

Attachment 3d

Suggested Scripts and Data Collection Forms
for Decedent Proxies

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(d)) 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 - CDC estimates the average public reporting burden for this collection of as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

Attachment 3d. Suggested Scripts and Data Collection Forms for Decedent Proxies

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Suggested Introductory Telephone Scripts - Decedent Proxy

Proxy Did Not Respond to Advance Mailing
<p>“Hello, my name is _____ and I am conducting a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). I would like to speak with {NAME OF PROXY}. Is s/he available?”</p>



Proxy Not Available	Speaking to the Proxy
<p>OBTAIN INFORMATION ON BEST TIME TO REACH THE PROXY.</p>	<p>“Hello, my name is _____ and I am conducting a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). A letter was sent to you recently about the study. Do you remember receiving the letter?”</p>



Speaking to the Proxy who Responded to Family or Screener Questionnaire at Baseline	Speaking to the Proxy who Was Identified as a Future Contact at Baseline
<p>{Good, you may remember that /The letter says that} a few years ago your family took part in the National Health and Nutrition Examination Survey (NHANES). Now, we are conducting a follow-up study. The study focuses on certain conditions such as diabetes and heart disease. We need your help with some questions about one of your</p>	<p>{Good, you may remember that the/The} letter says that a few years ago {SP NAME} took part in the National Health and Nutrition Examination Survey (NHANES). Now, we are conducting a follow-up study. The study focuses on certain conditions such as diabetes and heart disease. When {SP NAME} participated in NHANES, s/he gave us your information</p>

Proxy Responded to Advance Mailings and Completed Registration
<p>“Hello, my name is _____ and I am conducting a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). I would like to speak with {NAME OF PROXY}. Is s/he available?”</p>



Proxy Not Available	Speaking to the Proxy who Responded to Family or Screener Questionnaire at Baseline	Speaking to the Proxy who Was Identified as a Future Contact at Baseline
<p>OBTAIN INFORMATION ON BEST TIME TO REACH THE PROXY.</p>	<p>“Hello, my name is _____ and I am working for the National Health and Nutrition Examination Survey (NHANES) that is conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). Thank you for contacting us and agreeing to help us. As we mentioned in the letter you responded, we need your help with some questions about one of your family members, {SP NAME}. Our record shows that {SP'S PREFIX} {SP'S LAST NAME} has passed away, is this correct?”</p>	<p>“Hello, my name is _____ and I am working for the National Health and Nutrition Examination Survey (NHANES) that is conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). Thank you for contacting us and agreeing to help us. As we mentioned in the letter you responded, a few years ago {SP NAME} took part in the NHANES. When {SP NAME} participated in the survey, s/he gave us your information to help us locate {him/her} if we couldn't reach {him/her} in the future. Our record shows that {SP'S PREFIX} {SP'S LAST NAME} has passed away, is</p>

<p>family members, {SP NAME}.</p> <p>Our record shows that {SP'S PREFIX} {SP'S LAST NAME} has passed away, is this correct?</p>	<p>to help us locate {him/her} if we couldn't reach {him/her} in the future.</p> <p>Our record shows that {SP'S PREFIX} {SP'S LAST NAME} has passed away, is this correct?</p>
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	<p>this correct?</p>
--	----------------------



Death Confirmed	Participant Still Alive
<p>"I'm sorry about your loss." "I'd like to ask a few questions to verify we are talking about the correct person."</p>	<p>I am sorry. There may be some errors in our record. Do you have {SP NAME}'s address or phone number that we can reach him/her?</p>



<p>PROCEED WITH VERIFICATION.</p>	<ul style="list-style-type: none"> • OBTAIN THE PARTICIPANT'S CONTACT INFORMATION. • WHEN REACH THE PARTICIPANT, FOLLOW THE SCRIPT FOR CONTACTS WITH PRESUMED LIVING PARTICIPANTS.
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Verification Procedure and Questionnaire - Proxy for Deceased Participants

Two separate sets of questions will be used to verify the living and deceased participants. These questions and verification criteria are adapted from the NHANES I Epidemiologic Follow-up Study (NHEFS).

For deceased participants

A participant will be considered as successfully traced if a proxy can verify the name of the participant **and** at least two of the following four items for the participant:

- Date of birth
- Date of death: need to match the month and year of death on file
- Age of death: need to be within 2 years of the age on file
- The address at the time of original NHANES interview

VERIFICATION – VRQ – PROXY FOR DECEASED PARTICIPANTS
Target Group: Decedent Proxies

VRQ.005 INTERVIEWER: SELECT INTERVIEW MODE.

IN-PERSON..... 1
TELEPHONE..... 2

VRQ.010 INTERVIEWER: SELECT RESPONDENT.

SP..... 1 (BOX 1)
PROXY FOR LIVING SP..... 2
PROXY FOR DECEASED SP..... 3

VRQ.015 INTERVIEWER: ASK IF PHONE INTERVIEW OR FOR ALL PERSONS WHO APPEAR UNDER 30 YEARS OF AGE.

{Before we begin, I would like to verify your age./First, I need to verify your age.} Are you 18 years or older?

CAPI INSTRUCTION:

IF VRQ.010 = 2 (PROXY FOR LIVING SP), DISPLAY: "Before we begin, I would like to verify your age."

IF VRQ.005 = 1 AND VRQ.010 = 3 (IDENTIFIED A DECEASED SP DURING HOME VISIT), DISPLAY: "Before we begin, I would like to verify your age."

IF VRQ.005 = 2 AND VRQ.010 = 3 (PROXY FOR DECEASED SP), DISPLAY: "First, I need to verify your age."

YES..... 1
NO..... 2 (VRQ.270)

BOX 1

CHECK ITEM VRQ.017:

IF VRQ.010 ≠ 3 (LIVING SP), GO TO PRESUMED LIVING PARTICIPANT MODULE (ATTACHMENT 3B).

OTHERWISE (PROXY FOR DECEASED SP), CONTINUE.

VRQ.090 I have {SP's} name as: {NAME AT BASELINE}.

INTERVIEWER: READ FULL NAME AND CONFIRM ALL SPELLINGS.

Is that correct?

- YES, NO CORRECTIONS..... 1 (BOX 8)
- YES, MINOR CORRECTIONS..... 2
- NO, DIFFERENT NAME..... 3
- REFUSED..... 7 (BOX 8)
- DON'T KNOW..... 9 (BOX 8)

CAPI INSTRUCTION:

DISPLAY SP'S FIRST, MIDDLE, LAST NAME AND SUFFIX AT BASELINE.

VRQ.093 INTERVIEWER: MAKE CORRECTIONS OR ENTER DIFFERENT NAME. ENTER "NMN" IF SP DOES
a/b/c/d NOT HAVE A MIDDLE NAME.

a. First name b. Middle name c. Last name d. Suffix

CAPI INSTRUCTION:

PRE-FILL WITH SP'S FIRST, MIDDLE, LAST NAME AND SUFFIX AT BASELINE AND ALLOW INTERVIEWER TO MODIFY FIELDS.

BOX 8

CHECK ITEM VRQ.095:
IF NAME IS A MATCH (VRQ.090 = 1 OR 2), GO TO VRQ.110.
OTHERWISE, CONTINUE.

VRQ.100 Did {SP} ever use this name: {NAME AT BASELINE}?

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

CAPI INSTRUCTION:

DISPLAY SP'S FIRST, LAST, MIDDLE NAME AND SUFFIX AT BASELINE.

VRQ.110 What was {SP's} date of birth?
M/D/Y

|_|_|
ENTER MONTH

|_|_|
ENTER DAY

|_|_|_|
ENTER YEAR

REFUSED..... 7--7
DON'T KNOW..... 9--9

BOX 9

CHECK ITEM VRQ.115:
IF THE YEAR OF BIRTH IN VRQ.110 IS "7--7" OR "9--9", CONTINUE.
OTHERWISE, GO TO VRQ.130.

VRQ.120 How old was {SP} at the time of {his/her} death?

|_|_|_|
ENTER AGE IN YEARS

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

VRQ.130 What was {SP's} date of death?
M/D/Y

INTERVIEWER INSTRUCTION:

RECORD MONTH OF SP'S DEATH

ENTER NUMBER (MONTH)

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

RECORD DAY OF SP'S DEATH

ENTER NUMBER (DAY)

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

RECORD YEAR OF SP'S DEATH

ENTER NUMBER (YEAR)

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

BOX 10

CHECK ITEM VRQ.140:

IF DATE OF DEATH REPORTED IN VRQ.130 IS AN EXACT MATCH WITH THE DATE OF DEATH ON FILE, GO TO VRQ.170. DATE OF DEATH ON FILE CAN COME FROM EITHER THE DEATH CERTIFICATE OR THE NDI LINKAGE FILE WITH SPECIFIED MATCHING CATEGORIES. OTHERWISE, CONTINUE.

VRQ.150 In which city and state did {SP} die?
a/b

_____ a. CITY b. STATE

REFUSED..... 7
DON'T KNOW..... 9

CAP I INSTRUCTION:

CHECK TWO-CHARACTER STATE ABBREVIATION AGAINST STATE LOOK-UP TABLE.

VRQ.160 In which county is this?

COUNTY OF DEATH

REFUSED..... 7
DON'T KNOW..... 9

VRQ.170 What was {SP's} address in {BASELINE MONTH AND YEAR}?

a/b/c/d/e/
g/h/i

a. STREET # b. DIR PRE c. STREET NAME d. ST/RD/AVE e. DIR POST f. UNIT

g. UNIT # h. CITY i. STATE

REFUSED..... 7 (VRQ.180)
DON'T KNOW..... 9 (VRQ.180)

CAPI INSTRUCTION:
CHECK TWO-CHARACTER STATE ABBREVIATION AGAINST STATE LOOK-UP TABLE.

BOX 11

CHECK ITEM VRQ.175:
IF ADDRESS IN VRQ.170 IS AN EXACT MATCH WITH ADDRESS AT BASELINE,
GO TO BOX 12. ALL INFORMATION AND SPELLINGS MUST BE THE SAME FOR
AN EXACT MATCH.
OTHERWISE, CONTINUE.

VRQ.180 I'm going to read you three different addresses. Please tell me which of these may have been {SP's} address
a/b in {DISPLAY BASELINE MONTH AND BASELINE YEAR}.

