

ICPSR 25504

**National Health and Nutrition  
Examination Survey (NHANES),  
2005-2006**

*United States Department of Health and  
Human Services. Centers for Disease  
Control and Prevention. National Center  
for Health Statistics*

NCHS User Guide -- Questionnaire:  
Osteoporosis

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# National Health and Nutrition Examination Survey 2005–2006

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## Documentation, Codebook, and Frequencies

### Osteoporosis

Questionnaire

Survey Years:  
2005 to 2006

SAS Transport File:  
OSQ\_D.XPT



December 2008

# NHANES 2005–2006 Data Documentation

## Questionnaire Section: Osteoporosis (OSQ\_D)

First Published: December 2008

Last Revised: N/A

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### Component Description

The Osteoporosis section (OSQ) provides personal interview data on the following:

- Doctor told participant s/he had fractured hip, wrist, or spine
- Number of times hip, wrist, or spine was fractured
- Age at each hip, wrist, or spine fracture
- Amount of trauma causing each hip, wrist or spine fracture
- Whether the participant has ever been diagnosed as having osteoporosis
- If diagnosed with osteoporosis, whether the participant has been treated for it.

In 2005, additional questions were added on:

- Fractures of any other bones, amount of trauma causing the fractures, and age when the fractures occurred.
- Participant use of prednisone or cortisone pills
- Whether either of the participant's biological parents had ever been diagnosed as having osteoporosis
- Whether the participant's mother had ever fractured her hip, and if so, at what age
- Whether the participant's father had ever fractured his hip, and if so, at what age

Several of the questions in this section also were included in the NHANES III: 1988-94 questionnaire under Musculoskeletal Conditions.

### Eligible Sample

The target sample for this section is participants 20 years and older.

### Interview Setting and Mode of Administration

This questionnaire section was conducted in the home using the Computer-Assisted Personal Interviewing (CAPI) system

The Interviewer Procedure Manuals and Exam Manuals can be found on the NHANES website.

The survey questionnaires can be found on the NHANES website.

**Quality Assurance & Quality Control**

Frequency counts were verified during the preparation of the file.

For details on the QA/QC process for this component, please refer to the procedures manual on the NHANES website.

**Data Processing and Editing**

The maximum number of hip fractures reported was 3; the maximum number of wrist fractures reported was 7; and the maximum number of spine fractures reported was 10.

For participants age 85 years and older, responses to OSD030a (How old were you when you fractured your hip?), OSD030b (how old were you when you fractured your wrist?), OSD030c (How old were you when you fractured your spine?), and OSQ110 (How old were you when you fractured (other bones) after you were 20 years of age) were coded as 85 years. This was done to address data disclosure concerns and to be consistent with age codes in the demographic and other sample person files.

The following variables had empty fields and therefore were dropped from the data file: OSQ030ad-aj, OSQ040ad-aj, OSQ050ad-aj, OSQ030bh-bj, OSQ040bh-bj, OSQ050bh-bj.

**Analytic Notes**

Since these data are collected during the household questionnaire, interview weights should be used. Although these data were collected as part of the household questionnaire, if they are merged with the MEC exam data, exam sample weights should be used for the analyses.

Please refer to the Analytic Guidelines for further details on the use of sample weights and other analytic issues. The Analytic Guidelines are available on the NHANES website.

## Locator Record

**Title:** Osteoporosis (OSQ\_D)

**Contact Number:** 1-866-441-NCHS

**Years of Content:** 2005–2006

**First Published:** December 2008

**Revised:** NA

**Access Constraints:** None

**Use Constraints:** None

**Geographic Coverage:** National

**Subject:** The Osteoporosis section provides personal interview data on fractures at the hip, wrist, and spine; other fractures after 20 years of age; diagnosis of osteoporosis; treatment for osteoporosis; and family history of osteoporosis and hip fractures.

**Record Source:** NHANES 2005–2006

**Survey Methodology:** NHANES 2005–2006 is a stratified multistage probability sample of the civilian non-institutionalized population of the U.S.

**Medium:** NHANES Web site; SAS transport files

# **National Health and Nutrition Examination Survey Codebook for Data Production (2005-2006)**

## **Questionnaire Section: Osteoporosis (OSQ\_D)**

December 2008



<b>SEQN</b>	<b>Target</b>
	B(20 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Respondent sequence number
<b>English Text:</b> Respondent sequence number.	
<b>English Instructions:</b>	

<b>OSQ010a</b>	<b>Target</b>
	B(20 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Broken or fractured a hip
<b>English Text:</b> Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . .hip?	
<b>English Instructions:</b>	

Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	73	73	OSQ020a
2	No	4902	4975	
7	Refused	0	4975	
9	Don't know	4	4979	
.	Missing	0	4979	



	Target			
OSQ010b	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Broken or fractured a wrist			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . .wrist?				
English Instructions: DO NOT INCLUDE FOREARM OR HAND.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	472	472	OSQ020b
2	No	4502	4974	
7	Refused	0	4974	
9	Don't know	5	4979	
.	Missing	0	4979	

OSQ010c	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Broken or fractured spine			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . .spine?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	127	127	OSQ020c
2	No	4844	4971	OSQ025
7	Refused	0	4971	OSQ025
9	Don't know	8	4979	OSQ025
.	Missing	0	4979	

OSQ020a	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 33	# Times broken/fractured hip			
English Text: How many times {have you/has SP} broken or fractured {your/his/her} hip?				
English Instructions: ENTER NUMBER OF TIMES. SKIP TO OSQ010b.				
Code or Value	Description	Count	Cumulative	Skip to Item
1 to 3	Range of Values	73	73	
7777	Refused	0	73	OSQ010b
9999	Don't know	0	73	OSQ010b
.	Missing	4906	4979	

OSQ020b	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 33	# Times broken/fractured wrist			
English Text: How many times {have you/has SP} broken or fractured {your/his/her} wrist?				
English Instructions: ENTER NUMBER OF TIMES. SKIP TO OSQ010c.				
Code or Value	Description	Count	Cumulative	Skip to Item
1 to 7	Range of Values	471	471	
7777	Refused	0	471	OSQ010c
9999	Don't know	1	472	OSQ010c
.	Missing	4507	4979	

OSQ020c	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 33	# Times broken/fractured spine			
English Text: How many times {have you/has SP} broken or fractured {your/his/her} spine?				
English Instructions: ENTER NUMBER OF TIMES				
Code or Value	Description	Count	Cumulative	Skip to Item
1 to 10	Range of Values	125	125	
7777	Refused	0	125	
9999	Don't know	2	127	
.	Missing	4852	4979	

OSQ025	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
	CHECK ITEM
English Text: CHECK ITEM	
English Instructions: CHECK ITEM OSQ025: IF 'YES' (CODE 1) IN OSQ010a, OSQ010b, or OSQ010c, CONTINUE WITH LOOP 1. OTHERWISE, GO TO OSQ060. Loop 1: Ask OSD030 - OSD050 for each type and each incidence of fracture. (Example: How old were you when you fractured your hip the first time?)	

OSD030aa	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured hip 1st time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip the 1st time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
1 to 83	Range of Values	62	62	
85	85 or older	9	71	
77777	Refused	0	71	
99999	Don't know	2	73	
.	Missing	4906	4979	

OSQ040aa	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. hip 1st time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	35	35	OSQ025
2	50 years old or older?	38	73	
7	Refused	0	73	OSQ025
9	Don't know	0	73	OSQ025
.	Missing	4906	4979	

<b>OSQ045</b>	<b>Target</b>
	B(20 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	CHECK ITEM
<b>English Text:</b> CHECK ITEM	
<b>English Instructions:</b> CHECK ITEM OSQ045: IF AGE IS >= 50 IN OSD030 OR OSQ040, CONTINUE WITH OSD050. OTHERWISE, GO TO OSQ025.	

<b>OSD050aa</b>	<b>Target</b>
	B(50 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	Reason hip fracture occurred 1st time
<b>English Text:</b> Did that fracture occur as a result of . . .	
<b>English Instructions:</b> CAPI INSTRUCTIONS: HELP SCREEN SHOULD READ: Additional examples for a "hard fall" include being forcibly knocked down by another person or bicycle. Additional examples for a "fall from standing height or less" include leg gave way, was dizzy, fell bending over, fell out of chair.	

Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	26	26	
2	A hard fall, such as falling off a ladder or step stool, down stairs	6	32	
3	A car accident or other severe trauma	4	36	
7	Refused	0	36	
9	Don't know	2	38	
.	Missing	4941	4979	

OSD030ab	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured hip 2nd time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip the 2nd time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
70 to 74	Range of Values	2	2	
85	85 or older	1	3	
77777	Refused	0	3	
99999	Don't know	0	3	
.	Missing	4976	4979	

OSQ040ab	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. hip 2nd time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	0	0	OSQ025
2	50 years old or older?	3	3	
7	Refused	0	3	OSQ025
9	Don't know	0	3	OSQ025
.	Missing	4976	4979	

OSD050ab	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason hip fracture occurred 2nd time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	3	3	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	3	
3	A car accident or other severe trauma	0	3	
7	Refused	0	3	
9	Don't know	0	3	
.	Missing	4976	4979	

OSD030ac	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured hip 3rd time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip the 3rd time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
82	82	1	1	
85	85 or older	0	1	
77777	Refused	0	1	
99999	Don't know	0	1	
.	Missing	4978	4979	

OSQ040ac	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. hip 3rd time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	0	0	OSQ025
2	50 years old or older?	1	1	
7	Refused	0	1	OSQ025
9	Don't know	0	1	OSQ025
.	Missing	4978	4979	

<b>OSD050ac</b>	<b>Target</b>			
	B(50 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Reason hip fracture occurred 3rd time			
<b>English Text:</b> Did that fracture occur . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	1	1	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	1	
3	A car accident or other severe trauma	0	1	
7	Refused	0	1	
9	Don't know	0	1	
.	Missing	4978	4979	



OSD030ba	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured wrist 1st time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 1st time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
1 to 83	Range of Values	462	462	
85	85 or older	4	466	
77777	Refused	0	466	
99999	Don't know	5	471	
.	Missing	4508	4979	

OSQ040ba	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. wrist 1st time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	382	382	OSQ025
2	50 years old or older?	89	471	
7	Refused	0	471	OSQ025
9	Don't know	0	471	OSQ025
.	Missing	4508	4979	

OSD050ba	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason wrist fracture occurred 1st time			
English Text: Did that fracture occur as a result of. . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	59	59	
2	A hard fall, such as falling off a ladder or step stool, down stairs	19	78	
3	A car accident or other severe trauma	11	89	
7	Refused	0	89	
9	Don't know	0	89	
.	Missing	4890	4979	

OSD030bb	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured wrist 2nd time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist 2nd time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
4 to 79	Range of Values	81	81	
85	85 or older	0	81	
77777	Refused	0	81	
99999	Don't know	0	81	
.	Missing	4898	4979	

	Target			
OSQ040bb	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. wrist 2nd time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	64	64	OSQ025
2	50 years old or older?	17	81	
7	Refused	0	81	OSQ025
9	Don't know	0	81	OSQ025
.	Missing	4898	4979	

OSD050bb	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason wrist fracture occurred 2nd time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	12	12	
2	A hard fall, such as falling off a ladder or step stool, down stairs	5	17	
3	A car accident or other severe trauma	0	17	
7	Refused	0	17	
9	Don't know	0	17	
.	Missing	4962	4979	

OSD030bc	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured wrist 3rd time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 3rd time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
6 to 65	Range of Values	20	20	
85	85 or older	0	20	
77777	Refused	0	20	
99999	Don't know	0	20	
.	Missing	4959	4979	

OSQ040bc	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. wrist 3rd time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	19	19	OSQ025
2	50 years old or older?	1	20	
7	Refused	0	20	OSQ025
9	Don't know	0	20	OSQ025
.	Missing	4959	4979	

OSD050bc	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason wrist fracture occurred 3rd time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	1	1	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	1	
3	A car accident or other severe trauma	0	1	
7	Refused	0	1	
9	Don't know	0	1	
.	Missing	4978	4979	

OSD030bd	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured wrist 4th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 4th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
8 to 52	Range of Values	10	10	
85	85 or older	0	10	
77777	Refused	0	10	
99999	Don't know	0	10	
.	Missing	4969	4979	

	Target			
OSQ040bd	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. wrist 4th time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	9	9	OSQ025
2	50 years old or older?	1	10	
7	Refused	0	10	OSQ025
9	Don't know	0	10	OSQ025
.	Missing	4969	4979	

OSD050bd	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason wrist fracture occurred 4th time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	0	0	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	0	
3	A car accident or other severe trauma	1	1	
7	Refused	0	1	
9	Don't know	0	1	
.	Missing	4978	4979	

OSD030be	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured wrist 5th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 5th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
11 to 60	Range of Values	7	7	
85	85 or older	0	7	
77777	Refused	0	7	
99999	Don't know	0	7	
.	Missing	4972	4979	

<b>OSQ040be</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Under/over 50 when fracd. wrist 5th time			
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	6	6	OSQ025
2	50 years old or older?	1	7	
7	Refused	0	7	OSQ025
9	Don't know	0	7	OSQ025
.	Missing	4972	4979	

OSD050be	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason wrist fracture occurred 5th time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	0	0	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	0	
3	A car accident or other severe trauma	1	1	
7	Refused	0	1	
9	Don't know	0	1	
.	Missing	4978	4979	

<b>OSD030bf</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
1 to 84	Age when fractured wrist 6th time			
<b>English Text:</b> How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 6th time?				
<b>English Instructions:</b> ENTER AGE IN YEARS. SKIP TO OSQ045.				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
15 to 70	Range of Values	4	4	
85	85 or older	0	4	
77777	Refused	0	4	
99999	Don't know	0	4	
.	Missing	4975	4979	



		Target		
OSQ040bf		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Under/over 50 when fracd. wrist 6th time		
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	3	3	OSQ025
2	50 years old or older?	1	4	
7	Refused	0	4	OSQ025
9	Don't know	0	4	OSQ025
.	Missing	4975	4979	

OSD050bf	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason wrist fracture occurred 6th time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	0	0	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	0	
3	A car accident or other severe trauma	1	1	
7	Refused	0	1	
9	Don't know	0	1	
.	Missing	4978	4979	

OSD030bg	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured wrist 7th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 7th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
24 to 75	Range of Values	2	2	
85	85 or older	0	2	
77777	Refused	0	2	
99999	Don't know	0	2	
.	Missing	4977	4979	

<b>OSQ040bg</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Under/over 50 when fracd. wrist 7th time			
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	1	1	OSQ025
2	50 years old or older?	1	2	
7	Refused	0	2	OSQ025
9	Don't know	0	2	OSQ025
.	Missing	4977	4979	

OSD050bg	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason wrist fracture occurred 7th time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	0	0	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	0	
3	A car accident or other severe trauma	1	1	
7	Refused	0	1	
9	Don't know	0	1	
.	Missing	4978	4979	

OSD030ca	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 1st time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 1st time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
5 to 79	Range of Values	115	115	
85	85 or older	5	120	
77777	Refused	0	120	
99999	Don't know	5	125	
.	Missing	4854	4979	

OSQ040ca	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. spine 1st time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	94	94	OSQ025
2	50 years old or older?	30	124	
7	Refused	0	124	OSQ025
9	Don't know	0	124	OSQ025
.	Missing	4855	4979	

OSD050ca	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason spine fracture occurred 1st time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	17	17	
2	A hard fall, such as falling off a ladder or step stool, down stairs	6	23	
3	A car accident or other severe trauma	6	29	
7	Refused	0	29	
9	Don't know	1	30	
.	Missing	4949	4979	

OSD030cb	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 2nd time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 2nd time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
22 to 78	Range of Values	18	18	
85	85 or older	0	18	
77777	Refused	0	18	
99999	Don't know	1	19	
.	Missing	4960	4979	

OSQ040cb	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. spine 2nd time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	13	13	OSQ025
2	50 years old or older?	6	19	
7	Refused	0	19	OSQ025
9	Don't know	0	19	OSQ025
.	Missing	4960	4979	

OSD050cb	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason spine fracture occurred 2nd time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	3	3	
2	A hard fall, such as falling off a ladder or step stool, down stairs	3	6	
3	A car accident or other severe trauma	0	6	
7	Refused	0	6	
9	Don't know	0	6	
.	Missing	4973	4979	

OSD030cc	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 3rd time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 3rd time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
32 to 72	Range of Values	5	5	
85	85 or older	0	5	
77777	Refused	0	5	
99999	Don't know	1	6	
.	Missing	4973	4979	

<b>OSQ040cc</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Under/over 50 when fracd. spine 3rd time			
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	5	5	OSQ025
2	50 years old or older?	1	6	
7	Refused	0	6	OSQ025
9	Don't know	0	6	OSQ025
.	Missing	4973	4979	

OSD050cc	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason spine fracture occurred 3rd time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	1	1	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	1	
3	A car accident or other severe trauma	0	1	
7	Refused	0	1	
9	Don't know	0	1	
.	Missing	4978	4979	

OSD030cd	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 4th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 4th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
43 to 72	Range of Values	3	3	
85	85 or older	0	3	
77777	Refused	0	3	
99999	Don't know	1	4	
.	Missing	4975	4979	

OSQ040cd	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. spine 4th time			
English Text: { Were you/Was SP } . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	2	2	OSQ025
2	50 years old or older?	2	4	
7	Refused	0	4	OSQ025
9	Don't know	0	4	OSQ025
.	Missing	4975	4979	



OSD050cd	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason spine fracture occurred 4th time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	1	1	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	1	
3	A car accident or other severe trauma	0	1	
7	Refused	0	1	
9	Don't know	1	2	
.	Missing	4977	4979	

OSD030ce	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 5th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 5th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
44	44	1	1	
85	85 or older	0	1	
77777	Refused	0	1	
99999	Don't know	2	3	
.	Missing	4976	4979	

<b>OSQ040ce</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Under/over 50 when fracd. spine 5th time			
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	2	2	OSQ025
2	50 years old or older?	1	3	
7	Refused	0	3	OSQ025
9	Don't know	0	3	OSQ025
.	Missing	4976	4979	

	Target			
OSD050ce	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason spine fracture occurred 5th time			
English Text: Did that fracture occur as a result of . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	0	0	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	0	
3	A car accident or other severe trauma	0	0	
7	Refused	0	0	
9	Don't know	1	1	
.	Missing	4978	4979	

<b>OSD030cf</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
1 to 84	Age when fractured spine 6th time			
<b>English Text:</b> How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 6th time?				
<b>English Instructions:</b> ENTER AGE IN YEARS. SKIP TO OSQ045.				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
44	44	1	1	
85	85 or older	0	1	
77777	Refused	0	1	
99999	Don't know	1	2	
.	Missing	4977	4979	

<b>OSQ040cf</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Under/over 50 when fracd. spine 6th time			
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	1	1	OSQ025
2	50 years old or older?	1	2	
7	Refused	0	2	OSQ025
9	Don't know	0	2	OSQ025
.	Missing	4977	4979	

