

Attachment 6b

Survey Participant Questionnaire

Attachment 6b: Survey Participant Questionnaire

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RESPONDENT SELECTION - SPQ

SPQSELECTR	
ASK	All respondents
SELECT RESPONDENT FOR THE SP QUESTIONNAIRE FOR <TEXT FILL 1>.	
SPANISH	N/A
QUESTION TYPE	Dropdown
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	DISPLAY ALL HOUSEHOLD MEMBERS WHO ARE >= 18 YEARS OLD (INCLUDING HH MEMBERS WHO ANSWERED DK/RF FOR NAME, BUT REPORTED AN AGE >= 18 YEARS OLD; LABEL NO-NAME HH MEMBER IN LIST AS, E.G., "21 YEAR OLD HH MEMBER #X" OR "18 YEAR OLD HH MEMBER #X") ALSO DISPLAY AN OPTIONS FOR 'SOMEONE NOT LIVING IN HH'.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	New
NEXT	SPQINTRO

SPQINTRO	
ASK	All respondents
ADMINISTER WELCOME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> Welcome to the National Health and Nutrition Examination Survey (NHANES). <TEXT FILL 3> been selected to be part of this study, which includes an interview and a health exam. This study is sponsored by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services. The information collected in this interview will help us understand the health of people in the United States. PRESS NEXT TO CONTINUE.	
SPANISH	ADMINISTER WELCOME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> Bienvenido(a) a la Encuesta Nacional de Examen de la Salud y Nutrición (NHANES, por sus siglas en inglés). <TEXT FILL 3> ha sido seleccionado(a) para formar parte de este estudio, que incluye una entrevista y un examen de salud. Este estudio está patrocinado por el Centro Nacional de Estadísticas de la Salud, que forma parte de los Centros para el Control y la Prevención de Enfermedades y del Departamento de Salud y Servicios Humanos de los Estados Unidos. La información recopilada en esta entrevista nos ayudará a comprender el estado de salud de las personas en los Estados Unidos. PRESS NEXT TO CONTINUE.
QUESTION TYPE	Informational
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "You have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] "
NOTES	BEGIN RECORDING SO THAT WHEN INTERVIEWER READS THIS QUESTION IT IS CAPTURED ON RECORDING.
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	DMQ.INTRO
NEXT	SPQRECORD

SPQRECORD	
ASK	All respondents
ADMINISTER AUDIO CONSENT SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> We would like to record the interview for training and data quality. The computer is now recording our conversation. Do I have your permission to continue recording? 1. YES 2. NO	
SPANISH	ADMINISTER AUDIO CONSENT SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> Nos gustaría grabar la entrevista para la capacitación y calidad de los datos. La computadora está grabando nuestra conversación ahora. ¿Tengo su permiso para seguir grabando? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS < 18 TEXT FILL 2: FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	How long will the recording be kept? The audio recording will be deleted after three years. You can call our toll free number 800-344-1386 at any time to have your audio recording deleted prior to that time. Who will have access to my recordings? Recordings are only used by persons authorized to work on NHANES for reviewing the quality of my work and tools and questionnaires used in the survey.
HELP SCREEN (SPA)	¿Cuánto tiempo se conservará la grabación? La grabación de audio se borrará después de tres años. Puede llamar a nuestra línea gratuita al 800-344-1386 en cualquier momento si quiere que la borremos antes. ¿Quién tendrá acceso a mis grabaciones? Las grabaciones solo son usadas por las personas autorizadas a trabajar en la Encuesta Nacional de Examen de la Salud y Nutrición, con fines de revisar la calidad de mi trabajo, así como las herramientas y cuestionarios que se usan en la encuesta.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RIQ.800

NEXT	IF SPQRECORD=2: SPQRECORDN ELSE: SPQAGEQ/U
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SPQRECORDN	
ASK	IF SPQRECORD=2
I will turn off the recording now.	
SPANISH	Apagaré la grabación ahora.
QUESTION TYPE	Informational
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	SPQAGEQ/U

SPQAGEQ / SPQAGEU	
ASK	All respondents
ADMINISTER AGE VERIFICATION SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> Before we begin the health interview, I would like to verify some information about <TEXT FILL 3>. How old <TEXT FILL 4>? REPORTED AGE IN SCREENER: <AGE FILL> INTERVIEWER INSTRUCTION: IF AGE FROM SCREENER IS DK/REF, ASK FOR AGE. IF AGE IS ALREADY PROVIDED, VERIFY AGE. COLLECT AGE IN MONTHS IF AGE IS LESS THAN 12 MONTHS. IF INFANT IS LESS THAN ONE MONTH OLD, ENTER '0.' _ _ _ ENTER NUMBER OF YEARS OR MONTHS [SPQAGEQ] 777. REFUSED 999. DON'T KNOW _ ENTER UNIT [SPQAGEU] 1. MONTHS 2. YEARS	
SPANISH	ADMINISTER AGE VERIFICATION SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> Antes de comenzar la entrevista de salud, me gustaría verificar algunos datos sobre <TEXT FILL 3>. ¿Cuántos años tiene <TEXT FILL 4>? REPORTED AGE IN SCREENER: <AGE FILL> INTERVIEWER INSTRUCTION: IF AGE FROM SCREENER IS DK/REF, ASK FOR AGE. IF AGE IS ALREADY PROVIDED, VERIFY AGE. COLLECT AGE IN MONTHS IF AGE IS LESS THAN 12 MONTHS. IF INFANT IS LESS THAN ONE MONTH OLD, ENTER '0.' _ _ _ ENTER NUMBER OF YEARS OR MONTHS [SPQAGEQ] 777. REFUSED 999. DON'T KNOW _ ENTER UNIT [SPQAGEU] 1. MONTHS

	2. YEARS
QUESTION TYPE	Numeric: SPQAGEQ Radio button: SPQAGEU
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "you" IF SP IS THE RESPONDENT ELSE, FILL "[SP NAME]" TEXT FILL 4: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "is [SP NAME]" AGE FILL: FILL "[AGE IN MONTHS OR YEARS OR AGE RANGE.]" IF AGE PROVIDED IN SCREENER ELSE, FILL "[AGE PROVIDED IN SCREENER IS DK/REF.]"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "usted" IF SP IS THE RESPONDENT ELSE, FILL "[SP NAME]" TEXT FILL 4: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" AGE FILL: FILL "[AGE IN MONTHS OR YEARS OR AGE RANGE.]" IF AGE PROVIDED IN SCREENER ELSE, FILL "[AGE PROVIDED IN SCREENER IS DK/REF.]"
NOTES	ALLOW AGE AND UNIT FIELDS TO BE UPDATED. FOR AGE REPORTED IN SCREENER IN <AGE FILL>, DISPLAY AGE IN MONTHS OR YEARS IF VALUE PROVIDED IN SCREENER. OTHERWISE, DISPLAY AGE RANGE.
HELP SCREEN	
HARD CHECK	IF SPQAGEU=2 AND SPQAGEQ <1 OR >120, DISPLAY "YOUR ENTRY IS OUT OF RANGE. AGE IN YEARS MUST BE BETWEEN 1-120." IF SPQAGEU=1 AND SPQAGEQ >11 , DISPLAY "YOUR ENTRY IS OUT OF RANGE. AGE IN MONTHS MUST BE BETWEEN 0-11." IF SP AGE REPORTED IN SCREENER >= 18 AND SPQAGEQ <18 AND SPQAGEU = 2,

	DISPLAY "AGE ENTERED INDICATES SP STATUS AS A MINOR. SP WAS ROSTERED AS AN ADULT IN THE SCREENER. VERIFY AGE AND IF SP IS LESS THAN 18 YEARS OLD, PRESS EXIT TO BREAK OFF AND CONTACT YOUR SUPERVISOR." IF SP AGE REPORTED IN SCREENER < 18 AND SPQAGEQ >=18 AND SPQAGEU = 2, DISPLAY "AGE ENTERED INDICATES SP STATUS AS AN ADULT. SP WAS ROSTERED AS A MINOR IN THE SCREENER. VERIFY AGE AND IF SP IS GREATER THAN OR EQUAL TO 18 YEARS OLD, PRESS EXIT TO BREAK OFF AND CONTACT YOUR SUPERVISOR."
SOFT CHECK	IF AGE IS REPORTED IN SCREENER (SCQAGE/SCQAGEUNIT): • AND IF SPQAGEQ/SPQAGEU IS DIFFERENT FROM AGE REPORTED IN SCQAGE/SCQAGEUNIT, AND AGE WAS NOT REPORTED AS AN AGE RANGE IN SCQAGEEST OR SCQAGEREF, DISPLAY "REPORTED AGE IN SCREENER AND AGE ENTERED DOES NOT MATCH. AGE REPORTED IN SCREENER: < SCQAGE/SCQAGEUNIT >. PLEASE VERIFY AGE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DMQ.011Q/U
NEXT	IF SPQAGEQ = 777 OR 999: SPQAGER ELSE: SPQFNAME

SPQAGER	
ASK	IF SPQAGEQ = 777 OR 999
ADMINISTER AGE VERIFICATION SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> About how old <TEXT FILL 3>? REPORTED AGE IN SCREENER: <AGE FILL> 1. LESS THAN 5 YEARS, 2. 5-11 YEARS, 3. 12-17 YEARS, 4. 18-44 YEARS, 5. 45-64 YEARS, 6. 65-79 YEARS, OR 7. 80 YEARS OR OLDER?	
SPANISH	ADMINISTER AGE VERIFICATION SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> ¿Cuántos años tiene <TEXT FILL 3> aproximadamente? REPORTED AGE IN SCREENER: <AGE FILL> 1. LESS THAN 5 YEARS, 2. 5-11 YEARS, 3. 12-17 YEARS, 4. 18-44 YEARS, 5. 45-64 YEARS, 6. 65-79 YEARS, OR 7. 80 YEARS OR OLDER?
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTRR ELSE, FILL "is [SP NAME]" AGE FILL: FILL "[AGE IN MONTHS OR YEARS OR AGE RANGE.]" IF AGE PROVIDED IN SCREENER ELSE, FILL "[AGE NOT PROVIDED IN SCREENER. VERIFY AGE RANGE.]"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN

	SPQSELECTR AND AGE IN SCREENER IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SCREENER IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTRR ELSE, FILL " [SP NAME]" AGE FILL: FILL "[AGE IN MONTHS OR YEARS OR AGE RANGE.]" IF AGE PROVIDED IN SCREENER ELSE, FILL "[AGE NOT PROVIDED IN SCREENER. VERIFY AGE RANGE.]"
NOTES	DISPLAY SPQAGER ON SAME SCREEN AS SPQAGEQ/U. FIELD SHOULD BE DISABLED UNLESS SPQAGEQ/U = DK/RF. FOR AGE REPORTED IN SCREENER IN <AGE FILL>, DISPLAY AGE IN MONTHS OR YEARS IF VALUE PROVIDED IN SCREENER. OTHERWISE, DISPLAY AGE RANGE.
HELP SCREEN	
HARD CHECK	IF SP AGE REPORTED IN SCREENER >= 18 AND SPQAGER IN (1, 2, OR 3), DISPLAY "AGE ENTERED INDICATES SP STATUS AS A MINOR. SP WAS ROSTERED AS AN ADULT IN THE SCREENER. VERIFY AGE AND IF SP IS LESS THAN 18 YEARS OLD, PRESS EXIT TO BREAK OFF AND CONTACT YOUR SUPERVISOR." IF SP AGE REPORTED IN SCREENER < 18 AND SPQAGER IN (4, 5, 6, 7), DISPLAY "AGE ENTERED INDICATES SP STATUS AS AN ADULT. SP WAS ROSTERED AS A MINOR IN THE SCREENER. VERIFY AGE AND IF SP IS GREATER THAN OR EQUAL TO 18 YEARS OLD, PRESS EXIT TO BREAK OFF AND CONTACT YOUR SUPERVISOR."
SOFT CHECK	IF AGE IS REPORTED IN SCREENER (SCQAGEEST): AND IF SPQAGER IS DIFFERENT FROM AGE REPORTED IN SCQAGEEST, AND AGE WAS NOT REPORTED IN SCQAGE, DISPLAY "REPORTED AGE CATEGORY IN SCREENER AND REPORTED AGE HERE DOES NOT MATCH. AGE REPORTED IN SCREENER: < SCQAGEEST > PLEASE VERIFY AGE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DMQ.011RN
NEXT	SPQFNAME

SPQFNAME	
ASK	All respondents
ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> What is <TEXT FILL 3> first name? INTERVIEWER INSTRUCTION: VERIFY FULL NAME SPELLING. <TEXT FILL 4> _____ ENTER FIRST NAME	
SPANISH	ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> ¿Cuál es <TEXT FILL 3>? INTERVIEWER INSTRUCTION: VERIFY FULL NAME SPELLING. <TEXT FILL 4> _____ ENTER FIRST NAME
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 4: FILL "[FIRST NAME FROM SCREENER]" AND ALLOW UPDATES ELSE, LEAVE BLANK AND ALLOW UPDATES
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "su primer nombre" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "el primer nombre de [SP NAME]"

	TEXT FILL 4: FILL "[FIRST NAME FROM SCREENER]" AND ALLOW UPDATES ELSE, LEAVE BLANK AND ALLOW UPDATES
NOTES	DO NOT ALLOW FIELD TO BE LEFT BLANK/NULL FOR <TEXT FILL 4>, PREFILL FIRST NAME FROM SCREENER AND ALLOW UPDATES.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.040
NEXT	SPQMNAMEA

SPQMNAMEA / SPQMNAMEB	
ASK	All respondents
ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> What is <TEXT FILL 3> middle name? INTERVIEWER INSTRUCTION: VERIFY MIDDLE NAME SPELLING. PROBE FOR MIDDLE NAME IF NOT PROVIDED. ENTER 'NMN' IF NO MIDDLE NAME. <TEXT FILL 4> _____ ENTER MIDDLE NAME #1 7. REFUSED 9. DON'T KNOW <TEXT FILL 5> _____ ENTER MIDDLE NAME #2 7. REFUSED 9. DON'T KNOW	
SPANISH	ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> ¿Cuál es <TEXT FILL 3>? INTERVIEWER INSTRUCTION: VERIFY MIDDLE NAME SPELLING. PROBE FOR MIDDLE NAME IF NOT PROVIDED. ENTER 'NMN' IF NO MIDDLE NAME. <TEXT FILL 4> _____ ENTER MIDDLE NAME #1 7. REFUSED 9. DON'T KNOW <TEXT FILL 5> _____ ENTER MIDDLE NAME #2 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN

	SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 4: FILL "NMN" AND ALLOW UPDATES TEXT FILL 5: FILL "NMN" AND ALLOW UPDATES
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "su segundo nombre" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "el segundo nombre de [SP NAME]" TEXT FILL 4: FILL "NMN" AND ALLOW UPDATES TEXT FILL 5: FILL "NMN" AND ALLOW UPDATES
NOTES	DO NOT ALLOW FIELDS TO BE LEFT BLANK/NULL
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.050a/b
NEXT	SPQLNAMEA

SPQLNAMEA / SPQLNAMEB	
ASK	All respondents
ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> What is <TEXT FILL 3> last name? INTERVIEWER INSTRUCTION: VERIFY LAST NAME SPELLING. <TEXT FILL 4> _____ ENTER LAST NAME #1 7. REFUSED 9. DON'T KNOW	

<TEXT FILL 5> _____ ENTER LAST NAME #2 7. REFUSED 9. DON'T KNOW	
SPANISH	ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> ¿Cuál es <TEXT FILL 3>? INTERVIEWER INSTRUCTION: VERIFY LAST NAME SPELLING. <TEXT FILL 4> _____ ENTER LAST NAME #1 7. REFUSED 9. DON'T KNOW <TEXT FILL 5> _____ ENTER LAST NAME #2 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN RSPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 4: LEAVE BLANK AND ALLOW UPDATES TEXT FILL 5: LEAVE BLANK AND ALLOW UPDATES
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "su apellido" IF SP IS SELECTED AS RESPONDENT IN RSPQSELECTR

	ELSE, FILL “el apellido de [SP NAME]” TEXT FILL 4: LEAVE BLANK AND ALLOW UPDATES TEXT FILL 5: LEAVE BLANK AND ALLOW UPDATES
NOTES	DO NOT ALLOW SPQLNAMEA TO BE LEFT BLANK/NULL ALLOW SPQLNAMEB TO BE LEFT BLANK/NULL
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.060a/b
NEXT	SPQSUFFIX

SPQSUFFIX	
ASK	All respondents
ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> INTERVIEWER INSTRUCTION: VERIFY SPELLING. IF NONE, LEAVE BLANK. DO NOT TYPE "DON'T KNOW" OR "REFUSED" IN THE TEXTBOX. <TEXT FILL 3> have a suffix such as junior or the second? (What is it?) _____ ENTER SUFFIX 7. REFUSED 9. DON'T KNOW	
SPANISH	ADMINISTER NAME SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> INTERVIEWER INSTRUCTION: VERIFY SPELLING. IF NONE, LEAVE BLANK. DO NOT TYPE "DON'T KNOW" OR "REFUSED" IN THE TEXTBOX. ¿Tiene <TEXT FILL 3> tiene un sufijo, como "júnior" o "II"? (¿Cuál es este?) _____ ENTER SUFFIX 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS

	FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "su nombre" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[el nombre de SP NAME]"
NOTES	ALLOW SUFFIX FIELD TO BE LEFT BLANK/NULL
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.070
NEXT	IF SP IS NOT RESPONDENT AND SP AGE < 18 YEARS: SPQRELATEM IF SP IS RESPONDENT AND SP AGE < 18 YEARS: SPQPRXCONF IF SP IS NOT RESPONDENT AND SP AGE >= 18 YEARS: SPQRELATEA IF SP IS RESPONDENT AND SP AGE >= 18 YEARS: SPQINTYN

SPQRELATEM	
ASK	IF SP IS NOT THE RESPONDENT AND SP AGE < 18 YEARS
INTERVIEWER INSTRUCTION: ASK OR VERIFY IF MENTIONED PREVIOUSLY. What is your relationship to <TEXT FILL 1>? 1. MOTHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 2. FATHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 3. GRANDPARENT (GRANDMOTHER/GRANDFATHER) 4. AUNT/UNCLE 5. BROTHER/SISTER 6. OTHER RELATIVE 7. NON-RELATIVE 77. REFUSED 99. DON'T KNOW	
SPANISH	INTERVIEWER INSTRUCTION: ASK OR VERIFY IF MENTIONED PREVIOUSLY. ¿Cuál es su relación o parentesco con <TEXT FILL 1>? 1. MADRE (BIOLÓGICA/ADOPTIVA/MADRASTRA/DE CRIANZA "FOSTER") 2. PADRE (BIOLÓGICO/ADOPTIVO/PADRASTRO/DE CRIANZA "FOSTER") 3. ABUELA(O) 4. TÍA(O) 5. HERMANO(A) 6. OTRO PARIENTE 7. NO ES PARIENTE 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RIQ.012
NEXT	IF 'SOMEONE NOT LIVING IN THE HOUSEHOLD' SELECTED IN SPQSELECTR: SPQPRXDES ELSE: SPQPRFNM

SPQRELATEA	
ASK	IF SP IS NOT THE RESPONDENT AND SP AGE >= 18 YEARS
INTERVIEWER INSTRUCTION: ASK OR VERIFY IF MENTIONED PREVIOUSLY. What is your relationship to <TEXT FILL 1>? 1. SPOUSE (WIFE/HUSBAND) OR PARTNER 2. DAUGHTER OR SON (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/FOSTER) 3. PARENT (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 4. GRANDPARENT (GRANDMOTHER/GRANDFATHER) 5. BROTHER/SISTER 6. OTHER RELATIVE 7. NON-RELATIVE 77. REFUSED 99. DON'T KNOW	
SPANISH	INTERVIEWER INSTRUCTION: ASK OR VERIFY IF MENTIONED PREVIOUSLY. ¿Cuál es su relación o parentesco con <TEXT FILL 1>? 1. CÓNYUGE (ESPOSO(A)) O PAREJA 2. HIJA(O) (BIOLÓGICO(A)/ADOPTIVO(A)/NUERA O YERNO/HIJASTRO(A)/DE CRIANZA "FOSTER") 3. PADRE/MADRE (BIOLÓGICO(A)/ADOPTIVO(A)/PADRASTRO O MADRASTRA/DE CRIANZA "FOSTER") 4. ABUELA(O) 5. HERMANO(A) 6. OTRO PARIENTE 7. NO ES PARIENTE 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RIQ.014
NEXT	SPQPRXWHY

SPQPRXCONF	
ASK	IF SP IS RESPONDENT AND SP AGE < 18 YEARS
INTERVIEW SHOULD BE CONDUCTED WITH A PROXY BECAUSE SP IS UNDER 18 YEARS OLD. ENTER ONE OPTION. 1. PERSON SELECTED AS RESPONDENT IN ERROR 2. SP AGE ENTERED IN ERROR -- SP IS AGE 18+	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	IF SPQPRXCONF = 1, DISPLAY, "BACK UP TO SELECT ANOTHER RESPONDENT. CLICK HERE TO GO BACK TO CORRECT." LINK "CLICK HERE" SENTENCE TO SPQSELECTR. IF SPQPRXCONF = 2, DISPLAY, "BACK UP TO CORRECT SP'S AGE. CLICK HERE TO GO BACK TO CORRECT." LINK "CLICK HERE" SENTENCE TO SPQAGEQ/U.
SOFT CHECK	
VERSION NOTES	*11RIQ.020
NEXT	IF SPQPRXCONF = 1: SPQSELECTR IF SPQPRXCONF = 2: SPQAGEQ

SPQPRXWHY/SPQPRXWHO	
ASK	IF SP IS NOT RESPONDENT AND SP AGE >= 18 YEARS
INTERVIEWER: WHY IS THIS INTERVIEW BEING CONDUCTED WITH A PROXY? 1. SP HAS COGNITIVE PROBLEMS 2. SP HAS PHYSICAL PROBLEMS (SPECIFY) _____ 3. PERSON SELECTED AS RESPONDENT IN ERROR 4. SP AGE ENTERED IN ERROR -- SP IS UNDER 18 YEARS OF AGE	
SPANISH	N/A
QUESTION TYPE	Dropdown: SPQPRXWHY Textbox: SPQPRXWHO
FILLS	
NOTES	INCLUDE A TEXTBOX FOR RESPONDENTS TO SPECIFY IF SELECT 'SP HAS PHYSICAL PROBLEMS' SPQPRXWHO. SPQPRXWHO SHOULD ALLOW 100 CHARACTERS.
HELP SCREEN	
HARD CHECK	IF SPQPRXWHY = 3, DISPLAY, "BACK UP TO SELECT ANOTHER RESPONDENT. CLICK HERE TO GO BACK TO CORRECT." LINK "CLICK HERE..." SENTENCE TO SPQSELECTR. IF SPQPRXWHY = 4, DISPLAY, "BACK UP TO CORRECT SP'S AGE. CLICK HERE TO GO BACK TO CORRECT." LINK "CLICK HERE..." SENTENCE TO SPQAGEQ/U.
SOFT CHECK	
VERSION NOTES	RIQ.039 OS
NEXT	IF SPQPRXWHY = 3: SPQSELECTR IF SPQPRXWHY = 4: SPQAGEQ/U ELSE: SPQPRXPERM

SPQPRXPERM	
ASK	IF SPQPRXWHY = 1 OR 2
DO YOU HAVE SUPERVISOR PERMISSION TO CONDUCT INTERVIEW WITH A PROXY? 1. YES 2. NO	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	IF SPQPRXPERM = 2, DISPLAY, "BACK UP TO SELECT ANOTHER RESPONDENT. CLICK HERE TO GO BACK TO CORRECT." LINK "CLICK HERE..." SENTENCE TO SPQSELECTR.
SOFT CHECK	
VERSION NOTES	*11RIQ.035
NEXT	IF SPQPRXPERM = 2: SPQSELECTR IF SPQPRXPERM = 1 AND 'SOMEONE NOT LIVING IN HH' SELECTED AS RESPONDENT IN SPQSELECTRR: SPQPRXDES IF SPQPRXPERM = 1 AND HOUSEHOLD MEMBER SELECTED AS RESPONDENT IN SPQSELECTRR: SPQPRFNM

SPQPRXDES	
ASK	IF SP IS NOT RESPONDENT AND RESPONDENT DOES NOT LIVE IN HOUSEHOLD
WHY IS INTERVIEW BEING CONDUCTED WITH SOMEONE OUTSIDE THE HOUSEHOLD?	
SPANISH	N/A
QUESTION TYPE	Textbox
FILLS	
NOTES	CHARACTER LIMIT: 2,000 DO NOT ALLOW BLANK ENTRIES
HELP SCREEN	
HARD CHECK	IF BLANK, DISPLAY "ANSWER REQUIRED. PLEASE ENTER A RESPONSE."
SOFT CHECK	
VERSION NOTES	RIQ.040
NEXT	SPQPRFNM

SPQPRFNM/SPQRLNM	
ASK	IF SP IS NOT RESPONDENT
ENTER SP PROXY'S NAME. _____ ENTER FIRST NAME [SPQPRFNM] _____ ENTER LAST NAME [SPQRLNM]	
SPANISH	N/A
QUESTION TYPE	Textbox
FILLS	
NOTES	SPQPRFNM: ALLOW 50 CHARACTERS, SPQRLNM: ALLOW 50 CHARACTERS DO NOT ALLOW BLANK ENTRIES.
HELP SCREEN	
HARD CHECK	IF ANY OF SPQPRFNM OR SPQRLNM LEFT BLANK, DISPLAY "ANSWER REQUIRED. PLEASE ENTER A RESPONSE." IF ANY OF SPQPRFNM OR SPQRLNM = NUMERIC CHARACTERS, DISPLAY: "INVALID RESPONSE. PLEASE ENTER SP PROXY'S FIRST AND LAST NAME."
SOFT CHECK	
VERSION NOTES	RIQ.050a/b
NEXT	SPQPRXPHON

SPQPRXPHON	
ASK	IF SP IS NOT RESPONDENT
ENTER SP PROXY'S PHONE NUMBER. INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE. (_ _ _ _) _ _ _ _ - _ _ _ _ _ 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Numeric
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF DON'T KNOW, REFUSED, "000" or 10 DIGIT PHONE NUMBER. IF PHONE NUMBER PROVIDED, DISPLAY HARD RANGE CHECK MESSAGE IF PHONE NUMBER NOT "000" OR IS 10 DIGITS OF ALL THE SAME NUMBER (I.E., 1111111111): "PLEASE ENTER A VALID PHONE NUMBER."
SOFT CHECK	
VERSION NOTES	RIQ.060
NEXT	SPQINTYN

SPQINTYN	
ASK	All respondents
IS AN INTERPRETER BEING USED FOR THIS INTERVIEW? 1. YES 2. NO	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.001
NEXT	IF SPQINTYN = 2: SPQCONSENT ELSE: SPQINTLANG

SPQINTLANG	
ASK	IF SPQINTYN = 1
LANGUAGE USED FOR INTERVIEW: 1. AMERICAN SIGN LANGUAGE 2. CHINESE (CANTONESE) 3. CHINESE (MANDARIN) 4. FRENCH 5. GERMAN 6. ITALIAN 7. JAPANESE 8. KOREAN 9. RUSSIAN 10. SPANISH (READER) 11. VIETNAMESE 90. OTHER (SPECIFY)	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.003
NEXT	IF SPQINTLANG = 90: SPQINTLANGO IF SPQINTLANG != 90 AND INTERPRETER WAS USED IN SCREENER: SPQINTPREV IF SPQINTLANG != 90 AND INTERPRETER WAS NOT USED IN SCREENER: SPQINTOBT

SPQINTLANGO	
ASK	IF SPQINTLANG = 90
ENTER LANGUAGE USED FOR INTERVIEW.	
ENTER LANGUAGE	
SPANISH	N/A
QUESTION TYPE	Textbox
FILLS	
NOTES	ALLOW 50 CHARACTERS
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.004
NEXT	IF INTERPRETER WAS USED IN SCREENER: SPQINTPREV ELSE: SPQINTOBT

SPQINTPREV	
ASK	IF INTERPRETER WAS USED IN SCREENER
INTERPRETERS USED IN SCREENER: <DISPLAY LIST 1> SELECT SOURCE: 1. SAME INTERPRETER USED IN SCREENER: <DISPLAY LIST 1> 2. NEW INTERPRETER	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	DISPLAY LIST 1: IF AT LEAST ONE INTERPRETER USED PREVIOUSLY, DISPLAY INTERPRETER NAMES FROM SCREENER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.013
NEXT	IF SPQINTPREV = 1: SPQINTPHON ELSE: SPQINTOBT

SPQINTOBT	
ASK	IF INTERPRETER WAS NOT USED IN SCREENER IF SPQINTPREV = 2
HOW WAS INTERPRETER OBTAINED? 1. ARRANGED BY THE OFFICE 2. RECRUITED DURING VISIT OR APPOINTMENT	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.005
NEXT	IF SPQINTOBT = 2: SPQINTSRCE ELSE: SPQINTSELC

SPQINTSELC	
ASK	IF SPQINTOBT = 1
ENTER FIRST AND LAST NAME OF INTERPRETER HERE. ENTER FIRST AND LAST NAME	
SPANISH	N/A
QUESTION TYPE	Text entry
FILLS	
NOTES	ALLOW 150 CHARACTERS
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.006
NEXT	SPQINTPHON

SPQINTSRCE	
ASK	IF SPQINTOBT = 2
SELECT INTERPRETER SOURCE. 1. RELATIVE LIVING IN HOUSEHOLD 2. NON-RELATIVE LIVING IN HOUSEHOLD 3. NEIGHBOR, RELATIVE OR FRIEND -- NOT IN HOUSEHOLD	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.007
NEXT	IF SPQINTSRCE = 3: SPQINTNAME ELSE: SPQINTHH

SPQINTHH / SPQINTHHO	
ASK	IF SPQINTSRCE = 1 OR 2
SELECT NAME OF INTERPRETER FROM HOUSEHOLD ROSTER. <DISPLAY LIST 1>	
SPANISH	N/A
QUESTION TYPE	Dropdown: SPQINTHH Text entry: SPQINTHHO
FILLS	DISPLAY LIST 1: DISPLAY LIST OF ADULTS FROM HH ROSTER NOT INCLUDING THE RESPONDENT INCLUDE "OTHER SPECIFY" OPTION. WHEN SELECTED DISPLAY TEXT FIELD WITH "ENTER FIRST AND LAST NAME" IN THE FIELD
NOTES	ALLOW 150 CHARACTERS FOR "OTHER SPECIFY" OPTION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF "OTHER: SPECIFY" IS CHOSEN, DISPLAY: "INTERVIEWER: THIS PERSON WAS NOT ROSTERED IN THE SCREENER. - CONFIRM THIS PERSON IS AN ADULT LIVING IN THE HOUSEHOLD. - IF NEEDED, BACK UP AND SELECT 'NEIGHBOR, RELATIVE OR FRIEND – NOT IN HOUSEHOLD'. - IF CONFIRMED, PRESS 'SUPPRESS' THEN CONTINUE."
VERSION NOTES	INT.008
NEXT	SPQINTPHON

SPQINTNAME	
ASK	IF SPQINTSRCE = 3
ENTER FIRST AND LAST NAME OF INTERPRETER. ENTER FIRST AND LAST NAME	
SPANISH	N/A
QUESTION TYPE	Textbox
FILLS	
NOTES	ALLOW 100 CHARACTERS
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	INT.009
NEXT	SPQINTPHON

SPQINTPHON	
ASK	IF SPQINTYN = 1
ENTER PHONE NUMBER OF INTERPRETER. INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE. (_ _ _ _) _ _ _ _ - _ _ _ _ _ 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Numeric
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF DON'T KNOW, REFUSED, "000" or 10 DIGIT PHONE NUMBER. IF PHONE NUMBER PROVIDED, DISPLAY HARD RANGE CHECK MESSAGE IF PHONE NUMBER NOT "000" OR IS 10 DIGITS OF ALL THE SAME NUMBER (I.E., 1111111111): "PLEASE ENTER A VALID PHONE NUMBER."
SOFT CHECK	
VERSION NOTES	INT.010
NEXT	SPQCONSENT

SPQCONSENT	
ASK	All respondents
Now I'll play a short video that describes the interview, <TEXT FILL 5> rights as the survey participant in our survey, and how all of <TEXT FILL 5> information is kept private. INTERVIEWER INSTRUCTION: PLAY CONSENT VIDEO. WHEN VIDEO ENDS, CONTINUE BELOW. <TEXT FILL 2> <TEXT FILL 3> Do you have any questions before we continue? INTERVIEWER INSTRUCTION: ADDRESS QUESTIONS FROM RESPONDENT Do you agree to proceed with the interview<TEXT FILL 4>? 1. YES 2. NO	
SPANISH	Ahora le mostraré un breve video que describe la entrevista, los derechos de <TEXT FILL 5> como participante en nuestra encuesta y cómo todos los datos de <TEXT FILL 5> se mantienen confidenciales. INTERVIEWER INSTRUCTION: PLAY CONSENT VIDEO. WHEN VIDEO ENDS, CONTINUE BELOW. <TEXT FILL 2> <TEXT FILL 3> ¿Tiene alguna pregunta antes de continuar? INTERVIEWER INSTRUCTION: ADDRESS QUESTIONS FROM RESPONDENT ¿Está de acuerdo en continuar con la entrevista <TEXT FILL 4>? 1. YES 2. NO
SPANISH	<u>CONSENT VIDEO SCRIPT: [START OF VIDEO] – THIS WILL NOT BE INCLUDED IN THE PROGRAMMING SPECIFICATIONS FOR THE SP QUESTIONNAIRE</u> A las personas que tomen parte en NHANES, se les harán algunas preguntas sobre su salud. Les preguntaremos sobre las condiciones médicas que tienen, lo que comen y los medicamentos recetados que toman. El(La) entrevistador(a) tratará de hacerle las preguntas a un ritmo cómodo para usted. En promedio, la entrevista tomará de 30 a 60 minutos. Como agradecimiento por su tiempo y esfuerzo, recibirá una tarjeta de regalo de \$25 dólares por responder la entrevista. Tomar parte en esta entrevista es un voluntario, lo que significa que participar es su decisión. Si decide participar, puede dejar de contestar cualquier pregunta que no desee responder. También puede detener la entrevista en cualquier momento. La privacidad de sus respuestas es muy importante. Durante la mayor parte de la entrevista, el(la)

	entrevistador(a) le hará preguntas e ingresará sus respuestas en la computadora. Usted responderá algunas de las preguntas por su cuenta, escuchando mientras la computadora le lee las preguntas y usted ingresa sus respuestas directamente en la computadora. Todo lo que nos diga es privado. Según las leyes federales, debemos seguir procedimientos estrictos para proteger su información. Mantendremos su información en forma confidencial, lo que significa que sus respuestas no se asociarán con su nombre ni con ningún otro dato que pueda identificarlo(a) como participante. Queremos que tenga en cuenta que la participación en el estudio presenta unos posibles riesgos. Algunas preguntas que le haremos podrían hacer que sienta incomodidad o molestia. Si siente incomodidad o molestia, puede pedir al(a la) entrevistador(a) que haga una pausa o que no haga alguna de las preguntas. Otro riesgo es que alguien pueda enterarse de lo que nos dice durante la entrevista. Para evitar esto, usaremos un número en lugar de su nombre para identificar su información. Esto evitará que alguien se entere de lo que nos dice. Si tiene alguna pregunta sobre sus derechos como participante en esta encuesta, puede llamar a la línea gratuita de la Junta de Revisión de Ética del Centro Nacional de Estadísticas de la Salud al 1-800-223-8118.[END OF VIDEO].
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 2: IF SP/PROXY IS ALSO AN ELIGIBLE HH REFERENCE PERSON FOR THE HH INTERVIEW, FILL: "After this interview, I will also ask some questions related to your household, such as smoking behavior, consumer behavior, food security, and income. On average, the interview will take 15 minutes." ELSE, LEAVE BLANK TEXT FILL 3: FOR HOUSEHOLDS WITH SP 0-17 YEARS, FILL: "We will also gather tap water in your household." ELSE, LEAVE BLANK TEXT FILL 4: IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR, FILL "for [SP NAME]" ELSE, LEAVE BLANK TEXT FILL 5: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 2: IF SP/PROXY IS ALSO AN ELIGIBLE HH REFERENCE PERSON FOR THE HH INTERVIEW, FILL: "Después de esta entrevista, también le haré algunas preguntas relacionadas con su hogar, como hábitos de fumar, hábitos de comprar, la seguridad alimentaria y los ingresos. En promedio, la entrevista toma 15 minutos." ELSE, LEAVE BLANK TEXT FILL 3: FOR HOUSEHOLDS WITH SP 0-17 YEARS, FILL: "También recolectaremos agua de la llave de su hogar." ELSE, LEAVE BLANK TEXT FILL 4: IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR, FILL "en nombre de [SP NAME]" ELSE, LEAVE BLANK TEXT FILL 5: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	DISPLAY OMB NUMBER IN UPPER RIGHT OF SCREEN IF SPQCONSENT = 2 AND SOFT CHECK IS SUPPRESSED, WHEN NEXT BUTTON IS PRESSED, CASE CLOSING AS PARTIALLY WORKED.

HELP SCREEN (ENG)	Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 CIPSEA (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks. Public reporting burden for this collection of information is estimated to average 30 to 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).
HELP SCREEN (SPA)	Garantía de confidencialidad - Tomamos su privacidad con mucha seriedad. Toda la información que describe o se relaciona con características que pueden identificar a personas o establecimientos se usará únicamente con fines estadísticos. El personal, los contratistas y los agentes del NCHS no divulgarán ni darán a conocer respuestas que puedan identificar a alguien sin el consentimiento de la persona o establecimiento de acuerdo con el artículo 308(d) de la Ley de Servicio de Salud Pública (42 U.S.C 242m) y la Ley de Protección de Información Confidencial y Eficiencia Estadística o CIPSEA (44 U.S.C. 3561-3583). De acuerdo con CIPSEA, cada empleado, contratista y agente del NCHS ha hecho un juramento y está sujeto a encarcelamiento por un término hasta de cinco años, una multa hasta de \$250,000, o ambos, si intencionalmente divulga CUALQUIER información que le identifique a usted. Además de las leyes citadas anteriormente, NCHS cumple con la Ley de Mejora de la Ciberseguridad de 2015 (6 U.S.C. §§ 151 y anotación en 151) que protege los sistemas de información federales de los riesgos de ciberseguridad mediante la detección de sus redes. La carga de información pública de recopilación de información se estima en 30 a 60 minutos por respuesta, incluido el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y mantener los datos necesarios y completar y revisar la recopilación de información. Una agencia no puede realizar ni patrocinar, y una persona no está obligada a responder a una recopilación de información a menos que muestre un número de control OMB en este momento válido. Envíe comentarios sobre otro aspecto de esta recopilación de información, incluidas sugerencias para reducir esta carga a CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).
HARD CHECK	
SOFT CHECK	IF SPQCONSENT = 2, DISPLAY "EACH RESPONDENT FOR SP QUESTIONNAIRE MUST GIVE CONSENT BEFORE THE INTERVIEW CAN BE ADMINISTERED."
VERSION NOTES	RIQ.281
NEXT	IF SPQCONSENT = 2: DISPLAY MESSAGE AND CLOSE CASE AS PARTIALLY WORKED ELSE: SPQDOBD

CONSENT VIDEO SCRIPT: [START OF VIDEO] – THIS WILL NOT BE INCLUDED IN THE PROGRAMMING SPECIFICATIONS FOR THE SP QUESTIONNAIRE

People who take part in NHANES will be asked some questions about their health. We will ask about the medical conditions they have, the food they eat, and the prescription medicine they take. The interviewer will try to ask the questions at a pace that you feel comfortable with. On average, the interview will take 30 to 60 minutes.

As a thank you for your time and effort, you will receive a \$25 gift card for doing the interview.

Taking part in this interview is voluntary, which means it's your choice to participate. If you decide to participate, you may choose to skip any question you don't want to answer. You can also end the interview at any time.

The privacy of your answers is very important. For most of the interview, the interviewer will ask you questions and enter your answers into the computer. For some of the questions, you will answer them yourself, listening while the computer reads you the questions and entering your answers directly into the computer.

Everything you tell us is private. By federal law, we must follow strict procedures to protect your information. We will keep your information confidential, which means your answers will not be connected to your name or anything else that can identify you as a participant.

There are potential risks involved in study participation that we want you to be aware of. Some of the questions we ask might make you feel uncomfortable or upset. If you feel uncomfortable or upset, you may ask the interviewer to take a break or skip any of the questions. Another risk is that someone might find out what you tell us during the interview. To avoid that, we will use a number instead of your name to identify your information. This will prevent anyone from finding out what you told us.

If you have questions about your rights on being in the survey, you can make a toll-free call to the National Center for Health Statistics Ethics Review Board at 1-800-223-8118.[END OF VIDEO]

SPQDOBD / SPQDOBM / SPQDOBY	
ASK	All respondents
ADMINISTER DOB SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> What is <TEXT FILL 4> birthdate? REPORTED AGE: <AGE FILL> ENTER DAY OF BIRTH [SPQDOBD] 77. REFUSED 99. DON'T KNOW ENTER MONTH OF BIRTH [SPQDOBM] 77. REFUSED 99. DON'T KNOW ENTER YEAR OF BIRTH [SPQDOBY] 7777. REFSUED 9999. DON'T KNOW	
SPANISH	ADMINISTER DOB SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> ¿Cuál es <TEXT FILL 4>? REPORTED AGE: <AGE FILL> ENTER DAY OF BIRTH [SPQDOBD] 77. REFUSED 99. DON'T KNOW ENTER MONTH OF BIRTH [SPQDOBM] 77. REFUSED 99. DON'T KNOW ENTER YEAR OF BIRTH [SPQDOBY]

	7777. REFSUED 9999. DON'T KNOW
QUESTION TYPE	Numeric: SPQDOBD, SPQDOBM, SPQDOBY
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 4: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" AGE FILL: FILL AGE IN MONTHS OR YEARS AS REPORTED IN SPQAGEQ/U ELSE, FILL AGE RANGE AS REPORTED IN SPQAGER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS < 18 TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 4: FILL "su fecha de nacimiento" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la fecha de nacimiento de [SP NAME]" AGE FILL: FILL AGE IN MONTHS OR YEARS AS REPORTED IN SPQAGEQ/U ELSE, FILL AGE RANGE AS REPORTED IN SPQAGER
NOTES	SEPARATE FIELDS FOR MONTH, DAY, AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS. CALCULATE TWO VARIABLES TO CAPTURE SP AGE AT TIME OF SCREENER. DATE OF COMPLETED SCREENER SHOULD BE PASSED FROM SCREENER: - IF SPQDOBD/M/Y <> DK/REF - SCDSPAGEM (Age in months) = DATE OF COMPLETED SCREENER – SP DOB - SCDSPAGEY (Age in years) = DATE OF COMPLETED SCREENER – SP DOB CALCULATE THREE VARIABLES TO CAPTURE SP AGE AT TIME OF SP INTERVIEW: - IF SPQDOBD/M/Y <> DK/REF - SPDSPAGEM (Age in months) = DATE OF SP INTERVIEW – SP DOB - SPDSPAGEY (Age in years) = DATE OF SP INTERVIEW – SP DOB

	• SPDSPAGED (Age in days) = DATE OF SP INTERVIEW – SP DOB CALCULATE SP AGE IN DAYS IF SPQDOBD/M/Y= DK/REF AND SPQAGEQ/U <> DK/REF AS FOLLOWS: • IF SPQAGEU= 1 (MONTHS), CALCULATE SP AGE IN DAYS (SPDSPAGEQD) AS (SPQAGEQ*31) • IF SPQAGEU= 2 (YEARS), CALCULATE SP AGE IN DAYS (SPDSPAGEQD) AS (SPQAGEQ*365) CALCULATE SP AGE IN DAYS IF SPQDOBD/M/Y= DK/REF AND SPQAGEQ/U = DK/REF AND SPQAGER <> DK/REF AS FOLLOWS: • IF SPQAGER= 1 (UNDER 5), CALCULATE SP AGE IN DAYS (SPDSPAGERD) USING LOWEST VALUE IN AGE RANGE AS (1*365) • IF SPQAGER= 2 (5-11), CALCULATE SP AGE IN DAYS (SPDSPAGERD) USING LOWEST VALUE IN AGE RANGE AS (5*365) • IF SPQAGER= 3 (12-17), CALCULATE SP AGE IN DAYS (SPDSPAGERD) USING LOWEST VALUE IN AGE RANGE AS (12*365) • IF SPQAGER= 4 (18-44), CALCULATE SP AGE IN DAYS (SPDSPAGERD) USING LOWEST VALUE IN AGE RANGE AS (18*365) • IF SPQAGER= 5 (45-64), CALCULATE SP AGE IN DAYS (SPDSPAGERD) USING LOWEST VALUE IN AGE RANGE AS (45*365) • IF SPQAGER= 6 (65-79), CALCULATE SP AGE IN DAYS (SPDSPAGERD) USING LOWEST VALUE IN AGE RANGE AS (65*365) • IF SPQAGER= 7 (80+), CALCULATE SP AGE IN DAYS (SPDSPAGERD) USING LOWEST VALUE IN AGE RANGE AS (80*365) NEW VARIABLES SCDSPAGEM AND SCDSPAGEY CAN BE USED IN SP QUESTIONNAIRE AND MEC EXAM AS STATIC VARIABLES. IF NO DOB PROVIDED IN SPQDOBD/M/Y, USE AGE PROVIDED IN SPQAGEQ/U. IF NO AGE IS PROVIDED IN SPQAGEQ/U, AGE IS THE LOWEST VALUE IN THE AGE RANGE SELECTED IN SPQAGER.
HELP SCREEN	
HARD CHECK	IF SPQDOBM = 0 OR > 12, DISPLAY “YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 12.” IF SPQDOBD = 0 OR > 31, DISPLAY “YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 31.” IF SPQDOBY <1900 OR >9999, DISPLAY “YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1900 AND 9999.” IF DOB ENTERED > TODAY’S DATE, DISPLAY “ENTRY MUST BE TODAY’S DATE OR EARLIER.” IF SP AGE REPORTED IN SCREENER >= 18 AND SCDSPAGEY <18, DISPLAY “AGE ENTERED INDICATES SP STATUS AS A MINOR. SP WAS ROSTERED AS AN ADULT IN THE SCREENER. VERIFY AGE AND IF SP IS LESS THAN 18 YEARS OLD, PRESS EXIT TO BREAK OFF AND CONTACT YOUR SUPERVISOR.”

	IF SP AGE REPORTED IN SCREENER < 18 AND SCDSPAGEY >=18, DISPLAY "AGE ENTERED INDICATES SP STATUS AS AN ADULT. SP WAS ROSTERED AS A MINOR IN THE SCREENER. VERIFY AGE AND IF SP IS GREATER THAN OR EQUAL TO 18 YEARS OLD, PRESS EXIT TO BREAK OFF AND CONTACT YOUR SUPERVISOR."
SOFT CHECK	IF PRELOADED SCREENER AGE (AGE/AGE_UNIT) <> DK/REF AND SPQAGEQ/U <> DK/REF AND SPQDOBD/M/Y = DK/REF: - AND PRELOADED SCREENER AGE (AGE/AGE_UNIT) IS DIFFERENT FROM SP AGE IN SPQAGEQ/U, DISPLAY "SP SCREENER AGE AND SP AGE REPORTED IN SP DOES NOT MATCH. - SP SCREENER AGE: <AGE/ AGE_UNIT>. - SP AGE IN SPQAGEQ/U: <SPQAGEQ/ SPQAGEU> BASED ON AGE REPORTED EARLIER IN THE INTERVIEW, SP WAS BORN IN <DOB YEAR DERIVED FROM SPQAGEQ/U>. PLEASE VERIFY DOB YEAR. UPDATE REPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PRELOADED SCREENER AGE (AGE/AGE_UNIT) AND SPQDOBD/M/Y <> DK/REF: - AND PRELOADED SCREENER AGE (AGE/AGE_UNIT) IS DIFFERENT FROM SP AGE BASED ON DOB (SPQDOBD/M/Y), DISPLAY "SP SCREENER AGE AND SP AGE BASED ON DOB DOES NOT MATCH. - SP SCREENER AGE: <AGE/ AGE_UNIT>. - SP AGE BASED ON DOB: <SPDSPAGEY OR SPDSPAGEM> PLEASE VERIFY DOB. UPDATE REPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PRELOADED SCREENER AGE (AGE/AGE_UNIT) AND SPQDOBD/M/Y <> DK/REF AND SPQAGEQ/U <> DK/REF: - AND PRELOADED SCREENER AGE (AGE/AGE_UNIT) IS DIFFERENT FROM SP AGE BASED ON DOB (SPQDOBD/M/Y) OR SPQAGEQ/U, DISPLAY "SP SCREENER AGE AND SP AGE REPORTED IN SP DOES NOT MATCH. - SP SCREENER AGE: <AGE/ AGE_UNIT>. - SP AGE IN SPQAGEQ/U: <SPQAGEQ/ SPQAGEU> - SP AGE BASED ON DOB: <SPDSPAGEY OR SPDSPAGEM> PLEASE VERIFY DOB. UPDATE REPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DMQ.500m/d/y
NEXT	SPQGENDER

SPQGENDER	
ASK	All respondents
ADMINISTER GENDER SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> For the next question, you may give me more than one answer. <TEXT FILL 3> ... INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY. 1. Male 2. Female 3. Transgender, non-binary, or another gender 7. REFUSED 9. DON'T KNOW	
SPANISH	ADMINISTER GENDER SCREEN TO <TEXT FILL 1> THIS IS FOR THE HEALTH INTERVIEW FOR <TEXT FILL 2> Para la siguiente pregunta, puede seleccionar más de una respuesta. ¿<TEXT FILL 3>...? INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY. 1. Hombre 2. Mujer 3. Transgénero, persona no binaria u otro género 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS < 18 YEARS TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ YEARS FILL "PROXY FOR [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS 18+ YEARS FILL "PARENT/GUARDIAN OF [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND AGE IN SPQAGEQ/U/R IS < 18 YEARS TEXT FILL 2: FILL "[SP NAME]"

	TEXT FILL 3: FILL "Es usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Es [SP NAME]"
NOTES	IF SPQGENDER=3,7, OR 9 AND RESPONDENT IS A PROXY, FOR ALL PRONOUN FILLS THEREAFTER DISPLAY THE SP NAME.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.021N
NEXT	END OF SECTION

EARLY CHILDHOOD – ECQ

Target Group: SPs Birth to 17 Years

ECQWGTM / ECQWGTL / ECQWGTO / ECQWGTK / ECQWGTG	
ASK	IF SP AGE IS BIRTH TO 17 YEARS
Now, I have some questions about <TEXT FILL 1> birth. How much did <TEXT FILL 2> weigh at birth? INTERVIEWER INSTRUCTION: IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES. IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES. ENTER WEIGHT IN POUNDS, KILOGRAMS OR GRAMS. [ECQWGTM] 1. ENTER NUMBER OF POUNDS AND OUNCES 2. ENTER NUMBER IN KILOGRAMS 3. ENTER NUMBER IN GRAMS 9. DON'T KNOW 7. REFUSED ENTER NUMBER OF POUNDS [ECQWGTL] AND ENTER NUMBER OF OUNCES [ECQWGTO] OR ENTER NUMBER IN KILOGRAMS [ECQWGTK] OR ENTER NUMBER IN GRAMS [ECQWGTG]	
SPANISH	Ahora, tengo algunas preguntas acerca del nacimiento de <TEXT FILL 1>. ¿Cuánto pesó <TEXT FILL 2> al nacer? INTERVIEWER INSTRUCTION: IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES. IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES. ENTER WEIGHT IN POUNDS, KILOGRAMS OR GRAMS. [ECQWGTM] 1. ENTER NUMBER OF POUNDS AND OUNCES 2. ENTER NUMBER IN KILOGRAMS 3. ENTER NUMBER IN GRAMS 9. DON'T KNOW

	7. REFUSED ENTER NUMBER OF POUNDS [ECQWGTL] AND ENTER NUMBER OF OUNCES [ECQWGTO] OR ENTER NUMBER IN KILOGRAMS [ECQWGTK] OR ENTER NUMBER IN GRAMS [ECQWGTG]
QUESTION TYPE	Dropdown: ECQWGTM Numeric: ECQWGTL, ECQWGTO, ECQWGTK, ECQWGTG
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'s" TEXT FILL 2: FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF ECQWGTL >= 20, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 19." IF ECQWGTO > 15, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 15." IF ECQWGTK >= 9, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 8." IF ECQWGTG >= 9,000, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 9000."
SOFT CHECK	IF ECQWGTL <3 OR >13, DISPLAY "UNUSUAL BIRTH WEIGHT, PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF ECQWGTK <1.5 OR > 6, DISPLAY "UNUSUAL BIRTH WEIGHT, PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF ECQWGTG <1,500 OR > 6,000, DISPLAY "UNUSUAL BIRTH WEIGHT, PLEASE VERIFY

	RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	ECQ.071G/L/O/K/M
NEXT	IF ECQWGTM = 7 OR 9: ECQWGTRNG IF ECQWGTM = 1 OR 2 OR 3 AND SP AGE = 2-17 YEARS: ECQWGTDDES IF ECQWGTM = 1 OR 2 OR 3 AND SP AGE = 0-11 MONTHS OR 1 YEAR: ECQMOMWGTM

ECQWGTRNG	
ASK	IF ECQWGTM = 7 OR 9
Did <TEXT FILL 1> weigh... 1. more than 5 and a half pounds (2 and a half kilograms), or 2. less than 5 and a half pounds (2 and a half kilograms)? 9. DON'T KNOW 7. REFUSED	
SPANISH	¿<TEXT FILL 1> pesó...? 1. más de 5 libras y media (2 kilogramos y medio) 2. menos de 5 libras y media (2 kilogramos y medio) 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ECQ.080
NEXT	IF ECQWGTRNG = 1: ECQWGTRNGM IF ECQWGTRNG = 2 OR 7 OR 9 AND SP AGE = 2-17 YEARS: ECQWGTDDES IF ECQWGTRNG = 2 OR 7 OR 9 AND SP AGE = 0-11 MONTHS OR 1 YEAR: ECQMOMWGTM

ECQWGTRNGM	
ASK	IF ECQWGTRNG = 1
Did <TEXT FILL 1> weigh ... 1. more than 9 pounds (4 kilograms), or 2. less than 9 pounds (4 kilograms)? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿<TEXT FILL 1> pesó...? 1. más de 9 libras (4 kilogramos) 2. menos de 9 libras (4 kilogramos) 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ECQ.090
NEXT	IF SP AGE = 2-17 YEARS: ECQWGTDDES IF SP AGE = 0-11 MONTHS OR 1 YEAR: ECQMOMWGTM

ECQWGTDES	
ASK	IF SP AGE = 2-17 YEARS
Do you consider <TEXT FILL 1> now to be ... 1. overweight, 2. underweight, or 3. about the right weight? 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Considera usted que <TEXT FILL 1> ahora tiene... 1. sobrepeso, 2. bajo peso, o 3. más o menos el peso adecuado? 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	WHQ.030e
NEXT	ECQWGTDR

ECQWGTD	
ASK	IF SP AGE = 2-17 YEARS
Has a doctor or health professional ever said that <TEXT FILL 1> was overweight? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Ha dicho alguna vez un médico o profesional de la salud que <TEXT FILL 1> tenía sobrepeso? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	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 Professionals (Health Care Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: physician's assistants or associates (PAs), 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 <u>not</u> include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.
HELP SCREEN (SPA)	Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK	

SOFT CHECK	
VERSION NOTES	MCQ.080e
NEXT	END OF SECTION

ECQMOMWGTM / ECQMOMWGTL / ECQMOMWGTK	
ASK	IF SP AGE = 0-11 MONTHS OR 1 YEAR
How much did <TEXT FILL 1> biological mother weigh before she was pregnant with <TEXT FILL 2>? _ [ECQMOMWGTM] 1. ENTER WEIGHT IN POUNDS 2. ENTER WEIGHT IN KILOGRAMS 9. DON'T KNOW 7. REFUSED _ _ _ ENTER NUMBER OF POUNDS [ECQMOMWGTL] OR _ _ _ ENTER NUMBER OF KILOGRAMS [ECQMOMWGTK]	
SPANISH	¿Cuánto pesaba la madre biológica de <TEXT FILL 1> antes de quedar embarazada de <TEXT FILL 2>? _ [ECQMOMWGTM] 1. ENTER WEIGHT IN POUNDS 2. ENTER WEIGHT IN KILOGRAMS 9. DON'T KNOW 7. REFUSED _ _ _ ENTER NUMBER OF POUNDS [ECQMOMWGTL] OR _ _ _ ENTER NUMBER OF KILOGRAMS [ECQMOMWGTK]
QUESTION TYPE	Dropdown: ECQMOMWGHTM Numeric: ECQMOMWGTL, ECQMOMWGTK
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'s" TEXT FILL 2: FILL "him" IF SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	IF ECQMOMWGTL <50 OR >750, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 50 AND 750." IF ECQMOMWGTL <23 OR >338, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 23 AND 338."
SOFT CHECK	IF ECQMOMWGTL <75 OR >500, DISPLAY "UNUSUAL ENTRY. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF ECQMOMWGTL <34 OR >225, DISPLAY "UNUSUAL ENTRY. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	ECQ.035L/K
NEXT	IF ECQMOMWGTM = 7 OR 9: ECQMOMHGT ELSE: END OF SECTION

ECQMOMHGT / ECQMOMHGT / ECQMOMHGT / ECQMOMHGT	
ASK	IF ECQMOMWGTM = 7 OR 9
How tall is <TEXT FILL 1> biological mother without shoes? [ECQMOMHGT] 1. ENTER HEIGHT IN FEET AND INCHES 2. ENTER HEIGHT IN CENTIMETERS 9. DON'T KNOW 7. REFUSED ENTER NUMBER OF FEET [ECQMOMHGT] AND ENTER NUMBER OF INCHES [ECQMOMHGT] OR ENTER NUMBER OF CENTIMETERS [ECQMOMHGT]	
SPANISH	¿Cuánto mide la madre biológica de <TEXT FILL 1> sin zapatos? [ECQMOMHGT] 1. ENTER HEIGHT IN FEET AND INCHES 2. ENTER HEIGHT IN CENTIMETERS 9. DON'T KNOW 7. REFUSED

	ENTER NUMBER OF FEET [ECQMOMHGTF] AND ENTER NUMBER OF INCHES [ECQMOMHGTI] OR ENTER NUMBER OF CENTIMETERS [ECQMOMHGTC]
QUESTION TYPE	Dropdown: ECQMOMHGTM Numeric: ECQMOMHGTF, ECQMOMHGTI, ECQMOMHGTC
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF ECQMOMHGTF <2 OR >8, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 2 AND 8." IF ECQMOMHGTI >=12, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 11." IF ECQMOMHGTC <61 OR >272, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 61 AND 272."
SOFT CHECK	
VERSION NOTES	ECQ.045/G/F//C
NEXT	END OF SECTION

HEALTHCARE UTILIZATION – HUQ
Target Group: SPs Birth +

HUQHEALTH	
ASK	ALL RESPONDENTS
Next, I have some general questions about <TEXT FILL 1> health. Would you say <TEXT FILL 1> health in general is ... 1. excellent, 2. very good, 3. good, 4. fair, or 5. poor? 9. DON'T KNOW 7. REFUSED	
SPANISH	A continuación, tengo algunas preguntas generales acerca de <TEXT FILL 1>. ¿Diría que <TEXT FILL 1> en general es... 1. excelente, 2. muy buena, 3. buena, 4. regular, o 5. mala? 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su salud" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la salud de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HUQ.010
NEXT	HUQPLACE

HUQPLACE	
ASK	ALL RESPONDENTS
Is there a place that <TEXT FILL 1> usually <TEXT FILL 2> to if <TEXT FILL 3> sick and <TEXT FILL 4> health care? 1. YES 2. THERE IS NO PLACE 3. THERE IS MORE THAN ONE PLACE 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Hay algún lugar al que <TEXT FILL 1> va usualmente cuando está enfermo(a) y necesita recibir atención médica? 1. YES 2. THERE IS NO PLACE 3. THERE IS MORE THAN ONE PLACE 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "go" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "goes" TEXT FILL 3: FILL "you are" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER TEXT FILL 4: FILL "need" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "needs"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK" TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR

	DK/RF IN SPQGENDER TEXT FILL 4: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK"
NOTES	
HELP SCREEN (ENG)	Usual Place: Include walk-in clinic, doctor's office, clinic, health center, Health Maintenance Organization or HMO, hospital emergency room or outpatient clinic, or a military or VA health care facility. Also include visits via telehealth.
HELP SCREEN (SPA)	Lugar usual: incluya clínicas para atención inmediata (walk-in), consultorios médicos, clínicas, centros de salud, Organización de Servicios de Salud (HMO, por sus siglas en inglés), sala de emergencia de un hospital o clínicas de servicios ambulatorios, o centros de atención médica militar o de la Administración de Veteranos (VA, por sus siglas en inglés). También incluya las consultas de telesalud.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HUQ.030
NEXT	IF HUQPLACE = 2 OR 7 OR 9: HUQDOCTOR ELSE: HUQPLACETP

