat probe is asked for certain foods. The type of fat used during food preparation is specified as well.

g. Amount of food eaten - The amount of food consumed by the respondent.

h. Food source - The place where the food was obtained is selected from a list of options

<u>24-Hour Dietary Recall Interview Scripts - In-Person Interview:</u>

A. Introduction script

First, we'll make a list of the foods you/SP ate and drank yesterday, *Monday*. It may help you remember what you/SP ate by thinking about where you/he/she were, who you/he/she were with, or what you/he/she were doing, like working, eating out, or watching television.

Please tell me everything you/SP had to eat and drink all day yesterday, Monday, from midnight to midnight. Include everything you/he/she had at home and away, even snacks, coffee, soft drinks, water, and alcoholic beverages. I'll ask you for specific details and amounts of the foods in a few minutes. At this time, just tell me what you/SP had.

B. Forgotten food probes script

Your answers are important, so we'd like this list to be as complete as possible.
In addition to the foods you have/SP has already told me about, did you have any coffee, tea, soft drinks, milk or juice?

Beer, wine, cocktails or other drinks?
Cookies, candy, ice cream or other sweets?
Chips, crackers, popcorn, pretzels, nuts, or other snack foods?
Fruits, vegetables, or cheese?
Bread, rolls or tortillas?
Anything else?

C. Food detail probes script

Now we're going to fill in your list with more detail. When I ask how much *{you/SP}* ate, you can tell me the amount by using the models on the table and in the racks.

You may use the grid for rectangular or square shapes and the circles for circular or round shapes. Use the wedge for wedge shaped foods.

You can use the thickness bars to show me the thickness of a food and the bean bags and mounds to describe the amounts of solid foods.

When you use the cups, bowls, and glasses, please show me which line best describes the portion *{you/SP/he/she}* ate or drank. When you use any of the spoons, please tell me the quantity in LEVEL spoonfuls.

<u>24-Hour Dietary Recall Interview Scripts - Telephone Interview:</u>

A. Greeting script

Hello, Mr./Mrs. *{SP/Proxy}*, my name is *{interviewer's name*}. I am calling for the National Health and Nutrition Examination Survey to conduct *{your/SP's}* second dietary interview over the telephone.

You will need the food measuring guides that we gave you during your MEC visit. I'll wait while you locate them.

Do you have them? *Yes/No/Needs to reschedule*
If yes, go to next question.
If no:
Let's go ahead with the interview today anyway. Do you have a ruler or some measuring cups and measuring spoons in your home that you can use for this interview?
If SP needs to reschedule:
We can schedule another appointment for the interview. Is there a time that will be convenient? *Enter date/ Enter time/ <u>Verify</u> contact phone*

If SP is not willing to reschedule:

We cannot ask everyone in the country to be in our study. You are special because you have been chosen to participate. No one else can take your place. We hope that you will help us with this interview. It will only take about 20 minutes, you will receive $30 for participating, and it is such an important part of the health survey.

If SP still says no:
Thank you for your time.

B. Introduction script

First, we'll make a list of the foods you/SP ate and drank yesterday, *Monday*. It may help you remember what you/SP ate by thinking about where you/he/she were, who you/he/she were with, or what you/he/she were doing, like working, eating out, or watching television.

Please tell me everything you/SP had to eat and drink all day yesterday, Monday, from midnight to midnight. Include everything you/he/she had at home and away, even snacks, coffee, soft drinks, water, and alcoholic beverages. I'll ask you for specific details and amounts of the foods in a few minutes. At this time, just tell me what you/SP had.

C. Follow-up probing script

Your answers are important, so we'd like this list to be as complete as possible. Here are some foods people often forget.

In addition to the foods you have/SP has already told me about, did you have any coffee, tea, soft drinks, milk or juice?
Beer, wine, cocktails or other drinks?
Cookies, candy, ice cream or other sweets?
Chips, crackers, popcorn, pretzels, nuts, or other snack foods?
Fruits, vegetables, or cheese?
Bread, rolls or tortillas?
Anything else?

D. Food detail probes script

When I ask how much *{you/SP}* ate, you can tell me the amount by using the drawings in the Food Model Booklet, the measuring cups and spoons, the ruler, and any of your own dishes and glasses. Feel free to check the labels on any food packages during the interview.

7.2 POST-DIETARY RECALL QUESTIONS

POST-RECALL QUESTIONNAIRE - DRQ
Target Group: SPs Birth + (Questions grouped by age categories)

REC.155 Was the amount of food that {you/NAME} ate yesterday much more than usual, usual, or much less than usual?

MUCH MORE THAN USUAL.....1
USUAL.....2
MUCH LESS THAN USUAL.....3
REFUSED.....7
DON'T KNOW.....9

REC.265 When you drink tap water, what is the main source of the tap water? Is the city water supply (community water supply); a well or rain cistern; a spring; or something else?

COMMUNITY WATER.....1
A WELL OR RAIN CISTERN.....2
A SPRING 3
NEVER DRINK TAP WATER.....4
REFUSED 7
DON'T KNOW.....9
OTHER (SPECIFY).....91

[RECORD Drinking fountain AS COMMUNITY WATER SUPPLY.]

REC.325 Now I'll be asking some questions about {your/NAME's} use of table salt.
What type of salt {do you/does NAME} usually add to {your/his/her} food at the table? Would you say it is ordinary salt, sea salt, lite salt, or a salt substitute?

ORDINARY, SEA, SEASONED, OR OTHER FLAVORED SALT
[includes regular iodized salt,
sea salt and seasoning salts

made with regular salt]..... 1
LITE SALT 2
SALT SUBSTITUTE..... 3
NONE .....4(REC.335)
REFUSED .....7(REC.335)
DON'T KNOW..... 9 (REC.335)

REC.330 How often {do you/does NAME} add this salt to {your/his/her} food at the table? Is it rarely, occasionally, or very often?

RARELY, 1
OCCASIONALLY.....2
VERY OFTEN3
REFUSED 7
DON'T KNOW.....9

REC.335 How often is ordinary salt or sea salt added in cooking or preparing foods in your household? Is it never, rarely, occasionally, or very often?

NEVER 1
RARELY 2
OCCASIONALLY.....3
VERY OFTEN4
REFUSED 7
DON'T KNOW.....9

[THIS QUESTION APPLIES ONLY TO USE OF ORDINARY SALT, SEAS SALT OR SEASONED SALT AND NOT TO LITE SALT OR SALT SUBSTITUTES.]

REC.336 This next question is about {your/NAME's} use of salt at the table yesterday. Did {you/SP} add any salt to {your/her/his} food at the table yesterday? Salt includes ordinary salt, sea salt, lite salt, or a salt substitute.

YES 1
NO 2.....(REC.340)
REFUSED 7 .....(REC.340)
DON'T KNOW.....9 (REC.340)

REC.337 What type of salt was it? (Was it ordinary salt, sea salt, lite salt, or a salt substitute?)

ORDINARY, SEA, SEASONED, OR OTHER FLAVORED SALT
[includes regular iodized salt,
sea salt and seasoning salts
made with regular salt]..... 1
LITE SALT 2
SALT SUBSTITUTE..... 3
REFUSED 7
DON'T KNOW..... 9

REC.340 {Are you/Is NAME} currently on any kind of diet, either to lose weight or for some other health-related reason?

YES 1
NO 2.....(Box 1)
REFUSED 7 .....(Box 1)
DON'T KNOW.....9 (Box 1)

REC.345 What kind of diet {are you/is NAME} on?

[READ AS NEEDED: Is it a weight loss or low calorie diet; low fat or cholesterol diet; low salt or sodium diet; diabetic diet; or another type of diet?]

WEIGHT LOSS OR LOW CALORIE DIET.....1
LOW FAT OR CHOLESTEROL DIET.....2
LOW SALT OR SODIUM DIET.....3
SUGAR FREE OR LOW SUGAR DIET.....4
LOW FIBER DIET.....5
HIGH FIBER DIET.....6
DIABETIC DIET.....7
LOW CARBOHYDRATE DIET.....8
HIGH PROTEIN DIET.....9
WEIGHT GAIN DIET.....10
GLUTEN-FREE OR CELIAC DIET.....11
RENAL OR KIDNEY DIET.....12
OTHER 91
(SPECIFY) _____
REFUSED 77
DON'T KNOW.....99

BOX 1

IF SP < 1 YEAR OLD, GO TO THE END OF THE SECTION.
OTHERWISE, CONTINUE.

DRQ.361 Please look at this list of fish. During the past 30 days, did you eat any types of fish listed on this card? Include any foods that had fish in them such as sandwiches, soups, or salads.

YES 1
NO 2.....(DRQ.380)
REFUSED 7 .....(DRQ.380)
DON'T KNOW.....9 (DRQ.380)

DRQ. 370 During the past 30 days, which types of fish did you eat and how many times did you eat them?

Type listed: breaded fish products, tuna (canned or fresh), bass, catfish, cod, flatfish, haddock, mackerel, perch, pike, pollock, porgy, salmon, sardines, sea bass, shark, swordfish, trout, walleye, other type of fish and unknown type of fish.

Interviewer instruction:

Check each type of shellfish the SP reports eating, and then ask and record the number of times each type was eaten.

DRQ.380 Please look at this list of shellfish. During the past 30 days, did you eat any types of shellfish listed on this card? Include any foods that had shellfish in them such as sandwiches, soups, or salads.

YES	1	
NO	2	(Box 2)
REFUSED	7	(Box 2)
DON'T KNOW	9	(Box 2)

DRQ. 390 During the past 30 days, which types of shellfish did you eat and how many times did you eat them?

Type listed: clams, crab, crayfish (crawfish), lobster, mussels, oysters, scallops, shrimp, other shellfish (for example, octopus, squid) and unknown type of shellfish.

Interviewer instruction:

Check each type of shellfish the SP reports eating, and then ask and record the number of times each type was eaten.

BOX 2

IF SP 1-11 YEARS OLD, CONTINUE.
OTHERWISE, GO TO BOX 4.

HSQ.500 The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.

Did {you/SP} have a head cold or chest cold that started during those 30 days?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HSQ.510 Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?

YES	1
NO	2

REFUSED 7
DON'T KNOW.....9

HSQ.520 Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days?

YES 1
NO 2
REFUSED 7
DON'T KNOW.....9

BOX 3

IF SP 6-7 YEARS OLD, CONTINUE.
OTHERWISE, GO TO BOX 4.

05PUQ.100 In the **past 7 days**, were any chemical products used in {your/his/her} home to control fleas, roaches, ants, termites, or other insects?

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

05PUQ.110 In the **past 7 days**, were any chemical products used in {your/his/her} lawn or garden to kill weeds?

CODE 'NO' IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

YES 1
NO 2
REFUSED 7
DON'T KNOW..... 9

BOX 4

IF SP ≥ 18 YEARS, CONTINUE.
OTHERWISE, GO TO THE END OF THE SECTION.

The next question is about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage. By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

HANDCARD ALQ1 (Here are some examples of an alcoholic drink)

newALQ.160 Considering all types of alcoholic beverages, during the **past 30 days**, how many times did {you/SP} **have {DISPLAY NUMBER} or more drinks** on an occasion?

ENTER '0' FOR NEVER.

CAPI INSTRUCTION:
IF SP = MALE, DISPLAY = 5
IF SP = FEMALE, DISPLAY = 4

SOFT EDIT: IF RESPONSE IS > 60 TIMES, THEN DISPLAY "YOU SAID THAT IN THE **PAST 30 DAYS**, YOU HAD **{DISPLAY NUMBER} OR MORE** DRINKS OF ANY KIND OF ALCOHOL ON AN OCCASION, (DISPLAY QUANTITY) TIMES. IS THAT CORRECT"?

|___|___|
ENTER QUANTITY

REFUSED.....777
DON'T KNOW.....999

7.3 DIETARY SUPPLEMENTS

DIETARY SUPPLEMENTS – DSA
DAY 1 MEC QUESTIONNAIRE
Target Group: MEC Dietary Respondents

BOX 1

IF SUPPLEMENTS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 2
ELSE CONTINUE.

DSA001 The next questions are about {your/SP's} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

[SHOW SUPPLEMENT HANDCARD]

YES……1 (BOX 7)
NO.....2 (BOX 10)
REFUSED…… 7 (BOX 10)
DON'T KNOW……...9 (BOX 10)

BOX 2

SUPPLEMENT REVIEW TABLE

PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE HOUSEHOLD INTERVIEW.

(THIS INCLUDES VARIABLES DSQ056, DSQ052, DSQ060S, DSQ066A, DSQ066B AND DSQ071 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

DSA020 {Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in your home {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]

CAPI INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15 DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

YES	1
NO	2(BOX 6)
REFUSED	7(BOX 6)
DON'T KNOW	9 (BOX 6)

BOX 3

IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077 CONTINUE, ELSE GO TO DSA030.

DSA025 {Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM HOUSEHOLD INTERVIEW QUESTION DSQ077}?

YES	1(DSA030)
NO	2
REFUSED	7(DSA030)
DON'T KNOW	9 (DSA030)

BOX 4

CHANGE DSA020 TO “NO” AND INSERT A NEW LINE IN THE GRID.
PREFILL DSA020 ON THE NEW LINE TO “YES”.
GO TO DSA010 ON THE NEW LINE.

DSA010 {Supplements}

What is the name of the supplement {you/SP} took?

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:
What is the brand name?
Did it also include minerals like iron, zinc, or calcium?
Iron only
Was it a special type? {(silver, women’s, men’s, prenatal, liquid)/(chewable, complete, with iron, with
extra C)}
Single/double nutrient:
What is the brand name?
How much (ingredient name) was in it? (or what was the strength of X)
Other supplement type:
Please describe the label name or type of supplement {(fluoride)}
What is the brand name?**]**

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(chewable, complete, with iron, with extra C)’
ELSE DISPLAY ‘(silver, women’s, men’s, prenatal, liquid)’.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(fluoride)’.

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)
ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR
BACK UP AND ANSWER “NO” TO DSA001.”

_____
ENTER SUPPLEMENT NAME

REFUSED 7
DON'T KNOW..... 9

DSA030 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

_____
ENTER QUANTITY

REFUSED 7
DON'T KNOW..... 9

BOX 5

IF THE FORM IS KNOWN FROM HOUSEHOLD INTERVIEW QUESTION DSQ077, PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE.

DSA035 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)
[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1	(BOX 6)
Droppers	2	(BOX 6)
Drops	3	(BOX 6)
Injection/Shots	5	(BOX 6)
Lozenges/Cough Drops	6	(BOX 6)
Milliliters	7	
Tablespoons	11	
Teaspoons	12	
Wafers	13	(BOX 6)
Cans	15	
Grams	16	
Dots	17	(BOX 6)
Cups	18	
Sprays/Squirts	19	(BOX 6)
Chews/Gummies	20	(BOX 6)
Scoops	21	
Capfuls	23	
Ounces	27	
Packages/Packets	28	(BOX 6)
Vials	29	(BOX 6)
Gumballs	30	(BOX 6)
Other form (specify)	91	(BOX 6)
REFUSED	77	(BOX 6)
DON'T KNOW	99	(BOX 6)

DSA040 {Liquid/Powder}
Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

BOX 6

IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE.

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements.

[SHOW SUPPLEMENT HANDCARD]

YES	1
NO	2(BOX 10)
REFUSED	7(BOX 10)
DON'T KNOW	9 (BOX 10)

BOX 7

New Supplements Table

PRESENT DSA070 THROUGH DSA115 AS A GRID.
IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA070 {Supplements}
{What is the name of the supplement {you/SP} took?/Any others?}

{**[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]**}

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:
What is the brand name?
Did it also include minerals like iron, zinc, or calcium?
Iron only
Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with
extra C)}
Single/double nutrient:
What is the brand name?
How much (ingredient name) was in it? (or what was the strength of X)
Other supplement type:
Please describe the label name or type of supplement {(fluoride)}
What is the brand name?**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the supplement {you/SP} took?' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)
ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)
ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR
BACK UP AND ANSWER "NO" TO DSA060."

_____
ENTER SUPPLEMENT NAME

REFUSED 7
DON'T KNOW..... 9

BOX 8

IF SUPPLEMENT NAME ENTERED, CONTINUE
ELSE GO TO BOX 10.

DSA105 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

_____
ENTER QUANTITY

REFUSED 7
DON'T KNOW..... 9

DSA110 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1	(BOX 9)
Droppers	2	(BOX 9)
Drops	3	(BOX 9)
Injection/Shots	5	(BOX 9)
Lozenges/Cough Drops	6	(BOX 9)
Milliliters	7	
Tablespoons	11	
Teaspoons	12	
Wafers	13	(BOX 9)
Cans	15	
Grams	16	
Dots	17	(BOX 9)
Cups	18	
Sprays/Squirts	19	(BOX 9)
Chews/Gummies	20	(BOX 9)
Scoops	21	
Capfuls	23	
Ounces	27	
Packages/Packets	28	(BOX 9)
Vials	29	(BOX 9)
Gumballs	30	(BOX 9)
Other form (specify)	91	(BOX 9)
REFUSED	77	(BOX 9)
DON'T KNOW	99	(BOX 9)

DSA115 {Liquid/Powder}
Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

DSQ.096 Q/U

For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 777
DON'T KNOW.....999

ENTER UNIT

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
REFUSED 7
DON'T KNOW..... 9

BOX 9

GO TO DSA070 ON NEXT ROW.

