

# **Attachment 3e**

## **Mobile Exam Center (MEC) Interview and Examination Data Collection Forms 2021-2022**

Form Approved  
OMB No. 0920-0950  
Exp. Date XX/XX/20XX

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**National Health and Nutrition Examination Survey (NHANES)  
Mobile Examination Center (MEC) Interview & Exam**

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## MEC Interview – CAPI

### COVID-19 – COQ Target Group: SPs Birth +

ISIS INSTRUCTION: USE THE GENDER STATUS PASSED IN TO DISPLAY THE GENDER SPECIFIC TEXT IN THE QUESTION. DISPLAY PROXY FILLS FOR SPS <16 YEARS OLD.

CAPI DISPLAY INSTRUCTIONS FOR ALL QUESTIONS IN COQ MEC SECTION: DISPLAY DATE ENCODED IN **SIA.085** IN "MONTH, DD, YYYY" FORMAT FOR PRE-FILLS SPECIFIED AS "SP INTERVIEW DATE".

COQ.410 {Have you/Has SP} had COVID-19, or the illness caused by the Coronavirus Disease 2019 **since** we interviewed {you/him/her} at home **on {SP INTERVIEW DATE}**?

INTERVIEWER INSTRUCTIONS:

CODE 'MAYBE' IF THE SP THINKS S/HE MAY HAVE HAD COVID-19 DUE TO EXPERIENCING CERTAIN SYMPTOMS BUT DID NOT GET TESTED OR IS UNSURE OF THE RESULTS. CODE 'DON'T KNOW' IF THE SP DOES NOT KNOW IF S/HE HAS HAD COVID-19.

YES.....	1
NO.....	2 (COQ.430)
MAYBE.....	3
REFUSED.....	7 (COQ.430)
DON'T KNOW.....	9 (COQ.430)

COQ.420 How would {you/SP} describe {your/his/her} symptoms when they were at their worst? Would you say...

No symptoms.....	1
Mild symptoms.....	2
Moderate symptoms.....	3
Severe symptoms.....	4
REFUSED.....	7
DON'T KNOW.....	9

COQ.430 Now I'm going to ask you about testing for active COVID infections, which is done through a nasal or throat swab or a saliva test. This does not include blood tests for COVID-19.

{Have you/Has SP} been tested for coronavirus or COVID-19 **since** we interviewed {you/him/her} at home **on {SP INTERVIEW DATE}**?

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

COQ.440 Did the swab or saliva test find that {you/SP} had coronavirus or COVID-19?

INTERVIEWER INSTRUCTION: IF TESTED MULTIPLE TIMES, CODE **ANY** POSITIVE RESULT RECEIVED AS YES.

YES..... 1  
NO..... 2 (COQ.460)  
DID NOT RECEIVE RESULTS..... 3 (COQ.460)  
REFUSED..... 7 (COQ.460)  
DON'T KNOW..... 9 (COQ.460)

COQ.450M/Y What was the date of {your/SP's} **positive** COVID-19 test? Please tell me the month and year of {your/his/her} most recent positive test since {SP INTERVIEW DATE}. This does not include the blood test.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|\_|\_|  
ENTER MONTH

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

|\_|\_|\_|\_|  
ENTER YEAR

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

CAPI INSTRUCTIONS:

HARD EDIT VALUE FOR MONTH: 01-12

HARD EDIT VALUE FOR YEAR: YEAR MUST BE FOUR DIGITS

HARD EDIT: DATE MUST BE BETWEEN CURRENT MONTH AND YEAR AND MONTH AND YEAR OF THE SP INTERVIEW IN SIA085.

ERROR MESSAGE: "THE DATE THE VACCINE WAS RECEIVED MUST BE BETWEEN THE SP INTERVIEW DATE AND TODAY. PLEASE VERIFY."

COQ.460 **Since {SP INTERVIEW DATE}, {have you/has SP} had an antibody **blood** test to determine if {you/s/he} had coronavirus or COVID-19?**

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

COQ.470 Did the blood test find that {you/SP} had antibodies for coronavirus or COVID-19?

INTERVIEWER INSTRUCTION: IF TESTED MULTIPLE TIMES, CODE **ANY** POSITIVE RESULT RECEIVED AS YES.

YES.....	1
NO.....	2 (COQ.480)
DID NOT RECEIVE RESULTS.....	3 (COQ.480)
REFUSED.....	7 (COQ.480)
DON'T KNOW.....	9 (COQ.480)

COQ.475M/Y What was the date of this blood test? Please tell me the month and year of the most recent date that the blood test found {you/SP} had antibodies for COVID-19 since {SP INTERVIEW DATE}?

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

|\_|\_|  
ENTER MONTH

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

|\_|\_|\_|\_|  
ENTER YEAR

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

CAPI INSTRUCTIONS:

HARD EDIT VALUE FOR MONTH: 01-12

HARD EDIT VALUE FOR YEAR: YEAR MUST BE FOUR DIGITS

HARD EDIT: DATE MUST BE BETWEEN CURRENT MONTH AND YEAR AND MONTH AND YEAR OF THE SP INTERVIEW IN SIA085.

ERROR MESSAGE: "THE DATE THE VACCINE WAS RECEIVED MUST BE BETWEEN THE SP INTERVIEW DATE AND TODAY. PLEASE VERIFY."

COQ.480 {Our records show that {you/SP} received a vaccine for COVID-19 on . . . }

LIST OF VACCINE BRAND(S) AND VACCINATION DATE(S) REPORTED IN SP INTERVIEW, SORT BY DOSE.}

{Have you/Has SP} received {another dose of the/a} vaccine for COVID-19 {since {SP INTERVIEW DATE}}?

YES.....	1
NO.....	2 (COQ.500)
REFUSED.....	7 (COQ.500)
DON'T KNOW.....	9 (COQ.500)

CAPI INSTRUCTIONS:

IF COQ.080 = 1 IN THE SP COQ SECTION, DISPLAY THE FOLLOWING:

- "Our records show that {you/SP} received a vaccine for COVID-19 on . . ."
- "LIST OF VACCINE BRAND(S) AND VACCINATION DATE(S) REPORTED"
- "another dose of the", AND
- "since {SP INTERVIEW DATE}"

IF COQ.080 ≠ 1 IN THE SP COQ SECTION, DISPLAY "a"

COQ.486 How many doses of COVID-19 vaccine {have you/has he/has she} received since {SP INTERVIEW DATE}? Please include booster shots and any additional doses.

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.

|\_|\_|  
ENTER THE NUMBER OF DOSES

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

CAPI INSTRUCTIONS:

HARD EDIT: 1-20.

IF NUMBER OF DOSES = 0, DISPLAY "PLEASE ENTER A VALUE GREATER THAN ZERO TO CONTINUE. IF NO DOSES WERE RECEIVED, GO TO COQ.480 AND UPDATE RESPONSE TO 'NO.'" INCLUDE GO TO OPTIONS FOR COQ.486 AND COQ.480.

SOFT EDIT: IF NUMBER OF DOSES > 9 DISPLAY, "CONFIRM NUMBER OF DOSES WITH RESPONDENT." IF NUMBER IS CORRECT, PRESS SUPPRESS TO CONTINUE. OTHERWISE, GO TO COQ.486 TO UPDATE VALUE." INCLUDE GO TO OPTION FOR COQ.486.

HARD EDIT: IF NUMBER OF VACCINE DOSES REPORTED IN THE SP INTERVIEW (COQ.086) PLUS NUMBER OF DOSES ENTERED FOR COQ.486 IS GREATER THAN 25, DISPLAY "THE TOTAL NUMBER OF VACCINE DOSES REPORTED IN THE HOME AND MEC TOGETHER CANNOT BE GREATER THAN 25. PLEASE PRESS CLOSE AND CHANGE THE RESPONSE TO CONTINUE. ENTER A NOTE IF NECESSARY."

**BOX 1**

**CHECK ITEM COQ.445:**

**LOOP 1:**

ASK COQ.487 – COQ.495M/Y FOR EACH VACCINE.

COQ.487/488 Which COVID-19 vaccine did {you/SP} receive {for your/for his/for her} {first/second/third/fourth/... dose} since {SP INTERVIEW DATE}? Was it Johnson & Johnson, Moderna, Pfizer-BioNTech, or something else?

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.

VACCINE	BRAND	OTHER BRAND	MONTH	YEAR	ANY OTHERS?
Orig. reported doses					
1 <sup>st</sup> Dose	Brand reported in COQ.087	Brand in COQ.088	M in COQ.095M	Y in COQ.095Y	
2 <sup>nd</sup> Dose	Brand reported in COQ.087	Brand in COQ.088	M in COQ.095M	Y in COQ.095Y	
3 <sup>rd</sup> Dose	Brand reported in COQ.087	Brand in COQ.088	M in COQ.095M	Y in COQ.095Y	
Newly reported doses					
1 <sup>st</sup> Dose					
2 <sup>nd</sup> Dose					
...					