ADDRESS #1: {ADDRESS 1}

ADDRESS #2: {ADDRESS 2}

ADDRESS #3: {ADDRESS 3}

- ADDRESS 1..... 1
- ADDRESS 2..... 2
- ADDRESS 3..... 3
- NONE..... 4
- REFUSED..... 7
- DON'T KNOW..... 9

CAPI INSTRUCTION:

- GENERATE TWO FAKE ADDRESSES WITH THE SAME CITY AND STATE AS THE SP'S BASELINE ADDRESS. ALL OTHER ADDRESS FIELDS SHOULD BE DIFFERENT THAN THE BASELINE ADDRESS.
- DISPLAY EACH OF THE FAKE ADDRESSES AND THE COMPLETE ADDRESS AT BASELINE BELOW THE QUESTION TEXT. THE ORDER OF THE ADDRESSES SHOULD BE RANDOM SO THAT THE BASELINE ADDRESS DOESN'T ALWAYS APPEAR IN THE SAME POSITION IN THE LIST.
- SAVE THE DISPLAY LOCATION OF THE BASELINE ADDRESS (I.E., 1, 2 OR 3) AS VRQ.180b.

BOX 12

CHECK ITEM VRQ.190:

APPLY DECEASED SP MATCHING CRITERIA

- SP IS A MATCH IF
 - SP NAMES AT BASELINE AND AT VERIFICATION ARE THE SAME. NAMES ARE A MATCH IF VRQ.090 = 1 OR 2, OR PROXY REPORTS THAT SP USED BASELINE NAME IN THE PAST (VRQ.100 =1).

AND

- ANY TWO OF THE FOLLOWING CRITERIA ARE MET:
 - o PROXY REPORTED DATE OF SP'S BIRTH IN VRQ.110 MATCHES SP'S DATE OF BIRTH AT BASELINE
 - o PROXY REPORTED DATE OF SP'S DEATH IN VRQ.130 MATCHES MONTH AND YEAR OF DEATH ON FILE. DATE OF DEATH ON FILE CAN COME FROM EITHER THE DEATH CERTIFICATE OR THE NDI LINKAGE FILE WITH SPECIFIED MATCHING CATEGORIES.
 - o THE REPORTED AGE AT DEATH FOR THE SP IS WITHIN 2 YEARS (± 2) OF THE CALCULATED AGE OF DEATH
 - a. THE CALCULATED AGE OF DEATH IS DERIVED BY
 - BASELINE DOB AND DOD ON FILE, IF DOD IS ON FILE; OR
 - BASELINE DOB AND DOD REPORTED IN VRQ.130, IF NO DOD ON FILE.
 - b. THE REPORTED AGE AT DEATH IS:
 - THE VALUE REPORTED IN VRQ.120, OR
 - CALCULATED BY YEARS REPORTED IN VRQ.110 AND VRQ.130.
 - o PROXY VERIFIED SP'S ADDRESS AT BASELINE (SP ADDRESS AT BASELINE AND ADDRESS IN VRQ.170 ARE AN EXACT MATCH OR PROXY CORRECTLY IDENTIFIES ADDRESS IN VRQ.180).

OTHERWISE, THE SP IS NOT A MATCH.

VRQ.200 INTERVIEWER: WAS THE RESPONDENT A PRE-IDENTIFIED PROXY?

YES..... 1 (BOX 13)
NO..... 2

VRQ.210 May I have your name?
a/b/c/d

a. First name b. Middle name c. Last name d. Suffix

REFUSED..... 7

VRQ.220 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 13

CHECK ITEM VRQ.230:
CREATE VERIFICATION MATCH VARIABLE

- IF "MATCH" IDENTIFIED IN BOX 12, SET VERIFICATION MATCH TO 1 (MATCH). GO TO VRQ.260.
- IF NAME MATCHING CRITERIA NOT MET (VRQ.100 = 2, 7, 9), SET VERIFICATION MATCH TO 2 (NO MATCH - NAMES). GO TO VRQ.240.
- IF "NOT A MATCH" IDENTIFIED IN BOX 12, SET VERIFICATION MATCH TO 3 (NO MATCH – OTHER). GO TO VRQ.240.

VRQ.240 Thank you very much but I am not sure whether {you are/SP is} the person we are looking for. I will check the information you have given me against our records. I appreciate your time.

CAPI INSTRUCTION:
IF VRQ.010=1, DISPLAY "you are".
IF VRQ.010=2 OR 3, DISPLAY "SP is"

BOX 14

CHECK ITEM VRQ.250:
GO TO VRQ.270.

VRQ.260 Thank you very much for answering these questions.

INTERVIEWER INSTRUCTION:

- IF SPEAKING WITH PERSON APPROVED TO COMPLETE THE DECEDENT PROXY INTERVIEW, PROCEED WITH INTERVIEW.
- IF SPEAKING WITH PERSON WHO TOLD YOU OF SP'S DEATH AT A HOME VISIT, READ: I appreciate your time. Someone from the study may contact you in the future to ask a few more questions about [NAME OF SP].

VRQ.270 SET VERIFICATION INSTRUMENT STATUS

COMPLETE..... 1 (END)
PARTIAL..... 2
NOT DONE..... 3

CAPI INSTRUCTION:

SET TO COMPLETE IF ALL ELIGIBLE ITEMS IN PATH HAVE A RESPONSE.

SET TO PARTIAL IF AT LEAST ONE ELIGIBLE ITEM IN PATH HAS NO RESPONSE (e.g., INTERVIEWER BREAKS OFF THE INSTRUMENT).

VRQ.280 REASON FOR PARTIAL OR NOT DONE

SP REFUSAL..... 2 (END)
NO TIME..... 3 (END)
COMMUNICATION PROBLEM..... 5 (END)
EQUIPMENT FAILURE..... 6 (END)
SP ILL/EMERGENCY..... 7 (END)
INTERRUPTED..... 14 (END)
LANGUAGE BARRIER122 (END)
OTHER, SPECIFY_____ 99 (END)

BOX 15

PROGRAMMER INSTRUCTIONS:

- VERIFICATION INSTRUMENT SHOULD ALWAYS BE ENABLED IN BFOS. INSTRUMENT MAY BE ADMINISTERED MORE THAN ONCE.
- RETAIN EACH ADMINISTRATION OF THE INSTRUMENT AS A SEPARATE RECORD.
- PASS VERIFICATION MATCH VARIABLE TO BFOS.
- CONSENT INSTRUMENT CANNOT BE ADMINISTERED UNLESS VERIFICATION MATCH = 1 AND VRQ.010 = 1, 2.

Decedent Proxy Questionnaire

Component	Description	Baseline Question ¹	Source (For Non-Baseline Questions)
Sociodemographic Information			
Respondent information (RIQ)	<ul style="list-style-type: none"> • Permission to audio-record the interview • Name and relationship to the sampled participant • Interpreter (if used): name, gender, age, and phone number; language used; how the interpreter was obtained 	Yes	
	<ul style="list-style-type: none"> • Verbal consent to participate in the study 	No	New question
Demographic information of the sampled participant (DMQ)	<ul style="list-style-type: none"> • Verify name, date of birth, age, and gender • Marital status at the time of his/her death 	Yes	
	<ul style="list-style-type: none"> • Date and cause of death (only if the participant's death was identified by sources other than death certificate) 	No	New questions
Respondent's contact information (MAQ)	<ul style="list-style-type: none"> • Addresses and phone numbers 	Yes	
	<ul style="list-style-type: none"> • E-mail address 	No	New question
Health and Medical Histories			
Medical conditions (MCQ)	<ul style="list-style-type: none"> • Being diagnosed with the following conditions since baseline; the age of onset; related hospitalizations <ul style="list-style-type: none"> - Congestive heart failure, coronary heart disease, angina, heart attack, stroke, asthma, chronic obstructive pulmonary disease 	Yes	

¹ "Yes" indicates the question items in the section came from baseline NHANES questionnaire. Some minor modifications may have been made to adapt to the follow-up study setting. Input on probing relative time frame (i.e., time since baseline) were sought from NCHS' Collaborating Center for Questionnaire Design and Evaluation Research.

"No" indicates the question items in the section were not collected in the baseline. See column "Source" for the source of the questions

Component	Description	Baseline Question	Source (For Non-Baseline Questions)
	<ul style="list-style-type: none"> • Having the following surgeries or procedures on heart or blood vessels, ever and since baseline; the age of surgery <ul style="list-style-type: none"> - Coronary bypass, repair of an aortic aneurysm, a pacemaker or implanted cardioverter defibrillator (ICD) placed, angioplasty or stenting of the coronary arteries, surgery on the arteries in the neck or legs, or other heart or blood vessel surgery • Having toe or leg amputation since the baseline; the age of surgery 	No	Adapted from NIH's REasons for Geographic and Racial Differences in Stroke (REGARDS) project; modifications were made with input from CCQDER
Diabetes (DIQ)	<ul style="list-style-type: none"> • Being diagnosed with diabetes, prediabetes, or gestational diabetes since baseline (only be asked to persons who did not report these conditions at baseline); the age of onset • Taking insulin, diabetic pills, and other diabetic medicine requiring a needle in the year prior to {his/her} death 	Yes	
	<ul style="list-style-type: none"> • Ever being diagnosed with peripheral arterial disease or peripheral vascular disease 	No	Atherosclerosis Risk in Communities Study (ARIC)
Blood pressure and cholesterol (BPQ)	<ul style="list-style-type: none"> • Being diagnosed with hypertension since baseline; the age of onset (only be asked to persons who did not provide affirmative responses at baseline) • Taking prescription medicine for hypertension since baseline • Being diagnosed with high cholesterol since baseline (only be asked to persons who did not provide affirmative responses at baseline) 	Yes	
Kidney conditions (KIQ)	<ul style="list-style-type: none"> • Having received dialysis in the 12 months before the death 	Yes	
Hospitalizations (HVQ)	<ul style="list-style-type: none"> • List of overnight hospital stays since baseline 	No	New questions developed with input from CCQDER

Component	Description	Baseline Question	Source (For Non-Baseline Questions)
Cigarette smoking (SMQ)	<ul style="list-style-type: none"> • Identifying new cigarette smokers since baseline; and the age of starting smoking • Cigarette use in the year before the death 	Yes	

NHANES Longitudinal Study Decedent Proxy Questionnaire

RESPONDENT INFORMATION – RIQ

Target Group: SPs 20+

RIQ.225 We would like to ask you to help us with some questions we have about {SP NAME's} health history. Taking part in this study will help us learn how to better measure the health of persons who live in the U.S. It will take about 20 minutes. You may choose not to answer any question, and you can stop at any time. The information you give will be kept private. Is this a good time for you?

YES..... 1
NO..... 2 (DIASTATS)

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 continue recording?

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

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

RIQ.001 INTERVIEWER: SELECT INTERVIEW MODE

IN-PERSON..... 1
PHONE..... 2

SOFT EDIT:

1, ERROR MESSAGE "Please verify that the interview mode is in-person."