BOX 10

IF ANTACIDS COLLECTED IN HOUSEHOLD INTERVIEW, GO TO BOX 11,
ELSE CONTINUE.

DSA005 The next questions are about {your/SP's} use of non-prescription antacids. All day yesterday, {day}, between midnight and midnight did {you/SP} take any antacids?

[SHOW ANTACID HANDCARD]

YES	 1	(BOX 13)
NO	 2	(BOX 16)
	REFUSED…… 7	(BOX 16)
	DON'T KNOW…… 9	(BOX 16)

BOX 11

Antacid Review Table

PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE HOUSEHOLD INTERVIEW.

(THIS INCLUDES VARIABLES RXQ141, RXQ150S AND RXQ160 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

DSA145 {Taken Last 24 Hours}
TEXT 1: The next questions are about {your/SP's} use of non-prescription antacids. During the interview in your home {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

[CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]

CAPI INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1, ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY ‘you reported taking’ ELSE DISPLAY ‘it was reported {you/he/she} took’.

YES	1
NO	2(BOX 12)
REFUSED	7(BOX 12)
DON'T KNOW	9 (BOX 12)

DSA155 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

_____
ENTER QUANTITY

REFUSED	7
DON'T KNOW	9

DSA160 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1	(BOX 12)
Droppers	2	(BOX 12)
Drops	3	(BOX 12)
Injection/Shots	5	(BOX 12)
Lozenges/Cough Drops	6	(BOX 12)
Milliliters	7	
Tablespoons	11	
Teaspoons	12	
Wafers	13	(BOX 12)
Cans	15	
Grams	16	
Dots	17	(BOX 12)
Cups	18	
Sprays/Squirts	19	(BOX 12)
Chews/Gummies	20	(BOX 12)
Scoops	21	
Capfuls	23	
Ounces	27	
Packages/Packets	28	(BOX 12)
Vials	29	(BOX 12)
Gumballs	30	(BOX 12)
Other form (specify)	91	(BOX 12)
REFUSED	77	(BOX 12)
DON'T KNOW	99	(BOX 12)

DSA165 {Liquid/Powder}
Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

BOX 12

IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE.

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

[SHOW ANTACID HANDCARD]

YES	1
NO	2(BOX 16)
REFUSED	7(BOX 16)
DON'T KNOW	9 (BOX 16)

BOX 13

New Antacids Table

PRESENT DSA170 THROUGH DSA215 AS A GRID.
IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA170 {Antacids}
{What is the name of the antacid {you/SP} took?/Any others?}

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

[IF ANTACID NOT ON LIST, TYPE "**Product not on list"**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the antacid {you/SP} took'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'.

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)
ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER "NO" TO {DSA005/DSA065.}"

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN HOUSEHOLD INTERVIEW, DISPLAY "DSA065"; OTHERWISE DISPLAY "DSA005".

_____
ENTER ANTACID NAME

REFUSED 7
DON'T KNOW..... 9

BOX 14

IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16.

DSA175 {Pick List}
{What is the name of the antacid {you/SP} took?/Any others?}

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

[IF ANTACID NOT ON LIST, TYPE "**Product not on list"**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'What is the name of the antacid {you/SP} took'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'.

_____
ENTER ANTACID NAME FROM LIST OR
ENTER"**PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW..... 9

DSA205 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

_____
ENTER QUANTITY

REFUSED 7
DON'T KNOW..... 9

DSA210 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1	(BOX 15)
Droppers	2	(BOX 15)
Drops	3	(BOX 15)
Injection/Shots	5	(BOX 15)
Lozenges/Cough Drops	6	(BOX 15)
Milliliters	7	
Tablespoons	11	
Teaspoons	12	
Wafers	13	(BOX 15)
Cans	15	
Grams	16	
Dots	17	(BOX 15)
Cups	18	
Sprays/Squirts	19	(BOX 15)
Chews/Gummies	20	(BOX 15)
Scoops	21	
Capfuls	23	
Ounces	27	
Packages/Packets	28	(BOX 15)
Vials	29	(BOX 15)
Gumballs	30	(BOX 15)
Other form (specify)	91	(BOX 15)
REFUSED	77	(BOX 15)
DON'T KNOW	99	(BOX 15)

DSA215 {Liquid/Powder}
Was that a liquid or powder?

LIQUID	1	
POWDER	2	
REFUSED	7	
DON'T KNOW	9	

BOX 15
GO TO DSA170 ON NEXT ROW.

BOX 16

DIETARY SUPPLEMENTS – DSA
DAY 2 PHONE QUESTIONNAIRE
Target Group: Phone Dietary Respondents

BOX 1

IF SUPPLEMENTS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 2
ELSE CONTINUE.

DSA001 The next questions are about {your/SP's} use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {day}, between midnight and midnight, did {you/SP} take any vitamins, minerals, herbals or other dietary supplements?

[REFER SP TO SUPPLEMENT HANDCARD]

YES……..1 (BOX 7)
NO.....2 (BOX 10)
REFUSED…… 7 (BOX 10)
DON'T KNOW……...9 (BOX 10)

BOX 2

SUPPLEMENT REVIEW TABLE

PRESENT DSA010 THROUGH DSA040 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN THE PREVIOUS INTERVIEW.

(THIS INCLUDES VARIABLES DSQ056, DSQ052, DSQ060S, DSQ066A, DSQ066B AND DSQ071 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

DSA020 {Taken Last 24 Hours}

TEXT 1: The next questions are about {your/SP's} use of dietary supplements, vitamins, minerals and herbals all day yesterday, {day}, between midnight and midnight. This includes prescription and over the counter dietary supplements. During the interview in {your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {SUPPLEMENT NAME FROM DSA010.}

TEXT 2: It was also reported {you/SP} took {SUPPLEMENT NAME FROM DSA010}.

Did {you/SP} take this supplement yesterday {day}, (between midnight and midnight)?

[**CONTINUE ASKING ABOUT EACH SUPPLEMENT LISTED IN TABLE]**

CAPI INSTRUCTION: IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15 DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

YES	1
NO	2(BOX 6)
REFUSED	7(BOX 6)
DON'T KNOW	9 (BOX 6)

BOX 3

IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077 CONTINUE, ELSE GO TO DSA030.

DSA025 {Form Taken}

Was {SUPPLEMENT NAME FROM DSA010} a {FORM FROM PREVIOUS INTERVIEW QUESTION DSQ077}?

YES	1(DSA030)
NO	2
REFUSED	7(DSA030)
DON'T KNOW	9 (DSA030)

BOX 4

CHANGE DSA020 TO “NO” AND INSERT A NEW LINE IN THE GRID.
PREFILL DSA020 ON THE NEW LINE TO “YES”.
GO TO DSA010 ON THE NEW LINE.

DSA010 {Supplements}

Can you please locate the containers for all the dietary supplements you took? I will wait while you get them.

Can you please read to me all the words on the front label?

[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:
What is the brand name?
Did it also include minerals like iron, zinc, or calcium?
Iron only
Was it a special type? {(silver, women’s, men’s, prenatal, liquid)/(chewable, complete, with iron, with
extra C)}
Single/double nutrient:
What is the brand name?
How much (ingredient name) was in it? (or what was the strength of X)
Other supplement type:
Please describe the label name or type of supplement {(fluoride)}
What is the brand name?**]**

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(chewable, complete, with iron, with extra C)’
ELSE DISPLAY ‘(silver, women’s, men’s, prenatal, liquid)’.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY ‘(fluoride)’.

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA010 FILLED)
ERROR MESSAGE: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR
BACK UP AND ANSWER “NO” TO DSA001.”

_____
ENTER SUPPLEMENT NAME

REFUSED 7
DON’T KNOW..... 9

DSA030 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: “YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”

_____
ENTER QUANTITY

REFUSED 7
DON'T KNOW..... 9

BOX 5

IF THE FORM IS KNOWN FROM PREVIOUS INTERVIEW QUESTION DSQ077, PREFILL DSA035 WITH DSQ077 AND GO TO BOX 6, ELSE CONTINUE.

DSA035 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1	(BOX 6)
Droppers	2	(BOX 6)
Drops	3	(BOX 6)
Injection/Shots	5	(BOX 6)
Lozenges/Cough Drops	6	(BOX 6)
Milliliters	7	
Tablespoons	11	
Teaspoons	12	
Wafers	13	(BOX 6)
Cans	15	
Grams	16	
Dots	17	(BOX 6)
Cups	18	
Sprays/Squirts	19	(BOX 6)
Chews/Gummies	20	(BOX 6)
Scoops	21	
Capfuls	23	
Ounces	27	
Packages/Packets	28	(BOX 6)
Vials	29	(BOX 6)
Gumballs	30	(BOX 6)
Other form (specify)	91	(BOX 6)
REFUSED	77	(BOX 6)
DON'T KNOW	99	(BOX 6)

DSA040 {Liquid/Powder}
Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

BOX 6

IF THERE ARE MORE SUPPLEMENTS TO REVIEW, GO TO DSA020 FOR THE NEXT SUPPLEMENT, ELSE CONTINUE.

DSA060 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements.

[REFER SP TO SUPPLEMENT HANDCARD]

YES	1
NO	2(BOX 10)
REFUSED	7(BOX 10)
DON'T KNOW	9 (BOX 10)

BOX 7

New Supplements Table

PRESENT DSA070 THROUGH DSA115 AS A GRID.
IF THERE WERE SUPPLEMENTS REVIEWED (Supplement Review Table) THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA070 {Supplements}
{Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{**[REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]**}

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:
What is the brand name?
Did it also include minerals like iron, zinc, or calcium?
Iron only
Was it a special type? {(silver, women's, men's, prenatal, liquid)/(chewable, complete, with iron, with
extra C)}
Single/double nutrient:
What is the brand name?
How much (ingredient name) was in it? (or what was the strength of X)
Other supplement type:
Please describe the label name or type of supplement {(fluoride)}
What is the brand name?**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the dietary supplements {you/SP} took? I will wait while you get them.' ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL SUPPLEMENTS HAVE BEEN REPORTED]'.

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (chewable, complete, with iron, with extra C)
ELSE DISPLAY (silver, women's, men's, prenatal, liquid).

CAPI INSTRUCTION: IF SP IS UNDER 12 YEARS OLD, DISPLAY (fluoride).

HARD EDIT: AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DSA070 FILLED)
ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR
BACK UP AND ANSWER "NO" TO DSA060."

_____
ENTER SUPPLEMENT NAME

REFUSED 7
DON'T KNOW..... 9

BOX 8

IF SUPPLEMENT NAME ENTERED, CONTINUE
ELSE GO TO BOX 10.

DSA105 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

_____
ENTER QUANTITY

REFUSED 7
DON'T KNOW..... 9

DSA110 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets	1	(BOX 9)
Droppers	2	(BOX 9)
Drops	3	(BOX 9)
Injection/Shots	5	(BOX 9)
Lozenges/Cough Drops	6	(BOX 9)
Milliliters	7	
Tablespoons	11	
Teaspoons	12	
Wafers	13	(BOX 9)
Cans	15	
Grams	16	
Dots	17	(BOX 9)
Cups	18	
Sprays/Squirts	19	(BOX 9)
Chews/Gummies	20	(BOX 9)
Scoops	21	
Capfuls	23	
Ounces	27	
Packages/Packets	28	(BOX 9)
Vials	29	(BOX 9)
Gumballs	30	(BOX 9)
Other form (specify)	91	(BOX 9)
REFUSED	77	(BOX 9)
DON'T KNOW	99	(BOX 9)

DSA115 {Liquid/Powder}
Was that a liquid or powder?

LIQUID	1
POWDER	2
REFUSED	7
DON'T KNOW	9

DSQ.096 Q/U For how long {have/has} {you/SP} been taking {PRODUCT NAME} or a similar type of product?

CAPI INSTRUCTION:
RESPONSE FIELD SHOULD ALLOW FOR 4 NUMERIC ENTRIES AND INCLUDE A DECIMAL. ALLOW UP TO 3 ENTRIES TO THE LEFT OF THE DECIMAL AND UP TO 1 ENTRY TO THE RIGHT OF THE DECIMAL.

|___|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

REFUSED 777
DON'T KNOW.....999

ENTER UNIT

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
REFUSED 7
DON'T KNOW..... 9

BOX 9

GO TO DSA070 ON NEXT ROW.

BOX 10

IF ANTACIDS COLLECTED IN PREVIOUS INTERVIEW, GO TO BOX 11,
ELSE CONTINUE.

DSA005 The next questions are about {your/SP's} use of non-prescription antacids. All day yesterday, {day}, between midnight and midnight did {you/SP} take any antacids?

[REFER SP TO ANTACID HANDCARD]

YES ..... 1 (BOX 13)
NO .... 2(BOX 16)
REFUSED…… 7 (BOX 16)

DON'T KNOW…… 9 (BOX 16)

BOX 11

Antacid Review Table

PRESENT DSA145 THROUGH DSA165 AS A GRID WHERE EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN THE PREVIOUS INTERVIEW.

(THIS INCLUDES VARIABLES RXQ141, RXQ150S AND RXQ160 FROM THE HOUSEHOLD INTERVIEW.)

CONTINUE.

DSA145 {Taken Last 24 Hours}
TEXT 1: The next questions are about {your/SP's} use of non-prescription antacids. During the interview in {your home and our exam center/your home/our exam center} {you reported taking/it was reported {you/he/she} took} {ANTACID NAME}.

TEXT 2: It was also reported {you/SP} took {ANTACID NAME}.

Did you take this antacid yesterday {day}, (between midnight and midnight)?

[**CONTINUE ASKING ABOUT EACH ANTACID LISTED IN TABLE]**

CAPI INSTRUCTION: IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1, ELSE DISPLAY TEXT 2.

CAPI INSTRUCTION: IF SP Age > 15, DISPLAY 'you reported taking' ELSE DISPLAY 'it was reported {you/he/she} took'.

YES	1
NO	2(BOX 12)
REFUSED	7(BOX 12)
DON'T KNOW	9 (BOX 12)

DSA155 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

_____
ENTER QUANTITY

REFUSED 7
DON'T KNOW..... 9

DSA160 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels, gelcaps, vegicaps, chewable tablets.....	1	(BOX 12)
Droppers.....	2	(BOX 12)
Drops.....	3	(BOX 12)
Injection/Shots.....	5	(BOX 12)
Lozenges/Cough Drops.....	6	(BOX 12)
Milliliters.....	7	
Tablespoons.....	11	
Teaspoons.....	12	
Wafers.....	13	(BOX 12)
Cans.....	15	
Grams.....	16	
Dots.....	17	(BOX 12)
Cups.....	18	
Sprays/Squirts.....	19	(BOX 12)
Chews/Gummies.....	20	(BOX 12)
Scoops.....	21	
Capfuls.....	23	
Ounces.....	27	
Packages/Packets.....	28	(BOX 12)
Vials.....	29	(BOX 12)
Gumballs.....	30	(BOX 12)
Other form (specify).....	91	(BOX 12)
REFUSED.....	77	(BOX 12)
DON'T KNOW.....	99	(BOX 12)

DSA165 {Liquid/Powder}
Was that a liquid or powder?

LIQUID 1
POWDER 2
REFUSED 7
DON'T KNOW..... 9

BOX 12

IF THERE ARE MORE ANTACIDS TO REVIEW, GO TO DSA145 FOR THE NEXT ANTACID, ELSE CONTINUE.

DSA065 All day yesterday, {day}, between midnight and midnight, did {you/SP} take any other antacids?

[REFER SP TO ANTACID HANDCARD]

YES 1
NO .....2(BOX 16)
REFUSED .....7(BOX 16)
DON'T KNOW..... 9 (BOX 16)

BOX 13

New Antacids Table

PRESENT DSA170 THROUGH DSA215 AS A GRID.
IF THERE WERE ANTACIDS REVIEWED (Antacid Review Table), THEN DISPLAY THOSE VALUES HERE IN THE FIRST ROWS.

CONTINUE.

DSA170 {Antacids}
{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

[IF ANTACID NOT ON LIST, TYPE "**Product not on list"**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'.

HARD EDIT: AT LEAST ONE ANTACID SHOULD BE ENTERED (DSA170 FILLED)
ERROR MESSAGE: "YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER "NO" TO {DSA005/DSA065.}"

CAPI INSTRUCTION: IF ANTACIDS WAS COLLECTED IN PREVIOUS INTERVIEW, DISPLAY "DSA065"; OTHERWISE DISPLAY "DSA005".

_____
ENTER ANTACID NAME

REFUSED 7
DON'T KNOW..... 9

BOX 14

IF ANTACID ENTERED, CONTINUE, ELSE GO TO BOX 16.

DSA175 {Pick List}
{Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them./Any others?}

Can you please read to me all the words on the front label?

{**[REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]**}

[PROBES: What is the brand name? Was it extra strength, regular strength, ultra, maximum strength?**]**

[IF ANTACID NOT ON LIST, TYPE "**Product not on list"**]**

CAPI INSTRUCTION: IF FIRST TIME ON THIS SCREEN, DISPLAY 'Can you please locate the containers for all the antacids {you/SP} took? I will wait while you get them.'
ELSE DISPLAY 'Any others? [REPEAT UNTIL ALL ANTACIDS HAVE BEEN REPORTED]'.