- JOHNSON & JOHNSON (JANSSEN).....1
- MODERNA..... 2
- PFIZER-BIONTECH.....3
- OTHER BRAND..... 4 (COQ.488)
- REFUSED.....7
- DON'T KNOW.....9

CAPI INSTRUCTION:

- DISPLAY A NONEDITABLE VACCINE ROSTER WITH VACCINES ORIGINALLY REPORTED IN SP INTERVIEW AND ADD ROW(S) PER NUMBER OF VACCINES INDICATED IN COQ.486 (SEE EXAMPLE GRID ABOVE).
  - o ALLOW UP TO 20 ADDITIONAL VACCINES TO BE ENTERED.
  - o ALLOW UP TO 25 VACCINES TOTAL TO BE ENTERED ON THE GRID WHEN INCLUDING BOTH THE SP AND MEC APPLICATIONS.
- DISPLAY “for your/for his/for her” “first/second/third/fourth/... dose” BASED ON THE DOSE NUMBER, IF 1 < COQ.486 AND COQ.486 ≠ (77 OR 99).
- FOR ITEMS COQ.487-COQ.495M/Y, DISPLAY A GRID WITH NUMBER OF ROWS EQUAL TO THE NUMBER OF VACCINES INDICATED IN COQ.486 (SEE EXAMPLE GRID ABOVE). IF COQ.486 = (77 OR 99), DISPLAY ONE ROW (1<sup>ST</sup> DOSE) FOR ‘VACCINE’ IN

THE GRID. INCLUDE COLUMNS 'VACCINE,' 'BRAND,' 'OTHER BRAND,' 'MONTH,' 'YEAR,' AND 'ANY OTHERS.' EACH COLUMN WILL FUNCTION AS FOLLOWS:

- o VACCINE: PREFILL WITH "1<sup>st</sup> Dose," "2<sup>nd</sup> Dose," "3<sup>rd</sup> Dose," etc. FOR EACH ROW. NOT EDITABLE FIELD.
- o BRAND: VALUE FOR COQ.487. ALLOW ENTRY OF VACCINE BRAND USING DROP-DOWN LIST FOR EACH DOSE.
  - HARD EDIT: IF COQ.487 IS EMPTY DISPLAY, "YOU MUST ENTER A BRAND TO CONTINUE. IF NO ADDITIONAL VACCINE DOSES RECEIVED, GO TO GRID AND SELECT 'NO' FOR 'ANY OTHERS' ON THE PREVIOUS ROW. IF NO DOSES WERE RECEIVED AT ALL, GO TO COQ.480 AND UPDATE RESPONSE TO 'NO.' IF RESPONDENT DOES NOT KNOW OR REFUSES TO GIVE THE NAME OF THE BRAND, GO TO COQ.487 (BRAND) AND UPDATE RESPONSE TO 'DON'T KNOW' OR 'REFUSED.'"
- o OTHER BRAND: VALUE FOR COQ.488.
  - IF CODE 4 (OTHER) IS SELECTED FOR COQ.487, ACTIVATE A TEXT FIELD WITH OTHER VACCINE BRANDS IN A LOOKUP LIST. INCLUDE 'NOT LISTED' AS AN OPTION IN THE LIST.
  - FOR QUESTION TEXT DISPLAY, "PRESS BS TO START THE LOOKUP. ENTER NAME OF OTHER BRAND. SELECT OTHER BRAND FROM LIST. IF OTHER BRAND **NOT** ON LIST, PRESS BS TO DELETE ENTRY. TYPE '\*\*' TO SELECT '\*\*NOT LISTED.' PRESS ENTER TO SELECT.
  - IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.
  - HARD EDIT: IF COQ.488 IS EMPTY DISPLAY, "YOU MUST ENTER A BRAND TO CONTINUE. IF NO ADDITIONAL VACCINE DOSES RECEIVED, GO TO GRID AND SELECT 'NO' FOR 'ANY OTHERS' ON THE PREVIOUS ROW. IF NO DOSES WERE RECEIVED AT ALL, GO TO COQ.480 AND UPDATE RESPONSE TO 'NO.' IF RESPONDENT DOES NOT KNOW OR REFUSES TO GIVE THE NAME OF THE BRAND, GO TO COQ.487 (BRAND) AND UPDATE RESPONSE TO 'DON'T KNOW' OR 'REFUSED.'"
- o MONTH AND YEAR: VALUES FOR COQ.495M/Y. TEXT FIELD.
- o ANY OTHERS: ALLOW INTERVIEWER TO ADD OR REMOVE ROW(S) IF ADDITIONAL OR LESS DOSE(S) REPORTED. DROPDOWN FIELD WILL DEFAULT TO 'YES' FOR ALL ROWS EXCEPT THE LAST ROW THAT WILL BE EMPTY. IF LAST ROW IS UPDATED TO YES, ANOTHER ROW IS CREATED. IF LAST ROW IS 'NO,' INSTRUMENT ADVANCES TO BOX 2. IF ROW COUNT IS CHANGED, STORED VALUE FOR COQ.486 WILL BE UPDATED ACCORDINGLY.
  - DISPLAY "ANY OTHERS?"
- o FOR GRID:
  - HARD EDIT: 1-20.
    - IF NUMBER OF NEWLY REPORTED DOSES IS GREATER THAN 20, OR THE TOTAL NUMBER OF DOSES BETWEEN THE SP INTERVIEW AND MEC IS GREATER THAN 25, DISPLAY " YOU CANNOT ENTER MORE THAN 20 DOSES AT THE MEC, OR MORE THAN 25 DOSES IN TOTAL



BETWEEN THE HOME INTERVIEW AND THE MEC. PLEASE PRESS  
CLOSE AND UPDATE THE LAST ANY OTHERS FIELD TO 'NO' TO  
CONTINUE. ENTER A NOTE IF NECESSARY."

COQ.495M/Y In what month and year did {you/he/she} receive the {first/second/third/fourth/... dose of the} vaccine  
since {SP INTERVIEW DATE} for COVID-19?

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE  
RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP  
ANSWER THE QUESTION.

PROBE FOR ANY MISSING PORTIONS OF DATE.

REVIEW THE ENTRIES WITH THE RESPONDENT ONCE THE ENTIRE GRID IS COMPLETED.

|\_|\_|  
ENTER MONTH

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

|\_|\_|\_|\_|  
ENTER YEAR

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

CAPI INSTRUCTIONS:

HARD EDIT VALUE FOR MONTH: 01-12

HARD EDIT VALUE FOR YEAR: YEAR MUST BE FOUR DIGITS

HARD EDIT: DATE MUST BE BETWEEN CURRENT MONTH AND YEAR AND MONTH AND YEAR  
OF THE SP INTERVIEW IN SIA085.

ERROR MESSAGE: "THE DATE THE VACCINE WAS RECEIVED MUST BE BETWEEN THE SP  
INTERVIEW DATE AND TODAY. PLEASE VERIFY."

IF DATE FOR 2<sup>ND</sup> DOSE OR LATER IS EARLIER THAN THE DATE OF THE PREVIOUS DOSE  
ENTERED DISPLAY, "DATE OF VACCINE MUST BE LATER THAN THE DATE OF THE PREVIOUS  
VACCINE. GO TO THE CORRECT FIELD TO UPDATE THE DATE.

DISPLAY "first/second/third/fourth/... dose of the" IF MORE THAN 1 ROW ENTERED IN COQ.487.

BOX 2

CHECK ITEM COQ.455:

**END LOOP 1:**  
 ASK COQ.487 - COQ.495M/Y FOR THE NEXT VACCINE.  
 IF INFORMATION COLLECTED FOR ALL VACCINES, CONTINUE TO COQ.500.

COQ.500 {Have you/Has SP} had an overnight stay in a hospital for suspected or confirmed COVID-19 **since {SP INTERVIEW DATE}**?

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

**BOX 3**

**CHECK ITEM COQ.550:**

IF COQ.160 = 1, GO TO COQ.580.  
 ELSE IF COQ.160 = (2 OR 7 OR 9), CONTINUE TO COQ.560.  
 ELSE IF [THE SP INTERVIEW DATE IS 4 WEEKS OR EARLIER THAN MEC VISIT DATE] AND [COQ.410 = (1 OR 3) OR COQ.440 = (1 OR 3)], CONTINUE TO COQ.560.  
 ELSE GO TO COQ.510.

COQ.560 Did {you/SP} experience any symptoms **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19? These symptoms can sometimes appear after recovering from the initial infection. Please look at card COQ1 for some examples of commonly reported post-COVID symptoms.

HAND CARD COQ1

INTERVIEWER INSTRUCTION:

IF INFECTED WITH COVID-19 MULTIPLE TIMES, CODE ANY EXPERIENCE OF POST-COVID SYMPTOMS AS YES.

DAY 1 OF A COVID-19 INFECTION IS THE FIRST FULL DAY AFTER THE SP STARTED EXPERIENCING SYMPTOMS. IF THE SP DID NOT HAVE ANY INITIAL SYMPTOMS, IT IS THE FIRST FULL DAY AFTER THE SAMPLE WAS COLLECTED FOR THE POSITIVE COVID-19 TEST.

- YES..... 1
- NO..... 2 (COQ.510)
- REFUSED..... 7 (COQ.510)
- DON'T KNOW..... 9 (COQ.510)

COQ.570/ 570O {}Among all of the post-COVID symptoms that {you have/SP has} experienced, which ones bothered {you/him/her} **the most**? You can tell me up to three different symptoms. You can refer again to card COQ1 for some examples of commonly reported post-COVID symptoms.{}

What is the {first/second/third} symptom that bothered {you/SP} the most?

HAND CARD COQ1

	SYMPTOM	OTHER SYMPTOM	ANY OTHERS?

CHANGE OR LOSS OF SMELL OR TASTE.....	10
CHANGES IN MENSTRUAL CYCLES.....	11
CHEST PAIN.....	12
COUGH.....	13
DEPRESSION OR ANXIETY.....	14
DIARRHEA.....	15
DIFFICULTY BREATHING OR SHORTNESS OF BREATH.....	16
DIFFICULTY THINKING OR CONCENTRATING (SOMETIMES REFERRED TO AS "BRAIN FOG").....	17
DIFFICULTY WITH MEMORY.....	18
DIZZINESS WHEN YOU STAND UP (LIGHTHEADEDNESS).....	19
FAST-BEATING OR POUNDING HEART (ALSO KNOWN AS HEART PALPITATIONS).....	20
FEVER.....	21
HEADACHE.....	22
JOINT OR MUSCLE PAIN.....	23
PINS-AND-NEEDLES FEELINGS.....	24
RASH.....	25
SLEEP PROBLEMS.....	26
STOMACH PAIN.....	27
SYMPTOMS THAT GET WORSE AFTER PHYSICAL OR MENTAL EFFORT (ALSO KNOWN AS "POST-EXERTIONAL MALAISE").....	28
TIREDNESS OR FATIGUE THAT INTERFERES WITH DAILY LIFE.....	29
OTHER SYMPTOM.....	666 (COQ.5700)
REFUSED.....	777
DON'T KNOW.....	999

CAPI INSTRUCTION:

FOR ITEMS COQ.570 AND COQ.5700, DISPLAY A GRID THAT CAN ACCOMMODATE UP TO THREE ROWS (SEE EXAMPLE ABOVE).