RIQ.245

The information collected in this study is protected by the Public Health Service Act and the Confidential Information Protection and Statistical Efficiency Act. We are required by these laws to use the information you provided for statistical research only and to keep it confidential. In addition, the Federal Cybersecurity Enhancement Act of 2015 requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. The Act allows software programs to scan information that is sent, stored on, or processed through government networks in order to protect the networks. If any cybersecurity risk is detected, the information system may be reviewed for specific threats by computer network experts working for the government (or contractors or agents who have governmental authority to do so). The brochure we sent to you with the initial letter of invitation for the study has more details on how your information will be kept confidential. I'm happy to send you another copy if you would like one.

Your taking part in this study is voluntary. If you choose to take part, you don't have to answer every question and you can stop the interview at any time.

Do I have your permission to continue the interview?

INTERVIEWER INSTRUCTION:

1. REFER TO "HELP SCREEN" IF THE RESPONDENT ASKS FOR ADDITIONAL INFORMATION ON CONFIDENTIALITY PROTECTION.
2. IF THE RESPONDENT REQUESTS ANOTHER COPY OF THE CONFIDENTIALITY BROCHURE, VERIFY THE MAILING ADDRESS, DOCUMENT THE REQUEST IN THE EROC, AND FOLLOW PROCEDURES FOR SENDING A NEW BROCHURE.

YES..... 1
 NO..... 2 (DIASTATS)

HELP SCREEN:

Will the information I provided be kept private?

We take your privacy very seriously. The information you give us will be used for statistical research only. This means that the information you provided will be combined with other people's information in a way that protects everyone's identity. As required by federal law, only those NCHS employees, our contractors, and our specially designated agents who must use you or your families' personal information for a specific reason can see it. Otherwise, your data will only be shared after all information that could identify you and/or your family has been removed.

Strict laws prevent us from releasing information that could identify you or your family to anyone else without your consent. A number of federal laws require that all information we collect be kept confidential: Section 308(d) of the Public Health Service Act (42 United States Code 242m(d)), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of Public Law 107-347), and the Privacy Act of 1974, 5 U.S.C. § 552a. Every NCHS employee, contractor, research partner, and agent has taken an oath to keep your information private. If he or she willfully discloses ANY identifiable information, he/she could get a jail term of up to five years, a fine of up to \$250,000, or both.

In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015. This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. The Act allows software programs to scan information that is sent, stored on, or processed through government networks in order to protect the networks. If any cybersecurity risk is detected, the information system may be reviewed for specific threats by computer network experts working for the government (or contractors or agents who have governmental authority to do so). Only information directly related to government network security is monitored. The Act requires any personal information that identifies you or your family to be removed from suspicious files before they are shared.

RIQ.240 VERIFY OR ASK RESPONDENT'S FIRST NAME AND PREFIX.
A/B

- Drop Down List
Dr.
Mr.
Mrs.
Ms.
Miss
Master

First Name: _____

CAPI INSTRUCTION:
PREFILL RESPONDENT'S FIRST NAME AND PREFIX FROM VERIFICATION INSTRUMENT
(VRQ.210A).
ALLOW UPDATES.

RIQ.250 VERIFY OR ASK RESPONDENT'S MIDDLE NAME
A/B

Middle Name #1: _____

Middle Name #2: _____

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

CAPI INSTRUCTION:
PREFILL RESPONDENT'S MIDDLE NAME FROM VERIFICATION INSTRUMENT (VRQ.210B).
ALLOW UPDATES.

RIQ.260 VERIFY OR ASK RESPONDENT'S LAST NAME.
A/B

Last Name #1: _____

Last Name #2: _____

CAPI INSTRUCTION:
PREFILL RESPONDENT'S LAST NAME FROM VERIFICATION INSTRUMENT (VRQ.210C).
ALLOW UPDATES.

RIQ.270 VERIFY OR ASK RESPONDENT'S SUFFIX

Suffix: _____

CAPI INSTRUCTION:
PREFILL RESPONDENT'S SUFFIX FROM VERIFICATION INSTRUMENT (VRQ.210D).
ALLOW UPDATES.

ALLOW SUFFIX FIELD TO BE LEFT BLANK/NULL.

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

HELP SCREEN:
 Ex-spouse or ex-partner should be coded as a non-relative.

INT.001 IS AN INTERPRETER BEING USED FOR INTERVIEW?

- YES..... 1
- NO..... 2 (DMQ.010)

INT.003 LANGUAGE USED FOR INTERVIEW

- AMERICAN SIGN LANGUAGE..... 1 (INT.015)
- CHINESE (CANTONESE)..... 2 (INT.015)
- CHINESE (MANDARIN)..... 3 (INT.015)
- FRENCH..... 4 (INT.015)
- GERMAN..... 5 (INT.015)
- ITALIAN..... 6 (INT.015)
- JAPANESE..... 7 (INT.015)
- KOREAN..... 8 (INT.015)
- RUSSIAN..... 9 (INT.015)
- SPANISH (READER)..... 10 (INT.015)
- VIETNAMESE..... 11 (INT.015)
- OTHER SPECIFY..... 99

INT.004 ENTER LANGUAGE USED FOR INTERVIEW

INT.015 HOW WAS INTERPRETER OBTAINED

- ARRANGED IN ADVANCE OF VISIT..... 1 (INT.009)
- RECRUITED DURING VISIT/ APPOINTMENT..... 2

INT.007 SELECT INTERPRETER SOURCE

- RELATIVE LIVING IN HOUSEHOLD..... 1
- NON-RELATIVE LIVING IN HOUSEHOLD.... 2
- NEIGHBOR, RELATIVE OR FRIEND –
NOT IN HOUSEHOLD..... 3

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

BOX 1

CHECK ITEM RIQ.400:
IF THE VERIFICATION INSTRUMENT WAS COMPLETED ON THE SAME DATE, GO TO DMQ.020.
OTHERWISE, CONTINUE.

DMQ.010 I would like to begin the health interview by verifying some information about {SP}.

VERIFY OR ASK DATE OF BIRTH OF THE SP.

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

CAPI INSTRUCTION:
DISPLAY NAME, DOB MONTH, DAY AND YEAR. ALLOW DOB FIELDS TO BE UPDATED.
PUT DMQ.010, DMQ.012, AND DMQ.720 ON THE SAME SCREEN.

DMQ.012 VERIFY OR ASK SP AGE AT THE TIME OF DEATH.

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

CAPI INSTRUCTION:
DISPLAY NAME AND AGE IN YEARS. ALLOW AGE FIELD TO BE UPDATED.
PUT DMQ.010, DMQ.012, AND DMQ.720 ON THE SAME SCREEN.
SYSTEM SHOULD CALCULATE/RE-CALCULATE AGE AT TIME OF DEATH BASED ON RESPONSES
TO DMQ.010 AND DMQ.720 AND ALLOW INTERVIEWER TO RECONCILE ANSWERS.

DMQ.720 VERIFY OR ASK DATE OF DEATH OF THE SP.

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

CAPI INSTRUCTION:
DISPLAY NAME AND DOD MONTH, DAY AND YEAR. ALLOW DOD FIELDS TO BE UPDATED.
PUT DMQ.010, DMQ.012, AND DMQ.720 ON THE SAME SCREEN.

DMQ.020 {I would like to begin the health interview by verifying some information about {SP}}.
VERIFY GENDER OF THE SP.

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

CAPI INSTRUCTION:
PREFILL WITH GENDER FROM BASELINE AND ALLOW UPDATE.
IF THE VERIFICATION INSTRUMENT WAS COMPLETED ON THE SAME DATE, DISPLAY "I would like to
begin the health interview by verifying some information about {SP}."

SOFT EDIT:
IF THE GENDER IS DIFFERENT FROM BASELINE, DISPLAY THE FOLLOWING MESSAGE: "Coded
value is different than gender reported at baseline. Please check value entered."

DMQ.042 VERIFY OR ASK PREFIX OF THE SP.

Dr..... 1
Mr..... 2
Mrs..... 3
Ms..... 4
Miss..... 5
Master..... 6

CAPI INSTRUCTION:
PREFILL SUFFIX. ALLOW UPDATES.

DMQ.044 VERIFY OR ASK FIRST NAME OF THE SP.

First Name: _____

CAPI INSTRUCTION:
PREFILL FIRST NAME. ALLOW UPDATES.

DMQ.048 VERIFY OR ASK MIDDLE NAME OF THE SP

INTERVIEWER INSTRUCTION:
ENTER "NMN" IF NO MIDDLE NAME.

Middle Name #1: _____

Middle Name #2: _____

CAPI INSTRUCTION:
PREFILL MIDDLE NAME. ALLOW UPDATES.

DMQ.062 VERIFY OR ASK LAST NAME OF THE SP.
A/B

Last Name #1: _____

Last Name #2: _____

CAPI INSTRUCTION:
PREFILL LAST NAME. ALLOW UPDATES.

DMQ.068 VERIFY OF OR ASK SUFFIX OF THE SP

Suffix: _____

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

BOX 2

CHECK ITEM DMQ.490:

IF DEATH CERTIFICATE OBTAINED AND CAUSE OF SP'S DEATH NOT MISSING,
GO TO DMQ.710.

OTHERWISE, CONTINUE.

DMQ.700 What was the cause of {SP's} death?

INTERVIEWER INSTRUCTION:

IF R REPORTS MULTIPLE CAUSES, LIST ALL CAUSES MENTIONED SEPARATED BY COMMAS.

ENTER CAUSE OF DEATH

REFUSED..... 7--7
DON'T KNOW..... 9--9

DMQ.710 Was {SP} married, widowed, divorced, separated, never married or living with a partner at the time of {his/her} death?

MARRIED..... 1
WIDOWED..... 2
DIVORCED..... 3
SEPARATED..... 4
NEVER MARRIED..... 5
LIVING WITH PARTNER..... 6
REFUSED..... 77
DON'T KNOW..... 99



MEDICAL CONDITIONS – MCQ
Target Group: SPs 20+

The following questions are about different medical conditions. {SP} last told us about {his/her} health in **{BASELINE YEAR}** when {s/he} was **{AGE AT BASELINE}** years old. We are only interested in new health conditions that may have occurred from **that time until** {his/her} death.