_____
ENTER ANTACID NAME FROM LIST OR
ENTER"**PRODUCT NOT ON LIST"

REFUSED 7
DON'T KNOW..... 9

DSA205 {Quantity Taken}
Between midnight and midnight, how much did {you/SP} take?

[ENTER THE NUMBER]

SOFT EDIT: Quantity should be less than 10
Error Message: "YOU SAID YOU TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"

_____
ENTER QUANTITY

REFUSED 7
DON'T KNOW..... 9

DSA210 {Unit Taken}
OS (Was it a tablet, capsule, pill, caplet, softgel, or something else?)

[SELECT FORM/UNIT]

Tablets, capsules, pills, caplets, softgels,

gelcaps, vegicaps, chewable tablets.....	1	(BOX 15)
Droppers.....	2	(BOX 15)
Drops.....	3	(BOX 15)
Injection/Shots.....	5	(BOX 15)
Lozenges/Cough Drops.....	6	(BOX 15)
Milliliters.....	7	
Tablespoons.....	11	
Teaspoons.....	12	
Wafers.....	13	(BOX 15)
Cans.....	15	
Grams.....	16	
Dots.....	17	(BOX 15)
Cups.....	18	
Sprays/Squirts.....	19	(BOX 15)
Chews/Gummies.....	20	(BOX 15)
Scoops.....	21	
Capfuls.....	23	
Ounces.....	27	
Packages/Packets.....	28	(BOX 15)
Vials.....	29	(BOX 15)
Gumballs.....	30	(BOX 15)
Other form (specify).....	91	(BOX 15)
REFUSED.....	77	(BOX 15)
DON'T KNOW.....	99	(BOX 15)

DSA215 {Liquid/Powder}
Was that a liquid or powder?

LIQUID	.....	1
POWDER	.....	2
REFUSED	.....	7
DON'T KNOW.....		9

BOX 15

GO TO DSA170 ON NEXT ROW.

BOX 16

8 MEC DATA COLLECTION FORMS

Anthropometry

Audiometry

Dietary Interview

Dual X-Ray Absorptiometry

Body Composition

Osteoporosis (DXA)

HPV swab collection

Physician Examination

Urine collection

Venipuncture

*No data collection forms for urine collections and HPV swabs

8.1 ANTHROPOMETRY

NHANES 2017-2018 (All ages)

AMPUTATION QUESTIONS: Information is recorded during the body measurement examination for all ages. Questions may be asked if the information is not obvious to the examiner. The responses are used to interpret body measurement results, particularly the body weight data.

Are there any amputations? Recorder codes YES/NO IF YES to the amputation question, continue with information on the site(s) of the amputation(s):

Target Age Groups: Anthropometry Measurements and Questions

Birth+	2mo+	2yr+	4yr+	8yr+
Weight	Weight	Weight	Weight	Weight
Recumbent length	Recumbent length	Recumbent length (through 47 mos.)		
Head circumference	Head circumference (through 6 mos.)			
		Standing height	Standing height	Standing height
	Upper arm length	Upper arm length	Upper arm length	Upper arm length
	Mid-upper arm circumference	Mid-upper arm circumference	Mid-upper arm circumference	Mid-upper arm circumference
		Waist circumference	Waist circumference	Waist circumference
				Upper leg length
Would you like to know your height and weight?	Would you like to know your height and weight?	Would you like to know your height and weight?	Would you like to know your height and weight?	Would you like to know your height and weight?

8.2 AUDIOMETRY

NHANES 2017-2018 (6-19 or 70+years)

Tech. No. _____ SP No. _____ Otoscope No. _____ Middle ear analyzer No. _____ Audiometer No. _____	
A. CONDITIONS AFFECTING TEST RESULTS	
1. Do you now have a tube in your right or left ear? (If yes indicate affected ear(s))	No Yes, Right ear Yes, Left ear Yes, Both ears Refused Don't Know
2. Have you had a cold, sinus problem or earache in the past 24 hours?	Yes (2b) No (3) Refused (3) Don't Know (3)
2b. Which have you had? (mark all that apply)	Cold Sinus problem Earache, right ear Earache, left ear

	Earache, both Refused Don't Know
3. Have you been exposed to loud noise or listened to music with headphones in the past 24 hours?	Yes (3b) No (4) Refused (4) Don't Know (4)
3b. How many hours ago did the noise or music end?	|__|__| # hours Refused Don't Know
4. Do you hear better in one ear or the other?	Yes, right ear Yes, left ear No/Don't Know Refused

B. OTOSCOPY EXAM		
Right Ear	Normal	
	Excessive cerumen*	
	Impacted cerumen*	
	Other abnormality (comment)	
	Collapsing ear canal	
Left Ear	Normal	
	Excessive cerumen*	
	Impacted cerumen*	
	Other abnormality (comment)	
	Collapsing ear canal	
RESULTS OF OTOSCOPY	Test complete	
	Test partially complete	
	Test not done	

REASONS TEST INCOMPLETE OR NOT DONE

Safety exclusion

Physical limitation

SP refusal

SP ill/emergency

Out of time

Equipment failure

Communication problem

Other (specify): _____

* MIDDLE EAR TESTING will not be done on ears with cerumen blockage. Cerumen blockage does not exclude an SP from audiometry.

C. MIDDLE ERA TESTING**

Right Ear	Obtained	
	Not obtained	
Left Ear	Obtained	
	Not obtained	
RESULTS OF MIDDLE EAR TESTING		Test complete
		Test partially complete
		Test not done

REASONS TEST INCOMPLETE OR NOT DONE	Safety exclusion Physical limitation SP refusal SP ill/emergency Out of time Equipment failure Communication problem Other (specify): _____

** Middle ear testing will not be done on ears with cerumen blockage found in otoscopy.

D. PURE TONE AUDIOMETRY ***

START HERE IF SP NUMBER ODD OR SP HEARS BETTER IN LEFT EAR AIR CONDUCTION-LEFT EAR			START HERE IF SP NUMBER EVEN OR SP HEARS BETTER IN RIGHT EAR AIR CONDUCTION-RIGHT EAR		
Hearing Level (dB)	Frequncy (Hz)	Hearing Level with Masking on R(dB)	Hearing Level (dB)	Frequency (Hz)	Hearing Level with Masking on L(dB)
	1000			1000	
	2000			2000	
	3000			3000	
	4000			4000	
	6000			6000	
	8000			8000	
	1000			1000	
	500			500	

RESULTS OF AUDIOMETRY	Test complete Test partially complete Test not done
REASONS TEST INCOMPLETE OR NOT DONE	Safety exclusion Physical limitation SP refusal SP ill/emergency Out of time Equipment failure Communication problem Other (specify):_____
*** Audiometry will not be done on SP's with flat tympanogram.	

8.3 DUAL X-RAY ABSORPTIOMETRY (WHOLE BODY)

Body Composition (Ages 8-59 years)

Excluded from scan if body weight is over 450 pounds or if yes to one of the following items;

1. Do you have any amputations of your legs and feet other than toes?
2. Are you currently pregnant?
3. Have you had a medical test with contrast material such as dyes or barium in the last 7 days?

Whole Body Tissue Information:

Total Body Tissue	grams
Bone Mineral Content	grams
Fat	grams
Lean Mass	grams
Lean Mass + Bone Mineral Content	grams
Percent fat	%

Values for each of the variables listed above will be given for the following regions:
Head
Left Arm
Right Arm
Trunk
Left Leg
Right Leg
Subtotal
Total

Whole Body Bone Information:

Area	cm^2
Bone Mineral Content	grams
Bone Mineral Density	$grams/cm^2$

Values for each of the variables listed above will be given for the following regions:
Head
Left Arm
Right Arm
Left Ribs
Right Ribs
Thoracic Spine
Lumbar Spine
Pelvis
Left Leg
Right Leg

8.4 DUAL X-RAY ABSORPTIOMETRY (FEMUR AND SPINE)

Osteoporosis,
(Ages 50 and older)

Excluded from femur or spine scans if body weight is over 450 pounds or if yes to one of the following items;

1. Are you currently pregnant?
2. Have you had a medical test with contrast material such as dyes or barium in the last 7 days?
3. Have you fractured both hips, had replacements of both hips, or have pins in both hips? (exclusion for femur scan)
4. Do you have a Harrington rod in your spine? (exclusion for spine scans)

Femur and Lumbar Spine Information:

Area	cm^2
Bone Mineral Content	grams
Bone Mineral Density	$grams/cm^2$

Values for each of the variables listed above will be given for the following femur regions:
Femoral Neck
Trochanter
Intertrochanter
Ward's Triangle
Total

Values for each of the variables listed above and Trabecular bone score will be given for the following lumbar spine regions:

Vertebrae 1-4
Total

8.5 ORAL HEALTH

NHANES 2017-2018 (Ages 1 and older)

Medical Exclusion Questions (Ages 30 and older)

All adults aged 30 years and older will be eligible for the health screening questions. A positive response to any one of these 4 questions will result in an individual being **EXCLUDED** from the periodontal examination:

1. Have you had a heart transplant?

2. Do you have an artificial heart valve?

3. Have you had heart disease since birth?

4. Have you had a bacterial infection of the heart, also called Bacterial? Endocarditis?

Oral Health Examination (Ages 1 and older)

1+ years	3-19 years	30 years and older
Tooth count		
Dental Caries		
	Dental Sealants	
		Medical History Screening
		Periodontal Exam
Miscellaneous / Report of Findings		

8.6 PHYSICIAN EXAMINATION

NHANES 2017-2018 (All ages)

Blood Pressure (ages 8 years and older)*

Have you had any of the following in the past 30 minutes? (food, coffee, alcohol, cigarettes) Check all that apply:

Arm selected	Right/left/Could not obtain
Cuff size selected	Infant/Child/Adult/Large Arm/Thigh
Heart Rate/Pulse	Beats per minute
Pulse type	
Radial/Brachial	
Maximum Inflation Level	mm Hg
Systolic Blood Pressure (Readings 1,2,3)	mm Hg
Diastolic Blood Pressure (Readings 1,2,3)	mm Hg
Average Blood Pressure	mm Hg (mean of last 2 measurements will be used)

8.7 VENIPUNCTURE

NHANES 2017-2018 (Ages 1 year and older)

SP ID_____ Tech ID_____

Pre venipuncture questions (Q1-Q5 only asked during morning session: Q4-Q5 of those 12 and older)

Q1. When did you last have anything at all to eat or drink other than water?
HH:MM (AM PM NOON) MMDDYY

Q2. Have you had coffee, tea, soda, alcoholic beverages, gum, breath mints, cough drops or vitamins since [TIME/DATE IN Q3]?

YES (probe and edit response in Q3)
NO

Q3. You have not had anything to drink, other than water, since [TIME/DATE IN Q3]. Is this correct?
YES
NO (probe and edit response in Q3)

Q4. Are you now taking insulin?
Yes(OGTT will not be conducted)
No
Refused
Don't know

Q5. Are you now taking diabetic pills to lower your blood sugar?
Yes(OGTT will not be conducted)
No
Refused
Don't know

Q6. Do you have hemophilia?
Yes(Venipuncture and OGTT will not be conducted)
No
Refused
Don't know

Q7. Have you received cancer chemotherapy in the past four weeks?

Yes(Venipuncture and OGTT will not be conducted)
No
Refused
Don't know

Pregnancy Status
Positive (OGTT will not be conducted if SP reports pregnancy at home interview or has a positive pregnancy test prior to first venipuncture)
Negative

RESULTS OF FIRST VENIPUNCTURE

Test complete
Test partially complete
Test not done

REASONS TEST INCOMPLETE OR NOT DONE
Safety exclusion
Pregnancy
Physical limitation
SP refusal
SP ill/emergency
Out of time
Equipment failure
Communication problem

8.8 HEPATIC (LIVER) STEATOSIS AND FIBROSIS ULTRASOUND ELASTOGRAPHY FORM

NHANES 2017-2018 (ages 12 year and older)

SP ID_____ Tech ID_____

HEPATIC (liver) STEATOSIS TEST RESULTS

Test complete Yes No

Test result for median controlled attenuation parameter (CAP™) ____ decibel per meter, (dB/m)

REASONS TEST INCOMPLETE OR NOT DONE
Physical limitation
SP refusal
SP ill/emergency
Out of time
Equipment failure
Communication problem

HEPATIC (liver) FIBROSIS TEST RESULTS

Test complete Yes No
Test result for median Young's Modulus (E) _____ kilopascals

REASONS TEST INCOMPLETE OR NOT DONE
Physical limitation
SP refusal
SP ill/emergency
Out of time
Equipment failure
Communication problem

9 TELEPHONE POST DIETARY RECALL QUESTIONNAIRE

9.1 FLEXIBLE CONSUMER BEHAVIOR SURVEY (FCBS)

FLEXIBLE CONSUMER BEHAVIOR SURVEY MODULE - FCBS

Target Group: SPs 1 year +__

BOX 1

- CHECK ITEM CBQ.500:
- YARGET AGE 1-150
- IF SP IS AGE 1-15 THEN PROXY WILL ANSWER THE QUESTIONS.

Section A. Hand Card Information

CBQ.502 Do you have the green hand card booklet? {It is in the same bag as the food measuring guides {you used for your/we used for SP's} dietary phone interview. I'll wait while you locate it.

Do you have it?}

Yes..... 1 (CBQ.506)
No,..... 2
REFUSED..... 7
DON'T KNOW..... 9

CBQ.503 Let's go ahead with the interview anyway. Do you have a cereal box, can or package of food with a food label on the back or the side that you can use for this interview? I'll wait while you locate it.

Yes.....1
No.....2
REFUSED.....7
DON'T KNOW.....9

Section B. Use of calorie labeling on menus

CBQ.506 I am going to ask you about eating foods and beverages from different places. The types of places are listed on hand card 1 in your booklet. Please turn to hand card 1. We will start with foods or beverages from fast food or pizza places, then I'll go down the list and ask you about each of the other places.} For the first few questions, please answer yes or no.

In the past 12 months, did you buy food from fast food or pizza places?

CAPI INSTRUCTION:
If CBQ.502="2", "7", OR "9", REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:
"Ok, let's go ahead with the interview. I am going to ask you about eating foods and beverages from different places. The types of places include: fast food or pizza places; restaurants with waiter or waitress service; all-you-can-eat buffets; places that sells mostly beverages, such as a coffee shop or juice bar; movie theatres, sports arenas, or other places of recreation; grocery stores; and convenience stores. We will start with foods or beverages from fast food or pizza places, then I'll ask you about each of the other places."

Yes	1	
No	2	[CBQ.551]
REFUSED	7	
DON'T KNOW	9	

CBQ.536 At the **last fast food or pizza place** you bought foods or beverages, did you notice any **calorie information** on the menu?

YES	1	
NO	2	(CBQ.551)
REFUSED	7	(CBQ.551)
DON'T KNOW	9	(CBQ.551)

CBQ.541 Did you use the information in deciding what to buy?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.551 In the past 12 months, did you eat in or get take-out from a restaurant with waiter or waitress service?

Yes	1	
No	2	[CBQ.830]
REFUSED	7	
DON'T KNOW	9	

CBQ.581 The **last** time you ate or got take-out from a restaurant **with a waiter or waitress**, did you notice any **calorie information** on the menu?

YES	1	
NO	2	(CBQ.830)
REFUSED	7	(CBQ.830)
DON'T KNOW	9	(CBQ.830)

CBQ.586 Did you use the information in deciding what to order?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.830 In the past 12 months, did you eat at an all-you-can-eat buffet style restaurant?

Yes	1	
No	2	[CBQ.845]
REFUSED	7	
DON'T KNOW	9	

CBQ.835 The **last** time you ate at an **all-you-can-eat buffet style restaurant**, did you notice any **calorie information** on the menu?

YES	1	
NO	2	(CBQ.845)
REFUSED	7	(CBQ.845)
DON'T KNOW	9	(CBQ.845)

CBQ.840 Did you use the information in deciding what to eat?

YES	1
NO	2
REFUSED	7

DON'T KNOW..... 9

CBQ.845 In the past 12 months, did you buy any foods or beverages at a place that sells mostly beverages such as a coffee shop or juice bar?

Yes..... 1
No..... 2 [CBQ.860]
REFUSED..... 7
DON'T KNOW..... 9

CBQ.850 The **last** time you bought foods or beverages at a **place that sells mostly beverages**, did you notice any **calorie information** on the menu?

YES..... 1
NO..... 2 (CBQ.860)
REFUSED..... 7 (CBQ.860)
DON'T KNOW..... 9 (CBQ.860)

CBQ.855 Did you use the information in deciding what to order?

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

CBQ860 In the past 12 months, did you buy any foods or beverages at movie theaters, sports arenas, or other places of recreation?

Yes..... 1
No..... 2 [CBQ.875]
REFUSED..... 7
DON'T KNOW..... 9

CBQ.865 The **last** time you bought foods or beverages at a **movie theater, sports arena, or other place of recreation**, did you notice any **calorie information** on the menu?

YES..... 1
NO..... 2 (CBQ.875)
REFUSED..... 7 (CBQ.875)
DON'T KNOW..... 9 (CBQ.875)

CBQ.870 Did you use the information in deciding what to order?