- DO NOT ALLOW DUPLICATE ENTRIES. ALLOW DUPLICATE OF DK/RF/OTHER SYMPTOM
- INCLUDE COLUMNS "SYMPTOM," "OTHER SYMPTOM," AND "ANY OTHERS." EACH COLUMN WILL FUNCTION AS FOLLOWS:
  - o SYMPTOM:
    - o ENTER SYMPTOM WITH A LOOKUP LIST. INCLUDE 'OTHER SYMPTOM' AS AN OPTION IN THE LIST.
    - o FOR BASE QUESTION TEXT, FILL "first" FOR LINE 1, "second" FOR LINE 2, AND "third" FOR LINE 3. INCLUDE BRACKETS IN QUESTION TEXT FOR SECOND AND THIRD LINE.
    - o BELOW BASE QUESTION TEXT DISPLAY,
      - "PRESS BS TO START THE LOOKUP.
      - ENTER SYMPTOM REPORTED.
      - SELECT SYMPTOM FROM LIST.
      - IF REPORTED SYMPTOM **NOT** ON LIST, PRESS BS TO DELETE ENTRY.
      - TYPE '\*\*' TO SELECT '\*\*OTHER SYMPTOM.'

PRESS ENTER TO SELECT."

- OTHER SYMPTOM:
  - o IF "\*\*\*OTHER SYMPTOM" IS SELECTED FOR COQ.570, ACTIVATE "OTHER SYMPTOM" FIELD (COQ.5700). REQUIRE ENTRY TO CONTINUE. DO NOT ALLOW DK/RF.
  - o BELOW BASE QUESTION TEXT DISPLAY, "ENTER OTHER SYMPTOM"
  
- ANY OTHERS?
  - o DISPLAY QUESTION TEXT AS, "Are there any other symptoms?"
  - o ALLOW INTERVIEWER TO ADD OR REMOVE ROW(S) IF ADDITIONAL OR LESS SYMPTOM(S) REPORTED. DROPDOWN FIELD WILL DEFAULT TO 'YES' FOR ALL ROWS EXCEPT THE LAST ROW THAT WILL BE EMPTY. IF LAST ROW IS UPDATED TO 'YES,' ANOTHER ROW IS CREATED (UP TO THREE ROWS). IF LAST ROW IS 'NO,' INSTRUMENT ADVANCES TO COQ.580.

COQ.580 {Post-COVID symptoms are new, recurring, or ongoing symptoms you experienced **four weeks or later** after first being infected with COVID-19 or suspecting to have been infected with COVID-19.}

The next few questions refer to **all** of the post-COVID symptoms that {you have/SP has} experienced.

**In the last 30 days**, have **any** of these symptoms reduced {your/SP's} ability to carry out day-to-day activities compared with the time before {you/he/she} had COVID-19? Would you say...

INTERVIEWER INSTRUCTIONS:

DAY 1 OF A COVID-19 INFECTION IS THE FIRST FULL DAY AFTER THE SP STARTED EXPERIENCING SYMPTOMS. IF THE SP DID NOT HAVE ANY INITIAL SYMPTOMS, IT IS THE FIRST FULL DAY AFTER THE SAMPLE WAS COLLECTED FOR THE POSITIVE COVID-19 TEST.

- yes, a lot;..... 1
- yes, a little; or ..... 2
- no, not at all?..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

HELP SCREEN:

**Post-COVID symptoms:** These refer to any new, recurring, or ongoing symptoms you experienced **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19. These symptoms can sometimes appear after recovering from the initial infection.

CAPI INSTRUCTIONS:

IF COQ.160 = 1 IN THE SP COQ SECTION, DISPLAY "Post-COVID symptoms are new, recurring, or ongoing symptoms you experienced **four weeks or later** after first being infected with COVID-19 or suspecting to have been infected with COVID-19."

COQ.590 {Do you/Does SP} still experience **any** of these symptoms **now**?

- YES..... 1

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

**BOX 4**

**CHECK ITEM COQ.595:**

IF COQ.190 = 2 AND COQ.580 = 3 AND COQ.590 = 2, GO TO COQ.510.  
ELSE CONTINUE.

COQ.600      How long {did/have} these symptoms {last/lasted}? {Was it/Has it been}...

INTERVIEWER INSTRUCTION: WHEN DETERMINING HOW LONG SYMPTOMS LASTED, CONSIDER THE TOTAL AMOUNT OF TIME BETWEEN THE START OF THE FIRST SYMPTOM AND THE END OF THE LAST SYMPTOM (OR UNTIL NOW, IF STILL EXPERIENCING SYMPTOMS).

1 month to less than 2 months,.....	1
2 months to less than 3 months,.....	2
3 months to less than 6 months,.....	3
6 months to less than 9 months,.....	4
9 months to less than 12 months, or.....	5
12 months or more?.....	6
REFUSED.....	77
DON'T KNOW.....	99

CAPI INSTRUCTIONS:  
DISPLAY "did" AND "last" AND "Was it" IF COQ.590 = 2. ELSE, DISPLAY "have" AND "lasted" AND "Has it been".

COQ.510      Has anyone else in {your/SP's} household tested positive for coronavirus or COVID-19 **since {SP INTERVIEW DATE}**?

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.

COQ.520 {Do you/Does SP} currently have a health condition that a doctor or other health professional told {you/him/her} weakens the immune system, making it easier for {you/him/her} to get sick?

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

HELP SCREEN:

**Immunocompromised:** While chronic diseases like heart disease and obesity put people at higher risk of having a tougher course of COVID, these are different from illnesses that directly impact the immune system. Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. Prolonged use of corticosteroids (steroids) or other immune weakening medicines can lead to secondary or acquired immunodeficiency.

People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

**Doctor:** The term refers to both doctors of medicine (M.D.s) and doctors of osteopathic medicine (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, but other doctoral degrees 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, pharmacists, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropractors, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

COQ.530 **Since {SP INTERVIEW DATE}, {have you/has SP} taken prescription medication or had any medical treatments that a doctor or other health professional told {you/him/her} would weaken {your/his/her} immune system?**

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

**HELP SCREEN:**

**Doctor:** The term refers to both doctors of medicine (M.D.s) and doctors of osteopathic medicine (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, but other doctoral degrees 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, pharmacists, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropractors, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

COQ.540 **There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. Since {SP INTERVIEW DATE}, {have you/has SP} had a flu vaccination?**

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

## MEC Interview – ACASI

### SEXUAL ORIENTATION – SXQ-O Target Group: SPs 18-59 Years

**BOX 1**

**CHECK ITEM SXQ.300:**

- 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 Do you think of yourself as lesbian or gay; straight, that is, not lesbian or gay; bisexual; something else; or you don't know the answer?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

- Lesbian or gay..... 1 (END OF SECTION)
- Straight, that is, not lesbian or gay..... 2 (END OF SECTION)
- Bisexual..... 3 (END OF SECTION)
- Something else..... 4 (END OF SECTION)
- I don't know the answer..... 9 (END OF SECTION)
- REFUSED..... 77 (END OF SECTION)
- DON'T KNOW..... 99 (END OF SECTION)

SXQ.296 Do you think of yourself as gay; straight, that is, not gay; bisexual; something else; or you don't know the answer?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

- 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

**DEPRESSION SCREEN – DPQ**  
**Target Group: SPs 12+**

DPQ.010\_ The {first/next} questions are about how your feelings over the last 2 weeks.

CAPI INSTRUCTION:  
 IF SPs AGE = 12-17 AND 60+, DISPLAY = first  
 IF SPs AGE = 18 – 59, DISPLAY = next

DPQ.010 Over the **last 2 weeks**, how often have you been bothered by any of the following problems:

little interest or pleasure in doing things?

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

- Not at all..... 0
- Several days..... 1
- More than half the days..... 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:

feeling down, depressed, or hopeless?

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

- 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:

trouble falling or staying asleep, or sleeping too much?

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

- 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:  
feeling tired or having little energy?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

- 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:  
poor appetite or overeating?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

- 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:  
feeling bad about yourself – or that you are a failure or have let yourself or your family down?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

- 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:  
trouble concentrating on things, such as reading the newspaper or watching TV?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

- 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:  
 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?

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

- 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?

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

- 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?

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

- Not at all difficult..... 0
- Somewhat difficult..... 1
- Very difficult..... 2
- Extremely difficult..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

**REPRODUCTIVE HEALTH – RHQ**  
**Target Group: Female SPs Ages 12+**

RHQ.010\_ The next series of questions are about your reproductive history. Help is available for many of the questions.

RHQ.010 How old were you when you had your **first** menstrual period?

**INSTRUCTIONS TO SP:**

Please enter an age or enter zero if you have not started your period.

**CAP I INSTRUCTION:**

**SOFT EDIT VALUES: AGE ≤8 YEARS.**

**ERROR MESSAGE:** "You reported 8 years or younger as the age of your first menstrual period. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and enter another age."

**SOFT EDIT VALUES: AGE ≥ 25 YEARS.**

**ERROR MESSAGE:** "You reported 25 years or older as the age of your first menstrual period. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and enter another age."

**HARD EDIT VALUES: AGE OF 1<sup>ST</sup> PERIOD CANNOT BE GREATER THAN CURRENT AGE.**

**ERROR MESSAGE:** "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

**SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 20 AND RHQ.010 IS CODED '0'.**

**ERROR MESSAGE:** "You reported never starting your menstrual period. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and enter another age."

|\_|\_|\_|  
ENTER AGE IN YEARS

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

**BOX 1**

**CHECK ITEM RHQ.015:**

- IF PERIODS HAVEN'T STARTED (CODED '0'), GO TO END OF SECTION.
- OTHERWISE, GO TO RHQ.031.