<p align="center">MCQ.162</p> <p>After {SP} was {AGE AT BASELINE} years old, that is, after we asked about {his/her} health during {his/her} original NHANES interview, did a doctor or other health professional tell {SP} that {s/he} . . .</p> <p>CAPI INSTRUCTION: DISPLAY QUESTION TEXT ABOVE FOR MCQ.162b.</p> <p>[After {SP} was {AGE AT BASELINE} years old, did a doctor or other health professional tell {SP} that {s/he}...]</p> <p>CAPI INSTRUCTION: DISPLAY QUESTION TEXT ABOVE FOR MCQ.162c-q.</p>	<p align="center">MCQ.182</p> <p align="center">How old was {SP} when {s/he} was told {s/he} . . .</p> <p>INTERVIEWER INSTRUCTION: IF THE SP WAS TOLD ON MULTIPLE OCCASIONS AFTER THEIR ORIGINAL NHANES INTERVIEW IN {BASELINE YEAR} THAT {SP/S/HE} HAD A CONDITION, RECORD THE AGE WHEN THEY WERE FIRST TOLD ABOUT THE CONDITION AFTER THEIR ORIGINAL NHANES INTERVIEW.</p> <p>HARD EDIT: REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.</p>	<p align="center">MCQ.197</p> <p align="center">Since {SP} was {AGE AT BASELINE} years old did {SP} stay overnight in the hospital for . .</p>
<p>b. had congestive heart failure?</p> <p>YES..... 1 NO..... 2 (MCQ.162c) REFUSED..... 7 (MCQ.162c) DON'T KNOW..... 9 (MCQ.162c)</p>	<p>had congestive heart failure?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 7777 DON'T KNOW..... 9999</p>	<p>congestive heart failure?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>
<p>c. had coronary (kor-o-nare-ee) heart disease?</p> <p>YES..... 1 NO..... 2 (MCQ.162d) REFUSED..... 7 (MCQ.162d) DON'T KNOW..... 9 (MCQ.162d)</p>	<p>had coronary heart disease?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 7777 DON'T KNOW..... 9999</p>	<p>coronary heart disease?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>
<p>d. had angina (an-gi-na), also called angina pectoris?</p> <p>YES..... 1 NO..... 2 (MCQ.162e) REFUSED..... 7 (MCQ.162e) DON'T KNOW..... 9 (MCQ.162e)</p>	<p>had angina, also called angina pectoris?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 7777 DON'T KNOW..... 9999</p>	<p>angina pectoris?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>
<p>e. had a heart attack (also called myocardial infarction (my-O-car-dee-al in-fark-shun))?</p> <p>YES..... 1 → NO..... 2 (MCQ.162f) REFUSED..... 7 (MCQ.162f) DON'T KNOW..... 9 (MCQ.162f)</p>	<p>had a heart attack (also called myocardial infarction)?</p> <p> _ _ _ ENTER AGE IN YEARS</p> <p>REFUSED..... 7777 DON'T KNOW..... 9999</p>	<p>a heart attack?</p> <p>YES..... 1 NO..... 2 REFUSED..... 7 DON'T KNOW..... 9</p>

<p>f. had a stroke?</p> <p>YES..... 1 →</p> <p>NO..... 2 (MCQ.162p)</p> <p>REFUSED..... 7 (MCQ.162p)</p> <p>DON'T KNOW..... 9 (MCQ.162p)</p>	<p>had a stroke?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 7777</p> <p>DON'T KNOW..... 9999</p>	<p>a stroke?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>REFUSED..... 7</p> <p>DON'T KNOW..... 9</p>
<p>p. had asthma (az-ma)?</p> <p>YES..... 1 →</p> <p>NO..... 2 (MCQ.162q)</p> <p>REFUSED..... 7 (MCQ.162q)</p> <p>DON'T KNOW..... 9 (MCQ.162q)</p>	<p>had asthma?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 7777</p> <p>DON'T KNOW..... 9999</p>	<p>asthma?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>REFUSED..... 7</p> <p>DON'T KNOW..... 9</p>
<p>q. had COPD, emphysema or chronic bronchitis?</p> <p>YES..... 1 →</p> <p>NO..... 2 (MCQ.400)</p> <p>REFUSED..... 7 (MCQ.400)</p> <p>DON'T KNOW..... 9 (MCQ.400)</p>	<p>had COPD, emphysema or chronic bronchitis?</p> <p> _ _ _ </p> <p>ENTER AGE IN YEARS</p> <p>REFUSED..... 7777</p> <p>DON'T KNOW..... 9999</p>	<p>COPD, emphysema or chronic bronchitis?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>REFUSED..... 7</p> <p>DON'T KNOW..... 9</p>

HELP SCREENS FOR MCQ.162

MCQ162b

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.

MCQ162c

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.

MCQ162d

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.

MCQ162e

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.

MCQ162f

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.

MCQ162p

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.

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

MCQ162q

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.

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.

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.

MCQ.400 I am now going to ask about surgeries or procedures {SP} may have had on {his/her} heart or blood vessels.

Did {SP} ever have **coronary bypass surgery**, such as a graft, CABG (cabbage) or a bypass procedure on the **arteries of {his/her} heart**?

- YES..... 1
- NO..... 2 (MCQ.410)
- REFUSED..... 7 (MCQ.410)
- DON'T KNOW..... 9 (MCQ.410)

HELP SCREEN:

Coronary bypass surgery, which may also be called a graft, CABG, or bypass procedure, is surgery on the coronary arteries. The coronary arteries provide blood to the heart. The surgery to the coronary arteries is done to improve blood flow to the heart. When coronary bypass surgery is performed, a vein or artery taken from another part of your body is used to bypass narrowed areas of the coronary artery. Many people who have this surgery stay in the hospital for 3 or more days following the surgery and may have a scar in the middle of their chest.

MCQ.405 How old was {SP} when {s/he} **first** had this coronary bypass surgery, a graft, CABG or bypass procedure?

ENTER AGE IN YEARS

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

BOX 1

CHECK ITEM MCQ.406:
IF THE AGE REPORTED IN MCQ.405 IS OLDER THAN THE AGE AT BASELINE, GO TO MCQ.410.
OTHERWISE, CONTINUE.

MCQ.407 Did {SP} have any other coronary bypass surgery, a graft, CABG or bypass procedure after **{BASELINE YEAR}** when {SP} was **{AGE AT BASELINE}** years old?

- YES..... 1
- NO..... 2 (MCQ.410)
- REFUSED..... 7 (MCQ.410)
- DON'T KNOW..... 9 (MCQ.410)

MCQ.408 How old was {SP} when {s/he} had that coronary bypass surgery, a graft, CABG or bypass procedure?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.410 Did {SP} **ever** have a surgery or procedure on the arteries in {his/her} neck?

YES..... 1
NO..... 2 (MCQ.420)
REFUSED..... 7 (MCQ.420)
DON'T KNOW..... 9 (MCQ.420)

HELP SCREEN:

On each side of the neck is a large artery called the carotid artery. The procedure to this artery is done to remove blockages and improve blood flow to the brain. Sometimes doctors call this surgery carotid endarterectomy, carotid artery stenosis surgery, or carotid artery endarterectomy.

MCQ.415 How old was {SP} when {s/he} **first** had this surgery or procedure on the arteries in {his/her} neck?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

BOX 2

CHECK ITEM MCQ.416:
IF THE AGE REPORTED IN MCQ.415 IS OLDER THAN THE AGE AT BASELINE, GO TO MCQ.420.
OTHERWISE, CONTINUE.

MCQ.417 Did {SP} have any other surgery or procedure on the arteries in {his/her} neck after {SP} was **{AGE AT BASELINE}** years old?

- YES..... 1
- NO..... 2 (MCQ.420)
- REFUSED..... 7 (MCQ.420)
- DON'T KNOW..... 9 (MCQ.420)

MCQ.418 How old was {SP} when {s/he} had that surgery on the arteries in {his/her} neck?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

□□□□

ENTER AGE IN YEARS

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

MCQ.420 Did {SP} **ever** have a repair of an aortic (a-ORT-ick) aneurysm (AN-yur-ism)?

- YES..... 1
- NO..... 2 (MCQ.430)
- REFUSED..... 7 (MCQ.430)
- DON'T KNOW..... 9 (MCQ.430)

HELP SCREEN:

An aortic aneurysm is a balloon-like bulge in the aorta, the large artery that carries blood from the heart through the chest and abdomen (or belly). If the bulging stretches the artery too far, this vessel may burst. The surgery is done when the aneurysm gets too big or causes severe health problems.

MCQ.425 How old was {SP} when {s/he} **first** had this repair of an aortic aneurysm?

□□□□

ENTER AGE IN YEARS

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

BOX 3

CHECK ITEM MCQ.426:

IF THE AGE REPORTED IN MCQ.425 IS OLDER THAN THE AGE AT BASELINE, GO TO MCQ.430.

OTHERWISE, CONTINUE.

MCQ.427 Did {SP} have any other repair of an aortic aneurysm after {SP} was {AGE AT BASELINE} years old?

- YES..... 1
- NO..... 2 (MCQ.430)
- REFUSED..... 7 (MCQ.430)
- DON'T KNOW..... 9 (MCQ.430)

MCQ.428 How old was {SP} when {s/he} had that repair of an aortic aneurysm?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.430 Did {SP} **ever** have a pacemaker implanted or implantable cardioverter defibrillator (ICD) placed?

- YES..... 1
- NO..... 2 (MCQ.440)
- REFUSED..... 7 (MCQ.440)
- DON'T KNOW..... 9 (MCQ.440)

HELP SCREEN:

A **pacemaker** is a small, battery-operated device that senses when your heart is beating irregularly or too slowly. It sends a signal to your heart that makes your heart beat at the correct pace.

An **implantable cardioverter defibrillator**, or ICD, monitors heart rhythms. If it senses dangerous rhythms, it delivers shocks. This treatment is called defibrillation. An ICD can help control life-threatening arrhythmias.

MCQ.435 How old was {SP} when {s/he} **first** had this pacemaker or implantable cardioverter defibrillator placed?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.440 Did {SP} **ever** have an angioplasty (AN-gee-o-plas-tee) or stenting of a coronary artery with or without placing a coil in the artery to keep it open?

- YES..... 1
- NO..... 2 (MCQ.450)
- REFUSED..... 7 (MCQ.450)
- DON'T KNOW..... 9 (MCQ.450)

HELP SCREEN:

Angioplasty, or stenting of a coronary artery, is a procedure on the coronary arteries. The coronary arteries provide blood to the heart. The procedure to the coronary arteries is done to reduce blockages and improve blood flow to the heart. When angioplasty is performed, a doctor threads a thin tube through a blood vessel in the arm or groin up to the coronary artery. Many people who have this procedure stay overnight in the hospital for 2 or less days but some people do not need to stay overnight.

MCQ.445 How old was {SP} when {s/he} **first** had this angioplasty or stenting of the coronary arteries?