OSD050cf	Target			
	B(50 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Reason spine fracture occurred 6th time			
English Text: Did that fracture occur as a result of.....				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	A fall from standing height or less, for example, tripped, slipped, fell out of bed	0	0	
2	A hard fall, such as falling off a ladder or step stool, down stairs	0	0	
3	A car accident or other severe trauma	0	0	
7	Refused	0	0	
9	Don't know	1	1	
.	Missing	4978	4979	

<b>OSD030cg</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
1 to 84	Age when fractured spine 7th time			
<b>English Text:</b> How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 7th time?				
<b>English Instructions:</b> ENTER AGE IN YEARS. SKIP TO OSQ045.				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
45	45	1	1	
85	85 or older	0	1	
77777	Refused	0	1	
99999	Don't know	0	1	
.	Missing	4978	4979	

<b>OSQ040cg</b>		<b>Target</b>		
		B(20 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Under/over 50 when fracd. spine 7th time		
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	1	1	OSQ025
2	50 years old or older?	0	1	
7	Refused	0	1	OSQ025
9	Don't know	0	1	OSQ025
.	Missing	4978	4979	

OSD030ch	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 8th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 8th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
46	46	1	1	
85	85 or older	0	1	
77777	Refused	0	1	
99999	Don't know	0	1	
.	Missing	4978	4979	

<b>OSQ040ch</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Under/over 50 when fracd. spine 8th time			
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	1	1	OSQ025
2	50 years old or older?	0	1	
7	Refused	0	1	OSQ025
9	Don't know	0	1	OSQ025
.	Missing	4978	4979	

OSD030ci	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 9th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 9th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
47	47	1	1	
85	85 or older	0	1	
77777	Refused	0	1	
99999	Don't know	0	1	
.	Missing	4978	4979	

OSQ040ci	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Under/over 50 when fracd. spine 9th time			
English Text: { Were you/Was SP} . . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Under 50 years old, or	1	1	OSQ025
2	50 years old or older?	0	1	
7	Refused	0	1	OSQ060
9	Don't know	0	1	OSQ060
.	Missing	4978	4979	

OSD030cj	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 84	Age when fractured spine 10th time			
English Text: How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 10th time?				
English Instructions: ENTER AGE IN YEARS. SKIP TO OSQ045.				
Code or Value	Description	Count	Cumulative	Skip to Item
48	48	1	1	
85	85 or older	0	1	
77777	Refused	0	1	
99999	Don't know	0	1	
.	Missing	4978	4979	

<b>OSQ040cj</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Under/over 50 when fracd spine 10th time			
<b>English Text:</b> { Were you/Was SP} . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	1	1	OSQ025
2	50 years old or older?	0	1	
7	Refused	0	1	OSQ025
9	Don't know	0	1	OSQ025
.	Missing	4978	4979	

OSQ080	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Doctor ever told any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bone after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	1052	1052	
2	No	3918	4970	OSQ060
7	Refused	0	4970	OSQ060
9	Don't know	9	4979	OSQ060
.	Missing	0	4979	



OSQ090a	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	728	728	OSQ120a
2	No	321	1049	
7	Refused	0	1049	OSQ120a
9	Don't know	3	1052	OSQ120a
.	Missing	3927	4979	

OSQ100a		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	5	5	
11	UPPER ARM (HUMERUS)	2	7	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	5	12	
13	ELBOW	10	22	
14	HAND	13	35	
15	FINGERS	68	103	
16	SHOULDER	5	108	
17	COLLAR BONE	2	110	
18	RIBS (EITHER SIDE)	16	126	
19	PELVIS (NOT HIP)	3	129	
20	UPPER LEG (THIGH EXCLUDING HIP)	1	130	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	14	144	
22	KNEE (PATELLA)	10	154	
23	ANKLE	66	220	
24	HEEL	4	224	
25	FOOT	34	258	
26	TOES	59	317	
27	OTHER (DO NOT SPECIFY)	4	321	
77	Refused	0	321	
99	Don't know	0	321	
.	Missing	4658	4979	

OSD110a	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100a) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
20 to 84	Range of Values	315	315	
85	85 or older	2	317	
777	Refused	0	317	
999	Don't know	4	321	
.	Missing	4658	4979	

OSQ120a	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	248	248	
2	No	803	1051	OSQ060
7	Refused	0	1051	OSQ060
9	Don't know	1	1052	OSQ060
.	Missing	3927	4979	

OSQ090b	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	172	172	OSQ120b
2	No	75	247	
7	Refused	0	247	OSQ120b
9	Don't know	1	248	OSQ120b
.	Missing	4731	4979	

OSQ100b		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	1	1	
13	ELBOW	2	3	
14	HAND	5	8	
15	FINGERS	20	28	
16	SHOULDER	1	29	
17	COLLAR BONE	0	29	
18	RIBS (EITHER SIDE)	4	33	
19	PELVIS (NOT HIP)	2	35	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	35	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	6	41	
22	KNEE (PATELLA)	1	42	
23	ANKLE	12	54	
24	HEEL	0	54	
25	FOOT	6	60	
26	TOES	13	73	
27	OTHER (DO NOT SPECIFY)	2	75	
77	Refused	0	75	
99	Don't know	0	75	
.	Missing	4904	4979	

OSD110b	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100b) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
20 to 81	Range of Values	73	73	
85	85 or older	1	74	
777	Refused	0	74	
999	Don't know	1	75	
.	Missing	4904	4979	

OSQ120b	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	80	80	
2	No	168	248	OSQ060
7	Refused	0	248	OSQ060
9	Don't know	0	248	OSQ060
.	Missing	4731	4979	

OSQ090c	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	61	61	OSQ120c
2	No	19	80	
7	Refused	0	80	OSQ120c
9	Don't know	0	80	OSQ120c
.	Missing	4899	4979	

OSQ100c		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	1	1	
11	UPPER ARM (HUMERUS)	0	1	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	1	
13	ELBOW	0	1	
14	HAND	1	2	
15	FINGERS	4	6	
16	SHOULDER	1	7	
17	COLLAR BONE	0	7	
18	RIBS (EITHER SIDE)	1	8	
19	PELVIS (NOT HIP)	0	8	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	8	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	0	8	
22	KNEE (PATELLA)	3	11	
23	ANKLE	3	14	
24	HEEL	0	14	
25	FOOT	2	16	
26	TOES	3	19	
27	OTHER (DO NOT SPECIFY)	0	19	
77	Refused	0	19	
99	Don't know	0	19	
.	Missing	4960	4979	



OSD110c	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
20 to 84	How old when fracture occurred?			
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100c) for the first time after age 20?				
English Instructions: ENTER AGE IN YEARS				
Code or Value	Description	Count	Cumulative	Skip to Item
22 to 73	Range of Values	19	19	
85	85 or older	0	19	
777	Refused	0	19	
999	Don't know	0	19	
.	Missing	4960	4979	

OSQ120c	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	44	44	
2	No	36	80	OSQ060
7	Refused	0	80	OSQ060
9	Don't know	0	80	OSQ060
.	Missing	4899	4979	

OSQ090d	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	39	39	OSQ120d
2	No	5	44	
7	Refused	0	44	OSQ120d
9	Don't know	0	44	OSQ120d
.	Missing	4935	4979	

OSQ100d		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	0	
13	ELBOW	0	0	
14	HAND	0	0	
15	FINGERS	0	0	
16	SHOULDER	0	0	
17	COLLAR BONE	0	0	
18	RIBS (EITHER SIDE)	1	1	
19	PELVIS (NOT HIP)	0	1	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	1	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	0	1	
22	KNEE (PATELLA)	0	1	
23	ANKLE	0	1	
24	HEEL	0	1	
25	FOOT	2	3	
26	TOES	1	4	
27	OTHER (DO NOT SPECIFY)	1	5	
77	Refused	0	5	
99	Don't know	0	5	
.	Missing	4974	4979	

OSD110d	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100d) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
23 to 81	Range of Values	5	5	
85	85 or older	0	5	
777	Refused	0	5	
999	Don't know	0	5	
.	Missing	4974	4979	

OSQ120d	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	24	24	
2	No	20	44	OSQ060
7	Refused	0	44	OSQ060
9	Don't know	0	44	OSQ060
.	Missing	4935	4979	

OSQ090e	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	22	22	OSQ120e
2	No	2	24	
7	Refused	0	24	OSQ120e
9	Don't know	0	24	OSQ120e
.	Missing	4955	4979	

OSQ100e		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	0	
13	ELBOW	0	0	
14	HAND	0	0	
15	FINGERS	0	0	
16	SHOULDER	0	0	
17	COLLAR BONE	0	0	
18	RIBS (EITHER SIDE)	0	0	
19	PELVIS (NOT HIP)	0	0	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	0	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	0	0	
22	KNEE (PATELLA)	0	0	
23	ANKLE	0	0	
24	HEEL	0	0	
25	FOOT	1	1	
26	TOES	1	2	
27	OTHER (DO NOT SPECIFY)	0	2	
77	Refused	0	2	
99	Don't know	0	2	
.	Missing	4977	4979	

OSD110e	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
20 to 84	How old when fracture occurred?			
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100e) for the first time after age 20?				
English Instructions: ENTER AGE IN YEARS				
Code or Value	Description	Count	Cumulative	Skip to Item
28 to 34	Range of Values	2	2	
85	85 or older	0	2	
777	Refused	0	2	
999	Don't know	0	2	
.	Missing	4977	4979	

OSQ120e	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	18	18	
2	No	6	24	OSQ060
7	Refused	0	24	OSQ060
9	Don't know	0	24	OSQ060
.	Missing	4955	4979	

OSQ090f	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	17	17	OSQ120f
2	No	1	18	
7	Refused	0	18	OSQ120f
9	Don't know	0	18	OSQ120f
.	Missing	4961	4979	



<b>OSQ100f</b>		<b>Target</b>		
		B(20 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Where fracture occurred		
<b>English Text:</b> Please look at this card and tell me where the fracture occurred.				
<b>English Instructions:</b> HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	0	
13	ELBOW	0	0	
14	HAND	0	0	
15	FINGERS	0	0	
16	SHOULDER	0	0	
17	COLLAR BONE	0	0	
18	RIBS (EITHER SIDE)	0	0	
19	PELVIS (NOT HIP)	0	0	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	0	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	0	0	
22	KNEE (PATELLA)	0	0	
23	ANKLE	0	0	
24	HEEL	0	0	
25	FOOT	1	1	
26	TOES	0	1	
27	OTHER (DO NOT SPECIFY)	0	1	
77	Refused	0	1	
99	Don't know	0	1	
.	Missing	4978	4979	

OSD110f	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100f) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
29	29	1	1	
85	85 or older	0	1	
777	Refused	0	1	
999	Don't know	0	1	
.	Missing	4978	4979	

OSQ120f	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	11	11	
2	No	7	18	OSQ060
7	Refused	0	18	OSQ060
9	Don't know	0	18	OSQ060
.	Missing	4961	4979	

OSQ090g	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	9	9	OSQ120g
2	No	2	11	
7	Refused	0	11	OSQ120g
9	Don't know	0	11	OSQ120g
.	Missing	4968	4979	

OSQ100g		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	0	
13	ELBOW	0	0	
14	HAND	0	0	
15	FINGERS	0	0	
16	SHOULDER	0	0	
17	COLLAR BONE	0	0	
18	RIBS (EITHER SIDE)	0	0	
19	PELVIS (NOT HIP)	0	0	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	0	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	1	1	
22	KNEE (PATELLA)	0	1	
23	ANKLE	0	1	
24	HEEL	0	1	
25	FOOT	1	2	
26	TOES	0	2	
27	OTHER (DO NOT SPECIFY)	0	2	
77	Refused	0	2	
99	Don't know	0	2	
.	Missing	4977	4979	

OSD110g	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100g) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
22 to 30	Range of Values	2	2	
85	85 or older	0	2	
777	Refused	0	2	
999	Don't know	0	2	
.	Missing	4977	4979	

OSQ120g	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	9	9	
2	No	2	11	OSQ060
7	Refused	0	11	OSQ060
9	Don't know	0	11	OSQ060
.	Missing	4968	4979	

OSQ090h	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	8	8	OSQ120h
2	No	1	9	
7	Refused	0	9	OSQ120h
9	Don't know	0	9	OSQ120h
.	Missing	4970	4979	

<b>OSQ100h</b>		<b>Target</b>		
		B(20 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Where fracture occurred		
<b>English Text:</b> Please look at this card and tell me where the fracture occurred.				
<b>English Instructions:</b> HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	0	
13	ELBOW	0	0	
14	HAND	0	0	
15	FINGERS	0	0	
16	SHOULDER	0	0	
17	COLLAR BONE	0	0	
18	RIBS (EITHER SIDE)	0	0	
19	PELVIS (NOT HIP)	0	0	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	0	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	0	0	
22	KNEE (PATELLA)	0	0	
23	ANKLE	0	0	
24	HEEL	0	0	
25	FOOT	1	1	
26	TOES	0	1	
27	OTHER (DO NOT SPECIFY)	0	1	
77	Refused	0	1	
99	Don't know	0	1	
.	Missing	4978	4979	

OSD110h	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100h) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
31	31	1	1	
85	85 or older	0	1	
777	Refused	0	1	
999	Don't know	0	1	
.	Missing	4978	4979	

OSQ120h	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	9	9	
2	No	0	9	OSQ060
7	Refused	0	9	OSQ060
9	Don't know	0	9	OSQ060
.	Missing	4970	4979	



OSQ090i	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	6	6	OSQ120i
2	No	3	9	
7	Refused	0	9	OSQ120i
9	Don't know	0	9	OSQ120i
.	Missing	4970	4979	

OSQ100i		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	0	
13	ELBOW	0	0	
14	HAND	1	1	
15	FINGERS	0	1	
16	SHOULDER	0	1	
17	COLLAR BONE	0	1	
18	RIBS (EITHER SIDE)	0	1	
19	PELVIS (NOT HIP)	0	1	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	1	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	1	2	
22	KNEE (PATELLA)	0	2	
23	ANKLE	0	2	
24	HEEL	0	2	
25	FOOT	1	3	
26	TOES	0	3	
27	OTHER (DO NOT SPECIFY)	0	3	
77	Refused	0	3	
99	Don't know	0	3	
.	Missing	4976	4979	

OSD110i	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100i) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
22 to 35	Range of Values	3	3	
85	85 or older	0	3	
777	Refused	0	3	
999	Don't know	0	3	
.	Missing	4976	4979	

OSQ120i	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	6	6	
2	No	3	9	OSQ060
7	Refused	0	9	OSQ060
9	Don't know	0	9	OSQ060
.	Missing	4970	4979	

OSQ090j	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Fracture result of severe trauma?			
<b>English Text:</b> Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?				
<b>English Instructions:</b> CAPI INSTRUCTION: HELP SCREEN SHOULD READ: Do not include a fall from standing height or less, for example, tripped, slipped, fell out of bed, leg gave way, was dizzy, fell bending over, or fell out of a chair. Additional examples for "a hard fall" include being knocked down by another person or bicycle.				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	4	4	OSQ120j
2	No	2	6	
7	Refused	0	6	OSQ120j
9	Don't know	0	6	OSQ120j
.	Missing	4973	4979	

OSQ100j		Target		
		B(20 Yrs. to 150 Yrs.)		
Hard Edits		SAS Label		
		Where fracture occurred		
English Text: Please look at this card and tell me where the fracture occurred.				
English Instructions: HAND CARD OSQ 1				
Code or Value	Description	Count	Cumulative	Skip to Item
10	HEAD/FACE	0	0	
11	UPPER ARM (HUMERUS)	0	0	
12	LOWER ARM BETWEEN WRIST AND ELBOW (DO NOT INCLUDE WRIST)	0	0	
13	ELBOW	0	0	
14	HAND	0	0	
15	FINGERS	0	0	
16	SHOULDER	0	0	
17	COLLAR BONE	0	0	
18	RIBS (EITHER SIDE)	0	0	
19	PELVIS (NOT HIP)	0	0	
20	UPPER LEG (THIGH EXCLUDING HIP)	0	0	
21	LOWER LEG (BETWEEN ANKLE AND KNEE)	1	1	
22	KNEE (PATELLA)	0	1	
23	ANKLE	0	1	
24	HEEL	0	1	
25	FOOT	0	1	
26	TOES	1	2	
27	OTHER (DO NOT SPECIFY)	0	2	
77	Refused	0	2	
99	Don't know	0	2	
.	Missing	4977	4979	

OSD110j	Target
	B(20 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
20 to 84	How old when fracture occurred?
English Text: How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100j) for the first time after age 20?	
English Instructions: ENTER AGE IN YEARS	

Code or Value	Description	Count	Cumulative	Skip to Item
22 to 36	Range of Values	2	2	
85	85 or older	0	2	
777	Refused	0	2	
999	Don't know	0	2	
.	Missing	4977	4979	

OSQ120j	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Any other fractures?			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	0	0	
2	No	6	6	OSQ060
7	Refused	0	6	OSQ060
9	Don't know	0	6	OSQ060
.	Missing	4973	4979	

<b>OSQ129</b>	<b>Target</b>
	B(20 Yrs. to 150 Yrs.)
<b>Hard Edits</b>	<b>SAS Label</b>
	CHECK ITEM
<b>English Text:</b> CHECK ITEM	
<b>English Instructions:</b> CHECK ITEM OSQ129: IF OSQ120 = 1 (YES), CONTINUE WITH LOOP 2. OTHERWISE, GO TO OSQ060. LOOP 2: ASK OSQ090 - OSQ120 FOR NEXT INCIDENT OF FRACTURE. IF NO NEXT INCIDENT, CONTINUE.	