HUQPLACETP	
ASK	IF HUQPLACE = 1 OR 3
<TEXT FILL 1> -- a doctor's office or health center; an urgent care center or clinic in a drug store or grocery store; a hospital emergency room; a VA Medical Center or VA outpatient clinic; or some other place? 1. A DOCTOR'S OFFICE OR HEALTH CENTER 2. URGENT CARE CENTER OR CLINIC IN A DRUG STORE OR GROCERY STORE 3. A HOSPITAL EMERGENCY ROOM 4. A VA MEDICAL CENTER OR VA OUTPATIENT CLINIC 5. SOME OTHER PLACE 6. DOESN'T GO TO ONE PLACE MOST OFTEN 99. DON'T KNOW 77. REFUSED	
SPANISH	<TEXT FILL 1> -- ¿Un consultorio médico o un centro de salud; un centro de atención de urgencias o una clínica en una farmacia o supermercado; una sala de emergencias de un hospital; un centro médico de la VA o una clínica de pacientes ambulatorios de la VA; o algún otro lugar? 1. UN CONSULTORIO MÉDICO O CENTRO DE SALUD 2. CENTRO DE ATENCIÓN DE URGENCIAS O UNA CLÍNICA EN UNA FARMACIA O SUPERMERCADO 3. SALA DE EMERGENCIAS DE UN HOSPITAL 4. CENTRO MÉDICO DE LA VA O CLÍNICA DE PACIENTES AMBULATORIOS DE LA VA 5. ALGÚN OTRO LUGAR 6. NO VA A UN LUGAR CON MÁS FRECUENCIA 99. DON'T KNOW 77. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "What kind of place is it" IF HUQPLACE = 1 FILL "What kind of place do you go to most often" IF HUQPLACE = 3 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "What kind of place does [SP NAME] go to most often" IF HUQPLACE = 3 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR
FILLS (SPA)	TEXT FILL 1: FILL "¿Qué tipo de lugar es?" IF HUQPLACE = 1 FILL "¿A qué tipo de lugar va con más frecuencia?" IF HUQPLACE = 3 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "¿A qué tipo de lugar va [SP NAME] con más frecuencia?" IF HUQPLACE = 3 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR
NOTES	
HELP SCREEN (ENG)	Doctor's office or health center is a place where you see the same doctor or same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file. Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.
HELP SCREEN	Consultorio médico o centro de salud es un lugar en el que usted ve al mismo médico o el

(SPA)	mismo grupo de médicos en cada visita, donde normalmente necesita hacer una cita con anticipación y donde se archivan sus historiales médicos. Los centros de atención urgente y las clínicas en farmacias o tiendas de comestibles son lugares en los que no necesita programar una cita con anticipación y no suele atenderse con el mismo proveedor de atención médica en cada consulta.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HUQ.042
NEXT	HUQDOCTOR

HUQDOCTOR	
ASK	ALL RESPONDENTS
About how long has it been since <TEXT FILL 1> last saw a doctor or other health care professional about <TEXT FILL 2> health? INTERVIEWER INSTRUCTION: INCLUDE DOCTORS SEEN BY VIDEO CONFERENCE OR BY PHONE AS WELL AS SEEN WHILE A PATIENT IN A HOSPITAL. DO NOT INCLUDE DENTAL CARE. 0. NEVER 1. WITHIN THE LAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO) 2. WITHIN THE LAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO) 3. WITHIN THE LAST 3 YEARS (2 YEARS BUT LESS THAN 3 YEARS AGO) 4. WITHIN THE LAST 5 YEARS (3 YEARS BUT LESS THAN 5 YEARS AGO) 5. WITHIN THE LAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO) 6. 10 YEARS AGO OR MORE 99. DON'T KNOW 77. REFUSED	
SPANISH	¿Cómo cuánto tiempo ha pasado desde la última vez que <TEXT FILL 1> vio a un médico u otro profesional de la atención médica sobre su salud? INTERVIEWER INSTRUCTION: INCLUDE DOCTORS SEEN BY VIDEO CONFERENCE OR BY PHONE AS WELL AS SEEN WHILE A PATIENT IN A HOSPITAL. DO NOT INCLUDE DENTAL CARE. 0. NUNCA 1. DENTRO DE LOS ÚLTIMOS 12 MESES (EN CUALQUIER MOMENTO HACE MENOS DE 12 MESES) 2. DENTRO DE LOS ÚLTIMOS 2 AÑOS (HACE UN AÑO PERO MENOS DE 2 AÑOS) 3. DENTRO LOS ÚLTIMOS 3 AÑOS (HACE 2 AÑOS PERO MENOS DE 3 AÑOS) 4. DENTRO DE LOS ÚLTIMOS 5 AÑOS (HACE 3 AÑOS PERO MENOS DE 5 AÑOS) 5. DENTRO DE LOS ÚLTIMOS 10 AÑOS (HACE 5 AÑOS PERO MENOS DE 10 AÑOS) 6. HACE 10 AÑOS O MÁS 99. DON'T KNOW 77. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELCTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"

	TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELCETED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HUQ.062
NEXT	IF SP AGE >= 5 YEARS: HUQCOUNSEL ELSE: END OF SECTION

HUQCOUNSEL	
ASK	IF SP AGE IS >= 5 YEARS
In the last 12 months, did <TEXT FILL 1> receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	En los últimos 12 meses, ¿recibió <TEXT FILL 1> asesoramiento o terapia de un profesional de la salud mental como un psiquiatra, psicólogo, enfermero psiquiátrico o trabajador social clínico? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HUQ.090
NEXT	END OF SECTION

IMMUNIZATION – IMQ
Target Group: SPs Birth+

IMQHEPAYN	
ASK	IF SP AGE IS >= 2 YEARS
Now, we have a few questions about vaccines. <TEXT FILL 1> ever received the hepatitis A vaccine? INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE A VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 2 DOSES' IF RESPONDENT ANSWERS 3 OR 4 DOSES WERE RECEIVED. CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT. 1. YES, AT LEAST 2 DOSES 2. YES, LESS THAN 2 DOSES 3. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Ahora, tenemos algunas preguntas sobre las vacunas. ¿Le han vacunado a <TEXT FILL 1> alguna vez contra la hepatitis A? INTERVIEWER INSTRUCTION: A COMBINATION HEPATITIS A AND HEPATITIS B VACCINE SHOULD BE COUNTED AS THE A VACCINE FOR THE PURPOSE OF THIS QUESTION. CODE 'YES AT LEAST 2 DOSES' IF RESPONDENT ANSWERS 3 OR 4 DOSES WERE RECEIVED. CODE 'LESS THAN 2 DOSES' ONLY IF MENTIONED BY RESPONDENT. 1. YES, AT LEAST 2 DOSES 2. YES, LESS THAN 2 DOSES 3. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Hepatitis (Hep-a-ti-tis) A vaccine is given as a two dose series to children and adults, especially people who travel outside the United States. It has been available since 1995.
HELP SCREEN (SPA)	La vacuna contra la hepatitis A se aplica en una serie de dos dosis a niños y adultos, especialmente a personas que viajan fuera de los Estados Unidos. Está disponible desde 1995.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IMQ.011
NEXT	IMQHEPBYN

IMQHEPBYN	
ASK	IF SP AGE IS >= 2 YEARS
The hepatitis B vaccine is given in two or three separate doses. Although it can be given as a combination vaccination with hepatitis A, it is different from the hepatitis A vaccine. <TEXT FILL 1> ever received the hepatitis B vaccine? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	La vacuna contra la hepatitis B se aplica en dos o tres dosis separadas. Aunque puede darse como vacuna combinada con la de la hepatitis A, es diferente a la vacuna de la hepatitis A. ¿Le han vacunado a <TEXT FILL 1> alguna vez contra la hepatitis B? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	The hepatitis B vaccine has been available since 1982 for newborn infants, adolescents, and people who may be exposed to the hepatitis B virus. Since 2022, it is recommended for all persons under age 60, and for persons aged 60 years and older who may be exposed to the hepatitis B virus.
HELP SCREEN (SPA)	La vacuna contra la hepatitis B está disponible desde 1982 para recién nacidos, adolescentes y personas que puedan estar expuestas al virus de la hepatitis B. Desde 2022, se recomienda esta vacuna a todas las personas menores de 60 años y a las mayores de 60 años que podrían estar expuestas al virus de la hepatitis B.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IMQ.New1
NEXT	IF IMQHEPBYN = 1: IMQHEPBSRS IF IMQHEPBYN = 2 OR 7 OR 9 AND SP AGE IS >= 9 AND <= 64: IMQHPVYN IF IMQHEPBYN = 2 OR 7 OR 9 AND SP AGE IS < 9 OR > 64: IMQFLU

IMQHEPBSRS	
ASK	IF IMQHEPBYN = 1
<TEXT FILL 1> completed the hepatitis B vaccine series? INTERVIEWER INSTRUCTION: IF AT LEAST ONE DOSE RECEIVED, BUT THE SERIES HAS NOT BEEN COMPLETED, SELECT "NO". 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha completado <TEXT FILL 1> la serie de vacunas contra la hepatitis B? INTERVIEWER INSTRUCTION: IF AT LEAST ONE DOSE RECEIVED, BUT THE SERIES HAS NOT BEEN COMPLETED, SELECT "NO". 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	There are two types of hepatitis B vaccines. One has been available since 1982 and requires 3 doses. The other became available in 1998 and requires 2 doses.
HELP SCREEN (SPA)	Existen dos tipos de vacunas contra la hepatitis B. Una está disponible desde 1982 y requiere 3 dosis. La otra empezó a estar disponible en 1998 y requiere 2 dosis.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IMQ.New2
NEXT	IF SP AGE IS >= 9 AND <= 64: IMQHPVYN ELSE: IMQFLU

IMQHPVYN	
ASK	IF SP AGE IS >= 9 AND <= 64
Human Papillomavirus or HPV vaccine is given to prevent HPV infection and conditions such as cervical cancer and other cancers caused by HPV (in men and women). <TEXT FILL 1> ever received one or more doses of the HPV vaccine? (The brand names for the HPV vaccines are Cervarix, Gardasil or Gardasil 9.) 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	La vacuna contra el virus del papiloma humano o VPH se administra para prevenir la infección por VPH y afecciones como el cáncer de cuello uterino y otros cánceres causados por el VPH (en hombres y mujeres). ¿Ha recibido <TEXT FILL 1> alguna vez una o más dosis de la vacuna contra el VPH? (Los nombres comerciales de las vacunas contra el VPH son Cervarix, Gardasil o Gardasil 9). 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IMQ.065
NEXT	IF IMQHPVYN = 1: IMQHPVAGE ELSE: IMQFLU

IMQHPVAGE	
ASK	IF IMQHPVYN = 1
How old <TEXT FILL 1> when <TEXT FILL 2> received <TEXT FILL 3> first dose of HPV vaccine? _ _ _ _ ENTER AGE IN YEARS 777. REFUSED 999. DON'T KNOW	
SPANISH	¿Qué edad tenía <TEXT FILL 1> cuando recibió su primera dosis de la vacuna contra el VPH? _ _ _ _ ENTER AGE IN YEARS 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "was [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK" TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	IF AGE SP RECEIVED FIRST DOSE IS GREATER THAN SP'S CURRENT AGE AT SP

	INTERVIEW (SPDSPAGEY), DISPLAY "AGE SP RECEIVED FIRST DOSE CANNOT EXCEED SP'S CURRENT AGE."
SOFT CHECK	IF DIFFERENCE BETWEEN SP'S CURRENT AGE AND AGE SP RECEIVED FIRST DOSE IS GREATER THAN THE DIFFERENCE BETWEEN THE CURRENT YEAR AND 2006, DISPLAY "UNLIKELY RESPONSE AS HPV VACCINES WERE NOT AVAILABLE AT THAT TIME. PLEASE CONFIRM AGE SP RECEIVED FIRST DOSE."
VERSION NOTES	IMQ.090
NEXT	IMQHPVDOSE

IMQHPVDOSE	
ASK	IF IMQHPVYN = 1
How many doses of the vaccine <TEXT FILL 1> received? INTERVIEWER INSTRUCTION: IF MORE THAN ONE HPV VACCINE, INSTRUCT SP TO PROVIDE THE TOTAL NUMBER OF HPV VACCINE DOSES RECEIVED. 1. 1 DOSE 2. 2 DOSES 3. 3 DOSES 4. MORE THAN 3 DOSES 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuántas dosis de la vacuna le han aplicado a <TEXT FILL 1>? INTERVIEWER INSTRUCTION: IF MORE THAN ONE HPV VACCINE, INSTRUCT SP TO PROVIDE THE TOTAL NUMBER OF HPV VACCINE DOSES RECEIVED. 1. 1 DOSE 2. 2 DOSES 3. 3 DOSES 4. MORE THAN 3 DOSES 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IMQ.100
NEXT	IMQFLU

IMQFLU	
ASK	All respondents
There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. In the last 12 months, <TEXT FILL 1> had a flu vaccination? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Hay dos tipos de vacunas contra la influenza. Una es una inyección y la otra es un espray o gotas en la nariz. En los últimos 12 meses, ¿le han puesto a <TEXT FILL 1> la vacuna contra la influenza? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	COQ.140
NEXT	END OF SECTION

MEDICAL CONDITIONS – MCQ
Target Group: SPs 1+

MCQASTHMA	
ASK	IF SP AGE IS >= 1 YEAR
The following questions are about different medical conditions. First, has a doctor or other health professional ever said that <TEXT FILL 2> had asthma (az-ma)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas tratan sobre diferentes problemas de salud. En primer lugar, ¿ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 2> tenía asma? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 2: FILL “you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE FILL “[SP NAME]”
FILLS (SPA)	TEXT FILL 2: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE FILL “[SP NAME]”
NOTES	
HELP SCREEN (ENG)	Asthma: A disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath. 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 Professionals (Health Care Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: physician’s assistants or associates (PAs), 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 <u>not</u> include: dentists, oral surgeons, chiropractors, chiropractors, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.
HELP SCREEN	Asma: Un enfermedad que afecta las vías respiratorias por donde entra y sale el aire de los

(SPA)	pulmones. Causa sonidos sibilantes o silbantes en la respiración y puede causar dificultad para respirar. Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.010
NEXT	IF MCQASTHMA = 1: MCQASMAGE ELSE: MCQANEMIA

MCQASMAGE	
ASK	IF MCQASTHMA = 1
How old <TEXT FILL 1> when <TEXT FILL 2> first told <TEXT FILL 3> had asthma? 1. LESS THAN 5 YEARS 2. 5-11 YEARS OLD 3. 12-17 YEARS OLD 4. 18 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuántos años tenía <TEXT FILL 1> cuando le dijeron por primera vez que <TEXT FILL 3> tenía asma? 1. LESS THAN 5 YEARS 2. 5-11 YEARS OLD 3. 12-17 YEARS OLD 4. 18 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "was [SP NAME]"

	TEXT FILL 2: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] was" TEXT FILL 3: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK" TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.025N
NEXT	MCQASMSTILL

MCQASMSTILL	
ASK	IF MCQASTHMA = 1
<TEXT FILL 1> still have asthma (az-ma)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿<TEXT FILL 1> todavía tiene asma? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.035
NEXT	MCQASMYEAR

MCQASMYEAR	
ASK	IF MCQASTHMA = 1
Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care. In the last 12 months, <TEXT FILL 1> had an episode of asthma (az-ma) or an asthma attack? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Los ataques de asma, a veces llamados episodios, se refieren a períodos de empeoramiento de los síntomas del asma que limitan su actividad más de lo usual o lo(a) obligan a obtener atención médica. En los últimos 12 meses, ¿tuvo <TEXT FILL 1> un episodio de asma o un ataque de asma? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.040
NEXT	MCQASMSTER

MCQASMSTER	
ASK	IF MCQASTHMA = 1
Steroids like prednisone, prednisolone, or dexamethasone, may be given as pills, liquid, or an injection (by vein or in muscle). In the last 12 months, other than using an inhaler, <TEXT FILL 1> take any steroids for asthma? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Los esteroides, como la prednisona, la prednisolona o la dexametasona, pueden darse en forma de pastillas, líquido o una inyección (en una vena o músculo). En los últimos 12 meses, aparte de usar un inhalador, ¿tomó <TEXT FILL 1> algún esteroide contra el asma? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "did you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "did [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.NEW1
NEXT	IF SP AGE >= 18 YEARS: MCQASMJOB ELSE: MCQANEMIA

MCQASMJOB	
ASK	IF MCQASTHMA = 1 AND SP AGE >= 18 YEARS
Was your asthma caused by, or your symptoms made worse by, any job you ever had? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Algún trabajo que haya tenido fue la causa del asma o empeoró sus síntomas? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.NEW4
NEXT	MCQANEMIA

MCQANEMIA	
ASK	IF SP AGE >= 1 YEAR
In the last 3 months, <TEXT FILL 1> been on treatment for anemia (a-nee-me-a)? (Include diet, iron pills, iron shots, transfusions as treatment.) 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 3 meses, ¿recibió <TEXT FILL 1> tratamiento para la anemia? (Incluya como tratamiento cambios en la alimentación, pastillas de hierro, inyecciones de hierro y transfusiones). 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "has [SP NAME]"
FILLS (SPA)	TEXT FILL: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Anemia: Anemia (a- nee -me-a) is a condition in which a person's blood has a lower than normal number of red blood cells (RBCs).
HELP SCREEN (SPA)	Anemia: La anemia es una afección en la que la sangre de una persona tiene una cantidad de glóbulos rojos (RBC, por sus siglas en inglés) más baja que lo normal.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.053
NEXT	IF SP AGE >= 18 YEARS: MCQDOCART IF SP AGE 12-17 YEARS: MCQLIVER IF SP AGE 8-11 YEARS AND SP IS NOT MALE (SPQGENDER <> 1): MCQPERIOD IF SP AGE 8-11 YEARS AND SP IS MALE (SPQGENDER ONLY = 1): END OF SECTION IF SP AGE < 8 YEARS: END OF SECTION

MCQPERIOD	
ASK	IF SP AGE = 8-11 YEARS AND SP IS NOT MALE (SPQGENDER != 1)
Have <TEXT FILL 1> periods or menstrual (men-stral) cycles started yet? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Han empezado ya los períodos o ciclos menstruales de <TEXT FILL 1>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'S"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.149
NEXT	END OF SECTION

MCQDOCART / MCQDOCARTP	
ASK	IF SP AGE >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had some form of arthritis? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <MCQDOCARTP FILL>	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía algún tipo de artritis? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <MCQDOCARTP FILL>
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]" MCQDOCARTP FILL: IF RESPONSE OPTION FOR MCQDOCART = 1, DISPLAY, Which type of arthritis was it? 1. Osteoarthritis or degenerative arthritis 2. Rheumatoid arthritis 3. Psoriatic arthritis 4. Other 7. REFUSED 9. DON'T KNOW
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]" MCQDOCARTP FILL: IF RESPONSE OPTION FOR MCQDOCART = 1, DISPLAY, ¿Qué tipo de artritis era? 1. Osteoartritis o artritis degenerativa 2. Artritis reumatoide 3. Artritis psoriásica 4. Otro 7. REFUSED 9. DON'T KNOW

NOTES	
HELP SCREEN (ENG)	Arthritis: A disease that causes pain, swelling or stiffness in joints, for example the hand, the knee, hip, or neck. Common kinds of arthritis are osteoarthritis and rheumatoid arthritis. Osteoarthritis: The most common form of arthritis. Some people call it degenerative joint disease or “wear and tear” arthritis. It occurs most frequently in the hands, hips, and knees. Rheumatoid Arthritis: Causes inflammation, redness and swelling of joints such as hands, wrists, and knees, but it can affect joints anywhere in the body. You may feel sick and tired, and sometimes there are fevers. Psoriatic Arthritis: Is arthritis caused by the skin rash Psoriasis. Most often it causes redness and swelling of joints such as the spine, knees, hips and hands.
HELP SCREEN (SPA)	Artritis: Una enfermedad que causa dolor, hinchazón o rigidez en las articulaciones, como en la mano, la rodilla, la cadera o el cuello. Los tipos más comunes de artritis son la osteoartritis y la artritis reumatoide. Osteoartritis: Es el tipo de artritis más común. Algunas personas la llaman enfermedad degenerativa de las articulaciones o artritis “por desgaste”. Se presenta con mayor frecuencia en las manos, las caderas y las rodillas. Artritis reumatoide: Causa inflamación, enrojecimiento e hinchazón de las articulaciones como las de las manos, las muñecas y las rodillas, pero puede afectar las articulaciones en cualquier parte del cuerpo. Las personas que tienen esta enfermedad se pueden sentir enfermas y cansadas y algunas veces pueden tener fiebre. Artritis psoriásica: Es artritis causada por la psoriasis, un sarpullido. Lo más frecuente es que haya enrojecimiento e hinchazón en las articulaciones, como en la columna vertebral, las rodillas, las caderas y las manos.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160a MCQ.195Na
NEXT	MCQDOCCONG
MCQDOCCONG	
ASK	IF SP AGE >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had congestive heart failure? INTERVIEWER INSTRUCTION: DO NOT COUNT HEART MURMURS, IRREGULAR HEART BEATS, CHEST PAIN OR HEART ATTACKS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1>...

	... tenía insuficiencia cardíaca congestiva? INTERVIEWER INSTRUCTION: DO NOT COUNT HEART MURMURS, IRREGULAR HEART BEATS, CHEST PAIN OR HEART ATTACKS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
NOTES	
HELP SCREEN (ENG)	Congestive Heart Failure: Is when the heart can't pump enough blood to the body. Blood and fluid "back up" into the lungs, which makes you short of breath. Heart failure can cause fluid buildup in and swelling of the feet, legs and ankles.
HELP SCREEN (SPA)	Insuficiencia cardíaca congestiva: Ocurre cuando el corazón no bombea suficiente sangre al cuerpo. La sangre y el líquido se "acumulan" en los pulmones, lo cual causa dificultad para respirar. La insuficiencia cardíaca puede causar la acumulación de líquido y la hinchazón en los pies, las piernas y los tobillos.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160b
NEXT	MCQDOCCORO

MCQDOCCORO	
ASK	IF SP AGE >= 18 YEARS
(Has a doctor or other health professional ever said that <TEXT FILL 1> . . .) . . . had coronary (kor-o-nare-ee) heart disease? INTERVIEWER INSTRUCTION: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR CORONARY HEART DISEASE. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	(¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1>...). ... tenía una enfermedad coronaria del corazón? INTERVIEWER INSTRUCTION: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR CORONARY HEART DISEASE. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Coronary Heart Disease: Is when the blood vessels that bring blood to the heart muscle become narrow and hardened due to plaque ("plak"). Plaque buildup is called atherosclerosis ("ATH-er-o-skler-O-sis"). Blocked blood vessels to the heart can cause chest pain or a heart attack.
HELP SCREEN (SPA)	Enfermedad del corazón: Ocurre cuando cuando los vasos sanguíneos que llevan sangre al músculo cardíaco se estrechan y endurecen debido a la placa. La acumulación de placa es conocida como "ateroesclerosis". La obstrucción de los vasos sanguíneos que llevan la sangre al corazón puede causar dolor al pecho o ataque al corazón.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160c
NEXT	MCQDOCANJN

MCQDOCANJN	
ASK	IF SP AGE >= 18 YEARS
(Has a doctor or other health professional ever said that <TEXT FILL 1> . . .) . . . had angina (an-jina), also called angina pectoris? INTERVIEWER INSTRUCTION: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR ANGINA. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	(¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1>...) ... tenía angina, también llamada angina de pecho? INTERVIEWER INSTRUCTION: IF THE RESPONDENT REPORTS CHEST PAIN, PROBE IF A DOCTOR TOLD THEM THAT THEY HAD BLOCKED BLOOD VESSELS OR ANGINA. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
NOTES	
HELP SCREEN (ENG)	Angina (Angina Pectoris) (AN-jina pec-to-ris): Angina is chest pain or discomfort that occurs when the heart does not get enough blood.
HELP SCREEN (SPA)	Angina de pecho: Es un dolor de pecho o malestar en el pecho que ocurre cuando el corazón no recibe suficiente sangre.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160d
NEXT	MCQDOCATTK

MCQDOCATTK	
ASK	IF SP AGE >= 18 YEARS
(Has a doctor or other health professional ever said that <TEXT FILL 1> . . .) . . . had a heart attack (also called myocardial infarction (my-O-car-dee-al in-fark-shun))? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	(¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> ...). ... tuvo un ataque al corazón (también llamado infarto de miocardio)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Heart Attack (Myocardial Infarction): A medical emergency that occurs when the flow of blood to the heart is blocked. Symptoms include tightness or pain in the chest, neck, back, or arms
HELP SCREEN (SPA)	Ataque al corazón (infarto de miocardio): Una emergencia médica que se presenta cuando se interrumpe el flujo de sangre al corazón. Los síntomas incluyen opresión o dolor en el pecho, el cuello, la espalda o los brazos.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160e
NEXT	MCQDOCSTRK

MCQDOCSTRK	
ASK	IF SP AGE >= 18 YEARS
(Has a doctor or other health professional ever said that <TEXT FILL 1> . . .) . . . had a stroke, slight stroke, transient ischemic attack or TIA? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	(¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1>...). ... tuvo un derrame cerebral, un derrame cerebral leve o un ataque isquémico transitorio o TIA, por sus siglas en inglés? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Stroke: Is when the blood supply to a part of the brain is suddenly cut off by a blood clot or a burst blood vessel in the brain. The part of the brain affected can no longer do its job. There can be numbness or weakness on one side of the body; trouble speaking or understanding speech; loss of eyesight; trouble with walking, dizziness, loss of balance or coordination; or severe headache.
HELP SCREEN (SPA)	Derrame/ataque cerebral: Ocurre cuando la sangre que va a una parte del cerebro se interrumpe repentinamente por un coágulo de sangre o por un vaso sanguíneo que se revienta en el cerebro. La parte afectada del cerebro ya no puede funcionar. Puede haber entumecimiento o debilidad en uno o en los dos lados del cuerpo; dificultad para hablar o entender cuando se habla; pérdida de la visión; problemas para caminar, mareos, pérdida de equilibrio o coordinación o dolor de cabeza intenso.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160f
NEXT	MCQDOCTHY

MCQDOCTHY / MCQDOCTHYS	
ASK	IF SP AGE >= 18 YEARS
(Has a doctor or other health professional ever said that <TEXT FILL 1. .). . . . had a thyroid (thigh-roid) problem? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <MCQDOCTHYS FILL>	
SPANISH	(¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1....). ... tenía un problema de la tiroides? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <MCQDOCTHYS FILL>
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" MCQDOCTHYS FILL: IF RESPONSE OPTION FOR MCQDOCTHY = 1, DISPLAY, <TEXT FILL 3> still have a thyroid problem? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" MCQDOCTHYS FILL: IF RESPONSE OPTION FOR MCQDOCTHY = 1, DISPLAY, ¿<TEXT FILL 3> todavía tiene problemas de tiroides? 1. YES 2. NO

	7. REFUSED 9. DON'T KNOW
NOTES	
HELP SCREEN (ENG)	Thyroid Problem: The thyroid is a gland in the neck that makes thyroid hormone. The thyroid sets your body's energy level: the temperature and heart rate. Thyroid problems include thyroid levels that are too high or too low, an inflamed or enlarged gland, and thyroid lumps or cancer.
HELP SCREEN (SPA)	Problema de la tiroides: La tiroides es una glándula ubicada en el cuello que produce la hormona tiroidea. La tiroides determina el nivel de energía de su cuerpo: la temperatura y el ritmo del corazón. Los problemas de la tiroides incluyen los niveles de la tiroidea, que pueden ser muy altos o bajos, una glándula inflamada o crecida y nódulos o cáncer de la tiroides.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160m MCQ.170m
NEXT	MCQDOCCOPD

MCQDOCCOPD	
ASK	IF SP AGE >= 18 YEARS
(Has a doctor or other health professional ever said that <TEXT FILL 1> . . .) . . . had chronic obstructive pulmonary disease or COPD, emphysema, or chronic bronchitis? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	(¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1>...). ... tenía una enfermedad pulmonar obstructiva crónica o EPOC, enfisema o bronquitis crónica? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	TEXT OF QUESTION SHOULD BE OPTIONAL AFTER MCQDOCART
HELP SCREEN (ENG)	COPD: Stands for "chronic obstructive pulmonary disease." It includes both emphysema and chronic bronchitis. It is a lung problem where you have trouble getting air in and out of your lungs. You may also have constant cough and phlegm. Chronic Bronchitis: A recurrent inflammation of your lung's airways that can cause irritation that results in constant coughing, wheezing, and shortness of breath. Emphysema: Is a disease where the tiny air sacs in the lungs become damaged so less air goes in and out. As a result, the body does not get the oxygen it needs. Emphysema makes it hard to catch your breath.
HELP SCREEN (SPA)	EPOC: Significa "enfermedad pulmonar obstructiva crónica". Incluye tanto el enfisema como la bronquitis crónica. Es un problema de los pulmones que causa dificultad para que el aire entre y salga de los pulmones. Es posible que la persona tenga tos constante y flema. Bronquitis crónica: Una inflamación recurrente de las vías respiratorias de los pulmones que puede causar irritación, que resulta en tos constante, sibilancias o silbidos en el pecho y dificultad para respirar o falta de aire. Enfisema: Es una enfermedad en la cual los alveólos (pequeños sacos de aire) de los pulmones se dañan, por lo tanto entra y sale menos aire. Como resultado, el cuerpo recibe menos oxígeno del que necesita. El enfisema dificulta la respiración.
HARD CHECK	

SOFT CHECK	
VERSION NOTES	MCQ.160p
NEXT	MCQDOCLIV

MCQDOCLIV / MCQDOCLIVS	
ASK	IF SP AGE >= 18 YEARS
(Has a doctor or other health professional ever said that <TEXT FILL 1>. . .) . . . had any kind of liver condition? INTERVIEWER INSTRUCTION: DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <MCQDOCLIVS FILL>	
SPANISH	(¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1>...). ... tenía algún tipo de problema con el hígado? INTERVIEWER INSTRUCTION: DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <MCQDOCLIVS FILL>
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" MCQDOCLIVS FILL: IF RESPONSE OPTION FOR MCQDOCLIV = 1, DISPLAY, <TEXT FILL 3> still have this liver condition? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"

	MCQDOCLIVS FILL: IF RESPONSE OPTION FOR MCQDOCLIV = 1, DISPLAY, ¿<TEXT FILL 3> sigue teniendo ese problema con el hígado? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
NOTES	TEXT OF QUESTION SHOULD BE OPTIONAL AFTER MCQDOCART
HELP SCREEN (ENG)	Liver Condition: Liver conditions include viral diseases, autoimmune diseases, liver cancer, fibrosis, cirrhosis, and liver disease from medications, poisons or drinking too much alcohol.
HELP SCREEN (SPA)	Problema del hígado: Los problemas del hígado incluyen enfermedades virales, enfermedades autoinmunitarias, el cáncer del hígado, fibrosis, cirrosis y enfermedades del hígado que resultan de medicamentos, sustancias tóxicas o por el consumo excesivo de alcohol.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.160I MCQ.170I
NEXT	MCQGALLSTN

MCQLIVER	
ASK	IF SP AGE = 12-17 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had any kind of liver condition? INTERVIEWER INSTRUCTION: DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía algún tipo de problema con el el hígado? INTERVIEWER INSTRUCTION: DO NOT INCLUDE GALLBLADDER DISEASE; GALLSTONES; OR CHOLECYSTITIS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Liver Condition: Liver conditions include viral diseases, autoimmune diseases, liver cancer, fibrosis, cirrhosis, and liver disease from medications.
HELP SCREEN (SPA)	Problema del hígado: Los problemas del hígado incluyen enfermedades virales, enfermedades autoinmunitarias, el cáncer del hígado, fibrosis, cirrosis y las enfermedades del hígado provocadas por medicamentos.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.500
NEXT	END OF SECTION

MCQGALLSTN	
ASK	IF SP AGE >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had gallstones? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía cálculos biliares? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Gallstones: Gallstones are hard particles that develop in the gallbladder. The gallbladder is located in the upper right abdomen—below the liver.
HELP SCREEN (SPA)	Cálculos biliares: Los cálculos biliares son partículas sólidas que se desarrollan en la vesícula biliar. La vesícula biliar se encuentra en el costado superior derecho del abdomen, la zona entre el pecho y la cadera, debajo del hígado.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.550
NEXT	IF SP AGE = 18-44 YEARS: MCQCANCER ELSE: MCQMEMORY

MCQMEMORY	
ASK	IF SP AGE > 44 YEARS
In the last 12 months, <TEXT FILL 1> experienced difficulties with thinking or memory that are happening more often or are getting worse? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿tuvo <TEXT FILL 1> dificultades con el pensamiento o la memoria que están ocurriendo con más frecuencia o están empeorando? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.084N
NEXT	IF MCQMEMORY = 1: MCQMEMDOC ELSE: MCQCANCER

MCQMEMDOC	
ASK	IF MCQMEMORY = 1
<TEXT FILL 1> or anyone else discussed <TEXT FILL 2> difficulties with thinking or memory with a doctor or other health professional? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha hablado <TEXT FILL 1> o alguien más sobre sus dificultades con el pensamiento o la memoria con un doctor u otro profesional de la salud? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.New5
NEXT	MCQCANCER

MCQCANCER	
ASK	IF SP AGE >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had cancer or a malignancy (ma-lig-nan-see) of any kind? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía cáncer o un tumor maligno de algún tipo? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Cancer: An abnormal growth that can spread to other parts of the body. Most cancers are named for where they start: for example lung cancer or breast cancer. Other times it may be a cancer of the blood such as leukemia. Malignancy: A tumor or growth that is a cancer. (see Cancer)
HELP SCREEN (SPA)	Cáncer: Crecimiento anormal que se puede extender a otras partes del cuerpo. La mayoría de los cánceres reciben su nombre del lugar donde aparecen: por ejemplo, cáncer de pulmón o cáncer de seno. Otras veces puede tratarse de un cáncer de la sangre, como la leucemia. Tumor maligno: Un tumor o crecimiento que es canceroso. (Ver Cáncer).
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MCQ.220
NEXT	IF MCQCANCER = 1: MCQCNCRTP ELSE: MCQRELATDB

MCQCNCRTPa / MCQCNCRTPb / MCQCNCRTPc / MCQCNCRTPd	
ASK	IF MCQCANCER = 1

What kind of cancer was it?

INTERVIEWER INSTRUCTION:

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

|_|_|

ENTER CANCER CODE [MCQCNCRTPa]

|_|_|

ENTER CANCER CODE [MCQCNCRTPb]

|_|_|

ENTER CANCER CODE [MCQCNCRTPc]

|_|_|

ENTER 66 IF MORE THAN 3 [MCQCNCRTPd]

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

SPANISH

¿Qué tipo de cáncer era?

INTERVIEWER INSTRUCTION:

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

	RESPONSE. ENTER CANCER CODE [MCQCNCRTPa] ENTER CANCER CODE [MCQCNCRTPb] ENTER CANCER CODE [MCQCNCRTPc] ENTER 66 IF MORE THAN 3 [MCQCNCRTPd] 10. VEJIGA 11. SANGRE 12. HUESO 13. CEREBRO 14. SENO 15. CERVIZ (CERVICAL) 16. COLON 17. ESÓFAGO (ESOFÁGICO) 18. VESÍCULA BILIAR 19. RIÑÓN 20. LARINGE/TRÁQUEA 21. LEUCEMIA 22. HÍGADO 23. PULMÓN 24. LINFOMA/ENFERMEDAD DE HODGKIN 25. MELANOMA 26. BOCA/LENGUA/LABIO 27. SISTEMA NERVIOSO 28. OVARIO 29. PÁNCREAS (PANCREÁTICO) 30. PRÓSTATA 31. RECTO (RECTAL) 32. PIEL (NO MELANOMA) 33. PIEL (NO SABE DE QUÉ TIPO) 34. TEJIDO BLANDO (MÚSCULO O GRASA) 35. ESTÓMAGO 36. TESTÍCULO (TESTICULAR) 37. TIROIDES 38. ÚTERO/MATRIZ (UTERINO) 39. OTRO 66. MÁS DE 3 TIPOS 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Dropdown: MCQCNCRTPa, MCQCNCRTPb, MCQCNCRTPc Numeric: MCQCNCRTPd
FILLS	CANCER TYPE FILL: IF TWO OR MORE OF THE FOLLOWING ARE SELECTED, SEPARATE BY “/”: (IF MCQCNCRTPx=30, FILL “PROSTATE”) AND (IF MCQCNCRTPx=36, FILL “TESTIS (TESTICULAR)”) AND (IF MCQCNCRTPx=15, FILL “CERVIX (CERVICAL)”)

	AND (IF MCQCNCRTPx=28, FILL "OVARY (OVARIAN)") AND (IF MCQCNCRTPx=38, FILL "UTERUS (UTERINE)")
NOTES	ALLOW UP TO 3 ENTRIES. ALLOW 'MORE THAN 3 KINDS (CODE 66)' ONLY AS 4TH ENTRY.
HELP SCREEN	
HARD CHECK	IF RESPONDENT ENTRY FOR MCQCNCRTPd IS NOT 66, DISPLAY "IF MORE THAN 3 KINDS OF CANCER, ENTER 66. OTHERWISE, LEAVE THIS EMPTY."
SOFT CHECK	IF (SP IS FEMALE IN SPQGENDER OR SPQGENDER IS DK/RF) AND MCQCNCRTPx = 30 OR 36, DISPLAY, "<CANCER TYPE FILL> IS GENDER SPECIFIC. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF (SP IS MALE IN SPQGENDER OR SPQGENDER IS DK/RF) AND RESPONSE OPTION = 15 OR 28 OR 38, DISPLAY, "<CANCER TYPE FILL> IS GENDER SPECIFIC. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	MCQ.230
NEXT	MCQRELATDB

MCQRELATDB / MCQRELATAM / MCQRELATBR / MCQRELATCR / MCQRELATHR / MCQRELATST																																							
ASK	IF SP AGE >= 18 YEARS																																						
Including living and deceased, were any of <TEXT FILL 1> close blood relatives including only biological father, mother, sisters, brothers, or children, ever told by a doctor or health professional that they had . . . INTERVIEWER INSTRUCTION: DO NOT INCLUDE HALF-SISTERS OR HALF-BROTHERS <table border="1"> <thead> <tr> <th>Were any close blood relatives ever told that they had...</th> <th>YES</th> <th>NO</th> <th>REFUSED</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>diabetes? (MCQRELATDB)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>asthma (az-ma)? (MCQRELATAM)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>breast cancer? (MCQRELATBR)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>colon or rectal cancer? (MCQRELATCR)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>a heart attack or angina (an-gī-na) before the age of 50? (MCQRELATHR)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>stroke before the age of 65? (MCQRELATST)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> </tbody> </table>					Were any close blood relatives ever told that they had...	YES	NO	REFUSED	DON'T KNOW	diabetes? (MCQRELATDB)	1	2	7	9	asthma (az-ma)? (MCQRELATAM)	1	2	7	9	breast cancer? (MCQRELATBR)	1	2	7	9	colon or rectal cancer? (MCQRELATCR)	1	2	7	9	a heart attack or angina (an-gī-na) before the age of 50? (MCQRELATHR)	1	2	7	9	stroke before the age of 65? (MCQRELATST)	1	2	7	9
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SPANISH	¿Alguna vez un doctor o un profesional de la salud dijo que alguno de <TEXT FILL 1>, ya sea que estén vivos o que hayan fallecido, incluidos solamente el padre, la madre, las hermanas, los hermanos o los(as) hijos(as) biológicos, tenía...? INTERVIEWER INSTRUCTION: DO NOT INCLUDE HALF-SISTERS OR HALF-BROTHERS <table border="1"> <thead> <tr> <th>¿Se le dijo alguna vez a algún pariente de sangre cercano que tenía...</th> <th>YES</th> <th>NO</th> <th>REFUSED</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>diabetes? (MCQRELATDB)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>Asma? (MCQRELATAM)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>cáncer de seno? (MCQRELATBR)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>cáncer de colon o recto? (MCQRELATCR)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>un ataque al corazón o angina antes de los 50 años? (MCQRELATHR)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> <tr> <td>derrame cerebral antes de los 65 años? (MCQRELATST)</td> <td>1</td> <td>2</td> <td>7</td> <td>9</td> </tr> </tbody> </table>				¿Se le dijo alguna vez a algún pariente de sangre cercano que tenía...	YES	NO	REFUSED	DON'T KNOW	diabetes? (MCQRELATDB)	1	2	7	9	Asma? (MCQRELATAM)	1	2	7	9	cáncer de seno? (MCQRELATBR)	1	2	7	9	cáncer de colon o recto? (MCQRELATCR)	1	2	7	9	un ataque al corazón o angina antes de los 50 años? (MCQRELATHR)	1	2	7	9	derrame cerebral antes de los 65 años? (MCQRELATST)	1	2	7	9
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QUESTION TYPE	Grid: Radio button																																						
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"																																						
FILLS (SPA)	TEXT FILL 1: FILL " sus parientes de sangre cercanos " IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " los parientes de sangre cercanos de [SP NAME]"																																						
NOTES																																							
HELP SCREEN																																							
HARD CHECK																																							
SOFT CHECK																																							
VERSION NOTES	MCQ.NEW6 a/b/c/d/e																																						
NEXT	END OF SECTION																																						

HEPATITIS - HEQ
Target Group: SPs 5+

HEQHEPB	
ASK	IF SP AGE >= 5 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> hepatitis B? (Hepatitis is a form of liver disease. Hepatitis B is an infection of the liver from the hepatitis B virus (HBV).) 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía hepatitis B? (La hepatitis es una forma de enfermedad del hígado. La hepatitis B es una infección del hígado provocada por el virus de la hepatitis B (VHB).) 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	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 Professionals (Health Care Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: physician's assistants or associates (PAs), 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 <u>not</u> include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.
HELP SCREEN (SPA)	Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y

	trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HEQ.010
NEXT	IF HEQHEPB = 1: HEQHEPBRX ELSE: HEQHEPC

HEQHEPBRX	
ASK	IF HEQHEPB = 1
Please look at the drugs on this card that are prescribed for hepatitis B. <TEXT FILL 1> ever prescribed any medicine to treat hepatitis B? HAND CARD HEQ1 TO RESPONDENT 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	Mire la lista de medicamentos en esta tarjeta que se recetan para la hepatitis B. ¿Alguna vez a <TEXT FILL 1> le recetaron algún medicamento para tratar la hepatitis B? HAND CARD HEQ1 TO RESPONDENT 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL "Was [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HEQ.020
NEXT	HEQHEPC

HEQHEPC	
ASK	IF SP AGE >= 5 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> hepatitis C? (Hepatitis is a form of liver disease. Hepatitis C is an infection of the liver from the hepatitis C virus or HCV). 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía hepatitis C? (La hepatitis es un tipo de enfermedad del hígado. La hepatitis C es una infección del hígado causada por el virus de la hepatitis C o VHC). 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
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	alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HEQ.030
NEXT	IF HEQHEPC = 1: HEQHEPCR ELSE: END OF SECTION

HEQHEPCR	
ASK	IF HEQHEPC = 1
Please look at the drugs on this card that are prescribed for hepatitis C. <TEXT FILL 1> ever prescribed any medicine to treat hepatitis C? HAND CARD HEQ2 TO RESPONDENT 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	Mire la lista de medicamentos en esta tarjeta que se recetan para la hepatitis C. ¿Alguna vez le recetaron a <TEXT FILL 1> algún medicamento para tratar la hepatitis C? HAND CARD HEQ2 TO RESPONDENT 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL "Was [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HEQ.040
NEXT	END OF SECTION

KIDNEY CONDITIONS – KIQ

Target Group: SPs 18+

KIQKIDNEY	
ASK	IF SP AGE >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> a kidney problem, protein in the urine, or kidney disease? Do not include kidney stones, bladder (bladd-er) infections, or incontinence (in-kon-ti-nens). 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tiene un problema en los riñones, proteínas en la orina o una enfermedad en los riñones? No incluya cálculos (piedras) en los riñones, infecciones de la vejiga o incontinencia. 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL " [SP NAME] has"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL " [SP NAME]"
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HARD CHECK	
SOFT CHECK	
VERSION NOTES	KIQ.022N
NEXT	IF KIQKIDNEY = 1: KIQDIALYS ELSE: END OF SECTION

KIQDIALYS	
ASK	IF KIQKIDNEY = 1
In the last 12 months, <TEXT FILL 1> received dialysis (either hemodialysis (heemo-di-al-i-sis) or peritoneal dialysis (pare-i-ton-nee-al di-al-i-sis))? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	En los últimos 12 meses, ¿le han hecho a <TEXT FILL 1> diálisis (ya sea hemodiálisis o diálisis peritoneal)? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	KIQ.025
NEXT	END OF SECTION

DIABETES – DIQ
Target Group: SPs 1+

DIQDIABETES	
ASK	IF SP AGE >= 1 YEAR
<TEXT FILL 1> a doctor or other health professional ever said that <TEXT FILL 2> diabetes or sugar diabetes? 1. YES 2. NO 3. BORDERLINE OR PREDIABETES 7. REFUSED 9. DON'T KNOW	
SPANISH	¿<TEXT FILL 1> dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 2> diabetes o diabetes de azúcar? 1. YES 2. NO 3. BORDERLINE OR PREDIABETES 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “Has” IF SP GENDER IS MALE ONLY. ELSE, FILL “Other than during pregnancy, has” TEXT FILL 2: FILL “you have” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “[SP NAME] has” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR
FILLS (SPA)	TEXT FILL 1: FILL “Ha” IF SP GENDER IS MALE ONLY. ELSE, FILL “Aparte de cuando estaba embarazada, ha” TEXT FILL 2: FILL “usted tiene” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “[SP NAME] tiene” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR
NOTES	
HELP SCREEN (ENG)	Diabetes: A disease that occurs when your blood glucose, also called blood sugar, is too high. Do <u>not</u> include gestational diabetes or diabetes that was only present during pregnancy. Also, do <u>not</u> include self-diagnosed diabetes, pre-diabetes or high sugar. 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 Professionals (Health Care Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: physician’s assistants or associates (PAs), 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 <u>not</u> include: dentists, oral surgeons, chiropractors, chiropractors, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

HELP SCREEN (SPA)	Diabetes: Enfermedad que se presente cuando la glucosa de la sangre, también conocida como azúcar en la sangre es demasiado alta. <u>No</u> incluya diabetes gestacional, es decir, si solo tuvo diabetes durante el embarazo. <u>Tampoco</u> incluya diabetes autodiagnosticada, prediabetes o azúcar alta. Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.010
NEXT	IF DIQDIABETES = 1: DIQTYPE IF DIQDIABETES = 3 AND SP AGE >= 12 YEARS : DIQPILLS IF DIQDIABETES = 3 AND SP AGE < 12 YEARS: END OF SECTION IF DIQDIABETES = 2 OR 7 OR 9 AND SP AGE >= 12 YEARS: DIQPREDIAB IF DIQDIABETES = 2 OR 7 OR 9 AND SP AGE < 12 YEARS: END OF SECTION

DIQTYPE	
ASK	IF DIQDIABETES = 1
Did the doctor or other health professional say that <TEXT FILL 1> had diabetes type 1, type 2, or some other type? 1. TYPE 1 2. TYPE 2 3. OTHER TYPE OF DIABETES 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Dijo el doctor u otro profesional de la salud que <TEXT FILL 1> tenía diabetes tipo 1, tipo 2 o algún otro tipo? 1. TYPE 1 2. TYPE 2 3. OTHER TYPE OF DIABETES 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.New3
NEXT	DIQAGEG

DIQAGEG / DIQAGEQ	
ASK	IF DIQDIABETES = 1
How old <TEXT FILL 1> when a doctor or other health professional first said that <TEXT FILL 2> had diabetes or sugar diabetes? _ [DIQAGEG] 1. ENTER AGE IN YEARS 2. LESS THAN 1 YEAR 7. REFUSED 9. DON'T KNOW _ _ _ [DIQAGEQ] ENTER AGE IN YEARS	
SPANISH	¿Qué edad tenía <TEXT FILL 1> cuando un doctor u otro profesional de la salud le dijo por primera vez que tenía diabetes o diabetes del azúcar? _ [DIQAGEG] 1. ENTER AGE IN YEARS 2. LESS THAN 1 YEAR 7. REFUSED 9. DON'T KNOW _ _ _ [DIQAGEQ] ENTER AGE IN YEARS
QUESTION TYPE	Dropdown: DIQAGEG Numeric: DIQAGEQ
FILLS (ENG)	TEXT FILL 1: FILL "were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "was [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT
NOTES	
HELP SCREEN	
HARD CHECK	IF DIQAGEG=1 AND DIQAGEQ IS GREATER THAN SP'S CURRENT AGE AT SP INTERVIEW (SPDSPAGEY), DISPLAY "AGE REPORTED CANNOT EXCEED SP'S CURRENT AGE"
SOFT CHECK	
VERSION NOTES	DIQ.040 G/Q
NEXT	DIQINSULIN

DIQPREDIAB	
ASK	IF DIQDIABETES = 2 OR 7 OR 9 AND SP AGE >= 12 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had prediabetes or borderline diabetes? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía prediabetes o estaba a punto de tener diabetes? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IS SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IS SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.160N
NEXT	IF DIQPREDIAB = 1: DIQPILLS ELSE: DIQTEST

DIQINSULIN	
ASK	IF DIQDIABETES = 1
Insulin can be taken by shot or pump. <TEXT FILL 1> now taking insulin? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	La insulina se puede recibir en una inyección o con una bomba de infusión. ¿Está <TEXT FILL 1> tomando insulina ahora? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Insulin: A medication used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.
HELP SCREEN (SPA)	Insulina: medicamento que se usa en el tratamiento de la diabetes. Normalmente, la insulina se le administra al paciente con una jeringa.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.050
NEXT	IF DIQINSULIN = 1: DIQINSSTR ELSE: DIQPILLS

DIQINSSTRT	
ASK	IF DIQINSULIN = 1
Thinking back to when <TEXT FILL 1> first diagnosed with diabetes, how long was it before <TEXT FILL 2> started taking insulin? 1. Less than 1 month 2. 1 month to less than 6 months 3. 6 months to less than 1 year 4. 1 year or more 7. REFUSED 9. DON'T KNOW	
SPANISH	Piense en el momento cuando le diagnosticaron diabetes a <TEXT FILL 1> por primera vez, ¿cuánto tiempo pasó antes de que empezara a usar insulina? 1. Menos de 1 mes 2. De 1 mes a menos de 6 meses 3. De 6 meses a menos de 1 año 4. 1 año o más 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] was" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "SP NAME"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.New1
NEXT	DIQINSSTOP

DIQINSSTOP	
ASK	IF DIQINSULIN = 1
Since <TEXT FILL 1> started taking insulin, <TEXT FILL 2> ever stopped taking it for more than 6 months? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Desde que <TEXT FILL 1> empezó a usar insulina, ¿alguna vez ha dejado de usarla durante más de 6 meses? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "has he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "has she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "has [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.New2
NEXT	DIQPILLS

DIQPILLS	
ASK	IF DIQDIABETES = 1 IF DIQDIABETES = 3 AND SP AGE >= 12 YEARS IF DIAPREDIAB = 1
<TEXT FILL 1> now taking diabetic pills to lower <TEXT FILL 2> blood sugar? (These are sometimes called oral agents or oral hypoglycemic agents.) 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Está <TEXT FILL 1> tomando ahora pastillas para la diabetes para reducir el nivel de azúcar en la sangre? (A veces, estos son llamados agentes orales o agentes orales hipoglicémicos). 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.070

NEXT	IF SP AGE < 12 YEARS: END OF SECTION IF SP AGE >= 12 YEARS AND DIQDIABETES = 1: DIQA1C IF SP AGE >= 12 YEARS AND DIQDIABETES != 1: DIQTEST
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DIQTEST	
ASK	IF DIQDIABETES != 1 AND SP AGE >= 12 YEARS
How long ago did <TEXT FILL 1> have a blood test for high blood sugar or diabetes by a doctor, or other health professional? 0. Never 1. less than a year ago 2. 1 year but less than 2 years ago 3. 2 years but less than 3 years ago 4. 3 years but less than 5 years ago 5. 5 years but less than 10 years ago, or 6. 10 years ago or more 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuánto tiempo ha pasado desde que un médico u otro profesional de la salud le hizo una prueba de sangre <TEXT FILL 1> para ver si tenía un nivel alto de azúcar en la sangre o diabetes? 0. Nunca 1. Hace menos de 1 año 2. Hace 1 año pero menos de 2 3. Hace 2 años pero menos de 3 4. Hace 3 años pero menos de 5 5. Hace 5 años pero menos de 10 6. Hace 10 años o más 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "a [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.New9
NEXT	END OF SECTION

DIQA1C	
ASK	IF DIQDIABETES = 1 AND SP AGE >= 12 YEARS
About how many times in the last 12 months has a doctor, nurse, or other health professional checked <TEXT FILL 1> A-one-C? (An A-one-C test is used to measure the average blood sugar level over the last three months.) ENTER NUMBER OF TIMES 0. HAD A1C CHECKED MORE THAN 12 MONTHS AGO 666. NEVER HAD A1C CHECKED 777. REFUSED 999. DON'T KNOW	
SPANISH	¿Aproximadamente cuántas veces en los últimos 12 meses un doctor, un enfermero u otro profesional de la salud le hizo <TEXT FILL 1> una prueba de A-uno-C? (Se usa una prueba de A-uno-C para medir el promedio del nivel de azúcar en la sangre de los últimos tres meses). ENTER NUMBER OF TIMES 0. HAD A1C CHECKED MORE THAN 12 MONTHS AGO 666. NEVER HAD A1C CHECKED 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric, with radio button options below.
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "a [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.New11
NEXT	DIQRETINOP

DIQRETINOP	
ASK	IF DIQDIABETES = 1 AND SP AGE >= 12 YEARS
Has a doctor ever said that diabetes has affected <TEXT FILL 1> eyes or that <TEXT FILL 2> had retinopathy (ret-in-op-ath-ee)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor que la diabetes afectó <TEXT FILL 1> o que <TEXT FILL 2> tenía retinopatía? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE FILL "[SP NAME]'s" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "sus ojos" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE FILL "los ojos de [SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DIQ.080
NEXT	END OF SECTION

BLOOD PRESSURE – BPQ

Target Group: SPs 18+

BPQHIBP	
ASK	IF SP AGE IS >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had hypertension (hy-per-ten-shun), also called high blood pressure? INTERVIEWER INSTRUCTION: IF HIGH BLOOD PRESSURE ONLY DURING PREGNANCY, CODE NO. IF SP SAYS "HIGH BLOOD PRESSURE", "BORDERLINE HYPERTENSION" OR "PREHYPERTENSION" CODE NO. 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía hipertensión, también conocida como presión arterial alta? INTERVIEWER INSTRUCTION: IF HIGH BLOOD PRESSURE ONLY DURING PREGNANCY, CODE NO. IF SP SAYS "HIGH BLOOD PRESSURE", "BORDERLINE HYPERTENSION" OR "PREHYPERTENSION" CODE NO. 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	BPQ.020
NEXT	IF BPQHIBP = 1: BPQ2VISITS ELSE: BPQHICHL

BPQ2VISITS	
ASK	IF BPQHIBP = 1
<TEXT FILL 1> told on 2 or more different visits that <TEXT FILL 2> had hypertension (hy-per-ten-shun), also called high blood pressure? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Le dijeron a <TEXT FILL 1> en 2 o más consultas diferentes que <TEXT FILL 2> tenía hipertensión, también conocida como "presión arterial alta"? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BPQ.030
NEXT	BPQHIBPRX

BPQHIBPRX	
ASK	IF BPQHIBP = 1
<TEXT FILL 1> now taking any medication prescribed by a doctor or other health professional for <TEXT FILL 2> high blood pressure? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Está <TEXT FILL 1> tomando actualmente algún medicamento recetado por un doctor u otro profesional de la salud para su presión arterial alta? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BPQ.150
NEXT	BPQHICHL

BPQHICHL	
ASK	IF SP AGE >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had high cholesterol? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía colesterol alto? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECT ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECT ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Cholesterol: Fat substance found in the bloodstream and in all your body's cells. It's normal to have cholesterol. But too much cholesterol in the blood is a major risk for a heart attack and stroke.
HELP SCREEN (SPA)	Colesterol: Es una sustancia grasa que se encuentra en la sangre y en todas las células del cuerpo. Es normal tener colesterol, pero tener demasiado colesterol en la sangre es un alto riesgo de tener un ataque al corazón y un derrame cerebral.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BPQ.080
NEXT	IF BPQHICHL = 1: BPQHICHLRX E3LSE: END OF SECTION

BPQHICHLRX	
ASK	IF BPQHICHL = 1
<TEXT FILL 1> now taking any medication prescribed by a doctor or other health professional to lower <TEXT FILL 2> cholesterol? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED	
SPANISH	¿Está <TEXT FILL 1> tomando actualmente algún medicamento recetado por un doctor u otro profesional de la salud para reducir el nivel alto de colesterol? 1. YES 2. NO 9. DON'T KNOW 7. REFUSED
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BPQ.101d
NEXT	END OF SECTION

OSTEOPOROSIS – OSQ
Target Group: SPs 45+ Years

OSQFRCHIP / OSQFRCHIPQ	
ASK	IF SP AGE >= 45 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had broken or fractured <TEXT FILL 2> hip? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW [OSQFRCHIP] <OSQFRCHIPQ FILL>	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> se había roto o fracturado... ... la cadera? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW [OSQFRCHIP] <OSQFRCHIPQ FILL>
QUESTION TYPE	Radio button: OSQFRCHIP Numeric: OSQFRCHIPQ
FILLS (ENG)	TEXT FILL 1: FILL “you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “he” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “she” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL “have you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR

	ELSE, FILL “has [SP NAME]” OSQFRCHIPQ FILL: IF RESPONSE OPTION FOR OSQFRCHIP = 1, DISPLAY, How many times <TEXT FILL 3> broken or fractured <TEXT FILL 2> hip? ENTER NUMBER OF TIMES [OSQFRCHIPQ] 77. REFUSED 99. DON'T KNOW
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL “BLANK” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” OSQFRCHIPQ FILL: IF RESPONSE OPTION FOR OSQFRCHIP = 1, DISPLAY, ¿Cuántos veces se ha roto o fracturado <TEXT FILL 3> la cadera? ENTER NUMBER OF TIMES [OSQFRCHIPQ] 77. REFUSED 99. DON'T KNOW
NOTES	
HELP SCREEN (ENG)	Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc. Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (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, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.
HELP SCREEN (SPA)	Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK	IFOSQFRCHIPQ <1 OR > 33, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 33."
SOFT CHECK	IF OSQFRCHIPQ >13 OR > 33, DISPLAY, "UNLIKELY RESPONSE, PLEASE VERIFY. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	OSQ.010a OSQ.020a
NEXT	OSQFRCWRS

OSQFRCWRS / OSQFRCWRSQ	
ASK	IF SP AGE >= 45 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had broken or fractured <TEXT FILL 2> wrist? INTERVIEWER INSTRUCTION: DO NOT INCLUDE FOREARM OR HAND. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW [OSQFRCWRS] <OSQFRCWRSQ FILL>	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> se había roto o fracturado... ... la muñeca? INTERVIEWER INSTRUCTION: DO NOT INCLUDE FOREARM OR HAND. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW [OSQFRCWRS] <OSQFRCWRSQ FILL>
QUESTION TYPE	Radio button: OSQFRCWRS Numeric: OSQFRCWRSQ
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR

	DK/RF IN SPQGENDER TEXT FILL 3: FILL “have you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “has [SP NAME]” OSQFRCWRSQ FILL: IF RESPONSE OPTION FOR OSQFRCWRS = 1, DISPLAY, How many times <TEXT FILL 3> broken or fractured <TEXT FILL 2> wrist? ____ ENTER NUMBER OF TIMES [OSQFRCWRSQ] 77. REFUSED 99. DON'T KNOW
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL “BLANK” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” OSQFRCWRSQ FILL: IF RESPONSE OPTION FOR OSQFRCWRS = 1, DISPLAY, ¿Cuántas veces se ha roto o fracturado <TEXT FILL 3> la muñeca? ____ ENTER NUMBER OF TIMES [OSQFRCWRSQ] 77. REFUSED 99. DON'T KNOW
NOTES	
HELP SCREEN (ENG)	Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc. Other Health (Care) Professional: A person entitled by training and experience and possibly

	licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (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, chiropractists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.
HELP SCREEN (SPA)	Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK	IFOSQFRCWRSQ <1 OR >33, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 33."
SOFT CHECK	
VERSION NOTES	OSQ.010b OSQ.020b
NEXT	OSQFRCSPN

OSQFRCSPN / OSQFRCSPNQ	
ASK	IF SP AGE >= 45 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had broken or fractured <TEXT FILL 3> spine?. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <OSQFRCSPNQ FILL>	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> se había roto o fracturado... ... la columna vertebral? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW <OSQFRCSPNQ FILL>
QUESTION TYPE	Radio button: OSQFRCSPN Numeric: OSQFRCSPNQ
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" OSQFRCSPNQ FILL: IF RESPONSE OPTION FOR OSQFRCSPN = 1, DISPLAY, How many times <TEXT FILL 3> broken or fractured <TEXT FILL 2> spine?