ENTER AGE IN YEARS

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

BOX 4

CHECK ITEM MCQ.446:
IF THE AGE REPORTED IN MCQ.445 IS OLDER THAN THE AGE AT BASELINE, GO TO MCQ.450.
OTHERWISE, CONTINUE.

MCQ.447 Did {SP} have any other angioplasty or stenting of the coronary arteries after {SP} was **{AGE AT BASELINE}** years old?

- YES..... 1
- NO..... 2 (MCQ.450)
- REFUSED..... 7 (MCQ.450)
- DON'T KNOW..... 9 (MCQ.450)

MCQ.448 How old was {SP} when {s/he} had that angioplasty or stenting of the coronary arteries?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.450 Did {SP} **ever** have a procedure to treat blocked arteries in {his/her} legs (do not include cosmetic surgery on the legs such as varicose vein stripping)?

YES..... 1
NO..... 2 (MCQ.460)
REFUSED..... 7 (MCQ.460)
DON'T KNOW..... 9 (MCQ.460)

HELP SCREEN:

When there is a blocked or narrow artery in the leg, a procedure can be done to improve blood flow to the leg. There are several types of procedures that can be done for this problem. Sometimes doctors call these procedures bypass grafting, angioplasty and stent placement, or atherectomy.

MCQ.455 How old was {SP} when {s/he} **first** had this procedure to treat the blocked arteries in {his/her} legs?

ENTER AGE IN YEARS

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

BOX 5

CHECK ITEM MCQ.456:
IF THE AGE REPORTED IN MCQ.455 IS OLDER THAN THE AGE AT BASELINE, GO TO MCQ.460.
OTHERWISE, CONTINUE.

MCQ.457 Did {SP} have any other procedure to treat blocked arteries in {his/her} legs after {SP} was **{AGE AT BASELINE}** years old (do not include cosmetic surgery on the legs such as varicose vein stripping)?

YES..... 1
NO..... 2 (MCQ.460)
REFUSED..... 7 (MCQ.460)
DON'T KNOW..... 9 (MCQ.460)

MCQ.458 How old was {SP} when {s/he} had that procedure to treat the blocked arteries in {his/her} legs?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.460 Did {SP} **ever** have any other heart or blood vessel surgery?

INTERVIEWER INSTRUCTION:

DO NOT INCLUDE COSMETIC SURGERY, SUCH AS VARICOSE VEIN BLOOD VESSEL SURGERY IN THE LEGS.

YES..... 1
NO..... 2 (MCQ.470)
REFUSED..... 7 (MCQ.470)
DON'T KNOW..... 9 (MCQ.470)

MCQ.465 How old was {SP} when {s/he} **first** had this other heart or blood vessel surgery?

ENTER AGE IN YEARS

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

BOX 6

CHECK ITEM MCQ.466:
IF THE AGE REPORTED IN MCQ.465 IS OLDER THAN THE AGE AT BASELINE, GO TO MCQ.470.
OTHERWISE, CONTINUE.

MCQ.467 Did {SP} have any other heart or blood vessel surgery after {SP} was **{AGE AT BASELINE}** years old?

YES..... 1
NO..... 2 (MCQ.470)
REFUSED..... 7 (MCQ.470)
DON'T KNOW..... 9 (MCQ.470)

MCQ.468 How old was {SP} when {s/he} had that heart or blood vessel surgery?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.470 Did {SP} **ever** have a toe amputation?

YES..... 1
NO..... 2 (MCQ.480)
REFUSED..... 7 (MCQ.480)
DON'T KNOW..... 9 (MCQ.480)

HELP SCREEN:

A toe amputation is a surgery where the toe is removed.

MCQ.475 How old was {SP} when {s/he} **first** had this toe amputation?

ENTER AGE IN YEARS

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

BOX 7

CHECK ITEM MCQ.476:

IF THE AGE REPORTED IN MCQ.475 IS OLDER THAN THE AGE AT BASELINE, GO TO MCQ.480.

OTHERWISE, CONTINUE.

MCQ.477 Did {SP} have any other toe amputation after {SP} was **{AGE AT BASELINE}** years old?

YES..... 1
NO..... 2 (MCQ.480)
REFUSED..... 7 (MCQ.480)
DON'T KNOW..... 9 (MCQ.480)

MCQ.478 How old was {SP} when {s/he} had that toe amputation?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.480 Did {SP} **ever** have a leg amputation?

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

HELP SCREEN:

A leg amputation is a surgery where the leg is removed.

MCQ.485 How old was {SP} when {s/he} **first** had this leg amputation?

ENTER AGE IN YEARS

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

MCQ.484 Was this leg amputation below or above {his/her} knee?

CAP I INSTRUCTION:

ALLOW UP TO TWO REPOSSES.

BELOW THE LEFT KNEE..... 1
ABOVE THE LEFT KNEE..... 2
BELOW THE RIGHT KNEE..... 3
ABOVE THE RIGHT KNEE..... 4
REFUSED..... 7
DON'T KNOW..... 9

HARD EDIT:

- MULTIPLE RESPONSES FOR THE SAME LEG ARE NOT ALLOWED. (RESPONSE COMBINATIONS OF 1 AND 2 **OR** 3 AND 4 ARE NOT ALLOWED).
- REFUSED AND DON'T KNOW RESPONSES CANNOT BE SELECTED IN COMBINATION WITH ANOTHER RESPONSE.

BOX 8

CHECK ITEM MCQ.486:

IF THE AGE REPORTED IN MCQ.485 IS OLDER THAN THE AGE AT BASELINE, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

MCQ.487 Did {SP} have any other leg amputation after {SP} was {AGE AT BASELINE} years old?

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

MCQ.488 How old was {SP} when {s/he} had that leg amputation?

INTERVIEWER INSTRUCTION:

IF THE SP HAD THE PROCEDURE DONE MULTIPLE TIMES SINCE BASELINE, RECORD THE AGE WHEN THEY FIRST HAD THE PROCEDURE AFTER THEIR ORIGINAL NHANES INTERVIEW.

HARD EDIT:

REPORTED AGE NEEDS TO BE EQUAL TO OR OLDER THAN THE BASELINE AGE.

ENTER AGE IN YEARS

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

MCQ.489 Was that leg amputation below or above {his/her} knee?

CODE ALL THAT APPLY.

HARD EDIT:

- MULTIPLE RESPONSES FOR THE SAME LEG ARE NOT ALLOWED. (RESPONSE COMBINATIONS OF 1 AND 2 **OR** 3 AND 4 ARE NOT ALLOWED).
- REFUSED AND DON'T KNOW RESPONSES CANNOT BE SELECTED IN COMBINATION WITH ANOTHER RESPONSE.
- IF MCQ.484=2, THEN MCQ.489 CANNOT BE "1" OR "2"
- IF MCQ.484=4, THEN MCQ.489 CANNOT BE "3" OR "4"

SOFT EDIT:

- IF MCQ.484=1, AND MCQ.489=1, DISPLAY MESSAGE "The selected location is the same as the previous knee amputation, please verify your entry."
- IF MCQ.484=3, AND MCQ.489=3, DISPLAY MESSAGE "The selected location is the same as the previous knee amputation, please verify your entry."

BELOW THE LEFT KNEE.....	1
ABOVE THE LEFT KNEE.....	2
BELOW THE RIGHT KNEE.....	3
ABOVE THE RIGHT KNEE.....	4
REFUSED.....	7
DON'T KNOW.....	9

DIABETES – DIQ
Target Group: SPs 20+

BOX 1

CHECK ITEM DIQ.008:
 IF YES (CODE 1) IN DIQ.010 AT BASELINE, GO TO BOX 2.
 OTHERWISE, CONTINUE.

DIQ.010 {Other than during pregnancy, was {SP}/Was {SP}} ever told by a doctor or other health professional that {s/he} had diabetes or sugar diabetes?

CAPI INSTRUCTION:
 IF SP WAS FEMALE, DISPLAY "Other than during pregnancy, was {SP}".

- YES..... 1
- NO..... 2 (BOX 2)
- BORDERLINE OR PREDIABETES..... 3 (BOX 2)
- REFUSED..... 7 (BOX 2)
- DON'T KNOW..... 9 (BOX 2)

DIQ.040 G/Q How old was {SP} when a doctor or other health professional **first** told {him/her} that {s/he} had diabetes or sugar diabetes?

- |_|
- ENTER AGE IN YEARS..... 1
 - LESS THAN 1 YEAR..... 2
 - REFUSED..... 7
 - DON'T KNOW..... 9

- |_|_|
- ENTER AGE IN YEARS
- REFUSED..... 7777
 - DON'T KNOW..... 9999

BOX 2

CHECK ITEM DIQ.047:
 IF SP MALE OR YES (CODE 1) IN RHQ.162 AT BASELINE, GO TO DIQ.164.
 OTHERWISE, CONTINUE.

RHQ.162 **During any pregnancy**, was {SP} ever told by a doctor or other health professional that she had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that {SP} may have known about before the pregnancy.

HELP SCREEN SHOULD READ: Gestational diabetes is a form of diabetes or high blood sugar found in pregnant women.

- YES..... 1
- NO..... 2
- BORDERLINE..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

DIQ.164 Was {SP} **ever** told by a doctor or other health professional that {s/he} had peripheral arterial disease (PAD) or peripheral vascular disease (PVD)?

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

HELP SCREEN:

Peripheral vascular disease (PVD) refers to diseases of blood vessels outside the heart and brain. It's often a narrowing of vessels that carry blood to the legs, arms, stomach or kidneys.

Peripheral arterial disease (PAD) artery disease is a type of PVD. It's caused by fatty buildups in the inner walls of the arteries. These deposits block normal blood flow.

BOX 3

CHECK ITEM 048:
IF YES (CODE 1) IN MCQ.300c AT BASELINE, GO TO DIQ.051.
OTHERWISE, CONTINUE.

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

HELP SCREEN:

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

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

DIQ.051 Did {SP} take insulin the year prior to {his/her} death?

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

HELP SCREEN:

Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient or through a pump. Insulin may also be taken as a nasal spray and inhaled through the nose.

BOX 4

CHECK ITEM DIQ.067:
IF YES (CODE 1) OR BORDERLINE (CODE 3) IN DIQ.010 AT FOLLOW-UP OR AT BASELINE, CONTINUE.
IF YES (CODE 1) IN DIQ.160 AT BASELINE, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DIQ.071 Was {SP} taking diabetic pills to lower {his/her} blood sugar in the year prior to {his/her} death? These are sometimes called oral agents or oral hypoglycemic agents.

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

DIQ.077 Was {SP} taking a diabetic medicine other than insulin that {s/he} used a needle to take in the year prior to {his/her} death? The brand names are Byetta (by-ET-a), Bydureon (by-DUR-e-on), Victoza (VIK-toes-a) and Symlin (SYM-lin).