RHQ.031 Have you had **at least one menstrual period** in the **past 12 months**?

INSTRUCTIONS TO SP:  
Please select . . .

HELP TEXT: If you have had at least one very light period in the past 12 months because you use hormonal birth control, such as pills, injectables or IUDs, select "Yes."  
If you have not had a period in the past 12 months, but you had bleeding due to medical conditions, hormone therapy, or surgeries, select "No"

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 60 AND RHQ.031 IS CODED YES.

ERROR MESSAGE: "If you have not had a period in the past 12 months, but you had bleeding due to medical conditions, hormone therapy, or surgeries, please press the "Back" button and select "No." Otherwise, press the "Next" button to continue."

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 5.
- IF SP 20+ YEARS OLD AND RHQ.031 = 1, GO TO RHQ.282.
- OTHERWISE, CONTINUE.

RHQ.043 What is the reason that you have not had **a period** in the past 12 months?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

HELP TEXT: Select "some other reason" if you have not had a period in the past 12 months, for reasons including, but not limited to: hormonal birth control use; cancer; a thyroid condition; chemotherapy; excessive exercise; anorexia; low body weight.

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS YOUNGER THAN 45 AND RHQ.043 IS CODED 7 (MENOPAUSE/CHANGE OF LIFE).

ERROR MESSAGE: "You reported that the reason you have not had a period in the past 12 months is because of menopause, meaning your periods have completely stopped. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and select a different reason."

Pregnancy.....	1 (BOX 5)
Breast feeding.....	2
Hysterectomy.....	3
Menopause or the change of life.....	7
Some other reason.....	9
REFUSED.....	77
DON'T KNOW.....	99

RHQ.282 Have you had a hysterectomy, including a partial hysterectomy, that is, surgery to **remove** your uterus or womb?

INSTRUCTIONS TO SP:

Please select . . .

CAPI INSTRUCTION:

IF RHQ.043 = 3, fill = 1

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

RHQ.305 Have you had **both** of your ovaries removed {either when you had your uterus removed or at any other time}?

HELP TEXT: It is possible to have both ovaries removed, only one ovary removed, or only part of an ovary removed. Ovaries may be removed during a hysterectomy. Select "Yes" only if a surgeon completely removed both ovaries.

INSTRUCTIONS TO SP:

Please select . . .

CAPI INSTRUCTION: IF RHQ.282 = 1 DISPLAY {either when you had your 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 when you had your ovaries removed or last ovary removed if removed at different times?

INSTRUCTIONS TO SP:

Please enter an age.

CAPI INSTRUCTION:

HARD EDIT: RHQ.332 MUST BE EQUAL TO OR LESS THAN AGE OF SP.

ERROR MESSAGE: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

|\_|\_|\_|  
ENTER AGE IN YEARS

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

**BOX 1B**

**CHECK ITEM RHQ.334:**

- IF RHQ.031 = 1 AND RHQ.282 = 2 AND RHQ.305 = 2, GO TO BOX 5.
- OTHERWISE, CONTINUE.

RHQ.060 About how old were you when you had your **last** menstrual period?

INSTRUCTIONS TO SP:  
Please enter an age.

SOFT EDIT: DISPLAY EDIT WHEN RHQ.060 IS GREATER THAN 59.

ERROR MESSAGE: "You reported your last menstrual period after age 59. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and try again."

SOFT EDIT: RHQ.060 MUST BE LESS THAN OR EQUAL TO RHQ.332.

ERROR MESSAGE: "You reported the age of your last menstrual period after the age that both of your ovaries were removed. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and try again."

HARD EDIT: RHQ.060 MUST BE EQUAL TO OR LESS THAN AGE OF SP.

ERROR MESSAGE: "Your response is greater than your recorded age. Please press the "Back" button, press "Clear," and try again."

\_\_\_\_\_  
ENTER AGE IN YEARS

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

**BOX 5**

**CHECK ITEM RHQ.086:**

- IF SP IS 12-17 YEARS OLD, GO TO RHQ.131.
- IF SP IS 18-59 YEARS OLD, CONTINUE.
- OTHERWISE, END OF SECTION.

RHQ.078 Have you ever been treated for an infection in your fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?

INSTRUCTIONS TO SP:  
Please select . . .

Yes..... 1  
No..... 2  
REFUSED..... 7  
DON'T KNOW..... 9



RHQ.131\_ The next questions are about your pregnancy history.

RHQ.131 Have you **ever** been pregnant? Please include current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies and abortions.

INSTRUCTIONS TO SP:  
Please select . . .

HELP TEXT:

**Miscarriage** is the loss of a baby before the 20<sup>th</sup> week of pregnancy.

**Stillbirth** is the loss of a baby at or after 20 weeks of pregnancy.

**Tubal Pregnancy** is a pregnancy that occurs in the fallopian tube.

**Abortion** is the termination of a pregnancy using induced methods.

Yes.....	1
No.....	2 (END OF SECTION)
REFUSED.....	7 (END OF SECTION)
DON'T KNOW.....	9 (END OF SECTION)

**BOX 6**

**CHECK ITEM RHQ.136:**

- IF THE SP HAS EXPERIENCED MENOPAUSE (RHQ.043 = 7), GO TO RHQ.167.
- IF THE SP HAD HYSTERECTOMY (RHQ.043 = 3 OR RHQ.282 = 1), GO TO RHQ.167.
- OTHERWISE, CONTINUE.

RHQ.143 Are you pregnant **now**?

INSTRUCTIONS TO SP:  
Please select . . .

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

RHQ.167 How many vaginal or Cesarean deliveries have you had? Please count all stillbirths as well as live births.

If you delivered twins or had any other multiple birth, count it as one delivery.

INSTRUCTIONS TO SP:  
Please enter the total number of deliveries.

|\_|\_|  
ENTER NUMBER

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

**BOX 7B**

**CHECK ITEM RHQ.170A:**

- IF THE NUMBER OF DELIVERIES IN RHQ.167 EQUALS ZERO, GO TO END OF SECTION.
- OTHERWISE, CONTINUE.

RHQ.200 Are you **now** breast feeding a child?

INSTRUCTIONS TO SP:

Please select . . .

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

**CURRENT HEALTH STATUS – HSQ**  
**Target Group: SPs 16+**

HSQ.590\_ The first question is about the test for HIV, the virus that causes AIDS.

HSQ.590 Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

INSTRUCTIONS TO SP:  
Please select . . .

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

**PHYSICAL ACTIVITY AND PHYSICAL FITNESS – PAQ**  
**Target Group: SPs 12-15 Years**

PAQ.706\_ The first questions are about your activities.

PAQ.706 During the **past 7 days**, on how many days were you physically active for a total of **at least 60 minutes per day**? Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

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.711 On a typical day during the school year, about how many hours do you usually spend playing with a smartphone or computer, watching TV or movies, or playing video games?

INSTRUCTIONS TO SP:  
 Please enter a number.

|\_|\_|  
 ENTER NUMBER OF HOURS

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

SOFT EDIT: 18 – 24 HOURS.

ERROR MESSAGE: "You said on a typical day during the school year, you usually spend 18 hours or more playing with a smartphone or computer, watching TV or movies, or playing video games. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and try again."

HARD EDIT: 25 HOURS OR MORE.

ERROR MESSAGE: "Please enter a number between 0 and 24. Please press the "Back" button, press "Clear," and try again."

**TOBACCO – SMQ**  
**Target Group: SPs 12+**

**BOX 1**

**CHECK ITEM SMQ.605:**

- IF SP AGED 18+, GO TO SMQ.681\_.
- OTHERWISE, CONTINUE.

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 On how many of the past **30 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 LESS THAN 30 DAYS GO TO SMQ.650.
- OTHERWISE, GO TO SMQ.681\_.

SMQ.650 On average, when you smoked during the past **30 days**, how many cigarettes did you smoke a day?  
 SMQ.650a

INSTRUCTIONS TO SP:  
 Please enter a number.

CAPI INSTRUCTION:  
 IF R SAYS 95 OR MORE CIGARETTES PER DAY, STORE 95 IN SMQ650a.  
 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

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

SMQ.681\_ The following questions ask about use of tobacco products in the past **5 days**.

SMQ.682 During the past **5 days**, including today, did you smoke {cigarettes,} pipes, regular cigars, cigarillos, or little filtered cigars, water pipes, or hookahs with tobacco?

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.846)  
 REFUSED..... 7 (SMQ.846)  
 DON'T KNOW..... 9 (SMQ.846)

**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)  
 Regular cigars, cigarillos, or little filtered cigars..... 3 (BOX 2)  
 Water pipes or Hookahs with tobacco..... 4 (BOX 2)  
 REFUSED..... 77 (SMQ.846)  
 DON'T KNOW..... 99 (SMQ.846)

SMQ.692B Which of these products did you smoke? (CHECK ALL THAT APPLY)

INSTRUCTIONS TO SP:  
Please select all that you used.

Pipes.....	1
Regular cigars, cigarillos, or little filtered cigars.....	2
Water pipes or Hookahs with tobacco.....	3
REFUSED.....	77 (SMQ.846)
DON'T KNOW.....	99 (SMQ.846)

**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.

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  
SMQ.720a each day?

INSTRUCTIONS TO SP:

Please enter a number.

CAPI INSTRUCTION:

IF R SAYS 95 OR MORE CIGARETTES PER DAY, STORE 95 IN SMQ720a.

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

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

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.
- OTHERWISE, GO TO SMQ.846.

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.845.
- OTHERWISE, GO TO SMQ.846.

SMQ.771 During the past **5 days**, including today, on how many days did you smoke regular cigars, cigarillos, or little filtered cigars?

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.
- OTHERWISE, GO TO SMQ.846.

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

SMQ.846 During the past **5 days**, including today, did you use e-cigarettes? You may also know them as JUUL™, vape-pens, vapes, hookah-pens, e-hookahs, or vaporizers. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke?

INSTRUCTIONS TO SP:  
Please select . . .