	ENTER NUMBER OF TIMES 77. REFUSED 99. DON'T KNOW
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" OSQFRCSPNQ FILL: IF RESPONSE OPTION FOR OSQFRCSPN = 1, DISPLAY, ¿Cuántas veces se ha roto o fracturado <TEXT FILL 3> la columna vertebral? ENTER NUMBER OF TIMES 77. REFUSED 99. DON'T KNOW
NOTES	
HELP SCREEN (ENG)	Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc. Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (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, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.
HELP SCREEN	Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en

(SPA)	inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK	IFOSQFRCSPNQ <1 OR >33, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 33."
SOFT CHECK	
VERSION NOTES	OSQ.010c OSQ.020c
NEXT	IF SP AGE >= 50 YEARS AND (OSQFRCHIP = 1 OR OSQFRCWRS = 1 OR OSQFRCSPN = 1): OSQFRCAGE FOR FIRST FRACTURE TYPE ELSE: OSQDOCTOR

OSQFRCAGE	
ASK	IF SP AGE >= 50 YEARS AND (OSQFRCHIP = 1 OR OSQFRCWRS = 1 OR OSQFRCSPN = 1):
When <TEXT FILL 1> fractured <TEXT FILL 2> <TEXT FILL 3> the first time, <TEXT FILL 4> younger or older than 50? 1. UNDER 50 YEARS OLD 2. 50 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW	
SPANISH	Cuando <TEXT FILL 1> se fracturó la <TEXT FILL 3> por primera vez, ¿tenía <TEXT FILL 4> más o menos de 50 años? 1. UNDER 50 YEARS OLD 2. 50 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "hip" IF OSQFRCHIP = 1 FILL "wrist" IF OSQFRCHIP = 1 FILL "spine" IF OSQFRCSPN = 1 TEXT FILL 4: FILL "were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "was [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR

	DK/RF IN SPQGENDER TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "cadera" IF OSQFRCHIP = 1 FILL "muñeca" IF OSQFRCHIP = 1 FILL "columna vertebral" IF OSQFRCSPN = 1 TEXT FILL 4: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	LOOP THROUGH OSQFRCAGE THROUGH OSQFRCWHY FOR EACH FRACTURE TYPE
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.030N a/b/c
NEXT	IF OSQFRCAGE = 2: OSQFRCWHY FOR SAME FRACTURE TYPE IF (OSQFRCAGE = 1 OR 7 OR 9) AND MORE FRACTURE TYPES: OSQFRCAGE FOR NEXT FRACTURE TYPE IF (OSQFRCAGE = 1 OR 7 OR 9) AND NO NEXT FRACTURE TYPE: OSQDOCTOR

OSQFRCWHY	
ASK	IF OSQFRCAGE = 2 FOR SPECIFIC FRACTURE TYPE
	Did that fracture occur as a result of . . . 4. a fall from standing height or less, for example, tripped, slipped, and fell out of bed, 5. a hard fall, such as falling off a ladder or step stool, down stairs, or 6. a car accident or other severe trauma 7. REFUSED 9. DON'T KNOW
SPANISH	¿Ocurrió esa fractura debido a...? 4. una caída desde una altura igual o más baja a la que tiene usted cuando está de pie, como tropezarse, resbalarse o caerse de la cama, 5. una caída fuerte, como caerse de una escalera o una banqueta, las escaleras, o 6. un accidente de automóvil u otro trauma grave 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button

FILLS	
NOTES	LOOP THROUGH OSQFRCAGE THROUGH OSQFRCWHY FOR EACH FRACTURE TYPE
HELP SCREEN (ENG)	Additional examples for “a fall from standing height or less” include leg gave way, was dizzy, fell bending over, fell out of a chair. Additional examples for “a hard fall” include being forcibly knocked down by another person or bicycle.
HELP SCREEN (SPA)	Ejemplos adicionales de “una caída desde una altura igual o más baja a la que tiene usted cuando está de pie” incluyen casos en que las piernas se debilitan, usted se maree, se cae hacia adelante o se cae de una silla. Otros ejemplos de una “caída fuerte” incluyen casos en los que otra persona o una bicicleta lo(a) empujan y lo(a) hacen caer con fuerza.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.051 a/b/c
NEXT	IF MORE FRACTURE TYPES: OSQFRCAGE FOR NEXT FRACTURE TYPE IF NO NEXT FRACTURE TYPE: OSQDOCTOR

OSQDOCTOR	
ASK	IF SP AGE >= 45 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had osteoporosis, sometimes called thin or brittle bones? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía osteoporosis, a veces llamado huesos delgados o débiles? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN (ENG)	Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. Osteoporosis is not always painful. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.
HELP SCREEN (SPA)	Osteoporosis: Una enfermedad en la que los huesos se vuelven menos densos, lo que los hace más frágiles y puedan a quebrarse. La osteoporosis no siempre es dolorosa. De hecho, muchas personas no saben que tienen osteoporosis hasta que se rompen un hueso. Es probable que un médico le diga que tiene osteoporosis después de que se haya roto un hueso o de que le hayan hecho una prueba de densidad ósea.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.060

NEXT	IF OSQDOCTOR = 1: OSTRX ELSE: OSQSTRDYN
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OSQRX	
ASK	IF OSQDOCTOR = 1
Please look at the drugs on this card that are prescribed for osteoporosis. <TEXT FILL 1> ever been told by a doctor or other health professional to take a prescribed medicine for osteoporosis? HAND CARD OSQ2 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Mire la lista de medicamentos de esta tarjeta que se recetan para la osteoporosis. ¿Alguna vez le ha dicho un doctor u otro profesional de la salud a <TEXT FILL 1> que tome un medicamento recetado para la osteoporosis? HAND CARD OSQ2 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.072
NEXT	OSQSTRDYN

OSQSTRDYN	
ASK	IF SP AGE >= 45 YEARS
<TEXT FILL 1> ever taken any prednisone or cortisone pills nearly every day for a month or longer? (Prednisone and cortisone are types of steroids.) 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Alguna vez ha tomado <TEXT FILL 1> alguna pastilla de prednisona o cortisona casi todos los días durante un mes o más? (La prednisona y la cortisona son tipos de esteroides). 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.130
NEXT	IF OSQSTRDYN = 1: OSQSTRDDAYQ ELSE: OSQPARENT

OSQSTRDDAYQ / OSQSTRDDAYU	
ASK	IF OSQSTRDYN = 1
Please think about <TEXT FILL 1> use of prednisone or cortisone during <TEXT FILL 2> lifetime. For how long did <TEXT FILL 3> use prednisone or cortisone nearly every day? Do not count the months or years when <TEXT FILL 4> not taking the medicine. ENTER NUMBER (OF MONTHS OR YEARS) [OSQSTRDDAYQ] 777. REFUSED 999. DON'T KNOW ENTER UNIT [OSQSTRDDAYU] 1. MONTHS 2. YEARS	
SPANISH	Piense en <TEXT FILL 1> de la prednisona o cortisona durante su vida. ¿Durante cuánto tiempo tomó <TEXT FILL 3> prednisona o cortisona casi todos los días? No cuente los meses o años en los que no estaba tomando el medicamento. ENTER NUMBER (OF MONTHS OR YEARS) [OSQSTRDDAYQ] 777. REFUSED 999. DON'T KNOW ENTER UNIT [OSQSTRDDAYU] 1. MONTHS 2. YEARS
QUESTION TYPE	Numeric: OSQSTRDDAYQ Radio button: OSQSTRDDAYU
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER

	IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 4: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "su uso" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "el uso de [SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 4: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF OSQSTRDDAYQ >= 19, DISPLAY MESSAGE, "IT IS UNUSUAL TO BE TAKING PREDNISONE FOR {RESPONSE FOR OSQSTRDDAYQ} {RESPONSE FOR OSQSTRDAYU}. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	OSQ.140 Q/U
NEXT	OSQPARENT

OSQPARENT	
ASK	IF SP AGE >= 45 YEARS
Including living and deceased, were either of <TEXT FILL 1> biological parents ever told by a doctor or other health professional that they had osteoporosis or brittle bones? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Alguna vez un doctor u otro profesional de la salud dijo que alguno de <TEXT FILL 1>, ya sea que estén vivos o que hayan fallecido, tenían osteoporosis o huesos débiles? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "sus padres biológicos" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "los padres biológicos de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.150
NEXT	IF OSQPARENT = 1: OSQPARENTS ELSE: OSQMOM

OSQPARENTS	
ASK	IF OSQPARENT = 1
Which biological (blood) parent? [CODE ALL THAT APPLY] 1. MOTHER 2. FATHER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuál de sus padres biológicos (de sangre)? [CODE ALL THAT APPLY] 1. MOTHER 2. FATHER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.160
NEXT	OSQMOM

OSQMOM	
ASK	IF SP AGE >= 45 YEARS
Did <TEXT FILL 1> biological mother ever fracture her hip? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Se fracturó alguna vez la cadera <TEXT FILL 1>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su madre biológica" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la madre biológica de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.170
NEXT	IF OSQMOM = 1: OSQMOMAGE ELSE: OSQDAD

OSQMOMAGE	
ASK	IF OSQMOM = 1
When she fractured her hip (the first time), was she younger or older than 50? 1. UNDER 50 YEARS OLD 2. 50 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW	
SPANISH	Quando ella se fracturó la cadera (la primera vez), ¿tenía menos o más de 50 años? 1. UNDER 50 YEARS OLD 2. 50 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.180N
NEXT	OSQDAD

OSQDAD	
ASK	IF SP AGE >= 45 YEARS
Did <TEXT FILL 1> biological father ever fracture his hip? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Se fracturó alguna vez la cadera <TEXT FILL 1>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su padre biológico" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "el padre biológico de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.200
NEXT	IF OSQDAD = 1: OSQDADAGE ELSE: END OF SECTION

OSQDADAGE	
ASK	IF OSQDAD = 1
When he fractured his hip (the first time), was he younger or older than 50? 1. UNDER 50 YEARS OLD 2. 50 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW	
SPANISH	Quando él se fracturó la cadera (la primera vez), ¿tenía menos o más de 50 años? 1. UNDER 50 YEARS OLD 2. 50 YEARS OR OLDER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OSQ.210N
NEXT	END OF SECTION

RESPIRATORY HEALTH AND ALLERGY – RDQ

Target Group: SPs 1+

RDQEPISODE	
ASK	IF SP AGE IS >= 1 YEAR
In the last 12 months, how many episodes or attacks of wheezing or whistling in <TEXT FILL 1> chest <TEXT FILL 2> had? 0. NONE 1. 1 ATTACK 2. 2 ATTACKS 3. 3 - 11 ATTACKS 4. 12 OR MORE ATTACKS 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿cuántos episodios o ataques de sibilancias o silbidos ha tenido <TEXT FILL 1> en el pecho? 0. NONE 1. 1 ATTACK 2. 2 ATTACKS 3. 3 - 11 ATTACKS 4. 12 OR MORE ATTACKS 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL “have you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “has he” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “has she” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “has [SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP

	GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RDQ.070
NEXT	RDQWHEEZE

RDQWHEEZE	
ASK	IF SP AGE IS >= 1 YEAR
Apart from when <TEXT FILL 1> a cold, does <TEXT FILL 2> chest ever sound wheezy or whistling? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Aparte de cuando <TEXT FILL 1> tiene un resfrío, ¿siente alguna vez sibilancias o silbidos en su pecho? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RDQ.135N
NEXT	RDQCOUGH

RDQCOUGH	
ASK	IF SP AGE >= 1 YEAR
<TEXT FILL 1> usually have a cough? INTERVIEWER INSTRUCTION: COUNT A COUGH WITH SMOKE OR ON FIRST GOING OUT OF DOORS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> tos usualmente? INTERVIEWER INSTRUCTION: COUNT A COUGH WITH SMOKE OR ON FIRST GOING OUT OF DOORS. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RDQ.031A
NEXT	IF RDQCOUGH = 1 AND SP AGE >= 18 YEARS: RDQCOUGH3M IF RDQCOUGH = 2 OR 7 OR 9 AND SP AGE >= 18 YEARS: RDQPHLEM IF SP AGE < 18 YEARS: AGQSYMPTM

RDQCOUGH3M	
ASK	IF RDQCOUGH = 1 AND SP AGE >= 18 YEARS
<TEXT FILL 1> usually cough on most days for 3 consecutive months or more during the year? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tose <TEXT FILL 1> usualmente la mayoría de los días durante 3 meses seguidos o más durante el año? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RDQ.031N
NEXT	RDQPHLEM

RDQPHLEM	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> usually bring up phlegm from <TEXT FILL 2> chest? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Arroja <TEXT FILL 1> flema usualmente del pecho? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN (ENG)	Phlegm: Thick mucus that is produced in the lungs or chest.
HELP SCREEN (SPA)	Flema: Mucosidad espesa que se produce en los pulmones o en el pecho.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RDQ.050A
NEXT	IF RDQPHLEM = 1: RDQPHLEM3M

	ELSE: RDQSHORT
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RDQPHLEM3M	
ASK	IF RDQPHLEM = 1
<TEXT FILL 1> bring up phlegm on most days for 3 consecutive months or more during the year? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Arroja <TEXT FILL 1> flema del pecho cuando tose la mayoría de los días durante 3 meses seguidos o más durante el año? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RDQ.050N
NEXT	RDQSHORT

RDQSHORT	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> get short of breath when hurrying on level ground or walking up a slight hill? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le falta aliento <TEXT FILL 1> cuando camina rápido en terreno llano o levemente elevado? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "a [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RDQ.NEW1
NEXT	AGQSYMPTM

AGQSYMPTM	
ASK	IF SP AGE >= 1 YEARS
These next questions are about different types of allergies. At the mobile examination center, we plan to test for common allergens. In the last 12 months, did <TEXT FILL 1> have any of the following symptoms when <TEXT FILL 1> did not have a cold or the flu or COVID-19? [CODE ALL THAT APPLY] 1. Sneezing 2. Runny nose 3. Stuffy nose 4. Post-nasal drip 5. Watery eyes 6. Itchy eyes 7. NONE 77. REFUSED 99. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre diferentes tipos de alergias. En el centro móvil de examen, planeamos hacer pruebas para detectar alérgenos habituales. En los últimos 12 meses, ¿ha tenido <TEXT FILL 1> alguno de los siguientes síntomas cuando no estaba resfriado(a) ni tenía influenza o COVID-19? [CODE ALL THAT APPLY] 1. Estornudos 2. Goteo nasal 3. Congestión en la nariz 4. Goteo posnasal 5. Ojos llorosos 6. Picazón en los ojos 7. NONE 77. REFUSED 99. DON'T KNOW [CODE ALL THAT APPLY]
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW1

NEXT	IF AGQSYMPTM = 7 OR 77 OR 99: AGQRASH ELSE: AGQSYMPTMY
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AGQSYMPTMY	
ASK	IF AGQSYMPTM != 7 OR 77 OR 99
In the last 12 months, <TEXT FILL 1> present all year around? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿<TEXT FILL 1> todo el año? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "was this symptom" IF ONLY ONE OPTION (CODE 1-6) WAS SELECTED IN AGQSYMPTM ELSE, FILL "were these symptoms"
FILLS (SPA)	TEXT FILL 1: FILL "estuvo presente ese síntoma" IF ONLY ONE OPTION (CODE 1-6) WAS SELECTED IN AGQSYMPTM ELSE, FILL "estuvieron presentes esos síntomas"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW2
NEXT	IF AGQSYMPTMY = 1: AGQSSNWORS ELSE: AGQSSNOCCR

AGQSSNWORS	
ASK	IF AGQSYMPTMY = 1
In which season <TEXT FILL 1> worse? [CODE ALL THAT APPLY] 1. SPRING 2. SUMMER 3. FALL 4. WINTER 5. NO WORSE SEASON 7. REFUSED 9. DON'T KNOW	
SPANISH	¿En qué estación <TEXT FILL 1>? [CODE ALL THAT APPLY] 1. SPRING 2. SUMMER 3. FALL 4. WINTER 5. NO WORSE SEASON 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL "was the symptom" IF ONLY ONE OPTION (CODE 1-6) WAS SELECTED IN AGQSYMPTM ELSE, FILL "were the symptoms"
FILLS (SPA)	TEXT FILL 1: FILL "fue peor ese síntoma" IF ONLY ONE OPTION (CODE 1-6) WAS SELECTED IN AGQSYMPTM ELSE, FILL "fueron peores esos síntomas"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW2A
NEXT	AGQBOTHER

AGQSSNOCCR	
ASK	IF AGQSYMPTMY = 2 OR 7 OR 9
In which season(s) did the symptom(s) occur? [CODE ALL THAT APPLY] 1. SPRING 2. SUMMER 3. FALL 4. WINTER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿En que temporadas ocurrieron estos síntomas? [CODE ALL THAT APPLY] 1. PRIMAVERA 2. VERANO 3. OTOÑO 4. INVIERNO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW3
NEXT	AGQBOTHER

AGQBOTHER	
ASK	IF AGQSYMPTM != 7 OR 77 OR 99
In the last 12 months, on average, how bothersome <TEXT FILL 1>? Would you say that <TEXT FILL 2>... 1. Not bothered at all, 2. somewhat bothered, or 3. bothered a lot? 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, en promedio, ¿cuánta molestia le <TEXT FILL 1>? ¿Diría que... 1. Ninguna molestia, 2. poca molestia, o 3. mucha molestia? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "was this symptom" IF ONLY ONE OPTION (CODE 1-6) WAS SELECTED IN AGQSYMPTM ELSE, FILL "were these symptoms" TEXT FILL 2: FILL "you were" IF SP SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] was"
FILLS (SPA)	TEXT FILL 1: FILL "causó ese síntoma" IF ONLY ONE OPTION (CODE 1-6) WAS SELECTED IN AGQSYMPTM ELSE, FILL "causaron esos síntomas" TEXT FILL 2: FILL "BLANK" IF SP SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW4
NEXT	AGQRASH

AGQRASH	
ASK	IF SP AGE >= 1 YEAR
In the last 12 months, <TEXT FILL 1> had an itchy rash, which was coming and going but did not completely resolve for at least 6 months? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿ha tenido <TEXT FILL 1> algún sarpullido en la piel con picazón, que se iba y venía pero que no desapareció del todo durante al menos 6 meses? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment.
HELP SCREEN (SPA)	El sarpullido puede ser seco, escamoso, con bultos o con costras y puede durar varios días o más si no lo trata.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW5
NEXT	AGQECZMAYN

AGQECZMAYN	
ASK	IF SP AGE >= 1 YEAR
<TEXT FILL 1> ever been told by a doctor or other health professional that <TEXT FILL 2> had eczema or atopic dermatitis? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le ha dicho alguna vez <TEXT FILL 1> un doctor u otro profesional de la salud que <TEXT FILL 2> tenía eccema o dermatitis atópica? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "Have you" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 12 YEARS FILL "Has [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 12 YEARS TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "usted" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 12 YEARS FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 12 YEARS TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	AGQ.NEW6
NEXT	IF AGQECZMAYN = 1: AGQECZMAST ELSE: AGQFOOD

AGQECZMAST	
ASK	IF AGQECZMAYN = 1
<TEXT FILL 1> still have eczema or atopic dermatitis? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> todavía tiene eccema o dermatitis atópica? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW7
NEXT	AGQFOOD

AGQFOOD	
ASK	IF SP AGE >= 1 YEAR
The next questions are about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food. Has a doctor or other health professional ever said that <TEXT FILL 1> a food allergy? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre las alergias a los alimentos. Las personas con alergias a los alimentos tienen reacciones como urticaria, vómitos, dificultad para respirar o presión en la garganta que ocurren durante las dos horas después de comer un alimento específico. ¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tiene una alergia a los alimentos? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME} has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AN SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME}" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AN SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW8
NEXT	IF AGQFOOD = 1: AGQFOODAGE ELSE: AGQFOODNOW

AGQFOODAGE	
ASK	IF AGQFOOD = 1
How old <TEXT FILL 1> when <TEXT FILL 2> first told that <TEXT FILL 3> food allergies? 0-2 YEARS 3-5 YEARS OLD 6-17 YEARS OLD 18 YEARS OR OLDER - REFUSED - DON'T KNOW	
SPANISH	¿Qué edad <TEXT FILL 1> cuando le dijeron por primera vez que <TEXT FILL 3> tenía una alergia a los alimentos? 0-2 YEARS 3-5 YEARS OLD 6-17 YEARS OLD 18 YEARS OR OLDER - REFUSED - DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "was [SP NAME]" TEXT FILL 2: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] was" TEXT FILL 3: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "tenía usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "tenía [SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK" TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW9
NEXT	AGQEPIPEN

AGQEPIPEN	
ASK	IF AGQFOOD = 1
<TEXT FILL 1> carry an epinephrine autoinjector such as EpiPen® for <TEXT FILL 2> food allergy? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿<TEXT FILL 1> un autoinyector de epinefrina como EpiPen® para la alergia de los alimentos? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “Do you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “Do you” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 12 YEARS FILL “Does [SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 12 YEARS TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “Lleva usted consigo” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “Llevas contigo” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE < 12 YEARS FILL “Lleva [SP NAME] consigo” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 12 YEARS TEXT FILL 2: FILL “BLANK” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN (ENG)	Other examples of epinephrine autoinjector include Adrenaclick®, Auvi-Q®, and Symjepi®.
HELP SCREEN	Otros ejemplos de autoinyectores de epinefrina son Adrenaclick®, Auvi-Q® y Symjepi®.

(SPA)	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW10
NEXT	AGQFOODNOW

AGQFOODNOW	
ASK	IF SP AGE >= 1 YEAR
<TEXT FILL 1> now allergic to any foods? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Es <TEXT FILL 1> alérgico(a) a algún alimento? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AGQ.NEW11
NEXT	IF AGQFOODNOW = 1: AGQFOODSEL ELSE: END OF SECTION

AGQFOODSEL	
ASK	IF AGQFOODNOW = 1
What foods <TEXT FILL 1> allergic to? [CODE ALL THAT APPLY] HAND CARD AGQ1 1. PEANUTS 2. OTHER NUTS 3. COW'S MILK 4. EGGS 5. SHRIMP OR SHELLFISH 6. OTHER FISH 7. WHEAT 8. SOY 9. SESAME 10. OTHER FOODS 77. REFUSED 99. DON'T KNOW	
SPANISH	¿A qué alimentos es alérgico(a) <TEXT FILL 1>? [CODE ALL THAT APPLY] HAND CARD AGQ1 1. CACAHUATES/MANÍ 2. OTRAS NUECES SECAS 3. LECHE DE VACA 4. HUEVOS 5. CAMARONES O MARISCOS 6. OTROS PESCADOS 7. TRIGO 8. SOJA 9. SÉSAMO 10. OTROS ALIMENTOS 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	AGQ.NEW12
NEXT	END OF SECTION

VISION – VIQ
Target Group: SPs 5+

VIQLIGHT	
ASK	IF SP AGE >= 5 YEARS
Next, I have some questions about <TEXT FILL 1> ability to see. With both eyes open, can <TEXT FILL 2> see light? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Ahora tengo algunas preguntas sobre <TEXT FILL 1>. Cuando abre los dos ojos, ¿puede <TEXT FILL 2> ver la luz? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “your” IF SP SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]’s” TEXT FILL 2: FILL “you” IF SP SELECTED AS RESPONDENT IN SPQSELECTR FILL “he” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP GENDER IS MALE IN SPQGENDER FILL “she” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “su capacidad de ver” IF SP SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “la capacidad de ver de [SP NAME]” TEXT FILL 2: FILL “usted” IF SP SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	VIQ.010
NEXT	IF VIQLIGHT = 1 AND SP AGE < 12 YEARS: VIQEYEEEXAM IF VIQLIGHT = 1 AND SP AGE >= 12 YEARS: VIQEYESGHT IF VIQLIGHT = 2: VIQLIGHT_CNFRM IF VIQLIGHT = 7 OR 9: VIQBLIND

VIQLIGHT_CNFRM	
ASK	IF VIQLIGHT = 2
YOU HAVE CODED THAT SP CANNOT SEE LIGHT – PLEASE VERIFY RESPONSE. IF THIS IS INCORRECT, PLEASE GO BACK TO THE PREVIOUS QUESTION AND CHANGE YOUR RESPONSE. With both eyes open, can <TEXT FILL 1> see light? 1. YES 2. NO	
SPANISH	YOU HAVE CODED THAT SP CANNOT SEE LIGHT – PLEASE VERIFY RESPONSE. IF THIS IS INCORRECT, PLEASE GO BACK TO THE PREVIOUS QUESTION AND CHANGE YOUR RESPONSE. Cuando abre los dos ojos, ¿puede <TEXT FILL 1> ver la luz? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “you” IF SP SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]”
NOTES	
HELP SCREEN	
HARD CHECK	IF VIQLIGHT_CNFRM = 1, DISPLAY “IF THIS IS CORRECT AND SP CAN SEE LIGHT, PLEASE GO BACK TO THE PREVIOUS QUESTION AND CHANGE YOUR RESPONSE.”
SOFT CHECK	
VERSION NOTES	
NEXT	IF VIQLIGHT_CNFRM = 2: VIQBLIND

VIQBLIND	
ASK	IF VIQLIGHT = 2 OR 7 OR 9
<TEXT FILL 1> blind in both eyes? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Está <TEXT FILL 1> ciego(a) de ambos ojos? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF VIQLIGHT = 2 (NO) AND VIQBLIND = 2 (NO), DISPLAY "YOU HAVE CODED THAT SP IS NOT BLIND. EARLIER SP REPORTED THAT THEY CANNOT SEE LIGHT. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE QUESTION BELOW:" DISPLAY RESPONSES TO BOTH VIQLIGHT AND VIQBLIND WITH LABELS. PLACE HIGHLIGHT ON VIQLIGHT.
SOFT CHECK	
VERSION NOTES	VIQ.017
NEXT	IF SP AGE < 12 YEARS: VIQEYEEEXAM IF VIQLIGHT = 2: VIQEYEEEXAM IF SP AGE >= 12 YEARS AND VIQLIGHT = 7 OR 9: VIQYESGHT

VIQYESGHT	
ASK	IF VIQLIGHT = (1 OR 7 OR 9) AND SP AGE >= 12 YEARS
At the present time, would you say <TEXT FILL 1> eyesight, with glasses or contact lenses if <TEXT FILL 2> them, is . .. 1. excellent, 2. good, 3. fair, 4. poor, or 5. very poor? 7. REFUSED 9. DON'T KNOW	
SPANISH	En la actualidad, ¿diría que <TEXT FILL 1>, con anteojos o lentes de contacto, si los usa, es... 1. excelente, 2. buena, 3. regular, 4. mala, o 5. muy mala? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "you wear" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he wears" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she wears" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] wears" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "su visión" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la vision de [SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	VIQ.031
NEXT	VIQWORRY

VIQWORRY	
ASK	IF VIQLIGHT = (1 OR 7 OR 9) AND SP AGE >= 12 YEARS
How much of the time <TEXT FILL 1> worry about <TEXT FILL 2> eyesight? Would you say . . . 0. none of the time, 1. a little of the time, 2. some of the time, 3. most of the time, or 4. all of the time? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuánto tiempo se preocupa <TEXT FILL 1> por su visión? ¿Diría que se... 0. nunca, 1. un poco, 2. algunas veces, 3. la mayor parte del tiempo, or 4. todo el tiempo? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	VIQ.041
NEXT	IF SP AGE < 18 YEARS: VIQEYEEEXAM ELSE: VIQDIFFRD

VIQDIFFRD / VIQDIFFWRK / VIQDIFFSTP / VIQDIFFOBJ / VIQDIFFEND

IF VIQLIGHT = (1 OR 7 OR 9) AND SP AGE >= 18 YEARS

The next questions are about how much difficulty, if any, <TEXT FILL 1> doing certain activities, such as reading ordinary newsprint or going down steps. If <TEXT FILL 2> usually <TEXT FILL 3> glasses or contact lenses to do these activities, please rate <TEXT FILL 4> ability to do them while wearing <TEXT FILL 4> glasses or contacts.

How much difficulty <TEXT FILL 5> have . . .

HAND CARD VIQ1.

READ CATEGORIES TO RESPONDENT IF NECESSARY.

RESPONSES: NO DIFFICULTY = 1, A LITTLE DIFFICULTY = 2, MODERATE DIFFICULTY = 3, EXTREME DIFFICULTY = 4, UNABLE TO DO BECAUSE OF EYESIGHT = 5, DOES NOT DO THIS FOR OTHER REASONS = 6, REFUSED = 7, DON'T KNOW = 9.

	NO DIFFICULTY	A LITTLE DIFFICULTY	MODERATE DIFFICULTY	EXTREME DIFFICULTY	UNABLE TO DO BECAUSE OF EYESIGHT	DOES NOT DO THIS FOR OTHER REASONS	REFUSED	DON'T KNOW
reading written text such as in newspapers, magazines, or books? (VIQDIFFRD)	1	2	3	4	5	6	7	9
doing work or hobbies that require <TEXT FILL 6> to see well up close such as cooking, sewing, fixing things around the house, or using hand tools? (VIQDIFFWRK)	1	2	3	4	5	6	7	9
going down steps, stairs, or curbs in dim light or at night? (VIQDIFFSTP)	1	2	3	4	5	6	7	9
noticing objects off to the side while <TEXT FILL 7> walking? (VIQDIFFOBJ)	1	2	3	4	5	6	7	9
finding something on a crowded shelf? (VIQDIFFEND)	1	2	3	4	5	6	7	9

Las siguientes preguntas son sobre cuánta dificultad tiene <TEXT FILL 1>, si la hay, para

hacer ciertas actividades, como leer un periódico regular o bajar las escaleras. Si <TEXT FILL 2> usa normalmente anteojos o lentes de contacto para hacer estas actividades, califique su capacidad para realizarlas mientras usa los anteojos o lentes de contacto.

¿Cuánta dificultad tiene <TEXT FILL 5> para...

HAND CARD VIQ1.

READ CATEGORIES TO RESPONDENT IF NECESSARY.

RESPONSES: NO DIFFICULTY = 1, A LITTLE DIFFICULTY = 2, MODERATE DIFFICULTY = 3, EXTREME DIFFICULTY = 4, UNABLE TO DO BECAUSE OF EYESIGHT = 5, DOES NOT DO THIS FOR OTHER REASONS = 6, REFUSED = 7, DON'T KNOW = 9.

	NADA DE DIFICULTAD	UN POCO DE DIFICULTAD	DIFICULTAD MODERADA	EXTREMA DIFICULTAD	NO PUEDE HACERLO A CAUSA DE LA VISIÓN	NO HACE ESO POR OTRAS RAZONES	REFUSED	DON'T KNOW
leer texto escrito como en los de periódicos, revistas o libros? (VIQDIFFRD)	1	2	3	4	5	6	7	9
realizar trabajos o pasatiempos que requieran que <TEXT FILL 6> vea bien de cerca, como cocinar, coser, arreglar cosas en el hogar o usar herramientas manuales? (VIQDIFFWRK)	1	2	3	4	5	6	7	9
bajar escalones, escaleras o bordes de la acera con poca luz o de noche? (VIQDIFFSTP)	1	2	3	4	5	6	7	9
notar objetos que hay a los lados mientras <TEXT FILL 7> está caminando? (VIQDIFFOBJ)	1	2	3	4	5	6	7	9
encontrar algo en un estante lleno de muchas cosas (VIQDIFFFND)	1	2	3	4	5	6	7	9

QUESTION TYPE	Grid: Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "wear" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "wears" TEXT FILL 4: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 5: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]" TEXT FILL 6: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "him" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 7: FILL "you are" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

	TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK" TEXT FILL 4: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 5: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQGENDER ELSE, FILL "[SP NAME]" TEXT FILL 6: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 7: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.051 a/b/c/d/e
	VIQDRIVE

VIQDRIVE	
ASK	IF VIQLIGHT = (1 OR 7 OR 9) AND SP AGE >= 18 YEARS

How much difficulty <TEXT FILL 1> have driving in the daytime in familiar places due to <TEXT FILL 2> eyesight? HAND CARD VIQ2 1. NO DIFFICULTY 2. A LITTLE DIFFICULTY 3. MODERATE DIFFICULTY 4. EXTREME DIFFICULTY 5. NO PUEDE HACERLO A CAUSA DE LA VISIÓN 6. NO HACE ESO POR OTRAS RAZONES 7. NEVER DROVE 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuánta dificultad tiene <TEXT FILL 1> para conducir de día en lugares conocidos debido a su visión? HAND CARD VIQ2 1. NADA DE DIFICULTAD 2. UN POCO DE DIFICULTAD 3. DIFICULTAD MODERADA 4. EXTREMA DIFICULTAD 5. INCAPAZ DE LOGRARLO A CAUSA DE LA VISTA 6. NO LO HACE POR OTRAS RAZONES 7. NUNCA CONDUCE 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “do you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “does [SP NAME]” TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “BLANK” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.056N
NEXT	VIQLIMITED

VIQLIMITED	
ASK	IF VIQLIGHT = (1 OR 7 OR 9) AND SP AGE >= 18 YEARS
How limited <TEXT FILL 1> in how long <TEXT FILL 2> can work or do other daily activities such as housework, child care, school, or community activities because of <TEXT FILL 3> vision? Would you say <TEXT FILL 4> limited . . . 0. none of the time, 1. a little of the time, 2. some of the time, 3. most of the time, or 4. all of the time? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Qué tan limitado(a) se siente <TEXT FILL 1> en cuanto al tiempo que puede trabajar o hacer otras actividades diarias como tareas del hogar, el cuidado de niños, la escuela o actividades de la comunidad a causa de su visión? ¿Diría que <TEXT FILL 4> se siente limitado(a)... 0. nunca, 1. pocas veces, 2. algunas veces, 3. la mayor parte del tiempo, o 4. todo el tiempo? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "is [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 4: FILL "you are" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR

	DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 4: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.061
NEXT	VIQEYEEEXAM

VIQEYEEEXAM	
ASK	IF SP AGE >= 5 YEARS
When was the last time <TEXT FILL 1> had an eye exam by a doctor or other health professional? 1. LESS THAN 1 MONTH 2. 1-12 MONTHS 3. 13-24 MONTHS 4. MORE THAN 2 YEARS 5. NEVER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuándo fue la última vez que le hicieron a <TEXT FILL 1> un examen de la vista con un doctor u otro profesional de la salud? 1. LESS THAN 1 MONTH 2. 1-12 MONTHS 3. 13-24 MONTHS 4. MORE THAN 2 YEARS 5. NEVER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.NEW1
NEXT	IF VIQEYEEEXAM = 5 AND SP AGE < 18 YEARS: END OF SECTION IF VIQEYEEEXAM = 5 AND (18 YEARS <= SP AGE < 45 YEARS) AND VIQLIGHT = 1: VIQCATRCT IF VIQEYEEEXAM = 5 AND (18 YEARS <= SP AGE < 45 YEARS) AND (VIQLIGHT = 2 OR 7 OR 9): VIQGLAUCM IF VIQEYEEEXAM = 5 AND SP AGE >= 45 YEARS: VIQGLAUCM IF VIQEYEEEXAM != 5: VIQDILATED

VIQDILATED	
ASK	IF VIQEYEEEXAM != 5
When was the last time <TEXT FILL 1> had an eye exam in which the pupils were dilated, making <TEXT FILL 1> temporarily sensitive to bright light? 1. LESS THAN 1 MONTH 2. 1-12 MONTHS 3. 13-24 MONTHS 4. MORE THAN 2 YEARS 5. NEVER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuándo fue la última vez que le hicieron a <TEXT FILL 1> un examen de la vista en el que le dilataran las pupilas, lo que hizo que tuviera sensibilidad a las luces brillantes temporalmente? 1. LESS THAN 1 MONTH 2. 1-12 MONTHS 3. 13-24 MONTHS 4. MORE THAN 2 YEARS 5. NEVER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.NEW2
NEXT	VIQDOCCAM

VIQDOCCAM	
ASK	IF VIQEYEEEXAM != 5
When was the last time a doctor, or other health professional took a photo of the back of <TEXT FILL 1> eye with a specialized camera? 1. LESS THAN 1 MONTH 2. 1-12 MONTHS 3. 13-24 MONTHS 4. MORE THAN 2 YEARS 5. NEVER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuándo fue la última vez que un doctor u otro profesional de la salud tomó una imagen de la parte de atrás <TEXT FILL 1> con una cámara especializada? 1. LESS THAN 1 MONTH 2. 1-12 MONTHS 3. 13-24 MONTHS 4. MORE THAN 2 YEARS 5. NEVER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "de su ojo" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "del ojo de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.NEW3
NEXT	IF SP AGE < 18 YEARS: END OF SECTION IF (18 YEARS <= SP AGE < 45 YEARS) AND VIQLIGHT = 1: VIQCATRCT IF (18 YEARS <= SP AGE < 45 YEARS) AND (VIQLIGHT = 2 OR 7 OR 9): VIQGLAUCM IF SP AGE >= 45 YEARS: VIQGLAUCM

VIQGLAUCM	
ASK	IF (18 YEARS <= SP AGE < 45 YEARS) AND (VIQLIGHT = 2 OR 7 OR 9) IF SP AGE >= 45 YEARS
<TEXT FILL 1> ever been told by an eye doctor that <TEXT FILL 2> glaucoma, sometimes called high pressure in <TEXT FILL 3> eyes? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Alguna vez le ha dicho un doctor de la vista a <TEXT FILL 1> que tenía un glaucoma, a veces llamado presión alta en sus ojos? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]" TEXT FILL 2: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

	TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN (ENG)	An eye doctor is a person who specializes in the study of the eye. An ophthalmologist specializes in the structure, function, and diseases of the eye. An optometrist specializes in examining the eye for defects and faults of refraction and prescribing correctional lenses or exercises.
HELP SCREEN (SPA)	Un doctor de la vista es una persona especializada en el estudio de los ojos. Un oculista se especializa en la estructura, la función y las enfermedades de los ojos. Un optometrista se especializa en examinar los ojos para buscar defectos y fallos de refracción, así como recetar lentes correctoras o ejercicios.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.090
NEXT	IF VIQGLAUCM = 1: VIQGLAUCME ELSE: VIQMACDEG

VIQGLAUCME	
ASK	IF VIQGLAUCM = 1
Was the glaucoma in <TEXT FILL 1> right eye, left eye, or both eyes? 1. RIGHT EYE 2. LEFT EYE 3. BOTH 7. REFUSED 9. DON'T KNOW	
SPANISH	¿El glaucoma que tenía <TEXT FILL 1>, estaba en el ojo derecho, en el izquierdo o en ambos? 1. RIGHT EYE 2. LEFT EYE 3. BOTH 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER

	FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "é" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.100
NEXT	VIQMACDEG

VIQMACDEG	
ASK	IF (18 YEARS <= SP AGE < 45 YEARS) AND (VIQLIGHT = 2 OR 7 OR 9) IF SP AGE >= 45 YEARS
<TEXT FILL 1> ever been told by an eye doctor that <TEXT FILL 2> age-related macular (mac-ū-lar) degeneration, often called AMD? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Alguna vez le ha dicho un doctor de los ojos a <TEXT FILL 1> que tenía una degeneración macular asociada a la edad, con frecuencia como AMD, por sus siglas en inglés? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]" TEXT FILL 2: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.310
NEXT	IF VIQMACDEG = 1: VIQMACDEGE

	ELSE: VIQCATRCT
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VIQMACDEGE	
ASK	IF VIQMACDEG = 1
Was the age-related macular (mac-ū-lar) degeneration in <TEXT FILL 1> right eye, left eye, or both eyes? 1. RIGHT EYE 2. LEFT EYE 3. BOTH 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le ocurrió a <TEXT FILL 1> la degeneración macular asociada a la edad en el ojo derecho, en el ojo izquierdo o en ambos ojos? 1. RIGHT EYE 2. LEFT EYE 3. BOTH 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.320
NEXT	VIQMACDEGV

VIQMACDEGV	
ASK	IF VIQMACDEG = 1
<TEXT FILL 1> lost any vision because of macular (mac-ū-lar) degeneration? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿<TEXT FILL 1> ha perdido algo de la vista a causa de la degeneración macular? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.311
NEXT	VIQCATRCT

VIQCATRCT	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> ever had cataract surgery? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Se ha operado <TEXT FILL 1> alguna vez de cataratas? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.071
NEXT	IF VIQCATRCT = 1: VIQCATRCTE IF (VIQCATRCT = 2 OR 7 OR 9) AND (DIQRETINOP = 2 OR VIQLIGHT = 2): VIQSURGET IF (VIQCATRCT = 2 OR 7 OR 9) AND (DIQRETINOP = 1 OR 7 OR 9) AND (VIQLIGHT = 1 OR 7 OR 9) AND VIQMACDEG = 1: VIQSURGAMD IF (VIQCATRCT = 2 OR 7 OR 9) AND (DIQRETINOP = 1 OR 7 OR 9) AND (VIQLIGHT = 1 OR 7 OR 9) AND (VIQMACDEG = 2 OR 7 OR 9): END OF SECTION

VIQCATRCTE	
ASK	IF VIQCATRCT = 1
Was the surgery in <TEXT FILL 1> right eye, left eye, or both eyes? 1. RIGHT EYE 2. LEFT EYE 3. BOTH 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Se hizo <TEXT FILL 1> en el ojo derecho, el ojo izquierdo o ambos ojos? 1. RIGHT EYE 2. LEFT EYE 3. BOTH 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su cirugía" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la cirugía de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.081
NEXT	IF (DIQRETINOP = 2 OR VIQLIGHT = 2): VIQSURGET IF (DIQRETINOP = 1 OR 7 OR 9) AND (VIQLIGHT = 1 OR 7 OR 9) AND VIQMACDEG = 1: VIQSURGAMD IF (DIQRETINOP = 1 OR 7 OR 9) AND (VIQLIGHT = 1 OR 7 OR 9) AND (VIQMACDEG = 2 OR 7 OR 9): END OF SECTION

VIQSURGET	
ASK	IF (DIQRETINOP = 2 OR VIQLIGHT = 2) AND SP AGE >= 18 YEARS
Eye injections and laser surgery to the back of the eye, or retina, are commonly used treatments for diabetic retinopathy. <TEXT FILL 1> ever had eye injections or laser surgery to the back of either eye to treat diabetic retinopathy? (EXPLAIN IF NECESSARY: This does not include “Lasik” surgery to the front of the eye to correct vision.) [CODE ALL THAT APPLY] 1. LASER SURGERY 2. EYE INJECTION 3. NEITHER 7. REFUSED 9. DON'T KNOW	
SPANISH	Las inyecciones de los ojos y la cirugía láser en la parte de atrás del ojo o retina, son tratamientos que se usan normalmente para tratar la retinopatía diabética. ¿Alguna vez le han puesto inyecciones a <TEXT FILL 1> en el ojo o le han hecho cirugía láser en la parte atrás de alguno de los ojos a para tratar la retinopatía diabética? (EXPLAIN IF NECESSARY: Esto no incluye la cirugía “Lasik” en la parte frontal del ojo para corregir la visión). [CODE ALL THAT APPLY] 1. LASER SURGERY 2. EYE INJECTION 3. NEITHER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL “Have you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “Has [SP NAME]”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]”
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.321
NEXT	IF VIQLIGHT=2 OR VIQMACDEG=1: VIQSURGAMD ELSE: END OF SECTION

VIQSURGAMD	
ASK	IF (VIQLIGHT=2 OR VIQMACDEG=1) AND SP AGE >= 18 YEARS
Eye injections and laser surgery to the back of the eye, or retina, are <TEXT FILL 1> commonly used for treatment for age-related macular degeneration (also called AMD). Have you ever had an eye injection or laser surgery to the back of either eye to treat age-related macular degeneration? [CODE ALL THAT APPLY] 1. LASER SURGEY 2. EYE INJECTION 3. NEITHER 7. REFUSED 9. DON'T KNOW	
SPANISH	Las inyecciones de los ojos y la cirugía láser en la parte de atrás del ojo o retina, <TEXT FILL 1> se usan normalmente para el tratamiento de la degeneración macular asociada a la edad (también llamada AMD, por sus siglas en inglés). ¿Alguna vez le han puesto una inyección en el ojo o le han hecho cirugía láser en la parte posterior de alguno de los ojos para tratar la degeneración macular asociada a la edad? [CODE ALL THAT APPLY] 1. LASER SURGEY 2. EYE INJECTION 3. NEITHER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL "also" IF VIQSURGET IS NOT MISSNG ELSE, LEAVE BLANK
FILLS (SPA)	TEXT FILL 1: FILL "también " IF VIQSURGET IS NOT MISSNG ELSE, LEAVE BLANK
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	VIQ.322
NEXT	END OF SECTION

AUDIOMETRY – AUQ
Target Group: SPs 5-44

AUQDESCRB	
ASK	IF SP AGE 5-44 YEARS
These next questions are about <TEXT FILL 1> hearing. Which statement best describes <TEXT FILL 1> hearing (without a hearing aid or other listening devices)? Would you say <TEXT FILL 2> hearing is excellent, good, that <TEXT FILL 3> a little trouble, moderate trouble, a lot of trouble, or <TEXT FILL 4> deaf? 1. EXCELLENT 2. GOOD 3. A LITTLE TROUBLE 4. MODERATE HEARING TROUBLE 5. A LOT OF TROUBLE 6. DEAF 77. REFUSED 99. DON'T KNOW	
SPANISH	Las siguientes preguntas son acerca de <TEXT FILL 1>. ¿Qué opción describe mejor <TEXT FILL 1> (sin audífono ni otros aparatos para escuchar)? ¿Diría que su audición es excelente, buena, tiene un poco de problema, tiene un problema moderado, tiene mucho problema, o que <TEXT FILL 4> es sordo(a)? 1. EXCELENTE 2. BUENA 3. TIENE UN POCO DE PROBLEMA 4. TIENE UN PROBLEMA MODERADO 5. TIENE MUCHO PROBLEMA 6. ES SORDO(A) 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF TEXT FILL 3: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP

	GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF TEXT FILL 4: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "is he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "is she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "is [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF
FILLS (SPA)	TEXT FILL 1: FILL "su audición" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la audición de [SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF TEXT FILL 3: FILL "le cuesta" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "le cuesta" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "le cuesta" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "le cuesta a [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF TEXT FILL 4: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF
NOTES	
HELP SCREEN (ENG)	Deaf means hearing loss so severe in both ears that hearing aids are insufficient to allow you to understand what people are saying. Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear. Other Listening Devices: Other listening devices are any device you use to help you hear. They are also called assistive listening devices. These are: A pocket talker

	An amplified telephone An amplified or vibrating alarm clock A light signaler for your doorbell A TV headset Closed-captioned TV TTY (teletypewriter) TDD (telecommunications device for the deaf) A telephone relay service A video relay service A sign language interpreter
HELP SCREEN (SPA)	Sordo: Ser sordo significa una pérdida de audición tan grave en ambos oídos que usar audífonos no es suficiente para permitirle entender lo que dice la gente. Audífono/Ayuda auditiva: Un pequeño aparato electrónico que amplifica los sonidos que oye. Se usa dentro o detrás de la oreja para ayudar a oír mejor. Otros aparatos para escuchar: Otros aparatos para escuchar incluyen cualquier aparato que use para ayudarle a oír. También se llaman aparatos de ayuda auditiva. Algunos ejemplos son: Amplificador de audición de bolsillo Teléfono con amplificador Reloj despertador/alarma con amplificador de sonido o con vibración Señales luminosas para timbres Auriculares para la televisión Televisión con subtítulos para personas sordas TTY (teletipo) TDD (dispositivo de telecomunicaciones para personas sordas) Servicio de retransmisión telefónica Servicio de retransmisión de video Intérpretes de lenguaje de señas
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.054
NEXT	IF AUQDESCRB = 3, 4, 5, OR 6: AUQCAUSE ELSE: AUQHEARAID

AUQCAUSE	
ASK	IF AUQDESCRB = 3, 4, 5, OR 6
What are the main causes of <TEXT FILL 1> hearing loss? HAND CARD AUQ1 1. GENETIC/HEREDITARY CAUSES 2. EAR INFECTIONS (INCLUDING FLUID IN EARS) 3. EAR DISEASES (OTOSCLEROSIS, MENIERES, TUMOR) 4. ILLNESS/INFECTIONS (MEASLES, MENINGITIS, MUMPS) 5. DRUGS/MEDICATIONS 6. HEAD OR NECK INJURY/TRAUMA 7. LOUD BRIEF EXPLOSIVE NOISE/SOUNDS 8. NOISE EXPOSURE, LONG-TERM (MACHINERY, ETC.) 9. AGING, GETTING OLDER 10. OTHER CAUSES 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuáles son las causas principales causas de <TEXT FILL 1>? HAND CARD AUQ1 1. CAUSAS GENÉTICAS O HEREDITARIAS 2. INFECCIONES DE OÍDO (INCLUIDOS LÍQUIDOS EN LOS OÍDOS) 3. ENFERMEDADES DEL OÍDO (OTOSCLEROSIS, SÍNDROME DE MÉNIÈRE, TUMORES) 4. ENFERMEDADES/INFECCIONES (SARAMPIÓN, MENINGITIS, PAPERAS) 5. MEDICAMENTOS 6. LESIONES O TRAUMATISMOS EN LA CABEZA O EL CUELLO 7. RUIDOS O SONIDOS EXPLOSIVOS FUERTES Y BREVES 8. EXPOSICIÓN AL RUIDO POR LARGO TIEMPO (MAQUINARIA, ETC.) 9. EDAD, VEJEZ 10. OTRAS CAUSAS 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su pérdida de la audición" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[la pérdida de audición de SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.410
NEXT	AUQHEARAIID

AUQHEARaid	
ASK	IF SP AGE 5-44 YEARS
<TEXT FILL 1> now use a hearing aid, cochlear implant, or other listening device? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Usa <TEXT FILL 1> un audífono actualmente, un implante coclear u otro aparato para escuchar? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear. Cochlear implant: An electrical device that a surgeon puts in your ear that helps you hear by sending sounds directly to the brain. It is only used when you are almost totally deaf. Other Listening Devices: Any other device you use to help you hear. These are also called assistive listening devices.
HELP SCREEN (SPA)	Audífono/Ayuda auditiva: Un pequeño aparato electrónico que amplifica los sonidos que oye. Se usa dentro o detrás de la oreja para ayudar a oír mejor. Implante coclear: Un aparato eléctrico que un cirujano le coloca en el oído y que le ayuda a oír enviando sonidos directamente al cerebro. Solo se usa cuando la sordera es casi total. Otros dispositivos para escuchar: Cualquier otro aparato que use para ayudarle a oír. También se llaman dispositivos de ayuda auditiva.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New1 AUQ.New2
NEXT	AUQWHISPER

AUQWHISPER	
ASK	IF SP AGE 5-44 YEARS
The next questions ask about how <TEXT FILL 1> can hear in certain situations without using a hearing aid or other listening device. Without a hearing aid or other listening devices, can <TEXT FILL 1> usually hear and understand what a person says without seeing his or her face if that person whispers to <TEXT FILL 2> from across a quiet room? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre cuánto puede oír <TEXT FILL 1> en ciertas situaciones sin usar audífonos ni otros aparatos para escuchar. Sin usar audífonos ni otros aparatos para escuchar, ¿puede <TEXT FILL 1> normalmente oír y entender lo que dice una persona sin verle la cara si esa persona le murmura desde el otro lado de una habitación silenciosa? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "him" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.070
NEXT	AUQDIFFICLT

AUQDIFFICLT	
ASK	IF SP AGE 5-44 YEARS
HAND CARD AUQ2 TO RESPONDENT. INTERVIEWER INSTRUCTION: READ INTRODUCTION PHRASE IN PARENTHESES AS NECESSARY (Without a hearing aid or other listening devices,) How often <TEXT FILL 1> have difficulty hearing and understanding if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say... 1. Always, 2. Usually, 3. About half the time, 4. Seldom, or 5. Never? 7. REFUSED 9. DON'T KNOW	
SPANISH	HAND CARD AUQ2 TO RESPONDENT. INTERVIEWER INSTRUCTION: READ INTRODUCTION PHRASE IN PARENTHESES AS NECESSARY (Sin audífonos ni otros aparatos para escuchar,) ¿con qué frecuencia tiene <TEXT FILL 1> dificultad para oír y entender si hay ruido de fondo, como por ejemplo, cuando hay otras personas que están hablando, una televisión o radio encendidas, o hay niños que están jugando? ¿Diría que... 1. Siempre, 2. Normalmente, 3. Más o menos la mitad de las veces, 4. Rara vez, o 5. Nunca? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.101
NEXT	AUQFRUSTR

AUQFRUSTRT	
ASK	IF SP AGE 5-44 YEARS
REFER TO HAND CARD AUQ2. INTERVIEWER INSTRUCTION: READ INTRODUCTION PHRASE IN PARENTHESES AS NECESSARY (Without a hearing aid or other listening devices,) How often does <TEXT FILL 1> hearing cause <TEXT FILL 2> to feel frustrated when talking to members of <TEXT FILL 3> family or to friends? Would you say... 1. Always, 2. Usually, 3. About half the time, 4. Seldom, or 5. Never? 7. REFUSED 9. DON'T KNOW	
SPANISH	REFER TO HAND CARD AUQ2. INTERVIEWER INSTRUCTION: READ INTRODUCTION PHRASE IN PARENTHESES AS NECESSARY (Sin audífonos ni otros aparatos para escuchar:) ¿Con qué frecuencia <TEXT FILL 1> hace que sienta frustración cuando habla con miembros de su familia o amigos? ¿Diría que...? 1. Siempre 2. Generalmente 3. Aproximadamente la mitad del tiempo 4. Rara vez 5. Nunca 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "him" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER

	FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "su audición" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la audición de [SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.110
NEXT	AUQINFECT

AUQINFECT	
ASK	IF SP AGE 5-44 YEARS
How many ear infections including earache, fluid in the ear, or temporary hearing loss <TEXT FILL 1> ever had? (Temporary hearing loss includes "muffled" hearing.) 1. 0 2. 1-2 3. 3 OR MORE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuántos problemas de infecciones de oído ha tenido <TEXT FILL 1> alguna vez, incluidos problemas de dolor de oído, líquido en el oído o pérdida temporal de la audición? (La pérdida auditiva temporal incluye las ocasiones en las que el sonido se escucha apagado). 1. 0 2. 1-2 3. 3 OR MORE 7. REFUSED

	9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.136 AUQ.NEW1
NEXT	AUQTUBE

AUQTUBE	
ASK	IF SP AGE 5-44 YEARS
<TEXT FILL 1> ever had a tube placed in <TEXT FILL 2> ear to drain the fluid from <TEXT FILL 2> ear? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le han colocado a <TEXT FILL 1> alguna vez un tubo en el oído para drenar el líquido que había en su oído de? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.138
NEXT	IF SP AGE 5-17: AUQDIZZY ELSE: AUQRINGING

AUQRINGING	
ASK	IF SP AGE 18-44 YEARS
In the last 12 months, <TEXT FILL 1> been bothered by ringing, roaring, or buzzing in <TEXT FILL 2> ears or head that lasts for 5 minutes or more? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿Ha sentido <TEXT FILL 1> molestias por zumbidos, ruidos o pitidos en los oídos o la cabeza que duraron 5 minutos o más? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN (ENG)	Tinnitus (tin-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.
HELP SCREEN (SPA)	Tinnitus es el término médico para referirse a los zumbidos, ruidos o pitidos en los oídos o la cabeza.
HARD CHECK	

SOFT CHECK	
VERSION NOTES	AUQ.191
NEXT	IF AUQRINGING = 1: AUQRINGFRQ ELSE: AUQDIZZY

AUQRINGFRQ	
ASK	IF AUQRINGING = 1
How often <TEXT FILL 1> you hear these sounds? 1. Almost always 2. At least once a day 3. At least once a week 4. At least once a month, or 5. Less frequently than once a month? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia oye <TEXT FILL 1> estos sonidos? 1. Casi siempre 2. Al menos una vez al día 3. Al menos una vez a la semana 4. Al menos una vez al mes, o 5. Menos frecuente que una vez al mes? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New13
NEXT	AUQRINGPRB

AUQRINGPRB	
ASK	IF AUQRINGING = 1
In the last 12 months, how much of a problem is this ringing, roaring, or buzzing in <TEXT FILL 1> ears or head? Would you say it is... 1. No problem, 2. A small problem, 3. A moderate problem, 4. A big problem, or 5. A very big problem? 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿cuánto problema ha sido este pitido, ruido o zumbido que oye <TEXT FILL 1> en los oídos o la cabeza? ¿Diría que... 1. No es un problema, 2. Un pequeño problema, 3. Un problema moderado, 4. Un gran problema, o 5. Un problema muy grave? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.280
NEXT	AUQDIZZY

AUQDIZZY	
ASK	IF SP AGE 5-44 YEARS
This next question is about dizziness or balance problems. Do not include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. In the last 12 months, <TEXT FILL 1> had a problem with dizziness, vertigo, lightheadedness, blurred vision when moving <TEXT FILL 2 > head, feeling like <TEXT FILL 3> going to pass out or faint, or with unsteadiness or feeling off-balance? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	La siguiente pregunta es sobre los mareos o problemas de equilibrio. No incluya los momentos en los que beba alcohol, use drogas recreativas o tome medicamentos que provoquen mareos. En los últimos 12 meses, ¿ha tenido <TEXT FILL 1> un problema de mareos, vértigo, desvanecimiento, visión borrosa al mover la cabeza, con la sensación de que se va a desmayar o desvanecer, o sensación de inestabilidad o falta de equilibrio? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "their" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER TEXT FILL 3: FILL "you are" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] is" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER

	FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN (ENG)	Vertigo is a sensation of feeling off-balance from rotation, rocking, or other motion, such as riding a carousel.
HELP SCREEN (SPA)	El vértigo es una sensación de falta de equilibrio por un movimiento de rotación, balanceo u otro movimiento, como montar en un carrusel.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New3
NEXT	AUQACHE

AUQACHE	
ASK	IF SP AGE 5-44 YEARS
In the last 12 months, how often <TEXT FILL 1> had migraines or severe headaches? 1. NEVER 2. ONCE OR TWICE 3. 3 TO 5 TIMES 4. 6 TO 10 TIMES 5. MORE THAN 10 TIMES 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿con qué frecuencia tuvo <TEXT FILL 1> migrañas o dolores de cabeza intensos? 1. NEVER 2. ONCE OR TWICE 3. 3 TO 5 TIMES 4. 6 TO 10 TIMES 5. MORE THAN 10 TIMES 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New14
NEXT	IF AUQACHE = 1, 7 OR 9: AUQANNOY ELSE: AUQACHEBTR

AUQACHEBTR	
ASK	IF AUQACHE = 2, 3, 4, OR 5
Does light or noise bother <TEXT FILL 1> when <TEXT FILL 2> a migraine or severe headache? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿<TEXT FILL 1> siente molestias por la luz o el ruido cuando tiene una migraña o un dolor de cabeza intenso? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has"
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New15
NEXT	AUQANNOY

AUQANNOY	
ASK	IF SP AGE 5-44 YEARS
Some people are bothered by everyday sounds or noises that don't bother most people. Do everyday sounds, such as from a hair dryer, vacuum cleaner, lawnmower, or siren, seem too loud or annoying to <TEXT FILL 1>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	A algunas personas les molestan los sonidos o ruidos diarios que no molestan a la mayoría de personas. ¿Los sonidos cotidianos, como los del secador de pelo, la aspiradora, las máquinas para cortar el césped o las sirenas, le parecen demasiado fuertes o molestos a <TEXT FILL 1>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New10
NEXT	IF AUQANNOY = 1: AUQANNOYPRB ELSE: AUQINJURY

AUQANNOYPRB	
ASK	IF AUQANNOY = 1
In the last 12 months, how much of a problem <TEXT FILL 1> had because every day sounds seem unbearably loud? Would you say it was... 1. No problem, 2. A small problem, 3. A moderate problem, 4. A big problem, or 5. A very big problem? 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿cuánto problema le ha causado a <TEXT FILL 1> la sensación de que los sonidos diarios son insoportablemente altos? ¿Diría que... 1. No es un problema, 2. Un pequeño problema, 3. Un problema moderado, 4. Un gran problema, o 5. Un problema muy grave? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New11
NEXT	AUQINJURY

AUQINJURY	
ASK	IF SP AGE 5-44 YEARS
In <TEXT FILL 1> lifetime, <TEXT FILL 2> ever had a significant head injury or concussion? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En <TEXT FILL 1>, ¿ha tenido alguna vez una lesión en la cabeza o conmoción cerebral grave? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "toda su vida" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "toda la vida de [SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "BLANK"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New4
NEXT	IF AUQINJURY = 1: AUQINJURYQ ELSE: AUQMUSIC

AUQINJURYQ	
ASK	IF AUQINJURY = 1
How many significant head injuries or concussions <TEXT FILL 1> had in <TEXT FILL 2> lifetime? 1. 1 2. 2 3. 3 4. 4 5. 5 OR MORE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuántas lesiones en la cabeza o conmociones cerebrales graves ha tenido <TEXT FILL 1> en toda su vida? 1. 1 2. 2 3. 3 4. 4 5. 5 OR MORE 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “have you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “has [SP NAME]” TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “BLANK” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	AUQ.New5
NEXT	AUQMUSIC

AUQMUSIC	
ASK	IF SP AGE 5-44 YEARS
In the last 12 months, <TEXT FILL 1> listened to music through earphones, earbuds, or a headset? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿ha escuchado <TEXT FILL 1> música con audífonos que van dentro del oído, auriculares que van fuera del oído o auriculares que se apoyan sobre las orejas? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New6
NEXT	IF AUQMUSIC = 1: AUQMUSICQ IF AUQMUSIC = 2, 7, OR 9 AND SP AGE 5-17 YEARS: AUQSPCLED IF AUQMUSIC = 2, 7, OR 9 AND SP AGE 18-44 YEARS: AUQFIREARM

AUQMUSICQ	
ASK	IF AUQMUSIC = 1
On a typical day, how much time <TEXT FILL 1> spend listening to music through earphones, earbuds, or a headset? Is it... 1. less than 1 hour, 2. 1 to 2 hours, 3. 3 to 4 hours, 4. 5 or more hours? 7. REFUSED 9. DON'T KNOW	
SPANISH	En un día típico, ¿cuánto tiempo pasa <TEXT FILL 1> escuchando música con audífonos que van dentro del oído, auriculares que van fuera del oído o auriculares que se apoyan sobre las orejas? ¿Es... 1. menos de 1 hora, 2. de 1 a 2 horas, 3. de 3 a 4 horas, 4. 5 horas o más? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New7
NEXT	AUQMUSICHR

AUQMUSICHR	
ASK	IF AUQMUSIC = 1
When listening to music through earphones, earbuds, or a headset, how well can <TEXT FILL 1> usually hear and understand people around <TEXT FILL 2>? Is it... 1. easily, 2. with a little trouble, 3. with a moderate amount of trouble, 4. with a lot of trouble, or 5. cannot hear and understand them? 7. REFUSED 9. DON'T KNOW	
SPANISH	Cuando escucha música con audífonos que van dentro del oído, auriculares que van fuera del oído o auriculares que se apoyan sobre las orejas, ¿qué tan bien puede <TEXT FILL 1> oír y entender generalmente a las personas que lo(a) rodean? ¿Diría que... 1. fácilmente, 2. con algo de dificultad, 3. con una cantidad moderada de dificultad, 4. con mucha dificultad, o 5. no puede oírlas ni entenderlas? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "him" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New8
NEXT	IF SP AGE <18 YEARS: AUQSPCLED ELSE: AUQFIREARM