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

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.

BLOOD PRESSURE AND CHOLESTEROL – BPQ

Target Group: SPs 20+

BOX 1

CHECK ITEM BPQ.018:

IF YES (CODE 1) IN BPQ.020 AT BASELINE, GO TO BPQ.083.

OTHERWISE, CONTINUE.

BPQ.020 Was {SP} **ever** told by a doctor or other health professional that {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 PROXY SAYS "HIGH NORMAL BLOOD PRESSURE", "BORDERLINE HYPERTENSION" OR "PREHYPERTENSION" CODE NO.

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

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.035 How old was {SP} when {he/she} was **first** told that {he/she} had hypertension or high blood pressure?
G/Q

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
DON'T KNOW..... 9

ENTER AGE IN YEARS

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

BPQ.083 Had {SP} ever taken any prescribed medicine for high blood pressure/hypertension since **{BASELINE YEAR}**?

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

BOX 2

CHECK ITEM BPQ.151:

IF YES (CODE 1) IN BPQ.080 AT BASELINE, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

BPQ.080 Was {SP} **ever** told by a doctor or other health professional that {his/her} blood cholesterol level was high?

- YES..... 1
- 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.

KIDNEY CONDITIONS – KIQ
Target Group: SPs 20+

KIQ.500 In the **12 months before {SP's} death**, did {s/he} receive dialysis (either hemodialysis (heemo-di-**al**-i-sis) or peritoneal dialysis (pare-i-ton-**nee**-al di-**al**-i-sis))?

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

CIGARETTE SMOKING – SMQ
Target Group: SP's 20+

BOX 1

CHECK ITEM SMQ.021:

IF YES (CODE 1) IN SMQ.020 OR SMQ.022 AT BASELINE, GO TO SMQ.041
OTHERWISE, CONTINUE.

These next questions are about cigarette smoking.

SMQ.022 Did {SP} smoke at least 100 **cigarettes** in {-his/her} entire life?

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

SMQ.041 **In the year before** {his/her death}, did { {SP} smoke cigarettes . . .

- every day,..... 1
- some days, or..... 2
- not at all?..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

HOSPITALIZATIONS - HVQ
Target Group: SP's 20+

BOX 1

CHECK ITEM HVQ.001:
IF ANY OF MCQ.197b-q = 1, GO TO HVQ.021.
OTHERWISE, CONTINUE

HVQ.011 These next questions are about {SP's} hospitalizations. {SP} last told us about {his/her} health in **{BASELINE YEAR}** when {s/he} was **{AGE AT BASELINE} years old**. We are only interested in {his/her} hospital stays that occurred **from that time until** {his/her} death.

After {SP} was {AGE AT BASELINE} years old did {SP} stayed overnight in the hospital? Please include overnight stays for any medical problems, surgeries, and procedures. Do not include stays for uncomplicated childbirth or overnight visits to the emergency room.

YES..... 1 (HVQ.021)
NO..... 2
REFUSED..... 7 (BOX 9)
DON'T KNOW..... 9

BOX 2

CHECK ITEM HVQ.013:
IF ANY OF MCQ.407, MCQ.417, MCQ.427, MCQ.447, MCQ.457, MCQ.467,
MCQ.477, MCQ.487 CODED "1", CONTINUE;
ELSE IF AGE REPORTED IN ANY OF MCQ.405, MCQ.415, MCQ.425, MCQ.435,
MCQ.445, MCQ.455, MCQ.465, MCQ.475, MCQ.485 IS OLDER THAN BASELINE
AGE, CONTINUE;
OTHERWISE, GO TO BOX 9.

HVQ.015 Earlier in this interview you reported that {SP} had the following procedures after {s/he} was {AGE AT BASELINE} years old:

{LIST PROCEDURES}

Did {SP} stay overnight in the hospital for {this procedure/any of these procedures}?

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

CAPI INSTRUCTION:

- DISPLAY THE PROCEDURES AS A LIST WITH EACH PROCEDURE DISPLAYED ON A SEPARATE LINE:
 - IF AGE REPORTED IN MCQ.405 IS OLDER THAN BASELINE AGE, OR MCQ.407 IS YES (CODE 1), DISPLAY "coronary bypass surgery, a graft, CABG or bypass procedure"
 - IF AGE REPORTED IN MCQ.415 IS OLDER THAN BASELINE AGE, OR MCQ.417 IS YES (CODE 1), DISPLAY "surgery on the arteries in the neck"
 - IF AGE REPORTED IN MCQ.425 IS OLDER THAN BASELINE AGE, OR MCQ.427 IS YES (CODE 1), DISPLAY "repair of an aortic aneurysm"
 - IF AGE REPORTED IN MCQ.435 IS OLDER THAN BASELINE AGE, DISPLAY "a pacemaker or implantable cardioverter defibrillator (ICD) placed"
 - IF AGE REPORTED IN MCQ.445 IS OLDER THAN BASELINE AGE, OR MCQ.447 IS YES (CODE 1), DISPLAY "angioplasty or stenting of the coronary arteries"
 - IF AGE REPORTED IN MCQ.455 IS OLDER THAN BASELINE AGE, OR MCQ.457 IS YES (CODE 1), DISPLAY "procedure to treat the blocked arteries in the legs"
 - IF AGE REPORTED IN MCQ.465 IS OLDER THAN BASELINE AGE, OR MCQ.467 IS YES (CODE 1), DISPLAY "other heart or blood vessel surgery"
 - IF AGE REPORTED IN MCQ.475 IS OLDER THAN BASELINE AGE, OR MCQ.477 IS YES (CODE 1), DISPLAY "toe amputation"
 - IF AGE REPORTED IN MCQ.485 IS OLDER THAN BASELINE AGE, OR MCQ.487 IS YES (CODE 1), DISPLAY "leg amputation"
- IF ONLY A SINGLE PROCEDURE, DISPLAY "this procedure", OTHERWISE, DISPLAY "any of these procedures".

HVQ.021 {These next questions are about {SP's} hospitalizations. {SP} last told us about {his/her} health in **{BASELINE YEAR}** when {s/he} was **{AGE AT BASELINE}** years old. We are only interested in {his/her} hospital stays that occurred **from that time until** {his/her} death.

{We will/Next we will} ask you for the names of hospitals where {SP} stayed overnight after **{SP}** was **{AGE AT BASELINE}** years old. We would like to contact hospitals you tell us about to ask them for information on the reasons for hospitalization and surgeries performed.

Do we have permission to obtain {SP's} hospital information?

YES..... 1
NO..... 2 (BOX 9)

CAPI INSTRUCTION:

- IF ANY OF MCQ.197b-q = 1, DISPLAY "These next questions are about {SP's} hospitalizations. {SP} last told us about {his/her} health in **{BASELINE YEAR}** when {s/he} was **{AGE AT BASELINE}** years old. We are only interested in {his/her} hospital stays that occurred **from that time until** {his/her} death." AND "We will"
- OTHERWISE, DISPLAY "Next we will"

HVQ.025 Please tell me the names of all the hospitals where {SP} stayed overnight since {SP} was {AGE AT BASELINE} years old. Include stays for any medical problems, surgeries, and procedures, but do not include stays for uncomplicated childbirth or overnight visits to the emergency room.

PROBE: Any other hospitals?

HOSPITAL NAME

REFUSED..... 7 (BOX 9)
DON'T KNOW..... 9 (BOX 9)

CAPI INSTRUCTION:

ALLOW INTERVIEWER TO ENTER EACH HOSPITAL NAME ON A SEPARATE LINE IN A TABLE DISPLAYED AT THE BOTTOM OF THE SCREEN.

BOX 3
<p>CHECK ITEM HVQ.027: IF ANY OF MCQ.197b-q = 1, CONTINUE WITH HVQ.030. OTHERWISE, GO TO BOX 4.</p>

HVQ.030 Earlier in this interview you reported that {SP} had an overnight hospital stay for:

{LIST CONDITIONS}

Have you told me the names of all the hospitals where {SP} stayed for (this/these) condition(s) after {SP} was {AGE AT BASELINE} years old?

ADD HOSPITALS..... 1
CONTINUE..... 2

CAPI INSTRUCTIONS:

- DISPLAY THE CONDITIONS REPORTED IN MCQ.197b-q AS A LIST WITH EACH CONDITION DISPLAYED ON A SEPARATE LINE:
 - IF MCQ.197b IS YES (CODE 1), DISPLAY “congestive heart failure”
 - IF MCQ.197c IS YES (CODE 1), DISPLAY “coronary heart disease”
 - IF MCQ.197d IS YES (CODE 1), DISPLAY “angina pectoris”
 - IF MCQ.197e IS YES (CODE 1), DISPLAY “a heart attack”
 - IF MCQ.197f IS YES (CODE 1), DISPLAY “a stroke”
 - IF MCQ.197p IS YES (CODE 1), DISPLAY “asthma”
 - IF MCQ.197q IS YES (CODE 1), DISPLAY “COPD, emphysema or chronic bronchitis”
- DISPLAY THE TABLE WITH THE HOSPITAL NAMES COLLECTED IN HVQ.025 AT THE BOTTOM OF THE SCREEN. IF HVQ.030 CODED “1”, ALLOW THE INTERVIEWER TO INSERT ROWS AND ENTER ADDITIONAL HOSPITAL NAMES.

BOX 4

CHECK ITEM HVQ.035:

IF HVQ.015 = 1, GO TO HVQ.050;
 ELSE IF HVQ.011 = MISSING AND (ANY OF MCQ.407, MCQ.417, MCQ.427,
 MCQ.447, MCQ.457, MCQ.467, MCQ.477, MCQ.487 IS CODED “1”), CONTINUE;
 ELSE IF AGE REPORTED IN ANY OF MCQ.405, MCQ.415, MCQ.425, MCQ.435,
 CQ.445, MCQ.455, MCQ.465, MCQ.475, MCQ.485 IS OLDER THAN BASELINE AGE
 AND HVQ.011 = MISSING, CONTINUE;
 OTHERWISE, GO TO HVQ.060.

HVQ.040 Earlier in this interview you reported that {SP} had the following procedures since {s/he} was {AGE AT BASELINE} years old:

{LIST PROCEDURES}

Did {SP} stay overnight in the hospital for {this procedure/any of these procedures}?