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

CBQ.875 In the past 12 months, did you buy prepared foods such as salads, soups, chicken, sandwiches and cooked vegetables from grocery store salad bars and deli counters?

Yes	1	
No	2	[CBQ.890]
REFUSED	7	
DON'T KNOW	9	

CBQ.880 The **last** time you bought **prepared foods** at a **grocery store**, did you notice any **calorie information** about these foods?

YES	1	
NO	2	(CBQ.890)
REFUSED	7	(CBQ.890)
DON'T KNOW	9	(CBQ.890)

CBQ.885 Did you use the information in deciding what to buy?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.890 In the past 12 months, did you buy prepared foods at convenience stores including gas stations or corner stores?

Yes	1	
No	2	[Box 2]
REFUSED	7	
DON'T KNOW	9	

CBQ.895 The **last** time you bought **prepared foods** at a **convenience store,** including a gas station or corner store, did you notice any **calorie information** about these foods?

YES	1	
NO	2	(Box 2)
REFUSED	7	(Box 2)
DON'T KNOW	9	(Box 2)

CBQ.900 Did you use the information in deciding what to buy?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 2

CHECK ITEM CBQ.615:
CBQ.645 ONLY APPLY TO RESPODENT WHO IS A SP.

IF RESPONDENT IS A SP, CONTINUE.
OTHERWISE, GO TO CBQ.700.

Section C. Calories knowledge

CBQ.645 {Please turn to hand card 2.}

About how many calories do you think a {man/woman} of your age and physical activity needs to consume a day to maintain your current weight?

[HAND CARD #2]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

A. Less than 500 calories	1
B. 500-1000 calories	2
C. 1001-1500 calories	3
D. 1501-2000 calories	4
E. 2001-2500 calories	5
F. 2501-3000 calories	6
G. More than 3000 calories	7
REFUSED	77
DON'T KNOW	99

Section D. Food label

CBQ.700 {Now turn the page to use hand card 3.}
Many food packages contain an **expiration date** such as "**use by**" or "**sell by**". How often do you use **the expiration date** when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #3]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502="2".

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

DBQ.780 Some food packages contain health claims about the benefits of nutrients or foods {like the examples on hand card 4}. How often do you use this kind of **health claim** when deciding to buy a food product?

{Using hand card 5,} would you say always, most of the time, sometimes, rarely, or never?

[HAND CARDS #4 & #5]

CAPI INSTRUCTIONS:
IF CBQ.502=2, 7, or 9, REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:
'For example, "Diets low in sodium may reduce the risk of high blood pressure", or "Adequate calcium throughout life may reduce the risk of osteoporosis" ', Do NOT display "Using hand card 5", in the third sentence.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

DBQ.750 {Please turn to hand card 6. For the next question you'll use hand card 7 to respond, but first please look at hand card 6 which shows an example of the food label.

How often do **you** use the **Nutrition Facts panel** on a food label, such as the part colored in yellow on the sample food label on hand card 6, when deciding to buy a food product?}

{Looking at hand card 7,} would you say always, most of the time, sometimes, rarely, or never?

[HAND CARDS #6 & #7]

CAPI INSTRUCTIONS:
IF CBQ.502=1, DISPLAY DBQ.750 AS SHOWN ABOVE.

ELSE IF CBQ.503=1, REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:
"Next, we have some questions about food labels. On your (cereal box, can, food package, etc.) please look for the food label that is usually on the back or the side of the package. A food label has two parts, a Nutrition Facts panel and a list of ingredients. The "**Nutrition Facts panel**" of a food label lists the amount of calories, fat, fiber, carbohydrates and some other nutritional information.

How often do **you** use the **Nutrition Facts panel** when deciding to buy a food product?"

Do NOT display "Looking at hand card 7", in the fourth sentence.

ELSE IF CBQ.503=2, 7, OR 9, REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:
"Next, we have some questions about food labels. A food label usually is on the back or the side of the food package. It has two parts, a Nutrition Facts panel and a list of ingredients. The "**Nutrition Facts panel**" of a food label lists the amount of calories, fat, fiber, carbohydrates and some other nutritional information.

How often do **you** use the **Nutrition Facts panel** when deciding to buy a food product?"

Do NOT display "Looking at hand card 7", in the fourth sentence.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

DBQ.760 {Please turn to hand card 8. Again, for the next question, you'll use hand card 9 to respond, but first look at hand card 8.} How often do **you** use the **list of ingredients** on a food label, {such as the part colored in pink on hand card 8,} when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #8 & #9]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502="2".

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

DBQ.770 {Please turn your hand card to the next page.} How about the information on **the serving size**? [HAND CARD #10] How often do **you** use information on the **serving size** on a food label, {such as the part colored in green on hand card 10,} when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #10 & #11]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502="2".

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

CBQ.905 {Please turn to hand cards 12 and 13.} How about the information on **the number of servings in the package**? [How often do **you** use information on **the number of servings in the package** on a food label, {such as the part colored in purple on hand card 12,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARDS #12 & #13]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502="2".

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4

NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

CBQ.910 {Please turn to hand cards 14 and 15.} How about the information contained in the **footnote**?
[How often do **you** use information contained in the **footnote** on a food label, {such as the part colored in orange on hand card 14,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARDS #14 & #15]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

CBQ.685 {Please turn to {hand cards 16 and 17.} How about the information on **the percent daily value**?
[How often do **you** use information on the **percent daily value** on a food label, {such as the part colored in blue on hand card 16,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD #16 & #17]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5 (CBQ.925)
NEVER SEEN.....6 (CBQ.925)
REFUSED.....7 (CBQ.925)
DON'T KNOW.....9 (CBQ.925)

CBQ.915 {For the next question you'll use {hand card 19/hand card 21} to respond, but first please look at {hand card 18/hand card 20.}
Which one do you use more often when deciding to buy a food product - information on the food label about Percent Daily Value, {such as the part colored in blue on {hand card 18/hand card 20},} or about the amount of nutrients such as the value in grams or milligrams noted next to each nutrient {such as the part highlighted in yellow}?

{Looking at {hand card 19/hand card 21},} would you say you use…

[HAND CARDS #18 & #19]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502="2".

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND "[HAND CARDS #18 & #19]". IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND "[HAND CARDS #20 & #21]".

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

Only percent daily value;.....1
Percent daily value more often;.....2
Both percent daily value and the
amount of nutrients about the same;.....3
The amount of nutrients more often; or.....4
Only the amount of nutrients.....5
DO NOT USE EITHER.....6
REFUSED.....7
DON'T KNOW.....9

[HAND CARDS #20 & #21]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

Only the amount of nutrients;.....5
The amount of nutrients more often;.....4
Both the amount of nutrients and percent daily value
about the same;.....3
Percent daily value more often; or.....2
Only percent daily value.....1
DO NOT USE EITHER.....6
REFUSED.....7
DON'T KNOW.....9

BOX NEW

CHECK ITEM CBQ.920:
IF CBQ.502 = 1, CONTINUE.
OTHERWISE, GO TO CBQ.930.

CBQ.925 Now turn to {hand cards 22 and 23/hand cards 24 and 25}. The label of the product shows 5% Daily Value for Vitamin A in a serving of the product. What does the 5% Daily Value mean to you?

[HAND CARDS #22 & #23]

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND "[HAND CARDS #22 & #23]". IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND "[HAND CARDS #24 & #25]".

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

5 percent of the calories in one serving of the product come from Vitamin A.....1

One serving of the product contains 5 percent Vitamin A by weight 2

One serving of the product supplies 5 percent of the Vitamin A you should have in a day.....3

REFUSED.....7
DON'T KNOW.....9

[HAND CARDS #24 & #25]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

One serving of the product supplies 5 percent of the Vitamin A you should have in a day.....3

One serving of the product contains 5 percent Vitamin A by weight 2

5 percent of the calories in one serving of the product come from Vitamin A.....1

REFUSED.....7
DON'T KNOW.....9

CBQ.930 {Look at hand cards 26 and 27.} How often do **you** use the **calorie** information on a food label, {such as the part colored in green,} when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #26 and 27]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

CBQ.935 {Please turn your hand cards to the next page.} How about information on **sugars**?
[How often do **you** use information on **sugars** on a food label, {such as the part colored in pink on hand card 28,} when deciding to buy a food product?]

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD #28 & 29]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

CBQ.945 {Now turn to hand cards 30 and 31.} How about information on **sodium**?
[How often do **you** use information on **sodium** on a food label, {such as the part colored in blue on hand card 30,} when deciding to buy a food product?]

[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD #30 & #31]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

CBQ.950 {Please turn to the next hand card page.} Some food packages contain two column labels. {For example, the one shown in hand card 32}. The first column has nutrient information for one serving of the food, and the second column contains information for the entire package.
On packages containing two column labels, how often do you use the second column with information per container when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARDS #32 & #33]

CAPI INSTRUCTION: Do NOT display the text in braces if CBQ.502=”2”.

ALWAYS.....1
MOST OF THE TIME.....2
SOMETIMES.....3
RARELY.....4
NEVER.....5
NEVER SEEN.....6
REFUSED.....7
DON'T KNOW.....9

BOX 5New

CHECK ITEM CBQ.708:

IF (DBQ.750 = 1-3) OR (DBQ.760 = 1-3) OR (DBQ.770 = 1-3) OR (DBQ.780 = 1-3), OR (CBQ.905 = 1-3), OR (CBQ.910 = 1-3), OR (CBQ.685 = 1-3), OR (CBQ.930 = 1-3), OR (CBQ.935 = 1-3), OR (CBQ.945 = 1-3), OR (CBQ.950 = 1-3), CONTINUE;

ELSE IF (DBQ.750 = 6-9) AND (DBQ.760 = 6-9) AND (DBQ.770 = 6-9) AND (DBQ.780 = 6-9), AND (CBQ.905 = 6-9), AND (CBQ.910 = 6-9), AND (CBQ.685 = 6-9), AND CBQ.930 = 6-9), AND (CBQ.935 = 6-9), AND (CBQ.945 = 6-9), AND (CBQ.950 = 6-9), GO TO CBQ.695;

OTHERWISE, GO TO CBQ.698.

CBQ.738 {What is the reason or reasons that you check the food label when deciding to buy a food product? There are some examples on {hand card 34/hand card 35}. You may give more than one answer.}

[HAND CARD #34]

CAPI INSTRUCTIONS:
IF CBQ.502=1, DISPLAY CBQ.738 AS SHOWN ABOVE.

ELSE IF CBQ.502=2, 7, OR 9 –
1. REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:
"For this next question you may give more than one answer. What is the reason or reasons that you check the food label when deciding to buy a food product? I will read you some examples."

DISPLAY ALL THE RESPONSE CATEGORIES IN LOWER CASE

CODE ALL THAT APPLY.

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND "[HAND CARD #34]". IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND "[HAND CARD #35]".

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

TO WATCH MY WEIGHT AND/OR LOSE WEIGHT..... 1
A FAMILY MEMBER IS TRYING TO WATCH THEIR WEIGHT AND/OR LOSE WEIGHT 2
TO WATCH FOR DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE OR OTHER HEALTH CONDITIONS..... 3
A FAMILY MEMBER HAS A HEALTH CONDITION (FOR EXAMPLE, DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, ETC)..... 4
I AM ALLERGIC TO CERTAIN FOOD(S)..... 5
A FAMILY MEMBER HAS FOOD ALLERGIES..... 6
TO AVOID CERTAIN INGREDIENTS (SUCH AS MSG, HIGH FRUCTOSE CORN SYRUP, COLOR DYES, ARTIFICIAL PRESERVATIVES, OR HYDROGENATED OILS, ETC)..... 7
TO INCREASE CERTAIN NUTRIENTS IN MY/FAMILY'S DIET (SUCH AS FIBER, CALCIUM, ETC)..... 8
TO COMPARE WHICH BRAND/FOOD IS BETTER/HEALTHIER..... 9
TO MAKE BETTER/HEALTHIER CHOICES FOR ME AND MY FAMILY..... 10
TO WATCH FOR CALORIE CONTENT OR NUTRIENTS (SUCH AS SODIUM, TRANS FAT, SUGAR, CARBOHYDRATES, OR PROTEIN, ETC)..... 11
OTHER SPECIFY_____..... 91
REFUSED..... 77
DON'T KNOW..... 99

[HAND CARD #35]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

TO COMPARE WHICH BRAND/FOOD IS BETTER/HEALTHIER..... 9
TO MAKE BETTER/HEALTHIER CHOICES FOR ME AND MY FAMILY..... 10
TO AVOID CERTAIN INGREDIENTS
(SUCH AS MSG, HIGH FRUCTOSE CORN SYRUP, COLOR DYES, ARTIFICIAL PRESERVATIVES, OR HYDROGENATED OILS, ETC)..... 7
A FAMILY MEMBER HAS A HEALTH CONDITION
(FOR EXAMPLE, DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, ETC)..... 4
I AM ALLERGIC TO CERTAIN FOOD(S)..... 5
A FAMILY MEMBER HAS FOOD ALLERGIES..... 6
TO WATCH FOR DIABETES, HIGH TRIGLYCERIDES, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE OR OTHER HEALTH CONDITIONS..... 3
TO INCREASE CERTAIN NUTRIENTS IN MY/FAMILY'S DIET
(SUCH AS FIBER, CALCIUM, ETC)..... 8
TO WATCH MY WEIGHT AND/OR LOSE WEIGHT..... 1
A FAMILY MEMBER IS TRYING TO WATCH THEIR WEIGHT AND/OR LOSE WEIGHT 2
TO WATCH FOR CALORIE CONTENT OR NUTRIENTS (SUCH AS SODIUM, TRANS FAT, SUGAR, CARBOHYDRATES, OR PROTEIN, ETC)..... 11
OTHER SPECIFY_____..... 91
REFUSED..... 77
DON'T KNOW..... 99

BOX 5A.

CHECK ITEM CBQ.751:

GO TO CBQ.695.

CBQ.698 {What is the reason or reasons that you rarely or never check the food label when deciding to buy a food product? There are some examples on {hand card 36/hand card 37}. You may give more than one answer.}

[HAND CARD #36]

CAPI INSTRUCTIONS:
IF CBQ.502=1, DISPLAY CBQ.698 AS SHOWN ABOVE.

ELSE IF CBQ.502=2, 7, OR 9 –
1. REPLACE TEXT IN THE BRACES WITH THE FOLLOWING:
"For this next question you may give more than one answer. What is the reason or reasons that you rarely or never check the food label when deciding to buy a food product? I will read you some examples."

DISPLAY ALL THE RESPONSE CATEGORIES IN LOWER CASE

CODE ALL THAT APPLY.

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND "[HAND CARD #36]". IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND "[HAND CARD #37]".

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

I DON'T HAVE THE TIME..... 1
THE PRINT IS TOO SMALL FOR ME TO READ..... 2
I'M SATISFIED WITH MY HEALTH SO THERE IS NO NEED FOR ME TO CHECK..... 3
I HAVE A GOOD DIET SO THERE IS NO NEED TO CHECK LABELS..... 4
I USUALLY BUY FOODS THAT I'M USED TO, SO I DON'T FEEL THAT I NEED TO CHECK LABELS
.....5
I BUY WHAT I OR MY FAMILY LIKE, I DON'T CARE ABOUT THE LABELS..... 6
I DON'T THINK THE FOOD LABELS ARE IMPORTANT TO ME..... 7
I WON'T KNOW WHAT TO LOOK FOR EVEN IF I READ THE LABELS..... 8
I CAN'T READ ENGLISH THAT WELL..... 9
OTHER SPECIFY_____..... 91
REFUSED..... 77
DON'T KNOW..... 99

[HAND CARD #37]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

I DON'T HAVE THE TIME..... 1
I WON'T KNOW WHAT TO LOOK FOR EVEN IF I READ THE LABELS..... 8
I'M SATISFIED WITH MY HEALTH SO THERE IS NO NEED FOR ME TO CHECK..... 3
I CAN'T READ ENGLISH THAT WELL..... 9
I HAVE A GOOD DIET SO THERE IS NO NEED TO CHECK LABELS..... 4
I BUY WHAT I OR MY FAMILY LIKE, I DON'T CARE ABOUT THE LABELS..... 6
I DON'T THINK THE FOOD LABELS ARE IMPORTANT TO ME..... 7
THE PRINT IS TOO SMALL FOR ME TO READ..... 2
I USUALLY BUY FOODS THAT I'M USED TO, SO I DON'T FEEL THAT I NEED TO CHECK LABELS 5
OTHER SPECIFY_____..... 91
REFUSED..... 77
DON'T KNOW..... 99

CBQ.695 {Now turn to {hand cards 38 and 39/hand cards 40 and 41}.} Again, for this next question you may give more than one answer.

Now think about the "**serving size**" on a food label. What does serving size mean to you? Serving size is…

CODE ALL THAT APPLY

[HAND CARD #38 & #39]

CAPI INSTRUCTION:
1. Do NOT display the text in braces if CBQ.502="2".
2. IF (DBQ.750 = 6-9) AND (DBQ.760 = 6-9) AND (DBQ.770 = 6-9) AND (DBQ.780 = 6-9), AND (CBQ.905 = 6-9), AND (CBQ.910 = 6-9), AND (CBQ.685 = 6-9), AND CBQ.930 = 6-9), AND (CBQ.935 = 6-9), AND (CBQ.945 = 6-9), AND (CBQ.950 = 6-9), Do NOT display the word "Again," in the introduction sentence.