AUQSPCLED	
ASK	IF SP AGE 5-17 YEARS
Has <TEXT FILL 1> ever received Special Education or Early Intervention Services for speech-language, reading, hearing or listening skills, intellectual disability, movement or mobility difficulties (e.g., using arms or legs), or other developmental or disability problems? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha recibido <TEXT FILL 1> alguna vez servicios de educación especial o de intervención temprana por problemas de habla/lenguaje, lectura, audición o habilidad para escuchar, discapacidad intelectual, dificultades de movimiento o movilidad (por ejemplo, para usar los brazos o las piernas), u otros problemas de desarrollo o discapacidad? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital. Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.
HELP SCREEN (SPA)	Educación especial: Enseñanza diseñada para cubrir las necesidades de niños con necesidades especiales o discapacidades. Es pagada por el sistema escolar público y se puede realizar en escuelas regulares, escuelas especiales, escuelas privadas, hogares o en hospitales. Servicios de intervención temprana: Servicios diseñados para cubrir las necesidades de niños muy pequeños con necesidades especiales o discapacidades. Puede ser que incluyan pero no están limitados a los servicios médicos y sociales, asesoramiento a padres y terapia. Se pueden dar en los hogares de los niños, en centros médicos, en guarderías o en otros lugares. Son servicios proporcionados por el estado o el sistema escolar sin costo alguno para los padres.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.440
NEXT	IF AUQSPCLED = 1: AUQSPCLEDS ELSE: AUQMENTAL

AUQSPCLEDS	
ASK	IF AUQSPCLED = 1
Which was it? HAND CARD AUQ3 [CODE ALL THAT APPLY] 1. SPEECH-LANGUAGE 2. READING 3. HEARING OR LISTENING SKILLS 4. INTELLECTUAL DISABILITY 5. MOVEMENT OR MOBILITY DIFFICULTIES 6. OTHER DEVELOPMENTAL OR DISABILITY PROBLEMS 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Qué servicio fue? HAND CARD AUQ3 [CODE ALL THAT APPLY] 1. HABLA/LENGUAJE 2. LECTURA 3. HABILIDADES AUDITIVAS O DE ESCUCHA 4. DISCAPACIDAD INTELECTUAL 5. DIFICULTADES DE MOVIMIENTO O MOVILIDAD 6. OTROS PROBLEMAS DE DESARROLLO O DISCAPACIDAD 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.450
NEXT	AUQMENTAL

AUQMENTAL	
ASK	IF SP AGE 5-17 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> has... HAND CARD AUQ4 [CODE ALL THAT APPLY] 1. Autism, autism spectrum disorder, Asperger's disorder, or pervasive developmental disorder 2. Attention deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (ADD) 3. Anxiety 4. Depression 5. Obsessive-compulsive disorder 6. Intellectual disability (including Down syndrome, fetal alcohol syndrome, fragile X syndrome) 7. NONE OF THESE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tiene...? HAND CARD AUQ4 [CODE ALL THAT APPLY] 1. Autismo, trastorno del espectro autista, síndrome de Asperger o trastorno generalizado del desarrollo 2. Trastorno por déficit de atención e hiperactividad (ADHD, por sus siglas en inglés) o trastorno por déficit de atención (ADD, por sus siglas en inglés) 3. Ansiedad 4. Depresión 5. Trastorno obsesivo-compulsivo 6. Discapacidad intelectual (incluidos el síndrome de Down, el síndrome alcohólico fetal, el síndrome del cromosoma X frágil) 7. NONE OF THESE 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	MAKE NONE MUTUALLY EXCLUSIVE FROM THE REST OF THE CATA LIST.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New12
NEXT	IF SP AGE > 11 YEARS: AUQFIREARM ELSE: END OF SECTION

AUQFIREARM	
ASK	IF SP AGE 11-44 YEARS
These next questions are about exposure to loud noise. <TEXT FILL 1> ever used firearms for any reason such as target shooting, hunting, in the military or in another job? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre la exposición a ruidos fuertes. ¿Ha usado <TEXT FILL 1> alguna vez armas de fuego por cualquier motivo, como tiro al blanco, caza, en el ejército o en otro trabajo? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.
HELP SCREEN (SPA)	Las armas de fuego incluyen pistolas, escopetas, rifles y otros tipos de pistolas. No incluya pistolas de balines ni de perdigones.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.300N
NEXT	IF AUQFIREARM = 1: AUQROUNDS ELSE: AUQLOUDYN

AUQROUNDS	
ASK	IF AUQFIREARM = 1
How many total rounds <TEXT FILL 1> ever fired? Is it... INTERVIEWER: ONE ROUND EQUALS ONE SHOT. 1. less than 100 rounds, 2. 100 rounds to less than 1,000 rounds, 3. 1,000 rounds to less than 10,000 rounds, or 4. 10,000 rounds or more? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuántas balas ha disparado <TEXT FILL 1> en total alguna vez? ¿Diría que... INTERVIEWER: ONE ROUND EQUALS ONE SHOT. 1. Menos de 100 balas, 2. De 100 balas a menos de 1,000 balas, 3. De 1,000 balas a menos de 10,000 balas, o 4. 10,000 balas o más? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.310
NEXT	AUQFIREDEV

AUQFIREDEV	
ASK	IF AUQFIREARM = 1
How often <TEXT FILL 1> wear hearing protection devices such as ear plugs or earmuffs when shooting firearms? HAND CARD AUQ5 1. ALWAYS 2. USUALLY 3. ABOUT HALF THE TIME 4. SELDOM 5. NEVER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia usa <TEXT FILL 1> aparatos de protección auditiva como tapones para los oídos u orejeras cuando dispara armas de fuego? HAND CARD AUQ5 1. SIEMPRE 2. GENERALMENTE 3. APROXIMADAMENTE LA MITAD DEL TIEMPO 4. RARA VEZ 5. NUNCA 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.320
NEXT	AUQLOUDYN

AUQLOUDYN	
ASK	IF SP AGE 11-44 YEARS
These next questions are about exposure to loud noise at work. Loud means so loud that <TEXT FILL 1> must speak in a raised voice to be heard. <TEXT FILL 2> ever had a job, or combination of jobs where <TEXT FILL 3> exposed to loud sounds or noise for 4 or more hours a day, several days a week? 1. YES 2. NO 3. NEVER WORKED 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre la exposición a ruidos fuertes en el trabajo. Fuerte significa tan fuerte que <TEXT FILL 1> debe hablar en voz alta para que ser oído(a). ¿Ha tenido <TEXT FILL 2> alguna vez un trabajo o una combinación de trabajos en los que haya estado expuesto(a) a sonidos o ruidos fuertes durante 4 o más horas al día, varios días a la semana? 1. YES 2. NO 3. NEVER WORKED 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]" TEXT FILL 3: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER

	FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "BLANK" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "BLANK" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.331
NEXT	IF AUQLOUDYN = 1: AUQLOUDQ ELSE: AUQLOUDOUT

AUQLOUDQ	
ASK	IF AUQLOUDYN = 1
For how many months or years <TEXT FILL 1> been exposed at work to loud sounds or noise for 4 or more hours a day, several days a week? HANDCARD AUQ6 1. LESS THAN 3 MONTHS 2. 3 TO 11 MONTHS 3. 1 TO 2 YEARS 4. 3 TO 4 YEARS 5. 5 TO 9 YEARS 6. 10 TO 14 YEARS 7. 15 OR MORE YEARS 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Durante cuántos meses o años ha estado <TEXT FILL 1> expuesto(a) en su trabajo a sonidos o ruidos fuertes por 4 o más horas al día, varios días a la semana? HANDCARD AUQ6 1. LESS THAN 3 MONTHS 2. 3 TO 11 MONTHS 3. 1 TO 2 YEARS 4. 3 TO 4 YEARS 5. 5 TO 9 YEARS 6. 10 TO 14 YEARS 7. 15 OR MORE YEARS 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.340
NEXT	AUQLOUDDEV

AUQLOUDDEV	
ASK	IF AUQLOUDYN = 1
When <TEXT FILL 1> were exposed to very loud sounds or noise at <TEXT FILL 3> job, how often did <TEXT FILL 2> wear hearing protection devices (ear plugs, ear muffs)? INTERVIEWER: PROTECTIVE HEARING DEVICES INCLUDE PLUGS AND MUFFS. HAND CARD AUQ1 1. ALWAYS 2. USUALLY 3. ABOUT HALF THE TIME 4. SELDOM 5. NEVER 77. REFUSED 99. DON'T KNOW	
SPANISH	Cuando <TEXT FILL 1> estaba expuesto(a) a sonidos o ruidos muy fuertes en su trabajo, ¿con qué frecuencia usaba dispositivos de protección auditiva (tapones, orejeras)? INTERVIEWER: PROTECTIVE HEARING DEVICES INCLUDE PLUGS AND MUFFS. HAND CARD AUQ1 1. SIEMPRE 2. GENERALMENTE 3. APROXIMADAMENTE LA MITAD DEL TIEMPO 4. RARA VEZ 5. NUNCA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] was" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR

	ELSE, FILL “[SP NAME] ” TEXT FILL 2: FILL “BLANK” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “BLANK” TEXT FILL 3: FILL “BLANK” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “BLANK” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.New9
NEXT	AUQLOUDOUT

AUQLOUDOUT	
ASK	IF SP AGE 11-44 YEARS
The next question is about very loud noise exposure outside of work. This is noise so loud that <TEXT FILL 1> to shout to be understood or heard 3 feet away. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, motor boats or loud music. Outside of work, <TEXT FILL 2> ever been exposed to very loud noise or music for 10 or more hours a week? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	La siguiente pregunta es sobre la exposición a ruidos muy fuertes fuera del trabajo. Se trata de un ruido tan fuerte que <TEXT FILL 1> tiene que gritar para que lo(a) entiendan o escuchen a 3 pies de distancia. Algunos ejemplos son el ruido de herramientas eléctricas, máquinas para cortar el césped, maquinaria agrícola, automóviles, camiones, motocicletas, botes a motor o música a todo volumen. Fuera del trabajo, ¿ha estado <TEXT FILL 2> expuesto(a) alguna vez a ruidos o música muy fuertes por 10 o más horas a la semana? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] " IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.370
NEXT	IF AUQLOUDOUT = 1: AUQOUTSLNG ELSE: END OF SECTION

AUQOUTSLNG	
ASK	IF AUQLOUDOUT = 1
How long <TEXT FILL 1> been exposed to very loud noise or music for 10 or more hours a week? This is noise so loud that <TEXT FILL 2> to shout to be understood or heard 3 feet away. Is it... - less than 1 year, 1 to 2 years, 3 to 4 years, or 5 or more years? - REFUSED - DON'T KNOW	
SPANISH	¿Durante cuánto tiempo ha estado <TEXT FILL 1> expuesto(a) a ruidos o música muy fuertes durante 10 o más horas a la semana? Este es un ruido tan fuerte que <TEXT FILL 2> tiene que gritar para que lo(a) entiedan o escuchen a 3 pies de distancia. ¿Diría que... - menos de 1 año, - de 1 a 2 años, - de 3 a 4 años, o 5 años o más, - REFUSED - DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" TEXT FILL 2: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] "
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.510
NEXT	AUQOUTSDEV

AUQOUTSDEV	
ASK	IF AUQLOUDOUT = 1
How often <TEXT FILL 1> wear hearing protection devices such as ear plugs or ear muffs when exposed to very loud sounds or noise outside of work? <TEXT FILL 2> HAND CARD AUQ7 1. ALWAYS 2. USUALLY 3. ABOUT HALF THE TIME 4. SELDOM 5. NEVER 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Con qué frecuencia usa <TEXT FILL 1> usa aparatos de protección auditiva, como tapones u orejeras, cuando se expone a sonidos o ruidos muy fuertes fuera del trabajo? <TEXT FILL 2> HAND CARD AUQ7 1. SIEMPRE 2. GENERALMENTE 3. APROXIMADAMENTE LA MITAD DEL TIEMPO 4. RARA VEZ 5. NUNCA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "did you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "did [SP NAME]" TEXT FILL 2: FILL "Do not include the noise from firearms we already talked about." IF AUQFIREARM = 1 (YES) ELSE, LEAVE BLANK
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "No incluya el ruido de las armas de fuego del que ya hemos hablado." IF AUQFIREARM = 1 (YES) ELSE, LEAVE BLANK
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	AUQ.381
NEXT	END OF SECTION

SUN PROTECTION BEHAVIOR - SBQ
Target Group: SPs 18-64

SBQSHADE	
ASK	IF SP AGE 18-64 YEARS
Next I have some questions about sun exposure protection. When <TEXT FILL 1> outside on a very sunny day, for more than one hour, how often <TEXT FILL 2>... . . . stay in the shade? Would you say... 1. always, 2. most of the time, 3. sometimes, 4. rarely, or 5. never? 6. DON'T/DOESN'T GO OUT IN THE SUN 7. REFUSED 9. DON'T KNOW	
SPANISH	A continuación, tengo algunas preguntas sobre protegerse de la exposición al sol. Cuando <TEXT FILL 1> va afuera en un día muy soleado, por más de una hora, ¿con qué frecuencia <TEXT FILL 2>... ... se queda en la sombra? ¿Diría que... 1. siempre, 2. la mayoría de las veces, 3. algunas veces, 4. rara vez, o 5. nunca? 6. DON'T/DOESN'T GO OUT IN THE SUN 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you go" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] goes" TEXT FILL 2: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] " TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	DEQ.034a
NEXT	IF SBQSHADE = 6: END OF SECTION ELSE, SBQSLEEVE

SBQSLEEVE	
ASK	IF SBQSHADE <> 6
(When <TEXT FILL 1> outside on a very sunny day, for more than one hour, how often <TEXT FILL 2>...) . . . wear a long sleeved shirt? Would you say... INTERVIEWER INSTRUCTION: READ INTRODUCTION IN PARENTHESES ONLY IF NECESSARY. 1. always, 2. most of the time, 3. sometimes, 4. rarely, or 5. never? 7. REFUSED 9. DON'T KNOW	
SPANISH	(Cuando <TEXT FILL 1> va afuera en un día muy soleado, por más de una hora, ¿con qué frecuencia <TEXT FILL 2>...) ... se pone camisa de manga larga? ¿Diría que... INTERVIEWER INSTRUCTION: READ INTRODUCTION IN PARENTHESES ONLY IF NECESSARY. 1. siempre, 2. la mayoría de las veces, 3. algunas veces, 4. rara vez 5. nunca 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you go" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] goes" TEXT FILL 2: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] " TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DEQ.034c

NEXT	SBQSSCREEN
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SBQSSCREEN	
ASK	IF SBQSHADE <> 6
(When <TEXT FILL 1> outside on a very sunny day, for more than one hour, how often <TEXT FILL 2>...) ... use sunscreen? Would you say... INTERVIEWER INSTRUCTION: READ INTRODUCTION IN PARENTHESES ONLY IF NECESSARY. 1. always, 2. most of the time, 3. sometimes, 4. rarely, or 5. never? 7. REFUSED 9. DON'T KNOW	
SPANISH	(Cuando <TEXT FILL 1> va afuera en un día muy soleado, por más de una hora, ¿con qué frecuencia <TEXT FILL 2>...) ... usa protector solar? ¿Diría que... INTERVIEWER INSTRUCTION: READ INTRODUCTION IN PARENTHESES ONLY IF NECESSARY. 1. siempre, 2. la mayoría de las veces, 3. algunas veces, 4. rara vez, o 5. nunca? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you go" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] goes" TEXT FILL 2: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] " TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DEQ.034d

NEXT	END OF SECTION
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ORAL HEALTH – OHQ
Target Group: SPs 1+

OHQDENTIST	
ASK	IF SP AGE >= 1 YEAR
The next questions are about <TEXT FILL 1> teeth and gums. About how long has it been since <TEXT FILL 2> last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. 1. 6 MONTHS OR LESS 2. MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO 3. MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO 4. MORE THAN 2 YEARS, BUT NOT MORE THAN 3 YEARS AGO 5. MORE THAN 3 YEARS, BUT NOT MORE THAN 5 YEARS AGO 6. MORE THAN 5 YEARS AGO 7. NEVER HAVE BEEN 77. REFUSED 99. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre <TEXT FILL 1>. ¿Hace cuánto tiempo aproximadamente fue <TEXT FILL 2> por última vez a un dentista? Incluya todo tipo de dentistas, como ortodoncistas, cirujanos orales y todos los demás especialistas dentales, así como higienistas dentales. 1. 6 MESES O MENOS 2. HACE MÁS DE 6 MESES, PERO NO MÁS DE 1 AÑO 3. HACE MÁS DE 1 AÑO, PERO NO MÁS DE 2 AÑOS 4. HACE MÁS DE 2 AÑOS, PERO NO MÁS DE 3 AÑOS 5. HACE MÁS DE 3 AÑOS, PERO NO MÁS DE 5 AÑOS 6. HACE MÁS DE 5 AÑOS 7. NUNCA HA IDO 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "sus dientes y encías" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "los dientes y las encías de [SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work

	such as root canals, fittings for braces, etc.
HELP SCREEN (SPA)	Dentista: Personas médicas cuya ocupación principal es el cuidado de dientes, las encías y la mandíbula. La atención dental incluye tareas generales como empastes, limpiezas, extracciones, y también tareas especializadas como endodoncias, colocación de aparatos de ortodoncia, etc.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.030
NEXT	IF OHQDENTIST = 7 AND SP AGE < 2 YEARS: OHQGUMHLT IF OHQDENTIST = 7 AND SP AGE 2-17 YEARS: OHQPASTEG IF OHQDENTIST = 7 AND SP AGE 18+ YEARS: OHQACHING IF OHQDENTIST = 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR REFUSED OR DON'T KNOW: OHQLSTVSIT

OHQLSTVSIT	
ASK	IF OHQDENTIST != 7
What was the main reason <TEXT FILL 1> last visited the dentist? HAND CARD OHQ1 1. WENT IN ON OWN FOR CHECK-UP, EXAMINATION OR CLEANING 2. WAS CALLED IN BY THE DENTIST FOR CHECK-UP, EXAMINATION, OR CLEANING 3. SOMETHING WAS WRONG, BOTHERING OR HURTING <TEXT FILL 2> 4. WENT FOR TREATMENT OF A CONDITION THAT DENTIST DISCOVERED AT EARLIER CHECK-UP OR EXAMINATION 5. OTHER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuál fue la razón principal por la que <TEXT FILL 1> fue al dentista por última vez? HAND CARD OHQ1 1. FUE POR SU CUENTA PARA UNA REVISIÓN, EXAMEN O LIMPIEZA DENTAL 2. FUE LLAMADO(A) POR EL DENTISTA PARA UNA REVISIÓN, EXAMEN O LIMPIEZA DENTAL 3. ALGO ESTABA MAL, <TEXT FILL 2> 4. FUE PARA UN TRATAMIENTO DE UNA AFECCIÓN QUE EL DENTISTA DESCUBRIÓ EN UN CHEQUEO O EXAMEN ANTERIOR 5. OTRO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: "FILL "ME" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: "FILL "ME MOLESTABA O ME CAUSABA DOLOR" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "LE MOLESTABA O LE CAUSABA DOLOR A [SP NAME]"
NOTES	
HELP SCREEN (ENG)	Cleaning (Dental): Refers to activities performed by a dentist or dental hygienist to maintain healthy teeth and prevent cavities. Cleaning includes scraping tartar deposits off teeth, both above and below the gumline. Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.
HELP SCREEN (SPA)	Limpieza (dental): Se refiere a las actividades que realiza un dentista o higienista dental para mantener los dientes sanos y prevenir las caries. La limpieza incluye raspar los depósitos de

	sarro de los dientes, tanto por encima como por debajo de la línea de las encías. Afección: Percepción por parte del(la) encuestado(a) de algo fuera del bienestar físico o mental. Toda respuesta que describa un problema de salud de cualquier tipo.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.033
NEXT	OHQCARE

OHQCARE	
ASK	IF OHQDENTIST != 7
In the last 12 months, was there a time when <TEXT FILL 1> needed dental care but could not get it at that time? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿hubo algún momento en el que <TEXT FILL 1> necesitaba atención dental pero no pudo obtenerla en ese momento? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.770
NEXT	IF OHQCARE = 1: OHQNO CARE IF (OHQCARE = 2 OR 7 OR 9) AND SP AGE < 2 YEARS: OHQGUMHLT IF (OHQCARE = 2 OR 7 OR 9) AND SP AGE 2-17 YEARS: OHQPASTEG IF (OHQCARE = 2 OR 7 OR 9) AND SP AGE >= 18 YEARS AND (OHQDENTIST = 1 OR 2): OHQCIGARET IF (OHQCARE = 2 OR 7 OR 9) AND SP AGE >= 18 YEARS AND (OHQDENTIST != 1 OR 2): OHQACHING

OHQNO CARE	
ASK	IF OHQCARE = 1
What were the reasons that <TEXT FILL 1> could not get the dental care <TEXT FILL 2> needed? [CODE ALL THAT APPLY] HAND CARD OHQ2 10. COULD NOT AFFORD THE COST 11. DID NOT WANT TO SPEND THE MONEY 12. INSURANCE DID NOT COVER RECOMMENDED PROCEDURES 13. DENTAL OFFICE IS TOO FAR AWAY 14. DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES 15. AFRAID OR DO NOT LIKE DENTISTS 16. UNABLE TO TAKE TIME OFF FROM WORK 17. TOO BUSY 18. DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED DENTAL PROBLEMS TO GO AWAY 19. OTHER 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuáles fueron las razones por las que <TEXT FILL 1> no pudo recibir la atención dental que necesitaba? [CODE ALL THAT APPLY] HAND CARD OHQ2 10. NO PUDO AFRONTAR EL GASTO 11. NO QUERÍA GASTAR EL DINERO 12. EL SEGURO NO CUBRÍA LOS PROCEDIMIENTOS RECOMENDADOS 13. EL CONSULTORIO DENTAL ESTÁ DEMASIADO LEJOS 14. EL CONSULTORIO DENTAL NO ESTÁ ABIERTO A HORARIOS CONVENIENTES 15. TIENE MIEDO O NO LE GUSTAN LOS DENTISTAS 16. NO PUEDE FALTAR AL TRABAJO 17. MUY OCUPADO(A) 18. NO CREE QUE PASE NADA GRAVE/ESPERA QUE LOS PROBLEMAS DENTALES DESAPAREZCAN 19. OTRO 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP

	GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER 9CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "é" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER 9CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.780
NEXT	IF SP AGE < 2 YEARS: OHQGUMHLT IF SP AGE 2-17 YEARS: OHQPASTEG IF SP AGE >= 18 YEARS AND (OHQDENTIST = 1 OR 2): OHQCIGARET IF SP AGE >= 18 YEARS AND (OHQDENTIST != 1 OR 2): OHQACHING

OHQPASTEG / OHQPASTEQ / OHQPASTEU	
ASK	IF SP AGE 2-17 YEARS
We would like you to think of the time when <TEXT FILL 1> started brushing <TEXT FILL 2> teeth either with someone else's help or alone. At what age did <TEXT FILL 1> start using toothpaste? _ 1. ENTER AGE 2. HAS NEVER USED TOOTHPASTE 7. REFUSED 9. DON'T KNOW [OHQPASTEG] _ _ ENTER AGE IN MONTHS OR YEARS [OHQPASTEQ] _ _ ENTER UNIT [OHQPASTEU] 1. MONTHS 2. YEARS	
SPANISH	Quisiéramos que <TEXT FILL 1> piense en el momento en que empezó a cepillarse los dientes, ya sea con la ayuda de otra persona o por su cuenta. ¿A qué edad empezó <TEXT FILL 1> a usar pasta dental? _ 1. ENTER AGE 2. HAS NEVER USED TOOTHPASTE 7. REFUSED 9. DON'T KNOW [OHQPASTEG] _ _ ENTER AGE IN MONTHS OR YEARS [OHQPASTEQ] _ _ ENTER UNIT [OHQPASTEU] 1. MONTHS 2. YEARS
QUESTION TYPE	Dropdown: OHQPASTEG Radio button: OHQPASTEU Numeric: OHQPASTEQ
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER

	FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	IF OHQPASTEQ > SP'S AGE (SPDSPAGED OR SPDSPAGEQD), DISPLAY: "AGE STARTED USING TOOTHPASTE CANNOT BE OLDER THAN SP'S CURRENT AGE."
SOFT CHECK	
VERSION NOTES	OHQ.560 G/Q/U
NEXT	OHQBRUSHQ

OHQBRUSHQ	
ASK	IF SP AGE 2-17 YEARS
How many times per day <TEXT FILL 1> brush <TEXT FILL 2> teeth? 1. 1 TIME 2. 2 TIMES 3. 3 TIMES 4. 4 OR MORE TIMES 55. DOES NOT BRUSH YET 66. DOES NOT BRUSH EVERY DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuántas veces al día se cepilla <TEXT FILL 1> los dientes? 1. 1 TIME 2. 2 TIMES 3. 3 TIMES 4. 4 OR MORE TIMES 55. DOES NOT BRUSH YET 66. DOES NOT BRUSH EVERY DAY 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	OHQ.848
NEXT	IF (OHQBRUSHQ = 55 OR 77 OR 99) OR (OHQPASTEG = 2): OHQSEALANT ELSE: OHQPASTEB

OHQPASTEB	
ASK	IF (OHQBRUSHQ = 1 OR 2 OR 3 OR 4 OR 66) AND (OHQPASTEQ = 1 OR 7 OR 9)
On average, how much toothpaste <TEXT FILL 1> use when brushing <TEXT FILL 2> teeth? HAND CARD OHQ3 1. FULL LOAD 2. HALF LOAD 3. PEA SIZE 4. SMEAR 7. REFUSED 9. DON'T KNOW	
SPANISH	En promedio, ¿cuánta pasta dental usa <TEXT FILL 1> al cepillarse los dientes? HAND CARD OHQ3 1. CUBRE TODO EL CABEZAL DEL CEPILLO 2. CUBRE LA MITAD DEL CABEZAL DEL CEPILLO 3. CANTIDAD PEQUEÑA 4. MUY POCA CANTIDAD 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “do you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “does [SP NAME]” TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	OHQ.849
NEXT	OHQSEALANT

OHQSEALANT	
ASK	IF SP AGE 2-17 YEARS
Dental sealants are thin coatings on back teeth used to prevent cavities. <TEXT FILL 1> ever received dental sealants from a dentist or other oral health providers? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Los selladores dentales son capas finas que se colocan sobre los dientes de atrás y se usan para prevenir las caries. ¿Alguna vez un dentista u otro proveedor de servicios de salud oral le colocó selladores dentales a <TEXT FILL 1>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.NEW2
NEXT	OHQACHING

OHQCIGARET	
ASK	IF SP AGE >= 18 YEARS AND (OHQDENTIST = 1 OR 2)
In the last 12 months, did a dentist, hygienist or other dental professional have a direct conversation with <TEXT FILL 1> about... ... the benefits of giving up or not using cigarettes or other types of tobacco to improve <TEXT FILL 2> dental health? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿tuvo un dentista, higienista u otro profesional dental una conversación directa con <TEXT FILL 1> sobre... ... los beneficios de dejar o no usar los cigarrillos u otros tipos de tabaco para mejorar su salud dental? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.610
NEXT	OHQBLOODSG

OHQBLOODSG	
ASK	IF SP AGE >= 18 YEARS AND (OHQDENTIST 1 OR 2)
(In the last 12 months, did a dentist, hygienist or other dental professional have a direct conversation with <TEXT FILL 1> about...) ... the dental health benefits of checking <TEXT FILL 2> blood sugar? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	(En los últimos 12 meses, ¿tuvo un dentista, higienista u otro profesional dental una conversación directa con <TEXT FILL 1> sobre...) ... los beneficios para la salud dental de controlar el nivel de azúcar en su sangre? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	OHQ.612
NEXT	OHQACHING

OHQACHING	
ASK	IF SP AGE >= 2 YEARS
How often in the last 12 months <TEXT FILL 1> had painful aching anywhere in <TEXT FILL 2> mouth? HAND CARD OHQ4 1. VERY OFTEN, 2. FAIRLY OFTEN, 3. OCCASIONALLY, 4. HARDLY EVER, OR 5. NEVER? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia en los últimos 12 meses tuvo <TEXT FILL 1> dolor en alguna parte de la boca? HAND CARD OHQ4 1. MUY FRECUENTEMENTE, 2. MÁS O MENOS FRECUENTEMENTE, 3. OCASIONALMENTE, 4. CASI NUNCA, O 5. NUNCA? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “have you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “has [SP NAME]” TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.620
NEXT	IF SP AGE 2-4 YEARS: OHQGUMHLT ELSE: OHQDIFFCLT

OHQDIFFCLT	
ASK	IF SP AGE > 4 YEARS
How often in the last 12 months <TEXT FILL 1> had difficulty doing <TEXT FILL 2> usual jobs or attending school because of problems with <TEXT FILL 2> teeth, mouth, or dentures? HAND CARD OHQ4 1. VERY OFTEN, 2. FAIRLY OFTEN, 3. OCCASIONALLY, 4. HARDLY EVER, OR 5. NEVER? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia en los últimos 12 meses tuvo <TEXT FILL 1> tuvo dificultad para realizar sus trabajos usuales o asistir a la escuela debido a problemas con los dientes, la boca o la dentadura postiza? HAND CARD OHQ4 1. MUY FRECUENTEMENTE, 2. MÁS O MENOS FRECUENTEMENTE, 3. OCASIONALMENTE, 4. CASI NUNCA, O 5. NUNCA? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “have you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “has [SP NAME]” TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.640
NEXT	IF SP AGE 5-17 YEARS: OHQGUMHLT ELSE: OHQAVDFOOD

OHQAVDFOOD	
ASK	IF SP AGE >= 18 YEARS
How often in the last 12 months <TEXT FILL 1> avoided particular foods because of problems with <TEXT FILL 2> teeth, mouth, or dentures? Would you say . . . HAND CARD OHQ4 1. very often, 2. fairly often, 3. occasionally, 4. hardly ever, or 5. never? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia en los últimos 12 meses ha evitado <TEXT FILL 1> comidas particulares debido a los problemas con los dientes, la boca o la dentadura postiza? ¿Diría que... HAND CARD OHQ4 1. muy frecuentemente, 2. más o menos frecuentemente, 3. ocasionalmente, 4. casi nunca, o 5. nunca? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.660
NEXT	OHQEMBARRS

OHQEMBARRS	
ASK	IF SP AGE >= 18 YEARS
How often in the last 12 months <TEXT FILL 1> been self-conscious or embarrassed because of <TEXT FILL 2> teeth, mouth, or dentures? Would you say . . . HAND CARD OHQ4 1. very often, 2. fairly often, 3. occasionally, 4. hardly ever, or 5. never? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia en los últimos 12 meses <TEXT FILL 1> sintió tímido(a) o avergonzado(a) debido a los problemas con los dientes, la boca o la dentadura postiza? ¿Diría que... HAND CARD OHQ4 1. muy frecuentemente, 2. más o menos frecuentemente, 3. ocasionalmente, 4. casi nunca, o 5. nunca? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.680
NEXT	OHQGUMDIS

OHQGUMDIS	
ASK	IF SP AGE >= 18 YEARS
The next questions will ask about the condition of <TEXT FILL 1> teeth and some factors related to gum health. Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. <TEXT FILL 2> think <TEXT FILL 3> might have gum disease? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas se tratan sobre el estado de <TEXT FILL 1> y algunos temas relacionados con la salud de las encías. La enfermedad de las encías es un problema frecuente de la boca. Las personas con enfermedad de las encías pueden tener las encías hinchadas, retraídas, doloridas o infectadas, o pueden tener los dientes flojos. ¿<TEXT FILL 2> cree que pueda tener la enfermedad de las encías? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 3: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "sus dientes" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "los dientes de [SP NAME]" TEXT FILL 2: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP

	GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.835
NEXT	OHQGUMHLT

OHQGUMHLT	
ASK	IF SP AGE >= 1 YEAR
Overall, how would <TEXT FILL 1> rate the health of <TEXT FILL 2> teeth and gums? Would you say . . . 1. Excellent, 2. Very good, 3. Good, 4. Fair, or 5. Poor? 7. REFUSED 9. DON'T KNOW	
SPANISH	En general, ¿cómo calificaría <TEXT FILL 1> la salud de sus dientes y encías? ¿Diría que es... 1. Excelente, 2. Muy buena, 3. Buena, 4. Regular, o 5. Mala? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	OHQ.845
NEXT	IF SP AGE 1-17 YEARS: OHQTAPWTR ELSE: OHQTREATMT

OHQTREATMT	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> ever had treatment for gum disease such as scaling and root planing, sometimes called deep cleaning? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Se ha hecho <TEXT FILL 1> alguna vez un tratamiento para la enfermedad de las encías, como el raspado y alisado radicular, a veces llamado limpieza profunda? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.850
NEXT	OHQBONELSS

OHQBONELSS	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> ever been told by a dental professional that <TEXT FILL 2> lost bone around <TEXT FILL 3> teeth? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Alguna vez le ha dicho un profesional dental a <TEXT FILL 1> que perdió hueso alrededor de sus dientes? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS

	MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.860
NEXT	OHQFLOSSD

OHQFLOSSD	
ASK	IF SP AGE >= 18 YEARS
Aside from brushing <TEXT FILL 1> teeth with a toothbrush, in the last seven days, how many days did <TEXT FILL 2> use dental floss or any other device to clean between <TEXT FILL 1> teeth? INTERVIEWER INSTRUCTION: CODE '0' IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES. PLEASE DO NOT PUT INFORMATION ABOUT NO TEETH IN THE COMMENTS. ENTER NUMBER OF DAYS 77. REFUSED 99. DON'T KNOW	
SPANISH	En los últimos siete días, además de cepillarse los dientes con un cepillo de dientes, ¿cuántos días usó <TEXT FILL 2> hilo dental o cualquier otro aparato para limpiarse entre los dientes? INTERVIEWER INSTRUCTION: CODE '0' IF THE SP RESPONDS THAT THEY HAVE NO TEETH OR ONLY DENTURES. PLEASE DO NOT PUT INFORMATION ABOUT NO TEETH IN THE COMMENTS. ENTER NUMBER OF DAYS 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"

NOTES	
HELP SCREEN	
HARD CHECK	IF OHQFLOSSD > 7, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 7."
SOFT CHECK	
VERSION NOTES	OHQ.870
NEXT	OHQORALCNC

OHQORALCNC	
ASK	IF SP AGE >= 18 YEARS
In the last 12 months, <TEXT FILL 1> had an exam for oral cancer in which the doctor or dentist pulls on <TEXT FILL 2> tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks? HAND CARD OHQ5 The exam would look something like this. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿le hicieron a <TEXT FILL 1> un examen para detectar cáncer de la boca en el que el doctor o dentista tira de su lengua, a veces envolviéndola con una gasa, y toca debajo de la lengua y el interior de las mejillas? HAND CARD OHQ5 El examen sería más o menos así. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.882
NEXT	OHQTAPWTR

OHQTAPWTR	
ASK	IF SP AGE >= 1 YEAR
How often <TEXT FILL 1> drink tap water either directly from the faucet or after filtration or treatment in your home? Include drinking plain tap water or using tap water to make beverages. 1. Always 2. Often 3. Rarely 4. Never 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia bebe <TEXT FILL 1> agua directamente de la llave o después de filtrarla o tratarla en su hogar? Incluya beber agua de la llave o usar agua de la llave para preparar bebidas. 1. Siempre 2. Con frecuencia 3. Rara vez 4. Nunca 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.NEW4
NEXT	IF OHQTAPWTR = 3 OR 4: OHQTAPWTRW ELSE: END OF SECTION

OHQTAPWTRW	
ASK	IF OHQTAPWTR = 3 OR 4
Why <TEXT FILL 1> never or rarely drink tap water in <TEXT FILL 2> home? Check all reasons that apply. [CODE ALL THAT APPLY] HAND CARD OHQ6 1. DO NOT HAVE ACCESS TO TAP WATER IN THE HOME 2. DO NOT LIKE THE TASTE OF TAP WATER 3. DO NOT THINK TAP WATER IS CLEAN TO DRINK 4. DO NOT THINK TAP WATER IS SAFE TO DRINK 5. OTHER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Por qué <TEXT FILL 1> nunca o rara vez bebe agua de la llave en su hogar? Marque todas las razones que correspondan. [CODE ALL THAT APPLY] HAND CARD OHQ6 1. NO TIENE ACCESO A AGUA DE LA LLAVE EN EL HOGAR 2. NO LE GUSTA EL SABOR DEL AGUA DE LA LLAVE 3. NO CREE QUE EL AGUA DE LA LLAVE SEA LIMPIA PARA BEBER 4. NO CREE QUE EL AGUA DE LA LLAVE SEA SEGURA PARA BEBER 5. OTRA 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS (ENG)	TEXT FILL 1: FILL “do you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “does [SP NAME]” TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP

	GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OHQ.NEW5
NEXT	END OF SECTION

PHYSICAL ACTIVITY AND PHYSICAL FITNESS – PAQ
Target Group: SPs 2-11 years and 18+ years

PAQMODFRQG / PAQMODFRQQ / PAQMODFRQU	
ASK	IF SP AGE >= 18 YEARS
The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your leisure time. We are interested in two types of physical activity: moderate and vigorous-intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate. How often <TEXT FILL 1> do moderate-intensity leisure-time physical activities? _ [PAQMODFRQG] 1. ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) 2. NEVER 3. UNABLE TO DO THIS TYPE OF ACTIVITY 7. REFUSED 9. DON'T KNOW _ _ _ [PAQMODFRQQ] ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) _ [PAQMODFRQU] ENTER UNIT 1. DAY 2. WEEK 3. MONTH 4. YEAR	
SPANISH	Las siguientes preguntas son acerca de actividades físicas tales como ejercicio, deportes o pasatiempos que posiblemente hace en su tiempo libre. Nos interesan dos tipos de actividades físicas: de intensidad moderada y de intensidad vigorosa. Las actividades de intensidad moderada causan aumentos moderados de la respiración o del ritmo cardíaco, mientras que las actividades de intensidad vigorosa causan grandes aumentos en la respiración o en el ritmo cardíaco. ¿Con qué frecuencia hace <TEXT FILL 1> actividades físicas de intensidad moderada en su tiempo libre? _ [PAQMODFRQG] 1. ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) 2. NEVER 3. UNABLE TO DO THIS TYPE OF ACTIVITY 7. REFUSED 9. DON'T KNOW _ _ _ [PAQMODFRQQ] ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) _ [PAQMODFRQU] ENTER UNIT

	1. DAY 2. WEEK 3. MONTH 4. YEAR
QUESTION TYPE	Dropdown: PAQMODFRQG, PAQMODFRQU Numeric: PAQMODFRQQ
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF PAQMODFRQG = 1 AND PAQMODFRQU = 1 (DAY) AND PAQMODFRQQ > 4 (PER DAY), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PAQMODFRQG = 1 AND PAQMODFRQU = 2 (WEEK) AND PAQMODFRQQ > 28 (PER WEEK), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PAQMODFRQG = 1 AND PAQMODFRQU = 3 (MONTH) AND PAQMODFRQQ >31 (PER MONTH), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PAQMODFRQG = 1 AND PAQMODFRQU = 4 (YEAR) AND PAQMODFRQQ > 365 (PER YEAR), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	PAQ.790 G/Q/U
NEXT	IF PAQMODFRQG = 1: PAQMODLNGQ ELSE: PAQVIGFRQG

PAQMODLNGQ / PAQMODLNGU	
ASK	IF PAQMODFRQG = 1
About how long <TEXT FILL 1> do these moderate leisure-time physical activities each time? INTERVIEWER INSTRUCTION: PROBE IF NEEDED: Moderate-intensity activities cause moderate increases in breathing or heart rate. _ _ _ [PAQMODLNGQ] ENTER NUMBER OF MINUTES OR HOURS 7777. REFUSED 9999. DON'T KNOW _ [PAQMODLNGU] ENTER UNIT 1. MINUTES 2. HOURS	
SPANISH	Aproximadamente, ¿cuánto tiempo hace <TEXT FILL 1> estas actividades físicas de intensidad moderada en su tiempo libre cada vez? INTERVIEWER INSTRUCTION: PROBE IF NEEDED: Las actividades de intensidad moderada causan aumentos moderados de la respiración o del ritmo cardíaco. _ _ _ [PAQMODLNGQ] ENTER NUMBER OF MINUTES OR HOURS 7777. REFUSED 9999. DON'T KNOW _ [PAQMODLNGU] ENTER UNIT 1. MINUTES 2. HOURS
QUESTION TYPE	Numeric: PAQMODLNGQ Dropdown: PAQMODLNGU
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF PAQMODLNGQ=0, DISPLAY "THE TIME SHOULD BE GREATER THAN 0." IF PAQMODLNGU = 1 (MINUTES) AND PAQMODLNGQ ≥ 1440, DISPLAY "THE TIME SHOULD BE LESS THAN 1,440 MINUTES." IF PAQMODLNGU = 2 (HOURS) AND PAQMODLNGQ ≥ 24, DISPLAY "THE TIME SHOULD

	BE LESS THAN 24 HOURS.”
SOFT CHECK	IF PAQMODLNGU = 1 (MINUTES) AND PAQMODLNGQ > 120, DISPLAY “YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 120 MINUTES EACH TIME DOING MODERATE-INTENSITY LEISURE-TIME ACTIVITIES. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.” IF PAQMODLNGU = 2 (HOURS) AND PAQMODLNGQ > 2, DISPLAY “YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 2 HOURS EACH TIME DOING MODERATE-INTENSITY LEISURE-TIME ACTIVITIES. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.”
VERSION NOTES	PAQ.800 Q/U
NEXT	PAQVIGFRQG

PAQVIGFRQG / PAQVIGFRQQ / PAQVIGFRQU	
ASK	IF SP AGE >= 18 YEARS
How often <TEXT FILL 1> do vigorous-intensity leisure-time physical activities? _ [PAQVIGFRQG] 1. ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) 2. NEVER 3. UNABLE TO DO THIS TYPE OF ACTIVITY 7. REFUSED 9. DON'T KNOW _ _ _ [PAQVIGFRQQ] ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) _ [PAQVIGFRQU] ENTER UNIT 1. DAY 2. WEEK 3. MONTH 4. YEAR	
SPANISH	¿Con qué frecuencia hace <TEXT FILL 1> actividades físicas de intensidad vigorosa en su tiempo libre? _ [PAQVIGFRQG] 1. ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) 2. NEVER 3. UNABLE TO DO THIS TYPE OF ACTIVITY 7. REFUSED 9. DON'T KNOW _ _ _ [PAQVIGFRQQ] ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH, OR YEAR) _ [PAQVIGFRQU] ENTER UNIT 1. DAY 2. WEEK 3. MONTH 4. YEAR
QUESTION TYPE	Dropdown: PAQVIGFRQG, PAQVIGFRQU Numeric: PAQVIGFRQQ
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL: "[SP NAME]"
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF PAQVIGFRQG = 1 AND PAQVIGFRQU = 1 (DAY) AND PAQVIGFRQQ > 4 (PER DAY), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PAQVIGFRQG = 1 AND PAQVIGFRQU = 2 (WEEK) AND PAQVIGFRQQ > 28 (PER WEEK), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PAQVIGFRQG = 1 AND PAQVIGFRQU = 3 (MONTH) AND PAQVIGFRQQ > 31 (PER MONTH), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF PAQVIGFRQG = 1 AND PAQVIGFRQU = 4 (YEAR) AND PAQVIGFRQQ > 365 (PER YEAR), DISPLAY, "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	PAQ.810 G/Q/U
NEXT	IF PAQVIGFRQG = 1: PAQVIGLNGQ ELSE: PAQSITTINGQ

PAQVIGLNGQ / PAQVIGLNGU	
ASK	IF PAQVIGFRQQ = 1
About how long <TEXT FILL 1> do these vigorous leisure-time physical activities each time? INTERVIEWER INSTRUCTION: PROBE IF NEEDED: Vigorous-intensity activities cause large increases in breathing or heart rate. _ _ _ [PAQVIGLNGQ] ENTER NUMBER OF MINUTES OR HOURS 7777. REFUSED 9999. DON'T KNOW _ [PAQVIGLNGU] ENTER UNIT 1. MINUTES 2. HOURS	
SPANISH	Aproximadamente, ¿cuánto tiempo hace <TEXT FILL 1> estas actividades físicas de intensidad vigorosa en su tiempo libre cada vez? INTERVIEWER INSTRUCTION: PROBE IF NEEDED: Las actividades de intensidad vigorosa causan grandes aumentos en la respiración o en el ritmo cardíaco. _ _ _ [PAQVIGLNGQ] ENTER NUMBER OF MINUTES OR HOURS 7777. REFUSED 9999. DON'T KNOW _ [PAQVIGLNGU] ENTER UNIT 1. MINUTES 2. HOURS
QUESTION TYPE	Numeric: PAQVIGLNGQ Dropdown: PAQVIGLNGU
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF PAQVIGLNGQ = 0, DISPLAY "THE TIME SHOULD BE GREATER THAN 0." IF PAQVIGLNGU = 1 (MINUTES) AND PAQVIGLNGQ ≥ 1440, DISPLAY "THE TIME SHOULD BE LESS THAN 1,440 MINUTES." IF PAQVIGLNGU = 2 (HOURS) AND PAQVIGLNGQ ≥ 24, DISPLAY "THE TIME SHOULD BE

	LESS THAN 24 HOURS.”
SOFT CHECK	IF PAQVIGLNGU = 1 (MINUTES) AND PAQVIGLNGQ > 120, DISPLAY “YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 120 MINUTES EACH TIME DOING VIGOROUS-INTENSITY LEISURE-TIME ACTIVITIES. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.” IF PAQVIGLNGU = 2 (HOURS) AND PAQVIGLNGQ > 2, DISPLAY “YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 2 HOURS EACH TIME DOING VIGOROUS-INTENSITY LEISURE-TIME ACTIVITIES. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.”
VERSION NOTES	PAQ.820 Q/U
NEXT	PAQSITTNGQ

PAQSITTNGQ / PAQSITTINGU	
ASK	IF SP AGE >= 18 YEARS
The following question is about sitting at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping. How much time <TEXT FILL 1> usually spend sitting on a typical day? _ _ _ ENTER NUMBER OF MINUTES OR HOURS [PAQSITTNGQ] 7777. REFUSED 9999. DON'T KNOW _ ENTER UNIT [PAQSITTINGU] 1. MINUTES 2. HOURS	
SPANISH	La siguiente pregunta es acerca de estar sentado(a) en el trabajo o en el hogar; ir y venir de un sitio a otro; o pasar tiempo con amigos, incluido el tiempo que pasa sentado(a) frente a un escritorio, viajando en automóvil o autobús, leyendo, jugando a las cartas o naipes, mirando televisión o usando una computadora. No incluya el tiempo que pasa durmiendo. En un día típico, ¿cuánto tiempo pasa usualmente <TEXT FILL 1> sentado(a)? _ _ _ ENTER NUMBER OF MINUTES OR HOURS [PAQSITTNGQ] 7777. REFUSED 9999. DON'T KNOW _ ENTER UNIT [PAQSITTINGU] 1. MINUTES 2. HOURS
QUESTION TYPE	Numeric: PAQSITTNGQ Dropdown: PAQSITTINGU
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]" PAQMODLNGQ FILL: FILL NUMERIC RESPONSE TO PAQMODLNGQ PAQMODLNGU FILL: IF PAQMODLNGU=1 AND PAQMODLNGQ=1, FILL "MINUTE" ELSE, IF PAQMODLNGU=1 AND PAQMODLNGQ<>1, FILL "MINUTES" ELSE, IF PAQMODLNGU=2 AND PAQMODLNGQ=1, FILL "HOUR" ELSE, IF PAQMODLNGU=2 AND PAQMODLNGQ<>1, FILL "HOURS" PAQVIGLNGQ FILL: FILL NUMERIC RESPONSE TO PAQVIGLNGQ

	PAQVIGLNGU FILL: IF PAQVIGLNGU=1 AND PAQVIGLNGQ=1, FILL "MINUTE" ELSE, IF PAQVIGLNGU=1 AND PAQVIGLNGQ<>1, FILL "MINUTES" ELSE, IF PAQVIGLNGU=2 AND PAQVIGLNGQ=1, FILL "HOUR" ELSE, IF PAQVIGLNGU=2 AND PAQVIGLNGQ<>1, FILL "HOURS" PAQSITTINGQ FILL: FILL NUMERIC RESPONSE TO PAQSITTINGQ PAQSITTINGU FILL: IF PAQSITTINGU=1 AND PAQSITTINGQ=1, FILL "MINUTE" ELSE, IF PAQSITTINGU =1 AND PAQSITTINGQ<>1, FILL "MINUTES" ELSE, IF PAQSITTINGU =2 AND PAQSITTINGQ=1, FILL "HOUR" ELSE, IF PAQSITTINGU =2 AND PAQSITTINGQ<>1, FILL "HOURS" MOD CALCULATION FILL: FILL NUMERIC OUTPUT FROM <MOD CALCULATION> VIG CALCULATION FILL: FILL NUMERIC OUTPUT FROM <VIG CALCULATION>
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" PAQMODLNGQ FILL: FILL NUMERIC RESPONSE TO PAQMODLNGQ PAQMODLNGU FILL: IF PAQMODLNGU=1 AND PAQMODLNGQ=1, FILL "MINUTE" ELSE, IF PAQMODLNGU=1 AND PAQMODLNGQ<>1, FILL "MINUTES" ELSE, IF PAQMODLNGU=2 AND PAQMODLNGQ=1, FILL "HOUR" ELSE, IF PAQMODLNGU=2 AND PAQMODLNGQ<>1, FILL "HOURS" PAQVIGLNGQ FILL: FILL NUMERIC RESPONSE TO PAQVIGLNGQ PAQVIGLNGU FILL: IF PAQVIGLNGU=1 AND PAQVIGLNGQ=1, FILL "MINUTE" ELSE, IF PAQVIGLNGU=1 AND PAQVIGLNGQ<>1, FILL "MINUTES" ELSE, IF PAQVIGLNGU=2 AND PAQVIGLNGQ=1, FILL "HOUR" ELSE, IF PAQVIGLNGU=2 AND PAQVIGLNGQ<>1, FILL "HOURS" PAQSITTINGQ FILL: FILL NUMERIC RESPONSE TO PAQSITTINGQ PAQSITTINGU FILL: IF PAQSITTINGU=1 AND PAQSITTINGQ=1, FILL "MINUTE" ELSE, IF PAQSITTINGU =1 AND PAQSITTINGQ<>1, FILL "MINUTES" ELSE, IF PAQSITTINGU =2 AND PAQSITTINGQ=1, FILL "HOUR" ELSE, IF PAQSITTINGU =2 AND PAQSITTINGQ<>1, FILL "HOURS" MOD CALCULATION FILL: FILL NUMERIC OUTPUT FROM <MOD CALCULATION> VIG CALCULATION FILL: FILL NUMERIC OUTPUT FROM <VIG CALCULATION>
NOTES	MOD CALCULATION: IF PAQMODFRQU=1 (DAY) AND PAQMODLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = (PAQMODFRQQ)*(PAQMODLNGQ) ELSE, IF PAQMODFRQU=1 (DAY) AND PAQMODLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = (PAQMODFRQQ)*((PAQMODLNGQ)*60) ELSE, IF PAQMODFRQU=2 (WEEK) AND PAQMODLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = ((PAQMODFRQQ)/7)*(PAQMODLNGQ) ELSE, IF PAQMODFRQU=2 (WEEK) AND PAQMODLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = ((PAQMODFRQQ)/7)*((PAQMODLNGQ)*60) ELSE, IF PAQMODFRQU=3 (MONTH) AND PAQMODLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = ((PAQMODFRQQ)/30)*(PAQMODLNGQ)

	ELSE, IF PAQMODFRQU=3 (MONTH) AND PAQMODLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = ((PAQMODFRQQ)/30)*((PAQMODLNGQ)*60) ELSE, IF PAQMODFRQU=4 (YEAR) AND PAQMODLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = ((PAQMODFRQQ)/365)*(PAQMODLNGQ) ELSE, IF PAQMODFRQU=3 (YEAR) AND PAQMODLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = ((PAQMODFRQQ)/365)*((PAQMODLNGQ)*60) VIG CALCULATION: IF PAQVIGFRQU=1 (DAY) AND PAQVIGLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = (PAQVIGFRQQ)*(PAQVIGLNGQ) ELSE, IF PAQVIGFRQU=1 (DAY) AND PAQVIGLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = (PAQVIGFRQQ)*((PAQVIGLNGQ)*60) ELSE, IF PAQVIGFRQU=2 (WEEK) AND PAQVIGLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = ((PAQVIGFRQQ)/7)*(PAQVIGLNGQ) ELSE, IF PAQVIGFRQU=2 (WEEK) AND PAQVIGLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = ((PAQVIGFRQQ)/7)*((PAQVIGLNGQ)*60) ELSE, IF PAQVIGFRQU=3 (MONTH) AND PAQVIGLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = ((PAQVIGFRQQ)/30)*(PAQVIGLNGQ) ELSE, IF PAQVIGFRQU=3 (MONTH) AND PAQVIGLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = ((PAQVIGFRQQ)/30)*((PAQVIGLNGQ)*60) ELSE, IF PAQVIGFRQU=4 (YEAR) AND PAQVIGLNGU=1 (MIN), CALCULATE AVERAGE MINUTES PER DAY = ((PAQVIGFRQQ)/365)*(PAQVIGLNGQ) ELSE, IF PAQVIGFRQU=3 (YEAR) AND PAQVIGLNGU=2 (HRS), CALCULATE AVERAGE MINUTES PER DAY = ((PAQVIGFRQQ)/365)*((PAQVIGLNGQ)*60)
HELP SCREEN	
HARD CHECK	IF PAQSITTINGU = 2 (HOURS) AND PAQSITTINGQ ≥ 24, DISPLAY “THE TIME SHOULD BE LESS THAN 24 HOURS.” IF SUM OF TIME FOR MODERATE ACTIVITY, VIGOROUS ACTIVITY, AND SITTING IS 24 HOURS OR MORE PER DAY, DISPLAY “YOU HAVE REPORTED THE SP DOES 24 HOURS OR MORE OF ACTIVITY A DAY. YOU REPORTED: <PAQMODLNGQ FILL> <PAQMODLNGU FILL> OF MODERATE ACTIVITY, <PAQMODFRQQ FILL> TIME(S) A <PAQMODFRQU FILL> (AN AVERAGE OF <MOD CALCULATION FILL> MINUTE(S) A DAY). <PAQVIGLNGQ FILL> <PAQVIGLNGU FILL> OF VIGOROUS ACTIVITY, <PAQVIGFRQQ FILL> TIME(S) A <PAQVIGFRQU FILL> (AN AVERAGE OF <VIG CALCULATION FILL> MINUTE(S) A DAY). <PAQSITTINGQ FILL> <PAQSITTINGU FILL> OF SITTING A DAY
SOFT CHECK	IF PAQSITTINGU = 2 (HOURS) AND PAQSITTINGQ ≥ 18, DISPLAY “PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.”
VERSION NOTES	PAQ.680 Q/U
NEXT	END OF SECTION

PAQACTIVE	
ASK	IF SP AGE 2-11 YEARS
Now I'd like to ask you some questions about <TEXT FILL 1> activities. In the last 7 days, on how many days <TEXT FILL 2> physically active for a total of at least 60 minutes per day? Add up all the time <TEXT FILL 3> spent in any kind of physical activity that increased <TEXT FILL 4> heart rate and made <TEXT FILL 3> breathe hard some of the time. 0. 0 DAYS 1. 1 DAY 2. 2 DAYS 3. 3 DAYS 4. 4 DAYS 5. 5 DAYS 6. 6 DAYS 7. 7 DAYS 77. REFUSED 99. DON'T KNOW	
SPANISH	Ahora me gustaría hacerle algunas preguntas acerca de las actividades físicas de <TEXT FILL 1>. En los últimos 7 días, ¿cuántos días estuvo <TEXT FILL 2> físicamente activo(a) por un total de al menos 60 minutos al día? Incluya todo el tiempo que pasó en cualquier actividad física que haya aumentado los latidos del corazón y le haya hecho respirar rápido parte del tiempo. 0. 0 DAYS 1. 1 DAY 2. 2 DAYS 3. 3 DAYS 4. 4 DAYS 5. 5 DAYS 6. 6 DAYS 7. 7 DAYS 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'s" TEXT FILL 2: FILL "was [SP NAME]" TEXT FILL 3: FILL "[SP NAME]" TEXT FILL 4: "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "[SP NAME]" TEXT FILL 4: "é" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	PAQ.706
NEXT	PAQELECTRN

PAQELECTRN	
ASK	IF SP AGE 2-11 YEARS
On most weekdays, about how much time did <TEXT FILL 1> spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? Do not include time spent doing schoolwork. 0. Less than 1 hour 1. 1 hour 2. 2 hours 3. 3 hours 4. 4 or more hours 7. REFUSED 9. DON'T KNOW	
SPANISH	En la mayoría de los días de entre semana, ¿aproximadamente cuánto tiempo pasó <TEXT FILL 1> frente a la televisión, una computadora, un teléfono celular u otro aparato electrónico viendo programas, jugando videojuegos, navegando por Internet o usando las redes sociales? No incluya el tiempo cuando hace las tareas escolares. 0. Menos de 1 hora 1. 1 hora 2. 2 horas 3. 3 horas 4. 4 o más horas 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	PAQ.NEW2
NEXT	END OF SECTION

FUNCTIONING - FNQ
Target Group: SPs 5+

FNQSEE	
ASK	IF SP AGE 5-17 YEARS
Now, I would like to ask you some questions about difficulties <TEXT FILL 1> may have. Please look at card FNQ1. Does <TEXT FILL 1> have difficulty seeing even if wearing glasses or contact lenses? Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all? HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	Ahora, quisiera hacerle algunas preguntas sobre las dificultades que pueda tener <TEXT FILL 1>. Mire la tarjeta FNQ1. ¿Tiene <TEXT FILL 1> dificultad para ver aunque use anteojos o lentes? ¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto? HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK (ENG)	IF FNQSEE = 1 (NO DIFFICULTY) AND VIQLIGHT = 2 (CANNOT SEE LIGHT), DISPLAY "YOU HAVE CODED THAT SP HAS NO DIFFICULTY SEEING. EARLIER SP REPORTED THAT THEY CANNOT SEE LIGHT. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW: FNQSEE: Difficulty seeing even if wearing glasses or contact lenses?: NO DIFFICULTY VIQLIGHT: With both eyes open, can <TEXT FILL 1> see light?: NO"
HARD CHECK (SPA)	IF FNQSEE = 1 (NO DIFFICULTY) AND VIQLIGHT = 2 (CANNOT SEE LIGHT), DISPLAY "YOU HAVE CODED THAT SP HAS NO DIFFICULTY SEEING. EARLIER SP REPORTED THAT THEY CANNOT SEE LIGHT. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW:

	FNQSEE: ¿Dificultad para ver aunque use anteojos o lentes de contacto?: NO DIFFICULTY VIQLIGHT: Cuando abre los dos ojos, ¿puede <TEXT FILL 1> ver la luz?: NO"
SOFT CHECK	e
VERSION NOTES	FNQ.021
NEXT	FNQHEAR

FNQHEAR	
ASK	If SP AGE 5-17 YEARS
Does <TEXT FILL 1> have difficulty hearing sounds like peoples' voices or music even if using a hearing aid? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para oír sonidos como voces de personas o música aunque use un audífono? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto? 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.041
NEXT	FNQEQPWALK

FNQEQPWALK	
ASK	If SP AGE 5-17 YEARS
Does <TEXT FILL 1> use any equipment or receive assistance for walking? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Usa <TEXT FILL 1> algún equipo o recibe asistencia para caminar? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.050
NEXT	If FNQEQPWALK = 1: FNQWALK Else: FNQWALKCMP

FNQWALK	
ASK	If FNQEQPWALK = 1
Please look at card FNQ2. Without <TEXT FILL 1> equipment or assistance, does <TEXT FILL 2> have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say <TEXT FILL 2> has: some difficulty, a lot of difficulty, or cannot do at all? HAND CARD FNQ2 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	Mire la tarjeta FNQ2. Sin su equipo o asistencia, ¿tiene <TEXT FILL 1> dificultad para caminar 100 yardas/metros en nivel plano? Eso sería aproximadamente la distancia de un campo de fútbol americano o de una manzana de una ciudad. ¿Diría que <TEXT FILL 2> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto? HAND CARD FNQ2 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]'s" TEXT FILL 2: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.060
NEXT	FNQQSLFCARE

FNQWALKCMP	
ASK	If FNQEQPWALK = 2 OR 7 OR 9
Please look at card FNQ1, again. Compared with children of the same age, does <TEXT FILL 1> have difficulty walking 100 yards on level ground? That would be about the length of 1 football field. (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	Vuelva a mirar la tarjeta FNQ1. En comparación con niños de su misma edad, ¿<TEXT FILL 1> tiene dificultad para caminar 100 yardas en un terreno llano? Esa longitud equivale aproximadamente a la longitud de un campo de fútbol. (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.080
NEXT	FNQSLFCARE

FNQSLFCARE	
ASK	If SP AGE 5-17 YEARS
<TEXT FILL 1> Does <TEXT FILL 2> have difficulty with self-care such as eating or dressing <TEXT FILL 3>? (Would you say <TEXT FILL 2> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	<TEXT FILL 1> ¿Tiene <TEXT FILL 2> dificultad para cuidarse por su cuenta, como para alimentarse o vestirse? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL1: FILL "Turn back to card FNQ1." IF FNQEQPWALK = 1. ELSE, LEAVE BLANK TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "himself" IF SP GENDER IS MALE IN SPQGENDER FILL "herself" IF SP GENDER IS FEMALE IN SPQGENDER FILL "themselves" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL1: FILL "Regrese a la tarjeta FNQ1. " IF FNQEQPWALK = 1. ELSE, LEAVE BLANK TEXT FILL 2: FILL "[SP NAME]" TEXT FILL 3: FILL "" IF SP GENDER IS MALE IN SPQGENDER FILL "" IF SP GENDER IS FEMALE IN SPQGENDER FILL "" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	FNQ.160
NEXT	FNQCOMMINS