Yes..... 1  
No..... 2 (SMQ.851)  
REFUSED..... 7 (SMQ.851)  
DON'T KNOW..... 9 (SMQ.851)

SMQ.849 During the past **5 days**, including today, on how many days did you use e-cigarettes?

INSTRUCTIONS TO SP:  
Please enter a number.

CAPI INSTRUCTIONS:  
HARD EDIT: 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, dip, 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 . . .

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?

INSTRUCTIONS TO SP:  
Please select all that you used.

(CHECK ALL THAT APPLY)

- Chewing tobacco..... 1
- Snuff..... 2
- Snus..... 3
- Dissolvables..... 4
- Dip..... 5
- REFUSED..... 77
- DON'T KNOW..... 99

**BOX 6**

**CHECK ITEM SMQ.610:**

- IF SP AGED 12 - 17, GO TO END OF SECTION.
- OTHERWISE, CONTINUE.

SMQ.863 During the past **5 days**, including today, did you use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?

INSTRUCTIONS TO SP:  
Please select . . .

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

**ALCOHOL USE – ALQ**  
**Target Group: SPs 12+**

**BOX 1A**

**CHECK ITEM ALQ.005:**

- IF SP AGED 18+, GO TO ALQ.111\_.
- OTHERWISE, CONTINUE.

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.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.

- 0 days..... 1 (END OF SECTION)
- 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.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."

- 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.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 (END OF SECTION)
- 1 day..... 2 (END OF SECTION)
- 2 days..... 3 (END OF SECTION)
- 3 to 5 days..... 4 (END OF SECTION)
- 6 to 9 days..... 5 (END OF SECTION)
- 10 to 19 days..... 6 (END OF SECTION)
- 20 or more days..... 7 (END OF SECTION)
- REFUSED..... 77 (END OF SECTION)
- DON'T KNOW..... 99 (END OF SECTION)

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.

ALQ.111 In your **entire life**, have you 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.

INSTRUCTIONS TO SP:  
Please select . . .

CAPI INSTRUCTION: SHOW IMAGES OF 12 OZ BEER, 5 OZ WINE, AND 1.5 OZ LIQUOR.

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 drink any type of alcoholic beverage?

In other words, how many days per week, per month, or per year did you drink?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

HELP SCREEN: If you only drank part of the year, report what your drinking pattern was for most of the year. If you drank half of the year but did not drink during the other half of the year, report your current drinking pattern. Choose the closest response when a perfect option is not available.

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 drank alcoholic beverages, on **average**, how many drinks did you have? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

INSTRUCTIONS TO SP:  
Please enter a number.

CAPI INSTRUCTIONS:  
SHOW IMAGES OF 12 OZ BEER, 5 OZ WINE, AND 1.5 OZ LIQUOR.

IF R ENTERS LESS THAN 1 DRINK, STORE '1'.  
IF R ENTERS 95 DRINKS OR MORE, STORE '95'.

SOFT EDIT: IF RESPONSE >=20, THEN DISPLAY "You said on the days that you drink you have on **average** 20 or more drinks. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and try again."

|\_|\_|\_|  
ENTER # OF DRINKS

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

ALQ.142 During the **past 12 months**, about how often did you have **{DISPLAY NUMBER}** or more drinks of any alcoholic beverage?

In other words, how many days per week, per month, or per year did you have **{DISPLAY NUMBER}** or more drinks in a single day?

INSTRUCTIONS TO SP:  
Please select one of the following choices.

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: "Your response is not consistent with your previous response about how often you drank during the past 12 months. Please press the "Back" button, press "Clear," and try again."

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 have **{DISPLAY NUMBER} or more drinks** in a period of **two hours or less?**

INSTRUCTIONS TO SP:  
Please select one of the following choices.

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: "Your response is not consistent with your previous response about how often you drank during the past 12 months. Please press the "Back" button, press "Clear," and try again."

- 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 have **8 or more drinks in a single day?**

INSTRUCTIONS TO SP:  
Please select one of the following choices.

HARD EDIT: ALQ.280 CANNOT HAVE A LOWER CODED VALUE THAN ALQ.121, UNLESS ALQ.280 IS CODED '0'.

ERROR MESSAGE: "Your response is not consistent with your previous response about how often you drank during the past 12 months. Please press the "Back" button, press "Clear," and try again."

- 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.151 Was there ever a time or times in your life when you **drank {DISPLAY NUMBER} or more drinks** of any kind of alcoholic beverage **almost every day**?

INSTRUCTIONS TO SP:

Please select . . .

CAPI INSTRUCTION:

IF SP = MALE, DISPLAY = 5

IF SP = FEMALE, DISPLAY = 4

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

**BOX 2**

**CHECK ITEM ALQ.152:**

- IF ALQ.121 = 0, OR ALQ.142 = 0, GO TO END OF SECTION.
- OTHERWISE, CONTINUE TO ALQ.170.

ALQ.170 Considering all types of alcoholic beverages, during the **past 30 days**, how many times did you **have {DISPLAY NUMBER} or more drinks** on an occasion?

INSTRUCTIONS TO SP:

Please enter a number or enter zero for none.

HELP SCREEN: An occasion is a period of several hours on the same day.

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, more than 60 times. If that is correct, please press the "Next" button to continue. If that is not correct, press the "Back" button, press "Clear," and try again.

\_\_\_\_\_  
ENTER QUANTITY

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

**KIDNEY CONDITIONS - KIQ**  
**Target Group: SPs 20+**

KIQ.005\_ The next few questions ask about urine leakage.

KIQ.005 Many people have leakage of urine. How often do you have urinary leakage?  
 INSTRUCTIONS TO SP:  
 Please select one of the following choices.

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 ..... 4
- every day and/or night..... 5
- REFUSED..... 7 (KIQ.042)
- DON'T KNOW..... 9 (KIQ.042)

KIQ.010 How much urine do you lose each time?

INSTRUCTIONS TO SP:  
 Please select one of the following choices.

- drops..... 1
- small splashes..... 2
- more..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

KIQ.042 During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

INSTRUCTIONS TO SP:  
 Please select . . .

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

KIQ.044 During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an urge or pressure to urinate and you couldn't get to the toilet fast enough?

INSTRUCTIONS TO SP:  
 Please select . . .

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

**BOX 1**

**CHECK ITEM KIQ.048A:**

- IF 'YES' (CODED '1') IN KIQ.042 OR KIQ.044, CONTINUE WITH KIQ.052.
- OTHERWISE, GO TO KIQ.481.

KIQ.052 During the **past 12 months**, how much did your leakage of urine affect your day-to-day activities?

**INSTRUCTIONS TO SP:**

Please select one of the following choices.

- not at all..... 1
- only a little..... 2
- somewhat..... 3
- very much ..... 4
- greatly..... 5
- REFUSED..... 7
- DON'T KNOW..... 9

KIQ.481 In the past 30 days, **during a typical night**, how many times did you wake up and urinate?

**INSTRUCTIONS TO SP:**

Please select one of the following choices.

- 0..... 0
- 1..... 1
- 2..... 2
- 3..... 3
- 4..... 4
- 5 or more..... 5
- REFUSED..... 77
- DON'T KNOW..... 99

**DRUG USE – DUQ**  
**Target Group: SPs 12 - 59 Yeas**

DUQ.200\_ The following questions ask about use of drugs. Please remember that your answers to these questions will be kept confidential.

DUQ.230 During the **past 30 days**, on how many days did you use marijuana or cannabis, also called pot or weed?

INSTRUCTIONS TO SP:

Please enter a number or enter zero if you have never used marijuana or cannabis.

HARD EDIT VALUES: 0-30.

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.250 Have you **ever**, even once, used cocaine including all the different forms of cocaine such as powder, 'crack', 'free base', and coca paste?

INSTRUCTIONS TO SP:

Please select . . .

Yes..... 1  
No..... 2  
REFUSED..... 7  
DON'T KNOW..... 9

DUQ.290 Have you **ever**, even once, used heroin?

INSTRUCTIONS TO SP:

Please select . . .

Yes..... 1  
No..... 2  
REFUSED..... 7  
DON'T KNOW..... 9

DUQ.330 Have you **ever**, even once, used methamphetamine, also known as crank, crystal, ice or speed?

INSTRUCTIONS TO SP:

Please select . . .

Yes..... 1  
No..... 2  
REFUSED..... 7  
DON'T KNOW..... 9

DUQ.370 Have you **ever**, even once, used a needle to inject a drug **not prescribed** by a doctor?

INSTRUCTIONS TO SP:  
Please select . . .

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

**SEXUAL BEHAVIOR – SXQ (FEMALE)**  
**Target Group: Female SPs 14-69 Years**

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

SXQ.709 Have you **ever** had **any** kind of sex with a woman? By sex, we mean sexual contact with another woman's vagina or genitals.  
(Target 14-69)

INSTRUCTIONS TO SP:  
Please select . . .

Yes..... 1  
No..... 2  
REFUSED..... 7  
DON'T KNOW..... 9

**BOX 1**

**CHECK ITEM SXQ.702:**

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- IF SXQ.700 = 2 AND SXQ.703 = 2 AND SXQ.706 = 2 AND SXQ.709 = 2, GO TO END OF SECTION.
- IF SXQ.709 = 1 AND (SXQ.700, SXQ.703, AND SXQ.706 = 2), GO TO SXQ.736.
- OTHERWISE, CONTINUE.

SXQ.712 In your **lifetime**, with how many **men** have you had **any** kind of sex?  
(Target 14-59)

INSTRUCTIONS TO SP:  
Please enter a number.

|\_|\_|\_|\_|  
ENTER NUMBER

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

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."



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 6**

**CHECK ITEM SXQ.733:**

- IF SXQ.709 = 1, GO TO SXQ.736.
- OTHERWISE, GO TO BOX 7B.

SXQ.736 In **your lifetime**, with how many **women** have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.

(Target 14-59)

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."

SXQ.739 In the **past 12 months**, with how many **women** have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.

(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.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."

**BOX 7B**

**CHECK ITEM SXQ.771:**

- IF SXQ.718 OR SXQ.739 GREATER THAN '0000', GO TO SXQ.648.
- OTHERWISE, GO TO SXQ.260.