- YES..... 1
- NO..... 2 (HVQ.060)
- REFUSED..... 7 (HVQ.060)
- DON'T KNOW..... 9 (HVQ.060)

CAPI INSTRUCTION:

- DISPLAY THE PROCEDURES AS A LIST WITH EACH PROCEDURE DISPLAYED ON A SEPARATE LINE:
 - IF AGE REPORTED IN MCQ.405 IS OLDER THAN BASELINE AGE, OR MCQ.407 IS YES (CODE 1), DISPLAY "coronary bypass surgery, a graft, CABG or bypass procedure"
 - IF AGE REPORTED IN MCQ.415 IS OLDER THAN BASELINE AGE, OR MCQ.417 IS YES (CODE 1), DISPLAY "surgery on the arteries in the neck"
 - IF AGE REPORTED IN MCQ.425 IS OLDER THAN BASELINE AGE, OR MCQ.427 IS YES (CODE 1), DISPLAY "repair of an aortic aneurysm"
 - IF AGE REPORTED IN MCQ.435 IS OLDER THAN BASELINE AGE, DISPLAY "a pacemaker or implantable cardioverter defibrillator (ICD) placed"
 - IF AGE REPORTED IN MCQ.445 IS OLDER THAN BASELINE AGE, OR MCQ.447 IS YES (CODE 1), DISPLAY "angioplasty or stenting of the coronary arteries"
 - IF AGE REPORTED IN MCQ.455 IS OLDER THAN BASELINE AGE, OR MCQ.457 IS YES (CODE 1), DISPLAY "procedure to treat the blocked arteries in the legs"
 - IF AGE REPORTED IN MCQ.465 IS OLDER THAN BASELINE AGE, OR MCQ.467 IS YES (CODE 1), DISPLAY "other heart or blood vessel surgery"
 - IF AGE REPORTED IN MCQ.475 IS OLDER THAN BASELINE AGE, OR MCQ.477 IS YES (CODE 1), DISPLAY "toe amputation"
 - IF AGE REPORTED IN MCQ.485 IS OLDER THAN BASELINE AGE, OR MCQ.487 IS YES (CODE 1), DISPLAY "leg amputation"
- IF ONLY A SINGLE PROCEDURE, DISPLAY "this procedure". OTHERWISE, display "any of these procedures".

HVQ.050 Have you included the hospitals where {SP} stayed for {this procedure/these procedures/the following procedure(s)}?

{LIST PROCEDURES}

ADD HOSPITALS..... 1
CONTINUE..... 2

CAPI INSTRUCTIONS:

DISPLAY THE TABLE WITH THE HOSPITAL NAMES COLLECTED IN HVQ.025 AND HVQ.030 AT THE BOTTOM OF THE SCREEN. IF HVQ.050 CODED "1", ALLOW THE INTERVIEWER TO INSERT ROWS AND ENTER ADDITIONAL HOSPITAL NAMES.

CAPI INSTRUCTION:

IF HVQ.015 ≠ 1, NO PROCEDURE LIST NEEDED.

- IF ONLY A SINGLE PROCEDURE DISPLAYED IN HVQ.040, DISPLAY "this procedure", OTHERWISE, DISPLAY "these procedures"

ELSE IF HVQ.015 = 1, DISPLAY "the following procedure(s)" AND DISPLAY THE PROCEDURES AS A LIST WITH EACH PROCEDURE DISPLAYED ON A SEPARATE LINE:

- IF AGE REPORTED IN MCQ.405 IS OLDER THAN BASELINE AGE, OR MCQ.407 IS YES (CODE 1), DISPLAY "coronary bypass surgery, a graft, CABG or bypass procedure"
- IF AGE REPORTED IN MCQ.415 IS OLDER THAN BASELINE AGE, OR MCQ.417 IS YES (CODE 1), DISPLAY "surgery on the arteries in the neck"
- IF AGE REPORTED IN MCQ.425 IS OLDER THAN BASELINE AGE, OR MCQ.427 IS YES (CODE 1), DISPLAY "repair of an aortic aneurysm"
- IF AGE REPORTED IN MCQ.435 IS OLDER THAN BASELINE AGE, DISPLAY "a pacemaker or implantable cardioverter defibrillator (ICD) placed"
- IF AGE REPORTED IN MCQ.445 IS OLDER THAN BASELINE AGE, OR MCQ.447 IS YES (CODE 1), DISPLAY "angioplasty or stenting of the coronary arteries"
- IF AGE REPORTED IN MCQ.455 IS OLDER THAN BASELINE AGE, OR MCQ.457 IS YES (CODE 1), DISPLAY "procedure to treat the blocked arteries in the legs"
- IF AGE REPORTED IN MCQ.465 IS OLDER THAN BASELINE AGE, OR MCQ.467 IS YES (CODE 1), DISPLAY "other heart or blood vessel surgery"
- IF AGE REPORTED IN MCQ.475 IS OLDER THAN BASELINE AGE, OR MCQ.477 IS YES (CODE 1), DISPLAY "toe amputation"
- IF AGE REPORTED IN MCQ.485 IS OLDER THAN BASELINE AGE, OR MCQ.487 IS YES (CODE 1), DISPLAY "leg amputation"

HVQ.060 I have listed the following hospitals.

REVIEW LIST OF HOSPITALS.

Did {SP} stay overnight at any other hospitals after {she/he} was {AGE AT BASELINE} years old? Do not include stays for uncomplicated childbirth or overnight visits to the emergency room.

ADD ANY ADDITIONAL HOSPITALS. SELECT CONTINUE WHEN THERE ARE NO MORE HOSPITALS TO ADD.

CONTINUE..... 1

CAPI INSTRUCTIONS:

DISPLAY THE TABLE WITH THE HOSPITAL NAMES AT THE BOTTOM OF THE SCREEN. ALLOW THE INTERVIEWER TO INSERT ROWS AND ENTER ADDITIONAL HOSPITAL NAMES.

BOX 5

LOOP 1:

ASK HVQ.070 AND HVQ.080 FOR EACH OF THE HOSPITALS IN THE TABLE.

HVQ.070 I have a directory to look up contact information for the hospitals you've told me about. I'll confirm the hospital address with you to make sure I've selected the correct hospital.

INTERVIEWER INSTRUCTION:

- USE THE TAB KEY TO MOVE TO THE "PROVIDER LOOKUP" FIELD AND PRESS THE SPACE BAR TO START THE HOSPITAL SEARCH.
- ENTER THE NAME OF THE HOSPITAL AND USE THE UP AND DOWN ARROWS TO HIGHLIGHT THE CORRECT ROW.
- CONFIRM THE ADDRESS (STREET, CITY, AND STATE) AND SELECT THE HOSPITAL.
- IF HOSPITAL NOT ON LIST – PRESS BS TO DELETE ENTRY.
- TYPE "***".
- PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

1. DISPLAY THE TABLE WITH THE NAMES OF THE HOSPITAL ENTERED BY THE INTERVIEWER IN THE FIRST COLUMN. LIST EACH HOSPITAL ON A SEPARATE ROW.
2. ALLOW THE INTERVIEWER TO USE THE TAB KEY TO MOVE TO THE SECOND COLUMN AND PRESS THE SPACE BAR TO ACTIVATE THE HOSPITAL PROVIDER LOOK UP.
3. DISPLAY HOSPITAL PROVIDER LOOK UP AS A POP-UP SCREEN WITH COLUMNS FOR HOSPITAL NAME, STREET ADDRESS, CITY, AND STATE, ZIP CODE, PHONE NUMBER, TAXONOMY.
4. ALLOW INTERVIEWER TO TYPE THE HOSPITAL NAME IN THE SEARCH FIELD TO ACTIVATE TRIGRAM SEARCH. DISPLAY POTENTIAL MATCHES AND ALLOW INTERVIEWER TO USE THE UP AND DOWN ARROWS TO HIGHLIGHT THE CORRECT ROW.
5. THE LOOK UP IS A SUBSET OF RECORDS FROM THE NPI PROVIDER DIRECTORY. SELECT THE SUBSET OF HOSPITALS WITH AN ENTITY TYPE CODE OF "2, ORGANIZATION" AND ANY OF THE "HEALTHCARE PROVIDER TAXONOMY CODES" LISTED BELOW DESIGNATED AS THE PRIMARY TAXONOMY. DISPLAY THE DESCRIPTIVE TEXT, NOT THE ASSOCIATED CODE, IN THE LOOK UP.
 - Chronic disease hospital (281P00000X)
 - General acute care hospital (282N00000X)
 - Military hospital (286500000X)
 - Psychiatric hospital (283Q00000X)
 - Rehabilitation hospital (283X00000X)
6. SAVE THE DIRECTORY HOSPITAL NAME, ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER. ALSO SAVE THE NPI PROVIDER ID, BUT DO NOT DISPLAY IT IN THE TABLE.

HVQ.080
a/b/c/d/e/f

I was not able to find that hospital in my directory. What is the hospital name, street address, city, state, zip code and phone number? I can wait if you need to find any records you may have with that information.

HOSPITAL NAME: [_____]
STREET ADDRESS: [_____]
CITY: [_____]
STATE: [_____]
ZIP CODE: [_____]
PHONE NUMBER: [_____]

CAPI INSTRUCTION:

HOSPITAL NAME, CITY AND STATE ARE REQUIRED FIELDS. ALLOW STREET ADDRESS, ZIP CODE AND PHONE NUMBER TO BE LEFT BLANK.

BOX 6

END LOOP 1

ASK HVQ.070 AND HVQ.080 FOR EACH HOSPITAL IN THE TABLE.
IF NO MORE HOSPITALS, CONTINUE.

BOX 7

LOOP 2

ASK HVQ.090 - HVQ.100 FOR EACH HOSPITAL IN THE TABLE.

HVQ.090 In what month and year did {SP} stay overnight at {HOSPITAL NAME}?
M/Y If {SP} had more than one hospital stay at {HOSPITAL NAME} after {SP} was {AGE AT BASELINE}
a/b/c years old, we would like you to think about {his/her} three most recent overnight stays.

INTERVIEWER INSTRUCTION:

- RECORD MONTH OF ADMISSION IF ADMISSION AND DISCHARGE MONTHS DIFFER.
- PROBE FOR UP TO 3 MOST RECENT STAYS IF R REPORTS MULTIPLE STAYS AT THE SAME HOSPITAL.

|_|_|
ENTER NUMBER (MONTH)

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

|_|_|_|_|
ENTER NUMBER (YEAR)

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

CAPRI INSTRUCTIONS:

1. DISPLAY A TABLE WITH THE NAME OF THE HOSPITAL IN THE FIRST COLUMN. COLUMNS 2-4 WILL BE POPULATED WITH THE ADMISSION MONTH AND YEAR AND THE REASON FOR THE STAY AS THEY ARE COLLECTED IN HVQ.090 – HVQ.100. DISPLAY INFORMATION ON ALL HOSPITAL STAYS IN A SINGLE GRID.
2. ALLOW THE INTERVIEWER TO COLLECT INFORMATION ON UP TO 3 SEPARATE ADMISSIONS FOR EACH HOSPITAL. INCLUDE A FUNCTION SO IF MULTIPLE STAYS OCCURRED AT THE SAME HOSPITAL, THE INTERVIEWER CAN CLICK AND HAVE THE HOSPITAL INFORMATION AUTOMATICALLY COPY TO A NEW ROW BELOW.