CAPI INSTRUCTION: IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 1 AND "[HAND CARDS #38 & #39]". IF HOUSEHOLD ID EQUAL TO XXX, DISPLAY RANDOMIZED ORDER VERSION 2 AND "[HAND CARDS #40 & #41]".

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #1

The amount of this food that people should eat..... 1
The amount of this food that people usually eat 2
Something that makes it easier to compare foods..... 3
REFUSED..... 7
DON'T KNOW..... 9

[HAND CARDS #40 & #41]

CAPI INSTRUCTION: RANDOMIZED ORDER VERSION #2

The amount of this food that people usually eat..... 2
The amount of this food that people should eat 1

Something that makes it easier to compare foods..... 3
REFUSED..... 7
DON'T KNOW..... 9

Section E. Respondent information

BOX 6.

CHECK ITEM CBQ.750:

CBQ.755, DBQ.930-DBQ.945, CBQ.760-CBQ.770 ONLY APPLY TO NON-SP PROXY.

IF RESPONDENT IS A SP, GO TO CBQ.785.
OTHERWISE, CONTINUE.

CBQ.755 What is your relation with {SP}?

Mother of SP..... 1
Father of SP..... 2
Grandparent of SP 3
Child care provider, Caretaker 4
Other Relative 5
Friend, Non Relative 6
REFUSED..... 7
DON'T KNOW..... 9

DBQ.930 Are you the person who does **most** of the planning **or** preparing of meals in your family?

INTERVIEWER INSTRUCTION: IF SP ANSWERS “SOMETIMES” OR “50/50”, ENTER YES

YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 9

DBQ.935 Do you share in the planning or preparing of meals with someone else?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.940 Are you the person who does **most** of the shopping for food in your family?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

DBQ.945 Do you share in the shopping for food with someone else?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.760 How old are you?

|___|___| Years
Enter AGE

REFUSED	77
DON'T KNOW	99

CBQ.765 Which of the following best describe your highest education level?

Less than high school	1
High school diploma (including GED), or	2
More than high school	3
REFUSED	7
DON'T KNOW	9

CBQ.770 WHAT IS THE GENDER OF THE RESPONDENT?

[Interviewer Instruction: this is a question for the interviewer to complete by selecting the appropriate option. No need to read the question to the SP]

MALE..... 1
FEMALE..... 2

CBQ.785 THE INTERVIEW WAS COMPLETED IN:

INTERVIEWER INSTRUCTION:
This is a question for the interviewer to complete by selecting the appropriate option. Do not read the question to the SP.

ENGLISH..... 1
SPANISH..... 2
ENGLISH AND SPANISH..... 3
OTHER..... 4

~~10~~ HAND CARDS

10.1 SAMPLE PERSON QUESTIONNAIRE

PFQ1

No difficulty

Some difficulty

Much difficulty

Unable to do

Do not do this activity

PFQ2

Arthritis/rheumatism

Back or neck problem

Birth defect

Cancer

Depression/anxiety/emotional problem

Other developmental problem (such as cerebral palsy)

Diabetes

Fractures, bone/joint injury

Hearing problem

Heart problem

Hypertension/high blood pressure

Lung/breathing problem

Intellectual Disability

Other injury

Senility

Stroke problem

Vision/problem seeing

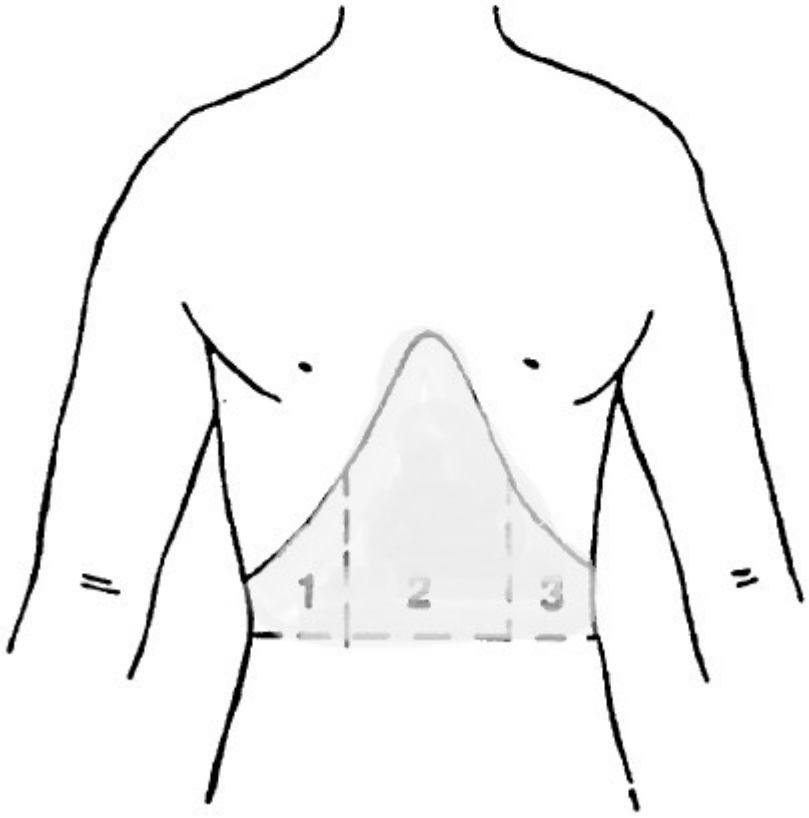
Weight problem

Other impairment/problem

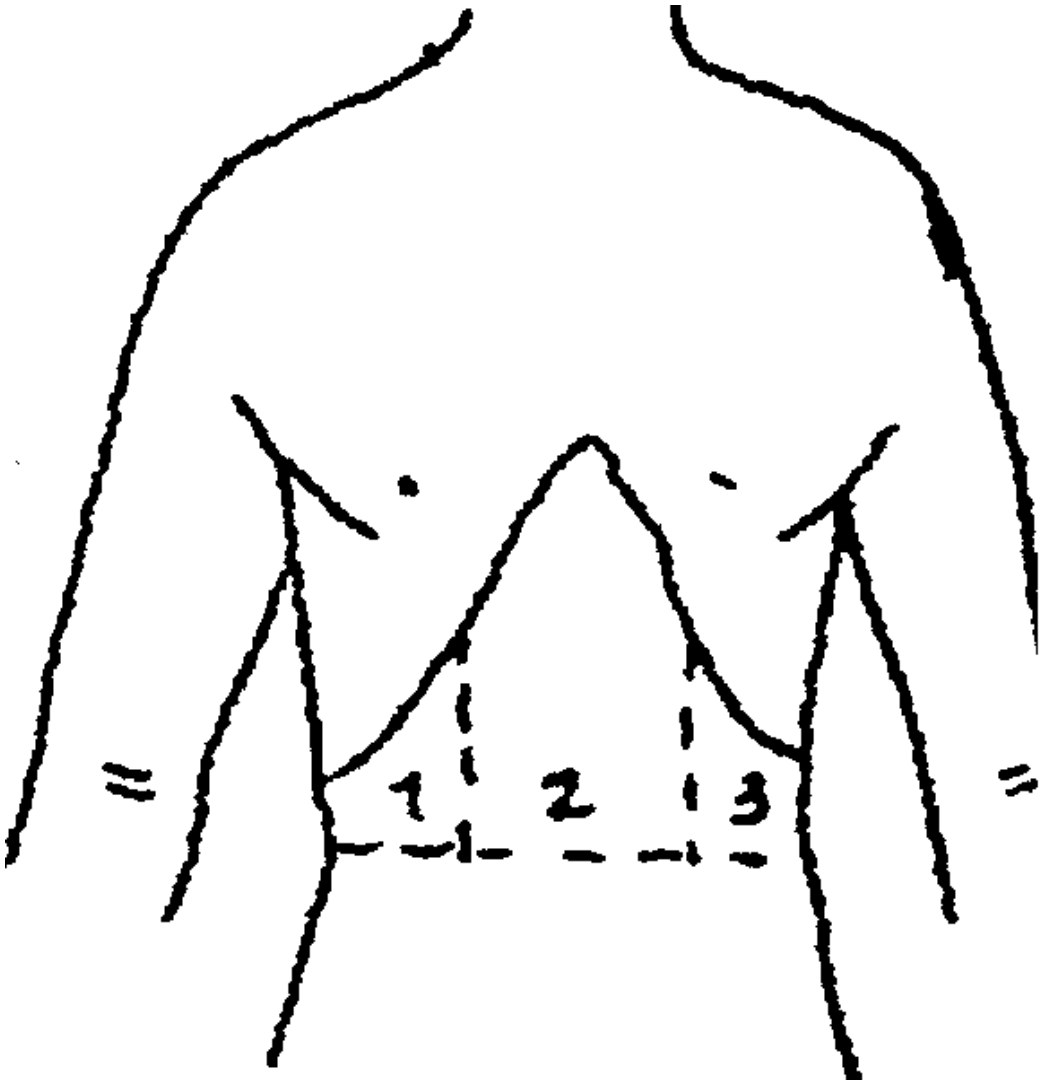
Hand Card GALL1

UPPER ABDOMEN

Right **Left**



Hand Card 2



OSQ3

Hip replacement

Knee replacement

Plates or pins to fix a broken bone

Dental implants (posts)

Metal sutures or clips

Stents

Pacemakers

HEQ1

Prescribed Medicines for Hepatitis B

Adefovir
Alinia
Baraclude
Entecavir
Epivir
Epivir HBV
Hepsera
Interferon / Peginterferon
Intron A
Lamivudine
Nitazoxanide
Olysio (simeprevir)
Pegasys
Roferon-A
Sovaldi (sofosbuvir)
Telbivudine

Tenofovir

Tyzeka

Viread

HEQ2

Prescribed Medicines for Hepatitis C

Alinia
Boceprevir
Copegus
Daclatasvir (Daklinza)
Harvoni
Incivek
Infergen
Interferon / Peginterferon
Intron A
Ledipasvir
Nitazoxanide
Olysio (simeprevir)
Pegasys
Pegintron
Rebetol
Rebetron
Ribapak
Ribasphere
Ribatab
Ribavirin
Roferon-A
Sovaldi (sofosbuvir)
Sylatron
Technivie
Telaprevir
Victrelis
Viekira Pak

Virazole
Zepatier

DIQ1

Prediabetes

Impaired fasting glucose

Impaired glucose tolerance

Borderline diabetes

DIQ2

Risk Factors:

10. Family history
11. Overweight
12. Age
13. Poor diet
14. Race
15. Had a baby that weighed over 9 lbs. at birth
16. Lack of physical activity or sedentary lifestyle

Medical Conditions:

17. High blood pressure
18. High blood sugar
19. High cholesterol
20. Hypoglycemic

Experienced Symptoms:

21. Extreme hunger
22. Tingling/numbness in hands or feet
23. Blurred vision
24. Increased fatigue

Other Factors:

25. Anyone could be at risk
26. Doctor warning
27. Other, specify

28. Gestational diabetes
29. Frequent urination
30. Thirst

DIQ3

Less than 6

Less than 7

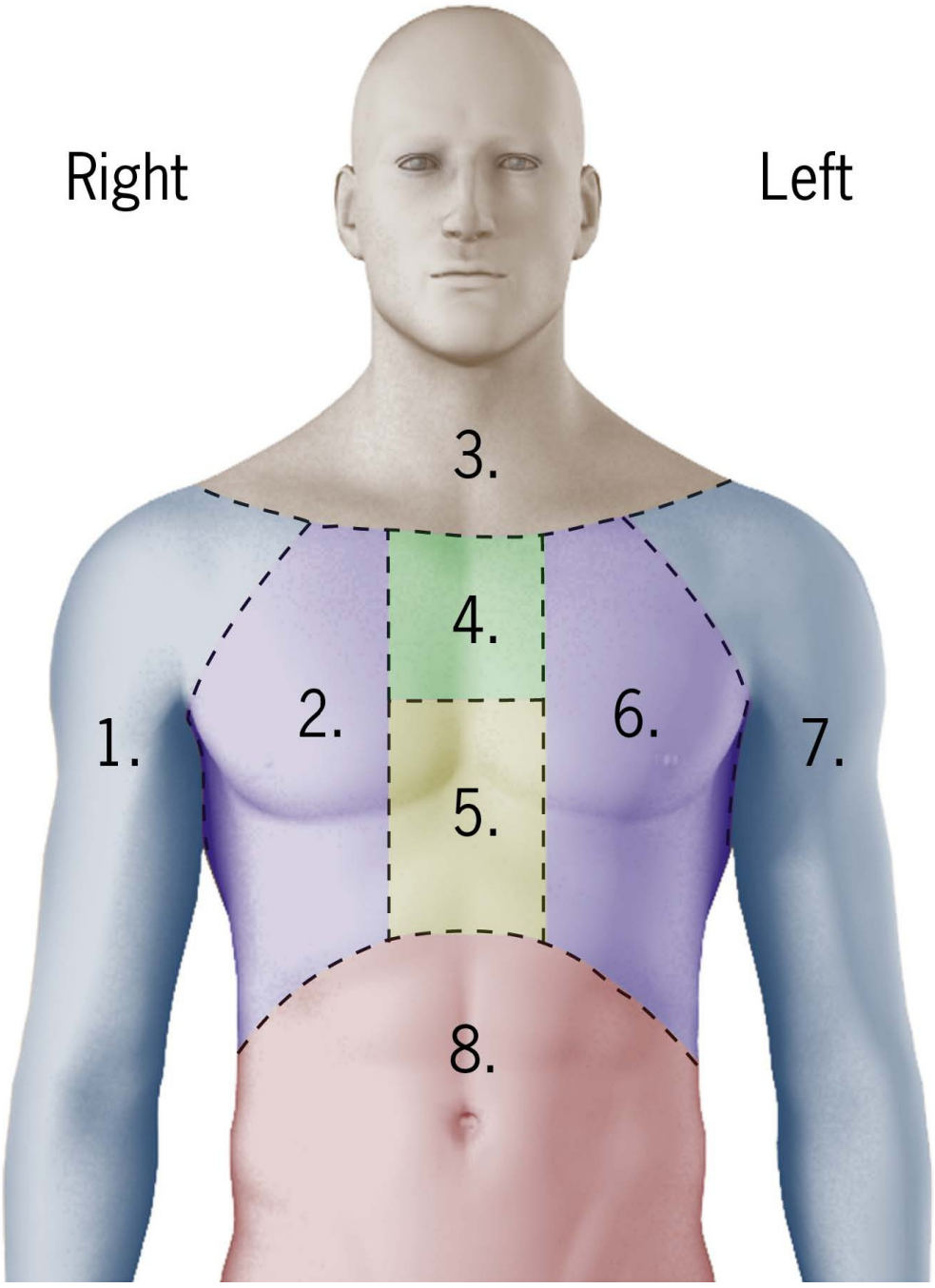
Less than 8

Less than 9

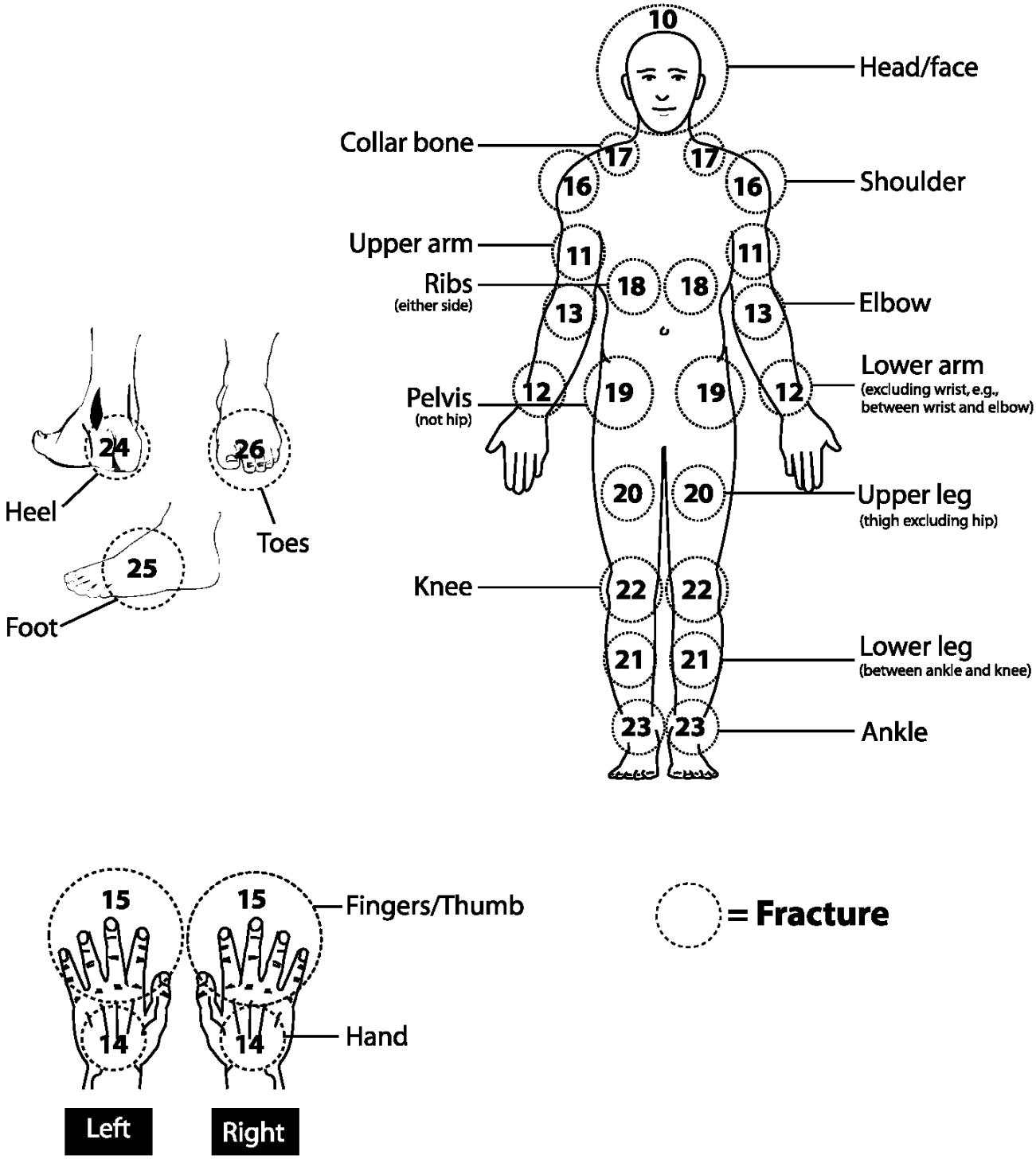
Less than 10

Provider did not specify a goal

CDQ1


Right
Left
3.
4.
2.
6.
1.
7.
5.
8.