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

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

**SEXUAL BEHAVIOR – SXQ (MALE)**  
**Target Group: Male SPs 14-69 Years**

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 (END OF SECTION)
REFUSED.....	7 (END OF SECTION)
DON'T KNOW.....	9 (END OF SECTION)

SXQ.800 Have you **ever** had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a (Target 14-69)woman's vagina.

INSTRUCTIONS TO SP:  
 Please select . . .

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

SXQ.803 Have you **ever performed** oral sex on a woman? This means putting your mouth on a woman's vagina or (Target 14-69)genitals.

INSTRUCTIONS TO SP:  
 Please select . . .

Yes.....	1
No.....	2
REFUSED.....	7
DON'T KNOW.....	9

SXQ.806 Have you **ever** had anal sex with a woman? Anal sex means contact between your penis and a woman's (Target 14-69)anus or butt.

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 1**

**CHECK ITEM SXQ.802:**

- IF SP 60-69 YEARS, GO TO END OF SECTION.
- IF SXQ.800 = 2 AND SXQ.806 = 2 AND SXQ.803 = 2 AND SXQ.809 = 2, GO TO END OF SECTION.
- IF SXQ.809 = 1 AND (SXQ.800, SXQ.803, AND SXQ.806 = 2), GO TO SXQ.410.
- OTHERWISE, CONTINUE.

SXQ.812 In **your lifetime**, with how many **women** have you had **any** kind of sex? (Target 14-59)

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."

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 5**

**CHECK ITEM SXQ.833:**

- IF SXQ.809 = 1, GO TO SXQ.410.
- OTHERWISE, GO TO BOX 9B.

SXQ.410 In **your lifetime**, with how many **men** have you had anal or 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.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."

SXQ.550 In the **past 12 months**, with how many **men** have you had anal or 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.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."

**BOX 9B**

**CHECK ITEM SXQ.871:**

- IF SXQ.818 OR SXQ.550 GREATER THAN '0000', GO TO SXQ.648.
- OTHERWISE, GO TO SXQ.260.

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

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

## **MEC DATA COLLECTION FORMS**

- MEC Entry Screening
- Anthropometry - Body Measures
- Standing Balance
- Dual Energy X-Ray Absorptiometry (DXA)
- Blood Pressure Measurement
- Liver Steatosis and Fibrosis Ultrasound Elastography
- Urine Collection\*
- Venipuncture

\*No data collection form for urine collection

## MEC ENTRY SCREENING

### MEC ENTRY SCREENING – MEQ

Target Group: SPs Birth +

MEQ.010 ENTER SP'S TEMPERATURE.

|\_|\_|\_|\_|\_|\_|\_|  
ENTER TEMPERATURE IN DEGREES FAHRENHEIT

#### BOX 1

##### CHECK ITEM MEQ.015:

IF THE TEMPERATURE ENTERED IS 100.4 DEGREES OR HIGHER, GO TO MEQ\_END1.

IF THE TEMPERATURE ENTERED IS LESS THAN 100.4 DEGREES, CONTINUE.

MEQ.020 {Have you/Has SP} experienced any of the following symptoms **in the past 48 hours** that is not related to any of your existing chronic conditions or allergies?

CODE ALL THAT APPLY

Fever or chills.....	1
Cough.....	2
Shortness of breath or difficulty breathing.....	3
Fatigue.....	4
Muscle or body aches that are not caused by physical activities..	5
Headache.....	6
New loss of taste or smell.....	7
Sore throat.....	8
Congestion or runny nose.....	9
Nausea or vomiting.....	10
NO SYMPTOMS REPORTED.....	0
REFUSED.....	77
DON'T KNOW.....	99

#### BOX 2

##### CHECK ITEM MEQ.025:

IF MEC.020a = 0, CONTINUE.

OTHERWISE, GO TO MEQ\_END1.



MEQ.030 **Within the past 14 days, {Have you/Has SP} been in close physical contact (that is 6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19, a person who is awaiting COVID-19 test results, or with anyone who has any symptoms consistent with COVID-19?**

YES.....1 (MEQ\_END1)  
NO.....2  
REFUSED.....7 (MEQ\_END1)  
DON'T KNOW.....9 (MEQ\_END1)

MEQ.040 {Are you/Is SP} currently isolating or quarantining because {you were/SP was} diagnosed with COVID-19, {you/SP} may have been exposed to a person with COVID-19, or are {you/SP} worried that {you/he/she} may be sick with COVID-19?

YES.....1 (MEQ\_END1)  
NO.....2  
REFUSED.....7 (MEQ\_END1)  
DON'T KNOW.....9 (MEQ\_END1)

MEQ.050 {Are you/Is SP} currently waiting on the results of a COVID-19 test because you have experienced COVID-like symptoms or exposed to someone with COVID-19 or may have COVID-19?

YES.....1 (MEQ\_END1)  
NO.....2 (MEQ\_END2)  
REFUSED.....7 (MEQ\_END1)  
DON'T KNOW.....9 (MEQ\_END1)

MEQ\_END1 MEC ENTRY SCREENING FAILED

Thank you. Because {REASON FOR FAIL SCREENING}, at this time you will not be able to continue with the NHANES mobile examination center today. This is to ensure that everyone entering stays as safe as possible. We will have someone follow up with you and see if it's possible to schedule a visit for a later date.

CAPI INSTRUCTION:

IF MEQ.010 = 100.4, DISPLAY "your temperature is 100.4 degree".  
IF MEQ.010 = 100.4, DISPLAY "your temperature is higher than 100.4 degree".  
IF MEQ.020 = 1, 7, OR 9, DISPLAY "you may be experiencing COVID-19-like symptoms".  
IF MEQ.030 = 1, 7, OR 9, DISPLAY "you may have had contact to individuals with COVID-19".  
IF MEQ.040 = 1, 7, OR 9, DISPLAY "you are currently isolating or quarantining".  
IF MEQ.050 = 1, 7, OR 9, DISPLAY "you are currently waiting on the results of a COVID-19 test".

MEQ\_END2 MEC ENTRY SCREENING APPROVED

Thank you for helping us protect you and others during this time. Please now follow me to enter our mobile examination center.

## ANTHROPOMETRY - BODY MEASURES

(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+	8yr+	12yr+
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
				Hip circumference
			Upper leg length	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?

## STANDING BALANCE

20-69 Years

### SCRIPTS: MRT FOR STANDING BALANCE

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*Health technician: Wand the participant's bracelet for this exam and say:*

*Now we are going to check the things that keep you balanced when standing. First, I need to ask you some questions, then I'll explain the test.*

*(See Page 48: Fall Safety Exclusion and Protocol Questions for MRT; Neck Safety Exclusion Questions for MRT). **If responding "YES" to any of Neck Safety Exclusion Question they will be excluded from part 5 of MRT.***

*Health technician: If participant reports a neck problem during the safety exclusion questions, s/he is excluded from the 5<sup>th</sup> part of the MRT. The computer skips him/her out of the 5<sup>th</sup> part of the MRT.*

*Health technician: If participant is NOT excluded, say:*

*First I'm going to show you what I want you to try, so please stay seated and watch. You're going to stand like this with your arms crossed and your feet together.*

*for up to 30 seconds.*

*(DEMONSTRATE CORRECT STANCE).*

*You may do this several times in different ways, for example, with your eyes open or your eyes closed.*

*I will be standing right here in case you lose your balance. I am going to put this safety belt around your waist (SHOW THE BELT) to help me steady you if you get off balance.*

*The whole test will take several minutes. Do you have any questions?*

*Health technician: Do not let participant stand in test position while you explain the condition- let them relax. Verify that the computer is ready to start Condition 1. When ready to start, say:*

*Stand on the stickers facing me. Once we start the test, do not talk. Cross your arms. Put your feet together. Look at the mark on the wall.*

*Health technician: As soon as the participant is ready for Condition 1 test, start the timer, and say to the participant:*

**Begin.**

*Health technician: At the end of the 15 seconds or if the participant is unable to maintain their balance, make sure that the participant is steady, and say:*

**Stop. You can relax.**

*If the participant was unable to maintain the stance for 15 seconds, say:*

**Can we try that again?**

*If the participant was able to maintain the stance for at least 15 seconds for one of the two trials, move on to Condition 2. Say to the participant:*

**This time we'll do the same thing, but with your eyes closed.**

*Health technician: Make sure that the participant is positioned correctly (as done in the first test). Verify that the computer is ready to start Condition 2. Then tell the participant:*

**Ready? Cross your arms. Put your feet together.**

**When you close your eyes, we'll start.**

*At the end of the 15 seconds or if the participant is unable to maintain their balance, make sure the participant is steadied and say:*

**Open your eyes and relax.**

*If the participant was unable to maintain the stance for 15 seconds, say:*

**Can we try that again?**

*If the participant was able to maintain the stance for at least 15 seconds for one of the two trials, move on to Condition 3.*

*Health technician: Show the participant the foam pad and say:*

This time you'll be doing the same thing but standing on this foam and looking at the mark on the wall.

Ready? Step up on the foam. Cross your arms. Put your feet together. Look at the mark. Begin.

*After 30 seconds or if participant is unable to maintain their balance, verify participant is steady and say: Step down.*

*If the participant was unable to maintain the stance for 30 seconds, say:*  
Can we try that again?

*Switch to the other foam pad for this trial to allow the first pad to decompress fully.*

*If the participant was able to maintain the stance for at least 20 seconds for one of the two trials, move on to Condition 4.*

*Health Technician: Verify that computer is ready to start Condition 4. Tell participant:*

Next, you'll do the same thing, but with your eyes closed.

Ready? Step up on the foam. Cross your arms. Put your feet together.

When you close your eyes, we'll start.

*At the end of the 30 seconds or if the participant is unable to maintain their balance, make sure the participant is steady and say:*

Open your eyes and step down.

*If the participant was unable to maintain the stance for 30 seconds, say:*  
Can we try that again?