HVQ.100 Please look at this card and tell me the main reason for {his/her} stay at {HOSPITAL NAME} in {MONTH
a/b/c IN HVQ.090} {YEAR IN HVQ.090}.

HAND CARD HVQ1

INTERVIEWER INSTRUCTION:

- SELECT ONE MAIN REASON FOR EACH HOSPITAL STAY.

ARTHRITIS.....	1
ASTHMA.....	2
COMPLICATION OF DEVICE, IMPLANT, OR GRAFT.....	3
COMPLICATIONS DUE TO PREGNANCY AND CHILDBIRTH.....	4
COPD, EMPHYSEMA, CHRONIC BRONCHITIS.....	5
DEPRESSION, OTHER MOOD DISORDER.....	6
HEART DISEASE (FOR EXAMPLE, ABNORMAL OR IRREGULAR HEARTBEAT, ANGINA, CONGESTIVE HEART FAILURE, CORONARY HEART DISEASE, HEART ATTACK, MYOCARDIAL INFARCTION).....	7
NECK OR BACK PAIN; DISC, SPINE OR BACK PROBLEMS.....	8
PNEUMONIA.....	9
SEPSIS, SEPTICEMIA.....	10
STROKE.....	11
URINARY TRACT INFECTION.....	12
OTHER REASON.....	13
REFUSED.....	77
DON'T KNOW.....	99

CAPI INSTRUCTIONS:

1. SORT THE TABLE WITH ADMISSIONS LISTED IN REVERSE CHRONOLOGICAL ORDER WITHIN EACH HOSPITAL.
2. DISPLAY RESPONSE OPTIONS AS A DROP DOWN LIST.

BOX 8

END LOOP 2
ASK HVQ.090 - HVQ.100 FOR EACH HOSPITAL IN THE TABLE.
IF THERE ARE NO MORE HOSPITALS, CONTINUE.

HVQ.120 I'd like to review the information I have recorded to make sure it's complete. I have listed the following hospital stays:

REVIEW THE INFORMATION IN THE TABLE WITH THE SP AND MAKE ANY CORRECTIONS.

Have I missed any overnight hospital stays {SP} had **after {SP} was {AGE AT BASELINE}** years old? Please include overnight stays for any medical problems, surgeries, and procedures, but do not include stays for uncomplicated childbirth or overnight visits to the emergency room.

INFORMATION CORRECT..... 1
UPDATES NEEDED..... 2

CAP I INSTRUCTION:

1. DISPLAY A TABLE LISTING EACH OF THE HOSPITAL STAYS IN HVQ.090 – HVQ.110, WITH EACH HOSPITALIZATION LISTED ON A SEPARATE LINE.
2. DISPLAY THE FOLLOWING FIELDS:
 - HOSPITAL NAME, CITY, STATE
 - MONTH AND YEAR OF HOSPITALIZATION
 - REASON FOR HOSPITALIZATION
3. ALLOW INTERVIEWER TO HIGHLIGHT A ROW AND MAKE EDITS TO INDIVIDUAL FIELDS OR DELETE AN ENTIRE ROW.
4. ALLOW INTERVIEWER TO ADD MISSING HOSPITAL STAYS, LOOPING BACK THROUGH HVQ.090-HVQ.110 TO COLLECT THE INFORMATION.

HVQ.130 Is there a name or names besides {DISPLAY FIRST, MIDDLE, LAST NAME, AND SUFFIX FROM DMQ.044, DMQ.048, DMQ.062, AND DMQ.068}.under which {SP's} hospital records may be filed?

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

HVQ.140 What is that name?

INTERVIEWER INSTRUCTION:
PROBE FOR ALL ALTERNATE NAMES AND VERIFY SPELLING.

Alternate Name #1:

FIRST NAME: []
MIDDLE NAME: []
LAST NAME: []
SUFFIX: []

Alternate Name #2:

FIRST NAME: []
MIDDLE NAME: []
LAST NAME: []
SUFFIX: []

Alternate Name #3:

FIRST NAME: []
MIDDLE NAME: []
LAST NAME: []
SUFFIX: []

REFUSED..... 7--7
DON'T KNOW..... 9--9

BOX 9

CHECK ITEM HVQ.155:
IF SP MALE, GO TO END OF SECTION.
IF SP FEMALE AND >= 56 YEARS OLD, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

HVQ.160 When we asked you to tell us about {SP's} overnight hospital stays, we said not to include uncomplicated pregnancies. Now we would like to ask you about overnight stays for uncomplicated pregnancies. How many times after {BASELINE YEAR} when {SP} was {AGE AT BASELINE} years old did {SP} stay overnight in the hospital for an uncomplicated pregnancy?

[][]
ENTER NUMBER OF TIMES

NONE..... 00
REFUSED..... 77
DON'T KNOW..... 99

PROXY CONTACT INFORMATION – MAQ
Target Group: SP's 20+

MAQ.021 Please give me your **complete mailing** address. We may use this to contact you in the future. Your mailing address is:

CRITICAL INFORMATION – CHECK CAREFULLY.

MAKE CORRECTIONS AS NEEDED.

a. STREET # b. DIR PRE c. STREET NAME d. STREET TYPE e. DIR POST

f. UNIT TYPE

APT.....	1	RM.....	16
BLDG.....	2	SIDE.....	17
BSMT.....	3	SLIP.....	18
DEPT.....	4	SPC.....	19
FL.....	5	STE.....	20
FRNT.....	6	STOP.....	21
HNGR.....	7	TRLR.....	22
KEY.....	8	UNIT.....	23
LBBY.....	9	UPPR.....	24
LOT.....	10	BOX.....	25
LOWR.....	11	DORM.....	26
OFC.....	12	POBOX.....	27
PH.....	13	OTHER.....	99
PIER.....	14	UNKNOWN.....	999
REAR.....	15		

g. UNIT # h. CITY i. STATE j. ZIP1 k. ZIP 2

CAP I INSTRUCTION:

- DISPLAY THE MOST RECENT MAILING ADDRESS INFORMATION. ENTRY SHOULD APPEAR IN ALL CAPS.
- ALLOW INTERVIEWER TO MAKE EDITS TO INDIVIDUAL FIELDS OR TO CLEAR ENTIRE MAILING ADDRESS AND ENTER NEW ADDRESS.
- DISPLAY STREET #, DIR PRE, STREET NAME, STREET TYPE, DIR POST ON ONE SCREEN.
- DISPLAY UNIT TYPE ON SECOND SCREEN.
- DISPLAY UNIT NO, CITY, STATE, ZIP1, ZIP2 ON THIRD SCREEN.

MAQ.040 I have recorded . . .

{DISPLAY ADDRESS ENTERED IN MAQ.021 IN UPPER CASE}

Is that correct?

YES.....	1 (MAQ.021)
NO.....	2

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

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.

ENTER HOME TELEPHONE NUMBER.....	1
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)

|_|_|_|_|_|_|_|_|_|

ENTER ANOTHER PHONE NUMBER

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.140N:
IF MAQ.120 = 4, GO TO MAQ.200.
IF MAQ.120 NOT EQUAL TO 4, CONTINUE.

MAQ.150 Do you have a cell phone?

YES..... 1
NO..... 2 (MAQ.200)
REFUSED..... 7 (MAQ.200)
DON'T KNOW..... 9 (MAQ.200)

MAQ.180 What is your cell phone number?

CAPI INSTRUCTION:
ONLY ALLOW 10 DIGIT PHONE NUMBER. DISPLAY HARD RANGE ERROR IF NOT 10 DIGITS.

|_|_|_|_|_|_|_|_|_|

REFUSED..... 7 (MAQ.200)
DON'T KNOW..... 9 (MAQ.200)

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.200 Do you have an e-mail account?

YES..... 1

NO..... 2 (END OF SECTION)

REFUSED..... 7 (END OF SECTION)

DON'T KNOW..... 9 (END OF SECTION)

MAQ.210 What is your e-mail address?
a/b

CAPI INSTRUCTION:
ALLOW 64 CHARACTERS TO THE LEFT OF THE @ SYMBOL TO BE STORED IN MAQ210a.
ALLOW 190 CHARACTERS TO THE RIGHT OF THE @ SYMBOL TO BE STORED IN MAQ210b.

- HARD EDITS:
1. IF THERE'S SPACES IN THE EMAIL ADDRESS, DISPLAY "EMAIL ADDRESS DOES NOT ALLOW SPACES."
 2. IF EMAIL ADDRESS IS MISSING THE @ SYMBOL, DISPLAY "EMAIL ADDRESS IS MISSING THE @ SYMBOL - PLEASE GO BACK AND CORRECT."
 3. IF TEXT IS MISSING TO THE LEFT OR RIGHT OF THE @ SYMBOL, DISPLAY "PART OF THE EMAIL ADDRESS IS MISSING - PLEASE GO BACK AND CORRECT."

MAQ.220 I have recorded . . .

{DISPLAY E-MAIL ADDRESS ENTERED IN MAQ.210}

Is that correct?

YES..... 1

NO..... 2 (MAQ.210)

TTQ.050 This is the end of the health interview. Thank you for your cooperation.

DIASTATS SET QUESTIONNAIRE INSTRUMENT STATUS

COMPLETE..... 1 (END)
PARTIAL..... 2
NOT DONE..... 3

CAPI INSTRUCTION:

SET TO COMPLETE IF ALL ELIGIBLE ITEMS IN QUESTIONNAIRE HAVE A RESPONSE.
SET TO PARTIAL IF AT LEAST ONE ELIGIBLE ITEM IN QUESTIONNAIRE HAS NO RESPONSE.
SET TO NOT DONE IF NO ELIGIBLE ITEMS IN QUESTIONNAIRE HAVE A RESPONSE.

DIACMT REASON FOR PARTIAL OR NOT DONE

PROXY REFUSAL..... 2 (END)
NO TIME..... 3 (END)
COMMUNICATION PROBLEM..... 5 (END)
EQUIPMENT FAILURE..... 6 (END)
PROXY ILL/EMERGENCY..... 7 (END)
INTERRUPTED..... 14 (END)
LANGUAGE BARRIER.....122 (END)
OTHER, SPECIFY _____ 99 (END)