OSQ060	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Ever told had osteoporosis/brittle bones			
English Text: Has a doctor ever told {you/SP} that {you/s/he} had osteoporosis, sometimes called thin or brittle bones?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	254	254	
2	No	4714	4968	OSQ130
7	Refused	0	4968	OSQ130
9	Don't know	11	4979	OSQ130
.	Missing	0	4979	

OSQ070	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Ever treated for osteoporosis			
English Text: { Were you/Was SP } ever treated for osteoporosis?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	182	182	
2	No	70	252	
7	Refused	0	252	
9	Don't know	1	253	
.	Missing	4726	4979	

OSQ130	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Ever taken prednisone or cortisone daily			
English Text: { Have you/has SP} ever taken any prednisone or cortisone pills nearly every day for a month or longer? [Prednisone and cortisone are types of steroids.]				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	245	245	
2	No	4690	4935	OSQ150
7	Refused	0	4935	OSQ150
9	Don't know	44	4979	OSQ150
.	Missing	0	4979	



OSQ140q	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	How long used prednisone or cortisone?			
English Text: Please think about {your/SP's} use of prednisone or cortisone during {your/his/her} lifetime. For how long did {you/s/he} use prednisone or cortisone nearly every day? Do not count the months or years when {you were/s/he was} not taking the medicine.				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1 to 54	Range of Values	237	237	
777	Refused	0	237	
999	Don't know	8	245	
.	Missing	4734	4979	

<b>OSQ140u</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	How long used prednisone or cortisone?			
<b>English Text:</b> How long used prednisone or cortisone: month, year?				
<b>English Instructions:</b> ENTER UNIT				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Month	154	154	
2	Year	83	237	
7	Refused	0	237	
9	Don't know	0	237	
.	Missing	4742	4979	

OSQ150	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Parents ever told had osteoporosis?			
English Text: Including living and deceased, were either of {your/SP's} biological parents ever told by a health professional that they had osteoporosis or brittle bones?				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Yes	422	422	
2	No	4319	4741	OSQ170
7	Refused	0	4741	OSQ170
9	Don't know	238	4979	OSQ170
.	Missing	0	4979	

OSQ160a	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Mother was told had osteoporosis			
English Text: Mother was told had osteoporosis?				
English Instructions: CODE ALL THAT APPLY				
Code or Value	Description	Count	Cumulative	Skip to Item
1	Mother	383	383	
7	Refused	0	383	
9	Don't know	0	383	
.	Missing	4596	4979	

OSQ160b	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Father was told had osteoporosis			
English Text: Father was told had osteoporosis?				
English Instructions: CODE ALL THAT APPLY				
Code or Value	Description	Count	Cumulative	Skip to Item
2	Father	55	55	
.	Missing	4924	4979	

<b>OSQ170</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Did mother ever fracture hip?			
<b>English Text:</b> Did {your/SP's} biological mother ever fracture her hip?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	242	242	
2	No	4568	4810	OSQ200
7	Refused	0	4810	OSQ200
9	Don't know	169	4979	OSQ200
.	Missing	0	4979	

	Target			
OSQ180	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 150	How old when fractured hip?			
English Text: About how old was she when she fractured her hip (the first time)?				
English Instructions: ENTER AGE IN YEARS				
Code or Value	Description	Count	Cumulative	Skip to Item
3 to 97	Range of Values	232	232	
777	Refused	0	232	
999	Don't know	10	242	
.	Missing	4737	4979	

OSQ190	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
	Over or under 50 years old?			
English Text: Was she. . .				
English Instructions:				
Code or Value	Description	Count	Cumulative	Skip to Item
1	under 50 years or	4	4	
2	50 years or older?	5	9	
7	Refused	0	9	
9	Don't know	1	10	
.	Missing	4969	4979	

<b>OSQ200</b>	<b>Target</b>			
	B(20 Yrs. to 150 Yrs.)			
<b>Hard Edits</b>	<b>SAS Label</b>			
	Did father ever fracture hip?			
<b>English Text:</b> Did {your/SP's} biological father ever fracture his hip?				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Yes	106	106	
2	No	4596	4702	
7	Refused	0	4702	
9	Don't know	277	4979	
.	Missing	0	4979	

OSQ210	Target			
	B(20 Yrs. to 150 Yrs.)			
Hard Edits	SAS Label			
1 to 150	How old when fractured hip?			
English Text: About how old was he when he fractured his hip (the first time)?				
English Instructions: ENTER AGE IN YEARS				
Code or Value	Description	Count	Cumulative	Skip to Item
10 to 98	Range of Values	96	96	
777	Refused	0	96	
999	Don't know	10	106	
.	Missing	4873	4979	

		<b>Target</b>		
<b>OSQ220</b>		B(20 Yrs. to 150 Yrs.)		
<b>Hard Edits</b>		<b>SAS Label</b>		
		Over or under 50 years old?		
<b>English Text:</b> Was he . . .				
<b>English Instructions:</b>				
<b>Code or Value</b>	<b>Description</b>	<b>Count</b>	<b>Cumulative</b>	<b>Skip to Item</b>
1	Under 50 years old, or	4	4	
2	50 years old or older?	5	9	
7	Refused	0	9	
9	Don't know	1	10	
.	Missing	4969	4979	

## **General Information About NHANES Interview Data**

### **Respondent Rules**

In general, persons 16 years of age and older, and emancipated minors were interviewed directly. A small number of NHANES questionnaire sections have different respondent rules. Please review the questionnaire documentation, questionnaires, and interviewer training manuals carefully prior to analyzing the data.

### **Proxy Rules**

A responsible adult provided information for sample persons under 16 years of age, and for individuals who could not self-report. The interviewer training manuals and component-specific notes, provided with these files, give additional information about the use of respondents.

### **Automated Data Collection Methodology**

Household Interview and Mobile Examination Center (MEC) Interview data were recorded electronically using computerized questionnaire forms that were programmed using Blaise© software. The Household Interview questionnaires were programmed in Blaise© and installed on pentop computers for use in the field. The MEC interviews were also administered in an automated format, but the interview module formats included non-Blaise© software. After data collection was completed, the interview data files were transmitted electronically to a central survey database system.

### **NHANES Spanish Language Questionnaires**

All NHANES questionnaires were translated into Spanish and were administered in computer-assisted personal interview (CAPI) format along with the English language versions.

### **Household Interview Component Questionnaires:**

Screening Questionnaire Family

## Interview Questionnaire Sample Person Questionnaire

### **Mobile Examination Center (MEC) Questionnaires:**

MEC Computer-Assisted Personal Interview (MEC CAPI) MEC Audio-Computer-Assisted Self Interview (MEC A-CASI) The MEC Interview component is a two-part interview that addresses several health-related topics. The personal interview portion is conducted in a private room, by a trained interviewer. The Audio Computerized Self Administered (A-CASI) portion of the interview was conducted in a private room in the MEC without the interviewer being present. (The interviewers are present for a brief "training" session dealing with the use of the personal computer and interview system software) The A-CASI format permits the respondents to hear questions through earphones and to read questions on a computer screen. Respondents progress through the A-CASI questions at their own speed, as they touch the computer screen to indicate their response. The A-CASI portion of the interview consists of five separate sections, each of which deals with a sensitive health risk behavior topic.

### **Interviewer Training:**

All interviewers completed a comprehensive two-week training program. Many of the interviewers had prior interviewing experience. A large percentage of the household interviewers were bilingual in English and Spanish.

The MEC interviewers also received extensive interviewer training on personal and audio-computer-assisted interview administration. This training focused on the specific interview modules that were administered in the MEC dealing with mental health and smoking, drug use, alcohol, and sexual behavior.

NHANES interviewer training included role-playing exercises and practice interviews, all of which were monitored by NCHS and contractor staff. Detailed information about the interviewer training requirements is found in the [NHANES Household Interviewer Training Manual](#).

### **Interviewer Quality Control Monitoring**

Extensive pretesting was completed prior to implementing the questionnaires in the field. A full "dress rehearsal" pilot test was conducted with the field and examination staff, to test all of the systems and procedures.



Several types of quality control monitoring methods were implemented to ensure that high quality data were collected during the survey. Interviewer monitoring was a major responsibility for NCHS and contractor staff. Interviewers were frequently accompanied on interviews and observed to verify that the interview protocol was administered correctly. Interviewers were retrained on survey procedures if necessary.

NCHS encouraged the interviewers to provide constructive comments and feedback based on their field experiences. NCHS used field staff and interviewer feedback to improve the questionnaires and survey materials. Survey staff debriefing and training sessions were conducted annually. NCHS and contractor staff participated in the debriefing meetings. Interviewers were trained on new survey content and protocol changes prior to implementation in the field. NCHS and contractor staff also reviewed tape recorded interviews, as part of the quality control process.

### **Data collection system consistency checks**

The NHANES CAPI systems had built-in edit and range checks for most questions that have open-ended response options. When unusual or unrealistic responses were recorded, the interviewer was alerted immediately and instructed to verify or edit the initial response.

### **Data Preparation: Reviews, editing, and derived variables**

During data preparation, variable frequency counts were checked, questionnaire "skip" patterns were verified, and the reasonableness of responses to the questions were reviewed. When a variable was modified globally, as part of the editing process, the third letter in the variable name was changed from a Q (i.e. WHQ) to a D (i.e. WHD).

### **Check Items and Final Data Release Variables**

The codebooks for each survey component include "check item" variables. Check item variables were used internally at NCHS as part of the quality control process to verify that the data collection process was correct. The check item variables are not part of the data release files, however. Analysts would need to re-create these variables to produce check item frequencies.

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Item #	Data File	Component	Item ID	Label
1	ACQ_D	Acculturation	SEQN	Respondent sequence number
2	ACQ_D	Acculturation	ACD010A	English usually spoken at home
3	ACQ_D	Acculturation	ACD010B	Spanish usually spoken at home
4	ACQ_D	Acculturation	ACD010C	Other language(s) usually spoken at home
5	ACQ_D	Acculturation	ACD040	Language(s) usually spoken at home
6	AGQ_D	Allergy	SEQN	Respondent sequence number
7	AGQ_D	Allergy	AGQ010	Doctor told have hay fever
8	AGQ_D	Allergy	AGD020	Age when first had hay fever
9	AGQ_D	Allergy	AGQ030	Episode of hay fever in past 12 months
10	AGQ_D	Allergy	AGQ040	Doctor told have allergies
11	AGQ_D	Allergy	AGD050	Age when first had allergies
12	AGQ_D	Allergy	AGQ060	Allergy symptoms in past 12 months
13	AGQ_D	Allergy	AGQ070	Removed animal from home due to allergy
14	AGQ_D	Allergy	AGQ080A	Kind of pet removed - dog
15	AGQ_D	Allergy	AGQ080B	Kind of pet removed - cat
16	AGQ_D	Allergy	AGQ080C	Kind of pet removed - small furry animal
17	AGQ_D	Allergy	AGQ090	Avoided pets because of allergies
18	AGQ_D	Allergy	AGQ100	Problem with sneezing in past 12 months
19	AGQ_D	Allergy	AGQ110A	Sneezing occurred - in spring
20	AGQ_D	Allergy	AGQ110B	Sneezing occurred - in summer
21	AGQ_D	Allergy	AGQ110C	Sneezing occurred - in fall
22	AGQ_D	Allergy	AGQ110D	Sneezing occurred - in winter

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Item #	Data File	Component	Item ID	Label
23	AGQ_D	Allergy	AGQ120	Doctor told have sinus infection
24	AGQ_D	Allergy	AGQ130	Ever had itchy rash at least 6 months
25	AGQ_D	Allergy	AGQ140	Itchy rash at any time in past 12 months
26	AGQ_D	Allergy	AGQ150	Rash cleared up completely
27	AGQ_D	Allergy	AGQ160	Has rash affected places...
28	AGQ_D	Allergy	AGD170	Age rash first occurred
29	AGQ_D	Allergy	AGQ180	Doctor told have eczema
30	ALQ_D	Alcohol Use	SEQN	Respondent sequence number
31	ALQ_D	Alcohol Use	ALQ101	Had at least 12 alcohol drinks/1 yr?
32	ALQ_D	Alcohol Use	ALQ110	Had at least 12 alcohol drinks/lifetime?
33	ALQ_D	Alcohol Use	ALQ120Q	How often drink alcohol over past 12 mos
34	ALQ_D	Alcohol Use	ALQ120U	# days drink alcohol per wk, mo, yr
35	ALQ_D	Alcohol Use	ALQ130	Avg # alcoholic drinks/day -past 12 mos
36	ALQ_D	Alcohol Use	ALQ140Q	#days have 5 or more drinks/past 12 mos
37	ALQ_D	Alcohol Use	ALQ140U	# days per week, month, year?
38	ALQ_D	Alcohol Use	ALQ150	Ever have 5 or more drinks every day?
39	AUQ_D	Audiometry	SEQN	Respondent sequence number
40	AUQ_D	Audiometry	AUQ131	General condition of hearing
41	AUQ_D	Audiometry	AUQ136	Ever had 3 or more ear infections?
42	AUQ_D	Audiometry	AUQ138	Ever had tube placed in ear?
43	AUQ_D	Audiometry	AUQ141	Last time had hearing tested
44	AUQ_D	Audiometry	AUQ150	Ever worn a hearing aid

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Item #	Data File	Component	Item ID	Label
45	AUQ_D	Audiometry	AUQ171	Worn hearing aid 5 hours a week?
46	AUQ_D	Audiometry	AUQ185	Ever used assistive listening devices?
47	AUQ_D	Audiometry	AUQ191	Ears ringing, roaring, buzzing past year
48	AUQ_D	Audiometry	AUQ250	How long bothered by ringing, roaring
49	AUQ_D	Audiometry	AUQ260	Bothered by ringing after loud sounds?
50	AUQ_D	Audiometry	AUQ270	Bothered by ringing when going to sleep
51	AUQ_D	Audiometry	AUQ280	How much of a problem is ringing?
52	AUQ_D	Audiometry	AUQ211	Ever used firearms?
53	AUQ_D	Audiometry	AUQ290	Ever had job exposure to loud noise?
54	AUQ_D	Audiometry	AUQ231	Loud noise exposure for 5 hours?
55	AUQ_D	Audiometry	AUQ241	How often wear hearing protection?
56	BHQ_D	Bowel Health	SEQN	Respondent sequence number
57	BHQ_D	Bowel Health	BHQ010	Bowel leakage consisted of gas?
58	BHQ_D	Bowel Health	BHQ020	Bowel leakage consisted of mucus?
59	BHQ_D	Bowel Health	BHQ030	Bowel leakage consisted of liquid?
60	BHQ_D	Bowel Health	BHQ040	Bowel leakage consisted of solid stool?
61	BHQ_D	Bowel Health	BHD050	How often have bowel movements?
62	BHQ_D	Bowel Health	BHQ060	Common Stool Type
63	BPQ_D	Blood Pressure and Cholesterol	SEQN	Respondent sequence number
64	BPQ_D	Blood Pressure and Cholesterol	BPQ020	Ever told you had high blood pressure
65	BPQ_D	Blood Pressure and Cholesterol	BPQ030	Told had high blood pressure - 2+ times
66	BPQ_D	Blood Pressure and Cholesterol	BPQ040A	Taking prescription for hypertension

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Item #	Data File	Component	Item ID	Label
67	BPQ_D	Blood Pressure and Cholesterol	BPQ050A	Now taking prescribed medicine for HBP
68	BPQ_D	Blood Pressure and Cholesterol	BPQ060	Ever had blood cholesterol checked
69	BPQ_D	Blood Pressure and Cholesterol	BPQ070	When blood cholesterol last checked
70	BPQ_D	Blood Pressure and Cholesterol	BPQ080	Doctor told you - high cholesterol level
71	BPQ_D	Blood Pressure and Cholesterol	BPQ090A	Told to eat less fat for cholesterol
72	BPQ_D	Blood Pressure and Cholesterol	BPQ090B	Told to reduce weight for cholesterol
73	BPQ_D	Blood Pressure and Cholesterol	BPQ090C	Told to exercise more for cholesterol
74	BPQ_D	Blood Pressure and Cholesterol	BPQ090D	Told to take prescriptn for cholesterol
75	BPQ_D	Blood Pressure and Cholesterol	BPQ100A	Now eating fewer high fat foods
76	BPQ_D	Blood Pressure and Cholesterol	BPQ100B	Now controlling weight
77	BPQ_D	Blood Pressure and Cholesterol	BPQ100C	Now increasing exercise
78	BPQ_D	Blood Pressure and Cholesterol	BPQ100D	Now taking prescribed medicine
79	CDQ_D	Cardiovascular Disease	SEQN	Respondent sequence number
80	CDQ_D	Cardiovascular Disease	CDQ001	SP ever had pain or discomfort in chest
81	CDQ_D	Cardiovascular Disease	CDQ002	SP get it walking uphill or in a hurry
82	CDQ_D	Cardiovascular Disease	CDQ003	During an ordinary pace on level ground
83	CDQ_D	Cardiovascular Disease	CDQ004	If so does SP continue or slow down
84	CDQ_D	Cardiovascular Disease	CDQ005	Does standing relieve pain/discomfort
85	CDQ_D	Cardiovascular Disease	CDQ006	How soon is the pain relieved
86	CDQ_D	Cardiovascular Disease	CDQ009A	Pain in right arm
87	CDQ_D	Cardiovascular Disease	CDQ009B	Pain in right chest
88	CDQ_D	Cardiovascular Disease	CDQ009C	Pain in neck
89	CDQ_D	Cardiovascular Disease	CDQ009D	Pain in upper sternum

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Item #	Data File	Component	Item ID	Label
90	CDQ_D	Cardiovascular Disease	CDQ009E	Pain in lower sternum
91	CDQ_D	Cardiovascular Disease	CDQ009F	Pain in left chest
92	CDQ_D	Cardiovascular Disease	CDQ009G	Pain in left arm
93	CDQ_D	Cardiovascular Disease	CDQ009H	Pain in epigastric area
94	CDQ_D	Cardiovascular Disease	CDQ008	Severe pain in chest more than half hour
95	CDQ_D	Cardiovascular Disease	CDQ010	Shortness of breath on stairs/inclines
96	DBQ_D	Diet Behavior and Nutrition	SEQN	Respondent sequence number
97	DBQ_D	Diet Behavior and Nutrition	DBQ010	Ever breastfed or fed breastmilk
98	DBQ_D	Diet Behavior and Nutrition	DBD020	Age started eating other foods(days)
99	DBQ_D	Diet Behavior and Nutrition	DBD030	Age stopped breastfeeding(days)
100	DBQ_D	Diet Behavior and Nutrition	DBD040	Age first fed formula daily(days)
101	DBQ_D	Diet Behavior and Nutrition	DBD050	Age stopped receiving formula(days)
102	DBQ_D	Diet Behavior and Nutrition	DBD060	Age first fed milk daily basis(days)
103	DBQ_D	Diet Behavior and Nutrition	DBD072A	Type of milk first fed-whole milk
104	DBQ_D	Diet Behavior and Nutrition	DBD072B	Type of milk first fed-2% milk
105	DBQ_D	Diet Behavior and Nutrition	DBD072C	Type of milk first fed-1% milk
106	DBQ_D	Diet Behavior and Nutrition	DBD072D	Type of milk first fed-fat free milk
107	DBQ_D	Diet Behavior and Nutrition	DBD072U	Type of milk first fed - other
108	DBQ_D	Diet Behavior and Nutrition	DBD080	Age started eating solid foods(days)
109	DBQ_D	Diet Behavior and Nutrition	DBQ700	How healthy is the diet
110	DBQ_D	Diet Behavior and Nutrition	DBQ197	Past 30 day milk product consumption
111	DBQ_D	Diet Behavior and Nutrition	DBD222A	You drink whole or regular milk
112	DBQ_D	Diet Behavior and Nutrition	DBD222B	You drink 2% fat milk
113	DBQ_D	Diet Behavior and Nutrition	DBD222C	You drink 1% fat milk
114	DBQ_D	Diet Behavior and Nutrition	DBD222D	You drink fat-free or skim milk