OSQ1


10
Head/face
Collar bone
17
17
16
16
Shoulder
Upper arm
11
11
Ribs
(either side)
18
18
13
13
Elbow
Lower arm
(excluding wrist, e.g., between wrist and elbow)
Pelvis
(not hip)
12
19
19
12
24
26
Heel
Toes
25
Foot
20
20
Upper leg
(thigh excluding hip)
Knee
22
22
21
21
Lower leg
(between ankle and knee)
23
23
Ankle
15
15
Fingers/Thumb
14
14
Hand
Left
Right
= Fracture

OSQ2

Prescribed Medicines for Osteoporosis

Fosamax, Alendronate

Boniva, Ibandronate

Actonel, Atelvia, Risedronate

Reclast, Zoledronic acid

Fortical, Miacalcin, Calcitonin

Evista, Raloxifene

Forteo, Teriparatide

Duavee, Bazedoxifene

Prolia, Denosumab

AUQ1

Genetic/hereditary causes

11 Ear infections (including fluid in ears)

Ear diseases (otosclerosis, menieres, tumor)

Illness/infections (measles, meningitis, mumps)

Drugs/medications

Head or neck injury/trauma

Loud brief explosive noise sounds

Noise exposure, long-term (machinery, etc.)

Aging, getting older

AUQ2

Speech-language

Reading

Hearing or listening skills

Intellectual disability

Movement or mobility difficulties

Other developmental or disability problems

AUQ3

Always

Usually

About half the time

Seldom

Never

AUQ4

Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months

DEQ1

Get a severe sunburn with blisters

A severe sunburn for a few days with peeling

Mildly burned with some tanning

Turning darker without a sunburn

Nothing would happen in half an hour

Other

DEQ2

Always

Most of the time

Sometimes

Rarely

Never

OHQ1

Went in on own for check-up, examination or cleaning

Was called in by the dentist for check-up, examination or cleaning

Something was wrong, bothering or hurting

Went for treatment of a condition that dentist discovered at earlier check-up or examination

OHQ2

Could not afford the cost

Did not want to spend the money

Insurance did not cover recommended procedures

Dental office is too far away

Dental office is not open at convenient times

Another dentist recommended not doing it

Afraid or do not like dentists

Unable to take time off from work

Too busy

I did not think anything serious was wrong/expected dental problems to go away

OHQ3

Very often

Fairly often

Occasionally

Hardly ever

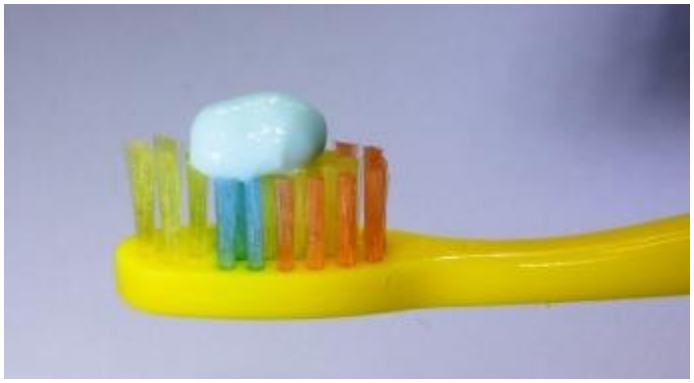
Never

OHQ4

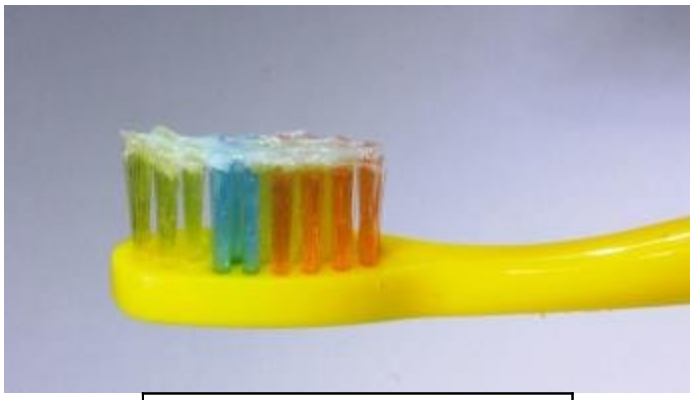
1. Full load

2. Half load

3. Pea size



4. Smear



SLQ1

Never

Rarely – 1 time a month

Sometimes – 2 to 4 times a month

Often – 5 to 15 times a month

Almost always – 16 to 30 times a month

DBQ1

Never

Rarely – less than once a week

Sometimes – once a week or more, but less than once a day

Often – once a day or more

DBQ2

A **regular** milk drinker for **most** or **all** of lifetime, including childhood

Never has been a **regular** milk drinker

Milk drinking has **varied** over lifetime – sometimes has been a **regular** milk drinker and sometimes has **not** been a regular milk drinker

DBQ3

Never

Rarely – less than once a week

Sometimes – once a week or more, but less than once a day

Often – once a day or more

DBQ4

EXAMPLES OF FROZEN MEALS & FROZEN PIZZAS

WHQ1

Ate less food (amount)

Switched to foods with lower calories

Ate less fat

Ate fewer carbohydrates

Exercised

Skipped meals, fasted

Ate “diet” foods or products

Used a liquid diet formula such as Slimfast, Optifast or Shakeology

Joined a weight loss program such as Weight Watchers, Jenny Craig, Tops, or Overeaters Anonymous

Followed a special diet such as Dr. Atkins, South Beach, other high protein or low carbohydrate diet, cabbage soup diet, Ornish, Nutrisystem, Body-for-Life, Juice diet

Took diet pills prescribed by a doctor

Took other pills, medicines, herbs or supplements not needing a prescription

Started to smoke or began to smoke again

Took laxatives or vomited

Had weight loss surgery such as Gastric bypass

Drank a lot of water

Ate more fruits, vegetables, salads

Ate less sugar, candy, sweets, drank less soda, drank less sugar sweetened beverages

Changed eating habits (didn’t eat late at night, ate several small meals a day, ate at home more)

Ate less junk food or fast food

Other (Specify)

WHQ2

Gastric bypass (Roux-en-Y gastric bypass)

Gastric banding (adjustable gastric banding or gastric stapling)

Bariatric sleeve (sleeve gastrectomy)

Duodenal switch (biliopancreatic diversion OR biliopancreatic diversion with a duodenal switch)

SMQ1

Include

Cigarette

Hand Rolled Cigarette

Do NOT Include

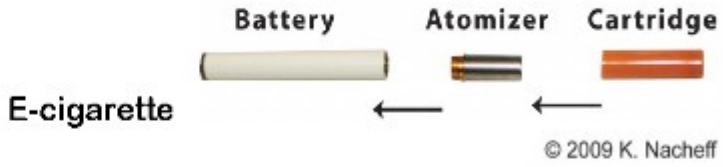
Little Cigar

Cigarillo (Tipped)

Cigarillo

Cigar

Cigar Images Courtesy of Legacy®



SMQ
examples of top brands

The Hand card will show the top 30 cigarette varieties for the period March 23, 2014 to March 21, 2015
This is an example of how each brand will appear on the hand card

SMQ2

Cigars, cigarillos and little filtered cigars

SMQ3

E-cigarettes and other vaping devices

SMQ4

Smokeless tobacco products

OCQ1

An employee of a **private** company, business, or individual for wages, salary, or commission

A **federal** government employee

A **state** government employee

A **local** government employee

Self-employed in **own** business, professional practice or farm

Working **without pay** in family business or farm

OCQ2

Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months

ACQ1

Only Spanish

More Spanish than English

Both equally

More English than Spanish

Only English

ACQ2

English

Chinese

Farsi/Persian

Hindi

Japanese

Khmer/Cambodian

Korean

Tagalog/Filipino

Urdu

Vietnamese

Other

DMQ1

Never attended/kindergarten only

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: Occupational, technical, or vocational program

Associate degree: Academic program

Bachelor's degree (example: BA, AB, BS, BBA)

Master's degree (example: MA, MS, MEng, MEd, MBA)

Professional school degree (example: MD, DDS, DVM, JD)

Doctoral degree (example: PhD, EdD)

DMQ2

September 2001 or later

August 1990 to August 2001 (including Persian Gulf War)

September 1980 to July 1990

May 1975 to August 1980

August 1964 to April 1975 (Vietnam Era)

March 1961 to July 1964

February 1955 to February 1961

July 1950 to January 1955 (Korean War)

January 1947 to June 1950

December 1941 to December 1946 (World War II)

November 1941 or earlier

DMQ3

10. Mexican
11. Puerto Rican
12. Cuban
13. Dominican (Republic)

Central American:

14. Costa Rican
15. Guatemalan
16. Honduran
17. Nicaraguan
18. Panamanian
19. Salvadoran
20. Other Central American

South American:

21. Argentinean
22. Bolivian
23. Chilean
24. Colombian
25. Ecuadorian
26. Paraguayan
27. Peruvian
28. Uruguayan
29. Venezuelan
30. Other South American

Other Hispanic or Latino:

31. Filipino
32. Spaniard
33. Spanish
34. Spanish American
35. Hispano/Hispana

36. Hispanic/Latino

41. Chicana/Chicano

DMQ4

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

DMQ5

1. Native Hawaiian
2. Guamanian or Chamorro
3. Samoan
4. Other Pacific Islander

DMQ6

10. Asian Indian
11. Bangladeshi
12. Bengalese
13. Bharat
14. Bhutanese
15. Burmese
16. Cambodian
17. Cantonese
18. Chinese
19. Dravidian
20. East Indian
21. Filipino
22. Goanese
23. Hmong
24. Indochinese
25. Indonesian
26. Iwo Jiman
27. Japanese

28. Korean
29. Laohmong
30. Laotian
31. Madagascar/Malagasy
32. Malaysian
33. Maldivian
34. Mong
35. Nepalese
36. Nipponese
37. Okinawan
38. Pakistani
39. Siamese
40. Singaporean
41. Sri Lankan
42. Taiwanese
43. Thai
44. Vietnamese

DMQ7

Yes, born in United States

Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory

Yes, born abroad to American parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

DMQ8

Examples of what we learned when matching NHANES data to other data sources such as Medicare and Medicaid:

- How housing environment may affect the levels of lead in children’s blood
- Higher vitamin D in the blood lowers the risk of broken bones
- Consuming high amount of sugar can increase the risk of heart diseases
- People who live or work with smokers have a higher risk of heart attack
- Adults who exercise, eat healthy diets, and do not smoke have a lower chance of dying

HIQ1

Private health insurance

Medicare

Medi-gap

Medicaid

SCHIP (CHIP/Children's Health Insurance Program)

Military Health Care (Tricare/VA/ Champ-VA)

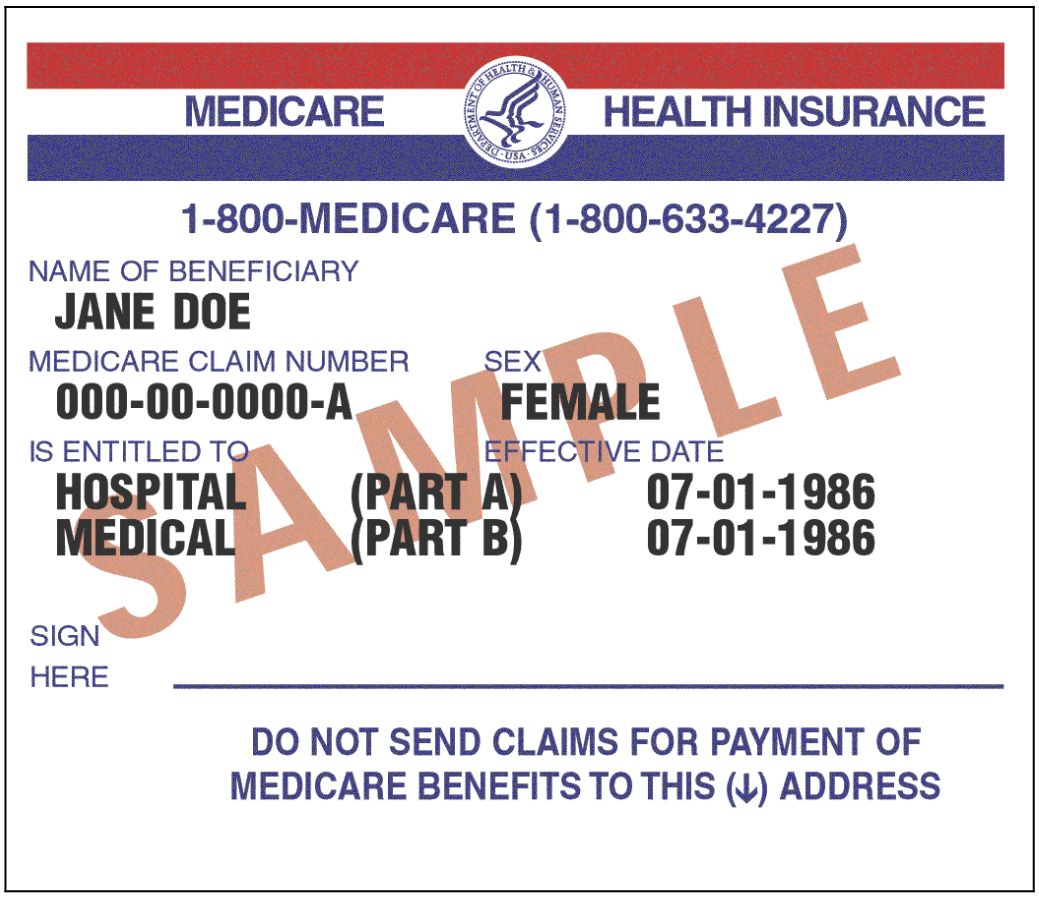
Indian Health Service

State-sponsored health plan

Other government program

Single service plan (e.g., dental, vision, prescriptions)

HIQ2


MEDICARE
HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)
NAME OF BENEFICIARY
JANE DOE
MEDICARE CLAIM NUMBER
000-00-0000-A
SEX
FEMALE
IS ENTITLED TO
EFFECTIVE DATE
HOSPITAL (PART A) 07-01-1986
MEDICAL (PART B) 07-01-1986
SAMPLE
SIGN
HERE
DO NOT SEND CLAIMS FOR PAYMENT OF
MEDICARE BENEFITS TO THIS (↓) ADDRESS

DSQ1a

VITAMINS **MINERALS**	Calcium Iron Zinc	Vitamin C Vitamin E	Calcium and Magnesium Calcium plus Vitamin D
MULTI-VITAMIN--MULTI-MINERALS	Flintstones Tri-Vi-Flor	One a Day B-Complex	Prenatals Centrum
HERBALS AND BOTANICALS	Echinacea Ginkgo	Garlic Ginseng	Saw Palmetto
FIBER	Metamucil	Fibercon	Benefiber
AMINO ACIDS	Lysine	Methionine	Tryptophan
OTHERS	Fish Oil	Chondroitin	Glucosamine

DSQ1b

EXAMPLES OF ANTACIDS

Tums

Rolaids

Maalox

Mylanta

DSQ2

Decided to take it for reasons of my own

A doctor or other health provider told me to

DSQ3

To:

Build muscle

Gain weight

Get more energy

Improve digestion

Improve my overall health

Maintain health (to stay healthy)

Maintain healthy blood sugar level, diabetes

Prevent colds, boost immune system

Prevent health problems

Supplement my diet (because I don't get enough from food)

For:

Anemia, such as low iron

Bone health, build strong bones, osteoporosis

Eye health

Good bowel/colon health

Healthy Joints, arthritis

Healthy skin, hair, and nails

Heart health, cholesterol

Kidney and bladder health, urinary tract health

Liver health, detoxification, cleanse system

Menopause, hot flashes

Mental health

Muscle related issues, muscle cramps

Pregnancy/breastfeeding

Prostate health

Relaxation, decrease stress, improve sleep

Teeth, prevent cavities

Weight loss

11.1 FAMILY QUESTIONNAIRE

DMQ1

Never attended/kindergarten only

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: Occupational, technical, or vocational program

Associate degree: Academic program

Bachelor’s degree (example: BA, AB, BS, BBA)

Master’s degree (example: MA, MS, MEng, MEd, MBA)

Professional school degree (example: MD, DDS, DVM, JD)

Doctoral degree (example: PhD, EdD)

CBQ1

EXAMPLES OF PLACES OTHER THAN GROCERY STORES

Convenience Stores (7-11, Mini Mart)

Wholesale Stores (Costco, Sam's Club, BJ's)

Target/ Wal-Mart/ Kmart

Dollar Store

Bakeries

Meat Markets

Vegetable stands

Farmer’s Markets

INQ1

U. $20,000 - $20,999

V. $21,000 - $21,999

W. $22,000 - $22,999

X. $23,000 - $23,999

Y. $24,000 - $24,999

Z. $25,000 - $25,999

AA. $26,000 - $26,999

BB. $27,000 - $27,999

CC. $28,000 - $28,999

DD. $29,000 - $29,999

EE. $30,000 - $30,999

FF. $31,000 - $31,999

GG. $32,000 - $32,999

HH. $33,000 - $33,999

II. $34,000 - $34,999

JJ.	$35,000 - $39,999	QQ.	$70,000 - $74,999
KK.	$40,000 - $44,999	RR.	$75,000 - $79,999
LL.	$45,000 - $49,999	SS.	$80,000 - $84,999
MM.	$50,000 - $54,999	TT.	$85,000 - $89,999
NN.	$55,000 - $59,999	UU.	$90,000 - $94,999
OO.	$60,000 - $64,999	VV.	$95,000 - $99,999
PP.	$65,000 - $69,999	WW.	$100,000 and over

INQ2

A.	Less than $1,000	E.	$4,000 - $4,999
B.	$1,000 - $1,999	F.	$5,000 - $5,999
C.	$2,000 - $2,999	G.	$6,000 - $6,999
D.	$3,000 - $3,999	H.	$7,000 - $7,999

I. $8,000 - $8,999

J. $9,000 - $9,999

K. $10,000 - $10,999

L. $11,000 - $11,999

M. $12,000 - $12,999

N. $13,000 - $13,999

O. $14,000 - $14,999

P. $15,000 - $15,999

Q. $16,000 - $16,999

R. $17,000 - $17,999

S. $18,000 - $18,999

T. $19,000 - $19,999

INQ3

Cash

Checking account

Saving accounts

CDs (Certificates of deposit)

Retirement accounts (such as IRAs, 401K, etc.)

Stocks

Bonds

Mutual funds

INQ4

A: $0 - $3,000

B: $3,001 - $5,000

C: $5,001 - $10,000

D: $10,001 - $15,000

E: $15,001 - $20,000

–

Cash

Checking account

Saving accounts

CDs (Certificates of deposit)

Retirement accounts (such as IRAs, 401K, etc.)

Stocks

Bonds

Mutual funds

INQ5

In my car

In a car that belongs to someone I live with

In a car that belongs to someone who lives elsewhere

Walk

Ride bicycle

Bus, subway or other public transit

Taxi or other paid driver

Someone else delivers groceries

Other

FSQ
1

Often true

Sometimes true

Never true

SXQ1

1. Lesbian or gay
2. Straight, that is, not lesbian or gay
3. Bisexual
4. Something else
5. I don’t know the answer

SXQ2

1. Gay
2. Straight, that is, not gay
3. Bisexual
4. Something else
5. I don’t know the answer

DPQ1

Not at all

Several days

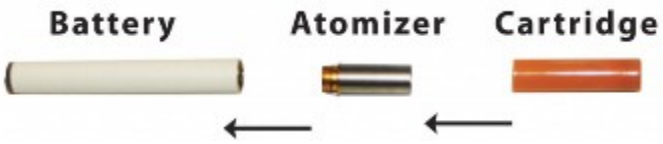
More than half the days

Nearly every day

2

SMQ1

Cigarette	
Pipe	
Cigar, or little cigar, or cigarillo	

Water pipe or Hookah	
E-cigarette	

ALQ1

EXAMPLES OF AN ALCOHOLIC DRINK

12 fl oz of regular beer

5 fl oz of table wine

1.5 oz of brandy

OR

1.5 fl oz shot of
80-proof distilled spirits

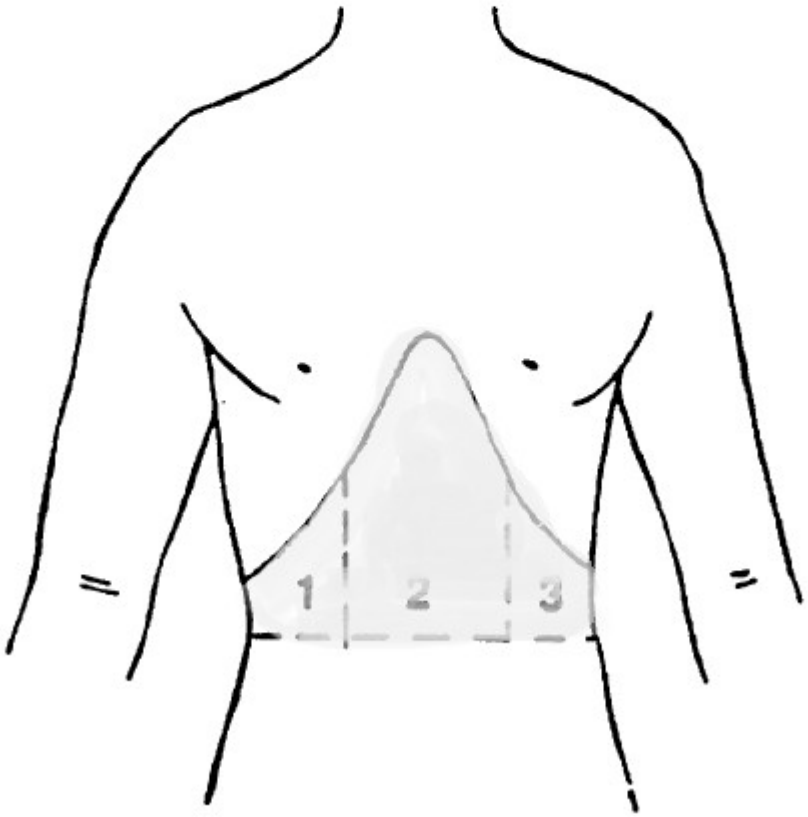
ALQ2

Weekly	Monthly	Yearly
Every day	2-3 Times/month	7-11 times/last year
Nearly every day	Once/month	3-6 times/last year
3 to 4 Times/week		1-2 times/last year
2 Times/week		
Once a week		
		Never in last year

Hand Card GALL1

UPPER ABDOMEN

Right **Left**



ALQ2

Every Day

Nearly Every Day

3-4 Times/week

2 Times/week

Once a week

2-3 Times/Month

One/Month

7-11 times/last year

3-6 times/last year

1-2 times/last year

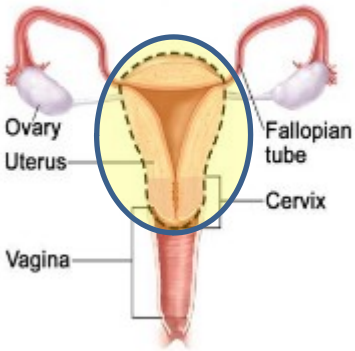
Never/last year

RHQ1

Pregnancy

Breastfeeding

Total or Partial Hysterectomy (Surgery to Remove Uterus/Womb)



Menopause / Change of Life

Vaginal

Hot flashes

Night

Mood

Sleep issues

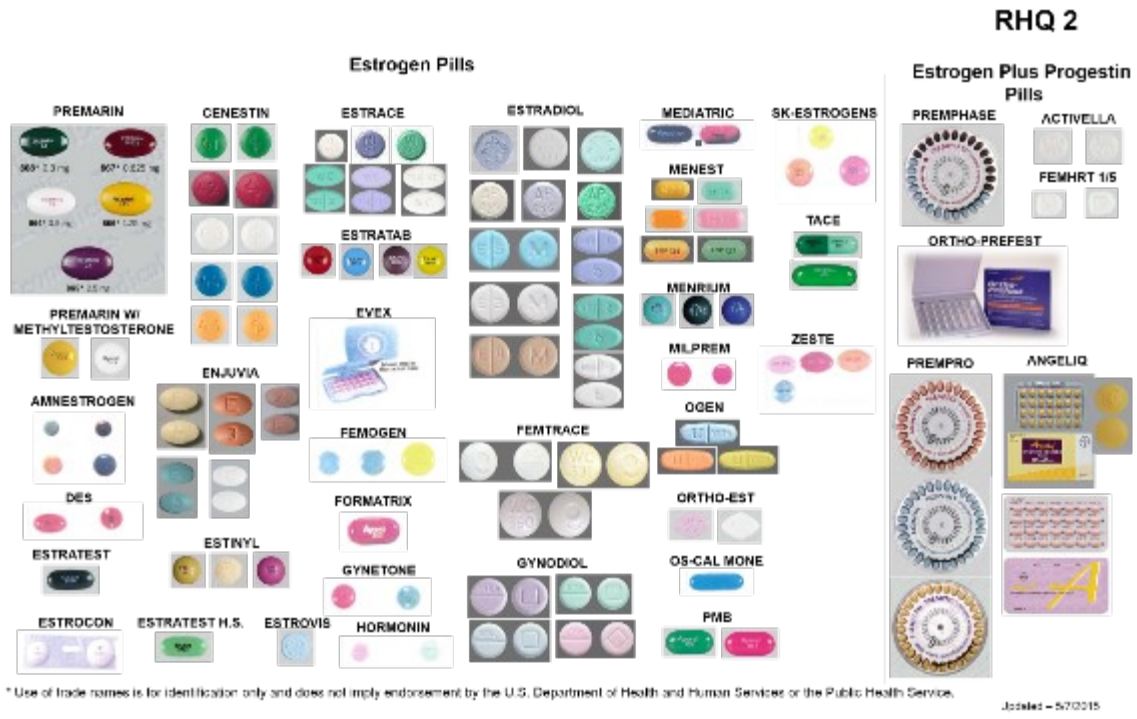
Loss of

Other

Medical Conditions (medical treatment, medication)

Excessive exercise

RHQ2


RHQ 2
Estrogen Pills
PREMARIN
CENESTIN
ESTRACE
ESTRADIOL
MEDIATRIC
SK-ESTROGENS
MENEST
TACE
ESTRATAB
MENRIUM
PREMARIN W/ METHYLTESTOSTERONE
EVEX
MILPREM
ZESTE
ENJUVIA
AMNESTROGEN
FEMOGEN
FEMTRACE
OGEN
DES
FORMATRIX
ORTHO-EST
ESTINYL
ESTRATEST
GYNETONE
GYNODIOL
OS-CAL MONE
ESTROCON
ESTRATEST H.S.
ESTROVIS
HORMONIN
PMB
Estrogen Plus Progestin Pills
PREMPHASE
ACTIVELLA
FEMHRT 1/5
ORTHO-PREFEST
PREMPRO
ANGELIQ
* Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services or the Public Health Service.
Josiah – 5/7/2015

RHQ 2

* Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services or the Public Health Service.

KIQ1

Less than once a month

A few times a month

A few times a week

Every day and/or night

WHQ2

EXAMPLES OF FROZEN MEALS AND FROZEN PIZZAS

GOYA
Classic Entrees
Uncle Ben's
Rice Bowl
Perfect for Lunch!
Smart Ones
Traditional Lasagna with Meat Sauce
SWANSON
CHICKEN
Pot Pie
with Top and Bottom Crust
MICROWAVE TO MEALTIME
Amy's
MADE WITH ORGANIC CORN & TOMATOES
ENCHILADA
CHEESE
HUNGRY-MAN
FRESCHETTA
MYSTIC
PEPPERONI
MYSTIC
SUPREME
TOMBSTONE
BRICK OVEN STYLE
100% REAL CHEESE
salisbury steak
CUISINE

Note: The hand card below corresponds with a question in the MEC Interview: Critical Data Items

DMQ8

Examples of what we learned when matching NHANES data to other data sources such as Medicare and Medicaid:

- How housing environment may affect the levels of lead in children's blood
- Higher vitamin D in the blood lowers the risk of broken bones
- Consuming high amount of sugar can increase the risk of heart diseases
- People who live or work with smokers have a higher risk of heart attack
- Adults who exercise, eat healthy diets, and do not smoke have a lower chance of dying

12.1 TELEPHONE POST DIETARY RECALL QUESTIONNAIRE

Hand Card 1

Fast-food or pizza places

Restaurants with waiter or waitress service

All-you-can-eat buffets

Places that sell mostly beverages such as a coffee shop or juice bar

Movie theaters, sports arenas, or other places of recreation

Grocery stores

Convenience stores

Hand Card 2

A. Less than 500 Calories

B. 500-1000 Calories

C. 1001-1500 Calories

D. 1501-2000 Calories

E. 2001-2500 Calories

F. 2501-3000 Calories

G. More than 3000 Calories

Hand Card 3

Always

Most of the time

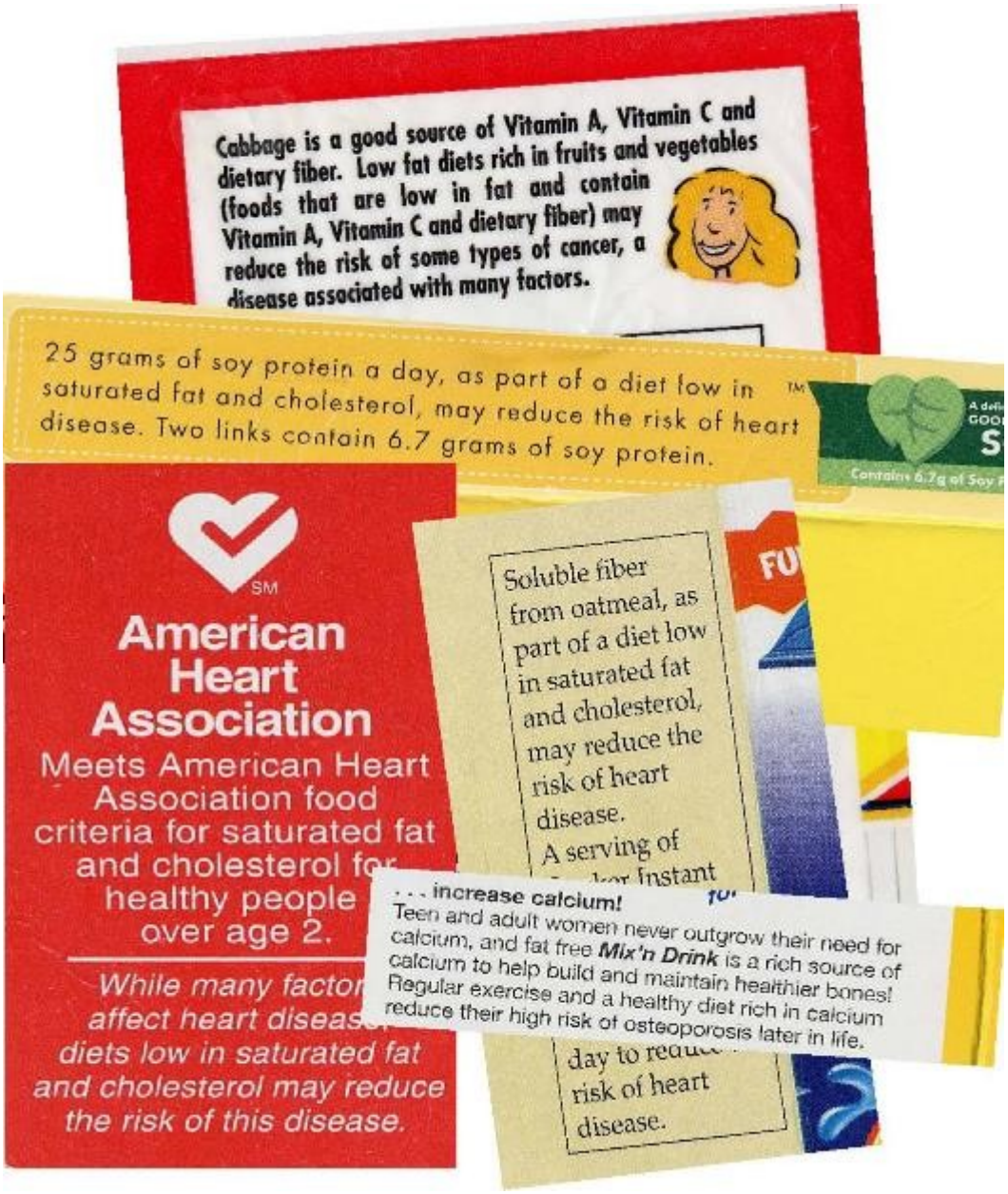
Sometimes

Rarely

Never

Hand Card 4

Sample health claim in food labels



Hand Card 5

Always

Most of the time

Sometimes

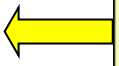
Rarely

Never

Hand Card 6

Sample Food Label

Nutrition Facts Panel



Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 7

Always

Most of the time

Sometimes

Rarely

Never

Hand Card 8

Sample Food Label

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

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Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