FNQCOMMINS	
ASK	If SP AGE 5-17 YEARS
When <TEXT FILL 1> speaks, does <TEXT FILL 1> have difficulty being understood by people inside of this household? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	Cuando <TEXT FILL 1> habla, ¿tiene dificultad para que le entiendan las personas que viven en este hogar? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.100
NEXT	FNQCOMMOUT

FNQCOMMOUT	
ASK	If SP AGE 5-17 YEARS
When <TEXT FILL 1> speaks, does <TEXT FILL 1> have difficulty being understood by people outside of this household? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	Cuando <TEXT FILL 1> habla, ¿tiene dificultad para que le entiendan las personas que no viven en este hogar? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.110
NEXT	FNQLEARN

FNQLEARN	
ASK	If SP AGE 5-17 YEARS
Compared with children of the same age, does <TEXT FILL 1> have difficulty learning things? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	En comparación con niños de la misma edad, ¿tiene <TEXT FILL 1> dificultad para aprender cosas? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.120
NEXT	FNQREMEMBR

FNQREMEMBR	
ASK	If SP AGE 5-17 YEARS
Compared with children of the same age, does <TEXT FILL 1> have difficulty remembering things? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	En comparación con niños de la misma edad, ¿tiene <TEXT FILL 1> dificultad para recordar cosas? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.170
NEXT	FNQCONCNTR

FNQCONCNR	
ASK	If SP AGE 5-17 YEARS
Does <TEXT FILL 1> have difficulty concentrating on an activity that <TEXT FILL 1> enjoys doing? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para concentrarse en una actividad que disfruta hacer? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.180
NEXT	FNQCHANGES

FNQCHANGES	
ASK	If SP AGE 5-17 YEARS
Does <TEXT FILL 1> have difficulty accepting changes in <TEXT FILL 2> routine? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para aceptar cambios en su rutina? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "his" IF SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP GENDER IS FEMALE IN SPQGENDER FILL "(SP NAME]'s" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "(SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.190
NEXT	FNQBEHAVE

FNQBEHAVE	
ASK	If SP AGE 5-17 YEARS
Compared with children of the same age, does <TEXT FILL 1> have difficulty controlling <TEXT FILL 2> behavior? (Would you say <TEXT FILL 1> has: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	En comparación con niños de la misma edad, ¿tiene <TEXT FILL 1> dificultad para controlar su comportamiento? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "his" IF SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP GENDER IS FEMALE IN SPQGENDER FILL "(SP NAME]'s" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "(SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.130
NEXT	FNQFRIENDS

FNQFRIENDS	
ASK	If SP AGE 5-17 YEARS
Does <TEXT FILL 1> have difficulty making friends? Would you say <TEXT FILL 1> has: (no difficulty, some difficulty, a lot of difficulty, or cannot do at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para hacer amigos? (¿Diría que <TEXT FILL 1> tiene: nada de dificultad, algo de dificultad, bastante dificultad o no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.200
NEXT	FNQANXIETY

FNQANXIETY	
ASK	If SP AGE 5-17 YEARS
How often does <TEXT FILL 1> seem very anxious, nervous or worried? Would you say daily, weekly, monthly, a few times a year or never? 1. DAILY 2. WEEKLY 3. MONTHLY 4. A FEW TIMES A YEAR 5. NEVER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia <TEXT FILL 1> parece sentirse muy ansioso(a), nervioso(a) o preocupado(a)? ¿Diría que diariamente, semanalmente, mensualmente, algunas veces al año o nunca? 1. DIARIAMENTE 2. SEMANALMENTE 3. MENSUALMENTE 4. ALGUNAS VECES AL AÑO 5. NUNCA 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.140
NEXT	FNQDEPRESS

FNQDEPRESS	
ASK	If SP AGE 5-17 YEARS
How often does <TEXT FILL 1> seem very sad or depressed? Would you say daily, weekly, monthly, a few times a year or never? 1. DAILY 2. WEEKLY 3. MONTHLY 4. A FEW TIMES A YEAR 5. NEVER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia <TEXT FILL 1> parece sentirse muy triste o deprimido(a)? ¿Diría que diariamente, semanalmente, mensualmente, algunas veces al año o nunca? 1. DIARIAMENTE 2. SEMANALMENTE 3. MENSUALMENTE 4. ALGUNAS VECES AL AÑO 5. NUNCA 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.150
NEXT	END OF SECTION

FNQHSEE	
ASK	IF SP AGE >= 18 YEARS
Please look at card FNQ1. The next questions ask about difficulties <TEXT FILL 1> may have doing certain activities because of a health problem. <TEXT FILL 2> have difficulty seeing even if wearing glasses or contact lenses? Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 1> cannot do this at all? HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	Mire la tarjeta FNQ1. Las siguientes preguntas son acerca de las dificultades que posiblemente <TEXT FILL 1> tenga para hacer ciertas actividades debido a un problema de salud. ¿Tiene <TEXT FILL 2> dificultad para ver aunque use anteojos o lentes de contacto? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 1> no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 3: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"

	TEXT FILL 3: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK (ENG)	IF FNQHSEE = 1 (NO DIFFICULTY) AND VIQLIGHT = 2 (CANNOT SEE LIGHT), DISPLAY “YOU HAVE CODED THAT SP HAS NO DIFFICULTY SEEING. EARLIER SP REPORTED THAT THEY CANNOT SEE LIGHT. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW: FNQHSEE: Difficulty seeing even if wearing glasses or contact lenses?: NO DIFFICULTY VIQLIGHT: With both eyes open, can <TEXT FILL 1> see light?: NO”
HARD CHECK (SPA)	IF FNQHSEE = 1 (NO DIFFICULTY) AND VIQLIGHT = 2 (CANNOT SEE LIGHT), DISPLAY “YOU HAVE CODED THAT SP HAS NO DIFFICULTY SEEING. EARLIER SP REPORTED THAT THEY CANNOT SEE LIGHT. RECONCILE RESPONSES WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW: FNQHSEE: ¿Dificultad para ver aunque use anteojos o lentes de contacto?: NO DIFFICULTY VIQLIGHT: Cuando abre los dos ojos, ¿puede <TEXT FILL 1> ver la luz?: NO”
SOFT CHECK	
VERSION NOTES	FNQ.410
NEXT	FNQHHEAR

FNQHHEAR	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> have difficulty hearing even if using a hearing aid? (Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 2> cannot do this at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para oír aunque use un audífono? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 2> no lo puede hacer en absoluto?) HAND CARD FNQ1

	1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.430
NEXT	FNQHWALK

FNQHWALK	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> have difficulty walking or climbing steps? (Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 2> cannot do this at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para caminar o subir escaleras? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 2> no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.440
NEXT	FNQHCOMM

FNQHCOMM	
ASK	IF SP AGE >= 18 YEARS
Using <TEXT FILL 1> usual language, <TEXT FILL 2> have difficulty communicating, for example, understanding or being understood? (Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 3> cannot do this at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	Al usar su idioma habitual, ¿tiene <TEXT FILL 2> tiene dificultad para comunicarse, por ejemplo, para entender o hacerse entender? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 3> no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]" TEXT FILL 3: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR

	FILL "éI" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "éI" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.450
NEXT	FNQHREMEMB

FNQHREMEMB	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> have difficulty remembering or concentrating? (Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 2> cannot do this at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para recordar o concentrarse? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 2> no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD

	4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.460
NEXT	FNQHSLFCAR

FNQHSLFCAR	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> have difficulty with self-care, such as washing all over and dressing? (Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 2> cannot do this at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad con actividades como bañarse y vestirse? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 2> no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.470
NEXT	FNQHRAISE

FNQHRAISE	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> have difficulty raising a 2 liter bottle of water or soda from waist to eye level? (Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 2> cannot do this at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para levantar una botella de 2 litros de agua o gaseosa desde la altura de la cintura hasta la altura de los ojos? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 2> no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.480
NEXT	FNQHPICKUP

FNQHPICKUP	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> have difficulty using <TEXT FILL 2> hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? (Would you say no difficulty, some difficulty, a lot of difficulty, or <TEXT FILL 3> cannot do this at all?) HAND CARD FNQ1 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> dificultad para usar las manos y los dedos, como por ejemplo para agarrar objetos pequeños, como un botón o un lápiz, o para abrir o cerrar envases o botellas? (¿Diría que nada de dificultad, algo de dificultad, bastante dificultad o <TEXT FILL 3> no lo puede hacer en absoluto?) HAND CARD FNQ1 1. NADA DE DIFICULTAD 2. ALGO DE DIFICULTAD 3. BASTANTE DIFICULTAD 4. NO LO PUEDE HACER EN ABSOLUTO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.490
NEXT	FNQHANX

FNQHANX	
ASK	IF SP AGE >= 18 YEARS
How often <TEXT FILL 1> feel worried, nervous, or anxious? Would you say... 1. daily, 2. weekly, 3. monthly, 4. a few times a year, or 5. never? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia se siente <TEXT FILL 1> preocupado(a), nervioso(a) o ansioso(a)? ¿Diría que... 1. diariamente, 2. semanalmente, 3. mensualmente, 4. algunas veces al año, o 5. nunca? 7. REFUSED

	9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.510
NEXT	If FNQHANX = 5 OR 7 OR 9: FNQDEP Else: FNQHANXDES

FNQHANXDES	
ASK	IF FNQHANX = 1 OR 2 OR 3 OR 4
Thinking about the last time <TEXT FILL 1> felt worried, nervous, or anxious, how would <TEXT FILL 2> describe the level of these feelings? Would you say... 1. a little, 2. a lot, or 3. somewhere in between a little and a lot? 7. REFUSED 9. DON'T KNOW	
SPANISH	Piense en la última vez que <TEXT FILL 1> se sintió preocupado(a), nervioso(a) o ansioso(a), ¿cómo describiría <TEXT FILL 2> el nivel de esos sentimientos? ¿Diría que... 1. poco, 2. mucho, o 3. un punto intermedio entre poco y mucho? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.520

NEXT	FNQHDEP
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FNQHDEP	
ASK	IF SP AGE >= 18 YEARS
How often <TEXT FILL 1> feel depressed? Would you say... 1. daily, 2. weekly, 3. monthly, 4. a few times a year, or 5. never? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia se siente <TEXT FILL 1> deprimido(a)? ¿Diría que... 1. diariamente, 2. semanalmente, 3. mensualmente, 4. algunas veces al año, o 5. nunca? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.530
NEXT	If FNQHDEP = 5 OR 7 OR 9: END OF SECTION Else: FNQHDEPDES

FNQHDEPDES	
ASK	IF FNQHDEP = 1 OR 2 OR 3 OR 4
Thinking about the last time <TEXT FILL 1> felt depressed, how depressed did <TEXT FILL 2> feel? Would you say... 1. a little, 2. a lot, or 3. somewhere in between a little and a lot? 7. REFUSED 9. DON'T KNOW	
SPANISH	Piense en la última vez que <TEXT FILL 1> se sintió deprimido(a). ¿Qué tan deprimido se sintió <TEXT FILL 2>? ¿Diría que... 1. poco, 2. mucho, o 3. un punto intermedio entre poco y mucho? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FNQ.540

NEXT	END OF SECTION
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SLEEP DISORDERS – SLQ
Target Group: 18+

SLQASLPWDH / SLQASLPWDM / SLQASLPWDU	
ASK	IF SP AGE >= 18 YEARS
The next set of questions are about <TEXT FILL 1> sleep. What time <TEXT FILL 2> usually fall asleep on weekdays or workdays? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE “MIDNIGHT” CODE AS 12:00 AM. _____ [SLQASLPWDH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWDM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWDU] ENTER AM OR PM 7. REFUSED 9. DON'T KNOW	
SPANISH	La siguiente serie de preguntas son acerca de <TEXT FILL 1>. Normalmente, ¿a qué hora <TEXT FILL 2> se duerme entre semana o en días de trabajo? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE “MIDNIGHT” CODE AS 12:00 AM. _____ [SLQASLPWDH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWDM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWDU]

	ENTER AM OR PM 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Numeric with radio buttons: SLQASLPWDH, SLQASLPWDM Dropdown: SLQASLPWDU
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "sus hábitos de sueño" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "los hábitos de sueño de [SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SLQ.300
NEXT	SLQAWKEWD
SLQAWKEWDH / SLQAWKEWDM / SLQAWKEWDU	
ASK	IF SP AGE >= 18 YEARS

What time <TEXT FILL 1> usually wake up on weekdays or workdays? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM. _____ [SLQAWKEWDH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWDM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWDU] ENTER AM OR PM 7. REFUSED 9. DON'T KNOW	
SPANISH	Normalmente, ¿a qué hora se despierta <TEXT FILL 1> entre semana o en días de trabajo? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM. _____ [SLQAWKEWDH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWDM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWDU] ENTER AM OR PM 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Numeric with radio buttons: SLQAWKEWDH, SLQAWKEWDM Dropdown: SLQAWKEWDU
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"

FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP AND (SLQASLPWD != DK/RF AND SLQAWKEWD != DK/RF), DISPLAY: "PLEASE VERIFY SLEEP TIMES OF LESS THAN 4 HOURS OR MORE THAN 12 HOURS. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	SLQ.310
NEXT	SLQASLPWE

SLQASLPWEH / SLQASLPWEM / SLQASLPWEU	
ASK	IF SP AGE >= 18 YEARS
What time <TEXT FILL 1> usually fall asleep on weekends or non-workdays? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 AM. IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT FALLS ASLEEP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS ON WEEKDAYS (SLQASLPWD). _____ [SLQASLPWEH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWEM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWEU] ENTER AM OR PM 7. REFUSED 9. DON'T KNOW	
SPANISH	Normalmente, ¿a qué hora se duerme <TEXT FILL 1> los fines de semana o los días que no trabaja? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS INTO BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS TWELVE "MIDNIGHT" CODE AS 12:00 AM. IF RESPONDENT SAYS DOES NOT WORK, ASK IF THE TIME THAT THE RESPONDENT FALLS ASLEEP IS DIFFERENT ON WEEKENDS. IF NOT, ENTER SAME TIME AS ON WEEKDAYS (SLQASLPWD). _____ [SLQASLPWEH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWEM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQASLPWEU]

	ENTER AM OR PM 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Numeric with radio buttons: SLQASLPWEH, SLQASLPWEM Dropdown: SLQASLPWEU
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SLQ.320
NEXT	SLQAWKEWE

SLQAWKEWEH / SLQAWKEWEM / SLQAWKEWEU	
ASK	IF SP AGE >= 18 YEARS
What time <TEXT FILL 1> usually wake up on weekends or non-workdays? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS DOES NOT WORK, AS IF THE TIME THAT THE RESPONDENT WAKES UP IS DIFFERENCE ON WEEKENDS. IF NOT, ENTER THE SAME TIME AS ON WEEKENDS (SLQAWKEWD). _____ [SLQAWKEWEH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWEM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWEU] ENTER AM OR PM 7. REFUSED 9. DON'T KNOW	
SPANISH	Normalmente, ¿a qué hora se despierta <TEXT FILL 1> los fines de semana o los días que no trabaja? INTERVIEWER INSTRUCTION: THIS IS NOT THE TIME SP GETS OUT OF BED. ENTER TIME AS HH:MM AM OR PM. IF RESPONDENT SAYS DOES NOT WORK, AS IF THE TIME THAT THE RESPONDENT WAKES UP IS DIFFERENCE ON WEEKENDS. IF NOT, ENTER THE SAME TIME AS ON WEEKENDS (SLQAWKEWD). _____ [SLQAWKEWEH] ENTER A NUMBER 1-12 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWEM] ENTER A NUMBER 00-59 77. REFUSED 99. DON'T KNOW _____ [SLQAWKEWEU] ENTER AM OR PM

	7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Numeric with radio buttons: SLQAWKEWDH, SLQAWKEWDM Dropdown: SLQAWKEWDU
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF LESS THAN 4 HOURS OR MORE THAN 12 HOURS OF TOTAL SLEEP AND (SLQASLPWE != DK/RF AND SLQAWKEWE != DK/RF), DISPLAY: "PLEASE VERIFY SLEEP TIMES OF LESS THAN 4 HOURS OR MORE THAN 12 HOURS. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	SLQ.330
NEXT	SLQSNORE

SLQSNORE	
ASK	IF SP AGE >= 18 YEARS
In the last 12 months, how often did <TEXT FILL 1> snore while <TEXT FILL 2> sleeping? Would you say... INTERVIEWER INSTRUCTION: IF R SAYS "DON'T KNOW", PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE. 0. never, 1. rarely; 1-2 nights a week, 2. occasionally; 3-4 nights a week, or 3. frequently; 5 or more nights a week? 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿con qué frecuencia roncó <TEXT FILL 1> mientras dormía? ¿Diría que... INTERVIEWER INSTRUCTION: IF R SAYS "DON'T KNOW", PROBE IF ANYONE HAS TOLD THEM THAT THEY SNORE. 0. nunca, 1. rara vez; 1 o 2 noches por semana, 2. ocasionalmente; de 3 a 4 noches por semana, 3. con frecuencia; 5 o más noches por semana? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio Button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] " IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SLQ.030
NEXT	SLQSNORT

SLQSNORT	
ASK	IF SP AGE >= 18 YEARS
In the last 12 months, how often did <TEXT FILL 1> snort, gasp, or stop breathing while <TEXT FILL 2> asleep? Would you say... INTERVIEWER INSTRUCTION: IF THE RESPONDENT ASKS "HOW WOULD I KNOW IF I SNORT, GASP OR STOP BREATHING WHEN I AM SLEEPING?" PROBE IF ANYONE TOLD THEM THAT THEY DO THIS. 0. never, 1. rarely; 1-2 nights a week, 2. occasionally; 3-4 nights a week, or 3. frequently; 5 or more nights a week? 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿con qué frecuencia <TEXT FILL 1> resopló, jadeó o dejó de respirar mientras dormía? ¿Diría que... INTERVIEWER INSTRUCTION: IF THE RESPONDENT ASKS "HOW WOULD I KNOW IF I SNORT, GASP OR STOP BREATHING WHEN I AM SLEEPING?" PROBE IF ANYONE TOLD THEM THAT THEY DO THIS. 0. nunca, 1. rara vez; 1 o 2 noches por semana, 2. ocasionalmente; de 3 a 4 noches por semana, 3. con frecuencia; 5 o más noches por semana? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio Button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] was" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER

	FILL "[SP NAME] " IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SLQ.040
NEXT	SLQTROUBLE

SLQTROUBLE	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 2> ever told a doctor or other health professional that <TEXT FILL 1> trouble sleeping? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le ha dicho alguna vez <TEXT FILL 2> a un doctor o a otro profesional de la salud que <TEXT FILL 1> tiene problemas para dormir? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio Button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), DK/RF, OR MORE THAN ONE RESPONSEIN SPQGENDER TEXT FILL 2: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] " IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3), DK/RF, OR MORE THAN ONE RESPONSEIN SPQGENDER TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SLQ.050
NEXT	SLQAPNEA

SLQAPNEA	
ASK	IF SP AGE >= 18 YEARS
Has a doctor or other health professional ever said that <TEXT FILL 1> had sleep apnea? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le ha dicho alguna vez un doctor u otro profesional de la salud que <TEXT FILL 1> tenía apnea del sueño? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SLQ.NEW1
NEXT	END OF SECTION

DIET BEHAVIOR AND NUTRITION - DBQ
Target Group: SPs Birth +

DBQBRSTYN	
ASK	IF SP AGE <= 4 YEARS
Now I'm going to ask you some general questions about <TEXT FILL 1> eating habits. Was <TEXT FILL 2> ever breastfed or fed breastmilk? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Ahora le haré algunas preguntas generales acerca de los hábitos alimentarios de <TEXT FILL 1>. ¿Fue alimentado(a) <TEXT FILL 2> alguna vez con leche materna? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'s" TEXT FILL 2: FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.010
NEXT	IF DBQBRSTYN = 1: DBQBRSTSPG ELSE: DBQFRMLSRG

DBQBRSTSPG / DBQBRSTSPQ / DBQBRSTSPU	
ASK	IF DBQBRSTYN = 1
How old was <TEXT FILL 1> when <TEXT FILL 2> completely stopped breastfeeding or being fed breastmilk? [DBQBRSTSPG] 1. ENTER NUMBER 2. STILL BREASTFEEDING 7. REFUSED 9. DON'T KNOW [DBQBRSTSPQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS [DBQBRSTSPU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS	
SPANISH	¿Qué edad tenía <TEXT FILL 1> cuando dejó completamente de ser amamantado(a) o de tomar leche materna? [DBQBRSTSPG] 1. ENTER NUMBER 2. STILL BREASTFEEDING 7. REFUSED 9. DON'T KNOW [DBQBRSTSPQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS [DBQBRSTSPU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS
QUESTION TYPE	Dropdown: DBQBRSTSPG Radio button: DBQBRSTSPU Numeric: DBQBRSTSPQ
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "he" IF SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER

	FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	IF DBQBRSTSPU = 2 (WEEKS), 3 (MONTHS), OR 4 (YEARS), CALCULATE AGE SP STOPPED BREASTFEEDING IN DAYS (DBDBRSTSPD) AS FOLLOWS: IF DBQBRSTSPU = 2, CALCULATE AGE SP STOPPED BREASTFEEDING AS (DBQBRSTSPQ *7) IF DBQBRSTSPU = 3, CALCULATE AGE SP STOPPED BREASTFEEDING AS (DBQBRSTSPQ *31) IF DBQBRSTSPU = 4, CALCULATE AGE SP STOPPED BREASTFEEDING AS (DBQBRSTSPQ *365)
HELP SCREEN	
HARD CHECK	IF DBQBRSTSPG = 1 AND DBQBRSTSPQ = 0, DISPLAY "AGE CANNOT BE ZERO BECAUSE AGE IN DAYS, WEEKS, OR MONTHS IS ALLOWED." IF AGE SP STOPPED BREASTFEDING IN DAYS (DBDBRSTSPD) > SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY, "NUMBER CANNOT BE MORE THAN SP'S AGE"
SOFT CHECK	IF (DBQBRSTSPU = 2 (WEEKS) AND DBQBRSTSPQ > 24) OR (DBQBRSTSPU = 1 (DAYS) AND DBQBRSTSPQ > 40), DISPLAY, "VERIFY AGE ENTERED. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF AGE SP STOPPED BREASTFEDING IN DAYS (DBDBRSTSPD) = SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD) DISPLAY, "AGE ENTERED IS THE SAME AS SP'S CURRENT AGE. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DBQ.030 G/Q/U
NEXT	DBQFRMLSRG

DBQFRMLSRG / DBQFRMLSRQ / DBQFRMLSRU	
ASK	IF SP AGE <= 4 YEARS
How old was <TEXT FILL 1> when <TEXT FILL 2> was first fed formula? INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS. _ [DBQFRMLSRG] 1. ENTER NUMBER 2. NEVER 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQFRMLSRQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQFRMLSRU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS	
SPANISH	¿Qué edad tenía <TEXT FILL 1> cuando fue alimentado(a) por primera vez con fórmula infantil? INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS. _ [DBQFRMLSRG] 1. ENTER NUMBER 2. NEVER 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQFRMLSRQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQFRMLSRU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS
QUESTION TYPE	Dropdown: DBQFRMLSRG Radio button: DBQFRMLSRU Numeric: DBQFRMLSRQ
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]"

	TEXT FILL 2: FILL "he" IF SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "éi" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	IF DBQFRMLSRU = 2 (WEEKS), 3 (MONTHS), OR 4 (YEARS), CALCULATE AGE SP FIRST FED FORMULA IN DAYS (DBDFRMLSRD) AS FOLLOWS: IF DBQFRMLSRU = 2, CALCULATE AGE SP FIRST FED FORMULA AS (DBQFRMLSRQ*7) IF DBQFRMLSRU = 3, CALCULATE AGE SP FIRST FED FORMULA AS (DBQFRMLSRQ*31) IF DBQFRMLSRU = 4, CALCULATE AGE SP FIRST FED FORMULA AS (DBQFRMLSRQ*365)
HELP SCREEN	
HARD CHECK	IF DBQFRMLSRG = 1 AND DBQFRMLSRQ = 0, DISPLAY "AGE CANNOT BE ZERO BECAUSE AGE IN DAYS, WEEKS, OR MONTHS IS ALLOWED." IF AGE SP FIRST FED FORMULA IN AGE (DBDFRMLSRD) > SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY, "NUMBER CANNOT BE MORE THAN SP'S AGE"
SOFT CHECK	IF (DBQFRMLSRU = 2 (WEEKS) AND DBQFRMLSRQ > 24) OR (DBQFRMLSRU = 1 (DAYS) AND DBQFRMLSRQ > 40), DISPLAY, "VERIFY AGE ENTERED. UPDATE RESPONSES IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE. IF AGE SP FIRST FED FORMULA IN AGE (DBDFRMLSRD) = SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY, "AGE ENTERED IS THE SAME AS SP'S CURRENT AGE. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DBQ.041 G/Q/U
NEXT	IF DBQFRMLSRG = 1 : DBQFRMLWTR IF DBQFRMLSRG = 2: DBQFIRSTG IF ((DBQFRMLSRG = 777777 OR 999999) OR (DBQFRMLSRQ = 777777 OR 999999)) AND SP AGE 0-11 MONTHS OR 1 YEAR: DBQFRMLWTR IF ((DBQFRMLSRG = 777777 OR 999999) OR (DBQFRMLSRQ = 777777 OR 999999)) AND SP AGE >= 2 YEARS: DBQFRMLSPG

DBQFRMLWTR	
ASK	IF DBQFRMLSRG = 1 IF DBQFRMLSRG = 777777 (RF) OR 999999 (DK) AND SP AGE <= 0-11 MONTHS OR 1 YEAR
When preparing infant formula for <TEXT FILL 1> what source of water was used? Was it... INTERVIEWER INSTRUCTION: IF MORE THAN ONE SOURCE PROVIDED, PROBE: What water source do you typically use when preparing formula? 1. Bottled water, 2. Cold tap water, 3. Hot tap water, 4. Filtered tap water, 5. Well water, or 6. Distilled water 7. DO NOT USE WATER TO PREPARE FORMULA 77. REFUSED 99. DON'T KNOW	
SPANISH	Cuando prepara la fórmula para bebés para <TEXT FILL 1>, ¿qué fuente de agua se usó? ¿Fue... INTERVIEWER INSTRUCTION: IF MORE THAN ONE SOURCE PROVIDED, PROBE: ¿Qué fuente de agua usa normalmente cuando prepara la fórmula? 1. Agua embotellada, 2. Agua fría de la llave, 3. Agua caliente de la llave, 4. Agua de la llave filtrada, 5. Agua de pozo, o 6. Agua destilada? 7. DO NOT USE WATER TO PREPARE FORMULA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW2
NEXT	DBQFRMLSPG

DBQFRMLSPG / DBQFRMLSPQ / DBQFRMLSPU	
ASK	IF DBQFRMLSRG = 1 OR 777777 (RF) OR 999999 (DK) IF DBQFRMLSRQ = 777777 (RF) OR 999999 (DK)
How old was <TEXT FILL 1> when <TEXT FILL 2> completely stopped drinking formula? INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS. _ [DBQFRMLSPG] 1. ENTER NUMBER 2. STILL DRINKING FORMULA 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQFRMLSPQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQFRMLSPU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS	
SPANISH	¿Qué edad tenía <TEXT FILL 1> cuando dejó completamente de tomar fórmula infantil? INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS. _ [DBQFRMLSPG] 1. ENTER NUMBER 2. STILL DRINKING FORMULA 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQFRMLSPQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQFRMLSPU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS
QUESTION TYPE	Dropdown: DBQFRMLSPG Radio button: DBQFRMLSPU Numeric: DBQFRMLSPQ
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]"

	TEXT FILL 2: FILL “he” IF SP GENDER IS MALE IN SPQGENDER FILL “she” IF SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL “[SP NAME]” TEXT FILL 2: FILL “éi” IF SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	IF DBQFRMLSPU = 2 (WEEKS), 3 (MONTHS), OR 4 (YEARS), CALCULATE AGE SP STOPPED DRINKING FORMULA IN DAYS (DBDFRMLSPD) AS FOLLOWS: IF DBQFRMLSPU = 2, CALCULATE AGE SP STOPPED DRINKING FORMULA AS (DBQFRMLSPQ*7) IF DBQFRMLSPU = 3, CALCULATE AGE SP STOPPED DRINKING FORMULA AS (DBQFRMLSPQ*31) IF DBQFRMLSPU = 4, CALCULATE AGE SP STOPPED DRINKING FORMULA AS (DBQFRMLSPQ*365)
HELP SCREEN	
HARD CHECK	IF DBQFRMLSPG = 1 AND DBQFRMLSPQ = 0, DISPLAY “AGE CANNOT BE ZERO BECAUSE AGE IN DAYS, WEEKS, OR MONTHS IS ALLOWED.” IF AGE SP STOPPED DRINKING FORMULA IN DAYS (DBDFRMLSPD) > SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY, “NUMBER CANNOT BE MORE THAN SP’S AGE” IF AGE SP STOPPED DRINKING FORMULA IN DAYS (DBDFRMLSPD) < AGE SP FIRST FED FORMULA (DBDFRMLSRD), DISPLAY “AGE CANNOT BE LESS THAN AGE WHEN SP WAS FIRST FED FORMULA.”
SOFT CHECK	IF (DBQFRMLSPU = 2 (WEEKS) AND DBQFRMLSPQ > 24) OR (DBQFRMLSPU = 1 (DAYS) AND DBQFRMLSPQ > 40), DISPLAY, “VERIFY AGE ENTERED. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.” IF AGE SP STOPPED DRINKING FORMULA IN DAYS (DBDFRMLSPD) = SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD) DISPLAY, “AGE ENTERED IS THE SAME AS SP’S AGE. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.”
VERSION NOTES	DBQ.050 G/Q/U
NEXT	DBQFIRSTG

DBQFIRSTG / DBQFIRSTQ / DBQFIRSTU	
ASK	IF SP AGE <= 4 YEARS
This next question is about the first thing that <TEXT FILL 1> was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that <TEXT FILL 1> might have been given, even water. How old was <TEXT FILL 1> when <TEXT FILL 2> was first fed anything other than breast milk or formula? INTERVIEWER INSTRUCTION: DO NOT COUNT MEDICATIONS, VITAMIN DROPS, OR SMALL AMOUNT OF WATER THAT WAS USED FOR ORAL HYGIENE PURPOSES. _ [DBQFIRSTG] 1. ENTER NUMBER 2. NEVER 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQFIRSTQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQFIRSTU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS	
SPANISH	La siguiente pregunta es acerca de los primeros alimentos que le dieron a <TEXT FILL 1> además de leche materna o fórmula. Incluya jugos, leche de vaca, agua con azúcar, alimentos para bebé o cualquier otro alimento que se le haya dado, incluso agua. ¿Qué edad tenía <TEXT FILL 1> cuando lo(a) alimentaron por primera vez con productos distintos a la leche materna o fórmula infantil? INTERVIEWER INSTRUCTION: DO NOT COUNT MEDICATIONS, VITAMIN DROPS, OR SMALL AMOUNT OF WATER THAT WAS USED FOR ORAL HYGIENE PURPOSES. _ [DBQFIRSTG] 1. ENTER NUMBER 2. NEVER 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQFIRSTQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQFIRSTU] ENTER UNIT 1. DAYS

	2. WEEKS 3. MONTHS 4. YEARS
QUESTION TYPE	Dropdown: DBQFIRST Radio button: DBQFIRSTU Numeric: DBQFIRSTQ
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "he" IF SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	IF DBQFIRSTU = 2 (WEEKS), 3 (MONTHS), OR 4 (YEARS), CALCULATE AGE SP FIRST FED OTHER IN DAYS (DBDFIRSTD) AS FOLLOWS: IF DBQFIRSTU = 2, CALCULATE AGE SP FIRST FED OTHER AS (DBQFIRSTQ *7) IF DBQFIRSTU = 3, CALCULATE AGE SP FIRST FED OTHER AS (DBQFIRSTQ *31) IF DBQFIRSTU = 4, CALCULATE AGE SP FIRST FED OTHER AS (DBQFIRSTQ *365)
HELP SCREEN	
HARD CHECK	IF DBQFIRSTG = 1 AND DBQFIRSTQ = 0, DISPLAY "AGE CANNOT BE ZERO BECAUSE AGE IN DAYS, WEEKS, OR MONTHS IS ALLOWED." IF SP FIRST FED OTHER IN DAYS (DBDFIRSTD) > SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY, "NUMBER CANNOT BE MORE THAN SP'S AGE"
SOFT CHECK	IF (DBQFIRSTU = 2 (WEEKS) AND DBQFIRSTQ > 24) OR (DBQFIRSTU = 1 (DAYS) AND DBQFIRSTQ > 40), DISPLAY, "VERIFY AGE ENTERED. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF SP FIRST FED OTHER IN DAYS (DBDFIRSTD) = SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY "AGE ENTERED IS THE SAME AS SP'S AGE. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DBQ.055 G/Q/U
NEXT	IF DBQFIRSTG = 1: DBQMILKG ELSE: DBQCARE

DBQMILKG / DBQMILKQ / DBQMILKU	
ASK	IF DBQFIRSTG = 1
How old was <TEXT FILL 1> when <TEXT FILL 2> was first fed milk? INTERVIEWER INSTRUCTION: INCLUDE LACTAID AS MILK. DO NOT INCLUDE BREAST MILK OR FORMULA _ [DBQMILKG] 1. ENTER NUMBER 2. NEVER 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQMILKQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQMILKU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS	
SPANISH	¿Qué edad tenía <TEXT FILL 1> cuando fue alimentado(a) con leche por primera vez? INTERVIEWER INSTRUCTION: INCLUDE LACTAID AS MILK. DO NOT INCLUDE BREAST MILK OR FORMULA _ [DBQMILKG] 1. ENTER NUMBER 2. NEVER 7. REFUSED 9. DON'T KNOW _ _ _ _ [DBQMILKQ] ENTER AGE IN DAYS, WEEKS, MONTHS, OR YEARS _ [DBQMILKU] ENTER UNIT 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS
QUESTION TYPE	Dropdown: DBQMILKG Radio button: DBQMILKU Numeric: DBQMILKQ
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]"

	TEXT FILL 2: FILL "he" IF SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "éi" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	IF DBQMILKU = 2 (WEEKS), 3 (MONTHS), OR 4 (YEARS), CALCULATE AGE SP FIRST FED MILK IN DAYS (DBDMILKD) AS FOLLOWS: IF DBQMILKU = 2, CALCULATE AGE SP FIRST FED MILK AS (DBQMILKQ *7) IF DBQMILKU = 3, CALCULATE AGE SP FIRST FED MILK AS (DBQMILKQ *31) IF DBQMILKU = 4, CALCULATE AGE SP FIRST FED MILK AS (DBQMILKQ *365)
HELP SCREEN	
HARD CHECK	IF DBQMILKG = 1 AND DBQMILKQ = 0, DISPLAY "AGE CANNOT BE ZERO BECAUSE AGE IN DAYS, WEEKS, OR MONTHS IS ALLOWED." IF AGE SP FIRST FED MILK IN DAYS (DBDMILKD) > SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY "NUMBER CANNOT BE MORE THAN SP'S AGE"
SOFT CHECK	IF (DBQMILKU = 2 (WEEKS) AND DBQMILKQ > 24) OR (DBQMILKU = 1 (DAYS) AND DBQMILKQ > 40), DISPLAY, "VERIFY AGE ENTERED. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF AGE SP FIRST FED MILK IN DAYS (DBDMILKD) = SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY "AGE ENTERED IS THE SAME AS SP'S AGE. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DBQ.061 G/Q/U
NEXT	IF DBQMILKG = 2: DBQ7DAYSGR ELSE: DBQMILKTYP

DBQMILKTYP	
ASK	IF DBQMILK = 1 OR 7777777 (RF) OR 999999 (DK)
What type of milk was <TEXT FILL 1> first fed? Was it . . . [CODE ALL THAT APPLY] 10. whole or regular, 11. 2% fat or reduced-fat milk, 12. 1% fat or low-fat milk (includes 0.5% fat milk or "low-fat milk" not further specified), 13. fat-free, skim, or nonfat milk, 20. plant-based milks such as soy, oat, almond or coconut milk, or 30. another type? 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Con qué tipo de leche se alimentó a <TEXT FILL 1> por primera vez? ¿Fue... [CODE ALL THAT APPLY] 10. entera o regular, 11. leche con 2% de grasa o leche baja en grasas, 12. leche con 1% de grasa o baja en grasa (incluye leche con 0.5% de grasa o leche baja en grasa sin especificación), 13. descremada, desnatada o sin grasa, 20. vegetal, como la de soya, avena, almendra o coco, u 30. algún otro tipo? 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).
HELP SCREEN (SPA)	Lactaid: Producto lácteo modificado que suelen consumir las personas con intolerancia a la lactosa. Lactaid se puede obtener en varias formas (es decir, reducida en grasa al 2 % o totalmente descremada, etc.). Si la persona encuestada no da un tipo, verifique el tipo (es decir, "¿era Lactaid regular, reducida en grasa al 2 %, reducida en grasa al 1 % o descremada?").
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.073
NEXT	IF SP AGE 0-11 MONTH AND DBQFIRSTG = 1: DBQSOLIDFQ ELSE: DBQ7DAYSGR

DBQSOLIDFQ	
ASK	IF SP AGE 0-11 MONTH AND DBQMILK = 1 OR 777777 (RF) OR 999999 (DK)
Once <TEXT FILL 1> started eating solid foods, about how often were new foods introduced to <TEXT FILL 2>? Was it about 1 new food... 1. Per week or less often, 2. Every 4 or 5 days, 3. Every 3 days, 4. Every 2 days or more often? 7. REFUSED 9. DON'T KNOW	
SPANISH	Una vez que <TEXT FILL 1> empezó a comer alimentos sólidos, ¿con qué frecuencia se le daban nuevos alimentos? ¿Se le daba un nuevo alimento... 1. Por semana o con menos frecuencia, 2. Cada 4 o 5 días, 3. Cada 3 días, 4. Cada 2 días o con más frecuencia? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW4
NEXT	DBQ7DAYSGR

DBQ7DAYSGR	
ASK	IF DBQFIRSTG = 1
We will be asking you how often <TEXT FILL 1> ate different types of foods over the last 7 days. Please use the categories listed on hand card 1 to answer these questions. In the last 7 days, how many times did <TEXT FILL 1> ... drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea? Do not include 100% fruit juice. [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	Le preguntaremos con qué frecuencia comió <TEXT FILL 1> diferentes tipos de alimentos en los últimos 7 días. Utilice la lista de categorías en la tarjeta 1 para contestar estas preguntas. En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>... tomó bebidas azucaradas como gasosas, bebidas de frutas, bebidas deportivas o té dulce? No incluya jugo 100 % de fruta. [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	DBQ.NEW5
NEXT	DBQ7DAYVEG

DBQ7DAYVEG	
ASK	IF DBQFIRSTG = 1
In the last 7 days, how many times did <TEXT FILL 1> ... eat vegetables? Include any vegetables that were fresh, frozen, canned, or baby food. Do not include French fries, fried potatoes, or potato chips. [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	En los últimos 7 días, ¿cuántas veces <TEXT FILL 1> ... comió vegetales? Incluya cualquier vegetal fresco, congelado, enlatado o comida para bebés. No incluya papas fritas "french fries" o papas fritas en bolsa. [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW6
NEXT	DBQ7DAYFRT

DBQ7DAYFRT	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat fruits? Include any fruits that were fresh, frozen, canned, or baby food. Do not include juice. [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>...?). comió frutas. Incluya cualquier fruta fresca, congelada, enlatada o comida para bebés. No incluya jugos. [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW7
NEXT	DBQ7DAYMTP

DBQ7DAYMTP	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat meats and poultry such as beef, pork, chicken, or turkey, including the baby food version? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1> ...). comió carnes y aves, como carne de res, de cerdo, de pollo o pavo, incluido el tipo de estos alimentos para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW8
NEXT	DBQ7DAYGRN

DBQ7DAYGRN	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat baby food grain snacks such as teething biscuits, rusks, cookies, puffs, banana cookie, or rice rusk toast? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>...). comió refrigerios/aperitivos o “snacks” de granos para bebés, como galletas para la dentadura, panecillos tostados, galletitas, hojaldres, galletas de plátano o bizcocho tostado de arroz? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL “[SP NAME]”
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW9
NEXT	DBQ7DAYRIC

DBQ7DAYRIC	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat fortified infant rice cereal? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>...) comió cereal de arroz fortificado para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW10
NEXT	DBQ7DAYCRL

DBQ7DAYCRL	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat other infant cereal such as oat, barley, or multigrain? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>...) comió otros cereales para bebés como avena, cebada o multigranos? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW11
NEXT	DBQ7DAYAPL

DBQ7DAYAPL	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) drink apple juice, including the baby food version? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>...) tomó jugo de manzana, incluido el tipo de este jugo para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW12
NEXT	DBQ7DAYGRP

DBQ7DAYGRP	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) drink grape juice, including the baby food version? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>...) tomó jugo de uva, incluido el tipo de este jugo para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW13
NEXT	DBQ7DAYAVO

DBQ7DAYAVO	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat avocado, including the baby food version? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1>... comió aguacate, incluido el tipo de este alimento para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW14
NEXT	DBQ7DAYSPN

DBQ7DAYSPN	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat spinach, including the baby food version? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1> ...) comió espinaca, incluido el tipo de este alimento para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW15
NEXT	DBQ7DAYCAR

DBQ7DAYCAR	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat carrots, including the baby food version? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1> ...) comió zanahorias, incluido el tipo de este alimento para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW16
NEXT	IF DBQ7DAYCAR = 2 - 8 AND SP AGE 0-11 MONTHS: DBQCARROTS ELSE: DBQ7DAYSWP

DBQCARROTS	
ASK	IF DBQ7DAYCAR = 2 - 8 AND SP AGE 0-11 MONTHS
Were the carrots a commercially prepared baby food or made from ingredients at a home? 1. COMMERCIALLY PREPARED BABY FOOD 2. MADE AT HOME 3. BOTH 4. NEITHER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Eran las zanahorias una comida para bebés preparada comercialmente estaba hecha con ingredientes caseros? 1. COMIDA PARA BEBÉS PREPARADA COMERCIALMENTE 2. HECHA CON INGREDIENTES CASEROS 3. AMBOS 4. NINGUNO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW18
NEXT	DBQ7DAYSWP

DBQ7DAYSWP	
ASK	IF DBQFIRSTG = 1
(In the last 7 days, how many times did <TEXT FILL 1> ...) eat sweet potatoes, including the baby food version? [HAND CARD 1] 1. NEVER 2. 1-2 TIMES IN THE LAST 7 DAYS 3. 3-4 TIMES IN THE LAST 7 DAYS 4. 5-6 TIMES IN THE LAST 7 DAYS 5. 1 TIME PER DAY 6. 2-3 TIMES PER DAY 7. 4-5 TIMES PER DAY 8. 6 OR MORE TIMES PER DAY 77. REFUSED 99. DON'T KNOW	
SPANISH	(En los últimos 7 días, ¿cuántas veces <TEXT FILL 1> ...) comió camotes/batatas, incluido el tipo de este alimento para bebés? [HAND CARD 1] 1. NUNCA 2. 1 O 2 VECES EN LOS ÚLTIMOS 7 DÍAS 3. 3 A 4 VECES EN LOS ÚLTIMOS 7 DÍAS 4. 5 A 6 VECES EN LOS ÚLTIMOS 7 DÍAS 5. 1 VEZ AL DÍA 6. 2 A 3 VECES AL DÍA 7. 4 A 5 VECES AL DÍA 8. 6 O MÁS VECES AL DÍA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW19
NEXT	IF DBQ7DAYSWP = 2 - 8 AND SP AGE 0-11 MONTHS: DBQSWPOTAT ELSE: DBQCARE

DBQSWPOTAT	
ASK	IF DBQ7DAYSWP = 2 - 8 AND SP AGE 0-11 MONTHS
Were the sweet potatoes a commercially prepared baby food or made from ingredients at a home? 1. COMMERCIALLY PREPARED BABY FOOD 2. MADE AT HOME 3. BOTH 4. NEITHER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Eran los camotes/batatas una comida para bebés preparada comercialmente o estaba hecha con ingredientes caseros? 1. COMIDA PARA BEBÉS PREPARADA COMERCIALMENTE 2. HECHA CON INGREDIENTES CASEROS 3. AMBOS 4. NINGUNO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW21
NEXT	DBQCARE

DBQCARE	
ASK	IF SP AGE 0-11 MONTHS OR 1-4 YEARS
On a typical week how many hours does <TEXT FILL 1> receive care outside the home? 1. NONE 2. 1 TO LESS THAN 5 HOURS 3. 5 TO LESS THAN 10 HOURS 4. 10 TO LESS THAN 20 HOURS 5. 20 TO LESS THAN 30 HOURS 6. 30 HOURS OR MORE 7. REFUSED 9. DON'T KNOW	
SPANISH	En una semana típica, ¿cuántas horas recibe <TEXT FILL 1> cuidados fuera del hogar? 1. NINGUNA 2. DE 1 A MENOS DE 5 HORAS 3. DE 5 A MENOS DE 10 HORAS 4. DE 10 A MENOS DE 20 HORAS 5. DE 20 A MENOS DE 30 HORAS 6. 30 HORAS O MÁS 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW22
NEXT	IF DBQCARE = 1: DBQWICEVER ELSE, DBQCARETYP

DBQCARETYP	
ASK	IF DBQCARE != 1
What type of care does <TEXT FILL 1> receive most often? Is it a... 1. Childcare or daycare center, 2. Preschool, 3. Head Start or early Head Start program, 4. Family childcare home, 5. Neighbor, 6. Nanny or Au pair or babysitter, or 7. Relative? 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Qué tipo de cuidados recibe <TEXT FILL 1> con más frecuencia? ¿Es... 1. Guardería o centro de cuidado diario, 2. Preescolar, 3. Programa Head Start o Early Head Start, 4. Hogar de cuidado infantil familiar, 5. Vecino(a), 6. Nana o au pair o niño(a), o 7. Familiares? 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.NEW23
NEXT	DBQWICEVER

DBQATTEND	
ASK	IF SP AGE 5-17 YEARS
In the school year, does <TEXT FILL 1> attend kindergarten through 12th grade at a school? INTERVIEWER INSTRUCTION: ENTER 'NO' IF THE SP IS HOME SCHOOLED. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante el año escolar, ¿asiste <TEXT FILL 1> a la escuela de kindergarten/jardín de la infancia, escuela elemental, escuela intermedia o escuela superior/secundaria/preparatoria o high school? INTERVIEWER INSTRUCTION: ENTER 'NO' IF THE SP IS HOME SCHOOLED. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.360N
NEXT	IF DBQATTEND = 1: DBQLUNCH ELSE: DBQFREERP

DBQLUNCH	
ASK	IF DBQATTEND=1
Does <TEXT FILL 1> school serve school lunches? These are complete lunches that cost the same every day. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Sirve la escuela de <TEXT FILL 1> comidas escolares al mediodía? Estas son comidas completas que cuestan lo mismo todos los días. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'S"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.370
NEXT	IF DBQLUNCH = 1: DBQLUNCHFG ELSE: DBQBRKFT

DBQLUNCHFG / DBQLUNCHFQ	
ASK	IF DBQLUNCH = 1
During the school year, about how many times a week does <TEXT FILL 1> usually get a complete school lunch? __ [DBQLUNCHFG] 1. ENTER NUMBER 2. NONE 7. REFUSED 9. DON'T KNOW __ [DBQLUNCHFQ] ENTER NUMBER OF TIMES	
SPANISH	Durante el año escolar, ¿más o menos cuántas veces a la semana recibe usualmente <TEXT FILL 1> una comida escolar completa? __ [DBQLUNCHFG] 1. ENTER NUMBER 2. NONE 7. REFUSED 9. DON'T KNOW __ [DBQLUNCHFQ] ENTER NUMBER OF TIMES
QUESTION TYPE	Dropdown: DBQLUNCHFG Numeric: DBQLUNCHFQ
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF DBQLUNCHFQ <1 OR >5 DISPLAY, "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 5."
SOFT CHECK	
VERSION NOTES	DBQ.381 G/Q
NEXT	IF DBQLUNCHFG = 1: DBQLUNCHPY ELSE: DBQBRKFT

DBQLUNCHPY	
ASK	IF DBQLUNCHFG = 1
Does <TEXT FILL 1> get these lunches free, at a reduced price, or does <TEXT FILL 2> pay full price? 1. FREE 2. REDUCED PRICE 3. FULL PRICE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Recibe <TEXT FILL 1> estas comidas gratis, a precio reducido o paga el precio completo? 1. GRATIS 2. PRECIO REDUCIDO 3. PRECIO COMPLETO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "he" IF SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.390
NEXT	DBQBRKFT

DBQBRKFT	
ASK	IF DBQATTEND = 1
Does <TEXT FILL 1> school serve a complete breakfast that costs the same every day? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Sirve la escuela de <TEXT FILL 1> desayunos completos que cuestan lo mismo todos los días? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]'S"
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.400
NEXT	IF DBQBRKFT = 1: DBQBRKFTFG IF (DBQBRKFT = 2 OR 7 OR 9) AND (DBQLUNCHPY = 1 OR 2): DBQFREERP IF (DBQBRKFT = 2 OR 7 OR 9) AND (DBQLUNCHPY = 3 OR 7 OR 9): END OF SECTION

DBQBRKFTFG / DBQBRKTFQ	
ASK	IF DBQBRKFT = 1
In the school year, about how many times a week does <TEXT FILL 1> usually get a complete breakfast at school? __ [DBQBRKFTFG] 1. ENTER NUMBER 2. NONE 7. REFUSED 9. DON'T KNOW __ [DBQBRKTFQ] ENTER NUMBER OF TIMES	
SPANISH	Durante el año escolar, ¿más o menos cuántas veces a la semana suele usualmente <TEXT FILL 1> un desayuno escolar completo? __ [DBQBRKFTFG] 1. ENTER NUMBER 2. NONE 7. REFUSED 9. DON'T KNOW __ [DBQBRKTFQ] ENTER NUMBER OF TIMES
QUESTION TYPE	Dropdown: DBQBRKFTFG Numeric: DBQBRKTFQ
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IFDBQBRKTFQ <1 OR >5, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 5."
SOFT CHECK	
VERSION NOTES	DBQ.411 G/Q
NEXT	IF DBQBRKFTFG = 1: DBQBRKFTPY IF (DBQBRKFTFG = 2 OR 7 OR 9) AND (DBQLUNCHPY = 1 OR 2): DBQFREERP IF (DBQBRKFTFG = 2 OR 7 OR 9) AND (DBQLUNCHPY = 3 OR 7 OR 9): END OF SECTION

DBQBRKFTPY	
ASK	IF DBQBRKFTFG = 1
Does <TEXT FILL 1> get these breakfasts free, at a reduced price, or does <TEXT FILL 2> pay full price? 1. FREE 2. REDUCED PRICE 3. FULL PRICE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Recibe <TEXT FILL 1> estos desayunos gratis, a precio reducido o paga el precio completo? 1. GRATIS 2. PRECIO REDUCIDO 3. PRECIO COMPLETO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "he" IF SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.421
NEXT	IF (DBQLUNCHPY = 1 OR 2) OR (DBQBRKFTPY = 1 OR 2): DBQFREERP ELSE: END OF SECTION

DBQFREERP	
ASK	IF DBQATTEND = 2 OR 7 OR 9 IF (DBQLUNCHPY = 1 OR 2) OR (DBQBRKFTPY = 1 OR 2)
Does <TEXT FILL 1> get a free or reduced price meal at any summer program <TEXT FILL 2> attends? 1. YES 2. NO 3. DID NOT ATTEND SUMMER PROGRAM 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Recibe <TEXT FILL 1> comidas gratis o a precio reducido en algún programa de verano al que asiste? 1. YES 2. NO 3. DID NOT ATTEND SUMMER PROGRAM 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "he" IF SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "él" IF SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.424N
NEXT	END OF SECTION

DBQWICEVER	
ASK	IF SP AGE 0-11 MONTHS OR 1-4 YEARS
Next are a few questions about the WIC program. Has <TEXT FILL 1> ever received benefits from WIC, that is, the Women, Infants, and Children program? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	A continuación, algunas preguntas sobre el programa WIC. ¿Ha recibido <TEXT FILL 1> alguna vez beneficios del programa WIC, es decir, del Programa para Mujeres, Infantes y Niños? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	WIC: WIC is short for the Special Supplemental Nutrition Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.
HELP SCREEN (SPA)	WIC: WIC es la abreviatura para referirse al Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños). Este programa ofrece ayuda alimenticia y evaluaciones nutricionales a mujeres de bajos ingresos durante el embarazo y, después del parto, también a sus recién nacidos, así como a niños de bajos ingresos, hasta los 5 años.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FSQ.653
NEXT	IF DBQWICEVER = 1: DBQWICNOW ELSE: DBQWICMOM

DBQWICNOW	
ASK	IF DBQWICEVER = 1
Is <TEXT FILL 1> now receiving benefits from the WIC program? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Está <TEXT FILL 1> recibiendo ahora beneficios del programa WIC? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FSQ.673
NEXT	DBQWICFSTQ

DBQWICFSTQ / DBQWICFSTU	
ASK	IF DBQWICEVER = 1
At what age did <TEXT FILL 1> first receive benefits from the WIC program? _ _ [DBQWICFSTQ] ENTER NUMBER (OF MONTHS OR YEARS) 777. REFUSED 999. DON'T KNOW _ [DBQWICFSTU] ENTER UNIT 1. MONTHS 2. YEARS	
SPANISH	¿A qué edad recibió <TEXT FILL 1> por primera vez beneficios del programa WIC? _ _ [DBQWICFSTQ] ENTER NUMBER (OF MONTHS OR YEARS) 777. REFUSED 999. DON'T KNOW _ [DBQWICFSTU] ENTER UNIT 1. MONTHS 2. YEARS
QUESTION TYPE	Numeric: DBQWICFSTQ Dropdown: DBQWICFSTU
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	IF DBQWICFSTU = 1 (MONTHS) OR 2 (YEARS), CALCULATE AGE SP FIRST RECEIVED WIC BENEFITS IN DAYS (DBDWICFST) AS FOLLOWS: IF DBQWICFSTU = 1, CALCULATE AGE SP FIRST RECEIVED WIC BENEFITS AS (DBQWICFSTQ*31) IF DBQWICFSTU = 2, CALCULATE AGE SP FIRST RECEIVED WIC BENEFITS AS (DBQWICFSTQ *365)
HELP SCREEN	
HARD CHECK	IF DBQWICFSTU=1 (MONTHS) AND DBQWICFSTQ NOT 1-120 DISPLAY, "AGE IN YEARS MUST BE BETWEEN 1-120." IF DBQWICFSTU=2 (YEARS) AND DBQWICFSTQ NOT 0-11 DISPLAY, "AGE IN MONTHS MUST BE BETWEEN 0-11." IF AGE SP FIRST RECEIVED WIC BENEFITS IN DAYS (DBDWICFST) > SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY "NUMBER CANNOT BE MORE THAN SP'S AGE"

SOFT CHECK	IF AGE SP FIRST RECEIVED WIC BENEFITS IN DAYS (DBDWICFST) = SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY "AGE ENTERED IS THE SAME AS SP'S AGE. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	FSQ.NEW1
NEXT	IF DBQWICNOW = 2 OR 7 OR 9: DBQWICLSTQ ELSE: DBQWICMOM

DBQWICLSTQ / DBQWICLSTU	
ASK	IF DBQWICNOW = 2 OR 7 OR 9
At what age did <TEXT FILL 1> last receive benefits from the WIC program? _ _ [DBQWICLSTQ] ENTER NUMBER (OF MONTHS OR YEARS) 777. REFUSED 999. DON'T KNOW _ [DBQWICLSTU] ENTER UNIT 1. MONTHS 2. YEARS	
SPANISH	¿A qué edad recibió <TEXT FILL 1> por última vez beneficios del programa WIC? _ _ [DBQWICLSTQ] ENTER NUMBER (OF MONTHS OR YEARS) 777. REFUSED 999. DON'T KNOW _ [DBQWICLSTU] ENTER UNIT 1. MONTHS 2. YEARS
QUESTION TYPE	Numeric: DBQWICLSTQ Dropdown: DBQWICLSTU
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	IF DBQWICLSTU = 1 (MONTHS) OR 2 (YEARS), CALCULATE AGE SP LAST RECEIVED WIC BENEFITS IN DAYS AS FOLLOWS: IF DBQWICLSTU = 1, CALCULATE AGE SP LAST RECEIVED WIC BENEFITS AS (DBQWICLSTQ*31) IF DBQWICLSTU = 2, CALCULATE AGE SP LAST RECEIVED WIC BENEFITS AS (DBQWICLSTQ *365)
HELP SCREEN	
HARD CHECK	IF AGE SP PAST RECEIVED WIC BENEFITS IN DAYS > SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY "NUMBER CANNOT BE MORE THAN SP'S AGE"
SOFT CHECK	IF AGE SP PAST RECEIVED WIC BENEFITS IN DAYS = SP AGE IN DAYS (SPDSPAGED OR SPDSPAGEQD), DISPLAY "AGE ENTERED IS THE SAME AS SP'S AGE. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	FSQ.NEW2
NEXT	DBQWICMOM

DBQWICMOM	
ASK	IF SP AGE 0-11 MONTHS OR 1-4 YEARS
Did <TEXT FILL 1> mother receive benefits from WIC, while she was pregnant with <TEXT FILL 2>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Recibió beneficios de WIC la madre de <TEXT FILL 1> mientras estaba embarazada de <TEXT FILL 2>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'S" TEXT FILL 2: FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	FSQ.690
NEXT	IF DBQWICMOM = 1: DBQWICPRGN ELSE: END OF SECTION

DBQWICPRGN	
ASK	IF DBQWICMOM = 1
How many months pregnant was <TEXT FILL 1> mother when she began to receive WIC benefits? _ _ ENTER NUMBER OF MONTHS 777. REFUSED 999. DON'T KNOW	
SPANISH	¿Cuántos meses de embarazo tenía la madre de <TEXT FILL 1> cuando comenzó a recibir los beneficios de WIC? _ _ ENTER NUMBER OF MONTHS 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'S"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF DBQWICPRGN > 10, DISPLAY "PLEASE ENTER A NUMBER BETWEEN 0-10."
SOFT CHECK	
VERSION NOTES	FSQ.695
NEXT	END OF SECTION

DBQMYPLT	
ASK	IF SP AGE > 17 YEARS
Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government. <TEXT FILL 1> heard of My Plate? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Ahora le haré algunas preguntas sobre las reglas nutricionales recomendadas por el gobierno federal para las personas en Estados Unidos. ¿Ha oído <TEXT FILL 1> hablar de MiPlato (MyPlate)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.596
NEXT	IF DBQMYPLT = 1: DBQMYPLTUS ELSE: DBQPLANMST

DBQMYPLTUS	
ASK	IF DBQMYPLT = 1
<TEXT FILL 1> used My Plate materials or tools? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha usado <TEXT FILL 1> los materiales o los métodos de MiPlato? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.New1
NEXT	DBQMYPLTFW

DBQMYPLTFW	
ASK	IF DBQMYPLT = 1
<TEXT FILL 1> tried to follow My Plate advice on healthy food and beverage selections? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha tratado <TEXT FILL 1> intentó seguir los consejos de MiPlato sobre la selección de alimentos y bebidas saludables? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.New2
NEXT	DBQPLANMST

DBQPLANMST	
ASK	IF SP AGE > 17 YEARS
<TEXT FILL 1> the person who does most of the planning or preparing of meals<TEXT FILL 2>? INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Es <TEXT FILL 1> la persona que hace la mayor parte de la planificación o preparación de las comidas <TEXT FILL 2>? INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]" TEXT FILL 2: FILL " in your family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR FILL " in his family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL " in her family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL " in [SP NAME]'s family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER LEAVE BLANK IF THERE IS ONLY ONE PERSON IN THE FAMILY
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL " en su familia" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR FILL " en su familia" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL " en su familia" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER

	FILL “ en la familia de [SP NAME]” IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER LEAVE BLANK IF THERE IS ONLY ONE PERSON IN THE FAMILY
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.930
NEXT	DBQPLANSR

DBQPLANSHR	
ASK	IF SP AGE > 17 YEARS
<TEXT FILL 1> share in the planning or preparing of meals with someone else? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Comparte <TEXT FILL 1> la planificación o preparación de las comidas con otra persona? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.935
NEXT	DBQSHOPMST

DBQSHOPMST	
ASK	IF SP AGE > 17 YEARS
<TEXT FILL 1> the person who does most of the shopping for food<TEXT FILL 2>? INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Es <TEXT FILL 1> la persona que hace la mayor parte de la compra de alimentos <TEXT FILL 2>? INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]" TEXT FILL 2: FILL " in your family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR FILL " in his family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL " in her family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL " in [SP NAME]'s family" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER LEAVE BLANK IF THERE IS ONLY ONE PERSON IN THE FAMILY
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL " en su familia" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR FILL " en su familia" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL " en su familia" IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER

	FILL “ en la familia de [SP NAME]” IF THERE IS MORE THAN ONE PERSON IN THE FAMILY AND SP IS NOT SELECTED AS THE RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER LEAVE BLANK IF THERE IS ONLY ONE PERSON IN THE FAMILY
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.940
NEXT	DBQSHOPSHR

DBQSHOPSHR	
ASK	IF SP AGE > 17 YEARS
<TEXT FILL 1> share in the shopping for food with someone else? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Comparte <TEXT FILL 1> la compra de alimentos con otra persona? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS THE RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.945
NEXT	IF SP AGE > 44 YEARS: DBQMILKCRL ELSE: END OF SECTION