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Item #	Data File	Component	Item ID	Label
115	DBQ_D	Diet Behavior and Nutrition	DBD222U	You drink another type of milk
116	DBQ_D	Diet Behavior and Nutrition	DBQ229	Regular milk use 5 times per week
117	DBQ_D	Diet Behavior and Nutrition	DBQ235A	How often drank milk age 5-12
118	DBQ_D	Diet Behavior and Nutrition	DBQ235B	How often drank milk age 13-17
119	DBQ_D	Diet Behavior and Nutrition	DBQ235C	How often drank milk age 18-35
120	DBQ_D	Diet Behavior and Nutrition	DBQ301	Community/Government meals delivered
121	DBQ_D	Diet Behavior and Nutrition	DBQ330	Eat meals at Community/Senior center
122	DBQ_D	Diet Behavior and Nutrition	DBQ360	Attend kindergarten thru high school
123	DBQ_D	Diet Behavior and Nutrition	DBQ370	School serves school lunches
124	DBQ_D	Diet Behavior and Nutrition	DBD381	# of times/week get school lunch
125	DBQ_D	Diet Behavior and Nutrition	DBQ390	School lunch free, reduced or full price
126	DBQ_D	Diet Behavior and Nutrition	DBQ400	School serve complete breakfast each day
127	DBQ_D	Diet Behavior and Nutrition	DBD411	# of times/week get school breakfast
128	DBQ_D	Diet Behavior and Nutrition	DBQ421	School breakfast free/reduced/full price
129	DBQ_D	Diet Behavior and Nutrition	DBQ424	Summer program meal free/reduced price
130	DBQ_D	Diet Behavior and Nutrition	DBD091	# of times/wk eat meals not from a home
131	DBQ_D	Diet Behavior and Nutrition	DBQ720	Heard of dietary guidelines?
132	DBQ_D	Diet Behavior and Nutrition	DBQ730	Heard of food guide pyramid?
133	DBQ_D	Diet Behavior and Nutrition	DBQ740	Heard about 5-a-day program?
134	DBQ_D	Diet Behavior and Nutrition	DBQ750	Use nutrition facts panel on food label
135	DBQ_D	Diet Behavior and Nutrition	DBQ760	Use ingredients list on food label
136	DBQ_D	Diet Behavior and Nutrition	DBQ770	Use serving size info on food label

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Item #	Data File	Component	Item ID	Label
137	DBQ_D	Diet Behavior and Nutrition	DBQ780	Use health claims on food packages
138	DBQ_D	Diet Behavior and Nutrition	DBQ790	Check calories on food label
139	DBQ_D	Diet Behavior and Nutrition	DBQ800	Check calories from fat on food label
140	DBQ_D	Diet Behavior and Nutrition	DBQ810	Check total fat on food label
141	DBQ_D	Diet Behavior and Nutrition	DBQ820	Check trans fat on food label
142	DBQ_D	Diet Behavior and Nutrition	DBQ830	Check saturated fat on food label
143	DBQ_D	Diet Behavior and Nutrition	DBQ840	Check cholesterol on food label
144	DBQ_D	Diet Behavior and Nutrition	DBQ850	Check sodium on food label
145	DBQ_D	Diet Behavior and Nutrition	DBQ860	Check carbohydrates on food label
146	DBQ_D	Diet Behavior and Nutrition	DBQ870	Check fiber on food label
147	DBQ_D	Diet Behavior and Nutrition	DBQ880	Check sugars on food label
148	DBQ_D	Diet Behavior and Nutrition	DBQ890	Are people born to be fat/thin
149	DEQ_D	Dermatology	SEQN	Respondent sequence number
150	DEQ_D	Dermatology	DED031	Skin reaction to sun after non-exposure
151	DEQ_D	Dermatology	DEQ034A	Stay in the shade?
152	DEQ_D	Dermatology	DEQ034B	Wear hat that shades face and neck?
153	DEQ_D	Dermatology	DEQ034C	Wear a long sleeved shirt
154	DEQ_D	Dermatology	DEQ034D	Use sunscreen?
155	DEQ_D	Dermatology	DEQ036	SPF # of sunscreen use most often?
156	DEQ_D	Dermatology	DEQ038G	In past yr did you have sunburn?
157	DEQ_D	Dermatology	DED038Q	# of times in past yr you had a sunburn
158	DEQ_D	Dermatology	DEQ053	Ever told had Psoriasis?
159	DEQ_D	Dermatology	DEQ055	How much of a problem has psoriasis been
160	DEQ_D	Dermatology	DEQ057	Is Psoriasis little or extensive?



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Item #	Data File	Component	Item ID	Label
161	DIQ_D	Diabetes	SEQN	Respondent sequence number
162	DIQ_D	Diabetes	DIQ010	Doctor told you have diabetes
163	DIQ_D	Diabetes	DID040	Age when first told you had diabetes
164	DIQ_D	Diabetes	DIQ220	When was your diabetes diagnosed
165	DIQ_D	Diabetes	DIQ160	Ever told you have prediabetes
166	DIQ_D	Diabetes	DIQ170	Ever told have health risk for diabetes
167	DIQ_D	Diabetes	DIQ180	Had blood tested past three years
168	DIQ_D	Diabetes	DIQ190A	Past yr told control weight
169	DIQ_D	Diabetes	DIQ190B	Past yr told increase physical activity
170	DIQ_D	Diabetes	DIQ190C	Past yr told reduce fat/calories in diet
171	DIQ_D	Diabetes	DIQ200A	Are you controlling weight
172	DIQ_D	Diabetes	DIQ200B	Are you increasing physical activity
173	DIQ_D	Diabetes	DIQ200C	Are you reducing fat/calories in diet
174	DIQ_D	Diabetes	DIQ050	Taking insulin now
175	DIQ_D	Diabetes	DID060	How long taking insulin
176	DIQ_D	Diabetes	DIQ060U	Unit of measure (month/year)
177	DIQ_D	Diabetes	DID070	Take diabetic pills to lower blood sugar
178	DIQ_D	Diabetes	DIQ230	How long ago saw a diabetes specialist
179	DIQ_D	Diabetes	DIQ240	Is there one Dr you see for diabetes
180	DIQ_D	Diabetes	DID250	Past year how many times seen doctor
181	DIQ_D	Diabetes	DID260	How often check blood for glucose/sugar
182	DIQ_D	Diabetes	DIQ260U	Unit of measure (day/week/month/year)
183	DIQ_D	Diabetes	DID270	Past year times checked for A1C

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Item #	Data File	Component	Item ID	Label
184	DIQ_D	Diabetes	DIQ280	What was your last A1C level
185	DIQ_D	Diabetes	DIQ290	What does Dr say A1C should be
186	DIQ_D	Diabetes	DIQ300S	What was your recent SBP
187	DIQ_D	Diabetes	DIQ300D	What was your recent DBP
188	DIQ_D	Diabetes	DID310S	What does Dr say SBP should be
189	DIQ_D	Diabetes	DID310D	What does Dr say DBP should be
190	DIQ_D	Diabetes	DID320	What was most recent LDL number
191	DIQ_D	Diabetes	DID330	What does Dr say LDL should be
192	DIQ_D	Diabetes	DID340	Past year times Dr check feet for sores
193	DIQ_D	Diabetes	DID350	How often do you check your feet
194	DIQ_D	Diabetes	DIQ350U	Unit of measure (day/week/month/year)
195	DIQ_D	Diabetes	DIQ360	Last time had pupils dilated for exam
196	DIQ_D	Diabetes	DIQ080	Diabetes affected eyes/had retinopathy
197	DPQ_D	Depression	SEQN	Respondent sequence number
198	DPQ_D	Depression	DPQ010	Little interest in doing things
199	DPQ_D	Depression	DPQ020	Feeling down, depressed, or hopeless
200	DPQ_D	Depression	DPQ030	Trouble sleeping or sleeping too much
201	DPQ_D	Depression	DPQ040	Feeling tired or having little energy
202	DPQ_D	Depression	DPQ050	Poor appetite or overeating
203	DPQ_D	Depression	DPQ060	Feeling bad about yourself
204	DPQ_D	Depression	DPQ070	Trouble concentrating on things
205	DPQ_D	Depression	DPQ080	Moving or speaking slowly or too fast
206	DPQ_D	Depression	DPQ090	Thought you would be better off dead
207	DPQ_D	Depression	DPQ100	Difficulty these problems have caused

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Item #	Data File	Component	Item ID	Label
208	DSQ1_D	Dietary Supplement Use: Supplement Counts	SEQN	Respondent sequence number
209	DSQ1_D	Dietary Supplement Use: Supplement Counts	DSD010	Any Dietary Supplements taken?
210	DSQ1_D	Dietary Supplement Use: Supplement Counts	DSD010AN	Any Antacids Taken?
211	DSQ1_D	Dietary Supplement Use: Supplement Counts	DSDCOUNT	Total # of Dietary Supplements taken
212	DSQ1_D	Dietary Supplement Use: Supplement Counts	DSDANCNT	Total # of Antacids Taken
213	DSQ2_D	Dietary Supplement Use: Participant's Use	SEQN	Respondent sequence number
214	DSQ2_D	Dietary Supplement Use: Participant's Use	DSDSUPID	Supplement ID number
215	DSQ2_D	Dietary Supplement Use: Participant's Use	DSDSUPP	Supplement name
216	DSQ2_D	Dietary Supplement Use: Participant's Use	DSD070	Was container seen?
217	DSQ2_D	Dietary Supplement Use: Participant's Use	DSDMTCH	Matching code
218	DSQ2_D	Dietary Supplement Use: Participant's Use	DSD090	How long supplement taken (days)?
219	DSQ2_D	Dietary Supplement Use: Participant's Use	DSD103	Days supplement taken, past 30 days
220	DSQ2_D	Dietary Supplement Use: Participant's Use	DSD122Q	Quantity of supplement taken daily
221	DSQ2_D	Dietary Supplement Use: Participant's Use	DSD122U	Dosage form

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Item #	Data File	Component	Item ID	Label
222	DSQ2_D	Dietary Supplement Use: Participant's Use	DSDANTA	Antacid reported as a dietary supplement
223	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDSUPID	SUPPLEMENT ID NUMBER
224	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDSUPP	SUPPLEMENT NAME
225	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDSRCE	SUPPLEMENT INFORMATION SOURCE
226	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDTYPE	FORMULATION TYPE
227	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDSERVQ	SERVING SIZE QUANTITY
228	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDSERVU	SERVING SIZE UNIT
229	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDSERVA	ALTERNATIVE SERVING SIZE
230	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDCNTV	COUNT OF VITAMINS IN THE SUPPLEMENT
231	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDCNTM	COUNT OF MINERALS IN THE SUPPLEMENT
232	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDCNTA	COUNT OF AMINO ACIDS IN THE SUPPLEMENT
233	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDCNTB	COUNT OF BOTANICALS IN THE SUPPLEMENT
234	DSQ3_D	Dietary Supplement Use: Supplement Info.	DSDCNTO	COUNT OF OTHER INGREDIENTS IN SUPPLEMENT
235	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDSUPID	SUPPLEMENT ID NUMBER

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Item #	Data File	Component	Item ID	Label
236	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDSUPP	SUPPLEMENT NAME
237	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDINGID	INGREDIENT ID NUMBER
238	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDINGR	INGREDIENT NAME
239	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDOPER	INGREDIENT OPERATOR
240	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDQTY	INGREDIENT QUANTITY
241	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDUNIT	INGREDIENT UNIT
242	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDCAT	INGREDIENT CATEGORY
243	DSQ4_D	Dietary Supplement Use: Ingredient Information	DSDBLFLG	BLEND FLAG
244	DSQ5_D	Dietary Supplement Use: Supplement Blend	DSDINGID	INGREDIENT ID NUMBER
245	DSQ5_D	Dietary Supplement Use: Supplement Blend	DSDINGR	INGREDIENT NAME
246	DSQ5_D	Dietary Supplement Use: Supplement Blend	DSDBCID	BLEND COMPONENT ID
247	DSQ5_D	Dietary Supplement Use: Supplement Blend	DSDBCNAM	BLEND COMPONENT NAME
248	DSQ5_D	Dietary Supplement Use: Supplement Blend	DSDBCCAT	BLEND COMPONENT CATEGORY
249	DUQ_D	Drug Use	SEQN	Respondent sequence number
250	DUQ_D	Drug Use	DUAISC	Interview status code
251	DUQ_D	Drug Use	DUQ200	Ever used marijuana or hashish

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Item #	Data File	Component	Item ID	Label
252	DUQ_D	Drug Use	DUQ210	Age when first tried marijuana
253	DUQ_D	Drug Use	DUQ220Q	Last time used marijuana or hashish
254	DUQ_D	Drug Use	DUQ220U	Last time used marijuana or hashish/unit
255	DUQ_D	Drug Use	DUQ230	# days used marijuana or hashish/month
256	DUQ_D	Drug Use	DUQ240	Ever used cocaine/heroin/methamphetamine
257	DUQ_D	Drug Use	DUQ250	Ever use any form of cocaine
258	DUQ_D	Drug Use	DUQ260	Age first used cocaine
259	DUQ_D	Drug Use	DUQ270Q	Last time you used cocaine, in any form
260	DUQ_D	Drug Use	DUQ270U	Last time you used cocaine/unit
261	DUQ_D	Drug Use	DUQ272	# of time you used cocaine
262	DUQ_D	Drug Use	DUQ280	# of days used cocaine/month
263	DUQ_D	Drug Use	DUQ290	Ever used heroin
264	DUQ_D	Drug Use	DUQ300	Age first used heroin
265	DUQ_D	Drug Use	DUQ310Q	Last time used heroin
266	DUQ_D	Drug Use	DUQ310U	Last time used heroin/unit
267	DUQ_D	Drug Use	DUQ320	# of days used heroin/month
268	DUQ_D	Drug Use	DUQ330	Ever used methamphetamine
269	DUQ_D	Drug Use	DUQ340	Age first used methamphetamine
270	DUQ_D	Drug Use	DUQ350Q	Last time used methamphetamine
271	DUQ_D	Drug Use	DUQ350U	Last time used methamphetamine/unit
272	DUQ_D	Drug Use	DUQ352	# times used methamphetamine
273	DUQ_D	Drug Use	DUQ360	# days used methamphetamine/month

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Item #	Data File	Component	Item ID	Label
274	DUQ_D	Drug Use	DUQ370	Ever use a needle to inject illegal drug
275	DUQ_D	Drug Use	DUQ380A	Drugs injected - Cocaine
276	DUQ_D	Drug Use	DUQ380B	Drugs injected - Heroin
277	DUQ_D	Drug Use	DUQ380C	Drugs injected - Methamphetamine
278	DUQ_D	Drug Use	DUQ380D	Drugs injected - Steroids
279	DUQ_D	Drug Use	DUQ380E	Drugs injected - Any other drugs
280	DUQ_D	Drug Use	DUQ390	Age first injected drugs
281	DUQ_D	Drug Use	DUQ400Q	Last time injected drugs
282	DUQ_D	Drug Use	DUQ400U	Last time injected drugs/unit
283	DUQ_D	Drug Use	DUQ410	# times injected drugs/lifetime
284	DUQ_D	Drug Use	DUQ420	How often did you inject drugs
285	DUQ_D	Drug Use	DUQ430	Ever been in rehabilitation program
286	ECQ_D	Early Childhood	SEQN	Respondent sequence number
287	ECQ_D	Early Childhood	ECD010	Mother's age when born
288	ECQ_D	Early Childhood	ECQ020	Mother smoked when pregnant
289	ECQ_D	Early Childhood	ECQ030	Mother quit smoking while pregnant
290	ECQ_D	Early Childhood	ECQ040	Mother quit smoking while pregnant (mo)
291	ECQ_D	Early Childhood	ECQ060	Receive newborn care at health facility
292	ECQ_D	Early Childhood	ECD070A	Weight at birth, pounds
293	ECQ_D	Early Childhood	ECD070B	Weight at birth, ounces
294	ECQ_D	Early Childhood	ECQ080	Weight more/less than 5.5 lbs
295	ECQ_D	Early Childhood	ECQ090	Weight more/less than 9.0 lbs
296	ECQ_D	Early Childhood	WHQ030E	How do you consider your weight
297	ECQ_D	Early Childhood	MCQ080E	Doctor told you that {SP} was overweight

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Item #	Data File	Component	Item ID	Label
298	ECQ_D	Early Childhood	ECQ150	Doing anything to help control weight?
299	ECQ_D	Early Childhood	FSQ121	Now attend headstart
300	FSQ_D	Food Security	SEQN	Respondent sequence number
301	FSQ_D	Food Security	FSD032A	HH Worried run out of food
302	FSQ_D	Food Security	FSD032B	HH Food didn't last
303	FSQ_D	Food Security	FSD032C	HH Couldn't afford balanced meals
304	FSQ_D	Food Security	FSD032D	HH Relied on low-cost food for child
305	FSQ_D	Food Security	FSD032E	HH Couldn't feed child balanced meal
306	FSQ_D	Food Security	FSD032F	HH Child not eating enough
307	FSQ_D	Food Security	FSD041	HH Adults cut size or skip meals
308	FSQ_D	Food Security	FSD052	HH How often adults cut size/skip meals
309	FSQ_D	Food Security	FSD061	HH Eat less than should
310	FSQ_D	Food Security	FSD071	HH Hungry, but didn't eat
311	FSQ_D	Food Security	FSD081	HH Lost weight, no money for food
312	FSQ_D	Food Security	FSD092	HH Adults not eat whole day
313	FSQ_D	Food Security	FSD102	HH How often adults not eat for day
314	FSQ_D	Food Security	FSD111	HH Cut size of child meals
315	FSQ_D	Food Security	FSD122	HH Child skip meals
316	FSQ_D	Food Security	FSD132	HH How often child skip meals
317	FSQ_D	Food Security	FSD141	HH Child hungry in last 12 months
318	FSQ_D	Food Security	FSD146	HH Child not eat whole day
319	FSQ_D	Food Security	FSDHH	Household food security category
320	FSQ_D	Food Security	FSDAD	Adult food security category
321	FSQ_D	Food Security	FSDCH	Child food security category
322	FSQ_D	Food Security	FSD151	HH Emergency food received



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Item #	Data File	Component	Item ID	Label
323	FSQ_D	Food Security	FSD401	Meal size cut
324	FSQ_D	Food Security	FSD411	Skipped meals
325	FSQ_D	Food Security	FSD421	Ate less than should
326	FSQ_D	Food Security	FSD431	Hungry
327	FSQ_D	Food Security	FSQ440	Lost weight
328	FSQ_D	Food Security	FSD451	Not eat whole day
329	FSQ_D	Food Security	FSQ170	Fd Stmp HH - authorized last 12 mos
330	FSQ_D	Food Security	FSD170N	Fd Stmp HH - No. people authorized
331	FSQ_D	Food Security	FSD180	Fd Stmp SP authorized in last 12 mos
332	FSQ_D	Food Security	FSD190	Fd Stmp SP mos authorized in last 12 mos
333	FSQ_D	Food Security	FSD200	Fd Stmp SP currentlyauthorized
334	FSQ_D	Food Security	FSQ210	Fd Stmp HH amount last month
335	FSQ_D	Food Security	FSQ220	Fd Stmp HH amount last time
336	FSQ_D	Food Security	FSQ162	WIC HH got past 12 mos
337	FSQ_D	Food Security	FSD650	WIC SP got past 12 mos
338	FSQ_D	Food Security	FSD660	WIC SP currently get
339	FSQ_D	Food Security	FSD670	WIC SP No. mos received
340	HCQ_D	Hepatitis C Follow-Up Questionnaire	SEQN	Respondent sequence number
341	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCASCST1	Interview Status Code
342	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCASCCT1	Reasons for Not Done
343	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ020	Heard of Hepatitis C prior to letter?
344	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ030	First time told had Hepatitis C?
345	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ040	How long known infected?
346	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ060	Reason first tested for Hepatitis C?
347	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ070	Seen a doctor about test result?