List of Ingredient

Hand Card 9

Always

Most of the time

Sometimes

Rarely

Never

Hand Card 10

Sample Food Label

Serving Size

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

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	% Daily Value*
Total Fat 5g	**7%**
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Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 11

Always

Most of the time

Sometimes

Rarely

Never

Hand Card 12

Sample Food Label

Number of servings per package

Nutrition Facts

Serving Size 1 cup (255g)

ings Per Container About 2

Amount Per Serving

Calories 220 Calories from Fat 40

	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
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Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:

Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 13

Always

Most of the time

Sometimes

Rarely

Never

Hand Card 14

Sample Food Label

Nutrition Facts

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Servings Per Container About 2

Amount Per Serving

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	% Daily Value*
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Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Footnote

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 15

Most of the time

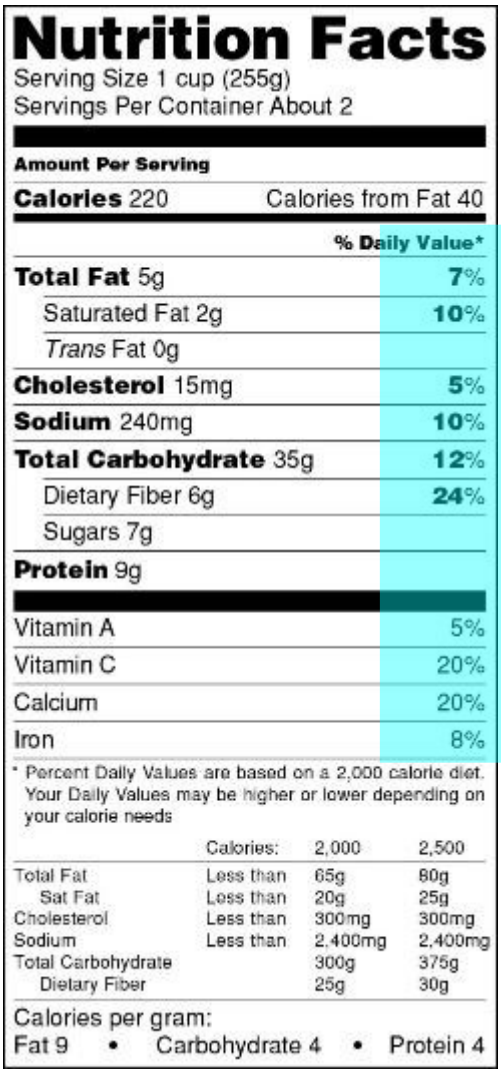
Sometimes

Rarely

Never

Hand Card 16

Sample Food Label



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Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Percent Daily

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 17

Always

Most of the time

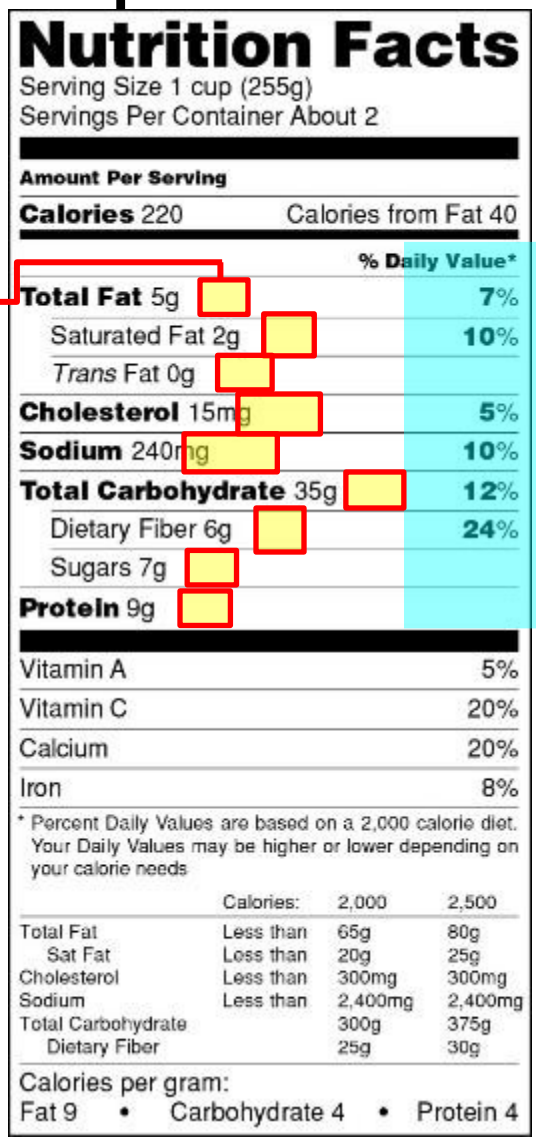
Sometimes

Rarely

Never

Hand Card 18

Sample Food Label



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Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Amount of the nutrient

Percent

Daily

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 19

When deciding to buy a food product, between the **percent daily value** and the **amount of nutrients** on a food label

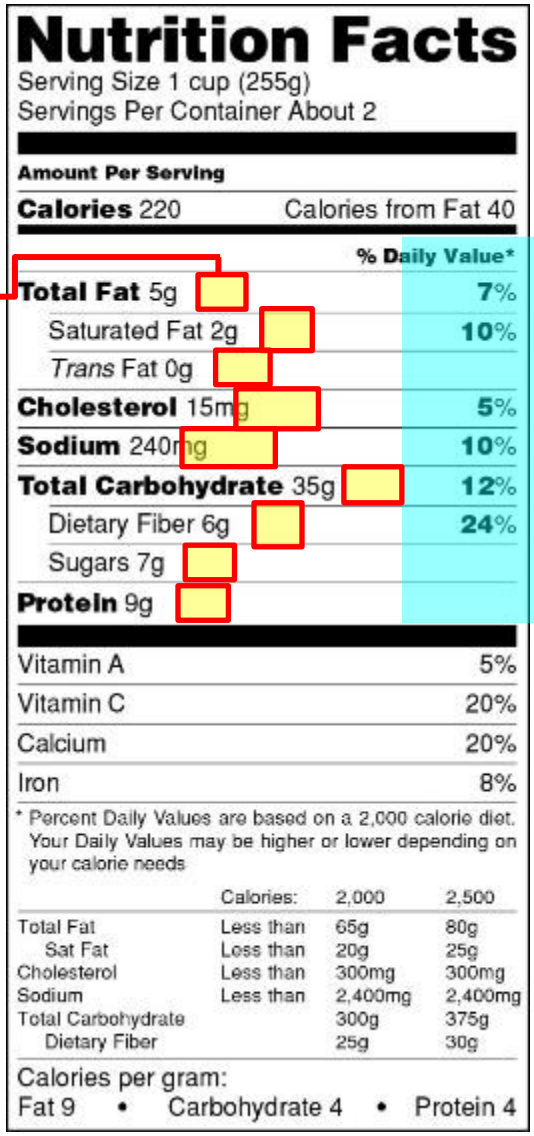
I use….

- Only percent daily value
- Percent daily value more often
- Both percent daily value and the amount of nutrients about the same
- The amount of nutrients more often

- Only the amount of nutrients

Hand Card 20

Sample Food Label



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Calcium	20%
Iron	8%

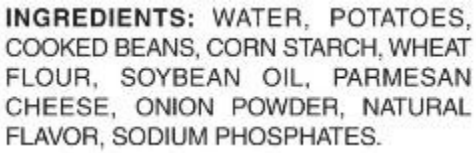
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Amount of the nutrient

Percent Daily



Hand Card 21

When deciding to buy a food product, between the **percent daily value** and the **amount of nutrients** on a food label

I use….

- Only the amount of nutrients
- The amount of nutrients more often

- Both the amount of nutrients and percent daily value about the same
- Percent daily value more often
- Only percent daily value

Hand Card 22

Sample Food Label

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 23

- 5 percent of the calories in one serving of the product come from Vitamin A
- One serving of the product contains 5 percent Vitamin A by weight
- One serving of the product supplies 5 percent of the Vitamin A you should have in a day

Hand Card 24

Sample Food Label

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 25

- One serving of the product supplies 5 percent of the Vitamin A you should have in a day
- One serving of the product contains 5 percent Vitamin A by weight
- 5 percent of the calories in one serving of the product come from Vitamin A

Hand Card 26

Sample Food Label

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 27

Always

Most of the time

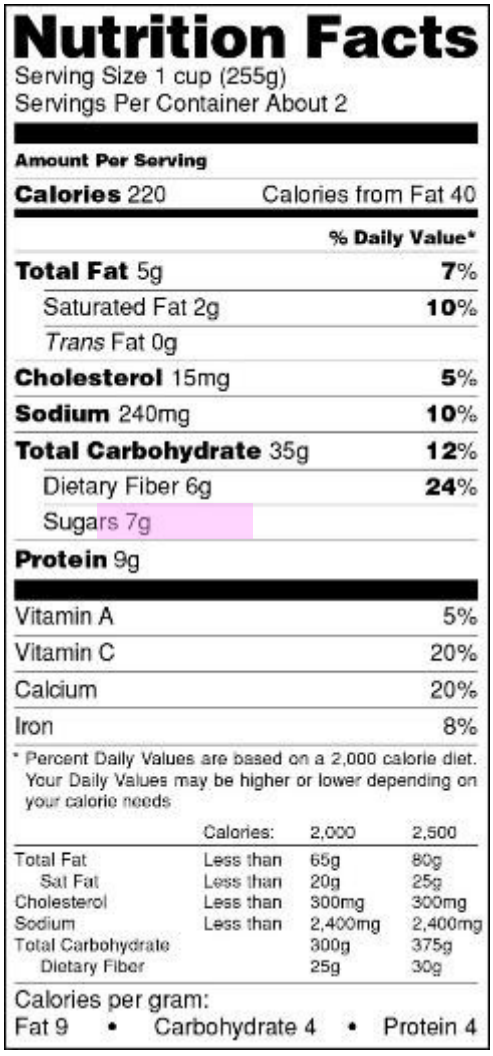
Sometimes

Rarely

Never

Hand Card 28

Sample Food Label



Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 29

Always

Most of the time

Sometimes

Rarely

Never

Hand Card 30

Sample Food Label

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 31

Always

Most of the time

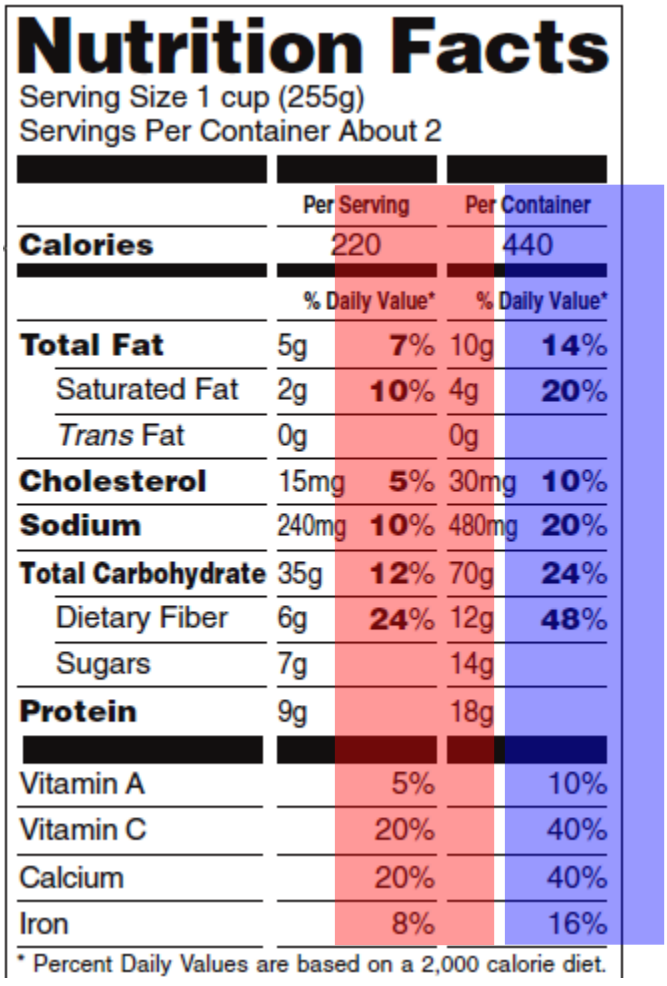
Sometimes

Rarely

Never

Hand Card 32

Sample food label with two columns



Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

	Per Serving		Per Container	
Calories	220		440	
		% Daily Value*		% Daily Value*
Total Fat	5g	**7%**	10g	**14%**
Saturated Fat	2g	**10%**	4g	**20%**
Trans Fat	0g		0g	
Cholesterol	15mg	**5%**	30mg	**10%**
Sodium	240mg	**10%**	480mg	**20%**
Total Carbohydrate	35g	**12%**	70g	**24%**
Dietary Fiber	6g	**24%**	12g	**48%**
Sugars	7g		14g	
Protein	9g		18g	
Vitamin A		5%		10%
Vitamin C		20%		40%
Calcium		20%		40%
Iron		8%		16%

* Percent Daily Values are based on a 2,000 calorie diet.

Hand Card 33

Always

Most of the time

Sometimes

Rarely

Never

Never seen

Hand Card 34

The reason(s) that I check the food label when deciding to buy a food product is/are…

- To watch my weight/lose weight
- A family member is trying to watch weight/lose weight
- To watch for diabetes, high triglycerides, high cholesterol, high blood pressure or other health conditions
- A family member has a health condition (for example, diabetes, high triglycerides, high cholesterol, high blood pressure, etc)
- I am allergic to certain food(s)
- A family member has food allergies
- To avoid certain ingredients (such as MSG, high fructose corn syrup, color dyes, artificial preservatives, or hydrogenated oils, etc)
- To increase certain nutrients in my/family's diet (such as fiber, calcium, etc)
- To compare which brand/food is better/healthier

- To make better/healthier choices for me/my family
- To watch for calorie content or certain nutrients (such as sodium, trans fat, sugar, carbohydrates, or protein, etc.)
- Other (please specify)

Hand Card 35

The reason(s) that I check the food label when deciding to buy a food product is/are…

- To compare which brand/food is better/healthier
- To make better/healthier choices for me/my family
- To avoid certain ingredients (such as MSG, high fructose corn syrup, color dyes, artificial preservatives, or hydrogenated oils, etc)
- A family member has a health condition (for example, diabetes, high triglycerides, high cholesterol, high blood pressure, etc)
- I am allergic to certain food(s)
- A family member has food allergies

- To watch for diabetes, high triglycerides, high cholesterol, high blood pressure or other health conditions
- To increase certain nutrients in my/family's diet (such as fiber, calcium, etc)
- To watch my weight/lose weight
- A family member is trying to watch weight/lose weight
- To watch for calorie content or certain nutrients (such as sodium, trans fat, sugar, carbohydrates, or protein, etc.)
- Other (please specify)

Hand Card 36

The reason(s) that I rarely or never check the food label when deciding to buy a food product is/are…

- I don't have the time
- The print is too small for me to read
- I'm satisfied with my health so there is no need for me to check
- I have a good diet so there is no need to check labels
- I usually buy foods that I'm used to, so I don't feel that I need to check labels
- I buy what I/my family like, I don't care about the labels
- I don't think the food labels are important to me
- I won't know what to look for even if I read the labels
- I can't read English that well

- Other (please specify)

Hand Card 37

The reason(s) that I rarely or never check the food label when deciding to buy a food product is/are…

- I don't have the time
- I won’t know what to look for even if I read the labels
- I’m satisfied with my health so there is no need for me to check
- I can’t read English that well
- I have a good diet so there is no need to check labels
- I buy what I/my family like, I don’t care about the labels
- I don’t think the food labels are important to me
- The print is too small for me to read

- I usually buy foods that I'm used to, so I don’t feel that I need to check labels

- Other (please specify)

Hand Card 38

Sample Food Label

Serving Size

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 39

Serving size is...

The amount of this food that people should eat

The amount of this food that people usually eat

Something that makes it easier to compare foods

Hand Card 40

Sample Food Label

Serving Size

Nutrition Facts

Serving Size 1 cup (255g)
Servings Per Container About 2

Amount Per Serving

Calories 220	Calories from Fat 40
	% Daily Value*
Total Fat 5g	**7%**
Saturated Fat 2g	**10%**
Trans Fat 0g	
Cholesterol 15mg	**5%**
Sodium 240mg	**10%**
Total Carbohydrate 35g	**12%**
Dietary Fiber 6g	**24%**
Sugars 7g	
Protein 9g	
Vitamin A	5%
Vitamin C	20%
Calcium	20%
Iron	8%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: WATER, POTATOES, COOKED BEANS, CORN STARCH, WHEAT FLOUR, SOYBEAN OIL, PARMESAN CHEESE, ONION POWDER, NATURAL FLAVOR, SODIUM PHOSPHATES.

Hand Card 41

Serving size is...

The amount of this food that people usually eat

The amount of this food that people should eat

Something that makes it easier to compare foods