DBQMILKCRL	
ASK	IF SP AGE > 44 YEARS
In the last 30 days, how often did <TEXT FILL 1> have milk to drink or on <TEXT FILL 2> cereal? Please include chocolate and other flavored milks and plant-based milks. Do not count small amounts of milk added to coffee or tea. Would you say . . . HAND CARD DBQ4 INTERVIEWER INSTRUCTION: INCLUDE ALL TYPES OF MILK (FOR EXAMPLE, LACTAID AND OTHER LACTOSE-FREE MILKS; SOY MILK, ALMOND MILK, RICE MILK, COCONUT MILK, OAT MILK; EVAPORATED MILK, HOT COCOA MADE WITH MILK, ETC.) DO NOT INCLUDE MILK USED IN COOKING. 0. never, 1. rarely – less than once a week, 2. sometimes – once a week or more, but less than once a day, or 3. often – once a day or more? 4. VARIED 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 30 días, ¿con qué frecuencia tomó <TEXT FILL 1> leche o la combinó con sus cereales? Incluya leche de chocolate y otras leches saborizadas y leches a base de plantas. No cuente cantidades pequeñas de leche que se agregan al té o café. ¿Diría que... HAND CARD DBQ4 INTERVIEWER INSTRUCTION: INCLUDE ALL TYPES OF MILK (FOR EXAMPLE, LACTAID AND OTHER LACTOSE-FREE MILKS; SOY MILK, ALMOND MILK, RICE MILK, COCONUT MILK, OAT MILK; EVAPORATED MILK, HOT COCOA MADE WITH MILK, ETC.) DO NOT INCLUDE MILK USED IN COOKING. 0. nunca, 1. rara vez, menos de una vez a la semana, 2. a veces, una vez a la semana o más, pero menos de una vez al día, o 3. con frecuencia, una vez al día o más? 4. VARIED 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP

	GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.197N
NEXT	END OF SECTION

WEIGHT HISTORY – WHQ
Target Group: SPs 18+

WHQHEIGHT / WHQHEIGHTF / WHQHEIGHTI / WHQHEIGHTC	
ASK	IF SP AGE >= 18 YEARS
These next questions ask about <TEXT FILL 1> height and weight. How tall <TEXT FILL 2> without shoes? _ [WHQHEIGHT] 1. ENTER HEIGHT IN FEET AND INCHES 2. ENTER HEIGHT IN CENTIMETERS 7. REFUSED 9. DON'T KNOW _ _ [WHQHEIGHTF] ENTER NUMBER OF FEET AND _ _ [WHQHEIGHTI] ENTER NUMBER OF INCHES OR _ _ [WHQHEIGHTC] ENTER NUMBER OF CENTIMETERS	
SPANISH	Estas siguientes preguntas son acerca de <TEXT FILL 1>. ¿Cuánto mide <TEXT FILL 2> sin zapatos? _ [WHQHEIGHT] 1. ENTER HEIGHT IN FEET AND INCHES 2. ENTER HEIGHT IN CENTIMETERS 7. REFUSED 9. DON'T KNOW _ _ [WHQHEIGHTF] ENTER NUMBER OF FEET AND _ _ [WHQHEIGHTI] ENTER NUMBER OF INCHES OR _ _ [WHQHEIGHTC] ENTER NUMBER OF CENTIMETERS
QUESTION TYPE	Dropdown: WHQHEIGHT Numeric: WHQHEIGHTF, WHQHEIGHTI, WHQHEIGHTC
FILLS (ENG)	TEXT FILL 1: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR

	ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "su estatura y su peso" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la estatura y el peso de [SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF WHQHEIGHTF <2 OR >8, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 2 AND 8." IF WHQHEIGHTI >11, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 11." IF WHQHEIGHTC <61 OR >272, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 61 AND 272."
SOFT CHECK	
VERSION NOTES	WHQ.010 F//C
NEXT	WHQWEIGHT

WHQWEIGHT / WHQWEIGHTL / WHQWEIGHTK	
ASK	IF SP AGE >= 18 YEARS
How much <TEXT FILL 1> weigh without clothes or shoes? <TEXT FILL 2> INTERVIEWER INSTRUCTION: RECORD CURRENT WEIGHT. ENTER WEIGHT IN POUNDS OR KILOGRAMS. _ [WHQWEIGHT] 1. ENTER WEIGHT IN POUNDS 2. ENTER WEIGHT IN KILOGRAMS 7. REFUSED 9. DON'T KNOW _ _ _ [WHQWEIGHTL] ENTER NUMBER OF POUNDS OR _ _ _ [WHQWEIGHTK] ENTER NUMBER OF KILOGRAMS	
SPANISH	¿Cuánto pesa <TEXT FILL 1> sin ropa ni zapatos? <TEXT FILL 2> INTERVIEWER INSTRUCTION: RECORD CURRENT WEIGHT. ENTER WEIGHT IN POUNDS OR KILOGRAMS. _ [WHQWEIGHT] 1. ENTER WEIGHT IN POUNDS 2. ENTER WEIGHT IN KILOGRAMS 7. REFUSED 9. DON'T KNOW _ _ _ [WHQWEIGHTL] ENTER NUMBER OF POUNDS OR _ _ _ [WHQWEIGHTK] ENTER NUMBER OF KILOGRAMS
QUESTION TYPE	Dropdown: WHQWEIGHT Numeric: WHQWEIGHTL, WHQWEIGHTK
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]" TEXT FILL 2: FILL "If you are currently pregnant, how much did you weigh before your pregnancy?" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE; TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3); OR DK/RF IN SPQGENDER AND SP AGE IS 18-59 YEARS FILL "If she is currently pregnant, how much did she weigh before her pregnancy?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN

	SPQGENDER AND SP AGE IS 18-59 YEARS FILL "If [SP NAME] is currently pregnant, how much did [SP NAME] weigh before [SP NAME]'s pregnancy?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER AND SP AGE IS 18-59 YEARS ELSE, LEAVE BLANK
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "Si usted está actualmente embarazada, ¿cuánto pesaba antes de su embarazo?" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE; TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3); OR DK/RF IN SPQGENDER AND SP AGE IS 18-59 YEARS FILL "Si ella está actualmente embarazada, ¿cuánto pesaba antes de su embarazo?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER AND SP AGE IS 18-59 YEARS FILL "Si [SP NAME] está embarazada actualmente, ¿cuánto pesaba [SP NAME] antes del embarazo de [SP NAME]?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER AND SP AGE IS 18-59 YEARS ELSE, LEAVE BLANK
NOTES	
HELP SCREEN	
HARD CHECK	IF WHQWEIGHTL <50 OR >750, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 50 AND 750." IF WHQWEIGHTK <23 OR >338, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 23 AND 338."
SOFT CHECK	IF WHQWEIGHTL <75 OR >500, DISPLAY "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF WHQWEIGHTK <34 OR >225, DISPLAY "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	WHQ.025 L/K
NEXT	WHQWEIGH P

WHQWEIGHP / WHQWEIGHPL / WHQWEIGHPK	
ASK	IF SP AGE >= 18 YEARS
How much did <TEXT FILL 1> weigh a year ago? <TEXT FILL 2> INTERVIEWER INSTRUCTION: ENTER WEIGHT IN POUNDS OR KILOGRAMS. _ [WHQWEIGHP] 1. ENTER WEIGHT IN POUNDS 2. ENTER WEIGHT IN KILOGRAMS 7. REFUSED 9. DON'T KNOW _ _ _ [WHQWEIGHPL] ENTER NUMBER OF POUNDS OR _ _ _ [WHQWEIGHPK] ENTER NUMBER OF KILOGRAMS	
SPANISH	¿Cuánto pesaba <TEXT FILL 1> hace un año? <TEXT FILL 2> INTERVIEWER INSTRUCTION: ENTER WEIGHT IN POUNDS OR KILOGRAMS. _ [WHQWEIGHP] 1. ENTER WEIGHT IN POUNDS 2. ENTER WEIGHT IN KILOGRAMS 7. REFUSED 9. DON'T KNOW _ _ _ [WHQWEIGHPL] ENTER NUMBER OF POUNDS OR _ _ _ [WHQWEIGHPK] ENTER NUMBER OF KILOGRAMS
QUESTION TYPE	Dropdown: WHQWEIGHP Numeric: WHQWEIGHPL, WHQWEIGHPK
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "If you were pregnant a year ago, how much did you weigh before your pregnancy?" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE; TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3); OR DK/RF IN SPQGENDER AND SP AGE IS 18-60 YEARS FILL "If she was pregnant a year ago, how much did she weigh before her pregnancy?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER AND SP AGE IS 18-60 YEARS

	FILL "If [SP NAME] was pregnant a year ago, how much did [SP NAME] weigh before [SP NAME]'s pregnancy?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER AND SP AGE IS 18-60 YEARS ELSE, LEAVE BLANK
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "Si usted estaba embarazada hace un año, ¿cuánto pesaba antes de su embarazo?" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE; TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3); OR DK/RF IN SPQGENDER AND SP AGE IS 18-60 YEARS FILL "Si ella estaba embarazada hace un año, ¿cuánto pesaba antes de su embarazo?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER AND SP AGE IS 18-60 YEARS FILL "Si [SP NAME] estaba embarazada hace un año, ¿cuánto pesaba [SP NAME] antes de su embarazo de [SP NAME]?" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER AND SP AGE IS 18-60 YEARS ELSE, LEAVE BLANK
NOTES	
HELP SCREEN	
HARD CHECK	IF WHQWEIGHPL < 50 OR >750, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 50 AND 750." IF WHQWEIGHTPK < 23 OR >338, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 23 AND 338."
SOFT CHECK	IF WHQWEIGHPL < 75 OR >500, DISPLAY "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF WHQWEIGHTPK < 34 OR >225, DISPLAY "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	WHQ.053 L/K
NEXT	WHQLOSEWGT

WHQLOSEWGT	
ASK	IF SP AGE >= 18 YEARS
In the last 12 months, <TEXT FILL 1> tried to lose weight? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿ha tratado <TEXT FILL 1> de bajar de peso? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	WHQ.070
NEXT	END OF SECTION

SMOKING AND TOBACCO USE – SMQ

Target Group: SPs 18+

SMQCIGLIFE	
ASK	IF SP AGE >= 18 YEARS
These next questions are about cigarette smoking. Please look at card SMQ1. <TEXT FILL 1> smoked at least 100 cigarettes in <TEXT FILL 2> entire life? This hand card shows you the products we would like you to include and not include when answering this question. HAND CARD SMQ1 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son acerca de fumar cigarrillos. Mire la tarjeta SMQ1. ¿Ha fumado <TEXT FILL 1> al menos 100 cigarrillos en toda su vida? Esta tarjeta le muestra los productos que queremos que incluya y los que queremos que no incluya en su respuesta a esta pregunta. HAND CARD SMQ1 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS

	FEMALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SMQ.022
NEXT	If SMQCIGLIFE = 1: SMQCIGNOW Else: END OF SECTION

SMQCIGNOW	
ASK	IF SMQCIGLIFE=1
<TEXT FILL 1> now smoke cigarettes... 1. every day, 2. some days, or 3. not at all? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Fuma <TEXT FILL 1> cigarrillos ahora... 1. todos los días, 2. algunos días, o 3. nunca? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SMQ.040
NEXT	If SMQCIGNOW = 1: SMQCIGQTY Else if SMQCIGNOW = 2: SMQCIG30DY Else: END OF SECTION

SMQCIG30DY	
ASK	IF SMQCIGNOW = 2
On how many of the last 30 days did <TEXT FILL 1> smoke cigarettes? ENTER NUMBER OF DAYS 7777. REFUSED 9999. DON'T KNOW	
SPANISH	En los últimos 30 días, ¿cuántos días fumó <TEXT FILL 1> cigarrillos? ENTER NUMBER OF DAYS 7777. REFUSED 9999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]"
NOTES	ALLOW '0' AS AN ENTRY
HELP SCREEN	
HARD CHECK	
SOFT CHECK (ENG)	IF SMQCIGNOW = 2 (SOME DAYS) AND (SMQCIG30DY=0 OR SMQCIG30DY >= 26), DISPLAY, "Earlier you reported that you smoked some days; I would like to clarify that response."
SOFT CHECK (SPA)	IF SMQCIGNOW = 2 (SOME DAYS) AND (SMQCIG30DY=0 OR SMQCIG30DY >= 26), DISPLAY, "Antes dijo que fumaba algunos días; me gustaría aclarar esa respuesta".
VERSION NOTES	SMQ.641
NEXT	IF SMQCIG30DY = 0 OR 7777 (REFUSED) OR 9999 (DON'T KNOW): END OF SECTION ELSE: SMQCIGQTY

SMQCIGQTY	
ASK	IF SMQCIGNOW = 1 IF SMQCIG30DY > 0 AND NOT REFUSED AND NOT DON'T KNOW
	On average, when <TEXT FILL 1> smoked in the last 30 days, how many cigarettes did <TEXT FILL 2> smoke a day? 1 PACK EQUALS 20 CIGARETTES IF LESS THAN 1 PER DAY, ENTER 1 IF 95 OR MORE PER DAY, ENTER 95 ENTER NUMBER OF CIGARETTES (PER DAY) 7777. REFUSED 9999. DON'T KNOW
SPANISH	En promedio, cuando <TEXT FILL 1> fumó en los últimos 30 días, ¿cuántos cigarrillos fumó <TEXT FILL 2> al día? 1 PACK EQUALS 20 CIGARETTES IF LESS THAN 1 PER DAY, ENTER 1 IF 95 OR MORE PER DAY, ENTER 95 ENTER NUMBER OF CIGARETTES (PER DAY) 7777. REFUSED 9999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL " [SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR

	DK/RF IN SPQGENDER
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SMQ.650
NEXT	END OF SECTION

OCCUPATION – OCQ
Target Group: SPs 18+

OCQWORK	
ASK	IF SP AGE >= 18 YEARS
The next questions are about jobs <TEXT FILL 1> may have had. Last week, did <TEXT FILL 1> work for pay at a job or business? INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS HE/SHE/SP WORKS, BUT NOT FOR PAY, AT A FAMILY-OWNED JOB OR BUSINESS, ENTER "YES". 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son acerca de los empleos que <TEXT FILL 1> pueda haber tenido. La semana pasada, ¿trabajó <TEXT FILL 1> por pago en un empleo o negocio? INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS HE/SHE/SP WORKS, BUT NOT FOR PAY, AT A FAMILY-OWNED JOB OR BUSINESS, ENTER "YES". 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition <u>excludes</u> unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house. Job: A job exists when there is: 1. A definite arrangement for regular work; 2. The arrangement is on a continuing basis (like every week or month); and 3. A person receives pay or other compensation for his/her work. The schedule of hours or days can be irregular as long as there is a definite arrangement to

	work on a continuing basis. Business: A business exists when one or more of the following conditions are met: 1. Machinery or equipment of substantial value is used in conducting the business; 2. An office, store, or other place of business is maintained; or 3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)
HELP SCREEN (SPA)	Trabajo (trabajar): Trabajo compensado con sueldo, salario, comisiones, propina o pagado "en especies". Ejemplos de pago en especie incluyen comidas, vivienda o abastecimientos que se dan en lugar de salario. Esta definición <u>excluye</u> el trabajo voluntario no remunerado (tal como el de una iglesia u organización de caridad), licencias no remuneradas, despidos/suspensiones temporales (como huelgas) y las tareas domésticas de la casa. Trabajo: Un trabajo existe cuando hay: 1. Un acuerdo definido para un trabajo regular; 2. El acuerdo está basado en la continuidad del trabajo (por ejemplo, cada semana o cada mes); y 3. Una persona recibe un pago u otra compensación por su trabajo. El horario y los días de trabajo pueden ser irregulares siempre y cuando haya un acuerdo definitivo para trabajar basado en la continuidad del trabajo. Negocio: Un negocio existe cuando se reúnen una o más de las siguientes condiciones: 1. Para conducir el negocio se hace uso de equipo o maquinaria de valor considerable; 2. Se mantiene una oficina, un almacén u otro lugar; o 3. El negocio se anuncia al público. (Algunos ejemplos de anuncios son: Incluirlo en la sección de clasificados del directorio telefónico, poner un letrero, distribuir tarjetas, volantes o cualquier tipo de propaganda que da a conocer el tipo de trabajo o de servicios que se ofrecen).
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OCQ.New1
NEXT	IF OCQWORK = 1: OCQHOURS IF OCQWORK = 2: OCQABSENT IF OCQWORK = 7 OR 9: END OF SECTION

OCQABSENT	
ASK	IF OCQWORK = 2
Did <TEXT FILL 1> have a job or business last week, but <TEXT FILL 2> temporarily absent due to illness, vacation, family or maternity leave, or some other reason? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tuvo <TEXT FILL 1> un trabajo o negocio la semana pasada, pero estuvo ausente temporalmente por enfermedad, vacaciones, licencia familiar o de maternidad, o por alguna otra razón? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "was"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL ""
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OCQ.New2
NEXT	IF OCQABSENT = 1: OCQHOURS IF OCQABSENT = 2: OCQABSENTW IF OCQABSENT = 7 OR 9: END OF SECTION

OCQABSENTW	
ASK	IF OCQABSENT = 2
What is the main reason <TEXT FILL 1> not working for pay at a job or business last week? 1. UNEMPLOYED, LAID OFF, LOOKING FOR WORK 2. SEASONAL/CONTRACT WORK 3. RETIRED 4. UNABLE TO WORK FOR HEALTH REASONS/DISABLED 5. TAKING CARE OF HOUSE OF FAMILY 6. GOING TO SCHOOL 7. WORKING AT A FAMILY-OWNED JOB OR BUSINESS NOT FOR PAY 8. OTHER 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuál es la razón principal por la cual <TEXT FILL 1> no trabajó por pago en un empleo o negocio la semana pasada? TRABAJO 1. DESEMPLEADO(A), DESPEDIDO(A) TEMPORALMENTE, BUSCANDO 2. ES TRABAJO POR ESTACIONES/POR CONTRATO 3. ESTÁ JUBILADO(A) 4. INCAPAZ DE TRABAJAR POR RAZONES DE SALUD/DISCAPACITADO(A) 5. CUIDÓ LA CASA O LA FAMILIA 6. FUE A LA ESCUELA 7. TRABAJÓ EN UN EMPLEO O NEGOCIO FAMILIAR SIN PAGO 8. OTHER 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you were" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] was"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] "
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OCQ.New3
NEXT	IF OCQABSENTW = 7: OCQHOURS ELSE: OCQLASTWRK

OCQLASTWRK	
ASK	IF OCQABSENTW <> 7
When was the last time <TEXT FILL 1> worked for pay at a job or business, even if only for a few days? 1. Within the last 12 months 2. 1-5 years ago 3. Over 5 years ago 4. Never worked 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuándo fue la última vez que <TEXT FILL 1> trabajó por pago en un empleo o negocio, aunque solo fuera por unos días? 1. Dentro de los últimos 12 meses 2. Hace 1 a 5 años 3. Hace más de 5 años 4. Nunca trabajó 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OCQ.New4
NEXT	IF OCQLASTWRK = 1 AND OCQABSENTW = 2: OCQHOURS ELSE: END OF SECTION

OCQHOURS	
ASK	IF OCQWORK = 1 IF OCQABSENT = 1 IF OCQABSENTW = 7 IF OCQLASTWRK = 1 AND OCQABSENTW = 2
<TEXT FILL 1> many hours per week <TEXT FILL 2> usually work in total, at all jobs or businesses? ENTER NUMBER OF HOURS 7777. REFUSED 9999. DON'T KNOW	
SPANISH	<TEXT FILL 1> horas a la semana trabaja <TEXT FILL 2> normalmente en total, en todos los empleos o negocios? ENTER NUMBER OF HOURS 7777. REFUSED 9999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "When you are doing your seasonal or contract work, how" IF OCQABSENTW = 2 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "When [SP NAME] is doing his seasonal or contract work, how" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "When [SP NAME] is doing her seasonal or contract work, how" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "When [SP NAME] is doing [SP NAME]'s seasonal or contract work, how" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER FILL "How" IF OCQABSENTW != 2 TEXT FILL 2: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "Cuando tiene un trabajo estacional o trabaja por contrato, ¿cuántas" IF OCQABSENTW = 2 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "Cuando [SP NAME] tiene un trabajo estacional o trabaja por contrato, ¿cuántas" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "Cuando [SP NAME] tiene un trabajo estacional o trabaja por contrato, ¿cuántas" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "Cuando [SP NAME] hace el trabajo estacional o el trabajo por contrato de [SP NAME], ¿cuántas" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

	FILL "¿Cuántas " IF OCQABSENTW != 2 TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF OCQHOURS <1 OR >168, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 168."
SOFT CHECK	IF OCQHOURS > 59, DISPLAY "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	OCQ.New6
NEXT	IF OCQHOURS=7777 OR 9999: OCQFULLTIM ELSE: OCQWORKQ

OCQFULLTIM	
ASK	IF OCQHOURS=7777 or 9999
<TEXT FILL 1> usually work 35 hours or more per week in total at all jobs or businesses? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	<TEXT FILL 1> usualmente 35 horas o más a la semana en total en todos los empleos o negocios? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "When you are doing your seasonal or contract work, do you" IF OCQABSENTW = 2 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "When [SP NAME] is doing his seasonal or contract work, does [SP NAME]" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "When [SP NAME] is doing her seasonal or contract work, does [SP NAME]" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "When [SP NAME] is doing [SP NAME]'s seasonal or contract work, does [SP NAME]" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER FILL "Do you" IF OCQABSENTW != 2 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "Does [SP NAME]" IF OCQABSENTW != 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR
FILLS (SPA)	TEXT FILL 1: FILL "Cuando tiene un trabajo estacional o trabaja por contrato, ¿trabaja usted" IF OCQABSENTW = 2 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "Cuando [SP NAME] tiene un trabajo estacional o trabaja por contrato, ¿trabaja [SP NAME]" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "Cuando [SP NAME] tiene un trabajo estacional o trabaja por contrato, ¿trabaja [SP NAME]" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "Cuando [SP NAME] hace el trabajo estacional o el trabajo por contrato de [SP NAME], ¿trabaja [SP NAME]" IF OCQABSENTW = 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER FILL "¿Trabaja usted" IF OCQABSENTW != 2 AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "¿Trabaja [SP NAME]" IF OCQABSENTW != 2 AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OCQ.New7
NEXT	OCQWORKQ

OCQWORKQ	
ASK	IF OCQWORK = 1 IF OCQABSENT = 1 IF OCQABSENTW = 7 IF OCQLASTWRK = 1 AND OCQABSENTW = 2
How many days per week <TEXT FILL 1> usually work? ENTER NUMBER OF DAYS 77. REFUSED 99. DON'T KNOW	
SPANISH	Normalmente, ¿cuántos días a la semana trabaja <TEXT FILL 1>? ENTER NUMBER OF DAYS 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF OCQWORKQ <1 OR >7, DISPLAY "YOUR ENTRY IS OUT OF RANGE. PLEASE ENTER A NUMBER BETWEEN 1 AND 7." IF (OCQWORKQ=1 AND (OCQHOURS>24 OR OCQFULLTIM=1)), OR IF (OCQWORKQ=2 AND (OCQHOURS>48 OR OCQFULLTIM=2)), OR IF (OCQWORKQ=3 AND (OCQHOURS>72 OR OCQFULLTIM=2)), OR IF (OCQWORKQ=4 AND (OCQHOURS>96 OR OCQFULLTIM=2)), OR IF (OCQWORKQ=5 AND (OCQHOURS>120 OR OCQFULLTIM=2)), OR IF (OCQWORKQ=6 AND (OCQHOURS>144 OR OCQFULLTIM=2)), OR IF (OCQWORKQ=7 AND (OCQHOURS>168 OR OCQFULLTIM=2)), DISPLAY: "YOUR RESPONSE DOES NOT MATCH THE NUMBER OF HOURS YOU PREVIOUSLY REPORTED WORKING PER WEEK AT ALL JOBS AND BUSINESSES. PLEASE CORRECT YOUR RESPONSE."
SOFT CHECK	
VERSION NOTES	OCQ.215
NEXT	OCQSCHEDUL

OCQSCHEDUL	
ASK	IF OCQWORK = 1 IF OCQABSENT = 1 IF OCQABSENTW = 7 IF OCQLASTWRK = 1 AND OCQABSENTW = 2
Which of the following best describes <TEXT FILL 1> usual work schedule for the last 3 months ? Is it ... INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS, "NO USUAL SCHEDULE," OR "FLEXIBLE HOURS," PROBE IF WORK HOURS GENERALLY FALL IN A DAY, EVENING, NIGHT, OR ROTATING SHIFT CATEGORY BEFORE CODING IT AS "ANOTHER SCHEDULE." 1. a regular daytime schedule, 2. a regular evening schedule, 3. a regular night shift, 4. a rotating shift, or 5. another schedule? 6. DID NOT WORK IN THE LAST 3 MONTHS 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuál de las siguientes opciones describe mejor <TEXT FILL 1> en los últimos 3 meses? ¿Es... INTERVIEWER INSTRUCTION: IF THE RESPONDENT SAYS, "NO USUAL SCHEDULE," OR "FLEXIBLE HOURS," PROBE IF WORK HOURS GENERALLY FALL IN A DAY, EVENING, NIGHT, OR ROTATING SHIFT CATEGORY BEFORE CODING IT AS "ANOTHER SCHEDULE." 1. un horario regular de día, 2. un horario regular de noche, 3. un turno regular de noche, 4. un turno rotativo, u 5. otro tipo de horario 6. DID NOT WORK IN THE LAST 3 MONTHS 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su horario de trabajo habitual" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "el horario de trabajo habitual de [SP NAME]"
NOTES	
HELP SCREEN (ENG)	For guidance – approximate hours provided. Regular daytime schedule: 6am and 6pm; Regular evening shift: 2pm and midnight; Regular night shift: 9pm and 8am; Rotating shift: changes periodically from days to evenings or nights. Another schedule: split shift (two distinct work periods/day), irregular or any other schedule.
HELP SCREEN	Para usar como guía – Los horarios mencionados son aproximados . Horario regular de día: 6

(SPA)	a. m. y 6 p. m.; turno regular de la tarde: 2 p. m. y la medianoche; turno regular de noche: 9 p. m. y 8 a. m.; turno rotativo: cambia de forma periódica de un turno diario a uno de tarde o de noche. Otro horario: turno dividido (dos períodos de trabajo distintos al día), horario irregular o cualquier otro horario.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	OCQ.265N
NEXT	END OF SECTION

DEMOGRAPHICS INFORMATION – DMQ – SP
Target Group: SPs Birth +

DMQEDUC	
ASK	IF SP AGE >= 18 YEARS
Next please look at card DMQ1. What is the highest grade or level of school <TEXT FILL 1> completed or the highest degree <TEXT FILL 2> received? HAND CARD DMQ1 READ HAND CARD CATEGORIES IF NECESSARY ENTER HIGHEST LEVEL OF SCHOOL. 0. NEVER ATTENDED/KINDERGARTEN ONLY 1. GRADE 1-11 2. 12TH GRADE, NO DIPLOMA 3. HIGH SCHOOL GRADUATE 4. GED OR EQUIVALENT 5. SOME COLLEGE, NO DEGREE 6. ASSOCIATE'S DEGREE (EXAMPLE: AA, AS) 7. BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA) 8. MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA) 9. PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD) 10. DOCTORAL DEGREE (EXAMPLE: PhD, EdD) 77. REFUSED 99. DON'T KNOW	
SPANISH	A continuación, mire la tarjeta DMQ1. ¿Cuál es el grado o nivel escolar más alto que <TEXT FILL 1> ha completado o el título más alto que <TEXT FILL 2> recibió? HAND CARD DMQ1 READ HAND CARD CATEGORIES IF NECESSARY ENTER HIGHEST LEVEL OF SCHOOL. 0. NUNCA ASISTIÓ/SOLO KINDERGARTEN 1. DEL PRIMER GRADO AL 11º GRADO 2. 12º GRADO, SIN DIPLOMA 3. ESCUELA SECUNDARIA/PREPARATORIA/SUPERIOR O "HIGH SCHOOL" 4. "GED" O EQUIVALENTE 5. ALGO DE UNIVERSIDAD, SIN GRADUARSE 6. TÍTULO ASOCIADO UNIVERSITARIO (POR EJEMPLO, AA, AS) 7. LICENCIATURA UNIVERSITARIA (POR EJEMPLO, BA, AB, BS, BBA) 8. TÍTULO DE MAESTRÍA (POR EJEMPLO, MA, MS, MEng, MEd, MBA) 9. ESCUELA PROFESIONAL DE POSTGRADO (POR EJEMPLO, MD, DDS, DVM, JD) 10. TÍTULO DE DOCTORADO (POR EJEMPLO, PhD, EdD) 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has" TEXT FILL 2: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR

	FILL "he has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP ENDER IS MALE IN SPQGENDER FILL "she has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] has" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER SP AGE FILL: FILL SP AGE
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] " TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "é" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP ENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME] " IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER SP AGE FILL: FILL SP AGE
NOTES	
HELP SCREEN (ENG)	School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools. Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, community colleges specializing in skill training or offering Associates degrees, colleges of education, and nursing schools where a Bachelor's degree is offered. If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included: • <u>Training Programs</u> - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree. • <u>Vocational, Trade, or Business School</u> - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system. • <u>General Educational Development (GED) or High School Equivalency</u> - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14." • <u>Adult Education</u> - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma (or GED), or a college degree. • <u>Other School Systems</u> - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special

	circumstances ask the respondent to give the nearest equivalent of years in regular U.S. schooling.
HELP SCREEN (SPA)	Escuela/Colegio: Institución que prepara a una persona para obtener un diploma de escuela secundaria/preparatoria/superior o “high school”, o un título universitario o de escuela profesional. No incluya instrucción en escuelas no regulares a menos que los créditos se acepten por escuelas regulares. Las escuelas regulares incluyen escuelas públicas, privadas y parroquiales, universidades, escuelas de graduados y profesionales, seminarios donde se ofrece el título de licenciatura, universidades intermedias (junior college) especializadas en la capacitación de destrezas/habilidades o títulos de dos años, facultades de ciencias de la educación y escuelas de enfermería donde se ofrecen títulos de licenciatura. Si la persona asistió a la escuela fuera del sistema escolar “regular”, verifique para determinar si la instrucción cumple con esos requisitos. Use las siguientes pautas para determinar si la instrucción debe ser incluida: • <u>Programas de capacitación:</u> Incluya la capacitación recibida “en el trabajo”, en las Fuerzas Armadas o por correspondencia <u>únicamente</u> si se recibieron créditos para obtener de un diploma de escuela secundaria/preparatoria/superior o “high school” o el examen de equivalencia de escuela secundaria/preparatoria/superior o “high school” (GED) o un título universitario. • <u>Escuela vocacional de comercio o de negocios:</u> No incluya la escuelas de secretariado, de mecánica o escuelas de capacitación en computadoras, escuelas de enfermería donde no se ofrece licenciatura y otras escuelas vocacionales de comercio o negocios fuera del sistema escolar regular. • <u>Desarrollo Educativo General (GED) o equivalencia a la escuela secundaria/preparatoria/superior o “high school”:</u> Examen certificado equivalente a un diploma de escuela secundaria/preparatoria/superior o “high school”. Si la persona en realidad no ha completado los 4 años de escuela secundaria/preparatoria/superior o “high school”, pero obtuvo un GED (equivalente al diploma de la escuela secundaria/preparatoria/superior o “high school”, cuente eso y seleccione “GED” O EQUIVALENTE”. • <u>Educación para adultos:</u> Las clases de educación para adultos no deben incluirse como escuela regular a menos que tal instrucción haya sido contada como créditos en un sistema escolar regular. Si una persona toma clases de educación para adultos que no es para obtener créditos, estas clases no se deben contar como escuela regular. Los cursos de educación para adultos que se ofrecen en un edificio de una escuela pública forman parte de la instrucción regular únicamente si al completarlos, la persona puede avanzar para obtener un certificado de escuela elemental/primaria, un diploma de escuela secundaria/preparatoria/superior o “high school” (o GED) o un título universitario. • <u>Otros sistemas escolares:</u> Si la persona asistió a la escuela en otro país, a una escuela no calificada, a una “escuela normal” bajo un tutor o bajo otras circunstancias especiales, pida a la persona encuestada que indique el equivalente más cercano de años de instrucción regular en Estados Unidos.
HARD CHECK	
SOFT CHECK	IF DMQEDUC = 8 (MASTER'S) OR 9 (PROFESSIONAL) OR 10 (DOCTORAL) AND SP AGE < 22 YEARS, DISPLAY “IMPROBABLE ANSWER DUE TO SP'S AGE <SP AGE FILL>”. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS “SUPPRESS” AND “NEXT” TO CONTINUE.”

VERSION NOTES	DMQ.141N
NEXT	DMQARMFRCE

DMQARMFRCE	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? (Active duty does not include training for the Reserves or National Guard, but does include activation, for service in the U.S. or in a foreign country, in support of military or humanitarian operations.) 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha servido <TEXT FILL 1> alguna vez en el servicio activo de las Fuerzas Armadas, Reservas Militares o la Guardia Nacional de los Estados Unidos? (El servicio activo no incluye entrenamiento para la Reserva o para la Guardia Nacional, pero sí incluye activación, para el servicio en Estados Unidos o en un país extranjero para apoyo de operaciones militares o humanitarias). 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines, and Space Force).
HELP SCREEN (SPA)	Fuerzas Armadas: Miembros no civiles de alguno de los servicios de las fuerzas armadas del gobierno federal (Ejército, Marina de Guerra, Fuerza Aérea, Guardiacostas, Infantería de Marina y Fuerzas Espaciales).
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.052
NEXT	DMQMARRIED

DMQMARRIED	
ASK	IF SP AGE >= 18 YEARS
<TEXT FILL 1> now married, widowed, divorced, separated, never married or living with a partner? 1. MARRIED 2. WIDOWED 3. DIVORCED 4. SEPARATED 5. NEVER MARRIED 6. LIVING WITH A PARTNER 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Está <TEXT FILL 1> actualmente casado(a), viudo(a), divorciado(a), separado(a), nunca se ha casado o está viviendo en pareja? 1. CASADO(A) 2. VIUDO(A) 3. DIVORCIADO(A) 4. SEPARADO(A) 5. NUNCA CASADO(A) 6. VIVIENDO CON LA PAREJA 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.380
NEXT	DMQRACE

DMQRACE	
ASK	All respondents
What is <TEXT FILL 1> race or ethnicity? Please select one or more of these categories. [CODE ALL THAT APPLY] 1. White 2. Hispanic or Latino 3. Black or African American 4. Asian 5. American Indian or Alaska Native 6. Middle Eastern or North African 7. Native Hawaiian or Pacific Islander 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuál es <TEXT FILL 1>? Seleccione una o más de estas categorías. [CODE ALL THAT APPLY] 1. Blanco(a) 2. Hispano(a) o latino(a) 3. Negro(a) o afroamericano(a) 4. Asiático(a) 5. Indígena de las Américas o nativo(a) de Alaska 6. De Medio Oriente o África del norte 7. Nativo(a) de Hawái o de otras islas del Pacífico 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Checkbox
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su raza u origen étnico" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la raza o el origen étnico de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF DMQRACE <> SCQRACE AND SCQRACE IS NOT DK/REF, DISPLAY "RACE/ETHNICITY DOES NOT MATCH SCREENER SELECTION. PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DMQ.NEW1
NEXT	IF DMQRACE = 2 (HISPANIC OR LATINO): DMQHISP ELSE: DMQCITIZEN

DMQHISP / DMQHISPO	
ASK	IF DMQRACE = 2
Look at card DMQ2. Please give me the number of the group that represents <TEXT FILL 1> Hispanic/Latino or Spanish origin or ancestry. Please select one or more of these categories. PROBE: Where do <TEXT FILL 1> ancestors come from? HAND CARD DMQ2 [SELECT 1 OR MORE] 10. MEXICAN 11. PUERTO RICAN 12. CUBAN 13. DOMINICAN REPUBLIC CENTRAL AMERICAN: 14. COSTA RICAN 15. GUATEMALAN 16. HONDURAN 17. NICARAGUAN 18. PANAMANIAN 19. SALVADORAN 20. OTHER CENTRAL AMERICAN SOUTH AMERICAN: 21. ARGENTINEAN 22. BOLIVIAN 23. CHILEAN 24. COLOMBIAN 25. ECUADORIAN 26. PARAGUAYAN 27. PERUVIAN 28. URUGUAYAN 29. VENEZUELAN 30. OTHER SOUTH AMERICAN OTHER HISPANIC OR LATINO: 31. FILIPINO 32. SPANIARD 33. SPANISH 34. SPANISH AMERICAN 35. HISPANO/HISPANA 36. HISPANIC/LATINO 40. OTHER HISPANIC/LATINO (SPECIFY) [DMQHISPO] 41. CHICANA/CHICANO 77. REFUSED 99. DON'T KNOW	
SPANISH	Mire la tarjeta DMQ2. Por favor, deme el número del grupo que representa <TEXT FILL 1>. Seleccione una o más de estas categorías. PROBE: ¿De dónde provienen <TEXT FILL 2> ? HAND CARD DMQ2 [SELECT 1 OR MORE]

	10. MEXICANO 11. PUERTORRIQUEÑO 12. CUBANO 13. DOMINICANO CENTROAMERICANO: 14. COSTARRICENSE 15. GUATEMALTECO 16. HONDUREÑO 17. NICARAGÜENSE 18. PANAMEÑO 19. SALVADOREÑO 20. OTRA CATEGORÍA DE CENTROAMERICANO SUDAMERICANO: 21. ARGENTINO 22. BOLIVIANO 23. CHILENO 24. COLOMBIANO 25. ECUATORIANO 26. PARAGUAYO 27. PERUANO 28. URUGUAYO 29. VENEZOLANO 30. OTRA CATEGORÍA DE SUDAMERICANO OTRO HISPANO O LATINO: 31. FILIPINO 32. ESPAÑOL 33. DE ESPAÑA 34. AMERICANO ESPAÑOL 35. HISPANO(A) 36. HISPANO/LATINO(A) 40. OTRO HISPANO/LATINO (ESPECIFIQUE) [DMQHISPO] 41. CHICANO(A) 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Checkbox: DMQHISP Text entry: DMQHISPO
FILLS (ENG)	TEXT FILL 1: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]’s”
FILLS (SPA)	TEXT FILL 1: FILL “su origen o ascendencia hispana, latina o española” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “el origen o ascendencia hispana, latina o española de [SP NAME]” TEXT FILL 2: FILL “sus antepasados” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “los antepasados de [SP NAME]”
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF DMQHISP = 40 (OTHER HISPANIC/LATINO (SPECIFY)), DISPLAY “PLEASE REVIEW THE LIST AND SELECT RESPONSE FROM LIST BEFORE TYPING. THE LIST IS MEANT TO

	INCLUDE ALL CATEGORIES. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO TO ENTER ANOTHER RESPONSE."
VERSION NOTES	DMQ.253 OS
NEXT	DMQCITIZEN

DMQCITIZEN	
ASK	All respondents
<TEXT FILL 1> born in the United States or a United States territory? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Nació <TEXT FILL 1> en los Estados Unidos o en un territorio de los Estados Unidos? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Were you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Was [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.135
NEXT	IF DMQCITIZEN = 2: DMQRESIDE ELSE: DMQLINK

DMQRESIDE	
ASK	IF DMQCITIZEN = 2
How long <TEXT FILL 1> been in the United States? Has it been... 1. Less than 1 year, 2. 1 to 4 years, 3. 5 to 9 years, 4. 10 to 14 years, 5. 15 to 19 years, or 6. 20 years or more? 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuánto tiempo lleva <TEXT FILL 1> en los Estados Unidos? ¿Está... 1. Menos de 1 año, 2. De 1 a 4 años, 3. De 5 a 9 años, 4. De 10 a 14 años, 5. De 15 a 19 años, o 6. 20 años o más? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	IF (DMQRESIDE=2 AND SP AGE<1 YEAR, OR IF (DMQRESIDE=3 AND SP AGE<5 YEARS), OR IF (DMQRESIDE=4 AND SP AGE<10 YEARS), OR IF (DMQRESIDE=5 AND SP AGE<15 YEARS), OR IF (DMQRESIDE=6 AND SP AGE<20 YEARS), DISPLAY "TIME ENTERED CANNOT BE GREATER THAN SP'S AGE."
SOFT CHECK	
VERSION NOTES	DMQ.NEW3
NEXT	DMQLINK

DMQLINK	
ASK	All respondents
To better understand health conditions, we ask participants about linking their survey data with other health records. I want to play a short video for you that explains this process. INTERVIEWER INSTRUCTION: PLAY DATA LINKAGE CONSENT VIDEO. WHEN VIDEO ENDS, CONTINUE BELOW. We can do additional health studies by linking <TEXT FILL 1> interview and exam data to vital statistics, health, nutrition, and other related records. May we try to link <TEXT FILL 1> survey records with other records? 1. YES 2. NO	
SPANISH	Para entender mejor las afecciones de salud, pedimos a los participantes vincular los datos de su encuesta con otros registros de salud. Permítame mostrarle un breve video que explica este proceso. INTERVIEWER INSTRUCTION: PLAY DATA LINKAGE CONSENT VIDEO. WHEN VIDEO ENDS, CONTINUE BELOW. Podemos realizar estudios de salud adicionales si vinculamos <TEXT FILL 1> con estadísticas vitales, datos de salud, datos de nutrición y otros registros relacionados. ¿Podríamos intentar vincular los registros de <TEXT FILL 2> con otros registros? 1. YES 2. NO
SPANISH	<u>DATA LINKAGE VIDEO SCRIPT: [START OF VIDEO] – THIS WILL NOT BE INCLUDED IN THE PROGRAMMING SPECIFICATIONS FOR THE SP QUESTIONNAIRE</u> Los problemas de salud son muy complejos. Para entender mejor estos problemas, el Centro Nacional de Estadísticas de la Salud combina los datos de los participantes de la NHANES con información sobre nacimientos y defunciones, salud, nutrición y otros registros relacionados procedentes de otras fuentes federales como Medicare y Medicaid. Los investigadores científicos pueden aprender mucho más sobre las afecciones de salud cuando se vincula la información a otros datos que no se recopilan de forma habitual en NHANES. Por ejemplo, vincular los datos de la NHANES con los del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos nos ayuda a entender cómo los diferentes entornos de vivienda pueden afectar los niveles de plomo en la sangre de los niños. Al vincular datos sobre las mediciones de vitamina D de las personas que participan en nuestra encuesta con sus registros de Medicare, descubrimos que tener niveles más altos de vitamina D en la sangre reducía el riesgo de fracturarse huesos. Y, en un estudio en el que se vinculaban los datos de NHANES con los registros de Medicare y de defunciones, se demostró cómo la nutrición y los resultados de los análisis de sangre se asociaban con la enfermedad de Alzheimer y la muerte

	de adultos de mediana y avanzada edad. Usted decide si acepta que NHANES vincule los datos de su encuesta con otras fuentes. Si nos permite vincular los datos de su encuesta con estas otras fuentes de información sobre salud, usaremos información personal con la que se lo(a) pueda identificar, como su nombre, fecha de nacimiento y dirección. Una vez que vinculemos sus datos, se eliminará su información personal. Al igual que la información que nos brindó hoy en la encuesta, sus datos se combinarán con los de miles de personas y se usarán únicamente con fines estadísticos. Si desea saber más sobre cómo protegemos la información que nos brinda, puede llamar gratis a la línea gratuita de la Oficina de Confidencialidad del Centro Nacional de Estadísticas de la Salud al 1-888-642-4159. [END OF VIDEO]
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "los datos de su entrevista y su examen" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "los datos de la entrevista y el examen de [SP NAME]" TEXT FILL 2: FILL "de su encuesta" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "de la encuesta de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DMQ.NEW4
NEXT	IF DMQLINK = 1: DMQSSNYN ELSE: END OF SECTION

DATA LINKAGE VIDEO SCRIPT: [START OF VIDEO] – THIS WILL NOT BE INCLUDED IN THE PROGRAMMING SPECIFICATIONS FOR THE SP QUESTIONNAIRE

Health problems are very complex. To better understand health conditions, the National Center for Health Statistics combines data from NHANES participants with information about births and deaths, health, nutrition, and other related records from other federal sources like Medicare and Medicaid.

Researchers can learn so much more about health conditions when linking to other data not routinely collected on NHANES. For example, linking NHANES data with U.S. Department of Housing and Urban Development helps us understand how different housing environments may affect lead levels in children's blood. By linking people's Vitamin D data measured in our survey to their Medicare records, we learned that higher Vitamin D levels in blood lowered the risk of broken bones. And a study linking NHANES data with Medicare and death records showed how nutrition and blood test results were associated with Alzheimer's disease and death in middle-aged and older adults.

Whether you agree to let NHANES link your survey data to other sources is your choice. If you allow us to link your survey data with these other sources of health information, we will use personal information that identifies you, like name, date of birth, and address to make the linkage. Once the link to your data is completed, your personal information will be removed. Like the survey information you have provided today, your data will be combined with data from thousands of other people and will only be used for statistical purposes.

If you want to know more about how we protect the information you provide, you can make a toll-free call to the National Center for Health Statistics Confidentiality Office at 1-888-642-4159.

[END OF VIDEO]

DMQSSNYN	
ASK	IF DMQLINK = 1
Thank you. In addition to other information you have provided, <TEXT FILL 1> social security number will help us improve the data linkage. Providing this information is voluntary. There will be no effect on <TEXT FILL 2> benefits if you do not provide it. What is <TEXT FILL 3> Social Security number?" INTERVIEWER INSTRUCTION: IF RESPONDENT CANNOT RECALL FROM MEMORY, ASK THEM TO GET CARD AT THIS TIME. _ 1. ENTER SOCIAL SECURITY NUMBER 2. DOES NOT HAVE SOCIAL SECURITY NUMBER 7. REFUSED 9. DON'T KNOW	
SPANISH	Gracias. Además de otros datos que nos brindó, <TEXT FILL 1> nos ayudará a mejorar la vinculación de los datos. Brindar esta información es voluntario. Si no nos da el número, eso no afectará los beneficios de <TEXT FILL 2>. "¿Cuál es el <TEXT FILL 3>?" INTERVIEWER INSTRUCTION: IF RESPONDENT CANNOT RECALL FROM MEMORY, ASK THEM TO GET CARD AT THIS TIME. _ 1. ENTER SOCIAL SECURITY NUMBER 2. DOES NOT HAVE SOCIAL SECURITY NUMBER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su número de Seguro Social" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "el número de Seguro Social de [SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS

	MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "su número de Seguro Social" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "el número de Seguro Social de [SP NAME]"
NOTES	
HELP SCREEN (ENG)	Social Security numbers are collected under the authority of Section 306 of the Public Health Service Act (title 42, United States Code, section 242k). Will my information be kept private? Your social security number will be kept confidential to protect your privacy as required and guaranteed by law. We will not give your records to the police, military, or any branch of the government for any reason. Data linkage, also known as record linkage, combines your information from at least two different sources (e.g., NHANES data and Medicare data). This is done only for statistical purposes. <i>If you agree to data linkage, we will combine the information we collected from you during this survey with records from other organizations (e.g. the Centers for Medicare and Medicaid Services). Once the linkage is completed, personal information that identifies you such as your name, street address, and social security number, will be removed from the linked file before the file is made available for analysis. The linked file will only be used for statistical purposes.</i>
HELP SCREEN (SPA)	Los números de Seguro Social se recopilan conforme a la sección 306 de la Ley de Servicios Públicos de Salud (título 42, Código de los Estados Unidos, sección 242k). ¿Se mantendrá mi información en forma privada? Su número de seguro social se mantendrá de manera confidencial para proteger su privacidad como lo requiere y garantiza la ley. No le daremos sus registros a la policía, al ejército ni a ninguna rama del gobierno por ningún motivo. La vinculación de datos, también conocida como vinculación de registros, combina su información de por lo menos dos fuentes distintas (por ejemplo, los datos de NHANES y los datos de Medicare). Esto se hace únicamente con fines estadísticos. <i>Si acepta la vinculación de datos, combinaremos la información que reunamos de usted durante esta encuesta con los registros de otras organizaciones (por ejemplo, los Centros de Servicios de Medicare y Medicaid). Una vez que se complete la vinculación, la información personal que lo(a) pueda identificar, tal como su nombre, dirección y número de Seguro Social, se quitará del archivo vinculado antes de que el archivo esté disponible para análisis. El archivo vinculado solamente se usará con fines estadísticos.</i>
HARD CHECK	
SOFT CHECK	IF DMQSSNYN = 7 (REFUSE), DISPLAY "IF RESPONDENT IS 18 YEARS OR OLDER, MAKE SURE YOU HAVE READ THE REQUIRED CONVERSION TEXT ON THE SCREEN. IF RESPONDENT STILL REFUSES, PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	DMQ.281a
NEXT	IF DMQSSNYN = 1: DMQSSN1

	ELSE: END OF SECTION
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DMQSSN1 / DMQSSN2	
ASK	IF DMQSSNYN = 1

	"DOUBLE ENTRY IS REQUIRED. PLEASE ENTER SOCIAL SECURITY NUMBER TWICE."
SOFT CHECK	
VERSION NOTES	DMQ.281b/c
NEXT	END OF SECTION

ACCULTURATION – ACQ
Target Group: SPs 3+

ACQHOME / ACQHOMEO	
ASK	IF SP AGE >= 3 YEARS
Now I'm going to ask you about language use. What language(s) <TEXT FILL 1> usually speak at home? [CODE ALL THAT APPLY] HAND CARD ACQ2 1. ENGLISH 2. SPANISH 3. CHINESE 4. JAPANESE 5. KOREAN 6. VIETNAMESE 66. OTHER (SPECIFY) [ACQHOMEO] 77. REFUSED 99. DON'T KNOW	
SPANISH ahora le preguntaré sobre el idioma que habla. ¿Qué idioma(s) habla <TEXT FILL 1> usualmente en el hogar? [CODE ALL THAT APPLY] HAND CARD ACQ2 1. INGLÉS 2. ESPAÑOL 4. JAPONÉS 5. COREANO 6. VIETNAMITA 66. OTRO (ESPECIFIQUE) [ACQHOMEO] 77. REFUSED DON'T KNOW	
QUESTION TYPE	Checkbox: ACQHOME Dropdown: ACQHOMEO
FILLS (ENG)	TEXT FILL 1: FILL “do you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “does [SP NAME]”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]”
NOTES	FOR ACQHOMEO (CODE 66 “OTHER (SPECIFY)”), INCLUDE A DROPDOWN LIST WITH TRIAGRAM SEARCH FUNCTION

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ACQ.NEW1
NEXT	IF ACQHOME = 1 AND NO OTHERS: END OF SECTION IF ACQHOME != 1 AS A RESPONSE: END OF SECTION IF ACQHOME = 1 AND ONLY 1 OTHER RESPONSE OPTION 2-66: ACQPREFER IF ACQHOME = 1 AND 2 OR MORE OTHER RESPONSE OPTION 2-66: ACQPRIMARY IF ACQHOME = 77 OR 99: END OF SECTION

ACQPRIMARY	
ASK	IF ACQHOME = 1 AND 2 OR MORE OTHER RESPONSE OPTION 2-66
Of these languages <ACQHOME FILL>, which <TEXT FILL 1> speak more of at home? 1. ENGLISH 2. SPANISH 3. CHINESE 4. JAPANESE 5. KOREAN 6. VIETNAMESE <ACQHOMEO FILL> 77. REFUSED 99. DON'T KNOW	
SPANISH De estos idiomas, <ACQHOME FILL>, ¿cuál habla más <TEXT FILL 1> en el hogar? 2. ESPAÑOL 4. JAPONÉS 5. COREANO VIETNAMITA <ACQHOMEO FILL> 77. REFUSED 99. DON'T KNOW	
QUESTION TYPE	Radio button
FILLS (ENG)	ACQHOME FILL: FILL NON-ENGLISH RESPONSE OPTIONS SELECTED IN ACQHOME AND/OR ACQHOMEO, SEPERATING WITH A COMMA. BEFORE LAST RESPONSE DISPLAY "and". TEXT FILL 1: FILL "do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "does [SP NAME]" ACQHOMEO FILL: IF NON-ENGLISH RESPONSE OPTION ENTERED FOR ACQHOMEO, FILL RESPONSE OPTION ENTERED FOR ACQHOMEO ELSE, LEAVE BLANK
FILLS (SPA)	ACQHOME FILL: FILL NON-ENGLISH RESPONSE OPTIONS SELECTED IN ACQHOME AND/OR ACQHOMEO, SEPERATING WITH A COMMA. BEFORE LAST RESPONSE DISPLAY "y". TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" ACQHOMEO FILL: IF NON-ENGLISH RESPONSE OPTION ENTERED FOR ACQHOMEO, FILL RESPONSE OPTION ENTERED FOR ACQHOMEO ELSE, LEAVE BLANK
NOTES	
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	ACQ.NEW2
NEXT	IF ACQPRIMARY = 77 OR 99: END OF SECTION ELSE: ACQPREFER

ACQPPREFER	
ASK	IF (ACQHOME = 1 AND 1 OR MORE OTHER RESPONSE OPTION 2-66) AND ACQPRIMARY != 77 or 99
<TEXT FILL 1> speak only <LANGUAGE FILL>, more <LANGUAGE FILL> than English, both equally, more English than <LANGUAGE FILL>, or only English? <LANGUAGE FILL>, <LANGUAGE FILL> THAN ENGLISH, 3. BOTH EQUALLY, 4. MORE ENGLISH THAN <LANGUAGE FILL>, OR 5. ONLY ENGLISH 7. REFUSED 9. DON'T KNOW	
SPANISH <TEXT FILL 1> habla únicamente <LANGUAGE FILL>, más <LANGUAGE FILL> que inglés, ambos por igual, más inglés que <LANGUAGE FILL>, o únicamente inglés? <LANGUAGE FILL> <LANGUAGE FILL> QUE INGLÉS 3. AMBOS POR IGUAL 4. MÁS INGLÉS QUE <LANGUAGE FILL> 5. ÚNICAMENTE INGLÉS 7. REFUSED 9. DON'T KNOW	
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]" LANGUAGE FILL: FILL NON-ENGLISH RESPONSE OPTION SELECTED IN ACQHOME OR ACQHOMEO IF ACQHOME = 1 (ENGLISH) AND ONLY ONE OTHER RESPONSE OPTION 2-66. ELSE, FILL RESPONSE OPTION SELECTED IN ACQPRIMARY (IF ACQHOME = 1 AND TWO OR MORE OTHER RESPONSE OPTIONS 2-66)
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" LANGUAGE FILL: FILL NON-ENGLISH RESPONSE OPTION SELECTED IN ACQHOME OR ACQHOMEO IF ACQHOME = 1 (ENGLISH) AND ONLY ONE OTHER RESPONSE OPTION 2-66. ELSE, FILL RESPONSE OPTION SELECTED IN ACQPRIMARY (IF ACQHOME = 1 AND TWO OR MORE OTHER RESPONSE OPTIONS 2-66)
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ACQ.NEW3
NEXT	END OF SECTION

HEALTH INSURANCE – HIQ
Target Group: Birth+

HIQINSR	
ASK	All respondents
The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and the Children's Health Insurance Program that provide medical care or help pay medical bills. <TEXT FILL 1> covered by any kind of health insurance or some other kind of health care plan? 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son acerca del seguro de salud. Incluya el seguro de salud obtenido a través de un empleo o comprado directamente, así como programas del gobierno, tales como Medicare, Medicaid y el Programa de Seguro Médico para Niños, que ofrecen servicios médicos o ayudan a pagar las cuentas médicas. ¿Tiene <TEXT FILL 1> cobertura de algún seguro de salud o algún otro tipo de plan de atención médica? 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN (ENG)	Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.
HELP SCREEN (SPA)	Seguro médico: Cobertura de beneficios de salud que se proporciona a las personas con beneficios relacionados con la salud. La cobertura puede incluir lo siguiente: hospitalización, servicios médicos principales, cirugía, medicamentos recetados, servicio dental y visión.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HIQ.011
NEXT	IF HIQINSR = 1: HIQINSRTYP IF HIQINSR = 2 OR 7 OR 9 AND SP AGE >= 65 YEARS: HIQMEDICR IF HIQINSR = 2 OR 7 OR 9 AND SP AGE < 65 YEARS: END OF SECTION

HIQINSRTYP	
ASK	IF HIQINSR = 1
Please look at card HIQ1. What kinds of health insurance or health care coverage <TEXT FILL 1> have? Is it... private health insurance, Medicare, Medi-Gap, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan (<STATE PLAN FILL>), or other government program? [CODE ALL THAT APPLY] HAND CARD HIQ1 1. PRIVATE HEALTH INSURANCE 2. MEDICARE 3. MEDI-GAP 4. MEDICAID 5. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) 6. MILITARY RELATED HEALTH CARE: TRICARE (CHAMPUS)/VA HEALTH CARE/CHAMP-VA 7. INDIAN HEALTH SERVICE 8. STATE-SPONSORED HEALTH PLAN (<STATE PLAN FILL>) 9. OTHER GOVERNMENT PROGRAM 140. NO COVERAGE OF ANY TYPE 77. REFUSED 99. DON'T KNOW	
SPANISH Mire la tarjeta HIQ1. ¿Qué tipo de seguro médico o cobertura de atención médica tiene <TEXT FILL 1>? ¿Es... un seguro médico privado, Medicare; Medi-Gap; Medicaid; el Programa de Seguro Médico para Niños o CHIP, por sus siglas en inglés, atención médica para militares, incluidos TRICARE, CHAMPUS, CHAMPUS, atención médica de VA y CHAMP-VA, Servicio de Salud Indígena, un plan de salud patrocinado por el estado (<STATE PLAN FILL>), u otro programa del gobierno? [CODE ALL THAT APPLY] HAND CARD HIQ1 1. PLAN DE SEGURO DE SALUD PRIVADO 2. MEDICARE 3. MEDI-GAP 4. MEDICAID 5. PROGRAMA DE SEGURO MÉDICO PARA NIÑOS (CHIP) 6. ATENCIÓN MÉDICA PARA MILITARES: TRICARE (CHAMPUS)/ATENCIÓN MÉDICA DE VA/CHAMP-VA) 7. SERVICIO DE SALUD INDÍGENA 8. PLAN DE SALUD PATROCINADO POR EL ESTADO (<STATE PLAN FILL>) 9. OTRO PROGRAMA DEL GOBIERNO 140. SIN COBERTURA DE NINGÚN TIPO 77. REFUSED 99. DON'T KNOW	
QUESTION TYPE	Checkbox

FILLS (ENG)	TEXT FILL 1: FILL “do you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “does [SP NAME]” STATE PLAN FILL: FILL STATE PLAN NAME
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” STATE PLAN FILL: FILL STATE PLAN NAME
NOTES	DO NOT ALLOW MORE THAN ONE ANSWER WHEN 140 (NO COVERAGE OF ANY TYPE) IS CODED.
HELP SCREEN (ENG)	Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision. Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual. Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage. Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services. Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance. Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states. CHIP (Children's Health Insurance Program, formerly known as the State Children's Health Insurance Program or SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names. Military Health Care/VA: Military Health Care (also known as Tricare) refers to health care available to active duty personnel and their dependents. The US Department of Veterans Affairs (commonly referred to as the “VA”) provides medical assistance to veterans (<u>not active duty</u>) of the Armed Forces, particularly those with service-connected ailments. TRICARE: TRICARE is the military health insurance for active duty service members and dependents of the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, Space Force, Public Health Service, or National Oceanic and Atmospheric Association). Several variations of the plan exist including (but are not limited to): TRICARE Reserve Select, TRICARE Prime, TRICARE Select, U.S. Family Health Plan, TRICARE Select Overseas, and TRICARE for Life. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration)

	provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability. Indian Health Service: The federal health care program for members of federally-recognized Native American Tribes and Alaska Native people. State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care. Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.
HELP SCREEN (SPA)	Seguro médico: Cobertura de beneficios de salud que se proporciona a las personas con beneficios relacionados con la salud. La cobertura puede incluir lo siguiente: hospitalización, servicios médicos principales, cirugía, medicamentos recetados, servicio dental y visión. Plan privado de seguro de salud: Cualquier tipo de seguro de salud, incluidas las organizaciones para el mantenimiento de la salud (HMOs, por sus siglas en inglés), que no es un programa público. Los planes de seguros privados de salud los puede ofrecer en parte o en total el empleador de la persona o un sindicato, o pueden ser comprados directamente por una persona. Plan privado de seguro de salud a través de un programa del gobierno local, estatal o programas comunitarios: Un tipo de seguro médico por el cual el gobierno estatal o local o una iniciativa de la comunidad paga una parte o todo el costo de un plan de seguro privado. Un programa o iniciativa de la comunidad puede incluir una variedad de métodos para obtener seguros de salud para personas que de otra manera no tendrían seguro. Un ejemplo de esto sería que una compañía privada que da una subvención a una HMO para pagar la cobertura del seguro de salud. Medicare: Un programa federal de seguro de salud para personas de 65 años o más y para ciertas personas menores de 65 años con discapacidades de larga duración. Casi todos los beneficiarios del Seguro Social están cubiertos por Medicare. El programa es administrado por el Centro de Servicios de Medicare y Medicaid de los Estados Unidos, del Departamento de Salud y Servicios Humanos. Medi-Gap: Se refiere a un seguro de salud privado que se compra para suplementar Medicare. Medi-Gap se debe considerar un plan privado de seguro de salud en las preguntas detalladas acerca de seguros de salud. Medicaid: Se refiere a un programa de asistencia médica que ofrece cobertura de atención médica a personas de bajos ingresos y con discapacidades. El programa Medicaid es un programa conjunto federal y estatal administrado por los estados. CHIP (Programa de Seguro Médico para Niños, llamado anteriormente Programa Estatal de Seguro Médico para Niños o SCHIP): Un programa conjunto federal y estatal, administrado por cada estado, que ofrece cobertura de atención médica a niños no asegurados de familias de bajos ingresos. Esta ley se aprobó en 1997. En algunos estados, los programas CHIP tienen distintos nombres. Atención médica militar/VA: La atención médica militar (también conocida como Tricare) se refiere al servicio de salud disponible al personal en servicio activo y sus dependientes. El Departamento de Asuntos de Veteranos de Estados Unidos (conocido comúnmente como VA) ofrece asistencia médica a los veteranos de las Fuerzas Armadas (<u>que no están en servicio activo</u>), particularmente a aquellos con enfermedades relacionadas con el servicio.