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Item #	Data File	Component	Item ID	Label
348	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ080	Have a doctor's appointment?
349	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ090	Did doctor do additional tests?
350	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ100	What doctor told about test result?
351	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ110	Ever had a liver biopsy?
352	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ121	Doctor advised about medications?
353	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ124	Doctor advised you should be treated?
354	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ126A	Not treated: liver enzymes were normal?
355	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ126B	Not treated: did not have liver disease?
356	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ126C	Not treated: not need to do anything?
357	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ126D	Not treated: can be treated later?
358	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ126E	Not treated: no reason given
359	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ130	Treated with these medicines?
360	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ140A	Not treated: unpleasant side effects
361	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ140B	Not treated: treatment self injected
362	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ140C	Not treated: treatment too expensive
363	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ140D	Not treated: waiting for better treatment
364	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ140E	Not treated: some other reason
365	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ150	Did doctor limit alcohol?
366	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ160	T/F: infection is permanent
367	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ170	T/F: HepC stops liver
368	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ180	T/F: look and feel fine
369	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ190	T/F: HepC from blood transfusion
370	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ200	T/F: HepC from shaking hands
371	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ210	T/F: HepC by kissing infected person

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Item #	Data File	Component	Item ID	Label
372	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ220	T/F: HepC from infected sex partner
373	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ230	T/F: HepC from birth, infected mother
374	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ240	T/F: HepC from sharp instrument
375	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ250	T/F: HepC from coworkers
376	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ260	T/F: HepC from injecting drugs
377	HCQ_D	Hepatitis C Follow-Up Questionnaire	HCQ270	Main respondent
378	HIQ_D	Health Insurance	SEQN	Respondent sequence number
379	HIQ_D	Health Insurance	HIQ011	Covered by health insurance
380	HIQ_D	Health Insurance	HIQ031A	Covered by private insurance
381	HIQ_D	Health Insurance	HIQ031B	Covered by Medicare
382	HIQ_D	Health Insurance	HIQ031C	Covered by Medi-Gap
383	HIQ_D	Health Insurance	HIQ031D	Covered by Medicaid
384	HIQ_D	Health Insurance	HIQ031E	Covered by SCHIP
385	HIQ_D	Health Insurance	HIQ031F	Covered by military health care
386	HIQ_D	Health Insurance	HIQ031G	Covered by Indian Health Service
387	HIQ_D	Health Insurance	HIQ031H	Covered by state-sponsored health plan
388	HIQ_D	Health Insurance	HIQ031I	Covered by other government insurance
389	HIQ_D	Health Insurance	HIQ031J	Covered by single service plan
390	HIQ_D	Health Insurance	HIQ031AA	No coverage of any type
391	HIQ_D	Health Insurance	HIQ260	Have Medicare?
392	HIQ_D	Health Insurance	HIQ105	Insurance card available or not
393	HIQ_D	Health Insurance	HIQ270	Do plans cover prescriptions?
394	HIQ_D	Health Insurance	HIQ210	Time when no insurance in past year?
395	HOQ_D	Housing Characteristics	SEQN	Respondent sequence number

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Item #	Data File	Component	Item ID	Label
396	HOQ_D	Housing Characteristics	HOQ011	Type of home
397	HOQ_D	Housing Characteristics	HOD030	How many apartments in building
398	HOQ_D	Housing Characteristics	HOQ040	When was home built
399	HOQ_D	Housing Characteristics	HOD050	Number of rooms in home
400	HOQ_D	Housing Characteristics	HOD060	How many years family lived in home
401	HOQ_D	Housing Characteristics	HOQ065	Home owned, bought, rented, other
402	HOQ_D	Housing Characteristics	HOQ070	Source of tap water
403	HOQ_D	Housing Characteristics	HOQ080	Water treatment devices used or not
404	HOQ_D	Housing Characteristics	HOQ230	Has home had a mildew or musty smell?
405	HOQ_D	Housing Characteristics	HOQ240	Have you seen cockroaches in your home?
406	HOQ_D	Housing Characteristics	HOQ250	Do animals live or spend time in home?
407	HOQ_D	Housing Characteristics	HOQ260A	Dog in house now
408	HOQ_D	Housing Characteristics	HOQ260B	Cat in house now
409	HOQ_D	Housing Characteristics	HOQ260C	Small furry animal in house now
410	HOQ_D	Housing Characteristics	HOQ270	Did animals live or spend time in home?
411	HOQ_D	Housing Characteristics	HOQ280A	Dog in house, last 12 months
412	HOQ_D	Housing Characteristics	HOQ280B	Cat in house, last 12 months
413	HOQ_D	Housing Characteristics	HOQ280C	Small furry animal in house, last 12 mon
414	HSQ_D	Current Health Status	SEQN	Respondent sequence number
415	HSQ_D	Current Health Status	HSD010	General health condition
416	HSQ_D	Current Health Status	HSQ470	no. of days physical health was not good

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Item #	Data File	Component	Item ID	Label
417	HSQ_D	Current Health Status	HSQ480	no. of days mental health was not good
418	HSQ_D	Current Health Status	HSQ490	inactive days due to phys./mental hlth
419	HSQ_D	Current Health Status	HSQ500	SP have head cold or chest cold
420	HSQ_D	Current Health Status	HSQ510	SP have stomach or intestinal illness?
421	HSQ_D	Current Health Status	HSQ520	SP have flu, pneumonia, ear infection?
422	HSQ_D	Current Health Status	HSQ571	SP donated blood in past 12 months?
423	HSQ_D	Current Health Status	HSQ580	How long ago was last blood donation?
424	HSQ_D	Current Health Status	HSQ590	Blood ever tested for HIV virus?
425	HSQ_D	Current Health Status	HSAQUEx	Source of Health Status Data
426	HUQ_D	Hospital Utilization	SEQN	Respondent sequence number
427	HUQ_D	Hospital Utilization	HUQ010	General health condition
428	HUQ_D	Hospital Utilization	HUQ020	Health now compared with 1 year ago
429	HUQ_D	Hospital Utilization	HUQ030	Routine place to go for healthcare
430	HUQ_D	Hospital Utilization	HUQ040	Type place most often go for healthcare
431	HUQ_D	Hospital Utilization	HUQ050	#times receive healthcare over past year
432	HUQ_D	Hospital Utilization	HUQ060	How long since last healthcare visit
433	HUQ_D	Hospital Utilization	HUQ071	Overnite hospital patient in last year
434	HUQ_D	Hospital Utilization	HUD080	#times overnite hospital patient/last yr
435	HUQ_D	Hospital Utilization	HUQ090	Seen mental health professional/past yr
436	IMQ_D	Immunization	SEQN	Respondent sequence number
437	IMQ_D	Immunization	IMQ011	Received hepatitis A vaccine
438	IMQ_D	Immunization	IMQ020	Received hepatitis B 3 dose series

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Item #	Data File	Component	Item ID	Label
439	KIQ_P_D	Prostate Conditions	SEQN	Respondent sequence number
440	KIQ_P_D	Prostate Conditions	KIQ081	Have trouble starting to urinate?
441	KIQ_P_D	Prostate Conditions	KIQ101	After urinating does bladder feel empty?
442	KIQ_P_D	Prostate Conditions	KIQ490	Have prostate disease?
443	KIQ_P_D	Prostate Conditions	KIQ121	Ever told had enlarged prostate?
444	KIQ_P_D	Prostate Conditions	KIQ141	Was it a benign enlargement?
445	KIQ_P_D	Prostate Conditions	KIQ161	How old when told had benign enlargement
446	KIQ_P_D	Prostate Conditions	KIQ182	Was the enlargement due to cancer?
447	KIQ_P_D	Prostate Conditions	KIQ361	Rectal exam to check for prostate cancer
448	KIQ_U_D	Kidney Conditions - Urology	SEQN	Respondent sequence number
449	KIQ_U_D	Kidney Conditions - Urology	KIQ022	Ever told you had weak/failing kidneys
450	KIQ_U_D	Kidney Conditions - Urology	KIQ025	Received dialysis in past 12 months
451	KIQ_U_D	Kidney Conditions - Urology	KIQ005	How often have urinary leakage
452	KIQ_U_D	Kidney Conditions - Urology	KIQ010	How much urine lose each time?
453	KIQ_U_D	Kidney Conditions - Urology	KIQ042	Leak urine during physical activities
454	KIQ_U_D	Kidney Conditions - Urology	KIQ430	How frequently does this occur?
455	KIQ_U_D	Kidney Conditions - Urology	KIQ044	Urinated before reaching the toilet
456	KIQ_U_D	Kidney Conditions - Urology	KIQ450	How frequently does this occur?
457	KIQ_U_D	Kidney Conditions - Urology	KIQ046	Leak urine during nonphysical activities
458	KIQ_U_D	Kidney Conditions - Urology	KIQ470	How frequently does this occur?
459	KIQ_U_D	Kidney Conditions - Urology	KIQ050	How much did urine leakage bother you

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Item #	Data File	Component	Item ID	Label
460	KIQ_U_D	Kidney Conditions - Urology	KIQ052	How much were daily activities affected
461	KIQ_U_D	Kidney Conditions - Urology	KIQ480	How many times urinate in night?
462	MCQ_D	Medical Conditions	SEQN	Respondent sequence number
463	MCQ_D	Medical Conditions	MCQ010	Ever been told you have asthma
464	MCQ_D	Medical Conditions	MCQ025	Age when first had asthma
465	MCQ_D	Medical Conditions	MCQ035	Still have asthma
466	MCQ_D	Medical Conditions	MCQ040	Had asthma attack in past year
467	MCQ_D	Medical Conditions	MCQ050	Emergency care visit for asthma/past yr
468	MCQ_D	Medical Conditions	MCQ053	Taking treatment for anemia/past 3 mos
469	MCQ_D	Medical Conditions	MCQ080	Doctor ever said you were overweight
470	MCQ_D	Medical Conditions	MCQ092	Ever receive blood transfusion
471	MCQ_D	Medical Conditions	MCD093	Year receive blood transfusion
472	MCQ_D	Medical Conditions	MCQ140	Trouble seeing even with glass/contacts
473	MCQ_D	Medical Conditions	MCQ149	Menstrual periods started yet?
474	MCQ_D	Medical Conditions	MCQ150G	School days missed from injury/illness
475	MCQ_D	Medical Conditions	MCQ150Q	# school days missed from injury/illness
476	MCQ_D	Medical Conditions	MCQ160A	Doctor ever said you had arthritis
477	MCQ_D	Medical Conditions	MCQ160B	Ever told had congestive heart failure
478	MCQ_D	Medical Conditions	MCQ160C	Ever told you had coronary heart disease
479	MCQ_D	Medical Conditions	MCQ160D	Ever told you had angina/angina pectoris

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Item #	Data File	Component	Item ID	Label
480	MCQ_D	Medical Conditions	MCQ160E	Ever told you had heart attack
481	MCQ_D	Medical Conditions	MCQ160F	Ever told you had a stroke
482	MCQ_D	Medical Conditions	MCQ160G	Ever told you had emphysema
483	MCQ_D	Medical Conditions	MCQ160K	Ever told you had chronic bronchitis
484	MCQ_D	Medical Conditions	MCQ160L	Ever told you had any liver condition
485	MCQ_D	Medical Conditions	MCQ160M	Ever told you had a thyroid problem
486	MCQ_D	Medical Conditions	MCQ170K	Do you still have chronic bronchitis
487	MCQ_D	Medical Conditions	MCQ170L	Do you still have a liver condition
488	MCQ_D	Medical Conditions	MCQ170M	Do you still have a thyroid problem
489	MCQ_D	Medical Conditions	MCQ180A	Age when told you had arthritis
490	MCQ_D	Medical Conditions	MCQ180B	Age when told you had heart failure
491	MCQ_D	Medical Conditions	MCQ180C	Age when told had coronary heart disease
492	MCQ_D	Medical Conditions	MCQ180D	Age when told you had angina pectoris
493	MCQ_D	Medical Conditions	MCQ180E	Age when told you had heart attack
494	MCQ_D	Medical Conditions	MCQ180F	Age when told you had a stroke
495	MCQ_D	Medical Conditions	MCQ180G	Age when told you had emphysema
496	MCQ_D	Medical Conditions	MCQ180K	Age when told you had chronic bronchitis
497	MCQ_D	Medical Conditions	MCQ180L	Age when told you had a liver condition
498	MCQ_D	Medical Conditions	MCQ180M	Age when told you had a thyroid problem
499	MCQ_D	Medical Conditions	MCQ190	Which type of arthritis
500	MCQ_D	Medical Conditions	MCQ220	Ever told you had cancer or malignancy
501	MCQ_D	Medical Conditions	MCQ230A	What kind of cancer



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Item #	Data File	Component	Item ID	Label
502	MCQ_D	Medical Conditions	MCQ230B	What kind of cancer
503	MCQ_D	Medical Conditions	MCQ230C	What kind of cancer
504	MCQ_D	Medical Conditions	MCQ230D	What kind of cancer
505	MCQ_D	Medical Conditions	MCQ240A	Age when bladder cancer first diagnosed
506	MCQ_D	Medical Conditions	MCQ240B	Age when blood cancer first diagnosed
507	MCQ_D	Medical Conditions	MCQ240C	Age when bone cancer first diagnosed
508	MCQ_D	Medical Conditions	MCQ240D	Age when brain cancer first diagnosed
509	MCQ_D	Medical Conditions	MCQ240E	Age when breast cancer first diagnosed
510	MCQ_D	Medical Conditions	MCQ240F	Age when cervical cancer first diagnosed
511	MCQ_D	Medical Conditions	MCQ240G	Age when colon cancer first diagnosed
512	MCQ_D	Medical Conditions	MCQ240H	Age esophageal cancer first diagnosed
513	MCQ_D	Medical Conditions	MCQ240I	Age gallbladder cancer first diagnosed
514	MCQ_D	Medical Conditions	MCQ240J	Age when kidney cancer first diagnosed
515	MCQ_D	Medical Conditions	MCQ240K	Age larynx/windpipe cancer diagnosed
516	MCQ_D	Medical Conditions	MCQ240L	Age when leukemia first diagnosed
517	MCQ_D	Medical Conditions	MCQ240M	Age when liver cancer first diagnosed
518	MCQ_D	Medical Conditions	MCQ240N	Age when lung cancer first diagnosed
519	MCQ_D	Medical Conditions	MCQ240O	Age lymphoma/Hodgkin's diagnosed
520	MCQ_D	Medical Conditions	MCQ240P	Age when melanoma first diagnosed
521	MCQ_D	Medical Conditions	MCQ240Q	Age mouth\tongue\lip cancer diagnosed
522	MCQ_D	Medical Conditions	MCQ240R	Age nervous system cancer diagnosed

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Item #	Data File	Component	Item ID	Label
523	MCQ_D	Medical Conditions	MCQ240S	Age when ovarian cancer first diagnosed
524	MCQ_D	Medical Conditions	MCQ240T	Age pancreatic cancer first diagnosed
525	MCQ_D	Medical Conditions	MCQ240U	Age prostate cancer first diagnosed
526	MCQ_D	Medical Conditions	MCQ240V	Age when rectal cancer first diagnosed
527	MCQ_D	Medical Conditions	MCQ240W	Age non-melanoma skin cancer diagnosed
528	MCQ_D	Medical Conditions	MCQ240X	Age unknown skin cancer first diagnosed
529	MCQ_D	Medical Conditions	MCQ240Y	Age soft tissue cancer first diagnosed
530	MCQ_D	Medical Conditions	MCQ240Z	Age stomach cancer first diagnosed
531	MCQ_D	Medical Conditions	MCQ240AA	Age testicular cancer first diagnosed
532	MCQ_D	Medical Conditions	MCQ240BB	Age when thyroid cancer first diagnosed
533	MCQ_D	Medical Conditions	MCQ240CC	Age when uterine cancer first diagnosed
534	MCQ_D	Medical Conditions	MCQ240DD	Age other type of cancer first diagnosed
535	MCQ_D	Medical Conditions	MCQ240DK	How old when cancer first diagnosed?
536	MCQ_D	Medical Conditions	MCQ245A	Work days missed for illness/maternity
537	MCQ_D	Medical Conditions	MCQ245B	# of workdays missed
538	MCQ_D	Medical Conditions	MCQ265	Blood relative have/had prostate cancer
539	MCQ_D	Medical Conditions	MCQ268A	Biological family members - father
540	MCQ_D	Medical Conditions	MCQ268B	Biological family member-mother's father
541	MCQ_D	Medical Conditions	MCQ268C	Biological family member-father's father

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Item #	Data File	Component	Item ID	Label
542	MCQ_D	Medical Conditions	MCQ268D	Biological family member - brother
543	MCQ_D	Medical Conditions	MCQ300A	Close relative had heart attack?
544	MCQ_D	Medical Conditions	MCQ300B	Close relative had asthma?
545	MCQ_D	Medical Conditions	MCQ300C	Close relative had diabetes?
546	MCQ_D	Medical Conditions	MCQ310	Ever have blood test to check PSA?
547	MCQ_D	Medical Conditions	MCQ320	Age when first had PSA test
548	MCQ_D	Medical Conditions	MCD330	How long ago was last PSA test?
549	MCQ_D	Medical Conditions	MCQ340	How many PSA tests in past 5 years?
550	MCQ_D	Medical Conditions	MCQ350	Ever told PSA test was not normal?
551	OHQ_D	Oral Health	SEQN	Respondent sequence number
552	OHQ_D	Oral Health	OHQ011	Condition of teeth
553	OHQ_D	Oral Health	OHQ620	How often last yr. had aching in mouth?
554	OHQ_D	Oral Health	OHQ630	How often felt bad because of mouth?
555	OHQ_D	Oral Health	OHQ640	Last yr had diff w/ job because of mouth
556	OHQ_D	Oral Health	OHQ650	Last yr taste affected because of mouth
557	OHQ_D	Oral Health	OHQ660	Last yr avoid some food because of mouth
558	OHQ_D	Oral Health	OHQ670	Last yr couldn't eat because of mouth
559	OHQ_D	Oral Health	OHQ680	Last yr embarrassed because of mouth
560	OSQ_D	Osteoporosis	SEQN	Respondent sequence number
561	OSQ_D	Osteoporosis	OSQ010a	Broken or fractured a hip
562	OSQ_D	Osteoporosis	OSQ010b	Broken or fractured a wrist
563	OSQ_D	Osteoporosis	OSQ010c	Broken or fractured spine