*If the participant was able to maintain the stance for at least 20 seconds for one of the two trials, move on to Condition 5*

*Health technician: Say to the participant:*

For the last test, you'll do the same thing, but this time you'll be moving your head from side-to-side to the this beat. [TURN ON METRONOME] Watch me. [DEMONSTRATE].

Ready? Step up on the foam. Cross your arms. Put your feet together.

Close your eyes When you start turning your head, we'll start.

At the end of the 30 seconds or if the participant is unable to maintain their balance, make sure the participant is steady and say: Stop. Open your eyes and step down.

*If the participant was unable to maintain the stance for 30 seconds, say:*

Can we try that again?

*At the end of the second trial or if the participant is unable to maintain their balance, make sure that the participant is steadied, and say:*

We're all done with the balance test. After I remove the belt, please have a seat while I finish recording these results.

Thank you for your hard work!

### MEC Questions for Safety Exclusion

#### **Pregnancy exclusion question for entire MRT evaluation:**

Women with positive pregnancy tests will not be sent for the MRT.

Regardless, all women will still be asked if they think that they are currently pregnant.

This information is generally prefilled from earlier components (namely phlebotomy or DEXA), but if this information is not available, then it will be asked before the MRT

- 1) Are you currently pregnant? (women 20-59)

#### **Neck Safety Exclusion Questions Condition 5 of MRT:**

The health technician will ask these questions to the participant in the MEC once. If eligible for the MRT it will be asked before this exam.

- 2) Do you have neck pain now? YES NO
- 3) Have you ever had surgery on your neck? YES NO
- 4) Have you ever had a neck problem that lasted more than six weeks? YESNO
- 5) Can you comfortably move your head 30 degrees to the left and right? YESNO

***If responding "Yes" to question 1 or 2 or 3 or "No" to questions 4, then exclude from part 5 of MRT.***

#### **Fall Safety Exclusion and Protocol Questions for MRT:**

The health technician will ask these questions to the participant the MEC before the MRT as safety exclusion questions. NHANES used these in 2019-2020 for the same purpose.

6) CAN YOU STAND ON YOUR OWN? YES NO

Help screen: "On your own" means without assistance from another person; without use of a device, such as a cane, walker, or leg brace; and without relying on support from a wall, furniture, etc.

**Those who cannot stand unassisted are excluded from the MRT.**

7) DO YOU HAVE ANY AMPUTATIONS OF YOUR LEGS OR FEET, OTHER THAN TOES? YES NO

**Those responding "Yes" to this question are excluded from the MRT.**

8) ARE YOU CURRENTLY WEARING A LEG BRACE? YES NO

Help screen: This question does not include any orthotic device below the waist, such as extra-depth or orthopedic shoes or orthotic inserts in shoes.

**Those responding "Yes" to this question are excluded from the MRT.**

9) DO YOU HAVE AN INJURY OR SURGERY TO YOUR FOOT, LEG, OR HIP THAT WOULD HINDER YOU FROM DOING A BALANCE TEST WHILE STANDING? YES NO

**Those with a leg brace are excluded from the MRT.**

10) HOW MUCH DO YOU WEIGH WITHOUT SHOES OR CLOTHES?\* \_\_\_\_\_ LBS

IF REFUSE OR DON'T KNOW, THEN ASK: "DO YOU WEIGH LESS THAN 300 POUNDS?" YES NO

**Those >315 lbs.(or state weighting more than 300 lbs.) are excluded from the MRT**

(due to limitations of the foam pad density that they will use when standing.)

11) HAVE YOU HAD A PROBLEM **DURING THE LAST 24 HOURS** WITH DIZZINESS, LIGHTHEADEDNESS, FEELING AS IF YOU ARE GOING TO PASS OUT OR FAINT? YES NO

12) HAVE YOU FALLEN **DURING THE PAST 12 MONTHS** DUE TO A PROBLEM WITH DIZZINESS OR BALANCE? (BY FALLS OR FALLING, WE MEAN UNEXPECTEDLY DROPPING TO THE FLOOR OR GROUND FROM A STANDING, WALKING OR BENDING POSITION.) YES NO

**Those saying "Yes" to the last 2 questions combined are excluded from the MRT**

13) Are you OK to begin this balance test?" YES NO

**Those saying "Yes" will have the test administered.**

### Protocol

Participants will stand with their feet together and their arms crossed at their waist, holding their elbows (see Figure 1). The technician will attach a



safety belt around the participant's waist. Participants will hold that stance for as long as they can under five separate conditions to a maximum of 15 seconds for condition 1 - 2 and 30 seconds for conditions 3 - 5):

- Condition 1: Firm surface (no pad), eyes open
- Condition 2: Firm surface (no pad), eyes closed
- Condition 3: Compliant surface (foam pad), eyes open
- Condition 4: Compliant surface (foam pad), eyes closed
- Condition 5: Compliant surface (foam pad), eyes closed,  
head moving side to side at 3 Hz

**Figure 1:** Stance for modified Romberg test

## **DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA)**

**8-59 years**

### **Body Composition**



Excluded from scan if body weight is over 450 pounds or if yes to one of the following items;

- a. Are you currently pregnant?
- b. Have you had a medical test with contrast material such as dyes or barium in the last 7 days?

**Whole Body Tissue Information:**

- Total mass (gm)
- Bone mineral content (BMC) (gm)
- Bone area (cm<sup>2</sup>)
- Bone mineral density (BMD) (gm/cm<sup>2</sup>)
- Fat mass (gm)
- Lean mass excluding BMC (gm)
- Lean mass including BMC (gm)
- Percent body 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 <sup>2</sup>
Bone Mineral Content	grams
Bone Mineral Density	grams/cm <sup>2</sup>

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

## BLOOD PRESSURE MEASUREMENT

### 8+ Years

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)

## LIVER ELASTOGRAPHY

### 12+ years

Participants are excluded if they (1) are unable to lie down on the exam table, (2) are currently pregnant, (3) have an implanted electronic medical device, or (4) are wearing a bandage or have lesions on the right side of their abdomen by the ribs.

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

## VENIPUNCTURE

1+ years

### Pesticide Use

#### Introduction

I am going to ask you a couple of questions about the use of pesticides and weed killers in your home, yard, and garden.

#### PESTICIDE USE – PUQ 6+ Years

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

### Venipuncture

#### PRE VENIPUNCTURE QUESTIONS 1+ Years

I am now going to ask you a few questions about your health to determine if you are eligible to have your blood drawn. I will also ask a series of questions to determine the last time you had anything to eat or drink.

SP ID _____	Tech ID _____
-------------	---------------

**Pre venipuncture questions (Q1 asked if female participant ages 12-59 and younger if participant has reported starting menstruating. Q2 – Q9 are asked of all participants or parent/guardian ages 1+)**

Q1. Are you currently pregnant?

**Pregnancy Status**

Positive  
Negative  
Don't know

Q2. Do you have hemophilia?

Yes (Venipuncture will not be conducted)  
No  
Refused  
Don't know

Q3. Have you received cancer chemotherapy in the past four weeks?

Yes(Venipuncture will not be conducted)  
No  
Refused  
Don't know

Q4. When was the last time you ate or drank anything other than plain water? Do not include diet soda or black coffee with artificial sweetener like Sweet'N Low, Nutrasweet, Equal, or Splenda

HH:MM (AM PM ) MMDDYY

Have you had any of the following since [HH:MM (AM PM) MMDDYY {from Q4}] for Q5-Q9

Q5. Coffee or tea with cream or sugar? [Include milk or non-dairy creamers]

YES HH:MM (AM PM ) MMDDYY  
NO

Q6. Alcohol, such as beer, wine or liquor?

YES HH:MM (AM PM ) MMDDYY  
NO

Q7. Gum, breath mints, lozenges, or cough drops or other cough or cold remedies?

YES HH:MM (AM PM ) MMDDYY  
NO

Q8. Antacids. Laxatives or anti-diarrheals?

	YES HH:MM (AM PM ) MMDDYY
	NO
Q9.	Dietary supplements such as vitamins and minerals? [Include multivitamins and single nutrient supplements]
	YES HH:MM (AM PM ) MMDDYY
	NO
RESULTS STATUS OF VENIPUNCTURE	
	Test complete
	Test partially complete
	Test not done
REASONS TEST INCOMPLETE OR NOT DONE	
	Safety exclusion
	SP refusal
	No time
	Physical limitation
	SP ill/emergency
	Equipment failure
	Communication problem
	Interrupted
	Error (technician, software, supply)
	Other, specify
	No suitable vein
	Vein collapsed
	SP not feeling well
	Fainting episode
	No tubes drawn
	Language barrier

**Participants Deemed Ineligible to Have Their Blood Collected:**

“Based on your answers to the safety questions, you are not eligible to participate in the blood collection.”

**Participants Eligible to Have Their Blood Collected:**

“I am now going to prepare the supplies needed to draw your blood sample.”

**<Perform Venipuncture for All Eligible Study Participants>**

**Phlebotomy Talking Points**

## Safety Exclusion Question – Bleeding Disorders

### What is a bleeding disorder?

A bleeding disorder is a health problem that makes it difficult for a person to stop bleeding after an injury, surgery, or a blood draw. Usually, bleeding disorders are passed down from parent to child, but they may be caused by other health problems or certain medicines. Some symptoms include:

- Large bruises from a small injury;
- Longer than normal bleeding after injury, surgery, childbirth, or dental work;
- Nosebleeds that are difficult to stop (more than 10 minutes) or are frequent;
- Blood in urine or stool;
- Unexplained bleeding in gums;
- Petechiae (pinpoint, round, flat spots that are red, brown, or purple that are a result of bleeding).

### What is hemophilia?

Hemophilia is a rare bleeding disorder where the blood does not clot properly. It mostly affects boys and is passed down from parent to child. It can lead to spontaneous bleeding as well as bleeding following injuries or surgery. Hemophilia is likely caused by a lack of or defective clotting protein in the blood. The most common type is Hemophilia A. Hemophilia B, which is rarer, is also called Christmas Disease.