	TRICARE: TRICARE es el seguro médico para militares en servicio activo y sus dependientes de los servicios uniformados (Ejército, Fuerza Naval, Fuerza Aérea, Infantería de Marina, Guardia Costera, Fuerza Espacial, Servicio de Salud Pública o Asociación Nacional Oceánica y Atmosférica). Existen diferentes variaciones del plan que incluyen (pero no se limitan a): TRICARE Reserve Select, TRICARE Prime, TRICARE Select, Plan de Salud Familiar de Estados Unidos, TRICARE Select en el Extranjero y TRICARE de por Vida. CHAMP-VA (Programa Médico y de Salud Civil del Departamento de Asuntos de Veteranos) ofrece atención médica al cónyuge, a los dependientes o sobrevivientes de un veterano que tenga una discapacidad total y permanente relacionada con el servicio activo. Servicio de Salud Indígena: Programa federal de atención médica para miembros de tribus de indígenas estadounidenses y comunidades nativas de Alaska reconocidas por el gobierno federal. Plan de salud patrocinado por el estado: Cualquier otra cobertura de atención médica patrocinada por un estado específico, incluidos los programas de asistencia pública diferentes a Medicaid que pagan por la atención médica. Otro programa del gobierno: Categoría general para cualquier programa público que ofrezca cobertura de atención médica distinta a aquellos programas señalados bajo categorías específicas.
HARD CHECK	IF HIQINSRTYP = 3 (MEDI-GAP) AND 2 (MEDICARE) IS NOT SELECTED, DISPLAY "MEDI-GAP REFERS TO MEDICARE SUPPLEMENTAL INSURANCE. YOU MUST HAVE MEDICARE TO BE ELIGIBLE TO PURCHASE MEDI-GAP. PLEASE VERIFY IF SP HAS MEDI-GAP AND, IF YES, IF HE/SHE HAS MEDICARE." IF NO RESPONSE SELECTED, DISPLAY "PLEASE SELECT A RESPONSE TO CONTINUE. IF THE RESPONDENT DOES NOT KNOW OR REFUSES TO PROVIDE THE TYPE OF INSURANCE, ENTER "DON'T KNOW" OR "REFUSED" TO CONTINUE. IF RESPONDENT DOES NOT HAVE HEALTH INSURANCE, GO BACK TO THE PREVIOUS SCREEN AND UPDATE HIQINSR RESPONSE TO "NO."
SOFT CHECK	IF SP AGE < 18 YEARS AND HIQINSRTYP = 2 (MEDICARE), DISPLAY, "PLEASE VERIFY THAT CHILD SP HAS MEDICARE. ONLY DISABLED CHILDREN OR CHILDREN WITH KIDNEY FAILURE CAN GET MEDICARE. CHILDREN WHO HAVE MEDICARE ARE ALMOST ALWAYS ALSO RECEIVING SOCIAL SECURITY OR SSI AND HAVE MEDICAID. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF (SP AGE >= 18 YEARS AND < 65 YEARS) AND HIQINSRTYP = 2 (MEDICARE), DISPLAY "PLEASE VERIFY THAT SP AGE 18-64 HAS MEDICARE. ONLY DISABLED ADULTS OR ADULTS WITH KIDNEY FAILURE UNDER 65 YEARS OLD CAN HAVE MEDICARE. THEY ARE ALMOST ALWAYS RECEIVING DISABILITY CHECKS FROM SOCIAL SECURITY OR SSI. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	HIQ.032
NEXT	IF HIQINSRTYP != 2 AND SP AGE >= 65 YEARS: HIQMEDICR IF HIQINSRTYP != 2 AND SP AGE < 65 YEARS: END OF SECTION IF HIQINSRTYP = 2 AND DMQLINK = 1: HIQMEDICRN1 IF HIQINSRTYP = 2 AND DMQLINK = 2: END OF SECTION

HIQMEDICR	
ASK	IF (HIQINSR = 2 OR 7 OR 9) AND SP AGE >= 65 YEARS IF HIQINSRTYP != 2 AND SP AGE >= 65 YEARS
<TEXT FILL 1> have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday. You can see an example of the card on card HIQ2. HAND CARD HIQ2 7. REFUSED 9. DON'T KNOW	
SPANISH HAND CARD HIQ2 7. REFUSED 9. DON'T KNOW	<TEXT FILL 1> Medicare? Este es un programa de seguro de salud al que prácticamente todas las personas mayores de 65 años o más son elegibles. Automáticamente le envían por correo una tarjeta poco antes de cumplir 65 años. En la tarjeta HIQ2 puede ver un ejemplo de la tarjeta que recibirá.
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Does [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	HIQ.260
NEXT	IF HIQMEDICR = 1 and DMQLINK = 1: HIQMEDICRN1 ELSE: END OF SECTION

FILLS (ENG)	TEXT FILL 1: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]’s”
	TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPOGENDER

	FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "sus datos de la encuesta" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "los datos de la encuesta de [SP NAME]" TEXT FILL 2: FILL "sus beneficios" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "los beneficios de él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "los beneficios de ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "los beneficios de [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	REQUIRE DOUBLE ENTRY OF MEDICARE NUMBER
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF HIQMEDICRN1=DON'T KNOW, HIQMEDICRN1=REFUSED, OR SAME 11-DIGIT MEDICARE NUMBER ENTERED FOR BOTH HIQMEDICRN1 AND HIQMEDICRN2 IF HIQMEDICRN1 AND HIQMEDICRN2 DO NOT MATCH • AND ((HIQMEDICRN1 IS ANY VALUE AND NOT DK/REF) AND HIQMEDICRN2 IS MISSING)), DISPLAY "DOUBLE ENTRY IS REQUIRED. PLEASE ENTER MEDICARE NUMBER TWICE." • AND (HIQMEDICRN1 IS MISSING OR DK/REF AND HIQMEDICRN2 IS ANY VALUE), DISPLAY "DOUBLE ENTRY IS REQUIRED. PLEASE ENTER MEDICARE NUMBER TWICE." • AND ((HIQMEDICRN1 IS ANY VALUE AND NOT DK/REF) AND HIQMEDICRN2 IS ANY VALUE, DISPLAY "THE MEDICARE NUMBER ENTRIES DON'T MATCH. PLEASE CORRECT YOUR RESPONSE." ELSE, IF HIQMEDICRN1 AND HIQMEDICRN2 MATCH • AND (HIQMEDICRN1 OR HIQMEDICRN2 NOT 11 DIGITS), DISPLAY "THE MEDICARE NUMBER SHOULD BE AN 11-DIGIT ENTRY OF NUMBERS OR LETTERS. PLEASE CORRECT YOUR RESPONSE."
SOFT CHECK	
VERSION NOTES	HIQ.502 HIQ.510
NEXT	END OF SECTION

INFANT FORMULA – IFQ
Target Group: SPs Birth to 1 Year

IFQFRMULA	
ASK	IF SP AGE 0-11 MONTHS OR 1 YEAR AND ((DBQFRMLSPG=2, DK, OR REF) OR (DBQFRMLSPG=1 AND DIFFERENCE BETWEEN AGE REPORTED IN DBQFRMLSPG AND CURRENT AGE $\leq$ 1 MONTH))
Now I'd like to know about any infant and toddler formulas <TEXT FILL 1> had in the last two weeks. May I please see the containers for all the infant and toddler formulas that were fed to <TEXT FILL 1> (in the last two weeks)? INTERVIEWER INSTRUCTION: TODDLER FORMULAS MAY ALSO BE CALLED TODDLER MILK, GROWING UP MILK, OR FOLLOW-ON FORMULA. 1. ENTER INFANT AND TODDLER FORMULA NAME 2. DID NOT TAKE INFANT OR TODDLER FORMULA 7. REFUSED 9. DON'T KNOW	
SPANISH	Ahora me gustaría saber sobre todo tipo de fórmula para bebés y niños pequeños que haya tomado <TEXT FILL 1> en las últimas dos semanas. ¿Podría ver los envases de todas las fórmulas para bebés y niños pequeños con las que se alimentó a <TEXT FILL 1> (en las dos últimas semanas)? INTERVIEWER INSTRUCTION: TODDLER FORMULAS MAY ALSO BE CALLED TODDLER MILK, GROWING UP MILK, OR FOLLOW-ON FORMULA. 3. ENTER INFANT AND TODDLER FORMULA NAME 4. DID NOT TAKE INFANT OR TODDLER FORMULA 8. REFUSED DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.001
NEXT	IF IFQFRMULA=1: IFQLOOKUP ELSE: END OF SECTION

IFQLOOKUP	
ASK	IF IFQFRMULA=1
REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF INFANT FORMULAS USED. BEGIN TYPING TO SELECT FORMULA FROM LIST OR SELECT "OTHER FORMULA" TO ENTER A NEW FORMULA [ENTER FORMULA NAME] 66. OTHER FORMULA 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Lookup list with radio buttons
FILLS	
NOTES	DISPLAY "CLEAR" BUTTON THAT CLEARS RESPONSE IF FORMULA SELECTED FROM LIST, SAVE RESPONSE TEXT AS IFQNAME LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA AFTER LOOP 1, DISPLAY NUMBERED LIST OF SELECTED FORMULA(S) ABOVE QUESTION STEM
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.005
NEXT	IF FORMULA SELECTED FROM LIST: IFQCONTANR IF IFQLOOKUP=66 (OTHER FORMULA): IFQNAME IF IFQLOOKUP= DK OR REF AND THERE ARE PREVIOUSLY ENTERED FORMULAS: IFQTOTALNUM IF IFQLOOKUP=DK OR REF AND NO FORMULAS HAVE BEEN ENTERED: END OF SECTION

IFQNAME	
ASK	IF IFQLOOKUP=66 (OTHER FORMULA)
FOR FORMULAS NOT INCLUDED IN THE LOOKUP LIST, ENTER THE FORMULA NAME BELOW.	
ENTER FORMULA NAME	
SPANISH	N/A
QUESTION TYPE	Text entry
FILLS	
NOTES	DO NOT ALLOW BLANK ENTRY LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.005OS
NEXT	IFQCONTANR

IFQCONTANR	
ASK	IF FORMULA SELECTED AT IFQLOOKUP OR ENTERED AT IFQNAME
INTERVIEWER INSTRUCTION: ENTER 1 RESPONSE 1. CONTAINER SEEN 2. CONTAINER NOT SEEN	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.010
NEXT	IF FORMULA SELECTED AT IFQLOOKUP: IFQDURATNQ IF FORMULA ENTERED AT IFQNAME: IFQBASE

IFQBASE	
ASK	IF FORMULA ENTERED AT IFQNAME
WHAT IS THE BASE OF THIS FORMULA? 1. MILK 2. SOY 3. OTHER 7. REFUSED 9. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Dropdown
FILLS	
NOTES	DISPLAY IFQBASE - IFQSTATE IN A SINGLE TABLE, WITH EACH QUESTION IN LEFT COLUMN AND RESPONSE OPTIONS IN RIGHT COLUMN. ABOVE THE TABLE, DISPLAY PRODUCT NAME AS HEADER, THEN "INTERVIEWER INSTRUCTION: IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS FOR THE FOLLOWING QUESTIONS." LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.015
NEXT	IFQFORM

IFQFORM	
ASK	IF FORMULA ENTERED AT IFQNAME
WHAT IS THE FORM OF THIS FORMULA? 1. POWDER 2. READY TO USE 3. LIQUID CONCENTRATE 4. OTHER 7. REFUSED 9. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Dropdown
FILLS	
NOTES	DISPLAY IFQBASE - IFQSTATE IN A SINGLE TABLE, WITH EACH QUESTION IN LEFT COLUMN AND RESPONSE OPTIONS IN RIGHT COLUMN. ABOVE THE TABLE, DISPLAY PRODUCT NAME AS HEADER, THEN "INTERVIEWER INSTRUCTION: IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS FOR THE FOLLOWING QUESTIONS." LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.020
NEXT	IFQINGREDN

IFQINGREDN / IFQINGREDNOS	
ASK	N/A
WHAT ARE THE ADDED INGREDIENTS OR DESCRIPTIONS FOR THIS FORMULA? SELECT ALL THAT APPLY. 1. NO ADDED INGREDIENTS OR DESCRIPTIONS 2. IRON 3. LOW IRON 4. ARA 5. DHA 6. LUTEIN 7. NON-GMO 8. ORGANIC 9. PREBIOTIC 10. PROBIOTIC 11. VITAMIN E 91. OTHER (SPECIFY) 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Select all that apply: IFQINGREDN Text entry: IFQINGREDNOS
FILLS	
NOTES	DISPLAY IFQBASE - IFQSTATE IN A SINGLE TABLE, WITH EACH QUESTION IN LEFT COLUMN AND RESPONSE OPTIONS IN RIGHT COLUMN. ABOVE THE TABLE, DISPLAY PRODUCT NAME AS HEADER, THEN "INTERVIEWER INSTRUCTION: IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS FOR THE FOLLOWING QUESTIONS." ORDER RESPONSE OPTIONS SO THAT 1. "NO ADDED INGREDIENTS OR DESCRIPTIONS" IS BELOW 91. "OTHER (SPECIFY)" FOR RESPONSE OPTION 91: "SPECIFY ADDED INGREDIENTS OR DESCRIPTIONS" LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA "NO ADDED INGREDIENTS OR DESCRIPTIONS", DK, OR REF MAY NOT BE SELECTED WITH ANY OTHER ENTRY.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.025/IFQ.025OS
NEXT	IFQAGE

IFQAGE / IFQAGEOS	
ASK	IF FORMULA ENTERED AT IFQNAME
WHAT IS THE AGE FOR THIS FORMULA? 1. NO AGE RANGE 2. BIRTH TO 12 MONTHS 3. FIRST 12 MONTHS 4. THROUGH 12 MONTHS 5. 0-3 MONTHS 6. 0-24 MONTHS 7. 6-12 MONTHS 8. 9 MONTHS & UP 9. 9-18 MONTHS 10. 9-36 MONTHS 11. 12 MONTHS & UP 12. 1-3 YEARS 91. OTHER (SPECIFY) 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Dropdown: IFQAGE Text entry: IFQAGEOS
FILLS	
NOTES	DISPLAY IFQBASE - IFQSTATE IN A SINGLE TABLE, WITH EACH QUESTION IN LEFT COLUMN AND RESPONSE OPTIONS IN RIGHT COLUMN. ABOVE THE TABLE, DISPLAY PRODUCT NAME AS HEADER, THEN "INTERVIEWER INSTRUCTION: IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS FOR THE FOLLOWING QUESTIONS." FOR RESPONSE OPTION 91: "SPECIFY AGE" LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.030/IFQ.030OS
NEXT	IFQMANUFCT

IFQMANUFCT / IFQMANUFCTOS	
ASK	IF FORMULA ENTERED AT IFQNAME
SELECT MANUFACTURER FROM LIST. [DISPLAY MANUFACTURER LIST] 91. OTHER (SPECIFY) 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Dropdown: IFQMANUFCT Text entry: IFQMANUFCTOS
FILLS	
NOTES	DISPLAY IFQBASE - IFQSTATE IN A SINGLE TABLE, WITH EACH QUESTION IN LEFT COLUMN AND RESPONSE OPTIONS IN RIGHT COLUMN. ABOVE THE TABLE, DISPLAY PRODUCT NAME AS HEADER, THEN "INTERVIEWER INSTRUCTION: IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS FOR THE FOLLOWING QUESTIONS." DISPLAY MANUFACTURER LIST. FOR RESPONSE OPTION 91: "SPECIFY MANUFACTURER'S NAME." LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.035/IFQ.035OS
NEXT	IF IFQMANUFCT=91 (OTHER): IFQCITY ELSE: IFQDURATNQ

IFQCITY	
ASK	IF IFQMANUFCT=91 (OTHER)
ENTER MANUFACTURER CITY. IF FORMULA IS FROM A FOREIGN COUNTRY, ENTER COUNTRY OF MANUFACTURER. 77. DON'T KNOW 99. REFUSED	
SPANISH	N/A
QUESTION TYPE	Text entry
FILLS	
NOTES	DISPLAY IFQBASE - IFQSTATE IN A SINGLE TABLE, WITH EACH QUESTION IN LEFT COLUMN AND RESPONSE OPTIONS IN RIGHT COLUMN. ABOVE THE TABLE, DISPLAY PRODUCT NAME AS HEADER, THEN "INTERVIEWER INSTRUCTION: IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS FOR THE FOLLOWING QUESTIONS." LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.045
NEXT	IFQSTATE

IFQSTATE	
ASK	IF IFQMANUFCT=91 (OTHER)
ENTER 2-LETTER STATE ABBREVIATION. SELECT STATE FROM LIST. IF FORMULA IS FROM A FOREIGN COUNTRY, SELECT DON'T KNOW. [DISPLAY STATE ABBREVIATION LIST] 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Lookup list with radio buttons
FILLS	
NOTES	DISPLAY IFQBASE - IFQSTATE IN A SINGLE TABLE, WITH EACH QUESTION IN LEFT COLUMN AND RESPONSE OPTIONS IN RIGHT COLUMN. ABOVE THE TABLE, DISPLAY PRODUCT NAME AS HEADER, THEN "INTERVIEWER INSTRUCTION: IF CONTAINER IS NOT SEEN, PROBE IF NECESSARY BY READING POSSIBLE RESPONSE OPTIONS FOR THE FOLLOWING QUESTIONS." LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.050
NEXT	IFQDURATNQ

IFQDURATNQ / IFQDURATNU	
ASK	IF FORMULA SELECTED AT IFQLOOKUP OR ENTERED AT IFQNAME
How long has <TEXT FILL 1> been fed this formula? ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS) [IFQDURATNQ] 777. REFUSED 999. DON'T KNOW ENTER UNIT [IFQDURATNU] 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS	
SPANISH	¿Durante cuánto tiempo se alimentó a <TEXT FILL 1> con esta fórmula? ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS) [IFQDURATNQ] 777. REFUSED 999. DON'T KNOW ENTER UNIT [IFQDURATNU] 5. DAYS 6. WEEKS 7. MONTHS 8. YEARS
QUESTION TYPE	Numeric: IFQDURATNQ Dropdown: IFQDURATNU
FILLS	TEXT FILL 1: FILL SP NAME
NOTES	LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA IF IFQDURATNU = 2 (WEEKS), 3 (MONTHS), OR 4 (YEARS), CALCULATE DURATION SP FED SELECTED FORMULA IN DAYS (IFDDURATNDx) AS FOLLOWS: IF IFQDURATNU = 2, CALCULATE DURATION SP FED SELECTED FORMULA IN DAYS AS (IFQDURATNQ*7) IF IFQDURATNU = 3, CALCULATE DURATION SP FED SELECTED FORMULA IN DAYS AS (IFQDURATNQ*31) IF IFQDURATNU = 4, CALCULATE DURATION SP FED SELECTED FORMULA IN DAYS AS (IFQDURATNQ*365)

HELP SCREEN	
HARD CHECK	IF DURATION SP FED SELECTED FORMULA IN DAYS (IFQDURATNDx) > SP AGE IN DAYS (SPDSPAGED or SPDSPAGEQD or SPDSPAGERD), DISPLAY "LENGTH OF TIME CANNOT BE GREATER THAN SP'S AGE"
SOFT CHECK	IF (IFQDURATNU=1 (DAYS) AND IFQDURATNQ>40) OR IF (IFQDURATNU=2 (WEEKS) AND IFQDURATNQ>24), DISPLAY "PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	IFQ.055
NEXT	IFQOTHERYN

IFQOTHERYN	
ASK	IF FORMULA SELECTED AT IFQLOOKUP OR ENTERED AT IFQNAME
CHECK CONTAINERS: ARE THERE ANY OTHER FORMULAS? OR ASK RESPONDENT: (Did <TEXT FILL 1> drink any other infant or toddler formulas in the last two weeks?) 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	CHECK CONTAINERS: ARE THERE ANY OTHER FORMULAS? OR ASK RESPONDENT: (¿Tomó <TEXT FILL 1> alguna otra fórmula para bebés o niños pequeños en las últimas dos semanas?) 3. YES 4. NO 8. REFUSED 10. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL SP NAME
NOTES	NO MORE THAN 5 FORMULAS MAY BE LISTED. LOOP THROUGH IFQLOOKUP, IFQNAME, IFQCONTANR, IFQBASE, IFQFORM, IFQINGREDN, IFQAGE, IFQMANUFCT, IFQCITY, IFQSTATE, IFQDURATN, AND IFQOTHERYN FOR EACH FORMULA
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.060
NEXT	IF IFQOTHERYN=1 AND THERE ARE LESS THAN 5 FORMULAS ENTERED: ASK IFQLOOKUP – IFQOTHERYN FOR NEXT FORMULA. ELSE: IFQTOTALNUM

IFQTOTALNUM	
ASK	IF IFQLOOKUP= DK OR REF AND THERE ARE PREVIOUSLY ENTERED FORMULAS IF IFQOTHERYN = 2 OR DK/RF IF IFQOTHERYN = 1 AND THERE ARE 5 FORMULAS ENTERED
REVIEW TOTAL NUMBER OF FORMULAS AND THEIR NAMES WITH RESPONDENT. I have listed <TOTAL FORMULA FILL> formula(s) that <TEXT FILL 2> has taken in the last two weeks: <FORMULA NAME FILL> PRESS NEXT TO CONTINUE.	
SPANISH	REVIEW TOTAL NUMBER OF FORMULAS AND THEIR NAMES WITH RESPONDENT. He registrado que <TEXT FILL 2> ha tomado <TOTAL FORMULA FILL> fórmula(s) en las últimas dos semanas: <FORMULA NAME FILL> PRESS NEXT TO CONTINUE.
QUESTION TYPE	Informational
FILLS	TOTAL FORMULA FILL: DISPLAY TOTAL NUMBER OF FORMULAS SELECTED AT IFQLOOKUP AND ENTERED AT IFQNAME TEXT FILL 2: FILL SP NAME FORMULA NAME FILL: FILL NAMES OF ALL FORMULAS SELECTED AT IFQLOOKUP AND ENTERED AT IFQNAME
NOTES	DISPLAY NAMES OF ALL INFANT FORMULAS SELECTED AT IFQLOOKUP AND ENTERED AT IFQNAME
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	IFQ.070
NEXT	END OF SECTION

PRESCRIPTION MEDICATION – RXQ
Target Group: SPs Birth +

RXQPRSCRYN	
ASK	All respondents
Another important part of this study is the information people provide about the medications they take. In the last 30 days, <TEXT FILL 1> used or taken medication for which a prescription is needed? Include only those products prescribed by a health professional such as a doctor or dentist. <TEXT FILL 2>. Do not include prescription vitamins or minerals. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Otra parte importante de este estudio es la información que dan las personas sobre los medicamentos que usan. En los últimos 30 días, ¿ha usado o tomado <TEXT FILL 1> medicamentos para los cuales se necesita receta? Incluya solamente aquellos productos recetados por un profesional de la salud, como un médico o un dentista. <TEXT FILL 2>. No incluya vitaminas ni minerales recetados. 3. YES 4. NO 8. REFUSED 10. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: IF SP IS RESPONDENT, FILL: "have you" ELSE, FILL: "has [SP NAME]" TEXT FILL 2: IF SP GENDER IS FEMALE & OTHER GENDERS (FEMALE (CODE 2) OR (TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) AND NOT MALE (CODE 1)) OR DK/RF) AND AGE 18-44, FILL: "Please remember to include prescription birth control products that <TEXT FILL 3> taking or using such as pills or patches." ELSE, LEAVE BLANK TEXT FILL 3: FILL "you are" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] is "
FILLS (SPA)	TEXT FILL 1: IF SP IS RESPONDENT, FILL: "usted" ELSE, FILL: "[SP NAME]" TEXT FILL 2: IF SP GENDER IS FEMALE & OTHER GENDERS (FEMALE (CODE 2) OR (TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) AND NOT MALE (CODE 1)) OR DK/RF) AND AGE 18-44, FILL: "Recuerde incluir productos anticonceptivos recetados que <TEXT FILL 3> está tomando o usando, como píldoras o parches" . ELSE, LEAVE BLANK TEXT FILL 3: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] "
NOTES	

HELP SCREEN (ENG)	Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal or electronic prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples. Prescription medications do <u>not</u> include: - Medication administered to the patient <u>during the event</u> in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) <u>unless</u> a separate bill for the medication is received; - Diaphragms and IUD's (Intra-Uterine Devices); or - Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a <u>written</u> prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy. 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 <u>not</u> include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.
HELP SCREEN (SPA)	Medicamentos recetados: Son aquellos medicamentos o medicinas ordenadas por un médico u otro profesional médico autorizado, por medio de una receta escrita, verbal o electrónica, para que sea despachada por un farmacéutico. También, el profesional médico puede dar los medicamentos recetados directamente al paciente para que los lleve a casa, como muestras gratis. Los medicamentos recetados <u>no</u> incluyen: - Medicamentos administrados al paciente <u>durante la visita</u> al consultorio como parte de un tratamiento (tales como una inyección de antibióticos para infecciones, una vacuna contra la gripe o algún medicamento oral), <u>a menos que</u> se reciba una cuenta separada por el medicamento; - Diafragmas y DIU (dispositivos intrauterinos); o - Algunas leyes estatales exigen recetas médicas para los medicamentos que normalmente no las requieren. A veces los médicos recetan medicamentos tales como la aspirina. Considere cualquier medicamento como medicamento recetado si la persona entrevistada lo reporta como recetado. Sin embargo, si se trata de un medicamento que normalmente no necesita receta, esta debe ser una receta <u>escrita</u> para ser despachada por un farmacéutico, no una simple instrucción escrita u oral. Si hay duda, verifique si el(la) paciente obtuvo una receta escrita para ser despachada en una farmacia. Médico/Doctor: El término se refiere tanto a los doctores en medicina (M.D., por sus siglas en

	inglés) como a los doctores en medicina osteopática (D.O., por sus siglas en inglés). Se incluye tanto a médicos generales como a los especialistas. No incluye a personas que no tienen un título de doctor en medicina (M.D. o D.O.), pero que tienen otros títulos de doctor como dentistas, cirujanos orales, quiroprácticos, podólogos, curanderos de la ciencia cristiana, ópticos, oculistas, psicólogos, etc. Profesionales de la salud (Profesional de la atención médica): Una persona autorizada por su capacitación y experiencia, y posiblemente por una licencia, para asistir a un médico y trabajan con uno o varios médicos. Algunos ejemplos incluyen: asistentes o auxiliares médicos (PA, por sus siglas en inglés), enfermeros practicantes, personal de enfermería, farmacéuticos, técnicos de laboratorio y técnicos que aplican inyecciones (por ejemplo, inyecciones para las alergias). Incluya también paramédicos, fisioterapeutas y terapeutas médicos que trabajan con un médico o en consultorios médicos. <u>No</u> incluya: dentistas, cirujanos de la boca, quiroprácticos, quiropedistas, podólogos, naturópatas, curanderos de la ciencia cristiana, ópticos, oculistas ni psicólogos o trabajadores sociales.
HARD CHECK (ENG)	IF RXQPRSCRYN=2 AND (DIQINSULIN=1 OR DIQPILLS=1), DISPLAY: "Earlier in the interview you reported currently taking insulin or a diabetic pill. If this is correct, we should count that as prescription medication you have taken in the last 30 days." IF THIS IS NOT CORRECT, DISPLAY THREE QUESTIONS FOR CORRECTION: DIQINSULIN = Taking Insulin DIQPILLS = Taking Diabetic Pills RXQPRSCRYN = Prescription Medication in Last 30 Days IF RXQPRSCRYN=2 AND BPQHIBPRX=1, DISPLAY: "Earlier in the interview you reported currently taking prescription medication for high blood pressure. If this is correct, we should count that as prescription medication you have taken in the last 30 days." IF THIS IS NOT CORRECT, DISPLAY TWO QUESTIONS FOR CORRECTION: BPQHIBPRX = Taking Blood Pressure Medication RXQPRSCRYN = Prescription Medication in Last 30 Days IF RXQPRSCRYN=2 AND BPQHICHLRX=1, DISPLAY: "Earlier in the interview you reported currently taking prescription medication for high cholesterol. If this is correct, we should count that as prescription medication you have taken in the last 30 days." IF THIS IS NOT CORRECT, DISPLAY TWO QUESTIONS FOR CORRECTION: BPQHICHLRX = Taking High Cholesterol Medication RXQPRSCRYN = Prescription Medication in Last 30 Days
HARD CHECK (SPA)	IF RXQPRSCRYN=2 AND (DIQINSULIN=1 OR DIQPILLS=1), DISPLAY: "Anteriormente en la entrevista usted informó que actualmente está usando insulina o tomando pastillas para la diabetes. Si esto es correcto, debemos contarle como un medicamento para el cual se necesita receta médica y que usted ha estado tomando en los últimos 30 días" . IF THIS IS NOT CORRECT, DISPLAY THREE QUESTIONS FOR CORRECTION: DIQINSULIN = Usa insulina DIQPILLS = Toma pastillas para la diabetes RXQPRSCRYN = Medicamento para el cual se necesita receta médica, que usted ha estado tomando en los últimos 30 días IF RXQPRSCRYN=2 AND BPQHIBPRX=1, DISPLAY: "Anteriormente en la entrevista usted informó que actualmente está tomando un medicamento para la presión arterial alta para el cual se necesita receta médica. Si esto es correcto, debemos contarle como un medicamento para el cual se necesita receta médica y que usted ha estado tomando en los últimos 30 días." IF THIS IS NOT CORRECT, DISPLAY TWO QUESTIONS FOR CORRECTION: BPQHIBPRX = Toma medicamentos para controlar la presión arterial RXQPRSCRYN = Medicamento para el cual se necesita receta médica, que usted ha

	estado tomando en los últimos 30 días IF RXQPRSCRYN=2 AND BPQHICHLRX=1, DISPLAY: "Anteriormente en la entrevista usted informó que actualmente está tomando un medicamento para el nivel alto de colesterol para el cual se necesita receta médica. Si esto es correcto, debemos contarlo como un medicamento para el cual se necesita receta médica y que usted ha estado tomando en los últimos 30 días. IF THIS IS NOT CORRECT, DISPLAY TWO QUESTIONS FOR CORRECTION: BPQHICHLRX = Toma medicamento para el nivel alto de colesterol RXQPRSCRYN = Medicamento para el cual se necesita receta médica que usted ha estado tomando en los últimos 30 días
SOFT CHECK	
VERSION NOTES	RXQ.033
NEXT	IF RXQPRSCRYN=1: RXQCONTANR IF RXQPRSCRYN=2 OR 7 OR 9 AND (SP ≥ 45 YEARS OLD OR (MCQDOCCORO=1 OR MCQDOCANJN=1 OR MCQDOCATTK=1 OR MCQDOCSTRK=1): RXQASPRN ELSE: END OF SECTION

RXQCONTANR	
ASK	RXQPRSCRYN=1
May I please see the containers for all the prescription medications that <TEXT FILL 1> used or took in the last 30 days? First I will record some information about the medication, then I will ask you some questions about it. PRESS NEXT TO CONTINUE	
SPANISH	¿Puedo ver los envases de todos los medicamentos recetados que <TEXT FILL 1> usó o tomó en los últimos 30 días? Primero, registraré la información sobre el medicamento y después le haré algunas preguntas sobre el medicamento. PRESS NEXT TO CONTINUE
QUESTION TYPE	Informational
FILLS (ENG)	TEXT FILL 1: IF SP IS RESPONDENT, FILL: "you" ELSE, FILL: "[SP'S NAME]"
FILLS (SPA)	TEXT FILL 1: IF SP IS RESPONDENT, FILL: "usted" ELSE, FILL: "[SP'S NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.NEW1
NEXT	RXQLOOKUP

RXQLOOKUP	
ASK	IF RXQPRSCRYN=1 IF RXQOTHER=1
REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED. BEGIN TYPING TO SELECT MEDICATION FROM LIST OR SELECT "OTHER MEDICATION" TO ENTER A NEW MEDICATION. [ENTER MEDICATION NAME] 66. OTHER MEDICATION 77. REFUSED 99. DON'T KNOW	
SPANISH	N/A
QUESTION TYPE	Lookup list with radio button
FILLS	
NOTES	DISPLAY "CLEAR" BUTTON THAT CLEARS RESPONSE SHOULD ALLOW ENTRY OF PRODUCT NAME TO SAVE THE PRODUCT NAME AS KEYED AND THAT SHOULD BE USED TO START THE LOOKUP. IF MEDICATION SELECTED FROM LIST, SAVE RESPONSE TEXT AS RXQNAME ONCE A MEDICATION IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE: DRUG TYPE {8} GENERIC NAME {60} GENERIC ID {6} THERAPEUTIC CLASS CODE {6} LOOP THROUGH RXQLOOKUP, RXQNAME, RXQCONTRYN, RXQDURATNQ, RXQREASONA, RXQREASONO, AND RXQOTHER FOR EACH PRESCRIPTION MEDICATION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.240s
NEXT	IF MEDICATION SELECTED FROM LIST: RXQCONTRYN IF RXQLOOKUP=66 (OTHER MEDICATION): RXQNAME IF RXQLOOKUP = DK OR RF FOR FIRST OR ONLY PRESCRIPTION MEDICATION AND (SP ≥ 45 YEARS OLD OR (MCQDOCCORO=1 OR MCQDOCANJN=1 OR MCQDOCATTK=1 OR MCQDOCSTRK=1)): RXQASPRN IF RXQLOOKUP = DK OR RF FOR FIRST OR ONLY PRESCRIPTION MEDICATION AND (SP

	< 45 YEARS OLD AND (MCQDOCCORO<>1 AND MCQDOCANJN<>1 AND MCQDOCATTK<>1 AND MCQDOCSTRK<>1): END OF SECTION IF RXQLOOKUP = DK OR RF AND THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS • AND (DIQINSULIN = 1 AND NO PRODUCT CODED IN RXQLOOKUP = 215) : RXQINSRX IF RXQLOOKUP = DK OR RF AND THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS • AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) • AND (DIQPILLS = 1 AND NO PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) : RXQDIABRX IF RXQLOOKUP = DK OR RF AND THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS • AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) : RXQBLOODRX IF RXQLOOKUP = DK OR RF AND THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS • AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL**) : RXQCHOLRX IF RXQLOOKUP = DK OR RF AND THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS • AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*) : RXQREVIEW * MEDICATIONS CODED AS LOWERING BLOOD PRESSURE HAVE CLASS CODES EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES EQUAL TO d00132, d00135, d00138, d00386, OR d00726.
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	** MEDICATIONS CODED AS LOWERING CHOLESTEROL HAVE A CLASS CODE EQUAL TO 19 OR A DRUG CODE EQUAL TO d00497.
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RXQNAME	
ASK	IF RXQLOOKUP=66 (OTHER MEDICATION)
FOR MEDICATIONS NOT INCLUDED IN THE LOOKUP LIST, ENTER THE MEDICATION NAME BELOW.	
ENTER MEDICATION NAME	
SPANISH	N/A
QUESTION TYPE	Text entry
FILLS	
NOTES	DO NOT ALLOW BLANK ENTRY LOOP THROUGH RXQLOOKUP, RXQNAME, RXQCONTRYN, RXQDURATNQ, RXQREASONA, RXQREASONO, AND RXQOTHER FOR EACH PRESCRIPTION MEDICATION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.231
NEXT	RXQCONTRYN

RXQCONTRYN	
ASK	IF MEDICATION SELECTED AT RXQLOOKUP OR ENTERED AT RXQNAME
INTERVIEWER INSTRUCTION: ENTER 1 RESPONSE 1. CONTAINER SEEN 2. CONTAINER NOT SEEN 3. ONLY PHARAMACY PRINT-OUT SEEN	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	LOOP THROUGH RXQNAME, RXQCONTRYN, RXQDURATNQ, RXQREASONA, RXQREASONO, AND RXQOTHER FOR EACH PRESCRIPTION MEDICATION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.251
NEXT	RXQDURATNQ

RXQDURATNQ / RXQDURATNU	
ASK	IF MEDICATION SELECTED AT RXQLOOKUP OR ENTERED AT RXQNAME
For how long <TEXT FILL 1> been using or taking <PRODUCT NAME FILL>? ENTER NUMBER (OF DAYS, WEEKS, MONTHS, YEARS) [RXQDURATNQ] 777. REFUSED 999. DON'T KNOW ENTER UNIT [RXQDURATNU] 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS	
SPANISH	¿Durante cuánto tiempo <TEXT FILL 1> ha estado usando o tomando <PRODUCT NAME FILL>? ENTER NUMBER (OF DAYS, WEEKS, MONTHS, YEARS) [RXQDURATNQ] 777. REFUSED 999. DON'T KNOW ENTER UNIT [RXQDURATNU] 1. DAYS 2. WEEKS 3. MONTHS 4. YEARS
QUESTION TYPE	Numeric: RXQDURATNQ Dropdown: RXQDURATNU
FILLS (ENG)	TEXT FILL 1: FILL "have you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "has [SP NAME]" PRODUCT NAME FILL: FILL PRODUCT NAME FROM RXQNAME
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" PRODUCT NAME FILL: FILL PRODUCT NAME FROM RXQNAME
NOTES	IF RXQDURATNU = 1 (DAYS) OR 2 (WEEKS) AND SP AGE IN YEARS = 0, CALCULATE CURRENT AGE FOR EDIT CHECK: IF RXQDURATNU = 2 (WEEKS) AND SP AGE = 0, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)*5)-1). IF RXQDURATNU = 1 (DAYS) AND SP AGE = 0, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) *31)-1).

	LOOP THROUGH RXQLOOKUP, RXQNAME, RXQCONTRYN, RXQDURATNQ, RXQREASONA, RXQREASONO, AND RXQOTHER FOR EACH PRESCRIPTION MEDICATION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	IF TIME ENTERED IN RXQDURATNQ > SP'S CURRENT AGE AT SP INTERVIEW (SPDSPAGEY), DISPLAY, "LENGTH OF TIME CANNOT BE GREATER THAN SP'S AGE, PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE." IF (RXQDURATNU = 2 (WEEKS) AND RXQDURATNQ > 52) OR (RXQDURATNU = 3 (MONTHS) AND RXQDURATNQ > 48) OR (RXQDURATNU = 4 (YEARS) AND RXQDURATNQ > 100), DISPLAY "ENTRY NOT IN RANGE, PLEASE VERIFY RESPONSE. UPDATE RESPONSE IF NEEDED OR PRESS "SUPPRESS" AND "NEXT" TO CONTINUE."
VERSION NOTES	RXQ.260 Q /U
NEXT	IF 'OTHER MEDICATION' ENTERED AT RXQNAME OR DRUG'S GENERIC ID DOES NOT EXIST IN THE DRUG REASON TABLE IN RXQREASONA: RXQREASONO ELSE: RXQREASONA

RXQREASONA / RXQREASONB / RXQREASONC	
ASK	IF MEDICATION SELECTED AT RXQLOOKUP OR IF DRUG GENERIC ID EXISTS IN DRUG REASON TABLE
What is the main reason for which <TEXT FILL 1> <PRODUCT NAME FILL>? INTERVIEWER INSTRUCTION: SELECT UP TO 3 REASONS. BEGIN TYPING TO SELECT REASON FROM LIST OR SELECT "OTHER SPECIFY" TO ENTER A NEW REASON. REASON 1: [ENTER REASON] [RXQREASONA] 97. OTHER SPECIFY 777. REFUSED 999. DON'T KNOW REASON 2: [ENTER REASON] [RXQREASONB] 97. OTHER SPECIFY 777. REFUSED 999. DON'T KNOW REASON 3: [ENTER REASON] [RXQREASONC] 97. OTHER SPECIFY 777. REFUSED 999. DON'T KNOW	
SPANISH	¿Cuál es la razón principal por la que <TEXT FILL 1> <PRODUCT NAME FILL>? INTERVIEWER INSTRUCTION: SELECT UP TO 3 REASONS. BEGIN TYPING TO SELECT REASON FROM LIST OR SELECT "OTHER SPECIFY" TO ENTER A NEW REASON. REASON 1: [ENTER REASON] [RXQREASONA] 97. OTHER SPECIFY 777. REFUSED 999. DON'T KNOW REASON 2: [ENTER REASON] [RXQREASONB] 97. OTHER SPECIFY 777. REFUSED 999. DON'T KNOW

	REASON 3: [ENTER REASON] [RXQREASONC] 97. OTHER SPECIFY 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Lookup list: RXQREASONA, RXQREASONB, AND/OR RXQREASONC
FILLS (ENG)	TEXT FILL 1: FILL "you use" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] uses" PRODUCT NAME FILL: FILL PRODUCT NAME FROM RXQNAME
FILLS (SPA)	TEXT FILL 1: FILL "usted usa" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] usa" PRODUCT NAME FILL: FILL PRODUCT NAME FROM RXQNAME
NOTES	FOR EACH ITEM THAT LOADS, DISPLAY A LOOKUP LIST OF REASONS FOR USE ASSOCIATED WITH MEDICATION SELECTED AT RXQLOOKUP OR ENTERED AT RXQNAME. ALLOW UP TO 3 REASONS TO BE SELECTED AS POPULATED AS RXQREASONA, RXQREASONB, AND RXQREASONC RXQREASONA, RXQREASONB, AND RXQREASONC SHOULD APPEAR SEQUENTIALLY AND ONLY IF A REASON WAS SELECTED FROM THE PRECEDING ITEM'S LOOKUP LIST. IF "OTHER SPECIFY" OR DK/REF ARE SELECTED FOR RXQREASONA, RXQREASONB, OR RXQREASONC, DO NOT POPULATE THE SUBSEQUENT ITEMS AND FOLLOW SKIP LOGIC TO THE NEXT SCREEN. LOOP THROUGH RXQLOOKUP, RXQNAME, RXQCONTRYN, RXQDURATNQ, RXQREASONA, RXQREASONO, AND RXQOTHER FOR EACH PRESCRIPTION MEDICATION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.289
NEXT	IF RXQREASONx = 97 (OTHER): RXQREASONO ELSE: RXQOTHER

RXQREASONO	
ASK	IF 'OTHER MEDICATION' ENTERED AT RXQNAME OR DRUG'S GENERIC ID DOES NOT EXIST IN THE DRUG REASON TABLE IN RXQREASONA IF RXQREASONx = 97
What is the main reason for which <TEXT FILL 1> <PRODUCT NAME FILL>? _____ ENTER REASON	
SPANISH	¿Cuál es la razón principal por la que <TEXT FILL 1> <PRODUCT NAME FILL>? _____ ENTER REASON
QUESTION TYPE	Text entry
FILLS (ENG)	TEXT FILL 1: FILL "you use" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] uses" PRODUCT NAME FILL: FILL PRODUCT NAME FROM RXQNAME
FILLS (SPA)	TEXT FILL 1: FILL "usted usa" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] usa" PRODUCT NAME FILL: FILL PRODUCT NAME FROM RXQNAME
NOTES	DO NOT ALLOW BLANK ENTRY LOOP THROUGH RXQLOOKUP, RXQNAME, RXQCONTRYN, RXQDURATNQ, RXQREASONA, RXQREASONO, AND RXQOTHER FOR EACH PRESCRIPTION MEDICATION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.290
NEXT	RXQOTHER

RXQOTHER	
ASK	IF MEDICATION SELECTED AT RXQLOOKUP OR ENTERED AT RXQNAME
CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS? OR ASK RESPONDENT: (Are there any other prescription medications that <TEXT FILL 1> used in the last 30 days?) 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	CHECK CONTAINERS. ARE THERE ANY OTHER PRESCRIPTION MEDICATIONS? OR ASK RESPONDENT: (¿Hay algún otro medicamento con receta que <TEXT FILL 1> haya usado en los últimos 30 días?). 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	LOOP THROUGH RXQLOOKUP, RXQNAME, RXQCONTRYN, RXQDURATNQ, RXQREASONA, RXQREASONO, AND RXQOTHER FOR EACH PRESCRIPTION MEDICATION
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.294
NEXT	IF RXQOTHER = 1: RXQLOOKUP FOR NEXT PRESCRIPTION IF RXQOTHER = 2 OR 7 OR 9 - AND (DIQINSULIN = 1 AND NO PRODUCT CODED IN RXQLOOKUP = 215) : RXQINSRX IF RXQOTHER = 2 OR 7 OR 9 - AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) - AND (DIQPILLS = 1 AND NO PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) : RXQDIABRX IF RXQOTHER = 2 OR 7 OR 9

	• AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) : RXQBLOODRX IF RXQOTHER = 2 OR 7 OR 9 • AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL**) : RXQCHOLRX IF RXQOTHER = 2 OR 7 OR 9 • AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*) : RXQREVIEW * MEDICATIONS CODED AS LOWERING BLOOD PRESSURE HAVE CLASS CODES EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES EQUAL TO d00132, d00135, d00138, d00386, OR d00726. ** MEDICATIONS CODED AS LOWERING CHOLESTEROL HAVE A CLASS CODE EQUAL TO 19 OR A DRUG CODE EQUAL TO d00497.
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RXQINSRX	
ASK	IF ((THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS AND RXQLOOKUP = DK OR REF) OR ((RXQOTHER = 2 OR 7 OR 9) AND (DIQINSULIN = 1 AND NO PRODUCT CODED IN RXQLOOKUP = 215))
I have listed <TOTAL RX FILL> prescription medication(s) that <TEXT FILL 1> taken in the last 30 days. Which one is insulin? [CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW	
SPANISH	He registrado que <TEXT FILL 1> ha usado <TOTAL RX FILL> medicamento(s) recetado(s) en los últimos 30 días. ¿Cuál es la insulina? [CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Code all that apply
FILLS (ENG)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has" NAVIGATION FILL: FILL "CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION" IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL "CLICK HERE" TO RETURN TO RXQOTHER AND SELECT "YES" TO ENTER A NEW MEDICATION" IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
FILLS (SPA)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" NAVIGATION FILL: FILL "CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION" IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL "CLICK HERE" TO RETURN TO RXQOTHER AND SELECT "YES" TO ENTER A

	NEW MEDICATION" IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
NOTES	DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.372
NEXT	IF RXQINSRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (DIQPILLS = 1 AND NO PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) : RXQDIABRX IF RXQINSRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 373, OR 458) • AND (BPQHIBPRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) : RXQBLOODRX IF RXQINSRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL**) : RXQCHOLRX IF RXQINSRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*) : RXQREVIEW * MEDICATIONS CODED AS LOWERING BLOOD PRESSURE HAVE CLASS CODES EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES EQUAL TO d00132, d00135, d00138, d00386, OR d00726. ** MEDICATIONS CODED AS LOWERING CHOLESTEROL HAVE A CLASS CODE EQUAL TO 19 OR A DRUG CODE EQUAL TO d00497.

RXQDIABRX	
ASK	IF (((THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS AND RXQLOOKUP = DK OR REF) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215)) OR ((RXQOTHER = 2 OR 7 OR 9) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215)) OR (RXQINSRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99)) AND (DIQPILLS = 1 AND NO PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458)
I have listed <TOTAL RX FILL> prescription medication(s) that <TEXT FILL 1> taken in the last 30 days. Which one <TEXT FILL 2> taking for diabetes or blood sugar? [CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW	
SPANISH	He registrado que <TEXT FILL 1> ha tomado <TOTAL RX FILL> medicamento(s) recetado(s) en los últimos 30 días. ¿Cuál de ellos está tomando <TEXT FILL 2> para la diabetes o para el azúcar en la sangre? [CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Code all that apply
FILLS (ENG)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has" TEXT FILL 2: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "is he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "is she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "is [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER NAVIGATION FILL: FILL "CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION" IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY "CLICK

	HERE" AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL "CLICK HERE TO RETURN TO RXQOTHER AND SELECT "YES" TO ENTER A NEW MEDICATION" IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
FILLS (SPA)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "é" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER NAVIGATION FILL: FILL "CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION" IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL "CLICK HERE TO RETURN TO RXQOTHER AND SELECT "YES" TO ENTER A NEW MEDICATION" IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
NOTES	DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.378
NEXT	IF RXQDIABRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (BPQHIBPRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) : RXQBLOODRX IF RXQDIABRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL**) : RXQCHOLRX IF RXQDIABRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) • AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*) : RXQREVIEW

	* MEDICATIONS CODED AS LOWERING BLOOD PRESSURE HAVE CLASS CODES EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES EQUAL TO d00132, d00135, d00138, d00386, OR d00726. ** MEDICATIONS CODED AS LOWERING CHOLESTEROL HAVE A CLASS CODE EQUAL TO 19 OR A DRUG CODE EQUAL TO d00497.
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RXQBLOODRX	
ASK	IF (((THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS AND RXQLOOKUP = DK OR REF) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458)) OR ((RXQOTHER = 2 OR 7 OR 9) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458)) OR ((FOR RXQINSR, ANY PREVIOUSLY ENTERED MEDICATION IS SELECTED OR RF/DK) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) AND (BPQHIBPRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*)) OR (FOR RXQDIABRX, ANY PREVIOUSLY ENTERED MEDICATION IS SELECTED OR RF/DK)) AND (BPQHIBPRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) * MEDICATIONS CODED AS LOWERING BLOOD PRESSURE HAVE CLASS CODES EQUAL TO 41, 42, 44, 47, 48, 55, 56, 154, 155, 156, 340, OR 342 OR DRUG CODES EQUAL TO d00132, d00135, d00138, d00386, OR d00726.
I have listed <TOTAL RX FILL> prescription medication(s) that <TEXT FILL 1> taken in the last 30 days. Which one <TEXT FILL 2> taking to lower <TEXT FILL 3> blood pressure? [CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW	
SPANISH	He registrado que <TEXT FILL 1> ha tomado <TOTAL RX FILL> medicamento(s) recetado(s) en los últimos 30 días. ¿Cuál de ellos está tomando <TEXT FILL 2> para reducir su presión arterial? [CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Code all that apply
FILLS (ENG)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has"

	TEXT FILL 2: FILL “are you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “is he” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “is she” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “is [SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “his” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “her” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]’s” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER NAVIGATION FILL: FILL “CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION” IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY “CLICK HERE” AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL “CLICK HERE TO RETURN TO RXQOTHER AND SELECT “YES” TO ENTER A NEW MEDICATION” IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY “CLICK HERE” AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
FILLS (SPA)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “él” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “ella” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “[SP NAME]” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL “” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL “” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL “” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL “” IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER NAVIGATION FILL: FILL “CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION” IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY “CLICK HERE” AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL “CLICK HERE TO RETURN TO RXQOTHER AND SELECT “YES” TO ENTER A NEW MEDICATION” IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY

	"CLICK HERE" AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
NOTES	DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.384
NEXT	IF RXQBLOODRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL**) : RXQCHOLRX IF RXQBLOODRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99 • AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*) : RXQREVIEW ** MEDICATIONS CODED AS LOWERING CHOLESTEROL HAVE A CLASS CODE EQUAL TO 19 OR A DRUG CODE EQUAL TO d00497.

RXQCHOLRX	
ASK	IF (((THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS AND RXQLOOKUP = DK OR REF) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL **)) OR ((RXQOTHER = 2 OR 7 OR 9) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL **)) OR ((FOR RXQINSRX, ANY PREVIOUSLY ENTERED MEDICATION IS SELECTED OR RF/DK) AND AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL **)) OR ((FOR RXQDIABRX, ANY PREVIOUSLY ENTERED MEDICATION IS SELECTED OR RF/DK) AND AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL **)) OR (FOR RXQBLOODRX, ANY PREVIOUSLY ENTERED MEDICATION IS SELECTED OR RF/DK)) AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL **) ** MEDICATIONS CODED AS LOWERING CHOLESTEROL HAVE A CLASS CODE EQUAL TO 19 OR A DRUG CODE EQUAL TO d00497.
I have listed <TOTAL RX FILL> prescription medication(s) that <TEXT FILL 1> taken in the last 30 days. Which one <TEXT FILL 2> taking to lower <TEXT FILL 3> cholesterol? [CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW	
SPANISH	He registrado que <TEXT FILL 1> ha tomado <TOTAL RX FILL> medicamento(s) recetado(s) en los últimos 30 días. ¿Cuál de ellos está tomando <TEXT FILL 2> para bajar el colesterol?

	[CODE ALL THAT APPLY] SELECT MEDICATION(S) FROM DISPLAY OR IF YOU NEED TO ADD NEW MEDICATION, <NAVIGATION FILL>. 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Code all that apply
FILLS (ENG)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT TXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has" TEXT FILL 2: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "is he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "is she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "is [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "his" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER NAVIGATION FILL: FILL "CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION" IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL "CLICK HERE TO RETURN TO RXQOTHER AND SELECT "YES" TO ENTER A NEW MEDICATION" IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
FILLS (SPA)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT TXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] " TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "él" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "ella" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER

	TEXT FILL 3: FILL "" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER NAVIGATION FILL: FILL "CLICK HERE TO RETURN TO RXQLOOKUP AND ENTER A NEW MEDICATION" IF RXQLOOKUP = DK/REF IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQLOOKUP IN MOST RECENT LOOP ELSE, FILL "CLICK HERE TO RETURN TO RXQOTHER AND SELECT "YES" TO ENTER A NEW MEDICATION" IF RXQOTHER = 2 OR 7 OR 9 IN MOST RECENT LOOP. DISPLAY "CLICK HERE" AS A LINK TO RETURN TO RXQOTHER IN MOST RECENT LOOP
NOTES	DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.390
NEXT	ELSE, RXQREVIEW

RXQREVIEW	
ASK	IF (((THERE ARE PREVIOUSLY ENTERED PRESCRIPTION MEDICATIONS AND RXQLOOKUP = DK OR REF) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 1 AND NO PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL**)) OR ((RXQOTHER = 2 OR 7 OR 9) AND (DIQINSULIN = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 215) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*)) OR ((FOR RXQINSRX, ANY PREVIOUSLY ENTERED MEDICATION IS SELECTED OR DK/RF) AND (DIQPILLS = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP = 213, 214, 216, 271, 282, 314, 371, 372, 373, OR 458) AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*)) OR ((FOR RXQDIABRX, ANY PREVIOUSLY ENTERED MEDICATION IS SELECTED OR DK/RF) AND (BPQHIBPRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS BLOOD PRESSURE*) AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*)) OR (FOR RXQBLOODRX, ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR DK/RF) AND (BPQHICHLRX = 2 OR 7 OR 9 OR ANY PRODUCT CODED IN RXQLOOKUP IS A MEDICATION THAT LOWERS CHOLESTEROL*) IF RXQCHOLRX = ANY PREVIOUSLY ENTERED MEDICATION SELECTED OR 77 OR 99
REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT. I have listed <TOTAL RX FILL> prescription medication(s) that <TEXT FILL 1> taken in the last 30 days: <PRODUCT NAME FILL>. PRESS NEXT TO CONTINUE	
SPANISH	REVIEW TOTAL NUMBER OF PRESCRIBED MEDICATIONS AND THEIR NAMES WITH RESPONDENT. He registrado que <TEXT FILL 1> ha tomado <TOTAL RX FILL> medicamento(s) recetado(s) en los últimos 30 días: <PRODUCT NAME FILL>. PRESS NEXT TO CONTINUE

QUESTION TYPE	Informational
FILLS (ENG)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "you have" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] has" PRODUCT NAME FILL: FILL NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME
FILLS (SPA)	TOTAL RX FILL: FILL TOTAL NUMBER OF PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" PRODUCT NAME FILL: FILL NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME
NOTES	DISPLAY NAMES OF ALL PRESCRIPTION MEDICATIONS SELECTED AT RXQLOOKUP AND ENTERED AT RXQNAME.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.295
NEXT	IF SP AGE >= 45 YEARS OR (MCQDOCCORO = 1 OR MCQDOCANJN = 1 OR MCQDOCATTK = 1 OR MCQDOCSTRK = 1): RXQASPRN ELSE: END OF SECTION

RXQASPRN	
ASK	IF SP AGE >= 45 YEARS OR (MCQDOCCORO = 1 OR MCQDOCANJN = 1 OR MCQDOCATTK = 1 OR MCQDOCSTRK = 1)
Has a doctor or other health professional ever told <TEXT FILL 1> to take a low-dose aspirin each day to prevent or control heart disease? INTERVIEWER INSTRUCTION: IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE 'YES' 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le ha dicho alguna vez un doctor u otro profesional de la salud a <TEXT FILL 1> que tome una dosis baja de aspirina todos los días para prevenir o controlar enfermedades del corazón? INTERVIEWER INSTRUCTION: IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE 'YES' 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.511
NEXT	IF RXQASPRN = 1: RXQASPADVC ELSE: RXQASPSELF

RXQASPADVC	
ASK	IF RXQASPRN = 1
<TEXT FILL 1> now following this advice? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Está <TEXT FILL 1> siguiendo ese consejo ahora? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "Is [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.516
NEXT	IF RXQASPADVC = 2: RXQASPSTOP ELSE: END OF SECTION

RXQASPSTOP	
ASK	IF RXQASPADVC = 2
Did a doctor or other health professional advise <TEXT FILL 1> to stop taking a low-dose aspirin every day? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le aconsejó un doctor u otro profesional de la salud a <TEXT FILL 1> que dejara de tomar una dosis baja de aspirina todos los días? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.517
NEXT	END OF SECTION

RXQASPSelf	
ASK	IF RXQASPRN = 2 OR 7 OR 9
On <TEXT FILL 1> own, <TEXT FILL 2> now taking a low-dose aspirin each day to prevent or control heart disease? INTERVIEWER INSTRUCTION: IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE 'YES' 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Está <TEXT FILL 1> tomando ahora, por su cuenta, una dosis baja de aspirina todos los días para prevenir o controlar las enfermedades del corazón? INTERVIEWER INSTRUCTION: IF THE RESPONDENT VOLUNTEERS THEY ARE TAKING AN ASPIRIN EVERY OTHER DAY OR 'REGULARLY' FOR THESE REASONS, CODE 'YES' 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "are you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "is he" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "is she" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "is [SP NAME]" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS MALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS FEMALE IN SPQGENDER FILL "" IF SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RXQ.521
NEXT	END OF SECTION

ACASI Introduction and Practice screens
Target Group: Sighted SP Respondents 18+

CAPI INSTRUCTION FOR ACASI SECTIONS: Follow DK/REF guidance for MEC ACASI: (1) DK/REF will initially be hidden. If the SP tries to advance without selecting a response, DK/REF will appear along with a red error message: "Please select an answer to continue." (2) TTS does not read DK/REF (3) DK/REF is not covered in the tutorial

TUQINTRO	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS AND VIQLIGHT=1
You will do this part of the interview on your own, using the computer and headphones. The headphones will allow you to listen while the computer voice reads the questions on the screen. You can adjust the volume here. SHOW SP HOW TO ADJUST VOLUME You will enter your responses into the computer by touching the screen. This will let you answer the questions privately. Before you start, you'll go over some examples and then you'll complete the interview on your own. When you are ready, touch NEXT to continue.	
SPANISH	Usted hará esta parte de la entrevista por su cuenta, usando la computadora y los audífonos. Los audífonos le permitirán escuchar mientras la voz de la computadora lee las preguntas en la pantalla. Puede graduar el volumen aquí. SHOW SP HOW TO ADJUST VOLUME Usted ingresará sus respuestas en la computadora tocando la pantalla. Esto le permitirá responder las preguntas en privado. Antes de comenzar, se le mostrarán algunos ejemplos y luego completará la entrevista por su cuenta. Cuando esté listo(a), toque SIGUIENTE para continuar.
QUESTION TYPE	Informational
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	TUQ.INT
NEXT	TUQTIRED

TUQTIRED	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS AND VIQLIGHT=1
Welcome to the NHANES self-interviewing program. Next, you will learn how to use the system and complete some practice questions. You will learn how to enter answers and how to back-up if you make a mistake and want to change an answer. For most questions, you will be asked to enter only one answer. Here's an example: 'Are you tired?' Touch "Yes" or "No" now. If you need to hear the question repeated, simply press the <SPEAKER IMAGE FILL> button. Try it now. After you answer, touch "NEXT." 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	Le damos la bienvenida al programa de autoentrevistas de NHANES. A continuación, aprenderá a usar el sistema y completará algunas preguntas de práctica. Aprenderá a ingresar respuestas y cómo regresar a la pregunta anterior si se equivoca y quiere cambiar una respuesta. Para la mayoría de las preguntas, se le pedirá que ingrese una sola respuesta. Aquí hay un ejemplo: '¿Está cansado(a)?' Toque "Sí" o "No" ahora. Si necesita escuchar la pregunta de nuevo, solo tiene que presionar el botón <SPEAKER IMAGE FILL>. Pruébalo ahora. Después de responder, toque "SIGUIENTE". 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	SPEAKER IMAGE FILL: FILL WITH IMAGE OF SPEAKER BUTTON
NOTES	
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	TUQ.010
NEXT	TUQSLEEP

TUQSLEEP	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS AND VIQLIGHT=1
Another type of question requires a number response. Answer by pressing the number buttons on the keypad. 'How many hours did you sleep last night?' Number of hours 77. REFUSED 99. DON'T KNOW	
SPANISH	Otros tipos de preguntas requieren un número como respuesta. Presione los botones numéricos del teclado para ingresar su respuesta. '¿Cuántas horas durmió anoche?' Número de horas 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	TUQ.020
NEXT	TUQBACK

TUQBACK	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS AND VIQLIGHT=1
To go back to a previous question to change your response, touch the <IMAGE FILL> button. Press NEXT to continue.	
SPANISH	Para regresar a una pregunta anterior y cambiar su respuesta, toque el botón <IMAGE FILL>. Presione SIGUIENTE para continuar.
QUESTION TYPE	Informational
FILLS	IMAGE FILL: FILL BACK BUTTON IMAGE
NOTES	DISPLAY PREVIOUS SCREEN ONCE THE "BACK" BUTTON IS PRESSED
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	TUQ.030
NEXT	TUQCLEAR

TUQCLEAR	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS AND VIQLIGHT=1
You can change your answer by pressing the 'CLEAR' button. Try it now. Press the "CLEAR" button to erase the answer. Then enter a new answer and then press NEXT to go to the next question. _ _ Number 77. REFUSED 99. DON'T KNOW	
SPANISH	Puede cambiar la respuesta presionando el botón 'BORRAR' . Puede hacer esto ahora. Presione el botón "BORRAR" para borrar la respuesta. Luego ingrese una nueva respuesta y presione SIGUIENTE para ir a la siguiente pregunta. _ _ Número 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	PRELOAD NUMERIC FIELD WITH ENTRY FROM TUQSLEEP DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	TUQ.NEW2
NEXT	TUQHELP

TUQHELP	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS AND VIQLIGHT=1
Some questions have help available. When you see <IMAGE FILL> in the corner of the screen, you can press it for more information. Try it now. 'Do you like funny movies?' 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	Algunas preguntas tienen la opción de ayuda disponible. Cuando vea esta imagen <IMAGE FILL> en la esquina de la pantalla, puede presionar esa opción para obtener más información. Pruebe esto ahora. '¿Le gustan las películas chistosas?' 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	IMAGE FILL: FILL WITH 'HELP WITH THIS QUESTION' IMAGE
NOTES	
HELP SCREEN (ENG)	Funny movies are movies that make you laugh out loud.
HELP SCREEN (SPA)	Las películas chistosas son aquellas que le hacen reír a carcajadas.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	TUQ.035
NEXT	TUQLAST

TUQLAST	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE >= 18 YEARS AND VIQLIGHT=1
Like all of the other questions that you have answered today, your responses will be kept confidential. If you are not sure about an answer, give us your best estimate. When you are ready, touch NEXT to begin this part of the interview.	
SPANISH	Al igual que todas las otras preguntas que contestó hoy, sus respuestas se mantendrán en forma confidencial. Si no está seguro(a) de una respuesta, responda lo mejor que pueda. Cuando esté listo(a), toque SIGUIENTE para comenzar esta parte de la entrevista.
QUESTION TYPE	Informational
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ACASI Last Screen
NEXT	END OF SECTION

REPRODUCTIVE HEALTH – RHQ

Target Group: Sighted Female & Other Genders SP Respondents Ages 18+

Target group is defined as (1) SP GENDER IS FEMALE IN SPQGENDER with or without other options, (2) SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) IN SPQGENDER but not MALE, SP GENDER IS DON'T KNOW (CODE 7) OR REFUSED (CODE 9) IN SPQGENDER

CAPI INSTRUCTION FOR ACASI SECTIONS: Follow DK/REF guidance for MEC ACASI: (1) DK/REF will initially be hidden. If the SP tries to advance without selecting a response, DK/REF will appear along with a red error message: "Please select an answer to continue." (2) TTS does not read DK/REF (3) DK/REF is not covered in the tutorial

RHQMNSFRST	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF (SP GENDER IS FEMALE (CODE 2) OR TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER) AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
The next questions are about your reproductive history. How old were you when you had your first menstrual period? Please enter an age. If you have not started your period, enter zero. _ _ ENTER AGE 777. REFUSED 999. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre su historial reproductivo. ¿Qué edad tenía cuando tuvo su primera menstruación? Ingrese una edad. Si no ha empezado a menstruar todavía, ingrese cero. _ _ ENTER AGE 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK (ENG)	IF RHQMNSFRST > SP AGE, DISPLAY, "You reported an age greater than your current age. Please try again."
HARD CHECK (SPA)	IF RHQMNSFRST > SP AGE, DISPLAY, "Usted ha ingresado una edad superior a la que tiene ahora. Inténtelo de nuevo."