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Item #	Data File	Component	Item ID	Label
564	OSQ_D	Osteoporosis	OSQ020a	# Times broken/fractured hip
565	OSQ_D	Osteoporosis	OSQ020b	# Times broken/fractured wrist
566	OSQ_D	Osteoporosis	OSQ020c	# Times broken/fractured spine
567	OSQ_D	Osteoporosis	OSD030aa	Age when fractured hip 1st time
568	OSQ_D	Osteoporosis	OSQ040aa	Under/over 50 when fracd. hip 1st time
569	OSQ_D	Osteoporosis	OSD050aa	Reason hip fracture occurred 1st time
570	OSQ_D	Osteoporosis	OSD030ab	Age when fractured hip 2nd time
571	OSQ_D	Osteoporosis	OSQ040ab	Under/over 50 when fracd. hip 2nd time
572	OSQ_D	Osteoporosis	OSD050ab	Reason hip fracture occurred 2nd time
573	OSQ_D	Osteoporosis	OSD030ac	Age when fractured hip 3rd time
574	OSQ_D	Osteoporosis	OSQ040ac	Under/over 50 when fracd. hip 3rd time
575	OSQ_D	Osteoporosis	OSD050ac	Reason hip fracture occurred 3rd time
576	OSQ_D	Osteoporosis	OSD030ba	Age when fractured wrist 1st time
577	OSQ_D	Osteoporosis	OSQ040ba	Under/over 50 when fracd. wrist 1st time
578	OSQ_D	Osteoporosis	OSD050ba	Reason wrist fracture occurred 1st time
579	OSQ_D	Osteoporosis	OSD030bb	Age when fractured wrist 2nd time
580	OSQ_D	Osteoporosis	OSQ040bb	Under/over 50 when fracd. wrist 2nd time
581	OSQ_D	Osteoporosis	OSD050bb	Reason wrist fracture occurred 2nd time
582	OSQ_D	Osteoporosis	OSD030bc	Age when fractured wrist 3rd time
583	OSQ_D	Osteoporosis	OSQ040bc	Under/over 50 when fracd. wrist 3rd time

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Item #	Data File	Component	Item ID	Label
584	OSQ_D	Osteoporosis	OSD050bc	Reason wrist fracture occurred 3rd time
585	OSQ_D	Osteoporosis	OSD030bd	Age when fractured wrist 4th time
586	OSQ_D	Osteoporosis	OSQ040bd	Under/over 50 when fracd. wrist 4th time
587	OSQ_D	Osteoporosis	OSD050bd	Reason wrist fracture occurred 4th time
588	OSQ_D	Osteoporosis	OSD030be	Age when fractured wrist 5th time
589	OSQ_D	Osteoporosis	OSQ040be	Under/over 50 when fracd. wrist 5th time
590	OSQ_D	Osteoporosis	OSD050be	Reason wrist fracture occurred 5th time
591	OSQ_D	Osteoporosis	OSD030bf	Age when fractured wrist 6th time
592	OSQ_D	Osteoporosis	OSQ040bf	Under/over 50 when fracd. wrist 6th time
593	OSQ_D	Osteoporosis	OSD050bf	Reason wrist fracture occurred 6th time
594	OSQ_D	Osteoporosis	OSD030bg	Age when fractured wrist 7th time
595	OSQ_D	Osteoporosis	OSQ040bg	Under/over 50 when fracd. wrist 7th time
596	OSQ_D	Osteoporosis	OSD050bg	Reason wrist fracture occurred 7th time
597	OSQ_D	Osteoporosis	OSD030ca	Age when fractured spine 1st time
598	OSQ_D	Osteoporosis	OSQ040ca	Under/over 50 when fracd. spine 1st time
599	OSQ_D	Osteoporosis	OSD050ca	Reason spine fracture occurred 1st time
600	OSQ_D	Osteoporosis	OSD030cb	Age when fractured spine 2nd time

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Item #	Data File	Component	Item ID	Label
601	OSQ_D	Osteoporosis	OSQ040cb	Under/over 50 when fracd. spine 2nd time
602	OSQ_D	Osteoporosis	OSD050cb	Reason spine fracture occurred 2nd time
603	OSQ_D	Osteoporosis	OSD030cc	Age when fractured spine 3rd time
604	OSQ_D	Osteoporosis	OSQ040cc	Under/over 50 when fracd. spine 3rd time
605	OSQ_D	Osteoporosis	OSD050cc	Reason spine fracture occurred 3rd time
606	OSQ_D	Osteoporosis	OSD030cd	Age when fractured spine 4th time
607	OSQ_D	Osteoporosis	OSQ040cd	Under/over 50 when fracd. spine 4th time
608	OSQ_D	Osteoporosis	OSD050cd	Reason spine fracture occurred 4th time
609	OSQ_D	Osteoporosis	OSD030ce	Age when fractured spine 5th time
610	OSQ_D	Osteoporosis	OSQ040ce	Under/over 50 when fracd. spine 5th time
611	OSQ_D	Osteoporosis	OSD050ce	Reason spine fracture occurred 5th time
612	OSQ_D	Osteoporosis	OSD030cf	Age when fractured spine 6th time
613	OSQ_D	Osteoporosis	OSQ040cf	Under/over 50 when fracd. spine 6th time
614	OSQ_D	Osteoporosis	OSD050cf	Reason spine fracture occurred 6th time
615	OSQ_D	Osteoporosis	OSD030cg	Age when fractured spine 7th time
616	OSQ_D	Osteoporosis	OSQ040cg	Under/over 50 when fracd. spine 7th time
617	OSQ_D	Osteoporosis	OSD030ch	Age when fractured spine 8th time

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Item #	Data File	Component	Item ID	Label
618	OSQ_D	Osteoporosis	OSQ040ch	Under/over 50 when fracd. spine 8th time
619	OSQ_D	Osteoporosis	OSD030ci	Age when fractured spine 9th time
620	OSQ_D	Osteoporosis	OSQ040ci	Under/over 50 when fracd. spine 9th time
621	OSQ_D	Osteoporosis	OSD030cj	Age when fractured spine 10th time
622	OSQ_D	Osteoporosis	OSQ040cj	Under/over 50 when fracd spine 10th time
623	OSQ_D	Osteoporosis	OSQ080	Doctor ever told any other fractures?
624	OSQ_D	Osteoporosis	OSQ090a	Fracture result of severe trauma?
625	OSQ_D	Osteoporosis	OSQ100a	Where fracture occurred
626	OSQ_D	Osteoporosis	OSD110a	How old when fracture occurred?
627	OSQ_D	Osteoporosis	OSQ120a	Any other fractures?
628	OSQ_D	Osteoporosis	OSQ090b	Fracture result of severe trauma?
629	OSQ_D	Osteoporosis	OSQ100b	Where fracture occurred
630	OSQ_D	Osteoporosis	OSD110b	How old when fracture occurred?
631	OSQ_D	Osteoporosis	OSQ120b	Any other fractures?
632	OSQ_D	Osteoporosis	OSQ090c	Fracture result of severe trauma?
633	OSQ_D	Osteoporosis	OSQ100c	Where fracture occurred
634	OSQ_D	Osteoporosis	OSD110c	How old when fracture occurred?
635	OSQ_D	Osteoporosis	OSQ120c	Any other fractures?
636	OSQ_D	Osteoporosis	OSQ090d	Fracture result of severe trauma?
637	OSQ_D	Osteoporosis	OSQ100d	Where fracture occurred
638	OSQ_D	Osteoporosis	OSD110d	How old when fracture occurred?
639	OSQ_D	Osteoporosis	OSQ120d	Any other fractures?
640	OSQ_D	Osteoporosis	OSQ090e	Fracture result of severe trauma?

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Item #	Data File	Component	Item ID	Label
641	OSQ_D	Osteoporosis	OSQ100e	Where fracture occurred
642	OSQ_D	Osteoporosis	OSD110e	How old when fracture occurred?
643	OSQ_D	Osteoporosis	OSQ120e	Any other fractures?
644	OSQ_D	Osteoporosis	OSQ090f	Fracture result of severe trauma?
645	OSQ_D	Osteoporosis	OSQ100f	Where fracture occurred
646	OSQ_D	Osteoporosis	OSD110f	How old when fracture occurred?
647	OSQ_D	Osteoporosis	OSQ120f	Any other fractures?
648	OSQ_D	Osteoporosis	OSQ090g	Fracture result of severe trauma?
649	OSQ_D	Osteoporosis	OSQ100g	Where fracture occurred
650	OSQ_D	Osteoporosis	OSD110g	How old when fracture occurred?
651	OSQ_D	Osteoporosis	OSQ120g	Any other fractures?
652	OSQ_D	Osteoporosis	OSQ090h	Fracture result of severe trauma?
653	OSQ_D	Osteoporosis	OSQ100h	Where fracture occurred
654	OSQ_D	Osteoporosis	OSD110h	How old when fracture occurred?
655	OSQ_D	Osteoporosis	OSQ120h	Any other fractures?
656	OSQ_D	Osteoporosis	OSQ090i	Fracture result of severe trauma?
657	OSQ_D	Osteoporosis	OSQ100i	Where fracture occurred
658	OSQ_D	Osteoporosis	OSD110i	How old when fracture occurred?
659	OSQ_D	Osteoporosis	OSQ120i	Any other fractures?
660	OSQ_D	Osteoporosis	OSQ090j	Fracture result of severe trauma?
661	OSQ_D	Osteoporosis	OSQ100j	Where fracture occurred
662	OSQ_D	Osteoporosis	OSD110j	How old when fracture occurred?
663	OSQ_D	Osteoporosis	OSQ120j	Any other fractures?
664	OSQ_D	Osteoporosis	OSQ060	Ever told had osteoporosis/brittle bones
665	OSQ_D	Osteoporosis	OSQ070	Ever treated for osteoporosis



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Item #	Data File	Component	Item ID	Label
666	OSQ_D	Osteoporosis	OSQ130	Ever taken prednisone or cortisone daily
667	OSQ_D	Osteoporosis	OSQ140q	How long used prednisone or cortisone?
668	OSQ_D	Osteoporosis	OSQ140u	How long used prednisone or cortisone?
669	OSQ_D	Osteoporosis	OSQ150	Parents ever told had osteoporosis?
670	OSQ_D	Osteoporosis	OSQ160a	Mother was told had osteoporosis
671	OSQ_D	Osteoporosis	OSQ160b	Father was told had osteoporosis
672	OSQ_D	Osteoporosis	OSQ170	Did mother ever fracture hip?
673	OSQ_D	Osteoporosis	OSQ180	How old when fractured hip?
674	OSQ_D	Osteoporosis	OSQ190	Over or under 50 years old?
675	OSQ_D	Osteoporosis	OSQ200	Did father ever fracture hip?
676	OSQ_D	Osteoporosis	OSQ210	How old when fractured hip?
677	OSQ_D	Osteoporosis	OSQ220	Over or under 50 years old?
678	PAQ_D	Physical Activity	SEQN	Respondent sequence number
679	PAQ_D	Physical Activity	PAD020	Walked or bicycled over past 30 days
680	PAQ_D	Physical Activity	PAQ050Q	# times walked or bicycled
681	PAQ_D	Physical Activity	PAQ050U	Unit of measure (day/week/month)
682	PAQ_D	Physical Activity	PAD080	How long per day (minutes)
683	PAQ_D	Physical Activity	PAQ100	Tasks around home/yard past 30 days
684	PAQ_D	Physical Activity	PAD120	# of times past 30 days
685	PAQ_D	Physical Activity	PAD160	How long each time (minutes)
686	PAQ_D	Physical Activity	PAQ180	Avg level of physical activity each day
687	PAQ_D	Physical Activity	PAD200	Vigorous activity over past 30 days
688	PAQ_D	Physical Activity	PAD320	Moderate activity over past 30 days

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Item #	Data File	Component	Item ID	Label
689	PAQ_D	Physical Activity	PAD440	Muscle strengthening activities
690	PAQ_D	Physical Activity	PAD460	Number of times past 30 days
691	PAQ_D	Physical Activity	PAQ500	Activity comparison last mo - last yr
692	PAQ_D	Physical Activity	PAQ520	Compare activity w/others same age
693	PAQ_D	Physical Activity	PAQ540	Compare activity with 10 years ago
694	PAQ_D	Physical Activity	PAQ560	# time/week you play or exercise hard
695	PAQ_D	Physical Activity	PAD590	# hours watch TV or videos past 30 days
696	PAQ_D	Physical Activity	PAD600	# of hours use computer past 30 days
697	PAQ_D	Physical Activity	PAAQUEx	Questionnaire source flag for weighting
698	PAQIAF_D	Physical Activity Individual Activities File	SEQN	Respondent sequence number
699	PAQIAF_D	Physical Activity Individual Activities File	PADACTIV	Leisure time activity
700	PAQIAF_D	Physical Activity Individual Activities File	PADLEVEL	Activity level
701	PAQIAF_D	Physical Activity Individual Activities File	PADTIMES	# of times did activity in past 30 days
702	PAQIAF_D	Physical Activity Individual Activities File	PADDURAT	Average duration of activity (minutes)
703	PAQIAF_D	Physical Activity Individual Activities File	PADMETS	MET score for activity
704	PAQIAF_D	Physical Activity Individual Activities File	PAAQUEx	Questionnaire source flag for weighting
705	PFQ_D	Physical Functioning	SEQN	Respondent sequence number
706	PFQ_D	Physical Functioning	PFQ010	Physical,mental,emotional limitations
707	PFQ_D	Physical Functioning	PFQ015	Able to take part in most type of play

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Item #	Data File	Component	Item ID	Label
708	PFQ_D	Physical Functioning	PFQ020	Crawl, walk, run, play limitations
709	PFQ_D	Physical Functioning	PFQ030	Long term impairment/health problem
710	PFQ_D	Physical Functioning	PFQ041	Receive Special Ed or Early Intervention
711	PFQ_D	Physical Functioning	PFQ049	Limitations keeping you from working
712	PFQ_D	Physical Functioning	PFQ051	Limited in amount of work you can do
713	PFQ_D	Physical Functioning	PFQ054	Need special equipment to walk
714	PFQ_D	Physical Functioning	PFQ057	Experience confusion/memory problems
715	PFQ_D	Physical Functioning	PFQ059	Physical, mental, emotional limitations
716	PFQ_D	Physical Functioning	PFQ061A	Managing money difficulty
717	PFQ_D	Physical Functioning	PFQ061B	Walking for a quarter mile difficulty
718	PFQ_D	Physical Functioning	PFQ061C	Walking up ten steps difficulty
719	PFQ_D	Physical Functioning	PFQ061D	Stooping, crouching, kneeling difficulty
720	PFQ_D	Physical Functioning	PFQ061E	Lifting or carrying difficulty
721	PFQ_D	Physical Functioning	PFQ061F	House chore difficulty
722	PFQ_D	Physical Functioning	PFQ061G	Preparing meals difficulty
723	PFQ_D	Physical Functioning	PFQ061H	Walking between rooms on same floor
724	PFQ_D	Physical Functioning	PFQ061I	Standingup from armless chair difficulty
725	PFQ_D	Physical Functioning	PFQ061J	Getting in and out of bed difficulty
726	PFQ_D	Physical Functioning	PFQ061K	Using fork, knife, drinking from cup
727	PFQ_D	Physical Functioning	PFQ061L	Dressing yourself difficulty
728	PFQ_D	Physical Functioning	PFQ061M	Standing for long periods difficulty
729	PFQ_D	Physical Functioning	PFQ061N	Sitting for long periods difficulty
730	PFQ_D	Physical Functioning	PFQ061O	Reaching up over head difficulty

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Item #	Data File	Component	Item ID	Label
731	PFQ_D	Physical Functioning	PFQ061P	Grasp/holding small objects difficulty
732	PFQ_D	Physical Functioning	PFQ061Q	Going out to movies, events difficulty
733	PFQ_D	Physical Functioning	PFQ061R	Attending social event difficulty
734	PFQ_D	Physical Functioning	PFQ061S	Leisure activity at home difficulty
735	PFQ_D	Physical Functioning	PFQ061T	Push or pull large objects difficulty
736	PFQ_D	Physical Functioning	PFQ063A	Health problems causing difficulty
737	PFQ_D	Physical Functioning	PFQ063B	Health problems causing difficulty
738	PFQ_D	Physical Functioning	PFQ063C	Health problems causing difficulty
739	PFQ_D	Physical Functioning	PFQ063D	Health problems causing difficulty
740	PFQ_D	Physical Functioning	PFQ063E	Health problems causing difficulty
741	PFQ_D	Physical Functioning	PFD069A	Arthritis or rheumatism probl, days
742	PFQ_D	Physical Functioning	PFD069B	Back or neck problems, days
743	PFQ_D	Physical Functioning	PFD069C	Cancer condition, days
744	PFQ_D	Physical Functioning	PFD069D	Depression/anxiety/emotional probl, days
745	PFQ_D	Physical Functioning	PFD069E	Other development problems, days
746	PFQ_D	Physical Functioning	PFD069F	Diabetes condition, days
747	PFQ_D	Physical Functioning	PFD069G	Fractures/bone/joint injury probl, days
748	PFQ_D	Physical Functioning	PFD069H	Hearing problems, days
749	PFQ_D	Physical Functioning	PFD069I	Heart problems, days
750	PFQ_D	Physical Functioning	PFD069J	Hypertension or high blood pressure, days
751	PFQ_D	Physical Functioning	PFD069K	Lung or breathing problems, days
752	PFQ_D	Physical Functioning	PFD069L	Mental retardation condition, days
753	PFQ_D	Physical Functioning	PFD069M	Other injury problems, days
754	PFQ_D	Physical Functioning	PFD069N	Senility condition, days

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Item #	Data File	Component	Item ID	Label
755	PFQ_D	Physical Functioning	PFD069O	Stroke problems, days
756	PFQ_D	Physical Functioning	PFD069P	Vision problems, days
757	PFQ_D	Physical Functioning	PFD069Q	Weight problems, days
758	PFQ_D	Physical Functioning	PFD069R	Other impairment problems, days
759	PFQ_D	Physical Functioning	PFQ090	Require special healthcare equipment
760	PSQ_D	PSA Follow-Up Questionnaire	SEQN	Respondent sequence number
761	PSQ_D	PSA Follow-Up Questionnaire	PSASCST1	Interview Status Code
762	PSQ_D	PSA Follow-Up Questionnaire	PSASCCT1	Reasons for Not Done
763	PSQ_D	PSA Follow-Up Questionnaire	PSQ020	Heard of PSA test somewhere else?
764	PSQ_D	PSA Follow-Up Questionnaire	PSQ030A	Heard PSA test from friend or relative?
765	PSQ_D	PSA Follow-Up Questionnaire	PSQ030B	Heard PSA test from a doctor?
766	PSQ_D	PSA Follow-Up Questionnaire	PSQ030C	Heard PSA test from health brochure?
767	PSQ_D	PSA Follow-Up Questionnaire	PSQ030D	Heard PSA test from television?
768	PSQ_D	PSA Follow-Up Questionnaire	PSQ030E	Heard PSA test from radio?
769	PSQ_D	PSA Follow-Up Questionnaire	PSQ030F	Heard PSA test from other?
770	PSQ_D	PSA Follow-Up Questionnaire	PSQ040	Ever have PSA test before the survey?
771	PSQ_D	PSA Follow-Up Questionnaire	PSQ050	How long ago was your first PSA test?
772	PSQ_D	PSA Follow-Up Questionnaire	PSQ060	First time being told to have high PSA?
773	PSQ_D	PSA Follow-Up Questionnaire	PSQ070	How long have you known your high PSA?
774	PSQ_D	PSA Follow-Up Questionnaire	PSQ080	Did you request your first PSA test?
775	PSQ_D	PSA Follow-Up Questionnaire	PSQ090A	Test PSA because of prostate problems
776	PSQ_D	PSA Follow-Up Questionnaire	PSQ090B	Test PSA because of wife or partner
777	PSQ_D	PSA Follow-Up Questionnaire	PSQ090C	Test PSA because of a health event
778	PSQ_D	PSA Follow-Up Questionnaire	PSQ090D	Test PSA because of family cancer

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Item #	Data File	Component	Item ID	Label
779	PSQ_D	PSA Follow-Up Questionnaire	PSQ090E	Test PSA because of race or ethnicity
780	PSQ_D	PSA Follow-Up Questionnaire	PSQ090F	Test PSA because of another reason
781	PSQ_D	PSA Follow-Up Questionnaire	PSQ100A	Provider PSA test: As routine screening
782	PSQ_D	PSA Follow-Up Questionnaire	PSQ100B	Provider PSA test: Due to family cancer
783	PSQ_D	PSA Follow-Up Questionnaire	PSQ100C	Provider PSA test: Due to frequent urina
784	PSQ_D	PSA Follow-Up Questionnaire	PSQ100D	Provider PSA test: Due to enlarged prost
785	PSQ_D	PSA Follow-Up Questionnaire	PSQ100E	Provider PSA test: Due to race/ethnicity
786	PSQ_D	PSA Follow-Up Questionnaire	PSQ100F	Provider PSA test: Wife/partner asked
787	PSQ_D	PSA Follow-Up Questionnaire	PSQ110	Saw a health professional for high PSA?
788	PSQ_D	PSA Follow-Up Questionnaire	PSQ120	Have doctor appointment for high PSA?
789	PSQ_D	PSA Follow-Up Questionnaire	PSQ130A	High PSA could mean: Inflamed prostate
790	PSQ_D	PSA Follow-Up Questionnaire	PSQ130B	High PSA could mean: Enlarged prostate
791	PSQ_D	PSA Follow-Up Questionnaire	PSQ130C	High PSA could mean: Prostate cancer
792	PSQ_D	PSA Follow-Up Questionnaire	PSQ130D	High PSA could mean: Lab error
793	PSQ_D	PSA Follow-Up Questionnaire	PSQ130E	High PSA could mean: Other
794	PSQ_D	PSA Follow-Up Questionnaire	PSQ140	Did other tests to check prostate?
795	PSQ_D	PSA Follow-Up Questionnaire	PSQ150	Did you have a prostate biopsy?
796	PSQ_D	PSA Follow-Up Questionnaire	PSQ160	Know results of your prostate biopsy?