### *Phlebotomy talking points for participants ages 1-2 years old*

- **Complete Blood Count (CBC):** We will check your child's hemoglobin level which may tell if your child has a low blood count.
- **Iron:** Is an important nutrient that is vital for growth and development. We will do tests that will tell us if your child may have low iron.
- **Folate:** Is an important nutrient for your child's brain development.
- **Lead:** Element found in the environment that may lower iron levels and cause anemia or low blood count, and may also affect brain development at high levels.
- **Mercury:** Exposure to this environmental element is often from eating fish or seafood and high levels may affect (your) child's brain and nervous system.
- **Hepatitis B<sub>s</sub>Ab:** A positive test result indicates your child is protected against hepatitis B virus
- **CMV (Cytomegalovirus) antibodies:** A positive result means your child has had a CMV infection.

### *Phlebotomy talking points participants ages 3-5 years old*

- **Complete Blood Count (CBC):** We will check your child's hemoglobin level which may tell if your child has a low blood count.



- **Iron:** Is an important nutrient that is vital for growth and development. We will do tests that will tell us if your child may have low iron.
- **Folate:** Is an important nutrient for your child's brain development.
- **Lead:** Element found in the environment that may lower iron levels and cause anemia or low blood count, and may also affect brain development at high levels.
- **Mercury:** Exposure to this environmental element is often from eating fish or seafood and high levels may affect your child's brain and nervous system.
- **Hepatitis B<sub>s</sub>Ab:** A positive test result indicates your child is protected against hepatitis B virus.
- **CMV (Cytomegalovirus) antibodies:** A positive result means your child has had a CMV infection.
- **Thyroid panel:** This panel measures the function of your child's thyroid gland, which plays a major role in the metabolism, growth and development of the human body. It also helps to regulate many bodily functions.
- **Cotinine:** Will determine if your child has been exposed to secondhand smoke or tobacco products.

### ***Phlebotomy talking points participants ages 6-11 years old***

- **Complete Blood Count (CBC):** We will check your child's hemoglobin level which may tell if your child has a low blood count.
- **Folate:** Is an important nutrient for your infant child's brain development.
- **C-Reactive Protein (CRP):** High levels of CRP may be a sign of inflammation.
- **Lead:** Element found in the environment that may lower iron levels and cause anemia or low blood count, and may also affect brain development at high levels.
- **Mercury:** Exposure to this environmental element is often from eating fish or seafood and high levels may affect your child's brain and nervous system.
- **Hepatitis profile:** The hepatitis profile is a series of blood tests used to detect current or past infection of hepatitis A, hepatitis B, or hepatitis C.
- **Thyroid panel:** This panel measures the function of your child's thyroid gland, which plays a major role in the metabolism, growth and development of the human body. It also helps to regulate many bodily functions.
- **Lipid profile:** Measures the amount of "good" and "bad" cholesterol and triglycerides, a type of fat, in your blood.
- **Cotinine:** Will determine if your child has been exposed to secondhand smoke or tobacco products.

- **Steroid hormones:** important hormones responsible for reproductive health and development, such as testosterone and estrogen.

***Phlebotomy talking points participants ages 12-19 years old***

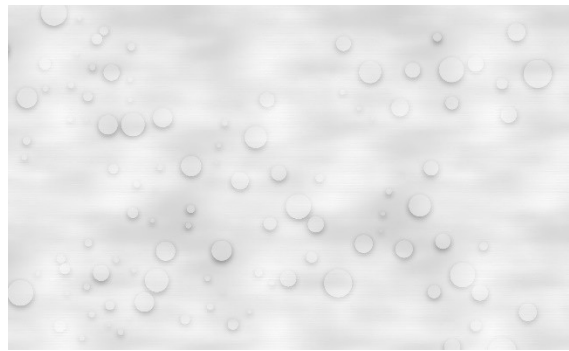
- **Complete Blood Count (CBC):** We will check your child's hemoglobin level which may tell if your child has a low blood count.
- **Iron:** Is an important nutrient that is vital for growth and development. We will do tests called ferritin and transferrin receptor that will tell us if your infant may have low iron.
- **Folate:** Is an important nutrient for your infant child's brain development.
- **C-Reactive Protein (CRP):** High levels of CRP may be a sign of inflammation.
- **Lead:** Element found in the environment that may lower iron levels and cause anemia or low blood count, and may also affect brain development at high levels.
- **Mercury:** Exposure to this environmental element is often from eating fish or seafood and high levels may affect your child's brain and nervous system.
- **Diabetes Testing:** This measures your fasting glucose and hemoglobin A1c which is a three month average of your glucose.
- **Biochemistry Panel:** Measures liver, heart, kidney functions, as well as lipid metabolism and nutritional health.
- **Hepatitis profile:** The hepatitis profile is a series of blood tests used to detect current or past infection of hepatitis A, hepatitis B, or hepatitis C.
- **Thyroid panel:** This panel measures the function of your child's thyroid gland, which plays a major role in the metabolism, growth and development of the human body. It also helps to regulate many bodily functions.
- **Lipid profile:** Measure the amount of "good" and "bad" cholesterol and triglycerides, a type of fat, in your blood.
- **Cotinine:** Will determine if your child has been exposed to secondhand smoke or tobacco products.
- **Steroid hormones:** important hormones responsible for reproductive health and development, such as testosterone and estrogen.
- **Infectious Disease:** Herpes Virus testing starting at 14 years, HIV starting at 18 years

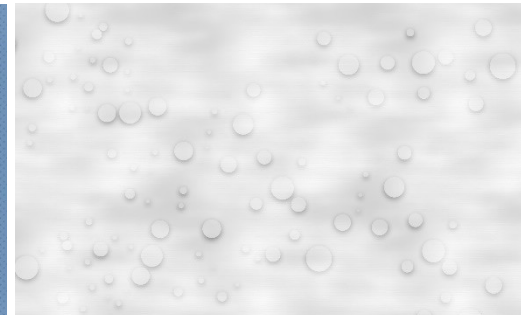
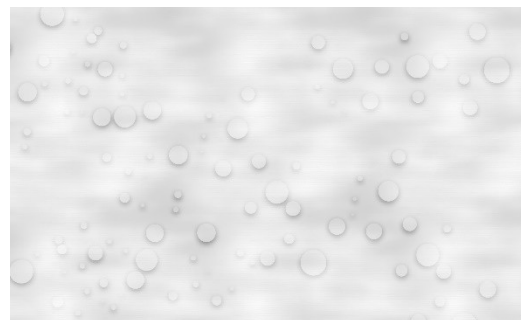
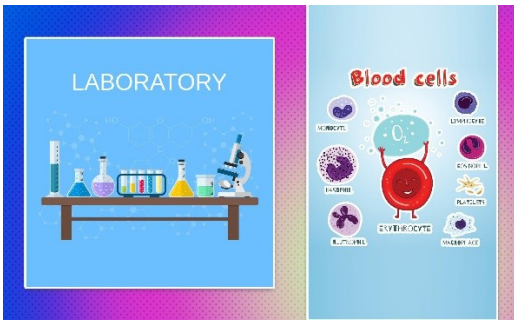
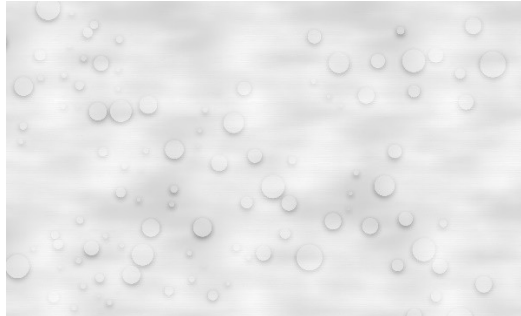
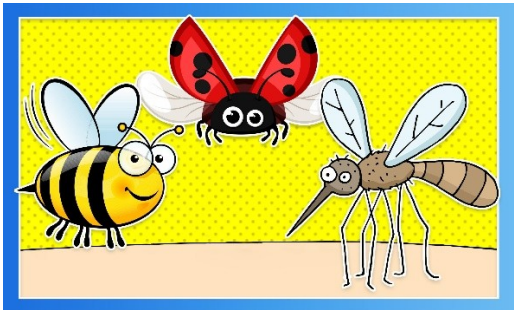
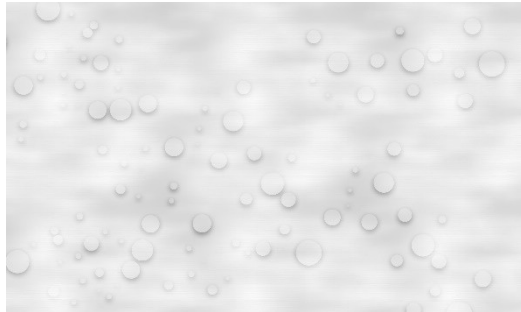
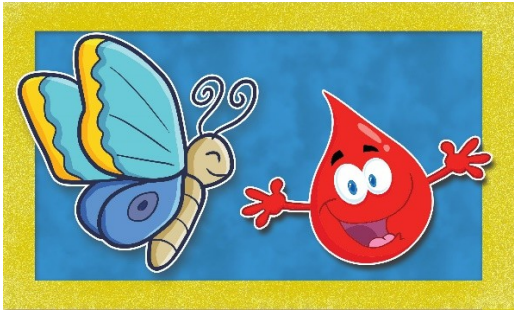
# Phlebotomy Distraction Cards





## Phlebotomy Photo story





## Volatile Organic Compound (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.

Introduction:

“Finally, I have a few questions about potential environmental exposures you have had in the last 48 hours while engaged in routine activities, both in your home and at other locations.”

**VOLATILE TOXICANT – VTQ**  
**12+ Years**

VTQ.210\_ First, I would like to ask you a few questions about {your/SP's} home.

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.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.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

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

VTQ.281b How long ago, in hours, has it been since {you/she/he} breathed fumes from freshly painted indoor surfaces, paints, paint thinner, or varnish?  
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