SOFT CHECK (ENG)	IF RHQMNSFRST <= 8 AND RHQMNSFRST > 0, DISPLAY, "You reported your first menstrual period at the age of 8 years or younger. If that is not correct, enter the correct age. If that is correct, please press "Suppress" and then the "Next" button to continue." IF RHQMNSFRST >= 25, DISPLAY, "You reported your first menstrual period at the age of 25 years or older. If that is not correct, enter the correct age. If that is correct, please press "Suppress" and then the "Next" button to continue." IF SP AGE >= 20 AND RHQMNSFIRST = 0, DISPLAY, "You reported never starting your menstrual period. If that is not correct, enter another age. If that is correct, please press "Suppress" and then the "Next" button to continue."
SOFT CHECK (SPA)	IF RHQMNSFRST <= 8 AND RHQMNSFRST > 0, DISPLAY, "Usted ha ingresado que su primera menstruación fue a los 8 años de edad o menos. Si eso no es correcto, ingrese la edad correcta. Si eso es correcto, presione "Eliminar" y luego el botón "Siguiente" para continuar." IF RHQMNSFRST >= 25, DISPLAY, "Usted ha ingresado que su primera menstruación fue a los 25 años de edad o más. Si eso no es correcto, ingrese la edad correcta. Si eso es correcto, presione "Eliminar" y luego el botón "Siguiente" para continuar." IF SP AGE >= 20 AND RHQMNSFIRST = 0, DISPLAY, "Usted ha ingresado que nunca ha empezado su primera menstruación. Si eso no es correcto, ingrese otra edad. Si eso es correcto, presione "Eliminar" y luego el botón "Siguiente" para continuar."
VERSION NOTES	RHQ.010
NEXT	IF RHQMNSFRST = 0: END OF SECTION ELSE, RHQMNS12MO

RHQMNS12MO	
ASK	IF RHQMNSFRST IS (ANY AGE > 0) OR REFUSED OR DON'T KNOW
Have you had at least one menstrual period in the last 12 months? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Ha tenido al menos un período menstrual en los últimos 12 meses? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN (ENG)	If you have had at least one very light period in the last 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 last 12 months, but you had bleeding due to medical conditions, hormone therapy, or surgeries, select "No."

HELP SCREEN (SPA)	Si ha tenido al menos un período muy ligero en los últimos 12 meses porque usa anticonceptivos hormonales, como píldoras, inyecciones o dispositivo intrauterino (DIU), seleccione "Sí". Si no ha tenido período en los últimos 12 meses pero sí tuvo hemorragias debido a afecciones médicas, terapia hormonal o cirugías, seleccione "No".
HARD CHECK	
SOFT CHECK (ENG)	IF SP AGE >= 60 YEARS AND RHQMNS12MO = 1 (YES), DISPLAY, "If you have not had a period in the last 12 months, but you had bleeding due to medical conditions, hormone therapy, or surgeries, please select "No." Otherwise, press "Suppress" and then the "Next" button to continue."
SOFT CHECK (SPA)	IF SP AGE >= 60 YEARS AND RHQMNS12MO = 1 (YES), DISPLAY, "Si no ha tenido período en los últimos 12 meses pero sí tuvo hemorragias debido a afecciones médicas, terapia hormonal o cirugías, seleccione "No". De lo contrario, presione "Eliminar" y luego el botón "Siguiente" para continuar."
VERSION NOTES	RHQ.031
NEXT	IF RHQMNS12MO = 1: RHQUTERUS IF RHQMNS12MO = 2: RHQNOMNS IF RHQMNS12MO = 7 OR 9: RHQMNSLAST

RHQNOMNS	
ASK	IF RHQMNS12MO = 2
What is the reason that you have not had a period in the last 12 months? Please select one of the following choices. 1. Pregnancy 2. Breastfeeding 3. Hysterectomy/Removal of uterus 7. Menopause or the change of life 9. Some other reason 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuál es la razón por la que no tuvo su período en los últimos 12 meses? Seleccione una de las siguientes opciones. 1. Embarazo 2. Lactancia 3. Histerectomía/Extracción del útero 7. Menopausia 9. Alguna otra razón 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN (ENG)	Select "some other reason" if you have not had a period in the last 12 months, for reasons including, but not limited to: hormonal birth control use; cancer; a thyroid condition; chemotherapy; excessive exercise; anorexia; low body weight; gender affirming care.
HELP SCREEN (SPA)	Seleccione "alguna otra razón" si no tuvo su período en los últimos 12 meses por razones que incluyen, entre otras, el uso de anticonceptivos hormonales; cáncer; un problema de tiroides; quimioterapia; ejercicio excesivo; anorexia; bajo peso; atención médica de afirmación de género.
HARD CHECK	
SOFT CHECK (ENG)	IF SP AGE < 45 YEARS AND RHQNOMNS = 7 (MENOPAUSE/CHANGE OF LIFE), DISPLAY, "You reported that the reason you have not had a period in the last 12 months is because of menopause, meaning your periods have completely stopped. If that is not correct, select a different reason. If that is correct, please press "Suppress" and then the "Next" button to continue."
SOFT CHECK (SPA)	IF SP AGE < 45 YEARS AND RHQNOMNS = 7 (MENOPAUSE/CHANGE OF LIFE), DISPLAY, "Usted ingresó que la razón por la que no tuvo su período en los últimos 12 meses es por la menopausia, es decir, ya dejó de tener períodos. Si eso no es correcto, seleccione una razón diferente. Si esto es correcto, presione "Eliminar" y luego el botón "Siguiente" para continuar."
VERSION NOTES	RHQ.043

NEXT	IF RHQNMNS = 1 AND SP AGE IS 18-64 YEARS: RHQPREGEVR IF RHQNMNS = 1 AND SP AGE IS >= 65 YEARS: END OF SECTION IF RHQNMNS = 3: RHQOVRY IF RHQNMNS = 2 OR 7 OR 9 OR 77 OR 99: RHQUTERUS
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RHQUTERUS	
ASK	IF RHQMNS12MO = 1 IF RHQNMNS = 2 OR 7 OR 9 OR 77 OR 99
Have you had a hysterectomy, including a partial hysterectomy, that is, survey to remove your uterus or womb? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le han hecho una histerectomía, incluida una histerectomía parcial, es decir, una cirugía para quitarle el útero o la matriz? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RHQ.282
NEXT	RHQOVRY

RHQOVRY	
ASK	IF RHQMNS12MO = 1 IF RHQNMNS = 2 OR 3 OR 7 OR 9 OR 77 OR 99
Have you had both of your ovaries removed<TEXT FILL 3>? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Le quitaron los dos ovarios, <TEXT FILL 3>? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 3: FILL “ either when you had your uterus removed or at any other time” IF RHQUTERUS = 1 OR RHQNMNS = 3 ELSE, LEAVE BLANK
FILLS (SPA)	TEXT FILL 3: FILL “ya sea cuando le quitaron el útero o en cualquier otro momento” IF RHQUTERUS = 1 OR RHQNMNS = 3 ELSE, LEAVE BLANK
NOTES	
HELP SCREEN (ENG)	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.
HELP SCREEN (SPA)	Es posible que se quiten ambos ovarios, solo un ovario o solo parte de un ovario. Es posible que se quiten los ovarios durante una histerectomía. Seleccione “Sí” solamente si un cirujano le quitó los dos ovarios por completo.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RHQ.305
NEXT	IF RHQOVRY = 1: RHQOVRYAGE IF RHQOVRY = 2 AND RHQMNS12MO = 1 AND RHQUTERUS = 2 AND SP AGE = 18-64 YEARS: RHQPREGEVR IF RHQOVRY = 2 AND RHQMNS12MO = 1 AND RHQUTERUS = 2 AND SP AGE >= 65 YEARS: END OF SECTION IF RHQOVRY = 2 AND (RHQMNS12MO != 1 OR RHQUTERUS != 2): RHQMNSLAST IF RHQOVRY = 7 OR 9: RHQMNSLAST

RHQOVRYAGE	
ASK	IF RHQOVRY = 1
How old were you when you had your ovaries removed or last ovary removed if removed at different times? _ _ _ ENTER AGE 7777. REFUSED 9999. DON'T KNOW	
SPANISH	¿Qué edad tenía cuando le quitaron los ovarios o cuando le quitaron el último ovario si se lo quitaron en diferentes ocasiones? _ _ _ ENTER AGE 7777. REFUSED 9999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK (ENG)	IF RHQOVRYAGE > SP AGE, DISPLAY "You reported an age greater than your current age. Please enter the correct age."
HARD CHECK (SPA)	IF RHQOVRYAGE > SP AGE, DISPLAY "Usted informó una edad superior a la que tiene ahora. Ingrese la edad correcta".
SOFT CHECK	
VERSION NOTES	RHQ.332
NEXT	RHQMNSLAST

RHMNSLAST	
ASK	IF RHMNS12MO = 7 OR 9 IF RHQOVRY = 1 OR 7 OR 9 IF RHQOVRY = 2 AND (RHMNS12MO != 1 OR RHQUTERUS != 2)
About how old were you when you had your last menstrual period? _ _ ENTER AGE 777. REFUSED 999. DON'T KNOW	
SPANISH	¿Aproximadamente qué edad tenía cuando tuvo su último período menstrual? _ _ ENTER AGE 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK (ENG)	IF RHMNSLAST > SP AGE, DISPLAY, "You reported an age greater than your current age. Please try again."
HARD CHECK (SPA)	IF RHMNSLAST > SP AGE, DISPLAY, "Usted informó una edad superior a la que tiene ahora. Inténtelo de nuevo."
SOFT CHECK (ENG)	IF RHMNSLAST > 59, DISPLAY, "You reported your last menstrual period after age 59. If that is not correct, enter the correct age. If that is correct, please press "Suppress" and then the "Next" button to continue." IF RHMNSLAST > RHQOVRYAGE, DISPLAY, "You reported the age of your last menstrual period after the age that both of your ovaries were removed. If that is not correct, enter the correct age. If that is correct, please press "Suppress" and then the "Next" button to continue."
SOFT CHECK (SPA)	IF RHMNSLAST > 59, DISPLAY, "Usted informó que su último período menstrual fue después de los 59 años. Si esa respuesta no es correcta, ingrese la edad correcta. Si esto es correcto, presione "Eliminar" y después el botón "Siguiente" para continuar." IF RHMNSLAST > RHQOVRYAGE, DISPLAY, "Usted ingresó que tuvo su último período menstrual después de la la edad en que le quitaron ambos ovarios. Si esa respuesta no es correcta, ingrese la edad correcta. Si esto es correcto, presione "Eliminar" y después el botón "Siguiente" para continuar."
VERSION NOTES	RHQ.060
NEXT	IF SP AGE IS 18-64 YEARS: RHQPREGEVR ELSE: END OF SECTION

RHQPREGEVR	
ASK	IF SP AGE IS 18-64 YEARS AND RHQMNSFRST <> 0
The next questions are about your pregnancy history. Have you ever been pregnant? Please include current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies and abortions. 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre su historial de embarazos. ¿Ha estado embarazada alguna vez? Incluya un embarazo actual, los bebés que nacieron vivos, los abortos espontáneos, las muertes fetales, los embarazos ectópicos o tubáricos y los abortos. 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN (ENG)	Miscarriage is the loss of a baby before the 20th 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 intentional termination of a pregnancy.
HELP SCREEN (SPA)	El aborto espontáneo es la pérdida de un bebé antes de las 20 semanas de embarazo. La muerte fetal ocurre cuando se pierde un bebé a las 20 semanas de embarazo o después. El embarazo ectópico o tubárico es un embarazo que se produce en una trompa de Falopio. El aborto es la terminación voluntaria de un embarazo.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RHQ.131
NEXT	IF RHQPREGEVR = 1 AND RHQNOMNS = 3 OR 7: RHQDELIVER IF RHQPREGEVR = 1 AND RHQUTERUS = 1: RHQDELIVER IF RHQPREGEVR = 1 AND ((RHQNOMNS = 1 OR 2 OR 9 OR 77 OR 99) OR (RHQUTERUS = 2 OR 7 OR 9)): RHQPREGNOW IF RHQPREGEVR = 2 OR 7 OR 9: END OF SECTION

RHQTPREGNOW	
ASK	IF RHQPREGEVR = 1 AND ((RHQNOMNS = 1 OR 2 OR 9 OR 77 OR 99) OR (RHQUTERUS = 2 OR 7 OR 9))
Are you pregnant now? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Está us actualmente embarazada? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RHQ.143
NEXT	RHQDELIVER

RHQDELIVER	
ASK	IF RHQPREGEVR = 1
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. _ _ ENTER TOTAL NUMBER OF DELIVERIES 777. REFUSED 999. DON'T KNOW	
SPANISH	¿Cuántos partos vaginales o cesáreas ha tenido? Incluya los bebés que nacieron vivos y las muertes fetales. Si dio a luz a mellizos o tuvo cualquier otro parto múltiple, cuéntelo como un solo parto. _ _ ENTER TOTAL NUMBER OF DELIVERIES 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RHQ.167
NEXT	IF RHQDELIVER = 0: END OF SECTION ELSE, RHQBREASTF

RHQBREASTF	
ASK	IF RHQDELIVER > 0 OR REFUSED OR DON'T KNOW
Are you now breastfeeding a child? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Está amamantando a un niño ahora? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RHQ.200
NEXT	END OF SECTION

BLADDER FUNCTIONING - BFQ
New Target Group: Sighted SP Respondents 18+

CAPI INSTRUCTION FOR ACASI SECTIONS: Follow DK/REF guidance for MEC ACASI: (1) DK/REF will initially be hidden. If the SP tries to advance without selecting a response, DK/REF will appear along with a red error message: "Please select an answer to continue." (2) TTS does not read DK/REF (3) DK/REF is not covered in the tutorial

BFQLEAKAGE	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
The following questions are about bladder function, including urine leakage. Many people have leakage of urine. Urinary leakage includes not being able to hold your urine until you can reach a toilet, not being able to control your bladder, or loss of urine control. How often do you have urinary leakage? 0. never had urine leakage 1. less than once a month 2. a few times a month 3. a few times a week 4. every day and/or night 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre el funcionamiento de la vejiga, incluida la incontinencia urinaria. Muchas personas tienen incontinencia urinaria. La incontinencia urinaria incluye no ser capaz de retener la orina hasta llegar al inodoro, no poder controlar la vejiga o perder el control de la orina. ¿Con qué frecuencia tiene incontinencia urinaria? 0. nunca tuvo incontinencia urinaria 1. menos de una vez al mes 2. algunas veces al mes 3. algunas veces por semana 4. todos los días o noches 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BFQ.005
NEXT	IF BFQLEAKAGE = 1 OR 2 OR 3 OR 4: BFQURNLOSE ELSE: BFQACTIVTY

BFQURNLOSE	
ASK	IF BFQLEAKAGE = 1 OR 2 OR 3 OR 4
How much urine do you lose when this happens? 1. drops 2. small splashes 3. more than small splashes 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuánta orina pierde cuando ocurre esto? 1. gotas 2. salpicaduras pequeñas 3. más que salpicaduras pequeñas 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BFQ.010
NEXT	BFQACTIVITY

BFQACTIVITY	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
In the last 12 months, have you leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿se le escapó o perdió el control de incluso una pequeña cantidad de orina durante una actividad como toser, levantar peso o hacer ejercicio? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BFQ.042
NEXT	BFQPRESSRE

BFQPRESSRE	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
In the last 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? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿se le escapó o perdió el control de incluso una pequeña cantidad de orina cuando sentía urgencia o presión para orinar y no pudo llegar al baño lo suficientemente rápido? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BFQ.044
NEXT	IF BFQPRESSRE = 1 OR BFQACTIVTY = 1: BFQIMPACT ELSE: BFQAWAKEN

BFQIMPACT	
ASK	IF BFQACTIVITY = 1 OR BFQPRESSRE = 1
In the last 12 months, how much did your leakage of urine affect your day-to-day activities? 1. not at all 2. only a little 3. somewhat 4. very much 5. greatly 7. REFUSED 9. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿qué tanto afectó la incontinencia urinaria sus actividades diarias? 1. nada 2. solo un poco 3. algo 4. bastante 5. mucho 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BFQ.052
NEXT	BFQAWAKEN

BFQAWAKEN	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
In the last 30 days, during a typical night, how many times did you wake up and urinate? 0. 0 1. 1 2. 2 3. 3 4. 4 5. 5 or more 77. REFUSED 99. DON'T KNOW	
SPANISH	En los últimos 30 días, durante una noche típica, ¿cuántas veces se despertó y orinó? 0. 0 1. 1 2. 2 3. 3 4. 4 5. 5 o más 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	BFQ.481
NEXT	END OF SECTION

DEPRESSION SCREEN – DPQ
Target Group: Sighted SP Respondents 18+

CAPI INSTRUCTION FOR ACASI SECTIONS: Follow DK/REF guidance for MEC ACASI: (1) DK/REF will initially be hidden. If the SP tries to advance without selecting a response, DK/REF will appear along with a red error message: "Please select an answer to continue." (2) TTS does not read DK/REF (3) DK/REF is not covered in the tutorial

DPQNOINT	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
The next questions are about problems that may have bothered you over the last 2 weeks. Over the last 2 weeks, how often have you been bothered by any of the following problems: Little interest or pleasure in doing things? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre problemas que podrían haberle causado molestias en las últimas 2 semanas. Durante las últimas 2 semanas, ¿con qué frecuencia tuvo alguno de los siguientes problemas? Poco interés o placer al hacer actividades 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.010
NEXT	DPQDEPRESS

DPQDEPRESS	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
Over the last 2 weeks, how often have you been bothered by: Feeling down, depressed, or hopeless? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante las últimas 2 semanas, ¿con qué frecuencia le ha causado molestia lo siguiente: Tristeza, depresión o sentirse sin esperanza? 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.020
NEXT	DPQSLEEP

DPQSLEEP	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
Over the last 2 weeks, how often have you been bothered by: Trouble falling or staying asleep, or sleeping too much? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado lo siguiente: Problemas para dormirse o quedarse dormido(a), o dormir demasiado? 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.030
NEXT	DPQTIREDD

DPQTIREDD	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
Over the last 2 weeks, how often have you been bothered by: Feeling tired or having little energy? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado lo siguiente: Sentir cansancio o tener poca energía? 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.040
NEXT	DPQAPPEAT

DPQAPPEAT	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
Over the last 2 weeks, how often have you been bothered by: Poor appetite or overeating? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado lo siguiente: Tener poco apetito o comer demasiado? 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.050
NEXT	DPQBADSELF

DPQBADSELF	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
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? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado lo siguiente: Sentirse mal sobre sí mismo(a), o sentirse que usted es un fracaso o sentir que se ha desilusionado a usted mismo(a) o a su familia? 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.060
NEXT	DPQCONCEN

DPQCONCEN	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
Over the last 2 weeks, how often have you been bothered by: Trouble concentrating on things, such as reading the newspaper or watching TV? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado lo siguiente: Problemas para concentrarse en las cosas, como leer el periódico o ver la televisión? 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.070
NEXT	DPQSPEED

DPQSPEED	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
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? 0. Not at all 1. Several days 2. More than half the days 3. Nearly every day 7. REFUSED 9. DON'T KNOW	
SPANISH	Durante las últimas 2 semanas, ¿con qué frecuencia le ha molestado lo siguiente: Moverse o hablar tan despacio que otras personas podrían haberlo notado; o lo contrario, es decir, estar tan inquieto(a) que se ha estado moviendo mucho más de lo normal? 0. Nunca 1. Varios días 2. Más de la mitad de los días 3. Casi todos los días 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.080
NEXT	IF CODE 1 OR 2 OR 3 FOR ANY OF THE PREVIOUS ITEMS (DPQNOINT, DPQDEPRESS, DPQSLEEP, DPQTIRE, DPQAPPEAT, DPQBADSELF, DPQCONCEN, DPQSPEED): DPQDIFF ELSE: END OF SECTION

DPQDIFF	
ASK	IF CODE 1 OR 2 OR 3 FOR ANY OF THE PREVIOUS ITEMS (DPQNOINT, DPQDEPRESS, DPQSLEEP, DPQTIRE, DPQAPPEAT, DPQBADSELF, DPQCONCEN, DPQSPEED)
How difficult <TEXT FILL 1> made it for you to do your work, take care of things at home, or get along with people? 0. Not at all difficult 1. Somewhat difficult 2. Very difficult 3. Extremely difficult 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Qué tan difícil le <TEXT FILL 1> para hacer su trabajo, encargarse de las cosas en el hogar o llevarse bien con las personas? 0. Nada difícil 1. Algo difícil 2. Muy difícil 3. Extremadamente difícil 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "has this problem" IF CODE 1 OR 2 OR 3 FOR ONLY ONE OF PREVIOUS ITEMS (DPQNOINT, DPQDEPRESS, DPQSLEEP, DPQTIRE, DPQAPPEAT, DPQBADSELF, BPQCONCEN, DPQSPEED) ELSE, FILL "have these problems" IF CODE 1 OR 2 OR 3 FOR MORE THAN ONE OF PREVIOUS ITEMS
FILLS (SPA)	TEXT FILL 1: FILL "ha resultado este problema" IF CODE 1 OR 2 OR 3 FOR ONLY ONE OF PREVIOUS ITEMS (DPQNOINT, DPQDEPRESS, DPQSLEEP, DPQTIRE, DPQAPPEAT, DPQBADSELF, BPQCONCEN, DPQSPEED) ELSE, FILL "han resultado estos problemas" IF CODE 1 OR 2 OR 3 FOR MORE THAN ONE OF PREVIOUS ITEMS
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DPQ.100
NEXT	END OF SECTION

ALCOHOL USE – ALQ
Target Group: Sighted SP Respondents 18+

CAPI INSTRUCTION FOR ACASI SECTIONS: Follow DK/REF guidance for MEC ACASI: (1) DK/REF will initially be hidden. If the SP tries to advance without selecting a response, DK/REF will appear along with a red error message: "Please select an answer to continue." (2) TTS does not read DK/REF (3) DK/REF is not covered in the tutorial

ALQ1DRINK	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage. In your 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. EXAMPLES OF AN ALCOHOLIC DRINK 12 ounces of beer  5 ounces of wine  1.5 ounces of hard liquor  1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre el consumo de bebidas alcohólicas. Se incluyen los licores (como el whisky o la ginebra), la cerveza, vino, bebidas con vino o "wine coolers" y cualquier otro tipo de bebida alcohólica. En toda su vida, ¿ha tomado al menos 1 bebida de cualquier tipo de alcohol, sin contar pequeñas probadas o sorbos? Por un trago me refiero a una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.

	EXAMPLES OF AN ALCOHOLIC DRINK 12 ounces of beer  5 ounces of wine  1.5 ounces of hard liquor  1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ALQ.111
NEXT	IF ALQ1DRINK = 2: END OF SECTION ELSE, ALQFREQ

ALQFREQ	
ASK	IF ALQ1DRINK = 1 OR 7 OR 9
In the last 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? Please select one of the following choices. 0. Never in the last year 1. 1 to 2 times in the last year 2. 3 to 6 times in the last year 3. 7 to 11 times in the last year 4. Once a month 5. 2 to 3 times a month 6. Once a week 7. 2 times a week 8. 3 to 4 times a week 9. Nearly every day 10. Every day 77. REFUSED 99. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿con qué frecuencia tomó algún tipo de bebida alcohólica? En otras palabras, ¿cuántos días a la semana, al mes o al año bebía? Seleccione una de las siguientes opciones. 0. Ninguna vez en los últimos 12 meses 1. De 1 a 2 veces en los últimos 12 meses 2. De 3 a 6 veces en los últimos 12 meses 3. De 7 a 11 veces en en los últimos 12 meses 4. Una vez al mes 5. De 2 a 3 veces al mes 6. Una vez a la semana 7. 2 veces por semana 8. De 3 a 4 veces por semana 9. Casi todos los días 10. Todos los días 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	DISPLAY THE RESPONSE CATEGORIES IN DESCENDING ORDER ON THE SCREEN (I.E., STARTING WITH "EVERY DAY", "NEARLY EVERY DAY", AND LIST "NEVER IN THE LAST YEAR" THE LAST.
HELP SCREEN (ENG)	If you only drank part of the year, report 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 if you cannot find an answer that fits your situation perfectly.

HELP SCREEN (SPA)	Si solo bebió parte del año, informe la cantidad que bebió la mayor parte del año. Si bebió la mitad del año pero no la otra mitad, informe sus hábitos de consumo actual. Seleccione la respuesta más cercana si no encuentra una respuesta que se corresponda perfectamente a su situación.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ALQ.121
NEXT	IF ALQFREQ = 0: ALQBINGEDY ELSE: ALQQUANT

ALQQUANT	
ASK	IF ALQFREQ = 1-10 OR 77 OR 99
In the last 12 months, on those days that you drank alcoholic beverages, on average, how many drinks did you have? By a drink, we mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor. EXAMPLES OF AN ALCOHOLIC DRINK 12 ounces of beer  5 ounces of wine  1.5 ounces of hard liquor  ENTER NUMBER OF DRINKS 777. REFUSED 999. DON'T KNOW	
SPANISH	En los últimos 12 meses, en los días que tomó bebidas alcohólicas, en promedio, ¿cuántas bebidas tomó? Por “bebida” nos referimos a una cerveza de 12 onzas, una copa de vino de 5 onzas o una onza y media de licor.

	EXAMPLES OF AN ALCOHOLIC DRINK 12 ounces of beer  5 ounces of wine  1.5 ounces of hard liquor  ENTER NUMBER OF DRINKS 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK (ENG)	IF ALQQUANT = 0, DISPLAY, "Your response must be greater than zero. Please enter the correct answer."
HARD CHECK (SPA)	IF ALQQUANT = 0, DISPLAY, "Su respuesta debe ser mayor que cero. Ingrese la respuesta correcta."
SOFT CHECK (ENG)	IF ALQQUANT >= 20, 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, enter the correct answer."
SOFT CHECK (SPA)	IF ALQQUANT >= 20, DISPLAY, "Usted dijo que, los días en que bebe, toma un promedio de 20 bebidas o más. Si esto es correcto, presione el botón "Siguiente" para continuar. Si esa respuesta no es correcta, ingrese la respuesta correcta."
VERSION NOTES	ALQ.130
NEXT	ALQBINGE

ALQBINGE	
ASK	IF ALQFREQ = 1-10 OR 77 OR 99
In the last 12 months, about how often did you have <BINGE FILL> or more drinks of any alcoholic beverage? In other words, how many days per week, per month, or per year did you have <BINGE FILL> or more drinks in a single day? 0. Never in the last year 1. 1 to 2 times in the last year 2. 3 to 6 times in the last year 3. 7 to 11 times in the last year 4. Once a month 5. 2 to 3 times a month 6. Once a week 7. 2 times a week 8. 3 to 4 times a week 9. Nearly every day 10. Every day 77. REFUSED 99. DON'T KNOW	
SPANISH	En los últimos 12 meses, ¿con qué frecuencia tomó <BINGE FILL> o más bebidas de cualquier bebida alcohólica? En otras palabras, ¿cuántos días a la semana, al mes o al año tomó <BINGE FILL> o más bebidas en un solo día? 0. Ninguna vez en los últimos 12 meses 1. De 1 a 2 veces en los últimos 12 meses 2. De 3 a 6 veces en los últimos 12 meses 3. De 7 a 11 veces en los últimos 12 meses 4. Una vez al mes 5. De 2 a 3 veces al mes 6. Una vez a la semana 7. 2 veces por semana 8. De 3 a 4 veces por semana 9. Casi todos los días 10. Todos los días 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	BINGE FILL: FILL "5" IF SP GENDER IS MALE IN SPQGENDER ELSE, FILL "4"
NOTES	DISPLAY THE RESPONSE CATEGORIES IN DESCENDING ORDER ON THE SCREEN (I.E., STARTING WITH "EVERY DAY", "NEARLY EVERY DAY", AND LIST "NEVER IN THE LAST YEAR" THE LAST.
HELP SCREEN	
HARD CHECK (ENG)	IF (ALQBINGE CODED VALUE > ALQFREQ CODED VALUE) AND ALQQUANT IS NOT RF/DK, DISPLAY, "Your response is not consistent with your previous response about how

	often you drank in the last 12 months. Please enter the correct response.”
HARD CHECK (SPA)	IF (ALQBINGE CODED VALUE > ALQFREQ CODED VALUE) AND ALQUANT IS NOT RF/DK, DISPLAY, “Su respuesta no coincide con su respuesta anterior sobre la frecuencia con la que bebió en los últimos 12 meses. Ingrese la respuesta correcta.”
SOFT CHECK	
VERSION NOTES	ALQ.142
NEXT	ALQBINGEDY

ALQBINGEDY	
ASK	IF ALQ1DRINK = 1 OR 7 OR 9
Was there ever a time or times in your life when you drank <BINGE FILL> or more drinks of any kind of alcoholic beverage almost every day? 1. Yes 2. No 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Hubo algún momento de su vida en el que bebió <BINGE FILL> o más bebidas de cualquier tipo de bebida alcohólica casi todos los días? 1. Sí 2. No 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	BINGE FILL: FILL "5" IF SP GENDER IS MALE IN SPQGENDER ELSE, FILL "4"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ALQ.151
NEXT	IF ALQFREQ = 0 OR ALQBINGE = 0: END OF SECTION ELSE, ALQOCCASN

ALQOCCASN	
ASK	(IF ALQFREQ = 1-10 OR 77 OR 99) AND (IF ALQBINGE = 1-10 OR 77 OR 99)
Considering all types of alcoholic beverages, in the last 30 days, how many times did you have <BINGE FILL> or more drinks on an occasion? By occasion, we mean a period of several hours on the same day. Please enter a number or enter 0 for none. _ _ ENTER NUMBER OF TIMES 777. REFUSED 999. DON'T KNOW	
SPANISH	Teniendo en cuenta todos los tipos de bebidas alcohólicas, en los últimos 30 días, ¿cuántas veces tomó <BINGE FILL> o más bebidas en una ocasión? Por ocasión, nos referimos a un período de varias horas en el mismo día. Ingrese un número o ingrese 0 si no tomó ninguna. _ _ ENTER NUMBER OF TIMES 777. REFUSED 999. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	BINGE FILL: FILL "5" IF SP GENDER IS MALE IN SPQGENDER ELSE, FILL "4"
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON
HELP SCREEN	
HARD CHECK	
SOFT CHECK (ENG)	IF ALQOCCASN > 60, DISPLAY, "You said that in the past 30 days, you had <BINGE FILL> or more drinks of any kind of alcohol on an occasion, more than 60 times. If that is not correct, enter the correct answer. If that is correct, please press "Suppress" and then the "Next" button to continue".
SOFT CHECK (SPA)	IF ALQOCCASN > 60, DISPLAY, "Usted dijo que, en los últimos 30 días, tomó <BINGE FILL> o más bebidas de cualquier tipo de alcohol en una ocasión, más de 60 veces. Si esa respuesta no es correcta, ingrese la respuesta correcta. Si esto es correcto, presione "Eliminar" y después el botón "Siguiente" para continuar."
VERSION NOTES	ALQ.170
NEXT	END OF SECTION

ACASI Conclusion
Target Group: Sighted SP Respondents 18+

CAPI INSTRUCTION FOR ACASI SECTIONS: Follow DK/REF guidance for MEC ACASI: (1) DK/REF will initially be hidden. If the SP tries to advance without selecting a response, DK/REF will appear along with a red error message: "Please select an answer to continue." (2) TTS does not read DK/REF (3) DK/REF is not covered in the tutorial

TUQLOCK	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
Thank you for answering these questions. When you leave this screen, the responses you entered into the computer will be locked and can no longer be seen by you or anyone else who uses this computer. When you are ready, please press 1 and [ENTER] to lock your responses.	
SPANISH	Gracias por responder estas preguntas. Cuando salga de esta pantalla, las respuestas que ingresó en la computadora quedarán bloqueadas y ya no podrán ser vistas por usted ni por ninguna otra persona que use esta computadora. Cuando esté listo(a), presione 1 y [ENTER] para bloquear sus respuestas.
QUESTION TYPE	Numeric
FILLS	
NOTES	DISPLAY NUMBER KEYPAD WITH CLEAR BUTTON [ONCE 1 IS ENTERED FOR TUQLOCK, NO ONE CAN RE-ENTER THE ACASI PORTION OF THE INTERVIEW.]
HELP SCREEN	
HARD CHECK	ONLY ACCEPT VALUE OF 1. IF ENTRY IS NOT 1, DISPLAY "THE VALUE MUST BE 1."
SOFT CHECK	
VERSION NOTES	ACASLOCK
NEXT	TUQAUDIO

TUQAUDIO	
ASK	IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR AND IF SP AGE >= 18 YEARS AND VIQLIGHT=1
Your responses have been locked. Please tell your interviewer that you are finished. INTERVIEWER INSTRUCTION: ENTER THE 3-LETTER CODE TO MOVE TO THE NEXT SECTION. _____ ENTER CODE	
SPANISH	Sus respuestas han sido bloqueadas. Dígle al(a la) entrevistador(a) que ha terminado. INTERVIEWER INSTRUCTION: ENTER THE 3-LETTER CODE TO MOVE TO THE NEXT SECTION. _____ ENTER CODE
QUESTION TYPE	Text entry
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	ENDAUDIO
NEXT	END OF SECTION

MAILING ADDRESS AND OTHER CONTACT INFORMATION – MAQ
Target Group: SPs Birth +

MAQMAILa / MAQMAILb / MAQMAILc / MAQMAILd / MAQMAILE	
ASK	All respondents
We are almost finished with this portion of the study! The National Center for Health Statistics may wish to contact <TEXT FILL 1> again. May I please have <TEXT FILL 2> complete mailing address? CRITICAL INFORMATION – CHECK CAREFULLY. PRESS 'ENTER' TO MOVE TO THE NEXT ENTRY FIELD. ENTER ADDRESS LINE 1 [MAQMAILa] ENTER ADDRESS LINE 2 [MAQMAILb] ENTER CITY [MAQMAILc] STATE [MAQMAILd] ENTER ZIP (5 DIGIT) [MAQMAILE]	
SPANISH	¡Ya casi terminamos con esta parte del estudio! El Centro Nacional de Estadísticas de la Salud posiblemente desee comunicarse conn <TEXT FILL 1> nuevamente. ¿Podría darme <TEXT FILL 2> por favor? CRITICAL INFORMATION – CHECK CAREFULLY. PRESS 'ENTER' TO MOVE TO THE NEXT ENTRY FIELD. ENTER ADDRESS LINE 1 [MAQMAILa] ENTER ADDRESS LINE 2 [MAQMAILb] ENTER CITY [MAQMAILc] STATE [MAQMAILd] ENTER ZIP (5 DIGIT) [MAQMAILE]
QUESTION TYPE	Text entry: MAQMAILa, MAQMAILb, MAQMAILc Select from dropdown: MAQMAILd Numeric: MAQMAILE
FILLS (ENG)	TEXT FILL 1: FILL “you” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]” TEXT FILL 2: FILL “your” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]’s”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “[SP NAME]”

	TEXT FILL 2: FILL “su dirección de correo postal completa” IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL “la dirección de correo postal completa de [SP NAME]”
NOTES	DISPLAY THE SCREENER MAILING ADDRESS INFORMATION. ZIP (5 DIGIT) FIELD, MAQMAILk, IS MAX 5 DIGITS. ZIP (LAST 4) FIELD, MAQMAILI, IS MAX 4 DIGITS INCLUDE STATE DROPDOWN WITH STATE ABBREVIATIONS AND STATE NAMES ALLOW MAQMAILb TO BE LEFT BLANK.
HELP SCREEN	
HARD CHECK	IF “PO BOX” OR “P.O. BOX” IS ENTERED IN MAQMAILa OR MAQMAILb, DISPLAY “PLEASE ENTER THE PHYSICAL STREET ADDRESS. DO NOT ENTER P.O. BOX ON THIS SCREEN.” MAQMAILa, c, d, e ARE REQUIRED. IF BLANK, DISPLAY ” ONE OR MORE FIELDS ARE MISSING. PLEASE PROVIDE A COMPLETE MAILING ADDRESS.” IF MAQMAILe < 5 NUMBERS, DISPLAY “ZIP CODE ENTERED MUST BE 5 DIGITS. PLEASE CORRECT RESPONSE.”
SOFT CHECK	
VERSION NOTES	MAQ.020a-k
NEXT	MAQMAILYN

MAQMAILYN	
ASK	All respondents
I have recorded . . . <MAQMAIL FILL> Is that correct? 1. YES 2. NO	
SPANISH	He registrado lo siguiente . . . <MAQMAIL FILL> ¿Es correcto? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS	MAQMAIL FILL: FILL MAQMAILa-e IN UPPER CASE
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.040
NEXT	IF MAQMAILYN = 1 AND SP AGE 0-17 YEARS: MAQLANG IF MAQMAILYN = 1 AND SP AGE >= 18 YEARS AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR: MAQEMAIL IF MAQMAILYN = 1 AND SP AGE >= 18 YEARS AND SP IS NOT SELECTED AS RESPONDENT IN SPQSELECTR: MAQLANG IF MAQMAILYN = 2: MAQMAIL TO CORRECT

MAQEMAIL	
ASK	IF MAQMAILYN = 1 AND SP AGE >= 18 YEARS AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR
May I have your e-mail address? _____ ENTER EMAIL ADDRESS 0. DOES NOT HAVE AN EMAIL ACCOUNT 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Podría darme su dirección de correo electrónico? _____ ENTER EMAIL ADDRESS 0. DOES NOT HAVE AN EMAIL ACCOUNT 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Text entry
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	IF THERE ARE SPACES IN THE EMAIL ADDRESS, DISPLAY "EMAIL ADDRESS DOES NOT ALLOW SPACES." IF EMAIL ADDRESS IS MISSING THE '@' SYMBOL, DISPLAY "EMAIL ADDRESS IS MISSING THE @ SYMBOL - PLEASE GO BACK AND CORRECT." IF TEXT IS MISSING TO THE LEFT OR RIGHT OF THE '@' SYMBOL, DISPLAY "PART OF THE EMAIL ADDRESS IS MISSING - PLEASE GO BACK AND CORRECT."
SOFT CHECK	
VERSION NOTES	MAQ.210N
NEXT	IF MAQEMAIL IS '0', '7', OR '9': MAQLANG ELSE: MAQEMAILYN

MAQEMAILYN	
ASK	IF EMAIL REPORTED FOR MAQEMAIL
I have recorded . . . <MAQEMAIL FILL> Is that correct? 1. YES 2. NO	
SPANISH	He registrado lo siguiente . . . <MAQEMAIL FILL> ¿Es correcto? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS	MAQEMAIL FILL: FILL EMAIL REPORTED IN MAQEMAIL
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.220
NEXT	IF MAQEMAILYN = 2: MAQEMAIL TO CORRECT ELSE: MAQLANG

MAQLANG	
ASK	All respondents
INTERVIEWER INSTRUCTION: SPECIFY LANGUAGE IN WHICH HARD COPY MATERIALS SHOULD BE MAILED. 1. ENGLISH 2. SPANISH	
SPANISH	N/A
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.090
NEXT	IF FIRST TELEPHONE NUMBER FOR SP HAS BEEN COLLECTED IN SYSTEM AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR: MAQPHONE1 IF FIRST TELEPHONE NUMBER FOR SP HAS NOT BEEN COLLECTED IN SYSTEM AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR: MAQPHN10TH IF SP NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE 12-17 YEARS: MAQCELL IF SP NOT SELECTED AS RESPONDENT IN SPQSELECTR AND SP AGE <= 11 YEARS OR >= 18 YEARS: END OF SECTION

MAQPHONE1	
ASK	IF FIRST TELEPHONE NUMBER FOR SP HAS BEEN COLLECTED IN THE SYSTEM AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR
Is <PHONE FILL> the best telephone number to reach you in case my office wants to check my work? 1. YES 2. NO. PROVIDE A DIFFERENT NUMBER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Es el <PHONE FILL> el mejor número de teléfono para comunicarnos con usted en caso de que el personal de mi oficina quiera verificar mi trabajo? 1. YES 2. NO. PROVIDE A DIFFERENT NUMBER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	PHONE FILL: FILL FIRST PHONE NUMBER FROM DATABASE
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.230
NEXT	IF MAQPHONE1 = 1: MAQPHN1TYP IF MAQPHONE1 = 2: MAQPHN1OTH IF MAQPHONE1 = 7 OR 9 AND SECOND TELEPHONE NUMBER FOR SP HAS BEEN COLLECTED IN SYSTEM: MAQPHONE2 IF MAQPHONE1 = 7 OR 9 AND SECOND TELEPHONE NUMBER FOR SP HAS NOT BEEN COLLECTED: END OF SECTION

MAQPHN10TH	
ASK	IF FIRST TELEPHONE FOR SP HAS NOT BEEN COLLECTED IN THE SYSTEM AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR IF MAQPHONE1 = 2
Please tell me the best telephone number to reach you (in case my office wants to check my work). INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE. _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ AREA CODE ENTER PHONE NUMBER 77. REFUSED 99. DON'T KNOW	
SPANISH	Por favor, dígame el mejor número de teléfono para comunicarnos con usted en caso de que el personal de mi oficina quiera verificar mi trabajo. INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE. _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ AREA CODE ENTER PHONE NUMBER 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF DON'T KNOW, REFUSED, "000" or 10 DIGIT PHONE NUMBER. IF PHONE NUMBER PROVIDED, DISPLAY HARD RANGE CHECK MESSAGE IF PHONE NUMBER NOT "000" OR IS 10 DIGITS OF ALL THE SAME NUMBER (I.E., 1111111111): "PLEASE ENTER A VALID PHONE NUMBER."
SOFT CHECK	
VERSION NOTES	MAQ.101 G/a/b
NEXT	IF 10 DIGIT PHONE NUMBER ENTERED FOR MAQPHN10TH: MAQPHN1TYP IF MAQPHN10TH = (000 OR DK OR REF) AND SECOND TELEPHONE FOR SP HAS BEEN COLLECTED IN SYSTEM: MAQPHONE2 IF MAQPHN10TH = (000 OR DK OR REF) AND SECOND TELEPHONE NUMBER FOR SP HAS NOT BEEN COLLECTED: END OF SECTION

MAQPHN1TYP	
ASK	IF MAQPHONE1 = 1 IF 10 DIGIT PHONE ENTERED FOR MAQPHN1OTH
Is this number a cell phone or landline? 1. CELL PHONE 2. LANDLINE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Es este número un teléfono celular o una línea fija? 1. CELL PHONE 2. LANDLINE 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.260
NEXT	IF MAQPHN1TYP = 1: MAQPHN1TXT IF MAQPHN1TYP = 2 OR 7 OR 9 AND SECOND TELEPHONE NUMBER FOR SP HAS BEEN COLLECTED IN SYSTEM: MAQPHONE2 IF MAQPHN1TYP = 2 OR 7 OR 9 AND SECOND TELEPHONE NUMBER FOR SP HAS NOT BEEN COLLECTED: MAQPHN2OTH

MAQPHN1TXT	
ASK	IF MAQPHN1TYP = 1
We may want to send you short text messages containing reminders about <TEXT FILL 1> participation in the study. There may be fees to get a text message, depending on your plan. May we send text messages to this number? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Es posible que queramos enviarle mensajes de texto cortos con recordatorios sobre <TEXT FILL 1> en el estudio. Puede que se apliquen tarifas por recibir mensajes de texto, según su plan. ¿Podríamos enviar mensajes de texto a este número? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su participación" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la participación de [SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.270
NEXT	IF SECOND TELEPHONE NUMBER FOR SP HAS BEEN COLLECTED IN SYSTEM: MAQPHONE2 ELSE: MAQPHN2OTH

MAQPHONE2	
ASK	IF SECOND TELEPHONE NUMBER FOR SP HAS BEEN COLLECTED IN SYSTEM AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR
Is <PHONE FILL> the other number where you can be reached? 1. YES 2. NO. PROVIDE A DIFFERENT NUMBER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Es el <PHONE FILL> el otro número con el que podemos comunicarnos con usted? 1. YES 2. NO. PROVIDE A DIFFERENT NUMBER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	PHONE FILL: FILL SECOND PHONE NUMBER FROM DATABASE
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.280
NEXT	IF MAQPHONE2 = 1: MAQPHN2TYP IF MAQPHONE2 = 2: MAQPHN2OTH IF MAQPHONE2 = 7 OR 9: END OF SECTION

MAQPHN2OTH	
ASK	IF (MAQPHONE1 = 1 OR 10 DIGIT PHONE ENTERED FOR MAQPHN1OTH) AND AND SP IS SELECTED AS RESPONDENT IN SPQSELECTR ANDSECOND TELEPHONE NUMBER FOR SP HAS NOT BEEN COLLECTED IN SYSTEM IF MAQPHONE2 = 2
Please tell me another number where you can be reached. INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE. _ _ _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ _ _ AREA CODE ENTER PHONE NUMBER 77. REFUSED 99. DON'T KNOW	
SPANISH	Por favor, dígame otro número con el que podamos comunicarnos con usted. INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE. _ _ _ _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ _ _ AREA CODE ENTER PHONE NUMBER 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Numeric
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF DON'T KNOW, REFUSED, "000" or 10 DIGIT PHONE NUMBER. IF PHONE NUMBER PROVIDED, DISPLAY HARD RANGE CHECK MESSAGE IF PHONE NUMBER NOT "000" OR IS 10 DIGITS OF ALL THE SAME NUMBER (I.E., 1111111111): "PLEASE ENTER A VALID PHONE NUMBER."
SOFT CHECK	
VERSION NOTES	MAQ.111 G/a/b
NEXT	IF 10 DIGIT PHONE NUMBER ENTERED FOR MAQPHN2OTH: MAQPHN2TYP IF MAQPHN2OTH = (000 OR DK OR REF): END OF SECTION

MAQPHN2TYP	
ASK	IF MAQPHONE2 = 1 IF 10 DIGIT PHONE ENTERED FOR MAQPHN2OTH
Is this number a cell phone or landline? 1. CELL PHONE 2. LANDLINE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Es este número es un teléfono celular o una línea fija? 1. CELL PHONE 2. LANDLINE 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.290
NEXT	IF MAQPHN2TYP = 1: MAQPHN2TXT IF MAQPHN2TYP = 2 OR 7 OR 9: END OF SECTION

MAQPHN2TXT	
ASK	IF MAQPHN2TYP = 1
May we send you text messages about <TEXT FILL 1> participation in the study to this number<TEXT FILL 2>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Podríamos enviar mensajes de texto sobre <TEXT FILL 1> en el estudio a este número <TEXT FILL 2>? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL " as well" IF MAQPHN1TXT = 1
FILLS (SPA)	TEXT FILL 1: FILL "su participación" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "la participación de [SP NAME]" TEXT FILL 2: FILL " también" IF MAQPHN1TXT = 1
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.310
NEXT	END OF SECTION

MAQCELL	
ASK	IF SP AGE 12-17 YEARS
Does <TEXT FILL 1> have a cell phone? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene <TEXT FILL 1> un teléfono celular? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.150
NEXT	IF MAQCELL = 1: MAQCELLTXT ELSE: END OF SECTION

MAQCELLTXT	
ASK	IF MAQCELL=1
May we send <TEXT FILL 1> short text messages about <TEXT FILL 2> participation in the health exam to <TEXT FILL 2> cell phone<TEXT FILL 3>? 1. YES 2. NO 3. NO TEXT MESSAGING, NOT POSSIBLE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Podríamos enviarle a <TEXT FILL 1> mensajes de texto cortos sobre su participación en el examen de salud a su teléfono celular <TEXT FILL 3>? 1. YES 2. NO 3. NO TEXT MESSAGING, NOT POSSIBLE 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "his" IF SP GENDER IS MALE IN SPQGENDER FILL "her" IF SP GENDER IS FEMALE IN SPQGENDER FILL "[SP NAME]'s" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL " as well" IF MAQPHN1TXT = 1 OR MAQPHN2TXT = 1
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]" TEXT FILL 2: FILL "" IF SP GENDER IS MALE IN SPQGENDER FILL "" IF SP GENDER IS FEMALE IN SPQGENDER FILL "" IF SP GENDER IS TRANSGENDER, NON-BINARY, OR ANOTHER GENDER (CODE 3) OR DK/RF IN SPQGENDER TEXT FILL 3: FILL " también" IF MAQPHN1TXT = 1 OR MAQPHN2TXT = 1
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	MAQ.160
NEXT	IF MAQCELLTXT = 1: MAQCELLNUM ELSE: END OF SECTION

MAQCELLNUM	
ASK	IF MAQCELLTXT = 1
What is <TEXT FILL 1> cell phone number? INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ AREA CODE ENTER PHONE NUMBER 77. REFUSED 99. DON'T KNOW	
SPANISH	¿Cuál es el número de teléfono celular de <TEXT FILL 1>? INTERVIEWER INSTRUCTION: ENTER '000' IN AREA CODE IF NO PHONE _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ AREA CODE ENTER PHONE NUMBER 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL "[SP NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	ONLY ALLOW RESPONSE OF DON'T KNOW, REFUSED, "000" or 10 DIGIT PHONE NUMBER. IF PHONE NUMBER PROVIDED, DISPLAY HARD RANGE CHECK MESSAGE IF PHONE NUMBER NOT "000" OR IS 10 DIGITS OF ALL THE SAME NUMBER (I.E., 1111111111): "PLEASE ENTER A VALID PHONE NUMBER."
SOFT CHECK	
VERSION NOTES	MAQ.180
NEXT	END OF SECTION

FSDASINCENTIVE CARD - CCQ
Target Group: SPs Birth+

CCQOFFERYN	
ASK	All respondents
Thank you for taking the time to participate in this important study about our nation's health. <TEXT FILL 1> a thank you for answering these questions, we are giving <TEXT FILL 2> \$25.00 for completing the interview today. INTERVIEWER INSTRUCTION: IF NEEDED, SAY: Do you accept this offer? 1. YES 2. NO	
SPANISH	Gracias por dedicar su tiempo a participar en este importante estudio sobre la salud de las personas que viven en Estados Unidos. <TEXT FILL 1> muestra de agradecimiento por responder estas preguntas, le daremos a <TEXT FILL 2> \$25.00 dólares por completar la entrevista de hoy. INTERVIEWER INSTRUCTION: IF NEEDED, SAY: ¿Acepta lo que le ofrecemos? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: IF HOUSEHOLD REFERENCE PERSON IS SELECTED AS RESPONDENT IN SPQSELECTR, FILL "There is another set of questions that ask about your household. But first, as" ELSE, fill "As" TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, fill "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: IF HOUSEHOLD REFERENCE PERSON IS SELECTED AS RESPONDENT IN SPQSELECTR, FILL "Hay otra serie de preguntas sobre su hogar. Pero primero, como" ELSE, fill "Como" TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	>INCENTIVE FOR COMPLETING SP QUESTIONNAIRE
NEXT	IF CCQOFFERYN = 1: CCQCARDTYP IF CCQOFFERYN = 2: CCQREFUSE

CCQREFUSE / CCQCHANGE	
ASK	IF CCQOFFERYN = 2
<TEXT FILL 1> welcome to decline any of the funds offered for a study activity. Should <TEXT FILL 2> complete future study activities, we can provide a card at that time. Please sign here that you are declining the funds for today's interview. COLLECT ADULT SP/ADULT PROXY E-SIGNATURE [CCQREFUSE] INTERVIEWER INSTRUCTION: DID SP CHANGE MIND? IF SO, SELECT BELOW: [CCQCHANGE] 1. YES, CHANGED MIND 2. NO, STILL REFUSED	
SPANISH	<TEXT FILL 1> puede negarse a recibir cualquiera de los fondos ofrecidos como parte de las actividades del estudio. Si <TEXT FILL 2> completa actividades del estudio en el futuro, podemos darle una tarjeta en el momento de hacer eso. Firme aquí que se niega a recibir los fondos de la entrevista de hoy. COLLECT ADULT SP/ADULT PROXY E-SIGNATURE [CCQREFUSE] INTERVIEWER INSTRUCTION: DID SP CHANGE MIND? IF SO, SELECT BELOW: [CCQCHANGE] 1. YES, CHANGED MIND 2. NO, STILL REFUSED
QUESTION TYPE	Collect signature: CCQREFUSE Radio button: CCQCHANGE
FILLS (ENG)	TEXT FILL 1: FILL "You are" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] is" SELECTED AS RESPONDENT IN SPQSELECTR TEXT FILL 2: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "Usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] " SELECTED AS RESPONDENT IN SPQSELECTR TEXT FILL 2: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	>REFUSE
NEXT	IF CCQCHANGE = 1: CCQCARDTYP IF CCQCHANGE = 2: CCQEND

CCQCARDTYP	
ASK	IF CCQOFFERYN=1 IF CCQCHANGE=1
I can issue a new gift card or add the funds to an existing card that <TEXT FILL 1> may have received for another interview. Would <TEXT FILL 1> like to add the funds to an existing card? 1. YES, ADD FUNDS TO EXISTING CARD 2. NO, ISSUE A NEW CARD	
SPANISH	Puedo darle una nueva tarjeta de regalo o agregar los fondos a una tarjeta existente que <TEXT FILL 1> ya haya recibido para otra entrevista. ¿Le gustaría que agreguemos los fondos a una tarjeta existente? 1. YES, ADD FUNDS TO EXISTING CARD 2. NO, ISSUE A NEW CARD
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	CCQASSIGN

CCQASSIGNa / CCQASSIGNb	
ASK	IF CCQOFFERYN = 1 IF CCQREFUSE = 1
<TEXT FILL 3> ENTER PACKAGE ID NUMBER FROM ENVELOPE. SCAN BARCODE OR ENTER PROXY NUMBER FROM ENVELOPE [_____] FIRST ENTER PACKAGE ID [CCQASSIGNa] [_____] SECOND ENTER PACKAGE ID [CCQASSIGNb] This card is <TEXT FILL 1> Health Study gift card. It is a VISA® Card and is accepted anywhere VISA® is accepted. Funds for completing today's study activities will be available for use on the card within 2 business days. You must activate the card before using it. Please keep the card for the duration of the study so we can add more funds to it as <TEXT FILL 2> study activities.	
SPANISH	<TEXT FILL 3> ENTER PACKAGE ID NUMBER FROM ENVELOPE. SCAN BARCODE OR ENTER PROXY NUMBER FROM ENVELOPE [_____] FIRST ENTER PACKAGE ID [CCQASSIGNa] [_____] SECOND ENTER PACKAGE ID [CCQASSIGNb] Esta tarjeta es la tarjeta de regalo del estudio de salud para <TEXT FILL 1>. Es una tarjeta VISA® y se acepta en cualquier lugar donde se acepte VISA®. Los fondos por completar las actividades del estudio de hoy estarán disponibles para usar en la tarjeta en un plazo de 2 días laborables. Debe activar la tarjeta antes de usarla. Conserve la tarjeta durante la duración del estudio para que podamos agregarle más fondos a medida que <TEXT FILL 2> las actividades del estudio.
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]'s" TEXT FILL 2: FILL "you complete" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] completes" TEXT FILL 3: IF CCQCARDTYP=1, FILL "ASK RESPONDENT TO SEE ENVELOPE ID FROM PREVIOUS GIFT CARD." ELSE, FILL "TAKE OUT A NEW CARD FROM YOUR SUPPLY."
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME]" TEXT FILL 2: FILL "usted complete" IF SP IS SELECTED AS RESPONDENT IN SPQSELECTR ELSE, FILL "[SP NAME] complete" TEXT FILL 3: IF CCQCARDTYP=1, FILL "ASK RESPONDENT TO SEE ENVELOPE ID FROM PREVIOUS GIFT CARD."

	ELSE, FILL "TAKE OUT A NEW CARD FROM YOUR SUPPLY."
NOTES	CHECK THAT THE TWO PACKAGE IDS MATCH
HELP SCREEN	
HARD CHECK	DISPLAY ERROR MESSAGE IF TWO PACKAGE IDS DO NOT MATCH: DISPLAY 'THE BARCODES MUST MATCH'.
SOFT CHECK	
VERSION NOTES	>ASSIGN CARD
NEXT	CCQDISPENSE

CCQDISPSE	
ASK	IF CCQOFFERYN = 1 IF CCQREFUSE = 1
Thank you. <TEXT FILL 3> INTERVIEWER INSTRUCTION: HAND <TEXT FILL 1>INFORMATION SHEET TO ADULT SP OR ADULT PROXY. Please sign here to acknowledge you <TEXT FILL 2> the card. COLLECT ADULT SP/ADULT PROXY E-SIGNATURE You can find answers to most commonly asked questions on the card information sheet along with phone numbers to call for additional information. Remember, you need to activate the card following the instructions. If you wish to use the card for an ATM cash withdrawal, you must set up a PIN when you activate it. Do you have any questions about the card before we move on? REVIEW INFORMATION SHEET, ASSIST TO ACTIVATE CARD, OR ANSWER ANY QUESTIONS Thank you.	
SPANISH	Gracias. <TEXT FILL 3> INTERVIEWER INSTRUCTION: HAND <TEXT FILL 1>INFORMATION SHEET TO ADULT SP OR ADULT PROXY. Firme aquí para confirmar que <TEXT FILL 2> la tarjeta. COLLECT ADULT SP/ADULT PROXY E-SIGNATURE Encontrará las respuestas a las preguntas más frecuentes en la hoja informativa de la tarjeta, junto con números de teléfono a los que puede llamar para obtener información adicional. Recuerde que debe activar la tarjeta siguiendo las instrucciones. Si desea usar la tarjeta para retirar efectivo en un cajero automático, deberá crear un número personal de identificación (PIN) cuando la active. ¿Tiene alguna pregunta sobre la tarjeta antes de continuar? REVIEW INFORMATION SHEET, ASSIST TO ACTIVATE CARD, OR ANSWER ANY QUESTIONS Gracias.
QUESTION TYPE	Collect signature: CCQDISPSE
FILLS (ENG)	TEXT FILL 1: IF CCQCARDTYP=2: FILL "CARD AND " ELSE, LEAVE BLANK TEXT FILL 2: IF CCQCARDTYP=2, FILL "have received" ELSE, FILL "understand that the funds will be added to" TEXT FILL 3: IF CCQCARDTYP=2, FILL "Here is the gift card." ELSE, LEAVE BLANK
FILLS (SPA)	TEXT FILL 1: IF CCQCARDTYP=2: FILL "CARD AND " ELSE, LEAVE BLANK TEXT FILL 2: IF CCQCARDTYP=2, FILL "ha recibido"

	ELSE, FILL "entiende que los fondos se agregarán a" TEXT FILL 3: IF CCQCARDTYP=2, FILL "Aquí tiene la tarjeta de regalo." ELSE, LEAVE BLANK
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	>DISPENSE CARD
NEXT	CCQEND

CCQEND	
ASK	All respondents
PRESS F10 TO EXIT BLAISE FORM	
SPANISH	N/A
QUESTION TYPE	Informational
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	>END
NEXT	END OF SP QUESTIONNAIRE