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Item #	Data File	Component	Item ID	Label
797	PSQ_D	PSA Follow-Up Questionnaire	PSQ170A	Biopsy showed: Inflammation of prostate
798	PSQ_D	PSA Follow-Up Questionnaire	PSQ170B	Biopsy showed: Normal prostate tissue
799	PSQ_D	PSA Follow-Up Questionnaire	PSQ170C	Biopsy showed: Prostate cancer
800	PSQ_D	PSA Follow-Up Questionnaire	PSQ170D	Biopsy showed: Other
801	PSQ_D	PSA Follow-Up Questionnaire	PSQ180	Need treatment for prostate condition?
802	PSQ_D	PSA Follow-Up Questionnaire	PSQ190	Received/receiving prostate treatment?
803	PSQ_D	PSA Follow-Up Questionnaire	PSQ200A	Not treated because of side effects
804	PSQ_D	PSA Follow-Up Questionnaire	PSQ200B	Not treated because result is uncertain
805	PSQ_D	PSA Follow-Up Questionnaire	PSQ200C	Not treated because it is too expensive
806	PSQ_D	PSA Follow-Up Questionnaire	PSQ200D	Not treated hoping for better treat
807	PSQ_D	PSA Follow-Up Questionnaire	PSQ200E	Not treated deciding to wait and see
808	PSQ_D	PSA Follow-Up Questionnaire	PSQ200F	Not treated because you were afraid
809	PSQ_D	PSA Follow-Up Questionnaire	PSQ200G	Not treated because of some other reason
810	PSQ_D	PSA Follow-Up Questionnaire	PSQ210	T/F:Blv high PSA may mean large prostate
811	PSQ_D	PSA Follow-Up Questionnaire	PSQ220	T/F:Blv additional tests are required
812	PSQ_D	PSA Follow-Up Questionnaire	PSQ230	T/F:Blv prostate-cancer men can live 70+
813	PSQ_D	PSA Follow-Up Questionnaire	PSQ240	T/F:Blv prost.-cancer men die in 5 yrs
814	PSQ_D	PSA Follow-Up Questionnaire	PSQ250	T/F:Blv higher risk for cancer relatives
815	PSQ_D	PSA Follow-Up Questionnaire	PSQ260	T/F:Blv higher risk African Americans
816	PSQ_D	PSA Follow-Up Questionnaire	PSQ270	T/F:Blv there are treatments available
817	PSQ_D	PSA Follow-Up Questionnaire	PSQ280	T/F:Blv all options for cancer have risk
818	PSQ_D	PSA Follow-Up Questionnaire	PSQ290	T/F:Blv there are support groups

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Item #	Data File	Component	Item ID	Label
819	PSQ_D	PSA Follow-Up Questionnaire	PSQ300	Language used for the interview?
820	PUQMEC_D	Pesticide Use	SEQN	Respondent sequence number
821	PUQMEC_D	Pesticide Use	PUQ100	Products used in home to control insects
822	PUQMEC_D	Pesticide Use	PUQ110	Products used to kill weeds?
823	RDQ_D	Respiratory Health and Disease	SEQN	Respondent sequence number
824	RDQ_D	Respiratory Health and Disease	RDQ031	Coughing most days - over 3 mo period
825	RDQ_D	Respiratory Health and Disease	RDD040	# years had cough problem
826	RDQ_D	Respiratory Health and Disease	RDQ050	Bring up phlegm most days - 3 mo period
827	RDQ_D	Respiratory Health and Disease	RDD060	# years bringing up phlegm problem
828	RDQ_D	Respiratory Health and Disease	RDQ070	Wheezing or whistling in chest - past yr
829	RDQ_D	Respiratory Health and Disease	RDQ080	# wheezing/whistling attacks past year
830	RDQ_D	Respiratory Health and Disease	RDQ090	Wheezing disturb sleep in past year
831	RDQ_D	Respiratory Health and Disease	RDQ100	Chest sound wheezy during exercise
832	RDQ_D	Respiratory Health and Disease	RDD120	Got medical attentn for wheezing attack
833	RDQ_D	Respiratory Health and Disease	RDQ134	Doctor prescribe wheezing medication
834	RDQ_D	Respiratory Health and Disease	RDQ135	Limit usual activities due to wheezing
835	RDQ_D	Respiratory Health and Disease	RDQ137	Miss work or school due to wheezing
836	RDQ_D	Respiratory Health and Disease	RDQ140	Had dry cough at night in past year
837	RHQ_D	Reproductive Health	SEQN	Respondent sequence number
838	RHQ_D	Reproductive Health	RHQ010	Age when first menstrual period occurred
839	RHQ_D	Reproductive Health	RHQ020	Age range at first menstrual period



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Item #	Data File	Component	Item ID	Label
840	RHQ_D	Reproductive Health	RHQ031	At least 1 period in past 12 months
841	RHQ_D	Reproductive Health	RHD042	Reason didn't have period
842	RHQ_D	Reproductive Health	RHQ051	When did you have your last period?
843	RHQ_D	Reproductive Health	RHQ060	Age at last menstrual period
844	RHQ_D	Reproductive Health	RHQ070	Age range at last menstrual period
845	RHQ_D	Reproductive Health	RHD080	Days since last period
846	RHQ_D	Reproductive Health	RHQ131	Ever been pregnant?
847	RHQ_D	Reproductive Health	RHD143	Are you pregnant now?
848	RHQ_D	Reproductive Health	RHD152	What month of pregnancy are you in?
849	RHQ_D	Reproductive Health	RHQ160	How many times have been pregnant?
850	RHQ_D	Reproductive Health	RHQ166	How many vaginal deliveries?
851	RHQ_D	Reproductive Health	RHQ169	How many cesarean deliveries?
852	RHQ_D	Reproductive Health	RHQ171	How many deliveries live birth result?
853	RHQ_D	Reproductive Health	RHQ180	Age at first live birth
854	RHQ_D	Reproductive Health	RHQ190	Age at last live birth
855	RHQ_D	Reproductive Health	RHQ200	Now breastfeeding a child?
856	RHQ_D	Reproductive Health	RHQ210	Breastfed any of your children?
857	RHQ_D	Reproductive Health	RHD230	# of children breastfed at least 1 month
858	RHQ_D	Reproductive Health	RHQ250	Any child weigh < 5.5 lbs at birth?
859	RHQ_D	Reproductive Health	RHQ260	# children weighing < 5.5 lbs at birth
860	RHQ_D	Reproductive Health	RHD270	Number of children born preterm
861	RHQ_D	Reproductive Health	RHD280	Had a hysterectomy?
862	RHQ_D	Reproductive Health	RHQ291	Age when had hysterectomy
863	RHQ_D	Reproductive Health	RHQ300	Had at least one ovary removed?
864	RHQ_D	Reproductive Health	RHQ310	Were both ovaries removed or only one?

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Item #	Data File	Component	Item ID	Label
865	RHQ_D	Reproductive Health	RHQ320	Both ovaries removed at same time?
866	RHQ_D	Reproductive Health	RHQ330	Age when first/both ovaries removed
867	RHQ_D	Reproductive Health	RHQ340	Age when second ovary removed
868	RHQ_D	Reproductive Health	RHQ360	Told by doctor had endometriosis
869	RHQ_D	Reproductive Health	RHQ370	Age when first told had endometriosis
870	RHQ_D	Reproductive Health	RHQ380	Told by doctor had uterine fibroids?
871	RHQ_D	Reproductive Health	RHQ390	Age when first told had uterine fibroids
872	RHQ_D	Reproductive Health	RHQ395	Experience bulging in vaginal area?
873	RHQ_D	Reproductive Health	RHQ420	Ever taken birth control pills?
874	RHQ_D	Reproductive Health	RHQ430	Age started taking birth control pills
875	RHQ_D	Reproductive Health	RHD442	Taking birth control pills now?
876	RHQ_D	Reproductive Health	RHD451	Age stopped taking birth control pills
877	RHQ_D	Reproductive Health	RHQ460Q	How long taking birth control pills
878	RHQ_D	Reproductive Health	RHQ460U	Unit of measure: months, years
879	RHQ_D	Reproductive Health	RHQ510	Used Depo-Provera or injectables?
880	RHQ_D	Reproductive Health	RHQ520	Now using Depo-Provera or injectables?
881	RHQ_D	Reproductive Health	RHQ540	Ever use female hormones?
882	RHQ_D	Reproductive Health	RHQ541A	Hormone pills used
883	RHQ_D	Reproductive Health	RHQ541B	Hormone patches used
884	RHQ_D	Reproductive Health	RHQ541C	Hormone cream/suppository/injection used
885	RHQ_D	Reproductive Health	RHQ550	Having periods when start hormones
886	RHQ_D	Reproductive Health	RHQ551A	Used estrogen/progesterone for menopause

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Item #	Data File	Component	Item ID	Label
887	RHQ_D	Reproductive Health	RHQ551B	Used estrogen/progesterone for emotions
888	RHQ_D	Reproductive Health	RHQ551C	Used estr/progest for hysterct/oophorect
889	RHQ_D	Reproductive Health	RHQ551D	Used estr/progest for osteoporosis
890	RHQ_D	Reproductive Health	RHQ551E	Used estr/progest for cardiovascular dis
891	RHQ_D	Reproductive Health	RHQ551F	Used estr/progest for irregular periods
892	RHQ_D	Reproductive Health	RHQ551G	Used estr/progest for other reasons
893	RHQ_D	Reproductive Health	RHQ554	Use hormone pills w/estrogen only
894	RHQ_D	Reproductive Health	RHQ556	Age started estrogen-only pills
895	RHQ_D	Reproductive Health	RHQ558	Taking estrogen-only pills now?
896	RHQ_D	Reproductive Health	RHQ560Q	How long taking estrogen-only pills?
897	RHQ_D	Reproductive Health	RHQ560U	Unit of measure: months, years
898	RHQ_D	Reproductive Health	RHQ562	Used hormone pills w/progestin only
899	RHQ_D	Reproductive Health	RHQ564	Age started progestin-only pills
900	RHQ_D	Reproductive Health	RHQ566	Taking progestin-only pills now?
901	RHQ_D	Reproductive Health	RHQ568Q	How long taking progestin-only pills?
902	RHQ_D	Reproductive Health	RHQ568U	Unit of measure: months, years
903	RHQ_D	Reproductive Health	RHQ570	Used estrogen/progestin combo pills
904	RHQ_D	Reproductive Health	RHQ572	Age started estrogen/progestin pills
905	RHQ_D	Reproductive Health	RHQ574	Taking estrogen/progestin now?
906	RHQ_D	Reproductive Health	RHQ576Q	How long taking estrogen/progestin?
907	RHQ_D	Reproductive Health	RHQ576U	Unit of measure: months, years
908	RHQ_D	Reproductive Health	RHQ580	Used estrogen-only patches?
909	RHQ_D	Reproductive Health	RHQ582	Age started estrogen-only patches

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Item #	Data File	Component	Item ID	Label
910	RHQ_D	Reproductive Health	RHQ584	Using estrogen-only patches now?
911	RHQ_D	Reproductive Health	RHQ586Q	How long using estrogen only patches?
912	RHQ_D	Reproductive Health	RHQ586U	Unit of measure: months, years
913	RHQ_D	Reproductive Health	RHQ596	Used estrogen/progestin combo patches?
914	RHQ_D	Reproductive Health	RHQ598	Age started estrogen/progestin patches
915	RHQ_D	Reproductive Health	RHQ600	Using estrogen/progestin patches now?
916	RHQ_D	Reproductive Health	RHQ602Q	How long use estrogen/progestin patch
917	RHQ_D	Reproductive Health	RHQ602U	Unit of measure: months, years
918	RHQ_D	Reproductive Health	RHQ740	Vaginal problems during past month
919	RHQ_D	Reproductive Health	RHQ750A	Problem with vaginal itching
920	RHQ_D	Reproductive Health	RHQ750B	Problem with vaginal odor
921	RHQ_D	Reproductive Health	RHQ750C	Problem with vaginal discharge
922	RXQ_RX_D	Prescription Medications	SEQN	Respondent sequence number
923	RXQ_RX_D	Prescription Medications	RXDUSE	Taken prescription medicine, past month
924	RXQ_RX_D	Prescription Medications	RXDDRUG	Generic drug name
925	RXQ_RX_D	Prescription Medications	RXDDRGID	Generic drug code
926	RXQ_RX_D	Prescription Medications	RXQSEEN	Medicine container seen by interviewer
927	RXQ_RX_D	Prescription Medications	RXDDAYS	Number of days taken medicine
928	RXQ_RX_D	Prescription Medications	RXDCCOUNT	Number of prescription medicines taken
929	SLQ_D	Sleep Disorders	SEQN	Respondent sequence number

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Item #	Data File	Component	Item ID	Label
930	SLQ_D	Sleep Disorders	SLD010H	How much sleep do you get (hours)?
931	SLQ_D	Sleep Disorders	SLD020M	How long to fall asleep (minutes)?
932	SLQ_D	Sleep Disorders	SLQ030	How often do you snore?
933	SLQ_D	Sleep Disorders	SLQ040	How often do you snort / stop breathing?
934	SLQ_D	Sleep Disorders	SLQ050	Ever told doctor had trouble sleeping?
935	SLQ_D	Sleep Disorders	SLQ060	Ever told by doctor have sleep disorder?
936	SLQ_D	Sleep Disorders	SLQ070A	Sleep disorder: Sleep Apnea
937	SLQ_D	Sleep Disorders	SLQ070B	Sleep disorder: Insomnia
938	SLQ_D	Sleep Disorders	SLQ070C	Sleep disorder: Restless Legs
939	SLQ_D	Sleep Disorders	SLQ070D	Sleep disorder: Other
940	SLQ_D	Sleep Disorders	SLQ080	How often have trouble falling asleep?
941	SLQ_D	Sleep Disorders	SLQ090	How often wake up during night?
942	SLQ_D	Sleep Disorders	SLQ100	How often wake up too early in morning?
943	SLQ_D	Sleep Disorders	SLQ110	How often feel unrested during the day?
944	SLQ_D	Sleep Disorders	SLQ120	How often feel overly sleepy during day?
945	SLQ_D	Sleep Disorders	SLQ130	How often did you not get enough sleep?
946	SLQ_D	Sleep Disorders	SLQ140	How often take pills to help you sleep?
947	SLQ_D	Sleep Disorders	SLQ150	How often have leg jerks while sleeping?
948	SLQ_D	Sleep Disorders	SLQ160	How often have legs cramp while sleeping
949	SLQ_D	Sleep Disorders	SLQ170	Difficulty concentrating when tired?

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Item #	Data File	Component	Item ID	Label
950	SLQ_D	Sleep Disorders	SLQ180	Difficulty remembering when tired?
951	SLQ_D	Sleep Disorders	SLQ190	Difficulty eating when tired?
952	SLQ_D	Sleep Disorders	SLQ200	Difficulty with a hobby when tired?
953	SLQ_D	Sleep Disorders	SLQ210	Difficulty getting things done?
954	SLQ_D	Sleep Disorders	SLQ220	Difficulty with finance when tired?
955	SLQ_D	Sleep Disorders	SLQ230	Difficulty at work because tired?
956	SLQ_D	Sleep Disorders	SLQ240	Difficulty on phone when tired?
957	SMQ_D	Smoking – Cigarette Use	SEQN	Respondent sequence number
958	SMQ_D	Smoking – Cigarette Use	SMQ020	Smoked at least 100 cigarettes in life
959	SMQ_D	Smoking – Cigarette Use	SMD030	Age started smoking cigarettes regularly
960	SMQ_D	Smoking – Cigarette Use	SMQ040	Do you now smoke cigarettes
961	SMQ_D	Smoking – Cigarette Use	SMQ050Q	How long since quit smoking cigarettes
962	SMQ_D	Smoking – Cigarette Use	SMQ050U	Unit of measure (day/week/month/year)
963	SMQ_D	Smoking – Cigarette Use	SMD055	Age last smoked cigarettes regularly
964	SMQ_D	Smoking – Cigarette Use	SMD057	# cigarettes smoked per day when quit
965	SMQ_D	Smoking – Cigarette Use	SMD070	# cigarettes smoked per day now
966	SMQ_D	Smoking – Cigarette Use	SMD075	How many years smoked this amount
967	SMQ_D	Smoking – Cigarette Use	SMQ077	How soon after waking do you smoke
968	SMQ_D	Smoking – Cigarette Use	SMD641	# days smoked cigs during past 30 days
969	SMQ_D	Smoking – Cigarette Use	SMD650	Avg # cigarettes/day during past 30 days
970	SMQ_D	Smoking – Cigarette Use	SMD093	May I please see the pack of cigarettes

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Item #	Data File	Component	Item ID	Label
971	SMQ_D	Smoking – Cigarette Use	SMDUPCA	Cig 12-digit Universal Product Code- UPC
972	SMQ_D	Smoking – Cigarette Use	SMD100BR	Cigarette Brand/sub-brand
973	SMQ_D	Smoking – Cigarette Use	SMD100FL	Filter type
974	SMQ_D	Smoking – Cigarette Use	SMD100MN	Menthol indicator
975	SMQ_D	Smoking – Cigarette Use	SMD100LN	Length
976	SMQ_D	Smoking – Cigarette Use	SMD100TR	FTC Tar Content
977	SMQ_D	Smoking – Cigarette Use	SMD100NI	FTC Nicotine Content
978	SMQ_D	Smoking – Cigarette Use	SMD100CO	FTC Carbon Monoxide Content
979	SMQ_D	Smoking – Cigarette Use	SMQ620	Ever tried cigarette smoking
980	SMQ_D	Smoking – Cigarette Use	SMD630	Age first smoked whole cigarette
981	SMQ_D	Smoking – Cigarette Use	SMQ660	Brands of cigarettes smoked/past mo
982	SMQ_D	Smoking – Cigarette Use	SMQ664M	Menthol or non-menthol Marlboro
983	SMQ_D	Smoking – Cigarette Use	SMQ664C	Menthol or non-menthol Camels
984	SMQ_D	Smoking – Cigarette Use	SMQ664W	Menthol or non-menthol Winston
985	SMQ_D	Smoking – Cigarette Use	SMQ664B	Menthol or non-menthol BensonHedges
986	SMQ_D	Smoking – Cigarette Use	SMQ664O	Menthol or non-menthol other brand
987	SMQ_D	Smoking – Cigarette Use	SMQ666M	Regular, light or ultralite Marlboro
988	SMQ_D	Smoking – Cigarette Use	SMQ666C	Regular, light or ultralite Camels
989	SMQ_D	Smoking – Cigarette Use	SMQ666K	Regular, light or ultralite Kools
990	SMQ_D	Smoking – Cigarette Use	SMQ666W	Regular, light or ultralite Winston
991	SMQ_D	Smoking – Cigarette Use	SMQ666B	Regular, light or ultralite BensonHedges
992	SMQ_D	Smoking – Cigarette Use	SMQ666S	Regular, light or ultralite Salem
993	SMQ_D	Smoking – Cigarette Use	SMQ666O	Regular, light or ultralite other brand

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Item #	Data File	Component	Item ID	Label
994	SMQ_D	Smoking – Cigarette Use	SMQ670	Tried to quit smoking
995	SMQ_D	Smoking – Cigarette Use	SMAQUEX2	Questionnaire Mode Flag
996	SMQFAM_D	Smoking – Household Smokers	SEQN	Respondent sequence number
997	SMQFAM_D	Smoking – Household Smokers	SMD410	Does anyone smoke in home?
998	SMQFAM_D	Smoking – Household Smokers	SMD415	Total # of smokers in home
999	SMQFAM_D	Smoking – Household Smokers	SMD415A	Total # of cigarette smokers in home
1000	SMQFAM_D	Smoking – Household Smokers	SMD430	Total # of cigarettes smoked in home
1001	SMQRTU_D	Smoking–Recent Tobacco Use	SEQN	Respondent sequence number
1002	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ680	Used tobacco/nicotine last 5 days?
1003	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ690A	Used last 5 days - Cigarettes
1004	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ690B	Used last 5 days - Pipes
1005	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ690C	Used last 5 days - Cigars
1006	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ690D	Used last 5 days - Chewing tobacco
1007	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ690E	Used last 5 days - Snuff
1008	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ690F	Used last 5 days - Patch, gum, other
1009	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ710	# days smoked cigarettes last 5 days
1010	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ720	# cigarettes smoked per day
1011	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ725	When did resp. smoke last cigarette?
1012	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ740	# days smoked pipe over last 5 days
1013	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ750	# pipes smoked per day - last 5 days
1014	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ755	When did resp. smoke last pipe?
1015	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ770	# days smoked cigars over last 5 days
1016	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ780	# cigars smoked per day - last 5 days
1017	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ785	When did resp. smoke last cigar?
1018	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ800	#days used chewing tobacco -last 5 days



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Item #	Data File	Component	Item ID	Label
1019	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ815	When did resp. last use chewing tobacco?
1020	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ817	# days used snuff over last 5 days
1021	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ819	When last used snuff
1022	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ830	# days used nicotine stop smoking aids?
1023	SMQRTU_D	Smoking–Recent Tobacco Use	SMQ840	Last time used nicotine stop smoking aid
1024	SMQRTU_D	Smoking–Recent Tobacco Use	SMAQUEx	Questionnaire Mode Flag
1025	SSQ_D	Social Support	SEQN	Respondent sequence number
1026	SSQ_D	Social Support	SSQ011	Anyone to help with emotional support
1027	SSQ_D	Social Support	SSQ021A	Spouse gives most emotional support
1028	SSQ_D	Social Support	SSQ021B	Daughter gives most emotional support
1029	SSQ_D	Social Support	SSQ021C	Son gives most emotional support
1030	SSQ_D	Social Support	SSQ021D	Sibling gives most emotional support
1031	SSQ_D	Social Support	SSQ021E	Parent gives most emotional support
1032	SSQ_D	Social Support	SSQ021F	Other relative gives emotional support
1033	SSQ_D	Social Support	SSQ021G	Neighbors give most emotional support
1034	SSQ_D	Social Support	SSQ021H	Co-workers give most emotional support
1035	SSQ_D	Social Support	SSQ021I	Church members give emotional support
1036	SSQ_D	Social Support	SSQ021J	Club members give most emotional support
1037	SSQ_D	Social Support	SSQ021K	Professionls give most emotional support

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Item #	Data File	Component	Item ID	Label
1038	SSQ_D	Social Support	SSQ021L	Friends give most emotional support
1039	SSQ_D	Social Support	SSQ021M	Others give most emotional support
1040	SSQ_D	Social Support	SSQ021N	No one gives most emotional support
1041	SSQ_D	Social Support	SSQ031	Needed more support in past year
1042	SSQ_D	Social Support	SSQ041	How much more support needed
1043	SSQ_D	Social Support	SSD044	How often attend church per year
1044	SSQ_D	Social Support	SSQ051	Anyone to help with financial support
1045	SSQ_D	Social Support	SSQ061	Number of close friends
1046	SXQ_D	Sexual Behavior	SEQN	Respondent sequence number
1047	SXQ_D	Sexual Behavior	SXAISC	Interview Status Code
1048	SXQ_D	Sexual Behavior	SXQ021	Ever had vaginal, anal, or oral sex
1049	SXQ_D	Sexual Behavior	SXD031	How old when first had sex
1050	SXQ_D	Sexual Behavior	SXQ101	#male sex partners/lifetime
1051	SXQ_D	Sexual Behavior	SXQ350	#male oral sex partners/lifetime
1052	SXQ_D	Sexual Behavior	SXQ130	#female sex partners/lifetime
1053	SXQ_D	Sexual Behavior	SXD171	#female sex partners/lifetime
1054	SXQ_D	Sexual Behavior	SXQ400	#female oral sex partners/lifetime
1055	SXQ_D	Sexual Behavior	SXQ410	#male sex partners/lifetime
1056	SXQ_D	Sexual Behavior	SXQ430	#male oral sex partners/lifetime
1057	SXQ_D	Sexual Behavior	SXQ450	#male sex partners/year
1058	SXQ_D	Sexual Behavior	SXQ470	#male oral sex partners/year
1059	SXQ_D	Sexual Behavior	SXQ490	#female sex partners/year
1060	SXQ_D	Sexual Behavior	SXQ510	#female sex partners/year
1061	SXQ_D	Sexual Behavior	SXQ530	#female oral sex partners/year
1062	SXQ_D	Sexual Behavior	SXQ550	#male sex partners/year

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Item #	Data File	Component	Item ID	Label
1063	SXQ_D	Sexual Behavior	SXQ570	#male oral sex partners/year
1064	SXQ_D	Sexual Behavior	SXQ590	#sex partners five years older/year
1065	SXQ_D	Sexual Behavior	SXQ600	#sex partners five years younger/year
1066	SXQ_D	Sexual Behavior	SXQ610	#times had vaginal or anal sex/year
1067	SXQ_D	Sexual Behavior	SXQ251	#times had sex without condom/year
1068	SXQ_D	Sexual Behavior	SXQ260	Doctor ever told you had genital herpes
1069	SXQ_D	Sexual Behavior	SXQ265	Doctor ever told you had genital warts
1070	SXQ_D	Sexual Behavior	SXQ270	Doctor ever told you had gonorrhea
1071	SXQ_D	Sexual Behavior	SXQ272	Doctor ever told you had chlamydia
1072	SXQ_D	Sexual Behavior	SXQ280	Are you circumcised or uncircumcised
1073	SXQ_D	Sexual Behavior	SXQ292	Describe sexual orientation (male)
1074	SXQ_D	Sexual Behavior	SXQ294	Describe sexual orientation (female)
1075	VIQ_D	Vision	SEQN	Respondent sequence number
1076	VIQ_D	Vision	VIQ010	Can see light
1077	VIQ_D	Vision	VIQ017	Blind in both eyes
1078	VIQ_D	Vision	VIQ031	General condition of eyesight
1079	VIQ_D	Vision	VIQ041	Time worrying about eyesight
1080	VIQ_D	Vision	VIQ051A	Difficulty reading ordinary newsprint
1081	VIQ_D	Vision	VIQ051B	Difficulty with up close work or chores
1082	VIQ_D	Vision	VIQ051C	Difficulty seeing steps/curbs-dim light
1083	VIQ_D	Vision	VIQ051D	Difficulty noticing objects to side
1084	VIQ_D	Vision	VIQ051E	Difficulty findng object on crowdedshelf
1085	VIQ_D	Vision	VIQ056	Difficulty drivng daytime-familiar place
1086	VIQ_D	Vision	VIQ061	Vision limits how long can do activities
1087	VIQ_D	Vision	VIQ071	Ever had a cataract operation

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1088	VIQ_D	Vision	VIQ081	Operation in right, left or both eyes
1089	VIQ_D	Vision	VIQ090	Ever told had glaucoma
1090	VIQ_D	Vision	VIQ100	Glaucoma in which eye
1091	VIQ_D	Vision	VIQ310	Told had macular degeneration
1092	VIQ_D	Vision	VIQ320	Macular degeneration in which eye
1093	WHQ_D	Weight History 16 Years and Older	SEQN	Respondent sequence number
1094	WHQ_D	Weight History 16 Years and Older	WHD010	Current self-reported height (inches)
1095	WHQ_D	Weight History 16 Years and Older	WHD020	Current self-reported weight (pounds)
1096	WHQ_D	Weight History 16 Years and Older	WHQ030	How do you consider your weight
1097	WHQ_D	Weight History 16 Years and Older	WHQ040	Like to weigh more, less or same
1098	WHQ_D	Weight History 16 Years and Older	WHD050	Self-reported weight - 1 yr ago (pounds)
1099	WHQ_D	Weight History 16 Years and Older	WHQ060	Weight change intentional
1100	WHQ_D	Weight History 16 Years and Older	WHQ070	Tried to lose weight in past year
1101	WHQ_D	Weight History 16 Years and Older	WHD080A	Ate less to lose weight
1102	WHQ_D	Weight History 16 Years and Older	WHD080B	Switched to foods with lower calories
1103	WHQ_D	Weight History 16 Years and Older	WHD080C	Ate less fat to lose weight
1104	WHQ_D	Weight History 16 Years and Older	WHD080D	Exercised to lose weight
1105	WHQ_D	Weight History 16 Years and Older	WHD080E	Skipped meals
1106	WHQ_D	Weight History 16 Years and Older	WHD080F	Ate diet foods or products
1107	WHQ_D	Weight History 16 Years and Older	WHD080G	Used a liquid diet formula
1108	WHQ_D	Weight History 16 Years and Older	WHD080H	Joined a weight loss program
1109	WHQ_D	Weight History 16 Years and Older	WHD080I	Took prescription diet pills
1110	WHQ_D	Weight History 16 Years and Older	WHD080J	Took non-RX suppl. to lose weight
1111	WHQ_D	Weight History 16 Years and Older	WHD080K	Took laxatives or vomited
1112	WHQ_D	Weight History 16 Years and Older	WHD080L	Other

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Item #	Data File	Component	Item ID	Label
1113	WHQ_D	Weight History 16 Years and Older	WHD080M	Drank a lot of water
1114	WHQ_D	Weight History 16 Years and Older	WHD080N	Followed a special diet
1115	WHQ_D	Weight History 16 Years and Older	WHD080O	Ate fewer carbohydrates
1116	WHQ_D	Weight History 16 Years and Older	WHD080P	Started to smoke or began to smoke again
1117	WHQ_D	Weight History 16 Years and Older	WHD080Q	Ate more fruits, vegetables, salads
1118	WHQ_D	Weight History 16 Years and Older	WHD080R	Changed eating habits
1119	WHQ_D	Weight History 16 Years and Older	WHD080S	Ate less sugar, candy, sweets
1120	WHQ_D	Weight History 16 Years and Older	WHQ270	Seek help from a health professional
1121	WHQ_D	Weight History 16 Years and Older	WHQ280A	Personal trainer
1122	WHQ_D	Weight History 16 Years and Older	WHQ280B	Dietitian
1123	WHQ_D	Weight History 16 Years and Older	WHQ280C	Nutritionist
1124	WHQ_D	Weight History 16 Years and Older	WHQ280D	Doctor
1125	WHQ_D	Weight History 16 Years and Older	WHQ280E	Other health professional
1126	WHQ_D	Weight History 16 Years and Older	WHQ090	Tried not to gain weight in past year
1127	WHQ_D	Weight History 16 Years and Older	WHD100A	Ate less food
1128	WHQ_D	Weight History 16 Years and Older	WHD100B	Switched to foods with lower calories
1129	WHQ_D	Weight History 16 Years and Older	WHD100C	Ate less fat
1130	WHQ_D	Weight History 16 Years and Older	WHD100D	Exercised
1131	WHQ_D	Weight History 16 Years and Older	WHD100E	Skipped meals
1132	WHQ_D	Weight History 16 Years and Older	WHD100F	Ate diet foods or products
1133	WHQ_D	Weight History 16 Years and Older	WHD100G	Used liquid diet formula
1134	WHQ_D	Weight History 16 Years and Older	WHD100H	Joined a weight loss program
1135	WHQ_D	Weight History 16 Years and Older	WHD100I	Took prescription diet pills
1136	WHQ_D	Weight History 16 Years and Older	WHD100J	Took non-prescription diet pills
1137	WHQ_D	Weight History 16 Years and Older	WHD100K	Took laxatives or vomited

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Item #	Data File	Component	Item ID	Label
1138	WHQ_D	Weight History 16 Years and Older	WHD100L	Other
1139	WHQ_D	Weight History 16 Years and Older	WHD100M	Drank a lot of water
1140	WHQ_D	Weight History 16 Years and Older	WHD100N	Followed a special diet
1141	WHQ_D	Weight History 16 Years and Older	WHD100O	Ate fewer carbohydrates
1142	WHQ_D	Weight History 16 Years and Older	WHD100P	Started to smoke or began to smoke again
1143	WHQ_D	Weight History 16 Years and Older	WHD100Q	Ate more fruits, vegetables, salads
1144	WHQ_D	Weight History 16 Years and Older	WHD100R	Changed eating habits
1145	WHQ_D	Weight History 16 Years and Older	WHD100S	Ate less sugar, candy, sweets
1146	WHQ_D	Weight History 16 Years and Older	WHQ210	Have you/Has SP ever tried to lose weigh
1147	WHQ_D	Weight History 16 Years and Older	WHD220	Weight loss most successful (pounds)
1148	WHQ_D	Weight History 16 Years and Older	WHD110	Self-reported weight-10 yrs ago (pounds)
1149	WHQ_D	Weight History 16 Years and Older	WHD120	Self-reported weight-age 25 (pounds)
1150	WHQ_D	Weight History 16 Years and Older	WHD130	Self-reported height - age 25 (inches)
1151	WHQ_D	Weight History 16 Years and Older	WHD140	Self-reported greatest weight (pounds)
1152	WHQ_D	Weight History 16 Years and Older	WHQ150	Age when heaviest weight
1153	WHQMEC_D	Weight History 8-15 Years	SEQN	Respondent sequence number
1154	WHQMEC_D	Weight History 8-15 Years	WHQ030M	How do you consider your weight
1155	WHQMEC_D	Weight History 8-15 Years	WHQ500	Trying to do about weight
1156	WHQMEC_D	Weight History 8-15 Years	WHQ510A	Want to look better
1157	WHQMEC_D	Weight History 8-15 Years	WHQ510B	Want to be healthier
1158	WHQMEC_D	Weight History 8-15 Years	WHQ510C	Want to be better at sports
1159	WHQMEC_D	Weight History 8-15 Years	WHQ510D	Get teased about my weight
1160	WHQMEC_D	Weight History 8-15 Years	WHQ510E	Think my clothes will fit better

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Item #	Data File	Component	Item ID	Label
1161	WHQMEC_D	Weight History 8-15 Years	WHQ510F	Think boys will like me better
1162	WHQMEC_D	Weight History 8-15 Years	WHQ510G	Think girls will like me better
1163	WHQMEC_D	Weight History 8-15 Years	WHQ510H	Friends are trying to lose weight
1164	WHQMEC_D	Weight History 8-15 Years	WHQ510I	Someone in family trying to lose weight
1165	WHQMEC_D	Weight History 8-15 Years	WHQ510J	Mother/father wants me to lose weight
1166	WHQMEC_D	Weight History 8-15 Years	WHQ510K	Teacher/coach wants me to lose weight
1167	WHQMEC_D	Weight History 8-15 Years	WHQ510L	Health professional wants me lose weight
1168	WHQMEC_D	Weight History 8-15 Years	WHQ510M	Want to be skinny/don't want to be fat
1169	WHQMEC_D	Weight History 8-15 Years	WHQ510N	Want to feel good/better about self
1170	WHQMEC_D	Weight History 8-15 Years	WHQ510O	Because I'm fat/overweight
1171	WHQMEC_D	Weight History 8-15 Years	WHQ510U	Other reason
1172	WHQMEC_D	Weight History 8-15 Years	WHQ520	How often tried to lose weight
1173	WHQMEC_D	Weight History 8-15 Years	WHQ530	Been on a diet to lose weight
1174	WHQMEC_D	Weight History 8-15 Years	WHQ540	Starved to lose weight
1175	WHQMEC_D	Weight History 8-15 Years	WHQ550	Cut back on eating to lose weight
1176	WHQMEC_D	Weight History 8-15 Years	WHQ560	Skipped meals to lose weight
1177	WHQMEC_D	Weight History 8-15 Years	WHQ570	Exercised to lose weight
1178	WHQMEC_D	Weight History 8-15 Years	WHQ580	Eaten less sweets or fatty foods